

## IN THE NEWS

## The Research Institute at Lindner Center of HOPE Recruiting for Research Study: Subjects currently depressed with bipolar I, II or major depression

An open-label study with the primary goal of validating a signature (model) based on a panel of serum proteomic markers that discriminates Bipolar I, Bipolar II and Major Depression in people seeking treatment for a major depressive episode.

### Participants:

- 90 subjects (30 with bipolar I depression, 30 with bipolar II depression, 30 with major depression)
- Currently-treated patients (without medication changes in the last 4 weeks) and untreated patients are eligible to participate, so long as it is clinically warranted to modify or initiate new treatment for their current depression.
- Aged 18-70
- Diagnosed with BDI, BDII, or MDD, confirmed with the Structured Clinical Interview for DSM-5 (SCID).
- Currently depressed for  $\geq 8$  weeks and  $\leq 104$  weeks, without psychotic features,

### Key Exclusion Criteria:

- ECT or TMS in past 6 months
- Substance use disorder in past 3 months (except nicotine or caffeine)
- Diagnosis of borderline personality disorder
- Medical conditions with neurological sequelae, chronic pain requiring opiates, receiving treatment with high-potency immune-modulating medications, unstable medical illness
- MDD patients with strong risk factors for bipolarity

### Key Study Procedures:

- 8 week study
- 6 Visits: screen, baseline, weeks 2, 4, 6, 8
- Blood draws: baseline, weeks 2, 8
- Subjects are paid \$50 per visit, except baseline which pays \$100 (maximum of \$350)

Contact Brian Martens at: [brian.martens@lindnercenter.org](mailto:brian.martens@lindnercenter.org) or (513) 536-0720

### More on the Web - [lindnercenterofhope.org](http://lindnercenterofhope.org)

#### > Library of Resources

This library offers resources that will enhance the understanding of mental illness, specific diagnoses, and treatment options.

#### > Treatment Teams

Lindner Center of HOPE has a diverse team offering patients and families expertise in diagnosis and treatment.

#### > Support Groups

Review the list of support groups available at the Center.

#### > For the Patient with Complex, Co-Morbid Needs

A short-term residential treatment center where clinicians are dedicated to bringing the latest treatment methods to optimize successful patient outcomes. Call (513) 536-0537 to learn more about Sibcy House.



4075 Old Western Row Rd.  
Mason, OH 45040  
(888) 536-HOPE (4673)

### Interested in touring Lindner Center of HOPE?

Contact Jennifer Pierson at (513) 536-0316.

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# The Source

Lindner Center  
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PSYCHIATRY AND PSYCHOLOGY NEWS FOR MENTAL HEALTH PROFESSIONALS

APRIL 2016



## Events

**Mental Health Month**  
**National Maternal Depression Awareness Month**  
**Family Support Month**

**May 1 – 7**  
**National Children's Mental Health Awareness Week**

**May 2-8**  
**National Anxiety and Depression Awareness Week**

**May 3**  
**Grand Rounds: Dr. Shana Feibel**, Lindner Center of HOPE, Staff Psychiatrist, presents Narrative Medicine at Noon, Lindner Center of HOPE Gymnasium/Conference Center

**May 5**  
**National Children's Mental Health Awareness Day**

**May 7**  
**NAMI Walks Southwest Ohio, Sawyer Point**

**May 8-14**  
**National Women's Health Week**

**May 15-21**  
**National Prevention Week (SAMHSA)**

**May 18**  
**Chris Tuell, EdD, LPCC-S, LICDC-CS**, Clinical Director of Addiction Services, Lindner Center of HOPE, presents at 33rd Annual Institute on Alcohol and Drug Studies (IADS), Southern Indiana University in Evansville

**May 20**  
**Joining Forces on the Front Lines of the Battle Against Opioid Addiction**, Lindner Center of HOPE Gymnasium/Conference Center, 8:30 a.m. - 12:30 p.m.

**May 24**  
**Dr. Courtney Kassar**, Lindner Center of HOPE staff psychiatrist, presents at CHADD Meeting on Medication Selection and Interactions for Adults with ADHD, 6:45 p.m., First Baptist Church of Mason

**May 30**  
**Memorial Day**



## How to Manage School Avoidance

By Elizabeth Wassenaar, MS, MD, Lindner Center of HOPE, Staff Psychiatrist and Medical Director of Williams House

Life can be overwhelming and we all would like to take a day off every once in a while. Likely, as helping professionals, we don't take mental health days as often as we could actually benefit from them. This is one of the reasons why, when a child or adolescent refuses to go to school, we may be initially sympathetic. Maybe a day or two off will help, we may think. In too many cases, however, we see that a day or two off turns into something much more problematic as parents and professionals struggle to get a school avoider back to school. Homework piles up, grades start to fall, and friends wonder what has happened to their classmate. Parents try many different tactics to try to get their child back to school; bribing, negotiating, punishing, or even carrying a child through the school door.

Children want to not go to school for many reasonable causes: kids can be cruel; learning can be difficult; anxiety about performance can be overwhelming; health concerns can require special privileges that feel too identifying; and getting up early in the morning is harder for some more than others. Furthermore, mental illness can make school attendance difficult for many additional reasons. There are good reasons to keep children home from school – physical illnesses can be contagious, some stages of mental illness are better treated with mental rest, and in some cases of bullying the safest way to deal with an unsafe situation is to remove the child.

Nevertheless, school refusal is avoidance, and anxiety loves avoidance. Nothing is more reinforcing that one cannot handle something than not doing it. So, after one has checked on physical health and for other explanations, how can professionals support parents to keep their children in school or break the cycle of school avoidance and school refusal?

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### 1. Help parents identify the behaviors of avoidance and link that to anxiety.

Avoidance is a coping mechanism for dealing with anxiety, which can become maladaptive when avoidance becomes the only options. Avoidance can look a lot of different ways –tantrums, tearfulness, vague physical symptoms, negotiation (more on that later), chaos, and so on. Parents may not be able to recognize all of the forms avoidance can take. Helping them objectify avoidance will help them strategize on how to deal with it.

### 2. We have to truly believe that avoiding school will not make it better.

It can be tempting to collude with anxiety that the precipitant needs to be avoided for all the reasons laid out in this article and we need to be internally convinced that anxiety is not correctly assessing the situation. As difficult as school can be, school occupies a unique place in a child's life. It is the place of work, play, and love. Learning and playing are the main jobs of childhood. Playing looks both like playing at recess and like experimenting in relationships with both friendship and love. Identity is formed and reformed through our work, play, and love. When a child is not in school for an extended length of time, they are abrpting their opportunity for this developmental process to proceed.

### 3. Negotiation is another way of avoiding and is a dangerous game.

Many of my patients have used a variety of negotiating tactics with their parent: “Let me go in later and then I’ll go, I promise” or “Let me catch up on my work today and I’ll go in tomorrow”. Small avoidances add up to large avoidance and are not moving towards your goal. Reverse the negotiation and set up conditions that will allow an out as long one starts the day at school. Often, once anxiety has lost its argument that one cannot handle going to school, staying in school through the day is easier to manage.

### 4. Encourage parents to work with the school

Parents and school are on the same side of this concern – both parties want the child to be successful in school. For parents, this may be the first time dealing with school refusal, but it is most certainly not the first time the school has dealt with school refusal. Most schools have a variety of plans to help keep a child in school. Have parents reach out to the school and let them know what is going on.

### 5. Set small goals that lead to the victory

The ultimate goal of full school participation is an overwhelming prospect. Depending on how severe the school refusal is, reintroducing school can be an extended process of gradually introducing larger and larger challenges. Perhaps, on the first day, one can only walk through the school doors. Maybe a student will be able to be in the school building, but not in classes. Parents can engage trusted friends to provide motivation and encouragement through social interaction and distraction while at school.

### 6. School has many different forms

Many families choose alternative school arrangements including home schooling, virtual schooling, and others, for a variety of reasons and this article is not meant to convict choices that do not have a child in a classroom every day. There are many viable options for school that provide an environment that promote healthy development. When a family is making a decision to change the way school is delivered, help them examine what factors are involved in their decision. If they are making the decision from a place of believing that the anxiety that drives school avoidance cannot be defeated then, help them with all the ways described above.

School is a venerable and sometimes dreaded rite of passage. A great deal rides on academic and social success in school which increases anxiety and can lead to school refusal. As a team, parents, professionals, and schools can help keep children and adolescents in school and accomplishing their goals.

## New SMART Recovery Meeting at HOPE Center North

Lindner Center of HOPE is offering a new SMART Recovery meeting at its HOPE Center North location Fridays at 8 a.m. in the conference room. HOPE Center North is located at 4483 State Route 42 in Mason. For additional information about this meeting, call (513) 536-0050 and speak to Dr. Cabansag. This makes the second SMART Recovery meeting offered by Lindner Center of HOPE. The other is offered at 4075 Old Western Row Rd., Mason, Sundays at 4 p.m

## Patient Satisfaction

Patient Satisfaction results for April 2014 averaged a rating of **4.5 out of 5**, with 5 signifying the best possible care.

## Joining Forces on the Front Lines of the Battle Against Opioid Addiction

Friday, May 20, 2016 | 8:30 a.m. - 12:30 p.m.

Lindner Center of HOPE (Gymnasium) | 4075 Old Western Row Road, Mason, OH 45040

This FREE conference will connect first responders as allies in the war on opioid use disorders. Participants will benefit from an overview of the threats to our community and tactical knowledge and applications for addressing the problem on the front lines.

**Jan Scaglione, BS, MT, PharmD, DABAT, presenting:**

***Who Let the Dog Out?***

**After this activity, the participant will be able to:**

Objectives:

1. Describe the trending data involving heroin in Hamilton County.
2. Identify adulterants found in heroin and why this is important to understand.
3. Discuss the addition of fentanyl to the heroin supply and resultant consequences .
4. Examine medical examiner data to understand drugs found in decedents in Hamilton County.

**Clifford Cabansag, MD, DABAM, CTTS, presenting:**

***Treating Opioid Use Disorders as Chronic Diseases – A Game Changer in Combating the Opioid Epidemic***

Objectives:

After this activity, the participant will be able to:

1. Use proper clinical terminology in describing opioid use disorders.
2. Describe the similarities between opioid use disorders and other chronic conditions like diabetes and asthma.
3. Better understand the factors that are considered when formulating a treatment plan.
4. Describe evidence-based treatments including the 3 FDA approved medications for the treatment of opioid use disorders.

**Registration is FREE.**

**Register by May 9, 2016**

Contact: Pricila Gran to register at

(513) 536-0318 or [pricila.gran@lindnercenter.org](mailto:pricila.gran@lindnercenter.org)

[www.lindnercenterofhope.org](http://www.lindnercenterofhope.org)

Target Audience: Primary Care Providers, Internal Medicine, Emergency Room Social Workers, Pain Management Physicians, Faith Leaders, Chaplains, Counselors, University/School Counselors, Police, Fire Department, Veterans Hospital Providers, Collegiate Recovery Community Representatives, Nurses, Etc. 3 CEU Credits

### AGENDA

**8:30 - 9:00 a.m.** Registration and Breakfast

**9:00 - 9:10 a.m.** Welcome and Opening Remarks

**9:10 - 9:40 a.m.** Who Let the Dog Out? Jan Scaglione, BS, MT, PharmD, DABAT

**9:40 - 10:45 a.m.**

Treating Opioid Use Disorders as Chronic Diseases – A Game Changer in Combating the Opioid - Clifford Cabansag, MD, DABAM, CTTS

**10:45 - 11:00 a.m.** Break

**11:00 - 12:00 a.m.**

Treating Opioid Use Disorders as Chronic Diseases – A Game Changer in Combating the Opioid Epidemic continued – Dr. Cabansag

**12:00 - 12:30 a.m.** Questions and Answers

**12:30 a.m.** Adjourn