

SAVE THE DATE

Dialectical Behavior Therapy: In-depth Training on the Four Basic Modules

Friday, April 8, 2016

Lindner Center of HOPE Gymnasium
Conference Center
4075 Old Western Row Rd.
Mason, OH 45040

8 a.m. - 4 p.m.

6 CE Credits

Speakers

Dr. Robin Arthur, PsyD, Chief of Psychology

Dr. Jennifer Bellman, PsyD

Dr. Brett Dowdy, PsyD

Ms. Karen Byerly-Lamm, M.A., Psychology Intern

Ms. Shannon Jensen, LISW-S

Ms. Paget McCarthy, M.A., Psychology Intern

Ms. Michelle Minette, M.A., Psychology Intern

Description

This workshop is designed for participants to develop a deeper knowledge of Dialectical Behavior Therapy (DBT) and its four modules. This training will be experiential and tutorial, consisting of practice and discussion of the key components of DBT, as well as case presentations to demonstrate practical use.

Objectives

1. Participants will learn an overview of the development of Dialectical Behavior Therapy (DBT).
2. Participants will learn the bio-psycho-social model for using DBT and how DBT differs from other modalities of treatment.
3. Participants will learn the four core components of DBT treatment: Mindfulness, Distress Tolerance, Emotion Regulation and Interpersonal Effectiveness.
4. Participants will learn how DBT services are being offered at Lindner Center of Hope (LCOH) and how they can partner with LCOH.

Registration

Registration includes: all sessions, up to 6 Continuing Education Credits, copies of presentations and support materials, continental breakfast, lunch and refreshment breaks.

Conference registration fee: \$60 Contact: Pricila Gran to register at (513) 536-0318 or pricila.gran@lindnercenter.org.

More on the Web - 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.

www.lindnercenterofhope.org (513) 536-HOPE (4673)

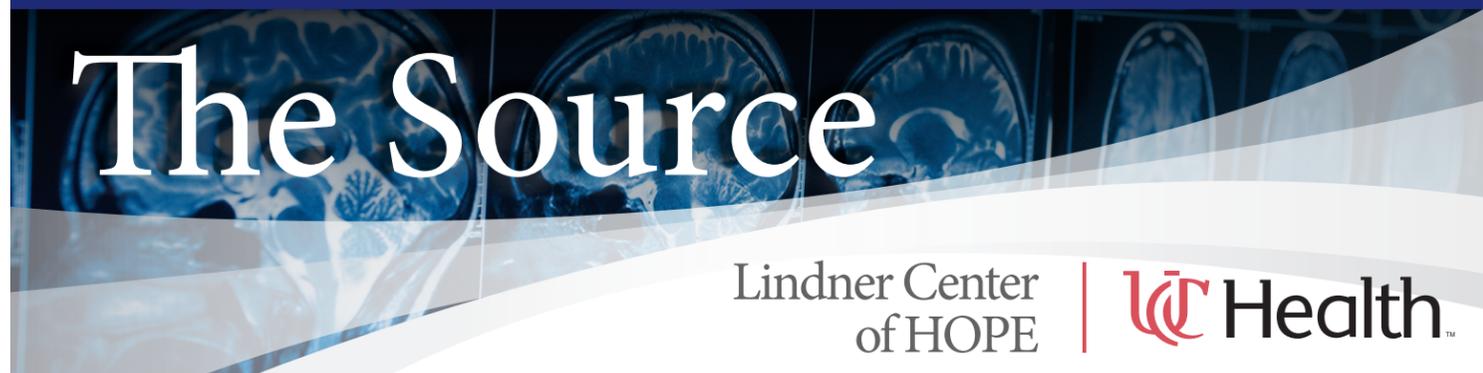


4075 Old Western Row Rd.
Mason, OH 45040
(888) 536-HOPE (4673)

Interested in touring

Lindner Center of HOPE?

Contact Jennifer Pierson at (513) 536-0316.



Lindner Center of HOPE | UC Health

PSYCHIATRY AND PSYCHOLOGY NEWS FOR MENTAL HEALTH PROFESSIONALS

FEBRUARY 2016



Events

Brain Injury Awareness Month
Self-Harm Awareness Month

March 1

Grand Rounds: Michael A. Keys, MD presents on *DSM-5 Classifications of Neurocognitive Disorders* at Noon, Lindner Center of HOPE Gymnasium/Conference Center

March 11

Elizabeth Mariutto, PsyD, presents to Hamilton Schools School Nurses Group

March 14

Clifford Cabansag, MD, CTTS, presents to Kettering College Nursing Students

March 14-20

Brain Awareness Week

Patient Satisfaction

Patient Satisfaction results for January 2016 averaged a rating of **4.33 out of 5**, with 5 signifying the best possible care.



Combining Medication and Psychotherapy to Treat Anxiety

Part 4 of 4

By Charles F. Brady, PhD, ABPP, Lindner Center of HOPE Staff Psychologist

In the previous three articles of this series, the importance of learning was emphasized as a crucial factor in the treatment of anxiety disorders. The crucial lesson that the individual must learn is that the fears that on which they are focusing are not as dangerous or as unmanageable as they had previously believed. The individual may also need to learn that the physical discomfort of the anxiety is also neither as dangerous nor intolerable as they had believed prior to treatment. When an anxiety sufferer approaches a mental health provider, the clinician is obliged to offer the most efficient and effective manner of reducing the distress so the patient can return to enjoying a fully satisfying and rewarding lifestyle. To do this they must consider if, when, and how to integrate medication treatment with psychotherapeutic efforts. The clinician must discern what types of treatment will help the individual fastest and have the longest lasting positive impact with the least amount of financial, physical and emotional cost.

Before discussing how best to integrate medication in to the process of managing anxiety, it may be helpful to identify the approach that often becomes problematic. Looking at medication to "eliminate" anxious feelings is seductive to patients who want an immediate end to their distress and to compassionate clinicians whose goal is to reduce suffering. Some medications, especially short acting medications have a good track record of acting

Continued on page 2

Continued from page 1

like an anxiety fire extinguisher. However, when used in this fashion, individuals often develop tolerance, requiring increasing doses to get the same anxiety relief and may experience their long term use as depressogenic. But the biggest difficulty with these “anxiety fire extinguishers” is that they do not allow the person to learn that their fears are not as dangerous as they thought and that the anxiety experience itself is tolerable. What anxiety specialists have learned is that the key to mastering anxiety is to starve it of its fuel and that its fuel is the individual’s fear of the anxiety experience and belief that uncertainty is intolerable. Many of the short acting medications do little to help with this learning and actually impede it (Stewart, 2005).

As an alternative to the “fire extinguisher” pharmacologic approach, there are medications, many initially identified as antidepressant medications that combine synergistically with psychotherapy. One way of looking at the optimal relationship that medication and psychotherapy is to compare anxiety treatment to learning to sail. Learning to sail can feel very complicated—learning to tack, when to jibe, how to reef a sail, etc... can be overwhelming to the novice sailor. This is why beginning sailing lessons are rarely taught in the middle of the Atlantic during a Nor’easter. Instead the instructor takes the student to a calm bay or harbor to learn. Once the novice sailor’s skills progress sufficiently, they may head to the open water to further develop their skills and expand their sailing enjoyment. Within this metaphor, the medications that treat anxiety calm the water so that the patient can learn the skills necessary to relate to their anxious thoughts and feelings more effectively. When medications and therapy combine in this fashion, recovery can be very efficient and effective.

When medication and psychotherapy are combined in the above fashion, the clinician is likely to face the question of “When I learn how to manage my anxiety, will I need to stay on my medication?” For the individual asking the question, we do not know the answer. What we can communicate is that the addition of psychotherapy to medication treatment reduces risk of post-treatment relapse. If a patient is adamant about discontinuing their medication, sage advice is to wait until they can satisfactorily handle manage their anxiety and then allow an additional 12 months to pass before considering reduction in medication. The rationale behind this suggestion is based on learning theory. We want to take advantage of forgetting. The more time spent with the mind not feeling the distress of unmanaged anxiety, the harder it is for the mind to find its way back to that way of feeling and thinking.

Overall, the human experience of anxiety is one that has been with us since we developed the ability to think and anticipate. In spite of its many advantages for humankind, anxiety can create great suffering when the individual develops beliefs that situations are more dangerous than they are or they underestimate their ability to tolerate and manage uncertainty and adverse events. However, psychotherapeutic and pharmacologic treatments exist that can effectively help the person turn the tables on their anxiety disorder and reclaim the satisfying life experiences they had lost.

References

Stewart, S. A. (2005). The effects of benzodiazepines on cognition. *Journal of Clinical Psychiatry*.

Openings in DBT Groups

Lindner Center of HOPE has openings in their Dialectical Behavior Therapy groups, both afternoon and evening groups. To refer someone, please call Kelly at (513) 536-0634.

IN THE NEWS

Lindner Center of HOPE Adult PHP Welcomes New Staff Psychiatrist



The Adult Partial Hospitalization Program (PHP) at Lindner Center of HOPE would like to introduce **Jonathan C. Cole, DO**, one of Lindner Center of HOPE’s new staff psychiatrists. Dr. Cole attends to patients in Adult PHP and in the Outpatient Practice.

Prior to joining the Lindner Center of HOPE, he worked as a Resident Psychiatrist for Rowan University in Camden County, New Jersey. His primary areas of practice and study are treatment resistant mood disorders, and neuromodulation. Dr. Cole received his D.O. from Lake Erie College of Osteopathic Medicine in Erie, PA. Dr. Cole is new to the Midwest.



Dr. Cole joins **Lorene Walter, MD**, in Adult PHP. Dr. Walter also attends to patients in the Outpatient Practice.

Prior to joining the Lindner Center of HOPE, Dr. Walter served as an Assistant Professor of Psychiatry and an Adjunct Assistant Professor of Psychiatry at the University of Cincinnati for eleven years. In this capacity, she was the Assistant Director of Psychiatry Residency Training, coordinator of the third and fourth year training programs, and staff psychiatrist at Central Clinic, a Hamilton County mental health center, serving as medical director of the Adult Services. During this time she was extensively involved in training psychiatric residents and medical students rotating on psychiatry clerkships.

For twelve years, Dr. Walter also worked in private practice caring for adults with a variety of psychiatric diagnoses. During this time, she maintained her connection with the University of Cincinnati as a Volunteer Assistant Professor of Psychiatry. In this capacity, she continued to supervise and provide lectures to third year psychiatric residents.

Dr. Walter earned her M.D. from the Medical College of Wisconsin in Milwaukee, WI and completed her residency in Psychiatry at the University of Cincinnati.

Adult Partial Hospitalization Program Highlights

- Adult Partial Hospitalization (PHP) operates Monday through Friday: 9 a.m. – 3 p.m.
- This is a full-day program where the patient attends five days per week. The treatment team will work with patients to design the right program for each situation.
- Average duration of the program is 10 business days. The treatment team will make a recommendation regarding length of attendance based on the individual needs of each patient.
- Group therapy (DBT informed basis)
- Pharmacotherapy consultation
- In-program medication management by a psychiatrist, as needed
- Interdisciplinary assessment
- Lunch in Lindner Center of HOPE’s dining room (Special dietary needs can be accommodated.)
- Mid-program and discharge communications to outpatient providers

For patients with an eating disorder, program includes: Meal support, nutritional support and meal planning, medication management, labs, individual and family therapy support when needed and specialized group.

Professionals wanting to refer to PHP may call (513) 536-HOPE (4673), state you are a referrer and ask for PHP to continue the referral process.



TOUCHDOWN FOR HOPE a Huge Success

A big THANK YOU goes out to the 260 some Lindner Center of HOPE fans who gathered at the Great American Ballpark for Lindner Center of HOPE’s 7th Annual Touchdown for HOPE - Super Bowl Party on Sunday, February 7.

Thank You Touchdown Sponsors!

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	Assurex Health	Smithfield	United Dairy Farmers

With the generosity from 30 local sponsors, special donors, and attendees, the event raised \$300,000 for Bipolar and Mood Disorders Research at Lindner Center of HOPE.

Just prior to kickoff, Committee Co-Captains, Otis Grigsby and Terry Ohnmeis welcomed and thanked the crowd for the overwhelming support of the extremely important research that is conducted at the Center. Research Team leader, mood disorders; Brian Martens also addressed the crowd, saying, “Mood disorders are the most common form of psychiatric illness and are among the leading causes of disability worldwide.” He emphasized that the study of these devastating illnesses is extremely complex. In spite of the unprecedented growth in the diagnosis of these illnesses, research continues to be under-funded; while much work is still needed to enhance our understanding of these illnesses, the risk factors and the most effective forms of treatment.

Great American Ballpark provided a great venue for the Super Bowl party. The Champions Club at the park was turned into a comfortable living room type atmosphere with couches, recliners, and dozens of televisions for watching the game. Guests enjoyed Cincinnati favorite foods including Skyline Chili, Montgomery Inn ribs and Saratoga chips, LaRosa’s pizza, and United Dairy Farmers ice cream.