LITTLE HILL FOUNDATION

Haley House | ALINA LODGE | North Warren Counseling Center

alinalodge.org • haleyhousewomen.org • northwarrencounselingcenter.org SUMMER 2019

Message from the Board President

Robert Berry
Board President

I am writing this note the day after our annual Gratitude Picnic. It will be difficult to top this year's event! Perfect weather, a fantastic turnout, great food, a superb speaker, friends old and new! It is just wonderful to see our beautiful campus filled with beaming smiles. My heartfelt thanks to everyone who worked so hard and gave so much to make it such a success.

This is my first year as President of the Board. It is an exciting time in our history, and I feel both humbled and proud to work with Bill Robbins as he and I start our stewardship. There is a lot for us to be optimistic about.

We inherit a strong foundation, focused on our mission to deliver the best possible care, thanks in no small part to the past leadership of Michael Hornstein and previous Board Presidents. We have tough - and classy - acts to follow.

We benefit from the skill and dedication of our staff and volunteers in all parts of our operation. Their care and compassion for our students is inspiring.

We rely on generous benefactors who provide scholarship funds to ensure, if necessary, that all our students have the time for their recovery. These same amazing benefactors also give to develop and grow our facilities and mission; the Noble Women's Center and the North Warren Counseling Center are just the most recent examples.

We have an enormous amount to be grateful for. At the same time there are many challenges.

Fundamental changes have been happening in the addiction treatment field prompted by competing healthcare approaches and systems. As a result, people we could help don't find their way to our doors.

We are determined to navigate this new landscape while being true to everything we have learned about this cruel disease. I wasn't lucky enough to have met Mrs. Delaney, but it gave me chills to listen to her voice in our most recent promotional videos. Her message is as true today as it ever was. It takes time.

In closing, I want to thank Sally Shaw our outgoing Board President for all she has done for the Foundation. She and her husband Win have been huge supporters of our mission over the years.

I would also like to thank Ray Soroka who finished his term on the Board in October of 2018, and Michael Noyes and Michael Allison who finished their terms in April. Their service is very much appreciated. I would like to welcome Tim Case and Wendy Kaufman back to the Board and Ginny Davis as our newest member to her first term.

2019 Gratitude Picnic

The 2019 Gratitude Picnic was an amazing day filled with joy and the celebration of life. James Wahlberg had a powerful story to tell about when his "whole life was about the next drink, the next drug" and his journey to recovery. The picnic is about gratitude and hope. Jim's message gave us both.

A huge thank you to everyone involved in this year's picnic: our dedicated Picnic Committee, staff and volunteers. To each and every donor who contributed – thank you from the bottom of our hearts. Whether you sponsored the event, bought a journal ad, bought a raffle ticket or spun the Prize Wheel – you are all helping someone receive treatment.

So many people put their hearts and talents to work making this a day of celebration that provides hope for our students– and we are forever grateful for your friendship.

Renée Harman
Director of Development & Communications

"Recovery is real. Recovery is possible."
– James Wahlberg, speaking to Alina Lodge students, Haley House residents and the guests at the 2019 Gratitude Picnic.

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2019 Gratitude Picnic Committee

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Erica Norris

COMMITTEE MEMBERS
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Virginia Davis
Annie Johnson
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Liz Shaw
Calvin Sierra
Jody Sydow
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Recovery Circle
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Percy MacMillan
Frank and Susan Walsh

Leadership Circle
Kevin and Mary Clarke
Edward and Irene Shaw
The Eva Smith Family

Benefactor
Daniel and Margo Greenfield
iHeart Media, Inc.
McCarty Cheney Foundation
The Straussberg Family
Stephen and Janet Whitman

Champions
Steven Berkowitz
Sharon Burns
Burns Family Foundation
Kyle Carter
Tim and Felicia Case
Sean Conaboy - NSM Insurance
John and Linda Macaskill
North Warren Pharmacy & Gifts
Parents Support Group of New Jersey, Inc.
Jane and Gerald Parker
Joseph Sponholz
Karol Sullivan
Douglas Tomkins
Leslie Zinn














Thank you to Haley House residents for preparing delicious cupcakes for all to enjoy.

Polypharmacy, Monotherapy, Deprescribing, and Vindication

Daniel P. Greenfield, MD, MPH, MS
Psychiatric Consultant, Little Hill Foundation
Clinical Professor of Neuroscience (Psychiatry), Seton Hall University

Who doesn't enjoy the opportunity to say "I told you so?" Perhaps only the most self-critical and masochistic individual doesn't like to be vindicated. What follows in this piece is the story of vindication for the way we do certain things -- and always have done certain things -- at the Little Hill Foundation.

In psychiatric practice, as in so many areas of human activity, the pendulum of trends in prescribing psychotropic ("acting on the mind," or "psyche") medications has swung widely over the years: From disinterest and avoidance of these medications (during the psychanalytic era in the first half of the twentieth century); to the guarded but hopeful use of limited psychotropic agents (in the 1960's and 1970's); to the acceptance of tailored and specific "monotherapy," or use of single agents for patients (in the 1980's and 1990's");* to "polypharmacy," the enthusiastic and wholesale prescribing of multiple psychotropic medication for multiple presumed clinical diagnoses in the same individual (in the 1990's and 2000's); to a recent backlash movement against polypharmacy called "deprescribing" (over the past several years).

> *"It is an art of no little importance to administer medicines properly;*
>
> *But it is an art of much greater and more different acquisition to know when to suspend or quit them altogether."*
>
> *__Philippe Pinel (1745-1826)*

At Alina Lodge and Haley House from the beginning (1957 & 2007), the conservative and minimalist approach to pharmacotherapy has recognized on the one hand that pharmacologic solutions to the problems of chemical and behavioral addictions run counter to the core abstinence and 12-step recovery treatment philosophy of the Little Hill Foundation treatment programs, and on the other, that virtually all the of the students and residents at Alina Lodge and Haley House are in treatment because of some sort of what may be called "illicit pharmacotherapy."[1] It has taken awhile for mainstream psychiatry to "come around" to Little Hill's way of doing things, but through what has been termed "deprescribing," mainstream psychiatry has begun to do just that.

As recently defined, "deprescribing" is "...the planned and supervised process of dose reduction or stopping of medication that might be causing harm, or no longer be of benefit… backing off when doses are too high, or stopping medications that are no longer needed…"[2]

The process of "deprescribing" has been applied predominantly to geriatric medicine,[3] in which multiple prescribing ("polypharmacy") characteristically occurs for multiple organ systems and includes proton pump inhibitors ("PPI's"; for acid reflux disease), diabetic medications, cardiac medications and hypertensive agents, cholesterol-lowering medications, psychotropic agents, and a variety of others. The following Figure, adapted from Moriarty and Farrell and the WHO[4], illustrates general principles for prescribing those medications and strategies for tapering, and where indicated, discontinuing, such medications.

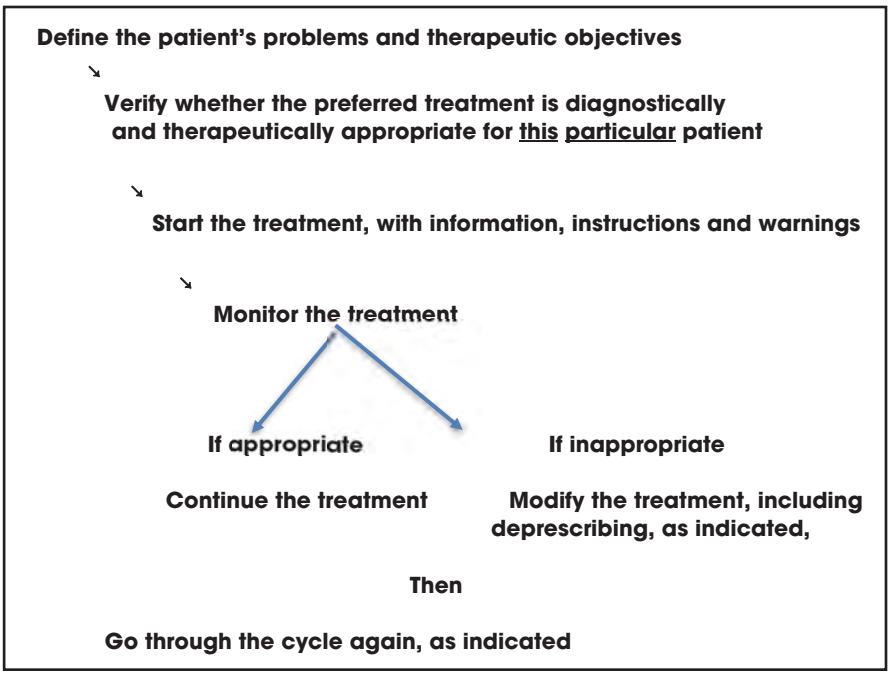


Figure Adapted from "The process of rational prescribing ('WHO' Guideline to Good Prescribing")

Coming full circle, the closing words from the instruction sheet on "The Role of Psychiatry at Alina Lodge"[5] -- given to new students on their admission to Alina Lodge -- ring true under the concept of "deprescribing":

"…Finally, for those students whose symptomatology is due to a bonafide underlying disorder, Psychiatry at Alina Lodge will maintain them on appropriate psychotropic medications, monitor and supervise necessary changes, and provide necessary pharmacotherapy for them…"

*In the often-quoted, somewhat paraphrased, words of Harvard Medical School/Massachusetts General Hospital child psychiatrist, Leon Eisenberg, MD, in about 1995, "Let's not allow the brainlessness of psychiatry in the 1930's through 1950's be replaced with the mindlessness of psychiatry in the 1980's and 1990's…"

REFERENCES

1. Greenfield, D.P., "The Role of Psychiatry in Addiction Treatment" Little Hill Foundation Newsletter, ____:1, 3, Fall 2017
2. Position statement of the Bruyére Research Institute (Ottawa, Canada/Centre de recherche, Institut universitaire de gériatrie de Montréal)
3. Hardy, JE and SN Hilmer, "Deprescribing in the Last Year of Life," Geriatric Therapeutics, 42(2): 1, April 13, 2015
4. Moriarty, F. and B. Farrell, "Deprescribing recommendations: An essential consideration for clinical guideline developers, "Research in Social and Administrative Pharmacy, September 18, 2018
5. Greenfield, D.P."The Role of Psychiatry at Alina Lodge," student information sheet, 2016

News from Haley House

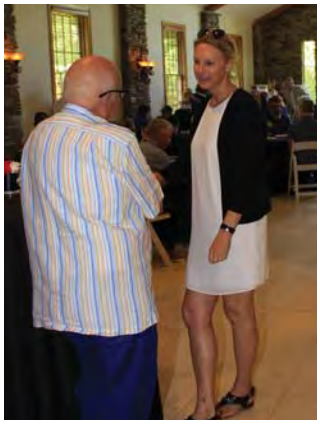
Jackie Ré
Director of Haley House

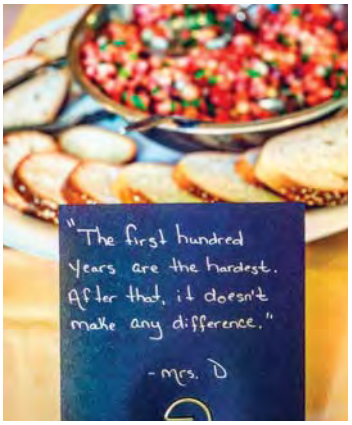
Managing the Substance Use Disorder client with a Comorbid Eating Disorder

In my experience, approximately 40-50% of our population of women with Substance Use Disorder have also been diagnosed with an Eating Disorder or display disordered eating behaviors. Due to the severity of both illnesses, and in order to be a more effective therapist, I believe it is essential to treat these disorders concurrently.

To further complicate matters, co-morbidity is high among this population, including other disorders such as anxiety, depression, and personality disorders. Frequently SUD and ED clients will also have physical and medical complications due to their drug use and disordered eating patterns. Typically, self-esteem and self-efficacy are low, given the nature of both diseases, and with the chronic patterns of failure and relapse. I believe it is vital that we treat the whole person: body, mind and spirit, and consider all problems and factors related to them as presented.

We often see clients who are diagnosed with AUD/SUD and Bulimia or Binge-Eating Disorder. They may also present with borderline or other deeply engrained personality traits. Often their history demonstrates a pattern of relapse with alcohol or other substances when, or soon after being active in their eating disorder. Alcohol and/or drugs typically will relieve some of the anxiety, stress and shame around ED. Both research/literature and experience indicate that these two disorders affect each other, and often have a cyclic and spiraling effect. One such example is that substance abuse often increases the intensity of personality traits like mood instability and impulsivity. This obviously adds to the difficulty in recovery from ED. In addition, those with SUD have increased risk of nutritional, gastrointestinal and cardiac consequences for those also diagnosed with an Eating Disorder. Oftentimes, those with comorbidity are treated for one disorder at a time and are at high risk for symptom substitution. They will switch from one problematic behavior to another. For example, once ED is treated and stabilized, women often relapse on alcohol or drugs as a way to cope with feelings, urges and/or situations that are triggering for her ED behaviors. And conversely, when in primary treatment for SUD, clients often begin acting out with ED behaviors, particularly with bingeing and/or purging. Therefore, I believe that it is imperative that we encourage and promote the development of healthy tools and coping mechanisms that will help our clients heal from these diseases at the same time. I strongly believe that clinical supervision, consultation and referrals should all be considered and used depending upon the complexity of the case, and the client's willingness and motivation to change. Mutual collaboration and a concerted team effort are vital if we are to be effective with treating this population. Referrals and important resources include, but are not limited to: addiction counseling and/or outpatient treatment, psychiatrists (with addiction specialty, as self-medication is a large concern with SUD/Co-Occurring), grief and/or trauma work (high incidence with this population given the number of OD deaths and risky/dangerous environments), outpatient treatment for Eating Disorder, and 12-step fellowship.





North Warren Counseling Center

Prodependence

Jennifer Russo, MA, LPC, LCADC, ACS

Client-Centered-Therapy and Client-Centered Language is changing the way we do therapy and document client records all together. It allows the client to be the expert with their story, empowers their decision-making; and increases autonomy within the counseling relationship while being genuine, and truly empathetic using client-sensitive language. With that being said, it was only a matter of time that within the drug and alcohol field, this would lead to how we would change the way we address the "Family Disease", and more specifically, "Codependency".

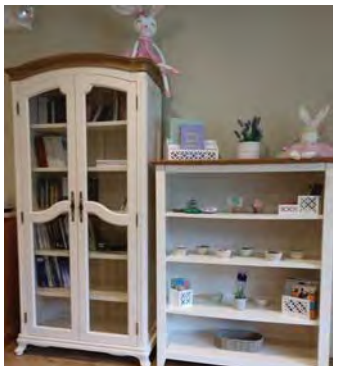
Robert Weiss, PhD. in Addiction and Sex Therapy, is responsible for beginning a movement in how we address codependency. This movement is known as "Prodependence". Codependency has been addressed often in the past as the spouse, parent, or loved one's behavior that may be considered as part of the addict's problem continuing. When in fact, their "rescue behavior" was simply out of a healthy attachment. Their loved one was suffering, naturally they stepped in to save them from what could have been a devastating fall, not out of just fear or denial, but also out of love. We teach addiction from the disease model. So, where in the process of treating the disease of cancer, does the team of medical professionals say to the family members of the diagnosed patient "to detach with love", or "stop enabling"? They don't! These labels are not helpful. They often lead to having the family abruptly end family-therapy or their own personal therapy just when they finally get the courage to "say something, and do something", about their loved one's behavior.

Changing this language in addressing the family is not only important but necessary; especially during this devastating time. We are losing a whole generation to the opioid epidemic that doesn't seem to cease. Stepping away from a loved one, who is being destroyed by their disease is frightening and surely doesn't ease the family's fear, rage, depression, emptiness that is experienced.

In a field that often is driven by passion for compassion, we must remind ourselves that we are not the expert in our client's life in what it takes to live in the throes of their addiction. Our client and their families are. Robert Weiss states in his book "Prodependence-Moving Beyond Codependency," "To treat loved ones of addicts using prodependence, we need not find that something is 'wrong with them'. We can simply acknowledge the trauma and inherent dysfunction that occurs when living in close relationship with an addict, and then we can address that in the healthiest, least shaming way."

Interdependence is a two-way street, like in a marriage when you rely on your spouse for comfort and when they are sad, in return, you comfort them. Teaching families how to discuss and confront behaviors is a different conversation and being able to separate their loved one from their loved one's disease, is essential if anyone has a fighting chance to make it out alive. We, as professionals, must remember our responsibility is in how we address the crisis to reach stabilization. By being mindful of the language being used, we not only encourage our client's treatment outcomes but their family outcomes as well, and sometimes that IS what makes the difference.

Take a first peak at our "Alina Gifts & Book Shop"



Thanks to our generous Family of an Alum, "R.C.", we can now offer educational, supportive and spiritual books, gifts and videos to purchase or borrow to "Celebrate Recovery." We are so happy to have a little corner "Where Hope Can Become Fact" and a special shelf devoted to those in need with a few special prayers. Please help us celebrate, send us suggestions for readings and special quotes of gratitude for your loved ones who have found recovery.

Save the Dates!

Friday, October 4th
FALL CONFERENCE
Stephen Andrew, LCSW, LADC, CCS, CGP
Motivational Interviewing Basics -
Offering 6 CEU's

Saturday, October 19th
UP, UP & AWAY 5K
Blairstown Airport

Tuesday, December 10th
HOLIDAY LUNCHEON

For more information call the Development Office at 908-362-6114

Save the Date – October 19th 9:30am

USATF Certified Courses –
5K and 5 Mile courses available

The Up, Up & Away 5K/5 Mile Run is a family-focused day of events! The Blairstown Airport provides a festive, open-park atmosphere. Race starts at 9:30 am and festivities continue until around noon. All proceeds benefit Alina Lodge, Haley House and North Warren Counseling Center. The Up, Up & Away 5K/5 Mile Run provides an excellent opportunity to promote your business. Please contact Andy Ball for more sponsorship information: andy@MainStreetEventsNJ.com

LITTLE HILL FOUNDATION
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