



Walden Connects

Autumn 2008

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*In solitude we give
passionate attention to
our lives, to our
memories, to the details
around us.
- Virginia Woolf*

Inpatient Treatment At The Thoreau Center

The Clinical Team at Walden's Thoreau Center understands that recovery begins on day one. From the moment a patient arrives at the Center, team members from each of the primary mental health disciplines work together to conduct comprehensive psychiatric and psychological evaluations and to develop a treatment plan that includes a wide variety of individual, group, and family counseling programs, 24-hour nursing care, and ongoing medical, psychopharmacology, behavioral, and nutrition therapy.

The Thoreau Center provides inpatient psychiatric services to patients 16 years or older with a wide range of severe psychiatric and dual diagnosis disorders. The group programs at the Thoreau Center offer patients an opportunity to learn about themselves by hearing from other patients. They learn new skills, provide and receive support, and learn more about their diseases and available treatments.

The individual treatment goal is three-fold:

1. Re-establish basic emotional and cognitive stability.
2. Develop and implement a comprehensive treatment plan, including medication, therapy, and nutrition.
3. Begin developing an Individual Recovery Plan (IRP) that identifies specific goals, life changes, and effective methods for achieving those goals.

Case Managers coordinate discharge planning with outside clinicians, social service agencies, and patients' families to help ensure a smooth re-integration into the community. Transitioning programs include residential, halfway house, partial hospitalization, day treatment, and outpatient services.

"There is an incredible gap between what people need and the services available and what is being paid for," according to Bernard Arons, Director of the U.S. Center for Mental Health Services. Walden Behavioral Care is here to help fill that gap.

Understanding Schizophrenia

Schizophrenia is a chronic, severe, and disabling brain disorder. People with schizophrenia often suffer terrifying symptoms such as hearing internal voices, or believing that other people are reading their minds, controlling their thoughts, or plotting to harm them. These symptoms often leave the person fearful and withdrawn.

The symptoms of schizophrenia fall into three broad categories:

1. Positive symptoms are unusual thoughts or perceptions, including hallucinations, delusions, thought disorder, and disorders of movement.
2. Negative symptoms represent a loss or a decrease in the ability to initiate plans, speak, express emotion, or find pleasure in everyday life. These symptoms are harder to recognize as part of the disorder and can be mistaken for depression.
3. Cognitive symptoms (or cognitive deficits) are problems with attention, certain types of memory, and the executive functions that allow us to plan and organize.

(Continued on page 4)

According to the NIMH, schizophrenia affects about 1.1 percent of the U.S. population age 18 and older in a given year.

About 30 percent of diabetic women use insulin restriction for weight loss purposes at some point in their lives.
— Ann E. Goebel-Fabbri, psychologist, Joslin Diabetes Center in Boston.

Walden: Five Year's Young, and Counting

This summer marked Walden's 5-year anniversary. As I look back, I remember the early days and our sense of excitement and fear. We had a "missionary zeal" for saving the programs (now Alcott and Thoreau), and for building a system of care. We also had off the charts anxiety about whether we could survive the daily challenges of providing basic services (food, linen, and medication) to our patients. There are about 30 people still working here who have first-hand knowledge of those "good/bad" old days. I hope all of you are as pleased as I am with what we've accomplished.

Once we established a firm footing, we moved to the next phase. This period was marked by the development of most of our non-hospital programs and figuring out how these individual clinical systems could work together. The past several years has seen the coming of age of PHP and Walden Place as solid and successful programs in their own right. More recently, we've solidified our continuum by adding our Intensive Outpatient and Mastering Balance programs. These programs show our ability to innovate and provide potent age or disorder specific treatment previously unavailable to the people we serve. Many people who now work at WBC joined us between years 2 and 4. These folks came in during a time when reinforcements were sorely needed. There are many talented clinicians and future leaders of WBC in this group.

The opening of the Northampton clinic represents the beginning of our next phase of growth. There's a special energy and enthusiasm in our latest "recruits." They will surely make their mark on Walden, too. We'll be marking this occasion with an Open House on October 21. You are all invited. (P.S. We are in the midst of planning for Walden – South Shore!)

At times, it feels like we've been here forever. And then I think about all the things we still need and want to do. I look around and see all the talented, bright people who are part of this organization, and I feel young again.

~ Stuart Koman, Ph.D. CEO

Diabetes + Bulimia = Grave Risks

Diabetes and eating disorders in and of themselves pose serious health risks. Combined together, as "diabulimia," the consequences are grave. While diabulimia is not an official diagnosis or a medically recognized term, it refers to persons with diabetes (generally women) who purposefully skip or reduce their insulin doses in order to lose weight.

"Just as disordered eating habits fall along a scale from weight preoccupation to bulimia or anorexia, restricting insulin for weight loss purposes can range from an infrequent practice to an uncontrollable phenomenon that puts the patient at risk of dying," psychologist Ann E. Goebel-Fabbri told *Psychology Today*.

The repercussions of manipulating insulin can be enormous. Diabulimics have higher blood sugar levels that result in dehydration, fatigue, and often a breakdown in muscle tissue. In the long term, diabulimia will accelerate the development of diabetic complications such as eye disease, kidney disease, and limb amputations due to vascular disease. Signs of diabulimia include hyperglycemia, dramatic shifts in weight, low energy, unusual food patterns, and the smell of ketones on the breath and in the urine. Given the gravity of this serious health risk, we all should be more aware of its presence.

What's New At Walden...

- ◆ Walden Northampton secured its DPH license on September 26th
- ◆ Walden Northampton will hold its Open House on Tuesday, October 21st, 3:30 p.m. – 6:30 p.m.
- ◆ Walden's Eating Disorders Education Workshop, *Advancements in the Treatment of Adolescents with Eating Disorders* will be held on Thursday, November 6th, 7:45 a.m. – 12:00 p.m., Bentley College, Waltham

Meet More Walden Team Members

Walden's integrated, multi-disciplinary team of clinicians includes psychiatrists, family physicians, psychologists, social workers, nutritionists, nurse practitioners, occupational therapists, expressive-art therapists, registered nurses, educators, mental health workers, and mind-body practitioners. Below are a few of the team members.



Ellen Miller, RN, Staff Nurse, Inpatient Psychiatric Program, is an experienced registered nurse with expertise in the management of psychiatric, chemically dependent, and dually diagnosed clients. Ellen received her M.Ed from the University of Massachusetts-Boston. She is a certified psychiatric, mental health, and addictions nurse. Ellen holds BCLS, ACLS, ENPC, and TNCC certifications.



Jesine Xavier, Psy.D, is the Director of the Adolescent Outpatient Program. Jesine was a Post-Doctoral Fellow at Two Brattle Center and served as a team member on their DBT IOP and after school programs. She received her Psy.D. in Clinical Psychology from the Illinois School of Professional Psychology-Chicago.



Stewart Urist, LICSW, is a clinician in the Admissions Department. Prior to joining Walden, Stewart worked with the at-risk population, their providers and families at Magellan Behavioral Health. Stewart received his MS in Social Work from Simmons College.



Lindsay Friedman, BS, is a dietitian for the Eating Disorders Program. Lindsay received her BS in Dietetics from the University of Connecticut, and she completed her Dietetic Internship at Vanderbilt University Medical Center.

From the Education Center

- ◆ Walden held its Fall Grand Round Series Presentation on September 25th : Trauma...presented by Lea Gardner-Elkin, LICSW
- ◆ Walden held its first clinical training program, directed by Laurel Watt-Aldredge, Psy.D, for clinical staff and interns on September 9

Expansion of Services

- ◆ Walden's corporate offices will be moving to a new location in Waltham by year end
- ◆ Walden's adolescent and adult EDS PHP and IOP programs will relocate to a new site in Waltham, first quarter 2009
- ◆ Walden is in lease discussions for its new location on the South Shore

Walden In The News...

An Opportunity to Improve Lives and the Bottom Line
Addiction Treatment Centers Should Consider Treating Eating Disorders
Behavioral Healthcare
June, 2008
by Stuart Koman, PhD

Imagine treating drug addicts who had to continue taking heroin to stay alive or alcoholics who had to continue drinking gin. Eating disorders have much in common with addictions, and yet total abstinence from the substance causing the problem is, of course, not an option. Read more . . .

http://www.waldenbehavioralcare.com/news_article.asp?id=44

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Schizophrenia (cont. from page 1)

Cognitive deficits can also be difficult to recognize as part of the disorder, but are the most disabling in terms of leading a normal life.

There are a number of anti-psychotic drugs used today for schizophrenia. No one can tell beforehand exactly how a medication will affect a particular individual, and sometimes several medications must be tried before the right one is found.

Once on medications, agitation and hallucinations usually improve within days and delusions usually improve within a few weeks. Many people see substantial improvement in both types of symptoms by the sixth week of treatment. If people with schizophrenia become depressed, it may be necessary to add an antidepressant to their drug regimen.

Symptoms of schizophrenia usually develop in men in their late teens or early twenties, and women in the twenties and thirties. In rare cases, symptoms appear in childhood. While the cause of schizophrenia remains unknown, researchers believe there are several contributing factors.

Scientists have long known that schizophrenia runs in families. The illness is seen in 10 percent of people with a first-degree relative (a parent, brother, or sister) with the disorder. People who have second-degree relatives (aunts, uncles, grandparents, or cousins) with schizophrenia also develop the disease more often than the general population. The identical twin of a person with schizophrenia is most at risk, with a 40 to 65 percent chance of developing the disorder. Chemical changes in a person's body during puberty are also believed to have an impact.

Although the causes of schizophrenia have not yet been determined, current treatments can eliminate many of the symptoms, enabling people with schizophrenia to live independent and fulfilling lives. Like diabetes or high blood pressure, schizophrenia is a chronic disorder that needs constant management. While it cannot be cured, the rate of recurrence of psychotic episodes can be decreased significantly by staying on medication, and through supportive therapy or rehabilitation.

Source: <http://www.nimh.nih.gov/health/publications/schizophrenia>

New Appointments At Walden

- ◆ Wendy Anderson, LICSW, Assistant Director, Social Work Department
- ◆ Sheri Damon, Program Director, South Shore
- ◆ Irina Guryanova, MD, Medical Director, Inpatient Psychiatric Program

Did You Know...

- ◆ Roberta Lamb spoke to 16 women at the HMR program in Norwood run by Leona Brooks
- ◆ Walden exhibited at the NEDA Conference in Austin, TX in September, 450 attendees, the largest number of attendees at this conference