

## Restoring Relationships

How an Accurate Diagnosis and Safe Structure Helped a Young Adult with Type II Bipolar Disorder Move Forward

him what he wanted, the situation would escalate and he would threaten self-harm. Brett also faced challenges with his medicine. Because a clear diagnosis was never given, his medication therapy was convoluted and stifling his ability to recover.



### A New Beginning with an Accurate Diagnosis

Brett began his 28-day stay at Sibcy House with a week-long Comprehensive Diagnostic Assessment. "We evaluated issues from all angles in this 360-degree

evaluation," said **Todd Palumbo, MBA, MD**, Medical Director of Sibcy House. Ultimately, Brett was diagnosed with Type II Bipolar Disorder. Therapy and testing also revealed a Personality Disorder NOS. Treatment at Sibcy House helped Brett find ways to refocus.

### Effective Treatment and Therapy

In Brett's case, Sibcy House's multidisciplinary approach offered significant benefits. "Having the clinical diversity to recognize issues was critical to a positive outcome," according to Dr. Palumbo. "The patient's behavior is often

only the tip of the iceberg. Peeling back the layers often reveals the presence of co-morbid, complex issues."

"We were able to find the least amount of medications that were most effective and create an internal structure and daily schedule to help Brett understand what he needed to do after leaving Sibcy House," said Dr. Palumbo. Brett chose to continue outpatient care with Lindner Center of HOPE after his 28-day program. Since, he has moved forward with substantial success, has developed age-appropriate behaviors and meaningful relationships. He is attending college, looking for a part-time job and lives in a converted apartment at his parents' home. Brett HOPE's to live on his own when he's financially able.



\* Patient's name changed for confidentiality

### Patient Profile

Brett\* lived at home with both parents and an older brother. He had limited social contacts and worked only briefly at various jobs. After graduating from high school, he tried community college without success. At 19, Brett faced several significant emotional and mental health problems.

### Brett's Challenges

Although he was 19 years old, he wanted to lie on his mother's lap or cuddle as a young child would. When his mother tried to set appropriate limits or would not give

For more information about Sibcy House: [www.sibcyhouse.org](http://www.sibcyhouse.org) / 513-536-0537

### Patient Satisfaction Results

"Having been through numerous outpatient, inpatient and residential facilities, I can confidently say that my experience at Sibcy House was superior."

"My doctors and clinicians at Sibcy House were all extraordinarily helpful, attentive and caring. I needed the straight-to-the-point approach and insightfulness into the issues I was facing."

"Thank you so much for everything. I had a great experience at Sibcy House-I feel like I got the answers I wanted and needed. I have a great plan to move forward with my life in a positive way. I have HOPE again."

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

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# The Source

PSYCHIATRY AND PSYCHOLOGY NEWS FOR MENTAL HEALTH PROFESSIONALS

SEPTEMBER 2011

### Events at the Center

**September 23, 2011 8:30am - 10:00am**  
**Principles of Treating Individuals with Complex, Co-Morbidity**

Presenter: Paul E. Keck, Jr., MD  
St. Vincent Stress Center in Indianapolis, IN  
1.5 CEU credits offered. Read more, visit [www.lindnercenterofhope.org/referrers](http://www.lindnercenterofhope.org/referrers)

**September 29, 2011 8:00am - 9:00am**  
**Christ Hospital Grand Rounds: TMS Therapy**

Presenter: Dr. John Hawkins, Lindner Center of HOPE  
Christ Hospital, Classrooms 1 & 2, Level A  
For more information: 513-585-2997

**October 4, 2011 Noon - 1:00pm**  
**Grand Rounds: Neurotherapy Overview**

Presenter: Dr. Kirk Little, Little Psychological Services, PLLC  
Lindner Center of HOPE, Gymnasium  
For more information contact: Angela Dukate, Clinical Educator at [angela.dukate@lindner-center.org](mailto:angela.dukate@lindner-center.org) or call 513-536-0830.

**October 6, 2011 6:30pm - 7:45pm**  
**An Evening with an Eating Disorders Expert** Lindner Center of HOPE, Gymnasium  
[scott.bullock@lindnercenter.org](mailto:scott.bullock@lindnercenter.org) for details

**October 21, 2011 8:30am - 4:00pm**  
**Managing Relapse: Strategies in Addictions, Mood Disorders and Complex Patients**

Cumberland Heights, Nashville, TN  
Symposium Objectives:

- Cite the principles of diagnosing and treating complex co-morbidity and substance abuse
- Identify treatment strategies to prevent patient relapse
- Identify why depression is a common co-morbid condition associated with addiction
- Apply knowledge and skills learned to clinical practice

6 CME/CEU credits offered.

Visit [lindnercenterofhope.org](http://lindnercenterofhope.org), click on Continuing Education link at bottom.

**October 21, 2011 12:30 - 1:30pm**  
**Dearborn County Hospital Grand Rounds**

Anne Marie O'Melia, MD, Medical Director, Harold C. Schott Foundation Eating Disorders Program at Lindner Center of HOPE & Scott Bullock, MSW, LISW-S, Eating Disorders Intake Coordinator.

Follow us on



## A BOLD Treatment Approach

Has your client had their medications changed three or more times in an attempt to alleviate their symptoms?

Does it seem like your client has multiple underlying issues that may not have even been diagnosed yet?

Are you unsure what to do next with a complicated client for whom nothing is working?

Understanding and addressing the magnitude of mental illness and the complex ways it affects each individual is critical to ensuring long-term positive outcomes.



Sibcy House at Lindner Center of HOPE, a comprehensive diagnostic and short-term residential program, takes a **BOLD** approach in the assessment and treatment of adult complex, co-morbid patients. Clinical experts understand and address the magnitude of mental illness through effective, seamless programs and services and the engagement of patients and family members in treatment and recovery.

Jane Mintz, MA, PC, BCPC, BRI-II, an internationally known interventionist, founder of RealLife Intervention Solutions and new Director of Professional Development for Bridge to Recovery in Santa Barbara, California, has seen clients that are

experiencing multiple complexities in all aspects of their life – addiction, mental health, relationships, school and career. Because of the complexity of co-morbid patients, "A good, exhaustive diagnostic impression is paramount to those in the field of treatment and recovery," said Mintz. "When patients come on our radar, they and/or their support systems are in major crisis. They are highly charged emotionally, their symptoms have been ignored or treatments have not worked. Being networked with outstanding treatment centers and clinicians forms a great rhythm of success," Mintz said.

"As interventionists we have a plethora of choices where we can place our clients," says Mintz. "Sibcy House at Lindner Center of HOPE is one of the top five centers in the country and a significant reason is their professional regard, patient results and staff accessibility and responsiveness," said Mintz. "From admissions to discharge and every step along the way, Sibcy House's approach to diagnostic assessment and intensive treatment is a critical element in establishing meaningful, long-term outcomes for my clients."

continued on page 2

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

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## A Patient with Complex Needs

The prevalence of co-morbidity in psychiatry is more common than not. And often practitioners see challenging issues surrounding complex, co-occurring illness. Approximately 85% of people with addiction have a mental illness. "The presence of multiple diagnoses simultaneously occurring in an individual can be challenging to treat, especially if integrated treatment services are not incorporated," says Garrick Kreitzer, Managing and Clinical Director of Realife Intervention Solutions, LLC. "Traditionally, the intervention field has continually

assessed client symptomology using a framework rooted solely in substance dependence or solely in mental health," Kreitzer says. "And that has resulted in a substantial number of intervention practitioners viewing a client's clinical presentation through an isolated and myopic lens. There are many of us in the intervention field who do not have the clinical foundation or integrated training necessary to view substance dependence and mental health as intrinsically connected. This competency is paramount to adequately recognize complex issues in our clients. Thus, patients with co-morbid issues have been placed in either purely substance abuse or purely mental health treatment settings, when in fact they were experiencing a multitude of behavioral health and addiction issues, said Kreitzer.

The World Health Organization's World Mental Health survey initiative concluded that 75 percent of those who had bipolar symptoms met criteria for having at least one other disorder. Anxiety disorders, especially panic disorder were the most common co-existing disorders, followed by behavior disorders and substance use disorders. The survey also concluded that severity of mental illness, in terms of disability, is strongly related to co-morbidity.

"The first step in treating any illness and addiction is understanding what is happening," says Dr. Todd Palumbo, Medical Director at Sibcy House at Lindner Center of HOPE. "Patients and families want clarity and understanding and a plan for the future," Palumbo says. Through a comprehensive diagnostic assessment, clinicians thoroughly examine both mental and physical health issues and offer a **BOLD** approach to tackling the complexities of their illnesses.

"Symptomology of one illness can mimic the symptomology of another illness," Kreitzer says. "It's difficult to assess what came first-what is driving which illness. The uniqueness of Sibcy House's 10 day diagnostic assessment gives patients and families the answers," Kreitzer added. "Dual diagnosis has always been around, but instead of compartmentalizing and only treating isolated diagnoses, Sibcy House's clinical experts consider all aspects of the patient and truly get to the bottom of what is going on." Sibcy House's Comprehensive Diagnostic Assessment offers a blueprint and the tools necessary to manage illnesses so that patients can pursue meaningful life goals. A team of clinicians work in one setting and provide appropriate interventions in a coordinated manner. When appropriate, cultural needs and spirituality is also incorporated into the treatment process.

### A Complex Patient:

- Struggles with long-standing mental illness and/or co-morbid diagnoses
- Experiences intermittent or escalating behavioral crises
- Reached an impasse with their current treatment plan
- Has multiple underlying issues
- Had their medications changed 3 or more times in an attempt to alleviate symptoms
- Recently diagnosed with a mental disorder and requires a comprehensive treatment plan
- Experiencing their first behavioral crisis which is causing substantial disability

*continued from page 1*

### A Bold Approach Begins with a Comprehensive Diagnostic Assessment:

- Psychiatric and psychopharmacologic evaluation
- Psychological and neuropsychological testing
- Individualized Therapy
- Daily group therapy including DBT, CBT, 12-Step, Smart Recovery, Co-Occurring, Life Skills, Spirituality
- Pharmacogenetic testing (additional cost)
- Neurologic evaluation
- EEG and/or MRI when clinically indicated
- Pharmacy and laboratory services
- Nutrition evaluation

- Summary of diagnostic results/recommendations provided to patient (family and referring professionals with consent)

Sibcy House at Lindner Center of HOPE has achieved well-deserved national recognition for delivering state-of-the-science, comprehensive assessment and intensive treatment services in a residential setting. Combining the best resources for evaluating a patient's needs, Sibcy House draws patients from all over the United States; as far away as California, Florida, Massachusetts, North Dakota and New York as well as other countries.



## HOT TOPIC: Consumer or Patient?

**In 1990, informal movements driven by consumers began in an effort to change the perceived problems in mental health services and to promote better communication between the provider and the patient.** A mental health "consumer" is considered a person who is undergoing treatment for a psychiatric disorder. The term suggests that individuals have a choice in their treatment and that without them mental health providers would not exist. Today, the word mental health consumer has expanded in the popular usage of consumers themselves to include anyone who has received mental health services in the past, anyone who has a behavioral health diagnosis, or simply anyone with a mental or behavioral disorder.

In some health care circles the movement to refer to patients as "consumers of healthcare" is being debated along with issues pertaining to "customer" service. Some practitioners believe calling individuals "consumers" sends the message that we are "selling" them a product and that it's an impersonal term. And only a handful of residency programs incorporate customer service into their clinical training. What are the implications to providers and patients? In addition to clinical training, do we also need to learn customer service techniques?

### Paul E. Keck, Jr., MD's response:



As defined by traditional terms, a patient is a person who is under medical care or treatment. And if we elaborate from a position of compassion and understanding we would add that this

is someone suffering in some way, who needs some form of help and HOPE. However, this should come in the form of a partnership, working together with patient and family to create improvements in quality of life, alleviate suffering and save lives.

When I think about what I do – what we do as providers of mental healthcare, I

recognize that my position in this partnership is as a provider and my goal is to help patients achieve good health and lasting wellness. Do I consider them "consumers?" I think the better question here is, as a mental healthcare provider how am I delivering care? What is my customer's perception and how is my expertise and clinical knowledge helping them achieve their goals? It's critical to ask what patients are trying to achieve. What are they willing to contribute to achieve their goals and what can I do to support them as they work toward that outcome?

Customer service is one of the most important functions of the health care industry. We are witnessing an ever-changing healthcare environment, one in which the "customer" is better educated about their health and one in which they recognize they have many choices.

Incorporating compassion, responsiveness and attention into the patient experience can set one apart from the many options available. The Journal of Healthcare Management reports that patients who receive good customer service report better health outcomes and higher levels of satisfaction with their overall healthcare. I believe as we continue to meet the heavy demands and ever increasing needs of those seeking mental health services, we need to remember to deliver a customer service experience in line with one we would hope to receive as we visit our own healthcare provider.

> **Read more about our Treatment Teams** Lindner Center of HOPE has a diverse team offering patients and families expertise in diagnosis and treatment. Visit [www.lindnercenterofhope.org/PatientsFamilies/Clinicians](http://www.lindnercenterofhope.org/PatientsFamilies/Clinicians)

## Referrer Satisfaction Survey

Lindner Center of HOPE is committed to the ongoing quality improvement process.

Please help us identify areas of strength and opportunities for improvement by completing the following survey by September 14, visit [http://www.surveymonkey.com/s/lindner\\_center\\_of\\_hope\\_referrer\\_survey\\_august\\_2011](http://www.surveymonkey.com/s/lindner_center_of_hope_referrer_survey_august_2011).

**Thank you!**

## Assessment Summary Offers Roadmap

Sibcy House at Lindner Center of HOPE is launching a new and improved summary of diagnostic results and treatment recommendations to be provided to patients at discharge. Contents of the document are informed by the thorough assessment of the patient's treatment team, including their psychiatrist, social worker, therapist, internist and other clinical consultants. Within this "blueprint" for recovery, there is a summary of the patient's clinical assessment with a focus on current mental status and level of functioning. This document also provides evidence-based recommendations from the psychiatrist, which includes psychopharmacologic and non-pharmacologic options.



The internist's evaluation, a summary of the neurological consultation, an overview of the results of the structured clinical interviews and a synopsis of any clinical consults performed and any specific recommendations is also provided.

## More on the Web

> **How to Make a Sibcy House Referral** Gain access to intake specialists during the hours of 7 a.m. - 11 p.m. 24-hour admission is available for emergencies. Visit: [www.lindnercenterofhope.org/SibcyHouse/Admissions](http://www.lindnercenterofhope.org/SibcyHouse/Admissions)

> **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.**