Behavioral Crossroads

# Crossroads News

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## INSIDE THIS ISSUE



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## A Note from: Our Substance Abuse Director

***By: Douglas M. Mercer, MA, LCADC***

It is my pleasure to welcome you with our first Crossroads Newsletter in over a year and to invite you to our Open House this month on both Wednesdays, May 18 & 25, 2011 from 4:30pm-5:30pm

The purpose of Behavioral Crossroads and Behavioral Crossroads Recovery is to provide quality mental health and substance abuse services to adults in a structured day out patient format. We pride ourselves in providing highly therapeutic groups and related services in a supportive atmosphere to adults with significant mental health, substance abuse and behavioral issues. Our goals include assisting each individual to live in the community, to avoid long-term hospitalization and to learn to improve the quality of life through management of his or her mental health and/or substance abuse illness.

Since my start here as Substance Abuse Director in November of 2010, I am fortunate to supervise a professional clinical staff that are both companionate and skilled. Our Substance Abuse treatment team has worked hard to develop our ability to support the ideals of wellness and recovery as we serve adults with a variety of strengths and needs. Our program offers many supports including significant case management services and an ability to address the needs of dually diagnosed consumers without any need to be placed on a waiting list. We trust that this newsletter will help you gain a better understanding of who we are and how we serve others here at Behavioral Crossroads and Behavioral Crossroads Recovery. With that, feel free to contact us anytime to visit or for information, and please enjoy this newsletter!

Also, following the Open House is an education session topic: Trauma and Addictions provided by Richard Stockton College of New Jersey. The Education session requires registration to do so. Please contact the College at 609-652-4227 for additional details.

Douglas M. Mercer, MAS LCADC
Director of Substance Abuse Services

## Client's Corner

***A Crossroads Consumer Story,***

***Female Age 56:***

I participate in my recovery both in and out of Crossroads. I came here after being found walking on the street for 3 days as the result of a huge panic attack. I lost one of my children of S.I.D.S. and another at age five to a coma as the result of an auto accident. I never dealt with these difficulties, my counselor Linda helped me get through my fear of sirens from ambulances. She helped me break down my fears. I'm in a better place because of the help I got. I knew I had to overcome a lot of things. I dealt with my grief and loss here in my program. I used to isolate but the socialization I learned here has meant a lot to me, raised me up. There are a lot of nice people here. The groups are great. I learn a lot in groups and then take it out of the building. I "Teach-out" what I learn to others. I had a bad gambling problem that I stopped. MICA is here for me my closed groups help me say things I wouldn't feel safe to say otherwise.

Mental Health Association in Atlantic County
**1127 North New Road Absecon, NJ 08201**
**Phone 609-272-1700 Fax 609-484-0123**

### Crossroads supports a new Self Help Center in Atlantic County

Atlantic County is the only county in New Jersey lacking a consumer self help center. The Mental Health Association has been struggling to find a building. As a result, since 2007, they have been using rental properties. For consumers, a building to provide self help activities was no longer available. A building was purchased by MHA but funding for renovations has been frozen.

Self help centers are critical for individuals attempting to find wellness and recovery from mental health issues. Centers provide a crucial step towards inclusion in the community. They provide an individual's ability to provide a move towards lasting recovery

We at Crossroads support the Atlantic County Mental Health Association. It is important for consumers in Atlantic County to facilitate the completion of the self help center. We support the efforts of the Mental Health Association to provide self help opportunities for persons living with self directed goals towards recovery and support of their families.

### New NAMI Support Group for Mental Health Consumers

*By Milo M. Turk, NAMI Facilitator*

NAMI Connection is a structured recovery support program for people living with mental illness. These groups offer respect, understanding, encouragement, and hope for all adults living with mental illness, regardless of diagnosis. People learn from each others' experiences, and share their feelings, difficulties, and successes in a non-judgmental, relaxing, and confidential setting, led by trained individuals in recovery. Everyone is a valued participant.

NAMI, which stands for the National Alliance on Mental Illness, is the largest organization dealing with advocacy for the mentally ill and their families in the country. NAMI's goals include educating families and their loved ones, as well as the public, about mental illness, as well as to reduce stigma and discrimination.

The support group is held on the second Monday of each month at 7 pm, and lasts until 8:30 pm, at the Absecon Methodist Church on the corner of Pitney Road and Church Street in Absecon, NJ. The first meeting will be on Monday, May 9. Call NAMI at (609) 568-0646 and leave a message.

## GORDON URGES HELP FOR KIDS IN NEED OF MENTAL HEALTH SERVICES

By Chris Donnelly, New Jersey Senate Democratic Office

TRENTON - Senator Bob Gordon (D-Bergen) has introduced a Senate resolution calling on the state to apply for federal funds in order to help create a pilot program that would assist children in need of mental health services.

"The sad truth is that far too many children with mental health needs are not getting the kind of services they require," said Gordon. "We need a centralized location where primary care physicians can reach out and acquire information that they can then pass on to children and their families."

Approximately 70% of children and adolescents who need mental health treatment do not receive it. Those who do often receive it from their primary care physician. Often these doctors do not have the resources or means to adequately treat them. Moreover, there are fewer than 11 child psychiatrists for every 100,000 children. It is not uncommon for a child to wait six to eight weeks for a psychiatry appointment.

With the assistance of groups such as the New Jersey Council of Child and Adolescent Psychiatry, the American Academy of Pediatrics and many others, Senator Gordon has been advocating for the establishment of a pilot program in Bergen County to improve access to mental health services for children and adolescents. Specifically, the pilot program would provide primary care physicians with immediate access, through telephone or by some other electronic means, to a child psychiatric team that will assist primary care physicians in their assessment, diagnosis and treatment of child and adolescent mental health issues.

The federal government has grants available through the Department of Health and Human Services that would pay for full implementation of the pilot program, but a New Jersey state department or agency has to apply for the funding in order to receive it. The deadline to apply for funding is June 2.

"I can't stress enough the importance of the state applying for these funds. The grant money available could help implement this public health measure at no additional cost to the taxpayer. It is a winning opportunity for everyone involved," said Gordon.

The measure, SR-113, has been referred to the Health, Human Services & Senior Citizens Committee.

Contact Info: Chris Donnelly, New Jersey Senate Democratic Office, 609-292-5215, www.njsendems.com

## The Cornerstones of Recovery

**National Council on Alcoholism and Drug Dependence - New Jersey**
**(NCADD)**

360 Corporate Boulevard
Robbinsville, NJ 08691
Phone 609.689.0599
Fax 609.689.0595

## Recovery Zone

Addiction is increasingly understood to be a chronic disease. Until recently, the most common scenario in treating addiction was an "isolated acute episode" followed by one-time, short-term intervention. The broadening recognition of addiction's chronic nature compels a fundamental change in treatment, a move away from acute episodic care and toward an environment that promotes ongoing management of the disease and sustains recovery. Some experts refer to this environment as "the recovery zone."

Chronic illnesses arise from an array of factors, including biological, psychological and social influences. "Many times, 'lifestyle' or personal behavioral choices are intimately involved in the onset and course of these disorders." Severe substance dependence, like other primary chronic illnesses, is impacted by genetics and by "personal, family and environmental risk factors" … and is also "influenced by behaviors that begin as voluntary choices but evolve into deeply ingrained patterns of behavior." Furthermore, prolonged drug or alcohol use compounds the problem by causing changes in the brain that diminish an individual's capacity to control the "contributing behaviors[1]."

*(Continued Page 4)*

## VINELAND:
## Businessman shares story of living with paranoid schizophrenia

*By Staff Writers of The Daily Journal*

Robin Cunningham, a retired businessman living with paranoid schizophrenia, will discuss his struggle with the disease during a community education forum, "Hope & Mental Illness: A Personal Story," from 7 to 9 p.m. Tuesday, May 24, sponsored by the Cumberland County Guidance Center, at the Chestnut Assembly of God, 2554 E. Chestnut Ave., Vineland.

In this free public forum, Cunningham will recount his long struggle with paranoid schizophrenia and give an intimate look at the world through the eyes of a person living with this disease. Cunningham will also answer questions from the audience.

After receiving his MBA, Cunningham began a challenging business career. Within three years, he advanced to the level of vice president and thereafter he served as a senior corporate executive officer with several international industry-leading corporations, or their subsidiaries, as well as a major Wall Street investment banking firm and a highly profitable commercial bank. Cunningham's accomplishments are unusual since he was diagnosed with schizophrenia at age 13, in a time when the prognosis for individuals with this disease was dismal and the associated stigma was devastating.

Since his retirement, he has devoted himself to writing, public speaking and advocacy for the mentally ill. Among his writing are more than 100 blogs he prepared for www.schizophreniaconnection.com. He serves on the New Jersey Governor's Council on Mental Health Stigma, the NAMI New Jersey Board of Trustees, and the Governing Board of Greater Trenton Behavioral Healthcare. Among others, he has appeared on Voices in the Family on WHYY and in the BBC documentary "Voices in My Head."

**Reservation deadline is May 17.**
**Call (856) 825-6810**
**Reservations -Jennifer Gardner, Ext. 206.**
**Information - Mary Sauceda, Ext. 256.**

## Congratulations to Jewish Family Services Of Atlantic–Cape May for being awarded The Susan G. Komen Grant

*(From the front page Jewish Times 2011-05-13)*

The Central and South Jersey Affiliate of Susan G. Komen for the Cure has awarded a $ 39,360 grant to Jewish Family Service of Atlantic & Cape May Counties to create the JFS Women's Health Network.

The program helps women navigate the healthcare system by creating awareness through education, instituting strategies that will reduce barriers to access and by promoting consumer compliance through intensive case management support. Through this funding, JFS aims to increase participation in annual breast cancer screenings among women between the ages of 40 and 64 who are diagnosed with mental illness.

"At the Komen Central and South Jersey Affiliate, we conducted a needs assessment of our service area," said Komen Affiliate Executive Director Nancy Healey. "This grant supports our strategic objective to ensure that medically underserved women have access to life- saving mammography screening."

**Complete Article: http://www.jewishtimes-sj.com/news/2011-05-13/Front_Page/JFS_Receives_Nearly_40000_in_Funding.html**

*(Recovery Zone Continued From Page 3)*

William White and Thomas McLellan's authoritative paper on addiction as a chronic disorder reviews the trademarks of acute treatment. Acute care, the authors note, is characterized by a fairly rigid course that takes place within a limited timeframe. The "programmatic" delivery of services includes screening, admission, a one-time assessment, treatment, discharge, brief period of aftercare, after which the relationship with the care provider comes to an end. The model features a central figure, a professional expert, who guides the entire process, from the assessment through the treatment plan and its delivery. Care occurs over a short period, in most cases determined by pre-arranged, time-restricted insurance payments. It is designed for addiction disorders and is separated from general medical insurance. At discharge, the patient and family receive the impression that a "cure" has occurred and that long-term recovery is self-sustained. Should relapse occur, blame is placed on the individual for non-compliance2.

The acute care model has succeeded with certain individuals, those with high "recovery capital." This term refers to having stable housing, employment, and strong social networks. Taken as a whole, however, the current addiction treatment system, in which the lion's share of resources is expended on acute care, has had low engagement rates and high attrition rates. Dropout rates between initial contact for an appointment at an addiction treatment agency and the first treatment session range from 50-64 percent. Nationally, more than half of clients admitted to addiction treatment do not successfully complete treatment; in New Jersey, just 52 percent of clients do so. These numbers reflect the fact that acute care does not work well for individuals with low recovery capital, meaning those who experience poverty, homelessness, unemployment, mental illness, or poor physical health - the very people public funds are meant to serve.

The Recovery Zone approach is in keeping with treatment of chronic illnesses, combining medical care with lifestyle factors to give the patient the best chance of sustained health. Under the Recovery Zone model, the treatment agency is just one of many resources brought to bear on the individual's particular circumstances. Various supports need to work in concert with the client's recovery plan. A key component that distinguishes this model from acute care is that motivation is often an outcome of the service process, not a precondition for entry into treatment. A strong therapeutic relationship can overcome low motivation for treatment and recovery4. Motivation for change can no longer be seen as the sole province of an individual, but as a shared responsibility with the treatment team, family and community institutions5.

When addiction is met with appropriate chronic care, one sees a higher success rate than with diabetes, a condition that also requires life-long disease management. A chronic course of treatment with addiction will produce a response rate comparable to hypertension and asthma. Chronic treatment benefits both consumers and society in that:

- It provides less expensive services to more individuals and decreases the unmet need for treatment
- It provides prompt access to a full continuum of care that focuses on the client's clinical needs and other contributing factors. Access to this care and adherence to evidenced-based practices consistently produce positive outcomes;
- It addresses a client's individual recovery needs to facilitate entry and stabilization in the "recovery zone" as quickly as possible following an acute episode;
- It reduces service fragmenting, promotes service continuity, and increases the client's capacity to manage his/her chronic health condition;
- It connects the client with a recovery coach to remove personal and environmental obstacles to recovery; links the client to the community; supports the recovering person as he or she develops; and implements, revises, and evaluates the recovery plan;
- It reduces the frequency of admissions to long-term residential, detoxification and short-term residential and increases in frequency admissions to outpatient levels of care;
- It reduces cost per client and increases retention rates.

*(Recovery Zone Continued From Page 4)*

The shift to a disease management model of sustained recovery supports will take time and it will require a tremendous effort to align concepts, contexts, policies, and service practices to support long-term recovery. The benefits will be apparent in both dollars and lives, as it will maximize resources in producing better outcomes for more people.

The adoption of a chronic care model for addiction has already been signaled at the federal level. As part of national health reform, new federal policies and funding are being linked to each state's ability to provide treatment within a chronic care/recovery management model that responds to individuals who face issues of poverty, homelessness, unemployment, mental illness, and poor physical health. By embracing this model, New Jersey will be prepared to treat individuals over a continuum of care, creating the best opportunity for sustained recovery in which long periods of abstinence are shored up by gainful employment, stable housing, and supportive social and spiritual connectedness.

The Recovery Zone supports a person-centered and self-directed approach to care. It builds on personal responsibility, strengths, and resilience of individuals, families and communities to achieve health. This model will greatly advance addiction treatment whose core goals are long-term recovery and lifetime management of the disease.

*(Endnotes)*

1. McLellan, White, 2008
2. Ibid
3. Gottheil, Sterling & Weinstein, 1997
4. Ilgen, et al, 2006
5. White, Boyle & Loveland, 2003

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