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## CHILD BEHAVIORAL HEALTH AND SCIENCE CENTER

# news

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## Obsessive-Compulsive and Related Disorders Program



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Director

### WHAT IS OCD?

Obsessive-compulsive disorder (OCD) is a relatively common disorder that is frequently misunderstood and often misdiagnosed. OCD is characterized by recurring intrusive, unwanted, or disturbing thoughts, images or urges (known as obsessions), as well as repetitive behaviors or rituals (known as compulsions). Compulsions are typically linked to an obsessional worry or fear. Performing a compulsion serves to temporarily reduce the distress caused by an obsessional thought. For example, obsessions about safety or aggression might manifest as repeated checking to confirm that a loved one hasn't been harmed or that doors are locked while obsessions about germs or illness may result in hand-washing or cleaning rituals. No

matter the theme, compulsions may briefly decrease the anxiety caused by obsessions, but obsessional thoughts inevitably reoccur and the OCD cycle starts again. Avoidance behaviors are also common in OCD and, as with obsessions and compulsions, they interfere with and disrupt the daily lives of those with OCD. While specific obsessions and compulsions can be about anything, typical obsessional themes include: fears of illness or contamination, unwanted aggressive or sexual thoughts, fear of failure or being a bad person, and drive for perfectionism, such as a need for exactness or symmetry. Typical compulsions, such as excessive cleaning, repetitive checking, reassurance-seeking, re-doing and re-arranging, would serve to neutralize the distress of obsessions.

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## The Hope of Change through Dialectical Behavioral Therapy

For Steven\* life has always been very black-and-white. He has always been reactionary, and he has always become dysregulated easily. Following a difficult break-up in ninth grade, Steven started experiencing symptoms of borderline personality disorder. He "freaked out, and he hit a wall," his mother, Anna, explained. During the summer after ninth grade, Steven had a number of friends who self-harmed, usually by cutting themselves. He attended camp that summer, and one day Anna received a call from the camp counselor explaining that she needed to come pick Steven up because he said he wanted to hurt himself.

In the first few weeks of tenth grade, Steven experienced a major anxiety attack and again expressed his desire to hurt himself. His mother was called up to school and brought him to the emergency room. Through

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# Comprehensive Adolescent Rehabilitation and Education Service (CARES) at Mount Sinai St. Luke's

The *Comprehensive Adolescent Rehabilitation and Education Service (CARES) at Mount Sinai St. Luke's* is an integrated program for adolescents with co-occurring mental health and substance use disorders that provides screening, assessment, treatment planning, treatment delivery, and continuing care for mental health, substance abuse, physical health, and education services. Since we last appeared in this newsletter in 2014, The Comprehensive Adolescent Rehabilitation and Education Service (CARES) has undergone some significant development and transformation. Over the past two years, CARES has seen a significant increase in referrals as day treatment and residential programs have closed throughout the city. As a result, we have done a great deal of work to improve our diagnostic approach and our assessment of readiness for treatment. We have also solidified our use of outcome measures to inform how treatment is designed, and have been able to expand the range of our services to best meet the needs of our patients while addressing a complex array of conditions and presenting symptomatology.

The new CARES at Mount Sinai St. Luke's offers a wide range of services to address issues interfering with optimal functioning for teens and young adults. We provide a full range of targeted and integrated mental health and substance abuse services. Our accomplished clinicians have expertise in the unique developmental needs of adolescents and young adults. Youth interested in CARES will first engage in a comprehensive evaluation. Based on one's motivation and readiness to make changes in their lives, the most appropriate level of CARES (PreCARES, CARES Academy, AfterCARES) will be recommended, and an individualized treatment program will be designed. Based on a youth's evolving needs, they will be able to move seamlessly from one level of CARES to another in order to receive the most relevant and comprehensive treatment possible. Here is a detailed description of the different levels of CARES:

## PRECARES

**WHY:** Adolescents face various struggles on a day to day basis that manifest in emotional and behavioral difficulties. Often times, adolescents may not know how and where to ask for help.

**WHO:** Adolescents who may not believe they have a problem, even though others in their lives are telling them so; alternatively, adolescents who may be starting to acknowledge concerns about problems, and might consider changing, but are wavering or uncertain.

**WHAT:** PreCARES provides an open, respectful, and safe environment where adolescents can meet supportive staff and engage in discussion about their struggles. Through a combination of therapeutic services, adolescents may increase motivation, increase self-awareness, and learn to explore the pros and cons of making changes in their lives.

**HOW:** PreCARES offers a combination of individual, group, family, and/or psychopharmacological therapies that are designed to empower teens to make decisions based on what is best for themselves. These services are informed by evidence-based practices of Motivation Enhancement Techniques (MET) and Dialectical Behavior Therapy (DBT).

**WHEN:**  
1 – 4 sessions per week for 3 – 6 months

## CARES ACADEMY

**WHY:** An adolescent's functioning can be limited by emotional and behavioral difficulties, including emotional distress, impulsivity, drug and alcohol use, and missing school. CARES Academy is for those teens who need both treatment and school in a combined setting.

**WHO:** Adolescents seeking recovery from interpersonal, emotional, behavioral, substance-related, and academic problems; adolescents who acknowledge concerns about their problems, are considering change, or are committed and planning to make changes in the immediate future.

**WHAT:** CARES Academy is a safe and therapeutic school for NYC public high school students. It combines a distinct educational environment with intensive psychiatric treatment, and is designed for those teens who require a significant level of structure and skill-building to turn their lives around, but who live in their community.

**HOW:** CARES Academy provides multidisciplinary, daily therapeutic services including individual (2x/wk), group (5x/wk), milieu (daily), family (1x/wk), and pharmacological treatments. Treatment framework is based on the principles of DBT, and also integrates MET, Cognitive Behavioral Therapy (CBT), Psychodynamic, and Family Systems approaches.

**WHEN:** 5 days per week, 9:00am – 3:30pm, for 6 – 12 months

## AFTERCARES

**WHY:** The transition from adolescence to adulthood can be complicated by emotional, behavioral, and family issues. Being a young adult requires balancing responsibilities of self, family, career, and community.

**WHO:** Adolescents and young adults who are actively taking steps to make changes in their lives, or who have achieved their initial goals and are now working to maintain their gains.

**WHAT:** AfterCARES provides an open, respectful, and safe environment where young adults can develop the skills they need to live a balanced and fulfilling life. Becoming a member of AfterCARES provides access to a range of services, dedicated clinicians, and a network of peers. Young adults will make strides toward achieving maturity and independence, effectively managing emotions, sustaining healthy relationships, developing a clear sense of self, identifying life goals, and adopting healthy behaviors.

**HOW:** AfterCARES offers a combination of individual, group, family, and psychopharmacological therapies, as well as peer support and mentoring. These services are based on Motivation Enhancement Techniques and Supportive Psychotherapy.

**WHEN:**  
1 – 3 sessions per week for 3 – 6 months

# New Faculty

**Sanaa Bhatti, MD**, graduated from the University of Miami with a degree in Neuroscience and received her medical degree from the Florida State



Sanaa Bhatti, MD

University College of Medicine. In medical school, Sanaa was focused on providing care to underserved populations and was awarded the James A. Alford, MD Endowed Foundation Scholarship as a student with an interest in psychosocial aspects of clinical care. Sanaa went on to complete her general psychiatry residency at the George Washington University Hospital. There she participated as a member of the Allied Cohort for Early Schizophrenia group and was involved in first-break psychosis and mental health stigma research which resulted in two peer-reviewed articles. Also during residency, Sanaa showed an interest in public policy and community care and did an elective in health policy at the George Washington University along with being a Member-in-Training Representative for the Board of Directors of the Washington Psychiatric Society. Sanaa completed her child and adolescent psychiatry fellowship at The Mount Sinai Hospital and served as chief resident in her second year. She will be joining the faculty as an attending in the child, adolescent, and family services outpatient clinic at Mount Sinai St. Luke's.

**Deena Goodman, LCSW**, is a Licensed Clinical Social Worker with a passion for working with adolescents, families and young adults. Deena has a BFA in Drama from The Tisch School of the Arts and a Masters in Social Work from New York University.

Deena trained at NYU's Child Study Center, Beth Israel's Child and Adolescent Outpatient Department, and completed her clinical training at CARES at Mount Sinai St. Luke's. Deena is a SIFI certified Social Work Supervisor and has enjoyed the opportunity to supervise numerous Social Work Interns. She remains an active junior board member of Creative Alternatives of New York (CANY) where she raises funds and awareness of the dramatic impact Creative Therapies can have on the treatment of trauma. As a clinician at CARES, Deena works with adolescents with a wide range of mental health and substance abuse related needs.



Deena Goodman, LCSW

Experienced in Dialectical Behavioral Therapy, Trauma Informed Treatment, Motivational Interviewing, Family Systems Therapy, Drama Therapy and Psychodynamic Therapy, Deena plans to begin Psychoanalytic Training this fall. She maintains an interest in treating depression, anxiety, trauma, Borderline Personality Disorder, and high-risk behaviors. Deena will focus on working with adolescents in CARES in addition to treating young adults, couples, families, and creative artists through the Faculty Practice.

**Robert Jaffe, MD**, graduated from the University of Michigan with a BS in Brain, Behavior, and Cognitive Science before completing medical school at the Georgetown University School of Medicine in 2010. Robert completed his general psychiatry residency at The Mount Sinai Hospital in 2014 and continued at Mount Sinai for a fellowship in child and adolescent psychiatry, also serving as

chief in his second year. During his fellowship, Robert completed the Psychodynamic Psychotherapy Program at the New York Psychoanalytic



Robert Jaffe, MD

Society and Institute. Particular areas of clinical interest include mood and anxiety disorders, Obsessive-Compulsive Disorder, and Tics and Tourette's Disorder. Academically, Robert has had multiple publications and is a co-author of the Child Development chapter in the upcoming edition of Kaplan & Sadock's textbook. Robbie will be joining the faculty as an attending on the pediatric psychiatry consultation and liaison team at The Mount Sinai Hospital and as the Associate Director of Residency Training for Child and Adolescent Psychiatry.

**Brandon Johnson, MD**, graduated from the University of Texas at Austin with a BS in Biomedical Engineering. Brandon completed medical school at the University of Texas Southwestern Medical School and went on to general psychiatry residency training at The Mount Sinai Hospital. While at Mount Sinai, Brandon co-authored chapters on ADHD, college substance abuse, and childhood mood disorders.

Brandon completed child and adolescent psychiatry training at the New York-Presbyterian Hospital Training Program of Columbia and Cornell.

Brandon has a strong interest in the mental health issues of LGBT youth, and in particular transgender youth. During his fellowship, Brandon



Brandon Johnson, MD

worked with the Columbia Division of Gender, Sexuality, and Health to evaluate children with varied gender expression, and he plans to present related work at AACAP in this fall in New York City. He will be joining the faculty as an attending in the CARES program at Mount Sinai St. Luke's.

**Simone Lauderdale, MD**, completed her undergraduate studies at the University of Pennsylvania in the Biological Basis of Behavior. She obtained her medical degree from Howard University College of Medicine in Washington, DC. She completed a general psychiatry residency and a geriatric psychiatry fellowship at Mount Sinai Beth Israel. She completed a child and adolescent psychiatry fellowship at Albert Einstein College of Medicine-Montefiore Medical



Simone Lauderdale, MD

Center. Simone is interested in the areas of eating disorders and cultural psychiatry, and has completed research in eating disorders in minority populations. She will be joining the faculty as an attending in the child, adolescent, and family services outpatient clinic at Mount Sinai Beth Israel.

**Mana Samghabadi, PhD**, graduated from the City University of New York, John Jay College of Criminal Justice with a degree in Forensic Psychology. She received her doctorate in clinical psychology from the American School of Professional Psychology in Washington, DC. She completed both her predoctoral internship in child psychology and postdoctoral fellowship in pediatric neuropsychology at Mount Sinai St. Luke's. Throughout her graduate

training, Mana was focused on providing clinical care to underserved populations, with emphasis placed on evidenced-based methods of child and adolescent assessment. In her postdoctoral training, she specialized in neuropsychological assessment and providing individualized treatment and educational planning for co-occurring neurodevelopmental, medical, and psychiatric disorders. Mana's current clinical and research interests include the differentiation and early detection of prodromal psychosis through neuropsychological testing, and the subsequent implementation of treatment to prevent further neurocognitive and psychiatric deterioration. She will be joining the faculty as a clinical psychologist in the child, adolescent, and family services outpatient clinic at Mount Sinai St. Luke's.



Mana Samghabadi, PhD

We are very excited to be joined by these new faculty members, and we look forward to seeing the great work they will do.

# Obsessive-Compulsive and Related Disorders Program CONTINUED

Patients with OCD are often reluctant to disclose unwanted obsessions and compulsive behaviors, and children may lack insight regarding their symptoms, which can hamper early identification. While OCD symptoms can begin at any point in life, childhood OCD is often accompanied by other forms of anxiety, as well as tic disorders, including Tourette disorder. Childhood OCD is often first noticed by parents or teachers who become aware when OCD symptoms interfere with daily life or school functioning; a child may share their distressing worries, frequently ask for reassurance or become involved with time-consuming ritualized or avoidance behaviors. Effective psychotherapeutic and pharmacological approaches have been developed to treat OCD in all ages. The OCD and Related Disorders

Program at Mount Sinai offers these treatments and provides patients and their families the skills and tools needed to decrease the burden of OCD symptoms and to engage more fully in all aspects of their lives.

## **OUR MISSION**

The mission of the Obsessive-Compulsive and Related Disorders Program is to provide comprehensive clinical care to children, teens and adults affected by OCD, while also developing the next generation of treatments and training future clinical and research leaders in the field.

## **OUR CLINICAL PROGRAM**

Our multidisciplinary team is composed of pediatric and adult psychiatrists, psychologists, psychiatry residents, postdoctoral fellows, and doctoral-candidate externs. Our team approach allows us to provide integrated services and treatment planning that is individualized and developmentally-appropriate. Evaluations consist of a detailed clinical interview as well as standardized assessments to determine the range and severity of symptoms. We also offer specialized multidisciplinary evaluations and consultations for patients who are currently in treatment but who have not responded to conventional therapies.

The goal of our outpatient services is to provide sensitive and specific treatments that are informed by accurate and

thorough diagnostic evaluations. We use evidence-based psychotherapeutic and pharmacological treatments and work closely with patients and their families to ensure that the treatments we offer are specific and sensitive to the needs of our patients. Cognitive-behavioral therapies (CBT), particularly exposure and response prevention (ERP), are at the core of many of our treatments.

## **OUR RESEARCH PROGRAM**

Our research objectives are to identify biological and genetic aspects of OCD as well as environmental factors that contribute to risk. Our laboratory team is working to characterize specific gene forms that have been associated with higher risk for OCD. We are also developing model systems that can be used to further our understanding of how these gene variants impact brain function and behavior. In collaboration with colleagues in both Denmark and Sweden, we are also examining environmental risks for OCD. To do this, we are using an epidemiological approach to study nationwide samples of individuals affected by OCD as well as their families. Using this framework, we are able to examine familial and genetic risk factors as well as environmental influences that alter risk for OCD. In conjunction with our international studies, we are recruiting local families to participate in genetic research studies.

For information about our clinical services and our research studies, please contact our director, Dorothy E. Grice, MD (212-659-1670; [dorothy.grice@mssm.edu](mailto:dorothy.grice@mssm.edu)), or our program coordinator, Talia Glass (212-659-1675; [talia.glass@mssm.edu](mailto:talia.glass@mssm.edu)).

# Dialectical Behavioral Therapy: A Success Story CONTINUED

referrals from child psychiatrists at Mount Sinai St. Luke's, Steven and Anna were referred to Clare Dacey, LCSW, of the Dialectical Behavioral Therapy (DBT) Program at Mount Sinai St. Luke's. This program is designed for adolescents and pre-adolescents who are depressed, impulsive, and/or engaging in self-harm behaviors. Children/adolescents and parents participate in skills groups both separately and together in the program, and patients also work with an individual therapist. Skills gained in this program help youth learn to cope with stress and improve family communication.

Anna and Steven enrolled in the 26-week DBT Program. Every week for six months they attended separate sessions: Steven attended one for

patients, and Anna attended sessions in parallel for parents of the patients. Anna enjoyed the parallel learning. Teens and parents also met together every five sessions, at the end of each module. Up until DBT, "Steven had always been able to outsmart his therapists," Anna explained. He learned early on in the DBT program that he would not be able to do so this time. Anna and Steven were extremely invested in the program, and they both accumulated a wide array of skills to use in various situations. This allowed them to share this journey together, and as a result, their relationship has grown much stronger.

To this day, Steven will still take a step back from a challenging situation to identify the proper DBT skill and

use it to navigate the situation. Steven has benefited so much from DBT that he is eagerly joining this summer's pilot program teaching DBT skills for anxiety.

"It was very painful to watch Steven go through this, and this program was life-altering," Anna explains. "The program was a roadmap, and it made sense to me," she added. Anna is an ambassador for the DBT program, frequently sharing the skills with her daughter and other parents. She added, "This program changed my relationship with my son, and it was an amazing experience."

*\*Names have been changed to protect the privacy and safety of the patient and his family.*



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**THE CHILD BEHAVIORAL HEALTH AND SCIENCE CENTER NEWSLETTER** brings you timely updates about new developments related to the treatment and research of childhood mental health disorders, as well as activities at the Child Behavioral Health and Science Center.

To be placed on our email list, please contact [childbehavioralhealth@mssm.edu](mailto:childbehavioralhealth@mssm.edu).

Our phone number is (212) 659-8705 and our website is [www.mountsinai.org/childbehavioralhealth](http://www.mountsinai.org/childbehavioralhealth).

