Acting on impulse

Natchaug client opens up about her battle with kleptomania

April Devaux’s criminal record reads more like a shopping list. She’s been arrested for stealing a candy bar, one green pepper, a package of chicken, a set of pot holders.

She didn’t want the stuff. She didn’t even need it. The day she lifted the chicken she had just stocked up at the grocery store (and paid for her purchases.)

“I couldn’t figure out why I kept stealing or what was wrong with me,” Devaux said. “I consider myself a good person. I’m respectful. But I hated that part of me, and I couldn’t figure out how to get rid of it.”

Devaux, 49, has lost track, but she estimates that she’s been arrested for larceny more than 20 times. Often, she had little or no memory of the theft. She wouldn’t even know what she had taken until she saw the arrest report.

In 2014, after yet another arrest, Devaux was ordered to undergo a therapy program at Natchaug. She was diagnosed with kleptomania, a rare, but overwhelming condition that comes with powerful urges. She is now recovered and wants to help others with a support group.

In 2014, after yet another arrest, Devaux was charged as a persistent offender and sentenced to four years in prison. After completing two-and-a-half years, she was released on parole and ordered to attend therapy at Natchaug Hospital’s RiverEast program.

It was there she was diagnosed with kleptomania.

“Kleptomania isn’t a very common disorder,” said Barbara Pajak, primary therapist at RiverEast. “It’s characterized by powerful urges to steal items, particularly things you don’t need or that don’t have much value.”

Because kleptomania manifests itself as a criminal act, people like Devaux are often viewed as just that — criminals.

“People don’t understand the mental...” Continued on page 2
illness part of it. It’s an impulse control disorder.” Pajak said. “Stealing is not one of [Devaux’s] values, yet she continued doing it. And as a result, she felt a lot of shame and guilt.”

Like many other mental illnesses, kleptomania carries a powerful stigma. “When people find out that about me, they think I’m going to steal from their purse,” Devaux said. “Or don’t leave me anywhere by myself in their house because I might rip them off. It’s not like that... They just think that I should stop stealing, but it’s not that easy.”

Devaux spent six months attending RiverEast before she finished the program in April. During that time, she began to understand her disorder and what might trigger it. She began practicing mindfulness so she could stay grounded and focused on her feelings. When she starts to feel agitated or anxious, she knows to stay home or have her boyfriend accompany her on errands to keep her on track.

As Devaux prepared to graduate the program, Pajak proposed an idea. A few months back, two clients at RiverEast had successfully created their own men’s depression support group. There were no kleptomania support groups in Connecticut, and Pajak suggested that perhaps Devaux would be the right person to start one.

“A lot of the frustration I felt is that there’s no help out there, that there was no support for people like me,” Devaux said. “I’m hoping I can help other people know that they’re not alone, and they can be accepted. That they don’t have to deal with this problem by themselves.”

Devaux has run the group for a few months now, but has had trouble getting people to attend. Pajak believes it’s partially because of the stigma of kleptomania, but also the disorder is fairly rare. As a result, Devaux has now expanded the group’s focus to include all impulse control disorders. These might include problem gambling, compulsive shopping, or anger disorders such as intermittent explosive disorder.

Despite the struggles with attendance, Devaux has remained steadfast. “Sometimes I sit there and say, maybe you are in this world by yourself. But then the positive side comes back and says no don’t give up,” Devaux said. “If I can be of help to one other person, then it will make it all worthwhile.”

Where to find help

- **What:** Impulse Control peer support group
- **When:** Thursday nights from 7-8 p.m.
- **Where:** RiverEast, 428 Hartford Turnpike, Vernon (back of the building).

Blood drive planned in Mansfield

Natchaug Hospital will host a Red Cross blood drive at its Mansfield campus on Friday, Aug. 18, from 11 a.m. to 4 p.m.

To book an appointment, visit [www.redcrossblood.org](http://www.redcrossblood.org).

Financial assistance for patients

Do you know a patient who is in need of financial assistance? Hartford HealthCare can provide help to patients in need. Learn more about the program at [https://intranet.hartford-healthcare.org/inside-hhc/patient-support](https://intranet.hartford-healthcare.org/inside-hhc/patient-support).

Vaccine will be available beginning in early October. Clinic schedules coming soon. More information and exemption forms at: [http://hhconnect.org/flu](http://hhconnect.org/flu), and on the HHC (external) Internet at [http://www.hartfordhealthcare.org/flu](http://www.hartfordhealthcare.org/flu).
Two HOCC nurses honored with annual awards

Two Behavioral Health Network nurses were recipients of Hospital of Central Connecticut awards recently.

Joni Anderson-Senk, BSN, a registered nurse in the acute behavioral unit at HOCC, was this year’s recipient of the Viola Larson Award.

The Viola Larson Award is given out each year in honor of Viola Larson, RN, who served HOCC for 34 years before retiring in 1985. During her time at HOCC, she was known for her clinical competence, professionalism and leadership. The award honors a nurse who displays the same attributes of compassion, empathy and respect that Larson embodied.

Anderson-Senk has been working in Hartford HealthCare for more than 20 years in a variety of different roles. She began her career at Rushford as a certified addictions counselor before transitioning to a role as an RN with behavioral health patients in 2012. Anderson-Senk completed her BSN degree at Central Connecticut State University in 2016.

Similarly, Sarah Fogg, RN, from the inpatient behavioral health unit at HOCC, was the 2017 recipient of the DAISY Award for Extraordinary Nurses.

The DAISY Award is a nationally-recognized award given out annually in memory of J. Patrick Barnes as a way for patients and families to recognize staff who provided care that went above and beyond expectations.

Fogg was recognized for her compassion while addressing a young man’s mental health needs. The patient’s mother reported that Fogg interacted and talked with her son in such a respectful and compassionate manner that it left a big impression on him and may have an impact on him for life.

Depression study planned for teens

The Olin Neuropsychiatry Research Center of Hartford Hospital/Institute of Living seeks right-handed teenagers (ages 12-18) who currently have depression (Major Depressive Disorder) or who were depressed in the past. We are looking for participants who are not currently taking medication for depression, but other types of treatment and past medications would be OK.

Qualified volunteers for the study will participate in an interview, some questionnaires, neuropsychiatric tests and a non-invasive brain imaging scan.

Volunteers will be compensated $20 per hour for their time. The study is expected to take 6-8 hours total and can be split into separate visits if desired.

For more information, please call 860.545.7788.

Addiction does not care about age.

That’s why Hartford HealthCare’s Behavioral Health Network now offers Medication Assisted Treatment Close to Home (MATCH™) for people as young as 16 years old who are struggling with opioids or other addictions. MATCH™ utilizes Suboxone® or other medications, along with relapse prevention support, and offers convenient, flexible schedules for working professionals or students. Teens seeking help for addiction also have access to a multitude of other resources including residential treatment and the evidence-based Seven Challenges® Program for adolescent substance use.
Prevention and Intervention Strategies to Address Youth Suicide

Suicide is the second-leading cause of death among 15- to 24-year-olds in the United States. Adolescence, when suicidal ideation and behaviors often begin, may offer an important window to understand the causes and prevent the progression of suicide phenomena. Prior suicide attempts are one of the strongest predictors of subsequent suicide attempts and suicide deaths in both adolescents and adults. It is clear that adolescents who have attempted suicide are a high-risk population in need of intensive suicide prevention efforts. Despite accumulating treatment research and efforts to develop effective treatments, empirically supported treatments for reducing suicide attempt risk in suicidal adolescents remain elusive. Additionally, adolescence as a period of emerging and increasing risk may offer a developmental window of opportunities for early intervention. This presentation will review the recent developments in prevention and intervention strategies to address youth suicide prevention, with a particular focus on engaging schools and parents in these important efforts.

Clinicians need more information about the links between non-suicidal self-injury (NSSI) and suicidal behavior to more effectively provide interventions for addressing NSSI and suicide in adolescents. The Safe Alternatives for Teens and Youth (SAFETY) was developed by Drs. Joan Asarnow and Jennifer Hughes as an intervention to address both NSSI and suicidal behavior in youth. The SAFETY intervention aims to reduce the risk of suicide attempts by targeting individual and environmental risk and protective factors using a cognitive behavioral approach.

Dr. Hughes received funding from the American Foundation for Suicide Prevention to test the SAFETY intervention with 30 treatment-seeking youth with significant self-harm behavior. Youth and families randomized to the SAFETY group received weekly intervention sessions for three months. Dr. Hughes will present a description of the treatment and outcome data from the trials conducted in collaboration with Dr. Asarnow.

Jennifer L. Hughes, Ph.D., M.P.H., is an Assistant Professor and Licensed Psychologist at the UT Southwestern Center for Depression Research and Clinical Care (CDRC). She is the head of the CDRC Risk and Resilience Network, which aims to build partnerships with DFW schools and youth community organizations to provide mental health promotion and suicide prevention programs, as well as to work together to better understand resilience and risk in youth.

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<tr>
<th>Time</th>
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<tr>
<td>8:00 am</td>
<td>Registration</td>
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<td>8:30 am</td>
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<td>8:45 am</td>
<td>The Safe Alternatives for Teens and Youth (SAFETY) Program: Addressing Suicidal Behavior in Youth</td>
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<td>10:15 am</td>
<td>Break</td>
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<td>10:30 am</td>
<td>Flag Lowering Ceremony in front of Hartford Hospital</td>
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<td>11:00 am</td>
<td>School-Based Suicide Prevention: Opportunities and Challenges</td>
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<td>12:30 pm</td>
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REGISTER ONLINE: hartfordhospital.org/events

REGISTER BY PHONE: 1.855.HHC.HERE (1.855.442.4373)
The Young Adult Services POTENTIAL/Outreach program celebrated its new exercise room with a ribbon cutting and open house on Aug. 3.

The exercise room, which features brand new equipment including ellipticals, treadmills, stationary bikes and a rowing machine, offers clients in the Young Adult POTENTIAL/Outreach program a safe and welcoming place to start an exercise regimen.

“Many of our young adults experience symptoms that get in the way of physical activity, or are prescribed medication that, despite the benefits, cause unwanted side effects such as weight gain that can deter young adults from taking their medication or participating in treatment,” said Mallory Fergione, coordinator of the Young Adult Services Outreach Program. “The exercise room will help improve the general health and well-being of our clients.”

Funding for the exercise room was provided by a grant from the Hartford Hospital Auxiliary Board.

Behavioral Theory course offered

Beginning this September, the Anxiety Disorders Center/Center for CBT will offer the Cognitive-Behavioral Therapy Basic Proficiency Course on Tuesdays from noon to 1 p.m. Sept. 26 through Jan. 23 (no class on Dec. 26 or Jan. 2) in the Institute of Living’s Hartford Room.

The course, which is instructed by David Tolin, PhD, and free to HHC staff, is an opportunity for interested staff to become familiar with the theory and application of cognitive-behavioral therapy. To register, contact Beth Pizzuto (ext. 5-7578). Pre-registration is required. Please note that this is a CME-approved educational activity.

Attendees will be required to purchase the course textbook by the first class “Doing CBT: A Comprehensive Guide to Working with Behaviors, Thoughts, and Emotions.” A reference copy of the textbook may be available at the IOL medical library.
Family Resource Center Support Groups

The IOL Family Resource Center (FRC) holds regular support groups. For additional information, please contact the FRC at 860.545.7665 or 860.545.1888. All programs are free of charge and, unless otherwise noted, are held in the Massachusetts Cottage, First Floor Group Room at the IOL Campus, 200 Retreat Ave., Hartford. The upcoming IOL FRC Support Group schedule is as follows:

- **Support Group For Those Coping With A New Or Chronic Medical Condition.** Aug. 11, 18, 25 (Every Friday), 1 - 2 p.m. in the Center Building, First Floor Conference Room. For young adults ages 17-26 struggling with a new diagnosis, chronic medical conditions, physical symptoms or limitations. The group will help with difficult losses and limitation due to a medical condition, and build a positive, future-oriented focus with realistic goals. To RSVP, please call Elizabeth Alve-Hedegaard, APRN, at 860.545.7050.

- **Depression Bipolar Support Alliance Group (DBSA).** Aug. 14, 21, 28 (Every Monday), noon – 1 p.m. in the Todd Building, Bunker Room and Aug. 16, 23, 30 (Every Wednesday), 7 – 8 p.m. in the Commons Building, 2nd Floor, Litchfield Room. Peer run support group for those who have been diagnosed with depression or bipolar disorder.

- **Autism Spectrum Support/Educational Group Meeting For Parents.** Aug. 16, Sept. 20, Oct. 18, Nov. 15, Dec. 20 (Third Wednesday of the month), 6 - 7 p.m. Providing a place for parents of children on the autism spectrum, or with another related disorder, to come together and get support and information. Monthly, peer-run support groups interspersed with special guests and speakers to offer additional guidance and perspective.

- **Support Group For Families Dealing With Major Mental Illness.** Aug. 17, Sept. 7, 21 (First and third Thursday of each month), 5:15 - 6:30 p.m. in the Center Building, First Floor Conference Room. For family and friends of individuals who have schizophrenia, bipolar or other related disorders. Share your success and struggles. Learn to care for yourself while caring for others.

- **Al-Anon Parent Group.** Aug. 17, 24, 31 (Every Thursday), 7 - 8 p.m. One hour topic discussion.

- **Schizophrenia: An Introduction To The Disorder.** Aug. 22, Nov. 21, 6:30 – 7:45 p.m. This program is for family and friends of individuals who have schizophrenia or a related disorder. It will present a basic understanding of the disorder, its treatment, along with suggestions to help family members and friends cope with the illness.

- **Social Support Group — LGBTQ Issues (Lesbian/Gay/Bisexual/Transgender/Questioning).** Aug. 23, Sept. 13, 27 (Second and fourth Wednesday of each month), 5 – 6:15 p.m. in the Center Building, Young Adult Service Group Room. Support group for 16- to 23-year-olds who identify LGBTQ issues as being prominent in their lives. The goal is to discuss support strategies to manage life challenges.

- **Trauma Support Group.** Aug. 23, Sept. 13, 27 (Second and fourth Wednesday of each month), 6-7 p.m. A peer-led group that offers a supportive environment for individuals with any type of trauma history. Attendees will discuss relevant topics and educational materials will be available.

- **Dementia Lecture: An Introduction.** Aug. 29, Oct. 24, 6:30 – 7:45 p.m. This program is for family members and friends of individuals who have dementia or a related disorder. It will present a basic understanding of the disorder, its treatment, along with specific suggestions to help family members and friends better cope with the illness.

- **It’s Hard To Be A Mom.** Beginning September 2017. Peer-led group that acknowledges the inherent challenges with modern-day mothering and offers an opportunity for mothers to come together, share experiences, and support each other. This group welcomes expecting mothers and mothers with babies to discuss any and all challenges associated with motherhood in a safe and open-minded space. Babies welcome! Call 860.545.7324 for more information.

- **Dementia Support/Educational Group Meeting.** Sept. 5, Oct. 3, Nov. 7, Dec. 5 (First Tuesday of each month), 11:30 a.m. to 12:30 p.m. in the Donnelly Conference Room, First Floor. Please join us as we bring together experts and those who want guidance, direction, and support. Space is limited — reservations are required by calling 860.545.7665.

- **Substance Use Educational And Support Group.** Sept. 5, Oct. 3, Nov. 7, Dec. 5 (Second Thursday of each month), 4 – 5 p.m. For family members impacted by loved ones with substance abuse.

- **Anxiety Disorders: An Introduction.** Sept. 5, Dec. 5, 6:30 – 7:45 p.m. This lecture is for families and friends of individuals who have an anxiety disorder or a related disorder. Participants will acquire a basic understanding of anxiety disorders, their treatments and suggestions to help them better cope with the illness.
One student at Natchaug's Journey House is earning credits towards graduation using the program's new 3D printer. The student, using common core math skills, created stereo lithograph files to print objects, including 3D flower labels for a garden created by summer school students. Additionally, the student has made coloring books and helped to decorate a portable raised garden.

Peace Zone makes debut

Pediatric and adolescent clients at Natchaug Hospital now have one more tool to help them self-manage mood, behavior and energy levels — the Peace Zone.

In collaboration with unit staff and an occupational therapy intern, members of the Creative Rehabilitation Services Department developed a space that clients can use to engage their senses in the process of self-regulation. The room is stocked with materials for each of the senses, along with educational materials on how they can be used to attain or maintain the "just right" level of energy, behavior or mood. Some of the materials are a keyboard for hearing, therapy ball for balance and movement, fidgets for tactile, picture books for visual and the Vecta machine for multi-sensory input.

The room is available to clients as needed, with staff support, and can be used as a place for self-soothing, for education about the relationship between the senses and mood, or as a safe place to purposefully burn energy in a constructive way. The name Peace Zone is a melding of two entries in a unit-wide room-naming contest.

The Creative Rehab Services Department hopes to expand the inventory and are open to new ideas as we grow this valuable resource.

Join us for a

Natchaug Hospital 63rd Anniversary Staff Celebration

Friday, Aug. 25
1-3 p.m.

Natchaug Hospital Community Room

Natchaug Hospital has a lot to celebrate in August! Join leadership and co-workers for cake in honor of:

- Staff appreciation
- Welcome back for school staff
- Natchaug Hospital's 63rd anniversary (founded on Aug. 4, 1954)

The satellite locations will have their own celebrations at their sites on Aug. 25.

No RSVP required - just show up!
Drug’s removal shows step in the right direction

The following letter to the editor was written by Natchaug Hospital addiction psychiatrist Muhammad Majeed and published by the British Journal of Psychiatry:

Dear Editor:

In June 2017, in an unprecedented move, the Food and Drug Administration (FDA) advised Endo Pharmaceuticals to remove Opana ER (oxymorphone hydrochloride) from the market. This is the first time the FDA has requested that a currently marketed opioid product be removed from the market because of safety concerns. The request follows an independent advisory panel of experts vote of 18-8 in March 2017 that Opana ER’s risks outweighed its benefit. The decision shows a significant change in fighting the opioid epidemic in the United States.

The FDA approved Opana ER for the treatment of moderate to severe pain in 2006. It was subsequently marketed aggressively achieving annual sales in 2011 of $384 million, which represented 14 percent of the Endo’s total profits. Beginning in 2012, it was marketed in a new formulation intended to boast its abuse-deterrent properties. Although the FDA approved the reformulated version, it denied a labeling request for abuse-deterrence. Now, the FDA determined that the reformulated drug was easily susceptible to abuse in an injectable form. Its use in this manner was associated with HIV and Hepatitis C outbreaks and thrombotic microangiopathy among intravenous drug users. A survey following an outbreak of HIV/HCV infections in Scott County, IN, found that 88 percent of IV drug users primarily used Opana ER and 90 percent were HCV-Positive and 57 percent HIV-Positive.

The United States is in the midst of a crisis of opioid abuse, addiction and overdoses. Since the year 2000, as the prescriptions for opioid products rose, the number of overdose deaths from opioid use has quadrupled. Currently, 91 Americans die from an opioid overdose dose daily. Researchers are trying to find creative methods of addressing the opioids abuse crisis.

A novel analgesic that alleviates pain, but does not have risks, such as sedation or addiction, would be an ideal agent to treat pain conditions. In the meantime, physicians should be up-to-date with new clinical recommendations as well as practice safe and efficacious pain management strategies.

The FDA assures the safety, effectiveness and security of drugs and devices used for health. It also oversees the marketing and promotion of these products to ensure that pharmaceutical companies communicate honest and balanced information. However, there is a history of exaggerated and unsubstantiated claims regarding the benefits as well as minimizing harmful effects of opioid medications.

All opioids have an inherent potential for abuse, diversion, overdose and death, but some are less safe than others. The FDA is taking the right step in removing a highly abuse-able and less safe medication from the market. Now the FDA is also incorporating sophisticated tools to measure the risk-benefit ratio of opioids including public health concerns, in its regulatory decisions. Hopefully, this is an indication that the FDA intends to review other medications that pose a serious risk to public health.

The power of words

Journey House girls read short, illustrated stories that they wrote for Mansfield CDT students at a “poetry slam” on Aug. 2.

Field work

Jose Scarpa, PharmD, director of pharmacy at Natchaug Hospital, right, made his annual visit to volunteer at migrant farm clinics. Scarpa, who was accompanied by two UConn pharmacy students, Andrew and Curt, helped fill prescriptions and answered medication questions that the farmers had.
Staff from the Meriden/Wallingford Emergency Mobile Psychiatric Services (EMPS) team visited with teens in Rushford at Meriden’s dual PHP/IOP program to discuss what EMPS can do to help and answer any questions they had.

EMPS is a 24-7 behavioral health crisis intervention service for youth run by the Department of Children and Families. EMPS clinicians not only respond to crisis calls, but also offer support for families, connect people with services, collaborate with treatment providers and create safety plans with youth in crisis.

The teens in crisis were engaged with the presentation, and asked many questions about who can call, when they can call and for what reasons. Many of the teens had EMPS involvement in the past, and were able to discuss their experiences, both positive and negative.

Two days later, the EMPS team met with PHP/IOP clinicians to discuss services offered by EMPS and introduce them to Rushford’s adolescent dual program, medication-assisted treatment for adolescents and Seven Challenges curriculum.

### Anything to share?

Are you interested in sharing your clinical experience or knowledge with co-workers throughout the HHC Behavioral Health Network? Consider submitting an article to the Clinical Corner. For more information, e-mail amanda.nappi@hhchealth.org.

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**About BHNews**

BHNews is published every other Friday. Story ideas or submissions may be sent to amanda.nappi@hhchealth.org.

Articles must be submitted as a Microsoft Word document. Every effort will be made to run the article in its entirety, but due to space constraints and style requirements, editing may be necessary.

**Deadline for the next edition of BHNews is Tuesday, Aug 22, at noon.**