

The background features a dark blue gradient with a subtle pattern of white dots. Overlaid on this are several white circular and semi-circular elements. A prominent feature is a large circular scale on the left side, with numerical markings from 140 to 260 in increments of 10. Other elements include smaller circles, some with dashed outlines, and curved lines that suggest motion or rotation. The overall aesthetic is technical and modern.

LONG ISLAND CRISIS CENTER IN-SERVICE TRAINING

EMERGING TREATMENTS,
THERAPEUTIC MODALITIES &
ADJUNCTS TO TALK THERAPY

MARCH 5, 7PM

MARCH 6, 11AM

EMERGING TREATMENTS FOR MENTAL HEALTH DIAGNOSES



PSYCHEDELIC-ASSISTED THERAPY: AN OVERVIEW



- ❑ Ketamine for Treatment-Resistant Depression and Suicidality:
Advantages and Limitations
- ❑ Clinical Trials for Psilocybin, MDMA, etc.-Treatments for Depression, PTSD, Alcohol Use Disorder, OCD
- ❑ <https://www.nbc.com/nbc-nightly-news/video/nbc-nightly-news-22524/9000371069>
- ❑ <https://www.hopkinsmedicine.org/psychiatry/research/psychedelics-research>
- ❑ <https://med.nyu.edu/departments-institutes/psychiatry/research/center-psychedelic-medicine>

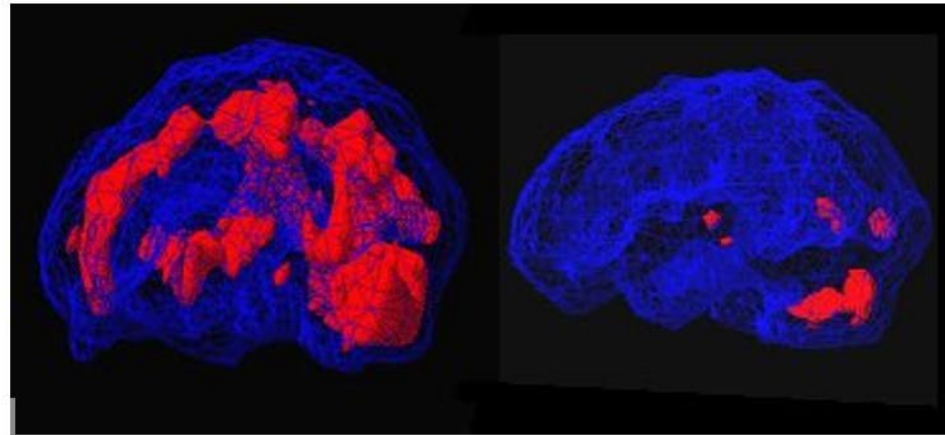
TRANSCRANIAL MAGNETIC STIMULATION

- ❑ Transcranial Magnetic Stimulation, or TMS for short, is FDA approved for Treatment Resistant Depression (AKA Refractory Depression)
- ❑ Uses magnets in order to foster change within the brain, works on the same receptors that anti-depressants target
- ❑ Must show that two classes of anti-depressants have “failed” in order for insurance to cover this
- ❑ Course of treatment is over a 7 week span, 17-24 minutes each session, may need maintenance afterwards
- ❑ This is not therapy, just a medical intervention for depression
- ❑ 68% of patients have a positive response to this treatment (according to TMS LI)
- ❑ Those with Bipolar and some other conditions may not be a good candidate for this
- ❑ TMS Long Island

EMDR

(EYE MOVEMENT DESENSITIZATION AND REPROCESSING)

POST-TRAUMATIC STRESS DISORDER



BEFORE EMDR

AFTER EMDR

The left photo shows a woman with PTSD.

The right photo shows the same woman after four 90 minute EMDR Therapy sessions.

The red areas indicate over-activity in the brain.

Photo by Dr. Daniel Amen

EMDR

- ❑ EMDR is not new; it was created by Francine Shapiro in 1987 for the treatment of PTSD
- ❑ It has become more popular in the past 20 years for the treatment of trauma, complicated grief, and substance use
- ❑ Only therapists certified in EMDR can use it to treat clients; we have an EMDR category in the referrals
- ❑ The premise is to encourage both sides of the brain to “talk to each other”, to put the trauma memories into Long Term Memory storage, and to have clients slowly desensitize themselves to the trauma
- ❑ It is the “gold standard” for trauma treatment. If callers say they have any type of trauma history, such as sexual assault, abuse, witnessing violence, physical illness, or is a first responder/veteran, EMDR may be the best treatment for them
- ❑ Further reading on trauma: “The Body Keeps The Score” by Bessel van der Kolk (he is also on YouTube), “Trauma and Recovery” by Judith Herman

THERAPEUTIC MODALITIES



- ❑ CBT: Cognitive Behavioral Therapy (Thoughts—Emotions---Behaviors---Change)-good for most issues that we see on the hotline
- ❑ DBT: Dialectical Behavioral Therapy (Distress Tolerance, Mindfulness Skills, Emotional Regulation, Interpersonal Effectiveness) (Youtube Marsha Linehan)-good for those with self-injury, Borderline Personality Disorder, Chronic Suicidality
- ❑ Psychoanalysis (still in use)...Adelphi Postgraduate Psychotherapy Center-good for deep insight, relationship problems, self-understanding
- ❑ Play Therapy-most useful for children and even adolescents
- ❑ Creative Arts Therapy

BARRIERS TO TREATMENT

- ❑ Cost: We have low-cost referrals, some therapists use sliding scale, therapists can provide a receipt and clients can submit to insurance if they have out of network benefits
- ❑ Stigma- As hotline counselors, we are on the front lines. We can help lessen the stigma and say “This is typically how a counseling session might go. How does this feel?”
- ❑ Location does not have to be a barrier with the emergence of telehealth. We have the “telehealth/virtual” and “online” categories.
- ❑ Mental health services and people speaking out about mental health have boomed since the Pandemic. Even celebrities and people of note, like Prince Harry, are speaking out about receiving therapy.
- ❑ People, especially younger generations, might think they can get counsel or advice through platforms like Tik Tok, etc. This is a no-no. It will never replace therapy.
- ❑ Most studies show that the therapeutic relationship is what creates change!

ADJUNCTS TO THERAPY AND TREATMENTS




THINGS THAT CAN ENHANCE PROGRESS

- ❑ Good sleep hygiene-impacts mood, concentration, focus, energy levels, decision making, overall physical health
- ❑ Decrease screen time and social media use
- ❑ Being outside in nature, walking promotes bilateral stimulation too!
- ❑ Journaling in between sessions
- ❑ Connection to others-being part of a team, an organization, faith-based group, support group, meet up group, connection with family and friends (if possible)
- ❑ Face to face or phone calls are integral to well-being, not just texting or chatting on social media
- ❑ Optimal physical health-nutrition, exercise or movement, seeing a primary care physician to rule out conditions that might be contributing to emotional dysregulation, such as thyroid issues
- ❑ Meditation (apps for that too), Mindfulness (being completely present centered)
- ❑ Good Mental Health encompasses the Physical, Emotional, and Spiritual Domains

SOURCES CITED

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- ❑ <https://tms.tms-longisland.com/>
- ❑ “The Body Keeps The Score” by Bessel van der Kolk
- ❑ “Trauma and Recovery” by Judith Herman
- ❑ “How To Change Your Mind” Netflix Documentary
- ❑ Christine Cione, LMHC (my training, education, and I keep on learning)

FINAL THOUGHTS



I am not what happened to
me, I am what I choose to
become.

Carl Jung