

Bradley Hospital launches new outpatient program for high-risk adolescents

Mindful Teen program helps teens develop emotion regulation skills to avoid hospitalization, improve quality of life

EAST PROVIDENCE – Bradley Hospital has launched a six-month outpatient treatment program for adolescents 13 to 18 years old who struggle with suicidality, nonsuicidal self-injury (NSSI) or other self-destructive behaviors. The Mindful Teen program offers dialectical behavior therapy for adolescents (DBT-A), a proven treatment that combines individual, family and group-based therapies to help eliminate life-threatening and self-destructive behaviors and improve overall quality of life.

The Mindful Teen program helps adolescents learn to effectively manage their emotional experiences and eliminate self-destructive behaviors by providing a structured environment for adolescents and caregivers to learn new skills. The ultimate goal of the program is for teens to learn to function safely outside of an intensive treatment setting.

“Because emotion regulation difficulties, self-harm and suicidality are chronic conditions for many adolescents, teens in this program receive ongoing support in generalizing new skills to all aspects of their everyday lives,” said **KARYN HOROWITZ, MD**, director of outpatient child psychiatry and behavioral health services at Lifespan. “Without such support, teens remain at a high risk for repeated emergency room visits and inpatient and partial psychiatric hospitalizations due to unsafe behaviors that arise from difficulties in effectively managing distress and negative emotions.”

The Mindful Teen program is offered at the Bradley Hospital campus in East Providence and will also be offered at the Newport County Community Mental Health Center in Middletown. Both programs are staffed entirely by intensively trained DBT clinicians who also participate in an ongoing weekly DBT-A consultation team. Program services include weekly multifamily DBT-A skills groups, individual and family therapy, and phone coaching available to patients and parents 24 hours a day, seven days a week.

Research has validated that DBT-A treatment is successful in managing symptoms of suicidality and NSSI while also reducing health care costs associated with the frequent emergency room visits and psychiatric inpatient and partial hospitalizations that are often associated with these symptoms.

“Similar to teens with chronic medical conditions such as diabetes, adolescents who struggle with chronic suicidality or self-injury require long-term support in implementing new skills to safely manage their symptoms in an outpatient setting,” said **JENNIFER KITTLER, PhD**, outpatient DBT-A program manager at Bradley Hospital.

For more information on the Mindful Teen program, call Bradley Hospital’s outpatient department at 401-432-1119.

RIH study finds more deaths in US from sailing than football

Alcohol use is critical factor in many sailing fatalities

PROVIDENCE – A new study from Rhode Island Hospital researchers based on data from the U.S. Coast Guard found that sailing has a higher fatality rate than football and downhill skiing. Despite an image of carefree jaunts in sun-splashed waters, sailors experience fatalities at a higher rate than that of sports known for lightning speeds, falls and collisions. In fact, falls overboard, high winds and operator inattention are known factors lifting American sailing death rates, with alcohol implicated in 15 percent of all sailing deaths.

“Drowning was the most common cause of death and, sadly, 82 percent of drowning victims were not wearing a life jacket,” said **ANDREW NATHANSON, MD**, an emergency medicine physician at Rhode Island Hospital and clinical professor of emergency medicine at the Alpert Medical School of Brown University. “Death and injury can be prevented when skippers and passengers wear life jackets, abstain from alcohol while boating, and maintain proper vigilance.”

The vast majority of the sailing-related deaths during 2000 and 2011 occurred when boaters fell into the water. Alcohol intoxication was the leading preventable factor contributing to death, followed by operator inexperience and inattention. Together, operator-preventable contributing factors were associated with 37 percent of all fatalities. Weather or hazardous waters were listed as primary contributing factors in 28 percent of deaths.

“Neither experienced nor novice boaters were spared from injuries and death,” said Nathanson. “The boating accident reports chronicled mishaps from day sailing on a small boat on a lake, to cruising a catamaran along the coast, to racing competitively in a regatta. For the eight million people who go sailing at least once a year in the United States, the risks must be understood.”

By law, all boating deaths, disappearances, significant injuries and major vessel damage must be reported to authorities. The Coast Guard maintains a database of the reports, and the researchers analyzed the 4,180 reports detailing 271 fatalities and 841 injuries. They estimated the fatality rate at 1.19 deaths per million sailing person-days. Comparatively, the fatality rates for alpine skiing and snowboarding are 1.06 per million skier/snowboarder person-days. During the 11-year study period, 271 deaths were related to sailing versus the 197 incidents of American football players who died during play or practice.

Nathanson’s study was published recently in the journal *Wilderness and Environmental Medicine*, a peer-reviewed international journal devoted to original scientific contributions on medicine defined by isolation, extreme natural environments, and limited access to medical help and equipment. ❖