Residential Snapshot: Lyvere Street Residence

The Lyvere Street Residence, the latest addition to PCMH’s expanding residential portfolio, cuts a striking silhouette on the quiet street over which it presides in its Bronx neighborhood. A modern brick building that boasts such sought-after amenities as a sprawling enclosed garden and recreational space, and striking architectural details like sparkling mosaic-tile accent walls in its common areas, it’s easy to see why PCMH employees and clients alike are thrilled that it has recently opened its doors.

A tour of the building by Ms. Sara Forst, Divisional Director of Residential Services at PCMH, reveals why Lyvere is making such a memorable impression. All of its 48 apartments are furnished studios, and are outfitted with amenities like hard wood floors, stylish tile backsplashes, ample closets, and roomy, well-appointed bathrooms. A large community room will serve as a hub for social events, and looks out on the outdoor courtyard, which features lush plants, colorful flowers and wooden trellises for climbing vines. Young trees also populate the vibrant communal space, the perimeter of which is lined with pretty wooden benches.

Residents began moving in at the end of July; intake interviews are conducted by Ms. Forst along with other program staff, including Ms. Juvasia Macafity, Lyvere’s newly hired Program Director. Residents pay 30% of their income, most of which comes from Social Security benefits or public assistance, toward rent. Lyvere residents meet with their assigned case manager twice a month, while Front Desk Counselors are always available on-site should a resident need immediate assistance (there’s also a Residential Coordinator on site in the evenings to offer
additional supervision to the evening and night staff). There are also monthly apartment inspections to ensure that residents are managing well on their own. Because Lyvere is a Level 1 residence, its clients can come and go as they please, and have overnight guests.

During the tour, Ms. Forst noted that two barbecues were recently ordered for the courtyard. “We’ve had some PCMH staff, as well as prospective residents, here to preview the building, and everyone is really excited about it,” she said. Judging from all that Lyvere has to offer, it’s easy to see why.

**Clinic Life: The Shift Toward Evidence-Based Treatment**

Keeping the focus on mental health at PCMH during these rapidly changing times isn’t easy—but it’s what keeps the agency at the forefront of progressive mental health care for thousands of clients in the greater New York metropolitan area. And it’s a job that falls largely to Charles Pearson, director of the Adult Center for Psychotherapy on West 23rd St., and Krista King, director of the Westside Clinic on West 36th Street. The two clinics together serve over 800 clients with a wide range of mental health issues.

According to Charles and Krista, in recent years the clinics have evolved from an eclectic, psychodynamically informed theoretical practice towards evidence-based practices—namely Dialectical Behavior Therapy (DBT), Motivational Interviewing (MI), and Seeking Safety.

“With this change in the models now, we’re working on things that are tangible like motivation for change, commitment and strategies for change and stepping away from things going on under the surface that are not seen to observable behaviors,” explained Krista. “That’s a change that’s happening with the introduction of evidence-based practices, especially DBT.”

Dialectical Behavior Therapy, or DBT, is a nationally acclaimed approach that has proven to be very effective in treating patients with borderline personality disorder and treatment-interfering behaviors. It’s evidence-based, protocol-driven and very specific. Patients who have had recurrent inpatient hospitalizations, suicidal tendencies, and/or practice self-harm behavior are often identified as prime candidates for DBT. Between the two clinics, there are 20 clinicians at PCMH trained in DBT.
DBT clients attend a skills training class once a week for 90 minutes, and meet with an individual DBT clinician once a week for 45 minutes. They also carry diary cards to track emotions and urges, and use an on-call pager to receive coaching calls, so they can call a clinician if they need help with their coping skills. “We’re always accessible to provide coaching or crisis intervention,” Charles said.

While not all PCMH clients are an appropriate fit for DBT, DBT has informed many changes at the clinic: for example, at weekly staff meetings at the Westside Clinic, the entire staff is taught a DBT “skill of the week.”

The goal of DBT? For Krista, “Within a six-month period, we’d like to help get the person to what we call ‘a life worth living’: where we know we’ve done everything we can to help them to take suicide and self-harming behaviors off the table as primary solutions to life’s troubles.” “To a point where a client can say, ‘I can get up today and deal with my life on life’s terms,’” said Charles, a former member of the clinical faculty at Yale who played a pivotal role in bringing DBT training to PCMH.

“Our job as DBT therapists is help the client’s acquire and master skills within a six-month time frame so that we as skills trainers become obsolete,” added Krista. “It’s very different than past approaches, which typically involved 8-10 years of treatment. It’s totally radical in ways.”

Motivational Interviewing, or MI, is another evidence-based treatment in which many PCMH clinicians are trained. It’s a principle-driven, state-of-the-art model that helps clients, many of whom have serious mental illness complicated by a history of substance use, to work through ambivalence to discover his or her intrinsic motivation to change. MI has also proved successful in helping clients to quit smoking and other detrimental behaviors, and to aid with areas like medication compliance. The four pillars of the underlying spirit of MI are collaboration, compassion, acceptance, and evocation.

“In MI the therapist learns to be intentionally empathetic. The therapist encourages ‘change talk,’ by asking open-ended questions, giving affirmations, providing reflective comments, and offering summarizations,” said Charles.

While DBT and MI are two distinctly different therapies, they both inform the overarching mission of PCMH’s clinical work. “There’s a real emphasis on enhancing motivation for the clients to receive the care they will here, and moving toward a commitment to improve in their lives,” Charles continued. “We have the resources available to do that, or the ability to refer them somewhere that does.”

As with any change, the shift toward evidence-based therapy is an adjustment. “I work with clinicians who were here when we had lay-down couches in the offices,” said Krista, “so one of the challenges is to help clinicians to continue to progress as the field changes, and to understand it as a progress versus something to be avoided at all costs.”
Similarly, clients have had to adjust to these new approaches as well. “We are trying to help them understand that, hey, maybe it’s not such a bad idea to come to the clinic less often, so you’re not relying on your therapist as your main social support,” said Krista.

While state funding for mental health benefits continue to shrink, it’s clear that the movement toward therapies that provide the maximum benefit in the shortest amount of time is the future of clinical care. Said Krista, “It doesn’t feel good to be mandated or forced to make changes—that’s basically what happens when the state says it’s not giving you any more money—but it also is a catalyst for changes that need to happen, so it’s a positive in that way.”

Both Charles and Krista help to supervise the social work intern program at PCMH’s clinics; interns come from NYU and Hunter College, and PCMH recently embarked on a new DBT internship program with Columbia University. “Interns bring a life of the mind to the clinic — they bring questions about clinical practice that invite me as a supervisor to always stay current with research and it’s clinical application,” said Charles, who recently co-authored a chapter on Motivational Interviewing for Psychiatry, 4th edition.

Indeed, continuing to learn and stay at the forefront of advancements in clinical care is a crucial element of the job—and one of the most rewarding. “The trainings and discussions are what keep us alive—keeping up with changes in the field and being able to offer the clinic and everyone that’s in it the changes that are happening,” said Krista, who recently completed a post-masters certificate at NYU in clinical supervision. “I love the relationships I have with the clients, clinicians, and my other colleagues, and engaging with them on how to improve their skills, practice, and lives. That’s a hugely important piece.”

**Staff Spotlight: The PCMH Crew**

Keeping PCMH’s residences clean, safe, and sound is an important job. Following are profiles of some of the organization’s long-term building superintendents, who are always ready to lend both residents and staff a helping hand.

A PCMH employee for 34 years, **Franklin Rombley** has been with the organization longer than any other staffer besides John McMasters. He joined PCMH as a mailroom clerk, and eventually was promoted to mailroom and maintenance supervisor at the East Side Clinic on 28th Street, which was sold in 1999. At that point he took over maintenance responsibilities at the 86th Street Residence, where he is still based today, though he helps out supers at other PCMH sites whenever he’s needed. What’s kept him at PCMH so long? “I always liked the culture and the people here,” he said. Franklin recalls the hard times the agency faced in the early 1990s, and how some other employees encouraged him to find a new job, but he chose to stick it out instead. “I remember telling them, ‘I’ll wait until the ship sinks,’” he said, laughing. A native of Aruba and a former triathlete, in his spare time he enjoys working on...
home-improvement projects at his house in Staten Island.

José Perez is the live-in building superintendent at the Columbia Street Residence in Brooklyn. A five-year veteran of PCMH, he worked at the 35th Street Residence before moving to Columbia Street four years ago. Besides ensuring the lobby is mopped and swept every day and that all the common areas are clean and in order, he repaints the building’s 55 apartments and replaces appliances when necessary when tenants move out and new ones move in. He’s also available to deal with any maintenance emergencies and to lend a hand when needed. “There are a lot of nice people,” he said. “I like helping out clients with things they can’t do for themselves—it makes me feel good.” Born and raised in the Bronx, José is a big fan of the building’s terrific waterfront location, which boasts a fabulous view of downtown Manhattan and the Statue of Liberty.

Rolando Luna has been with PCMH for almost three years, having joined the organization through the recommendation of a friend. He started as the superintendent at the Teller Avenue Residence before moving to the Bronx Park East Residence, though he also works frequently at the Grand Concourse Residence. “Whatever needs to be done, I do it,” he says, noting that his duties range from cleaning to maintenance and electrical work. “I like the routine.” A lifetime residence of the Bronx, Rolando lived and worked in Puerto Rico for a time, and is father to four sons ranging in age from 2 to 21.

Client Close-Up: Sonia Rivera

Sonia Rivera came to PCMH’s Scatter Site program in 2010, upon her release from prison, and was placed in an apartment in Crown Heights. She meets with her PCMH caseworker, Tameka Bonitto, once a month, and often visits the 36th Street Clinic, where Ms. Bonitto’s office is located. “Whenever I have an issue I can go to 36th Street and have it resolved,” Ms. Rivera said. A Bronx native who grew up in Queens, she also works part-time as a peer specialist at the Rainbow Heights Club in Brooklyn, an advocacy program for lesbian, gay, bisexual and transgender consumers requiring mental health services. “I meet with clients and talk to them and try to help them,” she said. She’s now seeking a full-time
job in peer counseling. She credits Pathways to Recovery, a former PCMH program, with helping her to cope with her anger management and coping skills upon her release from prison. When she’s not working, Ms. Rivera enjoys spending time with friends in Manhattan, where Washington Square Park is one of her favorite spots. She also continues to attend support groups to help her maintain her recovery. Ms. Rivera said having her own apartment and meeting with Ms. Bonitto has helped her to improve her money-management skills. She’s recently gotten back in touch with her two sisters, with whom she hadn’t spoken for 10 years, and is excited to work on rebuilding her relationship with them.

**New Faces at PCMH**

**Coleen Christie, Program Director**  
Hire Date: 3/25/13

Coleen Christie is the new Program Director at the Bronx Park East Residence, where she is responsible for clinical, operational, and financial functions. She comes to PCMH after 10 years of service from the Collaborative Support Program of NJ, Inc. Coleen received her Masters of Social Work from the Yeshiva School of Social Work and her undergraduate degree from Bloomfield College.

**Juvasia Macafity, Program Director**  
Hire Date: 5/1/13

Juvasia Macafity is the new Program Director at the Lyvere Residence, PCMH’s newest residence, located in the Bronx. She comes to PCMH from a well-known non-profit organization, Pathway to Housing. Juvasia has 10 years of experience in the Human Services field, and holds a Masters Degree in Human Services from Lincoln University.