

behavioral health NEWS

What's happening in behavioral health in the Jefferson Health System

NOVEMBER 2000

Pain Medicine Program: A Special Focus on Patient Goals

A 41-year-old lawyer has been experiencing intense pain – and consequent depression – as a result of metastatic cancer. She wants pain relief, but also wants to retain clear mental function so that she can continue working until her death. She and her family need help coping. For instance, how can she explain to her eight-year-old daughter that the pain sometimes makes her irrational?

A 49-year-old construction manager experiences chronic lower-back pain, a result of multiple spinal fractures from a fall. A demanding 60-hour workweek and a sleep problem exacerbates this pain. How can he manage his pain, his schedule, and his stress?

A 38-year-old former professional jockey is paraplegic as a result of injuries sustained when thrown from his horse. The severe depression he experienced at the time has improved. But now he needs help dealing with neuropathic pain as well as maintaining his ability to cope. He works 50 hours per week and is engaged to be married.

Pain is among the most common conditions for which people seek care. But for many, pain goes together with chronic conditions and long-term limitations. Mitchell Cohen, MD, Director of the Pain Medicine Program in Jefferson's Department of Psychiatry and Human Behavior, has worked with many patients like these since arriving at Jefferson in 1994 from the Meyer Pain Center at Johns Hopkins. "Our center at Jeff is for people with pain that is well-established, and who need ongoing help on an outpatient basis with restoring function and quality of life," he explains.

Balancing Relief with Function

With the behavioral health and other healthcare professionals who refer to or consult with his center, Cohen advises, "Questioning pain is unproductive. Pain is best approached as real." Accepting the validity of their patients' complaints makes for the quickest progress, since pain always involves sensory and psychological components.

Conditions among the center's patients also include nerve-injury syndromes, myofascial pain, chronic headaches, and arthritis. Cohen emphasizes the importance of a complete evaluation, including a review of current medication. "We treat more than the pain generator," he adds.

"We're also looking at depression and anxiety, and at how the person is coping with the illness and its overall impact."

Treatment often involves medication and psychotherapy, sometimes combined with exercise or physical therapy. But pain therapy can maintain life function or can impinge on it, depending on how it is managed. For example, practitioners must balance drug use with maintaining the type of mental and physical function that the patient seeks. Use of opiates is still controversial, but gaining acceptance and must be monitored with experience and care.

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Donna Kershaw spent years going from one specialist to another trying to find relief from chronic musculoskeletal and nerve pain. At length, her primary physician diagnosed her with Lyme Disease. As a result of her treatment at the Pain Management Center, she has been able to return almost fully to work, personal, and leisure activities, including riding her horse.

A Message from the Chairman

Michael J. Vergare, MD

While many lament the disruption or closure of behavioral health programs in the region, our Jefferson Health System services continue to thrive. In this issue, you will hear about programs developed to meet the regional demand for quality centers targeted to special populations.

Partial hospitalization has evolved over the last 50 years in this country from obscurity to prominence as a treatment setting for acute and continuing illness. You will read here of a way we found to help insure that this valued option remains available to our patients.

The two other programs discussed also offer advanced care in settings sensitive to the specific issues of certain patient groups. Patients who seek a specialized environment are reporting relief when they find a treatment program that understands the context in which they live.

Michael J. Vergare, MD

Director of Clinical Services
Behavioral Health Services
Jefferson Health System

Happenings

- appointed: Stephen Mechanick, MD, Interim Chair of Psychiatry, Main Line Health. 610-526-4387
- appointed: David Walzer, MD, Acting Medical Director, Inpatient Psychiatric Unit, Bryn Mawr Hospital. 610-525-6076
- appointed: Alan Morrison, MD, Medical Director, Alternatives at Belmont. 215-581-3845
- now open: Child and Adolescent Rapid Assessment and Treatment program (CAROT) at Albert Einstein Medical Center. 215-456-7610

Pain Medicine from page 1

“We can help to make the pain livable by helping people and their family members adjust to chronic illness and its stresses,” says Cohen. “We focus on adaptation, making a reformulated life plan so patients can move forward.”

A Referral Hub

The Pain Medicine Program is one piece of an array of pain-related services in the Jefferson Health System. For example, the Jefferson Pain Center, housed within Jefferson’s Department of Anesthesiology, offers invasive diagnostic and treatment approaches such as morphine pumps, spinal cord stimulation, cryoablation, and nerve blocks. Furthermore, pain treatment is an integral part of many oncology and neurosurgery services.

The Pain Medicine Program rounds out services by addressing the long-term needs of patients whose conditions often require changes in all facets of their lives: home, work, relationships. The center works collaboratively with other programs, including the Jefferson Center for Integrative Medicine, and with behavioral health and rehabilitative professionals throughout the health system.

Offering Improved Strategies

Cohen, psychiatric residents, and two departmental psychologists staff the program, which has been very successful. Because of its volume, the center is emphasizing consultations and working with referring physicians to carry out treatment plans.

Behavior health professionals play a central role in helping people follow through on the changes that are often required. Cohen also notes that current neurobiology research is reinforcing



Medications remain the cornerstone of treatment techniques in pain medicine.

“the interface of pain with the rest of mental life.” The fact that anti-depressants have been found to be some of the most successful anti-neuropathic pain drugs, is just another illustration of how pain medicine and behavioral health overlap.

To reach the Pain Medicine Program, call 215-955-6592. ■

Opportunities to Educate

The Pain Medicine Program works to educate healthcare professionals about pain medicine. Cohen notes that healthcare education does not provide adequate training in how to deal with pain-related complaints, but that attitudes about pain and knowledge about its treatment are improving. He and his Jefferson colleagues have organized educational programs throughout the country to advance awareness and understanding of pain medicine. ■

New Alternative at the Belmont Center

“As a person dealing with depression, HIV and addiction, I feel blessed that a program is now available for our bisexual, lesbian, gay, and transgendered communities. This was the perfect place for me to restart the treatment process in a safe, professional, and friendly environment”

This and similar entries written by departing patients in the “Goodbye Book,” now a predischarge tradition at the Alternatives Program at the Belmont Center, best indicate how a new program is addressing a previously unmet need. Open since April of this year, Alternatives at Belmont is a 12-bed inpatient unit for adults who are gay, lesbian, bisexual, or transgendered and who need psychiatric or chemical dependency treatment. According to director Caryn Hartman, patients in the program are dealing with a range of problems, including anxiety, depression, grief, and loss issues.

A Chance to Regain Footing

“Often our patients have been abandoned by family members, have lost friends, or been abused or harassed,” Hartman explains. “The purpose of the Alternatives Program is to give our patients a secure place where they can talk about their problems and begin to develop a more positive sense of self. We approach treatment from a position of respect and sensitivity, treating patients with a dignity they don’t often get elsewhere.”

Her words reflect the philosophy of Alternatives Inc., the nation’s only gay-owned-and-operated alcohol, drug, and mental health recovery program, which recently added Belmont to its other sites (Colorado and California). Alternatives, Inc.,



The nursing station at the Alternatives Program at Belmont is a coordination point of inpatient service for persons with alternative sexual preference who need behavioral health care. The staff also includes therapists, case managers, a physician, and a full-time community outreach person.

manages the Belmont program and employs some program staff, with Belmont employing the others. When someone calls Alternatives and says that he or she lives on the East Coast, the hotline routes the call to the Belmont center.

A Sought-After Resource

Since the program opened, interest has come not only locally, but also from as far as Connecticut and the Carolinas. Hartman views this as an indication of the program’s uniqueness in offering a discrete inpatient unit with full-day programming.

The 6:00 AM-to-9:45 PM daily schedule includes activities ranging from group and family therapy, to sessions on addiction and anger management, to creative arts therapy and journal-writing. Average stay is one week to 12 days, and patients learn alternatives to self-destructive behaviors while developing a longer-term aftercare plan.

For more information about the program, contact Caryn Hartman at 215-581-3957, or call the Alternatives toll-free hotline at 1-800-DIAL-GAY (1-800-342-5429). ■

A Future Bright with Possibility

Though just six months old, the Alternatives Program at Belmont is already making plans for new programs and initiatives that will expand its scope of services and strengthen its community presence. This fall, Alternatives opened a partial day-hospital program for patients who do not require inpatient treatment. In addition, Hartman and her colleagues are

organizing a conference on lesbian and gay issues to be held at the Belmont Center.

Other long-term plans include:

- offering evening group therapy focused on gay themes and gay identity;
- expanding creative arts therapy options;
- and addressing the needs of gay and lesbian youth. ■

Day Treatment Now Available Through Main Line Health

When Alabama-based Psych Partners announced impending bankruptcy earlier this year, the fate of its American Day Treatment Centers in Exton and Drexel Hill was uncertain. If the centers closed, where would Main Line Health refer many of its patients for intensive outpatient and partial-hospitalization services? In a typical year, according to Main Line's Assistant Vice President for Behavioral Health, Russ Hartman, his hospitals refer roughly 125 patients to those centers.

The question was answered this August, when Main Line Health officially acquired the two centers. "They have services that were missing from the Main Line continuum of care," explains Hartman. "We had outpatient, we had acute inpatient, but we referred out for any services in between." The American Day Treatment Centers, which will retain their name, offer three- and five-day-a-week programs for adolescents, adults, and senior citizens who do not require full-time



hospitalization but who need more than just outpatient therapy.

Hartman points to two other pluses: the centers' good reputation in the professional community and their locations. The Drexel Hill site is easily accessible to Bryn Mawr and Lankenau Hospitals, while the Exton site is very close to Paoli Memorial Hospital.

As Art Miron, director of the Drexel Hill center, explains, the two centers provide crisis management without admission, supporting people as they progress to less intensive, longer-term care. The average patient spends about 10 to 20 days in the 9:30 AM – 3 PM day programs, which primarily consist of therapy in a group setting, although some patients have individual and family therapy as well. The centers have forged strong relationships with schools, the juvenile justice system, senior citizen centers, visiting nurse associations, and clinical providers.

For more information, contact center directors Art Miron, ACSW, LSW (Drexel Hill: 610-853-9945) or Corinne McLaughlin, ACSW, LSW (Exton: 610-524-2680). ■

A Message from the Vice President

Jack Dembow



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Those of us in the baby-boom generation never used to think of ourselves as one of them – that is, those people who need behavioral health care. But baby boomers, now middle aged, are seeking it (and using psychotropic medications) in record numbers.

Our lives are more complicated, busier, and more stressful. Baby boomers are losing their parents, losing their children to

college and families of their own, and losing their health despite our modern acknowledgement of the need for good lifestyle habits. We are obsessed about retiring with the freedom of financial security and the gift of youth still on our side.

To its credit, our generation has also been the first to widely acknowledge that behavioral health professionals can help with life's stressors, psychiatric illness, addictions, and much more. Our Jefferson Health System's network is a trove of people and services answering to these needs. Our system responds flexibly. Programs in drug and alcohol, gero-psych day treatment, eating disorders, as well as adolescent after-school clinics, sleep centers, and the continuum of care for people of every demographic – we have it all. And people are making unprecedented use of it.

This newsletter updates Jefferson family and friends on the array of offerings we provide. Do you know of a program you would like featured in Behavioral Health News? If so, e-mail us at the address above. ■

Behavioral Health News is published by the Jefferson Health System to provide health professionals with information useful to them in patient care, research, and education.