

behavioral health NEWS

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

FALL 2001

Case Illustrates Breadth of Child and Adolescent Services

In October of last year, Joelle*, a 14-year-old Philadelphia middle-schooler, suddenly became enraged at her teacher, began cursing, and stormed out of her classroom. The teacher had noted the student's increasing agitation and alerted other staff members, who were aware of the girl's previous behavioral problems.

Joelle ran through the halls and had to be attended to by the principal and school nurse. Fortunately, the school participated in a school-based mental health program provided by Belmont Behavioral Health. Funded by contractual grants from the city's Office of Mental Health and the Philadelphia School District, these programs offer a variety of prevention and intervention services to promote behavioral health among students.

"We've gained more support recently because of an increased interest in school-based mental health," says psychologist Juliet Sternberg who, with director Jilla Carpey, coordinates the programs. Sternberg notes that clinical work and mental-health education that are school-based involve many school, staff, and students who would otherwise not be served.

The Belmont program offers crisis management (including for traumatic community-wide events), clinical assessment, short-term counseling, and referral. Jefferson residents participating in the program (*see page 2*) had made a visit to observe Joelle. But it now appeared that she had failed to take her medications.

Days earlier, the child and adolescent fellow in the Belmont program had begun conferring on the case, when Joelle became violent toward her mother. Weeks earlier, the child's therapeutic support staff person provided by the city had quit. The Belmont fellow called a conference of Joelle's intensive case manager from the city, the school staff, and Joelle's mother.

Care at Crisis Response Center

Joelle was requiring intermittent restraint, and the school staff wanted immediate, emergency intervention. The Belmont staff agreed: Joelle posed a threat both to herself and others.

Joelle's mother consented to the recommendation that her daughter be taken to the Crisis Response Center (CRC) at *Albert Einstein Medical Center*. Of the few officially designated psych-emergency centers in the area, the CRC is the only such center

designated for children. A mobile team from the city's Office of Mental Health accompanied Joelle to the CRC and assisted the school in initiating a 302 petition for involuntary psychiatric evaluation.

When Joelle arrived, the staff had already triaged resources within this busy service to expedite her care. A brief intake exam confirmed her status as priority patient, and the attending child and adolescent psychiatrist then coordinated a multidisciplinary evaluation.

On the locked unit, the experienced clinicians conducted a basic history and physical examination with vital signs and did lab work for drugs, pregnancy, etc. Cared for in a quiet

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The CRC staff includes from right to left: psych-tech Rita Woods; social worker, Angelo Melendez, MSW; and child and adolescent psychiatrist, and Director of the CARAT program, Carmen Harlan, MD.

A Message from the Chairman

Michael J. Vergare, MD

Whether referred through private or public routes, young patients – whose needs are the subject of this newsletter – often experience delays in mental health evaluation and treatment. This is true in most regions, partly because of shortages of specialists, particularly child and adolescent psychiatrists, and from inadequate reimbursement for these services.

Jefferson Health System addresses these care needs through the types of services described here. In addition to the dedicated work of the professionals in our system, we rely on the support and generosity of many benefactors to make these services available.

Michael J. Vergare, MD
Director of Clinical Services
Behavioral Health Services
Jefferson Health System

Happenings

- *Appointed at the Belmont Center for Comprehensive Treatment: Thomas Brouette, MD, Attending Psychiatrist. 215-581-3915; Denise Ashton, Coordinator – New Business Development. 215-581-3721*
- *Appointed: Dale Panzer, MD, Medical Director, Inpatient Psychiatric Unit, Paoli Hospital. 610-648-1372; Roel Compendio, MD, and George Abraham, MD, medical staff, Inpatient Psychiatry, Paoli Hospital. 610-648-1095*
- *Relocation: Center for Addictive Diseases, MLH Behavioral Health, from Paoli Hospital to Drexel Hill and Exton. 610-648-1130; Youth and Family Center, MLH Behavioral Health, from Bryn Mawr to Broomall (Jefferson HealthCARE – Lawrence Park), Collegetown (Jefferson HealthCARE – Upper Providence), and Exton. 610-325-1610*

Breadth of Child from page 1

room, Joelle was able to share some of her experience but nevertheless benefited from mild sedation.

Evaluated for CARAT

Once a young patient comes to the CRC, the likelihood of hospitalization is high – at about 50 percent according to recent data from the center. The financial, emotional, and social costs of such hospitalizations are high. But integral to the CRC's care for young patients is its CARAT (Child and Adolescent Rapid Assessment and Treatment) program, which provides the support needed to avoid hospitalization when possible.

“CARAT grew out of our work with children and adolescents in the CRC. We saw that about 40 percent of this group were not emergency cases,” explains psychiatrist Gail Edelson, MD, who helps to supervise CARAT. “These young patients were not violent or psychotic but needed services, and had not been able to locate prompt or adequate care elsewhere.”

The unique program identifies patients that it can safely treat on an outpatient basis with the help of interagency collaboration. CBH (Community Behavioral Health) funds CARAT for

its insured individuals, using a specialized reimbursement model. CBH is the large managed-care organization that provides behavioral health coverage for the Medicaid population in Philadelphia.

CARAT staff members follow up on-site at school or at home for their patients. Some of these children and adolescents return to Einstein for outpatient therapy.

Recommends Inpatient Care

The CRC team met to agree on its diagnosis and recommendations for Joelle. It then consulted with all of the involved parties.

Joelle was suffering from oppositional-defiant disorder, with symptoms of hyperactivity and depression. Although Joelle was a CBH-covered child, she did not, unfortunately, meet the criteria for CARAT because of the acuity of her condition.

With the concurrence of all parties, the CRC staff decided to uphold the 302 petition. It transferred Joelle to inpatient care at Belmont's Child and Adolescent Services (*see page 3*).

To reach the CRC, call 215-456-7430. ■

**Joelle is a fictitious patient composited from the cases of many patients.*



Gail A. Edelson, MD, MSPH, (left) directs Jefferson's Division of Child and Adolescent Psychiatry. Joanne Minerva, MD, is currently the Chief Resident in the program.

Pivotal Inpatient Stay at Belmont's Experienced Unit

The staff at the Belmont Center for Comprehensive Treatment prepared for Joelle's arrival, and greeted her with care and warmth. They used their honed, one-on-one skills to continue to calm and reassure her.

In a room at the Inpatient Child and Adolescent Service, Joelle was under near-constant observation as she underwent additional evaluation. In the specially appointed rooms on the secure unit, safety for patients and staff is paramount.

"We and our referrers always seek the least-restrictive options for each patient, but children and teens come to our service because their behaviors have made it difficult to safely care for them in the community," says Michael DeStefano, PhD, Director of Belmont's Inpatient Child and Adolescent Services.

Last year the service opened a 12-bed unit for children ages 5 to 12. Soberingly, it has, in fact, treated children as young as 5 who demonstrate suicidal thoughts or actions.

Complete Immersion in Care

Teens, of course, can be more effective than children at doing harm to them



Even its entranceway announces the upbeat tone of the inpatient children's unit at Belmont.

selves and others. In the highly structured environment of the service's 18-bed adolescent unit, Joelle met with her attending psychiatrist and a social worker. The staff finds that managing each individual's daily schedule closely leaves less room for patients to act out, especially early in the stay.

"Many of our young patients have great difficulty controlling impulses," notes DeStefano. "Their stress can quickly turn to rage and aggression, directed at themselves or others."

Therapy soon revealed that Joelle felt unliked and unwanted by others. She blamed herself for significant problems within her family.

Stepwise Progress

Joelle participated in group, creative, and recreational therapies. The staff focused particularly on positive self-esteem and on skills in anger management, dealing with frustration, and making and maintaining friends.

Joelle gained points for positive interactions with others, and was able to steadily earn more privileges on the unit. Her mother regularly participated in her therapy.

By her second week at Belmont, Joelle's cycle of outbursts, striking out, and feeling victimized were under much better control. The clinical staff, parent, and other involved parties worked on a detailed discharge plan.

Length of stay varies widely at the unit but a week or two is typical. Ten days after Joelle's arrival, the staff discharged her to a program of outpatient therapy that she and her mother had selected (see page 4).

To contact the child and adolescent service at Belmont, call 1-800-EINSTEIN or 215-877-2000. ■

Staff Trains Residents Who Bolster Care in JHS

Residents in Child and Adolescent Psychiatry at Jefferson provide critical staffing in the Jefferson Health System. They have completed at least three years of psychiatry residency before entering this two-year subspecialization program, directed by Harris Rabinovich, MD, Associate Professor of Psychiatry and Human Behavior.

Six residents in the program rotate to the CRC, to Belmont, and to the outpatient

services at Jefferson. At Jeff, they help faculty staff members to evaluate patients and to treat them both medically and therapeutically. The service involves family members in treatment. Residents from Jefferson also provide consultation to the Philadelphia Juvenile Justice Center and to other community agencies.

To contact the residency program, call 215-955-8179.

Quality Outpatient Care Completes a Return of Function

Living in southwestern Philadelphia, Joelle and her mother could have selected Jefferson, Belmont, or Main Line Health for outpatient care. Mother and daughter had a history of care from Main Line providers, and so elected to continue therapy at Main Line Behavioral Health.

“One of the goals in our system is to smoothly and cohesively shift patients from one level of care to the next,” says Edward Murphy, PhD, Director of Main Line’s Youth and Family Center.

Joelle undertook a modified school schedule, plus a combination of individual and family counseling several times a week at the center’s Broomall, Delaware County location. Founded in 1968 and previously located in Bryn Mawr, the center has modernized and expanded recently and also includes locations in Exton, Chester County and Collegeville, Montgomery County.

The staff of psychiatrists, psychologists, and social workers cares for patients ages 4 to adult. The center



A patient participates in play therapy at the center.

receives referrals from schools, primary practitioners and other sources, and treats children with many common conditions, including ADHD and affective disorder. The center helps families find coping strategies for troubled youngsters. It also provides transitional support in cases of divorce, death, or other life events.

The staff confirmed that complicating Joelle’s case were situational problems relating to her mother’s history of emotionally abusive relationships, employment instability, and personality issues. Immediately capitalizing on the inpatient care, the staff helped Joelle and her mother acknowledge and address these factors more constructively.

The staff facilitated Joelle’s return to the classroom by visiting the school, conferring on her schedule, and assisting at the point of her re-entry. After one month, Joelle switched to once-a-week therapy visits. Under careful monitoring by all of the professionals involved in her case, Joelle has been incident free for two semesters now, and her progress in school and at home has significantly improved.

To reach the Family and Youth Center, call 1-888-CARE-898. ■

A Message from the Vice President

Jack Dembow

Vice President
Behavioral Health Services
Jefferson Health System

Dembowj@aehn2.einstein.edu



The recent terrorist events in New York, Washington, and Pennsylvania focused attention on the importance of mental health services for helping people to make sense of their emotions and to deal with the anxieties that tragedies create. The fantastic professional and volunteer efforts of mental health practitioners – and the nationwide acceptance of their vital contribution – have been a testimony to our field.

Parents, teachers, and counselors throughout the United States were encouraged to involve children and teens in discussions of these national and international events, to get them to address their unique concerns and fears. Talking about the events of September 11th – and the repercussions that have followed it – in individual, family, or group therapy can be very helpful. While this is an extraordinary period, the positive response to mental health intervention has broadly underscored the effectiveness of “talking things out” with a skilled professional.

The Jefferson Health System’s Division of Behavioral Health maintains a multitude of programs and services specific to the needs of families with child or adolescent issues. In this edition of Behavioral Health News, we have highlighted access, evaluation, treatment, and discharge activities for an adolescent who was appropriately directed to us for help. Stories similar to this are repeated hundreds of times each month in our system. ■

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.