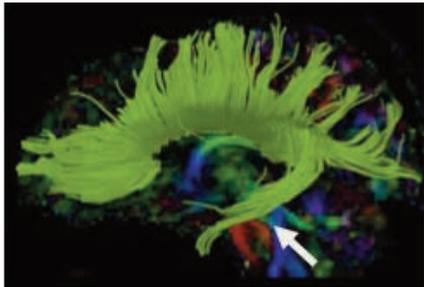




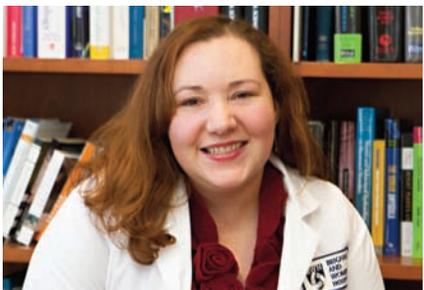
BRIGHAM AND WOMEN'S HOSPITAL

Department of **PSYCHIATRY UPDATE**



Page 2 **BWH Psychiatry Neuroimaging Laboratory Advances Traumatic Brain Injury Research**

Researchers are using advanced imaging modalities to identify biomarkers and develop injury prediction algorithms for soldiers, professional athletes, and others at risk for traumatic brain injuries (TBI). Affecting 300,000 soldiers from the Iraq and Afghanistan wars, and a more common injury in professional athletes, TBI has become the focus of greater attention and research in recent years.



Page 3 **Women's Addiction Recovery Program Implements Program Aimed at Providing Specialized Care for Patients with History of Trauma, PTSD**

The Women's Addiction Recovery Program, part of the Department of Psychiatry's Women's Health Division, launches program that addresses special psychiatric needs of women with addiction disorders and a history of trauma and PTSD. This innovative new trauma-informed care program treats the 50 to 75 percent of women in treatment programs with a history of trauma and the 30 to 59 percent with PTSD.



Page 4 **Psychiatric Services Integrated in New Programs to Address and Manage Patients with Complex Co-morbidities**

The Department of Psychiatry has extended its reach to new programs that identify and address mental health issues earlier, providing specialized embedded care for patients. As part of the BWH Advanced Primary Care Associates, South Huntington, a patient-centered medical home practice, and the Care Management Program, psychiatrists treat patients who have complex co-morbidities – the highest users of health care resources.



Page 6 **Embedded Psychiatrists, Part of a Multidisciplinary Care Team, Address Mental Health Factors in Transplant Patients**

The Department of Psychiatry provides comprehensive screening, evaluation and mental health support as part of the BWH transplant medical team – now leading the way in face and hand transplantation. Embedded psychiatrists and other mental health practitioners address the psychiatric factors and stressors that patients' encounter preoperatively and postoperatively.

Page 7 **Young Adult Program Focuses on Psychiatric Needs of Cancer Patients**

The Department of Psychiatry leads a collaborative team of specialists in one of few programs nationwide that address the specific psychiatric needs of young adults diagnosed with cancer. The Young Adult Program at Dana-Farber/Brigham and Women's Cancer Center is one of only five programs at comprehensive cancer centers nationwide that addresses the unique psychosocial needs of this vulnerable population.

BWH Psychiatry Neuroimaging Laboratory Advances Traumatic Brain Injury Research

Researchers are using advanced imaging modalities to identify biomarkers and develop injury prediction algorithms for soldiers, professional athletes, and others at risk for traumatic brain injuries.

Known for its groundbreaking neuroimaging research, the Brigham and Women's Hospital Psychiatry Neuroimaging Laboratory (PNL) is a major center for neuroimaging research on traumatic brain injury (TBI). The signature injury of the Iraq and Afghanistan wars, affecting 300,000 soldiers, and a more common injury in professional athletes, TBI has become the focus of greater attention and research in recent years.

Specialized Imaging in TBI Research

Led by Martha Shenton, PhD, Director, Psychiatry Neuroimaging Laboratory, the PNL group has been applying a relatively new imaging technique, diffusion tensor imaging (DTI), a type of MRI that visualizes and quantifies white matter fiber tracts to detect disruptions in white matter that occur in TBI, especially mild traumatic brain injury (mTBI). Based on her previous work imaging white matter in schizophrenia, Dr. Shenton recognized that mTBI, a diffuse axonal injury, would be well-suited to investigation with DTI.

The most common form of traumatic brain injury, mTBI can cause headaches, anxiety, depression and problems with concentration. It usually resolves in six months, but, for reasons that are yet to be determined, 15 to 30 percent of mTBI patients don't fully recover and have persistent post-concussive syndrome.

Mild TBI often appears normal on CT and MRI studies and is diagnosed mainly through clinical evaluation and neuropsychological measures, which are non-specific and overlap with many other disorders, including psychiatric illnesses. "This has led some investigators to think that mild TBI is psychological in origin rather than a true organic impairment," says Dr. Shenton. "We're working to establish radiological evidence of brain damage in TBI so that diagnosis can be based on radiological markers and objective criteria. So far, what we are seeing in the brain correlates with patients' neuropsychological measures."

Psychiatry Neuroimaging Laboratory Leads Consortium

The PNL is serving as the neuroimaging core for a 10-site clinical consortium funded by the Department of Defense, which is investigating TBI and PTSD in veterans of the Iraq and Afghanistan wars. In addition to DTI, imaging tools being used in the consortium studies include structural MRI and MRI with Susceptibility Weighted Imaging (SWI) which can detect micro-

hemorrhages in the brain that can be important to TBI diagnosis. Consortium research includes:

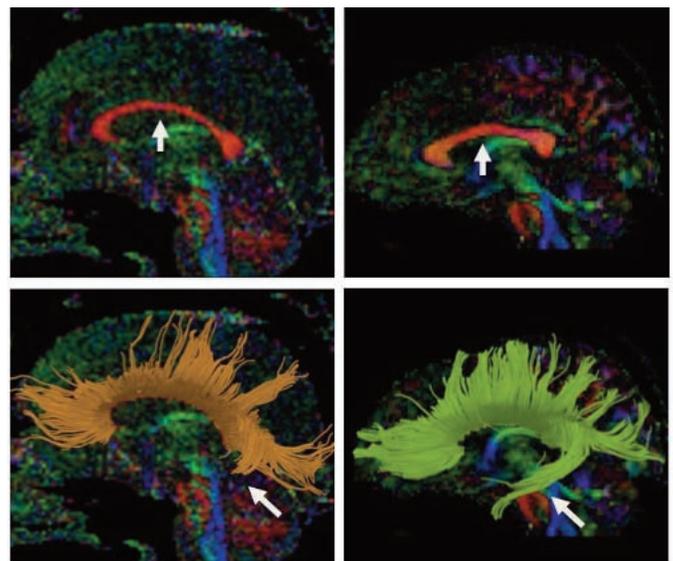
- In one major study the consortium is collecting images from nearly 600 participants, including TBI patients with mostly mild but also moderate and severe TBI, and controls. The data will be used to develop a radiologic biomarker for white matter pathology in TBI that can be used for diagnosis, prognosis, and monitoring of therapeutic efficacy.
- Researchers are also working to develop brain injury prediction algorithms to characterize patients at risk for developing persistent disabling symptoms. In addition, PNL investigator Ofer Pasternak, PhD, is leading a clinical trial to test the efficacy of the diabetes drug glyburide in reducing edema in patients with moderate and severe TBI.

Collaborative Partnerships Advance TBI Research

Department of Psychiatry researchers, including Emily Stern, MD, Director, Functional Neuroimaging Laboratory, are working with investigators at Spaulding Rehabilitation Center in Boston, also a member of part of Partners HealthCare System, who are studying neuroinflammation in TBI using positron emission tomography (PET). This work could lead to neuroprotective agents administered prior to higher risk situations – such as military operations – that place participants at risk for TBI.

Other work by the PNL and Alexander Lin, PhD, a principal investigator in the BWH Department of Radiology, are working

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Diffusion tensor imaging and tractography of a patient with history of head trauma (left) and a healthy volunteer (right).

Women's Addiction Recovery Program Implements Program Aimed at Providing Specialized Care for Patients with History of Trauma, PTSD

The Women's Addiction Recovery Program, part of the Department of Psychiatry's Women's Health Division launches program that addresses special psychiatric needs of women with addiction disorders and a history of trauma and PTSD.

The Brigham and Women's Addiction Recovery Program at Faulkner Hospital, in Boston's Jamaica Plain neighborhood, will be implementing an innovative new trauma-informed care program to treat the 50 to 75 percent of women in addiction treatment programs with a history of trauma and the 30 to 59 percent with PTSD. The rates of co-occurring PTSD and addiction are two to three times higher in women than men, yet most addiction treatment programs focus mainly on achieving sobriety and do not address trauma or PTSD.

"If you don't treat PTSD while treating addiction, you can't effectively treat either condition," says Erica Veguilla, MD, MPH, Co-director, Women's Addiction Recovery Program. Dr. Veguilla is implementing trauma-informed care.



Erica Veguilla, MD, MPH, Co-director, Women's Addiction Recovery Program, has implemented an innovative new trauma-informed care program. Dr. Veguilla also is conducting research to evaluate the efficacy of dialectical behavioral therapy in outpatient programs.

Trauma and Addiction

In general, childhood sexual abuse and physical abuse, which are more prevalent in women than men, have been implicated as significant risk factors for the development of addiction in adulthood. "What we see clinically is that first the trauma happens, then patients self-medicate with a substance to cope and it becomes a repetitive cycle," says Dr. Veguilla. "The more they use substances, the more they aren't present and are vulnerable to having repeated traumas and PTSD."

Because of their trauma history, women addicts with PTSD may have a difficult presentation that can be challenging for providers. "The federal Substance Abuse and Mental Health Administration [SAMSHA] is promoting a paradigm shift in trauma-informed care away from asking 'what's wrong with her?' to 'what happened to her?'" says Dr. Veguilla.

Trauma and PTSD in Addicts

Incidence of trauma among women addicts:	30 percent
Incidence of trauma among women in addiction treatment programs:	50 to 75 percent
Rates of PTSD among women in addiction treatment programs:	30 to 59 percent
Overall rates of PTSD among men and women in addiction treatment programs:	2 to 34 percent
Addiction treatment programs offering trauma-informed care:	less than 20 percent

PTSD symptoms, such as intrusive memories, nightmares and flashbacks, often intensify during early sobriety, making treatment a potentially enabling component within a complicated syndromal disorder. As a result, "the general philosophy is to treat one disorder at a time, so you don't stir up PTSD which can be detrimental to recovery," says Dr. Veguilla.

Cognitive-behavioral Therapy and Trauma-informed Care

What women in early recovery need, according to Dr. Veguilla, is training in coping skills for managing PTSD so they don't deal with troubling symptoms in their customary way: blocking them out with a substance. There are a variety of cognitive-behavioral therapies that can help addicts cope with PTSD until they have sufficient recovery to deal with it through one of the established therapeutic approaches.

Cognitive-behavioral therapy is one facet of the Addiction Recovery Program plan for trauma-informed care, which also addresses multidisciplinary staff education and patient screening and treatment. Staff receive training in the following areas:

- How to recognize PTSD symptoms
- How trauma may impact a patient's view of issues such as trust, power, control, self-esteem, intimacy and authority, which can affect how they experience the treatment relationship and their overall care
- The importance of trauma and its role in addiction and triggering relapse
- Other gender-specific issues, such as body image and relationship perspectives

Staff members are trained in motivational interviewing, a technique that supports self-efficacy and helps build internal moti-

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Psychiatric Services Integrated in New Programs to Address and Manage Patients with Complex Co-morbidities

The Department of Psychiatry has extended its reach to new programs that identify and address mental health issues earlier, providing specialized embedded care for patients with co-morbidities.

The Brigham and Women's Hospital Department of Psychiatry has recently expanded its reach to two new programs that address the treatment of patients with psychiatric and medical co-morbidities. BWH Advanced Primary Care Associates, South Huntington, in Boston's Jamaica Plain section, treats the general patient population. The Care Management Program (CMP), in contrast, addresses patients who have complex co-morbidities and who are the highest users of health care resources.

With the addition of these initiatives, Department psychiatrists now work with more than a dozen primary care sites to incorporate integrative mental health. Research has found that the direct integration of mental health treatment results in better psychiatric and medical outcomes as well as lower costs. "Many medical institutions know this is the right concept," says Laura Miller, MD, Director of the Women's Mental Health Division and Vice Chair of Academic Clinical Services at BWH. "The difference at here is that we are making this approach happen on the ground."

Psychiatric Screenings as Component of Patient-centered Medical Home Model

Brigham and Women's Advanced Primary Care Associates, South Huntington, opened in 2011, is a primary care practice designed in the patient-centered medical home model to help patients assume active roles in their treatment and health maintenance.

In accordance with the evidence-based Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) integrative model, that follows a stepped-care guideline including close monitoring, an embedded behavioral health team treats patients exhibiting depression.

Jane Erb, MD, Department of Psychiatry, Director of Clinical and Educational Initiatives, Outpatient Services, works with teams in the practice that include primary care physicians and care managers, who are social workers.

All patients – about 1,500 to date – are screened for depression using the PHQ-2. Patients who screen potentially positive are given the PHQ-9. About 20 percent of patients receive at least a PHQ-2 positive, and staff have found that many patients unexpectedly screen positive for moderate or more severe levels of depression.

"My job is to help the team identify as many behavioral health problems and to get as many patients treated on-site as possible," explains Dr. Erb. "We are working with getting the PCPs really comfortable knowing how to ask the right questions once they see a PHQ-9 score that tells them a patient has a severe depression. Also, how to better select out patients who may have a bipolar diathesis, who may have a history of mania or hypomania, or who have depression that is fairly chronic and severe who may not be best treated there but elsewhere."

Most patients, however, receive abbreviated psychotherapy in the form of support or problem-solving assistance from their care managers, who work in consultation with Dr. Erb. For example, a patient who had received pain medication for a dental procedure arrived at South Huntington unable to sleep, agitated, and pressured in his speech. The mental health team discovered a history of hypomania. He self-managed his hypomania by adhering to a strict sleep schedule, which the medication had disrupted.

"Normally, if someone walked into their PCP's office like this they'd be sent to the emergency room," says Dr. Erb. Instead, the team called her and she advised them on which medication to prescribe, what symptoms to watch for, and how often to check on him. "Within two days, he was calm, back on track, and had avoided the ER and hospitalization," she says.

Patients who require direct contact with a psychiatrist may see Dr. Erb with the behavioral health care team at South Huntington. "When treatment is entirely within one setting, you decrease the chances that mistakes may be made," she explains.



Psychiatrists provide screening as part of patient-centered medical home model at Brigham and Women's Advanced Primary Care Associates, South Huntington in Boston's Jamaica Plain neighborhood.

"There's often fall-out that happens with that first referral. Patients prefer to be treated at their primary care center."

Based on the success of the IMPACT model in the treatment of depression, BWH Advanced Primary Care Associates, South Huntington, will soon pilot its use for treatment of anxiety and addictive disorders. Joji Suzuki, MD, Director, Addiction Recovery Program, is currently training clinicians in motivational interviewing with the goal of engaging patients with addictive disorders in treatment.

"Behavioral health integration is a win-win-win," says Stuart M. Pollack, MD, Medical Director, Brigham and Women's Advanced Primary Care Associates, South Huntington. "It's good for patients. Doctors love it because they frequently feel overwhelmed by behavioral health issues and their management."

Care Management Program

The CMP, which has enrolled approximately 1,200 patients through the many BWH- primary care sites since it began in early 2010, addresses the treatment needs of elderly and medically disabled patients who have high medical utilization due to medically complex conditions.

Conducted in partnership with other Partners Healthcare System hospitals and the Center for Medicare and Medicaid (CMS) Services, this pilot project is exploring whether intensive care management can result in better patient outcomes and less cost.

"We know that there is large psychiatric illness loading in this high-utilization population, and we know from our work that that's a big reason why the patients have previously been doing so poorly," says Jay Baer, MD, Medical Director, BWH Psychiatric Specialties, who leads the program's behavioral health team.

Patients with psychiatric illness are often socially isolated and therefore may lack family or other nonprofessional support that could aid them in managing their own health. Substance abuse issues, depression, cognitive impairment, and loss of capacity often lead to negative impacts on patient compliance with medical treatment and health maintenance care plans. This often results in poor patient outcomes and increased use of medical resources.

"The support and expertise of the mental health team has been invaluable for the many CMP patients who experience co-morbid behavioral health conditions in addition to complex medical illness," says primary care physician Rebecca Cunningham, MD, Director, Care Management Program. "The PCPs and CMP nurse care coordinators have repeatedly noted how the collaboration with our social workers and consulting psychiatrists has helped them assist patients to improve situations that would otherwise be overwhelming."

One case, from Dr. Baer, was a patient who was bedridden with severe depression and had two psychiatric admissions



Jay Baer, MD, Medical Director, BWH Psychiatric Specialties, and Jane Erb, MD, Medical Director, Clinical and Educational Initiatives, and Director, Center for Depression in Medical Illness.

that were terminated abruptly because her family was uncomfortable with her diagnosis and with inpatient psychiatric treatment. Dr. Baer says, "The family and patient, however, trusted her primary care doctor. The CMP social worker was able to partner with the PCP and hold a family meeting at his office, in which they explained the need for treatment and addressed the family's concerns. The social worker then facilitated an admission to a geripsychiatric unit. The patient had a very successful inpatient stay and adhered to the treatment thereafter, recovering from her depressive episode."

"This is very rewarding work," says Dr. Baer. "Psychiatric illness is incredibly widespread, and we do not have enough mental health professionals to provide treatment to all patients who need it. PCPs have always provided the bulk of the treatment, so by working so closely with PCPs, we are stretching our resources immensely, to the benefit of patients who otherwise might not receive appropriate psychiatric care."

According to Dr. Cunningham, the CMP has resulted in a reduction of about nine percent in inpatient admissions and an inpatient cost reduction of about 19 percent.

"We know that there is a high prevalence of mental illness in the general and high-utilization populations, and PCPs are the primary treaters," says Dr. Miller. "Few patients ever see a psychiatrist, and when PCPs treat without mental health backup, treatment often doesn't meet mental health care guidelines. We know that morbidity and mortality increase when these guidelines are not met, and costs climb. Medical reform can't actually occur without this kind of integrated model working."

Referral Assistance/Physician Liaison

Physician Liaison Ellen Steward provides direct assistance with patient referrals and consultations. Ellen is available to meet with you in person and can be reached at (617) 732-9598, esteward@partners.org, or pager (617) 732-5700, ID #36031.

Embedded Psychiatrists, Part of a Multidisciplinary Care Team, Address Mental Health Factors in Transplant Patients

The Department of Psychiatry, as part of the BWH transplant medical team, provides support to patients – including, most recently, face and hand transplant recipients.

The first successful human organ transplant, a kidney, was performed at Brigham and Women’s Hospital (BWH) in 1954. Transplants have become more widespread and BWH is again leading with face and hand transplantation, pioneered by Bohdan Pomahac, MD, Director, Plastic Surgery Transplantation.

Transplant medical teams at BWH include fully embedded psychiatrists and other mental health practitioners to address the psychiatric factors and stressors that patients’ encounter preoperatively and postoperatively.

Compliance and Screening

“A common success factor in all types of transplant is compliance with the medical regimen. Some transplants are necessary because patients haven’t been able to adhere to recommendations or medications in the past. Post-transplant, their life is more at stake, and also, they are accepting a scarce resource – a donated organ,” explains Megan Oser, PhD, cognitive behavioral therapy psychologist, Department of Psychiatry.

She says, “We have to make sure that they have the ability to comply. For example, they must take immunosuppressant drugs for the rest of their lives and follow special diets. Do they have social support? What resources do they have? So we also interview family members and other social supports.”

As the mental health team in each medical transplant team evaluates candidates for transplant, they screen for psychiatric conditions and also provide psychosocial support and education. Transplant candidates must work with a large and diverse group of providers. Their ability to understand the process as well as their mood, personality, and degree of anxiety concerning what is required of them, can affect compliance with the treatment regimen.

Management of Pre-operative Stressors and Co-morbidities

The mental health team also helps patients cope with the co-morbidities and stressors associated with their illness and the upcoming transplant. The failure of certain organ systems is often associated with specific psychiatric symptoms.

For example, patients experiencing heart failure display an increased rate of depression. Patients suffering shortness of breath as a result of severe lung damage frequently experience anxiety, which in turn can trigger shortness of breath. Liver failure may be the result of a long history of substance abuse or

of a suicide attempt via overdose. A face or hand transplant often follows a violent accident; patients may as a result experience post-traumatic stress disorder.

Patient and Live Donor Evaluation

A perhaps unique aspect of the transplant process is the requirement for donor organs and tissue. Kidney transplantation often involves a live donor. Evaluation is therefore required not only of the patient but also of the donor, in part to insure that the donor is not under any undue influence to donate and in part to help both patient and donor understand and sort out any relationship complications and expectations. Other kinds of transplant follow on the death of another person.



In March 2011, a multidisciplinary team at BWH – including embedded psychiatrists – performed the first full face transplant in the United States.

Added Complexity of Face and Hand Transplantation

Hand and face transplants are the first transplant surgeries performed for psychological not just physiological reasons, and they have profound implications for identity and relationship issues. Although these patients may experience quite severe functional and social limitations, they are physiologically stable. “This form of transplant is an inherently psychological phenomenon,” says Dr. Oser.

“Face and hand transplants are still considered experimental,” says Charles Surber, MD, who is psychiatric liaison to the face and hand transplant team, “so it does provide a unique role for the mental health team. “Transplantation of face or hands requires an extensive multidisciplinary approach. Our psychiatry colleagues play critical role in our team, and are relied upon by our patients before, during, and after the operation,” says Dr. Pomahac. “I don’t think that an operation could be successful without the psychological and psychiatric support that we are fortunate to have.”

Young Adult Program Focuses on Psychiatric Needs of Cancer Patients

Department of Psychiatry leads collaborative team of specialists in one of few programs nationwide that address the specific psychiatric needs of young adults diagnosed with cancer.

Launched in 2010, the Brigham and Women's Department of Psychiatry Young Adult Program at Dana-Farber/Brigham and Women's Cancer Center is one of only five programs at comprehensive cancer centers nationwide that addresses the unique psychosocial needs of young adults with cancer. To lessen the emotional burden of cancer on young adults, the program provides access to developmentally appropriate mental health services and offers unique therapeutic interventions that encourage engagement and peer support.

Diagnosis in Young Adults

Each year more than 72,000 young adults aged 15 to 39 learn they have cancer. For this age group, a cancer diagnosis often presents a specific set of mental health challenges for the patient.

"Many young adults are striving to solidify a sense of adult identity," says Ilana M. Braun, MD, Chief, Division of Psychosocial Oncology, Dana-Farber/Brigham and Women's Cancer Center. "Cancer, a life disrupter at any age, can increase the challenges young adults face in crystallizing their life goals and sense of self."

In responding to the diagnosis "the disbelief is bigger and more profound for young adults than for older adults," says Karen Fasciano, PsyD, Director of Young Adult Mental Health, Division of Psychosocial Oncology, Dana-Farber/Brigham and Women's Cancer Center. "They don't have the same life experience and cancer isn't normative for their age group. The psychological adjustment comes more slowly and painfully."

Since data showed no improvement in cancer survival rates since 1975 in young adults, an international initiative has been focusing attention on the needs of young adult patients. The initiative started with a 2006 National Cancer Institute (NCI) report on adolescent and young adult oncology that recommended strengthening advocacy and support services for young adults "based on an understanding of how cancer can affect their self-esteem, spirituality, body image, life goals and stage of development."

Managing Complex Psychiatric Care in Young Adults

With the NCI recommendations as a guide, the program works with specialists in the 12 disease centers of Dana-Farber/Brigham and Women's Cancer Center to provide clinical services including consultation to medical teams about unique emotional issues facing young adults, referral to individual and family psychotherapy, and guidance for parents on how to best

support their young children's emotional needs during their illness. Most program participants range in age from 18 to 32.

"It's very important to have a program that addresses the needs of young people and develops resources to help them deal with the stress of having a life-threatening illness at a young age," says David Silbersweig, MD, Chair, Department of Psychiatry.

Mental health clinicians who work with young adult patients should "place their developmental stage at the forefront," says Dr. Fasciano. "Young adults are using the medical milieu to work through their developmental tasks, such as controlling and planning for their future and developing intimacy skills. Clinicians need to reinforce this process and be aware that these patients have less developed communication and coping skills and decision-making capacity than older adults." Patients may be grappling with issues such as fertility, sexual dysfunction and fear of rejection by a partner.

During the course of intensive medical treatment, some young adult patients are diagnosed with major psychiatric illnesses, which often manifest during this developmental stage. "Patients who are vulnerable to mental illness but not have yet been diagnosed often have their symptoms recognized while they are the focus of medical attention," says Dr. Fasciano.

Patients with a history of major depression are likely to have a recurrence. Even psychologically healthy young adults can experience difficulties: some medications used to treat cancer, such as steroids, hormonal treatments and chemotherapy drugs, can have psychological and cognitive side effects.

Resources and Research

Peer support is critical for young adults, who desire normalcy in the face of illness and experience isolation in a treatment setting where few fellow patients are in their age group. The Young Adult Program has its own website (<http://www.dana-farber.org/Adult-Care/Treatment-and-Support/Patient-and-Family-Support/Young-Adult-Program.aspx#About>) that provides a forum for social networking and peer-to-peer support. It features education on topics such as coping skills and offers self-directed cognitive-behavioral therapy modules that address issues such as anxiety management which can be used independently or in the context of a clinical relationship.

Dr. Fasciano and program team member, Kelly Trevino, PhD, have developed a cognitive-behavioral program geared to young adults that will be studied.

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BWH Psychiatry Neuroimaging Laboratory Advances Traumatic Brain Injury Research . . . continued from page 2

with the Center for the Study of Traumatic Encephalopathy at Boston University School of Medicine on a study focusing on chronic traumatic encephalopathy (CTE) in National Football League players. The study is using MRI, DTI, and magnetic resonance spectroscopy (MRS), with imaging done at BWH, to learn if a history of sub-concussive blows predisposes players to CTE. The goal of this research is to ultimately develop biomarkers for CTE.

Future Directions for Psychiatry Neuroimaging Laboratory

Dr. Shenton and Dr. Lin are planning a prospective, longitudinal study of mTBI patients using DTI and MRS (which visualizes brain chemistry). "A next step is to develop a biomarker or

prognostic algorithm to determine which patients will develop persistent post-concussive syndrome," explains Dr. Lin.

As TBI neuroimaging progresses over the next few years, studies promise to aid diagnosis and treatment of this common brain injury. Dr. Shenton says, "TBI research with DTI is a huge step in the right direction. In terms of diagnosis, we have evidence where evidence didn't exist before."

David Silbersweig, Chair, Department of Psychiatry, and Chair, Institute for the Neurosciences, relates that "The ability to pinpoint the mechanistic consequences of translational and rotational forces on the brain's vulnerable activation, executive and emotional systems, is critical to the development of more targeted therapeutics for the prevalent neuropsychiatric sequelae of TBI."

Women's Addiction Recovery Program Implements Program Aimed at Providing Specialized Care for Patients with History of Trauma, PTSD . . . continued from page 3

vation, which can be beneficial to people who have a feeling of powerlessness stemming from a history of trauma.

Treatment Plans for Patients with Trauma History

The four-day Inpatient Detoxification Program and the two-week outpatient program performs more in-depth screening of patients for trauma and PTSD, which is an important factor in developing patient treatment plans. If needed, all-female treatment teams are provided for patients with a history of assault. Patients who complete the inpatient program and do not continue to the outpatient program are referred to a program or a mental health provider with experience treating trauma. "Our goal is to have a staff that is proficient at screening and assessing PTSD so we can

get people into treatment sooner and ultimately decrease the risk of relapse," says Dr. Veguilla.

As the program grows, the Dual Diagnosis Day Treatment Program will have a stronger emphasis on trauma-informed treatment. Additional groups will be offered that use trauma-specific, evidence-based treatments such as "Seeking Safety," a program developed by Lisa Najavits, PhD, of Harvard Medical School. Dr. Veguilla is also considering integrating dialectical behavioral therapy (DBT) into the outpatient program. She will then conduct research to evaluate its efficacy and "see if we are helping people achieve better outcomes."

Young Adult Program Focuses on Psychiatric Needs of Cancer Patients . . . continued from page 7

Therapeutic interventions are offered that enable patients to socialize and discuss emotional experiences in normative environments – functioning as a support group proxy where difficult conversations can occur in displacement. "It's a very important therapeutic strategy," says Dr. Fasciano. The program also offers workshops, Outward Bound trips and an annual "I'm Too Young for This!" conference for young adults and their caregivers.

"Young adults have to struggle with issues of meaning and values at a much earlier age than peers. Cancer pushes them to grow more quickly," says Dr. Fasciano.

Work also is ongoing to address the cognitive and emotional dysfunction that can accompany cancer treatment. David Silbersweig, MD, Chair, Department of Psychiatry, and Chair, Institute for the Neurosciences, and Emily Stern, MD, together with colleagues at Memorial Sloan Kettering, are studying changes in brain structure and function associated with chemotherapy ("chemobrain"). Neuroimaging biomarkers, to predict who will develop this condition, are being sought based upon mechanistic hypotheses that have implications for preventative treatment development. Brigham and Women's Hospital and Dana-Farber Cancer Institute psychiatrist Fremonta Meyer, MD, has developed a clinic specializing in such issues.



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Department of Psychiatry
75 Francis Street, Boston, MA 02115
1-800-MD-TO-BWH

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