



Children at the Breaking Point

*Lincoln Prairie Behavioral Health Center
offers intense care for children in mental crisis*

Written by Karen Carlson ● Photography by James Hawker

It's 3 a.m. Two parents' nerves are frayed from months with their violent and aggressive 11 year-old son. He's threatened to kill his younger sister again, and he kicks the family dog when he's angry. His parents have tried everything to help him. In this dark hour of the early morning, they find their son with a knife taken from the kitchen, chasing his sister around the house. The family is at its breaking point.

Now there's a place in Springfield that can help kids with mental problems, at any time of the day or night.

A 24-hour, 7-day a week "emergency room" offering free mental screening for children is a key feature of the Lincoln Behavioral Health Center (LPBHC), a hospital solely committed to helping children in mental distress.





“For our children, the clock, is ticking.”

Lincoln Prairie, located in the building that formerly was Doctors Hospital in Springfield, Illinois, prides itself on building valuable partnerships with community agencies such as SIU School of Medicine, the Mental Health Centers (part of Memorial Health System), and Hope School. The Center opened May 15, 2008; patients arrived May 16. “There is a need to help children with mental health care,” says David Decker, M.D., medical director of LPBHC and chief of SIU’s child and adolescent psychiatry division at SIU School of Medicine.

The stigma about mental health goes along with the ignorance about mental health, Dr. Decker says. “Some people don’t think children can have mental disorders.” According to Mental Health America of Illinois, one in 10 Illinois children younger than 19 will have a mental problem serious enough to affect the ability to function and learn. An estimated 20 million children in the United States go underserved with regard to mental health needs; only about 20 percent of children get needed mental health care. For example, Dr. Decker says, “people talk about overtreatment of kids with medicines, but most kids with Attention Deficit Hyperactivity Disorder (ADHD) are untreated, unmedicated, and most aren’t in any behavioral program.”

Starting with a vision and an empty hospital, the interior of the Lincoln Prairie Behavioral Health Center was completely renovated to meet the needs of a psychiatric-compliant treatment center. It is the only freestanding children’s mental hospital south of Chicago. The 15 beds formerly devoted to children’s mental health care at Memorial Medical Center are now designated to other departments.

“Lincoln Prairie offers a full continuum of care starting with a free, 24-hour, seven days a week assessment by a licensed professional to determine the best treatment alternatives for child and family crises,” says Lincoln Prairie Chief Executive Officer Scott Viniard.

Three months after its opening, Lincoln Prairie has about 50 children and adolescents between the ages of 3-17 occupying the Center’s 80 beds. An additional 40-bed residential division of the Center set to open in April will let children with long-term needs find respite and continuous care. Extra space is designated for expansion of outpatient services. “This is many more beds than we’ve ever had before,” notes Ayame Takahashi, M.D., a general child psychiatrist with an interest in obsessive compulsive disorder and bipolar disorder. She, along with other SIU psychiatrists, occasionally sees patients at Lincoln Prairie.

“The partnership with SIU School of Medicine allows Lincoln Prairie to be an integral part of a network of services for children, adolescents, and families,” Viniard says. “It enhances recruitment opportunities for physicians and nurses and brings in the continuing education component to our system, which keeps learning and continuing education at all levels a primary focus.”

Unlike a traditional hospital with responsibilities for the entire human anatomy, at the freestanding Lincoln Prairie, “mental health care is what we do,” Dr. Decker says. “All our energy goes into children’s care.” Lincoln Prairie’s single-minded mission allows for longer periods of care than a general hospital. The average length of stay is 10-12 days.

The hospital’s patients are young — most haven’t yet reached their 13th birthday. Suicidal, homicidal, or aggressive, these children are highly traumatized or have significant psychiatric disorders. A majority come from indigent families who have trouble accessing health care.

Lincoln Prairie patients have come from Quincy, Danville and Kewanee to the centrally-located hospital. Although those towns have child psychiatric care, the concentrated resources of the LPBHC can provide special care. “Difficult cases come here,” Dr. Decker says. While other facilities have similar methods of treatment, the treatments are more intense at Lincoln Prairie. Centrally located in Springfield, Lincoln Prairie is more easily accessible for the region, Dr. Decker says, although getting to Springfield can be a significant problem for some families in central and southern Illinois.

Mental health care can be difficult to access, so people end up waiting until the most acute setting is necessary. “Often the hospital is the doorway to initial treatment, even though that should rarely be the case,” says Dr. Decker. For adolescents, a brief stay may help them through a point of crisis such as suicidal behavior. Others may need more time to get an untreated diagnosis such as attention deficit hyperactive disorder (ADHD) under control. The hospital is just one piece in the spectrum of treatment that can include outpatient therapy, consultations with schools, and social services. Lincoln Prairie’s outpatient services include intense therapies for individuals, families, and group services, including substance abuse therapy. Children attend sessions for several hours a day, five days a week.

The hospital’s patients are complex; the children usually aren’t diagnosed with one disorder, but a medley of troubles, such as aggression diag-

Running “hot” and “cool”

Understanding executive dysfunction

Executive function refers to psychological processes that are involved in decision-making, planning and emotional regulation. Executive dysfunction is an umbrella term that refers to a variety of deficits underlying both emotional and cognitive function problems.

Children with cognitive executive dysfunction (the “cool” functions) have trouble with planning, working memory, decision-making and organization. “If you tell this child not to cross a busy street at one corner, he’ll try to cross at the next corner. These kids have trouble managing impulsivity and planning what will happen next,” says Sandra Vicari, Ph.D.

Children with the emotional side of executive function disorders (the “hot” dysfunctions) have more behavior problems and can become unhinged at the slightest minor event. They may forget what they’re doing and could become emotionally explosive due to poor emotional control and a lack of inhibition.

Executive dysfunction is often apparent in Attention Deficit Hyperactivity Disorder (ADHD), bipolar disorder, autism spectrum disorders, or learning disabilities. About one-third to one-half of children with ADHD also have executive dysfunction problems, but the relationship is unclear. It’s this interaction that’s of interest to SIU faculty: Glen P. Aylward, Ph.D., David Decker, M.D., Sandra Vicari, Ph.D., and intern Julia Ogg, Ph.D. Dr. Aylward is cross-appointed with Child Psychiatry and director of the Division of Developmental Behavioral Pediatrics/Psychology.

One study is looking at how parents and teachers rate problems in executive dysfunction and ADHD. The researchers found that parents and teachers rated problems similarly. “The cool functions really are associated with academic problems,” Dr. Aylward explains. “Kids who have ADHD-Combined Disorders have as many problems in the cool, cognitive functions as ones who have ADHD, predominantly inattentive subtype problems. Those with behavioral problems also seem to have cognitive problems.”

Another study is using neuropsychological testing to discover if there is a difference between ADHD kids with executive dysfunction and those without executive dysfunction problems. “If the medications don’t work, what are we missing? What can we do differently?” Dr. Vicari asks.

Two abstracts about these projects will be published in the *Journal of Developmental and Behavioral Pediatrics*. Dr. Aylward presented them at the national meeting of the Society for Developmental and Behavioral Pediatrics in Cincinnati.

Better understanding of how ADHD and executive function relate will help with diagnosis and treatment of the disorders. Dr. Aylward adds it could help prevent overmedicating and provide information to develop behavioral interventions. ●●●



SIU RESEARCH

“i wnt 2 di”

When teens talk suicide online

In days past, teenagers kept in touch by trading notes in hallways and classrooms. Today, an explosion of new media: Web sites, Web blogs, texting, Internet chat rooms, and multiplayer video games have created a whole new world of ways teenagers keep in touch.

Among the typical angst teens may text, blog or chat, teens also use these digital gadgets to talk about serious subjects — even suicide.

SIU faculty Ayame Takahashi, M.D., and Sandra Vicari, Ph.D., are looking to the new media as educational tools to help reach suicidal teens. Many of their patients who mentioned suicide would say that teenagers told each other about their plans on MySpace or other social media. “We wondered, where does it occur most often?” says Dr. Takahashi. “What do kids do with that information? Do they contact an adult? Are they keeping it to themselves?”

With funding pending from the American Foundation for Suicide Prevention, the project is evaluating communication among peers on the Internet regarding suicide. The researchers are surveying students at four local high schools to learn about their digital dialogues.

While the pseudo-anonymity online may help shy kids make friends, Dr. Takahashi and Dr. Vicari caution that there are risks, too, such as bullying. Dr. Vicari says, “With all the indirect methods of communication, will teens be able to talk to someone one-on-one? They might lose that skill.” Teens, parents and teachers will need guidance to keep communication lines open.

The goal of the project is to teach teenagers how to cope with suicidal friends. “We plan to design some school-based intervention to find out how teenagers have dealt with it,” Dr. Takahashi says. Once the data are in, the researchers will design educational tools to educate teens about what they can do if a friend is suicidal. Educating parents and teachers also is planned. ●●●

nosed as bipolar disorder, paired with a developmental disability; or an autism condition mixed with ADHD.

Care of these children requires patience and time. “Children are moving targets,” Dr. Decker says. Differing levels of cognitive, physical and emotional development makes treatment complex. Dr. Takahashi notes that some children hate the idea of taking medications. “They may not understand why they’re at the doctor’s office,” she says. “They may think they’re there because they’re ‘bad.’”

Three child psychiatrists are on staff at the Center: Dr. Decker, Juan Medina, M.D., and Patrick O’Donnell, M.D. Brad Hughes, M.D., a general psychiatrist who sees teenage patients, also is part of the care team. An additional child psychiatrist begins work at the center in November. “We continue to contract and recruit locally and nationally,” Viniard says. A group of family practice physicians provides additional care. SIU child psychiatrists will provide weekend care and will see patients as more arrive at LPBHC.

The facility is focused on trauma-informed care, which, Viniard says, is a different philosophy of treatment. Trauma victims often are victims of physical and sexual abuse, which can lead to mental health problems, substance abuse problems, and encounters with the criminal justice system. “When a human service program takes the step to become trauma-informed, every part of its organization, management, and service-delivery system is assessed and potentially modified to include a basic understanding of how trauma impacts the life of an individual seeking services.” Traditional service delivery approaches, he says, may intensify the vulnerabilities of these patients, so alternative services and programs at Lincoln Prairie support these sensitive patients.

A biopsychosocial assessment addresses the children’s physical state, learning disorders and emotional issues, as well as the home environment, giving the psychiatrists a broad picture of how to help the child.

Under the watchful eyes of the staff who get to know the young patients, the children are immersed in therapies and group activities. A patient’s typical day at Lincoln Prairie would include talking with his or her physician and therapist, engaging in therapeutic play, learning coping skills, visiting with educational groups, and studying schoolwork. During evenings and non-scheduled treatment hours, the children have time to relax in community areas with big-screen TVs, music, and games.

“The hospital was designed to provide a safe, pleasant, and therapeutic environment for patients, staff, and visitors,” Viniard says. Two secured patient floors have been specially designed to care for children, and everything from nurses specializing in psychiatry to the design of the bathrooms is focused on children’s care and safety. Brightly colored murals cheer up the lobby and cafeteria. Kids have access to a basketball courtyard, playground, video and arcade games and a gymnasium to burn off extra energy.

Following in-patient treatment at Lincoln Prairie, outpatient therapies and/or partial hospitalization programs are available, according to Viniard. New services previously unavailable downstate include therapeutic day

When rain makes pain

A closer look at sensory processing disorder

The vacuum makes him scream. A crowded classroom makes her panic. The smell of natural gas makes him vomit. These are some of the things experienced by children with Sensory Processing Disorder. SIU researchers Mary Dobbins, M.D., and Sandra Vicari, Ph.D., are looking more closely at this disorder, in which children are adversely affected by normal stimuli. Roughly 5 percent to 15 percent of the general population has some degree of the disorder needing help.

"Some kids are hypersensitive to noises, tastes, or smells," says Dr. Dobbins, assistant professor of pediatrics and psychiatry. "And some are undersensitive to other stimuli." These children crave stimuli from the senses, such as brushing up against people or overeating. "It affects a lot of areas of day-to-day functioning, and they often feel judged," Dr. Dobbins says.

In some cases, the disorder can lead to dysfunction. "They don't adapt to their environment well, they can become overwhelmed and can't cope anymore. Little things in their environment can set them off," Dr. Dobbins says. "If they're always getting in trouble and finally explode, people don't understand that a neurologic problem is underlying it."

Children with sensory processing disorder are often labeled "bad kids" who "act up." Dr. Dobbins says it often is misdiagnosed. About 75 percent of children with autism have sensory processing symptoms. These symptoms also are found in children with ADHD, obsessive compulsive disorders, and tic disorders. Medication helps alleviate symptoms of these diagnoses; Occupational therapy helps calm sensory processing behaviors. "When the medicine isn't helping, are we missing a degree of sensory processing?" asks Dr. Dobbins.

There are no biological markers for sensory processing disorder, and little research has been done outside of the occupational therapy field. The SIU study could lead to incorporation of a routine screening into office practice. This would help physicians, many who are unfamiliar with the disorder. The researchers may also work on developing a physical test to confirm a diagnosis. "It will tell us if we are missing a degree of sensory processing when it applies to ADHD and if we need to intervene in more areas."

Dr. Dobbins hopes to promote understanding of children with sensory processing disorder, understanding what activities are harder for them and areas where they need support. "We're trying to integrate the field of occupational therapy into medical world, especially child psychiatry," Dr. Dobbins says.

"These kids can improve so much with therapy and environmental adjustment," she adds. "There are a lot of things we can use to help kids regulate themselves. This is an opportunity for parents and the educational systems to make a difference in the lives of these kids." ●●●

school, an intensive outpatient program, outreach educational programs to surrounding schools and referrals to private therapy groups. “There’s no question that if there were more outpatient services you would need fewer in-patient services,”

Dr. Decker says.

Next door to Lincoln Prairie, dozens more professionals are working to care for children at The Noll Pavilion, which houses the SIU School of Medicine Division of Child Psychiatry and the Children’s Center. “It is nice [for Lincoln Prairie] to be in close proximity of McFarland Mental Health Center, and the Noll Medical Pavilion for potentially shared staff opportunities or emergency situations,” Viniard

says. “Multiple levels of care allow children to transition back to their homes as well as their communities.”

Families and communities, the psychiatrists say, play a crucial role in helping children get better. From assessment to treatment, everything at Lincoln Prairie is family oriented. Before the hospital opened, many patients from the Springfield area had to travel to the Chicago area for treatment at similar hospitals. “That’s too far away for our patients’ families to participate in the treatment,” says Dr. Takahashi. Viniard adds, “It is important to keep kids in close proximity to their families and communities for continuity of care reasons. Lincoln Prairie offers that ability, rather than sending kids to the Chicago area or out of state.”

Treating the entire family system is additionally complicated when the families have problems

themselves. The majority of younger patients at the center come from homes with serious economic issues. Other families may have serious drug or substance abuse problems. For these reasons and others, the psychiatrists say it can be difficult to get families to see the big picture and accept family therapy.

The responsibilities of child psychiatrists extend even further. “Medication and therapy alone can’t do it all,” says Dr. Takahashi. “You have to look at the whole psychosocial picture. You deal with systems such as the Department of Child and Family Services, foster parents, school systems — there are a lot of other players in a less than ideal system.” These systems often don’t know how to handle a child with severe psychiatric illness, and there aren’t enough services to meet the individual needs.

With hard work and concentrated care like that found at Lincoln Prairie, children do get better, such as a child with severe obsessive compulsive disorder who couldn’t leave the house. “To see that child go to school after a period of treatment is really rewarding,” says Dr. Takahashi.

With services available 24/7, Lincoln Prairie staff has the resources, patience and passion to handle the extreme behaviors of the moving targets.

Without treatment, these syndromes affecting today’s kids will follow them to adulthood and affect their quality of life. “Any damage you do to a growing child continues and disrupts the normal growth pattern,” Dr. Decker explains. Without treatment, the damage is magnified.

The need is great, and the opportunities for children to learn healthy emotional development are limited. “Birds who don’t learn to sing when they’re young don’t sing as adults,” Dr. Decker says. “For our children, the clock is ticking.” ●●●

Lincoln Prairie services are available 24 hours a day, seven days a week, year round. Walk-ins are welcome. Contact Lincoln Prairie at 217-585-1180.

