A multidisciplinary team from Children’s Wisconsin, Rogers Behavioral Health and the Medical College of Wisconsin have come together to form a unique program for teens suffering from debilitating chronic pain and related functional disorders. The Integrated Healing Program for Teens combines medical, physical and psychosocial therapies to treat adolescents who have withdrawn from normal activities.

This outpatient, intensive rehabilitative program is designed to treat patients holistically: Their physical, emotional and social needs are addressed in intensive, eight-hour daily sessions for four to six weeks. Having a program like this gives Wisconsin families, as well as those in the region, a much-needed care option for a patient population that is difficult to treat and often overlooked.

Who should refer?

Any pediatric provider who encounters teenage patients with chronic, pain-related functional impairments may refer to the Integrated Healing Program.

This can include:
- Gastroenterologists
- Neurologists
- Orthopedic surgeons
- Pediatricians
- Psychiatrists
- Psychologists
- Rehabilitation medicine providers
- Rheumatologists
- Sports medicine specialists

Patients referred to the Integrated Healing Program generally have experienced pain for three months or longer with no identifiable organic cause. For example, the pain process may have started due to an injury or infection but lingers long after the acute stage has resolved. Moreover, anxiety or depression may underly or be secondary to the pain, leading to withdrawal from normal daily activities.

The gold standard in care

Evidence-based treatment includes:
- Cognitive behavioral therapy (CBT)
- Dialectical behavioral therapy (DBT)
- Behavioral activation (BA)
- Acceptance and commitment therapy (ACT)
- Physical therapy (PT)
- Medication evaluation and management
- Experiential therapy
- One-on-one and group physical therapy
- Family therapy and parent education groups

Treatment goals

Through this integrated approach, teens will:
- Resume normal function in school, socialization and activities
- Regain control of their lives
- Address emotional distress related to the pain
- Regain physical strength and endurance
- Reduce the need for medical services
Case example: Mira, 13

The following case example provides an illustration of a typical treatment scenario.

Mira is a 13-year-old girl with a one-year history of abdominal pain. Pain began following a gastrointestinal virus. Symptoms have worsened over time and include nausea, dizziness, headaches and abdominal pain. She was diagnosed with postural orthostatic tachycardia syndrome (POTS) several months ago, following autonomic testing. She describes her pain as throbbing and bloating, and it ranges in intensity from 8–10 on a 0–10-point pain rating scale. She also reports daily headaches that last up to several hours, along with intermittent migraine headaches. She has not felt any of them have had a significant impact. The family feels frustrated and hopeless.

Mira has also tried outpatient physical therapy but finds that it makes her feel worse. After months of unsuccessful treatment, Mira was referred to the Integrated Healing Program because her provider is concerned about her pain, depression and anxiety. Mira enters the program at a point where she is essentially inactive and not engaging in her usual activities. Mira and her family are apprehensive about the program but acknowledge the potential value.

Mira begins the Integrated Healing Program on a Monday. She attends a full day of treatment which consists of two hours of PT (one hour individual and one group); six hours of group and individual mental and behavioral health programming, which includes learning about pain, pain coping, anxiety and mood; CBT skills to help manage pain; DBT to help with self-regulation and experiential therapy. She also receives one hour per week of individual therapy from a health psychologist who specializes in pediatric pain management, multiple hours per week of individual and family therapy from a Rogers therapist, and weekly check-ins with a medical provider (pain physician and/or psychiatrist) who can adjust both pain and psychotropic medications as needed. The first two weeks of programming are grueling. Mira is not used to such a long and activity-filled day. Once she adjusts, however, she is more motivated than ever. She surprises herself by running on the treadmill. Meanwhile, in the group sessions, she is also learning great skills to use when she experiences discomfort.

Mira’s plan after discharge includes daily cardio exercise, spending time with family and friends, a camping trip and a return to soccer when it resumes in two months. She is excited for school to start and plans to be on the student council.

She completes the program, and at discharge, she has improved functioning and decreased anxiety and depression. She leaves with a plan for daily activity, reconnecting with friends and returning to full-time school. At her one-month follow-up, she is doing everything that was in her plan. She is also planning to rejoin her soccer team in the next couple of months and is highly motivated for the upcoming school year.

Who can be admitted to the program?

The Integrated Healing Program is for current or prospective medically stable patients, ages 13–18, who have chronic pain or a functional disorder. Patients referred from other services or outside of Children's Wisconsin will be evaluated for admission through the Pain and Headache Center. The Integrated Healing Program meets Monday through Friday, 8 a.m.–4 p.m.

Inclusion criteria:

- Patients have a diagnosed medical condition causing significant functional impairment and decline in physical or emotional health and/or quality of life exacerbated by psychological factors.
- All patients will receive a mental health evaluation. To be included in the program they must meet criteria for a DSM-V diagnosis.
- Patients have received comprehensive medical workup prior to admission to the program.
- Patients have experienced substantial deterioration in at least two key areas of functioning (work, family, social, school, community, self-care).

Exclusion criteria:

- Significant and recent aggressive episodes
- Significant lower intellectual capacity, as indicated by testing or IEP
- Significant historical suicidal behavior
- Psychological factors
- Patients must be able and willing to participate in and tolerate eight hours of treatment per day.
- Caregivers must commit to regular family contact, weekly family sessions and twice-weekly parent groups.
- Primary diagnoses of substance use disorder, eating disorder or conduct disorder.
How are services delivered?

The service components of the Integrated Healing Program are provided separately and independently by Children’s Wisconsin, Rogers Behavioral Health and the Medical College of Wisconsin.

How to refer

Providers with Epic access to Children’s Wisconsin

Submit Epic referral to Pain & Headache Center and select IHP evaluation.

All other providers

Submit referral form online at childrenswi.org/IHPreferrals

Questions?

Call the Integrated Healing Referral Line at (414) 266-3955, or email IntegratedHealingProgram@chw.org.

If you would like to discuss a case prior to referral, please call (414) 266-2775 and Steven Weisman, MD, or Kim Anderson Khan, PsyD, can answer any questions you may have.

Dedicated staff sourced to the Integrated Healing Program

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