

Programs that work

In our continuing spirit of celebrating the successes of the medical profession, the Medical Post brings you PROGRAMS THAT WORK. We profile programs, big and small, clinical and otherwise, that are making a difference to patients and doctors in a positive way. We talk to the doctors who helped make them happen and encourage other communities to replicate and customize the programs in their area.

Psychotherapy helps victims of chronic illness, families cope

by Celia Milne

TORONTO | When patients are told they have a chronic illness, they need help with not only the physical challenges they are facing, but also the emotional upset. Ever since medical school, Dr. Julie Richter has felt the medical system lets these people down. "I always saw the panic in their faces and tears in their eyes. They've just been told they have MS and then we walk away."

Dr. Richter, a Toronto physician-psychotherapist, has developed a program specifically designed for such patients, called Lifebeat. She also offers a psychotherapy program for their loved ones, which she named Bystanders. Each person with disability or chronic illness has at least two other people close to him or her who are also affected, she said. Studies have shown that emotional distress may have an even greater impact on quality of life than does physical distress. "It is an important beginning toward a huge need."

Patients qualified for Dr. Richter's weekly therapy sessions are those with any of a variety of conditions: malignancy in remission, heart disease, chronic respiratory disease, arthritis, inflammatory bowel disease, diabetes with complications, multiple sclerosis, ALS, Parkinson's, autoimmune disease, disfiguring skin conditions, chronic renal failure, chronic liver disease, HIV, endometriosis, transplants, genetic disorders or disability.

Eighty per cent of people who have chronic medical illness also have depression, she said. Dr. Richter said she believes depression is not a chemical imbalance, but rather a "pushing down of feelings too painful to bear." For instance, she said, when someone finds out they have MS, they feel terrified, angry and disappointed, but these feelings very quickly become overwhelming, so they suppress them. This may allow the person to function, but the feelings are still there, she added.

"My goal is to create a safe place for people to feel those unwanted feelings. I encourage them to feel the anger," she said. "They need a place to express their terror. They won't say to their husband, 'I'm afraid of dying,' but they will to the group." In essence, her message to patients is, "It's OK to cry here. You have losses to mourn. Your life has been altered." Dr. Richter said she believes when the feelings are fully experienced, depression vanishes because the feelings are not being suppressed anymore.

She does not prescribe medication, and said quite often patients stop the drugs they were already on, saying they don't like the feeling of being numbed.

Dr. Richter's program was inspired by The Healing Journey, a group psychotherapy program for cancer patients developed at Princess Margaret Hospital (PMH) in Toronto by Dr. Alastair Cunningham. Research conducted at PMH has shown that undertaking psychological self-help almost always improves quality of life in those with cancer, and may help them live longer and better. Just as The Healing Journey teaches cancer patients to improve communication with others and reduce their own anxiety and depression, Lifebeat has similar goals for its participants.

When Dr. Richter asks patients to do a self-evaluation after they have worked with her for several weeks, what she hears most often is that the physical illness has not improved but their mood has improved.

The program shows some results in about two-thirds of patients. One-third of patients disappear after fewer than 10 sessions, said Dr. Richter. They are generally too far gone, having been left to their own devices for a long time, and are too depressed or anxious to complete the sessions. "It is easier to prevent than to get rid of," she said. About half of patients are referrals from GPs and specialists, and the other half find the program through its Web site.

Dr. Richter also runs a group for loved ones of those with chronic illness, called Bystanders, which meets once a month. One of the goals here is to keep the couple together in the face of losing odds; the divorce rate doubles when there is a chronic illness. "I'm sure I've prevented some divorces, but I can't prove it," said Dr. Richter.

She described a typical male attendee: "He has a 30-year-old wife with MS and he's mad. He pictures his wife in a wheelchair; he needs to deal with his anger, but not in her presence. They don't talk about what's going on and they withdraw from each other. In Bystanders, I look for opportunities to encourage people to share their true, honest and painful feelings."

Loved ones need a safe place to vent because they don't express their feelings at



Dr. Julie Richter's separate therapy groups give sufferers of chronic diseases and their loved ones places to discuss the difficult feelings they avoid sharing with each other.

Program at glance

Programs: Lifebeat and Bystanders

Where: Toronto

Doctor facilitator: Dr. Julie Richter

What it does: Lifebeat is group psychotherapy for people with chronic illness or disability; Bystanders is for loved ones.

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home. After all, they are not the sick ones, so they suffer in silence. "All the well people have survivor guilt. These things flash through their minds and are suppressed." Dr. Richter teaches them it is OK to need their own time, too.

She called her program innovative, yet simple. "Could any other therapist do it? Yes. It is not high-tech or hard to learn. It is all about thinking about these people and what they go through. Any physician with an interest in counselling or psychotherapy could easily set up something similar."

Before starting the program, Dr. Richter obtained a certificate in mind/body medicine from the National Institute for the Clinical Application of Behavioural Medicine based in Mansfield Centre, Conn.

"Why don't we look for emotional distress and provide counselling early? Why do we wait until the patient comes in and says, 'I'm going to kill myself tomorrow, I'm so depressed.'"