

Mental Health Matters

The newsletter of the Illinois State Bar Association's Section on Mental Health Law

Meet the Chair

The 2022-23 Chair of the ISBA Mental Health Law Section Council is Jennifer L. Hansen.

Hansen is a founding partner with the law firm Hansen & Cleary, LLC. She focuses her practice in the areas of special education law (IEPs and Section 504 Plans), school residency, truancy and discipline matters, mental health law, guardianship matters, criminal and civil litigation for juveniles and adults, confidentiality issues, bullying investigations, post-secondary education matters (including appealing

post-secondary dismissals), DCFS matters, and domestic relations matters as a guardian *ad litem*, child's representative, and/or attorney for the child. She also represents select private schools and has provided consultative services to schools and institutions in the areas of bullying investigations, employment investigations and legislative support.

In addition, Hansen represents mental health practitioners and mental health agencies in the areas of mental health law,

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Incoming Mental Health Law Section Council Chair Jennifer Hansen presents a plaque to outgoing chair, Bruce Jefferson, in appreciation of his leadership during the 2021-22 bar year. Jefferson is currently the general counsel for Rosalind Franklin University of Medicine and Science, a private graduate school in North Chicago, Illinois. Prior to that he was the general counsel for Thresholds, a community-based mental health provider in the Chicagoland area. ■



Meet the Chair

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HIPAA, confidentiality, IDFP matters, and contractual issues. She is a frequent speaker in the areas of special education law, school discipline, school records and bullying, as well as in the areas of mental health law and DCFS matters. She is also a trained mediator.

Hansen previously co-taught School Law classes for master's level students through Aurora University and Psychiatry and the Law classes to UIC psychiatry fellows. Prior

to forming Hansen & Cleary, LLC, Hansen was a partner with Whitted Takiff + Hansen, LLC and an attorney with the Lake County Public Defender's Office. She received her law degree from the University of Wyoming in 1998 and her LL.M. in European and Comparative Law from the Universiteit Maastricht in Maastricht, the Netherlands in 1999. She obtained her B.A. in English and Spanish from Carthage College in 1995. ■

Mirror Image Therapy Shows Promise Relating to Phantom Limb Pain

BY SHARON L. GENALEN

Mirror image therapy has gained more attention in recent years, since its introduction was first reported by neuroscientist V. S. Ramachandran in 1996 as an alternative to more traditional and more costly measures of treatments and therapies.¹ Ramachandran's methods were progressive for the time, as part of the beginning of what we now know as virtual reality and its unique role in physical therapy.

Phantom sensations and pain may present themselves in many areas of the body, from the breast, nose, and other parts of the body, to internal regions including menstrual cramps following a hysterectomy. Nonetheless, phantom limbs are the most commonly reported body parts associated with a "phantom" sensation following limb amputations after trauma, disease, or the like.² The term "phantom pain" is a misnomer, however, as the pain is very real to the individual.

Mirror image therapy is used for treatment of loss of a full or partial limb when a patient still experiences pain or

discomfort at the site of the injury or from the phantom limb itself. This sensation is known as *phantom limb pain* and occurs in the majority of limb amputees. The sensation can continue for patients for months or even years after loss of a limb.³ According to a literature review, "the phantom sensation is a common occurrence ranging from numbness, tickling, or muscle cramp in the non-existent limb and may be felt intermittently or permanently."⁴ This sensation is higher in patients after traumatic limb loss when pain was already present at the site prior to amputation.⁵ Put simply, according to one study, everybody essentially has a map in his or her brain with signals pertaining to every area of the body, and that map does not disappear even though a person loses a limb. Additionally, there may be residual nerves at the site of the lost limb.⁶

Many hypotheses have been proposed to account for the pain that develops in the phantom limbs of amputees.⁷ Some studies have suggested that mirror image therapy may be able to enhance the sense of agency over a phantom limb even if the pain is not

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necessarily relieved from therapy.⁸

So How Does It Work?

Mirror image therapy is very easy to teach to patients, who then can practice the technique and seek relief at home. A mirror is placed in-between the arms or legs of the patient, who concentrates on viewing the reflected movements of their intact limb while simultaneously “attempting to move the phantom limb” in a similar manner as the intact limb. This method allows patients to see their anatomical limb in the visual space occupied by their phantom limb, ideally leading to improvement in control, and ultimately, pain relief.⁹ The goal for mirror image therapy is for the severed coherence between the brain’s motor command and sensory feedback to be enhanced.¹⁰ In other words, the visualization of treating the intact limb is intended to close the gap in the brain and ignite relief from the perceived or experienced pain of the phantom limb.

Consideration of mirror image therapy is significant, as treatment options for phantom limb pain are limited. For instance, serious narcotics are often prescribed to deal with pain, which not only are costly but also may create problems for those with propensities for abuse or drug addiction. Despite myriad issues with prescribing opioids to treat acute pain, in some instances, they remain one of the most common prescriptions to complement oral analgesics and regional anesthesia.¹¹

Recognition of mirror image therapy as a treatment option is important, as the therapy offers an alternate potential solution particularly for patients from low socioeconomic areas, thus improving access to care. According to many studies, many individuals experienced improvement in level, duration, and incidence of pain. Lessened pain also improves quality of life and increases an individual’s freedom of movement and activity, leading to social and professional reintegration.¹²

Notwithstanding, many current studies on the treatment lack methodological quality. As legal advocates, this is important to recognize because a multi-disciplinary approach to advocacy may be crucial for more controlled studies in future years – in particular to enhance the credibility

of studies and increase the chance of establishing a cause-effect relationship.”¹³ Further, using a traditional mirror has its limitations, but increased capabilities with virtual reality systems provide newer, promising prospects.¹⁴

Overall, mirror therapy seems to be effective in alleviating phantom limb pain by controlling or minimizing symptoms, and it is a safe, simple, and inexpensive treatment that allows for self-help. The option for mirror image therapy is an important consideration for all advocates of those in need of treatment, especially due to the correlation of other physical and mental health issues with individuals who suffer from chronic pain.■

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8. Shu Imaizumi, et al., *Agency over Phantom Limb Enhanced by Short-Term Mirror Therapy*, 11 *Frontiers in Human Neuroscience* 483 (2017). <https://doi.org/10.3389/fnhum.2017.00483>.
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10. Fengyi Wang, et al., *Effects of Mirror Therapy on Phantom Limb Sensation and Phantom Limb Pain in Amputees: A Systematic Review and Meta-Analysis of Randomized Controlled Trials*, 35 *Clinical Rehabilitation* 1710-21 (2017). <https://doi.org/10.1177/02692155211027332>.
11. Weeks, *supra* note 2 at 281.
12. Campo-Prieto, *supra* note 1 at 2.
13. *Id.* at 9.
14. Herrador Colmenero, *supra* note 4 at 288–98.

Scott A. Block Named AOIC Statewide Behavioral Health Administrator



The COVID-19 pandemic stretched many of our physical and mental health resources to the limits, but it also allowed the justice system to

innovate in tremendous ways. One of those was the appointment of Scott A. Block as the first AOIC Statewide Behavioral Health Administrator.

As the AOIC's Statewide Behavioral Health Administrator, Block serves as the Illinois Judicial Branch's dedicated voice and resource, committed to furthering local, state, and national behavioral health and justice initiatives as they affect the courts. In this capacity, he acts as the project director for the Illinois Mental Health Task Force, provides behavioral health related administrative support to the Illinois Supreme Court, and acts as liaison to state and national behavioral health and justice affiliates and organizations.

Previously, Block was Director of the Office of Special Projects for the Twenty-Second Judicial Circuit Court of McHenry County, Illinois, where he provided quality control and compliance oversight of the court's Psychological/Forensic evaluations contract and planned, designed, implemented, and led daily Problem-Solving Court operations. Notably, the Twenty-Second Judicial Circuit Court's Mental Health Court and Adult Drug Court programs were subsequently awarded AOIC Certification, and the Adult Drug Court is recognized by the National Drug Court Institute with "Mentor Court" status.

While working within Problem-Solving Courts, Block served as the President of the Mental Health Court Association of

Illinois and Vice President of the Illinois Association of Drug Court Professionals. He assisted in the merger of the associations and subsequent establishment of the Illinois Association of Problem-Solving Courts, where he served as Vice President and Conference Committee Chair.

He is also an adjunct professor at Aurora University in the School of Social Work, with a focus on substance use disorder and addictions.

Block holds a master's degree in counseling, is a Licensed Clinical Professional Counselor, a Certified Alcohol and Other Drug Counselor, a Certified Criminal Justice Addictions Professional, and a National Center for State Court's Certified Court Manager.

He can be contacted at sblock@illinoiscourts.gov. ■