

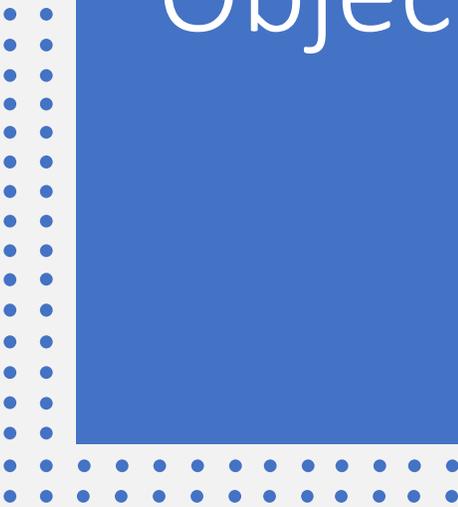
Psychodynamic theory inform psychopharmacology practice for children and adolescent psychiatry

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Objectives

- Understand the rationale and benefit of integrating psychodynamic concepts to psychopharmacology
- Understand the key-concepts in psychodynamic psychopharmacology
- Demonstrate the model of teaching psychodynamic psychopharmacology
- Demonstrate the curriculum of psychodynamic psychopharmacology for child and adolescent psychiatry

- An approach to pharmacology that explicitly acknowledges and **addresses the central role of meaning and interpersonal factors in promoting good treatment outcomes** (David Mintz, 2011)
 - Use the psychodynamic principles, such as therapeutic alliance, unconscious fantasy, transference and countertransference integrate during psychopharmacologic encounter.
 - Recognize the meanings, both conscious and symbolic, of medication to everyone in the system.
 - Recognize the role of the placebo (and nocebo) effect on treatment outcomes.
- Focus on ***meaning making, value of relationships and supporting patient authority.***

What is psychodynamic psychopharmacology?

Why do we need to teach and learn psychodynamic psychopharmacology?

- Survey of U.S. psychiatric training directors, there was strong agreement that the capacity for **psychological understanding was important for the competent functioning of all psychiatrist**, even those focusing on biological psychiatry (Mohl, 1990).
- Long-term psychotherapy training requirements have been reduced from 50% to 2.5% of residency training (Wallerstein 1991).
- Focus on the psychodynamic of psychopharmacotherapy in supervising psychiatry residents/fellows can be the efficient way to introduce them to the importance and usefulness of psychodynamics which they may get little exposure to in their training.

The changes of psychiatry to a medical, reimburse model

- Training began to emphasize on attending to diagnoses and symptoms clusters that might respond to pharmacologic intervention.
- High demand for pediatric psychopharmacologist/prescribers, which as led it to become a profitable sub-specialty.
- Child and adolescent mental health services have been willing to pay the higher rates of psychiatrists only for prescribing medications.
- Most of psychiatric cares are constrained by managed care and other insurance and cost pressures to limit the number of therapy sessions that can be offered to children and families.
- **The goals of treatment are set by insurance companies and usually based on symptom reduction and behavioral improvements at school and home.**

Approach to mental health problems

Psychiatric Model

- Using our caregiving selves to make connection
- Use play and open-ended questions for communication
- Use different perspective

Medical Model

- Symptom checklists
- Diagnostic criteria
- Often ignore family and developmental perspectives
- Emphasize on evidence base treatment

The challenges

- **Grandiose professional self** (Brightman, 1984-85); Expectations of omniscience, omnipotence, and benevolence become part of a grandiose professional self.
- **The illusion of therapeutic power of pharmacologic treatment**
- The somatic treatment is often a **“delusion of precision”** (Gutheil, 1982), an assumption that medication effects have the virtues of precision, concreteness, straightforwardness and specificity.

The challenges

- **“The beginning psychiatry training syndrome”** (Merkin & Little, 1967), characterized by transient amplification of neurotic symptoms, increased incidence of depression.
- Shifting from medical model to psychodynamic model may cause significant stress due to their familiar action defenses of the medical role come to conflict with the values of mutual participation (Hales & Borus, 1986). This experienced “passivity” is difficult for many residents to adapt to.
- There is evidence that intense, unresolved countertransference feelings can contribute to physician burn out (Meier, Back & Morrison, 2001).

Potential benefits of teaching psychodynamic psychopharmacology

Psychodynamic understanding can provide such a **holding context**; it can help to contain resident confusion and dysphoria from “the beginning psychiatry training syndrome”. Reduce physician burnout.

Focusing on the integration of psychodynamics and psychopharmacology can make clear how some of the **resident’s experience of role conflict relates, not to failure on the resident’ part**, but to deep historical and theoretical currents of conflicts within the field.

Resident can feel more empathic with difficult, treatment-resistant patients.

Resident can learn that there is **positive value in his or her uncomfortable experience of conflict**, to the extent that it mirrors the distress that the patient is feeling.

Potential benefits of teaching psychodynamic psychopharmacology

- The empathic understanding that anxiety, confusion, conflict, and failure of magical cure by medications are appropriate to the experience of the resident may help residents to grieve the loss of the grandiose professional self and to establish a less perfectionistic ego-ideal (Brightman, 1984-85).
- Resident can become more effective prescribers, help resident to maintain self-esteem.
- Applying psychodynamic understanding and technique might improve the resident's efficacy as prescriber, and it is one way that resident skepticism about psychodynamics maybe overcome.

Advantage of practicing psychodynamic psychopharmacology

- Using psychodynamic understanding, it is better to help patients who are treatment resistant and either do not respond to psychotropics or cannot tolerate them because of the side effects, or who do respond with symptom relief but show no improvement in their quality of life.
- This approach recognizes that many of the core discoveries of psychoanalysis (the unconscious, conflict, resistance, transference, defense) are powerful factors in the complex relationship between the patient, the doctors, and the medications.

- Psychodynamic psychopharmacology will promote **recognition of the importance of compliance** and the **placebo or nocebo effect** in the effectiveness psychotropics.
- Using psychodynamic thinking will **facilitate to process of developing a positive therapeutic alliance** during brief medication appointments.

Advantage of
practicing
psychodynamic
psychopharmacology

Six core principles to provide psychodynamic psychopharmacology (David Mintz)

- Avoid a mind-body split in approaching the patient
- Know who (not just what) the patient is
- Attend to the patient's ambivalences about illness, medications, and caregiving
- Foster the doctor-patient alliance and address negative transferences
- Address covert countertherapeutic uses of medications
- Contain irrational prescribing driven by countertransference

Psychodynamic psychopharmacology as patient-centered medicine *(Adapted from Weinberg and Mintz, 2018)*

Patient-Centered Medicine	Psychodynamic psychopharmacology	Clinical Application
Biopsychosocial perspective	Avoid a mind-body split	<ul style="list-style-type: none">• Understand the impact of psychosocial factors on outcome
Patient as person	Know who the patient is	<ul style="list-style-type: none">• Understand how the patient's life, attachment pattern, family history and psychology affect healthy use of treatment.• Psychodynamic formulation
Focus on therapeutic alliance	Cultivate the alliance	<ul style="list-style-type: none">• Skillful clinical communication• Address ways that negative expectations of care undercut treatment effectiveness

Psychodynamic psychopharmacology as patient-centered medicine *(Adapted from Weinberg and Mintz, 2018)*

Patient-Centered Medicine	Psychodynamic psychopharmacology	Clinical Application
Shared responsibility and authority	Attend to patient's ambivalent wishes	<ul style="list-style-type: none"> • Respect for patient autonomy • Respect for family's concerns • Attend to patient and/or family preferences and involve patient in shared decision making.
Doctor as person	Attend to countertransference	<ul style="list-style-type: none"> • Physician's use of self-reflection • Use of psychodynamic formulation to manage countertransference
Patient and doctor as people	Promote positive developmental trajectories and growth	Detect and address enactments

Psychodynamic psychopharmacology for children and adolescents

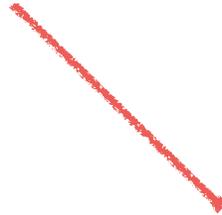
- Recognize that prescribing of medication to children and adolescents is **an individual, family and system intervention.**
- Emphasize on the **developmental issues** that need to be considered for the successful intervention.
- Medication consultations may be better understood as **consultation to the overall treatment.**
- Child psychiatrists need to **be aware of the complexities created by split treatments.**
- The use of medication in children and adolescents has **expanded beyond evidence-based findings.**
- **Understanding the meaning of medication** may result in better outcomes for children and families.

Chubinsky P., Hojman H., Psychodynamic Perspectives on Psychotropic Medications for Children and Adolescents. Child Adolesc Psychiatric Clin N Am 2013; 22: 351–366

Teaching psychodynamic psychopharmacology for children and adolescents

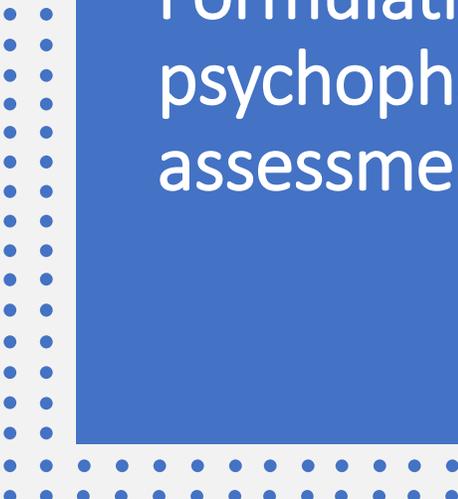


Modified Plakun Y- model to psychopharmacology



Commonalities of All Psychotherapies (include psychopharmacology)

- Importance of the Therapeutic Alliance
- Maintaining Psychotherapy Frame (Keeping Boundaries)
- Confidentiality
- Support
- Empathic Listening
- Psychoeducation



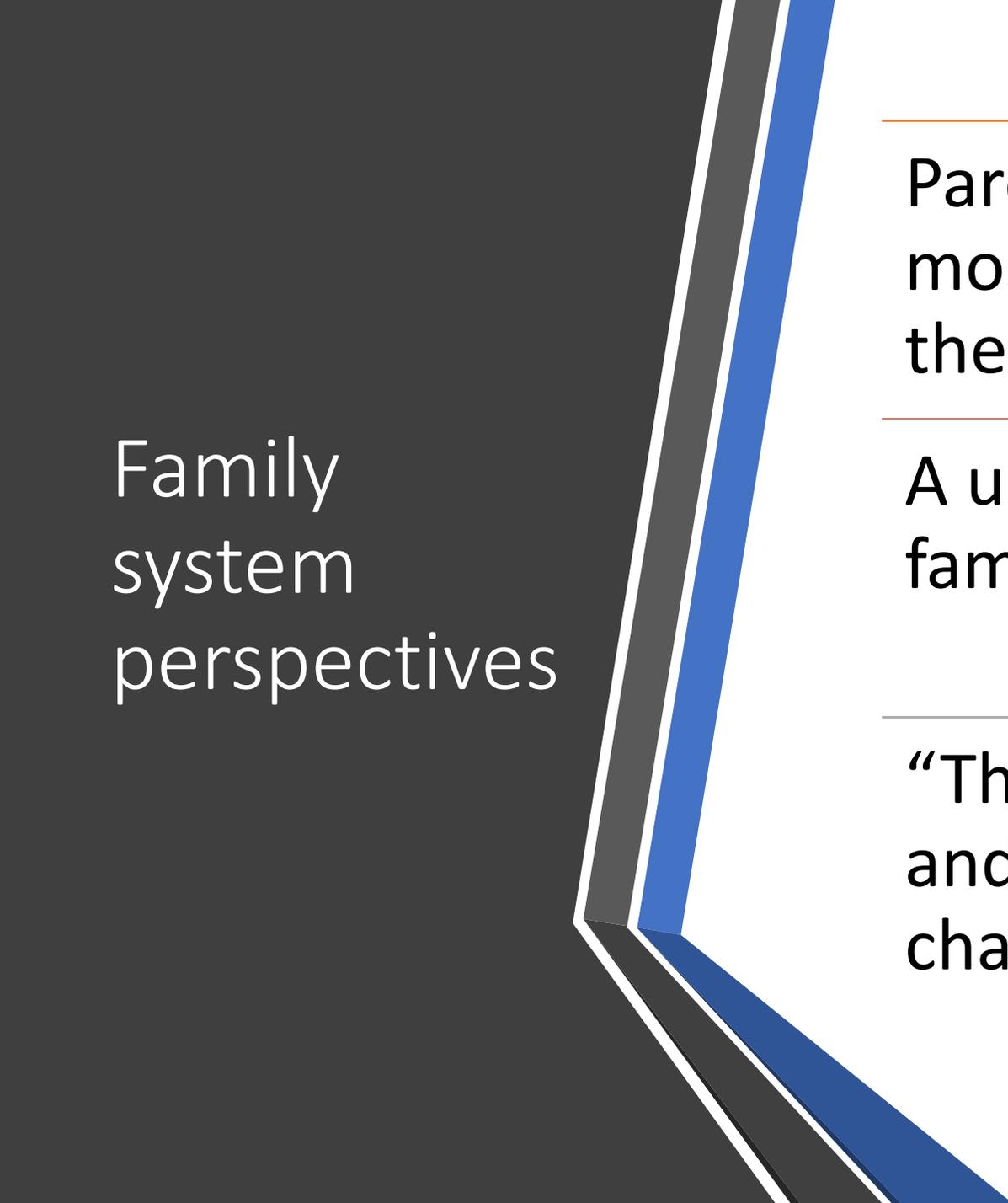
Emphasize
Psychodynamic
Formulation in
psychopharmacology
assessment

- A narrative that demonstrates our understanding of an individual patient *as a person*
- A variation of the bio-psycho-social medical formulation-in a way a psycho-social formulation with emphasis in past and present life experiences, personality, adaptation, relatedness and ability to form attachments

Integrate Developmental framework in psychopharmacology



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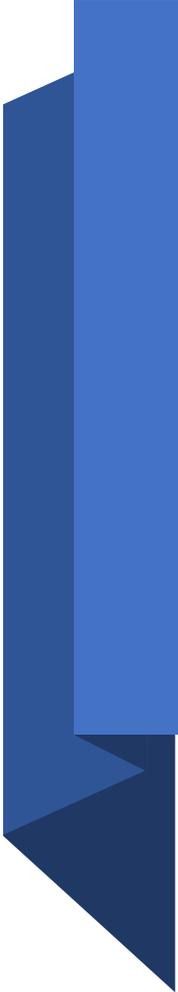


Family
system
perspectives

Parents need to be involved in most aspects of medication for their children.

A unique opportunity to integrate family therapy.

“The parents are opened to trust and allow to be an agent of change.” (Montalvo and Haley.)



Curriculum
Psychodynamic Perspectives of
Psychopharmacology for Children and
Adolescents

Objective Goals

- Advance a non-reductionistic model for psychopharmacology
- Teach evidence-based prescribing not only prescribing the effective medications but include all of the evidence bases regarding effective prescribing by including addressing psychological and interpersonal aspects of medication response.
- Encourage child psychiatrists to be psychologically minded in their prescribing.

Psychodynamic psychopharmacology as a tool to promote the essential child psychodynamic psychotherapy competencies

- Identify attachment styles
- Explore unconscious motivations and understand the nature of the child's affective communication, the analysis of defense in children
- Identify intra-psychic and interpersonal conflicts
- Trace the person's developmental trajectory
- Work with transferences and counter-transferences
- Integrate a psychodynamic formulation that informs treatment

Component of
supervising
psychodynamic
psychopharmacology



Core lecture/reading



Interdisciplinary team discussion



Supervision

Individual
supervision
Group
supervision

Topic of lecture/reading

- Attachment, temperament and Personality Factors
- Nocebo and placebo effects
- Therapeutic alliance/Therapeutic communication
- Transference and countertransference aspects of prescribing
- Factors affecting adherence
- The meaning of medication

Interdisciplinary team discussion:

- Case based learning to discuss difficult patients with interdisciplinary team (psychologist, social worker) for improving collaboration between psychiatrist and therapist.
 - Learn how to ask dynamic questions for the referral process of psychopharmacological assessment
 - Provide ongoing collaborative process with the team

Supervision

- Individual supervision
 - Encourage trainee to integrate developmental, biopsychosocial approach for diagnostic assessment and tailor the treatment plan that best suit the patient and family
 - Establish atmosphere of safety for trainee to feel comfortable to present case material.
 - Review psychodynamic theories that are related to psychotherapeutic process during psychopharmacology encounter.
 - Provide skills and techniques for making simple psychodynamic informed interventions to improve treatment outcomes

Supervision

- Group supervision
 - Promote supportive environment for exploring some of the more confusing or painful aspects of child psychiatry practices
 - Provide the guidance and practical approach for each case that a fellow will encounter, develop reflective process.
 - Identify what exactly is transpiring, on conscious and unconscious levels, between doctor and patient.
 - Address the fellows' most salient emotional concerns (e.g., feeling of helplessness or frustration, rescue fantasies, or experiences of emotional or role conflicts).

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