BRIEF INTEGRATED PYSCHOLOGICAL THERAPY FOR FAMILY PHYSICIANS

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ABSTRACT

Family physicians often encounter patients with the need to change e.g., to exercise, or to stop smoking, have problems of living, or are affected emotionally by illness and disease. There is a place for psychological therapy in these instances of dis-equilibrium. Psychological therapy methods can be divided into 4 groups: patient centering methods; process work; pattern (narrative) work; and problem work. One integrative approach is that described by Mahoney and Gravold. The diagnostic interview in psychological method consists of eliciting reason for encounter; ideas, concerns, and expectations; case formulation; and assessment using therapeutic questions.

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INTRODUCTION

Family physicians often encounter patients with the need to change e.g., to exercise, or to stop smoking, have problems of living, or are affected emotionally by illness and disease. There is a place for psychological therapy in these instances of dis-equilibrium.

Over successive decades of the last two centuries, numerous schools have contributed understanding and therapeutic skills to deal with psychological problems of mankind. Into the twenty-first century, there is a movement to integrate these thinking and systems of thought. The result is the constructivist approach of psychological therapy (Mahoney & Gravold, 2005). Into the twenty-first century too, the idea of brief therapy is also gaining acceptance.

This paper and the series of papers that will follow in subsequent issues aim to provide the principles and possible applications of brief psychological therapy suitable for use in the GP setting.

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PSYCHOLOGICAL THERAPY APPROACHES

The various approaches of psychological therapy today can be grouped into four groups of techniques:

- physical centering techniques;
- process techniques;
- pattern work (narrative) techniques; and
- problem solving.

Physical centering techniques

These are techniques that help the patient to relax and be less anxious. Being relaxed, the discriminatory function of the brain works better instead of being mentally reactionary – freeze, fight, or flight. Breathing exercises, muscle relaxation exercises, and meditation are examples. They can be used with other psychological therapy techniques.

Process techniques

These are techniques that increase self awareness, that develop therapeutic relationship based on trust, respect, integrity, and mindfulness, and techniques that build therapeutic alliance. These techniques also form the common building blocks of psychological therapy.

Pattern work (narrative) techniques

There are two approaches to pattern work, namely narrative therapy or solution focused therapy.

Narrative therapy: In narrative therapy, the premise is that problems arise because individuals construct meaning of life as problem saturated stories (PSS). The objective of therapy is to replace the PSS with co-constructed preferred story. To do this, there is a need to externalize the problem, elicit unique outcomes where the problem did not occur, and to help the patient to deconstruct the PSS to co-construct a preferred past and present defining story through the 4Rs of re-author, re-tell, re-member, and re-frame. Making small changes to start the 4Rs help the patient to get on with life.

Solution focused brief therapy (SFBT): In this technique, the aim is to find the solution and this solution may have no direct relationship with the patient's problems. The objective therapy is to co-create present & future story by shifting from problem to solution focus. To do this, the therapist needs to elicit exceptions & probe positives based on strength and hopes, amplify to thicken the present and future story, repeat, reinforce and rehearse the story with the patient, and to scale the solution focused story and to start all over again until the patient has a solution focused way for dealing with their problems of living.

Problem solving

There are historically two problem solving approaches, namely, behavioural therapy, and cognitive therapy.

Behavioural therapy: Here the links are antecedent or activating event, behaviour, and consequence. By changing the behaviour, the consequence will be different. For example, the fear of lizard can be overcome by making behaviour changes of gradually being exposed to the lizard, until the fear is diminished.

Cognitve therapy: Here the links are antecedent event, belief, and consequence. For example, an event is interpreted negatively e.g., failure to give a satisfactory response creates a belief that one is hopeless, and the future is helpless. Changing the self belief changes the self-defeating thought, and this results in a positive consequence.

Cognitive behaviour therapy combines cognitive therapy of changing self defeating thinking with changing behaviour that is positive.

THE CONSTRUCTIVIST APPROACH

The constructivist approach attempts to combine the various approaches wherever the approaches make sense. The constructivist approach has threes level of abstraction, namely:

- Formulating the issues unfettered by specific schools of psychotherapy and theories of mind;
- Using change processes in tandem with stages of changes (of Prochaska & Diclemente)[3]; and
- Applying eclectic change techniques contextually and appropriately to intervene.

While it is not always necessary to approach a case using all three levels of abstraction, understanding of this unified concept of common factor integration useful in practicing integrative psychological therapy.

Michael J Mahoney and Donald Gravold, described constructivism as a metatheoretical perspective that embraces diverse traditions in medicine, philosophy, psychology, and spiritual wisdom. (Mahoney & Gravel, 2005).

Constructive psychological therapy emphasizes complex cycles in the natural ordering and reorganizing processes that characterize all development in living systems. Individuals are encouraged to view themselves as active participants in their lives. Within rich contexts of human relationship and symbol systems, people make new meanings as they develop.

As constructive psychological therapy is based on common change principles (CCP) integrative approach, this framework is used to understand human development and experiencing (otherwise called Theories of Personality in other schools of psychological therapy). The framework of constructive psychological therapy is made up of five themes which can be applied to assess the issues from which the core ordering processes (COP) are abstracted. See Figure 1.

- The patient's core ordering processes (COP) form the mnemonic of RSVP which stands for Reality, Self, Value & Power.
- The five themes (ROADS) for assessment of the individual are: (1) Socio-symbolic Relatedness which is shared through narratives; (2) Order of things that create meaning and dynamic balance; (3) Activity which could be anticipatory or attentional; (4) Developmental issues; and (5) Self-Identity. Therapeutic materials can be organised around these themes in the case formulation.

The concepts of pluralism & contextualism are central in constructive psychological therapy. Pluralism is an antidote to parochialism and the attitude that absolute certainty is obtainable. The latter is the stand of many traditional schools of psychotherapy. Since reality is a construct of language and symbols, reality may be deconstructed or reconstructed thus producing a plurality of realities.

INTEGRATED PSYCHOLOGICAL THERAPY SKILLS

Integrated psychological therapy employs two sets of skills – interactive skills viz, the collaborative therapeutic relationship and counseling micro-skills; and interventional skills viz, the eclectic clinical change techniques.

Figure 1. Natural ordering and reorganising processes in the constructivist approach

Theory of Personality & Philosophy META-THEORY	• Core Ordering Processes (RSVP) of Reality, Self, Value; and Power. • Rationale to abstract therapeutic content for formulation of the change agenda and areas for intervention which can be organized around the 5 themes (ROADS) for assessment of the individual: Relatedness, Order, Activity, Developmental issues, and Self. • Formulation of bio-psychosocial factors (PPPP) of the presenting problem: (predisposing, precipitating, perpetuating and protecting) factors.
Change Processes & structure of sessions	• Change processes (CCCC) built upon the foundation of Constructive, Collaborative, Caring & Co-created human bond of therapeutic relationship • Sessions ordered with Prochaska & diClemente's Stages of Change Model (pre-contemplative, contemplative, ready for action, action, maintenance or relapse)
Clinical Techniques	• Physical centering of mind-body techniques of relaxation, deep-breathing, and imagery • Processes techniques -- Experiential (humanistic-phenomenological) techniques • Pattern work -- Narrative & solution/positive focussed techniques • Problem solving -- Cognitive-behavioral techniques

Collaborative therapeutic relationship

In the context of the therapist-client therapeutic relationship, the change agenda is collaboratively arrived at. In this collaborative therapeutic relationship, a Constructive Collaborative, Caring & Co-created (CCCC) human bond is created between therapist and patient.

Psychological therapy micro-skills such as relating and inquiry skills are important in establishing the relationship, gathering clinical materials for formulation and also for intervention.

Eclectic clinical change techniques

The collaborative therapeutic relationship forms the cornerstone in successful psychotherapy. Within this CCCC human bond, the concepts and skills from different eclectic clinical change techniques are applied to reach a change.

Examples of such eclectic clinical change techniques are: the stages of change techniques (the Prochaska and Diclemente's stages of change model), cognitive, behaviour techniques, narrative and solution focussed techniques, and experiential and centering techniques.

CHANGE AS THE STARTING POINT OF PSYCHOLOGICAL DISTRESS

Change is often a distressing experience. So is its absence. People may feel frustrated by how hard it is to change. Smoking cessation or attempt at weight loss are situations in point. They may also feel overwhelmed by how suddenly and sweepingly their life is changing, e.g., coping problems in school, at work, family members, and personal relationships.

A therapist needs to appreciate the complexities of human change and help the client to honour such puzzling experiences. Such a therapist respects the courage required of everyday life. Personal problems and life crises require even more than everyday courage – these crises also demand resourcefulness, relatedness, persistence, and patience (Mahoney, 2006)[1].

DIAGNOSTIC INTERVIEW

This can be seen to be made up of 4 parts:

- Reason for encounter? Why now?
- Ideas, concerns and expectations
- Case formulation based on the constructivist approach
- Use of therapeutic conversations

Reason for encounter? Why now?

"Why now?" is a good starting point. The therapist can frame the question: "Why do you come for treatment now and not last week or tomorrow?"

A common reason for seeing a therapist is the presenting symptom has reached its limit of tolerance. The following is a conversation between the therapist and patient that illustrates this. (Blais, 1996)[2]:

Therapist: *"I hear from what you say that you are depressed and are feeling terrible, but I wonder what made you come in today?"*
Patient: *"I can't stand it any more. I know I need help."*
Therapist: *"You can't take it. What makes it impossible to take it now?*
Patient: *"It is getting too bad. I just can't take it any more."*
Therapist: *"It sounds like something happened recently that made you realize how bad things were. What made you realize that you had to get help now?"*
Patient: *"I just felt so bad I couldn't go to work yesterday, I stayed home in bed all day. I never miss work. I must be falling apart.'*

Ideas, concerns, and expectations (ICE)?

An understanding of these helps to meet the patient's needs.

Case formulation

Any attempt in helping the patient needs to begin with a case formulation to define the issues, the person, relationships, moods, emotions and cognition.

Using the constructivist approach of case formulation we need to gather information on:

- Personality factors – RSVP – reality, self, value, and power
- Change agenda – ROADS – relatedness, order, activity, developmental, and self
- Biopsychosocial factors related to change – PPPP – precipitating, predisposing, perpetuating, and protective factors.

See Figure 1.

Assessment using therapeutic conversations

Figure 2 shows the questions to seek clarifications, test validity, examine outcomes, and probe possibilities. Therapy follows after agreeing on the number of sessions and the end of therapy in mind.

TAKE HOME MESSAGES

Family physicians often encounter patients with the need to change, have problems of living, or are affected emotionally by illness and disease. There is a place for psychological therapy in these instances of dis-equilibrium. Psychological therapy methods can be divided into 4 groups: patient centering methods; process work; pattern (narrative) work; and problem work. One integrative approach is that described by Mahoney and Gravold. The diagnostic interview in psychological method consists of eliciting reason for encounter; ideas, concerns, and expectations; case formulation; and assessment using therapeutic questions.

FURTHER READING

1. Mahoney MJ. (2003). Constructive Psychotherapy: a practical guide Guildford Press, New York.
2. Blais MA. Planned brief psychotherapy. In Psychiatric Secrets ed Jacobson JL and Jacobson AM. 1996; Singapore, Henley & Belfus. Pg 239.
3. Prochaska JO and Norcross JC. Systems of Psychotherapy. A Transtheoretical Analysis. 6th Edition. Singapore: Thomson Learning, 2006.

Figure 2. Therapeutic Conversations (Based on Socratic Questioning)

SEEK Clarifications (How does this relate to ..)	
Length: Time	the events, past, present, future?
Breath: Relations	other persons, situations, environment, society?
Height: Spirit, Mind,	your feeling, thoughts, behaviour, belief system,
Depth: Body	body interoception, functioning
TEST Validity	
Assumptions	What have you assume?
Confronting	What could we assume instead? Are you implying that.., how likely…?
Evidences	How do you know this is valid? Give good example, reason, explanation
Alternatives	What may be another way to look at this?
EXAMINE Outcome	
Consequences	What would be the consequence of original, alternative scenario?
Unique outcome	When did problem outcome not ensue even though situation same?
Preferred	What do you prefer/hope for?
Scaling	Rate in scale of 1 to 10? Is outcome better/worst than expected?
PROBE Possibilities (Experiential of cognitive, affective & behavioural) IF	
Circular Questioning	You ask, said… I wish to understand how would you feel, think ... IF the response is?
Re-enactment	IF (the past situation) were to happen now… (in the present), what would you … ?
Role Play	IF you were to be (person) (hypothetical situation), how would you response?
Fantasy / Miracle	IF (miracle, fantasy, unexpected) happen, what would ….