

TECHNICAL PRINCIPLES OF PSYCHODYNAMIC
PSYCHOPHARMACOLOGY AND A FRAMEWORK FOR
REFLECTION

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PRINCIPLES OF
PSYCHODYNAMIC
PSYCHOPHARMACOLOGY

Avoid a mind- body split

Know who the patient is

Attend to the patient's
ambivalence

Cultivate the
pharmacotherapeutic alliance

Attend to countertherapeutic
use of medication

Identify contain and use
countertransference

I. AVOID A MIND- BODY SPLIT

THE EGO IS FIRST AND FOREMOST A BODILY EGO(Freud 1923)

Deeply ingrained in Western societies and culture

Healthcare system and professional roles organized around mind-body division

Polarisation around the split

I. AVOID A MIND- BODY SPLIT

Pharmacotherapy is also a psychological treatment

Talking therapies are also a biological treatment

Treatments can be tailored more effectively when one recognizes that illness and response to treatment typically represent a complex interplay of biological, psychological and social factors (Mintz 2022)

I. AVOID A MIND- BODY SPLIT

Become familiar with the evidence base

Psychoeducate the patient

Identify and address reductionistic pressures

II. KNOW WHO THE PATIENT IS

Shift from illness-focus to whole person approach

“It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has” Wiliam Osler

ATTACHMENT THEORY



SECURE
SELF-ASSURED,
DIRECT, RESPONSIVE



PREOCCUPIED
SELF-DOUBTING,
ANXIOUS, SENSITIVE



DISMISSIVE
SELF-RELIANT,
AVOIDANT, DISTANT



FEARFUL
SELF-SABOTAGING,
UNPREDICTABLE, ISOLATED

II. KNOW WHO THE PATIENT IS

Consider broader developmental aims

Take a developmental history

Attachment

Relationship to caregivers and authority

Identify conflicts around dependency, shame , abandonment, control.

Consider self and interpersonal functioning

II. KNOW WHO THE PATIENT IS

Consider role of culture

Explore patient's relationship to treatment

Develop an overall formulation

A psychodynamic formulation that is focused on patient's use of medication can help us anticipate problems with medication (Mintz 2022)

MEDICATION AS NURTURE/ POISON

- You described your early experiences as neglectful and abusive. Your mother was depressed and unpredictable and your father was violent and an alcoholic. You learnt early on in your life not to protest or express any negative emotions. As an adult you have noticed that you don't have the vocabulary to manage conflict and instead you resort to silence or self harm when you are not being heard and as a way of communicating anger. We have discussed how often you take overdoses of your prescribed medication to attack yourself and to punish others who don't notice your suffering.

MEDICATION AS REMINDER OF A FAULT

- Paul's mother was absent during his upbringing and his father was very critical of him. Paul always felt that he was at fault and that he was unwanted. He has been left feeling angry sad and full of shame. He has tried to defend against these feelings by becoming self reliant and denying any dependence on relationships.
- As an adult he has remained single and has suffered recurrent depression
- He tends to improve initially with the tablets but then worries that the improvement confirms that he has failed to do it on his own
- He does not want to rely on tablets and he discontinues them the moment he feels better

III. ATTEND TO THE PATIENT'S AMBIVALENCE

Ambivalence about medication

Ambivalence about treaters

Ambivalence about illness

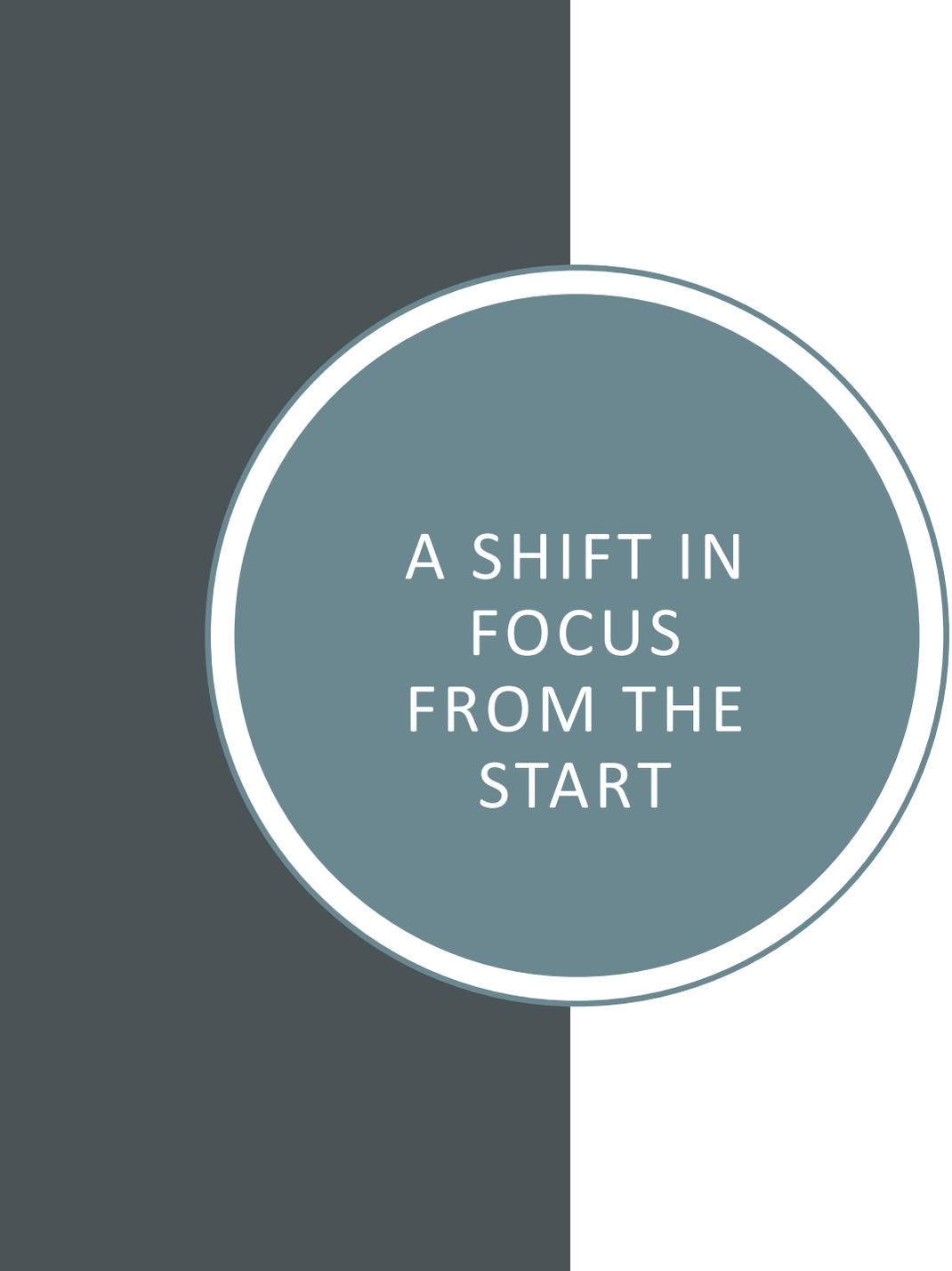
III. ATTEND TO THE PATIENT'S AMBIVALENCE

Attend to the family context

Maintain relative neutrality

Ambivalence should be explored rather than ignored

Ambivalence is best addressed from a neutral stance that is empathic with the patient's dilemma(Mintz 2022)



A SHIFT IN
FOCUS
FROM THE
START

About medications

“What is it like for you to take medications?”

“How do you (or your family) feel about you taking medications?”

About care providers (transference relationship)

“What has your experience of psychiatrists been?”

About health

“How do you imagine getting better would look like?
What would you gain, what would you lose?”

IV. CULTIVATE THE ALLIANCE

“The most frequently used drug in general practice was the doctor himself, i.e. it was not only the bottle of medicine or the box of pills that mattered, but the way the doctor gave them to his patient—in fact, the whole atmosphere in which the drug was given and taken”.(Michael Balint, 1955)

ALLIANCE MODERATES EXPERIENCE OF MEDICATION TAKING



Invalidating

“I feel medications have not been prescribed to me out of a place of calming me down [...] it’s been more of a sort of, so that you can go away and just not bother me anymore attitude”

Validating

“There was this young doctor there and he was extremely compassionate, open to listening to me for as long as I needed to talk and would try and work with me with medication and that was much, much better”

(Patel& Konstantinidou 2020)

ALLIANCE MODERATES EXPERIENCE OF MEDICATION TAKING



Invalidating

“I was going to take an overdose and I tried to go to my doctors [...] they said ‘can’t get you in, sorry you’re gonna have to ring back in the morning’, so I thought [...] Ok then, I’m gonna go home and take my overdose and I did”.

Validating

“He prescribed me something that I didn’t feel was working for me, I went back to him, we talked about it, we talked about medication that I had been on that worked for me, but he wasn’t happy about me going back on it, so we agreed that we would try me going back on a medication that I’d taken before and we would see how that would go [...] although I didn’t get what I wanted I felt that we had a proper discussion about it and a relatively positive outcome came from it”.

(Patel& Konstantinidou 2020)

IV. CULTIVATE THE PHARMACOTHERAPEUTIC ALLIANCE

Agreement about targets

Autonomy and support

Good and honest communication

Respect for treatment preferences

Shared decision making

Warmth and presence- non verbal aspects

IV. CULTIVATE THE PHARMACOTHERAPEUTIC ALLIANCE

Maintain a person- centered focus

Support development of the patient's agency

Elicit informed consent

Work with negative transferences

Alliance is not compliance

V. ATTEND TO COUNTERTHERAPEUTIC USES OF MEDICATION

Medications misused in explicitly countertherapeutic ways (self-harm, recreational use)

Medications used to remove agency, avoid self awareness, avoid healthy developmental steps

Medications used to replace people and healthy expression of feelings

V. ATTEND TO COUNTERTHERAPEUTIC USES OF MEDICATION

Recognize the signs

Frame treatment agreement around health
rather than absence of symptoms

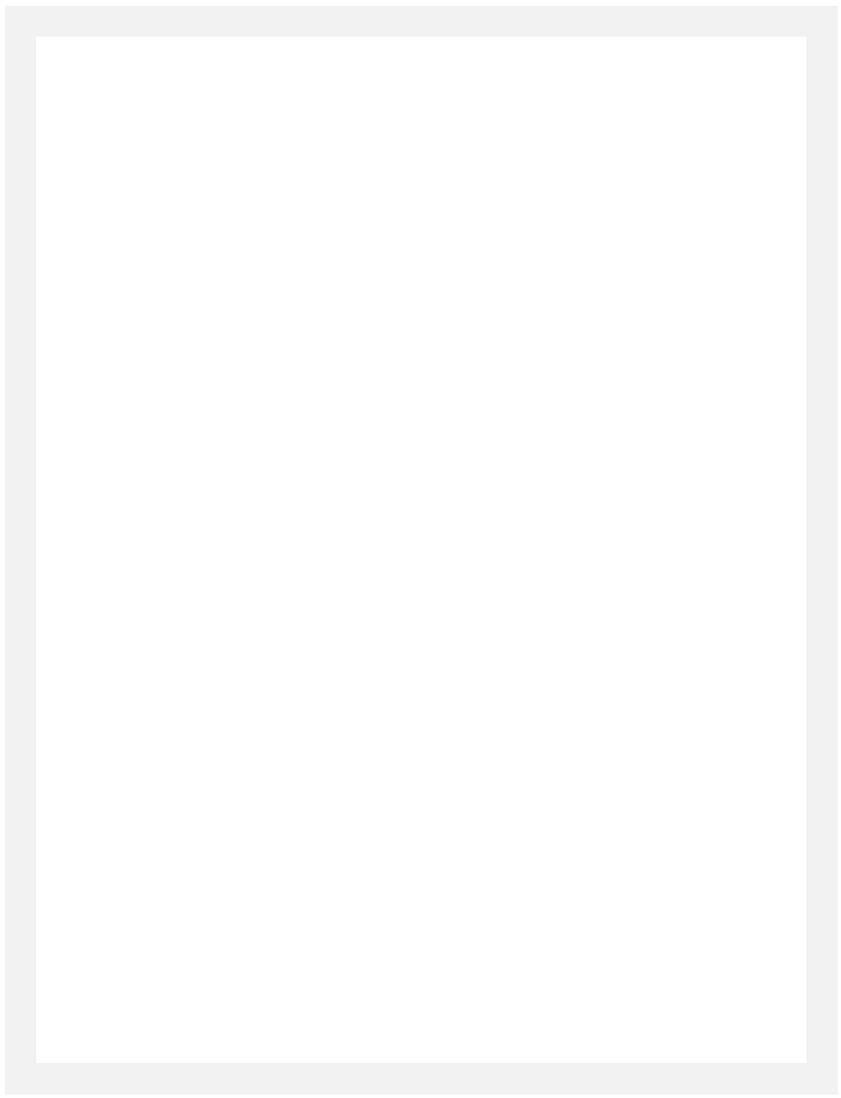
Explore how problems in the alliance may
contribute to the misuse of medication

Support healthy strategies

Set limits

VI. IDENTIFY, CONTAIN AND USE COUNTER- TRANSFERENCE

Important to understand what our
counter-transference might be telling us
about **ourselves** and the **patient**



FEELINGS PATIENTS MAY EVOKE IN THE PRACTITIONER

Empathy

Warmth

Care / competence

Frustration / anger / hatred

Helplessness / despair

Anxiety / sense of persecution / incompetence

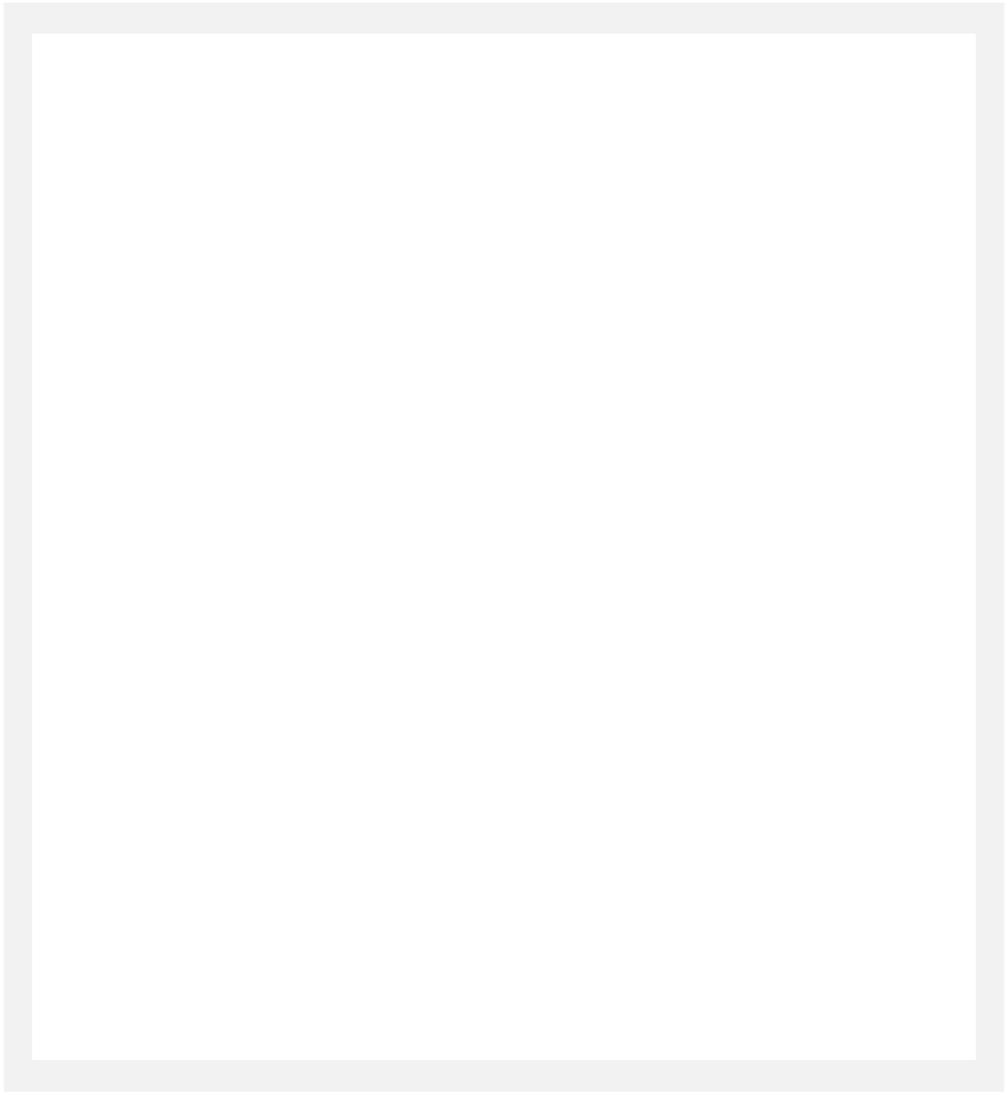
Shame

Repulsion/ disgust



How do we defend against overwhelming feelings

- Overcompensate and try to rescue
- Blaming attitudes or withdrawal / therapeutic pessimism
- Over-prescribe
- Under-prescribe
- Rationalise by discharge: not the right service, not the right skills, making multiple referrals
- Change of diagnosis to fit our treatment choice e.g. if confused and uncertain diagnose psychosis to give certainty and justify prescribing



VI. IDENTIFY, CONTAIN AND
USE COUNTER-
TRANSFERENCE

Learn to recognize it

Personal therapy

Reflective practice

Supervision

Use of colleagues as a third



A REFLECTIVE
FRAMEWORK FOR
PRESCRIBING
DILEMMAS:
QUESTIONS TO ASK
YOURSELF OR YOUR
SUPERVISION
GROUP

Patient factors

What is my patient's story? What is my patient communicating using words or, as important, through their actions in the here and now?

Clinician factors

How do I feel in response to my patient and how does that influence the action I am considering taking? (e.g. do I feel helpless, frustrated, incompetent, guilty in the face of the patient's symptoms?) Am I prescribing to avoid unwanted feelings in my relationship with my patient?

Clinician–patient relationship

What might prescribing a medication – or not prescribing – come to represent in my relationship with my patient?

PATIENT FACTOR

Q: What is my patient's story? What is my patient communicating using words or, as important, through their actions in the here and now?

THE PATIENT FACTOR- RECOMMENDATION

A formulation of the patient's underlying psychological difficulties may help.
This may include

- Predominant relational pattern(s) – relationship to care/ authority
- Ambivalence about symptoms
- Meaning attached to medication and overall use of medication (including counter-therapeutic use of medication). **Consider how formulation might foresee likely problems that might emerge in pharmacotherapy**

THE CLINICIAN FACTOR

How do I feel in response to my patient and how does that influence the action I am considering taking? (e.g. do I feel helpless, frustrated, incompetent, guilty in the face of the patient's symptoms?) Am I prescribing to avoid unwanted feelings in my relationship with my patient?

THE CLINICIAN FACTOR – RECOMMENDATIONS

Recognise countertransference pressure

Self review your practice

- Am I working within relevant guidelines
- Am I doing what I normally do
- Do I have strong feelings/no feelings about the patient ?
- IS the context different from usual?

Seek support from colleagues

THE CLINICIAN –PATIENT RELATIONSHIP

What might prescribing a medication – or not prescribing – come to represent in my relationship with my patient?

THE CLINICIAN- PATIENT RELATIONSHIP RECOMMENDATIONS

Consider the meaning of medication in the context of the relationship

Cultivate a pharmacotherapeutic partnership and set limits

Provide consistent setting, frame prescribing as partnership, set limits, psychoeducate patient about effects of medication, support agency, honest communication, agreement about goals, crisis planning



FURTHER READING

- Mintz, D (2022). *Psychodynamic Psychopharmacology: Caring for the Treatment-Resistant Patient*, American Psychiatric Publishing, Washington DC
- <https://www.cambridge.org/core/journals/bjpsych-advances/article/abs/will-this-tablet-make-me-happy-again-the-contribution-of-relational-prescribing-in-providing-a-pragmatic-and-psychodynamic-framework-for-prescribers/F6457E847DE98F2BB6154894176EBD23>