Treating Complex Cases: Planning, Prioritizing, and Pitfalls

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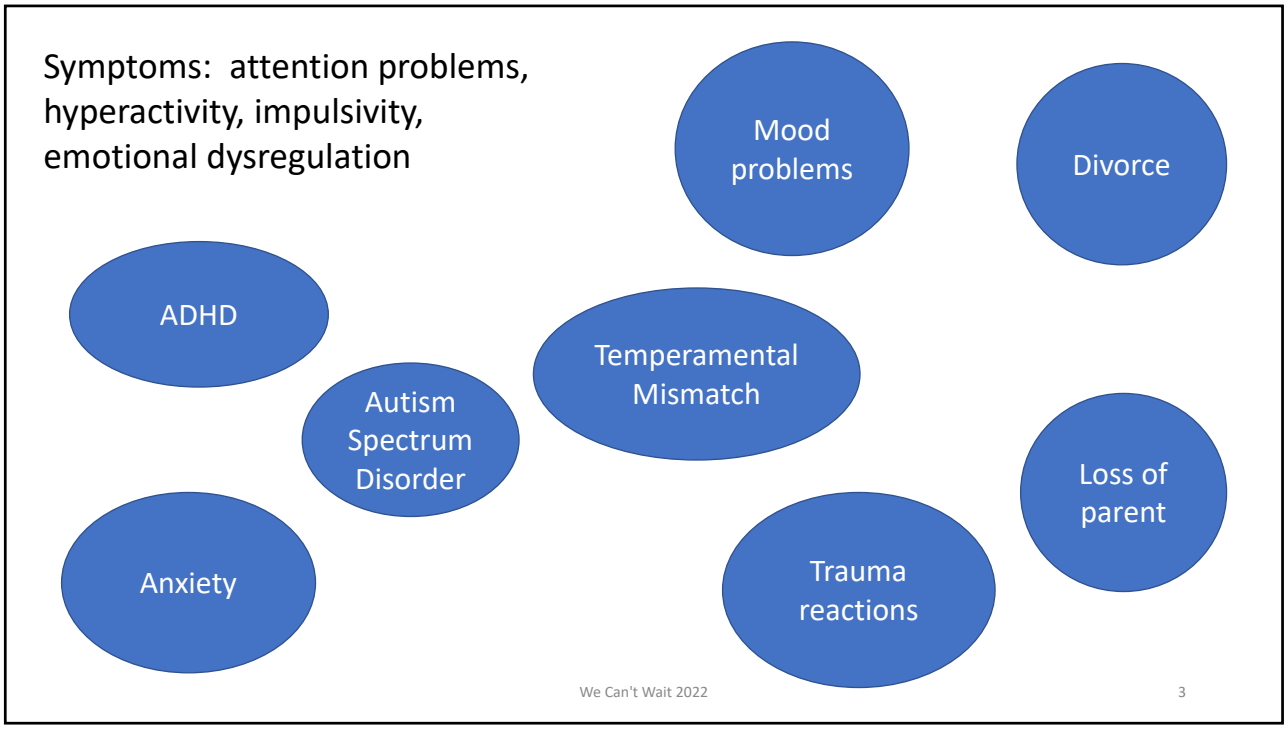
1

The "Big Why"

2


Symptoms: attention problems, hyperactivity, impulsivity, emotional dysregulation
Mood problems
Divorce
ADHD
Temperamental Mismatch
Autism Spectrum Disorder
Loss of parent
Anxiety
Trauma reactions
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3

3


Treatment Planning

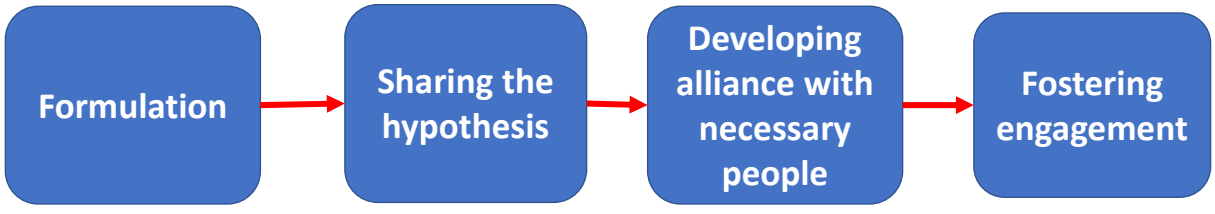
4

Planning treatment for this child

- Symptoms are attention problems, hyperactivity, impulsivity, emotional dysregulation, sensory problems, sleep problems, and aggression in a child under 6 years of age
- There are several steps that will serve you well in planning this treatment

5

Step 1: Developing the Clinical Hypotheses



6

Developing the Formulation

- The 8 questions
  - Areas of problem
  - When problems started
  - Course and pattern of problems
  - Issues of ”mental age”
  - Heritable conditions
  - Treatment responses
  - Stresses? Protective factors?
  - RCBHDs?
- Putting together the formulation becomes easy (easier) with this information
- Writing it out, while including what makes the problems better and what makes them worse, helps organize your mind

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7

Sharing the Formulation

- Your questioning, and providing interim summaries, helps guide the family to the formulation
  - So, your little girl has problems with attention, impulsive behavior, and is very active…does she have any other problems? How is she sleeping?
- These repeated summaries prepares the parent for the formulation
- At the end of the evaluation, you will have made corrections to your understanding of the girl and shared them with the family. Your formulation will not be a surprise.

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8

Developing alliances with necessary people

- Often, I meet with one parent and then the child. Sometimes this IS the whole family. More often, it is not.
  - Including the absent parent
  - Including other generations, when appropriate
  - Including supportive others, when appropriate
- Other necessary people will have a slightly (or sometimes large) different view of the child, but that is important to the continuing adjustment of your formulation

9

Fostering engagement

- There is always a dynamic challenge to treatment
  - What supports treatment?
  - What opposes it?
  - Why now?
  - Who is most bothered?
- Learning who has the motivation and who has the reservations is important to clarify at the BEGINNING so that you can be inclusive in your treatment planning- the treatment must take all the necessary people's views into account (getting complicated, heh?)

10

Treatment Prioritization

11

What to do first? What can you do first?

- Not the same question
  - Sometimes this comes up with the question “do I do psychotherapy first or meds?”- you might think the answer is self-evident. In complex cases it isn’t.
- The answer to this question is a negotiation between you, the family, and your abilities

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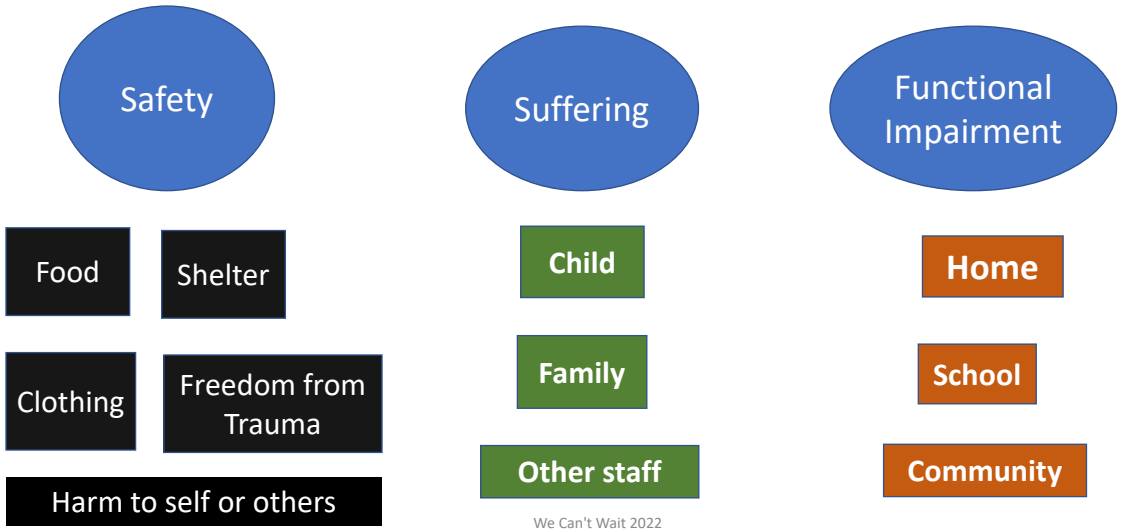
12

Step 2: Prioritize the Treatment Targets



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13

Step 3: Learning from the past

- Therapy, medications, schooling (including special education, tutoring, and special classes), placements (CWS, JJ, Special Ed, Private), Community Support (Wrap, Care Coordination, Special Treatment Programs (eating disorders, intensive outpatient, equine assisted therapy)
- Complications of the treatments?
- Often, you have already learned this from your evaluation
  - What was done, what worked, what didn't
  - Don't assume you know what the treatment was if the family tells you a name (PCIT, CPP, etc). You have to ask what was done in the sessions.

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14

Step 4: First Treatment Method

- Psychotherapy
  - How do you know which method to use first?
  - Where is the “lesion”*?
  - What treatment fits with that ”lesion”?
  - Does the child or family fit in the profile that would suggest using an Evidence Based Practice?
    - If not, can an Evidence Informed Practice* be used? Promising practices?
    - If not, does Practice Based Evidence* help you?
  - Using Evidence Based Kernels*

15

Major Initial Elements of Therapy

- Therapist’s attitude toward the patient
- Therapist’s emotional resources and standards of conduct
- Empathic understanding
- Providing a CORRECTIVE EMOTIONAL EXPERIENCE for the child and the parent
  - A new sense of themselves
  - A new way to view their experiences
  - A new way to interact with each other

16

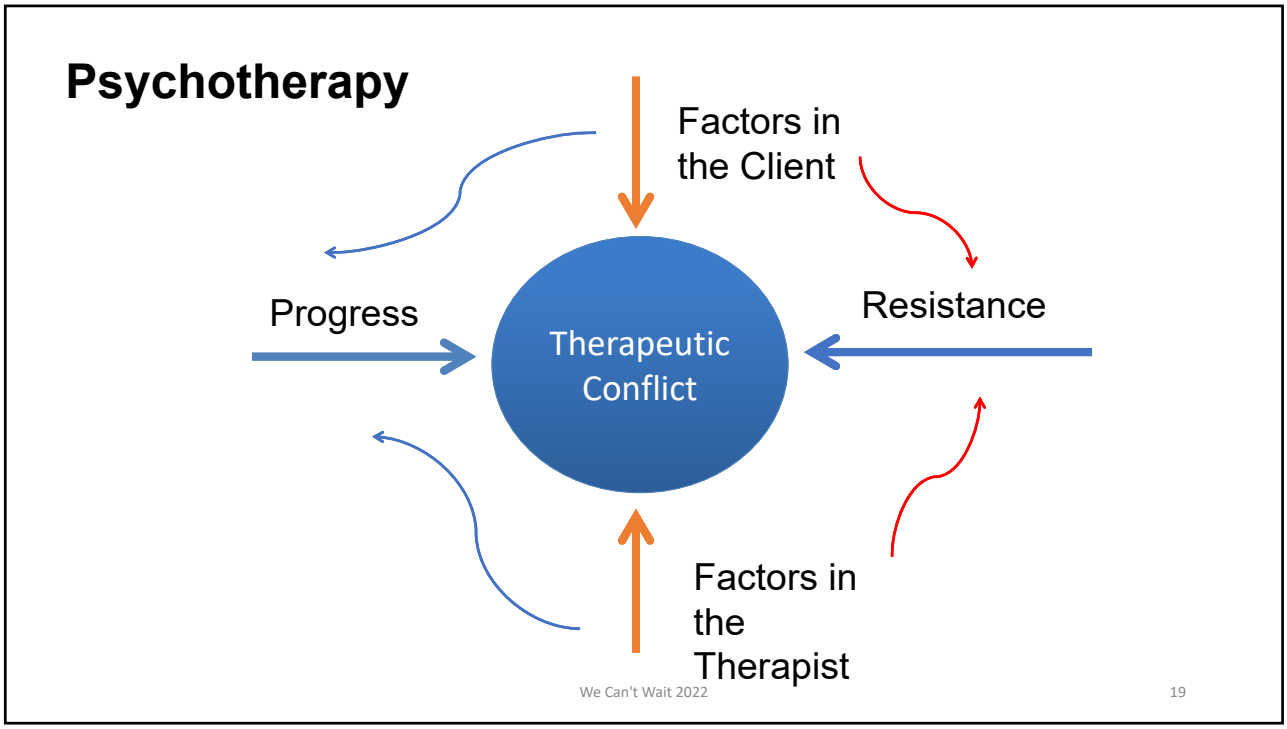
Psychotherapy Process

- Information gathering
- Alliance formation
- Engaging the patient in self exploration
- Developing hypotheses
- Offering interventions
  - Then do them
- Watch for defenses, resistance, real blockages
- Insight is not enough, must FEEL and ACT differently

17

Treatment Pitfalls

18



19

Predictable Clinical Problems

- Adherence to treatment
  - Attendance
  - Compliance
  - Acting out
  - Dangerous behaviors
- Treatment side effects
  - Ostracism in preschool
  - Neighborhood difficulties
  - Med side effects

20

Resistance

- Defenses
  - What are they used for
  - Common defenses
  - How to proceed
- Constitutional problems (mostly unchangeable variables that you have to accommodate to)
  - Intelligence
  - Mental health problems in the parent
    - Anxiety, ADHD, Depression
  - Culture
  - Psychological mindedness

21

Why do kids resist therapy?

- Fear of looking bad
- Avoidance of arousal
- Avoidance of vulnerability
- Fear of being rejected
- "Brainwashing"
- Ignorance
- Don't like therapist
- Loyalty to parents
- Stigma of peers

22

Why do parents resist?

- Fear
- Blame/anger
- Displacement on to child
- Reliance on familiar parenting methods
- Their own unresolved conflict
- Disconnect from ego ideal

23

What should we do about resistance?

- Allow resistance to build
- Clarify pattern
  - Silence and watchful waiting
  - Ask ‘em
- Circumvent resistance
  - Reassurance
  - Inform them about the process
  - Displacement
  - Respect reluctance
- Explore resistance

24

Transference

- The transferring of memories, experiences, feelings, expectations from a previous relationship or experience into the clinical relationship
- Can take many forms- some help the treatment, some hinder it
  - Not always bad
- Can't always pick up on the transference right away- when you see or feel repeated comments or interactions that don't 'fit" your clinical relationship with the family, you have to begin suspecting
- Passing the "Transference Test"

25

Hostile Dependency:

Dealing with "Difficult People"

26

Dependency

- What is it?
- Why are people dependent on others?
- Is it bad?
- What is the usual, or comfortable, dependency on doctors?

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Hostility

- What is it?
- Why are people hostile?
- When is it helpful (for them)?
- What is comfortable hostility?

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The interaction

- Client's Difficulties--> failure, shame, guilt, hopelessness, depression, and fear of humiliation or blame
- Hostility leaves them unable to be thankful, resistant to advice, suspicious of your motives and advice

29

The "Difficult Patient"

- Hostile dependent
  - 4 types- dependent clinger, entitled demander, manipulative help rejecter, self-destructive denier
- Temperamental mismatch between you and parent
  - Know yourself and who you work well with
- Substance abuse by parent
  - Knowledge and experience in working with parents who are using substances to a disruptive extent
  - Common problems, how they impact parenting

30

Countertransference

- Reminders from your life
  - From your FOO
  - From your current family
  - Events, feelings, things you are working out with your parents as they age
- Interference due to your dynamic issues
  - Anger at your clinic
  - Frustrations about work
  - Fatigue
  - Edge of your resilience

31

Why talk about Countertransference?

- In no other branch of medicine does the course and outcome of treatment rest so heavily on the highly complex and extremely sensitive interaction between doctor and patient. From the first moment of contact, the doctor or therapist initiates a process that involves a multiplicity of factors within himself as well as within the patient and determines in a large measure whether or not the patient recovers.

  The therapist's ability to convey an intrinsic interest in the patient has been found to be more important than his position, appearance, reputation, clinical experience, training, and technical or theoretical knowledge.

  -Armand M. Nicholi, Jr.

32

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What is countertransference?

- Inappropriate or irrational reactions to the patient
- Displacement of thoughts, feelings, impulses that are not justified by the patient's behavior onto the patient
- Does it have to be "unconscious"?

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34

More about therapists' problems

- There are many things that can make us less than optimal therapists
  - Anxiety, fear
    - Of high expressed emotion
    - Of being hurt
    - Of being criticized
  - Fatigue
    - Insufficient rest
    - Too drained
    - Medical problems
  - Troubles paying attention
    - ADHD, information processing problems, overly focused on our own needs, displacing problems on to others, lack of knowledge
  - Unconscious/conscious drives

35

Administrative Pitfalls

- Organizational limits on types or amounts of treatment
  - Limits on sessions no matter the clinical need
  - Lack of support in applying for extended treatment in complex cases
- Supervisory limits on types of treatment
  - Clinic "standards" on types of treatment offered no matter the presentation
  - Fidelity to a method when the case doesn't fit
- Insufficient resources to do work
  - Space, equipment, admin support
- Interferences from administrative needs
  - Payer requirements that do not recognize clinical need
  - HER's that interfere with clinical work and communication

36

Summary

- Recognize you are working on a complex case
- Have a structure to rely on to help you keep your bearings as you work with the parents and children
- Be willing to pause at intervals to ask your self if you are being effective and whether a change is called for
- Recognize predictable pitfalls that come up in this work
- Seek support and supervision to help you be at your best when working with the most challenging cases

37

Bonus Features

38

Therapy Forces at Work

Helpful

- Misery
- Rational ego
- Discharge of id forces
- Alliance
- Submission to expert
- Curiosity, self knowledge
- Competition, $ worth

Also helpful, eventually

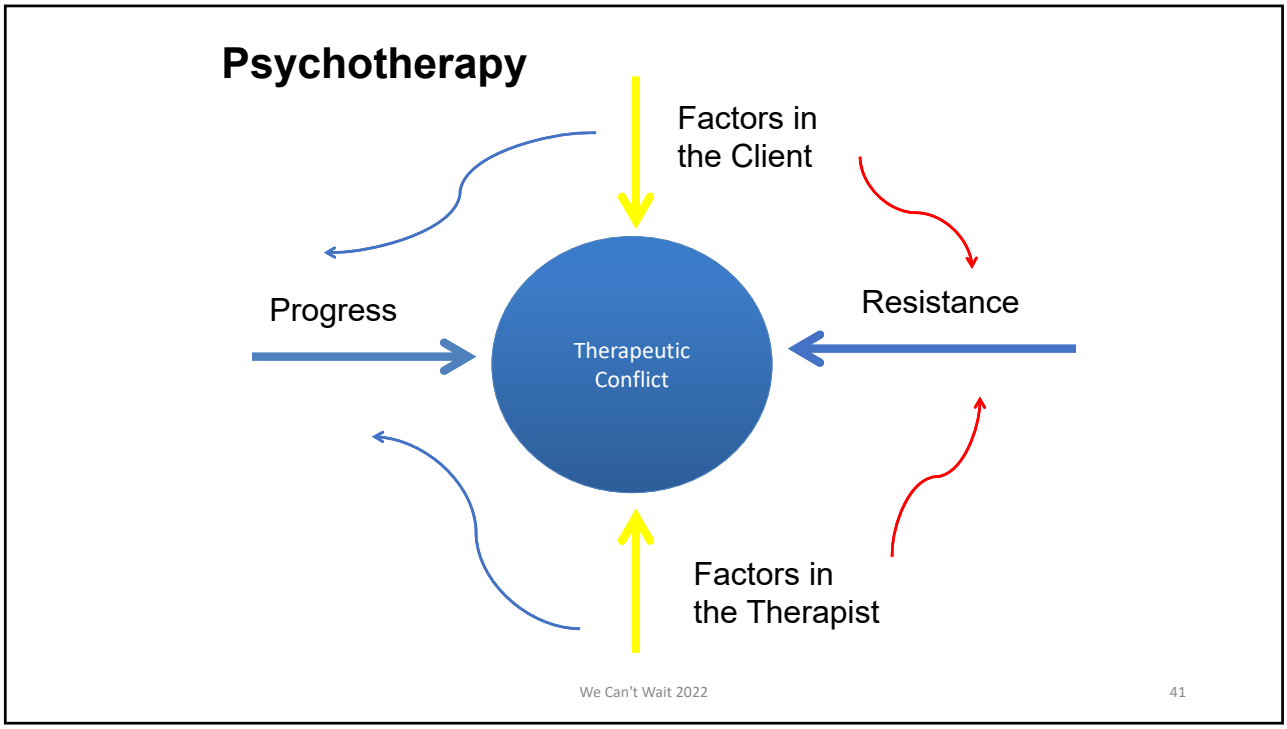
- Unconscious defenses
- Fear of change
- Punitive superego
- Hostile transferences
- Intolerance of arousal
- Masochism
- Impulsivity, acting out
- Secondary gain

39

More on Ways to Move Forward

- Use Motivational Interviewing Techniques
- Use directed activity techniques
  - Writing journal
  - Video journal
  - Family activities (trying to allow positive interaction to ease tension and produce corrective emotional experience)
  - Include someone else in therapy- a friend, a family member, as a catalyst

40


Psychotherapy
Factors in the Client
Progress
Resistance
Therapeutic Conflict
Factors in the Therapist
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41

41


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42

42