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Mind-Body Medicine in Inpatient Psychiatry

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Abstract

The research study at the center of this work focuses on Mind-Body Medicine strategies to improve clinical outcomes in inpatient psychiatry settings. This Book is not intended to be a list of specific therapeutic recommendations for specific diagnosis, but it is rather a thorough description of how mind-body medicine can be successfully applied, from a therapeutic, as well as from an organizational, cost-effective analysis viewpoint, to psychiatric treatment. In this sense, this book serves as a guide for professionals and instructions both in the private and public sphere, to learn effective treatment and management strategies. This comparative analysis is purposely time-constrained, as it covers a well-defined period in the public University Hospital described, thus allowing for appropriate comparison of “what worked and what did not work –but should have” before, during, and after the organizational and clinical implementations hereby discussed. Specific parameters of references have also been provided, to help the reader understand the incredible advancements that had been made to the therapeutic offerings as a result of this research and the related work of the Group Therapy Department.

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Moreover, the research is further subdivided into the following categories: Individual and Group Psychotherapy Sessions, including but not limited to Cognitive-Behavioral Therapy, Dialectic-Behavioral Therapy, Compassion-Focused Therapy, and Rational Emotive Behavior Therapy; Multidisciplinary approaches in Integrative vs. Complementary and Alternative Medicine, including but not limited to Meditation, Mindfulness, Relaxation, Art Therapy, Music Therapy, and Dance-Movement Therapy; Exercise groups focused on gentle movement techniques, T'ai Chi Chuan, and Yoga; Improvement of therapeutic attendance via standardization and optimization of session offerings and weekly schedules; Statistical analysis of patients' feedback via survey and questionnaires addressing the multidisciplinary treatment team (Psychiatrists, Psychotherapists, Registered Nurses, and Social Workers) and other staff members (Mental Health Technicians, Licensed Practical Nurses, and Licensed Nurse Assistants); Intradepartmental strategies for therapeutic improvement, including Productivity and Cost-benefit analysis, Healthcare Policies Development and Translational Medicine frameworks; Volunteer Programs Offerings, including Recovery Groups / AA, Pet Therapy Groups, and Gardening Groups. The statistical analysis of the data has been collected via the

Electronic Health Record Software Epic / Prism, and conducted via the Statistical Software Stata13. No personal, clinical and medical information regarding the single patient has been collected and presented as part of this research. All the information has been collected without any identifiers and used only for statistical purposes, and will not be connected or linkable to clinical/medical records of single patients and/or categories / diagnosis. Of note, a very important part of this research has been dedicated to the organizational and descriptive-clinical aspects of the profession and role of the group therapist / psychotherapist, from specific job requirements and legal aspect to the expectations from the perspective of clinical efficacy in inpatient settings. This analysis has been proven fundamental, given that every other parameter, including group attendance, patient satisfaction, and therapeutic outcomes directly influence, and in turn are influenced by, the complexity of the work therapist perform on the unit.

Among the most interesting results in this study, we have found a strong correlation between therapeutic outcomes and patient-provider therapeutic alliance. Furthermore, very specific data provided insight on the particular causes for increase and maintenance of patient attendance in therapy groups. Finally, a much more precise analysis of group type and provider's role has allowed for further

differentiation of correlation vs. causation in the context of clinical outcomes. The latter is a truly important cornerstone of our research, although the ultimate evaluation of our study was filtered by an appropriate philosophical evaluation of other aspects of the healing path. More in detail, we have referred

to the philosophical mind-body problem in defining a more therapeutically effective way to provide evidence for the clinical strategies thereby utilized, and support the patients in their views on life's meaning and purpose, thus promoting full recovery.

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