Acquiring transversal knowledge in the area of clinical psychology and psychotherapy

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Abstract

During the last five years, efforts in bringing together and coordinating several groups of clinical psychologists have been made, psychologists who were in various stages of training (mostly young, recently licensed specialists, working under supervision in the field of Clinical Psychology and Psychotherapy). These groups have been defined by their live exposures of their psychiatric cases, followed by theoretical – clinical discussions on different approaches. The objective was to highlight possible ways of working in groups, in which the main goal was to manage a clinical situation in favor of the patient, by compiling a profile obtained from combining different projections in the mind of each participant.

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1. Introduction

Teaching Psychopathology and Psychiatry disciplines for students attending the Psychology faculties is not an easy task, especially when it comes to training young people at the beginning of their vocational development, their average age being around 20 (this particular discipline being addressed to second year students). Consequently, the approach should be maieutic, one that should combine the teaching of knowledge with training, development, shaping personality traits necessary for the development of the psychologist and / or therapist profession. Therefore, this paper is intended as a broad perspective (starting from simple to complex) on exposing and presenting the basic

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knowledge in the area of psychiatry in a meaningful way to the future psychologists. Emphasis is put on analysis of countertransference, on the dynamics of a group formed during clinical psychiatry seminars, on the stress – diathesis model of thinking and on learning the necessity to analyze each case.

1.1. Specific skills required

Among the professional competencies that the future psychiatrists have to learn and improve, the following are the most important of all. They need to understand how to select, combine and use the knowledge and skills, in order to quickly develop the capacity to seize upon the psychopathological elements found in their mental patient’s discourse. Also, a great accent is put on the ability to differentiate the normal state from the pathological one in the case of an individual’s inner life. Identifying psychic phenomena researched by the discipline of Psychopathology (psychiatric semiology elements) is an ability that many students overpass, trying to accumulate as many principles and explanatory theories / knowledge of the ethiopatogenic assumptions in psychiatry as they can (Gabbard, 2007).

Students nowadays have multiple skills, and are able to connect the “dots” that their professors didn’t even know existed a decade or more ago. Through the “window of information” that Internet has turned itself into, making tutorials and videos accessible to everyone, the skills of our students increased exponentially. But they still have some important abilities and concepts to grasp, such as:

- identifying the boundary between normal and pathological
- cognitive skills – the use of logical, intuitive, creative thinking (the ability to make a diagnosis, to determine the relationship between the psychological / pre morbid personality profile and current axis I diagnosis, to manage a crisis / psychiatric emergency through psychological means)
- practical skills: the use of structured clinical interviews, knowledge of the main clinical scales commonly used in psychiatry (PANSS, HAM, BPRS, YMRS, etc.) (Prelipceanu, 2011)

1.2. Transversal competences

In order to efficiently resolve psychiatric cases, the use of scientific documentation sources related to the case is extremely relevant, putting emphasis on interdisciplinary perspectives and punctuating the moment of “encounter” between psychiatry, clinical psychology, psychodynamic psychology, cognitive – behavioral and experiential psychotherapy (Prelipceanu, 2003).

The following are some of the most important transversal competences for the first years of study:

- autonomy in relation to psychiatric patients
- responsibility and interaction in the therapeutic relationship / alliance
- respecting the ethical principles, professional secrecy / confidentiality, legislation in force, the principles of good practice and the ethics’ code of the clinical psychologist
- personal and professional developments by acquiring / refining capacity to use countertransference in the diagnosis act
- knowledge of the relevant (and reliable) training sources

1.3. Organizing the teaching methods

The most common methods used by faculties in organizing and delivering their volumes of information are the ones involving seminars / laboratory training, homework, portfolios and essays. All of these methods increase students’ understanding and, more than that, induce a natural and benefic curiosity regarding the teaching lines.

Steps in writing and delivering laboratory training, homework, portfolios and essays:

- Writing of at least one clinical case presentation that meets the standards of a psychiatric and psychological evaluation
- Adjustments of the specialized theory to clinical cases
- Theoretical presentations without practical clinical support are being excluded
- Attendance at presentations of clinical cases is mandatory.
The Faculty organizes two meetings per semester, outside the classroom, in order to discuss two clinical case presentations from a combined perspective: psychiatry / clinical psychology / psychodynamic, where emphasis is put on the active involvement of students. These meetings will take place in the amphitheater of the Faculty, with a prior agreement, made together with the students and their Department’s administrators.

**Teaching Support:** clinical cases filmed on video and/or PPT presentation.

Professors have the obligation and responsibility to initiate active discussion during classes; this gives students the opportunity to ask open questions, relevant and appropriate to the subject. Furthermore, summary tutoring meetings will be organized at the end of the 15 mandatory lectures/curses.

### 1.4. General objectives of the course

As professors and students pass the mid-terms of the academic year, the general objectives of each line of teaching changes and develops, in order to meet both students’ and professors’ demands. Thus, they emphasize the knowledge of psychiatric semiology items, the changes in mental functions and processes. Notions of psychiatric semiology will be presented through direct reporting at the “Fundamentals of Psychology” course. The applicability of the concepts of semiology will be made for the main nosography entities in force. As for aspects of psychiatric semiology, they will be exposed in direct relation to different etiopathogenic assumptions, valid at the time of presentation (Sadock & Kaplan, 2007).

All exposures need to be accompanied by clinical cases and professors will present the theory by appealing to evidence-based medicine concepts.

**General assumptions and etiopathology suppositions on mental illnesses:**
- Analysis of countertransference at contact with psychiatry
- Presentation of the stress - diathesis model
- Family history
- Assumptions about cerebral - anatomical damage
- Biochemical hypotheses
- Psychological and social assumptions

**Psychological stress and theories concerning its action:**
- Etiological theories
- DSM - IV criteria concerning psychosocial factors affecting medical condition
- the concept of psychogenic etiology; plurietiology vision
- psychosomatic disorders - somatopsychic disorders
- personality typology in patients with psychosomatic diseases
- Type A personality
- persistent mental stress-generating conflicts
- psychological reactions to somatic disease (reactive clinical depression versus dysphoric emotional reactions).

### 2. Introduction to Clinical Psychiatry

For students who wish to develop a career and follow the path of Psychiatry, the first elements of introduction in Clinical Psychiatry are the ones defining the classical concepts of psychosis, neurosis and personality disorder. It is of utmost importance that young professionals in this field know and are aware of the dangers and liabilities that the ER and Ambulatory of every Mental Hospital present. Thus, a very important aspect in this line of teaching is the management of the clinical situation in the ER and the understanding of the Law on Mental Health. Students also need to learn how to compose an observation chart (Trifu & Petcu, 2011).

#### 2.1 Professional ethics in clinical psychiatry
The field of clinical psychiatry, in most countries, is strongly regulated by a code of ethics, designed to guide responsible behavior, the protection of patients and the improvement of individuals’ lives, organizations and society, as a whole.

The main principles of ethics in psychiatry are based on values such as Beneficence, Non-maleficence, Fidelity and Responsibility, Integrity, Justice, Dignity and Respect for People's Rights. Starting from this six principles, some deontology “land-marks” have been developed, among which there are:
- the ethical aspect of clinical diagnosis
- professional independence and ethical rigor
- therapeutic adherence and ethical conduct
- scientific information,
- autonomy in choosing the therapeutic method
- ethical responsibility.

Mental illness, crime and legal responsibility are highly sensitive topics, which converge when dealing with patients who have done acts of violence, such as crime under the pressure of a mental condition. This is when clinical practice, ethics, law and public policy converge. Students need to learn admission criteria and methods in dealing with problems such as mental illness hospitalization. Also, they need to be aware of the diseases the patient is manifesting and establish his/her discernment (Trifu, Aniței, Chraif, 2010).

Other aspects may include legal responsibility on mental illness, malpractice, competence and professional responsibility.

2.1. The descriptive psychiatric level

A professor/tutor has to identify and sense each student’s feelings when putting them face to face with a mental patient, no matter what kind of disease/distress might that patient have. He would also need to get a "group profile" of what the concerned patient induces during countertransference. There is a certain manner in which the patient’s contradictory personality traits split and project themselves differently onto the participants of the clinical group.

During the second year, students are compelled to refine the ability to identify semiology items depending on the emotional reaction induced by the psychiatric patient. They also develop abilities to group distinct semiology entities in psychopathological syndromes, from which they can distinguish diagnoses.

Although students are likely to strengthen their abilities in capturing the elements that define psychotic behavior in the second and third year of study, the ability to establish a diagnosis of stage - disease diagnosis, transverse - longitudinal diagnosis, all of this will come natural to them in the early years of their career.

2.2. Exposure of the psychodynamic perspective

The explanatory psychodynamic level

Once the professors have eventually identify each student’s feelings, as a singular unit and as a whole (part of a group), the defense mechanisms will be easier to present and explain:
* Identifying maturity versus immaturity defense mechanisms
* Identifying the psychotic versus neurotic level of mental functioning
* Ability to identify and understand defense mechanisms at stake
* Explain the unconscious level at which defenses go into action
* Ability to express each defense mechanism through the management of emotions
* Taking into consideration the trans-generational transmission versus the assumption of role models in terms of predominant use of one defense mechanism over another

2.4 Diagnostic and statistical manuals in Psychiatry - DSM IV diagnostic criteria

First, a general presentation and discussion of clinical cases will take place, including a broad diagnostic range from the perspective of the psychiatric interview versus psychodynamic interview. A number of key-questions on
identifying personality structure versus operating level (psychotic, neurotic, borderline) should be answered first, due to the necessity of clarifying the premise and making room for the other discussions (Trifu, Căpraru, 2009).

A countertransference analysis will be established, confirming the possibility of taking in a patient under therapy, with and without drug protection, pertinently reporting to diagnosis. Another important step is to improve the skills in properly assessing the symptoms’ intensity.

Evaluating decisions about when to initiate a parallel psychotherapy treatment and its form should be a decision based on all the available information, including a consultation with the other psychiatric team members. Explanatory presentation modalities should be related to psychodynamic therapy, exploratory treatment, “affordable” risks and “unaffordable” risks. Healing prognosis is based on the prognosis of recurrence, prognosis of impaired quality of life in a particular treatment, some form of psychotherapy and many other elements. Thus, students should learn how to use all the available information and learn how to accurately apply the methods onto their patients.

3. Results and conclusions

- Learning how to handle transference and countertransference, the possibility to observe elements such as projections, projective identification, suppression, repression, etc.
- Maieutic techniques through which psychologists can detect elements of psychiatric semiology, clinical symptoms that can, subsequently, be grouped into syndromes and psychiatric disorders
- Increased capacity to seize the benefits and limitations of psychotherapy, with or without drug treatments
- Broadening the progressive and prognostic options, by learning the multi- and inter-disciplinary approach to a patient.

Increasing the quality of diagnosis in the area of clinical psychology, coupled with higher psychotherapeutic interventions through proper handling of limits and differences and complementarity of the action of a combined psychiatrist - psychologist team will lead to a better understanding of the diagnosis process, the methods used and, ultimately, it will lead to a faster recovery and a healthy life.

References