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Correlation between use of psychotropic and variation of defense mechanisms to patients with double approach

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Abstract

Problem Statement: Corroboration of pharmacology with psychological approach represents a reality in psychiatric practice. The research was conducted in Sapunari Psychiatric Hospital, admitted patients, half of which received only pharmacological treatment, to the other half was involved psychological counseling provided by psychologists. Duration of study: six months. Purpose: Finding the functional differences between patients treated exclusively with medication and those who benefited also of psychotherapy.

Research Methods: tripartite team: psychiatrist, clinical psychologist and psychotherapist; 60 patients

Results: patients who combine medication with psychotherapy will make rare relapses, more predictable, identified in early stages, with lower duration and amplitude

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Keywords: afective psychotic pathology; antidepressive; athypical anti-psychotics; psychotherapy; interdisciplinary specialist team;

Based on Gabbarad's statement "Psychotherapy changes the brain function" (Gabbard, 2007) and on our interest - as psychiatric practitioners or researchers, clinical psychologists or psychotherapists - we wish to emphasize the importance of biological rock (of which Freud himself spoke) and we aim to bring our methodological contribution to pharmacological and psychodynamic ways where this rock could be pushed to a health zenith. Currently, an increasingly group of specialist is interested by combining the pharmacological approach with psychotherapy techniques or psychological counseling, to the major psychiatric pathology.

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Mental illness cannot be treated if is not understood and can't be understood if is not looked in its complexity and determinations. Is required both, understanding the way biological and neurophysiologic factors operate - that can do a psychiatrist – but also the psychological function of the patient, his life history, the main defense mechanisms he use, family dynamic, factors that act protective versus those who act as stressor agent in person's life. On the opposite side is the purely biochemical perspective, in which the psychotic affective suffering is measurable through medication. There are enzymatic indicators related to neurotransmitters. The primary one, generally biological vulnerability (decrease of platelet MAO, increase of 5-HT 2 receptors in the prefrontal cortex, decrease of 5 HIIA in CSF, decrease of sanguine 5HT, imbalance 5HT / Y). The secondary, due to the prolonged blockade of D2 receptors (precocious extrapyramidal effects, hyperprolactinemia, premenstrual syndrome to women dysphoric type, during which increase the risk of suicide attempts, combination akathisia - dysphoria – suicide, presence of negative phenomena). Between those to extreme lies the psychotherapeutic perspective (regardless the orientation), in which the defence mechanism role is crucial.

The objective of this study is to emphasize the functioning of patients while simultaneously benefits of psychiatric medication and psychotherapy, given by 10 volunteer psychologists, who worked in the psychiatric hospital during six months, providing psychological support and empathy, to patients who suffer of psychotic disorders (major psychiatric disorders, preserving thymic function and adding over psychotic elements). Noted that their psychotherapeutic orientations (as basic training) were ranging from psychodynamic extreme, to experiential approach and psychotraumatology perspective. Process was controlled, under the supervision of physicians provided primary psychiatrists, one of her psychoanalyst, full member IPA.

In concrete terms, it is about cooperation between Sapunari Psychiatric Hospital and clinical psychologists who are in supervision, both the Clinical Psychology, and Psychotherapy side (student graduated from: Faculty of Psychology and Education, Bucharest University; Faculty of Sociology - Psychology, University Spiru Haret; Faculty of Psychology, University Titu Maiorescu, presently, all being enrolled in master programs, such as: Clinical Psychology, Judicial and Victimology Judicial Psychology, various schools of psychotherapy formation). Certainly, into selection of psychologists selected to perform psychiatric hospital volunteering, theoretical knowledge was not the only criterion used. We were interested also their inclination towards this field, clinical sense emerged from comments made during the seminars on the case studies completed and - not least - the seriousness with which they approach the whole research.

Competences and skills required to be accepted as clinical psychologist:

a. competences:

- ability to select, combine, use, knowledge and skills to develop the ability to quickly notify the elements of psychopathology encountered in the discourse of mental patient;
- able to differentiate normal from pathological in mental life of an individual;
- ability to identify pathological psychic phenomena (elements of psychiatric semiology);
- assumptions etiopathogenic knowledge in psychiatry;
- Among the transversal competences pursued we mention the following:
- responsibility and interaction In relation / therapeutic alliance;
- compliance with ethical principles, professional secrecy / confidentiality, legislation in force, the principles of good practice, code of ethics of clinical psychologist;
- personal and professional growth through learning / refining the capacity to use counter transference in the act of diagnosis;
- knowledge of relevant training sources in the field;
- knowledge and use of scientific documentation sources, relevant to solve cases with a focus on interdisciplinary perspective: pointing out the moment meeting between psychiatry; clinical psychology, psychodynamic, cognitive - behavioral, experiential psychotherapy.

b. skills:

- use of knowledge to identify the boundary between normal and pathological;
- use of logical, intuitive and creative thinking (the ability to set a diagnosis, to determine the relationship between psychological profile / pre morbid personality and current Axis I diagnosis, to manage a crisis / emergency in psychiatric psychological means);

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