Part I

Principles of psychotherapy

Like every other area of medical science, psychotherapy, or healing by psychological means (the detailed definition is given in the first chapter) has its own special significance. Although its application extends to all other medical disciplines, it is an area of specialization in its own right and not just a collection of methods picked out of other subjects. Indeed, the practice of psychotherapy requires a separate professional qualification. The preconditions for qualifying as a psychotherapist in Hungary are university degrees in medicine or psychology, or qualifications as a medical or clinical psychologist. The present system has been in place since 1993, and involves a set training curriculum consisting of a propaedeutic phase (general learning and self-knowledge training), a clinical phase (practical) and a method-specific phase (deeper competence in one method). Psychotherapy is also included in the basic training syllabus for training psychiatrists, clinical psychologists and other mental health professionals. Psychotherapy thus has a wider scope than medicine alone. Medical psychotherapy is a special field linked to the practice of general somatic medicine.

Psychotherapy plays an integral part in the services and the structure of hospitals or clinics and is also provided in private practice. In a hospital or clinic, psychotherapy is most commonly practised in psychiatric departments, educational counselling or family support centres. Psychotherapy differs from other branches of medicine in the importance it assigns to the patient-therapist relationship. The therapeutic paradigm of psychotherapy is closer to that of the social sciences than the science paradigm dominant in modern medicine, although it is perhaps better described as a combination of the two. The difference in outlook is particularly marked in the therapeutic formats: the therapist may work with groups and families as well as individuals.

The practice of psychotherapy consists of sessions with their own rules and frameworks designed to allow the therapist to work together with the patient in confidence. Some basic conditions are completely general, and include freedom from disturbance, regularity and security. From first interview until termination, therapy takes place in a controlled series of sessions where the main therapeutic tool is the power of relationship. The patient or client has to be motivated, which involves a certain “pressure of suffering” under which patients commit themselves to difficult mental work. Without this, there is only a superficial semblance of therapy. Patients also have to change their attitude: this is not an ordinary medical procedure with fixed instructions to be followed by doctor and patient. Mental processes are slower, and are vulnerable to resistance.

Psychotherapy has now been in development for over a century. The process has been a prominent part of the intellectual history of the period and has spawned some of its greatest ideas.

The following chapters cover the various phases of the psychotherapeutic process. We have striven to demonstrate that psychotherapy is a mature field with a solid scientific and academic foundation, and pragmatic and validated procedures. This is what distinguishes it from lay assistance. The basic objective of this textbook is to present psychotherapy in its scientific context. Each chapter deals with a specific area of the field, linked in a logical order.

An important question is how psychotherapy relates to pharmacotherapy, the dominant form of treatment in all the somatic medical disciplines except surgery. When is the relationship mutually reinforcing, and when does one cause interference in the other? Knowledge of the interactions is essential in therapeutic practice.

For a long time, psychotherapies were regarded by the lay population as some kind of unfathomable activity, somewhere in the realm of art or religion or shamanism. Another objective of this book is to show that psychotherapy is underpinned by “hard science”. Psychology and biology have never been so close as they are today. We are witnessing a turning point in scientific history, where more and more mental phenomena can be explained by neuroscience, without diminishing the significance of purely psychological phenomena. This question is the subject of the closing chapter of part I.
BIBLIOGRAPHY
Chapter 1

The significance of psychotherapy in medical practice

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PHILOSOPHY MASTER: ... there is no other way to express oneself than with prose or verse.
MONSIEUR JOURDAIN: There is nothing but prose or verse?
PHILOSOPHY MASTER: No, sir, everything that is not prose is verse, and everything that is not verse is prose.
MONSIEUR JOURDAIN: And when one speaks, what is that then?
PHILOSOPHY MASTER: Prose.
MONSIEUR JOURDAIN: What! When I say, "Nicole, bring me my slippers, and give me my nightcap," that's prose?
PHILOSOPHY MASTER: Yes, Sir.
MONSIEUR JOURDAIN: By my faith! For more than forty years I have been speaking prose without knowing anything about it!

Molière, Le Bourgeois Gentilhomme II.4 (1670)
Translated by Philip Dwight Jones

1. Introduction

Two stiff challenges face us as doctors. Firstly we have to identify and treat the disease, and secondly we have to establish a relationship with somebody who is experiencing the disease. This is reflected in the way the medical training syllabus divides between subjects concerned with the structure, operation and diseases of the body, and those concerned with the human personality and mind and the nature of the doctor-patient relationship. The study of psychotherapeutic skills belong to the second category.

1.1 Definition of psychotherapy

Psychotherapy is a form of treatment in which we use specific tools of communication and relationships to engender a specific change in a client’s organization of experience, behaviour and thinking. Many forms of human relationships can have such therapeutic effects, but in psychotherapy, they are attained consciously by specifically-trained therapists, via a “therapeutic contract” which sets out objectives defined jointly by patient and therapist (Buda 1981; Túry et al, 2009).

There are many different schools of psychotherapy, but must all meet well-defined technical, scientific and ethical standards, in the same way as every other area of medicine (Ennis, 1998; Szőnyi, 2000). Since psychotherapies are rooted partly in the natural sciences and partly in the social sciences, the process of therapy draws on both paradigms (Szőnyi, 2000). The efficiency of specific interventions has to be constantly evaluated from the evidence, a requirement which applies to psychotherapy just as much as to other branches of medicine. Psychotherapies – and helping relationships in the wider sense – share some common factors in how they take effect, and these factors can be developed specifically (Tringer, 2001). We will cover this in detail in chapter 6.

In addition to psychotherapy proper, there are psychotherapeutic aspects of several supportive procedures in medical practice (Túry et al, 2009). These include:

- Educating patients, providing proper information and optimizing patient management through improving the doctor-patient relationship.
- Giving advice, but not as is understood in everyday affairs: instead of direct advice, the doctor tries to help patients make autonomous decisions about their problems.
• Crisis intervention (see chapter 20).
• Supportive therapy. This is psychological support for the patient which is not aimed at attaining any specific change.

All of these use psychotherapeutic techniques, but instead of aiming to achieve specific changes in the patient’s organization of experience, thinking and behaviour, they help the patient to cope with difficult situations or crises.

1.2 The connection between psychotherapy and everyday medical practice

The interpersonal skills that make up one of the basic medical competencies are fundamentally psychotherapeutic in nature. Medical interventions are of course usually aimed at remedying functional failures of organs or the whole body, but all, without exception, are performed on people and are only possible if there is cooperation between doctor and patient. Doctors are thus inevitably obliged to concern themselves with the personality and psychological condition of their patients. If a disease or treatment causes a patient psychological discomfort or dysfunction, then there is a need to use psychotherapeutic techniques or to apply psychotherapy itself, depending on the psychological changes required. So while examining the patient’s physical condition, the doctor must also be attentive to the patient’s thoughts, emotions and mental state.

The key message for prospective doctors on this one-semester course is that all kinds of clinicians have to perform interventions that have psychotherapeutic effects. Besides instinctive abilities, it is important to be able to conduct this aspect of your medical activity consciously, employing professional methods, and to know the opportunities available for developing this expertise. Students on the course learn some basic psychotherapeutic techniques, and just as importantly, they learn to recognize the limits of their competence. Sometimes it is not enough to apply the techniques directly at your disposal, and you have to send the patient for specific psychotherapy. Unprofessional, incorrectly-performed psychotherapy is as harmful to the patient as other wrongly-applied medical interventions. We hope that this course will save you the embarrassment of Molière’s bourgeois Monsieur Jourdain, who faced the fact that he had been speaking prose for forty years without knowing what it was, like some experienced doctors who come to a psychotherapy course and find that they have been doing psychotherapy for years as part of their everyday work.

The personality of the doctor has an effect on the patient in medical work and is itself a tool of healing. Doctors go through a process of continuous personal development during their medical career. Medical work involving much stress and traumatic situations makes doctors more mature and humane, and they develop the skills to control there own emotions and deal competently with the heightened emotional state of their patients. Medical students, residents and specialists who are not able to handle their own and their patients emotions, and do not have satisfactory psychotherapeutic competencies, are more susceptible to trauma and burnout. Doctors themselves can have a need for psychotherapeutic support if they are unable to cope alone with the mental burden of their work. Since personality is one of doctor’s tools of healing, it has to be constantly developed. Among the channels for effecting this are self-awareness therapy, Bálint groups, and regular case discussions with colleagues experienced in dealing with psychological issues. There is a very high incidence of mental disorders among doctors, and seeking occasional help from a psychotherapist or psychiatrist can avoid serious problems.

Psychotherapeutic training touches on the doctor’s personality. A doctor engaging in psychotherapeutic activity has to deploy his or her complete personality in the healing process. Some things taught on this course can have an effect on self-awareness and influence self-knowledge. You will learn new social skills that can also increase your personal effectiveness in other areas of life.

As doctors, you have to acquire skills such as empathy, differentiated perception, identifying your own feelings and intentions, making distinctions between what is going on in your own and others’ minds, making rational decisions in tense situations, and understanding psychological mechanisms.
2. Psychotherapeutic skills from the medical viewpoint: basic medical competencies

In this section, we will distinguish six basic medical competencies and show in each case how they relate to psychotherapeutic interventions. A professional competency is the ability to perform a task using the appropriate knowledge and skills and with the attitude demanded by the relevant profession.

Every medical competency has three components: knowledge, skills and attitudes (Epstein and Hundert, 2002). Acquiring the professional knowledge is therefore only one part of acquiring a competency. You must also be able to perform the activity and must adopt the right attitude in doing so. The medical psychotherapy syllabus covers the psychotherapeutic skills and attitudes that doctors need in order to develop their competencies. One of the key messages of this book is that doctors must practise their profession with a humane and psychologically sensitive approach and psychotherapeutic attitude. This means regarding the patient as a feeling person who reacts in an individual way to the disease and the medical intervention. The doctor must therefore be capable of perceiving the patient’s individual psychological reactions and have appropriate psychotherapeutic tools to help the patient through the mental difficulties caused by the disease and treatment.

The United States Accreditation Council for Graduate Medical Education has defined seven core medical competencies. Several of these demand basic psychotherapeutic knowledge.

1. Medical knowledge
2. Patient care
3. Practice-based learning and improvement
4. Systems-based practice
5. Professionalism
6. Interpersonal and communication skills
7. Cultural competence

2.1 Medical knowledge

Doctors must have knowledge of established biomedical, clinical, epidemiological and social-behavioural sciences and be capable of applying this knowledge to patient care. They must know effective psychotherapeutic methods for problems that arise in their area, the basic psychotherapeutic techniques required for general medical work, and how to apply these in practice.

2.2 Patient care

Doctors must be able to provide patient care that is compassionate, appropriate, and effective in the treatment of health problems and the promotion of health.

Doctors must:
1. communicate efficiently and display caring, respectful behaviour when in contact with the patients and their families,
2. gather relevant and accurate information on their patients,
3. base their therapeutic and diagnostic decisions on information provided by the patient, the patient’s preferences, up-to-date scientific evidence, and clinical judgement,
4. produce treatment plans,
5. advise and educate the patients and their relatives,
6. use IT resources for producing their decisions about treatment and educating patients,
7. perform every medical and invasive activity competently,
8. provide services which promote the maintenance of health and prevention of health problems,
9. be capable of cooperating with health workers and representatives of other specializations, and of competently handling conflicts that arise between colleagues.

Effective communication, caring, committed behaviour, exploring the patient’s treatment preferences, establishing cooperative behaviour that promotes health maintenance, and communicating effectively with the family are all patient-care competencies which require psychotherapeutic skills. These are particularly important when dealing with a patient who is suffering from stress caused by the disease or has become ill from psychological troubles.

2.3 Practice-based learning and improvement

Doctors must be capable of evaluating, reviewing and where necessary adjusting their own patient-care practices. They must be capable of assessing new scientific evidence and using it to improve patient care.

Doctors must:
1. be able to analyze their practical experiences and carry out activity improving their practices on the basis of systematic methodology,
2. acquire information on their own patient population
3. be capable of finding and evaluating scientific evidence related to their patients' health problems and assimilating the evidence into their work,
4. use their knowledge of medical examination resources and statistical methods in evaluating scientific findings on diagnostic and therapeutic efficiency,
5. use IT resources to acquire new medical information and promote their own training,
6. promote their colleagues’ learning.

Just as specialist medical interventions are developing very fast, the methodology for handling problems demanding special psychotherapeutic intervention in specific areas is also developing. Research on the effects of interventions affecting diseases in each area of medicine and its interaction with treatment and reduction of treatment-related stress are also making rapid progress. Keeping up with these advances and learning new psychotherapeutic skills form an important part of practice-based learning.

2.4 Systems-based practice

Doctors must be capable of orienting themselves in the wider context of health care and maintaining contacts with different types of care systems in order to provide full care for their patients. They must know about care systems which perform psychotherapy of cases demanding special expertise.

The basis of successful cooperation with psychotherapeutic practitioners is the ability to identify when patients have a problem requiring psychotherapy and to make an accurate formulation of the complaint.

2.5 Professionalism

Doctors must carry out their work with professional responsibility, keeping to ethical principles, and with sensitivity to different patient populations.

Doctors must:
1. treat their patients with respect and express compassion towards them,
2. express their commitment to ethical principles,
3. show sensitivity towards patients’ cultural background, age and, where applicable, disadvantaged situation.

2.6 Interpersonal and communication skills

Doctors must be capable of using their interpersonal and communication skills to engender effective exchange of information and be able to engage in teamwork with their patients and patients’ families and with colleagues and representatives of other professions.

Doctors must:
1. establish and maintain therapeutically and ethically appropriate contact with patients,
2. have effective skills in listening to patients and be capable of acquiring the relevant information. They must be capable of providing information that helps patients make decisions on their treatment,
3. be able to work effectively with others, such as the health care team and members or leaders of other professional communities.

Many doctors handle the interpersonal part of these tasks by instinct, using the skills they have brought from their family or previous relationships. This has varying degrees of success. In this course we will teach the core psychotherapeutic skills necessary for performing these tasks at a high standard.

2.7 Cultural competence

When caring for patients from cultures that differ from their own cultural background, doctors must proceed competently and with proper regard to the patient’s culture. This is especially important when dealing with barriers to cooperation in treatment. Cultural competence can be broken down into three main components (Sue et al, 2009):

- Cultural awareness and beliefs: the doctors are aware of their own values and the limitations deriving from their own value system, and of how this can affect proper understanding of the patient, the patient’s problems and the therapeutic relationship.
- Cultural knowledge: doctors must know the patient’s culture and worldview and the patients expectations of the doctor-patient relationship.
- Cultural skills: doctors are capable of performing their interventions with cultural sensitivity and in an appropriate way.

3. Psychotherapeutic skills, patients and the health care system

3.1 Problems of adherence/compliance

For many chronic diseases, and particularly those of major public health significance, such as type 2 diabetes, hypertonia, COPD, cardiovascular diseases and depression, the rates of improvement achieved by drugs in clinical trials are not sustained when the drugs go into general use (Sabate, 2003; Brockmans et al, 2009). More generally, medical treatments backed up by good scientific evidence often fail to produce the predicted clinical improvement when put into practice (Sabate, 2003). A large part of the shortfall occurs in the 20–50% of patients who not use their drugs in the prescribed way (Kripalani et al, 2007). Developing effective therapies is therefore not enough in itself. Patients must be persuaded to use them properly, and doctors, despite their best efforts, are often unable to do so.

Three commonly-used terms refer to patients’ propensity to follow what are in principle provenly-effective treatments: compliance (i.e. following the doctor’s instructions), adherence (taking the medicine in the prescribed way) and concordance (agreement between patient and
doctor on the course of treatment). Convincing patients to accept a treatment and subsequently maintaining their motivation to follow it require the use of communication skills and certain aspects of psychotherapy (Sabate, 2003; Kripalani et al, 2007). Without the ability to apply these, doctors find themselves tilting at windmills with many patients. Consequently, there are now specific guidelines in the United States and Europe on the use of communication and psychotherapeutic techniques for raising adherence (National Council of Patient Information and Education, 2007; Nunes et al, 2009). To deploy these techniques effectively, the doctor must establish what is known as a “psychotherapeutic relationship” with patients (who are often referred to as “clients” in the psychotherapeutic context). This goes much deeper than the ordinary expert-client relationship, and involves accumulating knowledge of the psychological factors that underlie the patient’s emotional and motivational problems. Entering a psychotherapeutic relationship can lead to strong emotions in both doctor and patient, but a doctor can learn to control these and purposefully plough them back into the relationship to promote positive behaviour change. Using the doctor-patient relationship effectively is not just a matter of applying certain techniques. It demands a thorough understanding of the psychotherapeutic approach. This departs from the traditional doctor-patient relationship, where the doctor applies specific skills directly to the patient. The psychotherapeutic relationship is a means of fostering change in the client. Rather than “effecting a cure”, the therapist’s specific skills serve to render clients capable of change, which is ultimately implemented by the clients themselves. In chronic conditions where the course of the disease primarily depends on lifestyle changes (e.g. type 2 diabetes, cardiovascular disease, COPD), the psychotherapeutic attitude is indispensable to help patients perform the necessary changes.

3.2 The frequency of comorbid psychiatric disorders and acute psychological reactions

Chronic diseases are often complicated by mental disorders, typically depression (Hannah et al, 2002; Moussavi et al, 2007). Diseases of all kinds are very commonly accompanied by acute psychological reactions, especially anxiety. High levels of anxiety can obstruct the implementation of acute treatment and often lead to unpredictable emotional reactions in patients. High sympathetic activity can also be a health risk (e.g. in the case of life-threatening rhythm disorder). It is thus an everyday necessity for doctors to be able to handle these situations, and for that, they require a basic level of psychotherapeutic capability.

3.3 Handling health-risk behavioural models

Behavioural risk factors like unhealthy nutrition, exercise-poor lifestyle and smoking are associated with many diseases. Patients seem to find these factors difficult to change, even in order to prevent something they are very afraid of, such as complications of an already-developed disease like type 2 diabetes. In these cases, doctors can only be effective in treatment if they are capable of influencing patients’ motivation. Merely informing them about the risks presented by their behaviour – which they usually know anyway – is not enough.

3.4 The place of psychotherapy in health care

There are many other points in health care where interventions have psychotherapeutic effects. In establishing effective doctor-patient relations, motivating patients, reducing negative emotions associated with disease, and treating diseases consisting of combinations of psychological and somatic complaints (e.g. insomnia, eating disorders, sexual disorders), psychotherapeutic techniques can be invaluable. The first observer of a condition, even if he or she refers the patient for specialist psychiatric care or psychotherapy, may need psychotherapeutic techniques for “psychological first aid” so as to ensure that the patient receives the required treatment at all (e.g. in
cases of crisis, depression, and other mental disorders). This book covers the basics of such techniques.

Specific, evidence-based psychotherapeutic modes of treatment for mental disorders and psychological problems, which involve a higher level of competence, also have a place within healthcare, but fall outside the scope of this book. Learning specific psychotherapies takes time, and usually involves working towards a specialist qualification. In Hungary, there is a second postgraduate qualification in psychotherapy for doctors who already have one postgraduate specialism, or psychologists with a qualification in clinical psychology. Psychotherapies are usually given on an outpatient basis, and in Hungary this is most commonly provided in psychiatric clinics. In other countries, it is often connected to non-psychiatric care such as pain clinics, oncology centres, etc. There is also inpatient care in psychotherapeutic departments. This is mainly used for complex cases demanding intensive treatment (e.g. personality disorders, eating-disorder patients in life-threatening condition, etc.).

Personal skills development based on psychotherapeutic techniques is now widespread even outside healthcare, in professions where interpersonal relationships and communication are of key importance (e.g. business communication, management skills development, etc.). In these areas, psychotherapeutic methods are used not to treat a disease but to raise the personal effectiveness of healthy people.

Summary

There are many situations in medical care that demand a knowledge of psychotherapeutic methods, such as the negative emotional reactions encountered in acute care, cooperation problems arising in the treatment of chronic diseases, and behaviour-related risk factors.

Medical psychotherapeutic training is aimed at enabling doctors to recognize cases requiring psychotherapeutic interventions or at least the application of the psychotherapeutic attitude, and to conceptualize the tasks involved. Doctors must be aware of basic psychotherapeutic techniques and be capable of implementing some of them. If a problem requires specialist psychotherapeutic intervention, doctors must be capable of requesting appropriate assistance from psychiatrists or clinical psychologists.

Questions

1. Define psychotherapy.
2. What supportive psychotherapeutic procedures do you know?
3. How do psychotherapy-related supportive procedures differ from actual psychotherapy?
4. Why is the learning of psychotherapeutic skills important from the doctor-patient point of view?
5. List the seven core medical competencies.
6. What are the three main components of cultural competence?
7. What is the difference between adherence and concordance?
8. What functions can psychotherapy fulfil in general medical practice?

Bibliography
Leach, D.C. (2002). Competence is a habit. JAMA, 287, 243-244.