

Psychodynamic interpersonal psychotherapy

**in persistent somatic distress and chronic
somatic diseases**

What „works“ in the therapeutic relationship?

- Therapeutic alliance
- Repairing ruptures / Managing countertransference
- congruence
-
- Empathy
- Feedback goal consensus

(Norcross & Wampold, 2011)

Some overall aims of PISO

(Rief & Henningsen, 2004)

- ▶ To enhance the the personal explanatory model of the patient (“emotions could be conyeyed in “body language”)
- ▶ To introduce psycho-somatic concepts such as *strain* and *stress* within the individual patient
- ▶ To understand and interpret complaints about symptoms as relationship episodes
- ▶ But also: Pay less attention to symptoms, and more to other issues

PISO: structure and contents of the 12 sessions

Phase I: (sessions 1-3): Build a therapeutic relationship by symptom-oriented relation including psychoeducation

Phase II (sessions 4 – 8):

Working through actual conflictual relationship episodes with a specific attention to bodily symptoms

=> **Enhance the personal explanatory model**

Phase III (sessions 9-12): End of this psychotherapy, transfer into daily life / and/or further psychotherapy

The initial phase

- ▶ Very important
- ▶ depends partly on how well introduced by the person who has been referring the patient
- ▶ Don't use “psychogenic / psychodynamic” understanding in the beginning explicitly
- ▶ Aim: Improvement, but not complete healing
- ▶ “as well .. as ” instead of “**either- or**”-model

(Rief & Henningsen, 2004)

Basics in the initial phase

(Guthrie, 1991; Rief & Henningsen, 2004; PISO-study group, 2006)

- ▶ **Active therapist**
- ▶ Actively providing information
- ▶ Mutual treatment goals (aiming at solving conflicts)
- ▶ *Curiosity (Trying to understand as best as possible)*
- ▶ Separate psychodynamic / interpersonal understanding (“third ear”) from pragmatic intervention of a “real person”
- ▶ No or extreme careful interpretations in the beginning of therapy

Important topics in the initial phase

(“free flowing”; no clearcut order)
(Guthrie, 1991)

Ask for consequences of symptoms for daily life / main relationships:

- Life before symptoms
- critical life events / chronic conflicts / extent of symptoms
- interpersonal relationships
- family
- *Try to understand as best as possible / very important initial step*
- *Pay attention especially to be in the best possible EMOTIONAL contact; intervene if merely cognitive*

Main tools for phase I:

PISO – Phase I

- Symptom-centered interview / history
- psychoeducation
- If possible, introducing / enabling the practice of a relaxation method (i.e. pmr)

PISO – Phase I

- **symptom centered interview**
 - Symptoms and symptom-related interpersonal episodes
 - Exploring subjective understanding
 - Resources of the patient
 - Individual goals of therapy

PISO – Phase I

- Concentrate on bodily symptoms
- „Not – knowing – stance“
- Emotion – Focus: Concentrate on implicit or explicit emotions, address and mirror them, express your understanding, try to explore further:

PISO – Phase I

- **symptom centered interview / history**
 - Consequences of symptoms on relationships
 - Subjective quality of relationships
 - Correlate life events - symptoms
 - Other somatisation within the family ?

PISO – Phase I

Age	Symptom episodes	Critical life events	Chronic stressor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
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35			
36			
37			

PISO – Phase I: prior medical check-up's ?

PISO: Patient T0

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Tag Nacht OP Patient 4 + 2 + 1 Beobachter

Bei den folgenden Fragen möchten wir gerne erfahren, welche medizinischen Maßnahmen wie Arztesuche, Medikamente und Untersuchungen wegen der obengenannten Beschwerden zur Anwendung kamen.

Bei welchen Ärzten, Fachärzten oder Therapeuten waren Sie wegen Ihrer Beschwerden **innerhalb der letzten 6 Monate** in Behandlung?
 (Bitte antworten Sie möglichst sorgfältig, falls Sie sich nicht mehr sicher sind, schätzen Sie bitte möglichst genau)

	Falls ja, bitte ankreuzen	Falls ja, wie oft?
Allgemeinarzt (Hausarzt)	<input checked="" type="checkbox"/>	<u>15</u>
Anästhesist	<input type="checkbox"/>	<input type="checkbox"/>
Augenarzt	<input checked="" type="checkbox"/>	<u>1</u>
Chirurg	<input type="checkbox"/>	<input type="checkbox"/>
Dermatologe	<input type="checkbox"/>	<input type="checkbox"/>
Gynäkologe	<input checked="" type="checkbox"/>	<u>1</u>
Hals-Nasen-Ohrenarzt	<input type="checkbox"/>	<input type="checkbox"/>
Internist	<input checked="" type="checkbox"/>	<u>2</u>
Kardiologe	<input type="checkbox"/>	<input type="checkbox"/>
Psychiater	<input type="checkbox"/>	<input type="checkbox"/>
Psychotherapeut	<input type="checkbox"/>	<input type="checkbox"/>
Proktologen/Enddarmfacharzt	<input checked="" type="checkbox"/>	<u>1</u>
Pneumologen/Lungenfacharzt	<input type="checkbox"/>	<input type="checkbox"/>
Neurologen	<input type="checkbox"/>	<input type="checkbox"/>
Orthopäden	<input checked="" type="checkbox"/>	<u>1</u>
Radiologen	<input checked="" type="checkbox"/>	<u>1</u>
Urologen	<input type="checkbox"/>	<input type="checkbox"/>
Zahnarzt/Kieferchirurg	<input checked="" type="checkbox"/>	<u>1</u>
Arzt und Heilpraktiker	<input checked="" type="checkbox"/>	<u>1</u>
Nichtärztlicher Heilpraktiker	<input checked="" type="checkbox"/>	<u>1</u>
Sonstiger	<input checked="" type="checkbox"/>	<input type="checkbox"/>

falls sonstiger, Reizkollaps

Waren Sie im **letzten Jahr** in stationärer Behandlung? Wenn ja

Stat. Behandlung? Klinikart Wann Dauer (Tage) Behandlungsgrund/Diagnose und Ort

1	<u>TKK</u>	<u>12 Tage</u>	<u>Reizkollaps</u>
2	<u>TKK</u>	<u>12 Tage</u>	<u>Reizkollaps</u>
3	<u>TKK</u>	<u>12 Tage</u>	<u>Reizkollaps</u>
4	<u>TKK</u>	<u>12 Tage</u>	<u>Reizkollaps</u>
5	<u>TKK</u>	<u>12 Tage</u>	<u>Reizkollaps</u>

PISO – Phase I: prior medical check-ups ?

PISO: Patient T0

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Alter Geschlecht Beruf Familienanamnese Krankengeschichte

Welche **medizinischen Spezialuntersuchungen** wurden bei Ihnen im letzten Jahr durchgeführt?

	Falls ja, bitte ankreuzen	Falls ja, wie oft?
Körperliche Untersuchung (Ganzkörperstatus)	<input checked="" type="checkbox"/>	1
Symptombezogene körperliche Untersuchung	<input checked="" type="checkbox"/>	2
Auskultation und Perkussion	<input checked="" type="checkbox"/>	
Neurologische Untersuchung mit Reflexhammer, etc.	<input checked="" type="checkbox"/>	1
Sonographie	<input checked="" type="checkbox"/>	3
Doppler-Sonographie	<input checked="" type="checkbox"/>	
Röntgen	<input checked="" type="checkbox"/>	1
Spiegelung	<input checked="" type="checkbox"/>	2
<i>Darm-Magen</i>		
Wenn ja, was wurde gespiegelt?		
EKG	<input checked="" type="checkbox"/>	3
Computertomographie	<input checked="" type="checkbox"/>	1
Magnettomographie	<input type="checkbox"/>	
Wenn ja bei Computer- oder Kernspintomographie, was wurde untersucht?		
<i>Bauch, Schultergelenk</i>		
HNO	<input type="checkbox"/>	
Augen	<input type="checkbox"/>	
Dermatologie	<input type="checkbox"/>	
Labor	<input type="checkbox"/>	
Spezialuntersuchung Blut	<input type="checkbox"/>	
Mammographie	<input checked="" type="checkbox"/>	1
Biopsien	<input type="checkbox"/>	
Krebsvorsorge Untersuchung	<input type="checkbox"/>	
Lungenfunktionsprüfungen	<input checked="" type="checkbox"/>	1
Knochenszintigraphie	<input checked="" type="checkbox"/>	1
Knochendichtemessung	<input type="checkbox"/>	

PISO – Phase I

- **symptom – centered interview**
 - In which situations are you feeling better?
 - What is helpful when experiencing symptoms?
 - Can you do anything by yourself to reduce symptom strain??
 - How was daily life before symptoms started?

PISO – Phase I

- symptom centered interview
- **psychoeducation**
- **relaxation technique**

Initial: patient education

Mögliche Ursachen II

Mögliche Ursachen IV

Teufelskreismodell der Entstehung funktioneller Symptome

Regulation der Herztätigkeit

Der Darm – Aufbau und Funktion I

Multidimensionales Schmerzmodell nach Loeser

- D
- A
- E
- U
- D
- M
- T



Essentials of the second, central phase

Elaborate on differentiation between interpersonal episodes with negative emotions and bodily symptoms

- ▶ use symptom diary as an introduction

Symptom diary version 1

Beschwerdebogen zur Erfassung von Körperbeschwerden im Rahmen der PISO-Studie

Name: _____ Wochentag: _____

Datum: _____ (Stufe 1)

Uhrzeit	Beschwerden	Stärke der Beschwer. 0 bis 10 (nicht bis extrem)	Situation, Aktivität, wo, mit wem
6-8			
8-10			
10-12			
12-14			
14-16			
16-18			
18-20			
20-22			
22-24			

Kommentar

Beschwerdebogen zur Erfassung von Körperbeschwerden im Rahmen der PISO-Studie

Name: _____ Wochentag: _____

Datum: _____ (Stufe 2)

Uhrzeit	Beschwerden	Stärke Beschwer. 0 bis 10 (nicht bis extrem)	Situation, Aktivität, wo, mit wem	Gedanken, Gefühle, Stimmung
6-8				
8-10				
10-12				
12-14				
14-16				
16-18				
18-20				
20-22				
22-24				

Kommentar

Clarify emotions in the context of bodily symptoms („*cue response*“)

Concentrate on passages of the interview in which you can sense emotions („*stop and rewind*“; *MBT*):

Mark / Mirror these emotions:

„*Excuse me, what did you feel in the moment when you just said..*“

„*I can understand how painful this must have been for you.*“

Validate emotions:

„*This is something I have already heard from many patients.*“

Further explore emotions:

„*Please try to tell me more about how you feel right now*“

Affektklarifizierung im Umgang mit dem Körper („cue response“)

Mark emotions and try to clarify them :

„Can you please explain this a bit more? I still haven't fully understood..“

Try to ACTIVELY link emotions with the possible prior relevant situation:

„I can understand that you felt ... when you heard from the doctor that he cannot help you further..“

Mrs D. talks about a conflictual episode with her supervisor

Th: How are you feeling while talking about your supervisor?

P: I´m trembling inwards.. sort of restless

Th: Can you please describe this a bit more? Where exactly within your body are you feeling the trembling?

P: Predominantly within the chest ... I´m trembling inside , this is really disturbing, there is no rest inside of me

Th: As you experience it now, what would you like to do? Do you have any impulse to do something?

P: to press my fingers.. Contract them (my hands)..... Then I feel some strength inside me, as if I could hold on to something.....

Th: Sounds like you felt quite weak and alone in your personal situation....

P: Yes, that it (starts to cry).....

Further clarify emotions in the context of bodily complaints

- Add own emotions to the symptom-focused narrative of the patient, add own phantasies.
- Always focus on possible triggers of symptoms or symptom exacerbation
- *Pay specific attention to emotions arising in the course of the dialogue in the „here and now“*
- If possible, try to combine with body therapy or other creative therapies

Strengthen emotional “*connectedness*”!

- Are there already moments in which the patient can share true emotions with the therapist?
- Therapist tries as early as possible to link symptoms to (often interpersonal) situations

=> Aim: “**linking hypothesis**” (Therapist supports patient to find this for him/herself)

PISO – Phase II

- Support new bodily and social activities of the patient

PISO – Phase II

- If merely focused on bodily symptoms:
- Accept, explore and structure the complaints, improve awareness of bodily reactions,
- further differentiate between emotions and bodily symptoms
- If there are crucial social problems: Try to lead pat. to see the interaction between bodily reactions, emotions and bodily symptoms

PISO – Phase II

Further interventions to clarify affectivity:

- *Could you please explain this a bit more.. I don't fully understand yet...*
- *If I would have been in your position, I*
- *I can imagine that.....*
- *I once treated a patient who..... Is this perhaps similar with you?*
- *If affectivity is very broad, try to suggest certain emotions (anger, hate, sadness..)*
- *Try to identify with the role of the patient*

PISO – phase II

Main / repetitive topic

Work on interpersonal conflicts and focus on level of bodily experience

PISO – Phase III

- Sum up the individual therapeutic experiences during therapy
- Further elaborate on further personal and professional goals and activities
- Clarify / plan on further treatment options
- Motivate the patient to sum up his main summary in a written form

Summary: “*symptom oriented*” in the sense of:

1. Initial: Focus on patients explanatory model; establish therapeutic alliance
2. **Focus on symptoms, emotional consequences and coping.**
3. Focus on individual patient and his level on emotional awareness
4. *.. In the course of treatment, the person becomes more and more important, the symptomatology less important..*

An incomplete model of beginning, course, and chronification.. (Lempa, 2007)

