
Preface

This book is written with several audiences and several aims in mind. First, we aim to expand the psychiatric consultation literature and to present an effective, collaborative approach to working with the complex or “difficult psychiatric consultations.” Second, we aim to integrate what have been historically seen as competing psychological theories into a useful and effective approach to psychiatric consultation involving patients, families, and treatment teams that present with competing agendas. Third, we aim to guide experienced clinicians, psychiatric residents, clinical fellows, as well as clinical psychologists to use a multi-dimensional approach with difficult clinical consultations. Herein, we provide relevant cases that allow the reader to be in the mind of the psychiatric consultant and also include tables that allow for a practical approach to review relevant information to be used in tailoring the interventions needed. We are aware that, despite the effectiveness of these psychodynamic and family-based approaches to the patient, ground is rapidly being lost to “*DSM-only*” focused approaches and more limited biologic and psychopharmacologic interventions.

We also recognize that, as with any approach, there will be skeptics. Among the arguments that may be levied against this strategy is that multiple theoretically diverse approaches cannot be fully integrated. However, we would argue that these seemingly disparate theories are already integrated within our difficult clinical consultations, in that the issues related to family systems, attachment styles, relational processes, and cognition are part and parcel of everyday consultative work. Second, the argument may be made that our approach involves closeness with the patient, the family, and the treatment team and that this closeness could compromise “true objectivity.” Certainly however, we now recognize—based on contributions from attachment theory and intersubjectivity—that “true objectivity” is a relative myth. What a treatment team may view as an enmeshed family in fact may be functioning in a psychologically and culturally appropriate way which facilitates compliance by the patient. Third, some practitioners may be concerned that this approach would be prohibitive because of the time involvement. Here, we would note that in difficult clinical consultations, the mild increase in time involvement is justified as cases with high family, patient, and treatment-team conflict tend to have greater adverse outcomes, longer hospitalizations, and a greater likelihood of medical–legal sequelae. Thus, we would argue that this approach, while somewhat more time-intensive, is more cost-effective.

The decision to write this book originated in the fall of 2011 when members of the American Academy of Child and Adolescent Psychiatry Committees on Psychotherapy, Family, and Ethics were asked to develop a collaborative program to integrate psychotherapeutic, family systems, and ethical aspects of “difficult” cases. After some discussion, it became apparent that the consulting psychiatrist working with “difficult” consultations in adults was often encumbered by these same issues. We quickly realized that clinicians had an urgent need for a practical and clinically-relevant approach to integrate these clinical perspectives with regard to psychodynamic thinking, family systems, and ethical aspects of the cases.

We hope that this book provides the *student*, in the broader sense of the term, with a clear, relevant, and practical approach to the difficult psychiatric consultation. Ultimately, this book will have day-to-day clinical relevance to the practicing psychiatrist. Herein, we emphasize the value of collaboration in the consultation process and describe the ways in which a well-aligned, multidisciplinary treatment team can provide a sense of safety, compassion, and understanding for the patient and his family. However, we also provide examples of the misaligned treatment team and strategies to prevent treatment sabotage. The intimate and complex work with a difficult psychiatric consultation is essential to the personal and professional growth of a psychiatrist. The capacity to tolerate strong affects and integrate varied perspectives provides a sense of security and comfort to the distressed patient or family by creating what psychoanalyst and pediatrician Donald Winnicott, M.D., termed a “holding environment.” Finally, we hope that the seasoned clinician may be able to use this book as a practical guide to help his or her trainees to embark on more in-depth discussions of psychodynamic, family systems, cultural, and ethical aspects of patients’ illnesses, as the attention to these topics has waned over the last several decades.

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An Integrated Approach

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