
Contents

1	Introduction	1
1.1	From Psychiatric Consultation to “Psychosomatic Medicine”	2
1.2	The Psychiatric Consultant’s “Job Description”	3
1.3	The Psychiatric Resident Consultant’s “Job Description”	3
1.4	Limitations of Psychosomatic Medicine	4
1.5	How to Use This Book	5
	References	7
2	Integrating Theoretical Paradigms	9
2.1	Classic Psychonanlytic Theories: One-Person Psychology	10
	Drive Theory	10
	Ego Psychology	12
	Introjection	14
	Transference	15
	Countertransference	15
	Object Relations Theory	16
	Projection	17
	Projective Identification	17
	Splitting	18
	Self Psychology	20
	Personality Types	21
	Personality Disorders	22
	Mentalization	23
2.2	Relational Theories: Two-Person Psychology	24
	Attachment Theory	24
	Attachment Styles	25
	Secure Attachment	25
	Ambivalent Attachment (Anxious)	25
	Avoidant Attachment (Dismissive)	25
	Disorganized Attachment	25
	Attachment Theory Across Lifespan	27
	Attachment Theory in the Medical Setting	27

2.3	Social Referencing, Affective Attunement, and Intersubjectivity . . .	28
	The Shift from One-Person to Two-Person Psychology	28
	Intersubjectivity and the Exasperated Family of a Psychiatrically-Hospitalized Adolescent	31
	Mentalization and Intersubjectivity: Are They Different?	33
2.4	Summary	33
	References	34
3	The Patient	37
3.1	From the Inside Out	37
3.2	Cognitive Functioning	39
	The Learning-Disabled Adolescent	41
	Cognitive and Affective Flexibility	42
	Brief Assessment of Cognitive and Affective Flexibly in Adults	42
	Cognitive and Affective Flexibility in Adolescents	43
	Brief Assessment of Cognitive and Affective Flexibility in Adolescents	43
	Cognitive and Affective Flexibility in Preschool and School-Age Children	44
	Brief Assessment of Cognitive Flexibility in Preschool and School-Age Children	45
3.3	Temperament	45
	Temperament Traits Derived from Thomas et al. (1970)	46
	Temperament Traits	48
	Activity Level	48
	Distractibility	48
	Intensity	48
	Rhythmicity	48
	Sensory Threshold	48
	Approach/Withdrawal	49
	Adaptability	49
	Persistence	49
	Mood	49
	Temperament Styles	50
	The Easy or Flexible Temperament Style	50
	The Slow-to-Warm-up Temperament Style	51
	The Difficult or Feisty Temperament Style	51
	The Mixed Temperament Style	51
	Temperament in the Context of the Difficult Psychiatric Consultation	51
	A Closer Look at How Temperament Styles Impact Inpatient Treatment	52
	Temperament Style in the Hospitalized Child	52
	Temperament Style in the Hospitalized Adolescent	53

Temperament Style in the Hospitalized Adult	53
Temperament Style in the Hospitalized Geriatric Patient	53
The Healthy Patient Who Deteriorates Psychologically	
Following a Diagnosis	54
The Defiant Adolescent Patient Who Refuses Treatment	57
3.4 Summary	62
References	62
4 The Family	65
4.1 Dancing Together	65
4.2 Family Systems Theory	65
Family Systems Theory in Difficult Consultations	68
4.3 Family Systems Concepts	70
Joining	70
Reframing	71
The Pediatric Patient and Family Who Frustrate	
the Treatment Team	71
Triangulation	75
The Adult Patient Who Triangulates with the Help	
of His Wife	76
Scapegoating	78
Using the Child as a Scapegoat	79
Generational Boundaries	79
Permeable Boundaries	80
The Adult Patient Who Sabotages Treatment	81
4.4 Genograms: Family Mapping	84
How to Create a Genogram	85
4.5 The Family in Child and Adolescent Psychiatry	85
Siblings	86
A House Divided: When Family Members Disagree About	
Treatment	88
4.6 Returning Home: Discharge from the Treatment Team's Care	89
4.7 Post Hospitalization Interventions	90
4.8 Summary	91
References	92
5 The Treatment Team	95
5.1 Evolution of the Treatment Team	95
5.2 Anatomy of the Treatment Team	96
Characteristics of Treatment-Team Members	96
Sympathy (Maintaining Psychological Distance)	97
A Treatment Team Misdirected by Feelings of Sympathy	98
Empathy (Allowing Psychological Closeness)	98
An Unpopular Although Empathic Treatment Team	99

5.3	Countertransference in the Psychiatric Consultant and the Treatment Team	101
	Countertransference in the Psychiatric Consultant	101
	Countertransference in the Treatment Team	102
	Dynamics to Which the Psychiatric Consultant May Need to Attend in Working with the Treatment Team	102
	The Noncompliant Pediatric Patient with a Chronic Medical Problem	103
	The Psychotherapist Becomes a Member of Treatment Team	109
5.4	Summary	110
	References	110
6	Ethical and Medicolegal Issues	113
6.1	A Brief History of Ethics in Medicine	113
6.2	The Ethical Principles	115
	Autonomy	115
	Beneficence	115
	Nonmaleficence	115
	Justice	116
	Confidentiality and Privacy	116
6.3	Medicolegal Issues	118
	Determination of Decision-Making Capacity	118
	Informed Consent	119
	Involuntary Hospitalization	119
6.4	Summary	120
	References	120
7	The Culture	123
7.1	A Working Definition of Culture	123
	Level of Cultural Competence Necessary for Treatment Teams	125
7.2	Culture Shock	125
	Cultural Sensitivity and Cultural Competence	127
	Old-School Values	127
	Socioeconomic Aspects of Culture	128
	The Well-Intentioned Physician Thrown a Cultural Curve	128
	The Entitled, Affluent Patient	129
7.3	Mental Health Across Cultures	130
	Interventions to Address Cultural Factors That May Interfere with Treatment	131
7.4	Working with Interpreters	131
7.5	Culture in <i>DSM-IV-TR</i> and <i>DSM-5</i>	133
7.6	Summary	135
	References	135

8 The Clinical Presentation	137
8.1 Presentations	137
Teaching Rounds Presentations	138
Clinical Case Conference Presentations	139
Grand Rounds Presentations	139
Anatomy of a Grand Rounds Presentation	140
Presentations at National Conferences	141
8.2 Preparation for Presentations	141
Confidentiality in Presentations	142
Visual Materials	143
Difficult Situations During Formal Presentations	143
The Audience Member Who Monopolizes	143
The Audience Member Who Attempts to Argue	144
References	144
Index	147

Difficult Psychiatric Consultations

An Integrated Approach

Delgado, S.V.; Strawn, J.R.

2014, XV, 151 p. 13 illus., 3 illus. in color.,

ISBN: 978-3-642-39552-9