DESIGNING EFFECTIVE PSYCHIATRIC INTERVENTIONS

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There is much ferment in the field of psychiatry today and consequently many challenges facing psychiatric educators. A major challenge involves treatment planning. Psychiatry residents are often socialized in mental health settings where initial evaluations follow a medical model, case conferences a psychodynamic model, and therapeutic concerns a psychosocial model. For many the treatment planning process tends to be a nonintegrative, intuitive, unidimensional and single-intervention focused endeavor. Yet, one outcome of the movement toward greater accountability and cost containment in health care is the expectation that psychiatric treatment be based on an integrative, rational, multidimensional and multimodal written treatment plan. A developing theory and research base is beginning to address this challenge. At the present time there is clearly a need for practical approaches and applications for such a comprehensive and integrative treatment planning. This article describes one such effort that is being used to train psychiatry residents. A three stage model is described as well as its implementation in a psychiatry residency.

A Biopsychosocial Format for Psychiatric Treatment Planning

This model was developed to provide the resident with a cognitive map of the treatment terrain from initial interview through the implementation of treatment intervention. The model has three integrated phases: Psychiatric Evaluation, Psychiatric Formulation, and Treatment Selection and Negotiation; and two dimensions: biopsychosocial factors and patient predisposition for treatment. Following is a brief description of this model.
**Psychiatric Evaluation**

In addition to the traditional elicitation of the presenting complaint and its history, past psychiatric treatment, current mental status, and relevant social, developmental and family history, some equally important information is collected. Unique to this format is the inclusion of a functional assessment of patient enabling factors, which is a way of indicating both predisposing or risk factors—biological and sociopsychological—and coping skills or deficits in each of these areas. The last part of the evaluation interview involves the second dimension of the model: the patient's predisposition to treatment. This includes the patient's explanatory model for his symptoms and illness, his expectations for the type and extent of treatment, and his motivation for and likely compliance with treatment. Basically, the patient is asked what he believes is causing his condition, what he believes is the best treatment for it, and what he believes should be your role and his in the treatment process.

**Formulation**

As the evaluation phase data was collected in a specific sequence, we suggest that the formulation follow the same pattern. Biological vulnerabilities and assets are mentioned first. This is followed by the patient's psychological disabling and enabling factors, that is presence or absence of coping skills, and personality style features. Then role relating skills and support system factors that serve as buffers for the important life events and precipitating stressors at various points in the patient's life are mentioned. Finally, inferences about the patient's treatability and compliance with a proposed treatment regimen are made.

This type of formulation suggests how the patient has evolved to his present level of functioning and the extent to which he copes with stressors in his environment. A DSM-III diagnosis—all five axes—with a differential diagnosis follows, as well as a problem list. The problem list is set up with three headings: biological, psychological and social, specifying treatable symptoms and skill deficits. These are arranged as either short-term or long-term problem areas.

**Negotiation and Treatment Selection**

Research suggests that a cooperative, negotiated approach to treatment planning results in increased patient compliance and satisfaction with treatment. The negotiation process begins as the psychiatrist