

Brief therapy ideas

Sami Timimi
Consultant Child and Adolescent
Psychiatrist
stimimi@talk21.com

A summary so far

- Diagnoses in psychiatry are not diagnoses – they describe but do not explain.
- Psychiatric medications do not have any disease specific effects. They have generic effects.
- Psychotropics as ‘enablers’ narrative helps against dependence.
- Using miracle question to visualise change can help simple, small goals to work toward.
- Change belongs to the patient not the drug.
- Withdrawing from psychotropics can be hard. Use small steps. Beware that withdrawal effects are most likely to show at lowest doses.

The 'solution focussed' method revisited

- Use miracle question or similar to get a 'visualisation'.
- Visualisation should be the presence of something rather than the absence.
- Can use 0-10 scaling to 'measure' where the patient feels they are overall or on a goal.
- When they have agreed something to focus on changing, aim for small changes. Get their ideas on how they might achieve this.
- Encourage involvement of their social network.
- Embed any change as belonging to the patient.

Feeling 'happier' is a specific goal in
the Solution Focussed approach

Yes or no?

Starting a consultation

- May wish to ask (or keep in mind) “what’s happened to you?” rather than “what’s wrong with you?” (**orientate to social causation or psychological injury**).
- May wish to ask (or keep in mind) “What do you hope to get out of this appointment” (**orientate to visualising change rather than problem**).
- May wish to ask (or keep in mind) “What do you most need me know about or understand at today’s appointment” (**orientate to patient’s story**).

Some other brief therapy ideas



Causes v reasons



Cause: Is like peeling a never ending onion. We have many layers to our lives and can waste a lot of time searching



Reasons: more proximal and shapes how we respond in the here and now.

Simple formulation

- When bad things happen in life don't be surprised that we feel bad.
- Therapy has changed. We used to just focus on getting rid of the problem/symptom, but now **focus on strengthening good bits and understanding the power of viewing things differently.**
- We can never really identify the specific cause (distal, deep, expert identified).
- **Our reasoning shapes our response.** If we think what we are having is abnormal/problem, needs 'solving', has a different outcome to if we reason, I can live with this, it's temporary, I need to ride it out etc.
- Whatever first got you distressed maybe less important than carrying the problem. Like insomnia causes insomnia, so the **problem causes the problem.**
- Instead of fixing the problem, **can we change your relationship to it?**
- We can find resilience rather than teach it.

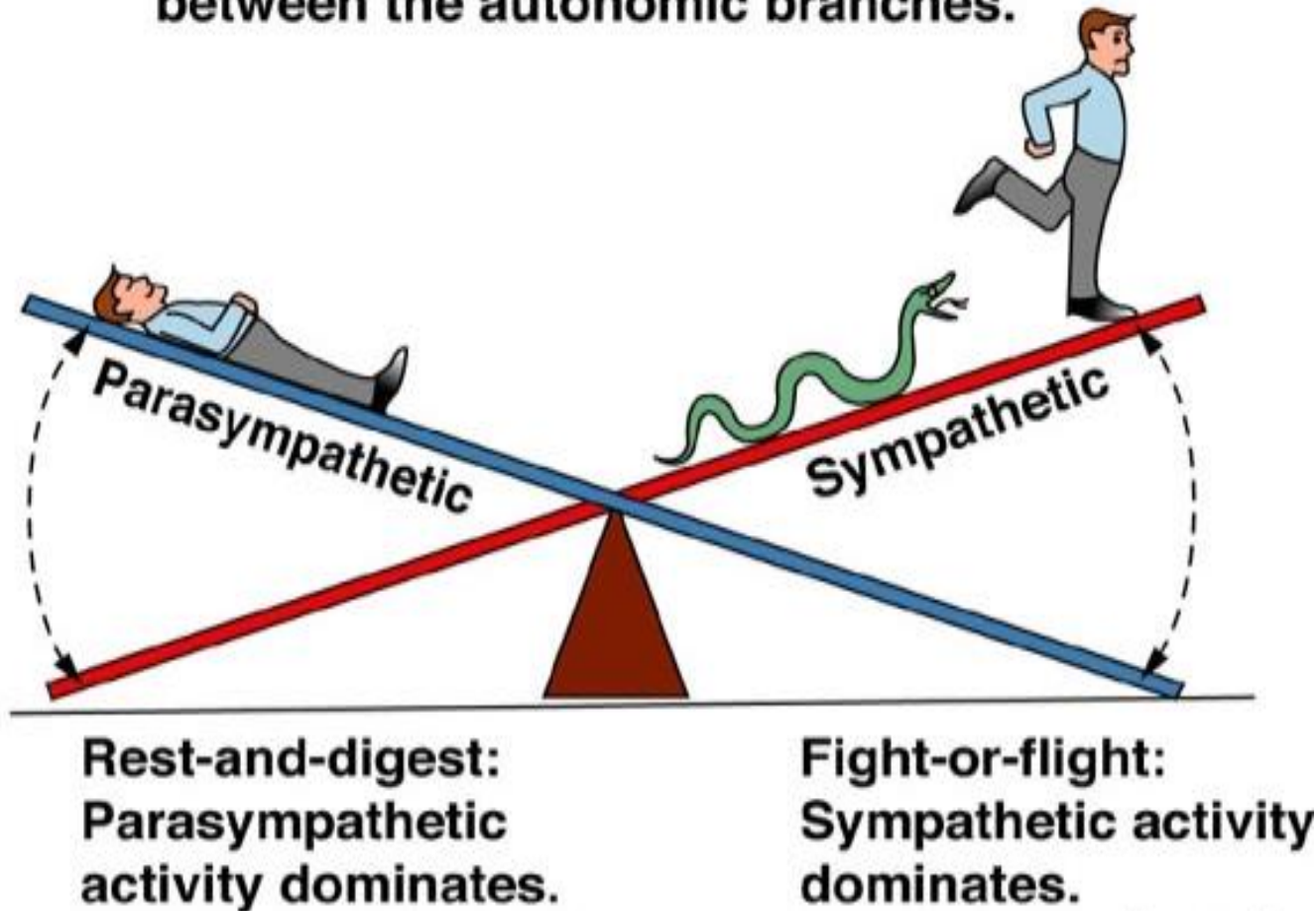
Problem becomes the problem



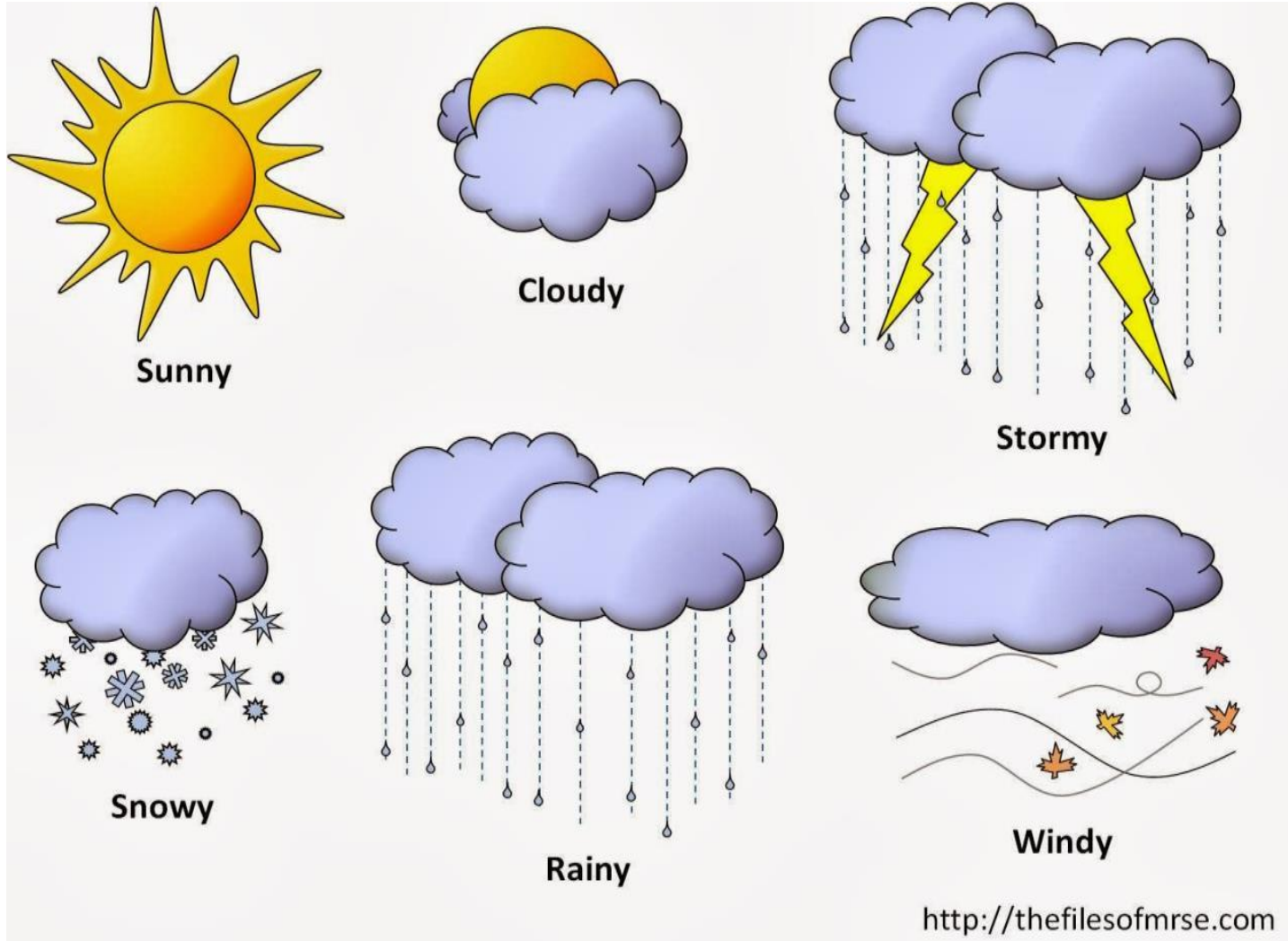
- Whatever first got you distressed maybe less important than carrying the problem. Like insomnia causes insomnia, so the problem causes the problem.
- Having depression is depressing. Being anxious is anxiety provoking etc.
- Then search for the cure/solution can reinforce the cycle.
- Instead of fighting to be rid of the problem, can you accept it?
- You will have bad days and that's OK.

Body first

Homeostasis is a dynamic balance between the autonomic branches.



Emotions are like weather - temporary



If the problem has become the
problem we may need to stop trying to
solve that problem

Yes or no?

Social prescribing

- Typically provided by voluntary and community sector organisations. Examples include:
 - Volunteering
 - Arts activities
 - Group learning
 - Gardening
 - Befriending
 - Cookery
 - A range of sports.