Multiple Sclerosis and Psychodynamic Case Conceptualization

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Question: % Time Conducting Formal Psychotherapy/Interventions

1. 0 – 25%
2. 26 – 50%
3. 41 – 75%
4. 76 – 100%
Question: % Time **Informal** Counseling/Support

1. 0 – 25%
2. 26 – 50%
3. 41 – 75%
4. 76 – 100%

Question: Which **Best** Characterizes Your Psychotherapeutic Orientation?

1. Psychodynamic/psychoanalytic
2. Cognitive-Behavioral
3. Integrated or “Eclectic”
4. Family Systems
5. Other
Question: In What Setting Do You Primarily Work?

1. Neurology/Medicine
2. Mental Health
3. Rehabilitation Medicine
4. M.S. Specialty Clinic
5. Other

Background & Context

• Large, urban, public hospital
• 2 inpatient rehabilitation medicine units, 44 beds
• Interdisciplinary
• Diagnoses include acquired brain injury, stroke, orthopedic and other trauma such as spinal cord injury, neurodegenerative, and amputation
• M. S. patients → newly diagnosed, exacerbations
Mental Health Issues & M.S.

- Medical illness or disability requires adaptation (e.g., Moos & Schaefer, 1989)

- M.S. exacerbations and progression are often associated with increased emotional distress (both symptoms and disorders), both anxiety and depression (anxiety > depression)

- Brain lesions may be associated with increased depression while anxiety more likely reactive (e.g., Zorzon et al., 2001)

How Many Psychanalytic/Dynamic Treatment Studies of Psychiatric Symptoms or Disorders of M.S. are in the Literature?

- > 500
- 200 – 499
- 100 – 199
- 50 – 99
- 20 – 49
- < 20
Psychodynamic Literature & M.S.

• e.g.: Jelliffe, S. E. (1921). Multiple sclerosis and psychoanalysis. American Journal of Medical Sciences, 161(5):666-676.

• Limited number

• Case studies

• Application of psychoanalytic concepts

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Some Current Evidence: Psychodynamic Psychotherapy


Mental Health Issues & M.S.

- Treating patients during an inpatient medical hospitalization requires a broad case conceptualization that accounts for the interplay between the person and the unique factors of the setting (Hunter et al., 2007)

(Hunter et al., 2007)
Adaptation Model for Consultation-Liaison
Psychotherapy Assessment

Individual Factors
Present Psychopathology
  • DSM-IV interview
Previous Adaptive Capacity
  • Attachment style
  • Developmental phase
  • Personality
Previous Stress Experience
  • Past history of trauma
Past h/o illness/hospital exper.
Personal Meaning of Event
  • “Five D’s” (distance, dependency, disability, disfigurement, & death)

Intra-Hospital Environment
Illness Characteristics
  • Stress response symptoms
Traumatic Impact of This Event
Extra-Hospital Environment
Financial Resources and Housing
  • Social work collaboration
Ethnocultural Issues
Language and Communication
Family Relationships and Social Support
  • Relationship survey
  • Family interview

Collateral History
(Hunter et al., 2007)

“O.K. What part of ‘malignant regression and pathogenic reintrojection as a defense against psychic decompensation’ don’t you understand?”
Psychoanalysis/Psychodynamic

• “Psychoanalysis has a double identity. It is a comprehensive theory about human nature, motivation, behavior, development and experience. And it is a method of treatment for psychological problems and difficulties in living a successful life.”

  [http://www.apsa.org/About_Psychoanalysis.aspx](http://www.apsa.org/About_Psychoanalysis.aspx)

• Type of treatment
• Theory of the mind

Resources for Psychodynamic Theory & Case Conceptualization


Hallmarks of Traditional Psychoanalytic Conceptualization

• Beginning with Freud’s theories of personality structure and development
• Unconscious: Human emotion and behavior is often influenced by factors outside of awareness; often involve some type of psychic conflict
• Maladaptive patterns have historical origins
• Psychological Defenses
• Transference & Countertransference

Interpersonal Psychoanalysis

• William Alanson White Institute, 1943
• Harry Stack Sullivan, M.D., Clara Thompson, M.D. Eric Fromm, Ph.D., Frieda Fromm-Reichmann, M.D., David Rioch, M.D., Janet M. Rioch, M.D.
• Focus on interpersonal (rather than intrapsychic)
• Two-Person Model  “Participant-Observer”
• Interdisciplinary  Influences of culture & society
• “Problems of Living”  (Sullivan, 1953)
What is Formulated?

• Temperament and Fixed Attributes
• Maturational Themes & Developmental Antecedents
• Defensive Patterns
• Central Affects
• Identifications & Relational Schemas
• Self-Esteem Regulation
• Pathogenic Beliefs
• Adaptive Features: Assets and Strengths

(McWilliams, 1999; Messer & Wolitzy, 2006)
Listening Analytically

1. Details of story
2. Defensive omissions?
3. Relationship between story and early life events → giving incident its particular meaning to individual
4. Characteristic patterns of behavior?
5. Relationships revelations (about patient) from story and insights gained from psychoanalytic literature
6. Role of countertransference?

(Buechler, 2008)

Case: Ms. P.

- 34 y.o. woman, live-in boyfriend, no children
- Myelitis diagnosis in 2007
- 4 exacerbations prior to 2013 rehab admission
- Imaging now confirms M.S. diagnosis
- Key Factors in Formulation: Chronic and Acute coping, affect tolerance, ego strengths, adaptive use of mature defenses
Case: Ms. B.

- 40 y.o. married woman, no children
- M.S. diagnosis 3 years ago
- Rehab admission for exacerbation
- Prior to admission, planning on seeing a therapist
- Key Factors in Formulation: Listening for Identification with family member that became key to understanding affect tolerance and potentially problematic defenses

References & Bibliography

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