

Psychotherapy Guidebook

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# **Integrated Psychiatric Treatment**

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# Integrated Psychiatric Treatment

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## DEFINITION

Integrated Psychiatric Treatment is an approach to patient management that includes psychodynamic, neurobiological, pharmacological, social, and learning dimensions.

## HISTORY

Disparate treatment ideologies have not allowed for the smooth incorporation of basic and clinical science research advances into the practitioner's mode of patient care. The introduction of Chlorpromazine into American psychiatry, for example, was viewed with intense skepticism by many psychiatrists who could not believe that a drug could alter the course of a mental illness (Swazey, 1974). To this day, proponents of psychochemotherapy (the major drug houses, psychopharmacologists, and pharmacologically oriented practitioners) have, on occasion, to apologize for using drugs. In some instances elaborate etiological and treatment models are constructed in an effort to persuade nonpharmacologically oriented practitioners to incorporate drugs into their clinical practice (Ostow, 1962).

Obviously an integrated approach to psychiatric care that includes clinically effective approaches arising from any ideology is justified.

## TECHNIQUE

The technique of Integrated Psychiatric Treatment simply embraces the principles of good patient care. Patients are given the benefit of a complete psycho-bio-social history and mental status examination. Old charts are systematically reviewed and contact is made with clinicians with whom the patient had prior contact. Based on the history and initial clinical findings, further investigations are arranged as required (e.g., psychological testing, neurologic examination, electroencephalogram). Patients who have not had a physical examination within the prior twelve months are referred for a complete physical work-up. The completion of the first stage of the work-up includes a tentative diagnosis and formulation and documentation of any physical illness that might be contributing to the clinical picture or might impact on psychiatric management.

The next stage in the evaluation is a determination of whether a psychoactive medication should be administered. This decision may be relatively easy to arrive at, especially when based on obvious clinical criteria, such as the presence of hypomanic symptomatology or distinct symptoms of depression accompanied by profound neurovegetative disturbances, e.g. such

as with insomnia or anorexia. In other instances a decision for medication and the type of medication to be used may be more equivocal and may rely more on the practitioner's ability to synthesize data and his clinical imagination. When a strong argument cannot be made for definitive pharmacotherapy it may be advantageous to discuss a medication trial with the patient. A positive trial is of obvious benefit, whereas a negative trial may be of use in removing from the practitioner concern as to whether a specific medication might be helpful.

The third step is to decide whether psychotherapy, sociotherapy, behavior therapy, or an admixture is indicated, with or without the adjuvant use of medication. Decisions are made as to whether a patient should be treated in individual time-limited psychotherapy, long-term psychotherapy, couples therapy, family therapy, sexual dysfunction therapy, and so on. While every practitioner should be equipped with the widest range of skills, it cannot be expected that any one individual can be an expert in all fields. Thus, one should be willing to call on experts in specific fields for consultation, or to take over management. Another option is conjoint management, where clinicians with diverse skills orchestrate a comprehensive treatment effort.

Circumstances and the complexities of human behavior militate against an orderly progression between phases. Psychotherapy may be under way for a considerable time span before a medication decision can be made. Similarly,

psychotherapy may be well advanced before sufficient data are available to compile a complete history.

## **APPLICATIONS**

Integrated Psychiatric Treatment represents a philosophy of patient care that can be applied to all psychiatric patients.