



**NUTS & BOLTS
of PSYCHIATRY**
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Psychiatric Care Made Easy and Understandable

- Using the biopsychosocial model
in everyday practice -

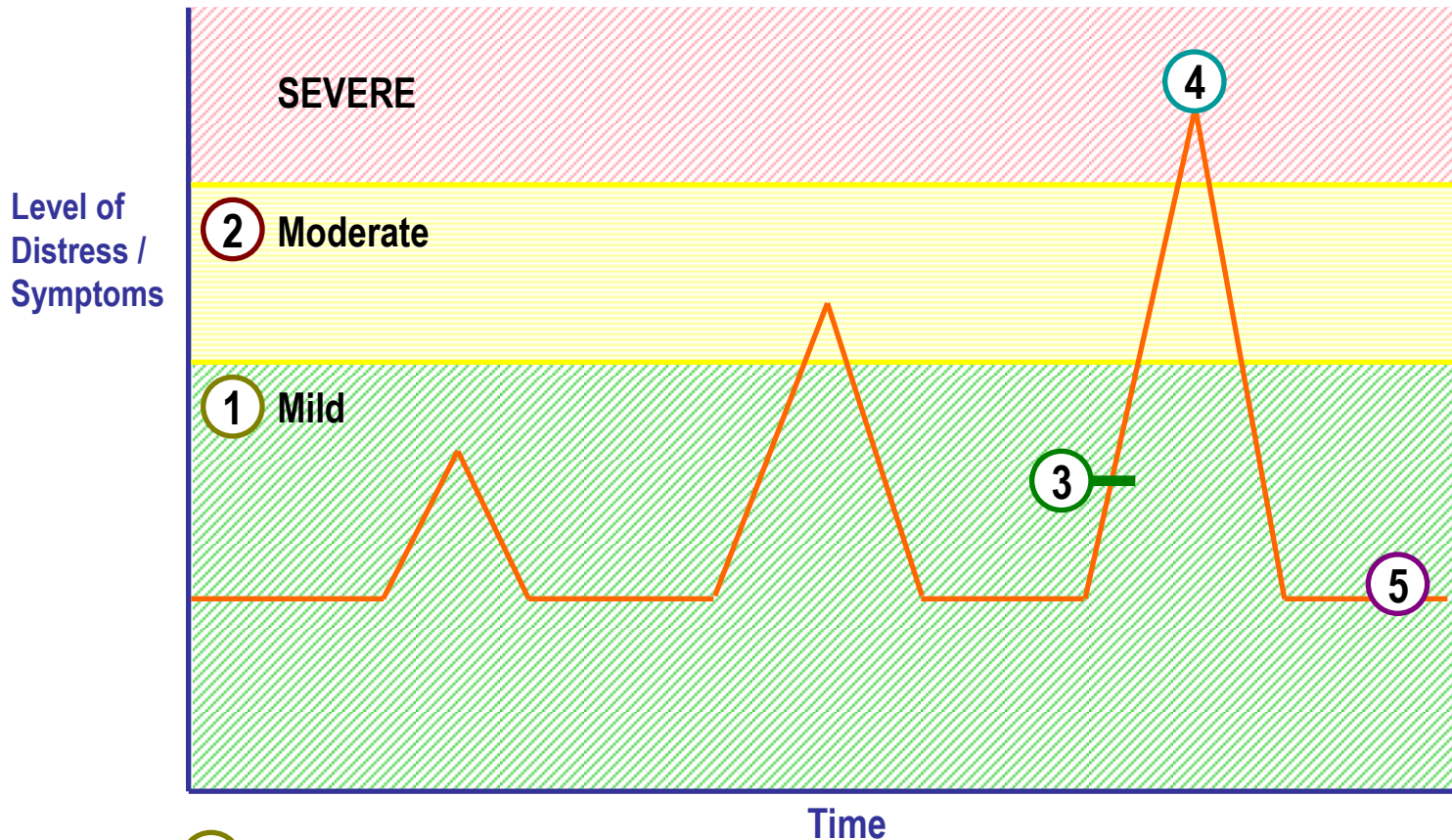
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The Human Experience

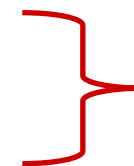
- Exists on a continuum which includes “normal” mental states and mental “disorders.”
- Can be understood by considering 5 key concepts.



The Human Experience



- < ① Mild: "I can handle it"
- ① – ② Moderate: "I don't know if I can take it"
- > ② SEVERE: "Breaking point" "I can't take it anymore!"
"Make it stop, now!" – Impulsive Behaviour



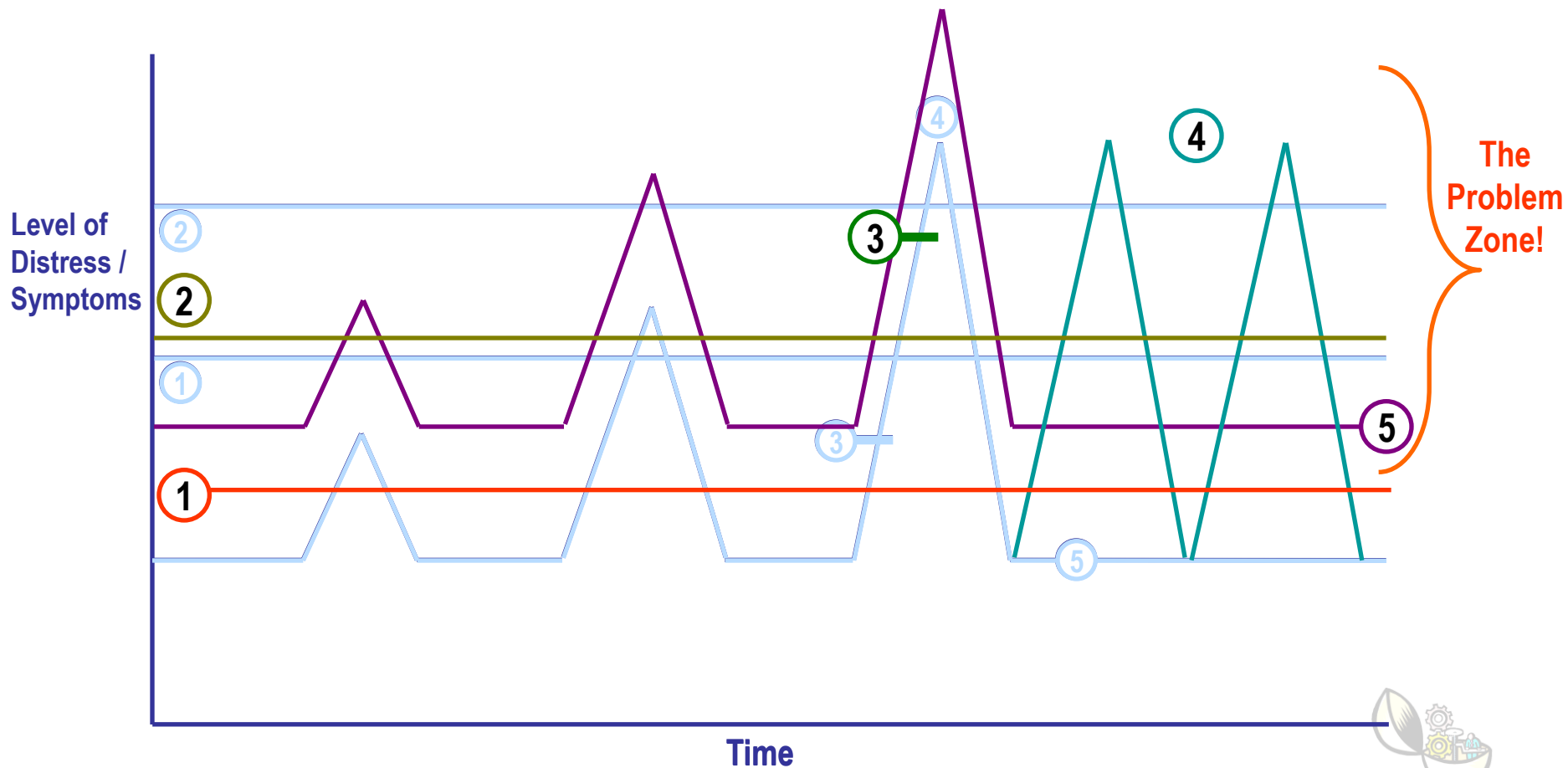
Mental “Disorders”

- Are largely defined by the frequency, duration and degree of signs and symptoms and/or distress experienced
- Can occur when:
 - One or more of these 5 points are disrupted ...

AND

 - The person enters the “problem zone”

Mental "Disorders"



Comprehensive Treatment

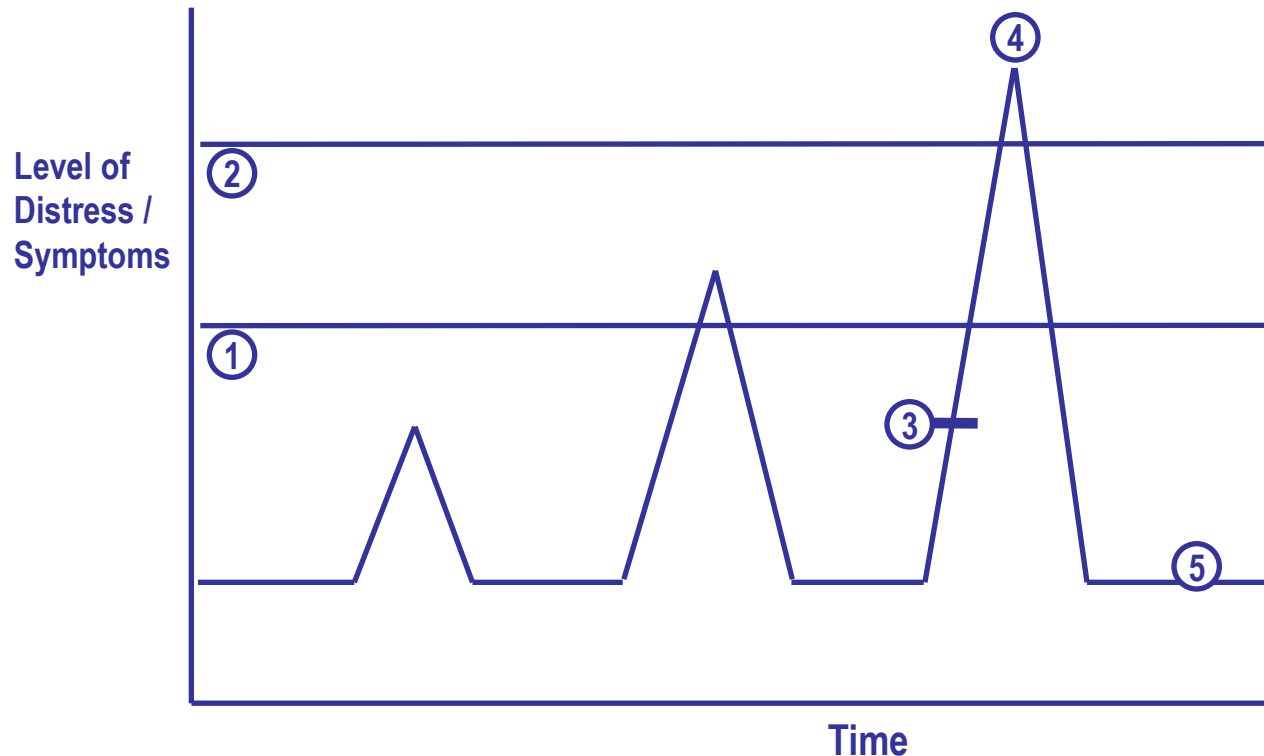
Should Involve ...

- consideration of specific and individualized interventions at all relevant points

Because ...

- The impact of these 5 points differs among individuals and specific “disorders”

5 Intervention Points



5 Therapeutic Interventions:

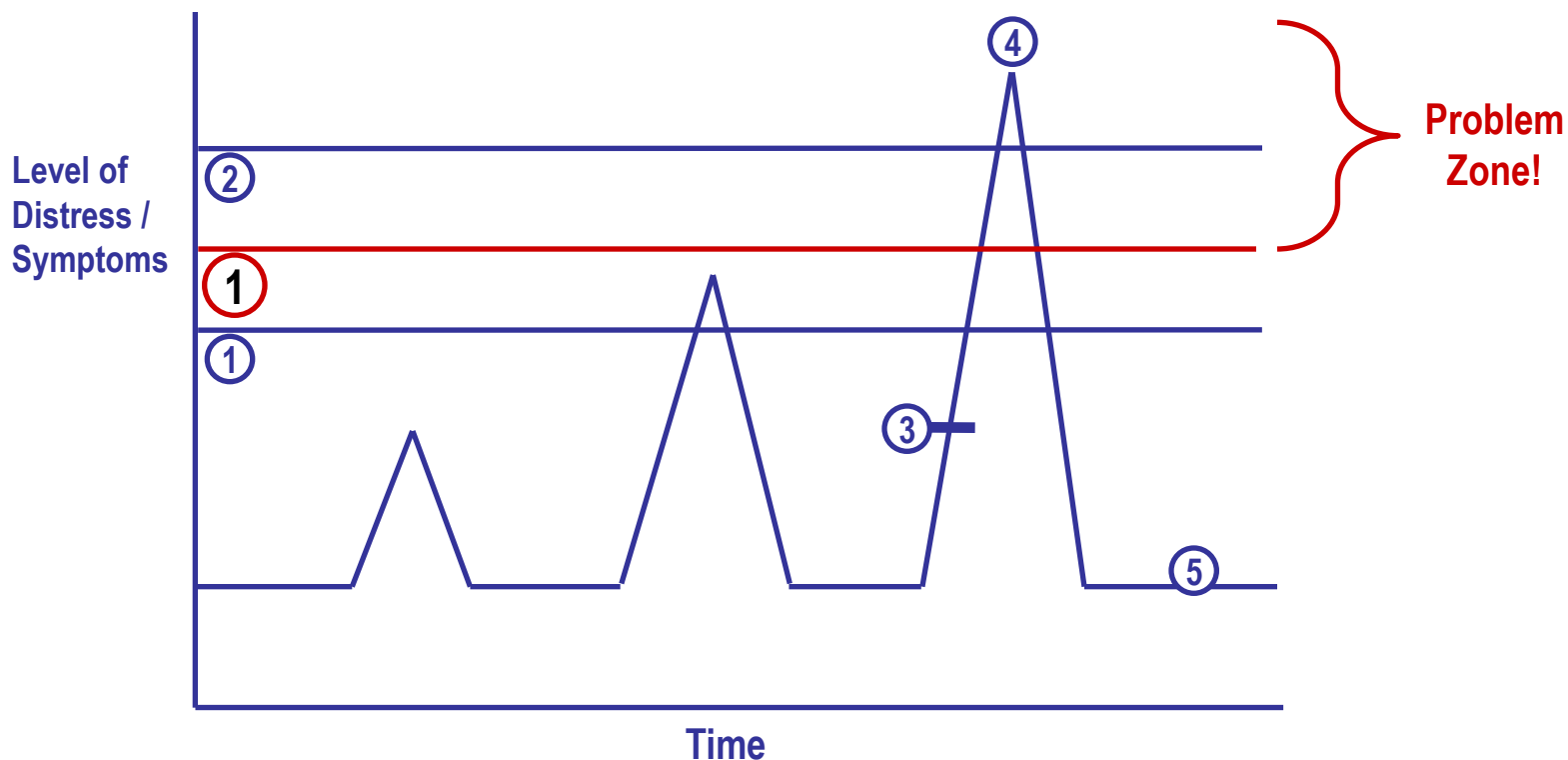
- 1) Coping Strategies
- 2) Crisis Plan
- 3) Comparing Symptoms
- 4) Identify and Reduce Triggers
- 5) Reduce Baseline Stress

Therapeutic Interventions

1. **Coping Strategies** - *to help cope with stress*
2. Crisis Plan - *to help prevent impulsive acts*
3. Comparing Symptoms - *to increase awareness*
4. Identify and Reduce Triggers
5. Reduce Baseline Stress



Coping Strategies



Coping strategies should be used when you have a thought or feeling you want to change.



Coping Strategies – philosophical underpinnings

At any given point in time one's attention span is limited.



**Coping
Strategies**

Coping Strategies

1. Physical:

e.g. walk, progressive muscle relaxation, yoga, Tai-chi

2. Intellectual:

e.g. thought records, journaling positives, reading, sudoku

3. Meditative/Spiritual/Vegetative:

e.g. meditation, prayer, TV, video games



Coping Strategies – optimizing efficacy

Guidelines:

- Variety ... *1 from each category*
- Rehearsal ... *practice them*
- Consistency ... *in the same order*
- Monitor, Evaluate, Adapt

Coping Strategies – data collection & evaluation

My Coping Strategies:

1. Walk 2. Read 3. Music 4. TV 5. Yoga

Date/time	Strategy	Mood Before	Mood After
Mon	Walk	Depressed 100	Depressed 100
Tues	Walk	Depressed 100	Depressed 80
Wed	Walk	Depressed 100	Depressed 60

Mood Score:

0 = “not at all a problem”
100 = “the worst imaginable”

Learning Points:

Walking ...

Frequency: worked 2 out of 3 times

Effectiveness: average improvement 20 points (i.e. $0+20+40=60 / 3 = 20$)

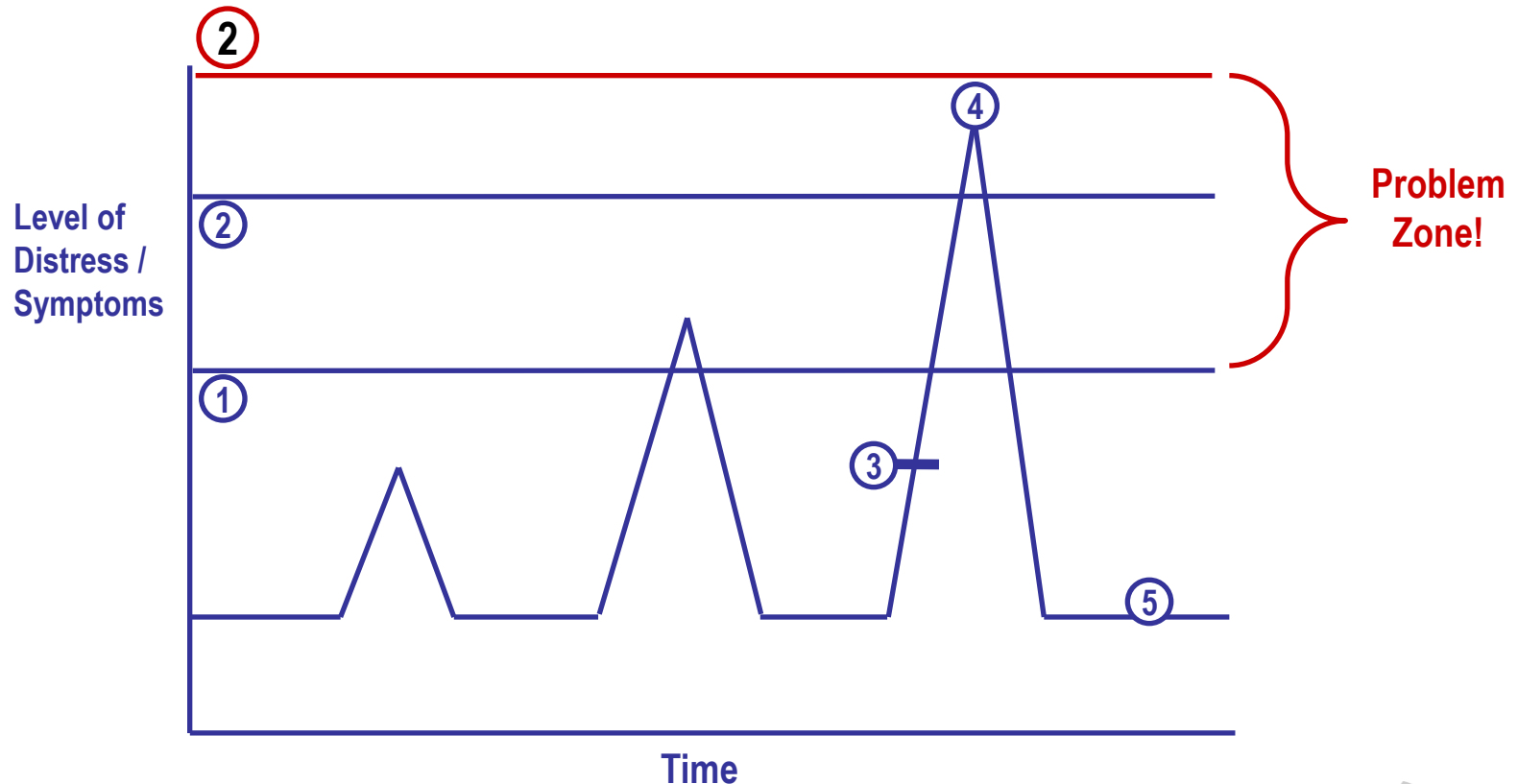


Therapeutic Interventions

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Crisis Plan



A Crisis plan should be used to prevent impulsive behaviour; preferably after you have tried coping strategies.

Crisis Plan – philosophical underpinnings

- Impulsive acts may be prevented by the exercise or application of control
- Optimizing self-control is a treatment goal
- Any unnecessary application of external control may prevent the development of self-control ... and should therefore be avoided.
- Safety is an important treatment goal ... but not if it is at the expense of recovery.

Recovery = “having a life worth living”



Crisis Plan

What to do when Coping Strategies fail:

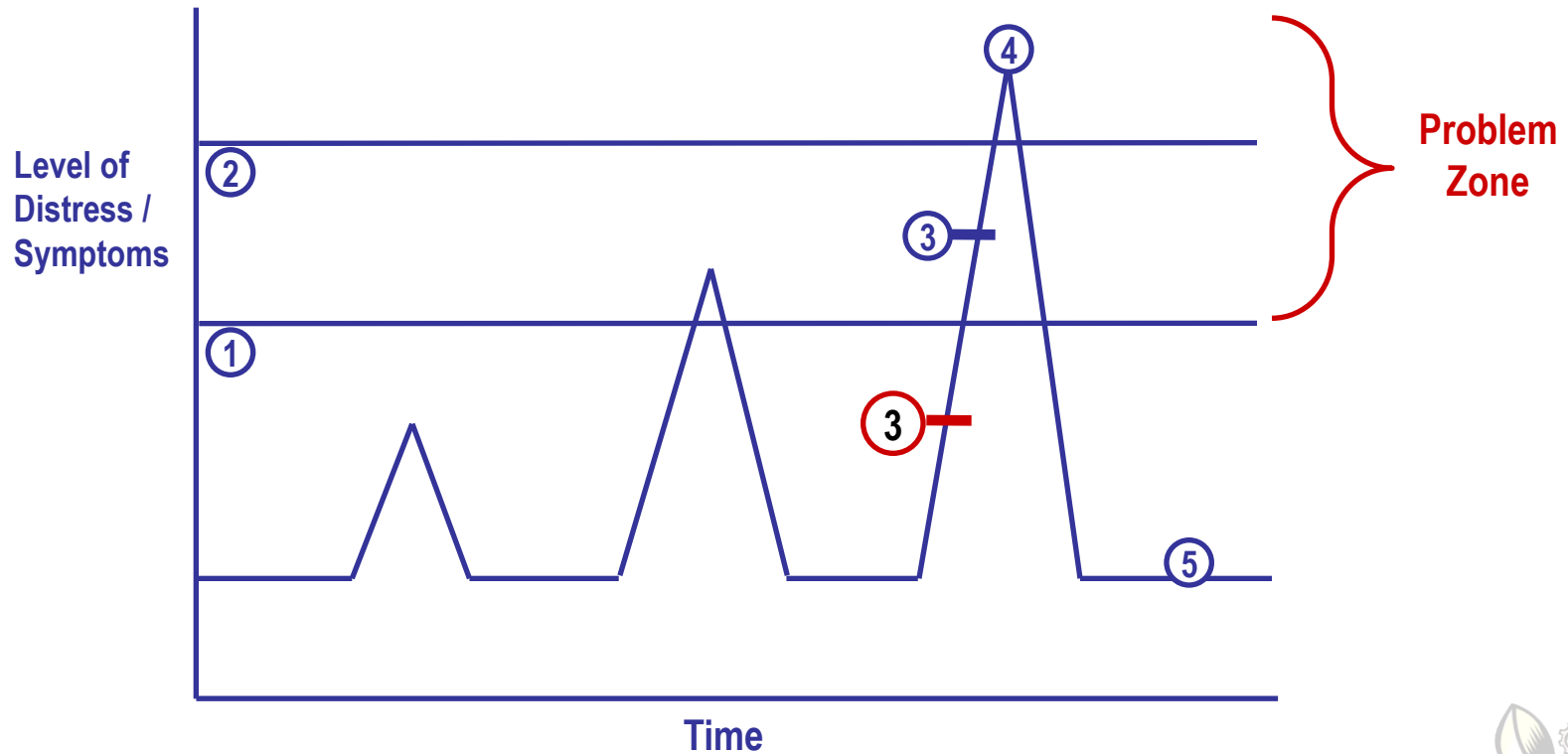
1. +/- Take “as needed” medication
2. Talk to someone ... *just to talk, not about how you are feeling*
1) 2) 3)
3. Be around people ... *just for their presence, not to talk about how you are feeling*
1) 2) 3)
4. Access a mental health crisis support (i.e. anyone who is willing, available & helpful) ... *now, tell them how you are feeling*
1) 2) 3)
5. Go to the emergency room

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Comparing Symptoms



Comparing Symptoms – philosophical underpinnings

A Focus on Emotions:

- Emotional awareness can be learned.
- Paying attention to emotions can improve emotional awareness.
- Being aware of emotions can help you better anticipate and address problems.

Comparing Symptoms

Date	Mood	Suicide	Craving
1	Depressed 100		
2	Depressed 100		
3	Depressed 90		
4	Depressed 100		

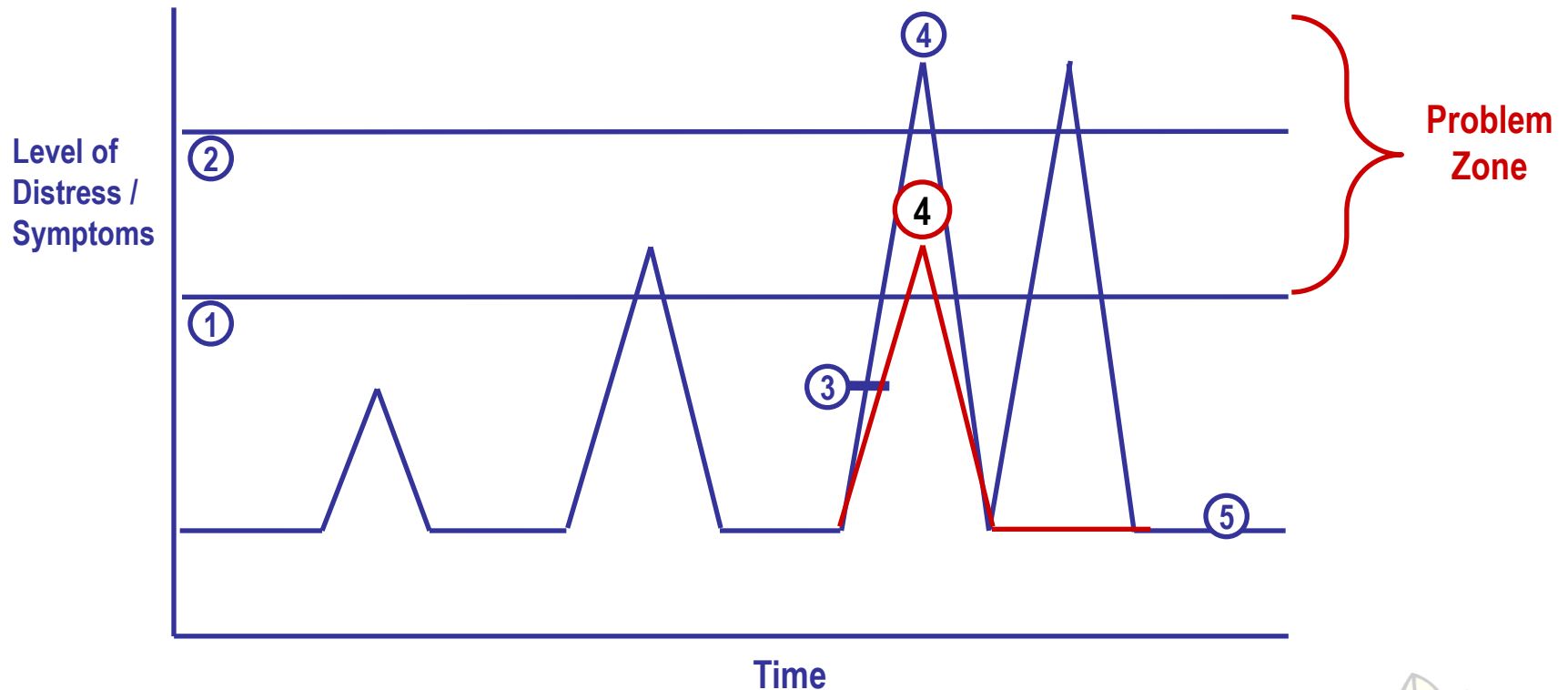
Which day was the worst?
Why?

- Compare “identical” symptoms, evaluating for differences
- Scoring should take into account **feelings**, **thoughts** and **behaviours**

Therapeutic Interventions

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Identify and Reduce Triggers





Identify and Reduce Triggers

Identifying Triggers:

- Self-reflection (i.e. look for recurring patterns in mood data)
- Therapy (i.e. obtain the perspective of others)

Reduce Triggers:

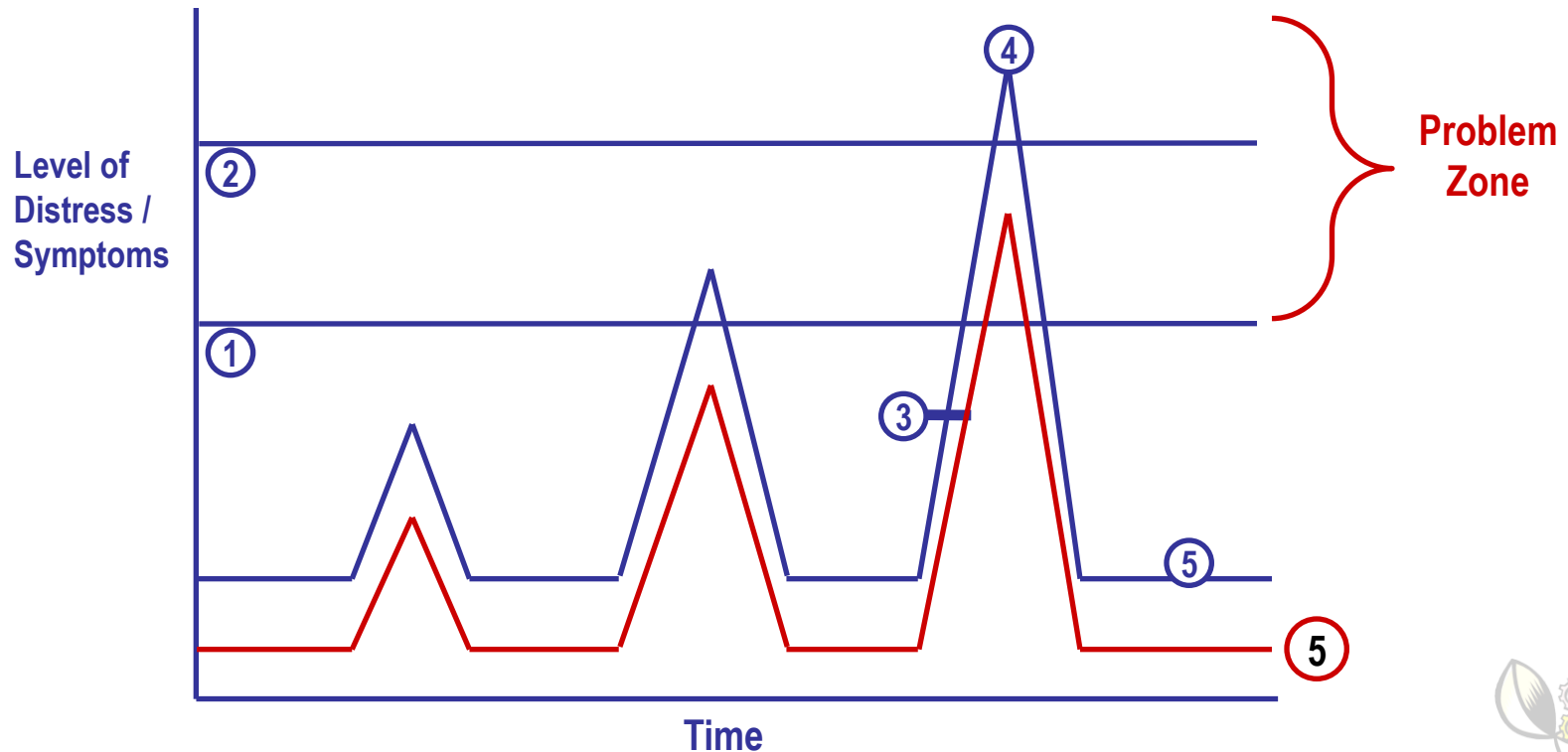
- Problem solving

Therapeutic Interventions

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Reduce Baseline Stress

Biopsychosocial Factors



Reduce Baseline Stress

Biological Factors

Modifying Brain Chemistry:

- Add Biological Stabilizers (*e.g. medication, ECT*)
- Remove Biological De-stabilizers (*e.g. ETOH/drugs, some medications, medical problems*)
- Adherence monitoring/enhancement



Reduce Baseline Stress

Psychological Factors

“Events from the past affecting one’s present experience.”

Therapy:

- Common Themes ... *self-esteem, trust, emotional control*
- Reduce Cognitive Distortions
- Behaviour Change



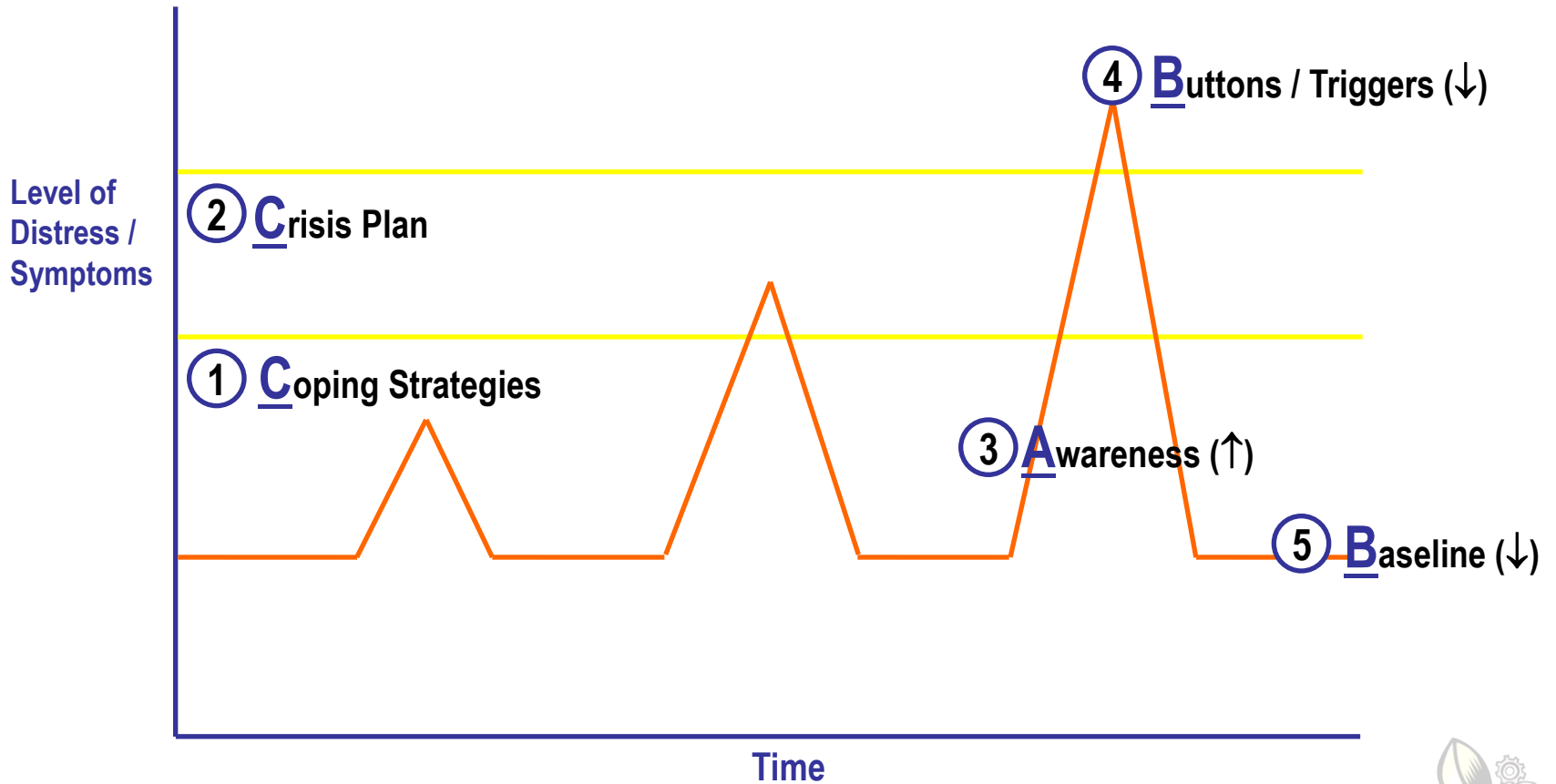
Reduce Baseline Stress

Environmental Factors

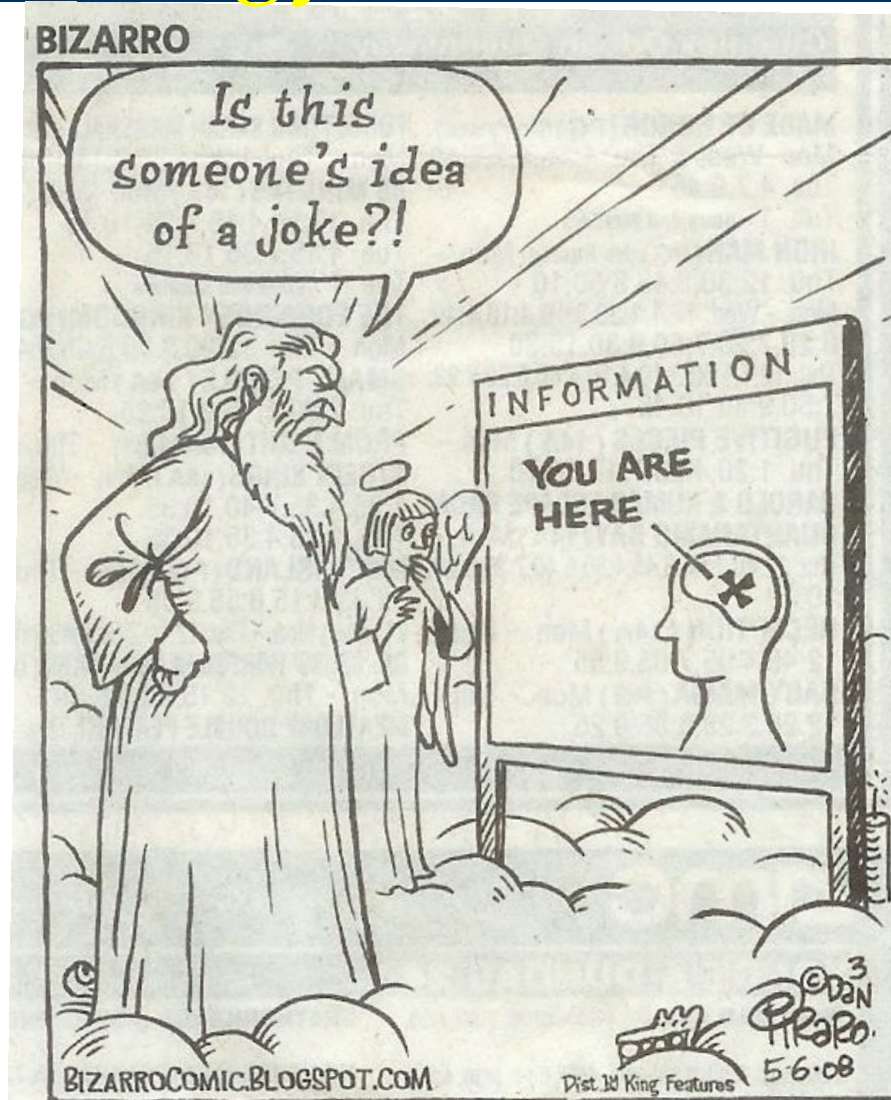
- Address basic needs (*e.g. \$, housing*)
- Change or limit exposure to toxic environments (*e.g. interpersonal problems*)
- Add/strengthen supports
- Reduce social isolation

May involve ... skills training, education, problem solving, behavioural activation

ABC Psychiatry



Rx. of mental disorders ... beyond biology



Psychiatric Care Made Easy and Understandable - ABC Psychiatry -

Is part of the
NUTS & BOLTS of PSYCHIATRY
presentation series by
DR. THOMAS HASTINGS



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Case #1

- Depression

Case #2

- Anxiety

Case #3

- Schizophrenia

Case #4

- Borderline Personality Disorder