Narrative Psychiatry

SuEllen Hamkins, MD

Leo Tolstoy:

Happy families are all alike; every unhappy family is unhappy in its own way.

SuEllen Hamkins:

Happy families are all different; every happy family is happy in its own way.

Five key elements of narrative psychiatry

- Focus on compassionate connection and emotional attunement
- Get to know the person without the problem
- Understand the patient's experience of the problem, externalizing the problem
- Develop stories of strength and meaning and dismantle harmful stories
- Collaboratively consider next steps in light of the patient's values and vision

History of skills and values in relation to a problem

- When do you feel the best nowadays?
- What helped you get through that difficult time?
- Are there times that the problem doesn't get to you?
- Are there values that you have been able to stay true to despite feeling down?
- Are there times you were able to resist the urges to cut? How did you do it?
- Who stands with you in your intention to create a peaceful life?

History of skills and values in relation to a problem

- Have you ever gotten over depression before?
- When was that?
- How did you do it?
- Whose help did you choose to draw on?
- Does your desire not to worry your family about your safety reflect a value you hold?
- Does your plan to eliminate cutting from your life reflect commitments you have for your life?

Family History

- Who in your family are you closest to?
- What do they love about you?
- Is that an indication of what your family gives value to?
- What would you say are some of the things your family cares most about?

Family History

- Is there anyone else in your family who has worked to overcome depression? What have they done to resist its influence in their life?
- Is anyone in your family dealing with the challenge of bipolar disorder? What has their strategy been to limit its effects?
- Have any family members had a problem with alcohol or drugs? Have they in any way tried to minimize its negative effects on the family? What did they do?

Strengths- and values-based documentation of initial consultations:

Introduction to the person without the problem:

(Include passions, interests, values, skills, accomplishments and sources of inspiration)

The person's goals for treatment and vision of well-being:

Chief concern:

History of the problem and efforts and successes in managing it:

Family history:

(Include family values, skills, and resources, what family members admire about the person and the problems that family members have faced and/or overcome)

Strengths- and values-based documentation of initial consultations:

(cont.)

Medical wellbeing and problems:

Observations/Mental Status:

Summary:

(Include strengths, skills, relationships, supports, values, successes in achieving their vision of wellbeing, and problems that are a focus of treatment)

Risk assessment:

(Include risks for harm to self or others and protective factors)

(Diagnoses, discussed with the person):

Collaborative treatment plan:

Strengths- and values-based documentation of initial consultations

Currently, Ms. Taylor reports that she has been able to reclaim more of her life from depression than she has ever been able to before. Currently, she reports that she is feeling OK and free of depression about 10% of the time and feels the presence of depression about 90% of the time. She notes she tends to feel more up when she is around her family, that is, her parents and her two younger sisters, because they are caring of her. She also tends to feel more OK when she goes to church, and she is helped both by the connection with the people there and her sense of spiritual connection. Furthermore, she notes sometimes at community college, she also feels OK, and sometimes feels OK in other contexts as well.

Strengths- and values-based documentation of initial consultations:

When the depression is more prevalent in her life, she experiences low energy, negative thoughts, increased sleep, difficulty getting out of bed, and increased eating. In addition, she experiences suicidal thoughts. At times, she has just thoughts; other times she develops actual plans, but [since her release from the hospital] she has been able to successfully resist acting on her suicidal impulses. One recent example is when she had an urge to take her life, she was able to think about the fact that she wanted to finish school and this prevented her from acting on it. She notes she is in her third semester studying to be a computer technician.

Narrative psychopharmacology

Narrative conversations about medicines can move between

landscapes of action

(the physical effects of a medicine)

and

landscapes of meaning

(the meaning the person ascribes to the effects).

Narrative psychopharmacology

- There are several strategies that can help reduce the frequency and intensity of anxiety attacks. Would you like me to tell you about some of them?

- Both response-prevention strategies and medicine can be helpful in minimizing urges to go overboard cleaning. Would you be interested in hearing more about either of them?

Narrative psychopharmacology

- Did you decide to try the medicine?
- What has it been like?
- What do you think about its effects?
- How does that suit you?
- Does it seem to you that the benefits of the medicine out weigh the negative effects?
- What fits with you about using the medicine and what doesn't?
- Did you want to continue with it?

Narrative psychiatry

Compliance:

How well is the doctor complying with the person's preferences in offering medicine options?

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