



# **3 STEP SUPPORTIVE PSYCHOTHERAPY**

CRAIGAN USHER, MD  
OHSU DEPT OF PSYCHIATRY

OREGON COUNSELING ASSOCIATION  
2016 ANNUAL MEETING

# CONFLICT OF INTEREST DISCLOSURE STATEMENT

1. I RECEIVED A STIPEND THROUGH THE PENN STATE COLLEGE OF MEDICINE KIENLE CENTER FOR MEDICAL HUMANISTIC MEDICINE
2. I AM A CONSULTANT TO THE EARLY ASSESSMENT & SUPPORT ALLIANCE (EASA), A PROGRAM DEDICATED TO HELPING YOUNG PEOPLE AND FAMILIES WHO ARE NEGOTIATING FIRST-EPIISODE PSYCHOSIS (FEP).
3. I WORK AT OREGON HEALTH & SCIENCE UNIVERSITY.

By the end of this hour, participants should be able to:

1. List the essentials of psychotherapy.
2. Define supportive psychotherapy.
3. Identify three steps involved in supportive psychotherapy.
4. Examine how to support one another (supervise) supportive psychotherapy in three steps.



SPECIAL THANKS  
TO COLUMBIA UNIVERSITY'S  
DEBORAH CABANISS FOR  
DEVELOPING THIS MODEL.

# Time Crunch

- Systemic pressures reduce time for listening to, reflecting with those whom we wish to help.
- Mental health clinicians from all disciplines (social worker, school counselors, peer support specialists) and in all settings are stressed.
- For physicians, documentation hours now far exceed face-to-face time.
  - Outpatient
    - 49.2% EHR and desk work
    - 27.0% face-to-face with people
  - Inpatient
    - Residents spend 25-50% of their time on the EHR.

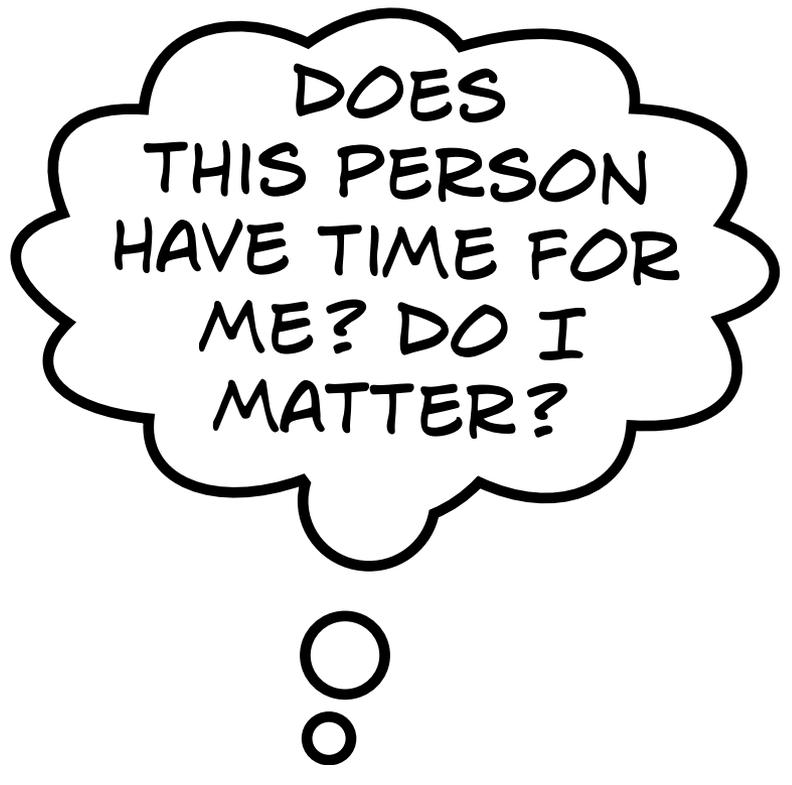


Sinsky C, Colligan L, Li L, et al. Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties. *Ann Intern Med.* 2016;doi: 10.7326/M16-0961. [Epub ahead of print]

Clynch N, Kellet J. Medical documentation: part of the solution, or part of the problem? A narrative review of the literature on the time spent on and value of medical documentation. *Int J Med Inform.* 2015 Apr;84(4):221-8.



I DON'T WISH  
TO TREAT A CHART.  
I WISH TO TREAT  
YOU.



DOES  
THIS PERSON  
HAVE TIME FOR  
ME? DO I  
MATTER?

# We. Are. Psychotherapists.

- A client/consumer/patient/person/student seeking help.
- A mental health provider
- Talking
- A frame (the parameters of the therapy, such as where you will meet, for how long, and what the fee—if any—will be)
- The goal of improving the person's mental and emotional health.



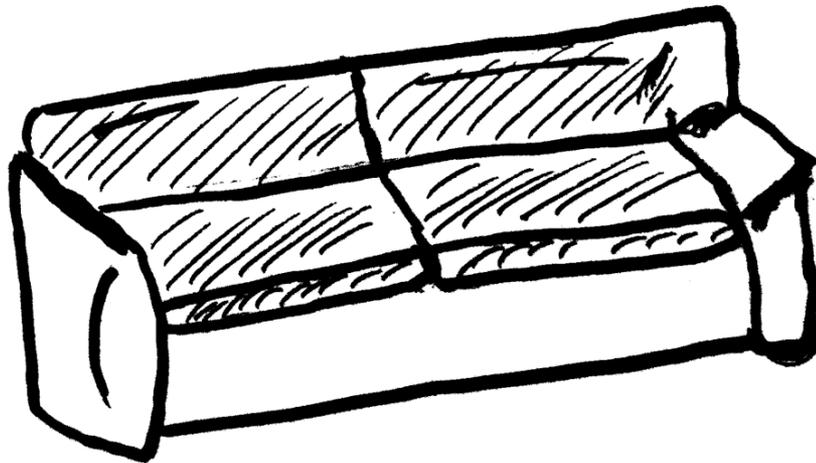
3-step Supportive Psychotherapy manual for CL/ER/Inpatient Rotations For supervisors and supervisees. Copyright—Deborah Cabaniss

Cabaniss, Cherry S, Douglas CJ, et al. Psychodynamc Formulation. Wiley: New York, 2013.

# We must be able to practice psychotherapy in various settings.

- Emergency Department
- Hospital rooms
- Inpatient and residential units
- Schools
- Other places too!

HAVE A SEAT ON MY COUCH---WE HAVE ALL THE TIME IN THE WORLD.



# Supportive Psychotherapy roots...

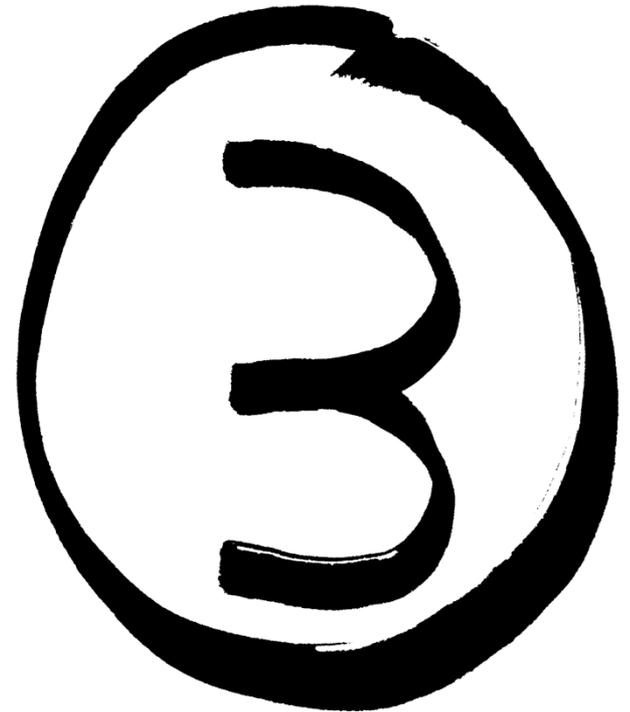


Freud Alert!

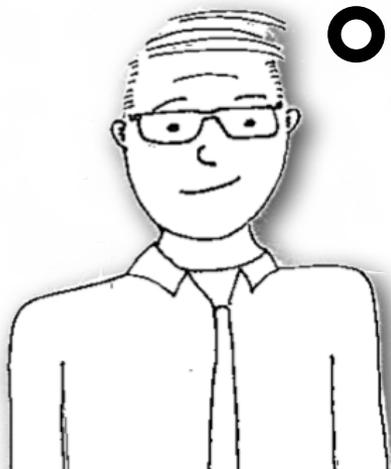
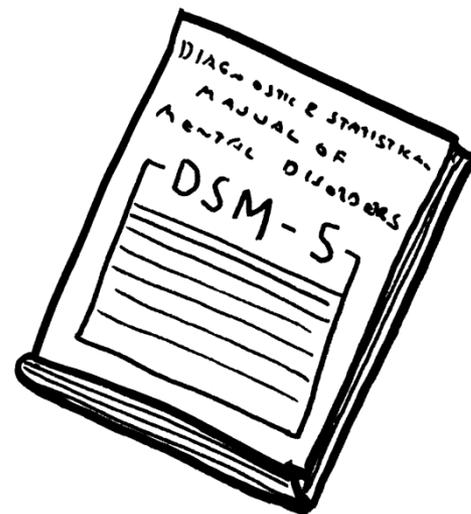
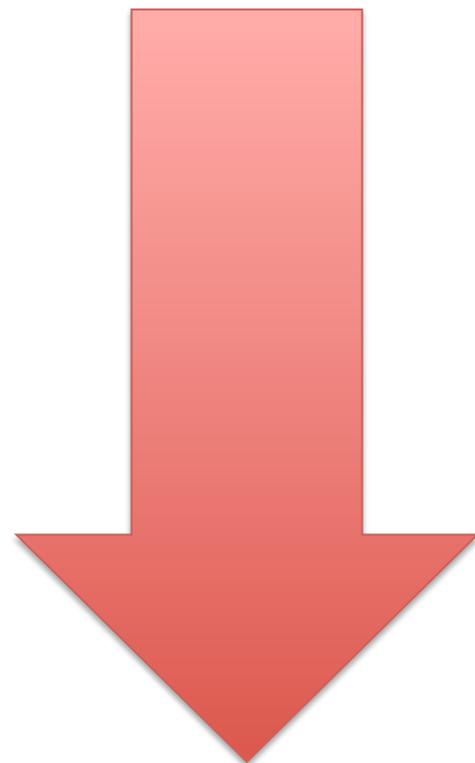
- In supportive psychotherapy one supports **ego function**: ways that one adapts to life stressors and circumstances, functions which help one through an acute crisis.

# 3 Steps to Supportive Psychotherapy

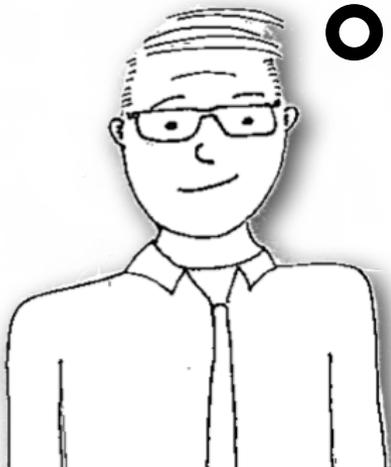
- Step 1: Evaluate the individual.
- Step 2: Set goals.
- Step 3: Make a plan for...
  - Establishing rapport/forming an alliance
  - Set the frame and establish boundaries
  - Listen with empathy, humility



STEP 1:  
EVALUATE THE PERSON  
AND LISTEN FOR  
STRENGTHS /  
ASSETS.



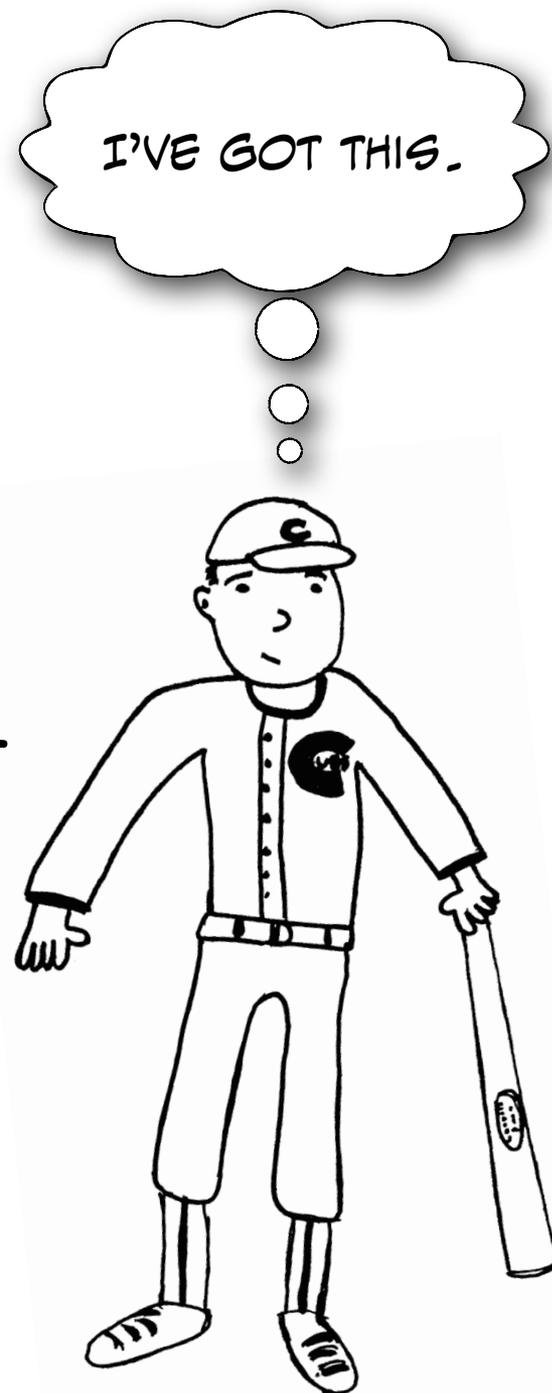
STEP 1:  
EVALUATE THE PERSON  
AND LISTEN FOR  
STRENGTHS /  
ASSETS.



# Step 1

Once safety has been established, examine...

- Defense mechanisms or coping strategies
- Impulse control and judgment
- Self-Esteem regulation
- Relationships with others
- Affect and anxiety tolerance
- Reality-testing



# Step 1 - Armor

- Acceptance
  - Acknowledging the presence of unwanted, even agonizing thoughts, feelings, memories, impulses.
- Altruism
  - Constructive service to others to alleviate pain.
- Anticipation
  - Carefully, thoughtfully planning for an upcoming problem and imagining how one can best manage a transition/dilemma.
- Ascetism
  - Gratification through renunciation. For example, planning to live within one's means. This one has an implicitly moral quality.

# Step 1 - More Armor

- Humor
  - Using comedy to alleviate discomfort, with an acknowledgement in the joking that this is helping manage one's painful affects or anxieties.
- Sublimation
  - Channeling one's hurts or destructive impulses into something more constructive.
- Suppression
  - Consciously setting aside a thought to later examine it. "Bookmarking" a feeling.

# Step 1 - Reality Testing

Metaphor: it is as if  
a monster is after  
me.

Metonymy: a  
monster is after  
me.



Step 2:  
Set goals...

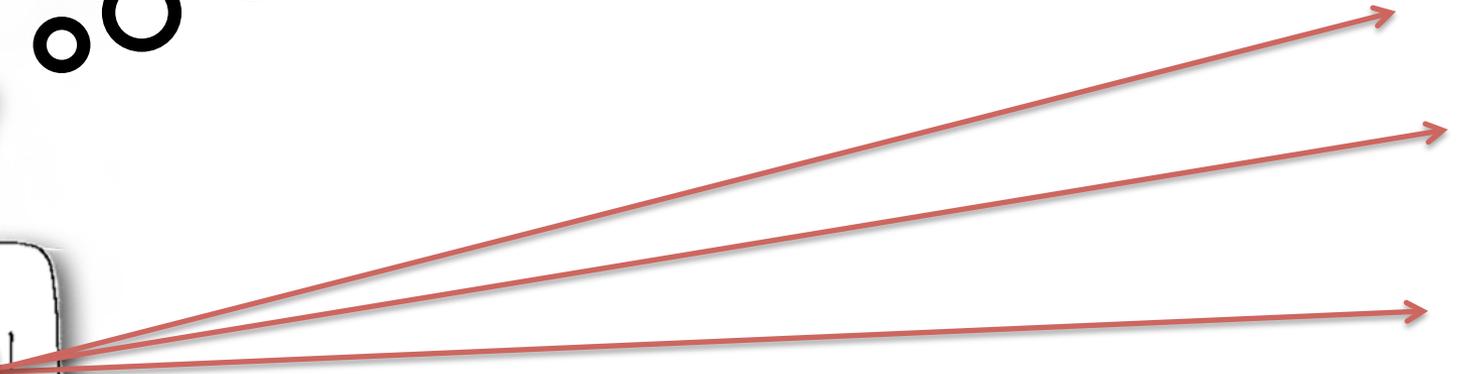
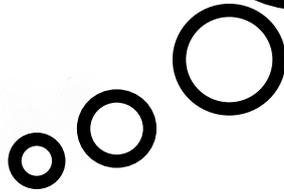
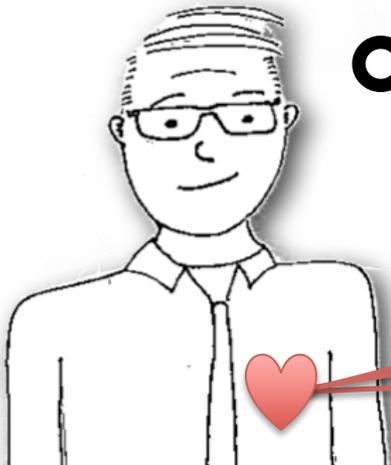
SERIOUSLY.  
WHAT ARE WE  
DOING HERE?



# 6 Basic Goals

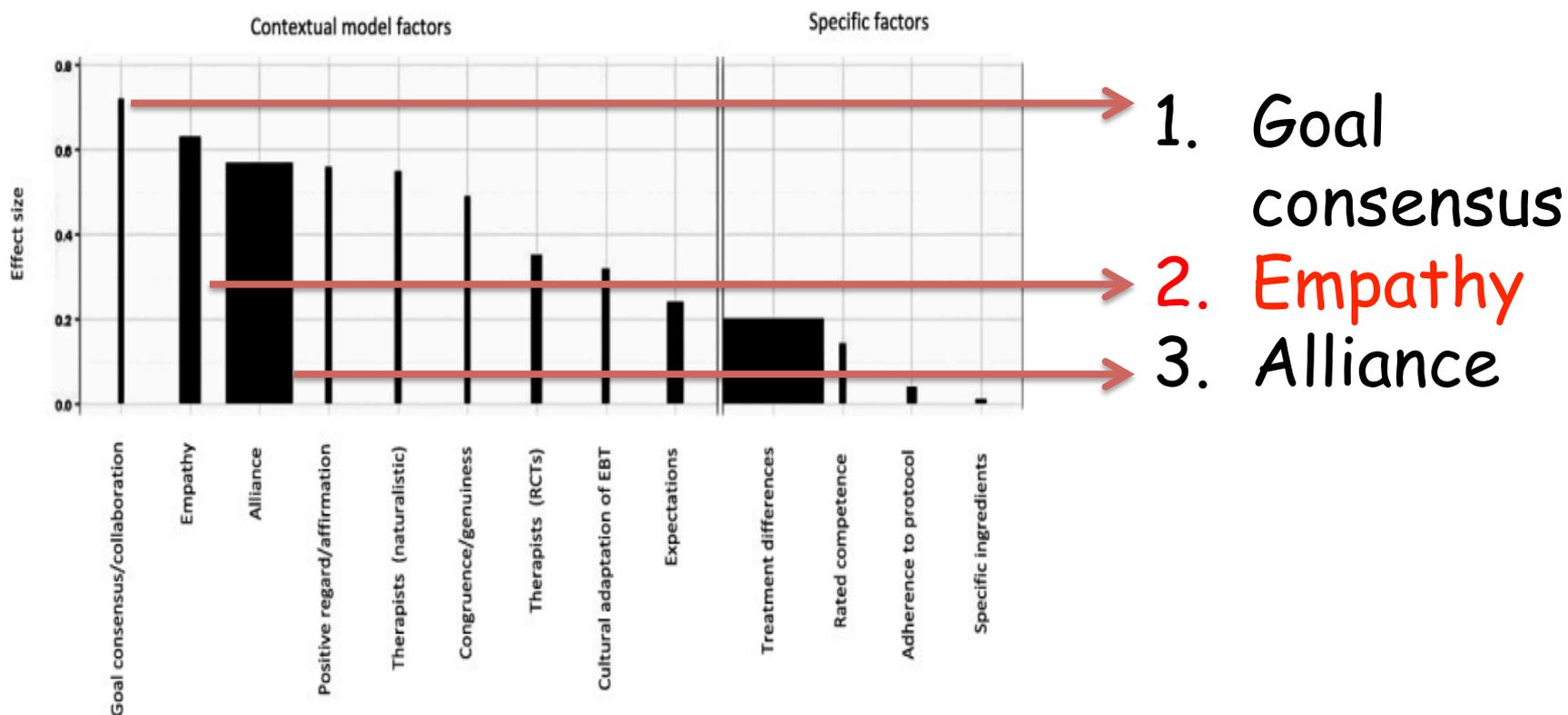
- ① Understand their own feelings and feel understood by others.
- ② Make sense of what brought them to the current crisis.
- ③ Mobilize adaptive coping skills to deal with the current crisis.
- ④ Maintain self-esteem during the current crisis.
- ⑤ Effectively relate to others during the crisis (family and mental health/medical/psychiatric/ team).
- ⑥ Plan for the short term future (ongoing treatment, re-entry to their lives, how I leave the office/ER/hospital).

STEP 3:  
PLAN HOW TO CREATE  
AN ALLIANCE, SET THE  
FRAME, AND LISTEN  
EMPATHICALLY.



# Common Factors

Figure 1



Effect sizes for common factors of the contextual model and specific factors. Width of bars is proportional to number of studies on which effect is based. RCTs – randomized controlled trials, EBT – evidence-based treatments

Wampold B. How important are the common factors in psychotherapy? An update.  
World Psychiatry. 2015 Oct; 14(3): 270–277.

## *The Empathic Stance*

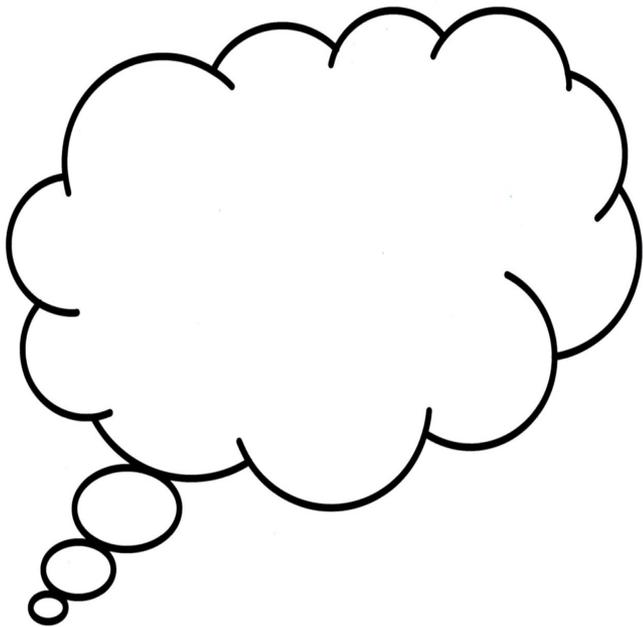
*A sign of health in the mind is the ability of one individual to enter imaginatively and accurately into the thoughts and feelings and hopes and fears of another person.*

-D.W. Winnicott, *Cure*



# Empathy / Not Empathy:

What do you think?

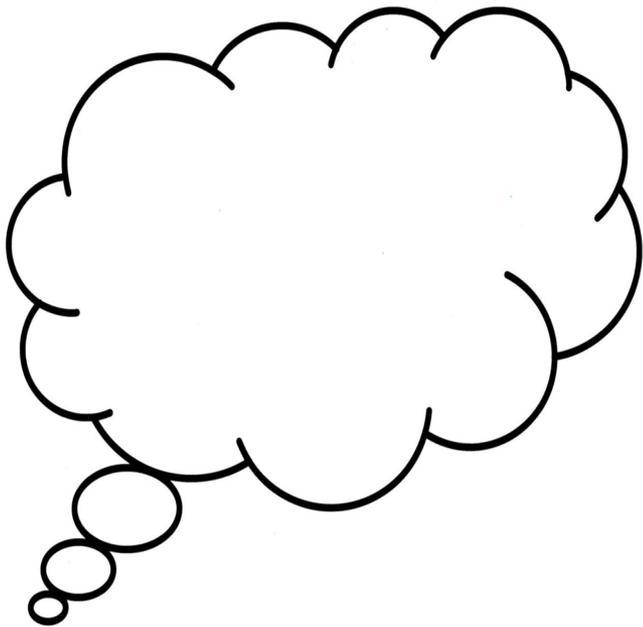


1. "I know exactly what you mean."

- A—Empathy
- B—Not Empathy
- C—Not Sure

# Empathy / Not Empathy:

What do you think?



2. "The same thing happened to me."

- A—Empathy
- B—Not Empathy
- C—Not Sure

*Conveying:*

*--that one's subjectivity is valued;*

*--that behavior and affect is based upon one's unique history, experiences of others and the world.*

*--that this is not something we wish to change, mold, get rid of*

*--but instead honor and understand.*

*--Finally, that that understanding makes an impact upon us.*



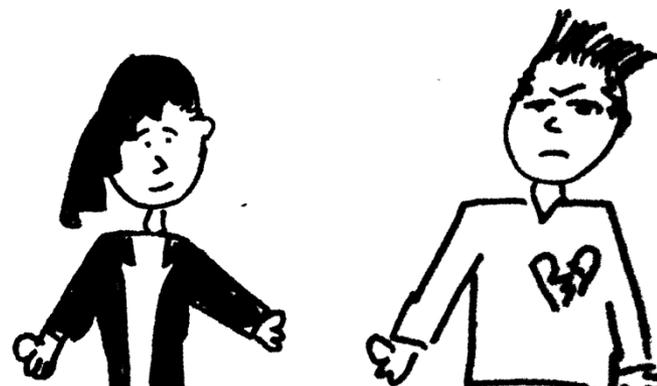
# Empathic Listening, Frame, Alliance

- Empathy
- Frame
  - *Where you will meet?*
  - *When you will meet?*
  - *How long your meetings will be?*
  - *How many total meetings you will have?*
  - *Will and if so how will the individual contact you between meetings?*
  - *Will there will be a fee?*

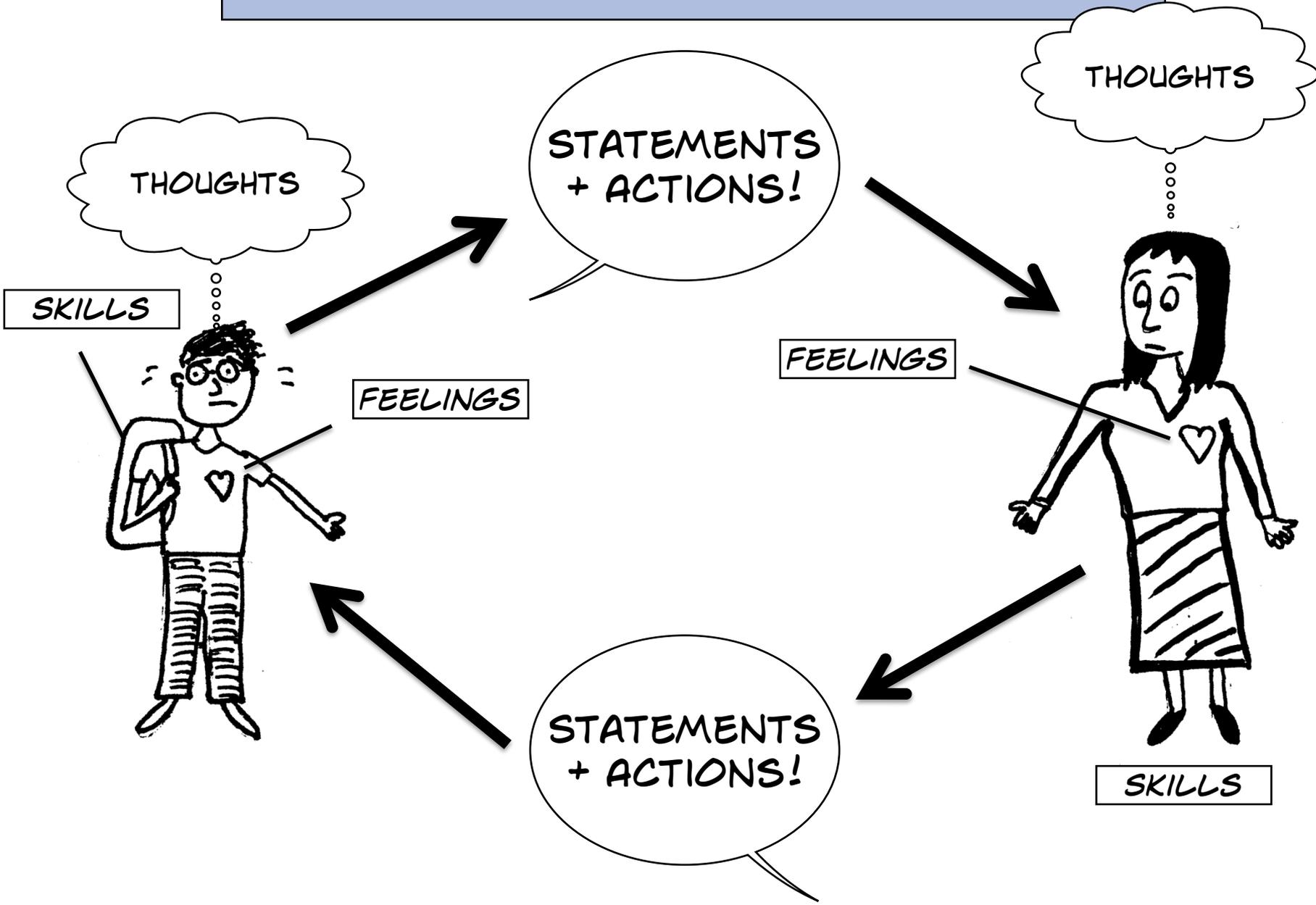


# Doing "The Work" of Supportive Psychotherapy

1. Encourage the person to talk about feelings
2. Help the person tell the story of the current situation.
3. Learn about their strengths and ways that they have handled crises in the past.
4. Highlighting strengths and past accomplishments. Admiration must be real.
5. Learn about key relationships and role play.
6. Talk about next steps.



# HELPING PEOPLE REFLECT...

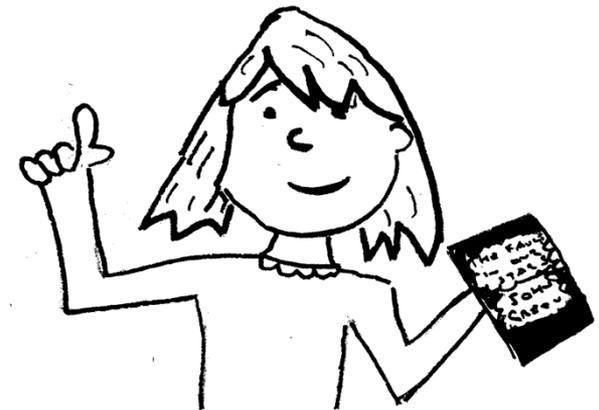


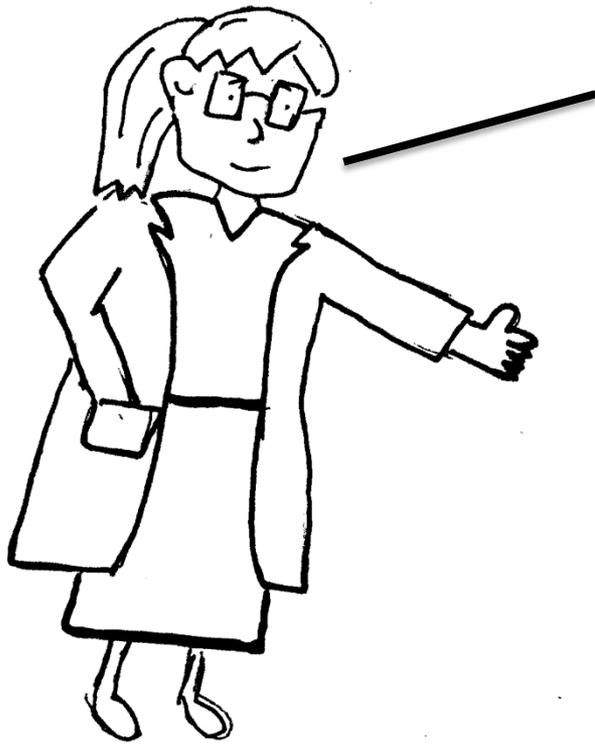
# Supervision Exercise...

- We don't want to:
  - Imagine psychotherapy will take place some place else with someone else: "in group" or "when they meet their new therapist then they can do *real* psychotherapy."
  - Indulge the fantasy that we're just here for "dispo work."
  - Pretend "we just do meds."
  - Just fill out paperwork...

# Therapy

- We are psychotherapists because we:
  - encounter people seeking help
  - are mental health providers
  - talk.
  - have a frame
  - aim to improve people's mental and emotional health.





Tell me about the young person you just met and we'll walk through the steps of supportive psychotherapy together.

GWEN  
BART  
ERIN  
SAM

WOW. I  
THOUGHT I WAS JUST  
GOING TO TALK ABOUT  
WHERE I KIND FIND A  
DROP SLIP.



## #1 Evaluate

- Defense mechanisms or coping strategies
- Impulse control and judgment
- Self-Esteem regulation
- Relationships with others
- Affect and anxiety tolerance
- Reality-testing

## #2 Set Goals

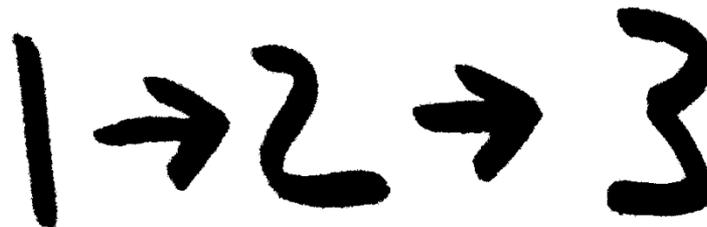
- ① Understand feelings.
- ② Make sense of story that brought on crisis.
- ③ Mobilizing adaptive coping skills.
- ④ Maintaining self esteem during this crisis.
- ⑤ Effectively relating to others.
- ⑥ Plan for the short term future.

## #3 Frame

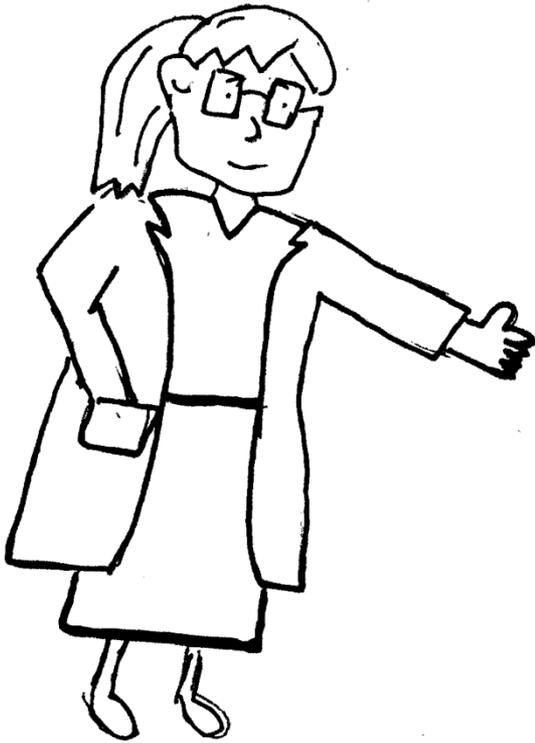
- *Where?*
- *When?*
- *How long?*
- *How many sessions?*
- *How can they reach you?*

## #3<sup>1/2</sup> Alliance & Techniques...

- What will you do to foster an alliance?
- Encourage talking about thoughts, feelings, somatic experience.
- Help the person tell the story.
- Learn about strengths.
- Highlight historical successes.
- Learn about key relationships
- Talk next steps.



# What did we learn in supervision?



GWEN  
BART  
ERIN  
SAM



Special thanks to Deborah Cabaniss and her colleagues for developing this model, Ryan Melton, ORCA, and EASA for this opportunity...

THANKS AND FEEL FREE  
TO EMAIL ME:  
[USHERCR@OHSU-EDU](mailto:USHERCR@OHSU-EDU)



and also to my current and former "patients."  
Thanks for your **patience** and teaching.