UNIVERSITATEA DE STAT DE MEDICINĂ ŞI FARMACIE „NICOLAE TESTEMIŢANU”

CATEDRA MANAGEMENT ŞI PSIHOLOGIE

Lecture V.
Doctor’s and patient’s behavior

TOPIC ON CLINICAL PSYCHOLOGY

PRESENTED BY : PhD Cernitanu Mariana

Structure

- ✓Transference and countertransference in a D-P relationship.
- ✓Doctors' and patients' negative traits of behavior that influence the quality of medical relationship.
- ✓Changing behavior

Transference

- **In psychology,** transference is described as a situation that occurs when an individual's emotions and expectations toward one person are unconsciously redirected toward another person.

Patient-Therapist Transference

Transference also includes the patient's expectations about how he or she will behave and feel and what his or her expectations are from the therapist. The patient's expectations may include love, disapproval, and an entire range of emotions.

The client may even expect to experience abuse or abandonment from the therapist. Clients might even subconsciously behave in a way that produces the reactions they are expecting from the therapist. In another words, it is **the client's interpretation of interactions with the therapist.**

Communicating Transference

- There are several ways clients communicate the transference that is happening toward their therapist. **The first method** is when the patient communicates their feelings directly with the therapist. In this case, the patient realizes what is occurring.
- **The second method** of transference is symbolic. The patient may communicate transference through his or her experiences or stories. The stories or experiences can resemble his or her perception of the relationship with the therapist. The patient may or may not realize transference is occurring.
- **The third method** of transference occurs through communication of dreams and fantasies experienced by the client. The patient may have dreams or fantasies about the therapist, where the therapist is present, or about the current relationship with the therapist. The patient may or may not realize transference is occurring.
- **The fourth method** is enactment, where the patient takes on a particular role with the therapist. For instance, a patient may take on the role of a child treating the therapist as though he or she is his or her mother. The patient may expect the therapist to fulfill all maternal needs that were not fulfilled as a child. In this case, the patient usually does not realize transference is occurring.

Issues Regarding Transference

- **Several serious issues** can occur during transference. The patient's mental health and relationships are affected and can be helped or harmed by transference. The major concern is that the patient is not seeking to build a relationship with an actual person. In reality, the patient is seeking a relationship with another individual who they have projected feelings and emotions toward.
- **Dealing with** transference in therapy involves more than just talking about events and feelings in the patient's past or current experiences. It is also a lived experience, where the therapist helps the patient reach the core transference issues within the therapy. Change can only come about through the patient's re-experiencing and understand these processes.
- **Major techniques in dealing with transference** involve intervention to work on interpreting occurrences and developing explanations for the transference. Interpretation helps the patient understand the meaning of the transference that is occurring. Interpretations occur about many of the life issues of a client, but primarily address unconscious and conflicted aspects.

Countertransference

- **Countertransference** is defined as redirection of a therapist's feelings toward a patient, or more generally, as a therapist's emotional entanglement with a patient.

- **Signs of countertransference** in therapy can include a variety of behaviors, including excessive self-disclosure on the part of the therapist or an inappropriate interest in irrelevant details from the life of the person in treatment.

RECOGNIZING COUNTERTRANSFERENCE

- A therapist who acts on their feelings toward the person being treated or that person's situation or engages in behavior not appropriate to the treatment process may not be effectively managing countertransference.
- A person in therapy who suspects a therapist of harmful countertransference might consider bringing it up in a session, if it is safe to do so.
- Making the therapist aware of the issue may be enough to solve the problem, but obtaining a second opinion might also be of benefit in some cases. If the issue does not resolve, finding a new therapist may be a possible solution. Grossly unethical behaviors are often best reported to a licensing board or some higher authority.

Example of countertransference

- a problematic example of countertransference might occur when a person in treatment triggers a therapist's issues with the therapist's own **child.**
- The person being treated, for example, might be defiant with the therapist and may transfer defiance felt toward a parent onto the therapist. If the therapist reacts to the individual as one would react to one's own child, by becoming increasingly **controlling**, for example, without recognizing the countertransference, this could negatively impact the therapeutic relationship and perpetuate unhealthy patterns in the life of the person in treatment.

HOW TO DEAL WITH PROBLEMATIC COUNTERTRANSFERENCE

- Therapists can endeavor to be particularly mindful about recognizing their own feelings and fears when working with an individual who has experienced a personal **trauma** or stress the therapist has also experienced.
- In the course of therapy, a therapist may come to experience an attraction to a person in treatment. While an attraction in itself is not an unnatural occurrence, the therapist must be able to recognize these feelings and deal with them in a healthy manner to prevent the development of an inappropriate relationship with a person in therapy.
- **Countertransference** is sometimes seen in therapists who are treating a person who has been exploited sexually by a previous therapist. In these cases, it is possible a therapist may be under-involved with the situation and identify with the perpetrator, blame the victim, or refuse to believe the victim, and possibly discourage the individual from taking action against the perpetrator.
- Regardless of personal feelings, the therapist must be careful to maintain a middle ground when treating a person who has been **abused** by a past therapist.

Patient's compliance and noncompliance

- **Therapeutic compliance -**"*patient's behaviors* (in terms of taking medication, following diets, or executing life style changes) coincide with healthcare providers' recommendations for health and medical advice. It refers to the match between medical prescription and their applications by the patient in order to obtain the cure of an illness.
- **Therapeutic non-compliance** occurs when an individual's health-seeking (patient) lacks congruence with the recommendations as prescribed by a healthcare provider.

Methods to increase the therapeutic compliance:

- medical education for doctors to observe the best moments for explanations;
- explaining to the patient the rationale for choosing a certain therapeutic plan;
- explaining to the patient the possibility of adverse effects of the medicines;
- shaping an adequate doctor/patient relationship, based on trust;
- using a simple therapeutic schema, explained to the patient and repeated by this one.

!!!

When the patient either can not or will not do what the physician knows is the correct course of treatment, the patient becomes non-adherent or non-compliant.

Therapeutic non-compliance (non-adherence)

- occurs when an individual's health-seeking (patient) lacks congruence with the recommendations as prescribed by a healthcare provider.

- **Examples of non-compliance:**

- treatment modifications without consulting the doctor;
- demand of hospital discharge without medical advice;
- stop of treatment without medical advice.
- etc

Main causes of therapeutic non-compliance or reasons patients don't comply

- **Denial of the problem.**
- **The cost of the treatment.**
- **The difficulty of the regimen.**
- **The unpleasant outcomes or side-effects of the treatment** (an unpleasant taste of a medicine, the prick of a needle, or the pain of physical therapy may keep the patient from following through).
- **Lack of trust.**
- **Apathy and personal peculiarities.**
- **Previous experience.**
- **Poor relationship with doctor and/or medical team.**

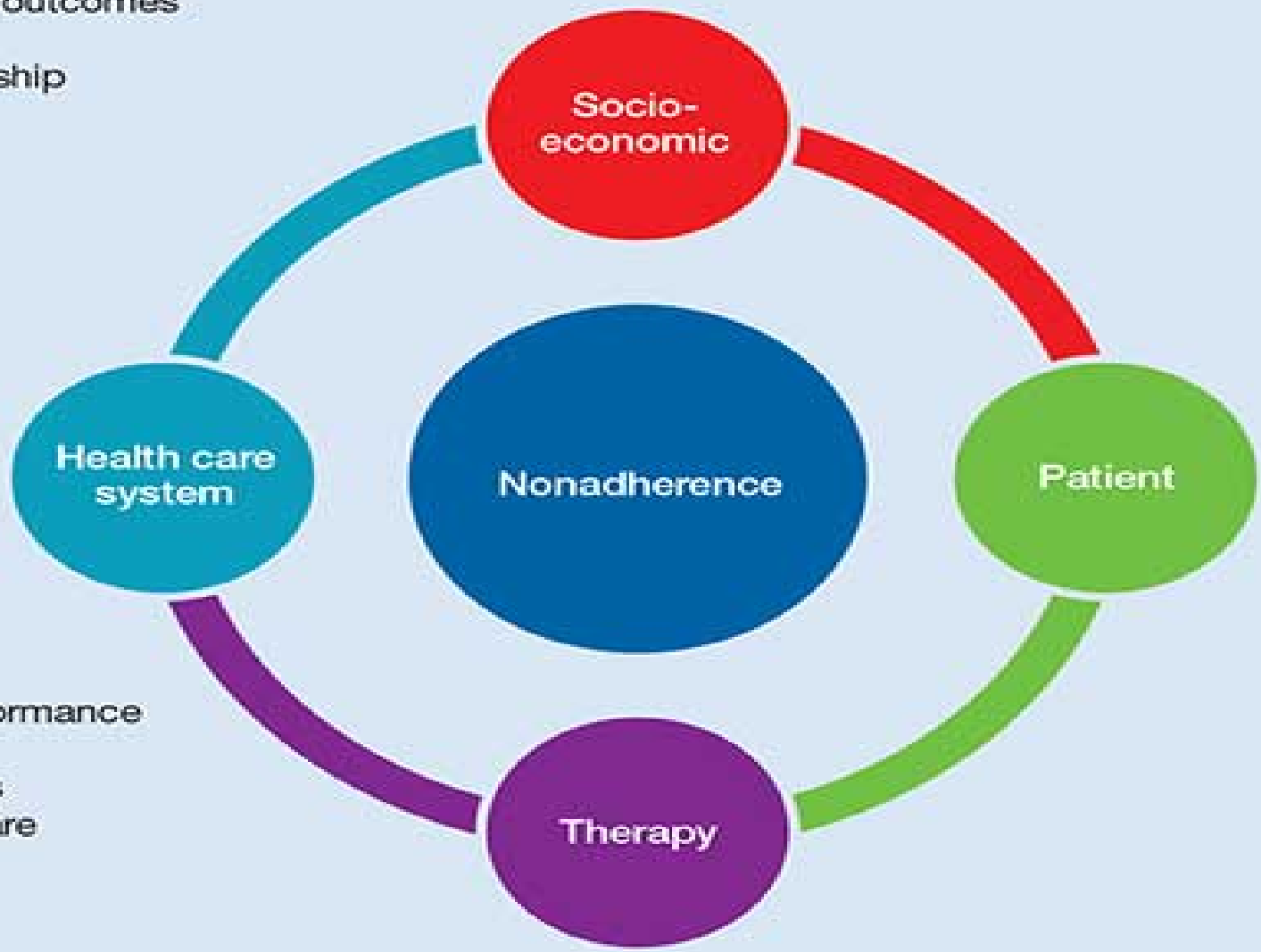
Categories of medication nonadherence

Health care system
- Negative impact of treatment outcomes
- Inefficient use of resources
- Poor provider-patient relationship
- Poor communication
- Lack of oversight
- Lack of feedback
- Trust
- Lack of continuity of care

Therapy
- Regimen complexity
- Side effect profile
- Dosing frequency
- Effectiveness
- Formulation
- Polypharmacy

Patient
- Cognitive impairment
- Psychological or behavioral problems leading to nonconformance and non-persistence
- Misconception about benefits and perceived efficiency of care

Socioeconomic
- Poor insight
- Low literacy
- Higher medication costs
- Poor social support
- Unstable living conditions



Seven ideal physician traits of behaviors were identified in the research on Patients' Perspectives on Ideal Physician Behaviors, done by Mayo Foundation for Medical Education and Research in 2006.

- ✓ confident,
- ✓ empathetic,
- ✓ humane,
- ✓ personal,
- ✓ forthright,
- ✓ respectful, and
- ✓ thorough.

Four Ways Behavior is Maintained

- ✓ Record Review
- ✓ Systematic observation of the behavior, antecedents, and consequences
- ✓ Parent/Teacher/ Student Interviews and/or Questionnaires
- ✓ Environmental analysis of the setting
- ✓ Data Collection

- Escape/ Avoidance

- Attention

- Automatic Reinforcement

- Tangibles

Doctors' and patients negative traits of behavior that influence the quality of medical relationship:

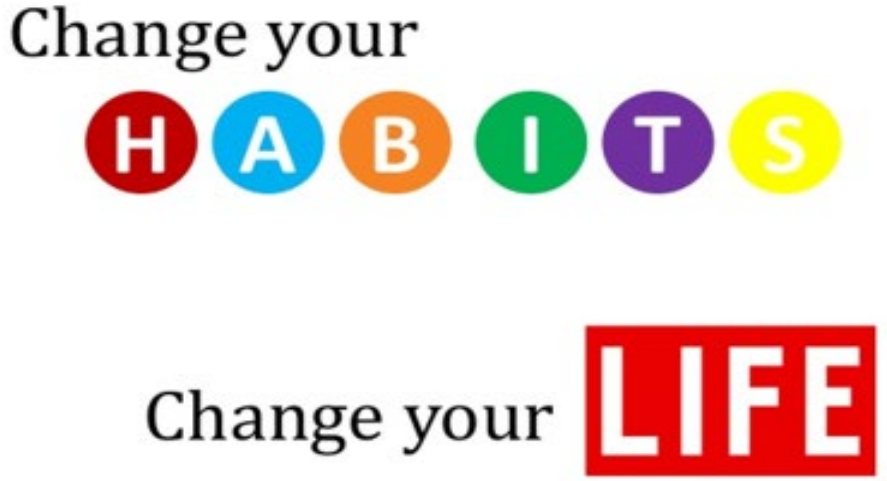
- **Bad habits** and/or **addiction**
- Bad behavior due to **overstress, depression** and/or **burnout**

- Habits become hard to break to because they are deeply wired by constant repetition into our brains.
  - And when you add pleasure to them — like you have with drugs, for example — the pleasure centers of the midbrain get fired up as well, and continue to fire long after the habits stop, creating the cravings that folks struggle with.
- But habits are also patterns of behavior and it is the breaking of patterns that are the key to breaking the habits themselves. Usually there is a clear trigger to starts the pattern.
- But these patterns are also usually wrapped in larger ones: This is where are routines come to run our lives.

BAD HABITS

Bad habits definition

A patterned behavior regarded as detrimental to one's physical or mental health, which is often linked to a lack of self-control.



WAYS TO BREAK IT UP

1. Decide that you really want to change and convince yourself that you can.
2. 2. Gain insight on what's causing the habit.
3. 3. Set reasonable goals at first
4. Measure your progress and don't be discouraged by occasional slips
5. Seek additional support if your habits are proving harder to change

Addiction

- Addiction is a psychological and physical inability to stop consuming a chemical, drug, activity, or substance, even though it is causing psychological and physical harm.
- Some addictions also involve an inability to stop partaking in activities, such as gambling, eating, or working. In these circumstances, a person has a **behavioral addiction.**

WHAT MAKE PEOPLE FEEL STRESSED OUT

Doing what you do not love to do.
Desire/unmet needs
Poor time management
Work tension and overworking
Strained family relationships

It is the predictable way
the body responds to stress:

Stage 1:Alarm reaction
Stage 2:Resistance
Stage 3:Exhaustion

What Is Depression?

- A very common, highly treatable, medical illness.
- Affects physical, mental and emotional well-being.
- Affects basic, everyday activities like eating and sleeping.
- Affects how people think about things and feel about themselves.

Depression reactions

Situations
- Loss
- Isolation
- Conflict
- Stress

Thoughts
- Negative thinking habits
- Harsh self-criticism
- Unfair & unrealistic thoughts

Emotions
- Discouragement
- Sadness
- Irritability/anger
- Numbness
- Anxiety

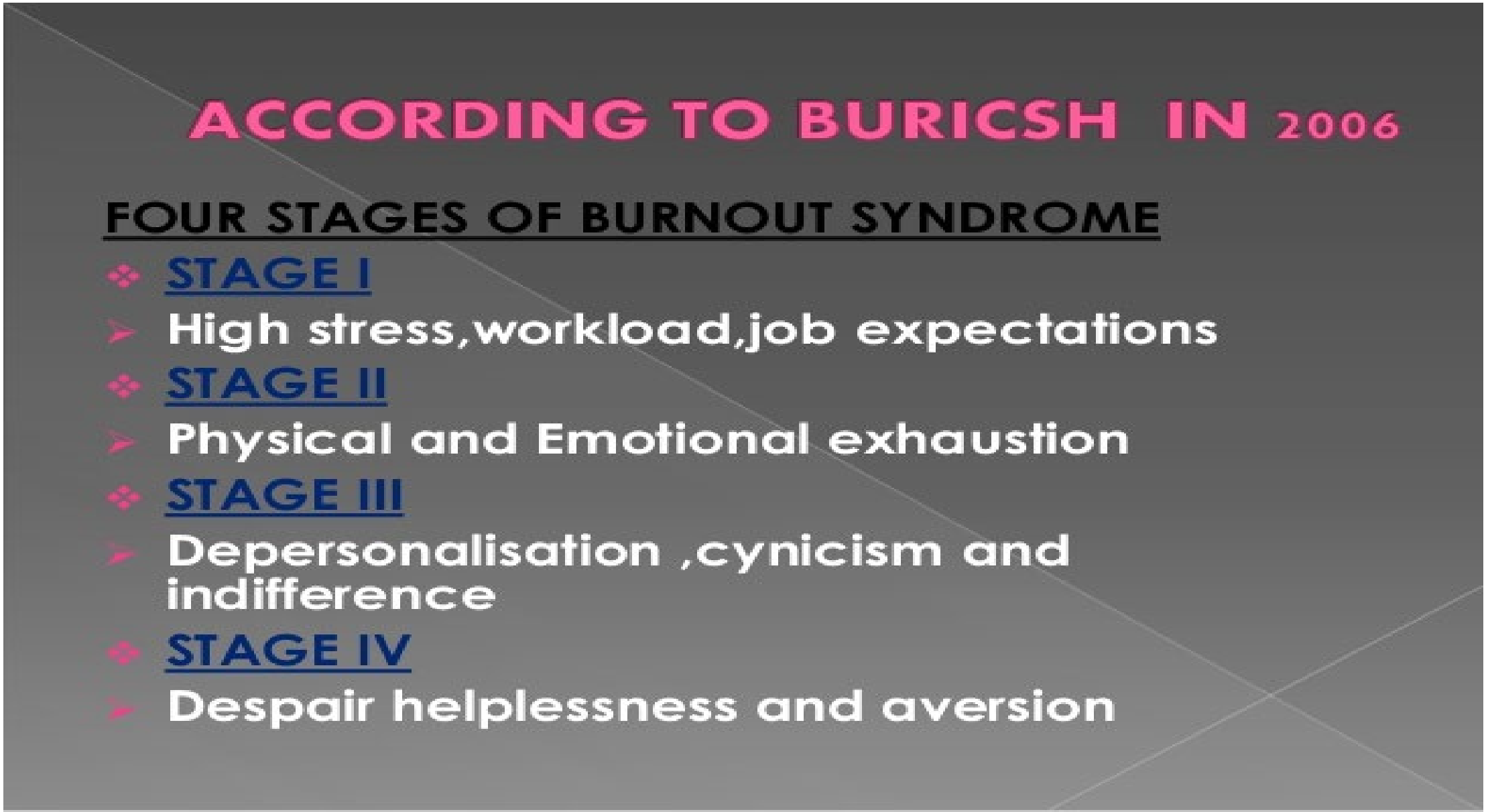
Physical State
- Altered sleep
- Low energy / fatigue
- Agitation
- Changes in brain chemistry

Actions
- Social withdrawal
- Reduced activity level
- Poor self-care

BURNOUT SYNDROME

- **“Burnout is a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job, [which results is] an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment.”**

Doctors and nurses burnout stages



Determinants of health behavior

The most widespread **INFLUENCE** strategy

The Stages of Behaviour Change

Adapted from Grimley (1997) and Prochaska (1992).

Pre-contemplation
(Unaware of the problem).

Add this stage for safety programmes

Skill drills

(Experiential practice of desired behaviour).

Contemplation

(Aware of the problem and of the desired behaviour change).

Preparation

(Intends to take action).

Action

(Practices the desired behaviour).

Maintenance

(Works to sustain the behaviour change).


CHANGE


OLD HABITS
NEW HABITS


To wish for change will change nothing. To make the decision to take action right now will change everything!
Nick Vujicic

Bibliography

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THANK YOU!