Parallel Session 1 – Thursday June 20th 2019, 15h15 – 16h45
Unusual psychotherapeutic approaches in liaison psychiatry

- C. Delli Noci: Involuntary movements, “anarchic movements”: The role of music as a regulator of somato-psychic cleavage
- A. Berney: Joint somatic and brief psychotherapeutic intervention in functional neurological disorders
- F. Stiefel: The role of phenomenological analysis of the bodily illness experience in the psychotherapy of the medically ill
- W. Söllner: Creative therapies may reduce anxiety and enhance the expression of emotions in severely ill patients
- A. Landa: Columbia Stages of BioPsychoSocial Awareness (CS-BPSA): A conceptual model and a tool for clinical practice and research

Theme
There are psychotherapeutic interventions in liaison psychiatry, which are less known and utilized, but nevertheless clinically relevant. This symposium aims to present some of these interventions by means of clinical vignettes, followed by theoretical and practical reflexions.

The first presentation describes, based on a video-analysis, the case of patient with a severe and chronic generalized tremor, reacting to different pieces of music with different rythmes. The second presentation focuses on a bi-focal (somatic and psychiatric) approach for patients with conversion syndrome. The third presentation highlights the benefits of a phenomenological analysis of the lived experience of the body in the psychotherapy of a medically ill. The fourth presentation illustrates creative psychotherapeutic approaches for patients with medical illness and with limited verbal capacities, using their paintings to access their thoughts and feelings about the past, the present and the future.

Takeaways
Participants will learn about psychotherapeutic interventions, which widens the range of the traditional approaches, and will hopefully be convinced to consider alternative and creative ways in their clinical activity.

Chair: Friedrich Stiefel, Head of Liaison Psychiatry Service, University Hospital Lausanne – CHUV, CH

Co-chair: Wolfgang Söllner, Head of Liaison Psychiatry Service, Paracelsus Medizinische Privatuniversität, Klinikum Nürnberg, DE
Involuntary movements, "anarchic movements": the role of music as a regulator of somato-psychic cleavage

**Aim**
The purpose of this presentation is to show the therapeutic use of musical listening in a patient affected by a pathology of the motor system characterized by abnormal movements and disability. The music constitutes an effective substrate favoring a much more harmonious tuning between body and affects.

**Methods**
We proposed to the patient to listen (with a headphone) to 4 pieces of music that we chose based on the musical parameters (melody, harmony, rythme). The video of the patient while listening to these pieces enabled to observe the movements of the body as well as the facial expression. We then asked the patient to express herself verbally concerning this task.

**Results**
We have observed a canalization of movements related to the musical parameters. Paradoxically where the musical parameters are less identifiable, we observed a reduction or almost absence of movements and / or a search for missing marks.

**Conclusion**
Music is an effective means in the interception and modulation of affects. It can also become an element of appeasement of the symptoms allowing a better somatopsychic integration, allowing an harmonization between the movements and the psychoaffective dimension. Music finally represent also a powerful associative medium.

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Joint somatic and brief psychotherapeutic intervention in functional neurological disorders

Aim
we recently developed a joint neurological and psychotherapeutic intervention for functional neurological disorder patients and published outcome data demonstrating its effectiveness. This paper further describes main treatment components, within a symposium on innovative psychotherapeutic interventions in consultation-liaison psychiatry.

Methods
Intervention consists of a multidisciplinary investigation and joint diagnostic restitution by the neurologist and psychiatrist. This is followed by a brief psychotherapeutic intervention (4-6 sessions), adding a neurological reassessment to the last session.

Results
Compared to standard care, patients in the intervention group showed a better outcome on main measures, including physical symptoms, mental health, Quality of Life, use of medical care and functioning (Hubschmid et al. 2015). The psychotherapeutic intervention tends to: i) legitimize patients complaints and explore consequences of symptoms rather than causes; ii) address illness beliefs, fears and doubts about the diagnosis; iii) explore stress factors, precipitating and maintaining factors, including negative experiences with health care system; iv) introduce the possibility of links between emotional states and bodily complaints; v) when appropriate explore history of serious trauma respecting potential avoidance and coping mechanisms; vi) plan additional therapeutic measures.

Conclusion
This study indicate that short-term joint somatic – psychotherapeutic intervention is beneficial for functional disorder patients. The co-presence of neurologists and psychiatrist facilitate access to psychological treatment and bring a sense of coherence for the patient.

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The role of phenomenological analysis of the bodily illness experience in the psychotherapy of the medically ill

Aim
To describe the benefices of a phenomenological analysis of the lived experience of illness in the psychotherapy of the medically ill.

Methods
Phenomenological analysis of the illness experience focuses on the transformation of the body and its consequences with regard to his function for (i) the representation of the world, (ii) the access into the world, and (iii) the way to be affected by the world. In addition, the modified experience of space and time by illness, as well as changes of the inter-corporal experiences are part of such an analysis.

Results
The phenomenological analysis – presented by means of two case vignettes of a patient with Parkinson disease and a patient with a melanoma of the eye – illustrates how this analysis complements the traditional psychodynamic-psychotherapeutic interventions and how it fosters the therapeutic alliance.

Conclusion
Phenomenological analysis is not limited to existential psychotherapy, it can also play an important complementary role in consultation-liaison psychiatry.

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Creative therapies may reduce anxiety and enhance the expression of emotions in severely ill patients

Aim
Many severely ill patients suffer from persistent anxiety. Defense mechanisms, such as denial, repression and rationalization, often make it difficult for them to express their feelings. Creative therapies such as imaginative techniques and art therapy may support them to express their thoughts and emotions.

Methods
I will present a method of art therapy in which patients are asked to paint pictures between therapy sessions. The themes of the images are freely chosen by the patients, but should be assigned either to the past, the present or the future. I integrate this method into psychodynamic therapy. In the psychotherapy sessions I ask the patients to share how they felt while painting and to share any daytime remnants and their spontaneous ideas about the drawings.

Results
This method stimulates the examination of the temporal course and the temporal perspective of coping with the disease. In the case of existentially threatening patients, the future perspective is particularly significant. The discussion and verbal processing of the experience in creative therapy is of crucial importance. The non-verbal event is always embedded in the dialogical process of the therapeutic relationship.

Conclusion
Although the empirical evidence is still poor, creative procedures in medically ill patients seem to reduce anxiety and support the expression of feelings. They strengthen individual resources and self-esteem and promote patient autonomy.

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Columbia Stages of BioPsychoSocial Awareness (CS-BPSA): A conceptual model and a tool for clinical practice and research

**Aim**
Interventions in psychosomatic medicine are based on biopsychosocial understanding of health and disease. However, both patients and care providers vary widely on the levels of acceptance of this approach, which impacts the effectiveness of interventions. In addition, the methods of assessing the levels of this awareness are sparse.

**Methods**
We developed new concept ‘Biopsychosocial Awareness’ (BPSA) which reflects the degree to which a person (or organization) adopts a biopsychosocial understanding of health, disease, and his/her symptoms. Patients, clinicians, researchers and societies vary in the level of BPSA, and full BPSA is still rare in many countries around the world. BPSA is a multidimensional and ever-changing phenomenon, and can be facilitated by interventions. To conceptualize this process, we developed the Columbia Stages for BioPsychoSocial Awareness (CS-BPSA) model and scale to assess changes in patient’s BPSA along two dimensions: levels of BPSA (degree of awareness of the bidirectional relationship between mind/brain-body) and stages of readiness for BPSA.

**Results**
The CS-BPSA Scale can be used in research and clinical practice: for diagnosis and treatment planning; for tracking patient’s progress, and for determining an optimal intervention during the moment-to-moment interactions with a patient in medical practice or psychotherapy.

**Conclusion**
We will present the CS-BPSA model and specific clinical examples of how to use this method in clinical practice and research. (This talk will be presented as part of symposium "Innovative psychotherapeutic approaches in liaison psychiatry").

**Reference**

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