

An Experience of Integration
between **Pharmacotherapy**
and **Psychotherapy** in
Restructuring Rehabilitation

INTERNATIONAL CONFERENCE OF THE ISPS , LIVERPOOL, UK

AUGUST 30TH – SEPTEMBER 3RD, 2017

Restructuring Rehabilitation Goals:

- ▶ Ability to build/ know an own vision of Self, of the Others and the World and being able to share it
- ▶ Elimination of Voluntary and Forced Hospitalisation
- ▶ Elimination of psychiatric drug administration
- ▶ Elimination of Symptoms
- ▶ Treatment continuation with the sole Clinic Psychotherapy
- ▶ Personal and Working Autonomy

The cases treated in Agorà Daycare

Sender's diagnosis according to DSM- 4/5

- ▶ Paranoid Schizophrenia 2 cases
- ▶ Schizoid Personality Disorder 2 cases
- ▶ Nervous Bulimia 1 case
- ▶ Schizoaffective Disorder 1 case
- ▶ Bipolar Disorder 1 case
- ▶ Mental Retard 7 cases
- ▶ PTSD 1 case
- ▶ No Diagnosis 4 cases

Agorà Daycare Patient	Daycare admission	Admission DSM diagnosis	Sender's diagnosis (Health Dept.)	Structured Integrated Model diagnosis	2013	March 2014	June 2015	November 2015
1	02/05/11	Psicosis (Not Otherwise Specified) Personality Disorder (Not Otherwise Specified)		B Dissociated / Emotion – Bodily Perception	Clomipramine 150mg 1tb/day Valproic Acid 500mg 2tb /day Aripiprazole 15mg 1 tb/day Delorazepam 2mg 3tb/day	Valproic Acid 500mg 2tb /day Aripiprazole 15mg 1 tb/day Delorazepam 30 drops 3times/day Chlorpromazine 25mg : 1 ½-1 ½ -1 Biperiden 4mg 2tb/day	Chlorpromazine 25mg 3tb/day Delorazepam 1mg when needed	none
2	19/09/13	Personality Disorder (Not Otherwise Specified)	Mental Retard	B Confluent (Bodily perception strongly feared)	none	none	Zolpidem 10mg when needed	Zolpidem 10mg when needed

Agorà Daycare Patient	Daycare admission	Admission DSM diagnosis	Sender's diagnosis (Health Dept.)	Structured Integrated Model diagnosis	2013	March 2014	June 2015	November 2015
3	27/6/2014	Paranoid Schizophrenia	Paranoid Schizophrenia	B Dissociated / Emotion – Bodily Perception	Valproic Acid 500mg 2tb /day Clotiapine 25 drops/day Paroxetine 20 drops/day Risperidone 3mg/day Clozapine 700mg/day		Valproic Acid 500mg 2tb /day Clotiapine 25 drops/day Paroxetine 20 drops/day	Hospitalised at the moment
4	15/11/2012	Paranoid Schizophrenia Avoiding Personality Disorder	Paranoid Schizophrenia Avoiding Personality Disorder	B Dissociated / Emotion – Bodily Perception	Clozapine 100mg: 3 tb/day (since 2012)	Clozapine 300mg: 1 ½tb Olanzapine 5mg 1tb/day	Olanzapine 5mg 1 ½ tb/day Delorazepam 1mg 1tb/day Chlorpromazine 25mg; 3tb/day	Olanzapine 5mg 1 ½ tb/day Delorazepam 2mg 1b/day Chlorpromazine 100mg; 3tb/day

Agorà Daycare Patient	Daycare admission	Admission DSM diagnosis	Sender's diagnosis (Health Dept.)	Structured Integrated Model diagnosis	2013	March 2014	June 2015	November 2015
5	8/2/2010	Undifferentiated Schizophrenia	Mental Retard	B Dissociated / Emotion – Bodily Perception			Haloperidol 2mg/ml: 10 drops 2times/day Olanzapine 10mg 1tb/day	Haloperidol 2mg/ml: 10 drops 2times/day Olanzapine 10mg 1tb/day
6	15/10/2002	Borderline Personality Disorder	Schizotypal Personality Disorder	B Dissociated / Emotion – Bodily Perception	Bromperidol 7 drops/day Delorazepam 1mg when needed	Bromperidol 3 drops/day	Delorazepam 1mg when needed	Bromperidol 8 drops/day

Agorà Daycare Patient	Daycare admission	Admission DSM diagnosis	Sender's diagnosis (Health Dept.)	Structured Integrated Model diagnosis	2013	March 2014	June 2015	November 2015
7	2/4/2013	Paranoid Schizophrenia Personality Disorder (Not Otherwise Specified)	Bipolar Disorder	B Dissociated / Emotion – Bodily Perception	Valproic Acid 300mg; 3cp/die Escitalopram 20mg /day Delorazepam 15drops 2times/day Olanzapine 10mg 1tb/day Lormetazepam 25 drops when needed	Valproic Acid 300mg; 3tb/day Escitalopram: 14gtt/die Olanzapine 10mg 1tb/day	Valproic Acid 300mg; 3tb/day	Delorazepam 1mg: 1tb when needed
8	22/7/2015	Nervous Bulimia	Nervous Bulimia	B Confluent (Bodily perception strongly feared)			Valproic Acid 500mg/day Perphenazine 6mg/day Delorazepam when needed	Valproic Acid 500mg/day Perphenazine 6mg/day Delorazepam when needed

Agorà Daycare Patient	Daycare admission	Admission DSM diagnosis	Sender's diagnosis (Health Dept.)	Structured Integrated Model diagnosis	2013	March 2014	June 2015	November 2015
9	12/7/2010	Paranoid Schizophrenia Addictive Personality Disorder	Mental Retard	B Confluent (Bodily perception strongly feared)	Olanzapine 15mg/day Delorazepam 2mg 2times/day (August 2013)	Olanzapine 15mg/day Citalopram 10 drops	Olanzapine 5mg/day Citalopram 15drops Valproic Acid chr 300mg 1tb/day Delorazepam 10drops /day	Olanzapine 5mg/day Citalopram 15drops Delorazepam 10drops /day when needed Valproic Acid chr 300mg/day
10	20/7/2009	Undifferentiated Schizophrenia Personality Disorder (Not Otherwise Specified)	Mental Retard	B Confluent (Bodily perception strongly feared)	Valproic Acid ch 500mg 2tb/day Quetiapine RP 350mg/day Citalopram 10 drops/day Delorazepam 2mg/day	Valproic Acid ch 500mg 2 times/day Quetiapine RP 350mg/day Citalopram 10 drops/day En 2mg/day	Valproic Acid ch 500mg 2vv/die Quetiapine RP 100mg/die Citalopram 10 drops/day	Citalopram 10 drops/day Valproic Acid ch 500mg 2tb/day

Agorà Daycare Patient	Daycare admission	Admission DSM diagnosis	Sender's diagnosis (Health Dept.)	Structured Integrated Model diagnosis	2013	March 2014	June 2015	November 2015
11	28/5/2013	Borderline Personality Disorder	Schizoid Personality Disorder	B Confluent (Bodily perception strongly feared)	Risperidone Clorimipramine Valproic Acid Bromperidol	None	None	None
12	6/10/2014	Schizo-affective Disorder	Schizo-affective Disorder	B Dissociated / Emotion – Bodily Perception			Quetiapine 400mg 2 tb/day Carbolithium 300mg:3tb/day Delorazepam 2mg: 2tb/day Amitriptyline drops: 20-40-40	Quetiapine 400mg 2tb/day Carbolithium 300mg:3tb/day Delorazepam 2mg: 2tb/day Amitriptyline drops: 20-20-40

Agorà Daycare Patient	Daycare admission	Admission DSM diagnosis	Sender's diagnosis (Health Dept.)	Structured Integrated Model diagnosis	2013	March 2014	June 2015	November 2015
13	15/12/2013	Psicosis(Not Otherwise Specified)	Mental Retard	B Confluent (Bodily perception strongly feared)	Clozapine 300mg/day Amisulpiride 200mg/day	Clozapine 300mg/die Escitalopram gtt:20 drops/day	Valproic Acid ch 500mg: 2tb/day Aripiprazole 15: 2tb/day Escitalopram 20 drops/day Delorazepam 2mg /die Zolpidem in case of insomnia Clotiapine 5 drops in case of agitation	Valproic Acid chr 500mg: 2tb/day Risperidone 4mg: 1 ½ tb/day Clotiapine drops 25 drops/day Lorazepam 4,5mg/day Biperiden 4mg/day
14	25/5/2015	Paranoid Schizophrenia	Paranoid Schizophrenia	B Confluent (Bodily perception strongly feared)	none	none	Valproic Acid ch 500mg: 2cp/die Valproic Acid ch 300mg:1cp/die Olanzapine 10mg: tbp/day Delorazepam 1mg; 3cp/die	Haloperidol drops: 40 drops/day Biperiden 4R: 1tb/day

Agorà Daycare Patient	Daycare admission	Admission DSM diagnosis	Sender's diagnosis (Health Dept.)	Structured Integrated Model diagnosis	2013	March 2014	June 2015	November 2015
15	19/5/2015	Somatization Disorder	PTSD	B Dissociated / Emotion – Bodily Perception			Risperidone 1,5ml /day Clonazepam 10 drops:3times/day	Risperidone 1,5ml /day Clonazepam 10 drops/day
16	25/7/2007	Undifferentiated Schizophrenia Personality Disorder (Not Otherwise Specified)	Undifferentiated Schizophrenia	Rigid Psicosis	Aripiprazole 10mg 2tb/day Clorimipramine 75mg/day Bromperidol 8 drops/day Delorazepam 2mg 3times/day Risperidone 50mg/15days	Aripiprazole 10mg 2tb/day Oxacarbazepine 600mg: 2tb/day Delorazepam 2mg 3times/aye Risperidone 50mg/15days	March 2014 Aripiprazole 15mg/day Delorazepam 1mg 2times/day	November 2015 Aripiprazole 15mg ½ tb/day Delorazepam 1mg 2times/day

Agorà Daycare Patient	Daycare admission	Admission DSM diagnosis	Sender's diagnosis (Health Dept.)	Structured Integrated Model diagnosis	2013	March 2014	June 2015	November 2015
17	25/9/2009	Unorganized Schizophrenia, Schizotypic Personality Disorder	ADHD Psicosis (Not Otherwise Specified)	B Dissociated / Bodily Perception (Anorexic trait)				
18	9/5/2006	Schizo-affective Disorder Borderline Disorder	Delusional Disorder	B Dissociated / Emotion – Bodily Perception (Paranoid trait)	2013 Olanzapine 15mg/day	2014 Olanzapine 12,5mg/day	Olanzapine 5mg/day	Olanzapine 5mg/day
19	25/6/2012	Undifferentiated Schizophrenia Addictive Personality Disorder	Mental Retard	B Dissociated / Emotion – Bodily Perception	Ziprasidone 60mg: 2tb/day	Ziprasidone 40mg: 2tb/day		

The Six Phases of **Pharmacotherapy** Treatment

▶ **Phase A**

- ▶ 1 Quality and Quantity **Unstable**
Modification of **Psychopharmacotherapy**
- ▶ 2 Quality and Quantity **Stable**
Modification of **Psychopharmacotherapy**

The Six Phases of Treatment

▶ Phase B

▶ 3 Quantity **Stable** Modification of
Psychopharmacotherapy

▶ 4 **Unstable** Elimination of
Psychopharmacotherapy

The Six Phases of Treatment

▶ Phase C

▶ 5 **Unstable** Reintegration of
Psychopharmacotherapy

▶ 6 **Stable** Elimination of
Psychopharmacotherapy

Agorà Daycare Patient	Daycare admission	Admission DSM diagnosis	Sender's diagnosis (Health Dept.)	Structured Integrated Model diagnosis	2013 Beginning of Treatment	March 2014 Phases 1&2	June 2015 Phases 3&4	Nov. 2015 Phases 5 & 6
1	02/05/11	Psicosis (Not Otherwise Specified) Personality Disorder (Not Otherwise Specified)		B Dissociated / Emotion – Bodily Perception	Clomipramine 150mg 1tb/day Valproic Acid 500mg 2tb /day Aripiprazole 15mg 1 tb/day Delorazepam 2mg 3tb/day	Valproic Acid 500mg 2tb /day Aripiprazole 15mg 1 tb/day Delorazepam 30 drops 3times/day Chlorpromazine 25mg : 1 ½-1 ½ -1 Biperiden 4mg 2tb/day	Chlorpromazine 25mg 3tb/day Delorazepam 1mg when needed	none
6	15/10/02	Borderline Personality Disorder	Schizotypal Personality Disorder	B Dissociated / Emotion – Bodily Perception	Bromperidol 7 drops/day Delorazepam 1mg when needed	Bromperidol 3 drops/day	Delorazepam 1mg when needed	Bromperidol 8 drops/day

The Study's Numbers

▶ Out of **19** initial patients **4** were excluded :

2 because they were never treated with **Pharmachotherapy**

1 because unfit to be an out-patient

1 for lack of cooperation with sender

15 Patients were followed in the Study

RESULTS

Phase A



Phase B



Phase C



Achieved Goals in 4 years of **Integrated Treatment**

Ability to build/ know an own vision of Self, of the Others and the World and being able to share it **15 Patients**

Elimination of Voluntary and Forced Hospitalisation 15 Patients

Elimination of psychiatric drug administration 8 Patients

Elimination of Symptoms **5 /4 Patients (Stable) , 8 Patients (Unstable)**

Treatment continuation with the sole Clinic **Psychotherapy 4 Patients**


Personal and Working Autonomy **1/4 Patients**



PSYCHOTHERAPY AND PSYCHOPHARMACOTHERAPY

How can they work together ?

(about **integration** = **translation** of models)



These results have been obtained through the cooperation of two different treatments:

Psychotherapy and **Pharmacotherapy**

They refer to different clinical models that need to be integrated through a **translation** effort.

The Psychiatric Model

and

The Integrated Structural Model (by Giovanni Ariano)

General framework
of
cooperation
between models

Integration

=

Communication

(at some level)

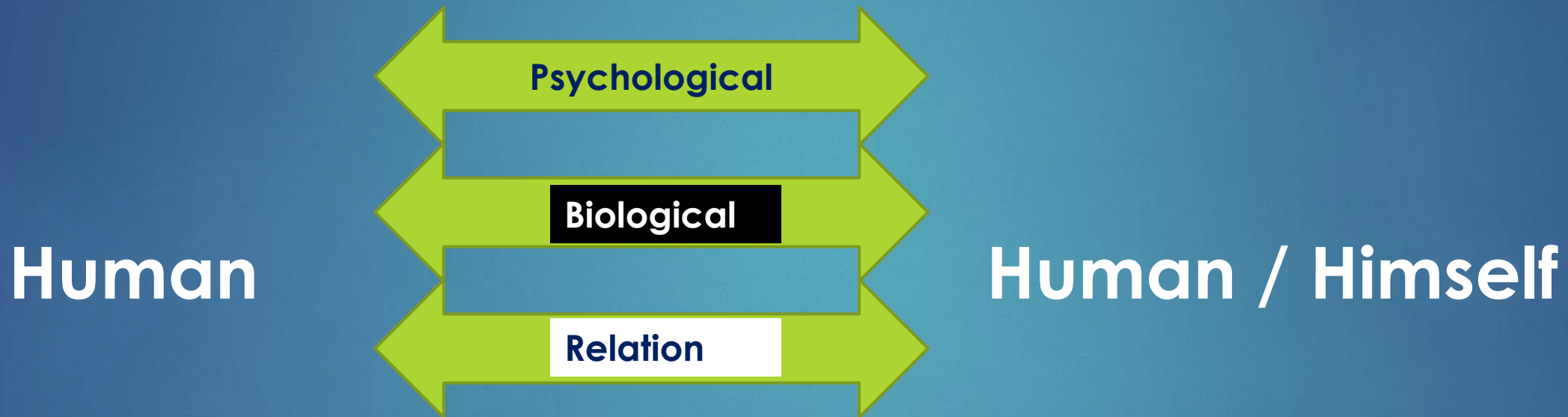
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Cellphone



Car

(in the subject's field)



At least 3 separated and connected levels

The Laws inside and among the 3 Levels

Psychological

- Elements allowing the humans relation with themselves, among each other and with the world
- Law of the of the Relation among Humans

Biological

- Elements as Chemical messengers of nerve transmission (in excess or in lack of) neural pathways (damaged or intact)
- Laws of Chemistry and Physics applied to Biology

Relation

Among the elements inside each level:

- **Biological** Chemical messengers and Neural pathways, etc.
- **Psychological** Functions / Languages

Between Biological and Psychological levels

(From the top, from the bottom or reciprocal)

Psychological Level
Law of the Relation among Humans

Psychiatric
Model

Integrated
Structural Model

Biological Level
Law of Chemistry and Physics applied to Biology

Psychological Level
Law of the Relation among Humans

Psychiatric
Model

Integrated
Structural Model

The Biological Level explains and determines the Psychological level in a necessary and sufficient way.

The Biological and Psychological levels are explained and determined **reciprocally** on the basis of specific laws.

Biological Level
Law of Chemistry and Physics applied to Biology



The Elements inside the models

Psychological Level
Law of the Relation among Humans

Psychiatric
Model

Integrated
Structural Model

Energy

Energy Structure

Functions

Languages

Automatism

Simbolyc Automatic (SS)
Simbolyc Self Reflection (SR)

Biological Level
Law of Chemistry and Physics applied to Biology



The Laws among the elements of the models

Psychological Level

Law of the Relation among Humans

Psychiatric
Model

Integrated
Structural Model

Additory Law that dictates the presence or absence of symptoms and behaviours that will determine the healthy or unhealthy condition.

The Good \ Bad Distance Law that consents **Integration**, **Dissociation** or **Confluence** within the totalities and among them that will determine balance or growth as healthy or unhealthy conditions

Quantity determines quality and not vice versa.

Quantity and quality reciprocally affect each other according to specific laws.

Biological Level

Law of Chemistry and Physics applied to Biology

Psychological Level

Law of the Relation among Humans

Psychiatric Model

Energy

Functions

Automatism

Integrated Structural Model

Energy ↔ Structure

Languages

Simbolyc Automatic (SS)

Simbolyc Self Reflection (SR)

Biological Level

Law of Chemistry and Physics applied to Biology



Physiology and Pathology of the Psychological Level

Elements: Energy / Structure

Psy

Psychiatric Model

Integrated Structural Model

Psy

Anat_{omy}, Phy_{siology}, Path_{ology} =
Symptoms, Behaviours

Anatomy, Physiology,
Pathology = Typologies

Additory Law = Presence,
Absence, Quantity

Elements, Combination
Pattern

E (Energy)

Quantity Quality
E (Energy) / S (Structure)



Bio

E (Energy) and S (Structure) are both present

Bio

Physiology and Pathology of the Psychological Level

Elements: Functions – Relations

Psy



Bio

Psychiatric Model		
Functions	Subfunctions	Relations
Cognitive-Rational Ra	Form: Perception, Reasoning , Memory Content: Almighty, Persecutory etc.	There are Relations among the functions but they depend on the Anatomy, Physiology and Pathology of the Biological Level (Contamination)
Fantasy Fa	Dreams	
Emotional E	Primary Emotions Secondary Emotions	
Bodily / Behavioural Co	Self-perception Movement	The relations among the functions at Psychological level and towards the Biological level are starting to be present. I.E. Magical Effect

Physiology and Pathology of the Psychological Level

Elements : **Languages**

Integrated Structural Model

Languages

Naming (denoting)

Rational Language = Ra

Naming on the basis of Natural Necessity **Postulates**, shared with the belonging culture

Fantasy Language = Fa

Naming on the basis of Natural Necessity **Postulates** linked to own personal history

Connotation

Emotional Language = E

Anger - Fear = Negative connotation about what is perceived as dangerous for oneself

Joy - Sadness = Positive connotation about what is perceived as good for oneself and to which you get closer (**Joy**) or you must keep away (**Sadness**)

Bodily Language = Co

Allows other languages to be born

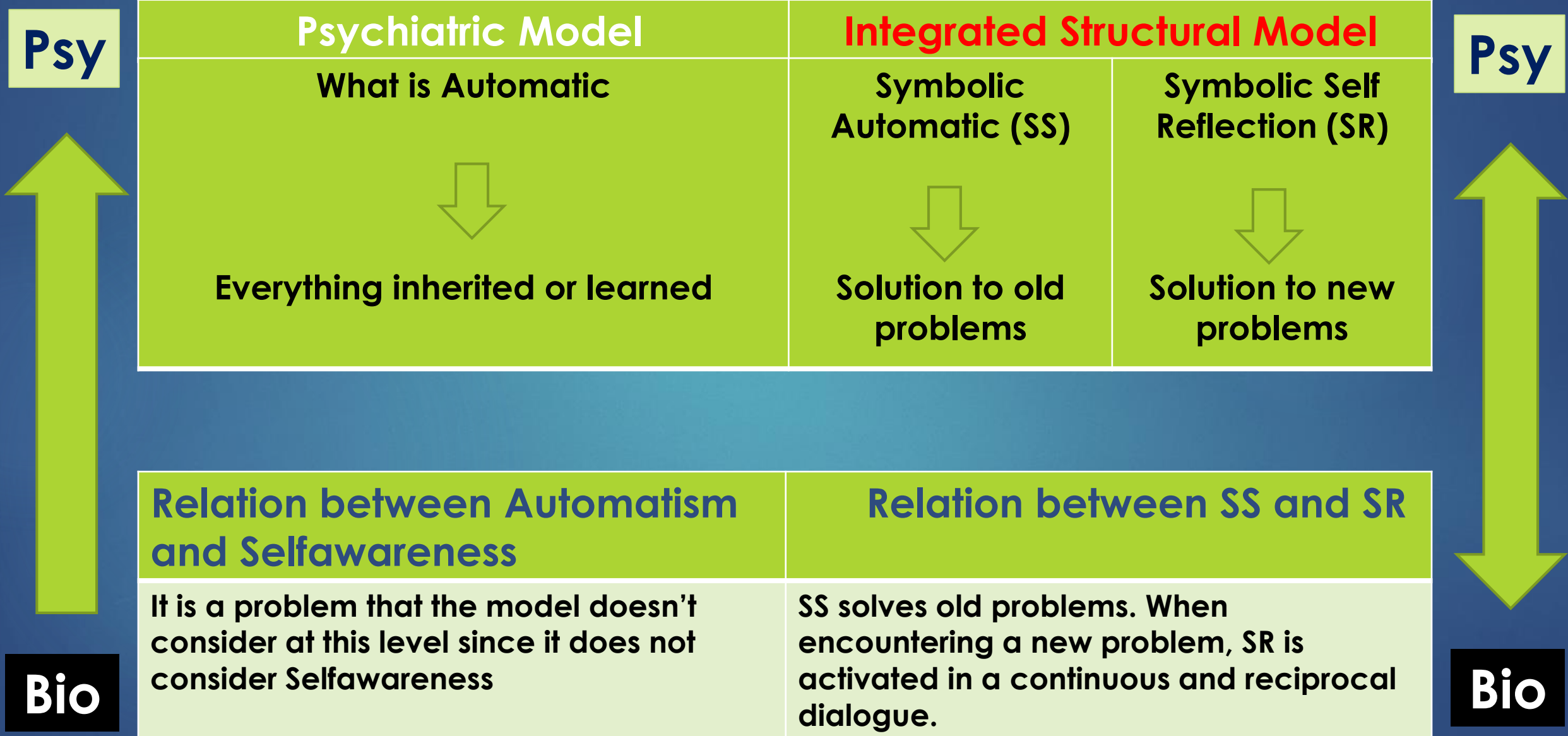
Psy



Bio

Physiology and Pathology of the Psychological Level

Elements: Symbolic Automatic (SS) \ Symbolic Self Reflection (SR)



Physiology and Pathology of the Psychological Level

Psychological Level

Law of the Relation between Humans

Psychiatric Model

Knives Phobia

is a problem of the **Psychological Level** linked to the **Emotional Function** (Fear) or linked to the **Rational Function** (Mistaken evaluation of harmless perception) determined by the **Biological Level**

Integrated Structural Model

Knives Phobia

is the first creative solution to a connection difficulty (= lack of integration) between different languages and different levels of the structure
= **Dissociation**

Biological Level

Law of Chemistry and Physics applied to Biology

Physiology and Pathology of the Psychological Level

Psychological Level

Law of the Relation between Humans

Psychiatric Model

Energy in excess

Ra

Functions

E

Automatism

Integrated Structural Model

Energy

Structure

X

Languages

Ra

Fa

E

Co

X

Simbolyc Automatic (SS)

X

Simbolyc Self Reflection (SR)

Biological Level

Law of Chemistry and Physics applied to Biology

Physiology and Pathology of the Psychological level

The Laws inside the models

Psychiatric Model

Additory Law that dictates the presence or absence of symptoms and behaviours that will determine the healthy or unhealthy condition.

Quantity determines quality and not vice-versa.

Integrated Structural Model

The Good \ Bad Distance Law that consents Integration, Dissociation, Confluence within the totalities and among them.

Quantity and quality reciprocally affect each other according to specific laws.

Physiology and Pathology of the Psychological level



The Laws inside the models, integrated

The **Good \ Bad Distance**
Law that consents
Integration, Dissociation or Confluence

**Additory Law that dictates the presence or absence of
symptoms and behaviours that will determine the
healthy or unhealthy condition.**

Smiling Face



10 Centimeters

Physiology and Pathology of the Integrated Structural Model (inside connections among elements)

The **Good \ Bad Distance** Law that consents **Integration**, **Dissociation** or **Confluence** within the totalities and among them.

Coherence - Incoherence

Good distance = Coherence = good tension

between identities in order to get in touch and to be recognised (**good balance and strenght**)

Bad distance = Incoherence = bad tension

between identities in order to get in touch and to be recognised (**bad balance and weakness**)

Physiology and Pathology of the Integrated Structural Model



Coherence



Integration

Incoherence



Dissociation

Confluence

Good distance that creates the **good tension** which allows naming and connotation

Too far distance that creates **bad tension** which reduces the ability of naming and connotation when it becomes too painful

Too close distance that creates **bad tension** which reduces the ability of naming and connotation when it becomes too painful, causing dissociation in other levels of the model

Physiology and Pathology of the Integrated Structural Model

E. g. A young man attends school with good grades up until graduation

On the basis of certain coherent or incoherent postulates it means that we have

INTEGRATED ELEMENTS *

DISSOCIATED ELEMENTS *

** according to typology

Once at the University, the subject gets stuck because he feels that he is not capable of making it

Stimulus that puts together dissociated elements that cannot be integrated
CONFLUENCE

Meeting different postulates : *am I capable of making it or not?*

Physiology and Pathology of the Integrated Structural Model

Some of the symptoms to restore the distance :

DISSOCIATION

Typologies

I	II	III	IV	
<p>Agitation Isolation Avoiding Activity reduction Phobia</p>	<p>Generalised Anxiety Acting out</p>	<p>Panic attacks Bodily agitation Obsessive symptoms Hypochondriac symptoms Bulimia / Anorexia (without hunger)</p>	<p>Versus Paranoia</p> <p>Sense of Void</p> <p>Relationship issues</p>	<p>Versus Anorexia</p> <p>Restrictive Anorexia (with hunger)</p>



Integrated Structural Model *(by Giovanni Ariano)*

Integration between **Pharmacotherapy** and
Psychotherapy in Restructuring Rehabilitation

Peculiarity of the goals

Pharmachotherapy

Symptoms reduction
= distancing of elements that previously got closer (bad distance)
= Sedation of the Languages /Functions

Restoring as much as possible of previous structure (as weak as before)



INTEGRATED ELEMENTS

DISSOCIATED ELEMENTS

Psychotherapy

Symptoms reduction
= Coping with the pain of growing: Naming and connotating the new elements (good distance) coping with the decision making problem that involves engaging, taking risks, succeed or fail

Changing of the structure (becoming stronger)



INTEGRATED ELEMENTS

DISSOCIATED ELEMENTS

Integration of the goals

Pharmachotherapy helps standing the burden of the necessary change to grow (= **Psychotherapy**):

- The Pain to name and connote
- The necessary time to make a decision

Integration of treatments: cooperation rules

- Supporting with **Phamachotherapy** a **Dissociation** within the Structure at any Logical Level, creates stability, it is **not dangerous** and gives **Psychotherapy** time to be effective
- Breaking a **Dissociation** with **Psychotherapy** within the Structure at any Logical Level, creates instability and is **dangerous** . **Phamachotherapy** helps to restore stability
- Breaking an **Integration** with **Phamachotherapy** within the Structure creates instability and it is **dangerous**



The Six Phases of Integrated Psychotherapy and Pharmacotherapy

Treatment in different settings
(Individual, Family, Group and Community)

Pharmacotherapy Phase 1

Quality and Quantity **Unstable**
Modification of therapy

Psychotherapy Phase 1

- a. Awareness of patient's disease and hope for healing
- b. Acceptance of rules that facilitate the relations (staff, mates) Respect for the roles
- c. Easier cooperation with the families of patients

Pharmacotherapy Phase 2

Quality and Quantity **Stable**
Modification of therapy

Psychotherapy Phase 2

- a. Restructuring of Functions/ Languages at first level (from symptom to problem, low/medium emotional intensity)
 - Recognising the Anger and learning how to manage it
 - Recognising the Fear and learning how to bear it
 - Working on the healing hope
- b. Restructuring of Function/ Languages within the family

Pharmacotherapy Phase 3

Pharmacotherapy Phase 4

Quantity **Stable**
Modification of therapy

Unstable Elimination of therapy

Psychotherapy Phase 3

Psychotherapy Phase 4

Family's and patient's **Awareness of family's disease**

- Patient's attempt to modify their family
- Patient's and Family's choice to continuing or interrupting treatment: **same or different choices**

a. **Patient** oscillates between being the family scapegoat to family **psychotherapist**

- b. **Restructuring** of Function/ Languages within the patient
- Patient manages and bears higher intensity of emotions

Critical Phases for loss of patients



RESULTS

