

Psychotherapy-Process-Documentation as a mutual artefact of doctor and patient

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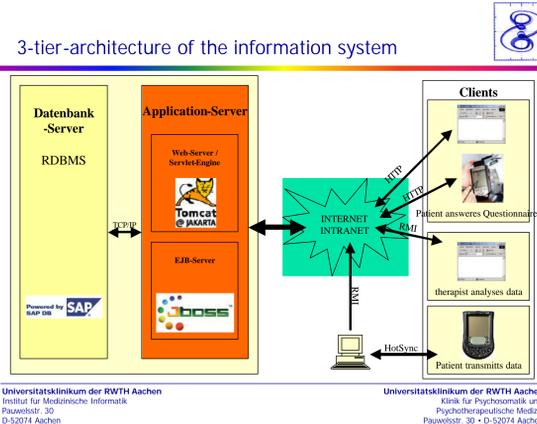
Introduction

Synergetic Process Management regards the therapeutic process of interaction between doctor and patient as a dynamic, self-organizing system. This process may be assessed by computer based daily ratings of important qualities of the therapy process and related feelings as it is experienced by the patient. The resulting data as well as some aggregated and derived quantities are continuously discussed and reflected in conversations between doctor and patient.

From this point of view, a visualization of the resulting data material representing the systems change processes, may be considered as a mutual artefact of doctor and patient.

Information Technological Basis

The daily self-rating is realized by means of a computer based information system. Different hardware platforms, such as PC, pocket-PC and personal digital assistants are supported. The patient is free to accomplish the required questionings by using a PC inside the hospital, a PC at home via internet, or a mobile pocket-pc device. If possible, generated data is immediately transmitted to a central server. Consequently the therapist can rely on constantly updated data. The information system is designed as a multi-user system: the system can be accessed by a large number of patients, therapists and administrators simultaneously. Furthermore the information system shows a generic design in some crucial functionalities. For instance it can be dynamically complemented with new questionnaires and its appropriate design instructions. Data analysis and visualization is carried out by a special data analysis application. This software also features a generic design which enables the application to be complemented by different modules, each supporting a special kind of functionality.



Case Study

32 year old female inpatient with a borderline personality disorder, suicidal ideation and self injuries. She accomplished daily self-ratings in her own room. At the end of a six week therapy, the patient felt considerably stabilized. The diagrams, resulting from the daily ratings and representing the therapeutic process were discussed with her doctor during the weekly therapeutic sessions. Overall, three peaks stand out. For each of this peaks a corresponding incident with a high personal impact could be discovered during the therapeutic sessions. Below, the patients explanations are reproduced.

Peak I (23-07/24-07):

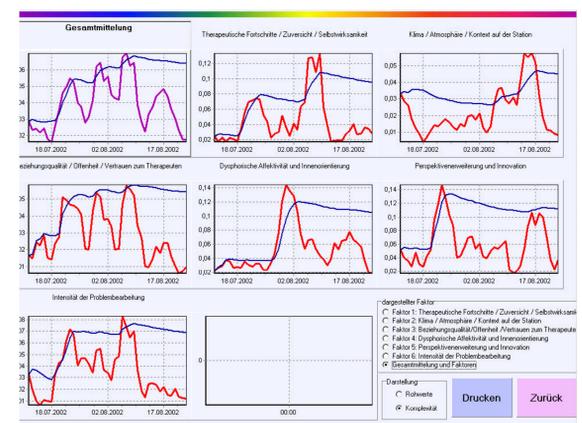
She felt irritated, when she was addressed for a therapeutic conversation together with her family. She felt confronted with the therapists. For a long time, she did not know whether she wanted just one or both of her divorced parents to participate.

Peak II (31-07/01-08):

She participated in the genealogical group where another patient presented a genealogical tree who suffered a lot of violence in her childhood. She felt, that the story referred to her. For a long time during the session she tried to dispute: "This is not your story", but she wasn't able to disclaim it in the sharing round anymore. She returned to the ward in a tense condition, trembling all over, in the need of medical treatment. Later she was able to claim that at that time plenty of things happened.

Peak III (07/08):

She received an offer for a later re-admission by the assistant medical director, which meant a lot of safeness to her and the feeling of "being allowed to be here". In the last ten days of the treatment, the climate of the therapy and the ward changed for her. She got more into it and dared to show more dolefulness or negative feelings, not wearing the mask of happiness, even towards the other patients. The daily procedure of self rating, gave her a positive experience, to be aware of her feelings. It gave her a setting, because afterwards she felt recaptured, in the meaning of that she got a structure helping her control her feelings: "That was the moment, when I came home to myself."



Conclusion

The case study shows how a periodically discussion of the recent development of the patient, based on a sustainable doctor-patient relationship constitutes a process, whose visualization, by means of an information technological tool, may be regarded as a mutual artefact of the doctor and patient.

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