On Target Psychiatry: Caring for the Patient in the 21st Century

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The Four Perspectives: A Practical & Useful Method
Based on The Johns Hopkins Model of Patient Assessment

Introduction - Discussion of how psychiatric treatment has evolved, the limitations of healthcare systems today, and how using the four perspectives can be helpful.
Psychiatry and Addictions - An overview of the relationship between addiction problems and psychiatric disorders, and how the four perspectives are essential in addiction work.
The Life-Story Perspective
The Dimensional Perspective
The Behavior Perspective
The Disease Perspective
Psychiatry has become increasingly focused on only two perspectives: the biological and the behavioral.

The changes in psychiatry may have had the most impact on the treatment of alcoholism and addictions.

- Of the 23.5 million teenagers and adults addicted to alcohol or drugs, only about 1 in 10 gets treatment, which too often fails to keep them drug-free.
- Many of these programs fail to use proven methods to deal with the factors that underlie addiction and set off relapse.
- According to recent examinations of treatment programs, most are rooted in outdated methods rather than newer approaches shown in scientific studies to be more effective in helping people achieve and maintain addiction-free lives.
- People typically do more research when shopping for a new car than when seeking treatment for addiction.
- A report from the National Center on Addiction and Substance Abuse at Columbia University concluded that “the vast majority of people in need of addiction treatment do not receive anything that approximates evidence-based care.”
- The report added, “Only a small fraction of individuals receive interventions or treatment consistent with scientific knowledge about what works.”

Source: The New York Times 02/04/2013 article by Jane Brody
The Basics of the Johns Hopkins Model

THE FOUR PERSPECTIVES

Practical Tip: Remember “HIDE”

HIDE stands for:

- HAS
- IS
- DOES
- ENCOUNTERS
The Central Idea

One single method cannot explain all psychiatric conditions. We need to consider every patient from four points of view.

This diagram shows the four perspectives, the foundation of The Johns Hopkins Model. These can be easily remembered with the acronym “HIDE.”

- Disease
  - “What the patient has.”
  - The “H” in “HIDE.”

- Life Story
  - “What the patient encounters.”
  - The “I” in “HIDE.”

- Behavior
  - “What the patient does.”
  - The “D” in “HIDE.”

- Dimensions
  - “Who the patient is.”
  - The “E” in “HIDE.”

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The Disease Perspective: What the patient has

Etiology
- What causes the system to break down.

In general medicine, examples include infections, neoplasms, immune deficiencies, hormonal deficits, physical trauma, system failures, etc.

Pathology
- What is the broken part of the system.

An example in psychiatry is dementia, where cognitive decline is related to a loss of brain tissue. Schizophrenia is now thought to be a brain disease linked to loss of gray matter. Psychiatry has not advanced to the point where we precisely understand (at a biological level) the etiology of most mental disorders.

Clinical Syndrome
- The pattern of signs and symptoms of illness.

For example, in general medicine we say that cough, chest pain, shortness of breath, and expectoration make up a pulmonary syndrome.

Defining psychiatric syndromes is challenging and at times controversial, because we do not have scientific understanding equal to the medical knowledge of other body systems.
Summary Points: The Disease Perspective

1. Concerns an abnormality in the structure or function of the brain expressed in the development of a syndrome

2. Has an underlying conceptual triad of clinical syndrome, pathology, and etiology

3. Applies to psychiatric conditions that a person has

4. Suggests curing as a treatment goal

The Dimensional Perspective: Who the patient is

Potentials
- Where an individual rests on the relevant dimension (intelligence, resilience, extraversion etc.)

Example: A person with average intelligence who grows up in a high-achieving family may inadvertently be pushed by the family beyond his abilities to the point of distress and maladaptive behavior. Or a shy, introverted person with an otherwise successful career may falter when having to lead a team or give an inspirational speech.

Provocations
- The specific circumstances of the poor fit for the individual

The condition arises from a poor fit between who the person is and his circumstances. Treatment consists of helping him recognize and accept who he is, helping him adapt to who he is by noticing, anticipating, managing and avoiding circumstances that provoke distress.

Responses
- The feelings and behavior that result from the poor fit

"Using one's gifts"
Summary Points: The Dimensional Perspective

1. Focuses on individual psychological dimensions that are universal, measurable, and graded (cognition and temperament)

2. Has an underlying conceptual triad of potential, provocation, and response

3. Applies to psychiatric conditions that arise from who a person is

4. Suggests guidance as a goal.

The Behavior Perspective: What the patient does

- Physiological Drive: Development of a desire for the maladaptive behavior that is experienced strongly.
- Conditioned Learning: Maintenance of the behavior by the rules of conditioned learning theory, reinforcement/reward.
- Choice: Initial choice and late disruption of free choice.

These three elements form a triad, and each interacts with the others to determine behavior.
Summary Points: The Behavior Perspective

1. Seeks to identify and explain disorders of individual choice

1. Has an underlying triad of choice, physiologic drive, and conditioned learning.

1. Applies to psychiatric conditions characterized by what a person does

1. Suggests interrupting as a goal.

The Life Story Perspective: What patient encounters

Setting
• The unique situation that is the individual’s life

Every individual goes through life with needs, desires, goals, and hopes.

Sequence
• The unfolding of the circumstances that impact the individual

When someone encounters life circumstances that disrupt needs, desires, goals, and hopes, they can become distressed or demoralized.

Demoralization is a state of mind in which one has the sense of losing mastery over circumstances.

Outcome
• The individual’s psychological condition in relation to the stresses and challenges of life

There are many examples of life encounters that create understandable distress: grief and loss, disappointment and failure, anxiety-producing external forces, conflicts with others, fears about uncertainty of the future, and so on.
Summary Points: The Life Story Perspective

1. Is a personal perspective

1. Is based on the logic of narrative with the triad of setting, sequence, and outcome, which is produced meaningfully and understandably

1. Applies to psychiatric conditions that a person has encountered

1. Suggests rescripting as a goal.

The Goals of Treatment

The goal of treatment depends upon the origin of a patient’s psychiatric condition.

Each perspective has a corresponding treatment goal.

Treatment goals need to be prioritized for each patient in order to maximize successful outcomes and avoid needless interventions.
Case Examples from Popular Stories in Film
A Practical Teaching Tool for Discussion

MOVIE CHARACTERS AS EXAMPLES

Characters in the movies can be useful for illustrating the four perspectives of psychiatry. Almost all of your students will have seen at least one of the following films, and the people portrayed demonstrate the importance of seeing the individual from all four of the perspectives.

FLIGHT
A BEAUTIFUL MIND
SILVER LININGS PLAYBOOK
28 DAYS
GOOD WILL HUNTING

Case Example: Whip Whitaker

In the movie "Flight," Whip Whitaker is an extremely skilled airline pilot whose performance prevents a passenger jet from crashing and killing everyone aboard. His drug and alcohol problems destroy his career despite his skill, intelligence, and strength of character.
If we focus only on what Whip Whitaker has (substance abuse disorder) and what he does (his erratic behavior and his episodic intoxication), can we really effectively help him?

Case Example: John Nash

In the movie “A Beautiful Mind,” John Nash suffers the onset of schizophrenia during his early years as a brilliant student at Princeton.
If we focus only on what John Nash has (schizophrenia) and what he does (his psychotic and paranoid behavior), can we really effectively help him?

Case Example: Pat Solitano
In the movie “Silver Linings Playbook,” Pat Solitano is diagnosed with bipolar disorder and confined to a psychiatric hospital for eight months.
Case Example: Gwen Cummings
In the movie “28 Days,” Gwen Cummings (Sandra Bullock) chooses rehab over prison, gradually accepting that she has an addiction after resisting what the treatment program has to offer.

Case Example: Will Hunting
In the movie “Good Will Hunting,” therapist Sean Maguire (Robin Williams) tries to help Will work through the suffering linked to childhood abuse.
Every picture tells a different, unique story.

Will Hunting is brilliant but has suffered painful circumstances. Who he is and what he encounters are essential parts of understanding and helping him.

John Nash is brilliant but suffers from a brain disease, schizophrenia. What he has, the syndrome that disables him, can be treated most effectively if all four perspectives are part of the approach.

Pat Soltano suffers from a disorder that has biological roots (bipolar disorder), and the condition responds well to medication. His behavior (what he does) gets him in serious trouble.

However, as the story shows in the movie, his recovery is intertwined with who he is as a person and what he has encountered in life.

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Disease

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Dimensions

- “Who the patient is.”
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Behavior

- “What the patient does.”
- The “D” in “HIDE.”
- And another

Life Story

- “What the patient encountered.”
- The “E” in “HIDE.”

ON TARGET
The Goals of Treatment

The goal of treatment depends upon the origin of a patient’s psychiatric condition.

- **Disease**
  - The goal is to support and cure, e.g. with medication

- **Life Story**
  - The goal is to rescript

- **Dimension**
  - The goal is to guide

- **Behavior**
  - The goal is to interrupt or to convert

Treatment goals need to be prioritized for each patient in order to maximize successful outcomes and avoid needless interventions.

Discussion

Pick the character from one of the movies you have seen.

Consider the character from each of the four perspectives.

- What the person HAS.
- Who the person IS.
- What the person DOES.
- What the person ENCOUNTERS.
SUMMARY
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