Psychotherapy and Psychosomatics

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Plenary Speaker Abstracts

Vulnerability and Resilience: Biopsychosociospiritual Perspectives

Kyung Bong Koh, MD, PhD

Background: Vulnerability refers to poorly adapting to stressors and showing inappropriate responses that can become persistent states of stress. In contrast, resilience is linked to being able to perceive stressful events in less threatening ways, promoting adaptive coping strategies. In particular, resilience is important in overcoming harmful effects of stress and maintaining health in the pandemic era. **Learning Objectives:** 1) to learn the importance of roles of cognitive appraisal and coping in determining vulnerability and resilience, 2) to learn that gene-gene and gene-environment interactions are related to individual differences in stress responses and 3) to learn the functional capacity of the brain structures that mediate mood and emotion determines resilience. **Description:** Differences in individual vulnerability and resilience occur across sex, age, and culture. Resilience is an active process, not just the absence of pathology. The underlying mechanisms of vulnerability and resilience are known to depend on a combination of genetic and nongenetic factors. In particular, the functional capacity of the brain structures involved in the integrated circuits that mediate mood and emotion determines stress resilience. Overall, psychosocial factors, behavioral factors, neuroendocrine stress responses, genetic and epigenetic mechanisms, and neural circuitry are likely to be involved in vulnerability and resilience to stress. **Discussion/Key Topics:** Biopsychosociospiritual aspects of resilience, cognitive reappraisal, coping, genetic and epigenetic mechanisms, neural circuitry, neuroendocrine stress responses.

The Past, Present and Future of the Biopsychosocial Model in Japan

Chiharu Kubo, MD

Background: Psychosomatic medicine in Japan has undergone tremendous evolution since it was introduced in the 1950s by Prof. Yujiro Ikemi. We are currently working within the internationally recognized Biopsychosocial Model and doing cutting edge research that will take us toward future models. **Learning Objectives:** Through participation in the plenary session the learners will be conversant in the progress of Japanese psychosomatic medicine and will be able to extend their research network to collaborate with Japanese researchers. **Description:** After a brief discussion of the history of psychosomatic medicine in Japan, I will move on to introduce the cutting-edge research of the major Japanese centers of psychosomatic research. **Discussion/Key Topics:** 1. Psychoneuroimmunology, 2. Brain/gut microbiota interactions, 3. Treatment of eating disorders, 4. Chronic Pain and 5. Psycho-oncology.

"The Pediatric-Psychiatric Alliance": From Kanner to Today

Maryland Pao, MD

Background: In the 1930's, Leo Kanner established the first child psychiatric clinic in the United States at the Johns Hopkins Hospital's Harriet Lane Home for Invalid Children. In 1935, he published the specialty's first textbook, Child Psychiatry, and worked "to make psychiatric understanding of sick and healthy children and their families an integral part of the pediatricians' thinking and acting." **Learning Objectives:** At the conclusion of this presentation participants should be able to: 1) Identify Leo Kanner's contribution to pediatric consultation-liaison psychiatry, 2) Describe Leo Kanner's innovative "experiment" at the Harriet Lane Home and 3) Compare Kanner's 'biopsychosocial model' in pediatrics hospitals to current pediatric consultation-liaison models. **Description:** Dr. Pao will review Dr. Leo Kanner's contribution to the development of child psychiatry including its pediatric roots and describe his vision for what is now called pediatric consultation-liaison psychiatry. He described interdisciplinary training and liaison services between pediatrics and child psychiatry that we strive to achieve today. **Discussion/Key Topics:** Starting in the 1930's, Leo Kanner established an integrated bio-psycho-social approach to the psychiatric evaluation of children and developed pediatric consultation liaison psychiatry, long before George Engel described his theoretical psychological model for adults in 1977. The 'Pediatric-Psychiatric Alliance' Kanner discussed in 1937 added developmental and interdisciplinary perspectives that continue to prevail today.

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Efficacy of short-term psychotherapy in patients with fibromyalgia: a comparison between psychodynamic and cognitive therapy

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Background: Fibromyalgia (FM) is a chronic pain syndrome, associated with anxiety/depressive symptoms and poor quality of life (QoL). A large body of evidence has proved the efficacy of cognitive-behavioral psychotherapy, whereas limited data are available for brief psychodynamic therapy (BPT). Therefore, we examined if brief psychotherapies could improve the levels of well-being and QoL in FM. Furthermore, we investigated the efficacy of BPT, inspired by the Brief Dynamic Interpersonal Therapy model, with respect to cognitive therapy (CT). **Methods:** Sixty-one female FM patients were recruited in an Italian hospital and randomly assigned to one of the two short-term psychotherapies. Thirty patients attended BPT (16 sessions, 1 session/week) and 31 received CT (16 sessions, 1 session/week). Psychological measures, administered before (T0) and after the treatment (T1), included the pain item of Fibromyalgia Impact Questionnaire-Revised (FIQ-R), the Hospital Anxiety and Depression Scale (HADS), and the Short Form Health Survey (SF-36). **Results:** There was a significant main effect of time in reducing pain intensity ($F(1,59) = 6.079$, $p = .017$) and anxiety scores ($F(1,59) = 4.186$, $p = .045$), and in improving QoL, both in the mental ($F(1,59) = 5.945$, $p = .018$) and physical ($F(1,59) = 7.605$, $p = .008$) component of the SF-36. No significant interaction between time and treatment was found. **Conclusion:** BPT was found to be as effective as CT in lowering anxiety symptoms and pain levels, and in improving QoL in FM patients.

An Expanded Biopsychosocial Model (BPS2) to Create a Home for Persons Affected by Neurologic Illness

Deana Bonno MD, Benzi Kluger MD, MS, Andrew Huang MD, Sue Ouellette PhD, MDiv, Raissa Villanueva MD, MPH, Christy Miller RHIT, RN, MPA, Michel Berg MD, George Nasra MD, MBA, Ellen Poleshuck PhD, Jennifer Farah PhD, LCSWR, William Watson PhD, Nimish Mohile MD, MS, Chennel Anderson, & Robert Holloway, MD, MPH

Background: While neurology and psychiatry have a shared history, the relationship needs to be modernized. We propose a new model of care that leverages the teachings of George Engel and updates it to include additional dimensions of well-being common across many neurological diseases. **Methods:** Description of the background, current status, and future expansion of a novel framework for neurology services inspired by the biopsychosocial model. **Results:** Despite different underlying disease mechanisms and trajectories, patients and families with neurological illness experience similar biopsychosocial needs. These needs arise throughout illness and not only involve psychological and social dimensions, but palliative and spiritual ones as well. Our current health care system is poorly designed to meet these needs for multiple reasons including fragmentation of care, poor awareness of available services, misaligned incentives, and cultural biases against acknowledging death and decline. We have developed leadership and operational teams to integrate behavioral health, social care, palliative care, and spiritual care across our department, including patients with functional neurological disorders. This expanded biopsychosocial model, the BPS2 model, will create embedded layers of support, interdisciplinary care/multidisciplinary care, and a Home in Neurology for persons affected by neurologic illness. To succeed, it will require leadership, innovation, courage, and collaboration. **Conclusion:** The BPS2 model is a useful framework to support the needs of patients and families with neurological illness and the communities within which they live. More research is urgently needed to explore the feasibility and impact on the quality of care and patient and family outcomes.

When anxiety and depression coexist: the role of clinimetrics for differential diagnosis

Fiammetta Cosci, MD, PhD

Background: Depressive and anxiety disorders frequently coexist. Depression may complicate anxiety and viceversa. The nature of their relationship is still a source of controversy. The aim of the presentation is to give an overview of the literature on this topic according to profiling of subgroups of patients based on clinimetric criteria and tools, in line with the recently developed concept of Medicine-Based Evidence. **Methods:** The literature pertaining to the specific presentations of anxiety and depression is critically reviewed, outlining advantages and disadvantages of treatment options. **Results:** The following prototypic cases are presented: depression secondary to an active anxiety disorder, depression in patients with anxiety disorders under treatment, anxious depression, anxiety as a residual component of depression, demoralization secondary to anxiety disorder. **Conclusion:** Very different indications may ensue when the literature is examined according to clinimetric perspective. Selection of treatment when anxiety and depression coexist should take into account the modalities of presentation and be filtered by clinical judgment.

The clinical utility of Diagnostic Criteria for Psychosomatic Research: Criterion-related validity in a sample of migraine outpatients

Fiammetta Cosci, MD, PhD, Sara Romanazzo, PsyD., Giovanni Manssueto, PsyD, PhD

Background: The Diagnostic Criteria for Psychosomatic Research (DCPR) are diagnostic criteria of psychosomatic syndromes which did not find room in the classical taxonomy. They were recently updates (DCPR-Revised - DCPR-R). The present study tested their clinical utility in migraine patients via the examination of criterion-related validity. **Methods:** Two-hundred consecutive subjects were enrolled: 100 had a diagnosis of chronic migraine and 100 had a diagnosis of episodic migraine. Participants were assessed via the Diagnostic Criteria for Psychosomatic Research - Revised - Semi-Structured Interview (DCPR-R SSI); the Structured Clinical Interview for DSM-5 (SCID-5); the Psychosocial Index (PSI). **Results:** Forty-seven subjects (23.5%) had at least one DSM-5 diagnosis: major depressive disorder (8.5%; n = 17) and agoraphobia (7.5%; n = 15) were the most frequent. One hundred

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