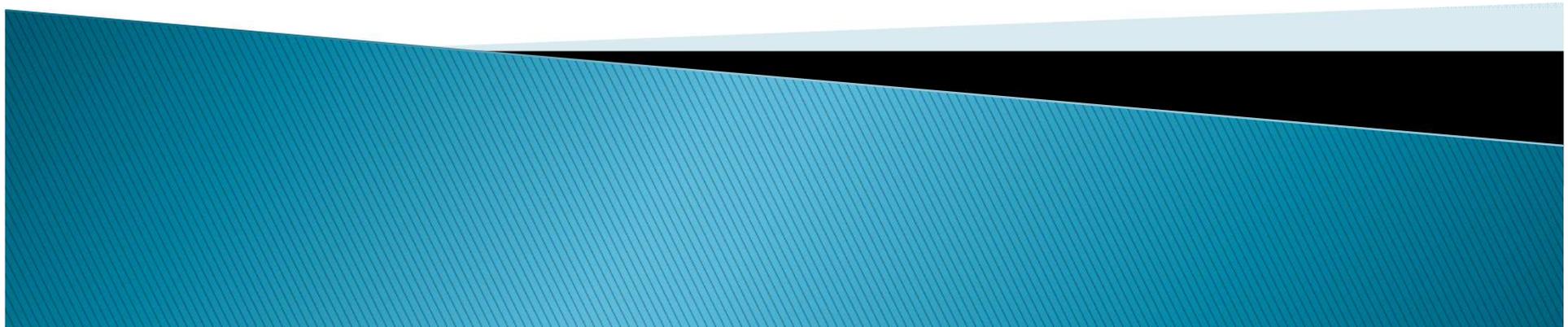


The use of international classifications in everyday life of a positive psychotherapist

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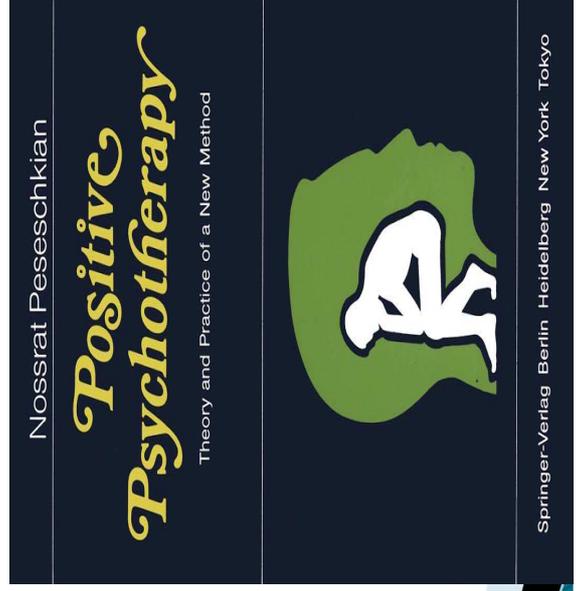
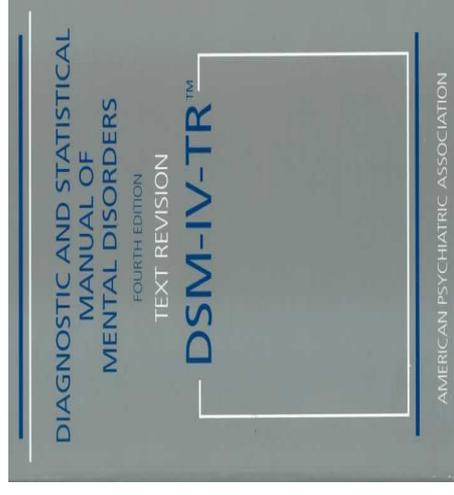
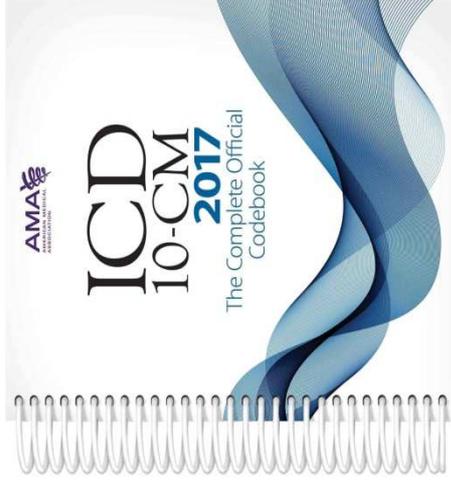
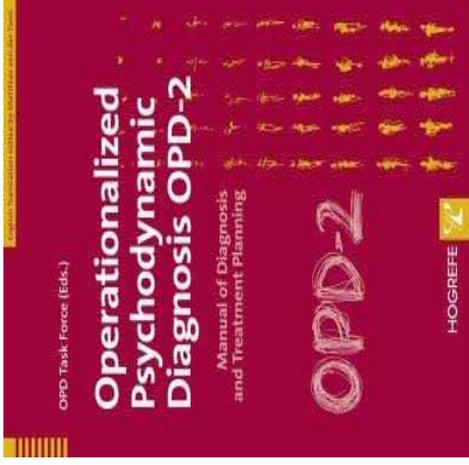


Discussion



- ▶ Where are U from ?
- ▶ Psychologist or psychiatrist
- ▶ What kind of classification you are using
- ▶ Pros/cons
- ▶ Your experience





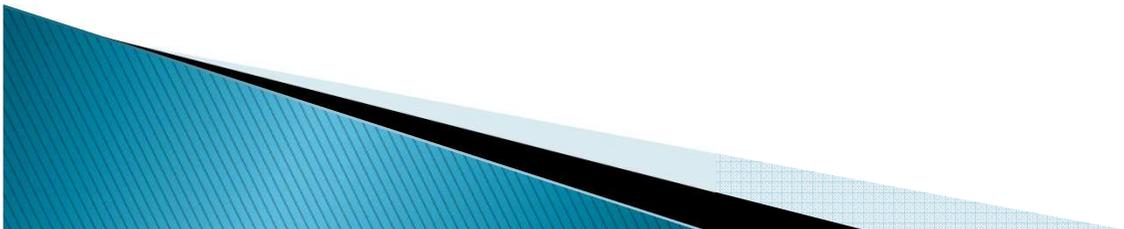
Clinical case , John 22 years

- ▶ Comes after a sentimental rupture of a 1 year relationship because he feels sad, irritable at the end's wits , with a significant drop in performance and an inability to focus, nothing in his daily activity gives him any pleasure.
- ▶ He is a student in third year in Computer Science University
- ▶ Internship at an IT company



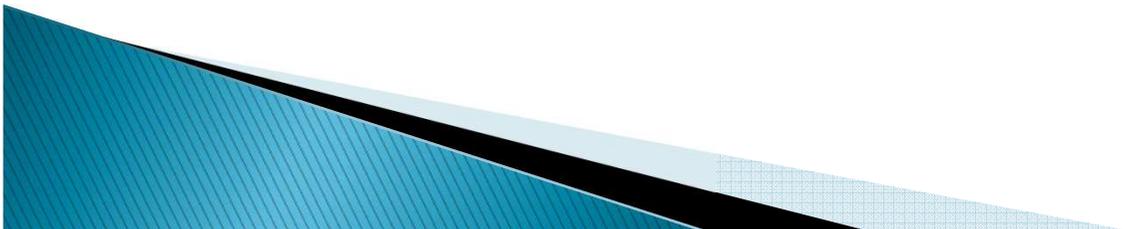
John , 22 years

- ▶ He feels sad, alone, without any pleasure in any of his activities, didn't attend college classes and work, and particularly disturbed by obsessive thoughts about numbers.
- ▶ Obsessive thoughts also accompany him during the day, counting the steps, house numbers being anxious when he had an odd number and a relatively good when the sum is an even number.
- ▶ Arranges his clothes in order and days, prepares them for seven days a week to "minimize the number of decisions per week", limiting the number of 7-day decisions.



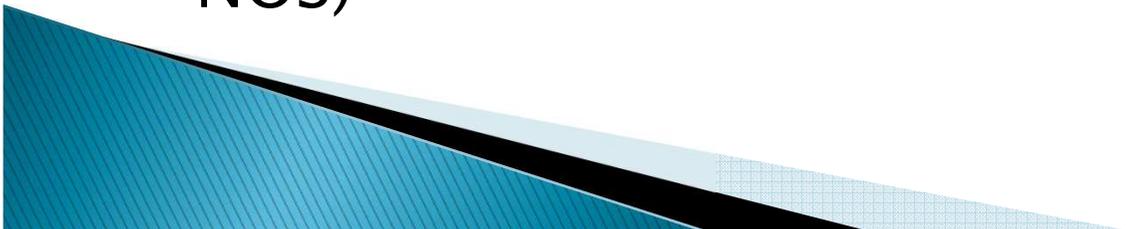
John , 22 years , resources

- ▶ The pleasure of reading books came back (John having a "target" of 10 books per month– in a very ritualized manner, preferably in English in original
- ▶ . John seemingly knows what he does and what is worth at the level of the intellectual and professional performance, he does not worry that he will not find a job and the feed-back the workplace inputs seem to be very good
- ▶ His condition has improved considerably, the rituals have diminished or in any case became bearable, the vitality and the cognitive speed have improved (with antidepressant treatment)



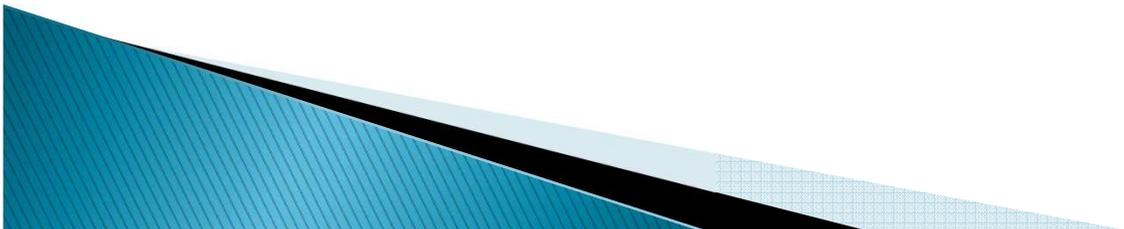
ICD –10 classification the clinical diagnostic

- ▶
- ▶ **F 43.0 Obsessive–compulsive disorder** Incl.: anankastic neurosis, obsessive–compulsive neurosis
- ▶ **F.32.0 Depressive episode** Incl.: single episodes of: depressive reaction, psychogenic depression, reactive depression
- ▶ **F. 60.9 Personality disorder, unspecified** (Character neurosis NOS Pathological personality NOS)



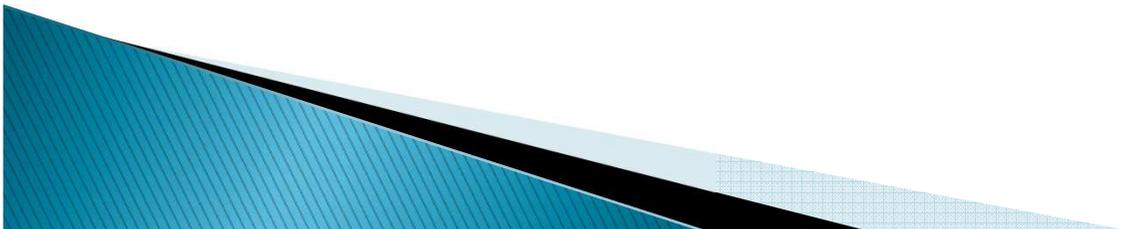
In the DSM -IV -TR classification

- ▶ Axis I . 300.3 Obsessive-Compulsive Disorder
296.xx Major Depressive Disorder
2x Single Episodes
- ▶ Axis II . 301.9 Personality Disorder NOS
- ▶ Axis III . no diagnostic
- ▶ Axis IV . V61.10 Partner Relational Problem
V62.3 Academic Problem
- ▶ Axis V : Global Assessment of Functioning =
50-55



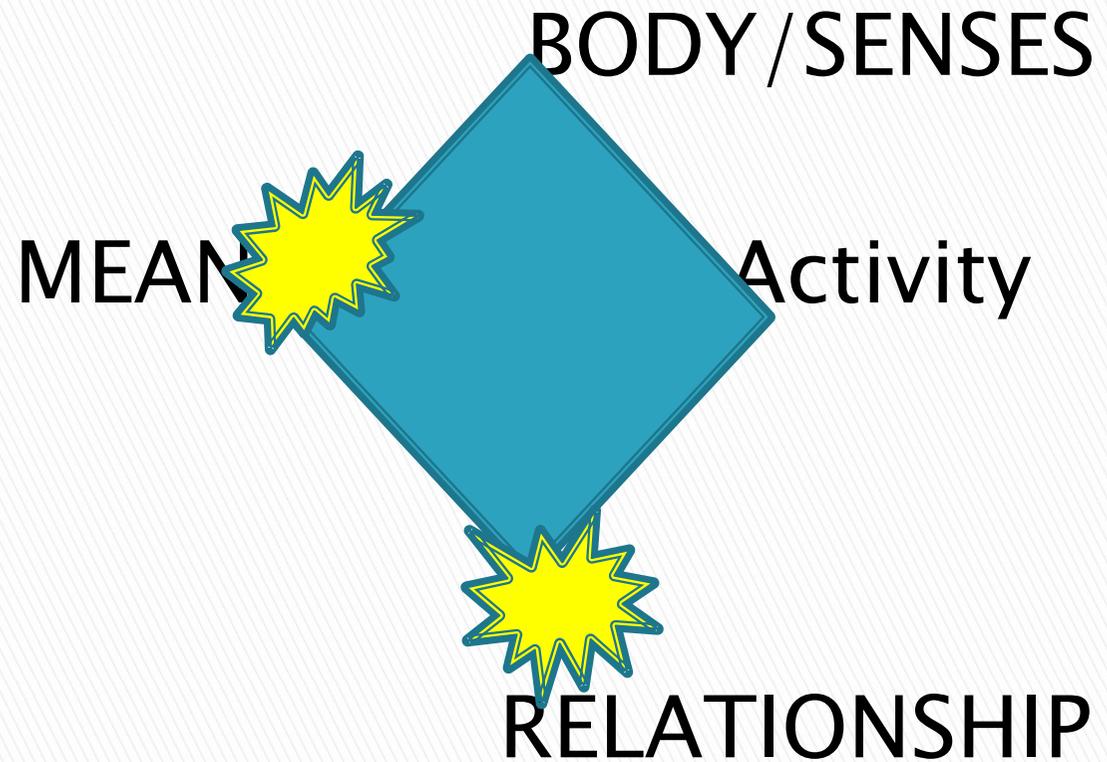
For DSM 5 the diagnostic is unchanged

- ▶ – Major Depressive Disorder
- ▶ – Obsessive–Compulsive and Related Disorders (new chapter)
- ▶ For personality disorders – identical



Conceptualization in positive psychotherapy

**Actual
conflict** : chronic
events happening in
the present time. We
are talking often about
a string of events, very
often an entire
situation.



Conceptualization in positive psychotherapy

**Basic conflict : a
life (family)
concept which
becomes
dysfunctional
due to actual
conflict
(actual life
situation)**



Conceptualization
in positive
psychotherapy

Inner conflict
(the conflict
dynamic).

Most of the times
the result of
clashing
motivation in the
conscious and
unconscious
level.

Be in
contact

- Too hurtful
for me
- To stay
and obey

Disobey
and be
alone

- I feel guilty
- I am guilty

OPD (Operationalized Psychodynamic Diagnostic)

1. Experience of illness and the prerequisites of treatment : A vital aim of operationalizing is closeness and relevance to practice and defining indication for psychotherapy

Severity of physical or mental symptoms

Expectation from treatment and readiness to accept it

Motivation for psychotherapy

Resources (personal , social , psychosocial)



OPD (Operationalized Psychodynamic Diagnostic)1

2. Interpersonal relationship: A conflictual relationship pattern can be summarized as follows :

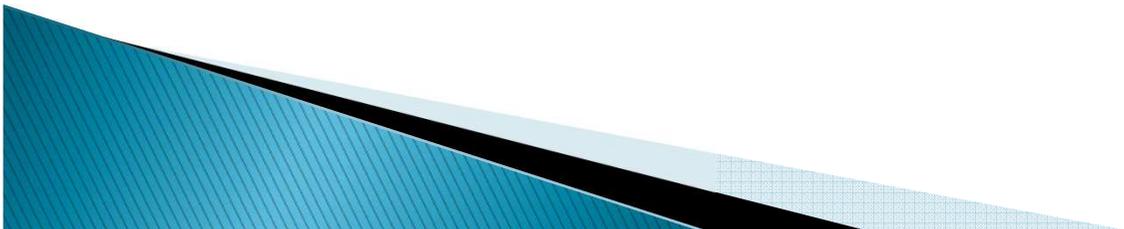
- the patient's habitual interpersonal behaviour (focus on interpersonal behaviour)
- typical reaction of others to the patient's interpersonal behaviour

The patient time and time again experiences himself in such way that he is....	The patient time and again experiences others in such way that they are...
17. asks for space	7. trying to control him
16. defy	8. accusing him
28. take to flight	9. manipulate, blame him

Others, the investigator included, time and again experience that the patient is....	Others the investigator included, time and again experience themselves in their interaction with the patient that they are...
29. seclude himself	6. dominate
30. cutting himself off	7. control
16. defying	?Worrying

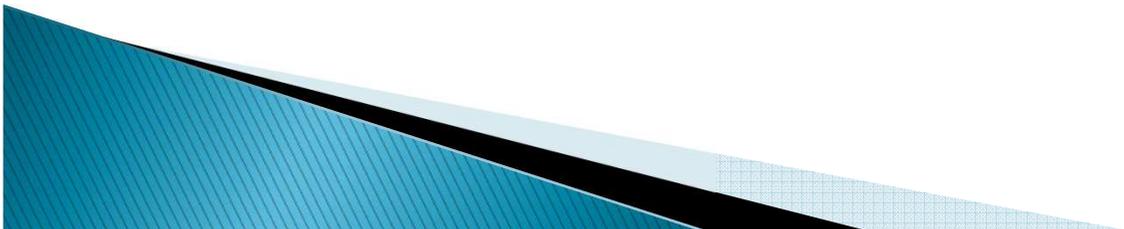
Axis III Conflict in the OPD

- ▶ We have 7 types of conflicts , as follows
- ▶ –individuation vs. dependency (existential meaning of bonding and relation)
- ▶ –submission vs. control (having the power)
- ▶ – care vs. autarky
- ▶ – self–worth(narcissistic)
- ▶ –guilt complex (self blame vs. blame of the object) egoistic vs altruistic tendencies, self blame vs. blame of the object
- ▶ –oedipus (sexual conflict)
- ▶ –identity conflict(identity vs dissonance)



AXIS IV in the OPD – STRUCTURE

- ▶ 1 / cognitive ability or the perception – of self
– of the object
- ▶ 2 / capacity of control – impulse regulation – of self
– of object relationship
- ▶ 3 / emotional abilities – internal communication
– communication with external world
- ▶ 4 / Attachment (the ability to form attachments)
–with internal objects
–with external objects





Cognitive ability or the perception
-of self
-of the others

Attachment (the ability to form attachments)
-with internal objects
-with external objects



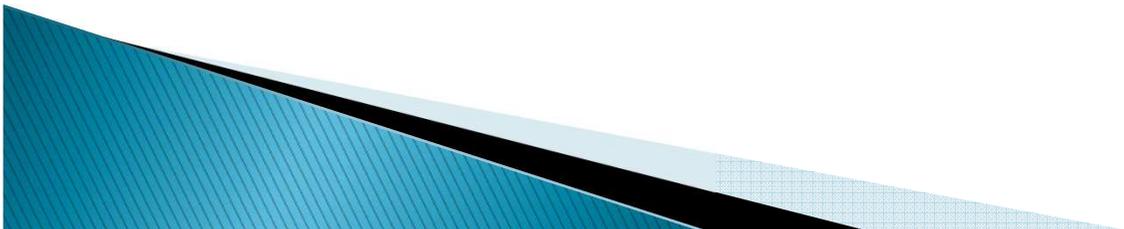
Capacity of control – impulse regulation
- of self
- of object relation

Emotional abilities – internal communication
- communication with external world



Axis V in the OPD

- ▶ We summarize here and link with the european classification , ICD-10





Thank you!

