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Supportive Care Therapy

Psychotherapy Guidebook

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DEFINITION

Supportive Care is both a technique and a philosophy for providing the lifelong continuity of psychiatric treatment necessitated by chronic mental illness. The model was developed primarily as an intervention in the lives of individuals with schizophrenia, and most of the following discussion will deal with the use of Supportive Care in that disease. However, it may also be applied to the psychological management of other chronic psychiatric disorders.

Supportive Care encompasses both biologic and experiential models of schizophrenia. The biology, or the illness, is viewed as a given that can be managed but not "cured." In this sense Supportive Care views schizophrenia in a rehabilitative mode and seeks to maximize function within a disability that in itself cannot be altered. Organic interventions, such as medication, are seen as necessary, but only as a first step in allowing an individual to function at the best possible level. The aim of therapy is not to remove the illness, which is not considered possible, but to remove many of the difficulties caused by the illness. This rehabilitation is accomplished by focusing on the

experiential effects of the disease.

Psychologic intervention is aimed at the three fundamental areas of dysfunction that supportive care theory considers nuclear in all individuals with schizophrenia. These are:

1. **Failure of anxiety management** — anxiety is poorly managed, diffuse, and consumes a large amount of energy and effort

2. **Failure of interpersonal transactions** — relationships are clumsy and seen by other as inappropriate, the outcome is often disastrous

3. **Failure of past experience** — there is no ability to use lived personal history as a basis for making judgments and decisions in the present moment

Efforts to manage these disabilities form the core of the application of the theory of supportive care.

HISTORY

Supportive Care was developed by Werner M. Mendel, M.D., from his experience in treating patients with schizophrenia over many years. He has personally followed over five hundred individuals, some now for over twenty years. The experiential focus of the theory stems from his interest and expertise in existential psychiatry; the rehabilitative focus is primarily from

the application of Supportive Care in a project on a group of patients treated at Los Angeles County- University of Southern California Medical Center.

Historically, the medical intervention in the lives of individuals with schizophrenia tended to be acute and episodic. Much effort was given to hospital treatment and less concern to the patients between episodes or in the prevention of future episodes. Supportive Care focuses on continuity, views acute episodes as exacerbations of an ongoing condition, and seeks to provide support, a therapeutic alliance, and prevention of future exacerbations. In this sense it anticipated current thinking as to the importance of aftercare and community psychiatry.

TECHNIQUE

To understand the techniques of Supportive Care one must be acquainted with the natural history and progression of schizophrenia as it affects an individual's life. Schizophrenia usually begins insidiously in adolescence or early adult life. At some later time it reaches psychotic proportions, causes crisis, and is identified. Its natural tendency is to wax and wane, with periods of relative remission followed by further exacerbations. While early psychiatric notions foresaw a downhill course leading to inability to function, current thinking holds that 50 to 80 percent of individuals with schizophrenia, will, with proper treatment, be able to live relatively functional

lives.

Supportive Care involves a constant intervention in the patient's life to minimize the disruptions caused by the nuclear disabilities. Anxiety, often helped by medication, must constantly be brought into awareness both as to its effect on the individual and its causes. Repetitive coaching on interpersonal relationships is best implemented by role rehearsal and actual modeling of appropriate behavior in a variety of social situations. Past patterns of behavior, unavailable to the individual because of failure of historicity, must be identified and used to make reasonable decisions. For example, a mechanic who has been unable to deal with the anxiety and interpersonal demands associated with being made foreman on previous occasions may again be considering accepting that promotion. He will need the prior problems pointed out and should be aided in perhaps not accepting the new job, assessments that he cannot make on his own.

Because of the recurrency of the disease and the failure of past experience, the techniques of Supportive Care must be repeated constantly. As indicated above, interventions deal with the here and now. Insight models of therapy are not only useless but contraindicated. The therapist should come to view himself as a teacher and as a "life manager" who treats by direct intervention, example, and environmental manipulation.

APPLICATIONS

Since most individuals enter treatment in crisis, the initial contact should be based on crisis intervention and restitution of function. As the crisis clears the nuclear disabilities are identified in a matter-of-fact fashion and areas of healthy functioning are strengthened and expanded. The initial few years of treatment generally require the most effort as patients may suffer exacerbations and the therapeutic process must begin anew.

As the therapeutic alliance strengthens, the patient becomes more able to cope with his disabilities. Life decisions constantly need to be made and often involve taking the patient off the hook. As time passes contact can be reduced but should never be terminated. Exacerbations can then often be predicted and more frequent contact and perhaps more medication can be used to prevent them. Thus, a patient may be seen frequently for several months, infrequently for a few years, and then frequently again as needed.

Supportive Care is a lifelong process that once begun will never end. If properly applied the technique provides relief from pain and suffering as well as markedly improved comfort and function for the patient.