

TREATMENT MODELS

JOHN W. GRACE, M.D., P.A.

Philosophy:

Our philosophy at John W. Grace, M.D. , P.A. is to make medicine simple enough that every day people can grasp mental health issues in a way that allow them to contribute and understand their contributions.

We want to take the intellectualism, elitism, and mysticism out of medicine and psychotherapy and work with common sense models that everyone can appreciate.

The models that follow are for utility. Do they elicit the desired result from their use?

Can patients, nurses, mid-level providers, and clinicians all use similar dialogue and language within the model to enhance communication and empowerment at all levels of the healthcare interaction.

These are 13 models that help guide how we interact, talk to, and think about patients. Feel free to add to them if you would like.

How our office works:

The LPN is the contact person for every patient. They see the same LPN and the LPN spends the most time with them. This person will follow their care at John W. Grace, M.D. , P.A. and help you to understand and apply our treatment models.

Model #1:

The Human Mind is Poorly Adapted for the Modern World.

This is the cornerstone of our philosophy.

We want you to understand the difference between the world of our ancestors and the world we live in and how that difference affects us.

We are going to ask you to accept is that your mind, your brain, is much better suited to a Neanderthal world than our modern society.

This is a very simple premise that will help in several ways:

1. It puts the blame of mental illness on the environment. People don't have to feel ashamed or inferior for struggling with issues that are caused by environment.

“Mental illness is not your fault. Struggling with this world is not our fault. It's the fault of this difficult environment.”

“Don't blame yourself for struggling in a world that is difficult emotionally. The fact is nearly everyone struggles in dealing with this world.”

1. While shifting blame to the environment, it puts the onus of change onto you. We're not blaming people for struggling in this world, this unnatural world that we have created for ourselves, but...we are telling them that they **need** to be a part of helping themselves cope with it.

“Neither you or I is likely to change this crazy world any time soon, therefore, we need to understand how it is effecting us and what can we do about it.”

“We agree the world isn’t fair. We agree it’s not your fault. But we also understand that you still have the most power to make it better.”

3. It gives a clear explanation of psychotherapy.

Psychotherapy is the process of understanding how your mind works and how it can work better in this environment.

With this explanation you can understand how psychotherapy helps us.

“Psychotherapy is not about you sharing your most intimate details with a stranger, it is about you revealing them to yourself, learning your emotional triggers, so that you can understand how the world pushes your buttons.”

4. It explains why mental illness is so prevalent. (Half of population suffers from it at one point in their life.) And it also explains why nearly everyone benefits from psychotherapy.

“Many people have this idea or notion that psychotherapy is for really sick people or only people with problems. The truth is that nearly everyone benefits from an understanding of how

their mind and emotions work in this unusual world we have created for ourselves.”

“Use your journal, use your therapy, practice it outside the office to gain a better understanding of your feelings. It will help you in all walks of life.”

Here are some concepts from this model:

“Our bodies are built for intense short-term stress not the slow grind long term stress.”

The truth is our emotional system was not designed with twenty year or even twenty month problems in mind. It was designed for dealing with immediate life-threatening situations on a day-to-day basis. What this means is that rather than feeling “ a little stressed out “ over long-term problems we tend to “freak out” over and over again. We don’t have the emotions to feel little problems. So we forget about them, make them huge, and forget about them again.

We should always try to remember that we are prone to over-react to small stress because there were very few low-term stressors when our emotional system was built.

This is why long-term stressors (jobs, marriages, etc.) tend to really devastate us physically. We deal with them inappropriately.

What do we do about this?

Constantly work to mitigate the intensity of long-term stressors. Talk to ourselves. Remember that the intensity of the stressors tend to be exaggerated by our emotional system.

Teaching points from this model.

“Okay. I want you to realize this stress, this intensity your feeling is more intense than necessary. I want you disagree with your feelings. Not in their direction but in their intensity.

I want you to tell yourself. I should be a little upset about this. But this is not imminent life or death.

I want you to worry. But learn how to worry a little.”

“Practice focusing on your problems a little bit. It is very hard. We tend to get consumed and forget about our problems but most of the modern world’s problems are dealt best with a little focus.”

Our Bodies Have a Rhythm

Some animals are nocturnal. That means they sleep in the day and are up at night. Some animals are diurnal that means they are awake in the day and sleep at night.

All animals have a circadian rhythm.

That means they have a twenty-four-hour body clock that tells them when to do everything from eating, sleeping, running, and cleaning the house.

And one of the cruelest things that our world has done to us is to disrupt this rhythm for human beings completely.

How?

Houses. Offices. And artificial light.

The single biggest cue to set your body's clock is light. Bright days, dark nights, tell your body this is day and this is night. I should be awake and active now. I should be tired and asleep.

But we live most of our days in artificial light which is as much as 10,000x dimmer than sunlight and most of our nights in slightly less artificial light which is 10,000x brighter than pure darkness.

What is the end result?

Most of our bodies have no idea what time of day it is most of the time. We end up eating at night instead of sleeping. We end up feeling tired in the day. Our medications don't work properly because we metabolize them differently.

Teaching points within this model.

“Are you taking care of your body rhythm. Are you shutting down at night. Staying away from bright computer screens and stimulant. Are you leaving your drapes open, getting out into the sunshine, letting the sun wake you up as it has for every diurnal creature for the last billion years?”

“Never forget your body clock. Good circadian balance is one of the most important things you can do for yourself.”

“Your body is designed to run on a certain schedule. Help it do that.”

Diet Plays a Role in Mental Health

One of the largest ways we are poorly suited to this world is the diet of modern society. We take too many stimulants particularly in the evening. We abuse too many sedatives, particularly in the day. We eat way too much sugar and not enough fish for the most part. And this contributes to feeling lousy.

Teaching points within this model:

“Are you trying to eat healthier? Avoid too much sugar. Drink enough water. Getting some daily activity. Taking Omega 3 Fatty Acids?”

Model #2
Emotion as a Spatial Feature
Perspective = Healing.

For a more comprehensive version of this please see Dr. Grace's book "Where am I?"

Understanding the power of emotion is a lot clearer if you start to think of it as a spatial feature of the environment. Think of your feelings as either tinting the color of your environment or the background music playing in the movie of your life.

Emotion has a strong role on your perception of your world and psychotherapy involves giving you the ability to step outside that emotion get some perspective and view your life more objectively.

Most forms of psychotherapy involve changing perspective from the emotional to the objective and the success of the therapy depends on the persuasiveness of the therapist and particularly technique at accomplishing this.

Principals from this model

"Learn how to acknowledge feelings without acting on them. Feel destructive without acting destructive."

"Use your journal to gain perspective on your life. Write down a story and then view it with your eyes rather than your feelings. You may have a clearer understanding of it."

“There are two sources of information about your world. Your eyes and your emotions. Take control enough of your emotions that they aren’t the only thing telling you about your life.”

“Write down your story and look at it as someone else’s story. You will see it differently, more accurately, with less distortion.”

“View your life as some one else’s life, like a child. Imagine watching your child live your life. What advice would you give them.”

Model # 3

Poor Self-Esteem is a Function of Impaired Perception

In a desperate place, in a desperate situation, for short term it is completely appropriate and necessary to beat the living tar out of yourself, self-compassion is a luxury you cannot afford in an emergency.

This false sense of emergency is the driving force behind the lack of self-esteem for most people.

Even most people who report self-esteem do not usually have it, feeling good about themselves only if they are receiving a lot of positive daily validation from the world.

True self-esteem results from having a positive assessment of yourself and humanity without action. Simply appreciating the kind of person you *want* to be with your life. Your success at being that person varies dramatically on a day to day basis and with the winds of change.

Teaching Points:

“You have to learn to be compassionate towards yourself even when you don’t want to. Even when it seems that the world is too desperate to.”

“You have to fight guilt. Just because you feel guilty doesn’t mean you did something wrong.”

“You have to realize that we live in a world where we can have more self-compassion.”

“You have to see yourself as having value BEFORE you do things. You cannot derive your basic human value from completion of action otherwise you will put too much pressure on yourself in that action and inappropriately punish yourself when you take the right action but do not get the right result.”

“Even though beating yourself up feels right, most of the time it isn't. You have to fight that feeling.”

Model #4

Suicide as an unnecessary sacrifice

In the model for understanding suicide in our practice we think of suicide as a desire to sacrifice ourselves for the greater good. In the world of our ancestors, food was scarce and if you were not contributing then people were likely starving to death for you.

The impulse to end your life, “So people will be better off without me.” may have had some validity in those days.

The reality is that rarely is that type of sacrifice necessary and often the act hurts those you care about much more than helps them. But it doesn’t change the fact that we have the natural impulse to sacrifice ourselves when we feel it will benefit those we care about.

The reason we use this model is that it explains how it seems to make so much sense in the moment for people contemplating suicide and why they have to make an effort to protect themselves against this kind of thinking.

Learning points:

“You need to protect yourself from the impulse to self-harm. It can be very persuasive and seem to make a lot of sense. You need to make a promise to yourself to never act on these kinds of thoughts without talking to someone to stop yourself from acting rashly or being confused by intense feelings.”

“It usually feels like it makes sense. But sometimes your mood distorts the world and your perceptions.”

“You have to make a promise to yourself not to harm yourself. You have to do this when your feeling better, when you can see things clearly. Because it will be hard to see that in your darkest moments. It really can feel right. It can seem to make sense.”

Model #5

Depression as Learned Helplessness.

In this model of depression, patients become powerless over their lives the more their mood slips. We reinforce that powerlessness is an illusion and they need to start acting in small ways that contribute to the quality of their lives without necessarily seeing that progress or even expecting it to be successful.

“You need to start taking small steps to improve your life even if they feel pointless or futile. That feeling of futility is an illusion.”

“Depression is the impulse to give up, to stop fighting because you cannot help yourself. You have to fight that impulse a little and realize that you can still take small steps to make things better.”

Model # 6

Bipolar Disorder as a Broken Clock

In this model bipolar disorder is determined to be an error of your internal clock. At times it goes fast at other times it goes slow.

First we try to understand the clock. Learn when it's going fast and when slow. Then we try to get techniques and medications to speed up or slow down the clock.

“Is your clock going fast or slow?”

“Are you taking care of your clock? Setting it at the right time?”

“Are you getting frustrated with your clock? Angry at yourself for not moving faster when your body clock is in slow motion? Trying to go too fast or too slow?”

Are you watching your clock every day? Trying to understand it? Doing mood charting. Is it speeding up or slowing down?

What types of things speed up or slow down your clock? Alcohol? Caffeine? Medication? How long does it take to work?

Model #7

Anxiety as Gentle Push

In our model for anxiety we consider anxiety to be a gentle push that is constantly shrinking our world.

Pushing against that anxiety is uncomfortable but necessary otherwise anxiety will push you backwards, shrinking your world.

We use relaxation techniques and medication to expose ourselves to more anxious situations and expand our world. Medications need to help us to push back.

Teaching Points

“Always remember that anxiety is pushing you backwards. You have to fight back. Be a little uncomfortable and use the medication to help you fight back.”

“Use your relaxation techniques to help you prepare for anxious situations.”

“You have to expose yourself to some anxiety every day. If you don’t have some, you’re probably backing up. Not terror. Just a mild level of discomfort.”

Model #8

Post Traumatic Stress Disorder as a Broken Camera

In this model we consider the mind a camera that takes pictures of emotional events. The stronger the emotion, the more intense the picture.

In Post Traumatic Stress Disorder the pictures are so intense that they intrude on reality with some cues. This intrusion results in flashbacks, hyper anxiety.

We try to avoid the emotional response to certain pictures, avoid others, and take different pictures.

Teaching points:

“Which pictures are bothering you the most? Which ones can you avoid? Which ones do you simply have to get accustomed to seeing?”

“Your mind is going to place pictures and movies in front of you. Some of them you are not going to be able to avoid so you need to get used to them.”

“You need to stay away from severe pictures or movies if you can. If there are certain things that terrify you then stay away unless you can't avoid them then you have to expose yourself to them.”

“For example lets say you are assaulted by a man while walking on Williams Street in Chicago and this generates a PTSD type experience. You probably never have to go back to

that particular street and would be better off avoiding it. But if the letter “W” makes you nervous then you have to learn to get through that because you can’t avoid it.”

“Dealing with PTSD is learning which movies you can avoid and bury forever and which ones you have to learn to live with.”

Model #9 Substance Use

Shame Model.

In this model we focus on the most important aspect of substance use...shame.

We realize and emphasize that no one ever gets better in this condition without addressing the shame of it.

The cornerstone of this philosophy is,

The first and most important continued step with substance use is the acceptance of the problem without being ashamed of it.

“Working on limitations is never fun but always productive.”

“We may get more enjoyment out of energy directed at our strengths but we get more stability out of working on our limitations.”

“You have to stop lying to yourself in order to stop drinking. And as long as you are ashamed, you will lie to yourself.”

“Substance use is always the biggest problem you have. But you don't have to be ashamed of it to work on it.”

Model #10

ADHD as a product of a boring world

In our model of ADD we talk about how ADD is a function of constructing a world where boring stuff (like taxes, speed limit signs, and bills) are important.

We do not have the attention system to deal with boring things very well. Our ancestors paid attention to few boring things. (Food is very interesting when you are hungry.)

Our brain generally needs to be excited about details to organize appropriately. For some people this stops them to such a degree that they neglect important things.

With medication we induce a false sense of excitement that allows the mind to work better on boring things.

By making tasks more exciting, ADD can be helped as well. This is why cramming works.

Teaching Points from this Model:

“Use the medication to apply yourself to those things that would be difficult for you to focus on.”

“Try to make tasks more interesting to help your focus. Use music, stimulation, and imagination to your advantage.”

“Take holidays from medication when you do not need to focus.”

Model # 11

Early Responsibility Model

In this model we talk about one of the most common personality types to present to outpatient mental health.

The child that grew up too early, was exposed to too much responsibility and now carries a child-version of adulthood forward.

Children do everything over the top. A child that is put in charge too early becomes “too responsible” feeling guilty and responsible for everything and everybody.

Therapy involves challenging this responsibility daily and repeatedly until it starts to subside a little.

“Just because you feel responsible for the world doesn’t mean you are.”

“You have to challenge that notion of responsibility that you have carried since childhood, that idea that it really is all on you.”

“You can only be responsible for what you can control. Do you find yourself feeling responsible for things out of your control?”

“You may be carrying a child’s view of what it means to be an adult. Children think adults are all-powerful and responsible for everything. Do you have that child’s expectation of yourself?”

Model #12

GRIEF (Loss vs. Taking with you)

In our model of grief we think of healthy grieving as connecting to memories of a loss in a positive way. We think of loss as feeling like we have lost a part of ourselves and healthy grieving is realizing that we carry a piece of our loss with us and all of us are made up of those that have gone before us.

The kindness and compassion lives on even after the specifics of a life are lost.

“Sometimes it feels like you want to run away from your memories, forget about them. Healing means moving in the opposite direction in grief, remembering more, allowing those pleasant memories to remind you of how much of that person is still with you.”

“It feels like you have lost them and a part of yourself, but you need to connect to the part of them in you, that part that will always be in you, and realize that you carry them with you forever.”

Model #13

Dementia with Behavioral Disturbance

In our model of dementia with behavioral disturbance we realize that precise diagnosis in this population is extremely difficult and many problems are multi-factorial anyway. Our approach in most of these cases is less diagnosis driven and more risk-driven. What that means is that relatively benign and low-risk interventions (light therapy, B12, Buspar) are tried early regardless of suspected diagnosis.

Our philosophy with dementia is a multi-factorial one. We try to treat a number of possible causes. And we use the safest interventions first. It is less diagnosis driven and more risk driven.