Holistički biopsihosocijalni pristup u postizanju oporavka osoba s dijagnozom psihoze

/ Holistic Biopsychosocial Approach in the Recovery of Persons Diagnosed with Psychosis

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Ističe se da postoji veliki broj osoba oboljelih od poremećaja s psihozom koje ne reagiraju zadovoljavajuće na liječenje antipsihoticima te da je potrebno razmotriti utjecaj psihosocijalnih stresora, a time i primjenu psihosocijalnih postupaka prema individualnom planu liječenja. Ovaj pristup nije zadovoljavajuće prisutan u psihijatrijskoj praksi što za posljedicu može imati veliki broj pacijenata koji se proglašavaju terapijski rezistentnim a da se ne primijene i procijene učinkovitosti psihosocijalnih postupaka i psihoterapije. Upravo zbog toga putem prikaza izrade biopsihosocijalne formulacije i individualnog plana liječenja pacijentice s dvije epizode psihoze željeli smo upozoriti da je potrebno pacijentu pristupiti sveobuhvatno. To znači na način sagledavanja utjecaja biopsihosocijalnih čimbenika na rizik pojave psihoze i adekvatno primijeniti biopsihosocijalne i psihoterapijske postupke. Cilj nam je pacijentima omogućili optimalno liječenje koje će dovesti do oporavka i smanjiti rizik za ponovnu pojavu psihoze. Bez biopsihosocijalnog pristupa mnogi će se naći u riziku da ostanu bez nade u oporavak, da budu proglašeni terapijski rezistentnima, loše prognoze kod kojih se više ne očekuje poboljšanje. U izradi plana liječenja koristili smo Kormilo oporavka koje se pokazalo korisnim alatom u izradi individualnog plana liječenja i evaluaciji postignutih rezultata za primjenu u psihijatrijskoj praksi.

/ *Although it has been pointed out that there is a large number of persons diagnosed with psychotic disorder who do not respond satisfactorily to treatment with antipsychotics, and that it is necessary to consider the influence of psychosocial stressors, and thus the application of psychosocial interventions according to an individual treatment plan, this approach is not satisfactorily implemented in psychiatric practice. This could result in a large number of patients who are declared therapeutically resistant without being offered psychosocial interventions and psychotherapy. For this reason, through the presentation of the creation of a biopsychosocial formulation and an individual treatment plan for a patient with two episodes of psychosis, we wanted to emphasize that it is necessary to approach the patient comprehensively by looking at the influence of biopsychosocial factors on the risk of psychosis and to adequately apply biopsychosocial and psychotherapy interventions in order to provide patients with optimal treatment that would enable recovery and reduce the risk of relapse of psychosis. Without a biopsychosocial approach, many will find themselves at risk of being left without hope of recovery and of being declared therapeutically resistant with a poor prognosis where improvement is no longer expected. In creating the treatment plan, we used the Helm of Recovery scheme, which proved to be a useful tool in creating an individual treatment plan and evaluating the results achieved for use in psychiatric practice.*

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UVOD

Oporavak je danas prihvaćen kao internacionalni standard organizacije skrbi za mentalno zdravlje i očekivani ishod liječenja Zbog toga je potrebno napraviti otklon od isključivog fokusa na simptome i dominantnog pristupa liječenju putem lijekova prema individualnom holističkom pristupu orijentiranom prema ciljevima oporavka koje određuje sam pacijent (1). Istraživanja upućuju da 30 do 40 % pacijenata s dijagnozom shizofrenije nema povoljni odgovor na lijekove (2,3) pa bi u ovoj skupini bolesnika uzroke neučinkovitost lijekova trebalo tražiti u psihosocijalnim stresorima (3,4) i rješavanju teškoća psihosocijalnim postupcima. Povećana otpornost prema stresu povezana je s oporavkom i smanjenjem samostigmatizacije (5), a i povećana efikasnost povezana je s niskom razinom samostigmatizacije (6). Snižena otpornost prema stresu povezana je s većim rizikom za psihozu, dok je povećanje razine otpornosti prema stresu povezana s manje izraženim simptomima**,** boljim funkcioniranjem i uspješnijim suočavanjem sa stresom (7,8). Iako se brojni psihosocijalni postupci kao što su dobar odnos terapeut – pacijent, trening socijalnih vještina, zapošljavanje uz podršku, rad s obitelji i drugi povezuju s poboljšanjem ishoda liječenja (9), još uvijek su zanemareni u svakodnevnoj psihijatrijskoj praksi. Zanemarivanjem utjecaja biopsihosocijalnih čimbenika i primjene psihosocijalnih postupaka mnogi oboljeli od shizofrenije i sličnih poremećaja ostaju bez nade, odustaju od liječenja i bivaju proglašeni „kroničnim“ slučajevima kod kojih se ne očekuje oporavak što također ima za posljedicu nerazvijanje usluga u zajednici koji ovi ljudi trebaju za oporavak. Stoga napore treba usmjeriti na podučavanje kompetencija psihijatara za biopsihosocijalni pristup (10–12), kako bismo pomogli velikom broju osoba koje bez ovog pristupa ostaju zarobljeni u ulozi bolesnika, odustaju od životnih ciljeva i postaju isključeni iz zajednice.

INTRODUCTION

Today, recovery is accepted as an international standard for the organization of mental health care and the expected outcome of treatment. It is thus necessary to stop focusing on symptoms exclusively and change the dominant approach to treatment with drugs by applying a holistic approach oriented towards recovery goals determined by individual patients (1). Research suggests that 30% to 40% of patients diagnosed with schizophrenia do not respond favorably to medication (2,3). Therefore, in this group of patients, the causes of drug ineffectiveness should be sought in psychosocial stressors (3,4) and the solution should be the use of psychosocial interventions. Increased resilience to stress is associated with recovery and reduced self-stigmatization (5), as well as increased treatment efficacy with a low level of self-stigmatization (6). Reduced resilience to stress is associated with a higher risk for psychosis, while increased levels of resilience to stress are associated with less pronounced symptoms, better functioning and more successful coping with stress (7,8). Although numerous psychosocial interventions, such as a good therapist-patient relationship, training in social skills, supported employment, family interventions, etc. are associated with improved treatment outcomes (9), they are still neglected in everyday psychiatric practice. By neglecting the influence of biopsychosocial factors and the application of psychosocial interventions, many patients with schizophrenia and related disorders remain hopeless, give up on treatment and are often declared “chronic” cases where recovery is not expected, and in many cases this also leads to underdeveloped community services that these individuals need in order to recover. Efforts should therefore be directed at organizing training for psychiatrists in biopsychosocial approach (10–12) so to help a large number of people who otherwise remain trapped in their role as patients, give up their life goals and become excluded from the community.

CILJ RADA

Putem prikaza izrade biopsihosocijalne formulacije i individualnog plana liječenja želimo potaknuti primjenu holističkog biopsihosocijalnog pristupa u liječenju osoba s psihozom kako bismo prevenirali nepovoljnu prognozu i potaknuli oporavak. Želimo upozoriti na brojne pacijente koji će se bez biopsihosocijalnog pristupa naći u riziku da ostanu bez nade u oporavak, da budu proglašeni terapijski rezistentnim pacijentima loše prognoze kod kojih se više ne očekuje poboljšanje.

METODE

U ovom radu opisat ćemo proces izrade biopsihosocijalne formulacije i individualnog plana liječenja na primjeru jedne pacijentice kako bi putem prikaza oglednog primjera potaknuli druge psihijatre da rutinski primjenjuju sveobuhvatni biopsihosocijalni pristup i individualni plan liječenja u svojoj praksi. Za izradu biopsihosocijalne formulacije i individualnog plana liječenja koristili smo se smjernicama psihijatrijskih društava (13) i Kormilom oporavka (14).

PRIKAZ PACIJENTICE

Kratka povijest bolesti

Marija traži pomoć zbog pojave sličnih simptoma psihoze koji su u prvoj epizodi bolesti prije dvije godine dijagnosticirani kao akutni prolazni poremećaj sličan shizofreniji (F23.2). Stanje je procijenjeno remisijom nakon višemjesečnog liječenja primjenom antipsihotika i suportivne psihoterapije u okviru koje je postigla uvid u bolest, naučila prepoznati simptome psihoze, oslobodila se straha od ponovne epizode psihoze te počela planirati pronalaženje posla. Prva epizoda nastala je u okolnostima preseljenja u drugu državu s partnerom koji joj je bio značaj-

AIMS

By developing a biopsychosocial formulation and an individual treatment plan, we aimed to encourage the application of a holistic biopsychosocial approach in the treatment of individuals with psychosis in order to prevent an unfavorable prognosis and to promote recovery. Our aim was to emphasize the fact that there are numerous patients who would end up exposed to the risk of being left without any hope of recovery, declared therapeutically resistant patients with a poor prognosis, and no longer expected to improve without the use of the biopsychosocial approach.

METHODS

In this paper, we will describe the process of developing a biopsychosocial formulation and an individual treatment plan using the example of one patient in order to encourage other psychiatrists to routinely apply a comprehensive biopsychosocial approach and an individual treatment plan in their practice. We used the guidelines of psychiatric societies (13) and the Helm of Recovery scheme (14) to create the biopsychosocial formulation and the individual treatment plan.

CASE REPORT

Brief anamnesis and medical history

Marija requested psychiatric assistance due to the appearance of symptoms of psychosis, similar to those in her first episode of psychosis two years before, when she was diagnosed with an acute transient disorder similar to schizophrenia (F23.2). Remission was achieved after several months of treatment with antipsychotics and supportive psychotherapy, during which she gained insight into the disease, learned to recognize the symptoms of psychosis, overcame the fear of a repeated episode of psychosis, and started planning to find a job. The first episode

na emocionalna podrške, međutim zbog posla joj često nije bio dostupan, što je često bilo povezano s porastom anksioznosti.

Druga epizoda psihoze koju ovdje opisujemo odvija se u sličnim okolnostima kao prva, nakon što se u želji za osamostaljenjem preselila u drugi grad i odvojila od roditelja. Ovoj epizodi je prethodio i prekid za nju značajne emocionalne veze kao i nezadovoljstvo na radnom mjestu, teškoće u komunikaciji sa suradnicima na poslu i prema nadređenoj osobi i teškoće uklapanja u sredinu u kojoj nije mogla uspostaviti odnose s drugim ljudima i osjećala se osamljeno.

Simptomi su bili slični onima u prvoj epizodi: imala je slušne halucinacije, čula je glasove koji su komentirali njeno ponašanje (omalovažavali su njeno ponašanje i donesene odluke, od najmanjih sitnica, npr. što je pojela za doručak do odluka vezanih uz posao), doživljavala je da je ljudi čudno gledaju i da joj smjeraju nešto loše napraviti. Imala je osjećaj da je cijeli njen život namješten i kontroliran, kao da nije realan, bila je sniženog raspoloženja, bezvoljna, odustala je od većine aktivnosti koje je voljela kao što je to bio odlazak u teretanu i kukičanje, dala je otkaz na poslu i javila se svojoj psihijatrici. Predloženo joj je liječenje u dnevnoj bolnici što je prihvatila. Simptomi psihoze, u koje je imala uvid, su se povukli nakon mjesec dana. Međutim, i dalje je bilo prisutno depresivno raspoloženje i ozbiljne teškoće u funkcioniranju. U odnosu na stanje nakon prve epizode kada je bila puna optimizma u ishod liječenja, sada je situacija drugačija, sumnja u svoj oporavak („ne vjerujem u oporavak, ali možda se dogodi neki pomak“), razmišlja ima li uopće ovaj život smisla, a premda nema suicidalnih misli, verbalizira doživljaj manje vrijednosti: („smatram se manje vrijednom jer imam mišljenje da se ne mogu družiti s bilo kim, nego s psihičkim bolesnicama kao što sam ja“); („ponekad se pitam vrijedi li imati takav nikakav život kao

occurred while she was moving to another country with her partner who provided significant emotional support, but was often unavailable due to work, which was often associated with an increase in the patient's anxiety level.

Here, we describe the second episode of psychosis that took place in similar circumstances as the first, after the patient moved to another city and separated from her parents because of her desire for independence. This episode was also preceded by the break-up of an important emotional relationship, as well as dissatisfaction at the workplace, difficulties in communicating with her colleagues at work and with her superior, and difficulties with fitting in an environment where she could not establish relationships with other people and therefore felt lonely.

The symptoms were similar to those of the first episode: she had auditory hallucinations, heard voices commenting on her behavior (belittling her behavior and decisions, from the smallest details, e.g. what she ate for breakfast to work-related decisions) and had thoughts about people looking at her strangely or intending to do something bad to her. She felt like her whole life was rigged and controlled, like it was surreal. Her symptoms included depressive mood and avolition, she gave up most of the activities she loved, such as going to the gym and crocheting, and she quit her job and reported to her psychiatrist. She was offered treatment in a day hospital, which she accepted. The symptoms of psychosis, which she had insight into, disappeared after a month. However, depressed mood and severe difficulties in functioning persisted. Compared to the situation after the first episode, when she had been full of optimism about the outcome of the treatment, the situation was now different, and she doubted her recovery ("I do not believe in recovery, but maybe some progress will happen"). She thought about whether her life had any meaning at all, and although she did not have suicidal thoughts, she verbalized the experience of lesser value: "I consider myself less valuable because I have the opinion that I cannot associate with anyone, except with people with mental health disorders like me";

moj“. Navodi da je inače i prije prve epizode bolesti imala sniženo samopouzdanje, međutim da se to sve više pogoršalo kada je dobila dijagnozu, a osobito sada u drugoj epizodi, jer je vjerovala da se neće ponoviti ako redovito uzima lijekove.

Funkcioniranje

Funkcioniranje se uvijek opisuje odvojeno od simptoma bolesti jer daje podatke o težini bolesti i specifičnim teškoćama pacijenta koji su moguće razvojno uvjetovani ako su bili prisutni prije pojave mentalnog poremećaja. Teškoće u funkcioniranju stoga nisu samo posljedica bolesti, ali su rizik za ponovnu pojavu epizode (9). Marija se u ovoj epizodi ponaša drugačije, postaje regresivna, ne koristi više svoje sposobnosti, odluke prepušta majci, a u aktivnostima svakodnevnog života sudjeluje tek uz njen poticaj. Ovisna je o podršci bliskih osoba i očekuje apsolutnu podršku. Zapustila je brigu o sebi tako npr. brine o svojoj higijeni, ali ne brine više o svom vanjskom izgledu, slabo se kreće, dobila je na tjelesnoj težini. S obzirom na prethodna negativna iskustva i prekide radnih odnosa zbog prezahtjevnih uvjeta rada u ne baš prijateljskoj radnoj okolini, ne usudi se više tražiti posao te iako povremeno pregledava oglase, ne javlja se na natječaje. Navodi da se posve isključila iz života zajednice, više ne odlazi u teretanu niti ima neki hobi. U stresnim situacijama zna reagirati impulzivno, ne promisliti detaljnije o odlukama koje donosi. U nedostatku podrške, osjeća se tjeskobno, nesigurno, loše i burno reagira na kritiku, izrazito koristi kao mehanizam obrane projekciju, a ovisno o razini stresa, moguće su i paranoidne interpretacije, ali i izbjegavajuća ponašanja te povlačenje do potpune izolacije. Nikad nije manifestirala agresivno ponašanje prema drugoj osobi. Potporu roditelja doživljava kao veliku podršku, međutim također i kao prepreku za svoju želju da se od njih odvoji iz straha da će se

“sometimes I wonder if it is worth having a life like mine”. She stated that she had low self-confidence even before the first episode of the disease, but that it had gotten worse when she received her diagnosis, and especially now in the second episode, because she had believed that it would not happen again if she took medication regularly.

Functioning

Functioning is always described separately from the symptoms of the disease because it provides information about the severity of the disease and specific difficulties of the patient, which may be developmentally determined if they were present before the appearance of the mental disorder. Difficulties in functioning, therefore, are not only a consequence of the disease, but represent a risk for a recurrence of the episode (9). In this episode, Marija behaved differently, became regressive, no longer used her abilities, left decisions to her mother, and participated in everyday activities only with her mother’s encouragement. She was dependent on the support of people close to her and expected absolute support. She neglected taking care of herself. For example, she took care of her hygiene, but she no longer cared about her appearance, reduced her physical activity and gained weight. Considering previous negative experiences and interruptions of working relationships due to overly-demanding working conditions in a not very friendly working environment, she did not dare to look for another job anymore, and although she occasionally looked at advertisements, she did not apply for jobs. She stated that she had completely cut herself off from community life, no longer went to the gym nor had any hobbies. In stressful situations, she sometimes reacted impulsively, without carefully considering the consequences of the decisions she made. In the absence of support, she felt anxious, insecure, reacted poorly and impulsively to criticism and used projection as a defense mechanism. Depending on the level of stress, paranoid interpretations are possible, as well as evasive behavior and withdrawal to complete isolation. She never manifested aggressive behavior towards another person. She per-

ponovno pojaviti psihoza. Navodi teškoće u stvaranju odnosa s ljudima, ne zna kako bi im prišla, a nije baš ni puno povjerljiva prema ljudima. Trenutno komunicira isključivo s roditeljima.

Razvojna anamneza

Kako bismo utvrdili utjecaj ranog razvoja kao i događaja tijekom cijelog životnog ciklusa na način na koji se ponaša, misli i osjeća, kako reagira na povredu regulacije samopoštovanja, kako se nosi s tjeskobom, kakvo je samopoštovanje i samopouzdanje i odnosi povjerenja prema drugima, ovaj put smo više pozornosti obratili razvojnoj anamnezi. Saznali smo da je u ranom razvoju, pa i sada u odrasloj dobi, odnos majke prema njoj pretjerano brižan, teško je podnosila fizičku odvojenost od majke kada bi osjećala tjeskobu. Misli da je bila favorizirano dijete u odnosu na svoju sestru, posebno zato što je sestra bila ljubomorna na nju. Sa sestrom nije imala blizak odnos. U osnovnoj i srednjoj školi bila je povučena, imala je osjećaj da se ne uklapa najbolje među vršnjake, uvijek je bila vezana za majku, kasnije i za jednog prijatelja koji joj je postao dečko. Odlazak u drugi grad zbog školovanja joj je bio težak zbog odvajanja od roditelja, ali stanje je bilo podnošljivo zbog prijatelja koji joj je bio podrška. U odrasloj dobi nije uspostavljala veze s vršnjacima, uglavnom je bila vezana za odnos s dečkom. Prema ljudima nije povjerljiva, ima dojam da nisu dobronamjerni. Pri ponovnim separacijama od roditelja nastupila je izrazita tjeskoba i pojava psihoze.

Dobrog je tjelesnog zdravlja, nešto je dobila na težini zbog nekretanja, od lijekova uzima jedino psihofarmake. U obitelji sestra je imala problema s depresijom, no nitko nije imao problema s psihozom. Nikada ranije, kao ni sada, nije imala suicidalne misli i namjere, niti je manifestirala agresivno ponašanje prema drugima.

ceived the support of her parents as great, but also as an obstacle to her desire to separate from them, in fear that psychosis would reappear. She stated that she had difficulties in forming relationships with people, did not know how to approach them, and was not very trusting of people. She currently communicates only with her parents.

Developmental anamnesis

In this case, we focused more attention on the developmental anamnesis in order to determine the impact of early development as well as of events during the patient's entire life on the way the patient behaves, thinks and feels, how she reacts to a violation of self-esteem regulation, how she deals with anxiety, and to evaluate her self-esteem, self-confidence and trust in relationships with others. We learned that in her early development, and even now in adulthood, her mother's attitude towards her was excessively caring, and the patient could hardly bear physical separation from her mother when she felt anxious. She thought she was the favored child compared to her sister, especially because her sister was jealous of her. She did not have a close relationship with her sister. In primary and secondary school, she was withdrawn and had the feeling that she did not fit in well with her peers, being always attached to her mother, and later to a friend who became her romantic partner. Moving to another city for education was difficult for her because of the separation from her parents, but the situation was bearable because of a friend who supported her. In adulthood, she did not establish relationships with her peers and was mostly tied to the relationship with her partner. She was not trusting towards people and had the impression that they were not benevolent. During the repeated separations from her parents, she was very anxious and subsequently developed psychosis. She was in good physical health, but she gained some weight due to reduced physical activity. Her only medication has been her psychopharmacotherapy. In her family, her sister had problems with depression, but no one had problems with psychosis. She never had suicidal thoughts and intentions before, nor has she ever shown aggressive behavior towards others.

Biopsihosocijalna formulacija s psihodinamskom formulacijom

Marija u dobi od 26 godina, nezaposlena administratorica s dvije psihotične epizode primljena je u dnevnu bolnicu zbog niza teškoća nakon prestanka simptoma akutne faze u drugoj epizodi bolesti kao što su: sniženo raspoloženje, gubitak nade u oporavak, gubitak smisla života, nisko samopouzdanje sa samo-stigmatizacijom te ozbiljnim teškoćama funkcioniranja koje uključuju teškoće brige o sebi, u donošenju odluka i socijalnu izolaciju. Druga epizoda bolesti nastala je u okolnostima kumulativnog stresa odvajanja od obitelji i prekida emocionalno značajne veze kod osobe osjetljive na separaciju i okolnostima stresa na radnom mjestu kod osobe s teškoćama u komunikaciji i pretjerano opreznoj u kontaktu s drugim ljudima. Vulnerabilnost temeljnog doživljaja sebe kao manje vrijednog i slabosti ega putem teškoća upravljanja tjeskobom i korištenja nezrelijih obrana i mehanizama sučeljavanja u situacijama povezane su s teškoćama iz simbiotske faze. Ozbiljne teškoće u upravljanju visokim razinama anksioznosti koje se javljaju u situacijama separacije postaju prijetnja raspadu kohezije temeljnog doživljaja sebe i psihološki su rizik za pojavu psihotičnih simptoma kao nefunkcionalnog mehanizma obrane od raspada temeljnog doživljaja sebe i objektnog svijeta pod cijenu testiranja stvarnosti. U situacijama stresa često burno reagira, koristi nezrele obrane, projekciju, idealizaciju drugih, devaluaciju sebe, regresiju, motoričko neverbalno izražavanje unutrašnje napetosti (*acting out*) i projektivnu identifikaciju s pojavom ideja odnosa. Druge ljude s kojima je u bliskom odnosu na nesvjesnoj razini doživljava kao dijelove temeljnog doživljaja sebe bez kojih ne može funkcionirati jer su joj potrebni za umirenje tjeskobe, što je očigledno u njenim teškoćama separacije od značajnih objekata, roditelja i dečka koji služe kao umirujući objekti. Negativnog je doživljaja vlastitog iden-

Biopsychosocial and psychodynamic formulation

Marija, aged 26, an unemployed administrator with two psychotic episodes, was admitted to a day hospital due to a series of difficulties after the remission of the acute phase symptoms of her second episode of the disease. Her current symptoms include depressive mood, loss of hope of recovery, loss of meaning in life, low self-esteem with self-stigmatization and serious difficulties in functioning, e.g. difficulties in self-care, decision-making and social isolation. The second episode of the disease happened in circumstances of cumulative stress due to separation from the family and the break-up of an emotionally significant relationship in a person sensitive to separation. Also, she experienced stress at the workplace, which was significant for a person with communication difficulties and overly cautious in contact with other people. The vulnerability of the fundamental experience of oneself as less valuable and the weakness of the ego through difficulties in managing anxiety and using more immature defenses and coping mechanisms in situations are associated with difficulties from the symbiotic phase. Serious difficulties in managing high levels of anxiety that occur in situations of separation become a threat to the disintegration of the cohesion of the self and represent a psychological risk for the appearance of psychotic symptoms as a dysfunctional defense mechanism against the disintegration of the self and the object world at the cost of reality testing. In stressful situations, she often reacted impulsively, used immature defense mechanisms, projection, idealization of others, self-devaluation, regression, acting out and projective identification with the appearance of delusions of reference. She perceived other people with whom she was in a close relationship on an unconscious level as parts of the self, without which she could not function because she needed them to calm her anxiety, which is evident in her difficulties in separation from significant objects, her parents and her partner, who served as calming objects. She had a negative experience of her own identity, especially after being diag-

titeta, osobito nakon postavljanja dijagnoze mentalnog poremećaja, ne vidi mogućnost kako bi se mogla vratiti među vršnjake, naći i zadržati posao, teško joj je zamisliti odvajanje od roditelja jer misli da bi to rezultiralo novom epizodom bolesti. Na razini *ego* funkcioniranja teže procjenjuje svoje sposobnosti, ambivalentna je u određivanju ciljeva, međutim uspijeva jedno vrijeme funkcionirati na radnom mjestu dok se ne pojave neke stresne okolnosti, stoga pokazuje dobre resurse koji bi se mogli ojačati putem različitih psihosocijalnih postupaka. Ima uvid u svoje teškoće komunikacije s drugim ljudima, ali vjeruje da bi se uz pomoć to moglo promijeniti. Postoji biološka predispozicija za depresiju, dobro reagira na lijekove koji uspješno otklanjanju pozitivne simptome, dok je za druge teškoće potrebno koristiti psihosocijalne postupke. Postoji opasnost da se problemi ove osobe dijagnosticiraju kao negativni simptomi bolesti, ako se ne bi razmotrili na holistički način i kada joj ne bi bili dostupni psihosocijalni postupci koji joj mogu pomoći da se oporavi.

Individualni plan liječenja

Biopsihosocijalna formulacija, a osobito psihodinamska formulacija su nam pomogle da razumijemo da bi za prevenciju pojave ponovne epizode bilo važno raditi na ciljevima koji osnažuju *ego* i temeljni doživljaj sebe kao što su bolja kontrola i upravljanje tjeskobom, korištenje zrelijih mehanizama obrane, poboljšanje mentalizacije, povećanje vještina za samostalni život i rad, povećanje samopoštovanja i samopouzdanja i prevencija samostigmatizacije koja dodatno smanjuje već od ranije narušeno samopouzdanje. Također, bilo bi korisno povećati kapacitet pacijentice za odvajanje od emocionalno značajnih objekata u smislu postizanja konstantnosti objekta fokusiranim treningom socijalnih vještina usmjerenim na povećavanje samopouzdanja, treningom asertivnosti i komunikacijskih vještina, treningom upravljanja

nosed with a mental disorder. She did not see the possibility of being able to return to her peers and to find and keep a job. Also, it was difficult for her to imagine being separated from her parents because she thought that this would result in a new episode of illness. At the level of ego functioning, she had difficulties with assessing her abilities and was ambivalent in setting goals. However, she managed to function at a workplace for a while, until some stressful circumstances manifested, thus demonstrating the presence of good resources that could be strengthened through various psychosocial interventions. She had insight into her difficulties in communicating with other people, but she believed that this could change with help. There was a biological predisposition to depression, and she responded well to drugs that successfully treated positive symptoms, while for other difficulties it was necessary to use psychosocial interventions. There was a danger that her problems would be diagnosed as negative symptoms of the disease, if they were not considered holistically and when psychosocial interventions would not be available to help her to recover.

Individual treatment plan

The biopsychosocial formulation, and especially the psychodynamic formulation, helped us to understand that, and in order to prevent the occurrence of a new episode, it was important to work on goals that would strengthen the ego and the self, such as better control and management of anxiety, use of more mature defense mechanisms, improvement of mentalization, increase of skills for independent living and work, increase of self-esteem and self-confidence and prevention of self-stigmatization, which further reduce the already damaged self-confidence. Also, it was useful to increase the patient's capacity for separation from emotionally significant objects in terms of achieving object constancy through focused social skills training aimed at increasing self-confidence, assertiveness and communication skills training, anxiety management training and work on stigmatization. It was also useful to work with the family, especially the mother, in terms of encour-

tjeskobom i rada na stigmatizaciji. Koristan bi bio i rad s obitelji, osobito s majkom, u smislu poticanja postupnog odvajanja kako bi se smanjili psihološki rizici za nastanak ponovne epizode. Kod ove pacijentice bila bi indicirana suportivna psihodinamska psihoterapija i/ili empatičan pristup terapeuta koji putem svoje umirujuće terapijske funkcije potiče internalizaciju kapaciteta za bolje ovladavanje tjeskobom. Pacijentica ima uvid u simptome bolesti, dobro reagira i prihvaća liječenje lijekovima, ali uzimanje antipsihotika nije dovoljna zaštita u situacijama brojnih psiholoških rizika, stoga bi u planu liječenja trebalo planirati smanjenje psiholoških rizika.

Kako biopsihosocijalnu formulaciju objasniti pacijentici

Uspostavljanje terapijskog saveza je zajednički dogovor između pacijenta i psihijatra. Stoga je važno biopsihosocijalnu formulaciju iznijeti pacijentici na jednostavan način uz obrazloženje čimbenika rizika i mogućnosti njihovog otklanjanja kao i predlaganjem mogućih dostupnih metoda liječenja. S obzirom na demoralizaciju nakon druge epizode bolesti, ovoj je pacijentici važno pojasniti da put oporavka nikada nije pravocrtan i da se od mogućih pogoršanja može puno naučiti za daljnju prevenciju. Na primjer, kako je razvoj njene druge epizode pokazao povezanost sa stresorima s kojima se teško nosi, poboljšanje otpornosti prema stresu moglo bi biti značajno u prevenciji ponovne epizode.

Kormilo oporavka u izradi individualnog plana liječenja

Planovi liječenja u akutnoj fazi i fazi stabilizacije se razlikuju. Nakon izlaska iz akutne faze prestankom psihotičnih simptoma koristili smo shemu kormila kako bi Mariji protumačili što sve utječe na mentalno zdravlje i oporavak i kako bi zajedno dogovorili plan liječenja. Pitali smo ju što bi za nju značio oporavak, a dobili

aging a gradual separation in order to reduce the psychological risks of a relapse. Supportive psychodynamic psychotherapy and/or an empathetic approach of a therapist who, through its calming therapeutic function, encourages the internalization of capacities for better anxiety management would be indicated in this patient. The patient had insight into the symptoms of the disease, responded well and accepted drug treatment; however, taking antipsychotics was not sufficient protection in situations of numerous psychological risks, and therefore the reduction of psychological risks should be included in the treatment plan.

How to explain biopsychosocial formulation to the patient

The establishment of a therapeutic alliance represents a mutual agreement between the patient and the psychiatrist, and it is therefore important to present the biopsychosocial formulation to the patient in a simple way by at the same time explaining the risk factors and the possibility of their elimination, as well as by proposing the available treatment methods for recovery. Considering the demoralization after the second episode of the disease, it was important to explain to the patient that the road to recovery is never a straight line and that much can be learned from setbacks regarding further prevention. For example, as the development of the patient's second episode showed an association with stressors that were difficult to cope with, improving resilience to stress could be significant in preventing a new episode.

The Helm of Recovery scheme in the development of an individual treatment plan

Treatment plans in the acute phase and in the stabilization phase were different. After coming out of the acute phase and the remission of psychotic symptoms, we used the Helm of Recovery scheme to explain to Marija what affected mental health and recovery, and to agree on a treatment plan together. We asked her what recovery would mean for her, and we got the answer that she

odgovor da želi spriječiti ponovnu epizodu bolesti i da se želi ponovno zaposliti.

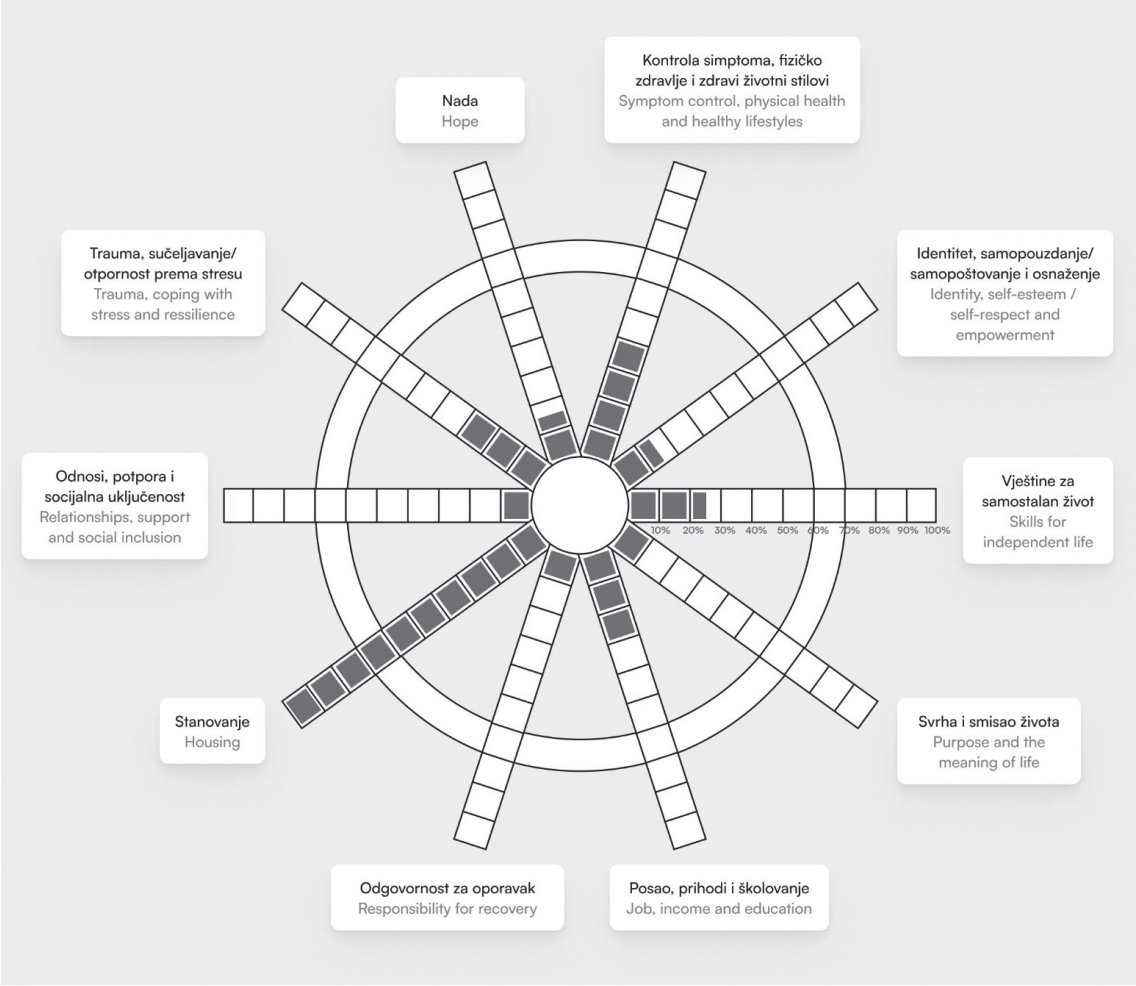
U prvoj točki procjene dobili smo sljedeće stanje i ciljeve prikazano na slici 1 (sl. 1):

Nada: pacijentica vjeruje da se teško može oporaviti, međutim ostavlja tračak nade da bi se to ipak moglo dogoditi. Ostavlja dojam da će se to dogoditi nekako spontano, gotovo „slučajno", bez uvažavanja vlastitih kapaciteta i snaga. Bez nade nema oporavka ni sudjelovanja pacijenta u procesu oporavka, stoga je obnavljanje nade bio naš prioritet. Ukazali smo na njene kapacitete da se oporavi kao i da iz iskustva druge epizode može puno toga naučiti, jer oporavak nije pravocrtna linija. Također smo joj putem video prikaza ukazali na iskustva drugih osoba s psihozom koji su se oporavili i nakon višekratnih

wanted to prevent a new episode of the disease and that she wanted to get a job again.

At the first assessment point, we obtained the following state and goals shown in Figure 1 (Figure 1):

Hope: Although the patient believed that it was difficult to achieve recovery, she retained a glimmer of hope that this could still happen. She gave the impression that it would somehow happen spontaneously, almost "accidentally", without considering her own capacities and strengths. Without hope there is no recovery, and the patient cannot participate in the recovery process, so restoring hope was our priority. We pointed out her capacities to recover, as well as that she could learn a lot from the experience of the second episode because recovery is not a straight line. Through video presentations, we



SLIKA 1. Kormilo oporavka – početna procjena.
FIGURE 1. The Recovery Helm – baseline assessment.

epizoda i hospitalizacija (https://www.youtube.com/watch?v=AUjDXHOXFm8). Predložen joj je razgovor sa skupinom oporavljenih vršnjaka i uključivanje u *online* podršku vršnjaka.

Svrha, smisao života i motivacija za promjenu: Marija smatra da je njezin život upropašten i da je upitno ima li smisla išta poduzimati i planirati kada je bolesna. Odmah smo intervenirali i podsjetili ju da je prije ove epizode njen smisao života bio pronalaženje posla, uživanje u nekim hobijima, ali i u druženju s manjom grupom poznanika i prijatelja te da joj tijekom liječenja možemo pomoći da bolje razradi ciljeve (kratkoročni, dugoročni).

Odgovornost za oporavak: Marija aktualno ne vidi svoju aktivnost za postizanje oporavka jer sumnja da je to moguće, pa je svu odgovornost delegirala na svoju majku. Istakli smo da vjerujemo da ona može obnoviti svoje snage i preuzeti upravljanje svojim životom kao što je to ranije činila, sada osnažena nekim novim vještinama koje je stekla tijekom liječenja pa očekujemo da će biti uspješnija.

Kontrola simptoma, tjelesnog zdravlja i zdravi stilovi života: rekla nam je da joj lijekovi dobro pomažu kada se pojave simptomi psihoze, međutim ne pomažu joj da poveća samopouzdanje, odvoji se od roditelja i da se bolje nosi sa stresom. Predložili smo joj trening vještina za povećanje samopouzdanja i stres menadžment za bolje nošenje sa stresnim situacijama. Istaknuli smo da bi njen raniji interes za kreativan rad također mogao pomoći pa smo predložili da možda proširi svoje interese i pokuša s kreativnim aktivnostima kao što je slikanje u našoj radionici radne terapije. Također smo sugerirali da bi bilo dobro obnoviti njen interes za zdravi stil života tj., za zdravu prehranu i fizičku aktivnost.

Identitet, samopouzdanje, samopoštovanje i osnaživanje: Marija nam je rekla da je njeno povjerenje u sebe i svoje vrijednosti poljuljano, da dijagnoza psihoze za nju znači sram i strah da će je ljudi izbjegavati**.** Objasnili smo joj da se to

also showed her the experiences of other people with psychosis who recovered even after multiple episodes and hospitalizations (https://www.youtube.com/watch?v=AUjDXHOXFm8). She was offered a conversation with a group of peer workers and involvement in online peer support.

Purpose, meaning of life and motivation to change: Marija believed that her life was ruined and that it was doubtful whether it made sense to do or plan anything when she was sick. We immediately intervened and reminded her that before this episode, her meaning in life was finding a job, enjoying some hobbies, but also socializing with a small group of acquaintances and friends, and that during treatment we could help her to better develop her goals (short-term and long-term).

Responsibility for recovery: At the time, Marija was not aware of her ability to achieve recovery because she doubted that it was possible, so she delegated all responsibility to her mother. We pointed out that we believed she could regain her strengths and take control of her life as she did before, now empowered with some new skills she had acquired during treatment, so we expected her to be more successful.

Symptom control, physical health and healthy lifestyle: She told us that the medication helped her when symptoms of psychosis appeared, but that they did not help her increase her self-confidence to separate from her parents and to better cope with stress. We suggested training skills to increase self-confidence and stress management to better deal with stressful situations. We pointed out that her earlier interest in creative work might also help, so we suggested that she should perhaps broaden her interests and try creative activities such as painting in our occupational therapy workshop. We also suggested that it would be good to renew her interest in a healthy lifestyle, namely in healthy nutrition and physical activity.

Identity, self-esteem, self-respect, empowerment: Marija told us that her confidence in herself and her values was shaken, and that the diagnosis of psychosis meant shame and fear that people would avoid her. We explained to her that this happened to many people who were diagnosed with a mental

pojavljuje kod mnogih koji imaju neku od dijagnoza mentalnog poremećaja, ali ne kod svih i da je važno usvojiti stavove da osoba nije manje vrijedna zato što ima dijagnozu, dapače, da može biti ponosna da se unatroč dosta teškoća dobro nosila sa životnim izazovima, osim kada se nađe u situaciji stresa. Predložili smo da se priključi grupi u kojoj se prorađuju postupci sprječavanja samostigmatizacije, kao i da pogleda prezentaciju vezanu za prevenciju samostigmatizacije (https://www.youtube.com/watch?v=z33gT_jC-n0). Ovdje nam je cilj pomoći Mariji u izgradnji pozitivnog identiteta putem obnove samopouzdanja i vještina koje potiču samopouzdanje, otkloniti samostigmatizaciju te putem kontinuirane individualne suportivne psihodinamske psihoterapije stabilizirati temeljni doživljaj sebe i ojačati *ego*.

Odnosi, podrška i socijalno uključivanje: Marija procjenjuje da je posve izolirana, međutim svjesna je da izolacija loše utječe na mentalno zdravlje, željela bi se uključiti u društvo, ali ne zna kako. Ponudili smo joj pomoć u izradi plana uključivanja u društvo uz pomoć volontera ili vršnjačkog pomagača (*peer worker*) kako bi joj pomogli da se uključi u hobije i aktivnosti koje želi. Predložili smo joj mogućnost individualnog rada s obitelji kako bi joj pomogli da se odvoji na zdrav način, što je za sada otklonila, jer se još uvijek boji da bi odvajanje opet dovelo do psihoze. Majka je uključena u grupnu terapiju roditelja koja je više orijentirana na edukaciju o bolesti, a manje na trening komunikacije pa treba razmotriti mogućnost uključivanja majke u grupu koja radi i na promjeni komunikacije.

Vještine za samostalni život: Marija procjenjuje da su njene vještine za samostalni život niske jer se nije uspjela osamostaliti, tj. odvojiti od roditelja, što ne može opstati na poslu jer su joj radni zadatci teški, loše komunicira s ljudima i loše se nosi s bilo koji stresom. Ipak, priznaje da neke aktivnosti može obaviti sama, iako je sklona prepustiti ih drugima. Rekli smo joj da

disorder, but not to all, and that it was important to adopt the attitude that a person was not less valuable because of a diagnosis. On the contrary, she could be proud that she had coped well despite many difficulties with life's challenges, except when she found herself in a stressful situation. We suggested joining a group where self-stigmatization prevention interventions are addressed, as well as to watch a presentation related to self-stigmatization prevention (https://www.youtube.com/watch?v=z33gT_jC-n0). Here, our goal was to help Marija build a positive identity through the restoration of self-confidence and skills that promote self-confidence, remove self-stigmatization, as well as through continuous individual supportive psychodynamic psychotherapy, stabilizing the basic experience of the self and strengthening the ego.

Relationships, support and social inclusion: Marija estimated that she was completely isolated, however, she was aware that isolation has a bad effect on mental health and that she would like to join the community, but she did not know how. We offered her help in creating a social inclusion plan with the help of a volunteer or a peer worker to help her get involved in the hobbies and activities she wanted. We suggested to her the possibility of individual work with the family to help her separate in a healthy way, which she has ruled out for the time being, because she was still afraid that the separation would lead to another psychosis. The mother was included in the group therapy for the parents, which was more oriented towards psychoeducation and less towards communication training, so the possibility of including the mother in the group, which also worked on changing communication, should be considered.

Skills for independent life: Marija estimated that her skills for independent life were low because she did not manage to become independent, i.e. separate from her parents, which meant that she could not survive at work because her work tasks were difficult, she did not communicate well and did not cope well with any kind of stress. However, she admitted that she was capable of doing some activities by herself, although she tended to leave them to others. We told her that she had a lot of strengths and that her skills could

ona ima puno snaga i da bi se njene vještine mogle povećati putem učenja različitih vještina koje bi nakon toga trebala primjenjivati u praksi. Preporučili smo joj učenje sljedećih vještina: vještine rješavanja problema, konflikta, vještine komunikacije, vještine postupanja s ljutnjom i vještine nošenja sa stresom. U tome joj može pomoći radni terapeut, socijalni pedagog, vršnjak ili koordinator liječenja (*case manager*), ako će biti potrebno.

Posao, financije, obrazovanje: Marija je izjavila da se želi zaposliti, ali da ima dojam da bira teške poslove koji nisu za nju. Nezadovoljna je aktualnom pozicijom i nezaposlenošću, kao i mogućnostima zaposlenja koje se nude u njenoj okolini, a s obzirom na njenu edukaciju. Razmišlja o različitim tečajevima koje bi mogla upisati i tako pronaći neko prikladnije radno mjesto. Teško joj je odabrati novu edukaciju zbog straha da će pogriješiti. Financijski je ovisna o roditeljima, što joj dodatno pojačava nezadovoljstvo. Unatoč svemu, motivirana je za promjenu kao i za pronalazak posla. Predložili smo da joj naš radni terapeut ili socijalni pedagog mogu pomoći u razradi ciljeva i donošenju odluke što zaista želi upisati.

Stanovanje: Trenutno je zadovoljna sa stanovanjem kod roditelja i za sada ne misli na preseljenje.

Utjecaj traume/ stresa i otpornost na stres: Uz ranije opisane stresne situacije (npr. na poslu), navodi da je dijagnoza mentalnog poremećaja za nju stres. Mišljenja je da se generalno slabo nosi sa stresnim situacijama. Preporučili smo individualnu proradu razgovora o reakciji na dijagnozu, kao i antistigma modul u grupi.

Tijek procesa liječenja ili kako se ciljevi ostvaruju

Prva značajna promjena (a koja je ujedno bila poticaj i za ostale) je vraćanje nade u mogući oporavak. Mariji su pomogli sadržaji vezani uz prikaze oporavljenih pacijenata, ali i aktivnije

be increased by learning different skills that she should then put into practice. We recommended her to learn the following skills: problem solving skills, conflict skills, communication skills, anger management skills and stress management skills. An occupational therapist, social pedagogue, peer worker or case manager could help her in this, if necessary.

Job, income, education: Marija stated that she wanted to get a job, but she had the impression that she had been choosing difficult jobs that were not for her. She was unsatisfied with her current position and unemployment, as well as with the employment opportunities offered in her area, given her education. She was thinking about different courses she could enroll in and thus find a more suitable job. It was difficult for her to choose a new education for fear of making a mistake. She was financially dependent on her parents, which further increased her dissatisfaction. Despite everything, she was motivated to change as well as to find a job. We suggested that our occupational therapist or social pedagogue could help her develop her goals and decide what she really wanted to enroll in.

Housing: She was currently happy with living with her parents and was not thinking of moving for the time being.

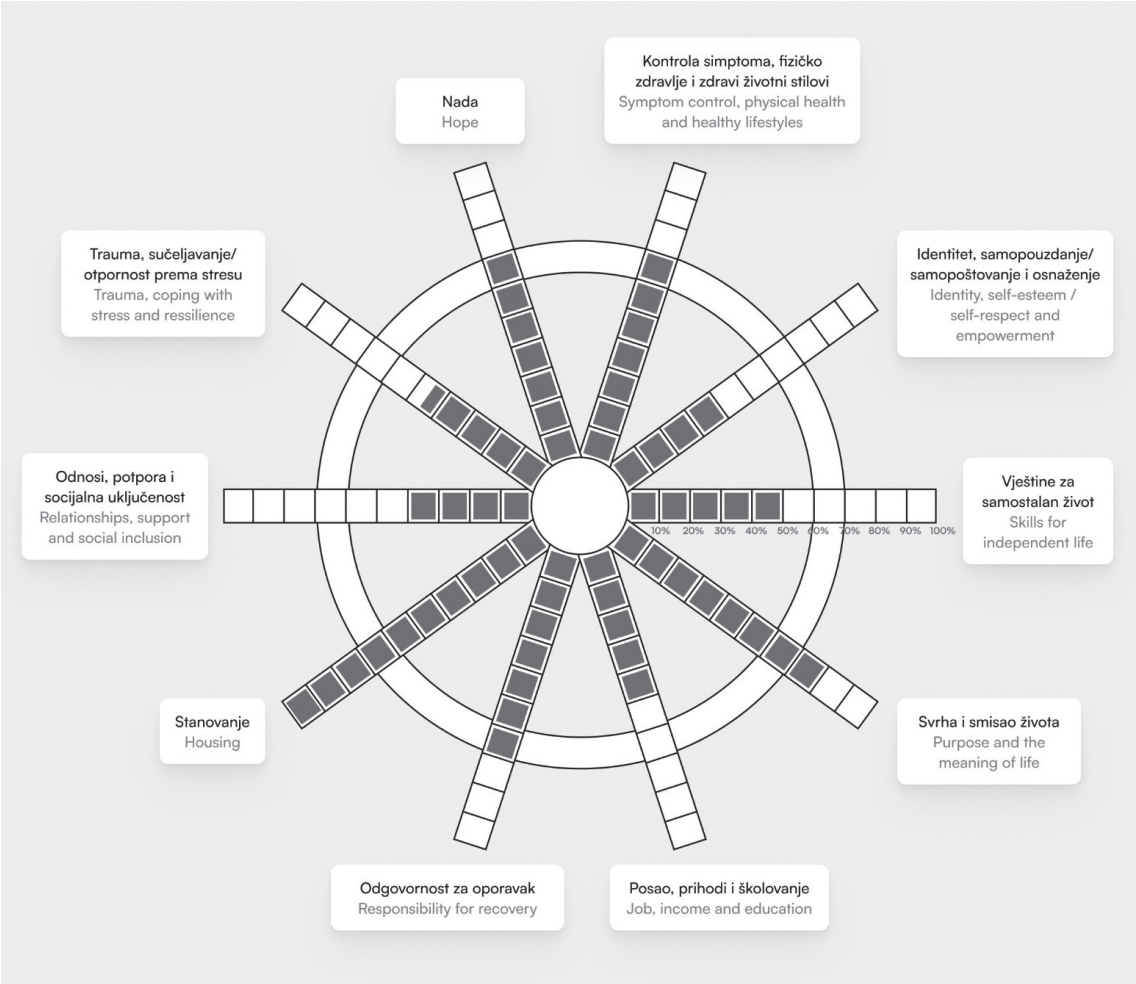
Trauma, coping with stress and resilience: In addition to the previously described stressful situations (e.g. at work), the patient stated that the diagnosis of a mental disorder was stress-inducing for her. She thought that she generally coped poorly with stressful situations. We recommended individual processing of the conversation about the reaction to the diagnosis, as well as the antistigma module in the group.

The course of the treatment process or how the goals were achieved

The first significant change (which was also an incentive for the others) was the restoration of hope of a possible recovery. Content related to the presentations of recovered patients, more active involvement in groups at the day hospital and learn-

uključivanje u grupe u dnevnoj bolnici i saznavanje informacija o teškoćama s kojima se nose drugi i kako ih nastoje prevladati. Dodatno se radilo i na edukaciji o bolesti, ne samo u smislu prepoznavanja simptoma, već i na individualnim putevima oporavka. Objašnjeno je da lijekovi nisu jedina metoda liječenja te da se i unatoč njima, a bez „krivnje" pacijenta, epizoda psihoze može ponoviti što ne treba doživjeti kao katastrofu nego kao iskustvo iz kojeg se može nešto novo naučiti. Rekli smo joj i da se poboljšanjem boljeg nošenja sa stresom i tjeskobom, kao i boljim komunikacijskim vještinama, taj rizik može smanjiti. Na ovaj se način, vraćanjem nade, ali i poticanjem dodatnih vještina i osvještavanjem postojećih, dogodio i pomak u preuzimanju odgovornosti za vlastiti oporavak, nalaženju svrhe i smisla u životu te okretanju ne samo na kontrolu pozitivnih simptoma, već i na fizičku aktivnost i okretanju zdravijim stilovima života. Iako se i dalje kontinuirano radi na osnaživanju i stvaranju pozitivnijeg identiteta, samopouzdanje je i dalje nisko. Ovo se posebno odnosi na ostvarivanje novih socijalnih kontakata, iako otvorenije pristupa drugim članovima grupe i više komunicira s kontaktima koje ima posredno putem obitelji. Trenutno usvaja nove vještine naučene u treningu socijalnih vještina, bolje komunicira s roditeljima i uspije iznijeti vlastito mišljenje bez konfliktnih situacija i *acting outa*, iako i dalje nije motivirana za opciju obiteljske psihoterapije. Samostalnija je u donošenju odluka, počela je s hobijima, sama istražuje opcije volontiranja i suzila je izbor mogućnosti za edukaciju koja bi joj pomogla u pronalaženju posla. Stava je da se bolje može nositi sa stresom, iako je i dalje sklona izbjegavati zahtjevnije situacije. Dogovoren je otpust iz dnevne bolnice i nastavak liječenja ambulantno s istim planom nastavka psihosocijalnih postupaka i suportivne psihodinamske psihoterapije. Stanje kod otpusta iz dnevne bolnice procijenjeno je na kormilu (sl. 2). Kako bismo pratili stanje oporavka i po

ing information about the difficulties that others were dealing with and how they tried to overcome them helped her with this. Additionally, we were working on psychoeducation, not only in terms of recognizing symptoms, but also on individual recovery paths. It was explained that medications were not the only method of treatment and that despite them, and without the "fault" of the patient, an episode of psychosis could happen again, which should not be experienced as a disaster but as an experience from which something new could be learned. We also told the patient that by improving coping with stress and anxiety, as well as by obtaining better communication skills, that risk could be significantly reduced. In this way, by restoring hope, but also by encouraging additional skills and raising awareness of the existing ones, a shift occurred in taking responsibility for her own recovery, finding purpose and meaning in life, and turning not only to controlling positive symptoms, but also to physical activity and a healthier lifestyle. Although continuous efforts were being made to strengthen and create a more positive identity, her self-confidence was still low. This especially applied to forming new social contacts, although the patient approached other members of the group more openly and communicated more with the contacts she had indirectly through the family. She is currently adopting new skills learned in social skills training, communicating better with her parents and managing to express her own opinion without conflict situations and acting out, although she is still not motivated to attend family psychotherapy. The patient has become more independent in her decision-making, has started hobbies, is researching volunteering options on her own, and has narrowed down the options for education that would help her find a job. Her attitude is that she can handle stress better, although she still tends to avoid more demanding situations. Discharge from the day hospital and continuation of outpatient treatment with the same plan of continuation of psychosocial interventions and supportive psychodynamic psychotherapy was agreed upon. The patient's condition at discharge from the day hospital was assessed at formation of the Helm of Recovery scheme (Figure 2). In order to monitor the state



SLIKA 2. Kormilo oporavka – procjena nakon završetka programa.
FIGURE 2. The Recovery Helm – final assessment.

potrebi revidirali plan liječenja, u planu je ponovna procjena nakon 3 mjeseca.

RASPRAVA

Biopsihosocijalni pristup razumijevanju nastanka mentalnih poremećaja, individualni plan liječenja i poticanje oporavka je standard postupanja u psihijatriji (10,11). U izradi plana liječenja psihijatru su korisni alati koji mu pomažu da izradi kvalitetan plan liječenja. Stoga smo željeli testirati upotrebljivost kormila kao alata za izradu individualnog plana liječenja i evaluacije plana liječenja.

Kormilo oporavka se pokazalo korisnim alatom u izradi individualnog plana liječenja kako su to

of recovery and, if necessary, revise the treatment plan, we planned to re-evaluate after 3 months.

DISCUSSION

The biopsychosocial approach to understanding the origin of mental disorders, an individual treatment plan and encouraging recovery is the standard of practice in psychiatry (10,11). In creating a treatment plan, psychiatrists need useful tools that help to create a high-quality treatment plan, and we therefore wanted to test the usability of the Helm of Recovery scheme as a tool for creating an individual treatment plan and its evaluation.

The Helm of Recovery scheme has proven to be a useful tool in creating an individualized treatment plan as suggested by its authors (14). Restoring

sugerirali njegovi autori (14). Obnavljanje nade, smisla života i poticanje odgovornosti pokazalo se ključnim za poticanje procesa oporavka ove pacijentice, kao što se također navodi u istraživanjima drugih autora (15). Iz rada s ovom pacijenticom želimo naglasiti da je gubitak nade u oporavak povezan s demoralizacijom i odustajanjem od oporavka što se očituje u pojavi depresivnih simptoma i niskog samopoštovanja, stoga je važno ne zamijeniti ove simptome s negativnim simptomima shizofrenije uz zanemarivanje primjene psihosocijalnih postupaka. Prva intervencija kod osoba koje su izgubile nadu u oporavak mora biti obnavljanje nade što se kod ove pacijentice pokazalo učinkovitom intervencijom. Kormilo oporavka nam je također pomoglo da identificiramo da su otpornost na stres, teškoće u odnosima i socijalne vještine ključne za oporavak ove pacijentice i prevenciju recidiva bolesti što je bio jedan od njenih glavnih ciljeva. Od velike koristi u radu s ovom pacijenticom su nam bili psihodinamski koncepti i psihodinamska formulacija (PF) kojima posvećujemo veliki dio ove rasprave. U izradi plana liječenja za ovu pacijenticu potvrdili smo iskustva drugih autora o koristi PF za razumijevanje psihološke dimenzije teškoća koje su povezane s načinom na koji se osoba ponaša, osjeća i misli kod svih osoba neovisno o dijagnozi (16,17), pa tako i u izradi plana liječenja za osobe s psihozom (18–20). PF također pomaže predvidjeti kako bi se osoba mogla ponašati u budućnosti i kako bi mogla reagirati na neželjene događaje i metode liječenja (16). U radu s ovom pacijenticom PF nam je bila korisna u određivanju ciljeva liječenja, prevenciji ponovne epizode bolesti i u evaluaciji postignutog. PF nam je pomogla da razumijemo da su glavni ciljevi za prevenciju recidiva kod ove pacijentice u jačanju ega i stabilizaciji temeljnog doživljaja sebe planiranjem postupaka koji jačaju *ego* i temeljni doživljaj sebe kao što su trening vještina, povećanje otpornosti na stres i suportivna psihodinamska psihoterapija u kojoj empatijska funkcija terapeuta ima važan utjecaj na stabilizaciju psihološke strukture.

hope, meaning of life and encouraging responsibility proved to be crucial for encouraging the recovery process of our patient, as was also reported by other authors (15). From our work with this patient, we would like to emphasize that the loss of hope for recovery was associated with demoralization and giving up on recovery, which manifested in the appearance of depressive symptoms and low self-esteem. Therefore, it is important not to confuse these symptoms with negative symptoms of schizophrenia while neglecting the application of psychosocial interventions. The first intervention for individuals who have lost hope of recovery must be the restoration of hope, which proved to be an effective intervention for this patient. The Helm of Recovery scheme also helped us identify that resilience to stress, relationship difficulties, and social skills were key to our patient's recovery and relapse prevention, which was one of her main goals. Psychodynamic concepts and psychodynamic formulation (PF), to which we devoted a large part of this discussion, were very useful in working with the patient. In creating a treatment plan for the patient, we confirmed the experiences of other authors about the usefulness of PF for better understanding of the psychological dimension of difficulties that are related to the way a person behaves, feels and thinks in all people, regardless of diagnosis (16,17), and also in creating a treatment plan for people with psychosis (18–20). PF also helps predict how a person might behave in the future and how they might react to adverse events and treatment methods (16). During our work with the patient, PF was useful in determining treatment goals, preventing a recurrence of the disease and in evaluating the achievements. PF helped us understand that the main goals for relapse prevention in the patient were to strengthen the ego and to stabilize the core experience of the self through planning interventions that strengthen the ego and core experience of the self, such as training in skills, increasing resilience to stress and supportive psychodynamic psychotherapy, where the therapist's empathic function had an important influence on the stabilization of the psychological structure.

PF za osobe s psihozom također pomaže u pronalaženju povezanosti između simptoma psihoze i pacijentovog iskustva, primjeni psihoterapijskog pristupa u razgovoru o reakciji na dijagnozu koji smanjuje rizik za razvoj samostigmatizacije i depresije (21,22). Ovi koncepti su nam bili korisni u povezivanju slušnih halucinacija s njenim doživljajem sebe kao manje vrijedne osobe, što smo i objasnili pacijentici čime smo pomogli da iskustvo psihoze bude na neki način manje zastrašujuće. Također smo s pacijenticom razgovarali o njenom doživljaju srama i manje vrijednosti vezano za dijagnozu u cilju smanjenja samostigmatizacije koja je postala prepreka njenom sudjelovanju u oporavku.

U skladu s iskustvima drugih autora da osobe s dijagnozom psihoze imaju teškoća iz simbiotske faze (23–25), kao i u razvoju sigurne privrženosti koja je povezana sa sposobnosti mentalizacije (26,27), opservirali smo ove teškoće u radu s našom pacijenticom. Glavni psihološki problem ove pacijentice koji je rizik za psihozu je pretjerana ovisnost o vanjskim objektima koja je vjerojatno povezana s njenim iskustvom pretjerano gratificirajuće simbioze zbog čega nije došlo do razvoja optimalne frustracije neophodne u razvoju kapaciteta za toleranciju tjeskobe, tj. sposobnosti za samo-umirenje koje više ne ovisi isključivo o prisutnosti vanjskih objekata da obavljaju tu funkciju. Dvije epizode psihoze nastale su u okolnostima odvajanja od majke koja još uvijek ima funkciju self objekta koji je nužan za psihološko umirenje u situacijama stresa. Kako majčinska umirujuća funkcija nije internalizirana, potrebno je fizičko prisustvo majke ili drugih ljudi koji obavljaju funkciju selfobjekta, primjerice dečka pacijentice. U trenutcima separacije kod osoba s ovim teškoćama dolazi do panične anksioznosti koja prijeti dezorganizaciji doživljaja temeljnog doživljaja sebe i u tim okolnostima psihoza je nezreli mehanizam obrane (28,29). Ovo nam je pomoglo da razumijemo da je u

In individuals with psychosis, PF also helps find the connection between the symptoms of psychosis and the patient's experience, applying a psychotherapeutic approach in talking about the reaction to the diagnosis that reduces the risk for the development of self-stigmatization and depression (21,22). These concepts were useful to us in connecting the auditory hallucinations with the patient's experience of herself as a less valuable person, which we explained to the patient, thus helping make the experience of psychosis less frightening. We also talked with the patient about her experience of shame and lowered self-esteem related to the diagnosis in order to reduce the self-stigmatization that became an obstacle to her participation in recovery.

Based on experiences of other authors, individuals diagnosed with psychosis experienced difficulties in the symbiotic phase (23–25) and in the development of secure attachment, which is linked to the ability for mentalization (26,27), and we observed these difficulties while working with our patient. The main psychological problem of this patient, which represents a risk for psychosis, was an excessive dependence on external objects, probably related to her experience of excessively gratifying symbiosis leading to a lack of development of the optimal level of frustration necessary for the development of the capacity for anxiety tolerance, i.e. the capacity for self-soothing, which does not depend solely on the presence of external objects to perform this function. The two episodes of psychosis developed in the circumstances when the patient was separated from the mother who still had the function of a self-object, necessary for psychological comfort in stressful situations. Since the mother's calming function was not internalized, the physical presence of the mother or other people who performed the function of the self-object, for example the patient's romantic partner, was necessary. In moments of separation, individuals with these difficulties experience panic anxiety, which threatens to disorganize the self, and in such circumstances, psychosis represents an immature defense mechanism (28,29). This helped

terapijskom odnosu važno ostvariti odnos povjerenja koji bi u daljnjem tijeku mogao biti osnova za korektivno emocionalno iskustvo koje će pomoći u izgradnji boljeg upravljanja s tjeskobom i smanjenja ovisnosti do vanjskih objekata. U daljnjem smo se tijeku rada odlučili za primjenu suportivne psihodinamske psihoterapije uz mogućnost obiteljske terapije s ciljem olakšavanja separacije, što za sada nije cilj pacijentice.

ZAKLJUČAK

Ciljevi liječenja osoba sa psihozom nakon akutne faze uključuju smanjenje rizika za ponovnu pojavu epizode psihoze. Potrebno je primijeniti holistički pristup u procjeni rizika koji uključuje procjenu biološke, socijalne i psihološke vulnerabilnosti kao i primjene biopsihosocijalnih postupaka koji smanjuju vulnerabilnost, a time i rizik za pojavu psihoze. Biološki rizik kod ove pacijentice dobro je kontroliran antipsihoticima. Međutim, u izlaganju stresnim okolnostima, antipsihotici nisu dovoljna zaštita te je potrebno primijeniti psihosocijalne postupke kako bi se poboljšale vještine u komunikaciji i nošenju sa stresom, kao i suportivnu psihodinamsku psihoterapiju s ciljem jačanja ega, osobito korištenja zrelijih mehanizama obrane i boljeg upravljanja s tjeskobom i stabilizacije temeljnog doživljaja sebe. Kormilo oporavka se pokazalo kao koristan alat u procjeni potreba i odabiru postupaka za postizanje oporavka kao i u evaluaciji napretka. U izradi plana oporavka ove pacijentice osobito je bila korisna psihodinamska formulacija čime se potvrdilo njeno značnje u izradi plana liječenja neovisno o planiranju psihoterapije. Ovaj primjer pokazuje da biopsihosocijalni pristup treba primijeniti u radu s pacijentima bez obzira na dijagnozu, što može potaknuti psihijatre da ga implementiraju u svakodnevnu psihijatrijsku praksu, kako bi poboljšali i pratili ishode liječenja pacijenata.

us understand that it was important to establish a relationship of trust in the therapeutic relationship, which could serve as the basis for a corrective emotional experience that would help build a better capacity for management of anxiety and, subsequently, reduce dependence on external objects. In the further course of work we decided to apply supportive psychodynamic psychotherapy with the possibility of family therapy, aiming to facilitate separation, which was not the patient's goal at the time.

CONCLUSION

Treatment goals for people with psychosis after an acute phase include reducing the risk of psychotic episode recurrence. It is necessary to apply a holistic approach to risk assessment, including the assessment of biological, social and psychological vulnerability, as well as the application of biopsychosocial interventions that reduce vulnerability, and thus the risk of psychosis. The biological risk in our patient was well controlled with antipsychotics. However, in exposure to stressful circumstances, antipsychotics are not sufficient protection and it is necessary to apply psychosocial interventions to improve skills in communication and dealing with stress, as well as supportive psychodynamic psychotherapy with the aim of strengthening the ego, especially the use of more mature defense mechanisms and better management of anxiety and stabilization of the self. The Helm of Recovery scheme has proven to be a useful tool in assessing needs and selecting interventions to achieve recovery as well as to evaluate progress. Psychodynamic formulation was particularly useful in the development of the patient's recovery plan, which confirmed its importance in the development of a treatment plan independently from psychotherapy planning. This example showed that a biopsychosocial approach should be applied in working with patients regardless of diagnosis, which may encourage psychiatrists to apply it in daily psychiatric practice to improve and to monitor the patient treatment outcomes.

LITERATURA / *REFERENCES*

1. World Health Organization. Recovery and the right to health: WHO Quality Rights core training: mental health and social services: course guide. Geneva: WHO, 2019.
2. Teo C, Borlido C, Kennedy JL, De Luca V. The role of ethnicity in treatment refractory schizophrenia. Compr Psychiatry 2013; 54(2): 167-72.
3. Hassan AN, De Luca V. The effect of lifetime adversities on resistance to antipsychotic treatment in schizophrenia patients. Schizophr Res 2015; 161(2-3): 496-500.
4. Sagud M. Treatment-resistant schizophrenia: challenges and implications for clinical practice. Psychiatr Danub 2015; 27(3): 319-26.
5. Sedić B, Štrkalj- Ivezić S, Petrak O, Ilić B. Differences in resilience, self-stigma and ment health recovery between patients with schizophrenia and depression. Psychiatr Danub 2021; 33: 518-28.
6. Horvat K, Štrkalj-Ivezić S. Povezanost osobne stigme i socijalne samoefikasnosti osoba s dijagnozom shizofrenije. Soc psihijat 2015; 43(3): 121-8.
7. Bozikas V, Parlapani E. Resilience in patients with psychotic disorder. Psychiatrike 2016; 27(1): 13-6.
8. Zizolfi D, Poloni N, Caselli I, Ielmini M, Lucca G, Diurni M *et al*. Resilience and recovery style: A retrospective study on associations among personal resources, symptoms, neurocognition, quality of life and psychosocial functioning in psychotic patients. Psychol Res Behav Manag 2019; 12: 385-95.
9. Britvić D, Cvitan Sutterland M, Keet R, Lasić D, Štrkalj-Ivezić S, Švab V. In: Britvić D, Štrkalj-Ivezić S, editors. Mentalno zdravlje u zajednici. Split: Redak, 2019.
10. Štrkalj-Ivezić S, Marčinko D, Bajs Janović M, Bilić V, Casanova Dias M. Europski okvir za kompetencije u psihijatriji radi osiguranja kvalitetne edukacije za specijalistu psihijatra i skrbi za osobe s poremećajem mentalnog zdravlja. Soc psihijat 2022; 50(3): 350-63.
11. UEMS Section and Board of Psychiatry. European Framework for competencies in psychiatry [Internet]. Ljubljana; 2009. Available from: https://static1.squarespace.com/static/60bcce6f16d6b011fa363469/t/634ef281e62d6351639075e4/1666118273457/2009-Oct-EFCP.pdf
12. Engel G. The need for a new medical model: a challenge for biomedicine. Science 1977; 196(4286): 129-36.
13. Štrkalj-Ivezić S, Britvić D, Jendričko T, Brečić P, Mihaljević-Peleš A, Mužinić-Marinić L *et al*. Smjernice: Psihobiosocijalna formulacija i individualni plan liječenja. Zagreb: Hrvatsko psihijatrijsko društvo, 2021.
14. Štrkalj-Ivezić S, Radić K. Kormilo oporavka kao alat za izradu individualnog plana oporavka u svakodnevnoj psihijatrijskoj praksi. Soc psihijat 2022; 50(4): 436-49.
15. Leamy M, Bird V, Le Boutillier C, Williams J, Slade M. Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. Br J Psychiatry 2011; 199(6): 445-52.
16. Mace C, Binyon S. Teaching psychodynamic formulation to psychiatric trainees. Part 1: Basics of formulation. Adv Psychiatr Treat 2005; 11(6): 416-23.
17. Cabaniss DL, Cherry S, Douglas CJ, Graver RL, Schwartz AL. Psychodynamic Formulation. 1st ed. New York, US: Wiley-Blackwell, 2013.
18. Summers A, Martindale B. Using psychodynamic principles in formulation in everyday practice. Adv Psychiatr Treat 2013; 19(3): 203-11.
19. Rosenbaum B, Martindale B, Summers A. Supportive psychodynamic psychotherapy for psychosis. Adv Psychiatr Treat 2013; 19(4): 310-8.
20. National Institute for Health and Clinical Excellence. Schizophrenia: Core Interventions in the Treatment and Management of Schizophrenia in Adults in Primary and Secondary Care. 2009.
21. Lucas R. Why the cycle in a cyclical psychosis? An analytic contribution to the understanding of recurrent manic-depressive psychosis. Psychoanal Psychother 1998; 12(3): 193-212.
22. Corradi RB. Schizophrenia as a human process. J Am Acad Psychoanal Dyn Psychiatry 2011; 39(4): 717-36.
23. Jackson M. A psycho-analytical approach to the assessment of a psychotic patient. Psychoanal Psychother 2008; 1(2): 11-22.
24. Corradi RB. Medical psychotherapy of schizophrenia - A dynamic/supportive approach. J Am Acad Psychoanal Dyn Psychiatry 2004; 32(4): 633-43.
25. Štrkalj Ivezić S, Urlić I. The Capacity to Use the Group as a Corrective Symbiotic Object in Group Analytic Psychotherapy for Patients with Psychosis. Gr Anal 2015; 48(3): 315-32.
26. Owens KA, Haddock G, Berry K. The role of the therapeutic alliance in the regulation of emotion in psychosis: An attachment perspective. Clin Psychol Psychother 2013; 20(6): 523-30.
27. Korver-Nieberg N, Berry K, Meijer CJ, De Haan L. Adult attachment and psychotic phenomenology in clinical and nonclinical samples: A systematic review. Psychol Psychother Theory Res Pract 2014; 87(2): 127-54.
28. Karon BP. The tragedy of schizophrenia without psychotherapy. J Am Acad Psychoanal 2003; 31(1): 89-118.
29. Pao P-N. Schizophrenic disorders: theory and treatment from a psychodynamic point of view. New York, US: International Universities Press, 1979.