The Couch
Heal. Learn. Grow
Psychology • Psychiatry • Wellness

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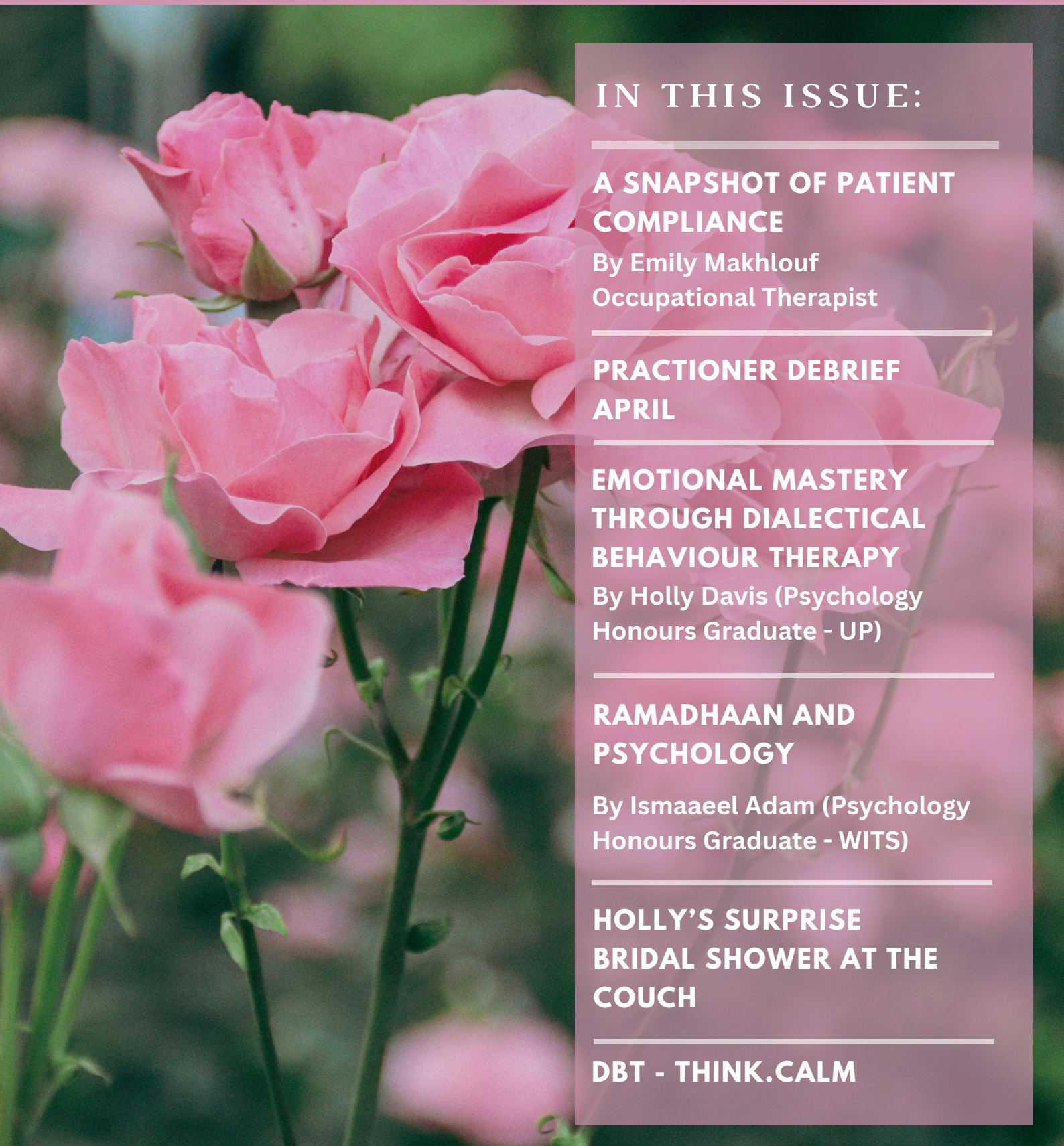
The Psychology Couch Newsletter



IN THIS ISSUE:

A Snapshot of Patient Compliance

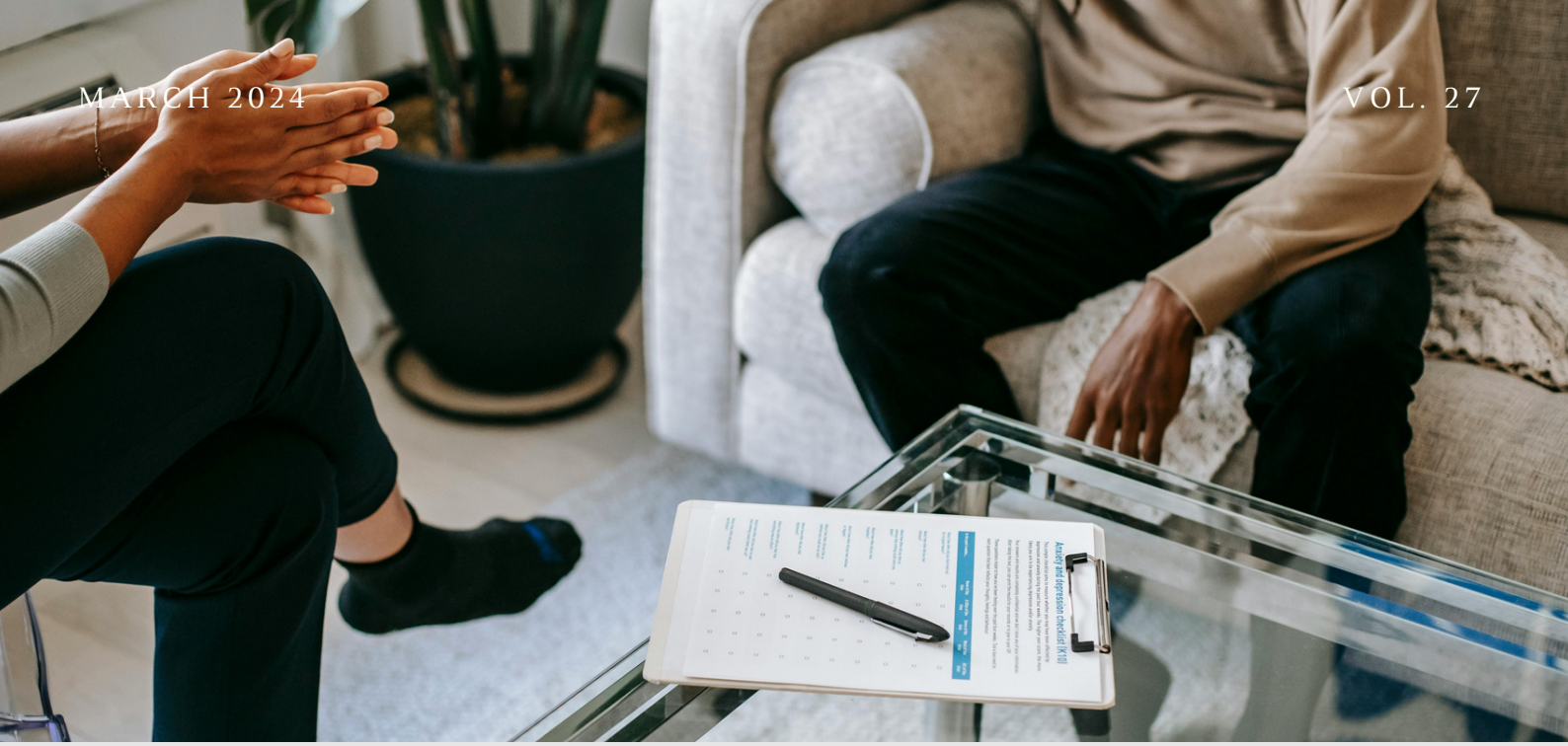
By Emily Makhlouf
Occupational Therapist, BSc OT (Wits), MSc OT (Wits)

As a practicing healthcare worker and researcher of patient compliance, it is apparent that the concept of patient compliance is multidimensional and complex. The need to understand it, however, is of paramount importance as it has been noted as one of healthcare's greatest problems and concerns (Lasagna, 1973; Kontz, 1989; Kyngäs, Duffy & Kroll, 2000; Vermeire & Hearnshaw, 2001; Bissonnette, 2008). An abundance of literature has been published within the healthcare fields of medicine, pharmacology, and behavioural science (Donovan & Blake, 1992; Bissonnette, 2008; Bailey et al., 2020). The research within these, and now many more, fields of healthcare, have highlighted the impact of patient compliance on treatment regimens, recovery results, and healthcare costs (Vermeire & Hearnshaw, 2001; Sabaté, 2003; Bissonnette, 2008; Cole, Underhill & Kennedy, 2016).

Additionally to the above, understanding patient compliance is essential as a lack of understanding of patient compliance can influence the therapeutic relationship between the healthcare worker and the patient (Feinberg, 1988; Donovan & Blake, 1992; Holm, 1993). A poor therapeutic relationship between the healthcare worker and the patient may affect how services are provided as well as the patient's motivation to engage in therapy (Feinberg, 1988; Holm, 1993; Palmadottir, 2006) – further contributing to the above mentioned categories: treatment regimens, recovery results, and healthcare costs (Vermeire & Hearnshaw, 2001; Sabaté, 2003; Bissonnette, 2008; Cole, Underhill & Kennedy, 2016).

Therefore, it is our duty as healthcare professionals to ensure we have an understanding of our patients' compliant or non-compliant behaviour, and it is equally the duty of our patients to communicate their compliance or lack thereof.

It is not enough to merely acknowledge the importance of compliance in any healthcare process. An understanding of the patient as an individual is of great importance (Palmadottir, 2006; Short et al., 2019; van Stormbroek, 2020). In order to understand the individual, an understanding of their context needs to be developed. Thus, understanding the individual means also understanding their context. This will then inform what affects each patient's ability to comply (van Stormbroek, 2020). Each person is different with different reasons for their actions, in their health behaviour, and daily lives (Donovan & Blake, 1992; Scott, Castelli & Valdes, 2019). Therefore, Scott, Castelli and Valdes (2019) in their review article, highlighted that when a



patient seeks healthcare services they have different needs and priorities from the patient before and after them (Scott, Castelli & Valdes, 2019). Each person evaluates the gains and losses of participating in a medical regimen, within the context of their daily lives (Donovan & Blake, 1992).

Without understanding the patient's context and therefore the factors that affect a patient's compliance, there will be restricted change that can be made to the facilitation of compliance.

The World Health Organisation's (2003) multidimensional adherence model (Sabaté, 2003) categorises the factors affecting compliance into: social and economic, healthcare team/system, condition, therapy, and patient-related factors. As each healthcare field has its unique processes and treatments, the needs required of a patient vary in every field (Bissonnette, 2008), highlighting the importance and value of the patient communicating, without fear, the factors that affect their ability to be compliant.

The therapeutic relationship between the patient and healthcare professional needs to be a collaborative one to ensure optimal outcomes (van Stormbroek, 2020). One where the responsibility of compliance lies with both the patient and the healthcare worker (van Stormbroek, 2020).

A snapshot of compliance is never enough to understand this multidimensional and complex concept but enough to hopefully stimulate awareness on a topic that can change how we engage with healthcare, whether we are the healthcare worker or the patient.

EMOTIONAL MASTERY THROUGH:

DIALECTICAL BEHAVIOUR THERAPY

BY HOLLY DAVIS
PSYCHOLOGY HONOURS GRADUATE (UP)

Dialectical Behaviour Therapy (DBT) is a structured treatment program based on cognitive-behavioural therapy (CBT) principles. DBT was initially used to treat Borderline Personality Disorder (BPD), but is now used to treat many other mental health issues such as substance abuse, post-traumatic stress dirsoder (PTSD), depression, anxiety and other personalisty disorders (May et al., 2016; McKay et al., 2019).

DBT is an effective treatment designed to help those struggling with emotional, cognitive and behavioural regulation, self-destructive behaviours, impulse control, distress tolerance, negative behavioural patterns, anxiety and stress management, decision making skills, maladaptive problem solving, self-acceptance and awarness as well as effective communcation with self and others (Dimeff et al., 2020; Lungu & Linehan, 2017).
Studies indicate that DBT has been found to enhance an individual's capacity to effectively manage stressors and overwhelming emotions without succumbing to a loss of control or engaging in harmful behaviours.
Research has shown that the probability of experiencing intense and overwhelming emotions may have a biological basis established since birth. However, it can also be significantly influenced by traumatic experiences or neglect during one's childhood. Trauma has the ability to rewire our brains in ways that make us vulnerable to intense, negative emotions (McKay et al., 2019). However, due to the power of neuroplasticity, these neural changes can be overcome.
Neuroplasticity, which refers to the ability of brain cells to adapt and change in response to internal and external factors, can exert both positive and negative effects throughout a person's entire lifespan, regardless of age. Aligned with the growing trend of emphasising wellness rather than solely addressing illness, psychologists possess specialised training to employ evidence-based behavioural techniques that effectively promote positive neuroplasticity (Shaffer, 2016).

So what skills are taught in DBT?

DBT teaches four skills that are considered to be of utmost importance;

1. **Mindfulness:** This skill involves cultivating a non-judgmental awareness of the present moment, instead of focusing on painful past experiences or frightening future possibilities, allowing individuals to observe their thoughts, emotions, and sensations without getting overwhelmed or reacting impulsively.
2. **Distress Tolerance:** Distress tolerance skills enable individuals to manage and tolerate distressing situations without resorting to harmful or impulsive behaviours. It involves learning to accept and endure difficult emotions and situations, rather than trying to escape or avoid them.
3. **Emotional Regulation:** Emotional regulation skills focus on understanding and effectively managing emotions. This includes identifying and labeling emotions, learning healthy ways to cope with intense emotions, and developing strategies to reduce emotional vulnerability.
4. **Interpersonal Effectiveness:** Interpersonal effectiveness skills aim to improve communication, assertiveness, and relationship-building abilities. These skills help individuals navigate social interactions, set boundaries, and effectively express their needs and wants while maintaining healthy relationships (McKay et al., 2019).

There is hope. Life can often be challenging, and it is important to acknowledge that you are not alone in facing these difficulties. However, it is crucial to remember that you are not trapped or powerless in managing your emotions. By actively implementing the skills learned in DBT, you have the potential to experience a shift in how you respond to your feelings.

Regardless of genetic predispositions or past hardships, the key skills acquired in DBT have the capacity to significantly impact the outcome of conflicts and emotional upheavals, enabling you to actively shape the course of your relationships (McKay et al., 2019).

The Couch

PRESENTS

Think.Calm

A DIALECTICAL BEHAVIOUR THERAPY PROGRAM

12 week out- patient DBT program at The Couch in Rivonia.
Adult group: facilitated by psychologist Melina Georgiou
Adolescent group: facilitated by psychologist Rob Hamilton

TO BOOK:

011 234 0741 / 060 961 7882

admin@thepsychologycouch.com

PRICING:

Adult group: R1300 per session (R15600 total)
Adolescent: R1142 per session (R13700 total)
Additional cost for an intake session: R1800

A portion can be claimed back from your medical aid.

RAMADHAAN AND PSYCHOLOGY

By Ismaaeel Adam (Psychology Honours Graduate - WITS)

WHAT IS RAMADHAAN?

Ramadhaan, observed by Muslims worldwide, is a time of fasting, prayer, reflection, and community.
From dawn to sunset, fasting is obligatory for adult Muslims, except for specific circumstances. Lasting 29-30 days, Ramadhaan fosters physical and spiritual discipline, with fasting spanning 11-16 hours, depending on the time of year. Muslims strive to avoid negative behaviours and focus on self-improvement, fostering moral excellence. Additionally, Ramadhaan encourages communal bonds through shared meals and mosque gatherings. The fasting's ultimate aim is to cultivate God-consciousness (taqwa), promoting self-restraint and virtuous actions. Muslims also commemorate the Qur'an's revelation by reading and reciting it during nightly prayers. Ramadan serves as a time of spiritual rejuvenation and deeper connection with God.

HOW DOES PSYCHOLOGY FIT IN?

Beyond simply abstaining from food, fasting nurtures self-discipline, empathy, and kindness. Avoiding harmful speech and negative actions fosters virtues and magnifies our good deeds. Charity takes center stage, bringing our community closer together and inspiring acts of kindness. Scientific studies show how giving boosts feel-good endorphins, promoting fulfillment and connection. This positive cycle helps combat stress and supports emotional well-being. Ramadan heightens awareness of God, encouraging discipline and a commitment to doing good. As we honor the Qur'an's revelation, Muslims engage in nightly prayers, seeking spiritual enlightenment.

FASTING & HUMILITY

Ramadhaan fosters empathy and compassion as it prompts reflection on the needs of disadvantaged communities. By acknowledging their struggles, we naturally cultivate greater empathy and kindness. Fasting humbles the ego, stripping away illusions of self-sufficiency. As each day brings hunger and thirst, we're reminded of our vulnerability and the fragility of life.

FASTING AND SELF-CONTROL

During Ramadhaan, fasting presents a prime chance to exercise self-discipline, requiring abstention from food and drink from dawn till sunset. This practice fosters self-control and the capacity to resist impulses. Islam encourages enhancing spirituality through increased good deeds, thus elevating self-discipline.

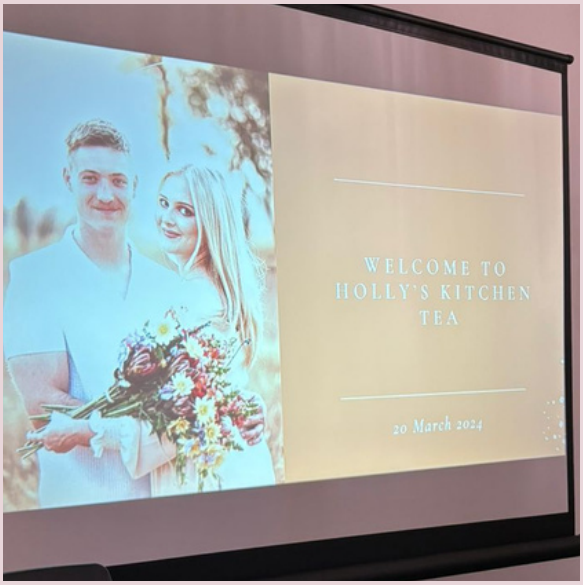
Fasting yields multiple benefits, including cultivating restraint and deeper self-awareness. Abstaining from food or certain behaviors strengthens the ability to resist temptation, fostering a heightened consciousness of one's actions.

ANGER MANAGEMENT WHILE FASTING

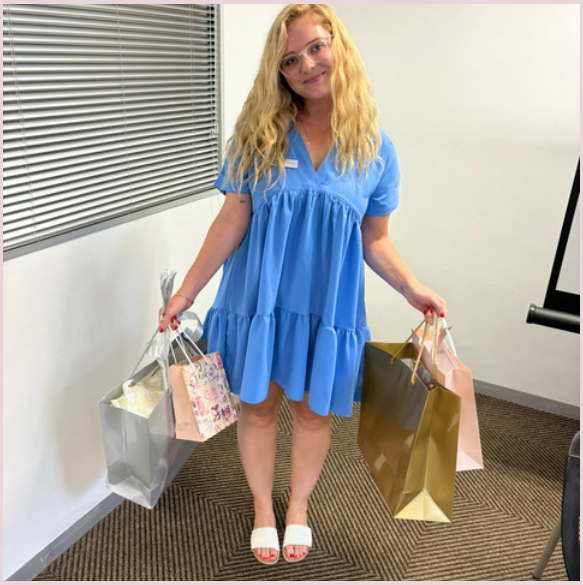
Ramadhaan fosters empathy and compassion by highlighting the needs of less fortunate communities, prompting people to be more compassionate and mindful. It offers a chance for self-reflection and mindfulness, aiding in emotional regulation. Fasting encourages reflection on spiritual and emotional well-being, fostering gratitude and compassion. Additionally, it promotes self-care by altering eating habits, replenishing energy levels, and boosting mood. Managing anger requires deep self-awareness; fasting provides a space for introspection, allowing one to listen to their inner selves amidst life's distractions.

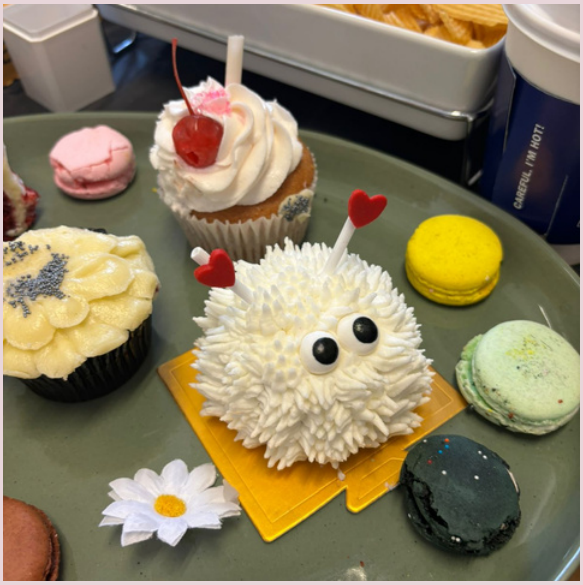
BUILDING/BREAKING HABITS

Studies indicate that breaking a habit typically requires around 30 days. Conveniently, Ramadan spans this duration, making it an ideal time to kick bad habits. Approach it day by day: conquer one day, then the next, fostering deeper introspection amidst life's distractions.

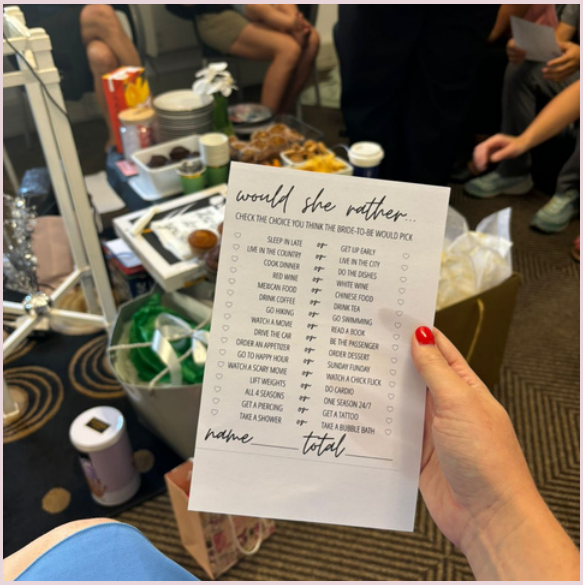


March Celebrations @The Couch





HOLLY'S *Bridal Shower*



Ethics Journal Club

PRACTITIONER DEBRIEFS AT THE COUCH

3 ETHICS POINTS HAVE BEEN GRANTED

Welcome to the Ethics Journal Club. This unique platform is designed exclusively for registered practitioners who are committed to upholding the highest standards of ethical conduct in their professional endeavors.

WHAT CAN I EXPECT?

Our Ethics Journal Club offers a dynamic and engaging environment where a multidisciplinary team of practitioners come together to explore complex ethical dilemmas, share diverse perspectives, and collectively deepen their understanding of ethical principles within mental health care. The debriefs take place at our Rivonia practice, but you are also able to join online.

WHEN: Thursday, 18 April
TIME: 18:00-20:00
COST: R400

To RSVP or for more information, contact us:

011 234 0741

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Thank you for being a part of our Couch Community. Stay tuned for next time as we share the April Edition of the Psychology Couch Newsletter.

Until next time, as always, our wish for you is to heal, learn and grow.

Get involved and stay in touch via our social media platforms:

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