

DO PSYCHOTROPIC MEDICATIONS HAVE A ROLE IN CHRISTIAN COUNSELING ?

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1.0 Introduction

- 1.1 Doubts about use of meds in Christian counseling
- 1.2 Unrealistic expectations about meds
- 1.3 Do medications have a role?
- 1.4 What role should they have?
- 1.5 Meds do have a role, when used appropriately

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1.11 Many question use of meds, believing problem:

- Spiritual (from God)
- Demonic (from the enemy)
- Result of sin
- Unresolved emotional hurt
- Needs supernatural, miraculous healing

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1.12 Many believe use of meds is:

- Sign of lack of faith
- Disobedience of God
- Sign of weakness
- Contrary to Scripture
- Contrary to teachings of pastor, church,
denomination

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1.2 Others have unrealistic expectations about meds

- Simple test to determine if they need meds
- Simple test to determine which med will be most beneficial
- Resolve all problems
- Take the pain away
- Have no side effects

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1.3 Do medications have a role?

- “Shouldn’t we just believe for supernatural or miraculous healing?”
 - Seeking natural healing implies lack of faith
- “Isn’t every problem really a spiritual problem?”
 - All problems should be addressed with spiritual intervention
 - Problems don’t have biological component

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1.4 What role should they have?

- “I just want meds, and skip the counseling”
- “I just want something to take the pain away”
- “Can’t you just give me a test that will say what I need?”
- “This med didn’t do what I expected”
- “This wasn’t supposed to have side-effects”

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1.5 Medications do have a role: when used appropriately

- Use of meds not contrary to Scripture
- Biological dimension considered in assessment & treatment plan
- Prescribed by trained physician for problem warrants use of meds
- Meds combined with appropriate counseling and spiritual interventions
- Appropriate choice of meds and expectations
- Appropriate use and monitoring

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2.0 Theological and theoretical considerations

- 2.1 Natural vs. supernatural healing
- 2.2 Four dimensions of function: spiritual, psychological, biological, and social
 - Understand contribution of each dimension
 - Understand contribution of biological component
- 2.3 Need to treat the biological component with biological remedy

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2.11 God's provision of healing: Natural vs. supernatural

- Comparison with God's provision of food
 - In wilderness, God fed His people supernaturally, sending down bread from heaven daily 6 out of 7 days (Exod 16:4) which the Israelites named manna (Exod 16:31).
 - After the Israelites crossed Jordan into Canaan, land God had given them, He no longer provided food supernaturally.

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2.12 Natural vs. supernatural healing

– Joshua 5:9-12

- *Then the LORD said to Joshua, "This day I have rolled away the reproach of Egypt from you." ... So the children of Israel ... kept the Passover And they ate of the produce of the land on the day after the Passover, unleavened bread and parched grain, on the very same day. Then the manna ceased on the day after they had eaten the produce of the land; and the children of Israel no longer had manna, but they ate the food of the land of Canaan that year. (NAS)*

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2.13 Natural vs. supernatural healing

- What should Israelite in Canaan do? Pray for manna or plant and harvest crops?
 - Which is God's will? Which is more spiritual?
 - Does planting crops imply lack of faith?
- God was in bread and grain just as much as He was in manna. Lack of supernatural provision was actually sign of blessing not a curse.

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2.14 Natural vs. supernatural healing

- Applying this principal to healing:
 - God is in the natural provision as much as He is in the supernatural provision
 - We should believe for both
 - God is in biological interventions just as much as He is in spiritual interventions
 - We can use all of these interventions, the right one in the right situation
 - Need discernment and wisdom

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2.20 Four dimensions of function: Spiritual, psychological, biological, social

- Pastor: “Problem is spiritual”
- Marriage and Family Therapist: “Problem is relational”
- Psychologist: “Problem is psychological”
- Biological Psychiatrist: “Problem is physiological”

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2.21 Biopsychosocialspiritual model

- Biopsychosocial Model
 - Proposed by Engel (1977)
- Biopsychosocialspiritual Model
 - Psychiatric nursing literature (1980's): First to incorporate spiritual dimension and formally identify spiritual issues in diagnostic scheme

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2.22 Biopsychosocialspiritual model: Spiritual dimension

- Spirit (*pneuma*; Matt 1:18, 1Thess 5:23)
- Communion with God, through His Son, by the Holy Spirit
- Attack of the enemy, influence of angels and demons
- Psychiatric disorders: Spiritual “pain”
 - Mood disorders: Despair, meaninglessness
 - Anxiety disorders: Fear, worry

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2.23 Biopsychosocialspiritual model: Psychological dimension

- Soul (*psuche*; Matt 2:20, 1Thess 5:23)
- Mind, emotions, will; unresolved hurts from past
- Psychiatric disorders: Emotional & mental “pain”
 - Mood disorders: Grieving, sadness
 - Anxiety disorders: Feeling overwhelmed, desire to flee

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2.24 Biopsychosocialspiritual model: Biological dimension

- Body (*soma*; Matt 5:29; 1Thess 5:23)
- Anatomy and physiology, medical problems
- Psychiatric disorders
 - Mood disorders: Disturbed sleep, appetite changes, slowed cognition, irritability
 - Anxiety disorders: Racing heart, chest pressure, intrusive thoughts, disturbed sleep

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2.25 Biopsychosocialspiritual model: Social dimension

- Fellowship (*koinonia*; Acts 2:42); One another (*allelon*, John 13:34)
- Marriage & family; church & community
- Psychiatric disorders
 - Mood disorders: Social isolation, dissatisfaction with situation
 - Anxiety disorders: Embarrassment, avoidance, fear of situation

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2.3 Treat biological component with biological remedy

- Mental and emotional disorders have a biological component
- Biological remedy provides relatively prompt, effective treatment for biological component
- Work of physicians in Scripture
 - Balm (Jer 8:22, 51:8)
 - Healing (2 Kings 8:29)
 - Physicians (Matt 9:12; Mark 5:26; Luke 5:31; Col 4:14)

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3.0 Decision-making strategy for use of medication

- Conduct thorough evaluation that addresses all 4 dimensions
- Formulate comprehensive assessment of problem
- Identify root causes and contributing factors in each of 4 dimensions
- Plan treatment that address each significant factor
- Provide treatment for each factor, including biological component

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3.1 Comprehensive treatment plan

	Issues/ Symptoms	Root Causes	Goals	Plans
Situational/ Social				
Spiritual				
Psycho- logical				
Biological				

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4.0 Model for medication use

- 4.1 When should a person be assessed for meds?
- 4.2 Problems or symptoms likely to respond
- 4.3 Psychiatrist and patient as co-laborers in medication management process
- 4.4 Use of “medication trials”
- 4.5 Use of appropriate educational materials

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4.1 When should a person be assessed for medication?

- Actively self-destructive
- Psychotic symptoms
- Intensity of symptoms
- Degree of functional impairment
- Evidence for physiological disturbance
- Not responding to treatment

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4.2 Problems or symptoms likely to respond

- Often trial and error situation
- Predictors of good response
 - Symptoms independent of situation
 - Vegetative functions affected
 - Sleep
 - Appetite
 - Energy
 - Concentration
 - Functional impairment

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4.3 Psychiatrist and patient as co-laborers

- Cooperative effort
 - Assessing need for meds
 - Monitoring side effects
 - Monitoring benefit
- Shared investment in process
- Shared responsibility for outcome

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4.4 Use of “medication trials”

- Lab or psych tests not useful
- Difficult to predict if meds will work or which meds will work
- Each person’s response is individual
- Response takes time, often subtle at first
- Side effects generally come first
- May need to try several meds

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4.5 Educational materials

- Teaching about problem
- Explanation about features of meds:
 - Mechanism of action
 - Benefits
 - Side effects
- Explanation about how to use meds

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5.0 Potential hazards of medication use

- 5.1 Can medication “mask” the problem?
- 5.2 Unrealistic expectations
- 5.3 Medication as idolatry: abuse, dependence, and addiction
- 5.4 Potential side effects and drug interactions

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5.1 Medication can mask problem or create problem

- Narcotics: block emotional as well as physical pain, habituation and dependence
- Benzodiazepines: amnesia, psychological dependence
- SSRIs: emotional numbing, forgetfulness

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5.2 Unrealistic expectations

- Total relief of symptoms
- Total resolution of problems
- Lack of side-effects

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5.3 Medication as idolatry

- Warning about idolatry
 - Exodus 20:4-5
 - *"You shall not make for yourself an idol, or any likeness of what is in heaven above or on the earth beneath or in the water under the earth. You shall not worship them or serve them; for I, the LORD your God, am a jealous God,.... (NAS)*
- Idolatry: Anything that we worship, serve, fear, cling to, depend on that is not God Himself or from God
- Important that meds not become idols

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5.41 Potential side effects and drug interactions

- “Natural” medications vs. pharmaceuticals

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5.42 Potential side effects and drug interactions

- Drug interactions
 - Antidepressants — St. John’s Wort
 - Luvox, Serzone — Hisminal, Seldane, Propulsid
- Side effects
 - Serotonin syndrome
 - Redux, Pondimin

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6.0 Depression Research: Evidence for biological component

- 6.1 Differential symptom reduction
- 6.2 Predictors of response
- 6.3 Abnormal sleep EEG & CBT
- 6.4 Brain glucose metabolism during sleep

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6.1 Depression research: Differential symptom reduction

DiMasco et al., Arch Gen Psychiatry, 1979; 36:12,1450-1456

- 96 pts, ages 18-65, 85% female, with depression
- Randomly assigned to: (1) No active treatment, (2) Psychotherapy alone, (3) Pharmacotherapy alone, (4) Combination of both modalities
- HDRS Scores (blind rater): Before tx: 17; After 16 weeks tx: No Tx: 14, Psytx: 10, Pharmtx: 10, Combined: 6
- Meds helped with: Sleep, appetite, somatic sx
- Psychotx helped with: Quality of mood, suicidal ideation, work, interests, guilt

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6.2 Depression research: Predictors of response

Sotsky et al, Am J Psychiatry, 1991; 148:8,997-1008

- NIMH Treatment of Depression Collaborative Research Program
- 269 outpatients, with major depression, 16 week multicenter trial, comparing 4 treatments
- Randomly assigned: (1) IPT, (2) CBT, (3) IMI, (4) Placebo
- Better response to:
 - IPT - Low social dysfunction
 - CBT - Low cognitive dysfunction
 - IMI - High work dysfunction, high depression severity, high functional impairment

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6.3 Depression research: Abnormal sleep EEG & CBT

Thase et al, Arch Gen Psychiatry, 1996; 53:2,99-108

- 90 outpatients, with endogenous major depression
- Stratified into abnormal & normal sleep groups based on sleep EEG, and into severe & less severe depression groups based on pretreatment HDRS
- Given 16 wks CBT
- Abnormal sleep profile & higher depression severity associated with lower recovery rate & higher relapse rate

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6.4 Depression research: Brain glucose metab during NREM sleep

Ho et al, Arch Gen Psychiatry, 1996; 53:7,645-652

- 10 men, w/ major depression, compared w/ 12 normals
- PET scan of brain during 1st non-REM period of sleep, using fludeoxyglucose F18
- Depressed men showed elevated cerebral glucose metabolism in every area of the brain, especially:
Posterior cingulate & amygdala +44%, hippocampus +37-43%, occipital & temporal cortex +33-34%, pons +33%
- Findings indicate brain function in depressed individuals is abnormal, especially limbic system

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7.1 Conclusion: Should psychotropic meds be used?

- Always believe for supernatural healing, but recognize most healing comes by God-ordained natural means
- In healing process, each component of problem needs to be addressed
- Biological component needs biological remedy

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7.2 Conclusion: Psychotropic medications do have a role

- Use of meds not contrary to Scripture
- Biological dimension considered in comprehensive assessment
- Meds considered in treatment plan
- Meds administered in context of comprehensive evaluation and treatment
- Meds used and monitored appropriately

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