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## Psychiatry reconstructed: A developmental contextual approach to resolving psychiatric symptoms

Si Steinberg<sup>1,2</sup><sup>1</sup>Cherry Gulch, USA<sup>2</sup>Pacific Northwest University of Health Sciences, USA

**Statement of the Problem:** Contemporary clinical psychiatry as it is practiced today in the United States is overly focused on fast, efficient identifying, labeling (diagnosing) and medicating psychiatric symptoms. These symptoms and corresponding disorders are treated as reified medical conditions divorced from the multifaceted states of existence of the sufferers who bear them. This results in high cost marginally effective medication based treatments with too frequent side effect consequences.

**Methodology & Theoretical Orientation:** My approach is common sense based: The way an individual perceives and understands his symptoms takes precedence during clinical interactions over fitting them into a medical model. Untangling and examining these symptoms psychotherapeutically from a developmental and trauma informed contextual perspective can heal an individual without having to resort to diagnostic labeling. If, after working in therapy to address and resolve causes and conditions, the symptoms still persist, then and only then do we utilize diagnostic labels and corresponding evidence based medical treatments.

**Findings:** Resolving or addressing past traumas, spiritual, relational, socioeconomic, environmental, and physical health issues often results in lasting symptom improvement or resolution. It also prevents unnecessary diagnostic labeling with corresponding prescribing of medications and associated potential adverse effects.

**Conclusion & Significance:** Most people upon hearing about or experiencing this approach wonder why it is not practiced more commonly than it is. Unfortunately there are many contributing factors that drive psychiatrists towards diagnosing and prescribing and away from common sense problem solving. These include pressure and advertising by pharmaceutical companies and the structure of insurance billing.

**Recommendations:** Reeducate and emphasize the need for our psychiatrists and residents to resolve causes and conditions underlying psychiatric symptoms prior to diagnosing and prescribing to address those symptoms.

### Biography

Si Steinberg, MD, is a Double Board Certified Child and Adolescent and Adult Psychiatrist who obtained his medical degree at the University of Michigan Medical School, his internship and residency training at UCLA Neuropsychiatric Institute and his Child Fellowship at Dartmouth Hitchcock Medical Center. He has been in clinical practice for the past 26 years in Idaho and Oregon, USA respectively. He is the Medical Director at Cherry Gulch a Therapeutic Boarding School in Idaho and has also served as an Adjunct Clinical Assistant Professor of Psychiatry at Pacific Northwest University of Health Sciences. His undergraduate study focused on Medical Anthropology at the University of Michigan. This helped him develop an awareness of the deep impact of psychosomatic phenomena in healing and recovery in all areas of medicine. As a result he developed a clinical practice model that aligned with the Independent Living Model of the Disability Movement: The individual; his perceptions and personal interpretations of his life experiences, takes precedence over their medicalization. He uses this model in both community mental health and private practice settings and has been teaching it to his medical and clinical staff and physician assistant, nurse practitioner, and medical students as well.

Drsistein@me.com