What your office says to patients

The article "A PEARL of wisdom about 'Pearls,'" (Pearls, CURRENT PSYCHIATRY, September 2009, p. 62) inspired me to share my own. After 35 years of clinical practice, my office décor has changed many times. In my early psychoanalytic days, it was simple and devoid of any personal references in order to be a "blank screen." Later I learned that Freud had archeological pieces in this office, some of which he would fondle during his sessions.

In my community psychiatry days, my office contained cultural artifacts, such as Mexican yarn paintings and Hmong story cloth, to display my interest in the ethnic backgrounds of my patients.

When I was medical director of a private psychiatric hospital, my office was large with plush carpeting and fancy furniture. That arrangement seemed to give me extra respect but also created envy.

I now work part-time in a prison. The office is bare and spare, and my seat is closest to the door. In this setting, instead of looking around the office patients look at what I'm wearing.

In my academic office, untidy stacks of books are prominent and pictures of my grandchildren are on view. The computer is usually on.

There's not much literature and no double-blind studies on office décor. Here are my thoughts:

- Patients pay attention to your office, especially when you are diverted by writing a prescription. Your office needs to be a sanctuary and feel comfortable and safe. Flexibility in where a patient may sit can help.
- Decorate your office to convey ideas or concepts that you think will be most helpful to your patients.
- Patients will view the office as an extension of you and it can affect the therapeutic alliance. Plants that are thriving may symbolize your healing abilities. Watch for unnecessary countertransference, such as a prominent clock that conveys your frustration with 15-minute med checks.

H. Steven Moffic, MD
Professor of psychiatry
Medical College of Wisconsin
Milwaukee, WI

To comment on articles in this issue or other topics, send letters in care of Erica Vonderheid, CURRENT PSYCHIATRY, 110 Summit Avenue, Montvale, NJ 07645, erica.vonderheid@dowdenhealth.com or visit CurrentPsychiatry.com and click on the "Send Letters" link.

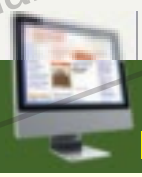
This month's instant poll

Upset because his wife recently left him, Mr. Z, age 55, tells his sister he wants to kill himself. She calls the police, who bring Mr. Z to your hospital. Careful evaluation reveals no major mental disorder, and you believe Mr. Z has an adjustment disorder with depressed mood. He remains distraught, and you worry about what Mr. Z might do. You recommend voluntary hospitalization, but Mr. Z wants to leave. Your state's law allows civil commitment only if a person has "a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, ability to recognize reality, or the capacity to meet the ordinary demands of everyday life."

What would you do?

- ☐ Revise the diagnosis because of the clear suicide risk and initiate civil commitment proceedings
- ☐ Take steps to initiate civil commitment proceedings, and let the court decide whether Mr. Z has 'a substantial disorder'
- ☐ Release Mr. Z, instruct him to stay with his sister, and set up twice-a-week outpatient therapy
- ☐ Consult the hospital attorney

See **'Testifying for civil commitment'** *page 50-61*

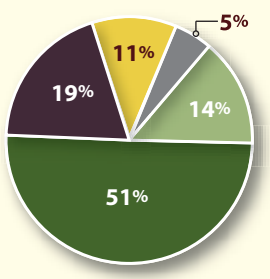


Visit CurrentPsychiatry.com to answer the **Instant Poll** and see how your colleagues responded. ***Click on*** **"Have more to say?"** to comment.

SEPTEMBER POLL RESULTS

Mr. E is a handsome, intelligent 25-year-old man with a narcissistic personality and chronic depression. He often is suicidal, sometimes after seemingly minor insults to his vanity. Antidepressants and supportive psychotherapy have not helped his chronic despair. Mr. E and his family criticize the psychiatrist as being incompetent. The psychiatrist dislikes the patient and begins to dread seeing him.

What would you recommend the psychiatrist do next?



- **11%** Refer the patient to a cognitive-behavioral therapist
- **5%** Refer the patient to an insight-oriented therapist
- **14%** Prescribe lithium for antidepressant augmentation and suicide prophylaxis
- **51%** Take the case into supervision
- **19%** Spend more time finding Mr. E's likeable qualities

▲ Data obtained via CurrentPsychiatry.com, September 2009

SUGGESTED READING:
Battaglia J. CURRENT PSYCHIATRY. 2009;8(9):24-29 (Evidence-Based Review).