

# The (Multi)Reflective Lens: Bridging Disciplines to Transform Diagnostic Assessment & Treatment Outcomes

May 2026



LINDNER  
CENTER OF HOPE

# Stalled Progress

- 24-year-old man with Major Depression
- Lived with parents; no meaningful and sustained employment
- Tried various trials of anti-depressants; minimal gains
- Referred for diagnostic clarification & treatment planning

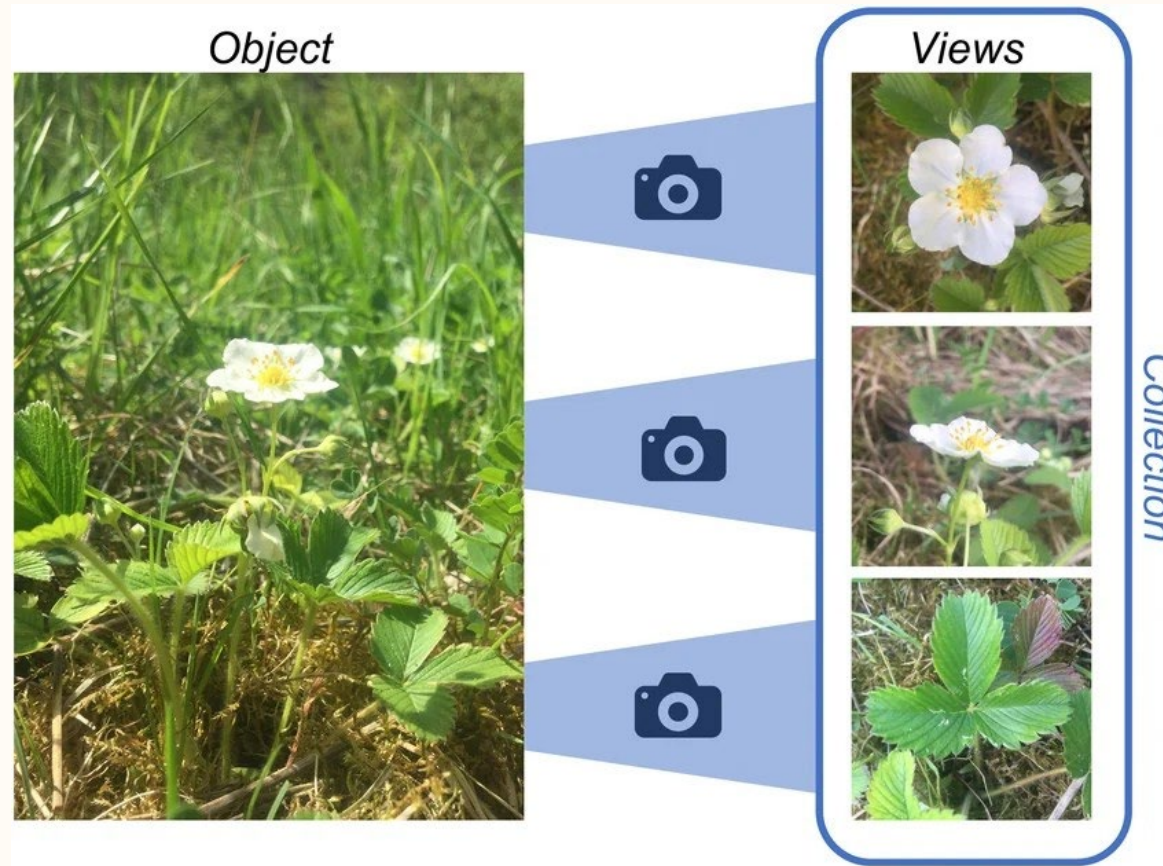


# Forming an Alliance

- Meeting where he is (clarified his goals): “I want to get unstuck”
- Examined where he feels stuck – and mapped it out
- Studied developmental and family history



# What is a Multi-Reflective Lens?



# Multiple Lenses

- Completed genetic testing to consider alternative medications
- Met with hospital chaplain to discuss purpose and values
- Observed withdrawn & passive behavior in group & milieu
- Met with music therapist; identified music to express dilemmas





STUCK

IN A MOMENT

Fearless **Soul**

# Expanded Understanding

- Clarified history of developmental wounds related to blaming self for parents' divorce, and perfectionistic tendency to judge minor faults as failures
- Brought in family to discuss and process divorce



# "I'm Stuck" became "I Froze"

- Reframed self-narrative to include a more compassionate understanding, recognizing that his avoidance of risk taking was a strategy to avoid facing fear – old fears
- Began practicing self-compassion and became more open to others' compassion as well



# Vicious Circles

- Not a failure of individual clinician intelligence
- Endless loops of frustration often reflect treatment siloes
- Limited time, limited insight into a person's whole life



# A Core Problem

We often treat complexity with models built for simplicity...

Even though many people present with comorbidities





# THE DILEMMA OF COMORBIDITY

# What is Comorbidity?

- The association of two distinct diseases in the same individual at a rate higher than expected by chance\*
- The coexistence of 2 or more chronic conditions\*\*

(Bonavita & DeSimone Neurol Sci 2008; 29: Suppl 1: S99-102)\*

(Salive Epidemiol Rev 2013; 35: 75-83; Johnston et al. Eur J Pub Health 2019; 29: 182-189)\*\*



# The Complexity of Comorbidity

- Elevated prevalence rates of psychiatric comorbidity with other psychiatric and medical illnesses suggests shared risk (genetic and epigenetic factors), shared/ overlapping neurobiologic mechanisms, with unidirectional or bidirectional causation
- Little data on predictive outcome when addressed comprehensively, i.e., “load” of comorbidity has not been well-studied longitudinally

Johnston et al Eur J Pub Health 2019;29: 182-189



# Illnesses with Highest Rates of Comorbidity

- Mood Disorders
- Hypertension
- Diabetes Mellitus (I and II)
- Atherosclerotic heart disease
- Asthma
- Osteoarthritis

Xu et al. Aging Res Rev 2017;37:53-68



# Comorbidity is Not Noise... It is *the* Central Issue

More diagnoses → greater severity of illness burden

- 3+ diagnoses → high severity
- Comorbidity = multiplicative effect - shared vulnerabilities



# National Comorbidity Survey

- 12-month prevalence, severity & comorbidity - DSM-IV anxiety, mood, impulse-control, & substance disorders (N= 9282)
- 12-month prevalence of any disorder 26.2%; 14.0% classified as serious; 55% had only one diagnosis
- Severity of illness strongly correlated with comorbidity: 9.6% single diagnosis; 25.5% with 2; **49.9% with >3 diagnoses classified as “serious” or “severe”**
- **Bipolar disorder** had highest rate of “serious” (82.9%) and among the highest rates of comorbidity with: agoraphobia, social phobia, ADHD, GAD, PTSD, OCD, SUD

Kessler et al Arch Gen Psychiatry 2005;62:617 -627



**TABLE. DSM-V personality disorders with frequently reported comorbid Axis I disorders<sup>1,18-20</sup>**

Personality disorders	Comorbid Axis I disorders	Percent	OR
<b>Cluster A: odd/eccentric</b>			
Paranoid	MDD, substance use disorders, agoraphobia, OCD	42.2	2.4
Schizoid	MDD, anxiety disorders, schizophrenia, delusional disorders		
Schizotypal	Bipolar I and II disorders, social and specific phobias, PTSD, schizophrenia		
<b>Cluster B: dramatic/emotional/erratic</b>			
Antisocial	Conduct disorder, social phobia, GAD, substance use disorders	83	8.3
Borderline	Mood and anxiety disorders, substance use disorders		
Histrionic	Substance use disorders		
Narcissistic	Bipolar I disorder, substance use disorders, anxiety disorders		
<b>Cluster C: anxious/fearful</b>			
Avoidant	Mood disorders, social phobia, OCD, eating disorders	50.3	3.2
Dependent	Substance use disorders		
Obsessive-compulsive	Anxiety disorders, anorexia nervosa		

OR, odds ratio.



# Personality Disorders

- Personality disorders frequently coexist with psychotic, affective, and anxiety disorders
- Comorbid personality disorders result in significantly greater functional impairment than do individual disorders (e.g., Generalized Anxiety Disorder)
- Comorbid personality disorders are associated with:
  - poorer prognosis of mood disorders
  - higher rates of relapse and chronicity
  - poorer treatment response
  - poor treatment adherence
  - increased risk of suicidal behavior

Perea-González MI, De la Vega D, Sanz-Gómez S, Giner L. Personality Disorders and Suicide. A Systematic Review of Psychological Autopsy Studies. *Curr Psychiatry Rep.* 2025 Jan;27(1):10-30. doi: 10.1007/s11920-024-01572-7. Epub 2024 Dec 12. PMID: 39666247.





THE CHALLENGES OF  
ADDRESSING  
COMORBIDITY

# Systemic Challenges

- Fragmentation of Care (when a single diagnosis focus)
- Partial or incomplete diagnoses
- Conflicting treatments (not integrated or prioritized)
- Patient confusion/stalled progress



# Patient Experience

- As complexity increases, so does the risk of treatment non-response.
- Patients can experience fragmentation of care as not being adequately understood or treated. Sometimes, they consider themselves "treatment resistant."
- System limitations can undermine hope and agency.





THE HOPE FOUND IN  
A TEAM

# Growing Our Reach

- A process that begins with and extends beyond one clinician (psychiatrist, therapist, internal medicine doctor, social worker, nurse, chaplain, rec therapist) can introduce a series of exponentially therapeutic engagements.
- These engagements can address the "what" (what symptoms a person is experiencing) as well as address the "how" (how we relate to clients & patients).

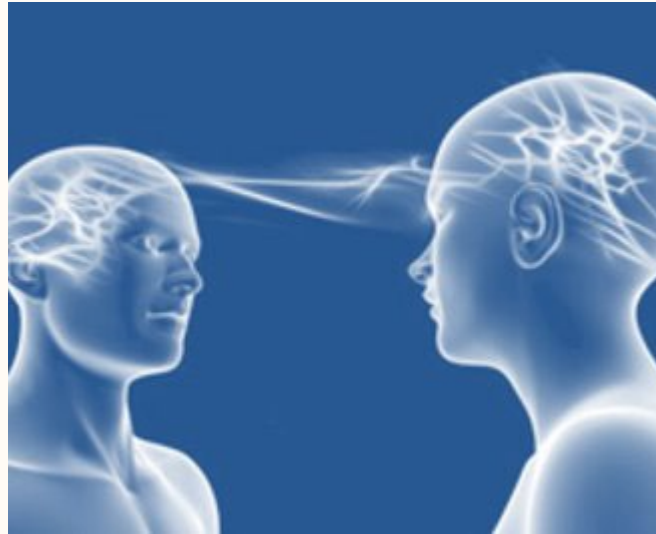






# THE MENTALIZING STANCE

# A Meeting of Minds



The patient has to find themselves in the mind of the clinician and, equally, the clinician has to understand themselves in the mind of the patient if the two together are to develop a mentalizing process.

*(Bateman & Fonagy, 2006)*



# The Mentalizing Stance

“A non-judgmental, open-minded attitude of **curiosity** and inquisitiveness about mental states in oneself and in others.”

Fonagy & Allen, 2012



# Patients: Learning from Experience

- Through mentalizing, clinicians demonstrate that the **world is safe** to engage with, to **learn from** and **communicate with**. This is often a much bigger and *potentially even more important lesson* than the content of communication alone.
- This felt security helps a person relax normal **vigilance** and, significant to individuals with histories of trauma and related adversity, *relax states of hypervigilance* over time .



# The Relational Difference

- 73% believe that “*the most valuable aspect of meeting with a clinician is sharing your thoughts and feelings without feeling judged or ashamed*”
- 73% of people who have had a therapeutic experience believe that “*talking to someone who is not judgmental*” and “*feeling understood and heard by someone who cares*” are the top benefits of the relationship



# Getting to the Root With A Caring Person

People are interested in getting to the root of their difficulties

- 68% believe that “ *the main goal of treatment is to better understand yourself and the root of your issues* ”

People understand treatment takes time & is an investment

- 70% believe that “ *emotional and psychological problems inherently take time to understand and resolve* ”

Delboy , S., & Michaels, L. L. (2026). The Therapy World Has Changed: Where Are We Now? *Psychoanalytic Inquiry* , 46(1), 64-75.



# Time & Curiosity Catalyzes Clarity

- Clarity emerges through sorting out uncertainties
- Clarity emerges through curious, conversational dialogue
- Incremental understanding builds across a team



# Understanding & Containing

- Being helpful begins with understanding
- Being understood helps *contain* distress ("You get it!")
- Containment allows people to draw expanded and clearer meanings from their lived emotional experiences

Bion, W.R. (1984). Transformations. Karnac Books.

Winnicott, D. W. (1965). The Maturation Processes and the Facilitating Environment: Studies in the Theory of Emotional Development 64:1 -11



# A Transformed Perspective

- “I am an anxious person” becomes “I am often so anxious because I felt so terrified as a child – I was afraid of being left, I was afraid of being severely punished for any misdeed, and I was afraid I was fundamentally unworthy of love.”
- Changes to our sense of self and identity are made possible through engagements that help us examine ourselves differently – experiences that are framed within the whole of our lives.





# THE HUMAN CORE of ASSESSMENT

# Being Seen Is Being Treated

- Treatment, which provides relief from suffering, begins with being seen, noticed, recognized, and understood
- This includes increasingly emotionally intimate and vulnerable understanding (Latin – *Intimus* – intimate; and *Vulnus* – capable of being wounded)
- Mentalizing is core pathway to building *trust and safety*



# From a Croak to A Tune

- 22-year-old woman, with a froggy voice (sounded like a croak), who barely spoke
- “I have no friggin' idea of what to do with my life”
- Played saxophone (privately) – invited her to bring in



# Integrated Understanding & Approach

- Scaled back medications to lessen side effects
- Testing documented extraordinary visual-spatial capacities
- Father died; mom ill; often left alone & lonesome
- Came alive with music - brought saxophone to sessions

*She felt it better to “croak” than to be heard and risk not being noticed at all*



“

*“It is a joy to be hidden.  
It is a disaster not to be found.”*

Donald Winnicott (1971). *Playing & Reality*.  
Tavistock Publications.



# Time, Team & Milieu – A Potent Trio

- Team-based engagement, over time, allows for a more complete understanding – a multi-perspective series of reflections
- A milieu – 24/7, clinicians, peers - is a microcosm of life
- More complete understanding reduces medication cascades, helps target and prioritize interventions, and reduces the burden of chronicity



# The Difference Clarity Makes

- Patients seek understanding, not just services
- Being understood fosters trust
- Trust advances treatment outcomes and healing





# PRACTICAL APPLICATION

# Practice Changes - Clinicians

- Remain curious – ask, “What doesn’t fit yet?”
- Slow down premature diagnosis
- Use team input early and frequently



# Families & Consumers of Services

- If you can, take the time to get to the roots of challenges
- Remember building trust matters – safety first
- Be wary of solutions that oversimplify your complexity



# The Work of Healing Begins at Diagnosis

“The first and most important task of any healer is making the right diagnosis. Without an accurate diagnosis, subsequent treatment has little effect. Or, to say it better, *diagnosis* is the beginning of treatment.

...when we take the word diagnosis in its most original and profound meaning of “knowing through and through” (gnosis = knowledge; dia = through and through), we can see that the first and most important aspect of all healing is an interested effort to know the patients fully, in all their joys and pains, pleasures and sorrows, ups and downs, highs and lows, which have given shape and form to their life and have led them through the years to their present situation.”

Menninger, K.A. (1963). *The Vital Balance: The Life Process in Mental Health and Illness*. MacMillan



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THANK YOU!

Thank you for  
coming!

We'd appreciate  
your feedback.



Feedback Survey

