2015-2016 Psychotherapy Seminar/Case Conference

Thursdays, 9-11am
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The purpose of this seminar is to assist you in grappling with the integration of theory, research and practice; and, to assist you in your ability to articulate a case formulation. The general orientation of the seminar is psychodynamic. We will consider theoretical issues including critical perspectives that interrogate the cultural and philosophical context of clinical psychology; practical and treatment issues including empirically-supported approaches to psychological phenomena; and, general phases of treatment from specific interventions to termination. We will integrate issues related to cultural competence and ethical issues as they arise. By the end of the year, you will have a solid understanding of what is involved in a psychodynamic case formulation and its clinical utility. As well, you will have gained exposure to a number of specific theoretical perspectives and topics.

In the initial part of the year (August – December), we will attend closely to readings on topics including initial impressions, readiness for change, and different perspectives on psychopathology. We will use the readings as a springboard for discussion of theory and clinical issues. We will move into a discussion of psychoanalytic case conceptualization and will read together Nancy McWilliams’ book alongside other articles with an emphasis on foundational psychoanalytic thinkers. This should serve as preparation for you to begin thinking in more depth about developing a clinical case formulation – an explicit understanding of a client’s difficulties in the interest of developing appropriate, theoretically-informed interventions.

In the second part of the year (January – June), we will move into a more depthful discussion of cases while continuing to read relevant literature. Each intern will have the opportunity to bring a more formal case to the group, to include a discussion of a transcript of a full session. We will discuss your case over three meetings that will culminate in a written case formulation. Please note that you will be responsible for bringing readings to the group to accompany your case. Interns will present this case to staff.

Learning Objectives

- increase your theoretical understanding of psychoanalytic literature.
- consider conceptual and theoretical issues from neighboring schools of thought (e.g., CBT, DBT).
- develop an understanding of the elements of an effective psychoanalytic case formulation.
- strengthen your understanding of diagnostic criteria (PDM and DSM-V).
- facilitate your skills in presenting clinical work in a group setting.

Rev. 9/17/15
Beginnings


Critical perspectives on psychology/diagnosis


Conflict/deficit


Stages of Change


Psychoanalytic Case Formulation; Dialectical Behavioral Therapy (DBT)


10/8  Time-Limited Dynamic Psychotherapy (TLDP)

   Guest leader: Marissa Clements, Psy.D.
   Reading: TBD (Levenson)

10/15  PCF; DBT

   McWilliams, ch. 2: The relationship between case formulation and psychotherapy.

   Linehan, M, ch. 5: Behavioral targets in treatment: Behaviors to increase and decrease.

10/22  PCF; Freud

   McWilliams, ch. 3: Assessing what cannot be changed.


10/29  PCF; Klein

   McWilliams, ch. 4: Assessing developmental issues.


11/5   PCF; Winnicott

   McWilliams, ch. 5: Assessing defense.


11/12  PCF; Kohut and Kernberg

   McWilliams, ch. 6: Assessing affects.


11/19  PCF; Contemporary Relational

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McWilliams, ch. 7: Assessing identifications.


11/26 No seminar – Thanksgiving

12/3 PCF; Contemporary Relational

McWilliams, ch. 8: Assessing relational patterns.


12/10 PCC; Psychodynamic Diagnostic Manual

McWilliams, ch. 9: Assessing self-esteem.

PDM: Personality structure

12/17 PCC; PDM

McWilliams, ch. 10: Assessing pathogenic beliefs; Concluding comments.

PDM: Personality Disorders

12/25, 1/1, 1/8, 1/15 – NO CASE CONFERENCE

1/21 Intern 1: Case Presentation

1/28 Intern 1: Case Presentation

2/4 Intern 1: Case Presentation


2/18 No case conference

Loves, Illusions, Dependencies, and Impossible Expectations that All of Us Have to Give up in Order to Grow. New York: The Free Press.

3/3  Reading TBA

3/10  Intern 2: Case Presentation

3/17  Intern 2: Case Presentation

3/24  Intern 2: Case Presentation


4/14  Reading TBA

4/21  Reading TBA

4/28  No case conference

5/5  Reading TBA

5/12  Reading TBA

5/19  Intern 3: Case Presentation

5/26  Intern 3: Case Presentation

6/2  Intern 3: Case Presentation

6/9  Intern 4: Case Presentation

6/16  Intern 4: Case Presentation

6/30  Intern 4: Case Presentation

7/7  Reading TBA

7/14  Reading TBA

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Case Presentation/Formulation

The outline of the two sessions of the case presentation is as follows:

Session 1

A written summary of the patient is expected in each member’s mailbox on the Tuesday prior to the Thursday of your presentation. The summary should include basic information/introduction of the patient to the group. For the first session, include items #1, 2 and 5 of the Case Formulation Format.

Session 2

A transcript of a full session (45-50 minutes) is expected in each member’s mailbox on the Tuesday prior to the Thursday of your presentation.

Final write-up of your case formulation is expected in the seminar leader’s mailbox on the following Thursday. The summary should include all items of the Case Formulation Format (building on material already introduced in Session 1).

Case Formulation Format

1. A. Demographics of the student you are presenting (age, racial/ethnic background, year in school, course of study; current living arrangements)
   B. Presenting problem and history of presenting problem including student’s complaints, and Why now? Include history of treatment (at CAPS, other outpatient treatment, hospitalization, medication, etc.).
   C. Background Information/Developmental Issues including family, relationship, educational/vocational history; abuse history; legal history; financial situation.

2. A. Personality Characteristics including salient personality style; level of personality organization; interpersonal capacity (strengths and weaknesses); defensive patterns/strategies; level of psychological mindedness; self-observational capacity.
   B. Transference/Countertransference Field including psychotherapist relationship/rapport; salient reactions and associations to the patient, aspects which assist and which mute understanding and empathy.

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3. **Clinical Formulation** How do you understand the nature of presenting complaints as they relate to the patient’s history, and present functioning? The clinical formulation may include defensive patterns, pathogenic beliefs, personality characteristics, identifications. What relevant clinical theoretical constructs which inform your understanding?

4. **A. Diagnosis** (DSM-V)
   
   **B. Treatment Strategy** (treatment plan; points of focus re: technique of intervening)
   
   **C. Prognosis** (How do you see this patient making use of the treatment? Barriers? Strengths?)

5. **Special Problems or questions**: Choose a point of focus for the group or an area of feedback you are seeking which will assist you in working with this patient.