Psychodynamic Therapy Case Report

Your task in this assignment is to present a case description of a psychotherapy treatment you have conducted with a patient for whom you have access to video (for review and transcribing). We recommend you choose a case you have been working with for most of this academic year. At a minimum, you must have met with the patient for at least 6 sessions. Your presentation should be structured and include each of the sub-headings below, and illustrate your experience with the patient and the therapy process in the context of psychodynamic theory and recent empirical research. Your reflections on your experience of being with this patient should include reflections on the patient’s presentation, your feelings when with this patient that might be unique to you and/or your patient, the role of the unique or overlapping social identities of you and your patient, and how the dynamic between patient and therapist changes over time, moment to moment. Although we don’t require you to share your own personal history, as a psychodynamic therapist we expect you to reflect on your internal experiences *as relevant*to the therapy process. Your descriptions of the treatment will be supported by segments of transcripts of your work with your patient (3 passages of about 10 min each from different sessions), and session-by-session progress monitoring (ROM) in the treatment. Besides this focus on your subjective experience of the patient/therapy process, we would also like you to reflect on the experience with your supervisor, and how this might relate to your learning process and the therapeutic process with your patient.

Length: minimum 12, maximum 15 double spaced pages, excluding cover page, transcript segments and references.

References: The purpose of including references in your essay is to demonstrate that you are familiar with and have a good understanding of the related literature and how it applies to and informs your actual clinical work. Please add adequate references from both theoretical and empirical studies in order to demonstrate your familiarity with the material. Your reflections on your experience of being with this patient should be supported by references/citations to research literature about patient characteristics, therapist characteristics and the psychotherapy treatment process and outcome. We encourage you to cite review or meta-analytic studies, or well-established, large studies whenever available. Please avoid using citations to classic papers or books that you have not read yourself. The number of references may vary, but it should be at minimum 15, excluding references to diagnostic manuals, testing tools etc.

Clinical Case Report structure

1. First impressions (might be based on several sessions)

* Description of the patient’s presentation in therapy
  + How long have you been seeing this patient?
  + How long has your patient been seen at Parnes?
  + In-person/remotely?
  + Reported reason for seeking therapy (does this differ from your impression?)
  + Patient’s view on the origin of the problem (does this differ from your impression?)
  + Patient’s goal for therapy (does this differ from your impression?)
* Broader patient circumstances
  + Significant relationships, work, living situation, any other pertinent circumstance
  + Life events, family background, early relationships
* Therapist reflections
  + First impressions of patient/process including initial countertransference reactions
  + Please reflect on the similarities and differences in identity between therapist-patient-supervisor, including race, ethnicity, SES, age, gender, sexuality, culture, language, class, education, religion. How do you think your patient perceived your identity?

2. Assessment

* Psychodiagnostic understanding and formulation (e.g., DSM-5/Psychodynamic Diagnostic Manual (PDM)-M-AXIS), and formal assessment (e.g., SCID/risk assessment).
* How do these assessments relate to the case and how do you approach the case? Link it to patient history, patient character, internal conflict, defense structure, attachment, etc.

3. Therapy plan

* Planned focus of the therapy work formulated after the initial sessions.
  + Social identity/diversity dynamics that might come up (note; there are always relevant factors around identities even if therapist and patient have shared identities).
  + Potential therapeutic challenges and responses.
  + How was this discussed with the patient and the supervisor?

*(we suggest you use no more than 5 pages total for the 3 sections above; so 1-2 pages per section)*

4. Therapy Process

* Describe the actual therapy process, including your own role and contributions.
  + How was the therapeutic frame (timing/location/professional roles) held over time?
  + What therapeutic enactments/ruptures occurred and how did you notice?
  + There will always be areas of diversity/similarity in identity that are relevant in the therapeutic relationship. How were the differences/similarities in identity between you and your patient important in different treatment phases or moments in session (consider your patient’s view of you, as well as yours about your patient)? If this was not discussed explicitly with your patient/supervisor, please reflect in writing on why that might be.
  + Select one or two sessions, from which you report brief segments of the transcripts to illustrate the therapeutic process. Explain why you selected these particular sessions/segments.
  + Reflect on the PTRS items (see below) for these selected sessions. Comment on each of these items; how these PDT processes were present/absent in your selected session, and how these aspects changed throughout the treatment. These items may help you identify examples to illustrate a point, and likely will help you think of specific skills that you could work on in your individual deliberate practice (see the later section on deliberate practice.
* How did you use routine outcome monitoring as a clinical tool in your treatment?
  + How did the changes in the therapy process relate to the patient reported progress session-by-session (use ROM trajectories/risk items/ fluctuations/ benchmarks etc)?
  + How did you change your treatment approach based on this patient feedback?
  + Future therapy plans if ongoing therapy

5. Parallel Learning Process

* Supervision Process
  + How did your supervisor’s conceptualization of the case differ from yours?
  + How would you describe the therapeutic relationship with your supervisor?
  + Describe some helpful and unhelpful supervisory experience and how it impacted the treatment
  + Was there a parallel process between you as therapist, your supervisor and your patient?
  + How did you and your supervisor reflect on the video recordings of sessions and the routine outcome monitoring data in your supervisory work?
  + If you were to supervise a supervisee with this patient, what internal/external interpersonal dynamics would you keep in mind?
* Individual Deliberate Practice
  + What have you learned from this patient about yourself and/or your role as a developing clinical psychologist?
  + Based on your review of the transcribed sessions as well as your supervision, what moments are hardest for you and what skills would you like to develop further?
  + How would you notice if you have improved these skills?
  + Describe two individual deliberate practice exercises that you can do to improve your skills and therapeutic presence with this particular patient.

Outside of formal supervision, during the rest of your career, you may individually engage in deliberate practice by using individualized repeated practice and feedback on micro-skills (just like in music, doing scales or practicing chords). By practicing in a very specific and targeted way you can increase your ability to tolerate difficult and painful affect, reflect on your own countertransference, explore the impulses/urges/wishes you have with regard to the patient, and to connect to your somatic/physiological experience during intense clinical moments (for more info see www.dpfortherapists.com). You may role play a specific difficult patient moment or use a clip from your video as a stimulus that you can respond to repeatedly until you feel comfortable and effective in your response

**Psychodynamic Therapist Rating Scale**

**For each item, keep in mind the following general scale:**

|  |  |  |
| --- | --- | --- |
| **0** |  | ***Unacceptable performance from any student.*** |
| **1** |  |  |
| **2** |  | ***Minimum level expected of beginning novice students****.* |
| **3** |  | ***Minimum level expected of students in advanced psychodynamic labs.*** |
| **4** |  | ***Good.*** |
| **5** |  |  |
| **6** |  | ***An exceptional student.*** *Comparable to a skillful graduate of our program.* |

**1. Overall Rating: Extent to which the therapist facilitated the patient’s overall psychological development.**

0 Unacceptable

2 Minimum competency for novice therapist

3 Minimum level expected of students in advanced psychodynamic labs.

4 Good

6 Exceptional

**2. Understanding and tracking the process**

0 The therapist’s failure to understand or track the process derailed the process. The therapist

may have focused too much on the concrete content. The therapist may have offered

statements that reflected a gross misunderstanding of the unstated and implied meaning of the

patient’s experience.

2 The therapist had difficulty understanding or tracking the process, but the therapist evinced a

limited understanding of the unstated and implied meaning of the patient’s experience.

*Minimum competency for novice therapist.*

4 The therapist was able to understand and track some aspects of the process. At some points in

the session, the therapist’s verbal and nonverbal communications conveyed that in addition to

understanding the explicit content of the session, the therapist was also tuned in to some, but

not all, of the unstated and implied meaning of the patient’s experience

6 The therapist was able to understand and track important aspects of the process. Throughout

the session, the therapist’s verbal and nonverbal communications conveyed that in addition to

understanding the explicit content of the session, the therapist was also tuned in to the

unstated and implied meaning of the patient’s experience.

**3. Flexibility/Rigidity**

0 The therapist was overly rigid or overly flexible throughout the session.

*Overly rigid*: Throughout the session, the therapist rigidly persisted with his/her approach even

when it was clearly not meeting the patient’s needs.

*Overly flexible*: Throughout the session, the therapist changed his/her approach haphazardly in

a manner that was not responsive to the patient’s needs.

2 The therapist was too rigid or too flexible at some points in the session. At times, the therapist

rigidly persisted with his/her approach, OR changed his/her approach haphazardly. *Minimum*

*competency for novice therapist.*

4 For most of the session, the therapist was neither too rigid nor too flexible. Once or twice, the

therapist may have been a little slow to modulate an approach that was not working, or the

therapist may have been a little quick to give up on an approach that seemed promising, but

in general, the therapist’s approach was responsive to the patient’s needs.

6 The therapist struck the right balance—he or she was neither too rigid nor too flexible. When

appropriate, the therapist modulated his/her approach in response to the patient’s needs.

When appropriate, the therapist maintained a steady, consistent approach and did not allow

him or herself to be sidetracked.

**4. Empathy**

0 The therapist displayed a marked lack of empathy. The therapist may have displayed hostility

toward the patient, or appeared to disregard and/or lack interest in the patient’s experience.

2 The therapist displayed rudimentary empathic skills. The therapist showed some awareness of

the patient’s obvious, surface-level feelings, but the therapist seemed to have some difficulty

understanding the patient’s experience from the patient’s point of view. *Minimum competency for novice therapist.*

3 The therapist displayed minimally adequate empathic skills. The therapist was able to reflect

back the patient’s experience—but no more.

4 For most of the session, the therapist displayed good empathic skills. The therapist was able to

do more than just reflect back the patient’s expression of his or her experience—the therapist

conveyed some understanding of an unstated or unexpressed aspect of the patient’s experience.

6 Throughout the session, the therapist displayed excellent empathic skills. Through both verbal

and nonverbal forms of communication, the therapist conveyed a sensitive understanding of the

patient’s experience, including aspects of the patient’s experience of which the patient may not have been fully aware.

**5. Facilitating patient engagement**

***Note that these ratings are of the therapist’s efforts to facilitate engagement. The extent to which the patient actually is engaged will also reflect patient variables over which the therapist has no control. With this item, we are only rating the therapist’s contributions.***

0 Throughout the session, the therapist discouraged patient engagement in the work of therapy.

Either the therapist was exceptionally passive, or the therapist dominated the session in a way

that left no space for the patient.

2 The therapist tried to encourage and facilitate patient engagement in the work of therapy. At

times, the therapist was too passive or the therapist was doing all the work. *Minimum*

*competency for novice therapist.*

4 For most of the session, the therapist encouraged and facilitated patient engagement in the

work of therapy. Once or twice, the therapist may have been somewhat passive or may have

been doing a little too much of the work.

6 Throughout the session, the therapist encouraged and facilitated maximal patient engagement

in the work of therapy. The therapist struck the right balance—the therapist was not too

passive, nor was the therapist doing all the work.

**6. Deepening/regulating emotions**

0 Throughout the session, the therapist responded inappropriately to the patient’s expression

of emotions. The therapist responded to the patient in ways that either inhibited the patient’s

level of experiencing, or that increased the patient’s emotional dysregulation.

2 The therapist tried to respond appropriately to the patient’s expression of emotions. At times,

the therapist may have missed opportunities to deepen the patient’s level of experiencing,

and/or the therapy may have failed to help the patient regulate overwhelming feelings. *Minimum competency for novice therapist.*

4 For most of the session, the therapist responded appropriately to the patient’s expression of

emotions. Once or twice, the therapist may have failed to take full advantage of an opportunity

to deepen the patient’s level of experiencing, or the therapist may have been too quick or too

slow to help a patient regulate potentially overwhelming feelings.

6 Throughout the session, the therapist responded appropriately to the patient’s expression of

emotions. When appropriate, the therapist clarified the patient’s feelings in order to deepen

the patient’s level of experiencing. When appropriate, the therapist helped the patient regulate

feelings that threatened to overwhelm the patient.

**7. Patterns in relationships**

N/A Due to the content of the session, the therapist had no opportunity to identify and explore

patterns in the patient’s interpersonal relationships.

0 The therapist did not explore patterns in the patient’s interpersonal relationships in an

appropriate manner. The therapist may have failed to identify and explore obvious patterns in

the patient’s interpersonal relationships, including, when appropriate, past and/or present

relationships (extratransferential), OR the therapist may have focused excessively on

interpersonal patterns in a manner that was harmful to the process and/or the patient-therapist relationship.

2 The therapist made a rudimentary effort to explore patterns in the patient’s interpersonal

relationships. The therapist’s exploration may have been clumsy, partly off-base, or overly

intellectualized. *Minimum competency for novice therapist.*

4 The therapist identified and attempted to explore relevant patterns in the patient’s

interpersonal relationships, including, when appropriate, past and/or present relationships

(extratransferential).

6 The therapist was particularly skilled at identifying and exploring patterns in the patient’s

interpersonal relationships, including, when appropriate, past and/or present relationships

(extratransferential).

**8. Transference/Countertransference, or exploring the therapeutic relationship**

N/A Due to the content of the session, the therapist had no opportunity to identify and explore themes in the therapeutic relationship (transference/countertransference). Please note that this code does not mean that transferential themes were not relevant to the process; rather, N/A means that there was no opportunity to discuss these themes in the session.

0 The therapist failed to explore the therapeutic relationship in an appropriate manner when it

was clearly called for. The therapist may have failed to identify and explore very clear and

relevant dynamics and patterns in the patient-therapist relationship, OR the therapist may have

focused excessively on the patient-therapist relationship in a manner that was not responsive to

the patient’s needs. Any hostile, critical, and/or iatrogenic focus on the therapeutic relationship

should receive this rating.

2 The therapist missed opportunities to explore the therapeutic relationship, but this failure did

not appear to harm the relationship or significantly impede the work of therapy. There were no moments when exploration of the therapeutic relationship was very clearly called for—the opportunities to explore the transference/countertransference were subtle enough that most novices would have missed them. *Minimum competency for novice therapist.*

3 The therapist tried to explore the transference/countertransference. The therapist may have

failed to identify the most relevant dynamics and patterns, or the therapist’s exploration may

have been clumsy or overly intellectualized.

4 The therapist recognized and attempted to explore the transference/countertransference. The

therapist may have missed some minor opportunities to explore the most relevant dynamics

and patterns, or the therapist may have focused a little too long on an aspect of the patient-

therapist relationship that was not responsive to the patient’s needs, but in general, the

therapist’s focus on the transference/countertransference was appropriate.

6 When appropriate, the therapist skillfully recognized and attempted to explore the

transference/countertransference—i.e., the therapist recognized and explored dynamics and

patterns in the patient-therapist relationship, and/or drew links between other relationships in

the patient’s life and the patient-therapist relationship. When appropriate, the therapist

meta-communicated about his or her experience of the patient-therapist interaction.

**9. Were there any significant, unusual factors that you feel justified the therapist’s departure from the standard approach measured by this scale?**

No

Yes

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_