Psychodynamic Case Report Background: Theory and Empirical Literature Case: History, Formulation, and Treatment Plan

Your task in this assignment is to present a case study of the psychotherapy you have conducted with a patient. Your presentation should place your view of the patient and the therapy in the context of clinical psychological theory and empirical research (for example, psychotherapy outcome research with depressed outpatients in psychodynamic psychotherapy; or choice of therapy modality with anxious young men; or effects of cross racial/cross cultural therapy; etc). Your important choices should be supported by references/citations to research literature. You may also use articles about theory but the balance should be toward research in your **15** or more citations. **You need a minimum of 15 citations**. You should put emphasis on clear and evocative description of the patient and the therapy in the context of his/her social and cultural environment, psychological development, and current life circumstances. Include discussion, where relevant of race, class, economic status, culture, religion, sexual orientation, and gender issues. These discussion areas are good places for **citations of research literature**, as well as literature about theory. The nature of your contribution to the course of the therapy in terms of your personal and professional background, as well as therapeutic theories, values, and assumptions is necessary for you to include. Transference/countertransference areas are another excellent place for supporting your experiences with research and clinical articles. Remember, appropriate discussion of the clinical and research literature (with citations) for support of your clinical choices is required. You can convey the flavor and atmosphere of the treatment dynamics evocatively, as well as including your supporting literature. We would expect a minimum of 15 citations, but do not mistake a minimum for sufficient in all cases. More likely more than that number would be appropriate. Any time you are making an assertion about why you have chosen an orientation, a modality, a referral for psychopharmacological or neuropsychological or learning style evaluation, anytime you suggest that the diagnosis or issue is common or uncommon with regard to gender, race, religion, etc., are very likely times for a citation. Also, students frequently ask how many pages the case report should include. In the past, the modal number of pages in the case report itself ran 12 pages.

The following is the outline for the case study. Remember, you **MUST cite relevant research and clinical literature** to back up your choices (e.g.,diagnosis, modality, orientation (even generally that you are using a psychodynamic orientation, or a more specific form of that), for referrals to other specialists (testing, medication, support groups, etc.), cultural issues and formulations. You are expected to include all of the listed aspects:

1. **Description of the patient**: Demographic information, life circumstances, initial self-presentation.
2. **Presenting Problems**
    1. **Statement of the presenting problems from the point of view of the patient.**
    2. **Statement of the presenting problems from the point of view of the**

       therapist. Include diagnostic formulation (DSM-IV-TR or DSM V, all axes must be included; other diagnostic systems may be included, where they informed the therapist's work, e.g. psychological mindedness, resilience, intelligence, relatedness).

    3. **Therapist's evolving formulation of the patient and patient's problems** in terms appropriate to the orientation in which the therapist is working (e.g. dysfunctional dynamics, interpersonal and self - object relations and dynamics, object relations issues, central maladaptive patterns, impulse-defense

configurations, affect tolerance, strengths, systemic and/or social supports, triangulations, enmeshment, disengagement, etc).

3. **History and context of the presenting problems**. History of attempted solutions of the presenting problems, including therapy/psychiatric history.
4. **Patient's and therapist's therapeutic goals and ideas** about how therapy will help
5. **Family and developmental history**. Include hypotheses about what are significant facts, factors, events, recurrent themes, patterns around life cycle stages in the family system,

etc. Biological, social, cultural, racial, social class, educational factors may all be considered.

6. **Therapy process**. Patient's Issues and therapist's **formulations** (that is, your understanding) of them, and therapists' **methods and techniques** used to address them, as well as **the Patient's responses** to the therapist's interventions.Your formulations should include discussion of the following:
    1. **Etiology--** the conflict or developmental arrest, social system dysfunction, biological process and or trauma that seems to set in motion your patient's difficulties and disordered efforts of solve them.
    2. Processes that link etiological conditions or events to the patients' current life difficulties and symptoms**. What social and/or psychological processes create and maintain the difficulties and symptoms** (for example, wishes and defenses, interpersonal patterns, family roles and missions).
    3. **What** in the patient and the therapist seem to have **facilitated and what has impeded the therapy** (e.g. the patient's and therapist's levels of self reflectiveness, thoughtfulness, mindfulness, psychological mindedness, receptivity, patient's and therapist's affect intolerance, passivity and helplessness, etc.
    4. **Development of the themes of the therapy, including quality of the therapeutic relationship**. Discuss the patient's and therapist's **resistances** to the therapeutic process.
7. **Transference and countertransference or therapeutic relationship issues.** This should be woven into the paper, but must be included in the form of a specific discussion of transference/countertransference or therapeutic relationship issues.
8. **Summary statement including goal attainment or specific areas of progress, unanticipated changes in the patient or therapist, and speculations about future work with the patient.**