

# **Psychodynamic Therapy 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.

*References:* The purpose of including references in your essay is to demonstrate that you are familiar 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. Use references whenever you make a general statement which is not based on your own experience with the specific patient, or when you are making your argument about formulation, therapy plan, interpretation, etc. We encourage you to cite review or meta-analytic studies, or well-established, large studies whenever available as opposed to individual and unreplicated studies. Empirical studies should be recent, if available, reflecting up-to-date knowledge about the given subject. Theoretical articles should be in line with the approach you are taking. 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 minimum 15, excluding references to diagnostic manuals, testing tools etc.

### **Clinical Case Report structure**

#### 1. First interview (might include several initial sessions)

- Description of the patient and the presented problem
  - Patient behavioral/emotional/cognitive presentation
  - Reported reason for seeking therapy
  - Patient's view on the origin of the problem
  - Patient's goal for therapy
  
- Broader patient circumstances
  - Significant relationships, work, living situation, any other pertinent circumstance

- Patient diversity (race, ethnicity, gender, sexuality, culture, language, class, education)
- Patient relevant history
  - Life events, relationships
  - Family background, early relationships
- Therapist reflections
  - First impressions
  - Diversity aspects in relation to characteristics of therapist
  - Initial countertransference reactions
  - Probing for reactions to PD interventions

## 2. Assessment

- Formal assessment tools (SCID etc.)
- Risk assessment (if relevant)

## 3. Psychodiagnostic understanding and formulation

- DSM-5
- Psychodynamic Diagnostic Manual (PDM)
  - Level of organization (identity, relationships, defenses, reality-testing)
  - Personality Syndrome (depressive, dependent, anxious etc)
  - Mental functioning
  - Symptom patterns
  - Cultural contextual and other considerations
- Main problem (may be different from what patient presents)
- Origin of problem: link it to patient history, patient character, internal conflict, defense structure, attachment, etc.
- Actuality of the problem (why the patient seeks help now according to the therapist; reflection on whether this differs from patient perception of their problem and why)

## 4. Therapy plan

- Focus of the therapy work
- Goal(s) of therapy
- Planned process of therapy: phases (if any), planned interventions, diversity issues
- Potential therapeutic challenges and responses

## 5. Therapy process

- Describe the actual therapy process
  - Therapist interventions
  - Patient response to interventions

- New information that emerged
- Changes in therapy plan, if any

The COMPS rating scales need to be woven into these sections.

- Understanding and tracking the process
- Flexibility/rigidity
- Empathy
- Facilitating patient engagement
- Deepening/regulating emotions
- Patterns in relationship
- Transference/Countertransference, and exploration of the therapeutic relationship

- Outcome tracking
  - Problem/symptom improvement (OQ-45 and/or informal measurements)
  - Other treatment outcomes
    - Patient affect experience
    - Patient interpersonal relationships and ability to relate to therapist
    - Patient insight, view of therapy progress etc.
  - What ruptures occurred and what you learned from it
  - Future plans if ongoing therapy

## 6. Continuous learning

- Use of supervision
  - helpful experiences, what therapist adapted as a result of supervision
  - unhelpful supervisory experience that did not help treatment
  - what supervision ruptures occurred and what did you learn from it
- Describe two individual deliberate practice exercises that you can do around a difficult moment in your sessions 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](http://www.dpfortherapists.com) ; Div 39 members are currently writing a book on Deliberate Practice for psychodynamic psychotherapy). 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.*