



# UCLA Psychotherapy Orientation

July 25 and August 1, 2020



Joshua Pretsky, MD



# What is Psychodynamic Psychotherapy

- Contemporary Model and Assumptions

- Mental life involves ongoing conflict and compromise. Behavior is multiply determined.
- Mental processes operate in parallel: affect, cognition and drives.
- Behavior is determined by thoughts and feelings and, in turn, shapes thoughts and feelings.
- Traumatic experiences in the past prefigure later perceptions and experience. Traumatic scenarios are repeated.
- Dynamic factors interweave with biological, psychological and social factors in wellness and psychopathology.
- Change occurs in the therapeutic relationship with
  - emotional reexperiencing,
  - empathic attunement between patient and therapist,
  - increase in self awareness and insight,
  - development of alternative perceptions and new behaviors.

(Psychodynamic Psychotherapy: A Guide to Evidence-Based Practice, Summers and Barber, 2010, p24)

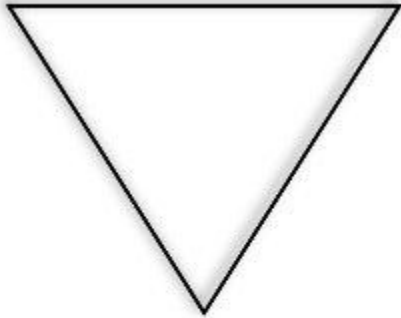
# What is Psychodynamic Psychotherapy

- Focus on affect and expression of emotion
- Exploration of attempts to avoid distressing thoughts and feelings
- Identification of recurring themes and patterns
- Discussion of past experience
- Focus on interpersonal relations
- Focus on the therapy relationship
- Exploration of fantasy life

(Shedler, Efficacy of Psychodynamic Psychotherapy, American Psychologist, 65:2 (98-109), 2010)

# What is Psychodynamic Psychotherapy

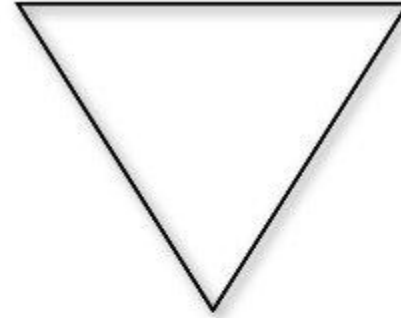
**D**  
Defenses  
(changing subject, ignoring, minimizing, etc.)



**A**  
Anxiety  
(worry, panic, fear, anxiety, guilt, shame, etc.)

**F**  
Feelings  
(anger, grief, joy, love, pride, etc.)

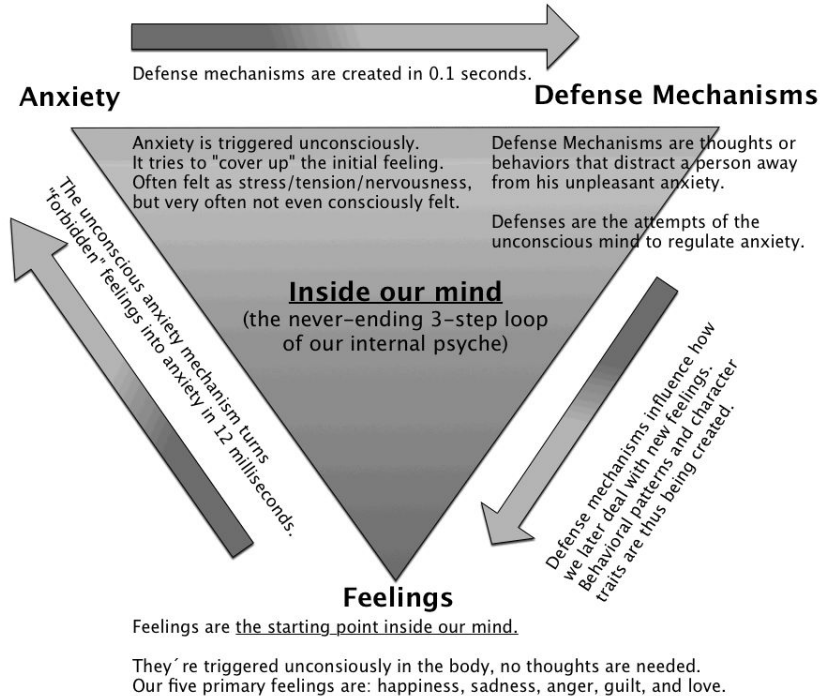
**T**  
Therapist



**C**  
Current persons

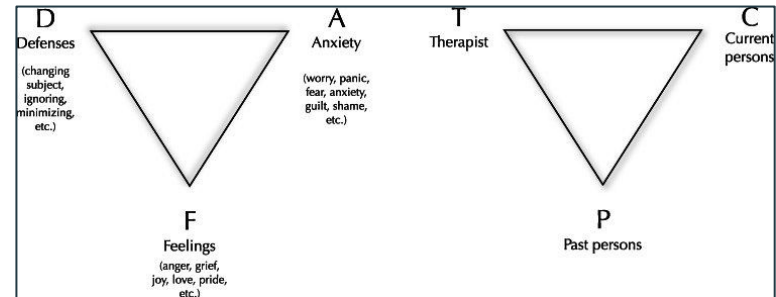
**P**  
Past persons

# What is Psychodynamic Psychotherapy



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(Shedler, Efficacy of Psychodynamic Psychotherapy, American Psychologist, 65:2 (98-109), 2010)

# What is Psychodynamic Psychotherapy

- Core Psychodynamic Problems
  - Depression
  - Obsessionality
  - Fear of abandonment
  - Low self-esteem
  - Panic anxiety
  - Trauma

(Psychodynamic Psychotherapy: A Guide to Evidence-Based Practice, Summers and Barber, 2010)

# What is Psychodynamic Psychotherapy

- Change occurs in the therapeutic relationship with
  - emotional reexperiencing,
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# What is Psychodynamic Formulation

1. Summarizing Statement
2. Description of Non-dynamic Factors
3. Psychodynamic Explanation of Central Conflicts
4. Predicting Responses to the Therapeutic Situation

(Psychodynamic Psychotherapy: A Guide to Evidence-Based Practice, Summers and Barber, 2010)

# What is Psychodynamic Formulation

1. Don't try to be all inclusive. Focus on **one or two crucial themes** that seem to be at the core of the patient's problems
2. The **way a patient conceptualizes** their life history and problems will tell you a great deal about who they are.
3. Look for **stressors** that may trigger symptoms or unpleasant emotional states that have led the patient to seek help.
4. Pay attention to the **nonverbal information**. Our patient talks to you not just what they say.
5. Draw on your **here and now experience** of the patient to help understand the patients characteristic difficulties.
6. **Predict** how the patient's relationship patterns may emerge in psychotherapy and influence its course.
7. Remember that the formulation is **only a hypothesis** or set of hypotheses. It **must be revised** continually as new data appear and you gain greater understanding of the patient.

Gabbard, Long Term  
Psychodynamic Psychotherapy,  
2017

**TABLE 7.1. Elements in Comprehensive Psychodynamic Formulation****Part 1: Summarizing statement**

- Patient identification
- Very brief summary of:
  - Precipitating events
  - Most salient predisposing factors in the history
  - Major historical events
  - Extent and quality of interpersonal relationships
  - Important aspects of neurobiology
- Behaviors that the formulation will attempt to explain

**Part 2: Description of nondynamic factors**

- Current syndromal diagnosis
- Family history of psychiatric illness
- Brief summary of relevant information about:
  - Syndromal psychiatric illness
  - Temperamental factors
  - Childhood psychopathology
  - Subsyndromal illness
  - Psychopharmacology experiences
  - Other factors: medical illness, mental retardation, social deprivation, drugs/physical factors affecting the brain
  - Traumatic experiences

**Part 3: Psychodynamic explanation of central conflicts**

- Core psychodynamic problem
- Tracing of core problem and associated conflicts through personal history
  - Include childhood example, major life event, recent example
- Explanation of patient's attempts to resolve this problem that have been maladaptive and adaptive
- Formulation of core problems and central conflicts using the psychodynamic models most useful for the problem:
  - Important conscious and unconscious wishes, motives, behavior, defenses
  - Important developmental struggles
- Derive a potential recurrent CCRT
- Key strengths and how they have interacted with problems
- Effect of nondynamic factors in shaping psychodynamic problem via their effects on experience of self, other, and relationships
- Effect of dynamic factors on development and maintenance of syndromal illness

**Part 4: Predicting responses to the therapeutic situation**

- Prognosis, focusing on patient's experience of treatment
- Probable transference manifestations, expected resistances
- Personality strengths likely to be employed over course of treatment
- Probable reactions to psychopharmacological treatment
- Prognosis for treatment response in phases of treatment

*Note.* From Summers (2002). Used with permission of the Association for the Advancement of Psychotherapy.

## What is Psychodynamic Formulation

Psychodynamic Diagnostic Manual  
Second Edition (PDM-2), Lingardi and  
McWilliams, 2017

### Psychodiagnostic Chart-2 (PDC-2)

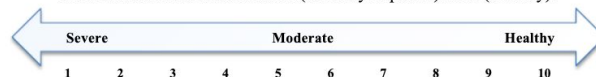
The Operationalized PDM-2 - Adult version 8.1 • © 2015 Robert M. Gordon and Robert F. Bornstein

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Date of Evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Evaluator: \_\_\_\_\_

#### Section I: Level of Personality Organization

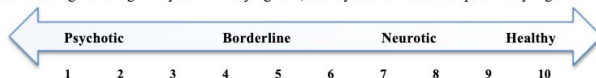
Consider your client's mental functions in determining the level of personality organization. Use these four mental functions to efficiently capture the level of personality organization. Rate each mental function on a scale from 1 (Severely impaired) to 10 (Healthy).



1. **Identity:** *ability to view self in complex, stable, and accurate ways* \_\_\_\_\_
2. **Object Relations:** *ability to maintain intimate, stable, and satisfying relationships* \_\_\_\_\_
3. **Level of Defenses:** (using the guide below, select a single number) \_\_\_\_\_  
1-2: Psychotic level (delusional projection, psychotic denial, psychotic distortion)  
3-5: Borderline level (splitting, projective identification, idealization/devaluation, denial, acting out)  
6-8: Neurotic level (repression, reaction formation, intellectualization, displacement, undoing)  
9-10: Healthy level (anticipation, self-assertion, sublimation, suppression, altruism, and humor)
4. **Reality Testing:** *ability to appreciate conventional notions of what is realistic* \_\_\_\_\_

#### Overall Personality Organization

Considering the ratings and your clinical judgment, circle your client's overall personality organization.



**Healthy Personality**-characterized by mostly 9-10 scores, life problems rarely get out of hand and enough flexibility to accommodate to challenging realities. (Use "9" for people at the high functioning neurotic level.)

**Neurotic Level**-characterized by mostly 6-8 scores, basically a good sense of identity, good reality testing, mostly good intimacies, fair resiliency, fair affect tolerance and regulation, rigidity and limited range of defenses and coping mechanisms, favors defenses such as repression, reaction formation, intellectualization, displacement, and undoing. (Use "6" for people who go between borderline and neurotic levels.)

**Borderline Level**-characterized by mostly 3-5 scores, recurrent relational problems, difficulty with affect tolerance and regulation, poor impulse control, poor sense of identity, poor resiliency, favors defenses such as splitting, projective identification, idealization/devaluation, denial, omnipotent control, and acting out.)

**Psychotic Level**-characterized by mostly 1-2 scores, delusional thinking, poor reality testing and mood regulation, extreme difficulty functioning in work and relationships favors defenses such as delusional projection, psychotic denial, and psychotic distortion. (Use "3" for people who go between psychotic and borderline levels.)

# What is Psychodynamic Formulation

## Section II: Personality Syndromes (P-Axis)

*These are relatively stable patterns of thinking, feeling, behaving and relating to others. Normal level personality patterns do not involve impairment, while personality syndromes or disorders involve impairment at the neurotic, borderline, or psychotic*

**Check off as many personality syndromes as apply from the list below; and then circle the one or two personality styles that are most dominant. Leave blank if none.**

*(For research purposes, you may also rate the level of severity for all styles, using a 1-5 scale: 1 = Severe Level; 3 = Moderate Severity; and 5 = High Functioning).*

	Level of Severity		Level of Severity
<input type="checkbox"/> <b>Depressive</b> Subtypes: • introjective • anaclitic • converse manifestation: hypomanic	—	<input type="checkbox"/> <b>Hysterio-Histrionic</b> Subtypes: • inhibited • demonstrative	—
<input type="checkbox"/> <b>Dependent</b> Subtypes: • passive-aggressive • converse manifestation: counterdependent	—	<input type="checkbox"/> <b>Narcissistic</b> Subtypes: • overt • covert • malignant	—
<input type="checkbox"/> <b>Anxious/ Avoidant/ Phobic</b> Subtype: • converse manifestation: counterphobic	—	<input type="checkbox"/> <b>Paranoid</b>	—
<input type="checkbox"/> <b>Obsessive-Compulsive</b>	—	<input type="checkbox"/> <b>Psychopathic</b> Subtypes: • passive-parasitic, con-artist • aggressive	—
<input type="checkbox"/> <b>Schizoid</b>	—	<input type="checkbox"/> <b>Sadistic</b>	—
<input type="checkbox"/> <b>Somatizing</b>	—	<input type="checkbox"/> <b>Borderline</b>	—

# What is Psychodynamic Formulation

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### Section III: Mental Functioning (M-Axis)

Rate your client's level of strength or weakness on each of the 12 mental functions below, on a scale from 1 to 5 (1 = Severe deficits; 5 = Healthy). Then sum the 12 ratings for a Level of

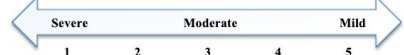


	1	2	3	4	5
<b>A. Cognitive and affective processes</b>					
1. Capacity for regulation, attention, and learning					___
2. Capacity for affective range, communication, and understanding					___
3. Capacity for mentalization and reflective functioning					___
<b>B. Identity and relationships</b>					
4. Capacity for differentiation and integration (identity)					___
5. Capacity for relationships and intimacy					___
6. Self-esteem regulation and quality of internal experience					___
<b>C. Defense and coping</b>					
7. Impulse control and regulation					___
8. Defensive functioning					___
9. Adaptation, resiliency and strength					___
<b>D. Self-awareness and self-direction</b>					
10. Self-observing capacities (psychological mindedness)					___
11. Capacity to construct and use internal standards and ideals					___
12. Meaning and purpose					___

**Overall level of personality severity (Sum of 12 mental functions):** \_\_\_\_\_  
[Healthy/Optimal Mental Functioning 54-60; Appropriate Mental Functioning with Some Areas of Difficulty 47-53; Mild Impairments in Mental Functioning 40-46; Moderate Impairments in Mental Functioning 33-39; Major Impairments in Mental Functioning 26-32; Significant Deficits in Basic Mental Functions 19-25; Major/Severe Deficits in Basic Mental Functions 12-18]

### Section IV: Symptom Patterns (S-Axis)

List the main PDM symptom patterns (e.g., those that are related to psychotic disorders, mood disorders, anxiety disorders, event and stress disorders, specific symptom disorders, addiction and medically related disorders, etc.)  
 (If required, you may use the DSM or ICD symptoms and codes here.)



	1	2	3	4	5	
Symptom/Concern: _____						Level: _____
Symptom/Concern: _____						Level: _____
Symptom/Concern: _____						Level: _____

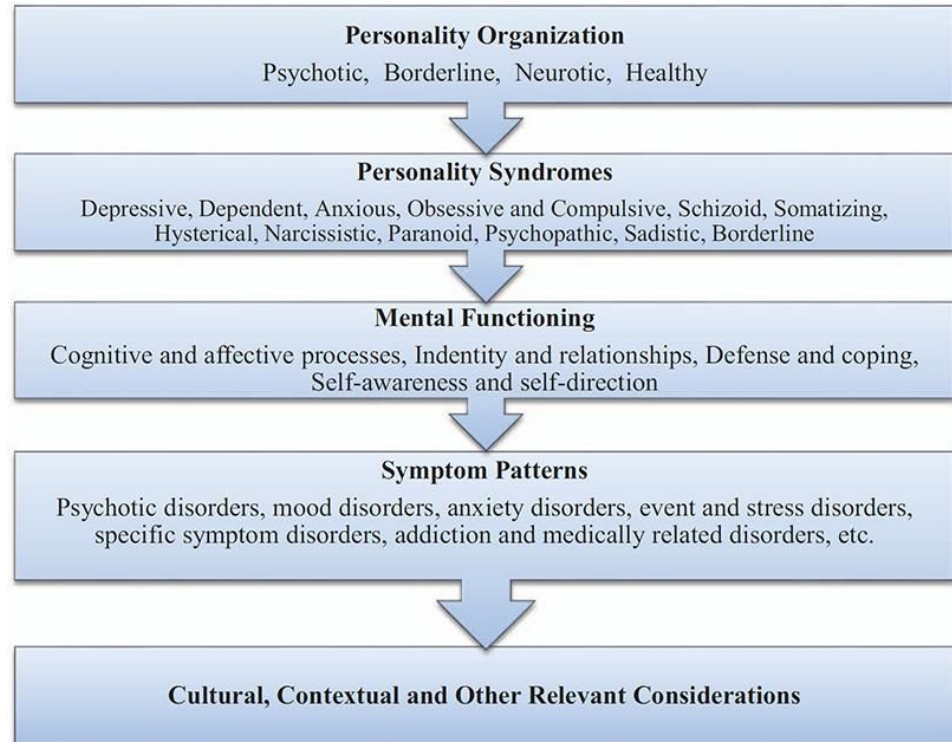
### Section V: Cultural, Contextual and Other Relevant Considerations

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