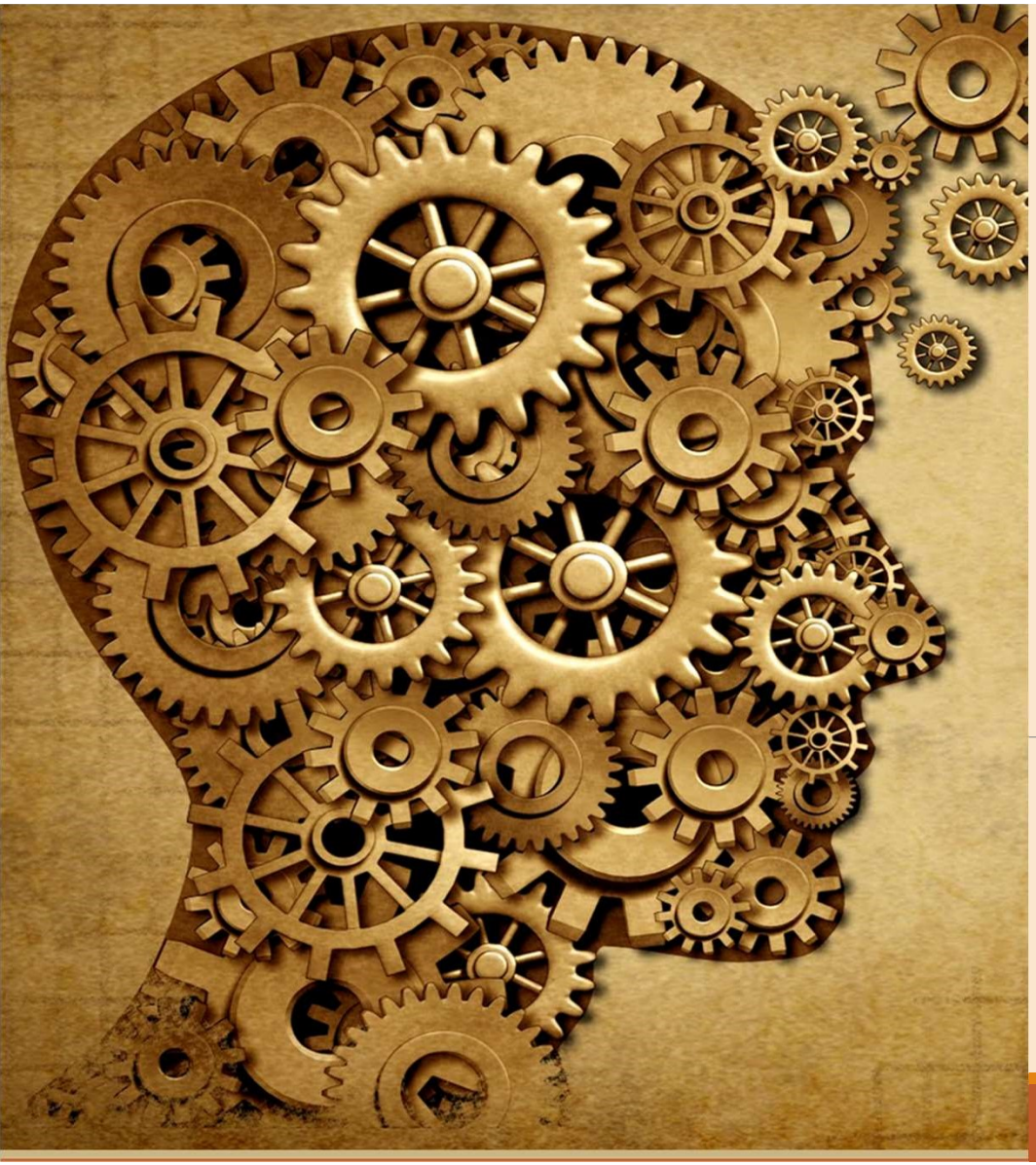


Psychodynamic Techniques for Advanced Therapists

WEBINAR BY
ANDREW NACHUM KLAFTER, MD

AUGUST 13TH, 20TH, AND 27TH

Until you make the unconscious conscious, it will direct your life and you will call it “fate.”

CARL G. JUNG, CW 9-ii
AION: RESEARCHES INTO THE PHENOMENOLOGY OF THE SELF
PARAGRAPH 126

- From upstate NY
  childhood, college, medical school
- Jerusalem, Israel
- Psychiatry training at TJUH
  Philadelphia PA 1996-2000
- Psychoanalytic Training in Cincinnati
  OH 2005-2010
- Teach psychotherapy and analysis
- Faculty member at
  -University of Cincinnati
  -Cincinnati Psychoanalytic Inst.

- Private practice – adults and adolescents
  -psychotherapy consultation
  (supervision),
  -Psychoanalysis, psychotherapy,
  -psychopharmacology forensic
  consultation
- Licensed in NY and OH -
- Ezras Cholim Health Center Kiryas Joel
  in Monroe, NY

ABOUT ANDREW NACHUM KLAFTER, MD

KLAFTER - PSYCHODYNAMIC TECHNIQUES FOR ADVANCED THERAPISTS PART 1

Part 1: Getting Started
- **major psychodynamic approaches**
- **psychoanalytic assessment**
- **psychodynamic diagnosis**
- **psychodynamic formulation**
- **using the formulation to present a psychodynamic treatment plan to the patient**

Webinar 2: Core elements of psychodyamic treatment
- listening to the unconscious
- practical use of transference and countertransference
- interpretation
- dreams
- working through
- identifying and making use of narcissistic injuries
- termination

Webinar 3: Psychodynamic Treatments for Specific Disorders
- Depression
- OCD and other anxiety disorders
- Addictions
- Pathological narcissism
- Borderline Personality Organization and Borderline Personality Disorder
- Scrupulosity and perfectionism
- Higher level personality disorders (Obsessive Compulsive, Histrionic, Avoidant)
- Seemingly undiagnosable syndromes and personality problems
- Integrating psychodynamic techniques with medication treatment, behavioral therapy, and other modalities
- Identifying disorders and syndromes which are better served by other modalities

OVERVIEW OF THREE PART WEBINAR

- Psychodynamic/Psychodynamics

-vs.-

Psychoanalytic/Psychoanalysis

- Theory vs. Technique

- Psychodynamic = a way of understanding human behavior and subjective experience based on the premise of unconscious human motivations

- Motivations are emotional and visceral (not logical)

-Love	-power/aggression	-survival/fear of death
-Relationships	-sex/pleasure	-avoiding pain
-Money	-self-esteem	-avoiding shame

- **People often can't acknowledge these motivations**

DEFINITIONS

Jargon

Avoiding it, but you should feel free to ask about it.

Psychodynamic approach/ Psychoanalytic school	Core Conflictual Motivation
Classical/Ego Psychology	Animalistic impulses – Sex, Power (Aggression), Greed, Survival/Trauma
Object Relations	Intimate relationships (and avoiding their loss), attachment, trauma
Self Psychology	Cultivating a positive sense of self (and avoiding shame or humiliation)
Relational	Intimate relationships, attachment, intersubjective connection, posits a different conception of how treatment works, trauma
Contemporary/Integrative	All of above true – some more helpful for specific patients

What are the intolerable feelings and emotions that this person is trying to avoid?

THE QUESTION WE SHOULD ALWAYS HAVE IN MIND

GENERIC, SHOULD WORK FOR ANY PSYCHODYNAMIC APPROACH

Herman is a 61 year old, divorced male with depression. He broke girlfriend of 6 years because of a third episode of drinking and violent/embarrassing behavior. He is terrified that she is going to call him. He asks me if I will show him how to block her number on his cell phone.

Herman has a **dilemma .**

What is a **dilemma?**

= two (or more) **BAD OPTIONS.**

CLINICAL EXAMPLE – HERMAN CONT'D

Should I help him block her phone? Why not?

Psychodynamic approach: It is more important for Herman to talk about how much he misses his ex-GF, feels bad for her, and is tempted to take her back. It is less healthful block her phone.

Healthy

-vs-

Healthful

IMPORTANT CONCEPT

Psychological Health

The capacity to tolerate difficult emotional experiences, make informed choices, adapt to adversity, and live one's life with a satisfactory balance of ones needs, wishes, obligations, and values.

Emotional Freedom

A greater ability to tolerate difficult emotional experiences means that someone is freer to negotiate difficult dilemmas and live life the way one wants to.

Anger/Rage/Hatred
↓
Guilt/Danger/Shame

Sexual/Desire/Longing

↓

Guilt/Danger/Shame

Insult/Devaluation

↓

Anger/Rage/Hatred

SOURCE OF INTOLERABLE EMOTIONS

Desire for Connection/ Loneliness/Affection

↓

Rejection/Inadequacy

AVOIDANCE OF INTOLERABLE EMOTIONS – AFFECTION/LONELINESS

Conflict is when the pursuit of wishes or needs causes unpleasant emotional experiences.

If I ask her on a date, she will reject me.

-vs.-

When I think about how attracted I am to her, I feel like such a pathetic loser.

CONCEPTUALIZING CONFLICT - PROTECTION FROM PAINFUL EMOTIONAL EXPERIENCE (NOT JUST AVOIDING A BEHAVIOR THAT FEELS SCARY)

- **Anger and hostility and disappointment in the people we love**
  - our children
  - our spouses
  - our parents
- When others are more important to us than we are to them.
- Feeling inadequate, undesirable.
- Feeling like a loser
- Rejection
- Loneliness
- Desires and Urges that can't be gratified
- Desires and urges to do things that are forbidden
- ?Forbidden urges?
- Vulnerability and weakness
- When others see our vulnerabilities
- Anticipating death, illness,

COMMON PAINFUL EMOTIONAL EXPERIENCES

Sexual longing

↓

Inadequacy, rejection, punishment by a third party, destabilization of the family, chaos, danger, destruction, violence, death.

WHAT IS THE WHOLE POINT OF THE OEDIPUS COMPLEX?

UBIQUITOUS POWER OF SEXUAL ANXIETY, INCEST TABOO, INTENSITY OF SHAME/GUILT, FEELINGS OF INADEQUACY

Assessment process

- Structured interviewing is fine
- Active interviewing is preferable
- 2 or 3 sessions in a week, if possible
  - Better care,
  - more information,
  - Write-up, ?'s fresh in mind for next session.

Goals of Assessment:

1. What is wrong? (**diagnosis**)
2. Why is this happening, and how did this come about? (**formulation**)
3. What can we do about this? (**treatment plan**)
4. Should already start feeling better. (**therapeutic impact**)

- MSE – Follow affect closely
- Comment on affect
- Notice pauses and self-editing
- Notice opportunities to share observations about avoidance of emotions and unpleasant feelings
- Notice instances of avoiding feelings during the session, ask about them
- Ask about other people's motivations (i.e., assess patient's capacity for mentalization)

KEY ELEMENTS OF PSYCHODYNAMIC ASSESSMENT

- Dreams
- Ask about sex (if not trained, seek supervision/consultation)
- Relational patterns
  - Parents' relationship, affection in home
  - School friends, peers, bullying exclusion
- Ask about dreams
- Preface to each area of delicate question: "I'm going to ask you some questions about… because…"

KEY ELEMENTS OF PSYCHODYNAMIC ASSESSMENT

- Hard to detect attachment styles in initial interview.
  - Secure
  - Avoidant
  - Angry/Ambivalent
  - Preoccupied
  - Disorganized
- Pointless to ask about them.

Should I answer this question?

- Would you answer this to a stranger at a cocktail party?
- Do you see any potential for important information by not answering?
- Do you use the technique of not answering questions?
- Is this something you don't want other people to know? (your own **privacy needs**)

- Dr. Klafter, are you married?
- Do you have children?
- Are you a Trump supporter?
- Are you gay or straight?
- Where did you grow up?
- How much money do you earn a year?
- What made you want to become a psychiatrist?
- How old were you when you lost your virginity?

EXAMPLES OF REAL PERSONAL QUESTIONS I'VE BEEN ASKED IN THE FIRST MEETING

- Just curious? Friendly?
- Worried the psychiatrist will not understand or will be judgmental?
- Prior experiences with bad psychiatrist?
- Looking for vulnerabilities in the psychiatrist?
- Not comfortable being in the vulnerable role or receiving help for emotional problems. (i.e., boundary issues)

WHY IS THE PERSON ASKING THIS QUESTION?

- **Bad answer:** "Why are you asking me that?"
- Better: "I don't mind answering that question, because this issue sounds important to you. But can you tell me more about why you want to know this information about me?"
- "I prefer to keep my political views private."
- **Weird:** "Do you imagine I'm married?"

HOW TO RESPOND TO PERSONAL QUESTIONS

- You can introduce technique of not answering questions later.
- It's strange/unfriendly to not to answer questions if you don't explain why.
- Depending on how you don't answer, it may make patients feel their curiosity about you in inappropriate.
- This issue has been overblown in the history of psychoanalysis.
- Leston Havens: "When in doubt, be human."

ANSWERING PERSONAL QUESTIONS

1. Are these symptoms/problems due to an avoidance of intolerable emotions and feelings.
2. What is the intolerable feeling state or emotion that is being avoided.
3. How problems is this avoidance causing.
4. Are there experiences/relationships from the past that the patient is still reacting to in his/her mind?

Paul is a 29 year old male who complains of "anxiety." He had worked for a law firm in another city, but his contract was not renewed. He moved back home and is living with his parents. He is certain that the reason he was not renewed is that a colleague has spread a malicious rumor about him. He cites numerous reasons that various law firms locally are not likely to hire him. He does not want to date before he has a job and his own place to live. He avoids reciprocating when friends reach out to him.

FORMULATION – CLINICAL EXAMPLE - PAUL

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Symptom → problems it causes	Emotions being avoided	Deeper dynamics
Not working → lack of income, can't live alone, career on hold	Shame, embarrassment of gap on resumé	Narcissistic vulnerability, impaired self esteem regulation
Not dating → loneliness, vicious cycle of feeling more inadequate	Feels undesirable and inadequate as a man,	Oedipal shame (inadequate sense of manhood)
Avoiding Friends → loneliness, losing friends who feel snubbed	Shame, embarrassment	Dysfunctional relationship pattern – doesn't realize impact on others
Blames others for his not having a job → sounds arrogant, doesn't look at what he can do to improve things	Anger, hostility, shame	Grandiosity, avoids important aspects of reality to protect his self esteem

FORMULATION – CLINICAL EXAMPLE – PAUL, CONT'D

Pamela is a married, 40 year old photographer. She is going through a "mid life crisis on all fronts." She is getting angry again at her abusive father, who she thought she had reconciled with. She and her husband have not had sex in over a year. Her business partner, a male photographer, has just professed his love for her and has attempted to initiate an affair. Last week, she caught her teenage daughter chatting online with an older man about sex, and she slapped her in the face. Then she apologized immediately and contemplated suicide.

FORMULATION – CLINICAL EXAMPLE - PAMELA

Further interviewing reveals that there is a long pattern of male friends who fall in love with her. She is physically beautiful and some of her statements to the therapist feel flirtatious. She uses profane language, makes hostile remarks about people who disagree with her political views. She describes her husband as extremely passive, unflappable, "someone who never would hurt a flea," and states that she chose him because he was "the opposite of my dad." She describes father's current behavior toward, and it is clear that his behavior is still abusive toward her and her children.

FORMULATION – CLINICAL EXAMPLE – PAMELA (CONT'D)

KLAFTER - PSYCHODYNAMIC TECHNIQUES FOR ADVANCED THERAPISTS PART 1

Symptom	Emotions being avoided	Deeper dynamics
Not seeing father's abusiveness clearly	Threat to her safety, anger/hatred toward her father, whom she loves	Animalistic and survival urges, discomfort with aggression and hostility
Flirtatiousness, unaware she is provoking sexual interest from men she does not want to be in a relationship with	Shame over her sexual desire and her neediness for attractiveness	shame over sexuality, sex itself may feel traumatic and scary
Deadness in relationship	Fear/danger in men who are more assertive and aggressive	Excitement with dangerous men feels incestuous
Suicidal thinking	Hostility/rage toward her daughter	Daughter is inviting abuse, terrifies her, projects anger at herself onto dtr

FORMULATION – CLINICAL EXAMPLE – PAUL CONT'D