Practical Advice When Starting Your Psychodynamic Psychotherapy Case

When you're in the month or two leading up to starting the therapy - i.e. looking for a suitable patient:

1) Read the college information about the PWC on this page.
2) Read the PWC Regulations from the front page of our website here.
3) Get and fully read the relatively short, practical text 'Long-Term Psychodynamic Psychotherapy: A Basic Text' by Glen Gabbard – no. 10 on our recommended texts list. Might not be reimbursed by NRA as was not on the initial reimbursement list, but I'd try to get it reimbursed for you, or else used copies are about US$50-60 on Amazon. Also, we should have 1 copy at the Training Centre that can be borrowed via Rosalynn, or ask other registrars and see if you can borrow it.
4) Read the theory chapter that Rutger de Ridder has provided for the upcoming psychodynamic psychotherapy 2nd year teaching course - it's in the 2nd year FEC teaching dropbox here (use any browser other than IE to access dropbox). This will help you to be clearer about what underlying theoretical model you're going to use in your therapy with the patient. (Can use max. 2 models - e.g. esp. for middle-aged and older patients, also using Erikson's life stages is useful – a reference on this is also in the 2nd year FEC teaching dropbox)
5) Let likely colleagues and teams (in DHBs near where you're working) know that you're looking for a patient. e.g. CMHCs and Liaison teams. Email the registrars and consultants there.

When you've arranged a patient and are ready for the assessment sessions:

1) You'll usually need 2-3 sessions to complete a full psychotherapy assessment. You need to do this even if the patient's already had a psychiatric assessment done in the DHB service.
2) In the first of these sessions, explain to the patient that this is an assessment for therapy, and that you won't be able to make a decision about offering them therapy until you discuss their case with your supervisor. Take some time during the assessment to check what the patient understands about psychodynamic psychotherapy, and provide them with any necessary information about it. Also explain that you're a trainee, that you will have regular supervision, and about confidentiality. The assessment phase is also when they get to decide if they want to engage in therapy.
3) Remember to assess the patient's suitability for this type of therapy – their psychological-mindedness - their ability to work with psychological concepts and to see that what happened in their past might affect their coping now. Try one or two simple "trial interpretations" with them, seeing if they can make that kind of link. Assess their abstract vs concrete thinking, their usual defences/coping methods and the risks.
4) I will often assist you to find a patient. If you find a patient from elsewhere (like within your own team or a local referral) then please email me and let me know.
5) It's better to start with a supervisor arranged at the very beginning so you can run the referral details past them to check the case is suitable *at all* – but failing that, run the details past Felicity for a check, while she helps you locate a supervisor. You **do** need a potential supervisor lined up to present the case to, before you agree to take the patient on and start therapy.

6) Locating a supervisor. You'll need to contact me to arrange a supervisor as soon as you locate a patient, as we don't have many on our within-DHB list, and all of them are occupied with a trainee at present (Feb 2018). I can arrange a private practice supervisor, however.
How this works:
   - The private practice supervisors I have available are mostly experienced clinical psychologists. I have briefed them about the college requirements.
   - The standard fee for the hour of supervision is $150/hour (NRA agreed to this in the past) so it means you have your weekly supervision, pay on the spot (e.g. by cheque), and get a tax receipt from the supervisor which you immediately send to NRA with a reimbursement claim form. (http://www.aucklanddoctors.co.nz/media/756/rmo_reimbursement_claim_form1.pdf)
7) You need to figure out how you'll record sessions. Most people make pen and paper notes. If you plan to audio-record sessions routinely you'll need the patient's written consent, and you'll need to transcribe each session before having supervision. **Do not** assume that your memory is fine and you'll remember it all and jot your notes down after a session. Your unconscious will cause you to *not remember key issues* that make you anxious or conflicted, like counter-transference reactions. Make notes at the time, during sessions. Making notes also shuts you up a bit, which is a good thing, early in therapy. You and the patient need to get more comfortable with each other before you try making interpretations.

When you finish the assessment and are ready to discuss the patient with your supervisor:

(You basically need to have rough-drafted the initial part of your case history by now. That's all the following parts – as you'll need to discuss them in supervision before starting the therapy). It needs to be noted down well enough so that the necessary information's all there and you can use it to verbally present the patient to your supervisor, and discuss the case.)

1) Assessment
- A thorough, comprehensive and detailed psychiatric history in the standard format including discussion of the referral, history of presenting complaint, past psychiatric history and medications (i.e. all the usual headings including personality, family history, addictions and forensic history, etc.)
- Detailed personal and developmental history in order to substantiate your psychological formulation and management plan.
- A thorough and comprehensive mental state examination, individually tailored. The emphasis should be upon those aspects that are meaningful to the process of psychotherapy while giving a level of detail in other areas of mental status appropriate to the circumstances. For this college assessment, it needs to be comprehensive and sophisticated. Don't forget insight and judgement - and insight must include psychological insight.
- The medical history/physical health of the person must be covered (actual physical examination's likely to have been done by another doctor, like the GP)
- Think about the issues around the collection of any further information like physical investigations, and think about any gaps in your information and how to fill these. Is collateral needed?

- The initial formulation should demonstrate your understanding of why this person presented with *this* illness at *this* time, and needs to be integrated, not just a summary. Include any significant organic factors or illnesses. You need to formulate the case with reference to a psychodynamic theoretical model, and the formulation needs to be reasonably detailed.
- Give your preferred diagnosis and all differential diagnoses using the DSM - note the college requires that DSM-V be used.
- A risk assessment - cover the immediate and long-term risks to self or others as appropriate, and also think about the possible risks of therapy, for this patient.

2) *Management plan*
   - The management plan has to clearly follow from the formulation and to consider all of the relevant biological, psychological, social, spiritual and cultural issues.
   - Be clear about liaising with the other health professionals involved, for example any case managers or medication prescribers. Might be the GP, a keyworker in a DHB team, or there might only be a responsible psychiatrist in the background on the DHB team where the patient has a case file. Might the local crisis team need to be involved - what's your safety net to manage crises with the patient? GP/physician liaison is esp. important when there are significant organic factors or illness.
   - Justification of the psychological therapeutic model used. When you finalise the PWC write-up you'll need to include a discussion here of the way in which therapy was negotiated with the patient, other modalities that were considered (CBT, ACT, IPT, etc.) and the reasons for their rejection, potential risks of therapy, the patient's goals and expectations (and your own). Also think about and discuss in supervision any limitations of the theoretical model used and the suitability of this type of therapy for the patient. Make sure to cover an assessment of the patient's suitability for this type of therapy in the assessment sessions, and at this stage also consider their ego strengths, ability to develop a therapeutic relationship, motivation, reliability and whether they're likely to stay the course for 40 sessions. Write down the pros and cons of therapy, *especially* if there are any cons or risks.
   - Think about potential difficulties with the therapeutic alliance and any barriers to therapy, including potential problems that might crop up during therapy. How would you manage these? (resistance, transference issues, acting out, dropping out early, resuming substance abuse, worsening depression, etc. etc.)

So you discuss and present all of the above with your psychotherapy supervisor, decide whether or not to offer the patient therapy, and finalise your management plan (as far as you can predict it).

When you finish the assessment and start the therapy with your patient:

1) You need to sort out the logistical details - day/time for sessions, venue for sessions, arrangements if either of you can't make it, contact details, crisis team emergency contact numbers, etc.
2) Get the official college PWC consent form signed by the patient before therapy starts. Keep it safe - it needs to be sent in with the case.

3) Also liaise with the other health professionals involved - it's usual to put a brief summary of the assessment (not all of the details) in the DHB file, and to set out the management plan succinctly. Then you make occasional brief progress notes in the file. The details of your therapy sessions you keep separately. They must be in a locked cupboard/file cabinet, or on a password-protected computer. At the end of therapy you do a wrap-up file note and write to the GP/referrer briefly, setting out the progress of therapy and follow-up arrangements.
4) Note the regulations - every patient seen must have a DHB (or private psychiatrist practice) file open and a responsible psychiatrist of record (even if you're actually the main person following up the patient). Contact me if this is difficult to arrange.
5) Soon after your big initial Presentation/Formulation/Decision-about-therapy supervision session, you'll need to do the initial Psychotherapy Case Discussion, recorded on the 'Psychotherapy Case Discussion Form' from the PWC page of the college website. See the form and the protocol about this. Two more are needed later - mid-therapy and in the termination phase.

All of the above is just to help with you getting started and off on the right foot. As above, **read the regulations** regarding the rest that's expected in the PWC write-up, and the rest that's required in the body of therapy itself, like the other two Psychotherapy Case Discussions.

It's **strongly recommended** that every 10 sessions you write a brief summary of the therapy's progress, and of the issues and main themes arising, plus any things like defences noticed and transference/countertransference emerging. This makes the final Case write-up *infinitely* easier!

Make notes about discussions in supervision which helped you to understand your own reactions and feelings, and what was going on in the therapy. You'll need to incorporate that type of detail in the finalised Case.

Email me if you have any other queries.

– cheers, Felicity