

Psychodynamic Supportive  
Psychotherapy

Something old, something new, something completely  
out of the blue

John Battaglia, MD

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History of Psychotherapy

"Talking cure"

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Freud and Psychoanalysis

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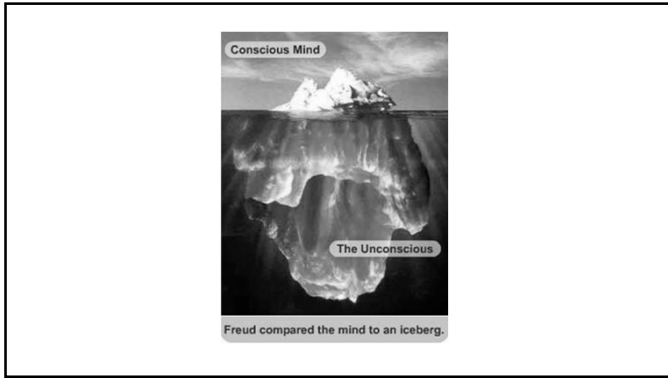
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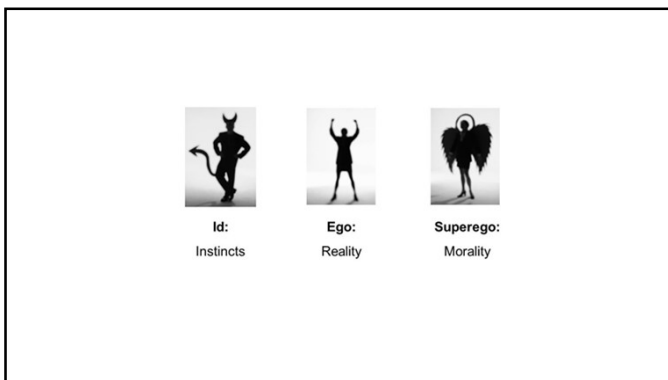
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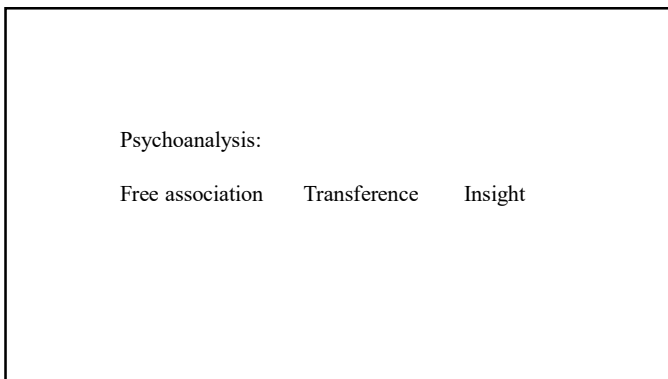
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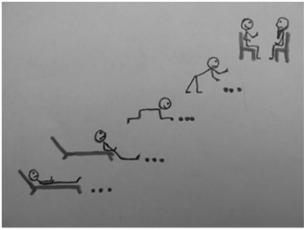
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Evolution of Supportive Psychotherapy



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**Franz Alexander**  
Flexibility of the Therapist  
Address "real life" problems  
Regulating the transference  
Direct interviews  
Process (comfort) vs Insight

The Corrective Emotional Experience

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Supportive Psychotherapy: Efficacy

- Schizophrenia
- Bipolar Disorder/Depression
- PTSD
- Anxiety Disorders
- Personality Disorders
- Substance abuse/alcoholism
- Medical: breast cancer, back pain, ovarian cancer, diabetes, leukemia, heart disease, chronic bronchitis, emphysema, inflammatory bowel disease, and for hemodialysis patients

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David Werman:  
The Practice of Supportive Psychotherapy (1984)

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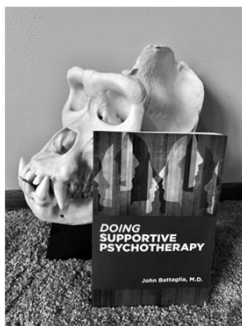
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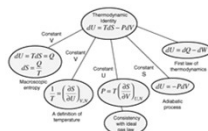
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Freud: Psychodynamics



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Freud: Defense Mechanisms

|              |                    |                     |
|--------------|--------------------|---------------------|
| Denial       | Reaction Formation | Intellectualization |
| Splitting    | Introjection       | Rationalization     |
| Projection   | Conversion         | Sublimation         |
| Regression   | Displacement       | Fantasy             |
| Acting-out   | Idealization       | Humor               |
| Dissociation |                    |                     |

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Repetition Compulsion

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Psychodynamic Formulation: Case Study

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Alicia is a 27-year-old Alaska Native American woman, married, with two small children. She is a high school graduate and enrolled in college full time to study criminal justice. She suffers from chronic pain (various places but mostly pelvic) and mood swings. She has been kicked out of the mental health clinic because of angry, demanding, intrusive behavior. She has filed a complaint against the mental health clinic for discharging her unfairly. She is also awaiting surgery for her chronic pelvic pain; however, the gynecologic clinic has declined the surgery due to the patient's labile and chronically argumentative behavior

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Psychodynamic Formulation:

- What kind of assumptions are you making about Alicia?
- How has being an Alaskan Native woman living in larger city influenced her development?
- What psychiatric diagnoses are you considering for Alicia?
- What about her intelligence and motivation?

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A new psychiatrist joins the clinic and agrees to begin working with Alicia as a "fresh start". She is argumentative and pushy in the first session and has demands for things he should do to help her (for example, help to get her surgery approved). She expresses her perception that he will likely be ineffective, and "lumps" him in with others in a position of power and authority who have failed to help her in the past. The psychiatrist weathers the insults without engaging in argument and manages to learn a little about her childhood.

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Psychodynamic Formulation:

- What patterns are in Alicia’s behavior?
- What might be some reasons for her patterns of behavior?
- What do you imagine her childhood was like?
- What are some defense mechanisms that might be linked with her interpersonal problems?

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She is the older of two girls by one year, their father left when she was a young child. Her mother was an alcoholic and often intoxicated to the point of being unable to care for her children. When Alicia was little she often cared for her younger sister, including taking care of her meals, clothing, and school needs. She was capable and confident, even at a young age. She was a smart, rambunctious student in high school and often partied, stating, “*I’m smart and didn’t need to study much*”. She sees herself as a person who knows what she wants, and that others frequently let her down, especially through incompetence. She admits she is sometimes “*flighty*” and “*talks too much*”. She has pressured speech, flight of ideas, poor concentration and reports severe insomnia. Her history is concordant with a diagnosis of bipolar disorder. She does not trust medication or doctors, and does not agree to take psychiatric medication.

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Psychodynamic Formulation:

- What are some of her strengths?
- What vulnerabilities might be associated with her “strengths”?
- What is the nature of her relationships with others?
- What do you imagine about her intimacy?

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The psychiatrist and Alicia meet weekly for supportive psychotherapy. Although she often has a fighting demeanor with him, he is able to soothe her enough to form a therapeutic alliance. He acknowledges her pain and the "unfairness" of her situation with the gynecologic clinic. She begins to see him as an ally in her fight against the unfairness of life. Their sessions become more collaborative and he is able to guide her to look at herself in limited fashion. She is able to admit, "*I have a hard time asking for anything*" during one of the sessions, and they are able to talk about how uncomfortable it is to feel needy

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She is unable to look at the hurt of her childhood abandonment and minimizes the effect it had on her, stating, "*you just get over it*". She also discusses that she "*doesn't like to lose*" and that often life seems like one big battlefield in which she is stuck in the middle. She has a difficult time feeling pity or empathy, especially for herself. Because Alicia has a good therapeutic alliance with her psychiatrist she eventually agrees to take psychiatric medication and her mood stabilizes considerably. With the help of her psychiatrist she is eventually referred to the pain clinic and is able to achieve a moderate amount of improvement of her chronic pelvic pain without the need for surgery.

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### Psychodynamic Formulation:

- How did the psychodynamic formulation affect the outcome of this case?

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Therapeutic Alliance:  
The working relationship between therapist and patient

Empathy

Flexibility

Nurturance

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The story of Queen Victoria

Battaglia, J, Wolff, TK, Wagner-Johnson, DS, Rush AJ, Carmody TJ, Basco MR. Structured diagnostic assessment and depot fluphenazine treatment of multiple suicide attempters in the emergency department. Int Clin Psychopharmacol. 1999 Nov; 14 (6): 361-72.

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Behavior of the Therapist

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Behavior of the therapist:

- Be yourself!
- "Friendly" not "friends"
- Time spent in positive therapeutic alliance = "money in the bank"
- Turbulence in therapeutic alliance = opportunity for corrective emotional experience

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Behavior of the therapist: Taking care of the patient

- How well do they handle strong emotions?
- Do they compensate well after intense sessions?
- Do they tend to "act-out"?
- What is their history of coping?
- Do they have healthy ways to cope?
- Do they abuse substances to cope?
- Do they have tendencies to harm self or others when distressed?

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Behavior of the therapist:

- How much to "open up" vs how much to "cover up"?
- Methods to "cover up" and coping skills
- Methods to "open up"
- Pacing!
- The "nudge"
- Therapist as ringmaster

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### Behavior of the therapist: boundary maintenance

- Time of session (extended sessions, "door knob" issues)
- Intoxicated patients
- Threatening patients (physical, verbal, sexual)
- Personal questions
- Boundaries of the relationship

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### Behavior of the therapist: Therapist disclosure

- Therapist disclosure:
  - Is the patient seeking the information, or is it therapist driven?
  - Is giving the information for the benefit of patient or therapist?
- Simple disclosure: training experience, degrees, expertise
- Moderate disclosure: spirituality, marital status, children
- Intimate disclosure: sexuality, prior mental illness, trauma

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### Behavior of the therapist: Relationship boundaries

- Overlapping roles: no personal gain, financial or sexual relationship should exist outside of the therapy.
- Friendship?
- Romantic relationship - never

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### Behavior of the therapist: therapist health

- Mental health of therapist correlated with therapy effectiveness
- Techniques during work day and when "on-call"
- Compassion fatigue
- Physical and emotional well-being
- OSHA standards for therapists
- **Supervision !!!**
- Psychotherapy (self-discovery)
- Humor



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