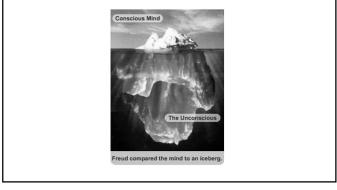
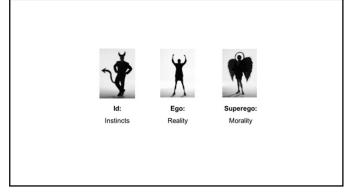
Psychodynamic Supportive	
Psychotherapy	
Something old, something new, something completely out of the blue	
John Battaglia, MD	
Joini Battagna, MD	
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History of Psychotherapy	
"Talking cure"	_
	_
2	
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Freud and Psychoanalysis	
3	





5

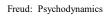
Psychoanalysis:

Free association Transference Insight

Evolution of Supportive Psychotherapy	
Evolution of Supportive Esychotherupy	
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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	
3	
Supportive Psychotherapy: Efficacy	
Schizophrenia     Bipolar Disorder/Depression	
<ul><li>PTSD</li><li>Anxiety Disorders</li><li>Personality Disorders</li></ul>	
Substance abuse/alcoholism	
<ul> <li>Medical: breast cancer, back pain, ovarian cancer, diabetes, leukemia, heart disease, chronic bronchitis, emphysema, inflammatory bowel disease, and for hemodialysis patients</li> </ul>	

10	•	
The Fractice of Supportive Especialiticiapy (1504)		
David Werman: The Practice of Supportive Psychotherapy (1984)	•	







Freud: Defense Mechanisms	
Denial Reaction Formation Intellectualization Splitting Introjection Rationalization Projection Conversion Sublimation	
rrojection Conversion Subinimation Regression Displacement Fantasy Acting-out Idealization Humor	
Dissociation	
13	
Repetition Compulsion	
Repetition compaision	
14	
Psychodynamic Formulation: Case Study	
15	

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	
16	
Г	¬
Psychodynamic Formulation:	
What kind of assumptions are you making about Alicia?	
<ul> <li>How has being an Alaskan Native woman living in larger city influenced her development?</li> </ul>	
<ul> <li>What psychiatric diagnoses are you considering for Alicia?</li> <li>What about her intelligence and motivation?</li> </ul>	
L	
1,	
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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.	
1	

Psychodynamic Formulatio	n:	
<ul><li>What patterns are in Alicia's behavior?</li><li>What might be some reasons for her pat</li></ul>	tterns of hehavior?	-
What do you imagine her childhood was	s like?	
<ul> <li>What are some defense mechanisms the interpersonal problems?</li> </ul>	at might be linked with her	
.9		
She is the older of two girls by one year, was a young child. Her mother was an al	lcoholic and often	
intoxicated to the point of being unable to When Alicia was little she often cared for	r her younger sister,	
including taking care of her meals, clothing was capable and confident, even at a your rambunctious student in high school and	ng age. She was a smart,	
smart and didn't need to study much". S who knows what she wants, and that othe	She sees herself as a person	
especially through incompetence. She ad "flighty" and "talks too much". She has p	dmits she is sometimes pressured speech, flight of	
ideas, poor concentration and reports seve is concordant with a diagnosis of bipolar trust medication or doctors, and does not	disorder. She does not	
medication.	agree to take psychiatric	
		-
20		
Dayahadunamia Farmulatio	un.	
Psychodynamic Formulatio	'II.	
<ul><li>What are some of her strengths?</li><li>What vulnerabilities might be associated</li></ul>	d with her "strengths"?	
What is the nature of her relationships v	with others?	
What do you imagine about her intimacy	y?	

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 psychiatrist emdication 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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sile to general the uniforms of the. Their seconds theorem resonant of fashion. She is allot to admit. "I have a how the man and the second fashion. She is allot to admit." I have a how the second fashion is a second fashion of the second fas	him, he is able to soothe her enough to form a therapeutic alliance.	
Fight against the unfairness of life. Their escalation become more confidences and for a fine globe for a look at a stable to look at the later of her childhood abundonment and anything" during east of the sensions, and they are able to talk about how uncomfortable it is to feel needly.  She is usuable to look at the later of her childhood abundonment and minimizes the effect if had to lone, stating: "you get a get one of the sensions with the stable of the st	He acknowledges her pain and the "unfairness" of her situation with the gynecologic clinic. She begins to see him as an ally in her	
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The story of Queen Victoria  Battagris J. Wolff. TK. Waper-Admisson. DK. Bath AJ. Cannody TJ. Baloo Mr. Snovitured diagnosis: assessment and depoi Haphensane treatment of miliple suicide attempties in the emergency department. Int Clin Psychopharmacol. 1999 Nov; 14 (6): 361-72.  Behavior of the Therapist	Therapeutic Alliance: The working relationship between therapist and patient  Empathy  Flexibility	
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	26	
	Behavior of the Therapist	

Behavior of the therapist:	
• Be yourself!	
<ul> <li>"Friendly" not "friends"</li> <li>Time spent in positive therapeutic alliance = "money in the bank"</li> </ul>	
Turbulence in therapeutic alliance = opportunity for corrective	
emotional experience	
28	
Behavior of the therapist: Taking care of the patient	
How well do they handle strong emotions?	
<ul> <li>Do they compensate well after intense sessions?</li> <li>Do they tend to "act-out"?</li> </ul>	
What is their history of coping?      De thou have healthy ways to cope?	
<ul><li>Do they have healthy ways to cope?</li><li>Do they abuse substances to cope?</li></ul>	
Do they have tendencies to harm self or others when distressed?	
29	
	1
Behavior of the therapist:	
How much to "open up" vs how much to "cover up"?	
<ul> <li>Methods to "cover up" and coping skills</li> </ul>	
Methods to "open up"     Pacing!	
• The "nudge"	
Therapist as ringmaster	

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	
31	
Behavior of the therapist: Therapist disclosure	
• Therapist disclosure:	
<ul> <li>Is the patient seeking the information, or is it therapist driven?</li> <li>Is giving the information for the benefit of patient or therapist?</li> </ul>	
Simple disclosure: training experience, degrees, expertise	
Moderate disclosure: spirituality, marital status, children     Intimate disclosure: sexuality, prior mental illness, trauma	
32	
Behavior of the therapist: Relationship boundaries	
Overlapping roles: no personal gain, financial or sexual relationship should exist outside of the therapy.	
• Friendship?	
• Romantic relationship - <u>never</u>	

## Behavior of the therapist: therapist health

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

