GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY

THE PSYCHODYNAMIC INTERVIEW

Fall/Spring 2010-11

James Walkup
Room A359 (GSAPP office)
Cell: 212/518-3091
New York: 212/724-8362
Walkup@rci.rutgers.edu
Jaywalks@aol.com

Classroom:

I. Introduction: Course Objectives

This course introduces the student to the theory and practice of the psychodynamic interview. The student is intended to acquire: (a) a basic psychodynamic understanding of psychopathology, symptoms, and character - including the relations between these concepts and the treatment process; (b) a beginner’s ability to elicit and classify diagnostically relevant clinical material, understood from the perspective of the DSM IV; (c) an ability to prepare well-written and informative clinical reports, written according to accepted professional standards; and (d) the fundamental skills and personal capacities needed to talk with troubled persons and persons suffering from mental and emotional disorder about their experiences.

II. Specific Learning Goals

After taking this course, the student will...

...be able to appreciate the relevance of his/her own contribution to the conduct of a diagnostic interview

...know the phases of a standard psychiatric interview

...appreciate how the questions and concerns of a patient can best be used to structure an interview.

...know how to identify efficient ways of spotting clinical problems in an interview.

...know how and when to modify standard techniques.

...be aware of some commonly encountered problems.

...be aware of some commonly accepted techniques for assessing risk of violence to self or others

...know the place of the mental status exam in interviewing.

...know the meaning and referent of important technical terms in psychiatry and psychodynamic clinical work.

...have practice using clinical material to prepare a psychodynamic formulation.

...have an introductory knowledge regarding the clinical psychodynamic perspective on a small number of disorders.
...have practice conducting an interview.

...have practice giving and receiving feedback on clinical technique.

III. Requirements/grading

I intend your grade to reflect your grasp of the essential subject matter, the quality of your written work, and the level of skill and understanding reflected in your participation. Every effort will be made to provide explicit standards and continuous feedback.

Your final grade will be based on: participation in class (including notebook and any exercises) (30%); conduct of one videotaped interview (20%), plus a write up based on the interview (25%); and additional write up based on an interview by Dr. Messer (25%).

a. Class participation

Class participation requires preparation prior to class and thoughtful attention during class. In class, you should pay attention to the work of your colleagues, asking yourself what their clinical work and comments have to offer you. For exchanges like these to foster learning, an atmosphere of honesty, support, and civility must be present. All class participation is expected to be consistent with this atmosphere.

As part of your class participation, you should keep a log or intellectual diary. In the past people have used a spiral notebook but I will work out some kind of sakai option. Record in it thoughts and reflections on the material you are learning. Just how you do that is up to you. You may want to apply dynamic concepts to the phenomena you encounter; comment on material in interviews; consider your own reactions to participation, skill development, frustrations; puzzle over uncertain or problematic concepts. This exercise is intended to cause you to spend out of class time chewing over the material and will provide me with an early warning system to spend additional time on problematic concepts, either in class or in individual meetings. In the past, students have also used it as an opportunity to establish a written, out of class dialogue with me regarding aspects of the material they find interesting or difficult but for one reason or another doesn’t get discussed in class.

Each year, I work with the class on the organization of the material for the latter portion of the class. I assign topics and readings, and typically ask for presentations on assigned topics (depressive, hysterical, etc.). However, I am quite aware that students often vary quite a bit in their background and preparation for psychodynamic learning, and am open to tailoring topics. For example, in the past, other presentations have focused on interview challenges posed by diversity, and particularly work with foreign-born and recently immigrated clients.

Grading: Your class participation will be evaluated for its grasp of fundamentals, its creative use of in-class material and readings to formulate ideas or questions, the evidence it gives that you have read and thought about the assignments, and you conduct as a overall good citizen of our group (being open, helping others, keeping a focus on positive learning, etc.) Quality of participation is of course more important than quantity and improvement over the term is as important as the absolute level reached. (If you are concerned about your participation, and want to raise questions with me out of class, I am glad to discuss it.)

b. Interview/Write Up

You will interview a person who has requested services in the clinic. Please be certain all arrangements are in place. Managing bureaucratic hassles, like managing clinical resistance, is part of the job. You must not respond passively when you encounter a hurdle. If there is something you do not understand or don’t know how to do, part of the assignment is getting the help you need. When you report a problem, you should be ready to describe what steps you have taken to overcome it, and what you will do next (if needed).

You are now beginning your professional contact with people in need: take it seriously by taking
responsibility for arrangements. (For example, returning calls to a client often cannot be catch-as-catch can. If evening calls go unanswered, you must try afternoon or morning calls. Phone tag happens, I know, but you should keep your contribution to it to a minimum). Part of developing an appropriate clinical identity is to become someone who places clinical obligations in a different class than other obligations. Also, if you do not tape an interview, we have no tape to discuss and I have no tape to evaluate.

Conduct of the interview will be expected to reflect principles and skills drawn from your reading, from the demonstration interview, and from class discussion. Obviously, early interviewers do not have the advantage of having watched and discussed interviews by other class members - and this will be taken into account.

Grading: Interviews will be graded based on their conformity to the principles discussed in class. Reports will be graded as described below.

c. Reports

Reports are intended to provide supervised practice for the preparation of professional clinical write-ups. In your professional work, reports are a chief source of communication, a part of the clinical/legal record, and a foundation for the provision of subsequent therapies.

Errors, confusion, vagueness all have serious consequences. Therefore it is important to take advantage of the opportunity for help provided by videotaping and class discussion, so you can clarify things for yourself. In addition, however, you must convey what you have learned. Clear expression counts; it's not just a nice 'extra.' Part of the work of the course is to improve your ability to capture complex clinical phenomena in straightforward language. The university provides assistance if you need help with your writing. Therefore, I will make myself available to read drafts, comment, and meet individually to work on your writing, so that the product you turn in for a grade will be excellent.

Grading: Your report grade will be based on overall formulation, content, organization, and expression. These are operationalized as follows. Overall formulation includes: fit between clinical material and hypotheses, correct use of dynamic concepts, absence of unwarranted or wild speculation. Content includes: accuracy, focus on essentials, completeness. Organization includes: appropriate and flexible use of format; logical sequencing of material; absence of rambling, disconnected material; correct foregrounding of key material. Expression includes: conventional guidelines (grammar, spelling, punctuation), limited use of jargon and/or technical terms, easy to follow sentences.

d. Exercises

To go along with the classwork, I will from time to time give you exercises intended to assess mastery of readings, sharpen the quality of the thinking and expression of your reports, help you with concepts covered in reading and/or class discussion, and give you practice apply clinical techniques. Don't worry about a grade. All that is required is an honest effort: everyone who participates, and does so in a timely way, will receive full credit.

4. Diversity, culture, and multi-culturalism

While you will take courses specifically focused on diversity-related issues, consideration of this aspect of clinical work (and of human relations more generally) is a part of every course, to some degree. Certainly the challenge posed by the intimate human encounter of psychotherapy puts one's conscious and unconscious cultural assumptions into play in ways that can affect the quality of clinical work. Uncommon sensitivity, openness, and willingness to learn and grow are important assets.

You will be exposed to the DSM IV approach to culture, psychopathology, and the cultural formulation in the adult psychopathology course. In this course, we have the opportunity to explore these dimensions in the context of the richness of the clinical encounter. You will find that the course approaches multi-cultural considerations with a range of strategies. They will be addressed, and discussed in the presentation of lecture material on interview procedures and techniques. Most rewarding in the past has been the opportunity posed by concrete interviews to discuss how culture and individual characteristics are connected to one another. When you are assigned a client, you
should consider, and discuss with me, appropriate supplementary readings that may assist in your work and class presentation.

Although you will focus more sustained attention on the broad professional implications of this topic in your professional development course, you should be certain to familiarize yourself with our professional guidelines on the topic.


4. Major texts

Required:


Strongly recommended:

McWilliams, N. (1999) PSYCHOANALYTIC CASE FORMULATION. Guilford. [NM] Can’t be beat.

Optional:


Kernberg, O. (1984). SEVERE PERSONALITY DISORDERS. New Haven, Cn.: Yale. I only required two chapters, which I will make available, but the whole book is good, and is now in paperback.

Please Note

This course is not primarily a reading course. Required readings are relatively limited because I expect you to spend lots of out of class time thinking through interview material, watching and re-watching interview videos, sweating the details of the formulations, collaborating with partners in any joint work. Given the course goals, our use of class time to discuss readings is selective, not comprehensive. Don’t let this fool you. All required readings are intended to provide a useful foundation for class. However, I sometimes distinguish readings that may be straightforward and informational, or more scholarly, and not so as amenable to discussion, by labeling them “Background”. But labels are only a rough division. We may sometimes discuss background readings. And, not uncommonly, “discussion” readings will not be discussed. For those of you who want or need to do more reading, I also label some optional readings as “resource readings”.

Readings vary in their intrinsic importance. Many of you are familiar with some - perhaps most - of the texts. If so, then you can just review. Even when you are reading material for the first time, your focus ought to be on clinically useful ideas, related to interviewing. Many concepts will be encountered again and again in courses specifically devoted to psychopathology and/or psychodynamic theory. You can't possibly have them down cold after this course, so I urge you to tolerate the slow pace of learning complex, abstract material.

Some of you have lots of clinical experience. Others have none. All of you are very busy. Therefore, I am asking you to take some responsibility in deciding when and whether to read beyond the core assignment. I mention optional readings. If you are having trouble, use the extra reading liberally, and talk to me. If you are doing well without extra reading, you can save it for summer vacation.

The class does presuppose basic knowledge of psychodynamic theory. This year, most or all of you will have been exposed to this material by a premier analyst, Nancy McWilliams, but the plain truth is that some of the
concepts are rather abstract, internally complex, and, alas, shifting in meaning from one author to another. **If you don’t feel you have them down, you should begin immediately to remediate** because if you wait too long, the class discussion and comments on the videotapes may quickly start to seem confusing. If your self-assessment is that you feel weak in psychodynamic theory, then you really must catch up - and, once again, **come to me**. (Nobody is born knowing this stuff. It's no disgrace to find it hard. But catching up will take extra time and extra work, so don't leave yourself floundering for too long.)

Student feedback has made clear that the chief and most effective learning tool of the class is observation and discussion of videotapes. I have reorganized the class to put these on center stage.

5. Classes

Some time will be devoted to discussion of the assigned reading and to the discussion of questions, but since time is limited, it is important to have thought through the material in advance.

The class is structured for ten class sessions. The core of the class is the observation of a videotaped interview and its discussion. These interviews are the chief learning tool. In addition, I lecture some, and we discuss assigned readings. The material that is officially assigned to the first three or four classes often takes longer than that to cover. If the going is slow and/or the group as a whole seems to need the time, we will take more time. By that point, I will make some decisions regarding tailoring of the second half of the term, considering what might be the best format to use for the in-class time that is not devoted to the tapes. I will base this decision on my assessment of the class's general level of mastery of psychodynamic material, evident in class discussions, as well as individual input in journals or conversations. I will also seek feedback from you on which classroom techniques seem most effective for our group.

We will need to establish dates for student presentations and for the viewing of taped interviews by each student. Let’s do this in class 1 based on your schedules.

**Class 1: Overview & Introduction**


View and discuss Stan’s tape

Required Reading: McKinnon and Michaels, 2nd edition, chapter 1 on general principles of the interview.

Resource Reading: Langs (sakai)

**Class 2: Psychodynamic Foundations**

Psychodynamic formulations. Discussion of reports.

Required Readings: Shapiro Review; Shapiro reading distributed in class; McWilliams (chapters 1 & 2); Schlesinger, chapters 18 and 19.

Required Readings (Background): Shedler, That was then.

Resource readings: Bender, Becoming (parts 1 and 2); Fowler, Clinical Tasks; Luborsky, Principles; Morrison, First Interview; Zuckerman, Clinicians; Sublette, Essential Techniques. (sakai)

**STUDENT INTERVIEW**

**Class 3: Formulation and Report Format**
Review of Psychodynamic Perspectives.

Concepts needed for classifying clinical material.

Required Readings: Messer, Traditional Case Formulation (parts 1-3); Perry, Cooper, Michaels (1987) (sakai)

Resource readings: Bocknek, Ego Self (parts 1 and 2); Pine, 4 Psychologies; Kernberg, Contemporary Controversies; Horowitz, Psychodynamic Formulation and Consensual Response Method; Summers, Psychodynamic Formulation updated; Wolitzky, 2007 (sakai)

STUDENT INTERVIEW

**Class 4: Psychodynamics and Self Regulation**

Required Readings: Shapiro, Dynamics, chapt 1-3; Schlesinger, chapt 1-3; Wachtel

Required (Background): busch, ego.

STUDENT INTERVIEW

**Class 5: The structural interview - 1**

Required Readings: Kernberg, chap 1 & 2; Kernberg, suicidal; McWilliams (1999), chap 3 & 4.

Resource Readings: Kernberg, borderline pt1 and pt 2; Kernberg, Obj Rela and Char Analysis (sakai).

STUDENT INTERVIEW

**Class 6: structural interview (continued)**

*Deadline for Messer demonstration tape write up. If you cannot make this, discuss with me.*

Distinction between Kernberg’s borderline concept and diagnosis of borderline personality disorder.

“Required” Readings: same as last week. Konigsberg, borderline; Kernberg, Yeomans, psychotx borderline;Trimboli (sakai). Note: Konigsberg and Kernberg, Yeomans readings overlap, and aren’t strictly speaking, much concerned with interviewing. However, it may be valuable to browse through them sufficiently to add to your understanding of the structural interview. There are too dense to try to read for detail as a required reading, although of course each might be a resource.

STUDENT INTERVIEW TAPE

**Class 7:**

Required Reading: McKinnon, narcissistic; Cooper, narc.masochism; Gabbard, Transference (sakai)

Resource Reading: Horowitz, Clin Phenomenology; Kernberg, The destruction of time in narc (sakai)

STUDENT INTERVIEW TAPE

**Class 8:**

Required Reading: McKinnon, depressed (sakai).
STUDENT INTERVIEW TAPE

Class 9:

Required Reading: McKinnon, obsess compl

STUDENT INTERVIEW TAPE

Class 10:

Wrap up.

STUDENT INTERVIEW TAPE