

PT14 Derive an analytic/dynamic formulation

OVERVIEW

This standard shows how material for the formulation comes from a range of sources, including questions answered by the client, interpretation of the client's experience and exploration of the transference and countertransference as experienced in sessions. A formulation is dynamic, repeated throughout a therapy, and will develop as therapy progresses. This standard describes therapeutic practice that has been shown to benefit individual adult clients engaged in therapy for healthcare reasons. (See reference in the additional information section on page 4.) To apply this standard, practitioners also need to take account of the multiple problems and complex co-morbidities that individual clients may bring to therapy. Users of this standard will need to ensure that they are receiving supervision and that their practice reflects up to date information and policies. This standard should be understood in the context of the Digest of National Occupational Standards for Psychological Therapies. Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

Formulation

1. widely used models of psychodynamic formulation
2. how formulations are built up from clinical observations
3. the limits to formulation and its potential impact on clinical processes
4. the activities of 'maintaining an analytic focus':
5. exploration of the client's internal, unconscious world of experience

Aims

6. how to engage the client in articulating their aims for therapy
7. how to engage the client in exploring less conscious aims
8. the relationship between the client's resources and vulnerabilities and the likelihood of their being able to achieve their aims

Work in the transference

9. forms of transference
10. how to develop and work in the transference
11. when and how to formulate dominant transference themes from the client's

assessment

- 12.how to make a transference interpretation
- 13.the emotional impact of transference interpretations
- 14.the rationale and features of the analytic setting and stance

Work in the countertransference

- 15.the forms of countertransference
- 16.how to reflect on and consider countertransference
- 17.how to make appropriate use of countertransference
- 18.when and when not to interpret from countertransference

Interpretation

- 19.the aims and work of interpretation
- 20.the collaborative process of interpretation

Working with defences

- 21.pschoanalytic conceptions of the nature, processes and purposes of unconscious defences and how to identify them
- 22.how to gauge the effects and implications of the client's psychological functioning on their personality presentation
- 23.the role of anxiety and defences in rendering some interpretations ineffective or destructive
- 24.how to adopt and maintain an analytic stance

Risk

- 25.the potential for, and mechanisms of, exacerbation of problems for the client in therapy
- 26.causes and triggers of self harm and violence to others
- 27.potential negative effects of the exploration of transference and counter-transference phenomena
- 28.how to balance the risks around the exploration of transference and counter-transference phenomena
- 29.how to use supervision in reducing the risks from the exploration of transference and counter-transference phenomena
- 30.how to assess the client's capacity to engage in the analytic process in the context of assessment of risk
- 31.causes and triggers of withdrawal from therapy

The rationale for an analytic/dynamic approach

- 32.the affective and interpersonal focus of the therapy
- 33.the rationale for an analytic/dynamic approach
- 34.the rationale for closely tracking the therapeutic process
- 35.how to adopt a non directive stance in relation to the client's communications
- 36.how to explore the internal, unconscious world of experience with sensitivity to the client's external reality and value systems
- 37.the importance of maintaining an open mind during therapy
- 38.how an understanding of their unconscious meaning of symptoms leads to the

- alleviation of those symptoms
- 39.the factors indicating suitability of an analytic/dynamic approach
- 40.unsuitability for brief and more intensive analytic/dynamic therapy

Diversity in therapy

- 41.how the characteristics of the client that help to construct identity may be subject to discrimination in therapy
- 42.how to work with the psychodynamics of difference within the therapeutic relationship
- 43.the process of self-reflection by the therapist on their conscious and unconscious assumptions, biases and prejudices
- 44.the effect on personality and development of the experience of difference and external discrimination

Interpersonal and reflective skills

- 45.different interpersonal styles of relating and communicating
- 46.skills of clarification
- 47.skills of confrontation
- 48.the significance of the therapist's own experience of psychotherapy and self-knowledge

Analytic/dynamic model of the mind

- 49.dynamic theories of the nature of mental life
- 50.the different structures of the mind and their contribution to personality development
- 51.the ways in which the client's imaginative life can be a vehicle for understanding their unconscious experience of themselves and others
- 52.analytic/dynamic models and techniques

Developmental theory

- 53.theories of developmental factors that shape the client's experience of themselves and others
- 54.theories of personality organisation
- 55.theories of developmental psychopathology

PERFORMANCE CRITERIA

You must be able to do the following:

- 1.show interest in and acceptance of the client's subjective experience
- 2.identify the client's recurring interpersonal themes through listening and exploring and from the transference and countertransference themes that emerge
- 3.provide a tentative account of the client's subjective experience and how you understand their issues early on in the therapy
- 4.develop hypotheses about the unconscious meaning of the client's presenting material and the significance of your emotional response to the client

- 5.develop hypotheses about the client's defences and resistance
- 6.develop a provisional formulation of the client's difficulties based on:
 - 1.developmental deficits
 - 2.unconscious conflicts
 - 3.recurring interpersonal patterns and expectations of others
 - 4.areas of resilience
 - 5.the client's presentation of their narrative
 - 6.the client's relationship with the therapist in the session
- 7.evaluate the risks and benefits of early interpretations of deeply unconscious material
- 8.identify and act on indicators of imminent risks to the client of harm to themselves or others
- 9.allow the client opportunities to ask questions, explore and clarify their aims for therapy
- 10.communicate understanding that in addition to the stated aims there might be less conscious aims
- 11.reflect to the client your understanding of their resources and vulnerabilities in relation to the stated aims
- 12.enable the client to reflect on their expectations of therapy and what might and might not be achievable
- 13.engage the client in responding to the formulation and elaborating it or revising it
- 14.remain open to the uncertainty and changing nature of dynamic formulations
- 15.revise the formulation in the light of new evidence and/or the client's response to the therapy

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health. This standard is derived from research reported in Lemma A, Roth A D and Pilling S (2009) The competences required to deliver effective Psychoanalytic/ Psychodynamic Therapy. Centre for Outcomes Research & Effectiveness (CORE) University College London. This standard has indicative links with the following dimension within the NHS Knowledge and Skills Framework (October 2004). Dimension: HWB6 Assessment and treatment planning