Acad Psychiatry (2016) 40:182–183
DOI 10.1007/s40596-015-0466-y

COLUMN: LITERARY RESOURCES

Learning Psychodynamic Psychotherapy: A Case for a Casebook

Practicing Psychodynamic Psychotherapy. A Casebook. Edited by Richard F. Summers and Jacques P. Barber; The Guilford Press; New York, New York; 2015; ISBN 978-1-4625-1718-3; pp. 266; $34 (hardcover)

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Received: 21 October 2015 / Accepted: 10 November 2015 / Published online: 8 December 2015
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Learning psychodynamic psychotherapy is a complex process. As the editors of the casebook *Practicing Psychodynamic Psychotherapy*, Drs. Summers and Barber, point out, the learner has to go through consecutive stages of skills acquisition, including novice, competent, and expert levels. They add, "These levels reflect sequential accumulation of skills, knowledge, and their application. Thus, learning psychotherapy skills entails many steps and hours of training to develop the necessary expertise to treat patients" (p. 4). They continue, "We suggest that psychodynamic psychotherapy education and training have traditionally been robust and effective for those therapists who are already interested and have a reasonable knowledge base. But the early phases of learning, including initial exposure, early practice of technique, and the development of an initial synthesis and style, have been left to nature. The techniques for teaching novice skills and facilitating movement toward competence have not been as fully developed and attended to as the methods for further development of experienced psychodynamic psychotherapists. This is a gap we want to bridge with this book" (p. 4).

Thus, the editors created this casebook. They asked a host of younger colleagues—most of them former trainees—to write 12 cases in a relatively standard format—with chief complaint and presenting problem, history, psychodynamic formulation, course of treatment, termination, and assessment of progress. The editors believed that "Written cases have advantages over videotaped sessions. They protect privacy much better, and are a more processed mode of presentation than video" (p. 5). They, however, also recognize that a written case is "clearly a production of the therapist and reflects to some degree his or her needs, biases, strengths, and limitations" (p. 5). The cases are conceptualized within the framework outlined by the editors' previous book, *Psychodynamic Therapy: A Guide to Evidence-Based Practice* [1]. Within that model, they present the "reality of psychotherapy and focus on what is essential in driving a patient and therapist forward toward an active, energizing, and healthy interaction that results in change" (p. 1).

Summers' and Barber's model of pragmatic psychodynamic psychotherapy influenced profoundly the selection of cases and how these cases are written up. As they write, their model "is based on the traditional conflict model of mental life and highlights the therapeutic alliance, core psychodynamic problem and formulation, as well as patient education and transparency, integration with other synergistic treatment modalities, and an active, engaged stance for the therapist … It differs from traditional psychodynamic psychotherapy, which is less focused, more hierarchical, diagnostically nonspecific, and not as easily integrated (conceptually and technically) with psychopharmacology and other concurrent treatments" ([1], p. 9). One of the building blocks of pragmatic psychodynamic psychotherapy is diagnosing the core psychodynamic problem. Summers and Barber contend that there are six core psychodynamic problems—depression, obsessionality, fear of abandonment, low self-esteem, panic anxiety, and trauma—which account for roughly 80–90 % of those who are appropriately treated with psychodynamic psychotherapy. The core problems "are not disease entities with the theoretical baggage of etiology, structure, course, and so forth. This is partly because we do not have an accurate model of what predicts the development of each core problem" (p. 15). The text includes a great table of the core psychodynamic problems, including their symptomatology; key conflicts and problems; predominant psychodynamic model used for formulation; typical core

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conflictual relationship themes; association with diagnoses of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; psychodynamic treatment goals; character strengths affected; therapeutic alliance issues; typical resistances; technique issues; and typical transferences and countertransferences (pp. 16–19).

Following the concept of six core psychodynamic problems, the 12 chapters discussing therapy cases include two chapters of cases of depression, one chapter with a case of depression and obsessionality, two chapters of cases of obsessionality, two chapters of fear of abandonment cases, two chapters of low self-esteem cases, one chapter on a case of panic anxiety, and two chapter of cases of trauma.

The chapters are well written, starting with a few paragraphs of observations about important aspects of the treatment and about relevant connections to the Summers and Barber model. Most of the chapters describe cases which the writers treated as trainees and thus address issues facing therapists in training. For instance, the first depression case is a typical resident clinic case, the transfer of a patient receiving cognitive therapy from one resident to another. The resident who took over this case saw some patients in psychodynamic psychotherapy arising during the treatment and sought out guidance from a psychodynamic supervisor, and this case gradually became a psychodynamic one. Therefore, while reading the case, the reader can see therapists using a mixture of therapies at the beginning and gradually transferring to the pragmatic psychodynamic psychotherapy. The chapter authors also touch upon what they learned and mastered. For instance, in one case of fear of abandonment, the author writes, “My growth paralleled Jennifer’s: as she learned to tolerate the range of her affects, I learned (and am learning) to tolerate and make productive use of my countertransference” (p. 156). At times, the cases identify some problems of the Summers and Barber model, such as that they do not identify addiction as a core psychodynamic problem (p. 248).

Summers and Barber recommend reading these cases with some self-reflection and with letting “your mind wander, notice the moments in the stories you return to and the things you struggle with, and consider your own identity and style as a therapist” (p. 6). They also recommend that one asks a number of questions while reading, to “read actively”:

> What is the essential story?
> What did it feel like to be the patient?
> What was it like to be the therapist?
> What did you think of the therapist’s conceptualization of the core psychodynamic problem?
> How did the therapeutic alliance develop?
> How did the patient change?
> How did reading the case stimulate your own introspection, either about being a therapist or a patient?
> Did the therapist adhere closely to the model we have proposed, and was there a clear application of these ideas and techniques? (pp. 6, 7)

Because the cases presented in this book are typical for trainees’ clinics, they also note the typical case terminations—transfer to another resident, transfer out, and transfer to someone’s private practice. Here I missed the discussion of how the transfers were done, what happened during them, and how successful they were. Further issues I consider (reparable) problems for an educational casebook like this one include the lack of some supervisory input or comments from the editors and the lack of a solid discussion of combining psychodynamic psychotherapy with medication.

Nevertheless, on the whole, this is a very useful and enjoyable book that one would like to use in teaching psychodynamic psychotherapy. Together with books such as Bender and Messner’s “Becoming a Therapist” [2], will help residents and other trainees attain good psychodynamic and general psychotherapy skills.

References

1. Summers RF, Barber JP. Psychodynamic therapy: a guide to evidence-based practice. New York: Guilford Press; 2010.
2. Bender S, Messner E. Becoming a therapist: what do I say, and why? New York: Guilford Press; 2003.