

## INTEGRATIVE/RELATIONAL PRACTICUM

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Spring 2010

### Orienting Comments and Learning Objectives:

The aim of this course is to enable students to expand their clinical practices to include both recent developments in relational psychoanalysis and the wider range of interventions that are available from a comprehensively integrative clinical approach. The latter includes the incorporation of methods from behavioral and cognitive-behavioral therapies, family systems approaches, and experiential approaches and the systematic examination, with a psychodynamic framework, of the transference and countertransference implication of intervening and of deciding not to intervene.

Within the context of our program, the practicum is designed both to introduce students to new ways of intervening that have not been a central part of their clinical repertoire and to deepen their understanding and use of the approaches with which they are already familiar. By the end of the course, students should have a better understanding of the possibilities for active intervention within a psychodynamically oriented therapy and the clinical implications of such interventions. They should also be more thoroughly knowledgeable about the clinical complexities of employing behavioral and cognitive-behavioral methods and have a greater facility in determining which such methods might be useful in a given case and how they can be modified to suit the particular needs of the particular patient.

Because this course is primarily organized around the presentation of clinical cases, there is not a pre-designated reading list. The readings will be selected as they bear on the particular issues raised by students' cases. Readings will be chosen that examine alternative treatment approaches relevant to the case, discuss clinical issues raised by the case, or address research bearing on the effectiveness of various approaches to such cases or to the understanding of the issues presented by the patient.

Below is a presentation outline that I would like you to follow in presenting your case to the class. As you will notice, it is not a generic outline, but emphasizes the particular issues raised by your case and the problems or difficulties it will be most useful for the class to discuss.

### Presentation Outline for Integrative/Relational Practicum

Note: The outline below is directed both toward the integrative theme of bringing in techniques from outside the psychoanalytic realm altogether and toward the relational theme of modifying a standard or conservative psychoanalytic technique in a more relational direction. In both respects, you are asked to pay particular attention to issues that concern you about transference and countertransference, self-disclosure, neutrality, and the like. Issues more specifically related to the relational component of the course's focus follow as a second set of questions.

Please keep in mind that I am not looking for a "formal" presentation of the sort that happens in many case conferences, but rather a basis for exploring and examining issues and challenges in treatment. This means that your presentation can be B and should be B very "conversational." You may use notes, but please do not read a prepared statement. Also, your presentation should be very largely problem-focused, both in the sense of keeping an eye on what the patient wants out of the treatment and from the point of view of what problems you have encountered in the work. The presumption is that everyone has problems in doing this kind of work, that encountering problems and figuring out how to deal with them is the very essence of what the work is about, and so I am hoping to create an atmosphere in which people don't feel they have to present it as if *Everything has gone smoothly and here is an opportunity to show how perfectly what I do fits the theories that supposedly account for the therapy process as precisely as physics equations account for the motion of the planets.*@

1. To provide us with the context of your work, please remember to begin by telling us who is supervising the case. If it is a supervisor who is not a member of our full-time faculty, also indicate the supervisor's orientation.
2. Patient's presenting complaints B what does he/she hope will change as a result of therapy?
3. Other problems/goals that have emerged in the course of the work
4. What approach have you followed in your work with this patient? What have been your strategies in working to help the patient achieve the goals of (2) and (3) above? What kinds of processes of change have you tried to mobilize and in what ways? Concrete examples would be useful here.
5. What impasses, challenges, or difficulties have you encountered in your work with this patient?
6. How has the approach/orientation you have employed with this patient worked well, fit the aims and/or needs and characteristics of the patient, etc.?

And in what ways have you become aware of *difficulties, contradictions, or limitations* in the approach you have employed? What are the tradeoffs of the approach you are using? What might *another* approach accomplish better or differently, even if ~ maybe *especially* if ~ you think that the approach you are using is overall the best?

7. Where in particular do you think that another approach or technique might potentially be useful for this patient?
8. What problems or difficulties are you concerned might arise in introducing the additional method(s) or approach(es) discussed in numbers (6) and (7) above?

What concerns do you have about how to *introduce* the new method in the context of the work you have been doing with the patient? About how to explain it to the patient? About how to make the transition? Etc.

What questions do you have about how to *implement* the new approach or technique? About how to smoothly return to what you had been doing previously? About how to combine the two (or more) ways of working?

9. What transference and countertransference issue do you anticipate might arise if you were to decide to implement any of the shifts discussed above?
10. What was the most *conservative* moment/choice in the work? (doesn't have to mean it was the wrong choice, just the way in which the work most closely resembled traditional psychoanalytic work)
11. What was the most *liberal/unconventional* moment/choice in the work?
12. What were the pros and cons of both the most conventional aspect of the work and the most unconventional?
13. What was the piece of the work you are most pleased with?
14. What is the biggest uncertainty/dilemma/problem/challenge you faced?