

8,31.2024

GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY

Foundations Analytic[1]

18:820:509:01

Tuesday 2-4:45, A230

Instructor: Jamie Walkup, walkup@gsapp.rutgers.edu and 212-518-3091

Class Aide: Liezl Bosch lb897@gsapp.rutgers.edu

Contact Information:

Jamie: It's fine to call me and leave a message, but *do not leave message at any Rutgers telephone number for me*. I do not check these frequently. Emails are OK too, as are follow ups to check where things stand with an earlier email. If you want to talk in person, I will be at Rutgers most Mondays, Tuesdays, and Wednesdays. On Thursdays, I may be in my office on the New Brunswick Campus, at the Institute for Health, Health Care Policy, and Aging Research.

Course objectives:

This course is designed to introduce students to fundamental tenets of contemporary psychodynamic theory and therapy, with an emphasis on clinically relevant models and concepts. The student should acquire a (a) a basic psychodynamic understanding of psychopathology, symptoms, and character as these are approached in prevailing models of psychodynamic treatment, as well as the technical concepts describing psychodynamic treatment (e.g., transference) (b) some awareness of the historical, cultural, and social contexts of theory; (c) a beginner's ability to interview, eliciting diagnostically relevant clinical material, sufficient to conceptualize a DSM 5 diagnosis and psychodynamic formulation (d) an ability to prepare well-written and informative clinical reports, written according to accepted professional standards; and (e) the fundamental skills and personal capacities needed to talk with troubled persons and persons suffering from mental and emotional disorder about their experiences, and to do so drawing on psychodynamic models and observational capacities.

Specific Learning Goals

After taking this course, the student will...

...be able to appreciate the relevance of his/her own psychological contribution to the interview, assessment and formulation

...know the phases of a standard 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.

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

...have an introductory knowledge regarding the clinical psychodynamic perspective on a small number of character organizations and psychological disorders.

...have practice conducting an interview.

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

Course Information:

Canvas: We try to keep things up to date and correct on the Canvas site but occasions may arise when there are changes to the information there. It is your responsibility to keep abreast of it and make sure you are operating with the most up to date information there.

Email: You are assigned an email address by the university. It is used by the Canvas software in communicating with you for this course. You are encouraged to use it for all university-related interactions, and information relevant to this course will be sent only to that address.

Classes. Some class 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 15 class sessions, each with a break about half way through. The early portion of the term lays out key psychodynamic ideas judged relevant to clinical work. I lecture some, and we will discuss assigned readings. The material that is officially assigned to the first 5-8 classes may take longer than that to cover, if the going is slow, and/or the group as a whole seems to need the time.

After these foundational concepts are covered, we shift gears to a more explicitly clinical focus and the core of the class is the observation of a videotaped interview and its discussion. These interviews are the chief learning tool, and the reading load is correspondingly reduced for the last half to one third of the class. Later classes will also rely more heavily on discussion, less on lecture.

We will need to establish dates for student presentations and for the viewing of taped interviews by each student.

Supervision Sections: Each of you will be assigned to a supervision section lead by an experienced psychodynamic supervisor, commencing in October. This supervisor has ultimate clinical responsibility for patient care, and you practice under their direction. In class, we will discuss your case in detail and provide consultation. This discussion is intended to help clarify concepts, and allow you to benefit from the insights and ideas of your classmates. But class discussion is not a substitute for supervision and cannot provide the final foundation of your treatment strategies. Your supervisor is in charge of your treatment.

Peer Consultation Experience with Advanced Student. In the spring, your training experience from the course will be supplemented by work with an advanced student enrolled in the Supervision and Training Class. You will be paired with a third-year student to consult on either

your CBT or your dynamic case. The treatment will remain under the supervision of your licensed supervisor, of course, and any suggestions that emerge from these meetings will be used at the discretion of the supervisor.

Use of the class for your training. 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. For some of you it will be possible to limit yourself to required readings and lectures. If you are having trouble, use the extra reading liberally, **and talk to me or to Liezl**. If you are doing well without extra reading, you can save it for summer vacation.

The class does not presuppose much basic knowledge of psychodynamic theory. However, if your self-assessment is that you feel weak in psychodynamic theory, and you need help to keep up, come and speak to me or to Corey. (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.)

University Policies

Accommodations Rutgers University welcomes students with disabilities into all of the University's educational programs. Reasonable accommodations are arranged through the appropriate disability services office at the campus where you are enrolled. Here is guideline information: <https://ods.rutgers.edu/students/documentation-guidelines>. If the evaluation indicates a need for accommodations, you will be provided with a Letter of Accommodations. Provide this letter to me, and any other instructors who should have it. To begin this process, please complete the Registration form on the ODS web site at: <https://ods.rutgers.edu/students/registration-form>

Academic Integrity Please follow this link to review Rutgers University policy on academic integrity: <http://academicintegrity.rutgers.edu/academic-integrity-at-rutgers/>

[Links to an external site.](#)

Requirements/grading:

Grading: Your grade will be based on: (1) class participation (15%) (2) in class presentation (20%); (3) quizzes and exercises (20%) (4) Dream paper (15%) and (5) interview and the final paper on your client (30%).

Class participation (15%)

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.

When we watch a tape together, we will work with the interviewer as a group, helping them think through what we are seeing. You will be asked to note perceptions and suggestions for the presenter, which you will provide at the end of the presentation.

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 your 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.

Online contributions will count toward your class participation grade.

Messer tape

We will watch a demonstration tape by former GSAPP dean, Stan Messer, discuss, then work in groups to answer questions about it and transform that information into a structured formulation. Everyone who participates fully will receive full credit.

In class presentations (20%)

Further instructions will be provided.

Quizzes and Exercises (20%)

Certain readings and activities will be associated with quizzes. You may submit twice, if needed, once before designated class, and, if you made mistakes, once again by the weekend after the class, making use of lecture and discussion in the class (if needed). Only your second

score will count. In order to get the full 20% of your grade, you must earn a total of 100 points from quizzes. Quiz opportunities will total more than 100 possible points during the semester, meaning it will be possible to get full credit by taking additional quizzes, even if you lose points along the way.

Dream Paper (15%)

Instructions will be given in class.

Interview/Write Up (30%)

You will interview a person who has requested services in the clinic, using the broad format discussed in class. Please be certain all arrangements are in place. *Managing bureaucratic hassles, like managing clinical resistance, is part of the job. Don't respond passively when you encounter a hurdle; identify the problem and get help.* If there is something you do not understand or don't know how to do, ask. 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).

It's not easy working inside a bureaucratic system, and is particularly challenging when the virus has made things uncertain for a long stretch. That said, 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.

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.

Formulation 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 can 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. .

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, 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 fore-fronting of key material. Expression includes: conventional guidelines (grammar, spelling, punctuation), limited use of jargon and/or technical terms, easy to follow sentences. A formal rubric will be provided.

We will discuss in class one options for the format to be used.

Please note: With the exceptions noted below, attendance is mandatory. Interaction is a key learning and evaluative component. Except for the most urgent of circumstances, the instructor must be advised in advance of an absence. Personal illness or emergency, or an illness or emergency of a family member are grounds for an excused absence. Accumulation of absences or persistent lateness will negatively affect your grade, and 3 or more unexcused absences put your learning at risk and may be grounds for you to have to retake the course. Conflicts a religious holiday should be brought to the instructor's attention in advance, and we can discuss how you can make up the material you miss.

A student who has symptoms of Covid, tests positive for Covid, need not attend class in person. You will not be asked to provide documentation of this illness. If you are well enough, you may participate by zoom. If not, accommodations will be offered to make up missed work.

Required Texts:

You will need access to a DSM 5-TR, which is available through the library.

Luepnitz, D. A. (2002). Schopenhauer's porcupines. New York: Basic Books.

McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. Guilford Press.

Or

McWilliams, N. (2020). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process, 2nd edition*. Guilford Press.

Some optional (but good) texts:

Lingiardi, V., & McWilliams, N. (Eds.). (2017). *Psychodynamic diagnostic manual: PDM-2*. Guilford Publications.

McKinnon, R. A., Michels, R., and Buckley, P. (2006). *The psychiatric interview in clinical practice, 2nd edition*. American Psychiatric Association Press.

McWilliams, N. (1999). *Psychoanalytic case formulation*. Guilford Press.

McWilliams, N. (2004). *Psychoanalytic psychotherapy: A practitioner's guide*. Guilford Press.

Schlesinger, H. (2013). *Endings and beginnings: On terminating psychotherapy and psychoanalysis*. Routledge.

Schlesinger, H. J. (2013). *The texture of treatment: On the matter of psychoanalytic technique*. Routledge.

Shapiro, D. (2009). *Dynamics of character*. Basic Books.

Sharpless, B. A. (2019). *Psychodynamic therapy techniques: A guide to expressive and supportive interventions*. Oxford University Press. [This is particularly good, and if you can afford it I suggest you get it.]

Summers, R. F., & Barber, J. P. (Eds.). (2016). *Practicing psychodynamic therapy: A casebook*. Guilford Publications.

[1] This syllabus, and much else you will see in this course, draws on, and is indebted to, the generosity of Brook Hersey, Psy.D., and Karen Riggs-Skean, Psy.D., two GSAPP graduates who developed this course in its current form, and provided me with materials, wisdom, and inspiration. Thanks are also due to Nancy McWilliams, Ph.D. who developed an earlier version of the course, which formed the basis of her first book, and set a standard for psychodynamic instruction here and elsewhere.