



Psychodynamic Interpersonal Therapy

PIT - UK

COMPETENCE FRAMEWORK EXPLAINED

This section describes the knowledge and skills required to carry out Psychodynamic-Interpersonal Therapy.

It is not a 'stand-alone' description of technique, and should be read as part of the psychoanalytic/ psychodynamic competence framework, although the model places much less emphasis on psychodynamic formulation than traditional approaches.

KNOWLEDGE

- An ability to draw on knowledge of the psychodynamic, humanistic and interpersonal principles underpinning the PI model
- An ability to draw on general knowledge, including literature and the other arts, that aids understanding of common interpersonal problems and dilemmas and the developmental pathways that may underpin them
- An ability to draw on knowledge about discursive and presentational forms of symbolisation which includes:

- the concept of 'forms of feeling' and the process of elaboration or amplification of presentational symbols of personal experience

- An ability to draw on knowledge of different forms of language including:
 - The different forms of language used to describe practical as opposed to emotional experience
 - The concept of language games
 - The identification of each person's unique personal language

- An ability to draw on knowledge of the biopsychosocial model of medically unexplained symptoms, and factors, which contribute to the persistence of symptoms

- An ability to draw on knowledge of common concerns people with medically unexplained symptoms may hold if they are referred for psychological therapy

- An ability to draw on knowledge regarding the bi-directional nature of physical illness and psychosocial symptoms

- An ability to draw on knowledge concerning the common overlap between medically unexplained symptoms and organic physical illness

APPLICATION

THERAPEUTIC STANCE

An ability to foster the development of a collaborative, “personal conversation” between therapist and client

An ability to maintain a warm, involved, empathic manner

An ability to provide support and encouragement through:

- acknowledging the client’s progress
- communicating hopefulness about progress

An ability to focus on the minute particulars of the therapeutic encounter by:

- actively listening to the client
- paying attention to a multitude of verbal and non-verbal cues
- creating possibilities of moving the conversation deeper using tentative brief statements

An ability to adopt a symbolic attitude towards different kinds of personal experience and an awareness of the multilayered connections and complexity of different bodily experiences

An ability to adopt a negotiating, open minded approach characterised by:

- Being tentative and hesitant in manner
- Using simple but meaningful language
- Being open to correcting, modifying, fine tuning suggestions until a shared understanding is achieved

An ability to regard psychotherapy as a creative process of personal problem solving and to focus more on conditions in psychotherapy in which personal growth can occur as opposed to elucidating the ‘root cause’ of a problem including:

- An emphasis on getting to know someone rather than getting to know a lot about someone
- An awareness that the client's problem will be revealed and enacted in the 'here and now' in the session

ASSESSMENT AND ENGAGEMENT

- An ability to focus on the minutiae of the initial meeting of a new client and to be acutely aware of their verbal, vocal and bodily cues.
- An ability to convey to the client a wish to enter into a conversation with him/her
- An ability to start the meeting by using tentative phrases that empathise with the client's anxiety and which recognise the unusual nature of the meeting
- An ability to recognise that meeting with a stranger arouses mixed feelings including curiosity and trepidation occasioned by the unfamiliar and the importance
- An ability to recognise and balance the client's anxiety involving approach/avoidance, using cue-based supportive and responsive statements.
- An ability to explore with the client his/her feelings about referral for psychological therapy

- An ability to offer a very preliminary rationale for meeting that directly addresses any concerns, fears or anxieties expressed by the client
- An ability to focus very early on in the session on the client's main symptoms/bodily experiences
- An ability to stay with and explore the client's bodily experiences so that they are able to actually experience something of the symptoms in the 'here and now', as opposed to talking about them
- An ability to not ask questions or use cognitive processes which may divert away from bodily experiencing
- An ability to convey to the client a deep understanding of their bodily symptoms and problems by staying with their experience, and exploring with them feelings, images, and prior experience which emerge from the conversation and shared understanding
- An ability to tune into the personal language of the client, and his/her unique way of describing bodily experience
- An ability to develop with the client a shared rationale for engaging in psychological treatment.

INTERVENTION

ABILITY TO USE STATEMENTS RATHER THAN QUESTIONS

An ability to phrase the majority of interventions in the form of a statement as opposed to a question

ABILITY TO DEVELOP AN ACTIVE MUTUAL DIALOGUE USING "I" AND "WE".

An ability to work collaboratively with the client to develop "shared meaning" by: using direct and collaborative language (e.g. 'I' and 'We') that facilitates the development of an active, mutual dialogue with the client

ABILITY TO FOCUS ON THE CLIENT'S HERE-AND-NOW EXPERIENCE IN THE SESSION

An ability to help the client to stay with immediate bodily experiencing:

- To try to share something of that experience
- To wait for natural associations of images, prior experiences, feelings to emerge

PICKING UP CUES

An ability to pick up cues in the client and use these to deepen the conversation or focus on feelings.

An ability to recognise and be aware of different kinds of cues in the client including:

Verbal, vocal and bodily

An ability to recognise cues and feelings in self, which promote a better understanding and awareness of the client's experiences.

ABILITY TO WORK COLLABORATIVELY WITH THE CLIENT TO GENERATE HYPOTHESES ABOUT THEIR DIFFICULTIES

An ability to use brief statements (understanding hypotheses) which refer to how the client is feeling, based upon subtle non-verbal cues or other meaningful exchanges, and are not mere reflections of the client's feelings but an attempt on the part of the therapist to take the exploration of the client's feelings a little further.

An ability to use statements that tentatively link feelings that have emerged in the therapy sessions to other feelings both inside and outside the therapy (linking hypotheses).

An ability to use tentative statements (explanatory statements) which introduce the possibility of underlying reasons for problems and difficulties in relationships. And may refer to:

A repeated pattern of behaviour

A warded off unbearable feeling

EXPLORATORY THERAPY RATIONALE

An ability to develop a shared understanding with the client about the purpose of therapy which involves a rationale for ;

focusing upon feelings and relationships which are connected in some way to the client's bodily experiences

focusing upon shared experiences in the 'here and now' as a way of facing problems and overcoming them

SEQUENCING OF INTERVENTION

An ability to order processes in the therapy session in a sequential and repeated cyclical pattern which involves:

- beginning with the bringing of experiences and feelings into the 'here and now',
- staying with those feelings
- seeing what images, memories, experiences emerge
- recognising the symbolic nature of this material
- linking to problematic issues in relationships
- developing a shared understanding
- developing and testing solutions

RELATING INTERPERSONAL CHANGE TO THERAPY

An ability to draw parallels between solutions to problems which are directly presented in the relationship with the therapist, to those enacted in the client's personal life and vice versa.

ABILITY TO DEVELOP A STATE OF ALONENESS-TOGETHERNESS

An ability to be tuned with the client's feelings of responsiveness so that a middle space between client and therapist is developed whereby the client:

- feels able to share personal feelings and experiences
- feels able to correct or disagree with the therapist
- feels able to disclose only things they feel comfortable talking about
- retains their own sense of identity
- feels neither too anxious or too relaxed
- feels able to moderate the sense of closeness to the therapist

- does not feel intruded upon
- does not feel invalidated
- does not feel so attached they cannot separate easily at the end of the session

STRUCTURE OF THERAPY

An ability to measure and monitor the pace and timeline of the therapy so that:

- A containing structure is created with a beginning, middle and ending phase
- The client is made aware of each of these phases
- The tasks of each phase are elaborated and understood

WORKING WITH ENDINGS

An ability to prepare the client for ending by explicitly referring to the time limited nature of the meetings at the beginning and throughout the overall therapy, particularly counting down the final few sessions.

An ability to help the client share their feelings about ending including any relevant connections or resonances between the ending and similar prior experiences

An ability to discuss with the client how they can continue to take forward positive changes and solutions developed whilst meeting

An ability to say goodbye

GOODBYE LETTER

An ability to construct and develop a letter over the course of therapy to give to the client at the final session which:

- Has been fully discussed with the client and agreed as being a positive part of the ending process
- Is written in a narrative, personal style using “I” and “we”
- Is warm, positive and supportive
- Accentuates the strengths and positive attributes of the client
- Tells the story of the client’s bodily complaints
- Summarises key moments in therapy using the client’s own language
- Pieces together links and layered meanings to construct a coherent personal model of the factors involved in the persistence of exacerbation of bodily experiences
- Discusses solutions which have been developed and tested out in the meetings with the client and in the client’s life

- Looks to the future with optimism with plans for tackling problems or difficulties should they arise
- Ends with a statement which conveys the therapist’s good wishes