Chapter 4: Theory and Treatment Planning in Counseling and Psychotherapy by D. Gehart

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Lay of the Land

Psychoanalytic and Psychodynamic Approaches:

- Psychoanalysis
- Ego Psychology
- Object-Relations Theories
- Interpersonal Analysis
- Self Psychology
- Relational and Intersubjectivity Theories
- Jungian Analysis

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Psychoanalytic and Psychodynamic Approaches:

- **Psychoanalysis**
  - Based on Freud's original theories.
  - Classic psychoanalysis relatively rare but still practiced.
  - Approach that focuses on analysis of innate drives and transference issues.

- **Ego Psychology**:
  - Similar to Freudian theory in terms of the working relationship.
  - Focuses on analysis of how the ego uses defense mechanisms to manage innate drives.

- **Object-Relations Theories**:
  - Uses a more empathetic and warmer counseling relationship.
  - Object relations theorists focus on repairing the client's early "object" and relational patterns, often through corrective experiences the counseling relationship.
  - There are several schools of object relations theory:
    a) Integrate drive theory
    b) Those that are purely relational.
Psychoanalytic and Psychodynamic Approaches:

- **Interpersonal Analysis:**
  - Related to object relations
  - Unique in that the analysis process
    - relies heavily on observable data and
    - focuses almost exclusively on interpersonal interactions rather than unconscious processes.
  - Early roots of family therapy

- **Self Psychology:**
  - Based on the work of Kohut
  - Involves empathic immersion in the client’s inner world, analysis of selfobjects, and a focus on building self-esteem.

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Relational and Intersubjectivity Theories:

- Recent approaches that emphasize the intersubjective nature of reality and employ a more collaborative counseling relationship
- It includes the co-construction of interpretations with clients.

- **Jungian Analysis:**
  - Posits a collective unconscious that shapes our personalities based on universal, archetypical patterns.
  - Aims to help people self actualize, living up to one’s full potential.
Basic Psychodynamic Assumptions

- **History:** A person’s history affects present behaviors and relationships.
- **Unconscious:** There is an unconscious mind that exerts significant influence over present behavior.
- **Personality:** The personality is structured into various substructures, such as ego, id, and superego.
- **Early Life:** A person’s personality is significantly impacted by early relationships in life, especially with one’s mother.
- **Insight:** Insight into one’s personality and internal dynamics can help resolve various psychopathologies.
- **Transference:** Clients project onto the counselor interrelational patterns from earlier unresolved issues; the transference of these patterns can be analyzed and used to promote change in the counseling relationship.

The Least You Need to Know

<table>
<thead>
<tr>
<th>Drive Theory</th>
<th>Ego Psychology</th>
<th>Object Relations</th>
<th>Self Psychology</th>
<th>Interpersonal</th>
<th>Relational/Intersubjectivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theorist</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>S. Freud</td>
<td>A. Freud</td>
<td>Klein</td>
<td>Kohut</td>
<td>Sullivan</td>
<td>Mitchell, Greenberg, Stolorow</td>
</tr>
<tr>
<td>Focus of Analysis</td>
<td>Drive theory; id; defenses</td>
<td>ego; defense mechanisms; intra-psychic representations of caregivers</td>
<td>relationship with self and self-image</td>
<td>observable interactions; self-system</td>
<td>interpersonal world; relational matrix</td>
</tr>
<tr>
<td>Root cause of problems</td>
<td>Conflicts between id and superego; defense mechanisms used to manage infantile drives</td>
<td>pathological internal object relations</td>
<td>distorted images of self</td>
<td>keeping elements of interpersonal interactions out of awareness</td>
<td>distorted expectations of interpersonal world</td>
</tr>
<tr>
<td>Mechanism of Change</td>
<td>Making unconscious conscious</td>
<td>developing more mature defenses; increasing ego strength</td>
<td>integration of good and bad in objects; release bad objects from unconscious; realistic view of others</td>
<td>developing a more realistic self-image and sense of self-worth</td>
<td>developing the ability to maintain healthy interpersonal relations</td>
</tr>
<tr>
<td>Client-counselor relationship</td>
<td>Detached expert; blank slate for client</td>
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<td>empathetic; uses relationship to reflect on object relations</td>
<td>empathy; uses mirroring to help restore self-image</td>
<td>uses relationship to explore interpersonal dynamics</td>
</tr>
<tr>
<td>Commonly used techniques</td>
<td>Free association; dream analysis</td>
<td>analysis of defense; free association; dream analysis</td>
<td>analysis of early relationships; present relationship with counselor and others</td>
<td>analysis of self-object relations; mirroring; empathy</td>
<td>analysis of behaviors in interpersonal relationships</td>
</tr>
</tbody>
</table>
### Significant Contributions to the Field

**Transference:** Refers to when a client projects on the counselor attributes that stem from unresolved issues with primary caregivers; therapists use the immediacy of these interactions to promote client insight and work through these conflicts. Examples:

- **Drive theorist/ego psychologist:** “When I sit here quietly listening, you seem to think that I am judging you to be inadequate, much the same way your father used to do when you were little.”

- **Object relations, Self Psychology and Relational approaches:** “You seem to think that my quietly listening implies that I am somehow judging you. Would it surprise you to know that I am not? I am simply listening intently.”

**Countertransference:** Counselors project back onto clients, losing their therapeutic neutrality and having strong emotional reactions to the client.

- **Countertransference as unconscious projection:**
  - Needs to be explored in supervision and it is often inappropriate to discuss with clients.

- **Countertransference as conscious experiencing of the other:**
  - If the counselor has self-awareness and can accurately sort out the sources of countertransference, it can be used to help the better understand how others experience the client.
  - Sometimes used with the client to promote insight.
Significant Contributions to the Field

• Corrective Emotional Experience

  • Therapists respond differently than the client experienced in childhood to facilitate resolution of an inner conflict.

The People and their Stories

Drive Theory
Sigmund Freud

- Developed the first psychoanalytic theory and was the first to use the “talking cure” that is common place today.
- The majority of his ideas (the unconscious, transference, and defense mechanism) are still at the heart of modern counseling practice and current understandings of the human psyche.
- He found free association and dream analysis to be more effective means for curing psychopathology.
- His other significant theories include
  - the psychosexual theory of development
  - the structures of the personality (id, ego, superego)
  - drive theory.
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The People and their Stories

Ego Psychology

- Ana Freud: build upon her father’s work on the id and drive theory.
  - Added analysis of
    - ego functioning and
    - defense mechanisms.
  - Unlike father, she recognized that motivation can come from external sources not just internal drives.

- Erik Erickson: most significant contribution was an eight-stage model of psychosocial development.

- Karen Horney: critically examined Freud’s theories and their applicability for women’s psychosocial development.

Object Relations Theorists who Incorporate Drive Theory

- Otto Kernberg (American School of Object Relations):
  - Integrated drive theory and object relations theory and focused his work on borderline personality disorder.

- Melanie Klein (British School of Object Relations):
  - Developed a unique form of object relations therapy that incorporates both Freud’s drive theory and object relations theory and is considered to be the most influential person in the field since Freud.
  - Worked directly with troubled children, a pioneer in child and play therapy.

- Margaret Mahler (American School of Object Relations):
  - Developed a theory of separation and individuation that details the process of “psychological birth,” by which an infant becomes psychologically separate from its caregivers.
Object Relations Theorists who Do NOT Use Drive Theory

- **W. R. D. Fairbairn (British School of Object Relations)**
  - Developed a “pure” objects relations model—purely psychological—without biological drive elements.
  - Understood ego in terms of the ego striving for a relationship with an object, not merely satisfaction.

- **Donald Winnicott (British School of Object Relations):**
  - Highly influential ideas:
    - Transitional object,
    - Good-enough mothering,
    - True and false self.

Interpersonal

- **Henry Stack Sullivan**
  - His work represents a more optimistic view of human nature as well as an approach that better reflects American ways of life.
  - His approach emphasized a drive for relatedness as the primary drive rather than sex or aggression and is referred to as interpersonal theory, a distinct form of object relations analysis.
  - His work was among the first to consider the impact of culture and relationships in understanding mental illness.
  - He did not emphasize “depth” and the unconscious, he advocated analyzing verifiable observable data rather than the unconscious mind.
  - His approach was seminal in the development of other approaches, including relational psychoanalysis and systemic family therapy.
Self Psychology

Heinz Kohut

- Developed the psychoanalytic approach of self psychology.
- He developed primarily with narcissistic patients for whom traditional analysis did not work.
- He rejected Freud’s structure of the self: id, ego, and superego instead. Focused on a person’s sense of self and self worth.

Relational Model

- **Jay Greenberg**: Laid the foundation for relational theory. Divided psychoanalysis into two broad and what they believe to be theoretically irreconcilable approaches: Freud’s drive model and the relational model, which includes psychologically oriented object relations approaches, self psychology, and the newly emerging relational psychoanalysis.

- **Stephen Mitchell**: Detailed a relational model for psychoanalysis that focuses on the internal structures that are developed from the individual’s interpersonal experiences.

- **Robert Stolorow**: Leader in bringing the Intersubjectivity perspective to psychodynamic work, a perspective that challenges the prevailing belief in a discrete, individual mind and instead posits that emotional experience occurs within interconnected psychological systems or fields that are created by two or more people in relationship.
Overview of the Counseling Process

- **Listening and Empathy**
  - Primary tool of psychoanalytic therapists
  - Listening objectively to the client's story without offering advice, reassurance, validation, or confrontation.
  - Empathy may be used to help the client open to non-defensively hearing the therapist's interpretation of unconscious dynamics.

- **Interpretation and Promoting Insight**
  - Encourage insights into personal and interpersonal dynamics.
  - Offer interpretations to the client using various case conceptualization approaches

- **Working Through**
  - Process of repeatedly getting in touch with repressed strivings and defense responses, so that the unconscious can be made conscious.

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Overview of the Counseling Process

**Basic Psychodynamic Process**

- Assess personality dynamics and unconscious processes
- Facilitate client insight
- Work through insight
- New thoughts, feelings, behaviors
### Overview of the Counseling Process

<table>
<thead>
<tr>
<th>Psychoanalysis</th>
<th>Psychodynamic Counseling and Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Intensive approach designed to create significant and sustainable personality change.</td>
<td>- Target specific symptoms or problems, such as depression or recovering from a divorce, with sessions typically occurring once per week and lasting several months to a couple of years depending on client needs.</td>
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<td>- Analysts meets with patients 3-5 days per week for several years.</td>
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<td>- Basic process of analysis-insight-working through-action</td>
<td>- frequently repeating at deeper and more profound levels.</td>
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<td>- Brief forms of psychodynamic counseling have been developed to last 12-16 sessions.</td>
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### Case Conceptualization

- Most of the work in psychodynamic counseling is in the viewing, the case conceptualization.

- When conceptualizing, many psychodynamic practitioners borrow freely from one school or another—drive theory, ego psychology, object relations, self psychology, relational theory, and even brief approaches (Jung is generally left out of this).

- Counselors custom tailor case conceptualizations for a single client.
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13 Areas of Potential Assessment

1. Levels of Consciousness
2. Structures of the Self: Id, Ego, and Superego
3. Drive Theory
4. Psychosexual Stages of Development /Oedipal Complex
5. Symptoms as Intrapsychic Conflict: Primary and Secondary Gains
6. Defense Mechanisms
7. Erickson’s Psychosocial Stages of Development
8. Object Relations Theory
9. Good Enough Mothering and the True Self
10. Stages of Separation and Individuation
11. Narcissism and Selfobjects
12. Relational Matrix
13. Unconscious Organizing Principles and Culture

Case Conceptualization

1. Levels of Consciousness (Drive Theory)

- **Conscious mind**
  - Includes sensations and experiences that the person is aware of
  - Freud believed the conscious mind comprised a small part of mental life.
- **Preconscious mind**
  - Memories and experiences that a person can easily retrieve at will
- **Unconscious mind**
  - Memories, thoughts, and desires that the conscious mind cannot tolerate and is the source of innate drives.
  - Freud believed this to be the largest level of consciousness and focused his work on making conscious material conscious.
2. Structures of the Self: (Drive Theory)

**Self**
- **Id.**
  - Unorganized part of the personality that is motivated by instinctual drives
  - Inspires us to act according to the “pleasure principle.”
- **Ego.**
  - Operates according to the “reality principle,” striving to meet the needs of the Id in socially appropriate ways.
  - The part of the personality that involves intellect, cognition, defense mechanisms
  - Mediator between the Id and Superego.
- **Superego**
  - Striving for perfection, the superego represents ego and social ideals
  - Generally prohibits the Id’s drives and fantasies that are not socially acceptable.

3. Drive Theory (Drive Theory & Ego Psychology)

**Instinctual Drives:** Part of being human
- **Libido:** A sexual energy drive
- **Death Drive:** After World War I added the death drive: the source of aggressive energy.
- When these drives are not properly acknowledged and managed, symptoms can develop.
4. Psychosexual Stages of Development (Drive Theory)

- **Oral Stage**: Dependency and Security (Birth-18 months).
- **Anal Stage**: Control (18 months-3 years)
- **Phallic Stage**: Morality and Superego (3 to 6 years)
  - Oedipus/Electra complexes, castration anxiety, and penis envy.
- **Latency Stage**: Sexuality Latent (6-12 years)
  - Libidinal energy is channeled to normal childhood activities
- **Genital Stage**: Adult Sexuality (12+ years)
  - Sexual energy is focused on members of the opposite sex.
  - If issues were not appropriately resolved in earlier stages, they are likely to create difficulties and symptoms in adulthood.

5. Symptoms as Intrapsychic Conflict: Primary and Secondary Gains

- Presenting symptoms (phobia, depression, or psychosomatic complaint) are viewed as expressions of inner or **intrapsychic conflict**.
- **Therapy Goal**
  - Gain awareness and enable safe expression of these emotions.
- **Primary Gains**
  - Primary benefit of the symptom (e.g., attention from being depressed)
- **Secondary gains**
  - Benefits that are not immediately related but a natural consequence nonetheless (e.g., more influence in household decisions due to OCD)
6. Defense Mechanisms (Drive theory, Ego Psychology, Object Relations, & Self Psychology)

**Defense mechanisms**: Automatic responses to perceived psychological threats. Often activated on an unconscious level.

- **Denial**
  - Refusal to accept/acknowledge an external reality or fact because it is too threatening.
  - May involve the reversal of facts.

- **Introjection**
  - Describes when one “takes in whole” behaviors, beliefs, and attitudes of another, e.g. the opinions, style, and characteristics of others in order to identify with them or gain their approval.

- **Splitting (Object Relations and Self Psychology)**
  - Inability to see an individual as an integrated whole that has both positive and negative qualities.
  - Switch from seeing people as all-good or all-bad: idealizing and then villainizing.

- **Projection**
  - Falsely attributing one’s own unacceptable feelings, impulses, or wishes onto another, typically without being aware of what one is doing.
6. Defense Mechanisms (Drive theory, Ego Psychology, Object Relations, & Self Psychology)

- **Projective Identification**
  - Falsely attributing to another one’s own unacceptable feelings.
  - What is projected is not simply discrete impulses, but a part of the self—not just aggressive impulses, but a bad self, now located in another.
  - Example: Jealousy.

- **Repression**
  - Describes the *unconscious process* that occurs when the Superego seeks to *repress* the Id’s innate impulses and drives.
  - Cause of a wide range of neurotic symptoms: obsessions, compulsions, hallucinations, psychosomatic complaints, anxiety, and depression.

- **Suppression**
  - *Intentional* avoidance of difficult inner thoughts, feelings, and desires.

*Note:* When used periodically, defense mechanisms can be adaptive ways of coping with stress; when used regularly they may become problematic.
7. Erickson’s Psychosocial Stages of Development (Ego Psychology)

Developmental crises that must be negotiated at eight significant points in life. If these crises are not mastered, difficulties are encountered in subsequent stages.

- **Trust vs. Mistrust. Infant stage**
  - Infants develop a healthy balance of trust and mistrust based on their experiences with early caregivers.

- **Autonomy vs. Shame and Doubt. Toddler stage**
  - Children develop a sense of autonomy and influence in their lives while also learning the limits of their abilities.

- **Initiative vs. Guilt. Preschool and Kindergarten age**
  - Develop a sense of initiative and purpose tempered by guilt when their actions hurt others.

- **Industry vs. Inferiority. School age**
  - Engaging in industrious activities to build confidence in their abilities.

- **Identity vs. Identity Confusion. Adolescence**
  - Time of identity development when a person first begins to answer questions, such as who am I and how do I fit in?
  - Explore possible identities and social roles.
7. Erickson’s Psychosocial Stages of Development (Ego Psychology)

- **Intimacy vs. Isolation. Young adulthood**
  - Establishing intimate relationships in their personal, social, and work life
  - Developing own families and social network.

- **Generativity vs. Stagnation. Adulthood**
  - Making meaningful contributions to society and the succeeding generations
  - Often measured by whether one is satisfied with life accomplishments.

- **Integrity vs. Despair. Late Adulthood**
  - Balances a sense of integrity with a sense of despair
  - Look back over their life and face the inevitability of death.

8. Object Relations Theory

- **Object**
  - Refers to the “object” of a person’s desire, attention, or “drive.” Most often: one’s mother.
    - Objects can be internal: operating in one’s internal world.
    - Objects can be external: existing in the “real” world.

- **Object Relations Theory**
  - Explores how a person relates to external and internal objects to understand personality dynamics.

- **Primary Care Givers**
  - Templates for all future relationships
  - Assessed and analyzed to understand problems later in life.
9. Good Enough Mothering and the True Self (Object Relations. Winnicott)

- **Good Enough Mothering**
  - Generally (but not perfectly) able to respond to their infant’s communication and needs while allowing them to move toward independence
  - Enables child to develop a *true self*.
  - Through therapy, person can repair damage of not having good enough mothering.

- **Brain Develop Research**
  - Modern research on brain development provides some support for theory
  - Healthy brain development linked with the quality of parental interaction (Siegel, 1999).

10. Stages of Separation and Individuation (Mahler’s Object Relations)

- **Stage 1: Normal Infant Autism**
  - During the first month, unable to differentiate their actions from that of their caretakers
  - Primary task: maintain homeostatic equilibrium

- **Stage 2: Normal Symbiosis**
  - During the second month, a psychological shell begins to form that encloses the symbiotic relationship of mother and child as a dual entity.

- **Stage 3: Separation and Individuation**
  - From five months to three years old, the child:
    a) individuates, developing intrapsychic autonomy
    b) separates, creating psychological differentiation from the mother.
10. Stages of Separation and Individuation

**Subphase 1: Differentiation and body image**
- Child begins to physically distance from the mother when practicing motor skills, “checking back” to ensure mother there.

**Subphase 2: Practicing**
- As begin to walk, infants increasingly venture away with periodic returns for emotional connection; feel omnipotent

**Subphase 3: Rapprochement**
- 2.5-3 years: more aware of physical separateness, sense of omnipotence declines, reexperience separation anxiety.
- Inner conflicts resulting in demands for closeness alternating with demands for autonomy.

**Subphase 4: Emotional Object Constancy and Individuality**
- Beginning at 3, begin to develop emotional object constancy
- Integrated inner image of the good/bad aspects of parent that provides comfort in her physical absence.
- Whole object representation allows child to develop unified self image.

11. Narcissism and Selfobjects (Self Psychology)

- **Selfobjects**
  - Persons or objects that are experienced as part of the self or are used in service of the self to provide identity.
  - No whole objects but a series of unconscious patterns and themes.

- **Idealized and Grandiose:** Young children two selfobjects:
  a) **Idealized image of the parents:** “my parents are perfect”
  b) **Grandiose part of the self:** “I deserve to get what I want”.

- **Tension:**
  - Between what the child should do (the idealized selfobject) and what the child wants to do (the grandiose self).
12. Relational Matrix

Relational Matrix: Used by Relational psychoanalyst to organize, frame, and interpret clinical information.

- Relational Maxtrix
  - Includes the self, object, and transactional patterns
  - Redefines the how “mind” is defined.
- “Self”
  - Always understood in interpersonal relationships.
- Meaning
  - Generated in relation, and therefore nothing is innate in quite the same way as it is in the drive model
- Interactional Field
  - Considering the person-in-context at all times, making it more applicable for diverse clients.

13. Unconscious Organizing Principles and Culture

- Unconscious Organizing Principles
  - People experience the world through the lens of their particular organizing frameworks (unique unconscious principles or templates)
  - Formed based on early relational experiences.
- Inherent
  - One cannot not have these principles or templates; without them a person cannot organize their experiences.
- Culture
  - These unconscious organizing principles are shaped not only by early childhood relationships but also by culture.
General Goals of Psychoanalysis

Early and Middle Phase
- Decreased irrational impulses
- Increased ability to manage stress; decreased use of defense mechanisms.

Middle Phase and Late Phase
- Increased ego strength, self esteem, and self cohesion.
- Increased insight followed by agency.
- Increased emotional maturity and intelligence.
- Decreased perfectionism.

Late Phase
- Decreased internal conflict and personality integration
- Increased ability to experience mature dependency and intimacy.

The Doing: Interventions

Interpretation
- The most basic technique, all psychoanalytic approaches. Interpretation of unconscious material to facilitate client insight.

Numerous possibilities exist for interpretation:
- Dreams, fantasies, and daydreams
- Symptoms
- Transference and countertransference
- Favorite metaphors and word choice
- “Freudian” slips of the tongue: accidentally misspoken words that reveal unconscious motivations.
- Jokes and asides


**The Doing: Interventions**

### Steps for Providing Effective Interpretation

1. **Begin with Case Conceptualization**

2. **Wait for the “Moment”**

3. **Work from the Present to Past**

4. **Assess Client Response:**
   - **Resist:** I don’t think that is what is happening at all?
   - **Agree:** Wow. I never thought of it before, but I think you are right?
   - **Somewhere in between:** I don’t know. Some of that might be true?

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**Empathy: Understanding-Explaining Sequence**

Two phases:

1. **Understanding:** An expression of empathy: “I can understand how my being late must have been upsetting for you.”

2. **Explanation:** Provides some form of interpretation that helps the client understand the source of the emotion: “We all care about how those around us see us and treat us, especially those who are important to use, much like are parents were to us years ago. Given your mother’s unpredictability and your father’s disinterest in you, my actions must have been especially upsetting.”

Kohut used these two together to express a therapeutic expression of empathy that provides a corrective emotional experience and helps clients develop more cohesive sense of self.
The Doing: Interventions

Free Association

- Involves asking a client to “just say what comes to mind” on a given topic such as “your mother,” allowing unconscious material to arise.
- The client may describe recent events, memories, feelings, fantasies, bodily sensations, or any other material.
- The analyst listens carefully for unusual connections, idiosyncratic logic, slips of the tongue, and efforts to edit or hold back.
- After this process the analyst may provide interpretations to help promote insight into the client’s process.

Dream Interpretation

- In the tradition of Freud, the dreamer—not the analyst—is the key to symbolic meaning of the dreams; there are no predetermined meanings: “sometimes a cigar is just a cigar!”
- Dreams have two layers of meaning:
  - the **manifest content**: the literal content of the dream
  - the **latent content**: is the underlying, unconscious material that must be interpreted to be accessed.
The Doing: Interventions

Intersubjectivity Responding

- Relational psychodynamic counselors rely on the counseling relationship itself to create opportunities for clients to gain insight and make change.

- Using postmodern approach: they do not necessarily relate every experience in the counseling relationship to childhood experiences, but instead stay focused on the present relationship and the client’s interpretations of it, which may be related to culture, gender, economic status, or education, as well as childhood experiences.

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Psychodynamic Treatment Plan Template

Initial Phase of Treatment (First 1-3 sessions)

Initial Phase Counseling Tasks

1. Develop working counseling relationship. Diversity note: Adapt style for ethnicity, gender, age, etc.
   
   Relationship building approach:
   
   a. Use empathy and mirroring to provide a supportive, holding environment for client.

2. Assess individual, systemic, and broader cultural dynamics. Diversity note: Adapt for family structure, ethnic/religious norms, gender, age, ability, sexual/gender orientation, etc.
Psychodynamic Treatment Plan Template

**Initial Phase of Treatment (First 1-3 sessions)**

**Initial Phase Counseling Tasks**

Assessment strategies:

a. Analyze **unconscious conflict** underlying symptoms and role of **defense mechanisms** in managing them.
b. Analyze **object relations** and **selfobjects** patterns, including expressions in current relationships and historical development during infancy.
c. Assess **relational matrix** and **culturally defined unconscious organizing principles** that shape the client’s worldview.

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**Initial Phase Client Goal (1-2 Goals): Manage crisis issues and/or reduce most distressing symptoms**

1. **Decrease** emotional reactivity to perceived **threats to self** to reduce [specific crisis symptoms].

**Interventions:**

a. Provide **empathy** using **understanding-explaining sequence** to reduce client’s inaccurate perceptions of external threat to self.
b. **Interpretation** to reduce need to use reactive **defense mechanisms** in response to incorrectly perceived threats.
Psychodynamic Treatment Plan Template

Working Phase of Treatment (Sessions 3+)

Working Phase Counseling Task

1. Monitor quality of the working alliance. Diversity note: Remain sensitive to relationship and conflict management patterns that may be related to gender, cultural, socioeconomic status, family dynamics, etc.
   
   Assessment Intervention:
   
   a. Monitor and work through transference and counter-transference.

Working Phase Client Goals (2-3 Goals). Target individual and relational dynamics using theoretical language (e.g., decrease avoidance of intimacy, increase awareness of emotion, increase agency, etc.)

1. Decrease use of [specify defense mechanism] to protect self from [specify perceived threat] to reduce [specific symptom: depression, anxiety, etc.].
   
   Interventions:
   
   a. Interpretation of role of defense mechanism and how it developed in early childhood experiences and is being inappropriately used currently.
   
   b. Analysis of transference in session when defenses are used in relationship to counselor.

2. Increase ego strength and self coherence to reduce [specific symptom: depression, anxiety, etc.].

   Interventions:

   a. Mirroring to confirm client’s sense of worth and value.
   
   b. Empathy using the understanding-explaining sequence to increase client’s sense of coherence.
   
   c. Dream interpretation and free association to bring sources of inner conflict to conscious awareness.
3. Increase sense of personal agency informed by emotional intelligence to reduce [specific symptom: depression, anxiety, etc.].

**Interventions:**

a. **Intersubjective responding** to increase client’s awareness of self in sessions vs. various emotional-relational contexts.

b. **Working through resistance** to translating insight into action.

**Closing Phase of Treatment (Last 2+ weeks)**

**Closing Phase Counseling Task**

1. Develop aftercare plan and maintain gains. **Diversity note:** Manage end of counseling by adjusting for socio-cultural and gender expectations for handling loss.

**Intervention:**

a. Analyzing **transference** and abandonment issues as impending termination approaches.

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**Closing Client Goals (1-2 Goals): Determined by theory’s definition of health and normalcy**

1. Decrease internal conflict while increasing personality integration to reduce potential for relapse in [specific symptom: depression, anxiety, etc.].

**Interventions:**

a. Dream analysis, free association, and analysis of transference to identify internal conflicts generally and those related to ending treatment specifically.

b. Enable client to identify, consciously contain, and successfully manage internal conflicts to allow for fuller personality integration.
Psychodynamic Treatment Plan Template

Closing Client Goals (1-2 Goals):
2. Increase ability to experience mature dependency and intimacy to reduce potential for relapse in [specific symptom: depression, anxiety, etc.].

Interventions:
   a. Analyze transference and work through resistance to intimacy in in-session and out-of-session relationships.
   b. Intersubjective responding to critically examine the unconscious organizing principles the client uses to relate to others.