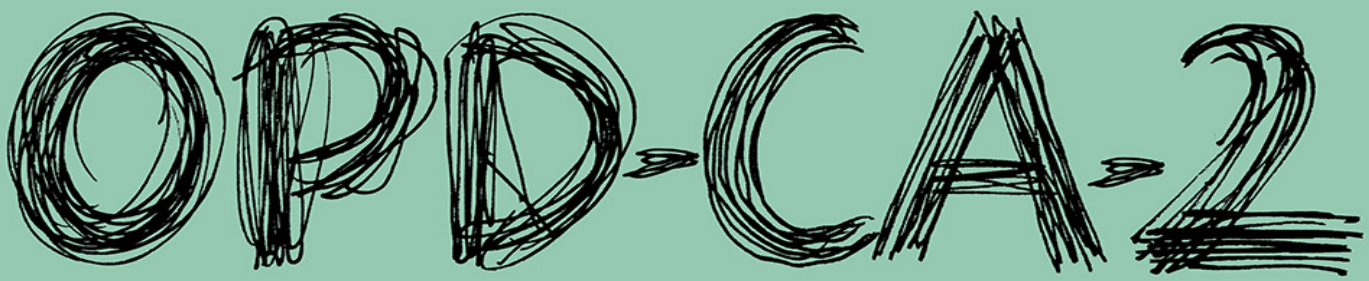

OPD-CA-2
Task Force
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Operationalized Psychodynamic Diagnosis in Childhood and Adolescence

Theoretical Basis and User Manual

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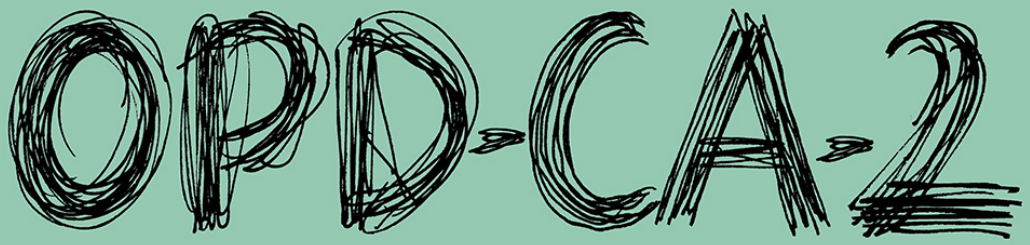

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OPD-CA-2 Operationalized Psychodynamic Diagnosis in Childhood and Adolescence

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Edited by
OPD-CA-2 Task Force, Franz Resch, Georg Romer, Klaus Schmeck, and Inge Seiffge-Krenke

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Foreword

The entire OPD Task Force is pleased to congratulate the group members of the Child and Adolescent OPD Task Force on the second edition of *Operationalized Psychodynamic Diagnosis in Childhood and Adolescence* (OPD-CA). The work has been a great success and we congratulate the group members on this enormous achievement!

The second edition of OPD-CA has not only been revised but has been redesigned in many areas. The experiences gathered in training seminars over the past several years have contributed significantly to OPD-CA-2 being more user-friendly and more theoretically sound than its predecessor.

The revised version presents a diagnostic system for children and adolescents which, among other things, allows the determination of therapeutic goals. It is possible to use the tool to formulate points of focus in therapy and to develop therapy plans.

For a child who seeks and requires therapeutic help psychodynamic formulations can be developed which not only determine the symptoms but explain them as well. Such formulations are the core of a case report that must be able to record and describe the currently active psychological dimensions. OPD does exactly that by evaluating these dimensions on 4 axes. In addition, OPD can

help to explain why a patient developed a specific problem at a given time and why he or she maintains it. This is clinically relevant because the psychological factors involved in the development of the problem or the onset of symptoms are often the same factors on which therapy should focus.

OPD can also capture the attachment and relationship representations a child has acquired in the family or in other developmental contexts, his or her internal conflicts and mental structure. OPD describes these aspects as psychodynamic case formulations in relation not only to the present but also to past and future circumstances. Based on the biography of the patient, key psychodynamic concepts that shape current relationships can be understood; wishes and desires for the future can be explained. Formulations developed with the help of this manual prove their clinical validity by allowing practitioners to make predictions about the individual's mental functioning in future situations. This |XII| makes it possible to develop hypotheses as to how a child or adolescent will react in certain situations and which therapeutic approaches will be effective.

This new manual is now used for OPD-CA training seminars and will be used in a number of research projects. We hope that many researchers and practitioners in the field of child and adolescent psychiatry and psychotherapy will make use of this manual. We look forward to the results! On behalf of the entire OPD group, I hope that OPD-CA-2 will play an integral role in psychotherapeutic practice, continuing education, and research.

Manfred Cierpka, OPD
Spokesperson

Foreword

The diagnostic categories of the DSM and the ICD systems provide important information geared to formulate therapeutic intervention for psychopathological syndromes. However, only an enriched psychodynamic diagnostic formulation permits to institute a highly personalized, individually tailored therapeutic program for these conditions. The problem is the often imprecise, impressionistic quality of psychodynamic formulations. This problem becomes greater in the diagnostic evaluation of children and adolescents, where a developmental perspective and an assessment of environmental constraints and resources are crucial contributors to the formulation of a comprehensive and practical therapeutic approach.

The OPD-CA-2 diagnostic approach responds effectively to these challenges. The present, English version of that approach presents a clear and comprehensive diagnostic approach that includes both the categorical, descriptive phenomenology of standard psychiatric classification and a clear, updated system of psychodynamic inquiry that enriches psychiatric diagnosis with the formulation of four psychodynamic axes. These axes integrate a developmental perceptive with specific assessment of interpersonal relations, dominant conflicts, intrapsychic structure, and prerequisites for treatment. It is a comprehensive,

empirically based and clinically tested approach to the diagnosis and treatment indications for the entire field of child and adolescent psychopathology. I warmly recommend it to all child and adolescent psychiatrists, psychologists, and social workers as an essential contribution to clinical practice.

Otto F. Kernberg,
Professor Emeritus of
Psychiatry

Preface

Diagnostics for children and adolescents have multiple functions. Disentangling between normative development and psychopathology, and clarifying the indication for psychotherapy are essential elements of the diagnostic process, after which practitioners also have to decide about which specific therapeutic technique is most appropriate for a child or adolescent patient. Given the recent development towards evidence-based medicine, the appropriate assignment to specific therapeutic techniques has become more and more important and is one of the corner stones of therapeutic success.

However, current diagnostic systems are too limited to answer all these clinically and empirically relevant questions. Nosological classification via DSM-5 or ICD-10 is important, but not sufficient for therapeutic work. Furthermore, we need specific indices to measure therapeutic progress. With this book, we present the first empirically based assessment tool for psychodynamically relevant dimensions in child and adolescent psychotherapy.

The OPD-CA-2 provides helpful tools for the indication of treatment, the planning of treatment and its evaluation. Important dimensions such as the quality of relationships to significant others (including the therapist), structural functioning of the patient (such as his or her capacity for

emotion regulation), prevailing intrapsychic conflict issues which hinder functional development as well as treatment requirements (such as treatment motivation) can be assessed. The instruments presented cover a wide range of assessment which can be applied to the child and his or her parents. They relate diagnostic questions to the main developmental areas in childhood or adolescence, such as school, family, peers, and health. Starting from the diagnostic interview, these tools allow all relevant diagnostic categories to be coded. Correspondingly they can also be used for the evaluation of treatment.

This book presents the results of 30 years of collaborative work of practitioners and researchers from different fields such as child and adolescent psychiatry, child and adolescent psychotherapy, and developmental psychology. The OPD-CA Task Force has, over the decades, refined the conceptual work in all diagnostically relevant dimensions, improved the reliability and validity of the instruments, documented its empirical significance in a number of studies with various clinical samples, and provided helpful clinical tools and case studies for practical application. After several revisions of the instrument and extensive usage in Germany, we now want to make the instrument available to colleagues in research and practice in other countries. On behalf of the Task Force OPD-CA-2, we wish you every success with the implementation of the instrument and we are eager to learn about your experiences and results with the instrument. Feel free to contact us whenever questions or suggestions arise from your work with the instrument, be it in clinical practice or research. This will help us to make

the future OPD-CA even more applicable in different cultural contexts.

Franz Resch
Georg Romer
Klaus Schmeck
Inge Seiffge-Krenke

|1| PART 1: THE OPD-CA-2

|3|

1. Introduction

Beginning in 1992, the *Operationalisierte Psychodynamische Diagnostik* (in English *Operationalized Psychodynamic Diagnostics,* OPD) for adults was developed for German-speaking countries (Arbeitskreis OPD, 1996) and then later revised (Arbeitskreis OPD, 2006). The English versions of the Manual were published a bit later (OPD Task Force, 2001, 2008). The OPD is a system with psychodynamically based diagnostic axes for supplementing and expanding nosological classification schemes (such as DSM-5 in the USA, American Psychiatric Association, 2015; ICD-10 in Europe, World Health Organisation, 1992).

The result is an instrument that both takes into account psychodynamic theory and attempts to improve interrater reliability in the psychodynamic assessment of mental states. This instrument is intended to remedy the fuzziness of psychoanalytic concepts – often criticised by other therapy approaches – through definitional principles. Of course, the reduction of fuzziness and ambiguity necessarily entails a curtailment of some theoretical models, which is appropriate given the practical diagnostic and therapeutic considerations.

From the outset, the OPD and the *Operationalized Psychodynamic Diagnosis in Childhood and Adolescence* (OPD-CA; in German *Operationalisierte Psychodynamische*