

# Psychodynamic Formulation



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# Table of Contents

[Title Page](#)

[Copyright](#)

[Dedication](#)

[Acknowledgments](#)

[Introduction](#)

## [Part One: Introduction to the Psychodynamic Formulation](#)

[Chapter 1: What is a Psychodynamic  
Formulation?](#)

[What is a formulation?](#)

[What makes a formulation psychodynamic?](#)

[A developmental process](#)

[Nature or nurture?](#)

[More than reporting](#)

[Different kinds of psychodynamic formulations](#)

[Not a static process](#)

[Formulating psychodynamically is ultimately a  
way of thinking](#)

## Chapter 2: How do We Use Psychodynamic Formulations?

Formulation is our map

Using a psychodynamic formulation in treatment

Do we share our formulations with our patients?

## Chapter 3: How do We Construct a Psychodynamic Formulation?

The three basic steps to create a psychodynamic formulation

Part One References

## Part Two: Describe

### Chapter 4: Self

Defining the area: self

Variables for describing patterns related to the self

Learning about patterns related to the self

Describing self-experience

### Chapter 5: Relationships

Defining the area: relationships

Variables for describing patterns related to relationships

Variability in relationship patterns

Learning about relationships

Describing relationships

## Chapter 6: Adapting

Defining the area: adapting

Variables for describing patterns of adapting

Learning about how someone adapts

Describing adapting

## Chapter 7: Cognition

Defining the area: cognition

Variables for describing cognition

Learning about cognition

Describing patterns related to cognition

## Chapter 8: Work and Play

Defining the area: work and play

Variables for describing work and play

Learning about work and play

Describing work and play patterns

## Putting it Together—A Description of Problems and Patterns

Presentation

Describe

Part Two References

## Part Three: Review

## Chapter 9: What We're Born with— Genetics and Prenatal Development

Genetics and heredity

Prenatal development

Prematurity and peripartum brain injury

Nature and nurture—a two-way street

Resilience

Adult problems and patterns that suggest a genetic or prenatal origin

Taking a developmental history of the prenatal phase

Taking a developmental history from adults who do not know their biological parents

## Chapter 10: The Earliest Years

Connecting to the primary caregiver

“Good enough” parenting

What develops during the earliest years?

Adult problems and patterns that suggest origins in the earliest years

Taking a developmental history of the earliest years

## Chapter 11: Middle Childhood

From two-person relationships to three-person relationships

Three-person relationships

What develops during middle childhood?

The role of temperament and psychiatric disorders during middle childhood

Negotiating middle childhood when there have been earlier problems

[Adult problems and patterns that suggest origins in middle childhood](#)

[Taking a developmental history of the middle childhood years](#)

[Beyond the triad](#)

## [Chapter 12: Later Childhood, Adolescence, and Adulthood](#)

[Development beyond the early years](#)

[Later childhood: 6-12 years](#)

[Adolescence: 13-18 years](#)

[Young adulthood: 18-23 years](#)

[Adulthood: 23 years and beyond](#)

[Taking a developmental history of these periods](#)

[Remembering the whole life cycle](#)

## [Putting it Together—A Developmental History](#)

[Presentation](#)

[Developmental history](#)

[Part Three References](#)

## [Part Four: Link](#)

### [Chapter 13: Trauma](#)

[What is trauma?](#)

[Basic ideas about how trauma can affect development](#)

[Linking problems and patterns to the impact of trauma](#)

[A sample formulation—linking to trauma](#)

[Linking to trauma guides treatment](#)

## [Chapter 14: Early Cognitive and Emotional Difficulties](#)

[Why talk about difficulties rather than disorders?](#)

[Basics related to the impact of cognitive and emotional difficulties on development](#)

[Parental response and early treatment can help mitigate the impact of cognitive and emotional difficulties on development](#)

[Linking problems and patterns to the impact of early cognitive and emotional difficulties](#)

[A sample formulation—linking to the impact of early cognitive and emotional difficulties](#)

[Linking to early cognitive and emotional difficulties guides treatment](#)

## [Chapter 15: Conflict and Defense](#)

[Conflict and compromise](#)

[Basics of ego psychology](#)

[Linking problems and patterns to conflict and defense](#)

[A sample formulation—linking to conflict and defense](#)

[Linking to unconscious conflict and defense guides treatment](#)

## Chapter 16: Relationships with Others

Basics of object relations theory

Relationship patterns are multidimensional

Linking problems and patterns to relationships with others

A sample formulation—linking to relationships with others

Linking to relationships with others guides treatment

## Chapter 17: The Development of the Self

Basics of self psychology

Linking problems and patterns to the development of the self

A sample formulation—linking to the development of the self

Linking to the development of the self guides treatment

## Chapter 18: Attachment

Basics of attachment theory

Linking problems and patterns to attachment styles

A sample formulation—linking to attachment

Linking to attachment styles guides treatment

## Putting it Together – A Psychodynamic Formulation

Presentation



[Describe](#)

[Review](#)

[Link](#)

[Part Four References](#)

## [Part Five: Psychodynamic Formulations in Clinical Practice](#)

### [Chapter 19: Psychodynamic Formulations in Acute Care Settings](#)

[Psychodynamic formulations help in all settings](#)  
[Challenges of psychodynamic formulation in the acute care setting](#)

### [Chapter 20: Psychodynamic Formulation in Pharmacologic Treatment](#)

[A psychodynamic formulation helps guide pharmacologic treatment](#)  
[Gathering information for a targeted formulation in pharmacologic treatment](#)  
[Constructing a psychodynamic formulation in a psychopharmacologic treatment](#)

### [Chapter 21: Psychodynamic Formulation in Long-Term Psychodynamic Psychotherapy: Revising Over Time](#)

[Formulations change over time](#)  
[Initial presentation](#)

[Describe](#)

[Review the developmental history](#)

[Link](#)

[Use of the formulation](#)

## [Chapter 22: Sharing Formulations with Our Patients](#)

[How do we decide how and when to share formulations?](#)

[Situations in which sharing formulations is particularly helpful](#)

[Generating a life narrative](#)

[Part Five References](#)

## [Epilogue](#)

[A new set of clinical skills](#)

[A new way to understand your patients](#)

[From formulation to treatment](#)

[An invitation to curiosity](#)

## [Appendix—How to Use Psychodynamic Formulation: A Guide for Educators](#)

[Describe](#)

[Review](#)

[Organizing ideas about development](#)

[Link](#)

[Using formulations to guide treatment](#)

## [Recommended Reading](#)

[Recommended Reading: Part One](#)  
[Recommended Reading: Part Two](#)  
[Recommended Reading: Part Three](#)  
[Recommended Reading: Part Four](#)  
[Recommended Reading: Part Five](#)

[Index](#)

# Psychodynamic Formulation

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For our families:  
Thomas, William and Daniel  
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Michael, Sam and Jacob  
Eric, Lena and Maia

This book may be seen as a companion to Psychodynamic Psychotherapy: A clinical manual. For details, see [www.wiley.com](http://www.wiley.com) or scan this QR code:



# Acknowledgments

Constructing a psychodynamic formulation is one thing, but trying to teach someone else to construct one is something else entirely. It's like trying to teach someone to tie a shoe. You know how to do it, but what are the steps? How do you put things together? What do you have to know in order to do it? This is what my coauthors and I tried to figure out. The result is our DESCRIBE/REVIEW/LINK method and a curriculum that helps students learn why psychodynamic formulations are important and how to construct them from the bottom up. Along the way, Sabrina Cherry and I wrote formulations and discussed our thought process over countless phone calls; Carolyn Douglas helped to keep us balanced between nature and nurture; Ruth Graver helped to devise a wonderful, dimensional way to describe function; and Anna Schwartz reminded us of the centrality of trauma and the utility of formulations in multiple settings. Both *Psychodynamic Psychotherapy: A Clinical Manual* and *Psychodynamic Formulation* would not be what they are if not for this incredible team of women who are outstanding clinicians, educators, and writers. I am, as ever, grateful for their time, effort, creativity, and friendship.

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I'd also like to thank the many students and educators who are using and enjoying *Psychodynamic Psychotherapy: A Clinical Manual*. The overwhelmingly positive response we got to the *Manual* energized us write this companion volume. We are delighted that it has helped to make psychodynamic technique more understandable, and we hope that this book does the same for psychodynamic formulation.

Older and wiser than they were when we wrote the first book, my children William and Daniel are now resigned to the idea that their mom likes writing on nights and weekends. I know that they are proud of me and of the work I'm doing. They will be ready to edit the next book. And, once again, Thomas read every word—sometimes twice—and kept the faith even when I didn't. I couldn't do any of it without him.

Deborah L. Cabaniss  
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# Introduction

When we look up at the Rocky Mountains, we see some of the most beautiful scenery on Earth. If asked to describe it, we could wax poetic about the snow capped peaks, alpine meadows, and craggy ravines. That's what they are now—that's what we see. But how did the Rockies get to be the Rockies? How did they form? To figure that out, geologists have used information gathered from the rocks themselves, as well as theories about plate tectonics, to hypothesize that the Rockies arose when two continental plates collided. No one on Earth saw this happen—in fact, no one has ever seen a tectonic plate. However, the evidence is good that forces moving beneath the Earth's surface millions of years ago led to the formation of one of the most beautiful places on the globe. These subterranean forces, in addition to millions of years of rain, snow, ice, and wind, made the Rockies what they are today. This hypothesis helps us understand the history of our planet and predict the way the Earth will continue to change in response to forces working below and above the surface.

When we meet adult patients, we see what they are like now. We hear their speech, observe their behaviors, and listen to their ideas. But how did they come to be the way they are? What forces shaped them? Like geologists, psychodynamic psychotherapists look beyond the surface for answers to these questions. They hypothesize that people are shaped by forces working both beneath and above the surface over time, and they believe that thinking about how that happened is important for understanding a person's past, present, and future. Their hypotheses are their **psychodynamic formulations**, and these

formulations are essential to every aspect of the way they treat their patients.

Students and clinicians are often needlessly daunted by the prospect of creating psychodynamic formulations, wondering how they can learn about subterranean forces that even their patients cannot easily access. While it takes time and thought, every clinician can learn to construct psychodynamic formulations using three steps:

- 1. DESCRIBING** the patient's problems and patterns
- 2. REVIEWING** the patient's developmental history
- 3. LINKING** the problems and patterns to the history using organizing ideas about development

This book will teach you each of these three steps using clear language and illustrative examples. **Part One** will introduce you to the psychodynamic formulation and the DESCRIBE/REVIEW/LINK method; **Part Two** will teach you to DESCRIBE problems and patterns; **Part Three** will teach you to REVIEW the developmental history; and **Part Four** will teach you the various ways of LINKING the problems and patterns to the history using different organizing ideas about development. **Part Five** will offer ways to use psychodynamic formulations in various clinical situations and settings. Finally, Parts Two-Four are followed by **Putting it Together** sections that offer full, clinical illustrations of the part of the formulation you've just learned about. Note that all of the clinical examples in the book feature fictional people.

A psychodynamic approach to case formulation is unique in that it considers the way the unconscious mind affects our thoughts, feelings, and behavior. However, as psychodynamic psychotherapists, we are interested in everything that has affected and will affect our patients. This includes both nature and nurture. For this reason, we have intentionally included a considerable amount of information about genetics, temperament, and trauma and

the way in which they impact development. It is our firm belief that we should not construct psychodynamic formulations in silos - we cannot hypothesize about the development of our unconscious thoughts and feelings without considering the impact of our endowment and early cognitive and emotional problems on that development. Our hope is that this will encourage you to think broadly about the myriad factors that have affected the way your patients think, feel, and behave.

This book is appropriate for medical students, social work students, psychology students, psychiatry residents, and practicing clinicians. It can be used by individuals who are interested in learning about psychodynamic formulation on their own, as well as by students and teachers in educational settings. Our students learn to DESCRIBE in their earliest years of training, to REVIEW developmental histories slightly later, and to LINK once they have a substantial amount of clinical experience (see Appendix for more specifics). Whether you are an individual learner or an educator, we suggest that using *Psychodynamic Formulation* in this stepwise fashion will help you and/or your students to learn to construct psychodynamic formulations without feeling overwhelmed by the task.

Constructing formulations is not just an interesting exercise—it's an essential part of how we treat our patients. Although this book will teach you to *write* a psychodynamic formulation, our true goal is for you to use what you learn here to constantly *think* about psychodynamic formulations for every patient you see. Without psychodynamic formulations, we can only see the surface—we cannot understand the extraordinary forces that work together to shape the way people think, feel, and behave. It is this understanding that helps us to know what our patients need to learn about themselves, and what they need to develop,

in order to live more satisfying, freer lives. So, let's move on to begin learning about *Psychodynamic Formulation*.



# **Part One: Introduction to the Psychodynamic Formulation**

# Chapter 1

## What is a Psychodynamic Formulation?

### Key concepts

A formulation is an explanation or hypothesis.

A case formulation is an hypothesis that helps us to answer questions about the way a patient thinks, feels, and behaves.

A psychodynamic formulation is an hypothesis about the way a person thinks, feels, and behaves, which considers the impact and development of unconscious thoughts and feelings.

A person's development is affected by both hereditary and environmental influences, and thus, both should be included in a psychodynamic formulation.

Psychodynamic formulations do not offer definitive explanations; rather, they are hypotheses that we can change over time.

## What is a formulation?

*Very nice history. Now can you formulate the case?*

All mental health trainees have heard this, but what does it mean? How does one formulate a case? Why is it important?

Formulating means explaining—or better still, hypothesizing. All health care professionals construct **formulations** all the time to understand their patients' problems. In mental health fields, the kinds of problems that we are trying to understand involve the way our patients think, feel, and behave. We often call this kind of formulation a **case formulation**. When we formulate cases, we are not only thinking about *what* people think, feel, and behave but also *why* they do. For example,

*Why is she behaving this way?*

*Why does he think that about himself?*

*Why is she responding to me like this?*

*Why is that his way of dealing with stress?*

*Why is she having difficulty working and enjoying herself?*

*What is preventing him from living the life he wants to lead?*

Different etiologies suggest different treatments; thus, having hypotheses about these questions is vital for recommending and conducting the treatment.

## **What makes a formulation psychodynamic?**

There are many different kinds of case formulations [1-3]. There are cognitive behavioral therapy (**CBT**) formulations, psychopharmacologic formulations, and family systems formulations—just to name a few. Each type of formulation is based on a different idea about what causes the kinds of problems that bring people to mental health treatment.

One way of thinking about this postulates that these problems are often caused by thoughts and feelings that are

out of awareness—that is, that are **unconscious**. This is called a **psychodynamic frame of reference**. Thus, a psychodynamic formulation is an hypothesis about the way a person's unconscious thoughts and feelings may be causing the difficulties that have led him/her to treatment. This is important to understand, as helping people to become aware of their unconscious thoughts and feelings is an important psychodynamic technique.

## **A developmental process**

It's well known that psychodynamically oriented mental health professionals are interested in their patients' childhoods. But why? Well, using psychodynamic technique is about more than just helping people to become aware of their unconscious thoughts and feelings—it's also about understanding how and why those unconscious thoughts and feelings developed. We can use that understanding in many different ways when we treat our patients. Sometimes we share this understanding with our patients to help them see that they are behaving as if earlier conditions still persist:

### **Example**

*Mr A's mother, while loving, was extremely undependable. For example, she frequently forgot to pick him up from school. As an adult, Mr A has difficulty believing that his friends and lovers will be consistent in their relationships with him. His therapist is able to help him see that this difficulty may have stemmed from his out-of-awareness fear that people in his adult life will behave as his mother did.*

At other times, we use this understanding to help patients develop capacities that were not fully formed during their earlier years:

## **Example**

*Ms B, a brilliant student, is unable to think highly of her accomplishments. Raised in foster care, she never received praise for her talents. Understanding this, her therapist is able to help her to believe that her perception of herself is not consonant with her abilities. Over time, she is able to develop new ways of managing her self-esteem.*

Finally, we can help support patients' functioning that is impaired by acute or chronic problems:

## **Example**

*Mr C presents for therapy because he is having difficulty handling his children during his long divorce. He describes feeling that his parents' divorce, which happened early in his life, had catastrophic effects on his development. His therapist helps him to acknowledge his fear that his divorce will permanently damage his children and to understand the way in which this fear is affecting his parenting. This helps him to relax with his children and to develop alternate strategies for engaging them.*

Although their techniques are different, each of these therapists uses an understanding of the patient's development to guide the treatment. Thus, our psychodynamic formulations need to include

- 1.** ideas about how unconscious thoughts and feelings might affect our patients' problems
- 2.** ideas about how those unconscious thoughts and feelings might have developed

That's all well and good, but how can we understand a developmental process that has already occurred? Even with camcorders and scrapbooks, we can't go back in time with people to watch their development unfold. In this way, constructing a psychodynamic formulation is a lot like being

a detective trying to solve a mystery—the deed is done and we have to look backward and retrace our steps in order to crack the case. Like the detective, we work retrospectively when we construct a psychodynamic formulation—that is, we first look at our patients' problems and patterns and then scroll back through their personal histories to try to understand their development.

## Nature or nurture?

So how *do* our characteristic patterns of thinking, feeling, and behaving develop? John Locke said that each person is born as a blank slate—a *tabula rasa* [4]. E. O. Wilson argued that social behavior is shaped almost entirely by genetics [5]. Nature—nurture—we have to believe that it isn't one OR the other but BOTH. Freud called the nature part “constitutional factors” and the nurture part “accidental factors” [6]. However you think about it, people come into the world with a certain genetic loading and then continue to develop as they interact with their environment. The more we learn about the interrelationship between genes and environment, the clearer it is that our genetics shape our experience and vice versa, so some complex interaction between the two results in our characteristic views of ourselves, the way we relate to other people, and our methods for adapting to stress. Thus, in thinking about how to understand and describe how our patients develop, we have to consider genetic, temperamental, and environmental factors.

## More than reporting

A news story gives a report of *what* happened; a psychodynamic formulation offers an hypothesis of *why*