FORMULATION

A psychodynamic formulation masterclass with Nancy McWilliams

Charles Le Feuvre and George Halasz

Objective: *The aim of this paper was to assess the value of a psychodynamic formulation masterclass.*

Method: *Formal feedback from the presenters at a masterclass at the 2010 RANZCP Congress was obtained and arranged under different themes.*

Results: *The importance of counter-transference, reevaluating the case and supervision, witnessing the skill of an expert, the sense of containment and validation, and the importance of formulation were significant themes that emerged.*

Conclusions: *The results provided evidence both for the importance of psychodynamic formulation and for the use of a psychodynamic formulation masterclass.*

Key words: *case formulation, masterclass, psychodynamic psychotherapy.*

A case formulation is of great value in clinical psychiatry. In psychotherapy practice[1] it is regarded as essential. As Mace and Binyon state, "A key advantage of formulation over diagnosis is that it can be used to predict how an individual might respond in certain situations and to various psychotherapies."[2]

The process of case formulation has been somewhat lost in general psychiatric practice and largely replaced by a DSM based multi-axial diagnosis which tends to look at the "facts" of the situation rather than making inferences about underlying processes.[3,4,5] As Sim et al. state, "Despite the acknowledgement that case formulation is a basic, necessary and key clinical skill, it is largely undertaught and underlearned."[6] They further state that formulation can fill the "gap between diagnosis and treatment and can be seen to lie at the intersection of etiology and description, theory and practice, and science and art."

Those present at the 2010 RANZCP Congress in Auckland were privileged to see an experienced and expert psychotherapist creating psychodynamic formulations of patients *in vivo*, after each of three trainees presented 20-minute summaries. It was hoped that Dr Nancy McWilliams's formulations would be a very valuable experience both for trainee and more experienced psychotherapists in the large audience of over 200 delegates. From the feedback, no-one left disappointed; the experience of seeing formulation in action impressed all present.

This master class had three presenters, one from New Zealand and two from states within Australia. With a supervisor from the US, it was a tri-national event! For this paper, the presenters were asked to write about their experience of the workshop. Their responses highlight pivotal moments in the workshop, demonstrating the value of rethinking their case work. The particular experiences of the presenters, based on formal feedback, as well as informal comments from delegates who witnessed the event, may inspire people to arrange similar workshops.

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Having three cases meant that the cases could be compared and contrasted in terms of level of personality organization, underlying issues, the different types of approach that were appropriate, and the progress and prognosis of the therapy.

Not only were the counter-transference responses of the presenter and Dr McWilliams herself used by Dr McWilliams to help formulate the case, but also the reaction of the audience in this unique workshop setting, unlike individual or small group supervision, was considered. For example, during one presentation there was considerable laughter from the audience which was incorporated by Dr McWilliams as one of the key elements leading to the formulation of a hypomanic personality style.

THE WORKSHOP

Organization and process

The workshop was advertised in an email asking for volunteers to present material. Originally, the first author (C.LeF) envisaged that there would only be one patient presented, but there were a number of volunteers. C.LeF contacted Dr McWilliams and she was happy to have two or three presenters in the 90-minute workshop. C.LeF contacted all the volunteers by phone to get some sense of the volunteer and the type of patient, and discussed suitability with a number of colleagues.

The presenters were selected on the basis of: (i) the clarity of the presenter; (ii) the sense of the capacity of the presenter to manage the format effectively; (iii) the nature of the patient – very complex patients where psychiatric management issues and/or profound interpersonal issues predominated, were excluded.

The three presenters chosen were all seeing their patients for psychodynamic psychotherapy. The presenters were either doing RANZCP basic training or advanced training in the psychotherapies. The trainees were informed that they could present their cases and that there would be limited time for each case (30 minutes in total, including Dr McWilliams's formulation). There was no further discussion prior to the workshop.

During the workshop, the presenters sat on the stage, together with Dr McWilliams and C.LeF. They presented material about their patients and then Dr McWilliams responded by suggesting important elements within the case formulation.

The experience of the presenters

The following quotes from the presenters' reflections after the workshop are grouped under different themes. In terms of overall expectations, one suggested

> Our session was held in the very large main conference hall, with spotlights, raised dais and more than 200 people present; not quite what I had expected!

The importance of counter-transference

In presenting a psychotherapy case to an audience of psychiatrists/therapists and to psychoanalyst Dr McWilliams, how much of the counter-transference should one reveal? It is a natural inclination not to want to "let it all hang out", for this is rather exposing to a novice therapist. It is tempting to edit some of the details so as not to reveal too much of oneself. I considered the dilemma of how to present the counter-transference with my registrar peer group, with whom I had explored some of the richly affective aspects of my case in detail. My facilitator said: "What you feel about the case is so important … this is the stuff she [Dr McWilliams] can use to formulate it".

Dr McWilliams started the session of *in vivo* case formulation by saying she felt a little intimidated. So did I, aware that this was a very different type of case presentation, that in articulating my feelings in the counter-transference, I was opening myself up to some scrutiny, albeit from a listening and receptive audience. This was somewhat anxiety-provoking but I was curious to hear what she had to say. I do believe it gave her the opportunity to identify my patient's key conflicts – the difficulty of separation-individuation with her mother, her borderline level of organization, her use of splitting and regression as defence mechanisms, and the challenges in providing therapy to such a patient.

Re-evaluating the case and supervision

Although initially daunting, I found the format useful in that it was somewhat like a case presentation for grand rounds; I was forced to reconsider my client and try to extract the most illuminating material from more than 50 sessions of psychotherapy without losing the essence of the case. This was useful in its own right as a way of forcing me to look at the person through a different lens. Nancy was gracious in handling our nervousness, and focused in her formulation.

Before I had even covered all of the material, she gave me a diagnosis I had not heard of before. The importance of the diagnosis was that it led to implications, such as the best way of approaching the client, things to avoid, and an explanation of some of the unexpected difficulties I had been having in the therapy. One of the most important pieces of advice from Nancy was that generally in psychotherapy you do not "confront" the client with your diagnosis and the arising defences. However, in a person with my client's diagnosis, I should confront them with their terror of attachment and use of denial. Initially, I was not certain about Nancy's explanation, but after reflection have seen it as very important to understanding the client; this made the trip to NZ worthwhile for that experience alone.

Her thoughtful responses did not contain any surprises but allowed me to reflect on how good my supervision had been.

Witnessing the skill of an expert

Nancy's accurate distillation of my patient's story helped me to hold my patient more securely in mind.

I was impressed by her skill in recognizing patterns in the transference. I considered this no small feat; she had grasped the essence of the case which had taken me nearly forty hours of therapy with the patient and countless more hours of thinking to process.

The sense of containment and validation

My worst fears were soon cast aside, however, by the air of calm understanding in the room.

All present heard my patient's story with respect and compassion.

It involved exposing oneself, but without risk there is no reward; the experience was both enriching and validating.

The importance of formulation

As therapists, our ability to formulate is our greatest tool, but this is a realization to which I have arrived only latterly. I remember my attempts to fit a person into the "predisposing, precipitating, perpetuating" grid as a necessary item to include in presentations without really understanding its value. Seeing the emphasis placed on this by a therapist with 30 years of experience has served to reinforce the importance of this basic clinical skill in our day-to-day practice. At the end of the day, what is most important is the clinical work. This experience has helped me to solidify my desire to continue with this work.

CONCLUSION

The workshop provided evidence of the value of psychodynamic formulation in three very different cases. Inferences about underlying processes were stated to be helpful by the presenters both in terms of enhanced understanding and also for suggesting therapeutic approaches. The use of the counter-transference was seen as a very important tool for reaching the formulation.

Psychodynamic formulation, with its ideographic approach, allows for a richer and more subtle characterization of the person, an essential adjunct to diagnosis. The diagnostic approach may also be improved if the narrow DSM approach is complemented by the more "formulation friendly" approach of the *Psychodynamic Diagnostic Manual* (PDM).[7] The PDM includes elements of dynamic case formulation and its approach to personality diagnosis is psychodynamic in nature. Indeed, one of the presenters used the term "diagnosis" to refer to personality pattern.

As well as allowing the presenters to get valuable feedback on their cases the masterclass was successful in other ways. Firstly, the structure, though initially intimidating, could also be containing and validating. Secondly, it allowed all present to witness the expertise of Dr McWilliams. Finally, in addition to learning about formulation in individual or group supervision or small group seminars,[8] a masterclass such as this can be both instructive and inspirational.

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DISCLOSURE

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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