

The Case Conference Seminar and Individual Tutorial

General Purposes

Many licensed therapists of all disciplines wish to further their understanding of themselves and how they work, thereby further developing their skills as therapists. Studying psychotherapy theory and practice is one effective way of broadening the perspectives through which therapists listen to the people who come to them for help. The dynamic psychotherapy tutorial aims at demonstrating with clarity and depth the varieties of transference, resistance, and countertransference situations that arise in the course of intense human relationships. The tutorial seeks to study the many types of interpretive activities that become possible as the therapeutic process unfolds and different phases of developmental experience are being presented to the therapist for consideration. Occasionally an advanced trainee who is a candidate for licensure may be admitted to a group but only with full written authorization from his or her supervisor.

The Nature of the Case Conference Seminar

Groups of six to eight professional therapists typically meet ninety minutes weekly on an ongoing basis. Group members take turns each week presenting some aspect of their work that they are seeking to understand more fully. Group discussion considers the therapist's presentation and the issues it raises for everyone. Once a month the group reads a notable article or book and spends the session discussing the theoretical and practical issues it raises.

Ethical constraints in a tutorial require that a therapist fully disguise the case material, meaning that the material to be discussed is necessarily partial, selected, anecdotal, or even deliberately distorted.

This ethical consideration limits severely the comprehensiveness and reliability of the material to be studied. **This means in general that the therapist cannot seek or expect direct advice from the group or from the tutor about the treatment.** Nor are the group members free to offer advice about the treatment based upon solid familiarity with the facts. Substantive issues for discussion revolve around the case history, the development of transference and resistance, the emerging countertransference, and general issues about how the relationship is evolving. A few recommendations may be made: that the client be referred to a psychiatrist for evaluation for medication, hospitalization, or intensive day treatment; that a substance abuse, eating disorder, or other specialty treatment program be initiated; that action be taken regarding some form of molest or abuse; that some “Tarasoff” action be taken; that educational, vocational, or other type of outside consultation be sought; that the therapist take the case for ongoing, in-depth case consultation or supervision, or that a third party case monitor be designated. All material discussed in the seminar is strictly confidential, including infractions of laws and ethics, unless a situation of mandated reporting should occur.

Some General Recommendations to Therapists

1. Brief notes should be kept on all client contacts and detailed notes kept on critical incidents and consultations. Records of all past medical, psychiatric, and psychotherapeutic treatment should be obtained for your files.
2. Transference and countertransference themes should be spelled out in the case record with speculations about how those themes might affect the future relationship and what danger they may pose to the therapeutic relationship. Disclosures of countertransference material should be documented for therapeutic intent, content, reaction, discussion, and follow-up.

3. All forms of physical contact should be avoided if possible. Whenever unusual procedures or acts are engaged in (like touching, hugging, extra sessions, or phone calls) the complete rationale needs to be carefully noted and perhaps third-party opinion sought. "A.A.-type hugs," routine handshakes, or other ritual behaviors may have many hidden transferential meanings that only later may disruptively emerge. There are many ways to work through the avoidance of these forms of contact. The therapist's willingness to engage in such unusual practices may be harmless or at times essential to the uninterrupted or undisturbed flow of the relationship as the replicated symbiotic transference unfolds.

Specific forms of concrete interpretive touching need to be well conceived and documented. But the danger is often that the therapist may be tempted to soothe, comfort, or contain some frantic or fragmented state *so that the therapist's anxiety can be lessened*. This is not generally a valid therapeutic procedure. A written informed consent for physical contact should be used.

4. In-depth third-party case consultation is increasingly becoming a safeguard against malpractice risks, especially if there is a borderline or psychotic feature or a history of severe deprivation, damage, abuse, or molest. It is now known that when the psychotic aspect of transference finally becomes mobilized, the person in analysis may well lose the capacity to distinguish what is realistic in the therapeutic relationship from the deep intrusive traumas of the past that are being recalled in the organizing transference relationship. When disturbed reality testing is encountered in the psychotic transference, the therapist is endangered, until and unless the critical interpretive work can be accomplished.

5. An initial psychiatric consultation is recommended on all cases with significant symbiotic or organizing (psychotic) pockets so that a baseline can be established for future reference. Follow-up consults

should be required from time to time to evaluate the danger of impending fragmentation that might be medically regulated and the potential advisability of hospitalization.

6. Along similar lines with high-risk cases, in-depth individual consultation sought out periodically is good policy. I would recommend a minimum of three to four hours on the same case in close sequence so the details can become known to, digested by, and carefully recorded by the consultant with recommendations that have been carefully thought out by two. Consultation with a specialist on issues about which you may feel uncertain is now an acceptable standard of care.

7. Many times it may be important to consider sending registered letters to clients when you feel strongly that a form of consultation is needed, that some aspect of case management is necessary, or when you are needing to set limits or to terminate them for any reason. When setting limits or terminating a client, be sure to state in writing your reason, give appropriate time for discussion and action, and give three appropriate (e.g., nonprofit corporation clinics, psychiatrists, etc.) referrals. Consultation with an attorney is recommended in connection with such letters. Be sure to send by certified mail or obtain the client's signature that he or she has received the letter.

8. The American Psychological Association Insurance Trust now strongly suggests that we keep summaries of all past therapies and medical reports as well as a case history since many critical details with malpractice implications are often not mentioned in the usual therapeutic dialogue. Periodic case summaries and a termination summary are considered critical.

9. If you do any type of prepaid or managed health care, be certain that your professional opinion and recommendation regarding patient care are given in writing. Do not defer your opinions to the administrative needs of the third party. You can be sued for failure to assess and

recommend professionally. The third party can be sued but persons performing administrative tasks are not licensed, are generally not sued, and have little to lose by their decision or recommendation. **Do not compromise your professional opinions to satisfy third-party demands; find some other way of negotiating with the potential referral source. Be clear with your clients, put problems into writing, and obtain client signatures whenever possible.**

Case Conference Seminars and Individual Tutorials Contrasted with Supervision and Case Consultation

1. The case conference seminar and individual psychological tutorial represent a form of in-service training *for the practitioner*. It cannot be considered reliable consultation or supervision on the patient's or client's behalf for several reasons. First, as has already been mentioned, ethical constraints require that the material presented in the tutorial be condensed, selected, disguised, and perhaps even distorted so that comprehensive information cannot be provided, meaning that reliable advice is not possible.

2. Supervision in which the supervisor participates with full professional responsibility in the treatment is of an entirely different nature and is spelled out by state law and the training requirements of each profession. The client must be informed in writing of the supervisory process and sign a form of consent. For psychologists the required ratio of supervisor hours to patient contact hours is 1:10. Further, the supervisor must be on the premises for at least 50 percent of the time the trainee is actually seeing clients. *Client fees must be paid only to the supervisor while the trainee works as a salaried employee of the supervisor.* Other disciplines have similar requirements. Psychoanalytic training is the most stringent with a supervision-to-client hour ratio of 1:4, the four hours being with the *same* client. Only with these closely defined restrictions is it possible for the supervisor to gain even close to

a complete understanding of the actual treatment process and therefore to be in a position to offer reliable intervention advice.

3. Case consultation is a process in which *the consultant actually sees the client* in a professional role for assessment and recommendations. A written report should be obtained for the treating therapist's records. Psychological testing, third-party case monitoring, and psychiatric evaluation are common types of consultation.

Summary

Dynamic psychotherapy case conferences and individual tutorials are for the benefit of the professional therapist who wants to further his or her understanding about professional issues. The best vehicle for the case conference or tutorial is the review of anecdotal case material accompanied with parallel readings. *Supervision and consultation are completely different processes* whereby no constraints are placed upon the kind of material that can be discussed, and the frequency and intensity of the contact is such as to permit valid and reliable intervention. The case conference and individual tutorials are strictly educational and personal in nature, while case consultation and supervision represent a collegial collaboration in a treatment process.

Record Keeping and Confidentiality

Formal notes or recordings are not a regular part of case conference seminars or of the tutorial educational experience, though a log is usually kept to document cases discussed. The presenting therapist may wish to document ideas and reactions from the tutorial in his or her case notes. With unanimous group permission the presenting therapist may tape record the sessions for his or her private use.

Occasionally the tutor may request to record sessions because the case is of research interest. Any notes or recordings must be treated with absolute confidentiality by all parties concerned. Permission of the therapist (and possibly the client) should be sought before such material can be used for teaching and/or research purposes. **All group members are bound by rules of professional confidentiality at all times.**

Fees and Legal Costs

Case conference fees are \$_____ per session and individual tutorial fees are \$_____ on a regularly scheduled ongoing basis whether the learner is present or absent for the scheduled session. In the event that the tutor is ever asked or required to provide testimony of any sort on behalf of any learner, that person (or his/her insurance carrier) will be responsible for paying the tutor's regular clinical consultation fee on a portal-to-portal basis; travel, board and lodging expenses, and an additional regular fee of up to twenty hours of preparation time; and any legal fees that may be incurred for professional consultation or legal representation in the matter. Since the nature of the tutorial is educational, the content partial and anecdotal, and detailed records are not maintained, the likelihood of required testimony seems remote. **The learner may wish to claim privilege on the basis of individual and group tutorials being personal and confidential and therefore essentially a form of peer counseling.**

Individual Psychotherapy Tutorials

One-to-one tutorials in psychoanalytic theory and techniques are offered on the same basis as outlined above for groups. As in group tutorials, in individual tutorials case material is discussed for the purpose of illuminating psychotherapy theory and practice but on a more personalized basis, more "tailor made" to the individual needs of the therapist. Tutorials are not to be confused with the more intense

and closely collaborative work engaged in as case consultation or supervision as defined by various legal bodies and professional organizations. The tutorial represents in-service training for the therapist. The vehicle for that training experience is the review and discussion of case work. The limits and expectations of the individual tutorial experience are the same as those discussed above under case conference seminars. **Therapists may wish to claim privilege for tutorial work on the basis that it is personal and private peer counseling.**

What Is Dynamic Psychotherapy?

Dynamic psychotherapy originated with the work of Dr. Sigmund Freud in Vienna in the late nineteenth century. Therapy is both a way of understanding human emotions and of helping people with their relationships and their personal problems. The mature or rational self that functions more or less successfully in the real world is only a part of the total person. The more immature, irrational, or unconscious self functions silently in the background to produce various symptoms and maladaptive behaviors that often intrude into the person's social life, personal relationships, school or work activities, and physical health. In dynamic psychotherapy specific problems are viewed in the context of the whole person. The quest for self-knowledge is seen as the most important key to changing attitudes and behavior.

Dynamic psychotherapy is based on the insight that our personalities are the result of passing through and solving relationship issues at many developmental stages. At any stage, the way we have reacted to events in our lives may have caused us to get stuck at a certain level of insight or problem solving. While we go ahead and mature satisfactorily, in many ways we may carry within us the parts that didn't have a chance to develop. We can have a mature exterior and be functioning more or less successfully, while internally we may feel vulnerable, confused, depressed, angry, afraid, and childlike. We may not feel able to bounce back from rejection, get past blocks, allow our real feelings to surface,

or stay in touch with our feelings and desires. Our physical health may be compromised in many ways by emotional and relationship issues.

Dynamic psychotherapy is designed to help the client get in touch with her or his unconscious memories, feelings, and desires that are not readily available to the conscious mind. Therapy is designed to help clients of all ages understand how their unconscious feelings and thoughts affect the ways they act, react, think, feel, and relate. Whether or not therapy works depends a great deal on the client's willingness and ability to experience all relationships deeply, especially the therapeutic relationship. Each client, by expressing her or his story in whatever ways possible to someone who knows how to listen and to give new meanings back, has the opportunity to learn about herself or himself in a new way.

Dynamic psychotherapy can provide a safe place for people of whatever age to discover for themselves their own truths. It provides a unique opportunity to re-experience personal history in a new relationship, to see it in a new way, and to make connections between past and current conflicts that illuminate the way one relates to oneself and to others.

Clients are encouraged to talk about thoughts and feelings that come up about therapy or about the therapist. These feelings are important because elements of one's earliest affections and hostilities toward parents and siblings are often shifted onto the therapist and the process of therapy. This phenomenon, known as "transference," offers a rich source of understanding, for it offers the possibility for people to re-experience and re-work important feelings arising from the past with the maturity they possess in the present.

Dynamic psychotherapy is usually not a short-term therapy as it takes time to explore the complex layers of feeling and experience that make up a person's own unique relationship history. People find that their therapy easily can extend for several years but there is no prescribed length of treatment. Only the people closely involved have a sense of when personal goals have been met. When the client feels she or he has accomplished the desired goals, then a termination date can be set.

Dynamic psychotherapy aims to help people experience life more deeply, enjoy more satisfying relationships, resolve painful conflicts, and better integrate all the parts of their personalities. Perhaps its greatest potential gift is the essential freedom to change and to continue to grow in relationships.