Psychodynamic-Interpersonal Therapy for work with people with 'Medically Unexplained Symptoms' or Long Term Conditions

This section describes the knowledge and skills required to carry out Psychodynamic-Interpersonal Therapy (PIT).

It is not a 'stand-alone' description of technique, and should be read in conjunction with the description of PIT competences included in the psychoanalytic/ psychodynamic competence framework (www.ucl.ac.uk/clinical-psychology/CORE/psychodynamic_framework.htm)

Knowledge

The PI model

An ability to draw on knowledge of the theoretical assumptions of the PIT model and the application of the model in practice

* described fully in the PIT competence section of the Psychoanalytic/psychodynamic competence framework

Application of the PIT model in relation to physical illness

An ability to draw on knowledge that the PI model construes physical and psychosocial processes as interlinked, and assumes:	
	that cognitions, emotions and bodily experience are closely intertwined
	that emotional experience is experienced in the mind and the body
	that there is a bi-directional relationship between physical and psychosocial symptoms
	that physical, social and psychological factors are relevant to every symptom (whatever the cause, and even where a disease 'explanation' can be found)
An ability to draw on knowledge that the PI model assumes that a client's presentation reflects difficulties in their capacity to:	
	solve emotional problems
	express their feelings
	manage relationships both their relationship with themselves, and their relationship to others)
An ability to draw on knowledge that the aim of a PI intervention is to help clients make connections (or links) between their physical experience, their emotions and their thoughts about themselves and their illness	

Knowledge of medically unexplained symptoms

An ability to draw on knowledge of conditions whose signs and symptoms are categorised as 'medically unexplained' (such as Irritable Bowel Syndrome or fibromyalgia)
An ability to draw on knowledge of bio-psychosocial models of medically unexplained symptoms, and factors which contribute to the persistence of symptoms (e.g. chronic on-going life stressors, inability to work, reinforcement of illness/sickness behaviours by family members/significant others)

An ability to draw on knowledge of common concerns people with medically unexplained symptoms may hold if they are referred for psychological therapy (for example, that their concerns are not being taken seriously, or are seen as being "all in the mind")
An ability to draw on knowledge concerning the common overlap between 'medically explained' and 'medically unexplained' symptoms

Knowledge of long-term conditions

An ability to draw on knowledge of the long term conditions with which clients present
An ability to draw on knowledge of common concerns people have if they develop, or have experience of, a long term physical health condition

Assessment and engagement

An ability to foster the development of a collaborative, "personal conversation" between therapist and client by:
helping the client to discuss their feelings about referral for psychological therapy and empathising with concerns or anxieties occasioned by the unfamiliar context in which they are being seen
conveying a wish to enter into a 'conversation' with the client by explicitly referring to a wish to talk with them about their problems or difficulties and to get to know them as a person (and referring to 'I' and 'we')
responding to cues that indicate that the client is worried about entering into a dialogue with a 'stranger' by making supportive and responsive statements, (such that the client neither becomes too anxious nor too avoidant of experiencing/staying with important feelings)
offering a very preliminary rationale for the meeting that directly addresses any concerns, fears or anxieties expressed by the client

An ability to rapidly establish a focus on the client's main physical symptoms/bodily experiences by:
exploring the nature of their somatic experiences
encouraging them to stay with their experience (so that they *experience* them in the 'here and now', as opposed to *talking about* them)

An ability to listen and respond in such a way to convey an emerging understanding of the client's problems and perceptions by (for example):
using the same language that the client uses to describe their experience
paying careful attention to the client's verbal, vocal and bodily cues such that the practitioner's responses match and compliment the client's feeling state, and encourage further exploration
helping them to elaborate through 'laddering' (tentatively summarising what they have said in a way that encourages them to reflect on, and expand on their ideas)
exploring any feelings, images, and recollections of prior experience which emerge from bodily symptoms experienced in the session in order to develop a shared understanding of them

Intervention

Discussing the rationale for, and aims of, the intervention

An ability to describe the intervention and develop a shared understanding with the client about the purpose of therapy, including:
its focus on feelings and relationships which are connected in some way to their bodily experiences
its focus on feelings or problems which the client believes are a consequence of their physical health problems
its focus on shared experiences in the 'here and now' as a way of facing problems and overcoming them
the ways in which it makes links between experiences within the session and outside the session
An ability to help the client discuss potential goals for treatment

Ability to help the client develop a state of 'aloneness-togetherness'

An ability to help develop and maintain a therapeutic relationship characterised by 'aloneness-togetherness' such that the client occupies a middle-ground between these two positions:
an ability to modulate the intensity of therapeutic interactions in line with the client's responsiveness by:
ensuring that sharing of feelings and personal information take place at the client's pace
modulating the degree of exploration and personal sharing in response to cues from the client
desisting from pursuing avenues of exploration where the client indicates (implicitly or explicitly) that they feel uncomfortable

Helping the client discuss and explore their experiences

An ability to help the client draw meaningful connections between bodily experiences, feelings and thinking processes by:
tentatively drawing attention to the symbolic and metaphorical nature of phrases, bodily experiences, and gestures
developing and elaborating these themes at a pace appropriate to the client's developing understanding or receptiveness to these ideas
encouraging back and forth movement of the conversation to help build a sense of the multilayered connections between bodily experiences, personal being and ways of relating to others

An ability to focus on the 'minute particulars' of the therapeutic dialogue by attending closely to:
the specific ways in which clients describe their physical health problems
to non-verbal cues (e.g. indications that the client is experiencing physical symptoms, pain or discomfort)

An ability to identify and create opportunities for moving the conversation about symptoms to a more elaborated level by:
maintaining a collaborative, open-minded stance
phrasing statements in a tentative manner that invites discussion
ensuring that the language used is straightforward but meaningful
being open to correction from the client, modifying and fine tuning suggestions until a shared understanding is achieved

An ability to focus on the client's here-and-now experience in the session
An ability to help the client to stay with immediate bodily experiencing and to:
help them try to convey something of that experience
wait for natural associations of images, prior experiences and , feelings to emerge

Generating hypotheses in collaboration with the client

An ability to work collaboratively with the client to generate hypotheses about their difficulties
An ability to offer tentative hypotheses which refer to how the client is feeling (based upon non-verbal cues or verbal exchanges) and attempt to facilitate exploration of their feelings
An ability to offer 'linking hypotheses' (tentative statements that link feelings that have emerged in the therapy sessions to other feelings both inside and outside the therapy)
An ability to use explanatory hypotheses (tentative statements which introduce the possibility of underlying reasons for problems and difficulties in relationships) and may refer to:
a repeated pattern of behaviour
a warded-off unbearable feeling

Structuring the therapy session

An ability to order the therapy session in a sequential and repeated cyclical pattern:
starting by encouraging the client to focus on bodily experiences and feelings in the 'here and now' of the session
helping the client to stay with and to convey their experience of their bodily symptoms
helping the client to identify the images, memories and experiences that emerge
working with the client to recognise the symbolic nature of their material (developing an understanding of the meaning of symptoms by listening to the specific words or metaphors used to describe them)
making links between symptoms and problematic issues in relationships
developing a shared understanding with the client
helping the client to develop and test solutions
helping the client draw parallels between solutions to problems which have emerged directly in the relationship with the therapist, to those enacted in the client's personal life (and vice versa)

Working with endings

An ability to prepare the client for ending by explicitly referring to the time-limited nature of the meetings at the beginning and throughout the therapy, and counting down the final sessions.
An ability to help the client share their feelings about ending, including any relevant connections or resonances between the ending and similar prior experiences
An ability to discuss with the client how they can continue to take forward positive changes and solutions they have developed

Constructing a 'goodbye letter'

An ability (over the course of therapy) to construct and develop a letter to give to the client at the final session which tells the story of their bodily complaints, and which:
has been discussed with the client and agreed as being a positive part of the ending process
is written as a narrative, in personal style using "I" and "we", and which accentuates the strengths and positive attributes of the client
summarises key moments in therapy using the client's own language
pieces together links and layered meanings to construct a coherent personal model of the factors involved in the persistence or exacerbation of bodily experiences
discusses solutions which have been developed and tested out in the meetings with the client and in the client's life
looks to the future with optimism and with plans for tackling problems or difficulties should they arise