

CL 801/CL 802: Case Conference V/Case Conference VI

Course Description and learning objectives:

Goal: This semester we will concentrate on various forms of conflict, the derivative affects and defenses, interpretation (which is verbal and nonverbal) from a relational perspective. We will use conflict statements to understand the patient's implicit struggle while attempting to make this explicitly understood. When symbolic linguistic communication does not reach the patient, we will focus on nonverbal communication and the patient's:

1. capacity to tolerate, and regulate negative and positive affect.
2. Understand their internal and self-object representations and constancy over time
3. Their attachment style or secondary attachment strategy and how to use this to engage the patient and understand their form of transference interactions
4. Nonverbal communication by way of gaze, stance, gestures, tone and cadence of voice.
5. Track our counter transference, somatic experience with our patients to further understand their communication

Attachment theory will be used to examine the patient's transference, defensive style, and to develop a strategy for our interventions. We will track unconscious, implicit, nonverbal communication as is seen through the patient's "implicit way of being with another" and ourselves. We will focus on how the patient's nonverbal communication is demonstrated through their transference and how this impacts the therapist's countertransference, role responsiveness, and enactments of the patient's conflicts, or early problematic relationships.

WORK DUE: Reading summaries, case presentations, process recordings, and final integration paper

Discussion of the readings will be used to help organize our thinking about the clinical case presentation the student chooses to present. The professor will raise questions, based on the reading, to further aid the understanding of how the concepts in the readings got played out in the process recording and case presentation.

ARTICLES:

All students will read, summarize, and email article summaries to each student and instructor.

STUDENT'S CASE PRESENTATION: to include

Why the patient came for treatment, relevant history, patient's core conflicts, and what resistances they believe their patient is exhibiting and how they attempted to address this resistance. The diagnostic understanding should include the patient's core issue, struggle, or conflict, or aspect they do not know about themselves and defend against knowing.

Focus is on how the student experiences the patient and how that leads to understanding the transference.

3. PROCESS RECORDINGS; (more than what is spoken)

two sequential full sessions will be "he said, she said accounts" of the session. Include your subjective thoughts and feelings, and patient's tone of voice, eye contact, affect expression, gestures or nonverbal behavior (not captured in language). The process recordings will be used to demonstrate

- A. Transference ("implicit way of being with another")
- B. Counter transference (sensory reactions to the patient's presence).
- C. Enactments (unexplained therapist actions that are atypical to the therapist)
- D. Unconscious communication (implicit and conflictual in nature)
- E. Nonverbal communication
- G. Patient's form of resistance and how that was addressed successfully or not

successfully.

4. Final papers are Integration papers and are due by the 6th class (12/12/2017). Pick a concept from one or more of the readings during the semester and demonstrate how this concept is exemplified using small clinical vignettes that have come from your process recordings. These papers will discuss some aspect of unconscious communication, conflict, transference, countertransference, enactment, (projective identification), role responsiveness, and forms of attachment that has allowed you to understand what has been nonverbally communicated. Papers should be at least 7 pages but, not over 10.

Classroom and Grading Policies:

Respect for Diversity

Guided by the NASW and ACA Codes of Ethics and the mission of ICSW, students and faculty have a shared responsibility for championing social and economic justice for all members of society. This includes a commitment to eliminate personal and institutional discrimination, ensure access to needed resources and opportunities for all persons, especially those who are disadvantaged or disenfranchised. Prejudicial attitudes and discriminatory practices are examined. Students are expected to be respectful of the opinions of others while at the same time striving to attain the ideals of social justice.

Students with Special Needs

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Students with special needs or difficulties in learning and completing courses assignments are strongly encouraged to notify instructors as soon as possible so that appropriate resources and accommodations can be provided.

Gender Pronouns and Name on Roster

During the first meeting as the class introduces themselves, students may choose to share their name and gender pronoun. If a student would only like to introduce themselves by name, without pronouns, that is also completely fine. If a student does not wish to be called by the name listed on the roster, they are asked to please inform the class. The goal is to create an affirming environment for all students and not make assumptions about students' gender identity or how they would like to be addressed.

Student Evaluation and Grades

Classroom instructors grade students on their course work and submit evaluations on the caliber of each student's work. The purpose of grading is evaluative, as well as to provide a learning tool for students, i.e., to provide feedback on progress, strengths and weaknesses, and issues that need to be addressed. Cumulative grade point average is based on full letter grades, not plus or minus grades. Only letter grades are recorded in the students' transcript. Instructors are required to submit full letter grades (not pluses or minuses) within two weeks after classes end.

Grading Standards

Grades are assigned according to the following standards: A - Superior Work (4.0 value)

B - Satisfactory Work (3.0 value)
C - Marginal Work (2.0 value)

F – Failure (0.0 value) P - Pass* (0.0 value)

AU - Audit (0.0 value) - Auditing a course with approval of Instructor
INC - Incomplete (0.0 value)

**only assigned in Case Conference, Electives, and Practicum Courses*

Grading Policy

Incompletes: An incomplete can be granted only in cases of significant personal emergency and when the student has been in touch with the instructor in advance of the due date for the required work. Any incompletes must be resolved by the first day of the following semester (fall, spring, summer). If the work has not been completed by this date, the incomplete grade will convert to a failing grade. It is always the student's responsibility to initiate the process for an incomplete. It is also the responsibility of the student to turn in the completed work by the following semester's end.

Late papers: A late assignment is one that is submitted after the deadline but before grades are submitted. Approval for turning assignments in late is determined by individual instructors.

Attendance:

Students are required to attend class every class session. The intimacy and intensity of our classroom environments make consistent attendance very important. Students who miss more than one class session may see that reflected in their grade. Two or more unexcused absences will result in either a withdrawal from the class or a failing grade. All absences, excused and unexcused, must be reported to the Director of Academic Administration via email within one week of the missed class.

Student Code of Academic and Professional Conduct

ICSW is committed to the support of the standards and ideals of the social work, counseling, and psychology professions. In accordance with these goals, each student at ICSW is expected to be bound by the code of ethics for their respective discipline. Students are expected to adhere to principles of academic honesty and integrity. Any student who engages in academic dishonesty, which includes giving or receiving unauthorized aid to any assignment or examination, plagiarism, or tampering with grades or irregularities shall be subject to disciplinary action. Such action may include a failing grade in the course, suspension, or dismissal from the program as determined by the Progression Committee and the Dean.

Students are expected, at all times, to respect the confidentiality of their clients and must, therefore, appropriately disguise client materials in all oral and/or written presentations to consultants, and/or to teachers and

fellow students during class discussions.

Plagiarism Policy

Plagiarism is unacceptable at any time, and constitutes a severe academic violation. When plagiarism is suspected, students may be asked to submit their papers electronically to a third party plagiarism detection service. If a student is asked to submit the paper and refuses to do so, the student must provide proof that all work is correctly cited and/or original. Papers that are determined to contain plagiarism will receive a failing grade, and the student will be referred to the Progression Committee and the Dean.

Plagiarism Defined: "Plagiarism takes many forms, but falls into three main categories: using a source's language without quoting, using information from a source without attribution, and paraphrasing a source in a form that stays too close to the original" (Yale Writing Center, 2014). If a student has any question about what constitutes plagiarism, please contact the Associate Dean.

Reusing Your Own Work: Cutting and pasting from or resubmitting a paper written for an earlier purpose or class is a form of academic dishonesty commonly referred to as "self-plagiarism." It is prohibited at ICSW to reuse your own written work. It is allowable to quote from your own earlier work, but the material is subject to the same rules of citation that govern all academic writing.

Grades for the course will be assessed as follows: Evaluations of the students will be based on:

1. *1/4th of the grade Presentation of Clinical case presentation including two separate case process recordings, relevant history and diagnostic understanding. (see # 2 above)
2. *1/4th of the grade will be on summaries of readings and classroom participation. A failure to submit a homework assignment will result in a failure in the class
3. * 1/2 of the grade will come from the final paper.

Required books: Fall 2017

1. **Psychoanalytic Perspectives on Conflict**, eds Christian, Christopher., Eagle, Morris., Wolitzky, David, 2017,
2. **Working with Resistance**, Stark, Martha, 2002,
3. **The Risk of Relatedness intersubjectivity theory in clinical practice** by Chris Jaenicke, 2008

Spring 2018 required books:

4. **Affect Regulation Theory a clinical model**, Daniel Hill, 2015
5. **Emotional Communication countertransference analysis and the use of feeling in psychoanalytic technique**, Paul Geltner 2013
6. **Somatic Experience in Psychoanalysis and Psychotherapy in the expressive language of the living**, William F. Cornell 2015
7. **The Search for a Relational Home an intersubjective view of therapeutic action** by Chris Jaenicke

Class # 1

We will initially look at the nature and evolution of conflict. We will look at how conflict can be reflected on by way of conflict interpretations. We need to understand the patients form of conflict in order to know how to interpret it. Conflict spans internal intrapsychic structural forms to intersubjective and attachment forms (attachment anxiety based forms of conflict) We use interpretations to stimulate change in the treatment process. To help the patient understand what they do not know, or defend against knowing, along with the derivative affective states, and defenses. We will also discuss concepts of explicit versus implicit forms of interpretations that emerge from the dynamic unconscious and the non- symbolic implicit aspect of the brain. All students will summarize the following readings and submit these summaries to all students in the class and the professor

READINGS: 1. Working with Resistance by Martha Stark, 2. Psychoanalytic Perspectives on Conflict ed., Christopher Christian, Morris Eagle, David Wolitzky

Working with Resistance: Martha Stark

1. Chapter 1 The Concept of Conflict p1-15
2. Chapter 2 Clinical Interventions p 17-50

Psychoanalytic Perspectives on Conflict: eds, Christian, Eagle, Wolitzky

1. Chapter 2 The Evolution of Modern Conflict Theory by Christopher Christian pp 22-37
2. Chapter 13 On Conflict in Attachment Theory and Research by Howard Steele & Miriam Steele pp 210- 222

Class #2,

READINGS: Psychoanalytic Perspectives On Conflict

We will discuss the conflict regarding separation-individuation, the regressive pull to identify (or obstinate attachment to internal objects) versus the progressive urge toward separation or a mature independence. This conflict can be seen in patients who clings to internal bad objects for fear they will have no objects. They can be seen seeking alluring rejecting objects. This can be seen also in the conflict over changing and how we see this in the therapeutic process. The person who presents a patient should think of these forms of conflict that their patient demonstrates in the treatment. All students should read the case material and process recordings. Make your notes or questions on what the patient maybe communicating to you unconsciously. Bring these to class to be used in your discussion of the case and readings. Students will email their summaries related to these articles for discussion in class. The student who has signed up to present should send their diagnostic statement, back ground information, and two process recordings. Bring a case where the conflict centers around either: 1. a regressive identification versus progressive push toward separation (chapter 5), or 2. a case where we can see the conflict over the patient's changing possibly resulting in an impasse. (chapter 10).

1. Chapter 5, Inner Conflict in Fairbairn's Theory of Endopsychic Structure by Morris Eagle pp 64-90.
2. Chapter 10, Conflict and Change Producer, Trigger, Sign, Outcome by Adrienne Harris pp 160-176

Class #3,

Readings in: Psychoanalytic Perspectives on Conflict ed.,

1. Chapter 7, Analytic Trust, Transference, and the Importance of Conflict by Steven Ellman, pp 106 -126
2. Chapter 9, The Phenomenological Contextualism of Conflict an intersubjective perspective by Chris Jaenicke pp 147-159

The student who has signed up to present should pick a patient that represents one of the two issues: 1. related to analytic trust (either established or is not) which allows interpretations to be heard. Is the therapist able to be seen as both the old object and the new object providing a holding environment that allows for interpretations to be heard. 2. A patient where their genuine affective experience threatens the loss of the self-object (fear of incurring disapproval or rejection resulting in a false self).

Class #4

READINGS:

1. The Risk of Relatedness intersubjectivity theory in clinical practice by Chris Jaenicke
2. Psychoanalytic Perspectives on Conflict ed.,
3. Chapter 3 Affects: The Paradigm Shift in Psychoanalysis in Risk of Relatedness intersubjectivity theory in clinical practice, pp55-98
4. Chapter 14, Addressing Defenses Against Painful Emotions, modern conflict theory in psychotherapeutic approaches with children by Leon Hoffman,
 - i. Timothy Rice, Tracy Prout pp 224-241

students will read the chapters and summarize to use in our class discussion. Students who sign up to present should choose one of the two following type of patient whose 1. affective states were misattuned to resulting in a lack of integrating their affective states, and their personal agency has been impaired. This results from the conflict over needing to idealize the parent versus their need to develop their sense of self, goals, and values. These conflicts are played out intersubjectively causing a developmental derailment. 2. A child patient for whose conflict centers around the need to defend against painful affective states as is seen through their non-verbal and verbal communications as well as their expression of affect through their behavior.

Class #5

READINGS: On the concept of interpretation from the Psychoanalytic Quarterly and Psychoanalytic Dialogues

1. Blum, Harold MD., 2016, Interpretation and Contemporary Reinterpretation, Psychoanalytic Inquiry, 36:40-51
2. Lichtenberg, Joseph MD., 2016, Interpretation Revisited, Psychoanalytic Inquiry, 36:4-13

Students who sign up to present should present a case where we focus on the interpretations and how they were derived and delivered including the therapist's

subjective experience

Class #6

FINAL PAPERS ARE DUE

Content of the final papers can be written about your understanding of your patient's conflict and how you have attempted to interpret this either verbally or nonverbally.

READINGS: On Nonverbal forms of Action/interpretation in therapy

1. Lecours, Serge, (2007), Supportive Interventions and Nonsymbolic Mental Functioning, *The International Journal of Psychoanalysis*, 88(4):895-915
2. McLaughlin, James T., 2010, Nonverbal Behaviors in the Analytic Situation: The Search For Meaning in Nonverbal Cues, *American Imago*, 67(4):487-514
3. Cornell, William F., 2010, Searching in the "Unsaid Seen": McLaughlin's Unfinished Reflections on the Place of the Body in Psychoanalytic Discourse, *American Imago*, 67(4):515-539

The Student who signs up to present their clinical case should pick a patient where nonverbal forms of action in treatment was necessary for the work to continue. Let's look at all that is needed for treatment to flourish .

Class #7 FINAL FALL CLASS summaries and clinical materials are due

READINGS:

1. Grossmark, Robert PhD., (2009) A Case of Pamela, *Psychoanalytic Dialogues*, 19(1):22-30
2. Bromberg, Philip PhD., (2009) Discussion of Robert Grossmark's Case of Pamela, *Psychoanalytic Dialogues*, 19(1):31-38
3. Bach, Sheldon, PhD., (2009), Remarks on the Case of Pamela, *Psychoanalytic Dialogues*, 19(1):39-44
4. Grossmark, Robert PhD., (2009), Final Thoughts on the Case of Pamela and Commentaries, *Psychoanalytic Dialogues*, 19(1):45-48
5. Harris, Adrienne PhD., (2009), "You Must Remember This", *Psychoanalytic Dialogues*, 19(1):2-21

Summaries of the five articles and clinical presentation are due emailed by **12/19/2017**. Student who presents their clinical presentation should pick a patient for whom they feel there has been an impasse. Prior to the presentations students will pick a perspective (one of the readings) on the case of Pamela to debate. Let's see if we can identify what kind of conflict (as we read about previously) Pamela's case represents. Your participation in this discussion will help your integration of the concepts and earn you extra credit applied to your passing the class.

Required Books for Spring:

1. **Affect Regulation Theory a clinical model, Daniel Hill, 2015**
2. **Emotional Communication countertransference analysis and the use of feeling in psychoanalytic technique, Paul Geltner 2013**
3. **Somatic Experience in Psychoanalysis and Psychotherapy in the expressive language of the living, William F. Cornell 2015**

4. Finding Unconscious Fantasy in Narrative, Trauma, and Body Pain a clinical guide edited by Paula L Ellman & Nancy R. Goodman, 2017

We will discuss affect regulation, the use of nonverbal affective communication via projective identification and countertransference, and somatic reading of what emotionally cannot be tolerated or known by the patient. We will finish the year with understanding how unconscious fantasies are expressed through somatic expression.

Class 1

Readings from Affect Regulation by Daniel Hill

1. Chapter 1 Affective Regulation and the Attachment Relationship, pp15-26
2. Chapter 2 Self-States: Regulated-Integrated Versus Dysregulated-Dissociated, pp27-48
3. Chapter 7 Modern Attachment Theory The development of the primary affect-regulating system pp112-131

Students who choose to present a patient should choose a patient who has affect regulation problems that either requires co-regulation or can't integrate their affect states and exhibits dissociation. Ask yourself where your patient is on the affect regulation continuum: 1. patient is able to identify and name their emotional states. 2. Patient is able to tolerate the emotional states without defending against them.

If they are unable to tolerate their emotions what defensive maneuvers do they employ? 3. Patient is able to co-regulate (using the therapist or others) or self-regulate their emotions. 4. What forms of self-regulation do they use ranging from addictions to being able to tolerate sympathetic activation to parasympathetic activation, and able to calm and soothe themselves. 5. Does your patient's affects feel like they are regulated and integrated into who they are or does your patient feel dysregulated and dissociated, on the other end of the spectrum?

Class 2

Readings: from Emotional Communication countertransference analysis and the use of feeling in psychoanalytic technique by Paul Geltner

1. Chapter 2, The Evolutionary and Developmental Origins of Objective Countertransference pp10-21
2. Chapter 3, The Concept of Objective Countertransference and Its Role in a Two-Person Psychology pp22-35
3. Chapter 4, Emotional Communication and its Relationship to the Basic Concepts of Psychoanalysis pp36-52

Students who sign up to present a patient should present a case where they are aware of their countertransference to their patient as a form of communication from the patient.

Class 3

Readings: from Emotional Communication countertransference analysis and the use of feeling in psychoanalytic technique by Paul Geltner.

1. Chapter 5, Differentiating Objective and Subjective Countertransference pp53-78
2. Chapter 7 Object Countertransference pp101-128
3. Chapter 8 Countertransference in Projective Identification States pp129-136

Students who sign up should choose a patient where they are aware the patient communication via projective identification

Class 4

Readings from Emotional Communication Countertransference analysis and the use of feeling in psychoanalytic technique by Paul Geltner

1. Chapter 9, Anaclitic Countertransference pp137-158
2. Chapter 10, Emotional Communication in Psychoanalytic Technique pp159-203

Students should pick a patient that demonstrates depression

Class 5

Readings from Emotional Communication Countertransference Analysis and the use of feeling in Psychoanalytic Technique by Paul Geltner

1. Chapter 12 Techniques of Object Emotional Communications pp239-260
2. Chapter 13 Techniques of Emotional Communication with Project Identification p 261- 271
3. Chapter 14 Anaclitic Emotional Communications pp272-2299 Students should pick a patient for whom they feel they are experiencing a projective identification or anaclitic depression.

Class 6

Readings: Students should pick a patient where their gestures, or nonverbal communication is central in the work.

Readings from Somatic Experience in Psychoanalysis and Psychotherapy in the expressive language of the living by William F. Cornell

1. Introduction & Chapter 1, My Body is Unhappy pp1-18
2. Chapter 8 Rough and Tumble: Sensing, Playing, and Maturation pp98-112
3. Bohleber, Werner PhD., & Leuzinger-Bohleber, Marianne PhD., 2016, The Special Problem of Interpretation in the treatment of Traumatized Patients, Psychoanalytic Inquiry 2016, 36:60-76

Class 7

Readings from Affect Regulation Theory a clinical model by Daniel Hill

1. Chapter 6, Mentalization the Secondary Affect-Regulating System pp98-111
2. Levy, Joshua & Finnegan, Paul, A Clinical Case Presentation: Understanding and Interpreting Dreams While Working Through Developmental Trauma 2016 JAPA 64/1 pp13-44

Reading from The Search for a Relational Home an intersubjective view of therapeutic action by Chris Jaenicke

1. Basic premises: thoughts on success, failure, and cure in psychoanalysis pp 1-21 and Rafeaela: a case description pp21-41