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Diagnostic Plan Formulation: Revision I

The difference between this revision of the Diagnostic Plan Formulation Form and the original version is the replacement of “Insights” with “Therapist-Initiated-Interventions,” and the addition of a column for “Therapist Factors.”

I had two reasons for eliminating “Insights” as a category. The first is that insight gained by the patient is simply the patient’s recognition and understanding of the significance of their key traumas and pathogenic adaptations, and the understanding that fear of the dangers that resulted in those adaptations is not currently realistic and need not govern their behavior. As such, the information in this column did not seem to add new information to the formulation. Secondly, the occurrence of insight is actually the result of a passed test, and a sign that a test was passed. It is therefore equivalent to relaxation, safety, ability to associate and remember, and other signs of decreased defensiveness, and again does not add value to the case formulation.

The reason for adding “Therapist-Initiated-Interventions” to the chart was to help the therapist increase the efficiency of the treatment and to stimulate the therapist’s creativity. Straightforward Control-Mastery theory envisions the treatment process as driven by the patient’s testing, and implies that the pace of therapy is limited by the patient’s boldness in testing. The therapist is primarily in the role of responding to what the patient presents. But, once the therapist understands what the patient needs in order to feel safe, he or she can act in ways to provide such safety on his or her own initiative. For example, a patient may have the idea that others are not particularly interested in her. If the therapist were to inquire about matters that the patient has previously raised, or ask about new issues, the therapist would be initiating interventions, and would not be simply responding to the patient’s tests. These interventions would be likely to help the patient feel safer and to increase the pace at which the patient was able to make progress. Or, as another example, suppose a patient did not think he was likeable. Spontaneous, genuine expressions of affection by the therapist towards such a patient could be very valuable in counteracting such a belief. Therapists commonly make such interventions, but there has been no formal way of incorporating them into the plan formulation. The column for “Therapist-Initiated-Interventions” can act as a reminder to the therapist to consider such interventions and may help to stimulate the therapist’s imagination in this regard.

The reason for adding a column for “Therapist Factors” is to acknowledge that we are all different, and as a result there will be differences in how well each therapist is able to pass tests for any particular patient. Each of us, because of our own temperament and history, is able to engage in certain kinds of interactions more easily and successfully

than in others. The “Therapist Factors” column is positioned after the “Responses to Tests” column, so that after the desired response to each test is identified, the therapist can consider how well he or she can respond to that test. In cases where there is some concern about this, the therapist can then consider how he or she might address the issue.