

ALAN RAPPOPORT, Ph.D.

1010 DOYLE STREET, SUITE 13
MENLO PARK, CA 94025

TELEPHONE (650) 323-7875

E-MAIL: ARAPPOPORT@ALANRAPPOPORT.COM
WWW.ALANRAPPOPORT.COM

Therapist-Patient Diagnostic Plan Formulation Form Discussion

I created this version of the Diagnostic Plan Formulation Form to reflect my growing interest in the psychotherapy process as, most fundamentally, a relationship between two people. (Also see the paper below, “The Experience of the Therapist.”) Although both people in the relationship are focused on one of them (the patient), *both* people’s experience is important. Each person is affected by the relationship, each person takes the other’s experience into account (if only unconsciously), and each person’s experience should be satisfying. I define a healthy relationship as one in which each person is able to consider and value both their own experience and that of the other person. Psychotherapy should be an example of a healthy relationship, and that is its fundamental value. Any theory the therapist has about his or her approach to treatment is based in the actual relationship with the patient, and is limited in its effectiveness by the degree to which that relationship is healthy.

Often, when the relationship is less than optimally healthy, the cause is the therapist’s lack of freedom to adequately take his or her experience into account when interacting with the patient. It is vitally important that the therapist feel, at the end of each session, that the time with the patient was well spent and personally satisfying. This feeling is a sign that the therapist is participating in the relationship in a way he or she finds personally valuable, and is an indicator that the relationship is a healthy one. It also makes it more likely that the relationship is both beneficial and satisfying for the patient.

In the usual plan formulation, no consideration is given to the therapist’s personality, temperament, and history. There is an implicit assumption that, once given the plan formulation, any competent therapist will be able to pass the patient’s tests and conduct a successful psychotherapy. In many cases this is true, although the therapy would look very different with each therapist because of who the therapist is and what he or she brings to the process. And, with certain patients, some therapists will not be able to do as well as others because of their own limitations, anxieties, and/or lack of experience in responding to the particular tests being presented by the patient. Others might be able to do outstandingly well in treating the same patient because of their ease and familiarity with those kinds of tests. This is obvious as soon as we consider it, but the issue has not received much attention by Control-Mastery authors, who have been primarily attentive to understanding the patient’s process.

There are important rewards and risks the therapist faces when engaging in the therapy process. First of all, we all have powerful personal reasons for entering this profession. There are important developmental goals that we are working towards, and our

relationships with our patients can help us achieve those goals when they go well, or impede our progress when they do not. In addition, we feel rewarded and good about ourselves when therapy proceeds well and our patients make progress, and are distressed if the relationship is difficult and our patients are not getting better. So the therapist has certain objectives that he or she is seeking, both long term and short term, and there are also risks that the therapist must confront in the relationship with the patient. These factors are important to consider if the relationship is to be worthwhile for both participants.

To this end, we can make a plan formulation for the therapist as well as for the patient. As is true for all people, psychotherapists have experienced traumas they are trying to overcome, have goals for their personal development, and are carrying out tests in order to seek the safety to achieve these goals. (This whole process may be largely or even entirely unconscious, of course.) Each therapist will feel safer and freer with certain patients, and more anxious, defensive, and limited with others. The therapist will inevitably test the patient to determine how safe he or she is in the relationship. The purpose of the plan formulation for the therapist is to help the therapist to be more aware of his or her own process and to help the therapist take account of his or her own needs, goals, strengths, and limitations. It can also help the therapist understand the interactional process between himself or herself and the patient.

The patient in psychotherapy is seeking a model of a healthy relationship. People are in therapeutic treatment because their formative relationships were deficient in some way, usually because a significant figure was unable to adequately consider the patient's needs and was also unable to satisfactorily fulfill his or her own needs. The therapist optimally provides a model of someone who can do both of these things. It is thus critically important in the treatment that the patient sees that the therapist can be aware of his or her own experience, enjoys and fully participates in their relationship, and is free to respond both empathically and assertively as needs dictate.

Coaching

I have included the column "Coaching" in the therapist section because the patient typically tries to help the therapist stay on track and tries to correct the therapist when he or she is not meeting the patient's needs. In some ways, coaching is the patient's equivalent of "Therapist-Initiated-Interventions". As the case develops it will be useful for the therapist to review the case formulation and consider what interactions might be examples of patient coaching. Patients who are able to be direct about things may simply tell the therapist what is going wrong or what would work better. A less direct approach would be to tell a story about an interaction with another person that was beneficial. Patients may also engage in non-verbal behavior that can tend to change the therapist's responses. In any case, the more the therapist can be aware of how the patient attempts to keep the therapy moving in a healthy direction, and takes action to see that it does so, the easier will be the therapist's task and the more collaborative the relationship will feel.