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A Simpler Guide to Psychodynamic Formulation

Psychodynamic Formulation. An Expanded Approach. Second Edition. By The Psychodynamic Formulation Collective; Hoboken, NJ: John Wiley & Sons Ltd; 2022; ISBN 9781119797265; 330 pages; \$19.99 (hardcover)

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Psychodynamic formulation is a way many psychiatrists and some other clinicians, hopefully, formulate their cases(s), irrespective of their professional orientation. It "is a hypothesis about the way a person's conscious and unconscious thoughts and feelings may have developed" and "may be causing or contributing to the difficulties that have led the person to treatment" (p. 3). *Psychodynamic Formulation. An Expanded Approach*, Second Edition, points out that psychodynamic formulation does not offer definitive explanations, that it is a hypothesis which can change over time, as it is not a static process, and that it "represents an everchanging, ever growing understanding of the patient and their development" (p. 7). It can help us to understand "how and why people think, feel, and behave the way they do" (p. 261) and thus be helpful in every clinical situation and with all patients.

Psychodynamic formulation is taught, hopefully, in all psychiatric residencies. There are no clear directions on how to teach it. The way it is taught probably differs significantly, as it depends, partially, on the availability of psychodynamically oriented faculty. A group of authors who call themselves The Psychodynamic Formulation Collective (including Shirin Ali, Deborah L. Cabaniss, Sabrina Cherry, Angela Coombs, Carolyn J. Douglas, Jack Drescher, Ruth Graver, Sandra Park, Aaron Reliford, Anna Schwartz, and Susan C. Vaughan) updated and expanded the previous edition of this volume to help us to learn, use, and teach psychodynamic formulation in our clinical practice and resident teaching. In the Preface, the authors highlight the new or expanded areas that are addressed in this edition: the effect of culture and society; diversity and inclusion; the conscious and unconscious; lived experience; bias; identity; defenses; values; the collaborative process; and an expanded educators' guide and more suggested activities.

The book consists of five parts: 1) Introduction to the psychodynamic Formulations; 2) Describe; 3) Review; 4) Link; and 5) Psychodynamic Formulation in Clinical Practice, along with two appendices and recommended reading for each of the 28 chapters. The chapters start with key concepts and are brief, well-structured, organized, and referenced, including also suggested activities for the reader.

The first part of this book includes five chapters explaining what psychodynamic formulation is; how we create a psychodynamic formulation; how we use it; psychodynamic formulation and bias; and the concept that who we are affects our formulation. The discussion of creating psychodynamic formulation outlines the three basic steps: describing the primary problems and patterns, reviewing the life story, and linking the problems and patterns to the life story using organizing ideas about development. The chapter on how to use psychodynamic formulation lists its use in treatment, such as making a treatment recommendation and setting goals, forming a therapeutic strategy, and creating a life narrative. The chapter on bias and psychodynamic formulation puts the issue of bias in a historical context and then briefly discusses theoretical bias, the broad impact of the environment, and the humility of formulation. Finally, the chapter on how who we are affects our formulation emphasizes that "Every patient-therapist pair is unique, and thus every psychodynamic formulation is distinct and co-constructed" (p. 33).

Parts 2–4 (Describe, Review, Link) expand upon the three basic steps of creating a psychodynamic formulation. Each of these three parts starts with the key concepts and ends with a brief summary titled "Putting It Together." The

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introduction to the "Describe" part of this volume emphasizes that one must be able to describe a person's function before being able to explain it and that, in psychodynamic formulation, one describes both the problem and the person. The chapters in this part focus on describing self, relationships, adapting, cognition, values, and work and play. The summary of Part 2 offers an example of a patient presentation with the descriptive patterns discussed in Part 2's six chapters and a suggested activity of what can be done by individual learners or in a class setting.

The third part of the book, "Review," focuses on the next step in creating a psychodynamic formulation, which is "to think about when those problems and patterns might have developed" (p. 97). This step is done by reviewing the patient's life story "to get a sense of what happened to the person during each phase of their life" (p. 97). The introduction to Part 3 also emphasizes that the guiding principles include nature and nurture; relationships and interactions with others are key; society and culture affect development; trauma is critical; chronology is relevant, and development is lifelong. The six chapters in this part review what one is with, the earliest years, middle childhood, later childhood, adolescence, and adulthood. The explanation of genetics and epigenetics in the discussion of heredity is interesting. The chapter on adulthood notes, "When formulating psychodynamically, we must consider the totality of someone's lived experience," and "Adults continue to change and develop in many ways - they gain new responsibilities, consolidate relationships with others, and develop their identities over time" (p. 155). The summary presents a write-up of a fictitious patient using the topics of the six chapters included in this section.

Part 4, "Link," addresses the final step in creating a psychodynamic formulation – to link problems and patterns to a patient's life story to form hypotheses about a person's development. The chapters in this part deal with trauma, early cognitive and emotional difficulties, the effects of culture and society, conflict and defense, relationships with others, the development of the self, and attachment. The discussion of early cognitive and emotional difficulties notes that further testing (e.g., neuropsychological evaluation) may be needed to define the nature and severity of the cognitive impairment and that taking a family history is very important. The chapter on the effects of culture and society is interesting in discussing the microsystem, mesosystem, and macrosystem and the hierarchies of society. The summary presents a couple of examples of the complete preliminary formulations and thinking how the formulation can guide treatment.

The final part of this book reviews in four chapters the psychodynamic formulation in acute care settings, pharmacologic treatment, and long-term psychodynamic psychotherapy and collaborative formulations in clinical practice. The chapter on pharmacological treatment reminds the reader, "Patients who come for medication visits, however, are just as likely to discuss emotionally meaningful topics as are patients in psychotherapy" (p. 273) and that a psychodynamic formulation helps guide pharmacological treatment.

Appendix A, "An Educator's Guide to Using *Psychody-namic Formulation: An Expanded Approach*," is a guide on how to teach the describe/review/link method for formulating. Appendix B is an outline for Describe, Review, and Link.

This book will be helpful to anyone who would like to learn how to write a good, comprehensive psychodynamic formulation. The simple, step-by-step "describe, review, link" model concept is very useful and easy to use. The text helps one to better understand the way of formulating a case psychodynamically and to do it with less effort. The chapters are short, practical, and to the point. The additions to this second edition are refreshing and important. The book will be a very good guide to all educators who teach or will be teaching psychodynamic formulation in residency programs.

Declarations

Disclosures The author states that there is no conflict of interest.

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