



EDT
MAASTRICHT
PSYCHOTHERAPIE

4 december 2007
Maastricht, Hotel Beaumont, Wyckerbrugstraat 2
(5 minutes on foot from Maastricht Central Station)

registration: www.edtmaastricht.nl/studie
registration fee: € 120
email: studie@edtmaastricht.nl

EDT Maastricht *proudly presents:*

.... a very special and rare occasion to witness a short term psychotherapy process, presented and step by step explained by a prominent and famous practitioner of Experiential Dynamic Therapy.

Jon Frederickson, MSW, is co-chairing the Intensive Short Term Dynamic Psychotherapy Training (IStDP) Program at the Washington School of Psychiatry in Washington, D.C. A member of the board of the International Experiential Dynamic Therapy Association (IEDTA), he has presented in Italy, Holland, England, Norway, and Denmark as well as throughout the United States. He is the author of *Psychodynamic Psychotherapy: Learning to Listen from Multiple Perspectives*, numerous articles on psychoanalytic psychotherapy, and several articles on intensive short term dynamic psychotherapy which have appeared in the *Ad Hoc, Journal of Short Term Dynamic Therapy*.

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A one day audio-visual seminar on Experiential Dynamic Therapy

by Jon Frederickson, MSW (Washington School of Psychiatry)

What does a short term therapy look like in actual practice? I will show a videotaped short term treatment which successfully treated all of a patient's symptoms in ten sessions. Attendees will receive transcripts of sessions which will be viewed on videotaped and analyzed moment to moment. In particular, I will demonstrate how to maintain a treatment focus, how to increase the patient's ego adaptive capacity, how to identify defenses, how to help patients turn against their defenses, how to monitor the patient's unconscious anxiety, and how to link unconscious dynamics to the symptoms which brought the patient to treatment.

The patient had suffered for several years from spastic colon, panic attacks, inability to sleep, headaches, and sudden collapses of energy such that he could not drive or even walk with assurance. Doctors concluded that he had a neurological syndrome related to Parkinson's Disease. He was heavily medicated on drugs for Parkinson's, antidepressants, Klonopin for his anxiety, and Ambien for sleep problems. When evaluated at a sleep clinic, the technicians said they could not evaluate his condition because he slept for only eighteen minutes during the entire night! His condition continued to worsen. He was unable to work, was on temporary disability, and feared he would soon die if his doctors could not treat his condition.

Following the first session, which you will see, nearly all of the patient's somatic complaints ended. He returned to work after the first session. Within one week the patient's energy had returned and he was beginning to sleep through the night for the first time in several years. By the end of ten sessions all physical symptoms were gone, he was off all medication, and his physician said he looked better than he had in twenty years.

Schedule

9:30 **Registration and coffee**

10:00 **Theoretical Overview**

Each segment will be illustrated with video excerpts

- 1) Triangle of conflict
- 2) Assessing unconscious anxiety
- 3) Building ego capacity in the patient

11:15 Coffee/Tea

11:30 **Videotape presentation of the Case**

Initial session I

- 1) Microanalysis of the process
- 2) Defense identification
- 3) Building ego capacity in the patient
- 4) Somatization as a defense

13:00 Lunch

14:00 **The initial session on videotape II**

- 1) Partial breakthrough into the unconscious
- 2) Major breakthrough into the unconscious
- 3) De-repression of unconscious conflicts which caused symptoms
- 4) Phase of integration and interpretation
- 5) Discussion

15:15 Coffee/Tea

15:30 **Session Five on Videotape**

- 1) Working through grief
- 2) Working through resistance to emotional closeness
- 3) Discussion

16:45 Coffee/Tea

17:00 **Session Seven**

- 1) Transforming pathological mourning into normal grief
- 2) De-repression of an unconscious conflict
- 3) Discussion

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