

Ronald Valencia: Psychodiagnosis – accelerating progress using Intensive Short Term Dynamic Therapy (ISTDT) - presentation on 3 March 2015

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Intensive Short term Dynamic Therapy is a relatively new model of therapy and it was developed by Prof. Habib Davanloo of Montreal. It seems to have elements of emotion focused, psychodynamic and somatic therapies, and development of ISTDT was aimed at meeting current need for short therapy models.

One of its main parts is Unconscious Therapeutic Alliance (UTA), which is an unconscious healing form within an individual that guides the therapeutic process. Ronald noted that it is always present regardless therapist's intervention, although the therapist has a very active role to assist UTA to emerge. Ronald pointed out that although Sigmund Freud was known for long term psychoanalysis, initially he actually worked with short term therapy.

ISTDT works with the triangles of conflict: Defense/Anxiety/Feelings, for example hurt or pain triggers rage which then transforms into guilt. Emotional hurts are avoided by being closed (avoidance, defense). Therapy opens channels to allow guilt to be processed and resolved.

Ronald invited attendees to engage in a group activity, asking all "how do you assess what you treat?" Beside the usual case history, DSM, pencil and paper form, free association etc. also emerged psycho-diagnosis based on physical signs (of anxiety) and observation of response, for example hands movement, shoulder or neck tensing, respiration etc.

Ronald noted that anxiety discharge pathways can have various forms and, consequently, affect other body parts (gastrointestinal, vascular, coronary, bronchial, bladder etc.). This can lead to hypertension, IBS, migraines and other diseases. Anxiety discharge via cognitive pathways can lead to cognitive disruptions, blurred vision, ringing in the ears etc. which can trigger serious psychiatric symptoms.

Ronal presented two fragments of his videoed sessions (attendees were asked to sign confidentiality statement and subjects/clients also agreed that their session may be presented for educational purposes). During the session Ronald focused his clients' attention to their body feelings as they were telling their story, and asked them how they experienced anxiety and what may have triggered their anxiety. The aim was to encourage clients to notice the feelings in their body and then to intellectualize their beliefs related to the ways their body was responding.

While various elements or interventions of the ISTDT are not new phenomena and many of therapists use them at some times during therapy, it was the particular way these interventions

were used (and justified) that makes this therapeutic approach different. Most of us have in our tool box a large variety of interventions; however, it is the way and timely use while responding to the client's immediate state of being that makes those interventions effective or not effective. Ronald demonstrated (via videos) to us his way of using those tools effectively. He noted that this therapy can be used with beneficial outcome for any number between 1-40 sessions, depending the issue and client's input.