

# Objects Relations Theory & Self- Psychology

Week 06

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# Week 06 Agenda

## Objects Relations Theory & Self-psychology

- Discuss the psychosocial assessment assignment
- Examples of understanding and applying object relation theory to a client
- Reviewing components of self-psychology
- Empathetic responding practice
- Examining the diagnosis of ADHD

## Learning Objectives

- Explain key concepts of object relations theory and self-psychology and apply them to client case examples.
- Describe the therapeutic role of the clinician in relational psychodynamic approaches
- Demonstrate empathic communication through structured practice with case vignettes.
- Critically evaluate the diagnostic criteria for ADHD through the lens of self-psychology, with attention to the child's self-experience.

# Psychosocial Assessment

The psychosocial assessment is a key assignment for SOWK 581. Students will demonstrate their competency in engagement. Heritage's MSW Program includes two practice behaviors in assessing engagement. The first involves evaluating cultural factors, and the second consists of using culturally responsive engagement methods.

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For this assignment, students will conduct a psychosocial assessment with a client they are using in their case study. The final product will have two broad components. The majority of the content will be the actual evaluation documentation. Cooper and Granucci Lesser (2022) include a discussion regarding the implementation of psychosocial assessment. Students will develop their own form but will follow the headings listed in chapter three (e.g., Identifying Information, Referral Source, Presenting Problem, cultural/spirituality, etc.). Students can use the same chapter's section, "The Case of Vincent," as an exemplar. This psychosocial assessment is related to the case study assignment. The documentation will be based on your interview with a client at your practicum placement. The second component is a section at the end reflecting on the experience of assessing the client and how you built meaningful engagement and used culturally responsive methods. The assessment should include evaluating those cultural factors at all levels of interaction (e.g., individual, family, groups, organizations, and communities).

# Psychosocial Assessment

| Description   | Highly Developed  |
|---|---|
| Evaluating cultural factors to develop engagement   | The <b>reflection</b> includes a clear, understandable discussion of how cultural factors were evaluated. It connects the evaluation to the implications of working with <b>diverse client populations</b> and details how <b>engagement was built</b> . <b>Contextual factors</b> such as family, groups, organizations, and communities are fully explored.   |
| Using culturally responsive engagement  | The reflection comprehensively describes how they engaged in <b>culturally responsive methods</b> . At least <b>three examples</b> of how you tailored your practice promote healing and well-being. The reflection highlights the student's ability to modify and tailor interventions at <b>multiple levels</b> (e.g., individual, family, groups, and organizations) to ensure the client's dignity and empowerment throughout the process.  |
| Documentation follows best practices  | The psychosocial evaluation follows <b>general norms for clinical documentation</b> in how it is written. Examples include using professional and neutral language, writing with clarity and precision, balanced use of subjective and objective information with clear distinctions, use of client-centered language, and a cogent organizational style.   |
| The evaluation will be comprehensive gathering the necessary information about client needs | The information gathered in the psychosocial evaluation will provide a <b>comprehensive overview of the client's needs</b> . It will include information collected related to identifying information, referral source, presenting problem, developmental assessment, family background, personal history, medical history, educational/learning history, social class, cultural history, religion/spiritual, mental status and current functioning, summary, recommendations, and intersection client/worker relationship. |
| The evaluation contains alignment and develops a deep understanding of the client           | The assessment develops a complete picture of the client. The information gathered about the client's history/ presenting problem sections <b>connects to the social worker's interpretations and recommendations</b> (e.g., mental status, summary, and recommendations). Any significant discrepancies are discussed.   |
| Following Assignment  | The case study closely follows the assignment description and requirements.   |



# Five Assumptions of Time Limited Dynamic Psychotherapy

## Object Relation Theory

1. **Maladaptive relationship patterns are learned in the past:** Relationships with early caregivers will become organized and both affectively and cognitively encoded as interpersonal schemas through which the child, and later the adult, filters the world.
2. **Such maladaptive patterns are maintained in the present:** Although a dysfunctional interactional style is learned in childhood, it must be supported in the adult's current life for the interpersonal difficulties to continue.
3. **Dysfunctional relationship patterns are re-enacted in vivo in therapy:** The patient interacts with the therapist in the same dysfunctional way that characterizes her interactions with others in her life and tries to enlist the therapist to play a complementary role.
4. **The therapeutic relationship has a dyadic quality:** The relational-interactionist position of TLDP is that the therapist will experience an "interpersonal countertransference" that involves her acting in a way that the patient expects. The therapist must recognize this replication of the patient's earlier dysfunctional relational pattern and use this information to change the nature of the interaction in a more positive way.
5. **The TLDP focus is on the child problematic relationship pattern:** The emphasis in TLDP is on assessing and intervening in the patient's most pervasive and problematic style of relating.





Time-Limited  
Dynamic  
Psychotherapy  
(TLDP) with  
Hanna  
Levenson Video

(PsychotherapyNet, 2009)

# Object Relation Theory

## Example of youth M



Acts of the self

Expectations of others' reactions

Actions of others towards self

Acts of the self towards the self



# Self-Psychology

## General Overview

- **The Self:** The self is considered the core of an individual's personality, encompassing one's sense of identity, coherence, and continuity.
- **Selfobject Needs:** Selfobjects are people or things that fulfill essential psychological functions for the self, helping maintain its cohesion and vitality.
  - **Mirroring:** The need to have one's abilities and accomplishments recognized and affirmed by others. This validation fosters self-esteem and confidence.
  - **Idealization:** The need to look up to significant others (parents, mentors) for strength and guidance. Idealizing others helps individuals internalize values and standards.
  - **Twinship (Alter Ego):** The need to feel a sense of likeness or belonging with others. This connection fosters a sense of community and acceptance.



# Role of the Therapist in Self-Psychology

- Patient's feelings are viewed as being determined by past experience and the relationship with the therapist in the present
- Kohut suggested that patients come to therapy to learn to self-sooth, self-comfort and self-empathize; these capabilities are initially provided by the therapist as the self-object
- Optimal frustration: minor experiences of the therapist's empathic failures
- Optimal frustration experiences help the patient learn to tolerate frustration and cope with ungratified needs
- Optimal frustration has been reframed to "optimal responsiveness," which stresses empathic understanding as fundamental to the therapeutic process

**(Cooper & Granucci Lesser, 2022)**

**Every aspect of self-psychology as a  
therapeutic approach is framed within  
the context of empathy**

# Empathetic Communication

## The Parts of Empathetic Communication

1. Perspective taking and recognizing their perspective as truth
2. Staying out of judgment
3. Recognizing emotion in other people
4. Communicating emotion with people

(Wiseman, 2007)



# Levels of Empathetic Responding

(Hepworth et al., 2023)

## Reciprocal Empathy

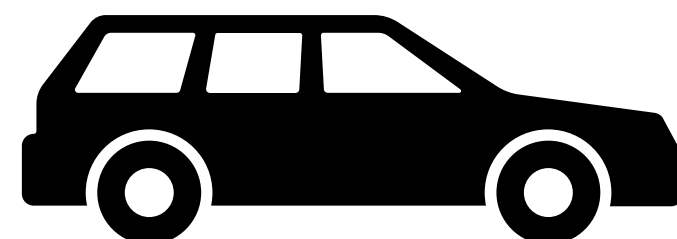
Focus on the direct feelings that clients express to you, but extend perspective-taking and speculation about feelings and emotions.

Feeling

Related or deeper feeling

## Surface empathy

A direct reflection of the feelings and concerns that the clients express, usually using the same vocabulary



# Practice with Empathetic Responding

**Jamal, 16 years old**

**Client:** Jamal has recently moved to a new city with his mother after his parents' divorce. He is struggling to adjust to his new school, feeling isolated and anxious. His grades have dropped, and he has become withdrawn at home.

**Social Worker:** The a school social worker a high school setting. Jamal's name came up in a report showing his grades have dropped. You pulled him from classto see how you can support him. One objective you will have is to help Jamal navigate his emotional and academic challenges.

# Practice with Empathetic Responding

**Sarah, 35 years old**

**Client:** Sarah is a survivor of domestic violence who has recently left an abusive relationship. She is feeling conflicted about her decision, as she still loves her partner and is unsure how to move forward with her life.

**Social Worker:** The social worker is a case manager at a domestic violence shelter. Sarah has been living at the shelter for a few days and is starting to settle in. You've pulled Sarah in for an individual meeting to start developing a plan. Your objective is to work with Sarah to provide emotional support and safety planning for her future.



# Practice with Empathetic Responding

**Jasmine, 17 years old**

**Client:** Jasmine is a high school student who recently experienced the sudden death of her best friend in a car accident. She is struggling with grief and guilt and has difficulty expressing her emotions to those around her.

**Social Worker:** The social worker is a therapist at a local counseling agency. You have been working with Jasmine before the accident and have a positive rapport with her. You will be aiming to support Jasmine in expressing her emotions after her friend's death.

# Examining Diagnosis of ADHD

Review criteria in the DSM-5-TR and  
Small Group Discussion of  
relationship with Self-Psychology

When a child is not able to make sense of her experiences, and when there is additionally a discordance between the personal meanings the child ascribes to her experiences and the beliefs others (including parents, family members, and educators) have about the child's experiences, the child becomes vulnerable to problems ranging from struggles with self-esteem to disorders of the self. Treatment of children with learning disorders from a self-psychological perspective revolves around the centrality of the child's self-experience. This includes working with children (and their caregivers) to identify the development of maladaptive defenses before they become part of the structure of the personality.

(Cooper & Granucci Lesser, 2022, p. 100)