

Providing access to quality affordable  
psychoanalytic psychotherapy

# MPSI PSYCHOTHERAPY CENTER

FALL 2017 | Volume: 3

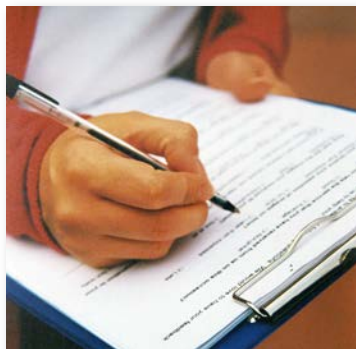


## The Art of Healing

By Nic Klein, MSW, LGSW,  
2016-2018 Clinical Fellow at the  
MPSI Psychotherapy Center

I won't lie, becoming a psychologist is hard work. The first year is intensively academic, and you are jumping through one hoop after another. Just about the time that you feel like giving up or quitting, you start your therapy practicum and are reminded of why you are doing all this work...for the people, to enter that sacred relationship where the healing occurs. My first choice of practicum was MPSI and by a snap of luck I secured a place training in long term psychodynamic therapy.

CONTINUED PAGE 6

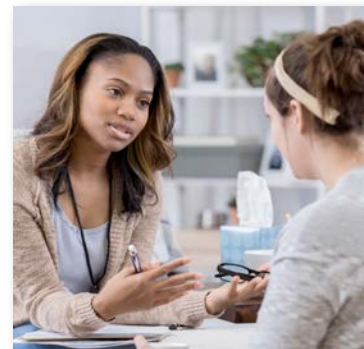


## The OQ-45 and What It Does for the Client and Clinician

By Caitlin Hurley, MSW, LGSW,  
2016-2018 Clinical Fellow at the  
MPSI Psychotherapy Center

The OQ-45 is an outcome questionnaire designed to evaluate a psychotherapy client's progress initially and throughout treatment. At MPSI Psychotherapy Center (MPSI PC) the questionnaire is distributed with the initial intake paperwork and then at three month intervals throughout treatment. Ideally, there would be a final OQ distributed towards the end of treatment, whether a few weeks prior to the scheduled termination day or at the very last session.

CONTINUED PAGE 2



## Effects of Psychodynamic Psychotherapy on Anxiety Symptoms

By Kate McRaith, MSW, LGSW,  
2016-2018 Clinical Fellow at the  
MPSI Psychotherapy Center

For a field place evaluation in the final year of my Masters in Social Work program at the University of Minnesota I followed a client I was seeing at the MPSI Psychotherapy Center who was struggling to manage symptoms of anxiety. His goals were to increase his understanding of the causes of his anxiety in his day-to-day life as well as decrease feelings of anxiety. The targets for change that were monitored to see if progress was being made on these

CONTINUED PAGE 3

# OQ-45 continued



## OQ-45

Through client feedback I have developed a curiosity around the distribution, evaluation, and use of the OQ in psychotherapy sessions. I had one client struggling with interpersonal relationships with depressive and anxious symptoms. At our first session, they scored 10 points over 63, which indicates clinical significance. Our work together was spent exploring maladaptive relational patterns and this client's subjective experience of others and the recognition, for the first time, of their own anxiety. Towards the end of treatment, this client actually reduced their overall score by exactly half, well below subclinical levels, and ready for a break from therapy.

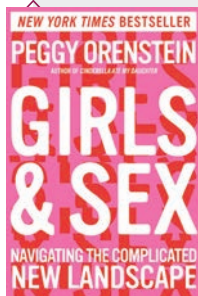
What struck me as interesting were other client's comments, the bulk of whom I ended up seeing in therapy at least once a week for two years. "Oh... you really don't want me filling this out today...[laughing]" or simply, "it's been a really rough week" indicating they don't feel at baseline, and might skew higher than they ordinarily would. Some clients commented about how they can remember what they used to score themselves, specific questions, and how different their answers were from then until now. This made me curious about the effects on the OQ when given at their final treatment session, "will they try to appease me?

Will they score themselves lower just so they can tell me I've done a good job as a therapist?" I know many of the clients I had felt guilt that we had what they identified as "a one-sided relationship". Statements like these created a safe space to explore what I meant to each patient in a more in depth and authentic way. As a new clinician, I appreciated this opening in therapy.

The OQ allows a clinician to introduce a tool of measurement in therapy with a client. One client who was very bright, but neurotic benefited from our exploration of their progress over time. It was interesting to explore the client's thoughts and feelings retrospectively around specific times that indicated either contentment and progress or complete destruction and disarray. I ended up giving the client a copy of their progress (in tables), which seemed to provide hope in the form of uncomplicated statistics. This client scored above well above clinical levels of distress, and would ebb and flow throughout their treatment with me. One of the most important markers of progress was in the middle of the year, the client reduced their score by over 63 points. Towards the end, the client was only one point above clinical significance. Perhaps this

was anxiety about our therapeutic relationship ending, or the beginning of the next chapter of their life, both in and outside of therapy.

I felt positive seeing these results with patients I had been consistently working with for the past two years. Oftentimes, I was unsure of my skills and abilities as a therapist, the OQ provides a way to measure the treatment you are doing, while evaluating the client and easing anxiety to what is arguably one of the hardest things to begin to do, talk about the relationship. Although it should be noted that what works for one client does not always work for another, and it is reflective in their OQ scores. Patients who I evaluated to have thought disorders, scored themselves significantly lower in distress levels in comparison to patients who are relatively high functioning, but were experiencing more short-term or even transient symptoms of depression and anxiety varying session to session. Overall, my experience with the OQ has been positive as a beginning clinician. I appreciated MPSI Psychotherapy Center's willingness to gather data on the clients being seen by the fellows and interns as well as the positive reinforcement it provided me, as a clinician, that I was doing good work.



The Blake School and the Minnesota  
Psychoanalytic Society and Institute present

**Peggy Orenstein.**

**October 28**

Blake Upper School | Mpls, MN 55403

Visit [www.mpsi.org](http://www.mpsi.org) for details and registration.



# Effects of Psychodynamic Psychotherapy on Anxiety Symptoms continued

goals was his self-reported level of understanding of the causes of his anxiety and his self-reported level of anxiety outside of sessions. The intervention that was used with him was individual psychodynamic psychotherapy two times per week. The ways of monitoring his progress on his targets was scaling questions asked every other week on a scale of 1 to 10 for 12 weeks and a standardized assessment known as the Outcome Questionnaire 45 (OQ-45.2) to assess the severity of his self-reported mental health symptoms on the first day prior to the intervention and every 3 months for 7 months. I conducted an A-B single system design in order to answer the practice questions: How does individual psychodynamic psychotherapy twice a week impact a client's self-reported levels of understanding about his anxiety? How does individual psychodynamic psychotherapy twice a week impact an individual's self-reported severity of anxiety? And finally, how does individual psychodynamic psychotherapy twice a week impact a client's score on the OQ-

45.2 standardized symptom severity assessment? The client's self-reported level of understanding of his anxiety increased from a 4 to a 5.5 on a scale

of 1 to 10 in 12 weeks. The intensity of his self-reported anxiety decreased from a 9 to a 3.5 on a scale from 1 to 10 in 12 weeks. And finally, the intensity of his symptoms decreased from a 74 on the OQ-45.2 to a 57 over 7 months, indicating reliable change and that symptoms are no longer clinically significant. Overall, the client stated that the process of recording his anxiety helped him reflect on circumstances that both increased and decreased his anxiety which helped him feel like he had more control over his symptoms.



SUPERVISOR:  
HAL STEIGER WITH KIM RORIE

## MPSI Psychotherapy Center

*Providing access to quality affordable psychoanalytic psychotherapy*

The MPSI Psychotherapy Center is in its 9th year of providing low fee psychodynamic psychotherapy to people unable to afford mental health care. On August 29th we celebrated the graduation of five fellows, completed orientation for our four new fellowships and welcomed again two second year fellows. Our volunteer supervisors, fellows and staff were on hand to hear of the success of the program, and to receive thanks for their many hours of contribution.

In 2016 - 2017, 2000 hours of psychotherapy were provided by our fellows. Some patients were seen intensively; twice weekly for a year and if their therapist elected to stay at the MPSI Psychotherapy Center for a 2nd year, their patients had the opportunity to receive intensive psy-

chodynamic psychotherapy for up to two years. This level of service is unavailable to patients in our community who rely on low fee clinics for their mental health care.

The MPSI Psychotherapy Center utilizes the OQ45 to assess the severity of symptoms at intake and at the end of treatment. The OQ45 is easy to administer and interpret and is commonly used by community clinics to assess the effectiveness of the care they provide. During 2016-2017 the average OQ45 score at intake was 69.6 and at post test 60.5. The data show a significant decrease in severity of illness score by 9.1 points or 13%.

MPSI PSYCHOTHERAPY CENTER  
3108 Hennepin Avenue  
Minneapolis, MN 55408  
612.824.3800



## the ART of **healing** continued

our sessions like it was free diving, that she would come in and together we would take a huge breath and dive down into her past and release the things trapped inside of her and let them float to the surface. Jesse soon started coming twice a week, bringing events from her life and eventually her dreams.

Her dreams were terrifying. Often violent, they were more like horror stories and it was clear she was disturbed by them. I think many young psychologists in training would avoid these dreams, keep them at a distance and not explore them as an avenue of healing. This is different for the analytic school and I soon found hidden in these horror stories was profound meaning. I did my best to investigate and interpret these dreams and their message nearly always rang true to Jesse. Within the nightmare was a profound expression of young women attempting to resolve the conflicts of a traumatic youth and a hidden desire to grow beyond these early survival mechanisms into a new and true expression of her being.

What was so interesting to me was that when Jesse would share her dreams, I would have no idea what

they meant. In fact, at times I would swallow hard and think to myself 'oh shit how will I ever interpret this one!' But the analytic method always rang true and on a number of occasion Jesse and I would be staring at each other at the end of the session, in disbelief as a nonsensical and violent nightmare had been transformed into something beautiful and profound. For my own part, I just copied what I had learned in PPTP and in supervision.

By the time Jesse finished therapy (50 sessions in all), her OQ-45 score (OQ-45 is a symptom severity measure) had dropped from 100 to 60 (A reliable indices of change is 10 points). Her paranoia all but disappeared and her anger became something she could recognize and work with. She left with a sense of accomplishment, with a positive view of therapy and the knowledge that she could return anytime if she so desired. In the final session of my own supervision at MPSI, I shared that I felt like I had been given a priceless gift. 'Like keys to the kingdom'. Thank you MPSI for the amazing service you provide to people in need and the training you facilitate for the next generation of analytic psychologists.

So how do I sum up my time at MPSI in a few short paragraphs? I could talk about the Friday seminars, the intensive supervision, the ten-patient caseload, Monday morning group consultation or the wonderful, talented, and dedicated fellows I had the privilege of working with. Though all these aspects made the practicum go well beyond my already high expectations, I think it might be better to talk about a patient, whose identity and recognizable characteristics have been changed for protection.

This person we will call 'Jesse' had been physically and emotionally abused since early childhood and came to therapy because of increasing episodes of paranoia and anger. Jesse and I spent months talking about what it was like for her when she was young and how her paranoia made sense given what she had been through. Jesse started talking about

## WHAT IS PSYCHOANALYTIC PSYCHOTHERAPY?

Psychoanalytic psychotherapy is a form of intensive psychotherapy that promotes personal development and freedom from unsatisfying or painful patterns of living. In pursuit of these goals, the individual and the therapist work together in close collaboration. Special attention is paid to the replications of past relational patterns in the present, to the interaction of personal and interpersonal experiences, to body and mind, fantasy and reality and to the unconscious as well as conscious experience.

The patient and therapist work together to understand the meaning of the patient's emotional reactions, thoughts, memories, fantasies, dreams, images, and sensations in an effort to alleviate personal suffering and to expand the capacity for work, love, and creativity.

# 2017-18 FELLOWS WELCOME BACK

Angela Porter, LGSW

Kaycie Dale,  
UM student intern

Natalie Taber, LGSW

Patricia Holdahl, LGSW

Caysha Bjorchert,  
student, Argosy



NEW FELLOWS

KAYCIE DALE, CAYSHA BORCHERT, ANGELA PORTER

**Kate McRaith** has received her B.A. in Psychology from Boston College and completed her Masters of Social Work degree at the University of Minnesota. Kate has experience working in several crisis and acute mental health settings including inpatient and day treatment programs as well as in residential mental health settings. She has a wealth of experience with children, adolescents, and adults who are experiencing a variety of mental health concerns. Kate plans to continue on for a second year as a Clinical Fellow at the MPSI Psychotherapy Center and due partially to her experience at the center she just was offered and accepted a job this June as a therapist on an inpatient unit at a hospital in the twin cities.



**Danielle M. Kasprzak**, MSW, LGSW is currently in her second year as a clinical fellow at MPSI Psychotherapy Center. She received her MSW from the U of M where she completed internships at Pride Institute, KIPP Minnesota, and Hamm Clinic. Dani has experience providing individual and group psychotherapy to adults with anxiety, depression, relationship struggles, gender and sexuality concerns, trauma, and other more serious or persistent mental illnesses. She specializes in providing a safe and affirming space for individuals from marginalized groups. Dani uses a gentle and in-depth style to help her clients learn to tolerate uncomfortable feelings and identify hidden patterns. Her work is strongly influenced by both contemporary psychoanalytic theory and feminist theory. In addition to her work as a psychotherapist, Dani is the humanities editor at the University of Minnesota Press.

## HOW DO I MAKE AN APPOINTMENT?

Call 612-824-3800 and leave a detailed message on the general voicemail. An intake coordinator will return your call within 2 business days.

## WHAT CAN I EXPECT FOR MY FIRST SESSION?

Your therapy starts with your first visit where you will have a chance to talk about the problems you are having and the help you want to make important life changes. You'll have a chance to meet your therapist and decide if the fit is a good one. You'll also determine your fee for each session and complete a brief intake process. We keep the paperwork to a minimum so that the main focus is helping you get the care you need.



# THANK YOU GRADUATES

CAITLIN HURLEY  
 KIM RORIE  
 BRYAN ELLINGSON  
 JEN MCMAHON BROWN  
 NIC KLEIN

*Best of luck as you move on to your new positions!*



## CAITLIN HURLEY

My experience at MPSI Psychotherapy Center has facilitated professional and personal growth. The skills and insight I've gained as a therapist has been extremely transferable to the medical social work I've been doing to supplement my fellowship over the last year. The patient's I've worked with at MPSI PC, and their complexity, have allowed me to conceptualize patients at the hospital in a much more thorough and complete way. I would not have been as prepared, or confident, in my ability to use myself and countertransference without the Center. Although I am not continuing in private practice at the moment; I am grateful to be able to continue to apply my psychodynamic and therapeutic skills in the wide array of social work positions at the hospital whether in the ER, Acute Care, or Behavioral Health.



JEN BROWN, KIM RORIE, BRYAN ELLINGSON

## BRYAN ELLINGTON

Its been a privilege and an outstanding learning experience as a new therapist at MPSI. I've learned a great deal from my clients, MPSI clinicians, and look forward to deepening my psychodynamic psychotherapy understanding in year two of PPTP. Additionally, I will start a full-time position at Washburn Center for Children as a psychotherapist in their Intensive In Home Therapy, and see patients one day a week in private practice.



**ANXIETY 101:**  
 you have the flu you call your doctor.  
 your anxiety is holding you back.  
 a therapist can help.

**Therapy**  
 that helps  
 therapy  
 you can afford\*

MPSI Psychotherapy Center  
 Uptown | 612.824.3800  
[www.mpsi-pc.org](http://www.mpsi-pc.org)

\* How do we make this work? Our therapists are a combination of master and doctoral students along with mid-career professionals who are trained in psychodynamic psychotherapy. All our therapists are supervised by leading clinicians in the Twin Cities. No insurance accepted. Sliding fees.

**feeling wrong?**  
 you are not alone. it's  
 isolating. Talk it out.  
 a therapist will listen.

**Therapy**  
 that helps  
 therapy  
 you can afford\*

MPSI Psychotherapy Center  
 Uptown | 612.824.3800  
[www.mpsi-pc.org](http://www.mpsi-pc.org)

\* How do we make this work? Our therapists are a combination of master and doctoral students along with mid-career professionals who are trained in psychodynamic psychotherapy. All our therapists are supervised by leading clinicians in the Twin Cities. No insurance accepted. Sliding fees.

**Relationships 101:**  
 making up or  
 breaking up, either way  
 it's complicated.  
 a therapist can help.

**Therapy**  
 that helps  
 therapy  
 you can afford\*

MPSI Psychotherapy Center  
 Uptown | 612.824.3800  
[www.mpsi-pc.org](http://www.mpsi-pc.org)

\* How do we make this work? Our therapists are a combination of master and doctoral students along with mid-career professionals who are trained in psychodynamic psychotherapy. All our therapists are supervised by leading clinicians in the Twin Cities. No insurance accepted. Sliding fees.



## KIM RORIE

It's hard to believe that my time as a fellow at the MPSI Psychotherapy Center is coming to an end. Over the past 2 years, I have immersed myself in the theory and practice of Psychodynamic Psychotherapy. Throughout this time, I have worked with supervisors, staff, colleagues, teachers, and patients who have all helped to teach me about many aspects of what it means to work as a therapist. I am excited to take my next step into the psychotherapy field: I am opening a private practice office with my patients from the Psychotherapy Center as well as a few new referrals. I can honestly say that this step would not be possible, especially not this soon in my career, without the training and support I received during the fellowship and training program at MPSI.



NIC KLEIN AND BRYAN ELLINGSON

## NIC KLEIN

Read Nic's article on page 1.



## JEN BROWN

Jen Brown recently received her independent clinical social work license. She also recently graduated from the Psychoanalytic Psychotherapy Training Program through the Minnesota Psychoanalytic Society and Institute (MPSI) and finished her two fellowship with the MPSI- Psychotherapy Center. Jen will be working as an outpatient therapist at Relate Counseling Center in Minnetonka. She has a passion for psychoanalytic thought and provides psychotherapy to kids, adolescents, and adults. She provides a specialized focus in anxiety, depression, eating disorders, relationship issues, parenting concerns, trauma, and grief and loss. Most insurances are accepted.



## Psychotherapy Center Posters

In an effort to make our services known to those in need, we have produced posters that we hope will let people know who we are and how we can help.

**ANXIETY 101:**  
 you have the **flu** you call your **doctor**.  
 your **anxiety** is holding you back.  
 a **therapist** can help.

**Therapy**  
 that helps  
 therapy  
 you can afford\*

MPSI Psychotherapy Center  
 Uptown | 612.824.3800  
 www.mpsi-pc.org

How do we make this work? Our therapists are a combination of master and doctoral students along with mid-career professionals who are training in psychoanalytic psychotherapy. All our therapists are supervised by leading clinicians in the Twin Cities. No insurance accepted. Sliding fees.

**feeling wrong?**  
 you are not **alone**. it's  
**isolating**. Talk it out.  
 a therapist will **listen**.

**Therapy**  
 that helps  
 therapy  
 you can afford\*

MPSI Psychotherapy Center  
 Uptown | 612.824.3800  
 www.mpsi-pc.org

How do we make this work? Our therapists are a combination of master and doctoral students along with mid-career professionals who are training in psychoanalytic psychotherapy. All our therapists are supervised by leading clinicians in the Twin Cities. No insurance accepted. Sliding fees.

# MPSI PSYCHOTHERAPY CENTER

Providing access to quality affordable  
psychoanalytic psychotherapy

3108 Hennepin Avenue  
Minneapolis, MN  
55408

[mpsi-pc.org](http://mpsi-pc.org)

The MPSI Psychotherapy Center's  
**Board of Directors** have a long history  
of experience and dedication in mental  
health and community service.

Hal Steiger, PhD, LP  
Executive Director

Beverly Caruso, MSW, LICSW  
Clinical Director

Ginny McDermott, PhD

Caitlin Hurley, LGSW

Mary Morris, LSW

Himanshu Agrawal, MD

Kari Fletcher, MSW, PhD, LICSW

Sandy Ryan, MSW, LGSW

MPSI PSYCHOTHERAPY CENTER  
ALL RIGHTS RESERVED

FALL 2018



**American Association for Psychoanalysis in Clinical Social  
Work - MN Chapter 2017-2018 Program**

## **Theoretical Branches of the Analytical Tree: Ego Psychology, Self Psychology, Kleinian/ Bionian, Relational/Intersubjective**

This year's four **Sunday seminars** will give an overview of four foundational theoretical threads of psychoanalytic theory: Ego Psychology; Self-Psychology; Relational Psychologies; and Kleinian/Bionian theory. Guided by psychotherapists who use these orientations in their practices, we will discuss what is unique and compelling in each of these approaches, as well as how each approach is clinically useful. This series taken together will give participants a framework for organizing their own thoughts about psychoanalytically informed psychotherapy.

For registration, dates of seminars, additional information: contact  
[bevcaruso@gmail.com](mailto:bevcaruso@gmail.com)

## **Advanced Clinical Supervision**

Seminars include: Core Elements of Clinical Supervision and Stages of Supervisee and Supervisor Development, Theories of Learning, Learning Styles and Self-assessment, Diversity, Power, and Psychodynamic Perspectives on Supervision & more. Presenter: Ellen T. Luepker, MSW, LP, LICSW

Tuesdays: 7-9 | Oct. 18, 2016 - Feb. 14, 2017

LEARN MORE AT [www.aapcswmn.org](http://www.aapcswmn.org)

