Rez. OPD-2

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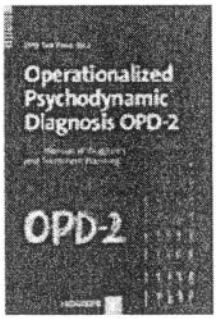
CONTEMPORARY PSYCHOLOGY: APA REVIEW OF BOOKS
American Psychological Association

A Psychodynamic Alternative to *DSM–IV*: *Sehr Gut!*

A review of



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Operationalized Psychodynamic Diagnosis OPD–2: Manual of Diagnosis and Treatment Planning

by OPD Task Force (Ed.); Eva Risl and Matthias von de Tann (Trans.)

Cambridge, MA: Hogrefe & Huber, 2008. 407 pp. ISBN 978-0-88937-353-2. $74.00

Reviewed by
Dolores McCarthy
Franziska Hoffmann

Translated from German, *Operationalized Psychodynamic Diagnosis OPD–2: Manual of Diagnosis and Treatment Planning* offers a *sehr gut*, in fact, an excellent alternative to the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM–IV;* 4th ed., text rev.; American Psychiatric Association, 2000), *Psychodynamic Diagnostic Manual* (*PDM;* Alliance of Psychoanalytic Organizations, 2006), *International Statistical Classification of Diseases and Related Health Problems* (*ICD–10*; 10th ed.; World Health Organization, 1992), and other psychiatric classification systems.

This review is written from the perspectives of an American university professor with colleagues in Heidelberg (where the book was written) and of a German from Berlin as a visiting scholar in the United States. Dolores McCarthy, as an American academic, was most impressed by the complexity of the system; Franziska Hoffmann, a German graduate student, was more aware of the ideological and political complexities underlying the system.

The most accepted diagnostic systems include the *DSM–IV* (American Psychiatric Association, 2000), the *PDM* (Alliance of Psychoanalytic Organizations, 2006), and the *ICD–10* (World Health Organization, 1992). Although the *DSM–IV* is the most accepted nosology in the United States, it has many critics (Gert & Culver, 2004; Ghaemi, 2003; Lewis, 2006; O'Donohue, Fowler, & Lilienfeld, 2007; Sadler, 2004; Widiger, 2007).

While many of the diagnostic systems stress objectivity, some professionals believe that they do so at the loss of psychological dynamism.

> Both systems [*DSM–IV* and *ICD–10*], however, in their effort to simplify and thus facilitate communication and research have reduced the richness and clinically appropriate level of diagnosis in psychiatry... . The OPD... is a major effort to bridge the gap between descriptive clarity and precision on the one hand, and clinical sophistication and appropriate individualized differentiation, on the other... . It is a diagnostic system that successfully attempts a synthesis between descriptive and dynamic features, and respects the interaction between biological, psychodynamic and psychosocial determinants of illness. The OPD–2 is warmly recommended to all professionals in the mental health field. (v–vi.)

The *OPD–1* and its current revision, *OPD–2*, are specialized systems in Germany, not commonly used in regular clinical practice; the *ICD–10* (not *DSM–IV*, which is also considered specialized) is the most common (Gabriele Haertel-Weiss, personal communication, June 2, 2008). The *ICD–10*, like the *DSM–IV*, is descriptive and symptom based. As an alternative, the *OPD–2* gives a comprehensive view of

psychodynamic thinking, while embracing findings from other psychological disciplines.

Psychodynamic theory, deriving from Freud's work, has had a contentious history in diagnostic systems. The *OPD* is representative of the pluralistic system of modern German psychology. In fact, psychology historians refer to the current period as the (relative) consensus stage (Sprung & Sprung, 2001). Starting in the 1930s, all major schools but depth psychology integrated themselves into an all-embracing system of psychology, forming general standards of methodology.

With the *OPD*, psychodynamic theory is joining into that process. Being a scientist influenced by the great Romantics of the early 19th century, Sigmund Freud was committed to providing insight into the mystery of the human psyche. His inheritors have become increasingly concerned about reaching more clarity in psychodynamic concepts, thereby making them accessible for evaluation and research efforts.

The *OPD–2*, as a psychodynamic system, represents this development. It is also notable that Germany, starting with Wilhelm Wundt, has a long history of a dual-oriented line in psychological research, relying on both experimental and nonexperimental methods. In that tradition, the *OPD* diligently grapples with the ambiguities arising from the integration of multiple concepts of different complexity, being more or being less appropriate for operationalization.

The book is generally readable yet theoretically precise; it should be enriching even for those who do not plan to strictly follow the operationalization. The *OPD–2* is an attempt to understand patients by describing a profile of mental functioning that permits a clinician to look in detail at each of the patient's capacities; the entries include a description of the patient's symptoms with a focus on the patient's internal experiences as well as surface behaviors. It also provides a classification of dysfunctional relationship patterns. It then focuses on various aspects of treatment and treatment planning. The *OPD–2* provides extensive supplemental material and numerous clinical examples based on actual cases.

Technically more of a manual than a "book" with extensive narrative material, *OPD–2* offers an excellent alternative to *DSM–IV*

description. The *OPD–2* proposes an ambitious, detailed, and specific schema. It is structured differently from the *DSM* as it is not essentially a "symptom-based" checklist but rather a (psychodynamic) structural checklist (self-representation, object relations, defense mechanism) and is highly operationalized for behavioral and quantitative considerations.

The text reviews theoretical background, empirical findings, development of "axes," manualization, the *OPD* interview, extended case examples, treatment focus selection, change measurement, areas of application, quality assurance, and issues of continuing education and postgraduate study. The task force consists of 27 clinicians, mostly from Germany and especially Heidelberg, although there are representatives from England, Austria, and Switzerland.

Psychoanalytic self psychologists would appreciate the nosology on self-perception/object perception and levels of integration (high, moderate, low, disintegrated) in areas such as self-reflection, affect differentiation, identity, self/object differentiation, whole object perception, and realistic object perception. Similarly, in areas such as self-regulation and object-relationship regulation, it lists such self capacities as impulse control, affect tolerance, self-worth regulation, protection of relationships, balancing of interests, and anticipation. This checklist continues, including factors such as internal communication and communication with external world, internal objects, and external objects. Thus, 24 traits are organized into eight categories yielding 192 possible profiles in self/object classification.

The *OPD–2* also offers extensive material on treatment. It highlights treatment issues, including focus selection, decisions of how to focus a psychological treatment, and development of a comprehensive treatment plan. It also discusses the patient's expectations of change, measurement of change, and clear coverage of any medical issues involved in change. These topics are especially important in quality assurance and related accountability concerns in mental health.

The *OPD–2* is not without criticism. One limitation involves difficulties with the authors' writing style. The *OPD–2* presents a complex nosology that is quite specific and, at times, rather dense; while clear as a manual, this book is by no means an "easy read."

Because German professors are appointed for life and the great majority of universities are public, there is less of a "free market culture," and science is generally delivered in a rather dry manner. Another serious concern is the lack of an index or other way to easily access specific material.

Further, sometimes the authors get lost in providing historical background to their scheme without building a bridge to the *OPD–2*, such as in their discussion of interview methods. In contrast with *DSM*, *ICD*, and *PDM*, the *OPD–2* does not discuss disorders of infancy, childhood, or adolescence. According to the publishers (Hogrefe, personal communication, July 1, 2008), a new edition is in process, but no publication date is available. This is especially striking in comparison with the *PDM*, the parallel psychodynamic manual that discusses preadult conditions quite extensively. Although a minor point, another concern is the task force's attempt to operationalize countertransference reactions; however, countertransference, by nature, is subjective.

In spite of such criticism, the *OPD–2* provides a superb system for psychologists. There seems to be less publication pressure in Germany, which at times leads to thorough and in-depth research, as is found in the *OPD*. Given such breadth, the *OPD–2* can be used in many subdisciplines. It can inform research issues, especially in developmental, personality, social, abnormal, clinical, and even evolutionary psychology.

The system can also be used by mental health administrators in planning and in designing treatment programs and accountability tools. Further, the highly detailed presentation is excellent for teaching purposes to help beginning clinicians gain a fuller understanding of psychodynamic considerations in diagnosis and treatment. The interview and case study sections provide a clear approach to the process of diagnostic understanding.

Both authors of this review believe the *OPD–2* is a worthy alternative to *DSM* and *ICD* in presenting psychodynamic themes. The *OPD–2* deserves careful consideration during this period of reevaluation of diagnostic systems, moving toward *DSM–V* and *DSM–VI*.

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