

Evidence Base for Psychotherapy

Seminar

History

For decades psychoanalytic and psychodynamic therapies have considered to be lacking in a credible evidence base and have time and again failed to be recognized as empirically supported treatments.

This can be put down to 2 reasons:

- A degree of reluctance on behalf of psychodynamic practitioners to support the kind of empirical research that would help to establish such an evidence base while other approaches, namely CBT have been more active in this area.
- To the methodological challenges in effectively evaluating psychoanalytic approaches and due to the fact that research which has been undertaken has not been brought together in a meaningful way and without its dissemination to the wider field.

In the field of psychodynamic treatment of adults, the situation regarding an evidence base has begun to shift over recent years with the publication of a series of seminal reviews and meta-analyses. Particularly notable are those of Leichsenring (2005), Abbass et al (2006), De Matt (2009) Gerber et al(2011). It was the publication of Jonathan Shedler's paper on 'The efficacy of psychodynamic psychotherapy in the American Psychologist journal in 2010 that brought together the evidence from a number of randomized controlled trials, and illustrated that effect sizes for psychodynamic therapies are at least equal to those of other forms of treatment which have been for so long regarded as evidence based. Shedler's work highlighted that patients who receive psychodynamic treatments not only appear to maintain therapeutic gains recorded at the end of treatment, but in many instances continue to improve long after the treatment is concluded. Trowell, Rhode et al (2003) in their multi-centre (London, Helsinki, Athens) RCT of time limited psychoanalytic psychotherapy with children suffering medium to severe depression described the impressive gains made by children receiving this intervention and coined the phrase the "Sleeper Effect" to describe the process of improvements in mood, behaviour that continued long after the treatment had ended.

Shedler's paper was seen in many circles as presenting an evidence base for psychoanalytic psychotherapy which had hitherto been absent.

History

Psychoanalysis is no stranger to controversy and has overseen years of heated debate as to its efficacy and authenticity as a psychological treatment. Freud himself battled the Viennese medical fraternity as to the efficacy of psychoanalysis and its place alongside other sciences. He remonstrated for psychoanalysis to be viewed as a medical science as opposed to a philosophy, pointing to his research and the development of his theory in the seminal paper *Interpretation of Dreams*. Freud's theory of dream analysis, he believed, proved once and for all the existence of an unconscious, which many opponents stressed their doubt that this realm even existed let alone be thought of as scientific.

Fonagy and Moran (1993) point out that psychoanalysis has always been keen to offer an evidence base for its work. They point to the single case studies of Freud's such as Dora, the Rat Man and Little Hans, Melanie Klein's extensive recording and analysis of her clinical work with Richard an autistic child. The rigorous longitudinal studies of Bowlby and the attachment theorists, and Anna Freud's meticulous recording of the results of the application of psychoanalytic theory to work with war orphans in the Hampstead Nurseries were crucial in shifting public opinion and health practice around the care of young children and which also warrant inclusion in this list of examples. Such a wealth of early research, as this, is often overlooked, but it was such dedicated work that led to the generation of theory and to the development of clinical practice as we know it today.

Over the past 20 years Michael Rustin (2003) and Peter Fonagy (2003) have been fervent advocates of the need for psychodynamic psychotherapy to provide an evidence base for its work which rivals that of its open competitors (CBT). Rustin draws upon Kuhn's (1962) seminal theory *The Structure of Scientific Revolutions* in which he questions the basis of how a science is viewed. Kuhn (ibid) was instrumental in developing a model of processes by which scientific programmes could be defined as "structures of interrelated propositions" which would evolve in time as paradigms. Of major significance, Kuhn suggested that scientists do not always abandon theory when it has been falsified. Describing it as *normal science*, he suggested that in fact scientists collaborate together within paradigms with the constant addition of research which despite misfit evidence, produces a new paradigm. Rustin (2002) argues that psychoanalysis has developed itself as a normal science since its inception as a science with Freud's *Interpretation of dreams*. For Rustin (2003) it has proceeded as a normal science through recognizing and investigating issues that *'...emerged from the encounter of its theoretical conjectures with facts, in particular clinical facts.'*

Latour (1983) argues that the context in which clinical research is undertaken is within the laboratory. It is within this setting that conditions and circumstances are created in which certain phenomena are made available to observation and

scrutiny. Latour (ibid) argues for the importance of *establishing control of phenomena*.

We would argue that the consulting room, the clinical setting is the psychoanalytic/psychodynamic psychotherapist's laboratory. It is a stable, consistent environment, a recurring experimental situation where the nature of the patient's internal world, the presence of unconscious processes such as transference, countertransference, projective and introjective identification can be experienced by the trained psychoanalytic practitioner.

Fonagy and Moran (1993) introduce a note of caution when they wrote about the need for objectivity in the psychoanalytic researcher's approach and to the gathering of data and clinical material for the purposes of research. Denzin's (1970) ideas of triangulation are crucial here as a means for the psychodynamic researcher of validating data and thereby reducing doubt about the evidence gathered in such a clinical setting. Denzin describes ways in which differing views can be used to validate and support evidence, for example views from the supervisor, other agencies, parents or family members etc.

Psychodynamic psychotherapy can provide unique information and data that may not be obtainable outside of the intimate, long term setting of the therapeutic relationship, but any modern day research that contributes to the evidence base for its inclusion as a treatment of choice in public and private healthcare settings must stand the test of scientific objectivity.

The pleas for more contemporary psychodynamic researchers to contribute to the development of an evidence base have at long last been heard.

What distinguishes Psychodynamic Psychotherapy technique from other approaches

It is important, when thinking about an evidence base for psychotherapies, to mention the characteristic and distinctive features of Psychodynamic practice over others. First off a definition may be useful ie. Psychodynamic or psychoanalytic psychotherapy is a range of treatment modalities that have psychoanalytic concepts and methods at their heart. It is distinguishable by its consistent framework punctuated by regular weekly or 2xweekly sessions. The focus of the psychotherapy is on allowing the patient to explore unknown aspects of themselves, aspects that can manifest themselves in the here and now of the therapeutic relationship.

Often such approaches are prejudiced against and caricatured by linking them strongly to Freud's early emphasis on sexuality, on drive theory etc. Shedler believes the current proliferation of empirical research into psychodynamic ways of working is beginning to contradict such prejudices, but recommends that more research is still required. Shedler (20010) and Leichsenring and Schauenburg (2014) completed separate meta-analyses of RCT's undertaken

world-wide into the efficacy of psychodynamic psychotherapies. Seven features emerged from these meta-analyses that distinguished psychodynamic therapy from other therapies, *as determined by empirical examination of actual session recordings and transcripts.*

- 1. Focus on affect and expression of emotion**
- 2. Exploration of attempts to avoid distressing thoughts and feelings**
- 3. Identification of recurring themes and patterns**
- 4. Discussion of past experiences (developmental focus)**
- 5. Focus on interpersonal relations (object relations, attachment patterns)**
- 6. Focus on the therapeutic relationship**
- 7. Exploration of wishes and fantasies**

The goals of psychodynamic and psychoanalytic psychotherapy (PDPAP) include but go beyond alleviation of symptoms. PDPAP also allow for the development of inner capacities and resources which provides patients with access to greater degrees of potentiality and freedom in their lives. Shedler and others have argued that the assessment of such potentiality in our patients has been overlooked by psychodynamic and non-psychodynamic researchers alike.

Two mechanisms of assessing aspects of inner capacities and resources that psychodynamic psychotherapy can enhance and develop have however come to the fore in Shedler and Weston's Assessment Procedure (SWAP 1999) and Personal Relatedness Profile (Hobson, Patrick & Valentine, 1998). The authors of this research tool also postulate that the Personal Relatedness Profile questions the skepticism surrounding psychoanalytic judgements about reliability and validity of psychoanalytic judgements of patient – therapist transaction. Hobson, Patrick and Valentine suggest that:

... it is possible to record reliable psychoanalytic judgements about qualities of interpersonal relatedness. Moreover, there is evidence that paranoid-schizoid and depressive position aspects of psychological functioning do constitute a meaningful constellation of clinically grounded phenomena (p177)

The effectiveness of Psychodynamic Psychotherapy

Meta-Analysis compares results from different studies, with Smith, Glass and Miller's 1980 meta-analysis of psychodynamic psychotherapy being the first full analysis.

More recent meta-analysis includes that of Abbass, Hancock et al (2006) which included 26 RCT's involving 1,431 patients and which compared effectiveness of short term PDP with control group (treatment as usual) for a range of common psychological disorders. Results were impressive showing an overall symptom improvement at the end of therapy and even more impressive results for remission of symptoms after long term follow up.

Abbass, Kisely et al released a meta-analysis in 2009 into the effectiveness of PDP with somatic disorders which involved 1,870 patients. 77.8% reported significant reductions in utilizing health care resources due to PDP.

Leichsenring and Leibing in 2003 undertook a meta-analysis which examined the efficacy of PDP for the treatment of personality disorders comparatively with CBT treatments. Results showed that PDP was at least as effective as CBT treatments. Where significant differences occurred were in long term follow ups of patients. Patients offered PDP exhibited ongoing remission of symptoms and continual improvement in mood not seen with patients who had undertaken CBT. One thought is that far more than the symptom is being addressed in PSD treatment than with CBT. With regard to this idea studies by Hollon DeRubeis, et al (2005), de Matt et al (2009) showed continual improvements in patients presenting with depression, generalized anxiety over time where the benefits of empirically supported interventions by contrast decayed.

In some of the most striking evidence in favour of PDP, Bateman and Fonagy (2008) showed in a 5 year follow up of patients with borderline personality disorder that 87% of patients who received treatment as usual continued to meet diagnostic criteria for BPD, compared to only 13% who had received PDP.

Barth et al's (2013) meta analysis of a large number of RCT;s showed that PDP is effective in treating depressive disorders and found to be as efficacious as pharmacotherapy in the short term, but superior in long term especially with regard to relapse prevention.

Taylor's (2008) study provided an overview of the effectiveness of short term psychoanalytic and psychodynamic therapies when treating depression and found that patient benefits were equivalent to those produced by antidepressants and CBT.

Milrod et al (2007) study investigated effects of PDP on panic disorder agoraphobia and depression. Participants who received PDP showed a significant reduction of panic symptoms than those treated with relaxation techniques for example.

Town, Abbass, Hardy (2011) conducted a review into the effects of short term PDP in patients with personality disorder. Findings from 8 robust studies concluded that PDP can be considered efficacious for the treatment of such disorders producing significant and medium to long term improvements for a large percentage of the patient groups.

Evidence base for Psychodynamic psychotherapy with children

Research and developing an evidence base for psychodynamic psychotherapy with children has lagged behind that of adult psychotherapy.

Midgley & Kennedy (2011) at the Anna Freud Centre have been instrumental in undertaking meta-analysis and systematic reviews into the efficacy and

effectiveness of psychoanalytic and psychodynamic psychotherapy with children and young people.

In their systematic review of the evidence base for child psychotherapy, Midgley and Kennedy (2011) found that children with mixed diagnoses, children who have experienced maltreatment, trauma and neglect, with emotional disorders and with anorexia nervosa all indicate that psychodynamic treatments are just as effective as those evidenced based treatments which include, CBT, and DBT.

IMPACT study being undertaken currently in UK is a multi centre, RCT comparative project exploring the respective effectiveness of short term psychoanalytic psychotherapy with CBT and family therapy for moderate to severe depression in adolescents.

Midgley (2009) believes that despite the fact that the amount of research that has been undertaken has increased decade by decade since the 1970's there is still more research needed as to the efficacy and the effectiveness of child and adolescent psychotherapy. This has given the field of child psychotherapy a glimpse into what works for whom with regard treatment modalities, but more recent research studies are looking at what makes psychotherapy optimally effective (Torres 2011), looking at predictors of drop-out in psychodynamic psychotherapy with adolescents.

But the value of such research cannot be overstated in terms of developments of intervention that can prove itself to be invaluable in both in terms of treatment and prevention.

The product of early research studies by Fonagy, Moran et al (1993) at the Anna Freud Centre have developed the much recognized Adult Attachment Interview measure whereby attachment pattern of the infant can be accurately predicted at the age of 12 months by way of the parent's own attachment style. This research has led to preventative work in the form of early intervention which negates the impact on the infant of the parent's mental state which is mediated through increasing the parent's own capacity for self –reflection. The chances of intergenerational transmission of insecure, avoidant attachment styles are considerably lessened when the parent is able to reflect on poor early experiences and to be able to create a coherent narrative around them, which acknowledges the emotional impact that such negative early experiences have had.

We return full circle to Freud who when speaking of his early cathartic method introduced the idea that for a reduction of the repressed material unconscious aspects of the psyche should be made conscious and that to release symptoms the patient should not only talk about difficult past experiences but for their to be present the full emotional content of the experience itself.

Conclusion

In summary, effective and robust research studies have been a feature of psychodynamic psychotherapy for some time. It is the role of psychotherapists

to further embrace research and to place their work under methodological scrutiny in order to continue to develop a large evidence base for the efficacy and effectiveness of such work with both adults, children, adolescents and their families. Most providers of mental health services turn to evidence based practice as a way of guiding the choice of interventions. It is therefore of great importance that psychotherapy trainings in particular promote the importance of clinical research amongst its students so that the current trends highlighted above can continue.

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