

# EVIDENCE IN SUPPORT OF PSYCHODYNAMIC PSYCHOTHERAPY

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## INTRODUCTION

The purpose of this document is to distil some evidence concerning the effectiveness of psychodynamic psychotherapy, including both short-term psychodynamic psychotherapy (STPP), long-term psychodynamic psychotherapy (LTPP), and psychodynamic psychotherapy for specific mental conditions.

When professionals make reference to the evidence base for psychotherapy, it is *not* sufficient for supporters of dynamic psychotherapy to express vague complaints that the evidence is less clear-cut or less relevant to real-life practice than is commonly supposed, true though this might be. But nor is it necessary to have read the scientific literature in depth. What might help is to know enough about a few authoritative recent studies to speak *with confidence*, citing the papers from memory *by author, date, and journal*. (In some cases, it might be worth offering to send references to the interlocutor, by email).

In discussions over the evidence base, it is important to be positioned appropriately. One of the reasons CBT evidence has had such political sway, is that research on this approach has been applied to diagnostic groups that correspond with those considered by NICE. Psychodynamic psychotherapists question the validity of these nosological categories, but this does not cut muster. So be aware that some of the meta-analyses cited below have little force if a discussion is narrowly focussed on ‘depression’, say, or ‘anxiety states’ – unless one can prepare the ground by stating and/or assuming that the *least* relevant studies are those on overselected cases without co-morbidity, and the *most* relevant are broader-based studies. We also include studies of more specific conditions.

Anyway, here are some suggestions (when citing, stress quality of sources – most of the journals are highly reputable):

### A. PAPERS ADDRESSING THE EFFICACY OF PSYCHODYNAMIC PSYCHOTHERAPY IN GENERAL

**Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist* 65(2): 98-109.**

A widely quoted paper that summarises the empirical evidence (including major meta-analyses) supporting the efficacy of psychodynamic therapy.

Findings:

- Effect sizes for psychodynamic therapy are as large as those reported for other therapies that have been actively promoted as “empirically supported” and “evidence based.”
- Patients who receive psychodynamic therapy maintain therapeutic gains and appear to continue to improve after treatment ends.

- Non-psychodynamic therapies may be effective because the more skilled practitioners utilize techniques that have long been central to psychodynamic theory and practice.
- The perception that psychodynamic approaches lack empirical support does not accord with available scientific evidence and may reflect selective dissemination of research findings.

**Leichsenring, F., Klein, S. (2014). Evidence for psychodynamic psychotherapy in specific mental disorders: a systematic review. *Psychoanalytic Psychotherapy* (in press).**

Comprehensive review of the empirical evidence for psychodynamic therapy for specific mental disorders in adults.

- RCTs show that psychodynamic therapy is efficacious in common mental disorders, including depressive disorders, anxiety disorders, somatoform disorders, personality disorders, eating disorders, complicated grief, posttraumatic stress disorder (PTSD), and substance-related disorders.
- These results clearly contradict assertions repeatedly made by representatives of other psychotherapeutic approaches claiming psychodynamic psychotherapy is not empirically supported.
- However, further research is required, both on outcome and processes of psychodynamic psychotherapy, and on long-term psychotherapy for specific mental disorders is required.

**Leichsenring, F., Rabung, S. (2011). Long-term psychodynamic psychotherapy in complex mental disorders: Update of a meta-analysis. *The British Journal of Psychiatry*, 199(1): 15-22.**

Recent paper updating the above examining the comparative efficacy of long-term psychodynamic psychotherapy (LTPP) in **complex mental disorders**.

- Method: Meta-analysis of controlled trials of LTPP fulfilling the following inclusion criteria: therapy lasting for at least a year or 50 sessions; active comparison conditions; prospective design; reliable and valid outcome measures; treatments terminated.
- Ten studies with 971 patients were included.
- Results: Between-group effect sizes in favour of LTPP compared with less intensive (lower dose) forms of psychotherapy ranged between 0.44 and 0.68.
- Conclusions: Results suggest that LTPP is superior to less intensive forms of psychotherapy in **complex mental disorders**. Further research on long-term psychotherapy is needed, not only for psychodynamic psychotherapy, but also for other therapies.

**Leichsenring, F., & Rabung, S. (2008). Effectiveness of long-term psychodynamic psychotherapy. *Journal of the American Medical Association*, 300, 1151-1565.**

Another widely quoted paper, examining the effects of LTPP, especially in complex mental disorders.

- Only studies that used individual psychodynamic psychotherapy lasting for at least a year, or 50 sessions; had a prospective design; and reported reliable outcome measures were included.
- Twenty-three studies involving a total of 1053 patients were included (11 RCTs and 12 observational studies)
- LTPP showed significantly higher outcomes in overall effectiveness, target problems, and personality functioning than shorter forms of psychotherapy.'

See also a supportive commentary by R.M.Glass that follows in the same journal.

**Knekt, P. Lindfor, O., Harkanen, T., Valikoski, M., Virtala, E., Laaksonen, M. A. , Marttunen, M., Kaipainen, M., Renlund, C., Helsinki Psychotherapy Study Group (2008). Randomized trial on the effectiveness of long and short-term psychodynamic psychotherapy and solution-focused therapy on psychiatric symptoms during a 3-year follow-up. *Psychological Medicine*, 38: 689–703.**

Study comparing short- and long-term treatment of depression.

- 326 out-patients with mood or anxiety disorder randomly assigned to three treatment groups (long-term psychodynamic psychotherapy, short-term psychodynamic psychotherapy, and solution-focused therapy) and were followed up for 3 years from start of treatment. Primary outcome measures were depressive symptoms measured by self-report Beck Depression Inventory (BDI) and observer-rated Hamilton Depression Rating Scale (HAMD), and anxiety symptoms measured by self-report Symptom Check List Anxiety Scale (SCL-90-Anx) and observer-rated Hamilton Anxiety Rating Scale (HAMA).
- Results: patients receiving short-term psychodynamic psychotherapy recovered faster from both depressive and anxiety symptoms during the first year of follow-up, and those receiving solution-focused therapy recovered faster from depressive symptoms than patients receiving long-term psychodynamic psychotherapy. During the following 2 years, the symptoms persisted at the level reached in the two brief therapy groups, whereas in the long-term psychodynamic psychotherapy group the improvement continued during the entire 3-year period.
- Conclusion: length of therapy rather than the form is important when predicting the outcome of the therapy.

**Leichsenring, F., Leibing, Eric. (2007) Psychodynamic psychotherapy: A systematic review of techniques, indications and empirical evidence. *Psychology & Psychotherapy: Theory, Research & Practice*. 80: 217-228.**

Review of the available empirical evidence for both efficacy and mechanisms of change

of short- and moderate-term psychodynamic psychotherapy, and of the results of effectiveness studies of long-term psychoanalytic therapy.

Results:

- 23 RCTs of manual-guided psychodynamic psychotherapy applied in specific psychiatric disorders provided evidence that psychodynamic psychotherapy is superior to control conditions (treatment-as-usual or wait list) and, on the whole, as effective as already established treatments (e.g. CBT) in specific psychiatric disorders.
- With regard to process research, central assumptions of psychodynamic psychotherapy were confirmed by empirical studies.

**Abbass, A.A., et al (2006), Short-term psychodynamic psychotherapies for common mental disorders (Review). *Cochrane Database of Systematic Reviews, Issue 4.***

A meta-analysis from the **Cochrane Collaboration**, a UK body of high repute

- study of **short-term (<40 hr) psychodynamic** psychotherapies for **common mental disorders**, relative to minimal treatment and **no-treatment controls**
- 23 **RCT** studies of almost 1500 patients
- Studied symptom reduction of the following kinds: general, somatic, anxiety, depressive **symptom reduction**, as well as **social adjustment**
- Outcome: for most categories of disorder, significantly **greater improvement** in the treatment vs control groups, most **maintained** in the medium and long term follow-up
- ‘STPP shows promise, with modest to moderate, often sustained gains for a variety of patients’ [but they add: ‘However, given the limited data and heterogeneity between studies, these findings should be interpreted with caution’].

**Leichsenring, F., et al (2004). The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders: A meta-analysis. *Archives of General Psychiatry, 61, 1208-1216.***

A meta-analysis of RCTs of short-term psychodynamic psychotherapy

- note STPP (not ITP) for specific psychiatric disorders, but it was not possible to look at different disorders separately – considered **RCT**’s only, and studies meeting criteria for treatment manuals, treatment integrity, therapist experience/training, diagnosis, effect sizes.
- 17 studies, assessed for end of therapy and follow-up
- Diagnoses included social phobia, personality disorders, depression, eating disorders
- evaluated **target problems, general psychiatric symptoms, and social functioning**

- Outcome: STPP (usually 16-30 sessions, based on psychodynamic principles including focus on conflicts in here and now transference, termination issues) produced significant and large effects for **each** of the measures, with effects tending to increase at follow up.
- superior to waiting-list controls and **treatment as usual**.
- **Not different from other forms of psychotherapy (incl CBT)**

Quote: ‘...patients with short term psychodynamic psychotherapy are better off with regard to their target problems than 92% of the patients before therapy’ (p. 1213)

**Leichsenring, F. (2005). Are psychodynamic and psychoanalytic therapies effective? A review of empirical data. *International Journal of Psychoanalysis*, 86, 841-68.**

[Note: This appears in the IJPA, so some might question whether it is to be trusted!]

From abstract: ‘The review aims to identify for which psychiatric disorders RCTs of specific models of psychodynamic psychotherapy are available and for which they are lacking... for the following psychiatric disorders at least one RCT providing evidence for the efficacy of psychodynamic psychotherapy was identified: depressive disorders (4 RCTs), anxiety disorders (1 RCT), post-traumatic stress disorder (1 RCT), somatoform disorder (4 RCTs), bulimia nervosa (3 RCTs), anorexia nervosa (2 RCTs), borderline personality disorder (2 RCTs), Cluster C personality disorder (1 RCT), and substance-related disorders (4 RCTs).’

## **B. STUDIES ADDRESSING PSYCHODYNAMIC PSYCHOTHERAPY FOR SPECIFIC CONDITIONS:**

See **Leichsenring, F., Klein, S. (2014)** (above) for overview of the evidence for psychodynamic psychotherapy in specific mental disorders.

### **Depression**

**Driessen, E., Cuijpers, P., de Maat, S., Abbass, A., de Jonghe, F., Jack J.M. Dekker, J. (2010). The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis. *Clinical Psychology Review* 30: 25–36.**

**Abbass, A., Driessen, E. (2010). The efficacy of short-term psychodynamic psychotherapy for depression: a summary of recent findings. *Acta Psychiatrica Scandinavica*. 121: 398-398.**

Both papers describe a meta-analysis of studies assessing the efficacy of STPP for depression:

- 23 studies totaling 1365 subjects were included.

- STPP was found to be significantly more effective than control conditions at post-treatment ( $d = 0.69$ ).
- STPP pre-treatment to post-treatment changes in depression level were large and these changes were maintained until 1-year follow-up.
- Compared to other psychotherapies, a small but significant effect size was found, indicating the superiority of other treatments immediately post-treatment, but no significant differences were found at 3-month and 12-month follow-up.
- Studies employing STPP in groups found significantly lower pre-treatment to post-treatment effect sizes than studies using an individual format.
- Supportive and expressive STPP modes were found to be equally efficacious.
- Conclusion: Clear indications that STPP is effective in the treatment of depression in adults. Although more high-quality RCTs are necessary to assess the **efficacy** of the STPP variants, the current findings add to the evidence-base of STPP for depression.

**Taylor, D. (2008). Psychoanalytic and psychodynamic therapies for depression: the evidence base. *Advances in Psychiatric Treatment, 14*, 401-413.**

A thoughtful and accessible overview that summarizes and reflects upon the evidence, in the case of depression. Among the conclusions is: 'Broadly, the benefits of short-term psychodynamic therapies are equivalent in size to the effects of antidepressants and cognitive-behavioural therapy (CBT)' (Abstract, p. 401).

**Hilsenroth, M., Ackerman, S., Blagys, M., Baity, M., Mooney, M. (2003). Short-Term Psychodynamic Psychotherapy for Depression: An Examination of Statistical, Clinically Significant, and Technique-Specific Change. *Journal of Nervous and Mental Disease 191*:349–357.**

Study investigating the effectiveness of short-term psychodynamic psychotherapy (STPP) for depression in a naturalistic setting utilizing a hybrid effectiveness/ efficacy treatment research model.

- Twenty-one patients were assessed pre- and post-treatment through clinician ratings and patient self-report on scales representing specific DSM-IV depressive, global symptomatology, relational, social, and occupational functioning. All areas of functioning assessed exhibited significant and positive changes.
- A significant direct process/outcome link between STPP therapist techniques and changes in depressive symptoms was observed. Alternative treatment interventions within STPP were evaluated in relation to subsequent improvements in depression and were found to be non-significant.
- Conclusion: robust statistical and clinically significant improvement can occur in a naturalistic/hybrid model of outpatient STPP for depression.

**Churchill, R. et al (2001). A systematic review of controlled trials of the effectiveness and cost-effectiveness of brief psychological treatments for depression. *Health Technology Assessment*, NHS R&D HTA Programme, Vol 5, No 35.**

A systematic review and partial meta-analysis of psychotherapy for depression:

This very lengthy (173pp) document concluded that pts ‘with a primary diagnosis of depression’ receiving ‘any variant of psychotherapy’ were more likely to improve than those receiving treatment as usual. Over the specific CBT vs psychodynamic therapy (PDT) comparison (one of many comparisons in the document), the authors concluded:

‘Patients receiving CBT were significantly more likely than those receiving PDT to improve to a degree where they were no longer regarded as being clinically depressed, *although no group differences in post-treatment symptoms, symptom reduction from baseline or dropouts were suggested*’ (my italics).

[Note: this is especially important where one can counter claims of CBT advantage, with a specific ‘yes, but...’ example]. The authors also noted: ‘It is noteworthy that three of the six trials [comparing CBT vs PDT] presented the PDT arm as a control condition... which may have been suggestive of bias on the part of the researchers towards the CBT condition in more than half of the trials... No statistical heterogeneity was apparent in the mean change data, and both sets of data demonstrated no significant differences post-treatment between CBT and PDT’ (pp 85-86).

**De Jonghe, F., et al (2001). Combining psychotherapy and antidepressants in the treatment of depression. *Journal of Affective Disorders*, 64, 217-219.**

A brief example of use of psychotherapy with antidepressants in the treatment of depression:

Conclusion: ‘Patients found combined treatment significantly more acceptable, they were significantly less likely to drop out of combined therapy and, ultimately, significantly more likely to recover. In this study, the excess remission rate of combined therapy (psychotherapy plus antidepressants) over pharmacotherapy is approximately 20% after 24 weeks of treatment. This equals the excess success rate of pharmacotherapy over placebo in short time studies. Combined therapy seems preferable to pharmacotherapy in the treatment of ambulatory patients with major depressive disorder of at least mild severity’ (p 228).

But note: the psychotherapy was ‘supportive’, albeit drawing upon psychodynamic principles, and ‘defences are generally respected and interpretation is used cautiously. Transference is used, not interpreted’. [So be careful in citing this]

## Panic disorder

**Milrod, B., et al (2007). A randomized controlled clinical trial of psychoanalytic psychotherapy for panic disorder. *American Journal of Psychiatry*, 164, 265-272.**

A good example of an RCT of panic disorder:

- Panic-focused psychodynamic therapy (manualized) compared with relaxation training: 49 adults aged 18-55y, DSM-IV panic disorder; treatments given 2x weekly for 12 weeks; carefully balanced for therapist experience and training
- High rates of moderate-severe agoraphobia and comorbid major depression
- blind ratings of Panic Disorder Severity Scale
- participants in psychodynamic treatment had **significantly more reduction of panic symptoms**
- and in addition, **73% vs 39% controls responded** at termination
- also greater **improvement in psychosocial functioning**
- few pts dropped out of psychodynamic treatment (7%), lower than CBT in other studies (e.g., 27% in Multicenter Panic Disorder Study)

## Somatic conditions

**8) Abbass A, Stephen Kisely, S., Kroenke, K. (2009). Short-Term Psychodynamic Psychotherapy for Somatic Disorders: Systematic Review and Meta-Analysis of Clinical Trials. *Psychotherapy and Somatics*. 78:265–274**

A systematic review of randomized controlled trials (13) and controlled before and after studies (10) of short term psychodynamic psychotherapy for **somatic conditions**.

- Of the included studies, 21/23 (91.3%), 11/12 (91.6%), 16/19 (76.2%) and 7/9 (77.8%) reported significant or possible effects on physical symptoms, psychological symptoms, social-occupational function and healthcare utilization respectively.
- Meta-analysis was possible for 14 studies and revealed significant effects on physical symptoms, psychiatric symptoms and social adjustment which were maintained in long-term follow-up.
- There was a 54% greater treatment retention in the STPP group versus controls.
- Conclusions: STPP may be effective for a range of medical and physical conditions underscoring the role of patients' emotional adjustment in overall health.

## Personality disorders

**Town, J.M., Abbass, A., Hardy, G. (2011). Short-term psychodynamic psychotherapy for personality disorder: A critical review of randomized controlled trials. *Journal of Personality Disorders*, 25(6): 723-740.**

A review of RCTs of STPP for personality disorder:

- An extensive literature search revealed eight published RCTs of moderate study quality of STPP for PD.
- Preliminary conclusions suggest STPP may be considered an efficacious empirically-supported treatment option for a range of PDs, producing significant and medium to long-term improvements for a large percentage of patients.
- Further research is recommended to allow comparisons with alternative evidence-based approaches.

## **C. COST-EFFECTIVENESS**

**Guthrie, Moorey, Margison et al (1999). Cost-effectiveness of brief psychodynamic-interpersonal therapy in high utilizers of psychiatric services. *Archives of General Psychiatry*, 56, 519-526.**

A good example of **cost-effectiveness** of psychodynamic psychotherapy:

- clinical settings with pts representative of a particular clinical population (pts with **neurotic conditions which did not respond to psychiatric treatment**), rather than specific conditions.
- **RCT** of psychodynamic +TAU vs TAU (treatment as usual)
- **Health economic profiles**
- Manualised treatment, adherence appraisals.
- Assessments on entry, at end of trial (8 weeks), follow up 6 months later
- 110 pts, psychiatric symptoms at least 1 year (mean 5y), been in treatment 6 months (mean 3y) without improvement
- Incl SCL-90, Short-form health survey, plus detailed service utilisation and non-treatment costs over 3 mo prior to treatment, intervention of 8 weeks, and 6 mo subsequently
- **Improvements at 6 month follow-up for psychodynamic psychotherapy greater than controls in**
  - a. Measures of psychological **distress**
  - b. Social functioning
  - c. Whereas similar service utilization during treatment, during 6 mo follow-up:
    - i) fewer days as in-pts
    - ii) **fewer GP consultations**
    - iii) fewer contacts with practice nurse
    - iv) **less medication**
    - v) less informal care from relatives

- The extra cost of treatment was recouped within 6 months through reductions in health care use.

#### **D. REVIEWS OF THE QUALITY OF PSYCHODYNAMIC PSYCHOTHERAPY TRIALS:**

**Gerber, A.J., Kocsis, J. H., Milrod, B. L., Roose, S. P., Barber, J. P., Thase, M. E. Perkins, P. L., Andrew C. (2011). A quality-based review of randomized controlled trials of psychodynamic psychotherapy. *The American Journal of Psychiatry* 168(1): 19-28.**

- The authors assessed the quality of 94 randomized controlled trials of psychodynamic psychotherapy published between 1974 and May 2010, the Randomized Controlled Trial Psychotherapy Quality Rating Scale (RCT-PQRS).
- More recent studies had higher total quality scores.
- Sixty-three of 103 comparisons between psychodynamic psychotherapy and a non-dynamic comparator were of “adequate” quality. Of 39 comparisons of a psychodynamic treatment and an “active” comparator, six showed dynamic treatment to be superior, five showed dynamic treatment to be inferior, and 28 showed no difference (few of which were powered for equivalence). Of 24 adequate comparisons of psychodynamic psychotherapy with an “inactive” comparator, 18 found dynamic treatment to be superior.
- Conclusions: Existing RCTs of psychodynamic psychotherapy are promising but mostly show superiority of psychodynamic psychotherapy to an inactive comparator. This would be sufficient to make psychodynamic psychotherapy an “empirically validated” treatment (per American Psychological Association Division 12 standards) only if further randomized controlled trials of adequate quality and sample size replicated findings of existing positive trials for specific disorders.

**Gerber, A. et al (2006). Assessing the quality of randomized controlled trials of psychodynamic psychotherapy. *Journal of the American Psychoanalytic Association*, 54, 1307-1311.**

An earlier study by the same authors, showing that there is a broad range of quality among RCTs, with the majority being of low-to-medium quality. Higher quality studies have greater reported effect sizes.

**Town, J. M., Diener, M. J., Abbass, A.; Leichsenring, F., Driessen, E., Rabung, S. (2012). A meta-analysis of psychodynamic psychotherapy outcomes: Evaluating the effects of research-specific procedures. *Psychotherapy*, 49(3) Special issue: Psychodynamic Psychotherapy. pp. 276-290.**

A recent paper examining the extent to which the use of research-specific procedures in psychodynamic psychotherapy impacts upon treatment effectiveness and which variables moderate this potential relationship.

- A meta-analysis was conducted on RCTs of psychodynamic psychotherapy. Forty-six independent treatment samples totaling 1615 patients were included. The magnitude of change between pretreatment and post-treatment aggregated across all studies (45 treatment samples) for overall outcome was large, and further improvement was observed between post-treatment and an average 12.8-month follow-up.
- Effects of audio/video recording of sessions, use of treatment manuals, and checks of treatment fidelity were examined.
- Subgroup analyses comparing studies that used research-specific procedures and those that did not revealed that for post-treatment data no differences in treatment effects were found. However, the use of treatment manuals and fidelity checks were significantly associated with improvement between the end of treatment and follow-up assessment.
- Conclusions: use of research-specific procedures does not contribute in a negative manner to post-treatment outcomes in psychodynamic psychotherapy, and their use contributes to positive differences that emerge with time.

## **E. LIMITATIONS OF CBT**

Finally, given that often, discussions are centred on the supposed superiority of shorter-term and less expensive CBT, it is salutary to note that for all the evidence for CBT – well done CBT – it is not clear that its pre-eminent status in some quarters is entirely justified. So for us all (CBT and psychodynamic therapists alike), it is worth noting an example of study casting doubts on the longer-term benefits of CBT:

### **Durham, R.C. et al (2005). Long-term outcome of cognitive behaviour therapy clinical trials in central Scotland. Health Technology Assessment NHS R&D HTA Programme.**

- Reviewed RCT's in Scotland for evidence of durability of effects of CBT on anxiety disorders, 2-14 years after treatment
- Attempts were made to contact and interview all the participants in 8 RCTs of CBT for anxiety (3 generalized anxiety, 4 panic disorder, 1 PTSD), between 1985 and 2001; measures included Anxiety Disorders Interview Schedule, Hamilton Anxiety Rating Scale, Brief Symptom Inventory
- Casenote reviews of healthcare resources used in the 2 years prior to entering the trials and the 2 years prior to follow-up interview
- 'Few participants had none or only mild symptoms (18%) and a significant proportion (30%) had subthreshold symptoms of at least moderate severity. Only 36% reported receiving no interim treatment for anxiety over the follow-up period with 19% receiving almost constant treatment. Patients with PTSD did particularly poorly' (Executive Summary).
- Thus at long-term follow-up: two-thirds needed further treatment after CBT
- 52% still had at least one clinical diagnosis at follow-up,
- 'The positive effects of CBT found in the original trials were eroded over longer time periods'
- 'The cost-effectiveness analysis showed no advantages of CBT over non-CBT'

- The authors concluded: 'Psychological therapy services need to recognise that anxiety disorders tend to follow a chronic course and that good outcomes with CBT over the short term are no guarantee of good outcomes over the longer term'

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