



The Outcome of Psychodynamic Psychotherapy

A service evaluation

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What is psychodynamic therapy?

- Focus on emotional expression
- Exploring psychological attempts to avoid unpleasant feelings and ideas
- Identifies recurrent themes & patterns in personal choices
- Discussion of past experiences



What is psychodynamic therapy (contd)?

- Focus on interpersonal relations
- The therapeutic relationship is the vehicle for change
- There is an interest in fantasy life – wishes, dreams, allusions



Therapeutic skills

1. Paraphrase & summarise → shared ideas of the *symptom* e.g. worry, anger, somatic complaints, low mood, paranoia, etc.
2. Confront inconsistencies to bring conflict (internal or interpersonal) into consciousness. NB ego strength – can reality be considered?
3. Identify the defence (e.g. denial, projection) which avoids a hidden emotion, e.g. loss, fear.



Therapeutic skills (contd.)

4. Name the hidden emotion as therapist perceives it (interpretation).
5. Relate defences & hidden emotion to family of origin (full transference interpretation).
6. Identify personal agency and freedom to be different.



Client excerpt

K, 24 years old, male, living in his own flat with some support, referred for work with anger & associated hitting out at fellow residents

Session 14

T. So you were saying that J____ and you have had some problems.

U. He's been horrible, he says I hit him, but I didn't, I just hit him back, because, because.... He just comes into my flat.

T. Is that to do with the staff room being in your flat? (**clarification**)

K. He says that he can come in any time, like to see them. But he can't, it's my house, he can't do it... just come in when he wants.

T. How do you feel when he does that (**attempted clarification**)?

K. He can't do it! It's my house!

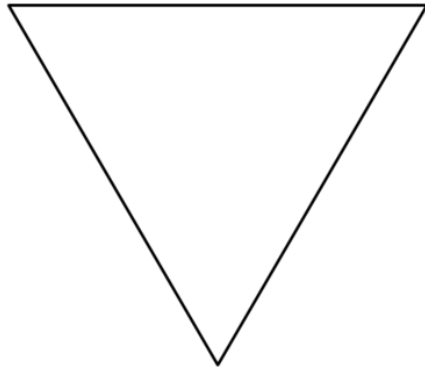


- .../
- T. Okay, I think I see how you feel there, that he's coming in when he wants, without asking... That might be tough because you want control of who comes into the house (**paraphrasing**).
- K. Yeah. Don't you? Do you have children? Would you like it?
- T. Well, no... You mention children. This is a bit like what you said before. You were scared when you were little, when people would come in when you didn't want it, so you get the scary feeling...? (**interpretation**)
- K. (tearful) Yeah. Fucking... fucking shouldn't do that, J____ ... stupid bastard... it's fucking rotten and... would you tell them? Tell them he can't come in.
- T. Oh K____, I think I'm getting this a little bit, you want to tell the staff to stop him. It might be nice if I told them, then they wouldn't be angry with you. But that's something we talked about.. About therapy. Could you tell them? (**confrontation**)
- K. I could, no,... they got pissed off before when I did that.



Defense

Anxiety

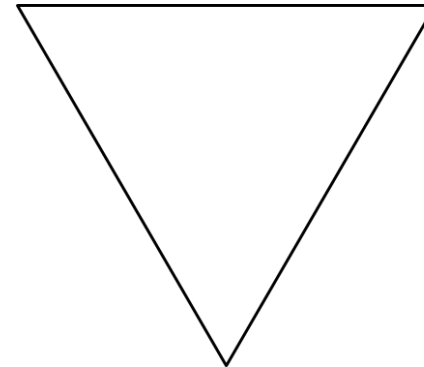


Hidden **F**eeling/Impulse

Triangle of **C**onflict

Others

Therapist



Parent

Triangle of **P**ersons



Psychotherapy Outcome

- Jonathon Shedler (2010) The efficacy of psychodynamic psychotherapy. *American Psychologist* Feb-March 2010
- Effect sizes of psychodynamic therapy in meta-analytic reviews: median $d=.69$ to 1.46 , depending on methodology [74 studies]
- Effect sizes of CBT median $d=0.58$ to 1.0 depending on methodology [95 studies]
- Effect sizes of antidepressants approved by the FDA: median $d=.17$ to $.31$ [83 studies].



Psychological therapy and people with ID

Prout, H.T. and Nowak-Drabik, K.M. [2003] Am Jnl Men Rtdn, 108, 2:82-93.

“A moderate degree of change in outcome measures and moderate effectiveness in terms of benefit to clients”

Prout, H.T. and Browning, B.K. [2011] Adv Mntl Hlth & Int Dis, 5, 5, 53-59.

“psychotherapy, as broadly defined, appears to be at least moderately beneficial”.

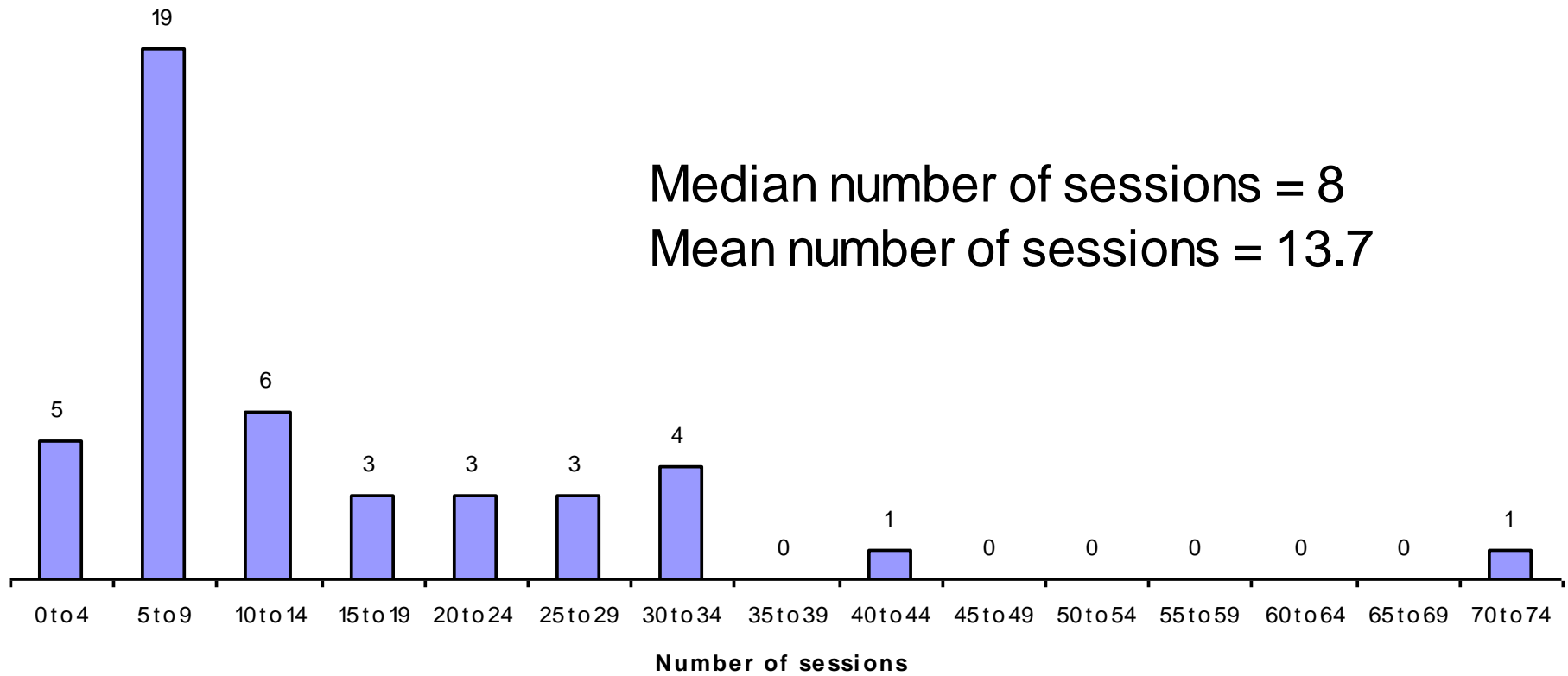


Our evaluation

- Design –
 - routine service evaluation with waiting list and 6 month follow up
 - 4 data points – waiting (time 0), assessment (time 1), discharge (time 2), 6 month follow up (time 3) carried out by research assistants blind to therapy
- Individual, group, and ‘proxy’ psychotherapy included
- Client sample - 40 men & 26 women, IQ 45-70 (m=60.3, sd=8.5), aged 30.8 (sd=13.8)



Efficiency of psychotherapy: number of sessions ("dose")





Hypotheses

- Lack of improvement while waiting
- Significant change and moderate effect size would be observed from assessment to discharge.
- Lack of retrenchment in scores at 6 month follow up
- Dose effect, following Beail et al. (2007)



Outcome: The HoNOS-LD

- Main Measure – HoNOS-LD entailing 5 scores
 - Total Score
 - Cognitive and Communicative Competence (not expected to change) - CCC
 - Disturbance of Behaviour, Mood and Relationships - BMR
 - Loss of Adaptive Functioning – LAF
 - Internal Dysregulation – IDys
- *Based on Confirmatory Factor Analysis Study by Skelly & D'Antonio (2008)*

HONOS – LD Scoring Sheet

	Item	Score (0 – 4)	Cognitive & Communicative Competence	Disturbance of Behaviour, Mood, & Relationships	Loss of Adaptive Functioning	Internal Dysregulation
1	Aggression to others					
2	Self-harm					
3a	Aggression to property					
3b	Personally harmful behaviour					
3c	Stereotyped or ritualistic behaviour					
3d	Anxiety, phobia, compulsions					
3e	Other					
4	Attention & Concentration					
5	Memory & Orientation					
6	Communication - Understanding					
7	Communication – Expression					
8	Hallucinations & Delusions					
9	Mood changes					
10	Sleeping					
11	Eating & Drinking					
12	Physical health problems (acute)					
13	Seizures					
14	Domestic living skills					
15	Community living skills					
16	Level of self-care					
17	Relationship problems					
18	Occupation and activity					
	Total					



Spontaneous Improvement

- No change in CCC
- **Moderate change in BMR (d=0.38, p<.05)**
- No change in LAF
- Moderate change in IDys (d=0.49, p=.05)



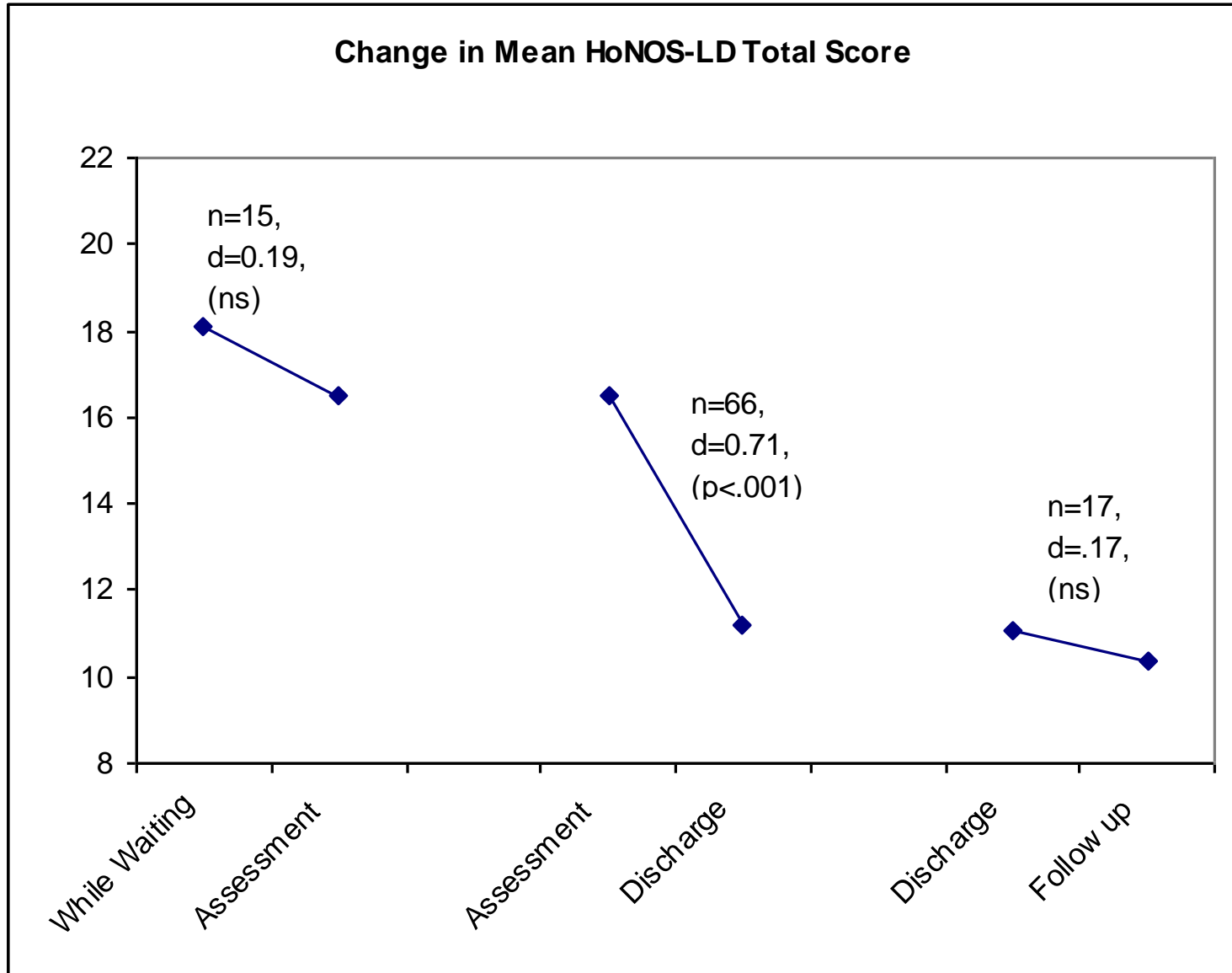
Change during therapy

- No change in CCC
- **Moderate change in BMR (d=.52, p<.001)**
- **Moderate change in LAF (d=.42, p<.001)**
- **Large change in IDys (d=.58, p<0.001)**



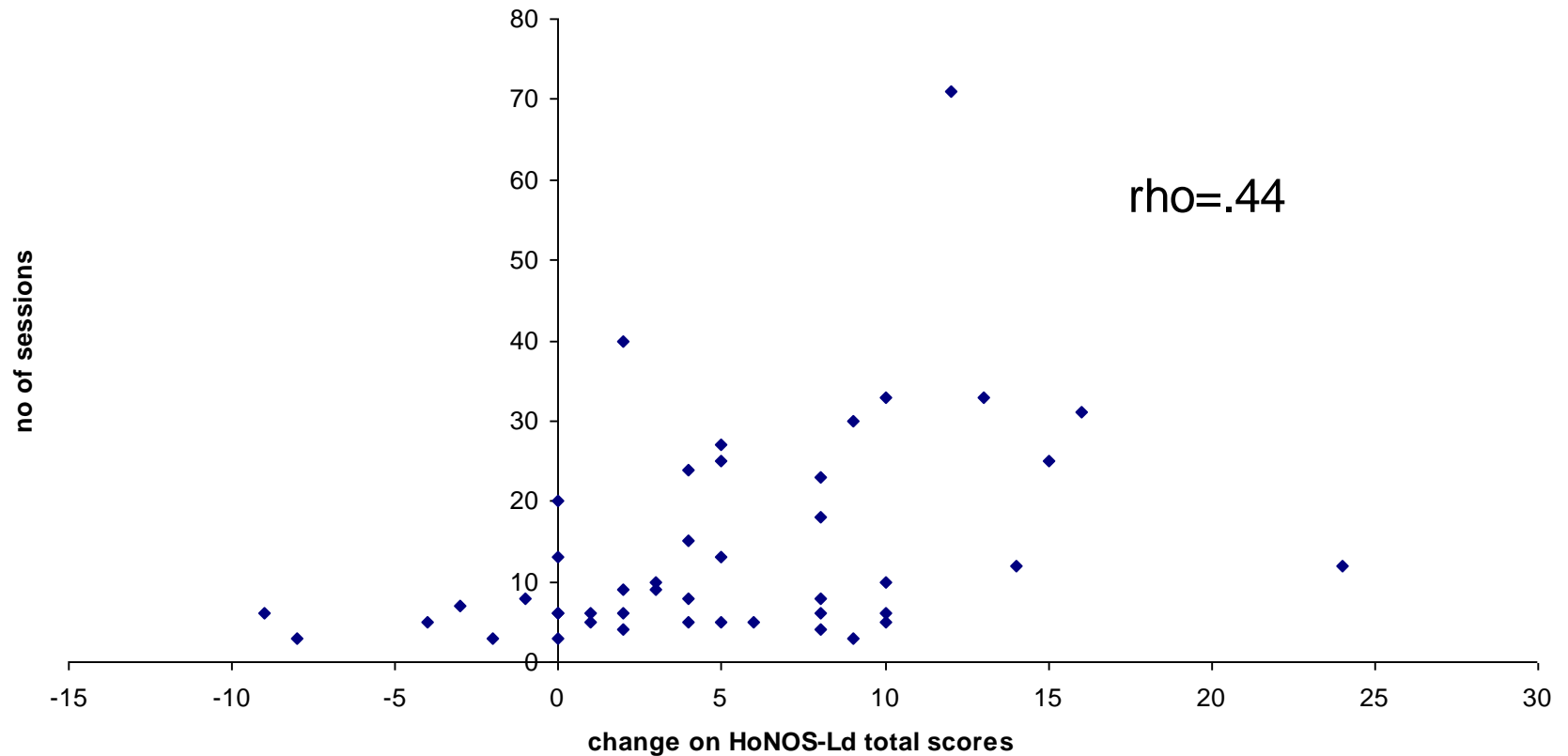
6 month follow up

- No change in CCC
- No change in BMR
- No change in LAF
- No change in IDys





Is there a relationship of number of sessions and amount of change?





Control correlations

- Age – no correlation with change ($\rho = .10$, ns)
- Gender – no significant interaction with change in therapy ($F(2, 64) = 0.27$, ns)
- Therapy type – no significant interaction with change in therapy ($\chi^2 = 3.58$, 2df, ns)
- FSIQ ($n = 30$) ($\rho = -.30$, ns)
- Adaptive composite correlations ($n = 54$) – no significant difference ($\rho = -.$, ns)



Implications

- Psychotherapy was associated with positive, maintained change that seemed to occur / “accelerate” in therapy
- Some limited improvement while waiting was found, but much less marked than during therapy
- Effect sizes approximated to the general psychotherapy literature
- The number of sessions, though often high, was on average, lower than with mandated brief therapies (e.g. CAT, CBT in IAPT) with a low median (i.e. it was flexible and efficient)
- An RCT is required



Key References

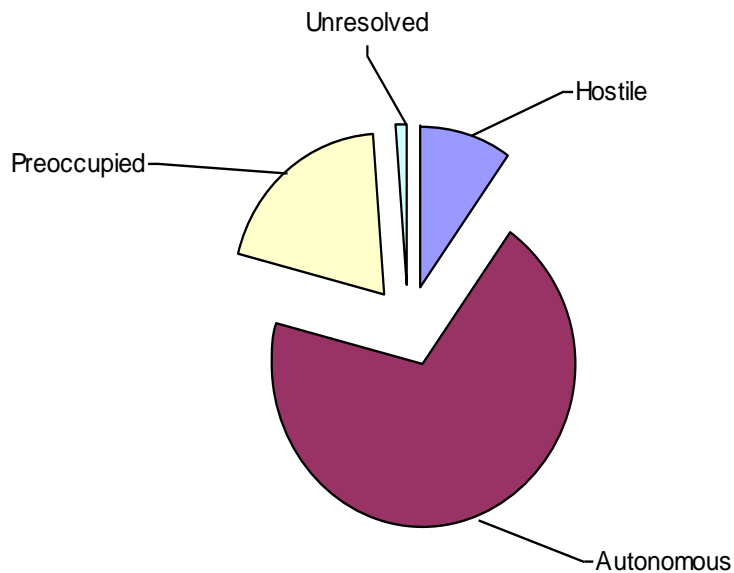
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Narrative style suggested attachment categories

Approx. proportion of attachment style in literature [not ID: Steele, 2002]



Our clinical sample

