

Intensive Short-term Dynamic Psychotherapy Psykotericentrum Presentation, 2021

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ISTDPsweden.se
Svenska Föreningen för ISTDP

More Information about ISTDP

- www.istdpsweden.se
- www.allanabbass.com
- 11th Sweden ISTDP Immersion in Stockholm: Power of the Here and Now Relationship in Psychotherapy

[Click Here](#)

- Publications Here:
<http://reachingthroughresistance.com/publications/>

- Describe the state of evidence for Intensive Short-term Dynamic Psychotherapy
- Describe the scope of application of ISTDP
- Describe 2 treatment formats used in Intensive Short-term Dynamic Psychotherapy

Intensive Short-term Dynamic Psychotherapy

- Developed in Canada to increase access and shorten treatment
- Designed and studied for treatment resistant patients
- Integrated model with emphasis on building capacities and handling defenses (resistance)
- Goal to heal attachment trauma through direct experience of unprocessed feelings.
- Extremely broad utility for both dysregulated and over defended patients
 - 86% of psychiatry office referrals were candidates (Abbass, 2002)
- Implementations in Emergency Department and Family Medicine Clinics for somatic symptoms
- Used for victims of violence, violent offenders, eating disorders, obesity, inpatient psychiatry, disabled workers, welfare recipients +

ISTDP Evidence Base

- Pioneering video-based, large case series research (Davanloo, 1970-2005+)
- ~25 process based studies support core principles and therapeutic ingredients of the method
- ~70 published outcome studies report large, persistent effects across anxiety, depression, somatic symptom, personality disorders and other mental disorders (~40 RCTs)
 - >30 studies of treatment refractory/complex cases
 - >20 studies of somatic symptom conditions
 - >25 studies support cost effectiveness
 - Outperforms bona fide comparisons in meta-analysis (Lilliengren et al, 2016)
 - Outperforms CBT for chronic pain (Abbass et al, 2020, 2021)
 - Includes an effective and cost-effective *Trial Therapy* assessment tool.
 - Good effects with trainees and evidence of greater effects with experience.

Table 1. Studies of Treatment Resistant Samples treated with Intensive Short-term Dynamic Psychotherapy

Treatment Resistant Sample (Reference)	Number of Sessions	Number of Patients	Study Type (follow-up in months)	Within Group Effect Size: Post treatment*
Personality Disorder (Winston et al., 1994)	40	25	RCT (18)	0.84
Personality Disorder (Hellerstein et al., 1998)	29	25	RCT (6)	0.27
Personality Disorder (Callahan, 2000)	60	6	Case Series	4.92
Personality Disorder (Svartberg, Stiles, & Michael, 2004)	40	25	RCT (24)	1.76
Treatment Resistant Depression (Abbass, 2006)	13.6	10	Case Series (6)	2.16
Personality Disorder (Abbass, Sheldon, Gyra, & Kalpin, 2008)	27.7	27	RCT (24)	1.95
Refractory Mixed Diagnoses (Hajkowski & Buller, 2012)	8.6	23	Case Series	0.53
Psychiatric Inpatients (Abbass, Town, & Bernier, 2013)	9.0	33	Case Series	0.74
Refractory/Personality Disorders (Cornelissen, 2014; Cornelissen & Roel, 2002)	6 months	155	Case Series (12–120)	1.07
Mixed Treatment Resistant Samples (Solbakken & Abbass, 2014, 2015, 2016)	8 weeks	60	Controlled (14)	1.68
Numerical Means (unweighted)	29.4	38.9		1.59

Note. *Within Group Effect Size (Cohen's $d < 0.50$ is small, < 0.8 is medium, 0.8 or greater is large) on main self report outcome measure. RCT: randomized controlled trial.

Anxiety Disorders

	Case Reports	Case Series	RCT	Cost Study
PTSD	x	x		x
Social Anxiety Disorder			x	
Panic Disorder			x	
OCD	x			
Generalized Anxiety Dis		x		x
Mixed Anxiety Disorders	x	x		

Mood Disorders and Severe Mental Illness

	Case Reports	Case Series	RCT	Cost Study
Depression	x		x	
Treatment Resistant Depression	x	x	x	x
Bipolar Disorder		x		x
Psychotic Disorders	x	x		x
Substance Dependence	x	x	x	

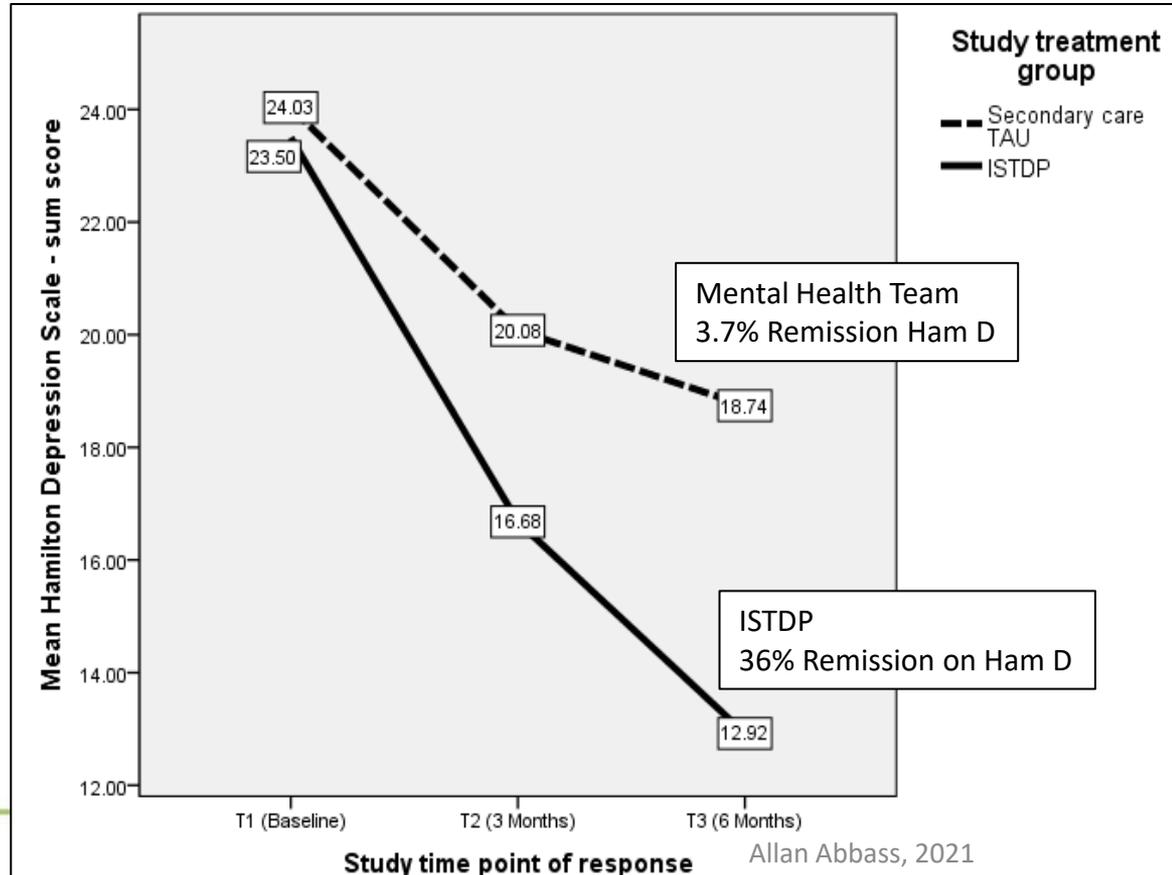
Halifax Treatment Resistant Depression Study Town et al, 2017

Randomized Controlled Trial
n=60.

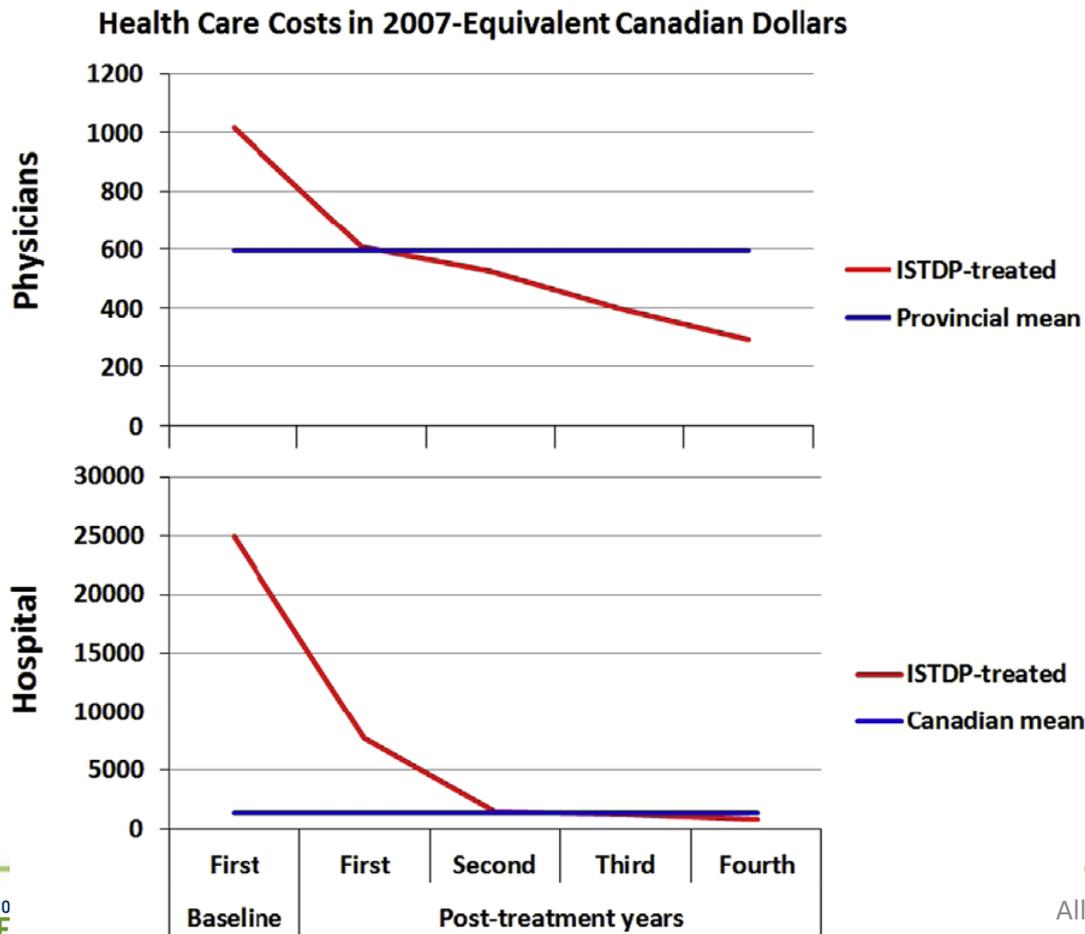
90% had PD, 90% had
chronic medical illness

ISTDP: 16 sessions: most
reduced or lowered meds

Community MHT: Most
increased or kept on meds
Most had CBT



Modified ISTDP for Psychotic Disorder Abbass et al, 2015

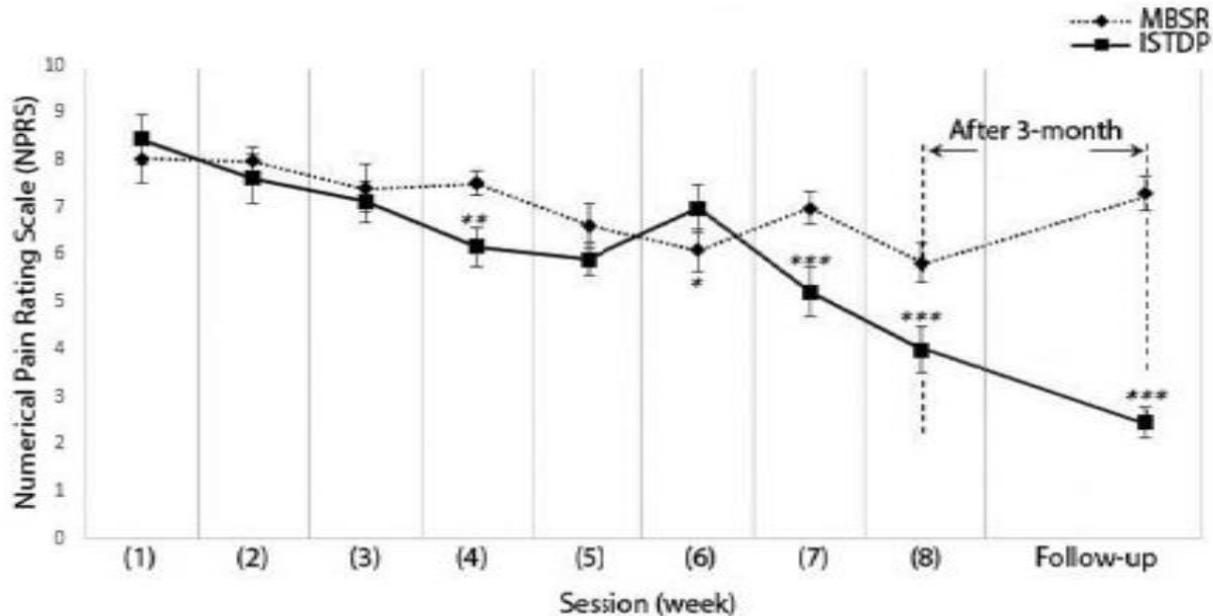


Somatic Symptoms

	Case Reports	Case Series	RCT	Cost Study
Chronic pain	x	x	x	x
Headaches		x		x
Pseudoseizure	x	x		x
Mixed Functional Neurological		x		
Mixed Somatic	x	x	(x)	x
Func. Movement Disorder		x		
Bruxism			x	
Urethral Syndrome/ Pelvic Pain			x	
Back pain		x		
Fibromyalgia		x		

ISTDP vs MBSR for Medically Unexplained Pain

Chavooshi et al, 3 RCTs

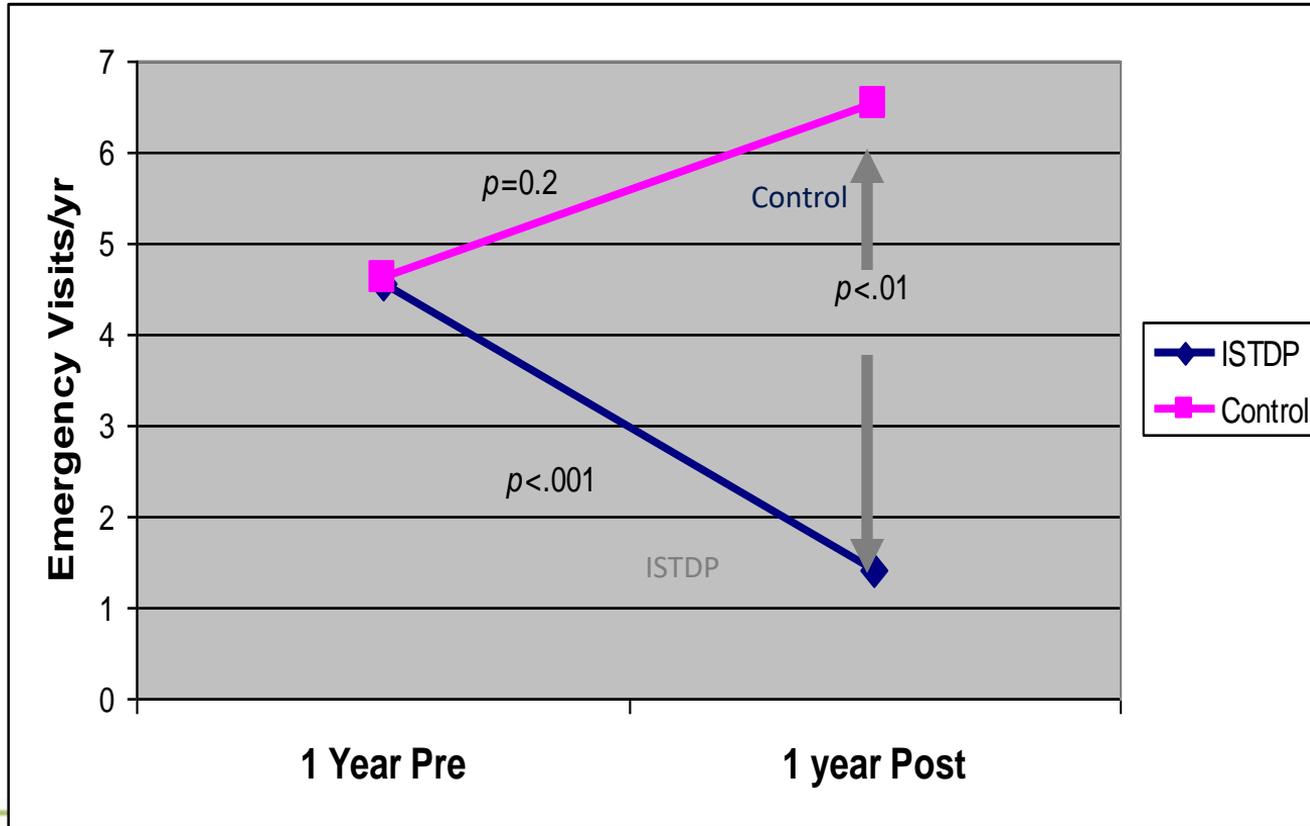


* $p < .05$, ** $p < .01$, *** $p < .001$

Note. The bars above and below the means in the plot are standard deviations.

ISTDP reduced Repeat Emergency Visits for Medically Unexplained Symptoms

Abbass et al, 2009, 2010, 2010

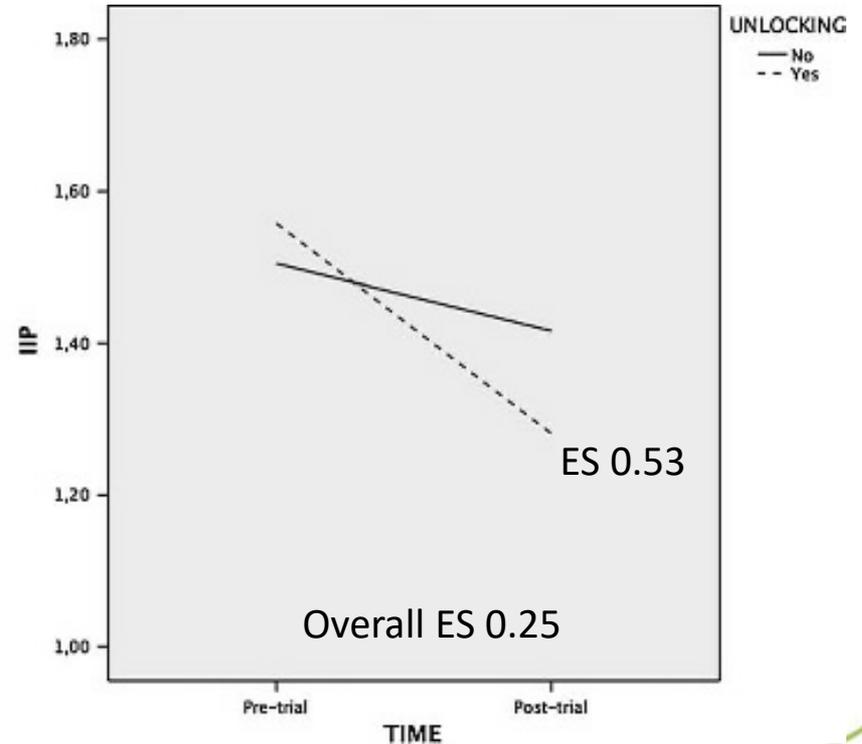
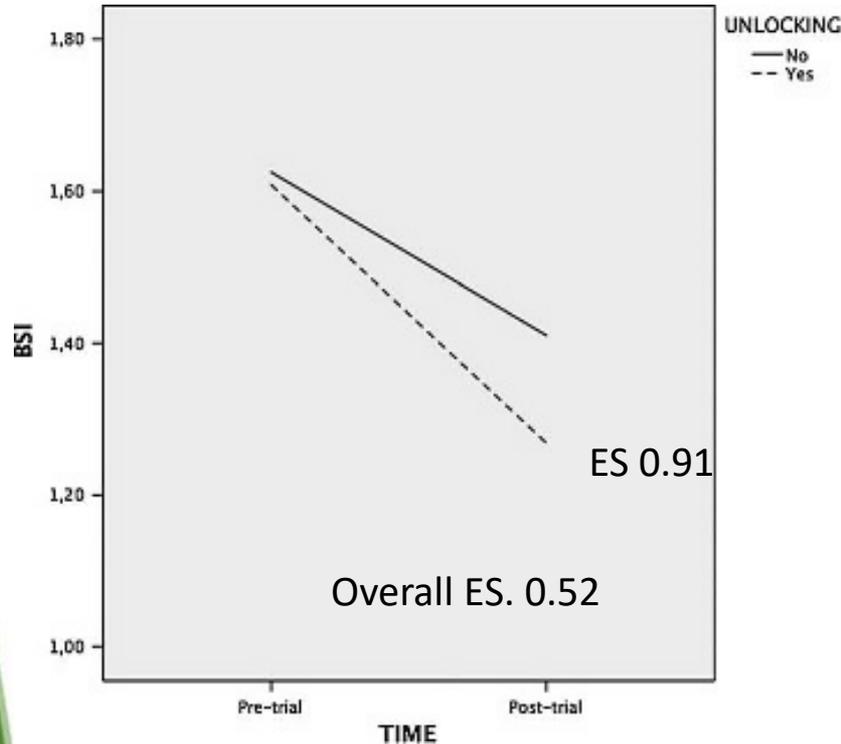


Unlocking the Unconscious

- Habib Davanloo and David Malan (1986) “...the essential specific factor is the patient’s *actual experience of their true feelings about the present and the past*” .
- 3 studies found greater symptom reduction, health use reduction and interpersonal effects with “unlocking the unconscious”

Unlocking vs No Unlocking with Trial Therapy

Abbass, Town, Ogrodniczuk, Joffres and Lilliengren, 2017

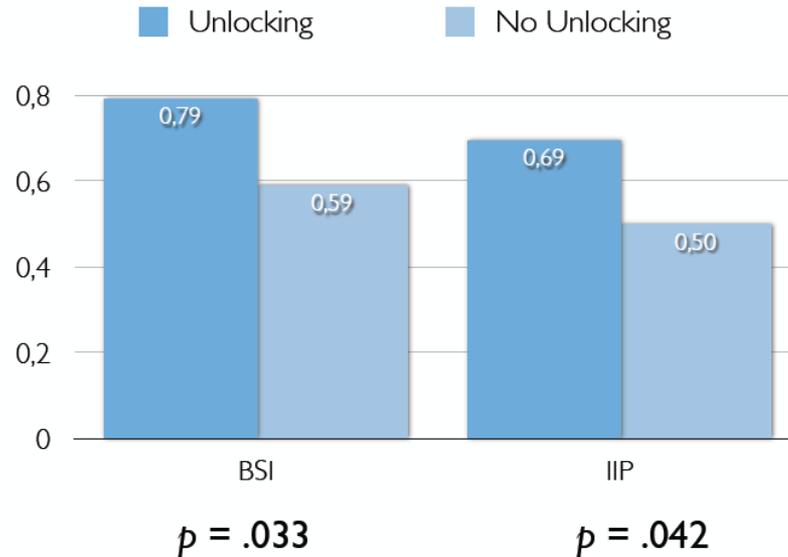


Impact of Major Unlocking during Treatment Course Outcome

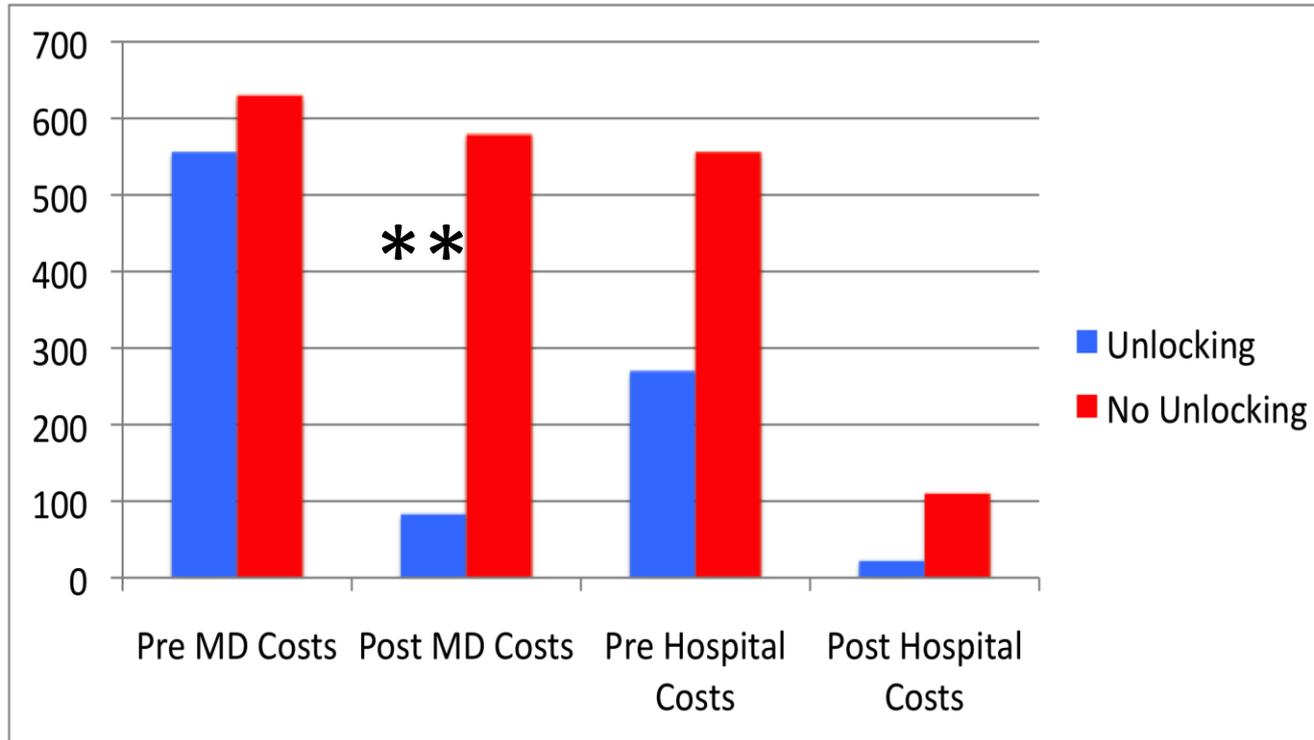
Mixed sample tertiary refractory patients N=500.

Unlocking (Major)

(Change scores on BSI + IIP)



Impact of Major Unlocking on Healthcare Costs



Process studies support ISTDP Metapsychology

- Handling defenses
- Active process
- Emotional experiencing
- Experiencing anger linked to reduced depression next session (Town et al, 2021)

ISTDP Metapsychology of the Unconscious



BOND
With
Parents

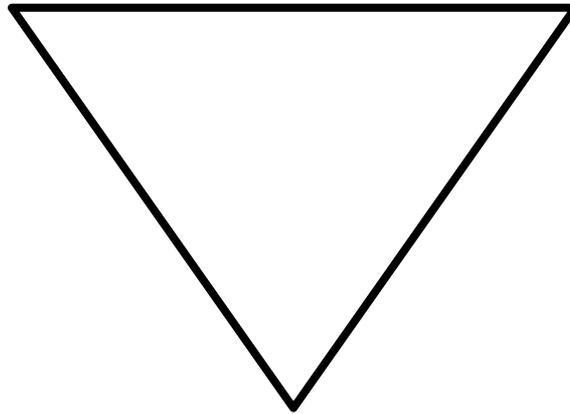
Trauma

PAIN
FEAR

Rage, Guilt
about the Rage

Self-destruct
Symptoms
Somatization

Transference
(Therapist)

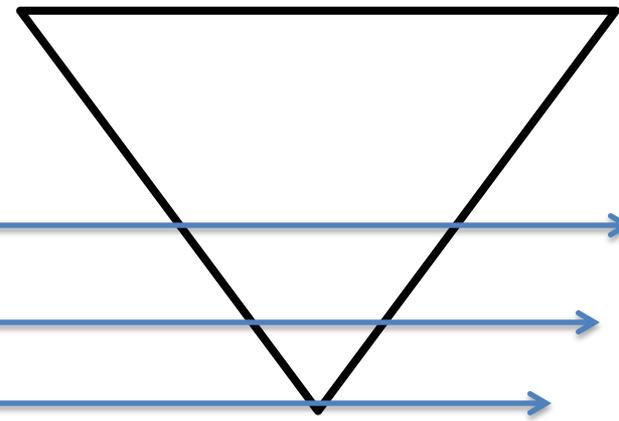


Current
person

Past
person

Unconscious
Defense

Isolation of affect
Repression
Primitive
Need to defeat



Unconscious
Anxiety

Striated Muscle
Smooth Muscle
Cognitive-perceptual

Unconscious
Impulses & Feelings

**Treatment
1-2 Sessions**

**Treatment
10-40 sessions**

**Treatment
20-40 Sessions**

**Treatment
50-150 Sessions**

**% of Psychiatric
Outpatients**

4%

10%

35%

25%

25%

Low
Resistant

Moderate
Resistant

Highly
Resistant

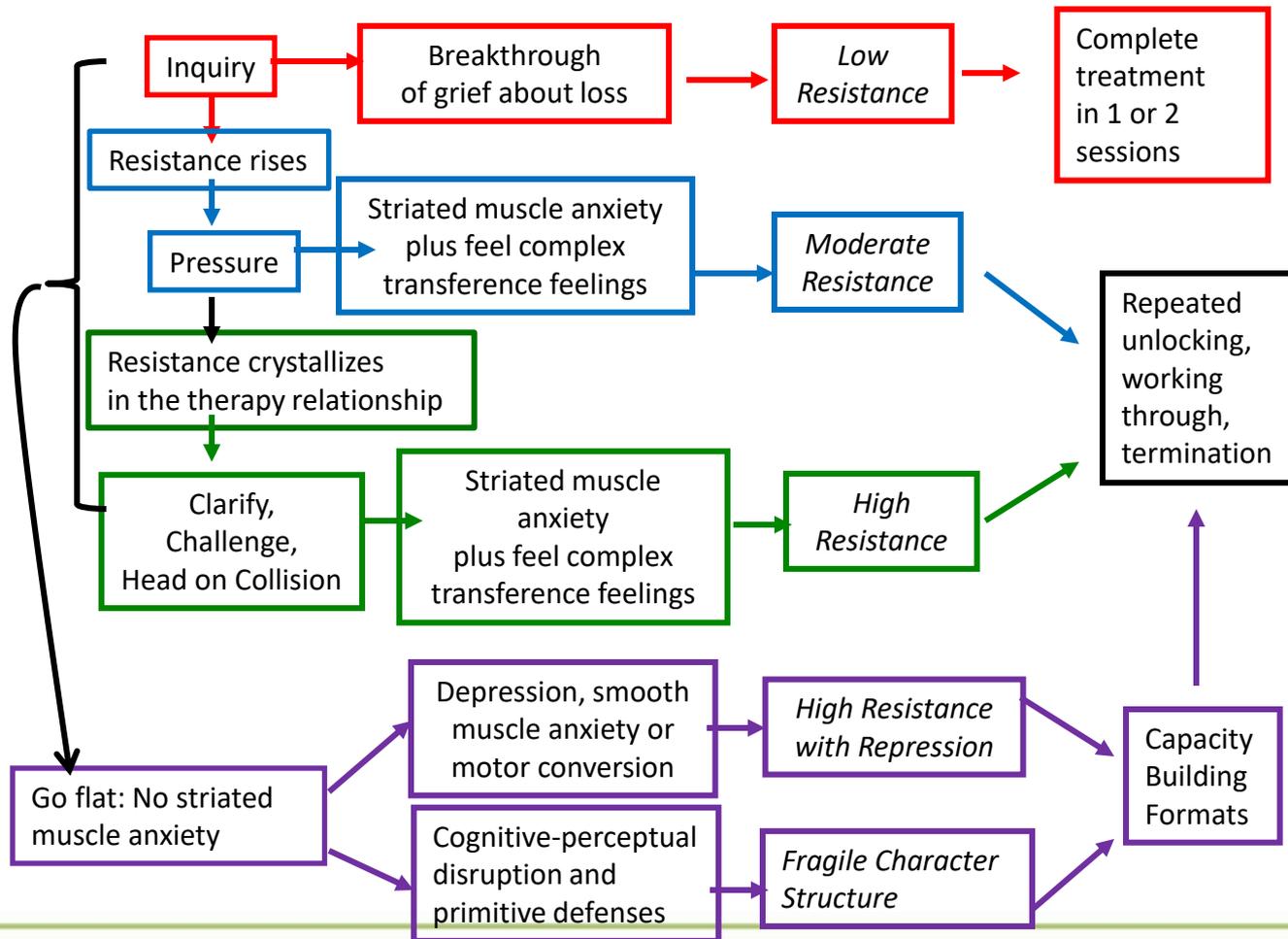
Resistant w
Repression

Mildly
Fragile

Moderately
Fragile

Severely
Fragile





Healing Attachment Trauma:
→ Direct access and processing of emotions
related to attachment trauma

Unlocking the Unconscious in Resistant cases

- Therapist efforts to help enhance self-regard and self awareness while interrupting defenses mobilize Complex Transference Feelings (CTF)
- These complex feelings activate attachment bond, pain, rage and guilt about rage from attachment trauma
-
- → unconscious anxiety → unconscious defenses rise

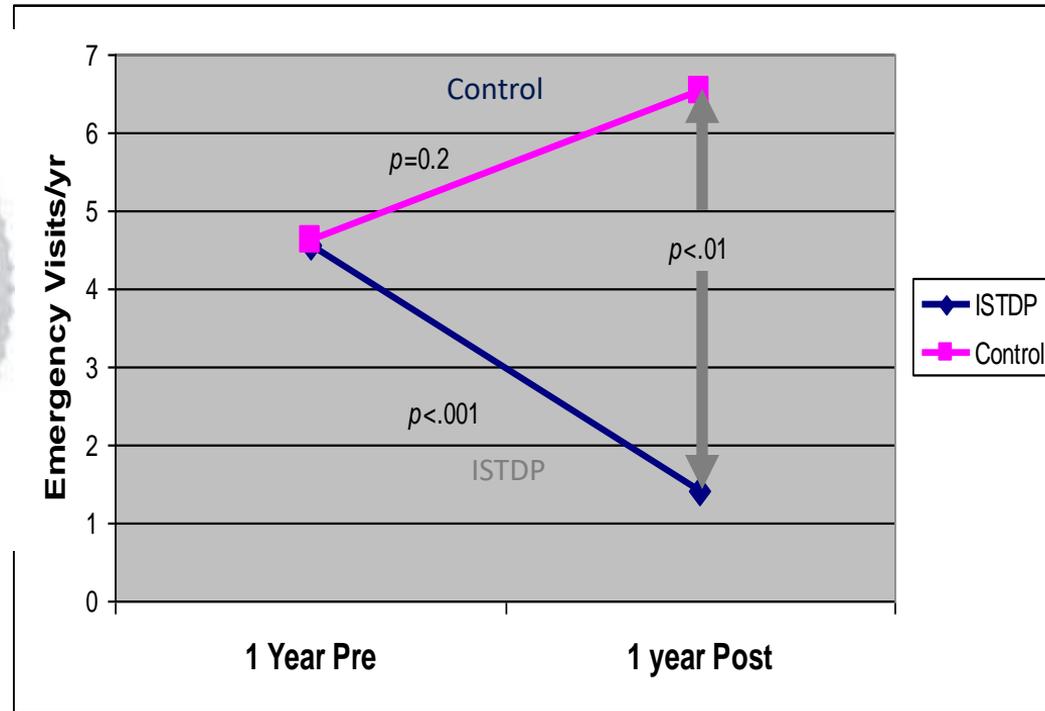
Unlocking the Unconscious II

- Challenge to turn patient against defenses
- Complex feelings are somatically experienced and cut through the unconscious anxiety → defenses weaken or stop
- → images and links to unprocessed impulses/feelings:
= *Unconscious Therapeutic Alliance* activates
- → direct access to unprocessed emotions (Unlocked)

Evidence-based Implementations of ISTDP

ISTDP reduced Repeat Emergency Visits for Medically Unexplained Symptoms

Abbass et al, 2009, 2010, 2010



ISTDP for Somatic Symptoms in Family

Medicine Clinics Cooper et al, 2017, Lai et al, 2017, Rostis et al, 2018

- Education for Doctors
- Treat patients
- Doctors felt more confident and less anxious
- Patients had symptom reduction
- Reduced health care use in follow up

ISTDP in Inpatient and Residential Programs

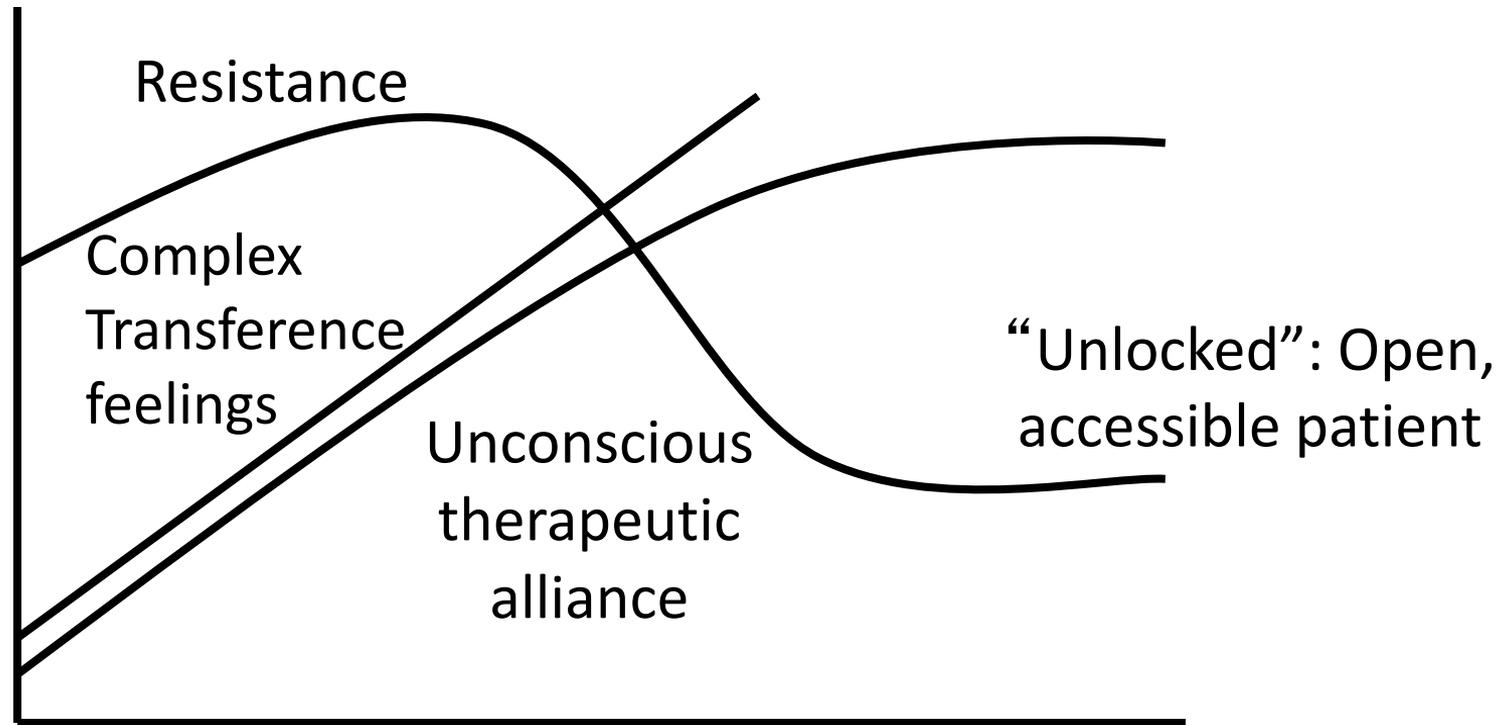
- Effective and cost effective in 8 week program in Norway for treatment refractory patients (Solbakken and Abbass, 2015,2016)
- Residential 6 month program in Netherlands: long term benefits with severe population (Cornelissen et al, 2002, 2014)

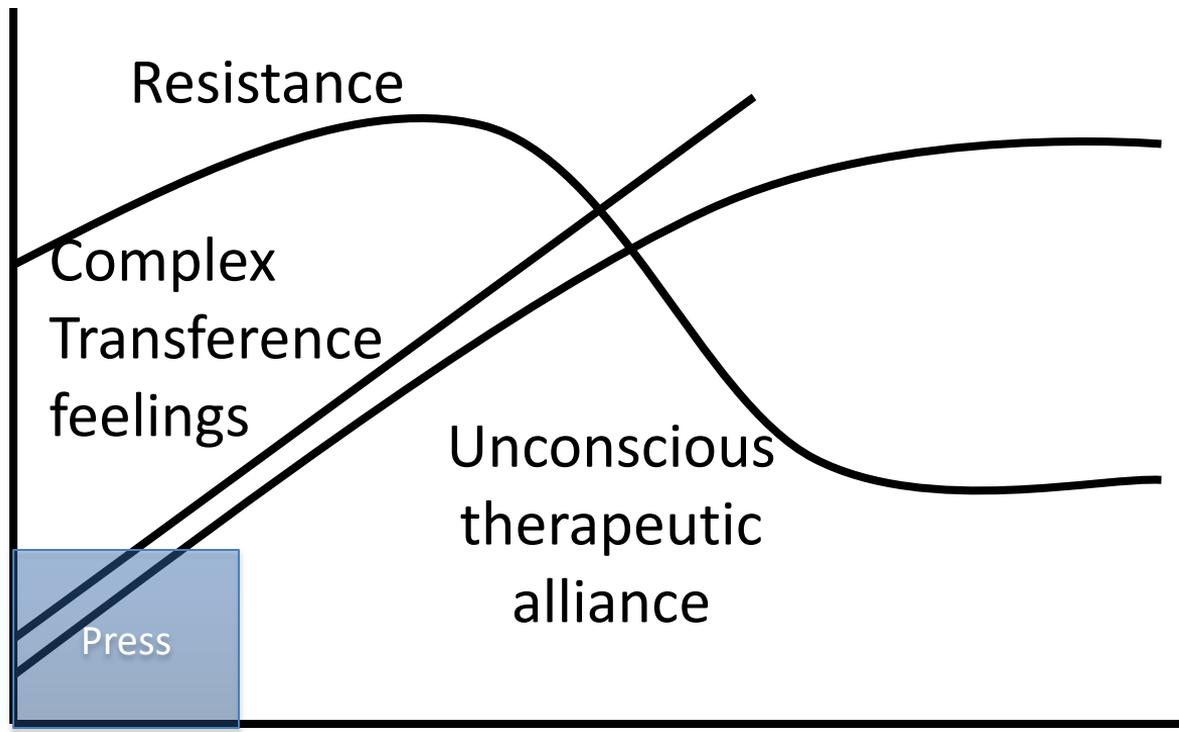
Others

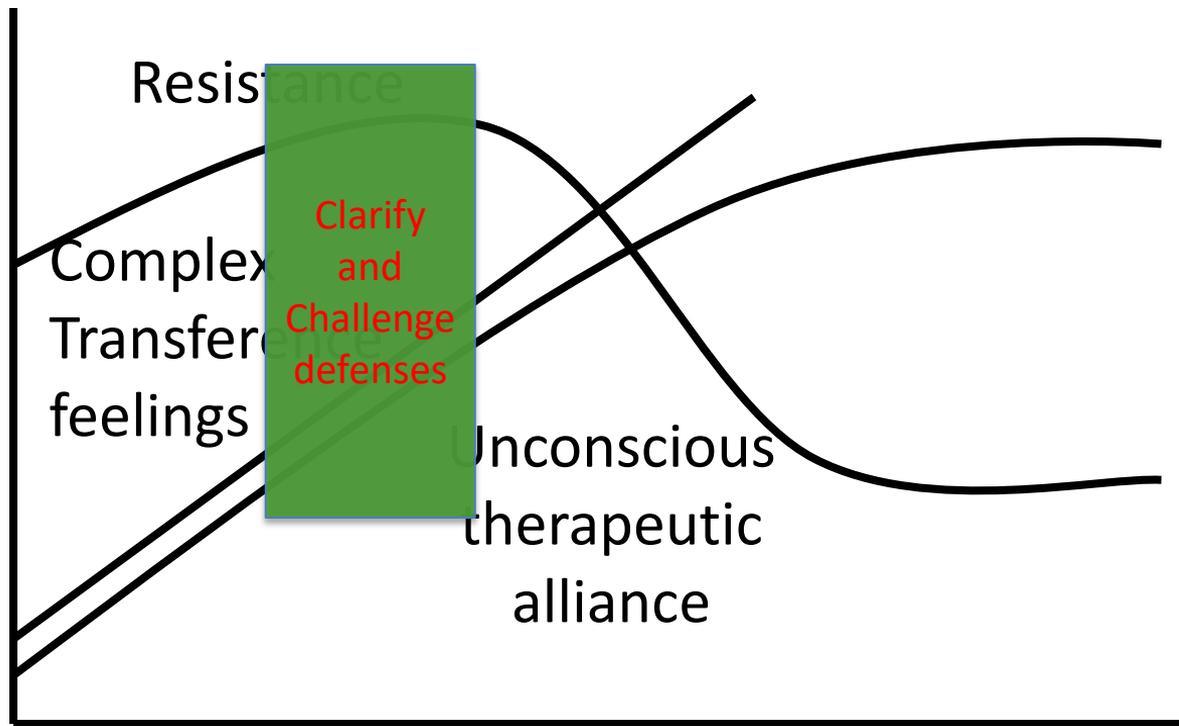
- RCT of ISTDP for severe addiction: greater sobriety and retention rates (Frederickson et al, 2018)
- ISTDP reduced electroconvulsive therapy on inpatient unit (Abbass and Bains, 2010, Abbass et al, 2013)
- ISTDP as adjunct for severe mental disorders: clinical and cost effectiveness with Bipolar dis. and Psychosis (Abbass et al, 2015, 2016)
- ISTDP in chronic welfare recipients. Treat 63 patients and Saved \$740,000 in follow up
- Eating disorders, obesity, violent offenders, victims of violence, functional neurological disorders, chronic pain etc.

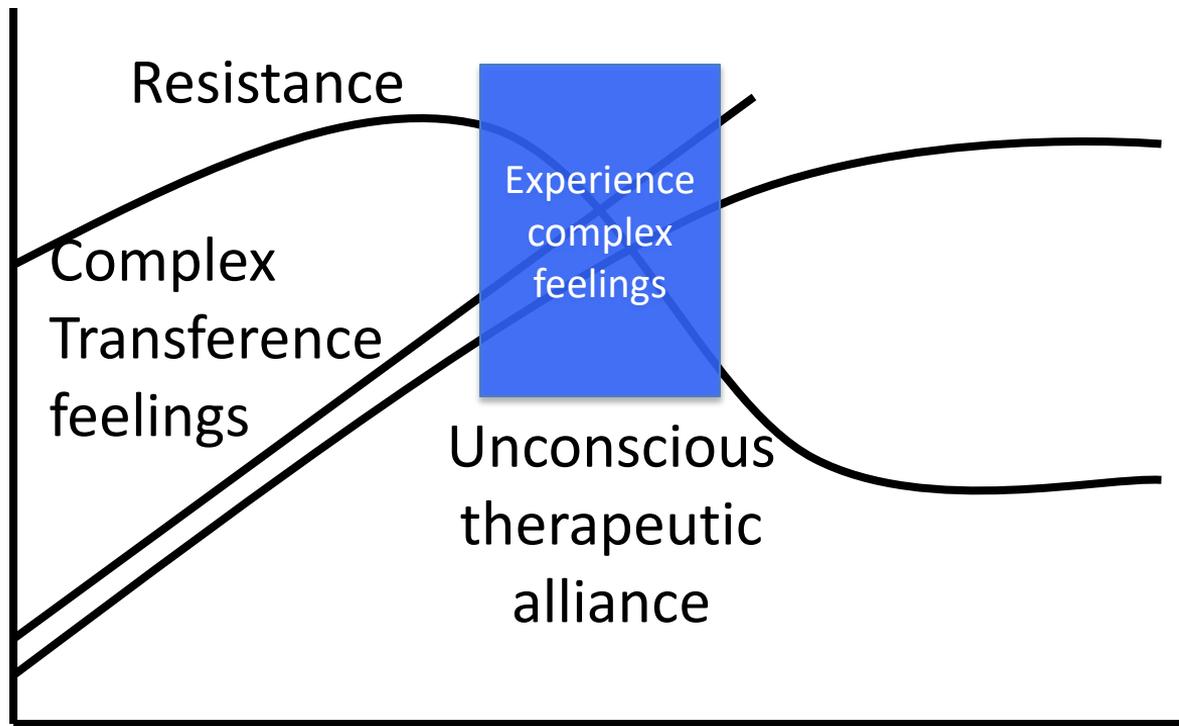
2 broad formats of ISTDP

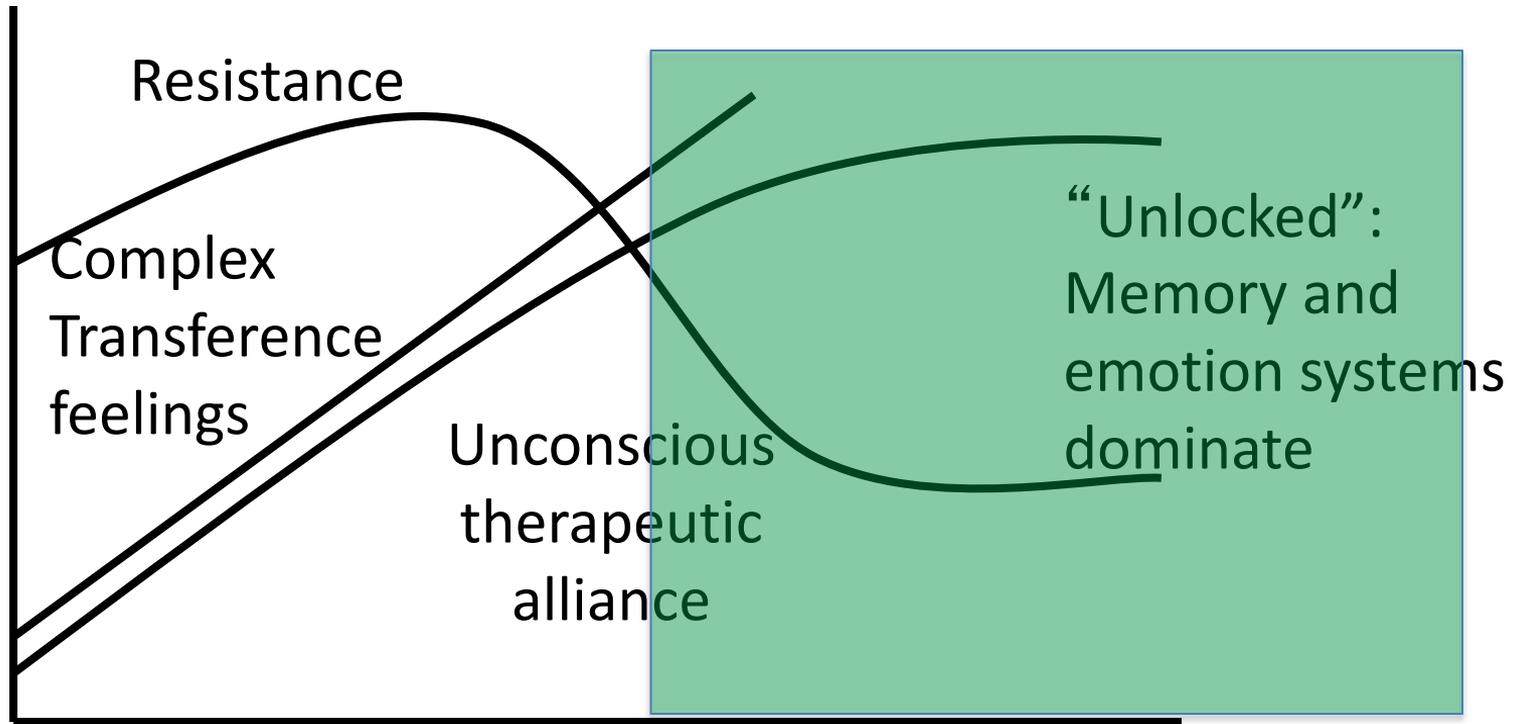
Format 1: Direct Unlocking in Resistant patients











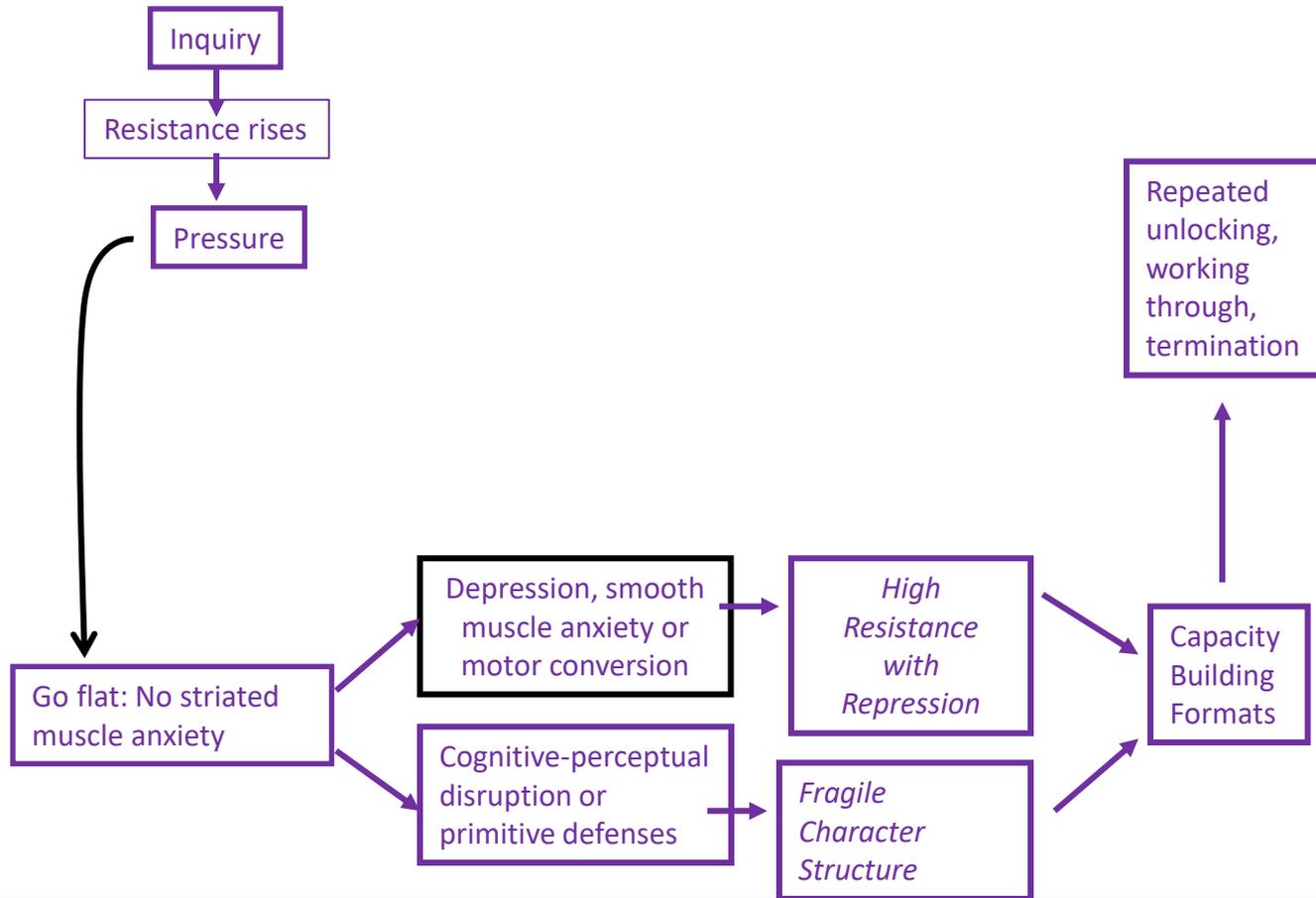
Somatic pathways of feeling: rage, guilt, grief

- Love: rising warmth, urge to smile and embrace
- Rage: rising heat up chest to head then down arms: tension and anxiety stop
- Guilt about rage: Hard waves, pain in upper chest. Feel as if have just murdered loved one.



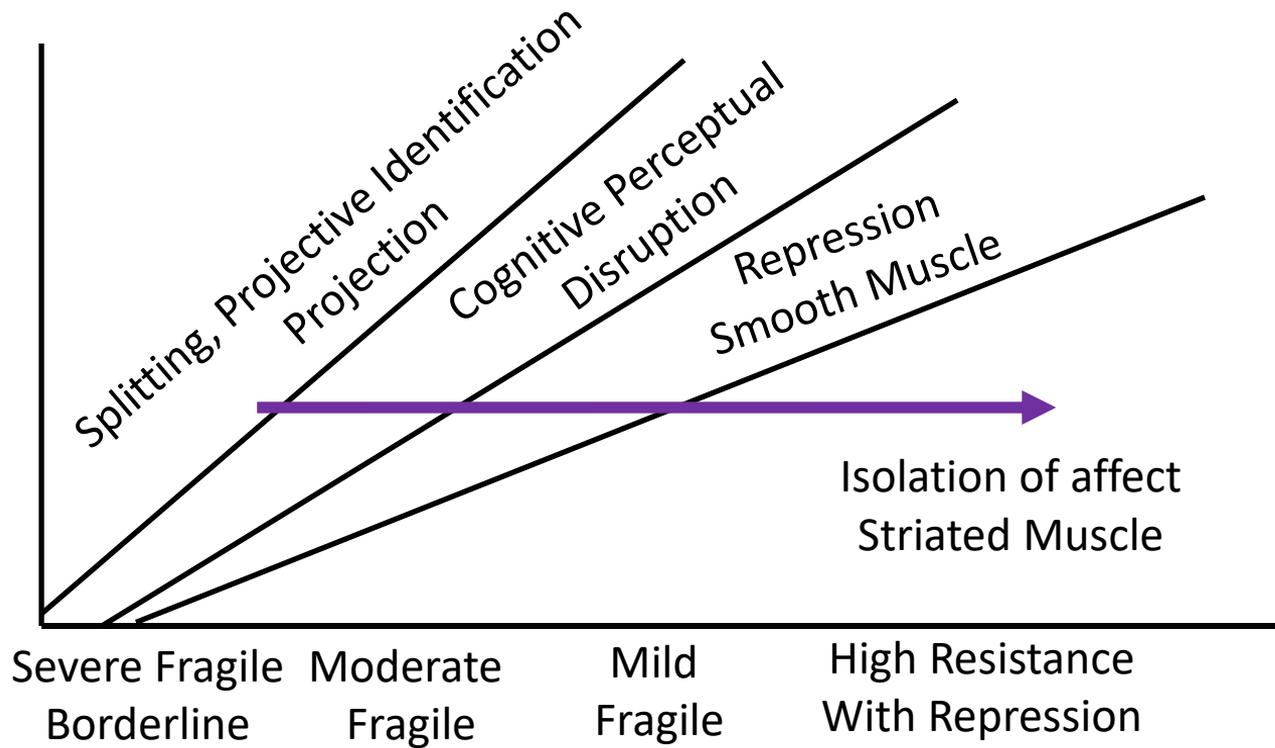
- Grief: tears, painful feeling in chest. Waves not as hard and distinct as guilt. Not as loud or painful.





Second Format of ISTDP: Graded Format

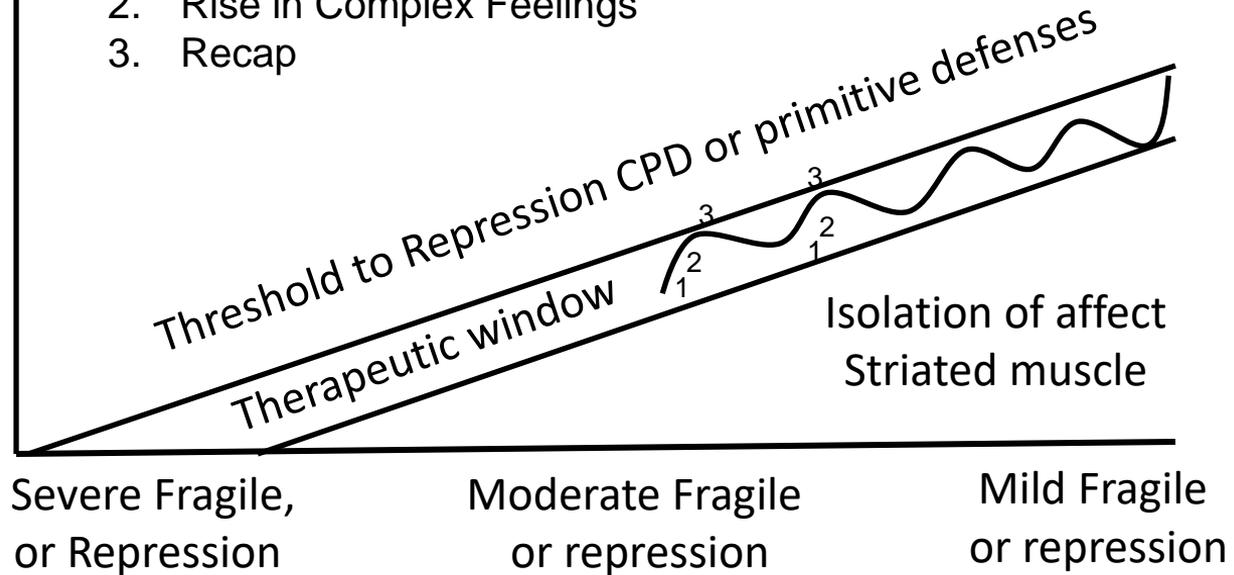
- For Fragile and Repression patients
- Cycles of pressure and recapitulation
- Anxiety regulation
- No use of Challenge
- Changes anxiety to Striated muscle
- Changes defenses to isolation of affect



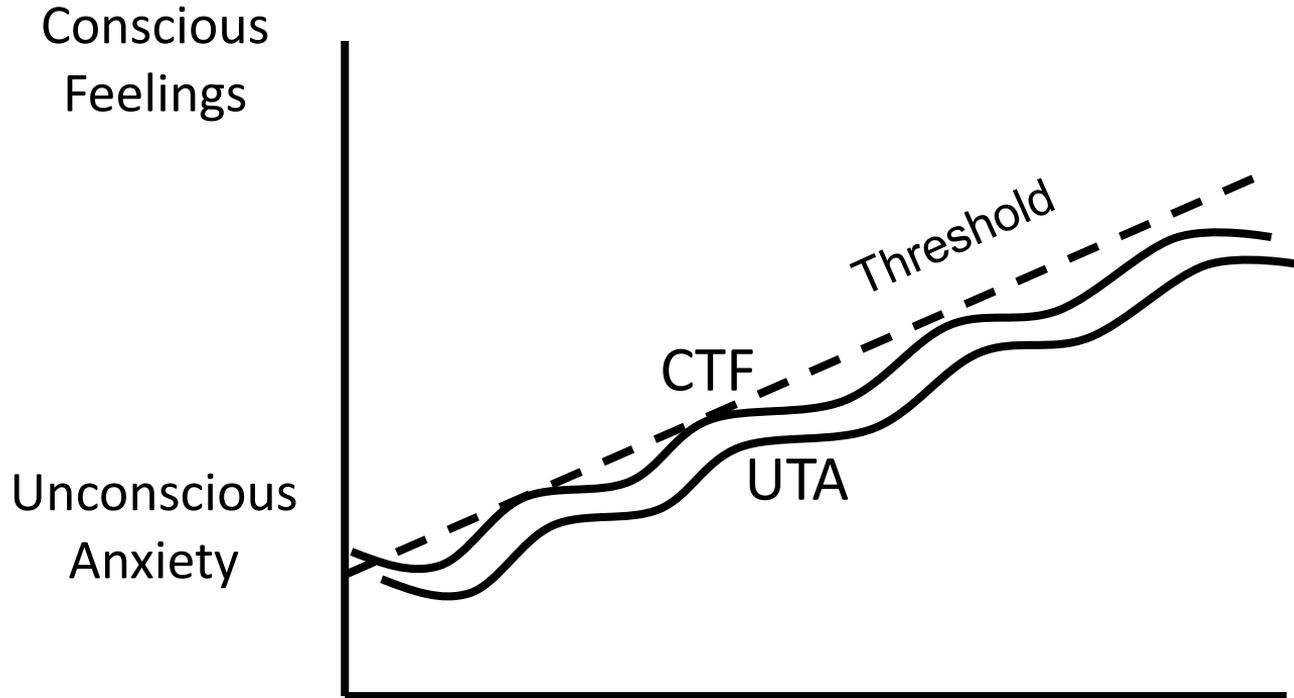
Conscious feelings

1. Pressure
2. Rise in Complex Feelings
3. Recap

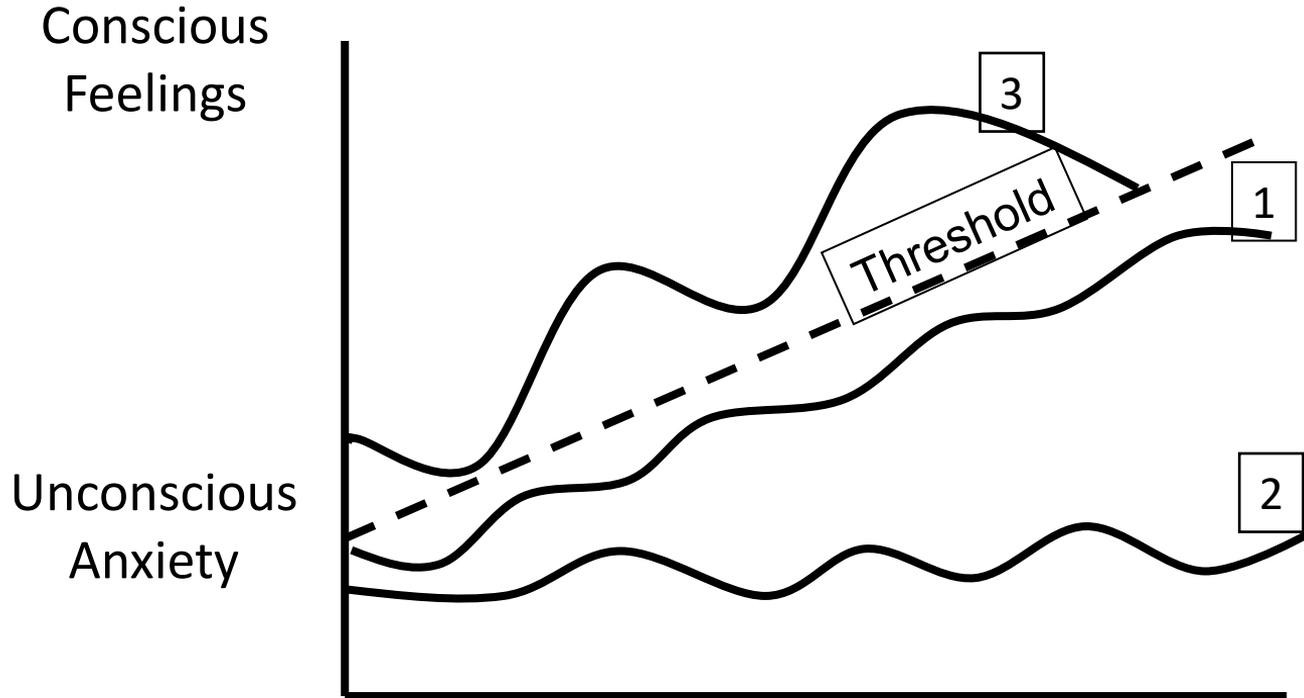
Unconscious anxiety and defense



UTA RISES WITH Complex Feelings



Optimization



Conclusion

- ISTDP has strong and growing evidence base, especially with complex and refractory populations
- Can be widely used in medical, psychological and psychiatric populations
- Video is central for training and quality improvement
- Mobilization of complex feelings toward the therapist and activation of unconscious aspects of the therapeutic alliance appears an important psychotherapy outcome factor: likely across treatment models