



HEIDELBERG
UNIVERSITY
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Long-term psychotherapy & complex cases

1. April 2022

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Germany

Outline

1. Therapeutic efficacy and dose-response
2. How effective is LTP? Symptoms or personality?
3. Studies with longer follow-ups
4. What patients benefit?
5. Lessons learned from naturalistic studies in Germany
6. What are the risks?
7. How do we model change mechanisms in complex cases?



Therapeutic efficacy

- Psychotherapy is effective and efficacious
- Meta-Analysis show mean large effect sizes of $d=0,85$ (e.g. Smith et al. 1980, Robinson et al. 1990, Lipsey & Wilson 1993, Lambert & Bergin 1994, Grawe et al. 1994).
- However, this is mainly related to short-term-therapy results



Limitations of efficacy



- The average RCT-patient has less but clinically relevant symptoms after treatment (Westen & Morrison 2001).
- Only 40% of treated patients improve and this number is further reduced to 27% when including the drop-outs.
- More than 50% of patients seek new treatment within two years after an evidence-based short-term therapy (Messer 2004).
- **How about Long-Term-Treatment?**

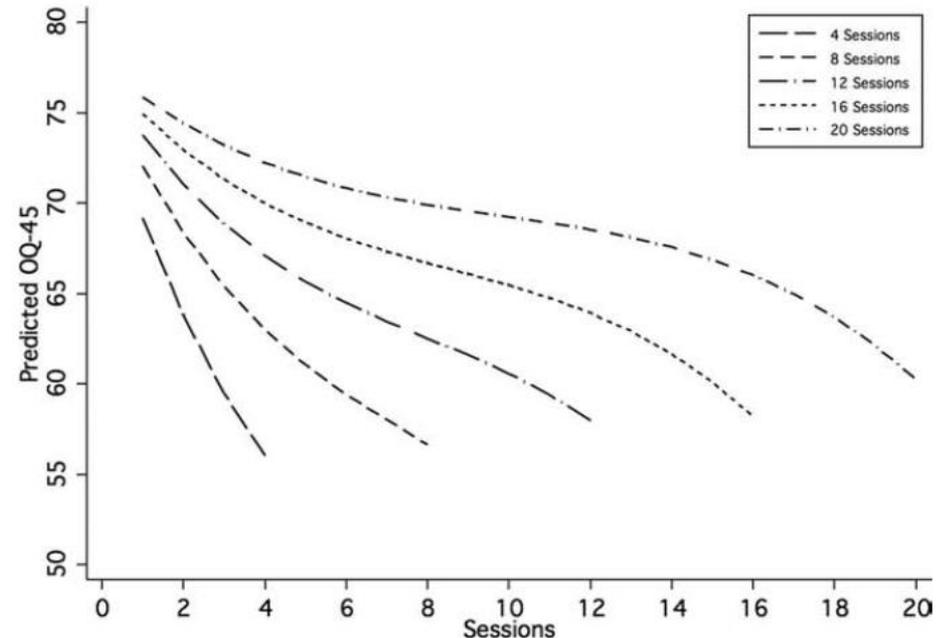
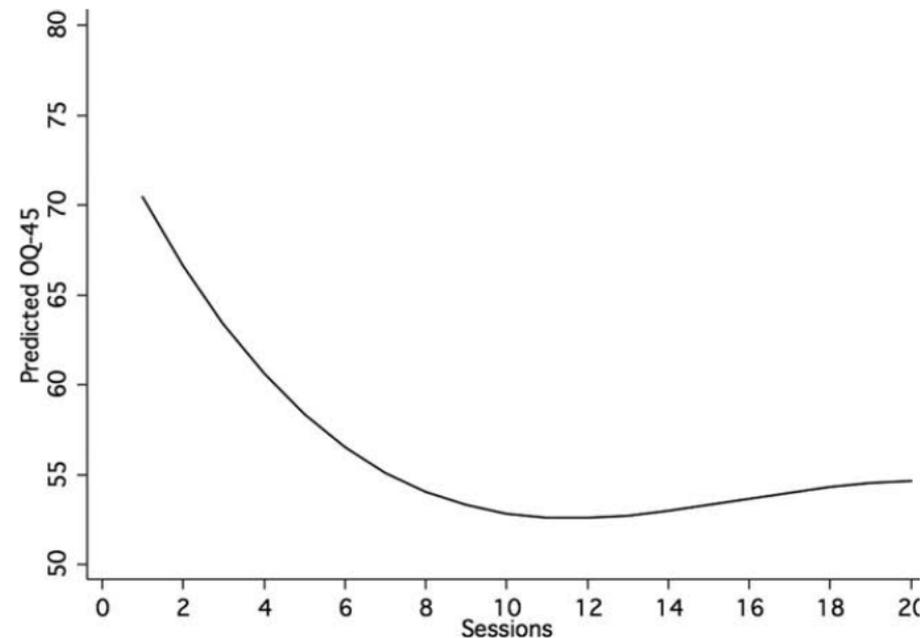
Dose-Response Models

- **Dose-Effect-Model:**

- Assumption that dose and effect are positively correlated , in the form of a log-linear negative accelerated curve
- Dose predicts effect!

- **Good-enough-level (GEL) Model:**

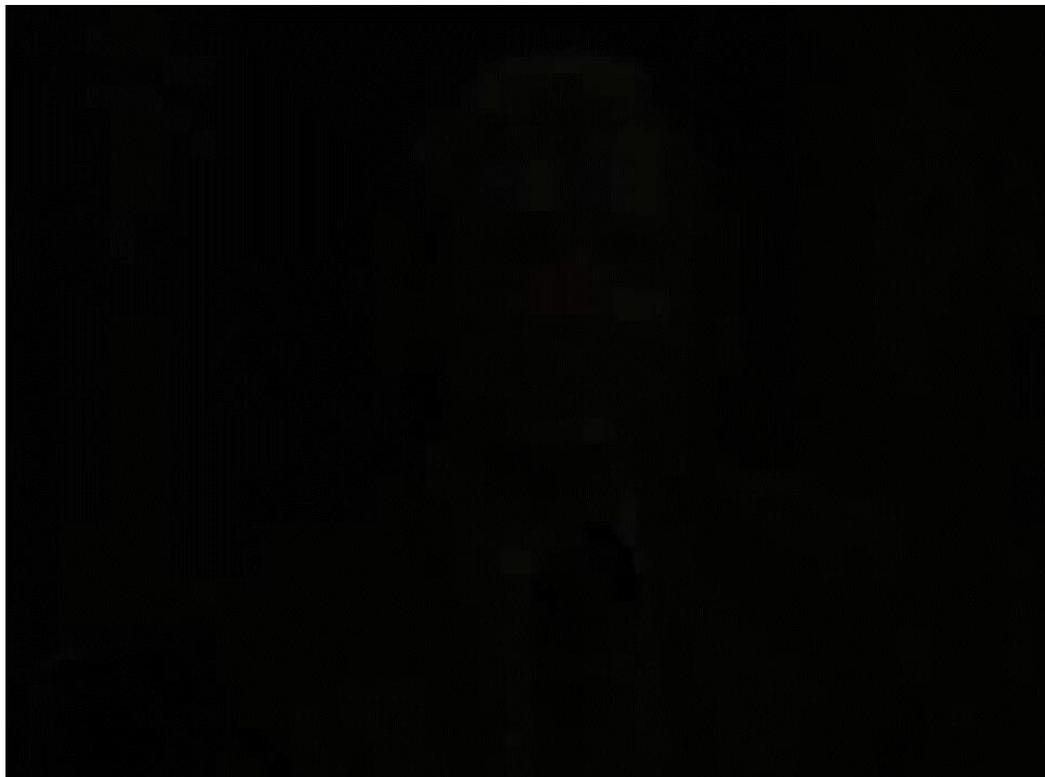
- Assumption of a rather linear relationship between dose and response until a good-enough-level (GEL) is reached.
- Effect predicts dose!



Robinson (2020). The dose-response effect in routinely delivered psychological therapies: A systematic review

- Dose-response effect in routine psychological therapies delivered to adult patients with mental health problems in 26 studies
- Replicated and consistent support was found for a **curvilinear (log-linear or cubic) relationship between treatment length and outcomes**, with few **exceptions** such as **eating disorders** and severe **psychiatric populations**.
- Optimal doses of psychotherapy in routine settings range between 4 and 26 sessions (4-6 for low intensity guided self-help) and vary according to setting, clinical population and outcome measures
- Weekly therapy appears to accelerate the rate of improvement compared to less frequent schedules.
- Most of the reviewed evidence is from university counselling centres and outpatient psychotherapy clinics for common mental health problems
- There is scarce and inconclusive evidence in clinical samples with chronic and severe mental disorders.

Woody Allen about his Psychoanalysis..



Myths & stereotypes about Long-Term Psychotherapy



Negative

- Low cost-effectiveness
- Unstructured, non-manualized, no focus
- High risk of side effects (dependency, boundary violations)
- Only given to high functioning patients

Positive

- Higher dose leads to more changes
- Changes are more sustainable in the achieved changes
- Treats personality (functioning) instead of only symptoms
- Is necessary for specific patients

“No doubt, this is the longest analysis on record, or at least I like to think so.. I think also that we ‘re beginning to get somewhere now.”

Interview 2011 with Oliver Sacks on his more-than **47 year-analysis** with Leonard Shengold (quoted from *Reflections on Long-Term Relational Psychotherapy and Psychoanalysis* (2019), edited by Susan Lord)

What is Long-Term Psychotherapy? Probably shorter than you think..?

- > 50 sessions? > 60 session?
- > 24 sessions in the German Psychotherapy Guidelines and the newest meta-analysis...



Differential efficacy:

Meta-analytic comparisons between short and longterm psychodynamic treatment

Authors	Comparisons	k	d
Leichsenring & Rabung 2009	Longterm PP vs. short-term PP therapies for complex mental disorders	9	0.65
Leichsenring & Rabung 2011	Longterm PP (>50 sessions) vs. short-term PP with complex disorders (Pre-Post)	10	0.44-0.68
Smit et al. 2012	Longterm PP (>40 sessions) vs. other longterm treatments	11	-0.37-0.69
Leichsenring et al. 2013	Longterm PP (>50 sessions) vs. short-term PP for complex mental disorders (Pre-Post)	12	0.39 – 0.60
Woll & Schönbrodt (2019)	RCTs comparing LTPP (>40 sessions) to other forms of psychotherapy in the treatment of complex mental disorders (including longterm)	14	0.24 - 0.35 (no difference in functioning)

PROTOCOL

Open Access



Short-term versus long-term psychotherapy for adult psychiatric disorders: a protocol for a systematic review with meta-analysis and trial sequential analysis

Sophie Juul^{1,2*} , Stig Poulsen², Susanne Lunn², Per Sørensen¹, Janus Christian Jakobsen^{3,4} and Sebastian Simonsen¹

Preliminary findings from the dissertation

- 16 trials randomizing 2,651 participants to a short-term or a long-term version of the same psychotherapy type
- All trials and outcomes were at high risk of bias.
- Meta-analysis showed **no evidence of a difference between short-term and long-term cognitive behavioural therapy for anxiety disorders on anxiety symptoms** at end of treatment at maximum-follow-up
- Meta-analysis showed **no evidence of a difference between short-term and long-term psychodynamic psychotherapy for mood- and anxiety disorders on level of functioning** at end of treatment

However, the evidence was sparse or even absent, of very low certainty, and with insufficient information sizes to allow us to confirm or reject realistic intervention effects

STUDY PROTOCOL

Open Access



The effectiveness of 6 versus 12-months of dialectical behaviour therapy for borderline personality disorder: the feasibility of a shorter treatment and evaluating responses (FASTER) trial protocol

Shelley F. McMain^{1,2*}, Alexander L. Chapman^{3,4}, Janice R. Kuo⁵, Tim Guimond², David L. Streiner^{1,2,6}, Katherine L. Dixon-Gordon⁷, Wannudee Isaranuwachai^{8,9} and Jeffrey S. Hoch^{9,10}



How about long-term effects?

Studies with long follow-up needed..

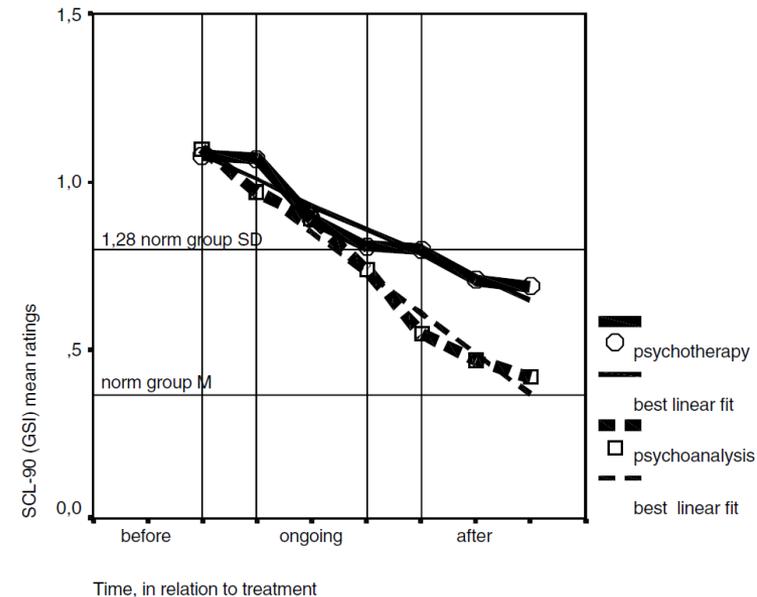
VARIETIES OF LONG-TERM OUTCOME AMONG PATIENTS IN PSYCHOANALYSIS AND LONG-TERM PSYCHOTHERAPY

A REVIEW OF FINDINGS IN THE STOCKHOLM OUTCOME OF PSYCHOANALYSIS AND PSYCHOTHERAPY PROJECT (STOPPP)¹

ROLF SANDELL, JOHAN BLOMBERG, ANNA LAZAR, JAN CARLSSON, JEANETTE
BROBERG AND JOHAN SCHUBERT, LINKÖPING AND STOCKHOLM

Swedish cohort study with >400 patients:

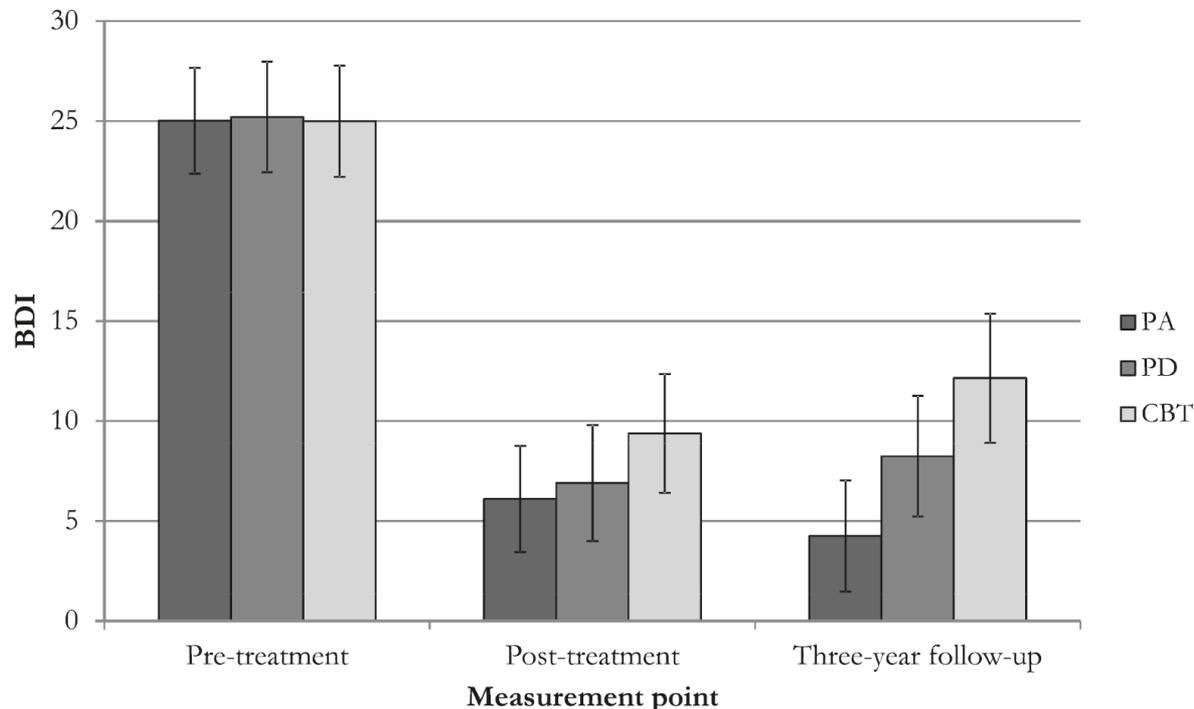
- more improvement was found in PA (642 sessions over 4.5 years) than in LPP (223 sessions over 4 years) in personality functioning and symptoms, which further improved during a 3-year follow-up after PA
- Therapist effects: less effective if therapists used classic psychoanalytic attitudes in LPP



Comparison of cognitive-behaviour therapy with psychoanalytic and psychodynamic therapy for depressed patients – A three-year follow-up study

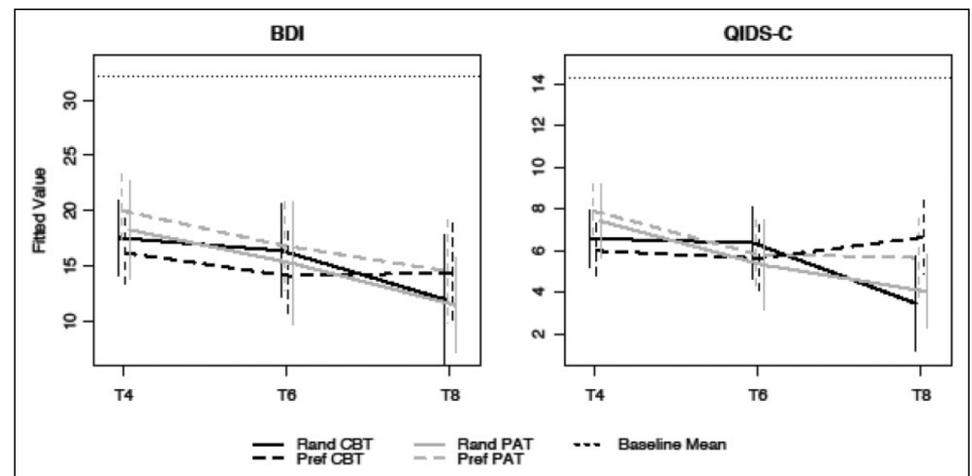
Dorothea Huber^{1,2,3}, Johannes Zimmermann⁴, Gerhard Henrich¹, Guenther Klug¹

- Munich Psychotherapy Study comparing PA (234 s), PDT (88 s) and CBT (45s) (n=119, patients with major depression), PA>CBT at post and FU



Outcome of Psychoanalytic and Cognitive-Behavioural Long-Term Therapy with Chronically Depressed Patients: A Controlled Trial with Preferential and Randomized Allocation

- Multi-center, controlled, single-blind 4-arm trial with a preference and a randomized section, PA (234 s over 36 months) or CBT (57 s over 15 months), chronic depression, n=252
- both treatments were associated with similar rates of symptom reduction and remission after 1 year
- Remission rates increased to 45% (based on BDI) and 61% (based on QIDS-C) after 3 years
- Contrary to our expectation, being treated by the preferred psychotherapy did not result in better outcome than randomly assigned psychotherapy
- Three years after the start of the treatments, significantly more patients in psychoanalytical treatments show such structural changes than patients in cognitive-behavioural treatments. (Leuzinger-Bohleber et al. 2019)



Effectiveness of psychoanalysis and long-term psychodynamic psychotherapy on personality and social functioning 10 years after start of treatment

Psychiatry Research 2019

Olavi Lindfors^{a,b,*}, Paul Knekt^{a,c}, Johannes Lehtonen^{a,d}, Esa Virtala^a, Timo Maljanen^{e,a},
Tommi Härkänen^a

Psychoanalysis (4/week, 41 P, 646 sessions in 5 years) vs.
LPP (2-3/week, 128 P, 232 sessions in 3 years)

- Anxiety and Depression
- **No differences in symptom reduction at all follow-ups**
- **Only small differences in functioning after 10 years, as LPP improved more after treatment**
- However, Psychoanalysis is more expensive (three times higher costs)

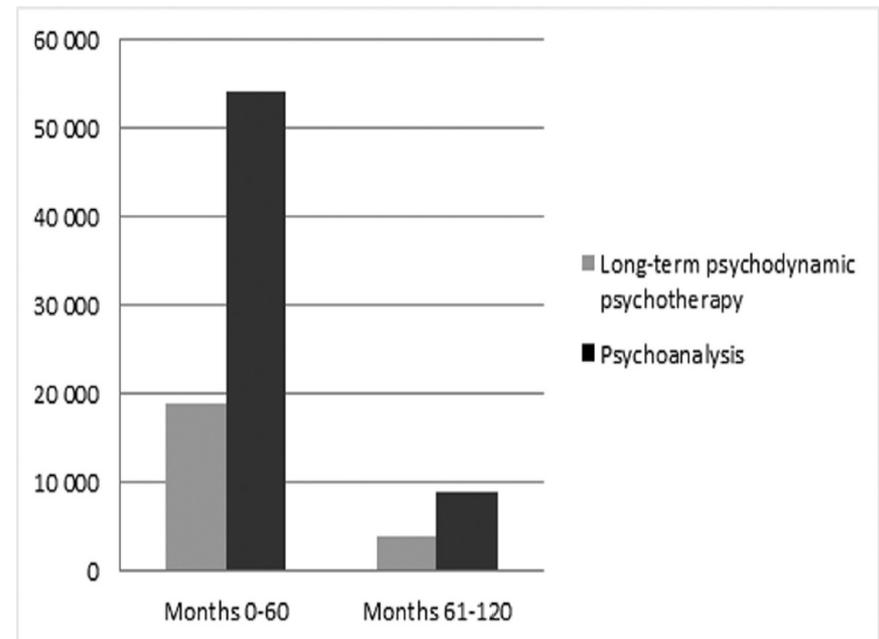


Fig. 4. Cumulative direct costs (euros) during the 10-year follow-up in LPP and PA.

The effectiveness of short- and long-term psychotherapy on personality functioning during a 5-year follow-up

Olavi Lindfors^{a,*}, Paul Knekt^{a,b}, Erkki Heinonen^a, Tommi Härkänen^a, Esa Virtala^a,
the Helsinki Psychotherapy Study Group^{a,b,c,d,e} Journal of Affective Disorders 2015

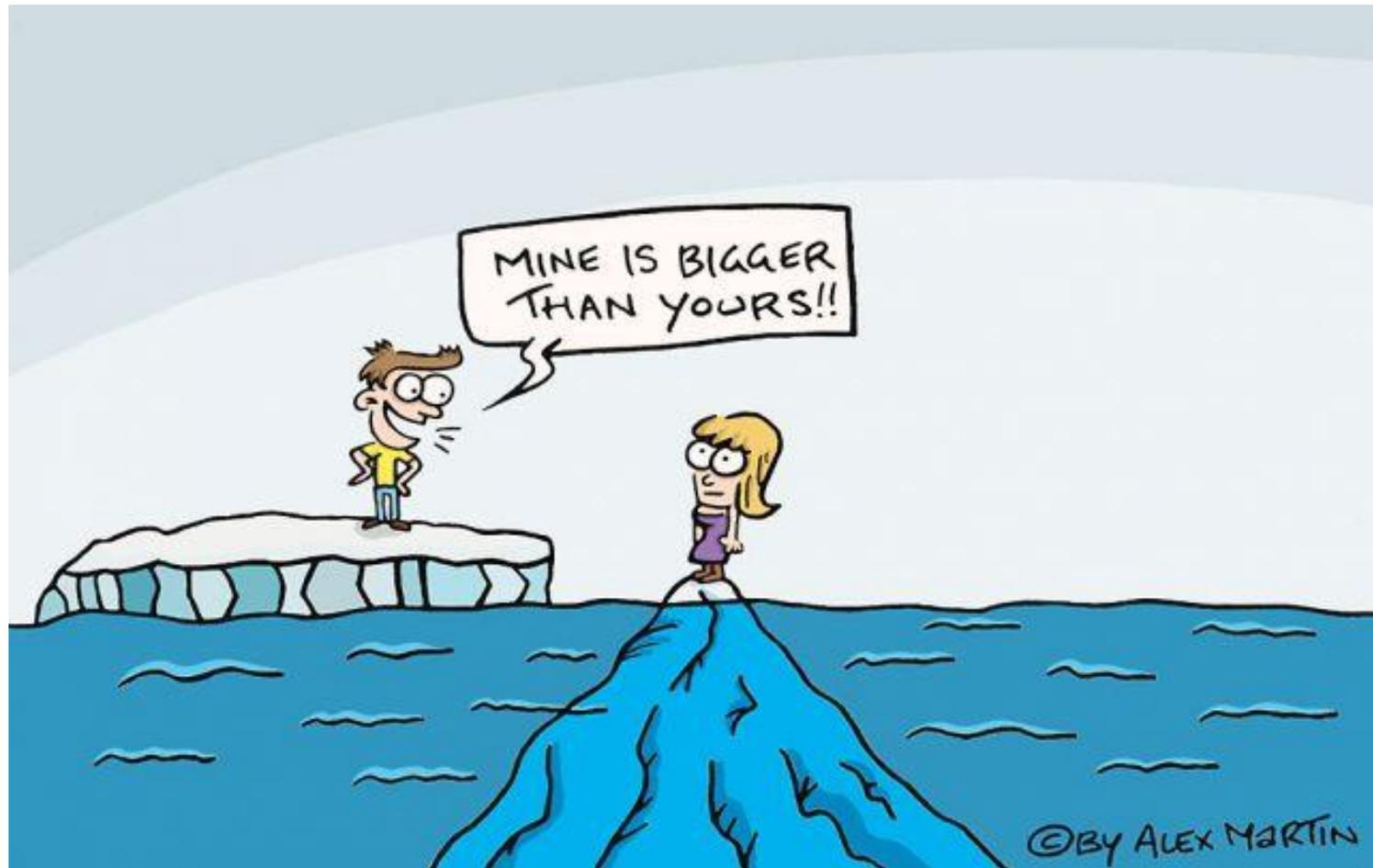
- **However, after 10 years of follow-up, the benefits of LPP in comparison with the short-term therapies are rather small but significant in symptoms and work ability. Small difference possibly related to more frequent use of auxiliary therapy in the short-term therapy groups. No difference in functioning! (Knekt et al. 2016)**

Conclusions. Long-term psychotherapy is more effective than short-term therapy during a long follow-up, suggesting the need for a careful evaluation of suitability to short-term therapy.

First Conclusions

- Contradicting results on differences between LTP and STP as well as LTP vs. LTP
- Some evidence that LTP has benefits but high risks of bias and not enough studies
- STP and LTP therapies have different trajectories of change
- Long follow-ups are needed to investigate sustainability, however results are hard to interpret if patients seek for additional treatments
- Rare differences in functioning/ personality...

What works for whom? Do certain patients improve differently from long- or short-term therapy?



- „What treatment, by whom, is most effective for *this* individual with *that* specific problem, and under which set of circumstances?“ (Gordon Paul, 1967)

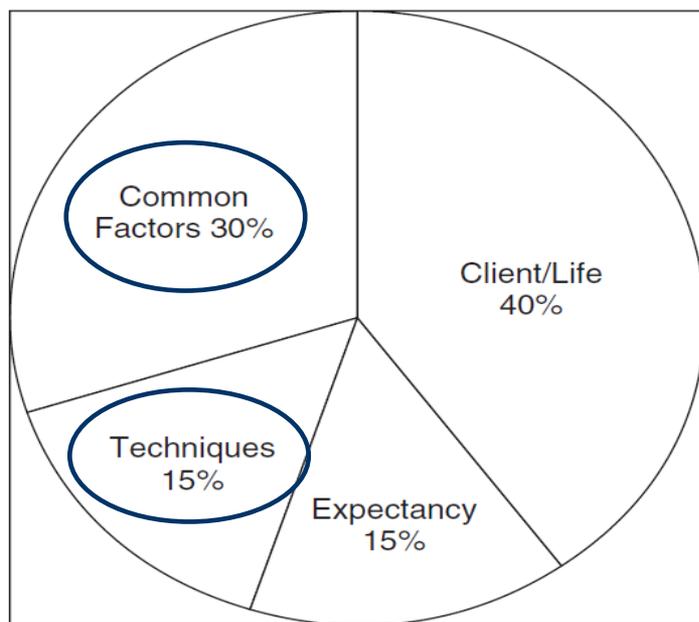


FIGURE 6.3 Percent of improvement in psychotherapy patients as a function of therapeutic factors.

(Lambert 2013)

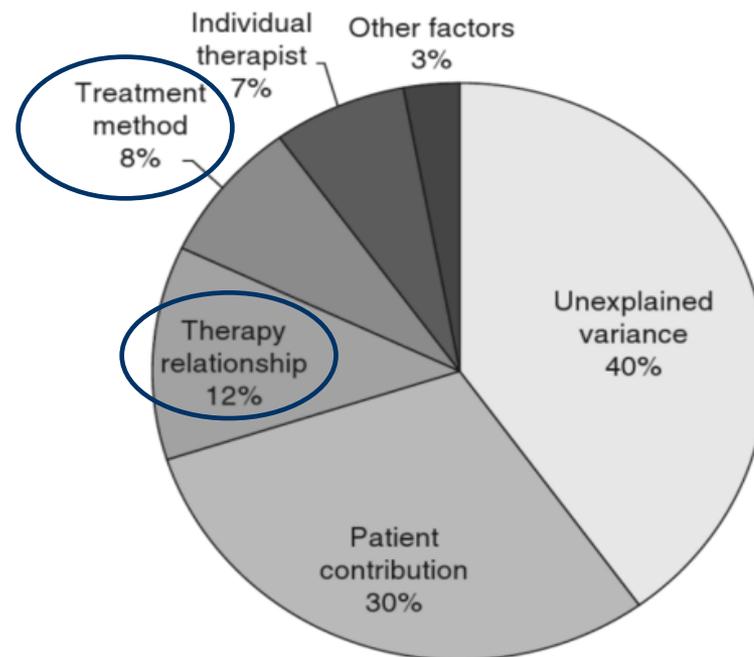


Fig. 1.2 % of Total Psychotherapy Outcome Variance Attributable to Therapeutic Factors.

(Norcross 2011)

22

Pragmatic randomized controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: the Tavistock Adult Depression Study (TADS)

(World Psychiatry 2015;14:312–321)

PETER FONAGY¹, FELICITAS ROST², JO-ANNE CARLYLE², SUSAN MCPHERSON³, RACHEL THOMAS²,
R.M. PASCO FEARON¹, DAVID GOLDBERG⁴, DAVID TAYLOR²

- Long-term psychoanalytic psychotherapy (LTPP) compared to TAU alone with patients (n=129) who had failed two prior treatments
- Partial remission was not significantly more likely in the LTPP than in the control group at the end of treatment (32.1% vs. 23.9%, p=0.37), but significant differences emerged during follow-up (24 months: 38.8% vs. 19.2%, p=0.03; 30 months: 34.7% vs. 12.2%, p=0.008; 42 months: 30.0% vs. 4.4%, p=0.001)
- Both observer-based and self-reported depression scores showed steeper declines in the LTPP group, alongside greater improvements on measures of social adjustment

These data suggest that **LTPP** can be useful in improving the long-term outcome of **treatment-resistant depression**

Personality disorder moderates outcome in short- and long-term group analytic psychotherapy: A randomized clinical trial

Steinar Lorentzen^{1,2*}, Torleif Ruud^{3,1}, Anette Fjeldstad² and Per A. Høglend¹

- Fjeldstad et al. (2016). Presence of personality disorder moderates the long-term effects of short-term and long-term psychodynamic group therapy: A 7-year follow-up of a randomized clinical trial.
- Short-term and long-term group analytic therapy of 20 or 80 weekly sessions of group analytic therapy
- 167 outpatients with mixed diagnoses (45% with PDs, mostly Cluster C)
- Patients with PD improved more on both outcome measures and interpersonal functioning with long-term therapy compared to short-term therapy, with medium between-groups effect sizes
- Patients without PD responded equally in the 2 treatment conditions over the last 6.5 years.

Change in Personality Functioning During Psychotherapy for Depression Predicts Long-Term Outcome

Psychoanalytic Psychology
2017, Vol. 34, No. 4, 434–445

(Huber, Zimmermann & Klug)

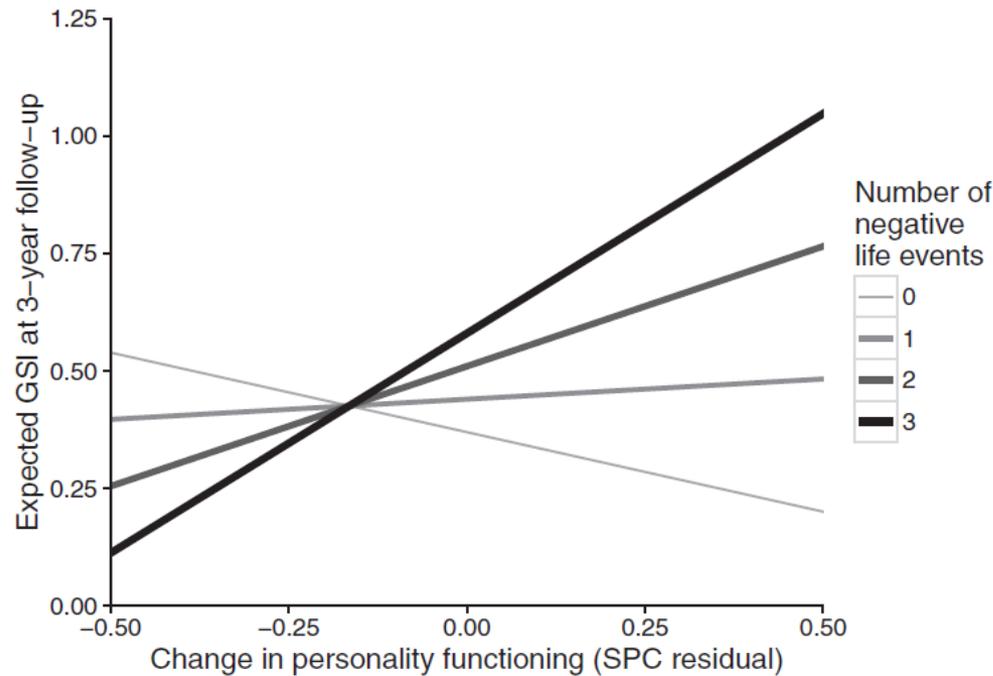


Figure 1. Change in personality functioning predicted general distress at follow-up only when participants experienced multiple negative life events after treatment.

- N=67
- CBT, PD, PA
 - Symptoms: SCL-90 (pre-post-3 years follow-up)
 - Functioning: Scales of Psychological Capacities (pre-post)
 - Interaction: negative life events (pre-post-1 Jahr follow-up)

STUDY F

Moderation effect of defence mechanisms: the lower the defenses in the beginning of the treatment, the more patients benefit from a longer treatment, in contrast to symptom severity!
(Euler et al, in prep.)

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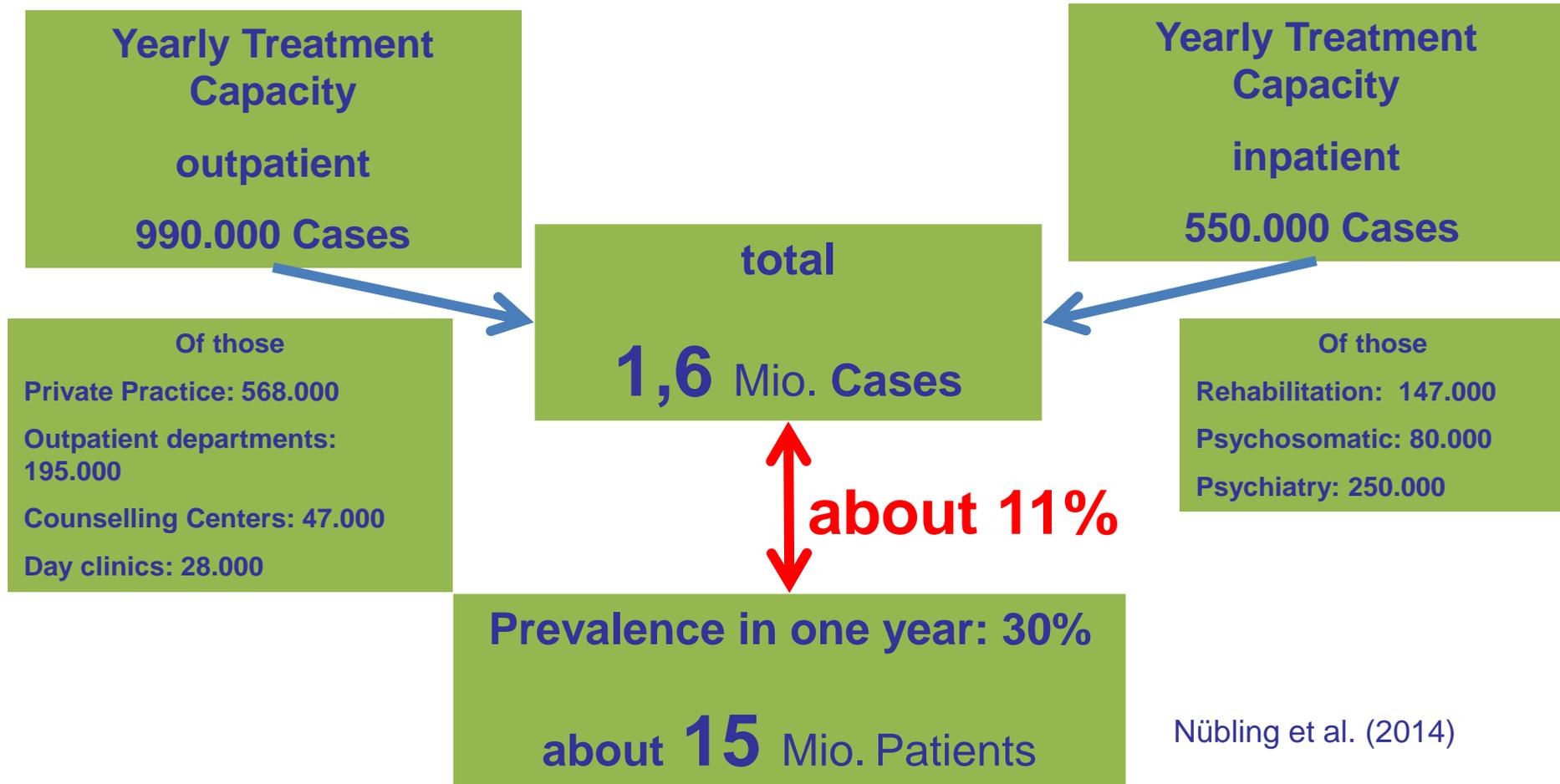
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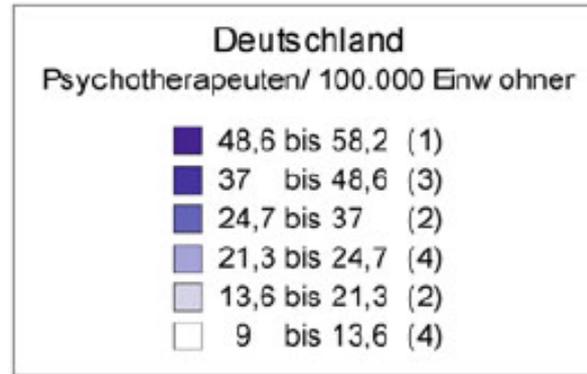
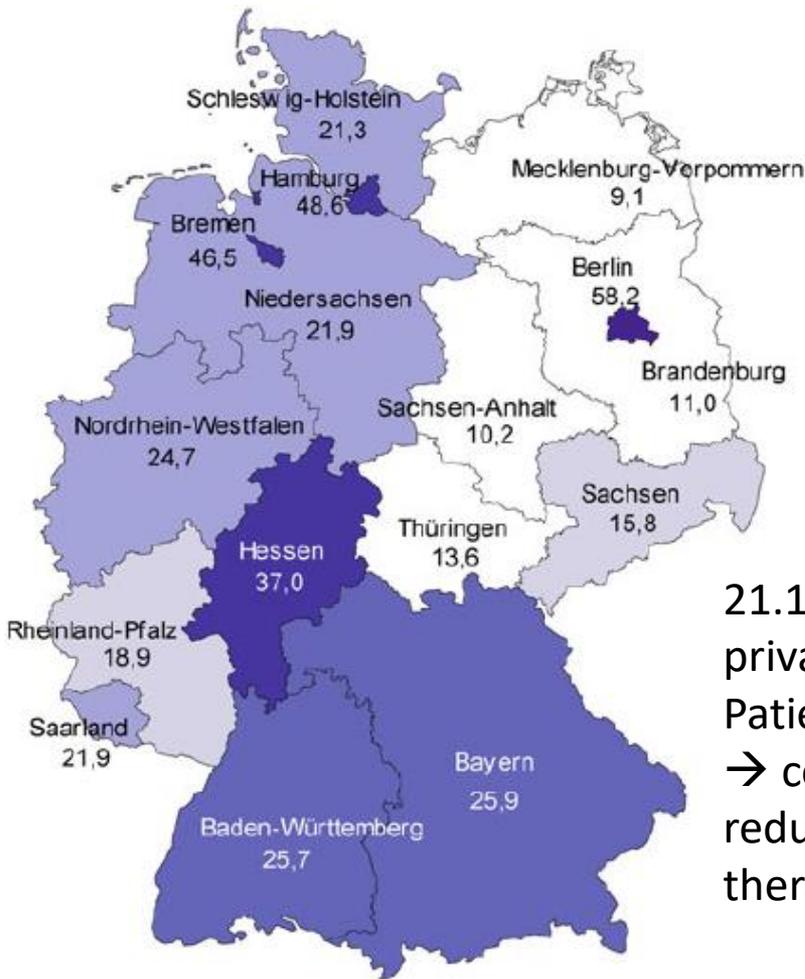
NATURALISTIC OBSERVATIONS FROM GERMANY



Psychotherapeutic Care in Germany (Adults) – actual care and need



Psychotherapists prefer to work in the south west and in urban areas..

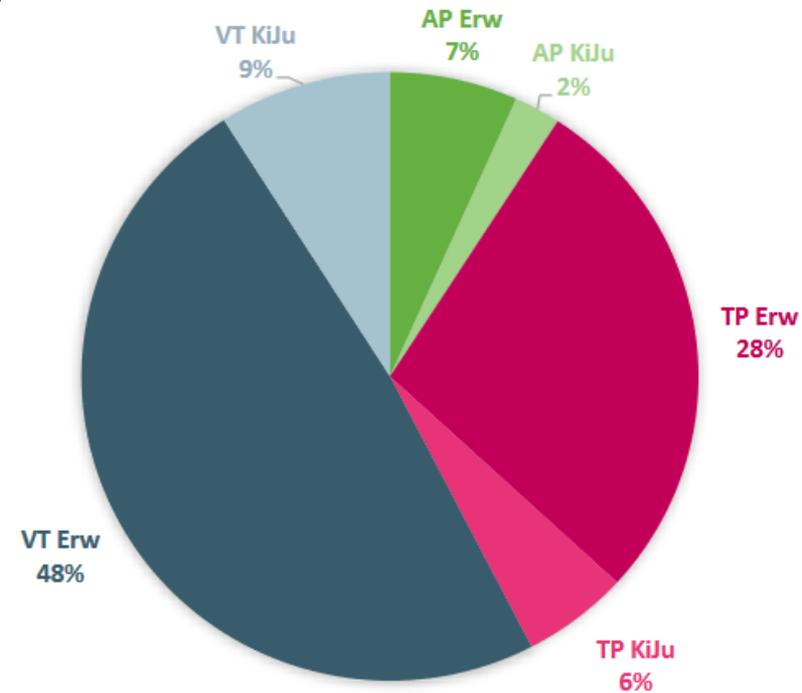


■ **Abb. 15.4.** Psychologische, Kinder- und Jugendlichen- und ärztliche Psychotherapeuten (ausschließlich psychotherapeutisch tätig) nach Bundesländern bezogen auf die Gesamtbevölkerung. (Bundesarztregister zum Stichtag des 31.12.2003; Kassenärztliche Bundesvereinigung, 2008)

21.158 Psychological & 6.803 medical psychotherapists in private practice (20-30h sessions/ week)
Patients wait 12,5 weeks for a first interview (BPtK 2018)
→ consultation hours were introduced in 2018 that reduced waiting times for first contact but not for starting therapy

The German Psychotherapy System regulated by the Psychotherapy Law..

- 4 empirically supported treatments:
 - Psychoanalytic (PA)
 - Psychodynamic (PDT)
 - Cognitive Behavioral (CBT)
 - Systemic Therapy (SYS)
- § 30 regulates the standard treatment length in private practices (individual session 50 min, group sessions 100 min)
 - PA: Adults = 180-300h, Children = 70-150h, Youth = 90-180h
 - PDT: Adults = 50-100h, Children = 70-150h, Youth = 90-180h
 - CBT: Adults = 45-80h, Child/ Youth= 60-80h
 - SYS: Adults = 36-48h (groups/ family)
- Additional ¼ of the hours for relevant caregiver/ partners/ family



Psychotherapy Workflows in Germany



Quality Control takes place by blinded reviewers who decide about long term treatments after reading a case report from the therapist. Short-term treatments are granted without case report.

Current numbers from the German Psychotherapy Chamber (2021):

- 80% Prozent of patients in outpatient psychotherapy attend short-term treatment (<24 sessions)
- Only 15 % start with longterm-treatment or get longterm treatment after shortterm treatment within 15 months
- A model study showed that therapists treat longer if they do not have to write reports..(Lutz et al. 2011)

Routine care data



- Utilization of outpatient psychotherapy (OPP) differs in terms of sociodemographic variables:
 - Several studies point to the fact that patients with low SES are treated less often in OPP even though they have higher demands (Strauß 2015, Epping et al. 2017b, Jacobi et al. 2014, Jacobi et al. 2016).
 - Older patients are treated less than they would need regarding prevalences of mental health problems (Hölzel et al. 2017). This is related to false negative therapists' expectation.
- Main diagnoses are affective, neurotic and stress-related or somatoform disorders (Gaebel et al. 2016, Multmeier 2014) and substance abuse disorders as most frequent category in East Germany (Behrendt et al. 2014).
- Patients with Personality Disorders are frequent in the German health system, however only 10% of the German psychotherapists in private practice take BPD patients and only 3% have a BPD specific training..
- Because of missing equal opportunities many patients go into primary care but treatments mostly do not follow the national treatment guidelines (e.g. depression Wiegand et al. 2016). However, this is also true for private practices (e.g. trauma Equit et al. 2018).

Who gets longer treatment?

(Altmann et al. 2013)

- Study on 810 patients in OPP of which 530 were offered a longterm treatment after the end of shortterm therapy (mixed diagnoses, mainly depression and anxiety).
- Extension of therapies was predicted by higher symptom burden and better working alliance from both perspectives (therapist & patient), prior inpatient treatment and low personality functioning.
- No relation between therapy-extension and age, diagnose or gender.
- Longterm Patients' symptom-level and quality of life reached the same level at the end of therapy extension as short-term patients.
- Thus, therapies were systematically ended or extended if necessary (symptoms) and promising (alliance). (GEL-model, response predicts dose)

Psychotherapy reduces costs for early invalidity pension & sick days

- The national German invalidity pension reported in 2018 that mental disorders were the most frequent reason for early retirement (before it was backache).
- 29.564 men and 42.107 women received the invalidity status because of a mental disorder, which is 36,3 % of men and 48,7 % of women in this group.
- Sick days because of mental disorders increase yearly. In 2020 it was an average of 35,4% of sick days (Statista 2020).
- Results from naturalistic studies demonstrate that CBT or PDT reduces sick days (Epping et al. 2017a). However, PA did not as the patients had already less sick days and a high SES.

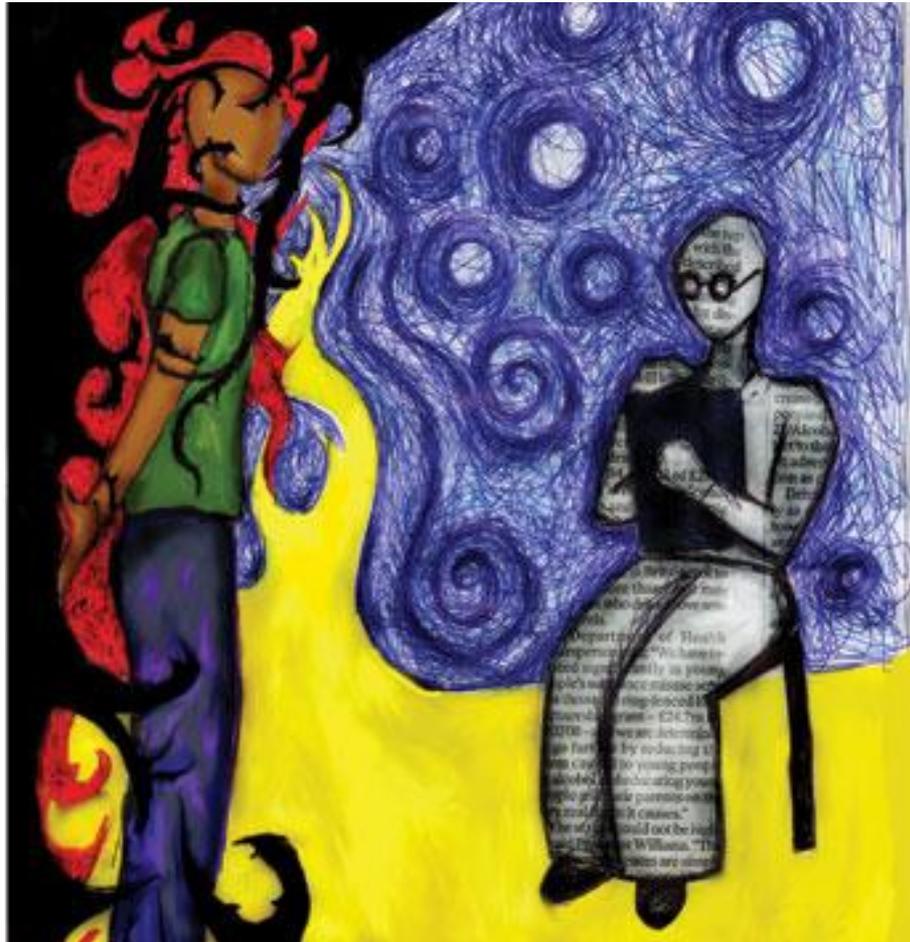
“Quality Assurance in Ambulatory Psychotherapy in Bavaria” (QS-PSY-BAY)

- Study examined the effect of outpatient psychotherapy on symptom reduction and cost reduction under naturalistic conditions (Strauss et al., 2015) and compared patients who terminated psychotherapy on regularly basis (mean of 28 sessions) with patients who terminated early due to a problematic and potentially quality-relevant reason.
- Patients (N = 584) were treated with individual outpatient psychotherapy either with cbt (N = 282; 48.3%), pdt (N = 286; 49.0%), or pa (N = 16; 2.7%)
- Large effects for patients who terminated on regularly terms. In contrast, only small effects were found regarding patients with early termination.
- Predictors of problematic termination: female, younger, lower education and most often unemployed.

“Quality Assurance in Ambulatory Psychotherapy in Bavaria” (QS-PSY-BAY)

- Concerns that there is an “over-utilization” of psychotherapy are not supported by these findings.
- Cost-effectiveness analyses need to examine direct costs provided by health insurant funds.
- Thus, in contrast to reduced cost-effectiveness studies that simply compare direct costs of the treatment, the longer treatments were more cost effective than the shorter treatments.

Side effects of longterm Treatment



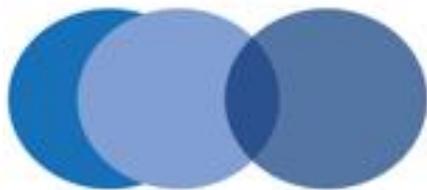
Prevalence of boundary violations

- Up to 10% of psychotherapists commit at least once in their professional life one serious boundary violation
- Counselling services estimate 300 sexual boundary violations each year in outpatient guideline psychotherapy in Germany.
- A high number of unreported cases is expected..
 - In 88% of the cases the therapist is male
 - in 75% the patient/ victim is female
 - In 90% of the cases a severe damage is the consequence that should be regarded as traumatic stress

(Kaczmarek-Nitsch & Strauß, 2018)

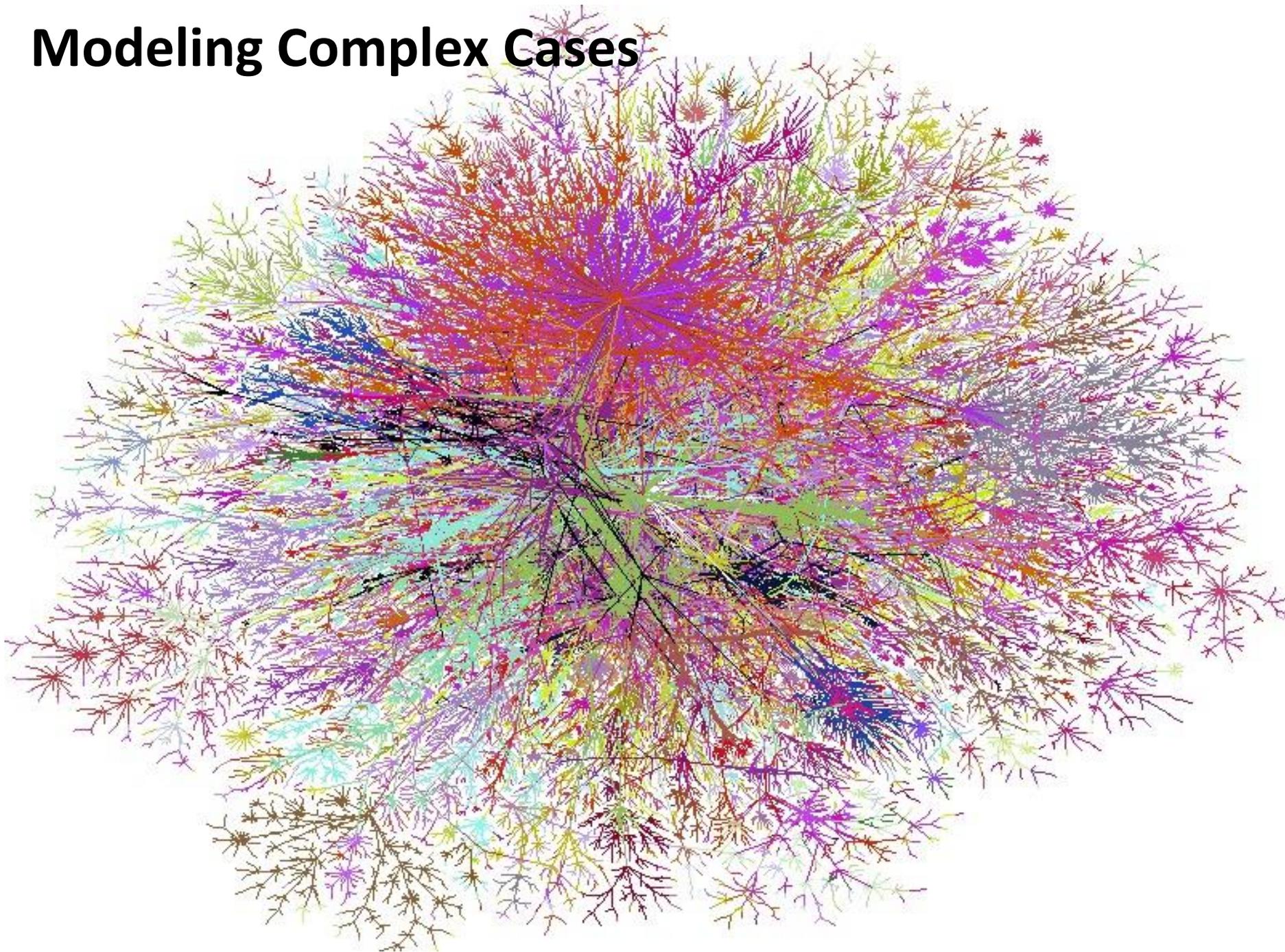
Patients complaints at a national ethics association

- Social abuse (30%)
 - Mixing therapeutic and private activities (same fitness studio or choir, passing by the patient's house on purpose, lending money, the car, private invitations and meetings)
- Early termination of the treatment (13,6%)
- Sexual abuse (22,8%)
- However, not related to specific treatments or therapy lengths...



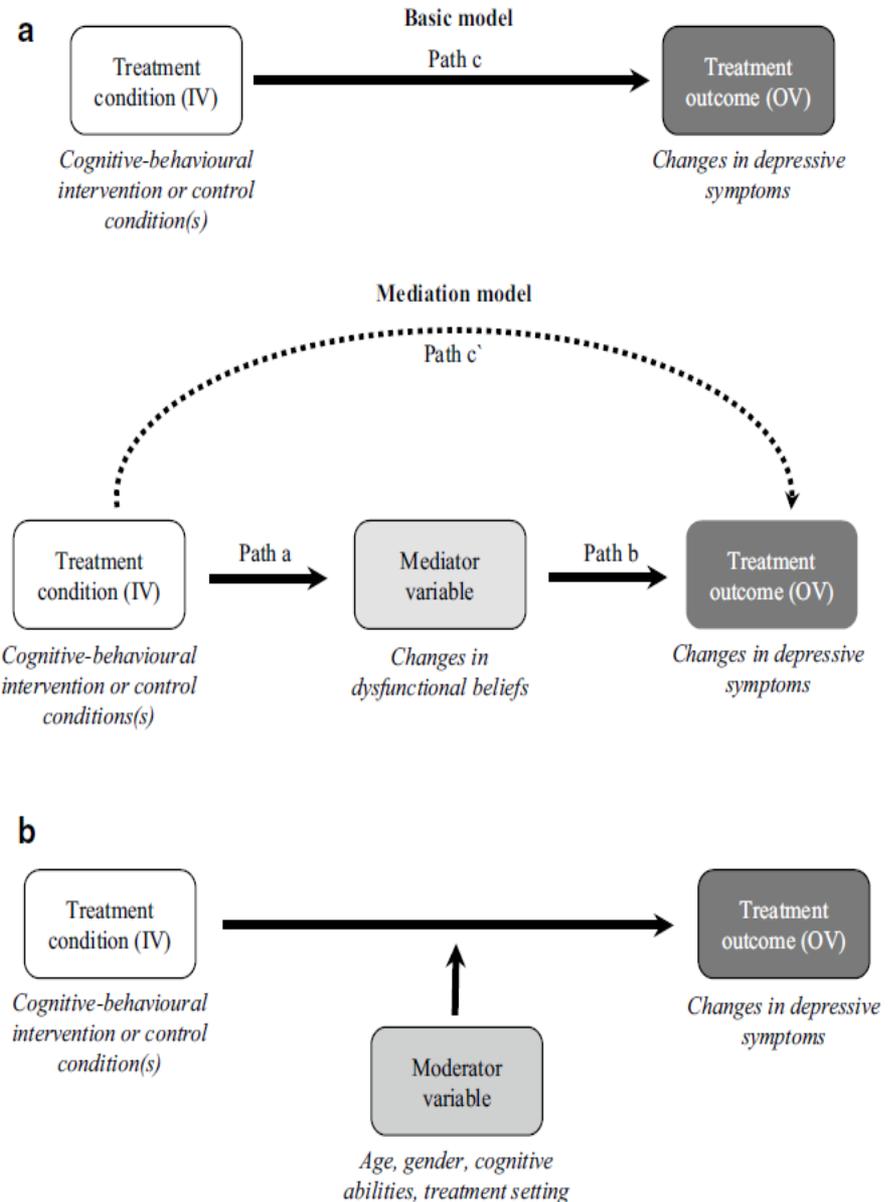
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Ethik in der Psychotherapie

Modeling Complex Cases



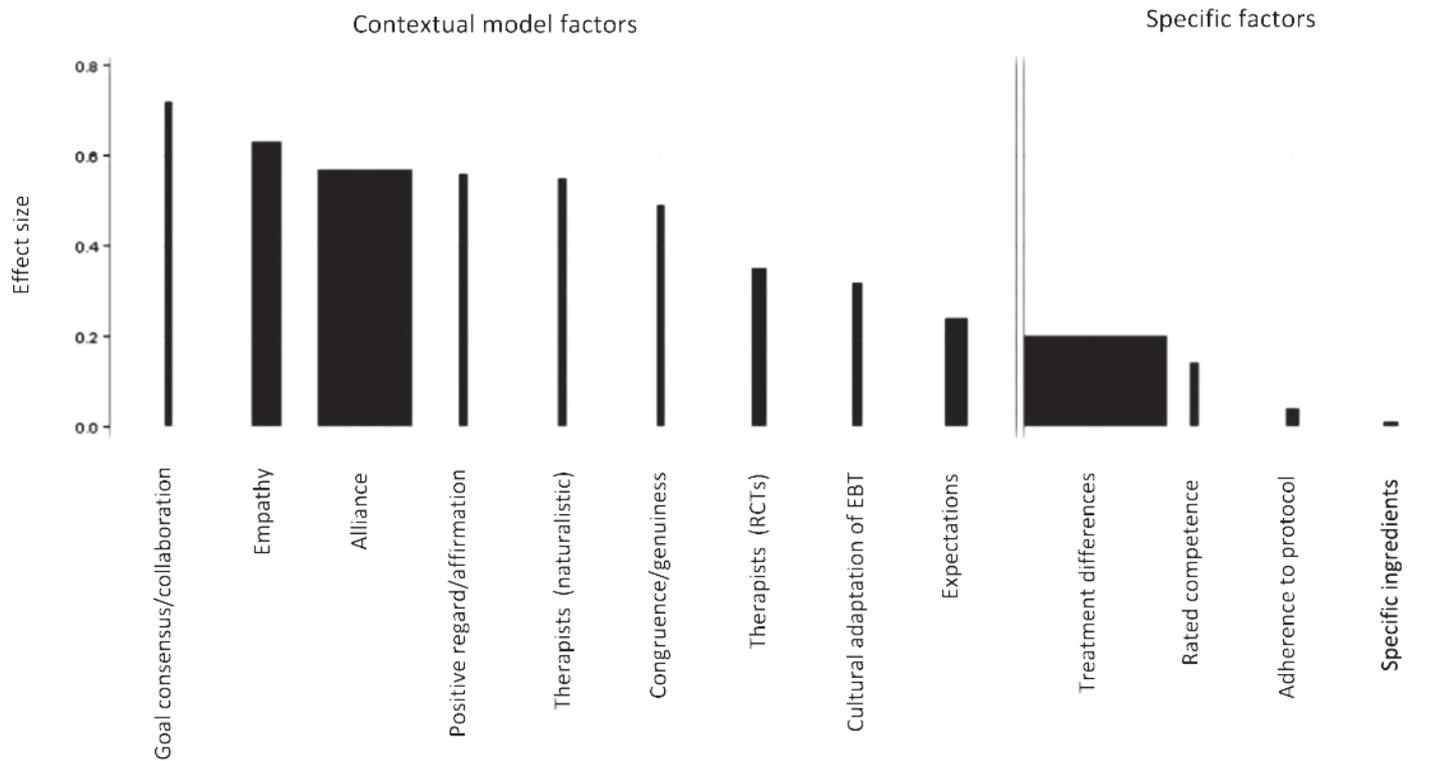
Psychotherapy works, but how?

- **Moderator:** for whom and under what circumstances?
- **Mechanism of change:** how is an intervention leading to change?
- **Mediator:** explains change statistically & causal (Kazdin 2007)



Models of Change in Psychotherapy

(Wampold, 2015, p. 273)



Annual Review of Clinical Psychology

The Role of Common Factors in Psychotherapy Outcomes

Pim Cuijpers, Mirjam Reijnders,
and Marcus J.H. Huibers

experimental research, and have a strong theoretical framework. Currently, no common or specific factor meets these criteria and can be considered an empirically validated working mechanism. Therefore, it is still unknown whether therapies work through common or specific factors, or both.



TREATme



**Mediators of Change in Psychotherapy for Adolescents
- a Systematic Summary of the State of the Art**
on behalf of WG-2 of TREATme

TREATme WG2 - 19 active members from 12 countries in 2022

Svenja Taubner (Leader) Germany	Erkki Heinonen (Vice-leader) Finland	Sonja Protic (Vice-leader) Serbia
Tjasa Stepisnik Slovenia	Andrea Saliba Malta	Yianna Ioannou Cyprus
Asta Adler Lithuania	Célia Sales Portugal	Patricia Moreno-Peral Spain
Catarina Pinheiro Mota Portugal	Dina Di Giacomo Italy	Sonia Conejo-Céron Spain
Jan Ivar Røssberg Norway	Filipa Mucha Vieira Portugal	Jana Volkert Germany
José Mestre Spain	Margarida Rangel Henriques Portugal	Rasa Barkauskiene Lithuania
Stefanie J. Schmidt, Switzerland		



BMJ Open Mediators and theories of change in psychotherapy with adolescents: a systematic review protocol

Svenja Taubner ¹, Andrea Saliba,² Erkki Heinonen ^{3,4}, Sonja Protić,⁵ Jana Volkert ¹, Asta Adler,⁶ Rasa Barkauskiene ⁶, Sonia Conejo Cerón ^{7,8}, Dina Di Giacomo ⁹, Yianna Ioannou ¹⁰, Jose M Mestre ¹¹, Patricia Moreno-Peral ^{8,12}, Filipa Mucha Vieira,¹³ Catarina Pinheiro Mota,^{13,14} Marija Raleva,¹⁵ Margarida Isabel Rangel Santos Henriques,¹⁶ Jan Ivar Røssberg,¹⁷ Stefanie J. Schmidt,¹⁸ Tjaša Stepišnik Perdih,¹⁹ Randi Ulberg,^{17,20} Céilia M D Sales ¹³

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► Prepublication history and additional materials for this paper is available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2020-042411>).

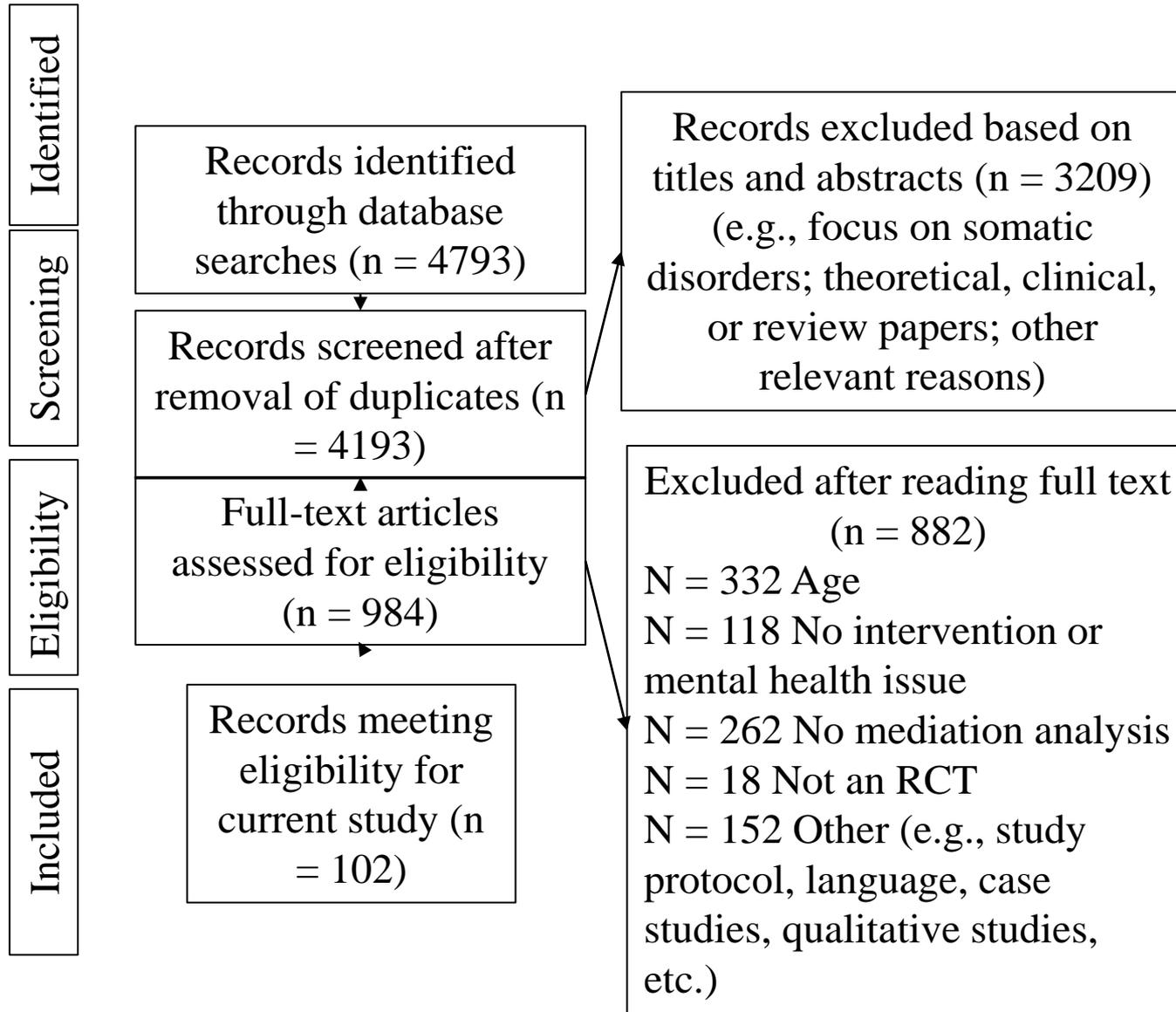
ABSTRACT

Introduction Approximately 75% of mental disorders emerge before the age of 25 years but less than half receive appropriate treatment. Little is known about the mechanisms underlying the therapeutic change of adolescents in psychotherapy. The 'European Network of Individualised Psychotherapy Treatment of Young People with Mental Disorders', funded by the European Cooperation in Science and Technology, will conduct the first systematic review to summarise the existing knowledge on mediators and theories of change in psychotherapy for adolescents.

Method A systematic review will be conducted, conforming to the reporting guidelines of the Preferred

Strengths and limitations of this study

- Review aims at identifying underlying mechanisms of change in the process of psychotherapy for adolescents.
- Reviewers are from a European multidisciplinary researcher network with researchers and clinicians from 30 countries.
- First comprehensive overview of mediators in psychotherapy carried out with adolescents.
- Broad inclusion criteria increase external validity but limits the possibility of causal conclusions including non-randomised controlled trials studies, it is likely not feasible to estimate aggregated effect sizes for



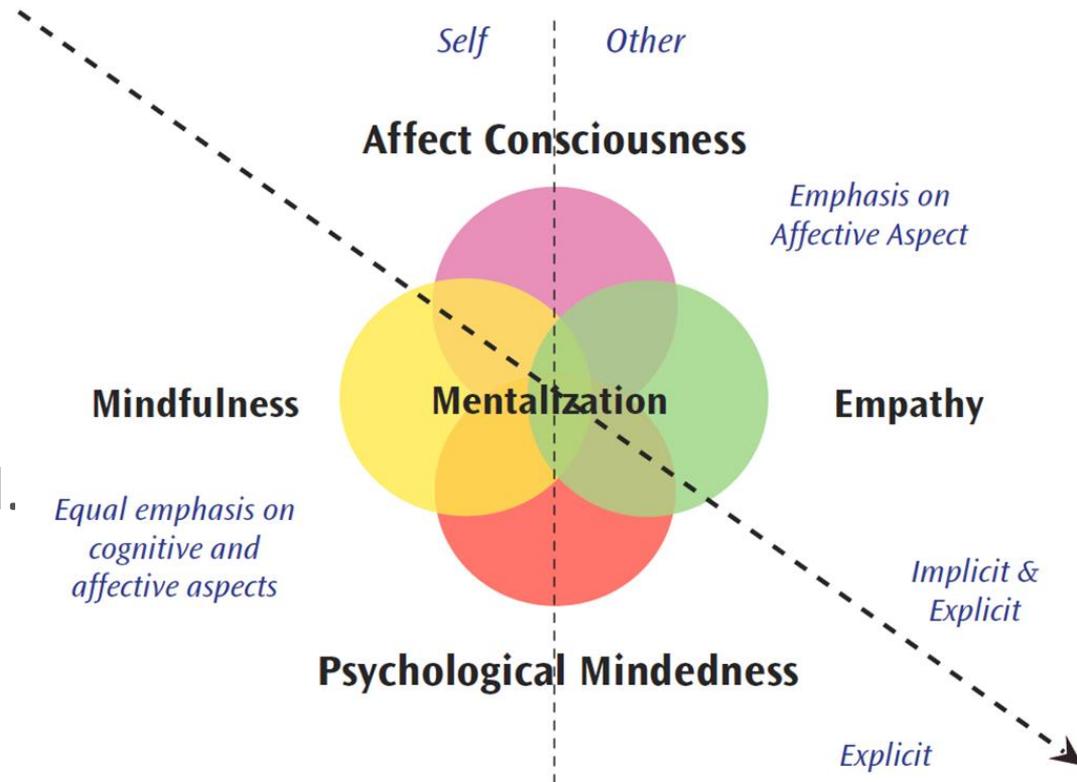
Key Results



- **242 statistical mediation tests** assessed with **177 different measures**.
- Most often studied and significant mediators were **cognitive**, followed by **family-related**, and **behavioral** variables.
- **Promising mediators:** changes in negative thoughts, dysfunctional beliefs, metacognitive skills; family functioning, parenting skills; coping behavior, successful engagement in therapy activities and increased impulse control.
- **Therapy-related symptom changes** proved **least often significant** mediators.
- **Relational**, and **emotional** mediators were largely understudied.
- **Adolescence-specific mediators** were most common while the majority of studied mediators were **not disorder-specific**.
- There was a tendency to mainly test **change mechanisms of specific theoretical models** without considering other possible change theories.
- Only **nine studies** were classified with an overall **good study quality**.

The concept of mentalizing

- Ability to imagine inner (mental) states in oneself and in others
- Behaviour is based on mental states (Fonagy et al. 2002)
- Self and others are intentional human beings



Open questions about mentalizing

- Does mentalizing change through treatment?
- Is this change a treatment mechanism?
- In what way does the capacity to mentalize change within psychotherapy?

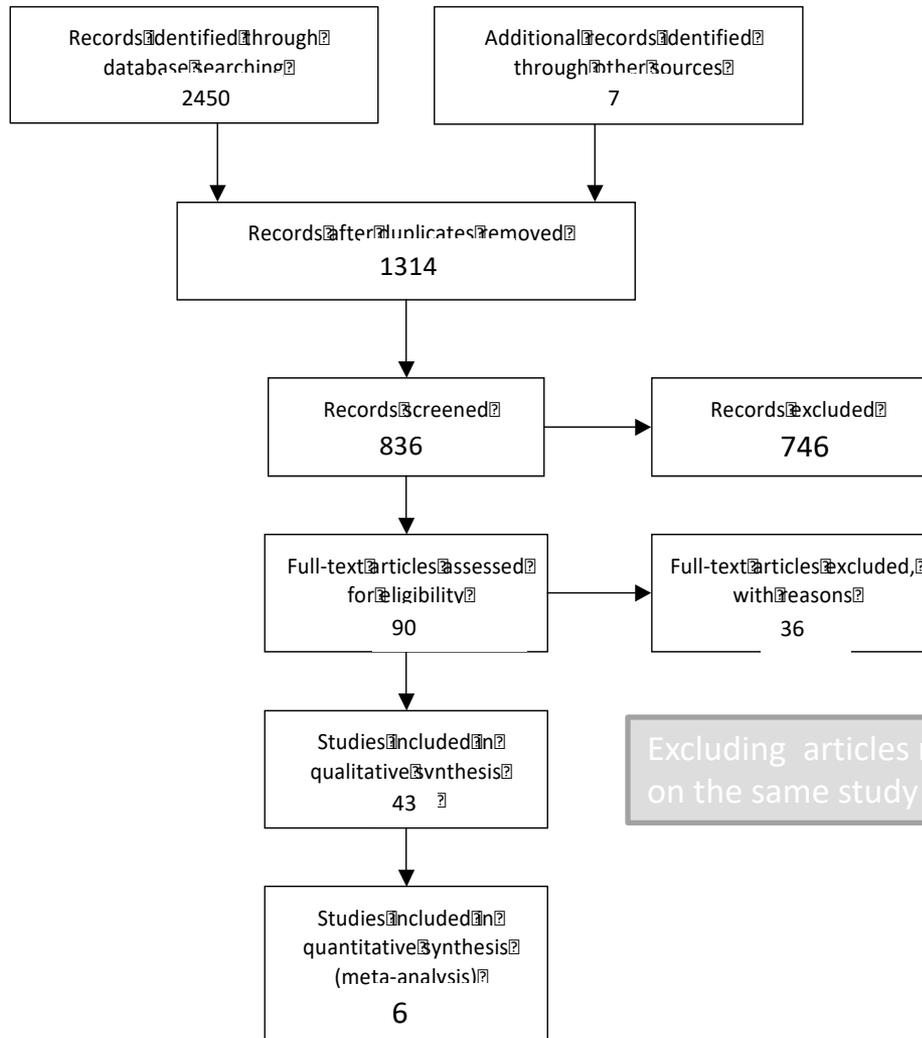


Identification

Screening

Eligibility

Included

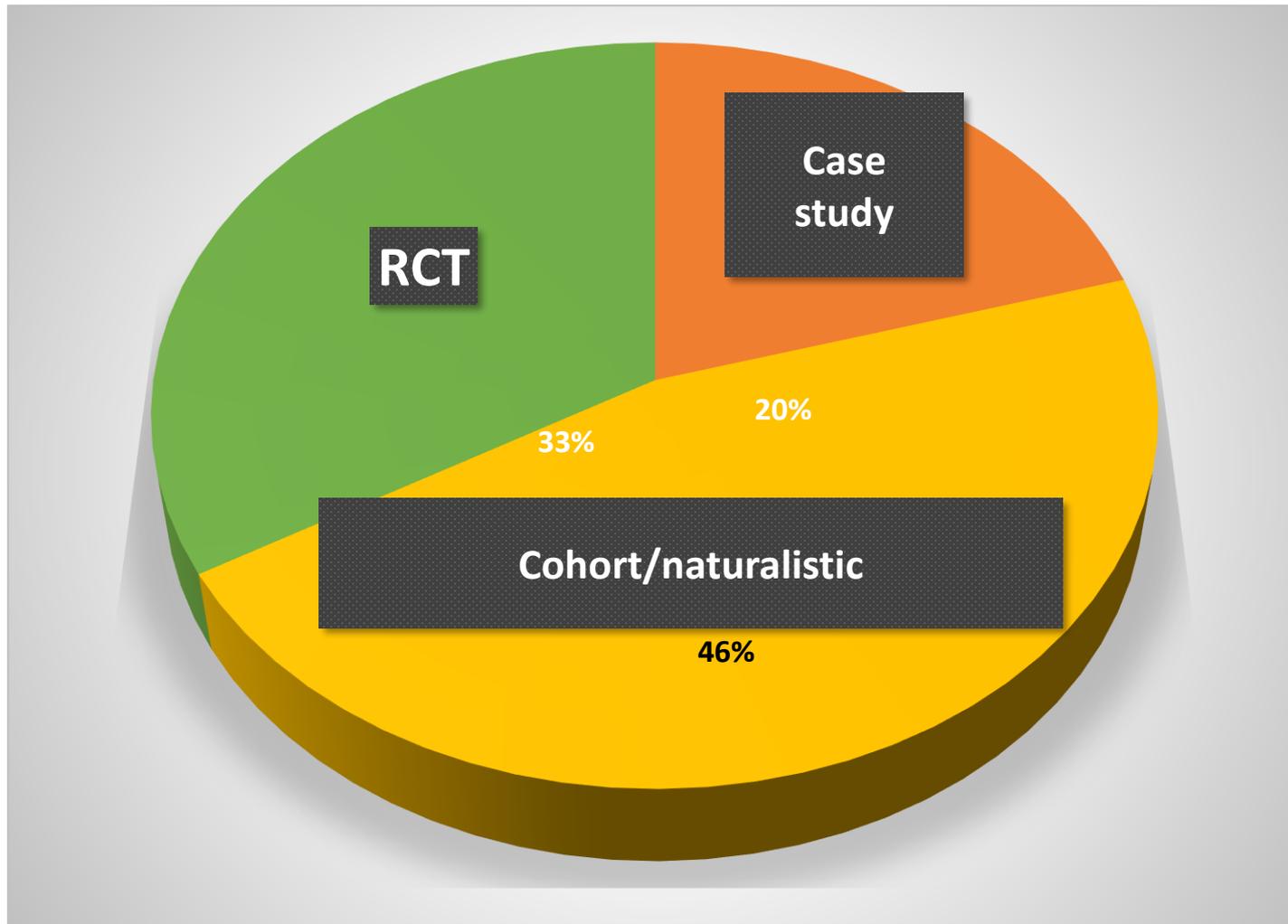


- Reasons for exclusion abstract screening:
 - Not an empirical study
 - No psychological intervention
 - No pre-post measures of mentalizing applied to individual patients
 - Group intervention for non-patients

Reasons for exclusion full text:
No pre-post measures of mentalizing

Excluding articles reporting on the same study (= 9)

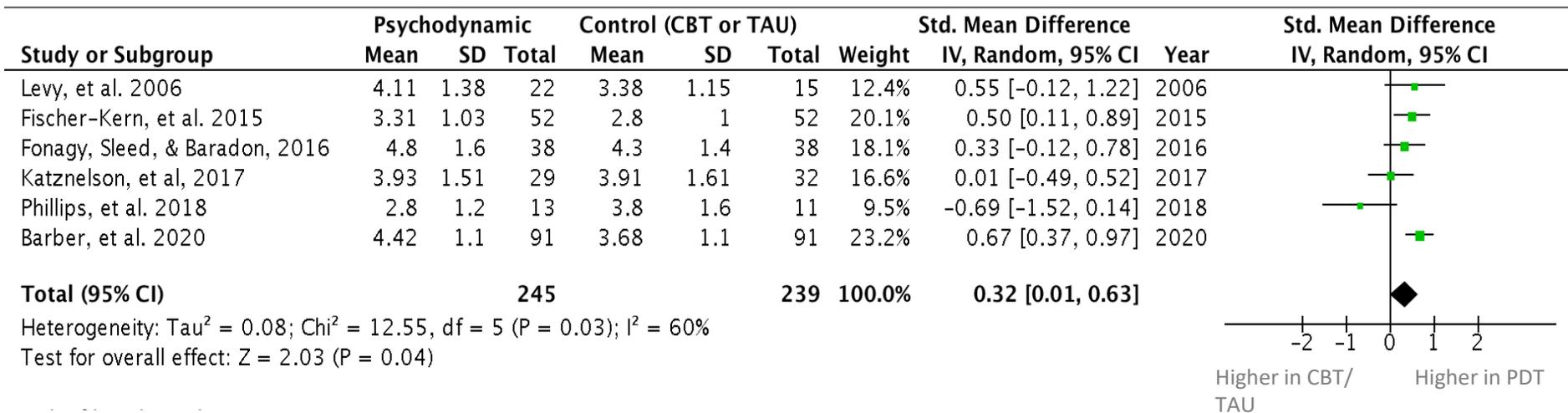
Type of design



Meta-analysis: aims

- Aims: include the greatest number of *comparable* studies testing the effect of psychotherapy on patients' mentalizing
 - Include RCT only
 - Choose the most commonly used form of treatment in these studies=> psychodynamic psychotherapy
 - Choose the most commonly used mentalizing measure=> interviews transcripts
- Included studies:
 - *Comparing psychodynamic psychotherapy against CBT*
 - Barber, et al. (2020)
 - Levy, et al.(2006)
 - Katznelson, et al. (2017)
 - *Comparing psychodynamic psychotherapy against TAU*
 - Fischer-Kern, et al. (2015)
 - Fonagy, et al. (2016)
 - Phillips, et al. (2018)

Results – forest plot of meta-analysis for RF

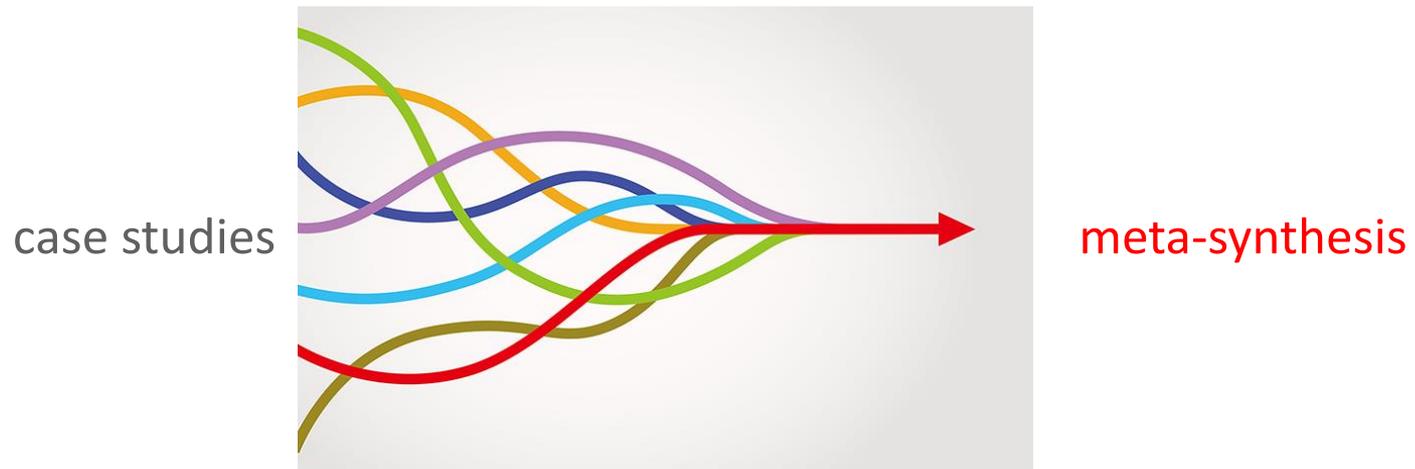


*How does the capacity to mentalize
change within psychotherapy?*

META-SYNTHESIS

What is a meta-synthesis?

- empirical and qualitative findings of several studies on a specific issue are integrated
- with the aim of generating new theoretical insights from the accumulation of existing case studies
- is an emerging technique in medical and therapeutical research

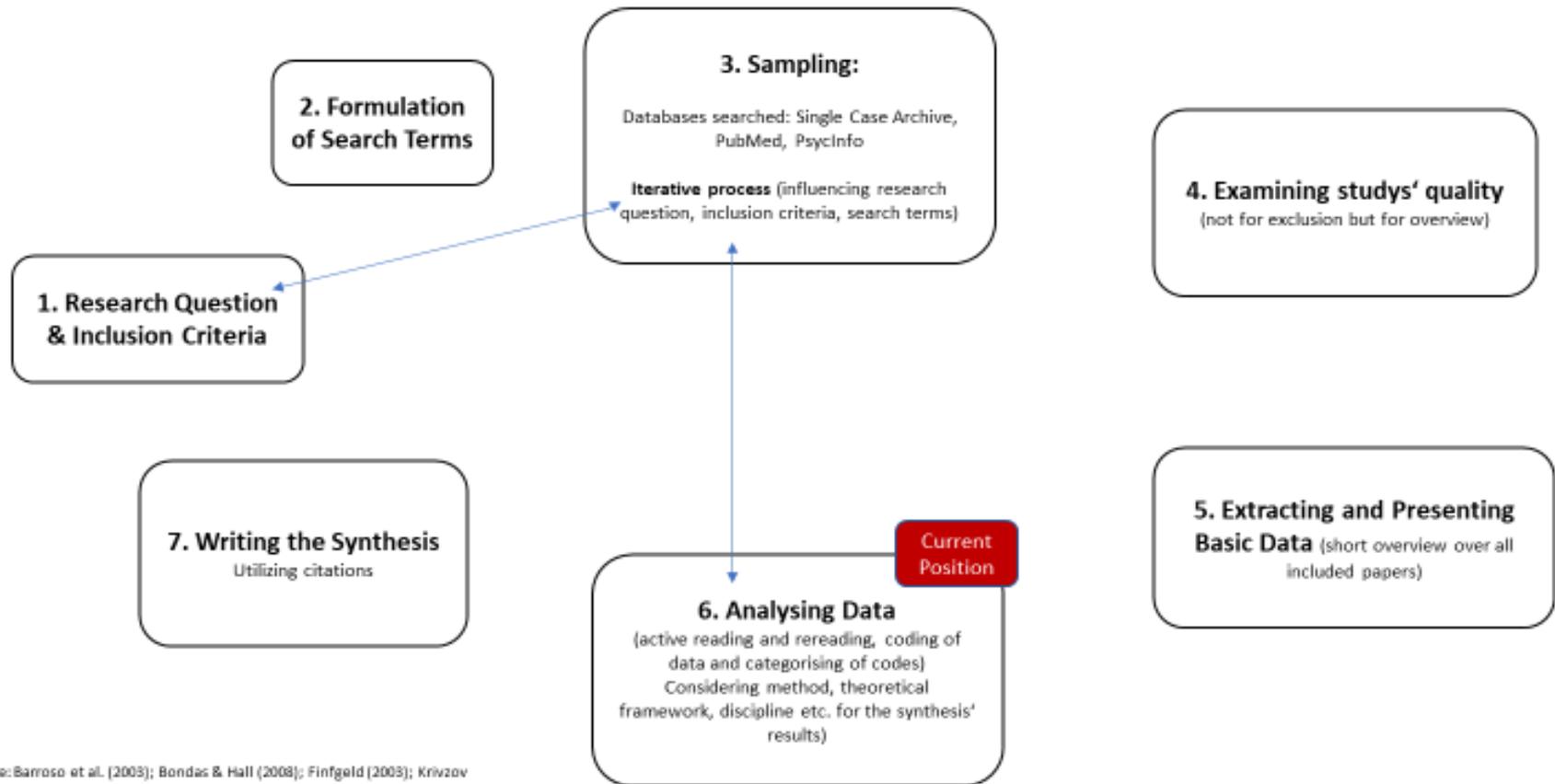


Aim of the meta-synthesis



- New insights in the therapy process focussing on enhancing mentalization:
 - In what way does the capacity to mentalize change within psychotherapy?
 - Are there special interventions? Critical events? Phases?

Procedure of the meta-synthesis



Literature: Barroso et al. (2003); Bondas & Hall (2008); Finfgeld (2003); Krivzov et al. (2021); Lachal et al. (2017); Thorne (2017); Walsh & Downe (2005)

Inclusion criteria

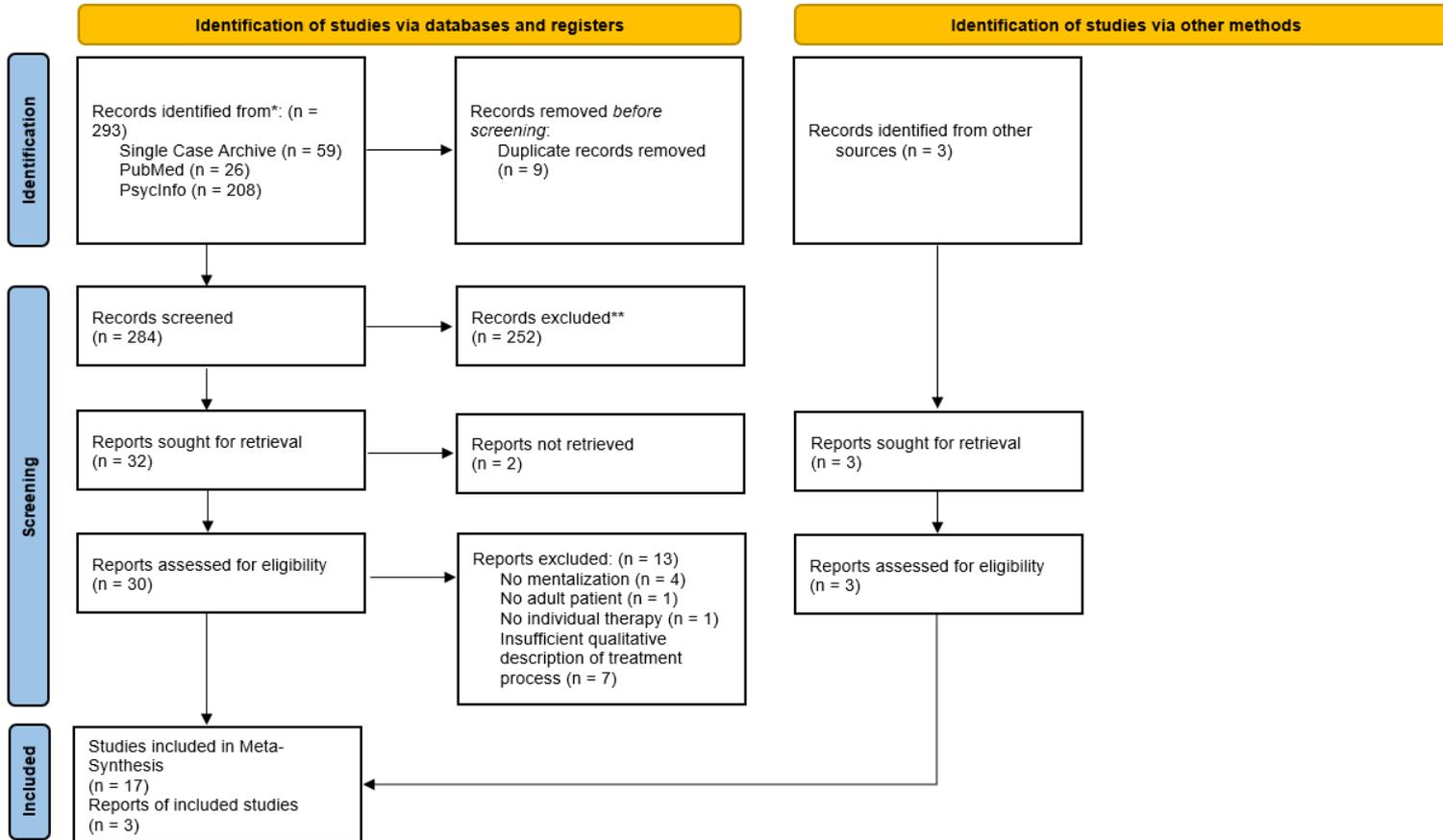
Studies were included if they, describe:

- (1) A psychotherapy
- (2) An individual therapy
- (3) An adult patient
- (4) A visible treatment process
- (5) A sufficient qualitative description of treatment process
- (6) language: English or German

The search and the screening were executed by two persons.

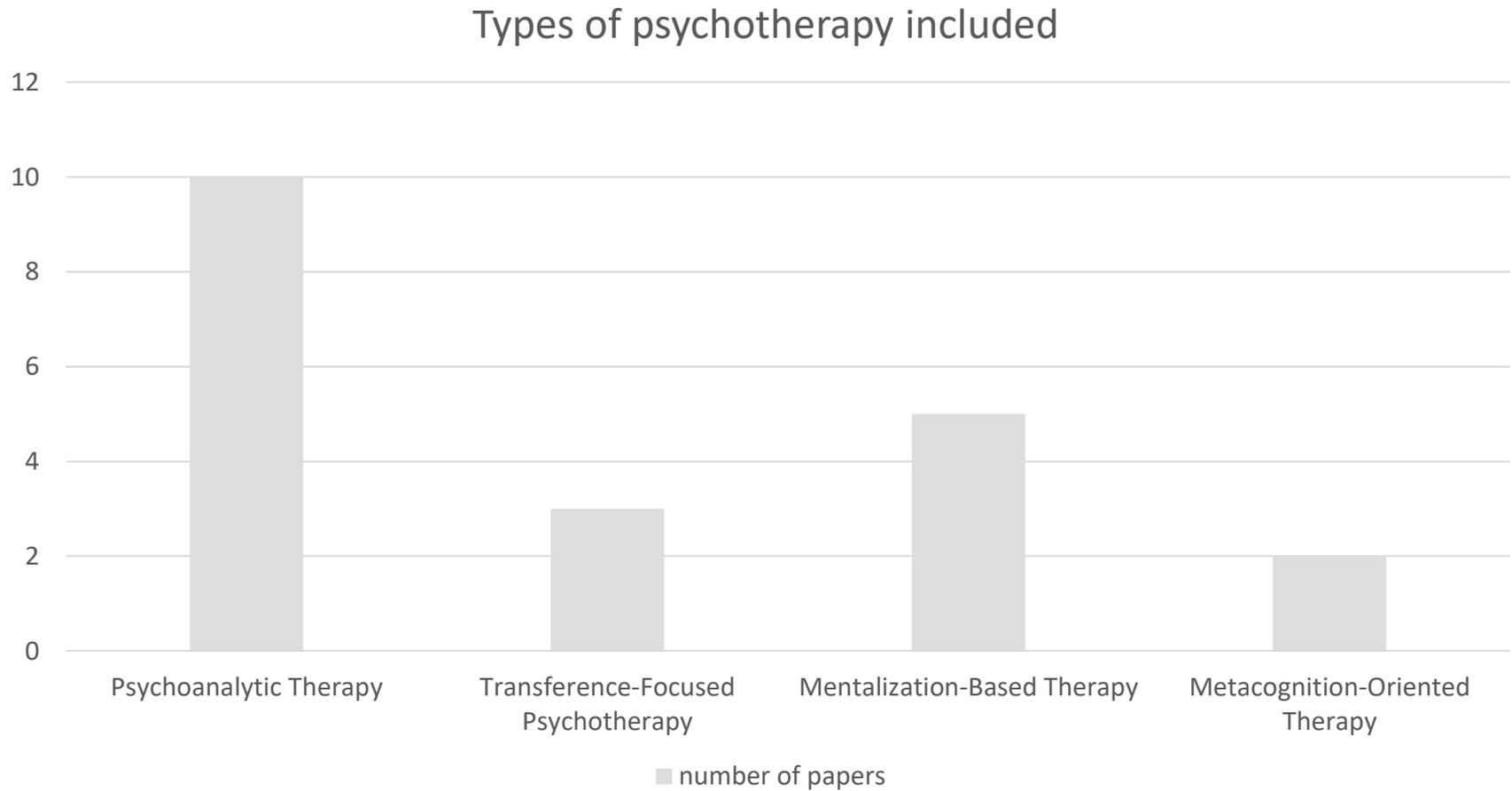
PRISMA 2020 – flow diagram

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;[372:n71](https://doi.org/10.1136/bmj.n71). doi: 10.1136/bmj.n71. For more information, visit: <http://www.prisma-statement.org/>

Types of psychotherapy



Included papers

Author	Publication Year	Title	Patient			
			Age	Diagnose	Gender	Therapy
Brent, B.	2009	Mentalization-Based Psychodynamic Psychotherapy for Psychosis	twenties	Psychosis	M	Mentalization Based Psychodynamic Psychotherapy
Diamond D, Stovall-McClough C, Clarkin JF, Levy KN.	2003	Patient-therapist attachment in the treatment of borderline personality disorder	?	Borderline Personality Disorder	?	Transference-Focused Psychotherapy
Diamond, Diana; Yeomans, Frank E.; Clarkin, John F.; Levy, Kenneth N.; Kernberg, Otto F.	2008	The reciprocal impact of attachment and transference-focused psychotherapy with borderline patients	late twenties	Borderline Personality Disorder	F	Transference-Focused Psychotherapy
Folmo, E.J., Karterud, S.W., Kongerslev, M.T., Kvarstein, E.H. & Stånicke, H.	2019	Battles of the Comfort Zone: Modelling Therapeutic Strategy, Alliance, and Epistemic Trust—A Qualitative Study of Mentalization-Based Therapy for Borderline Personality Disorder	twenties to fifties	Borderline Personality Disorder	F	MBT
Fonagy P, Target M	2000	Playing with Reality. III: The Persistence of Dual Psychic Reality in Borderline Patients	mid-thirties	Borderline Personality Disorder	F	Psychoanalysis
Griffies, W. S.	2010	Believing in the Patient's Capacity to Know His Mind: A Psychoanalytic Case Study of Fibromyalgia	33	Fibromyalgia	M	Psychoanalysis
Gullestad F S, Wilberg T	2011	Change in reflective functioning during psychotherapy—A single-case study	late twenties	Borderline Personality Disorder; Obsessive-compulsive PD	F	Psychodynamic (influenced by MBT)
Josephs L, Anderson E, Bernard A, Fatzer K, Streich J	2004	Assessing Progress in Analysis Interminable	sixties	Schizoid, avoidant, and depressive personality disorders, major depression	F	Psychoanalysis Psychodynamic Therapy
Josephs L, McLeod B A	2014	Ethnic Invisibility, Identity, and the Analytic Process	30	Major Depression	M	Psychodynamic (influenced by MBT)
Jurist, E.L.; Meehan, K. B.	2009	Attachment, mentalization, and reflective functioning	midtwenties	?	M	MBT
Kernberg, Otto F.; Diamond, Diana; Yeomans, Frank E.; Clarkin, John F.; Levy, Kenneth N.	2008	Mentalization and attachment in borderline patients in transference focused psychotherapy.	36	Borderline, Narcissitic, and Avoidant Personality Disorder, Dysthymia	F	Transference-Focused Psychotherapy

Included papers

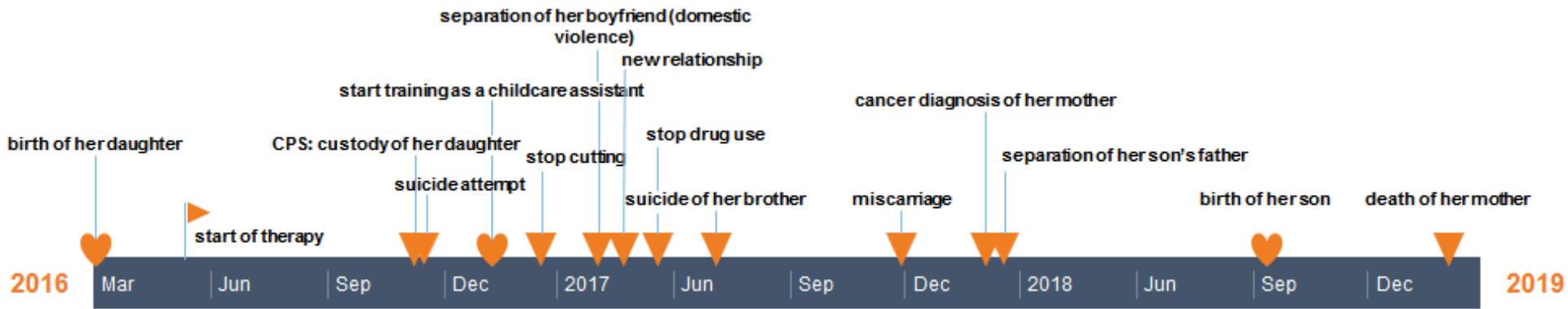
Author	Publication Year	Title	Patient			
			Age	Diagnose	Gender	Therapy
Kornhas, L. A., Schröder-Pfeifer, P., Georg, A., Zettl, M., Taubner, S.	2020	Prozess des Mentalisierens in einer mentalisierungsbasierten Langzeittherapie für Borderline-Persönlichkeitsstörungen - eine Fallstudie	22	Borderline Personality Disorder	F	Mentalization Based Treatment
Lunn, S., Daniel, S. I. F., Poulsen, S.	2016	Psychoanalytic Psychotherapy With a Client With Bulimia Nervosa	midtwenties	Bulimia Nervosa	F	Psychoanalysis (integrative approach)
Merced M	2016	Noticing Indicators of Emerging Change in the Psychotherapy of a Borderline Patient	24	Borderline Personality Disorder	F	Psychoanalysis (Supportive Psychotherapy)
Misso, D., Schweiter, R. D., Dimaggio, G.	2019	Metacognition: A Potential Mechanism of Change in the Psychotherapy of Perpetrators of Domestic Violence	29	depressive, passive-aggressive and dependent personality disorder	M	Metacognition Interpersonal Therapy
Rachman A W, Yard M A, Kennedy R E	2009	Noninterpretative Measures in the Analysis of Trauma	38	?	F	Psychoanalysis
Ringel, S.	2011	Developing the Capacity for Reflective Functioning Through an Intersubjective Process	forties	?	M	Psychoanalysis (?)
Salvatore, G., Lysaker, P. H., Gumley, A., Popolo, R., Mari, J., Dimaggio, G.	2012	Out of Illness Experience: Metacognition-Oriented Therapy for Promoting Self-Awareness in Individuals with Psychosis	37	Disorganized Schizophrenia	F	Metacognition-Oriented Therapy
Seligman, S.	2007	Mentalization and Metaphor, Acknowledgment and Grief: Forms of Transformation in the Reflective Space	fifties	moderate but significant history of trauma and presenting with narcissistic/borderline and masochistic dynamics	F	Psychoanalysis
Target, M.	2016	Mentalization within Intensive Analysis with a Borderline Patient	25	Borderline & Paranoid Personality Disorder, Major Depression	F	Psychoanalysis, MBT

Changes of mentalization in a longterm psychodynamic therapy of a Borderline-Personality-Disorder Patient - a single case study.

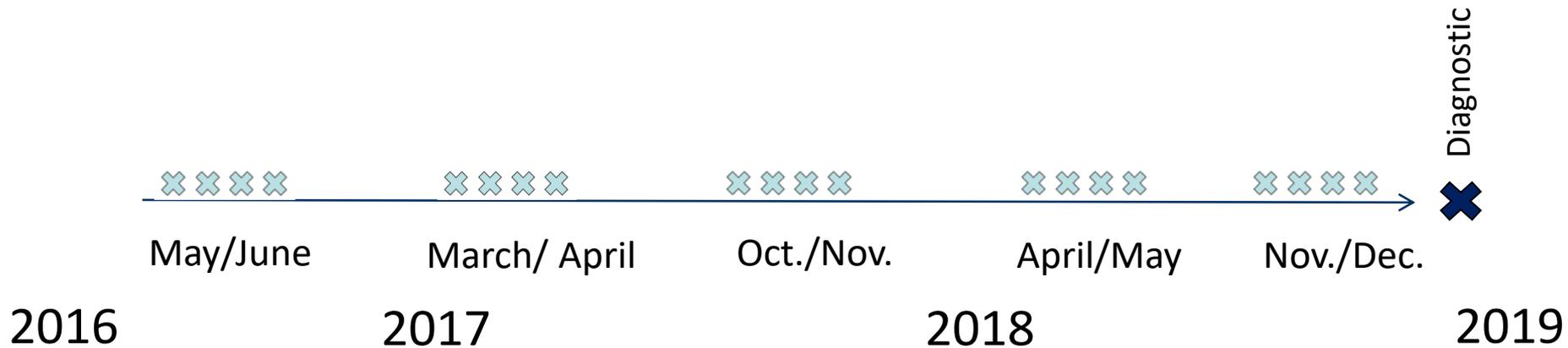
Lea Kornhas, Anna Georg, Paul Schröder-Pfeiffer
& Svenja Taubner

Institute for Psychosocial Prevention
Heidelberg University Hospital

The patient



Methods



Sessions:
Registered 120
Videotaped 71

Ca. 20 sessions between the timepoints
5 time points á 4 sessions → 20 sessions

Methods

- **Diagnostic after 2,5 years (ca. 120 sessions):**
 - Personality Disorder Inventories (SKID-II, SASPD, PID-5-BF)
- **Reflective-Functioning (RF) in session**
 - Measurement for Mentalization
 - originally: RF measured by the Adult-Attachment Interview
 - RF scores of 3 minutes-segments within every session
 - overall score per session
 - scale from -1 (anti-reflective) / 9 (exceptional reflective)

Example

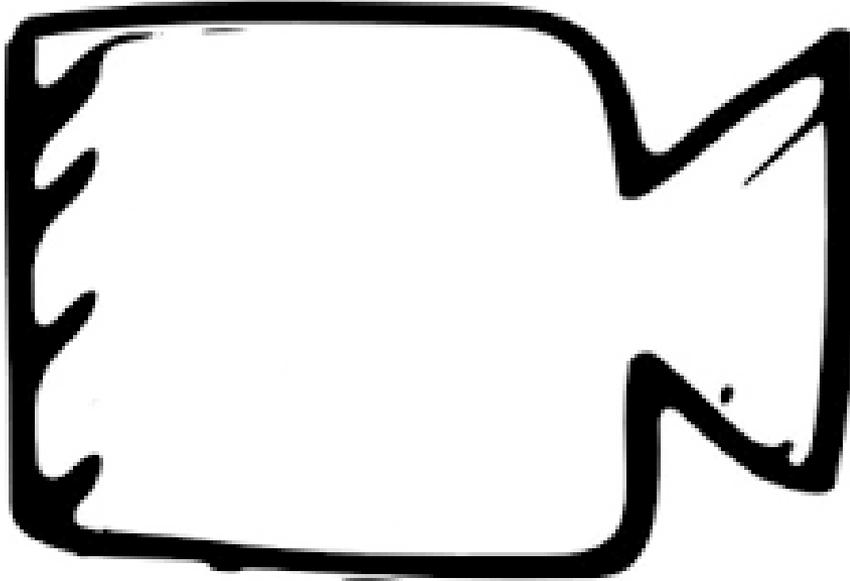
Patient/ Therapist	RF
T: but what made the difference that you are now feeling like a part of it?	
P: [...]That was the first time that they saw me crying and they told me, that they have the feeling that I do not care what happens to my mum [...] and then I told them that this is not true [...] yes and since then, since they know that I do care and it is not as they expected - because usually I had been emotionally cold related to that - it is a lot better. My mum now tries to talk to me or to stand by my side, yes.	5 definite/ ordinary

Methods



- **Topic Coding:**
 - core family (brother, mother, father, stepfather)
 - Spouse
 - Child
 - Child protection service
 - Self
 - Patient-Therapist relationship

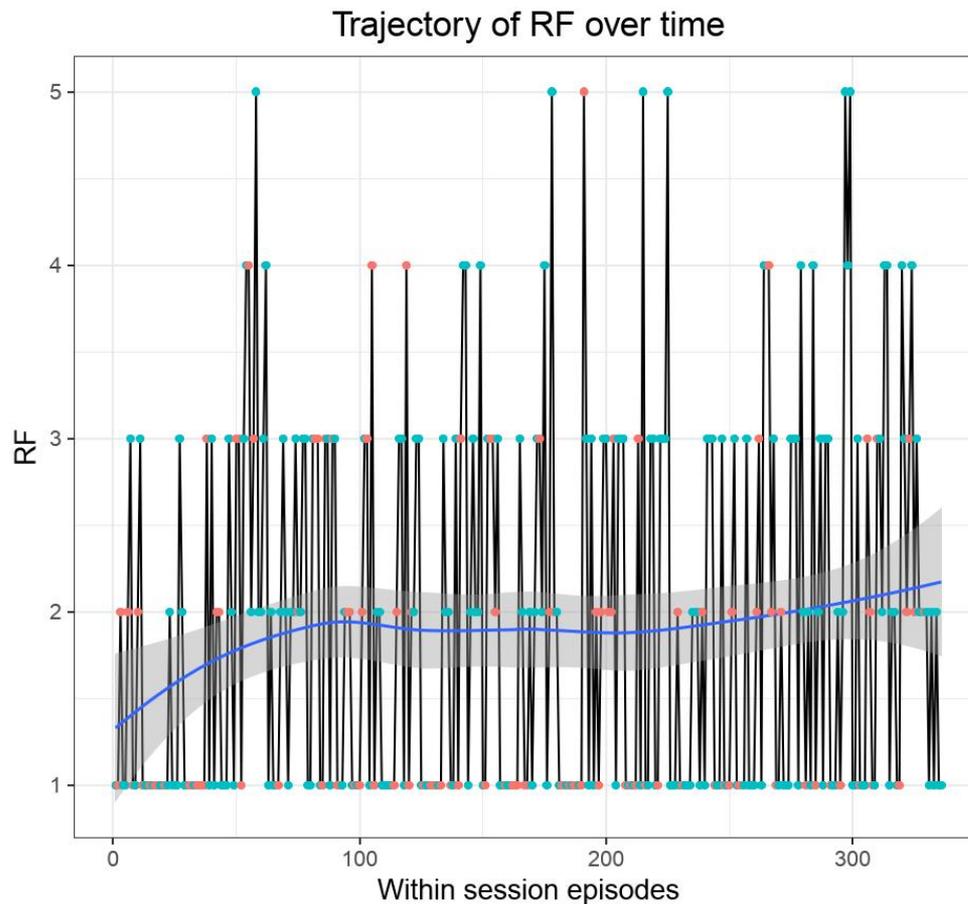
Outcome



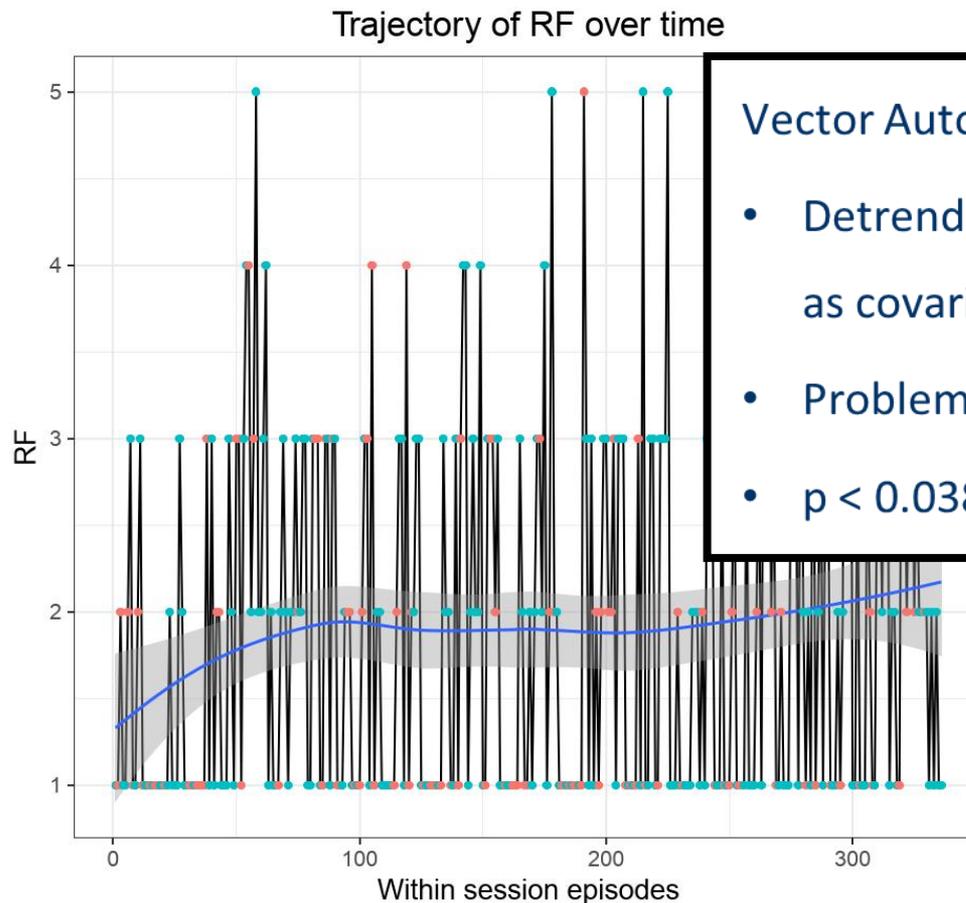
Diagnostic

- no more BPD symptoms after 2.5 years of therapy
- Fulfilled the life-time diagnose of Conduct Disorder in adolescence

Changes in Reflective Functioning

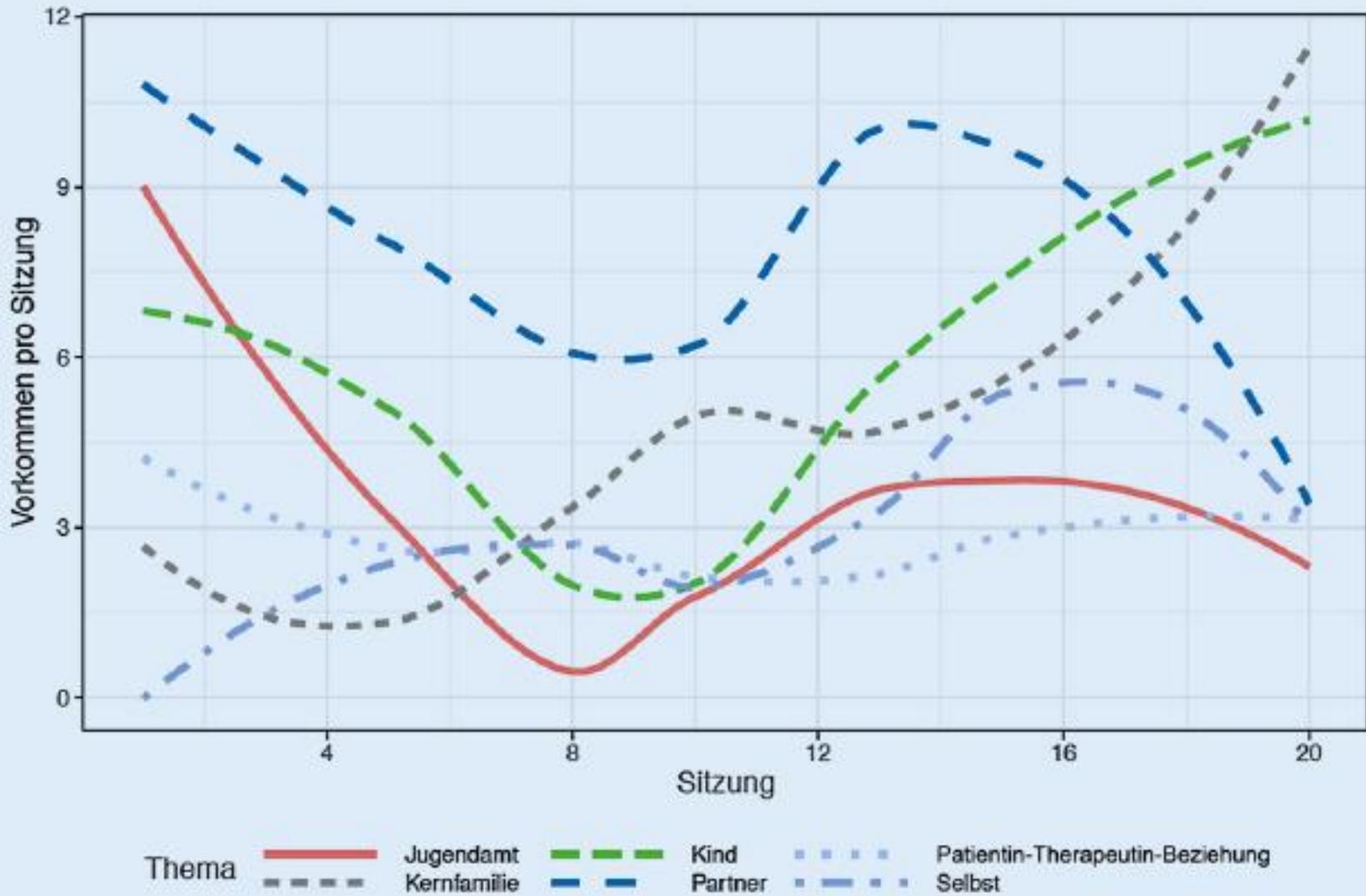


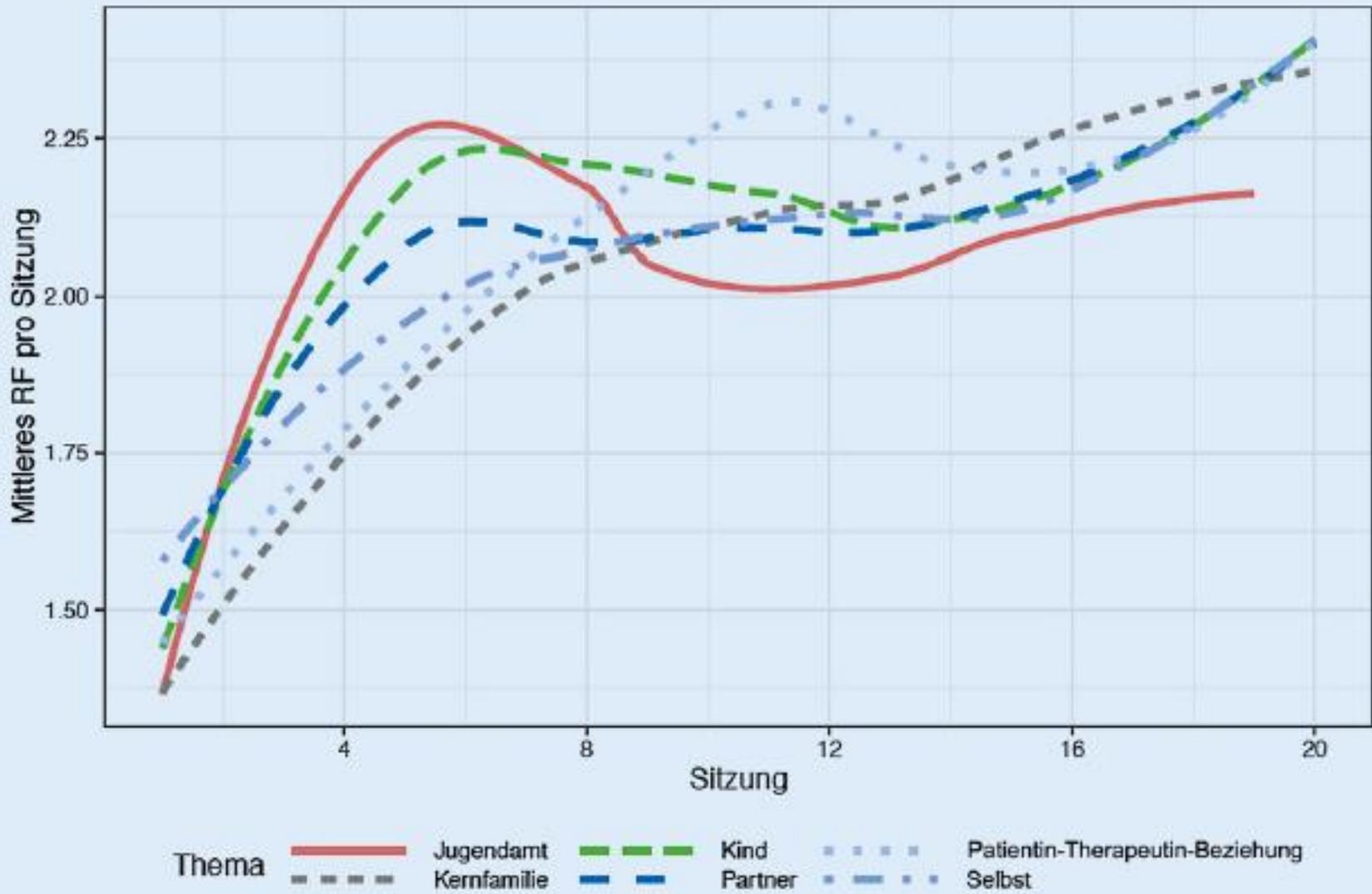
Changes in Reflective Functioning



Vector Autoregression

- Detrended by adding cubic time as covariate
- Problem: Time axis is not correct
- $p < 0.038$





First impressions:



- Different phases and foci can be identified across different case studies in relation to working on mentalization:
 - In the **beginning** the importance of **mentalizing the self** (here and now) is stressed
 - followed by the openness for new perspectives (**mentalizing others**)
 - starting with the therapist and then moving reflection forward to family, friends, colleagues
 - Authors emphasize the importance of **validation**, holding back with interpretations in the beginning and middle phase
- Patients open **later for interpretations** and putting their current experience in biographical contexts

Final Conclusions

- Longterm Psychotherapy is not „wonder drug“ solving all problems
- The longer the better is not true for all patients and maybe long treatments benefit from some more focusing as well.
- However, some patients need longer treatment (e.g. severe depression, PDs, low defense level, critical life events).
- Health systems that provide long-term treatment may not need to fear over-utilization but very responsible therapists using Good-Enough-Levels of treatment (at least in Germany).
- Complex change mechanisms can help us to further develop effective treatments.



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Thanks for listening! Special thanks to Lea Kasper and Max Zettl!



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