When psychotherapy does not help

Or: What is complex about negative outcome in psychotherapy with young adults?

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“When I think back on the therapy, I get the feeling that I often sat and talked; sometimes something important came up, but often it felt like it was pretty much just spinning my wheels”
Perspectives on psychotherapy outcome (after Strupp & Hadley, 1977)

Patient

Environment

Psychotherapist

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Aims of the three studies

- To build on the systematic knowledge of the psychoanalytic psychotherapy process leading to good or suboptimal outcome
- Specifically, to describe and analyse the experiences of young adults in psychoanalytic psychotherapy, with a focus on differences between suboptimal therapies and therapies with generally good outcome
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Setting

- 134 young adult patients in YAPP
- Group/individual psychoanalytic psychotherapy (individual therapy mean 22.2 months; SD 17.2; group therapy mean 15.5 months)
- 37 therapists

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Mixed method and material

- SCL-90, reliable change and clinically significant change (Jacobson & Truax, 1991): large change in symptom level (reliable change) AND move from a clinical distribution to the normal distribution (clinically significant change) in study 2
- Interviews
  - Private theories interview (PTI, Werbart & Levander 2005, 2006)
  - Object relations interview (ORI, Blatt & Auerbach, 2001)
- Grounded theory analysis of interviews at termination and follow-up 36 months later

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Not being understood
Insufficient flexibility and intensity
Absent links between therapy & everyday life
Not being understood

1. Lack of confidence
2. Lack of therapist response
3. Unsure, critical, powerless therapist
4. Therapist absent or had problems
5. Wanting direction
6. Wanting advice, answers & exercise
7. The therapist went her own way
8. Unable to reach own feelings
9. Ended too early
10. Did not help
11. Made things worse
12. Needing some other help
13. It felt good to talk
14. Gentle therapist
15. Some insight

ABANDONMENT

9. Ended too early
10. Did not help

4. Therapist absent or had problems
5. Wanting direction
6. Wanting advice, answers & exercise
7. The therapist went her own way
8. Unable to reach own feelings

Nonconfrontational therapist
Experiencing distance to the therapist
Spinning One's Wheels

Helpful therapeutic activity
Difficulties in understanding the therapy method
Positive experience of the therapist
Focus on understanding problems and their background

Own helpful activity
Mending life conditions

Therapy generated some improvements
Therapy was insufficient
Remaining core problems
Impaired emotional life

Negative impacts of life events

Core category
Experiences of the therapy and the therapist
Impacts of life circumstances
Outcomes of therapy

→ Influences patients' experience of therapy outcomes
→ Categories develop similarly without influencing each other
☑ Represents time passing
Spinning one’s wheels

vs

Having half of the patient in therapy

● Pseudo-process?
  – The seemingly competent patient who does not get help with core problems...
  – …but presents a well-functioning surface which the therapist takes at face value
● Underestimation of interpersonal problems?
● Too little attention to the therapeutic relationship?
Clinical implications

- Meta-communicate on goals, expectations and therapeutic relationship!
- Pay attention to an overly positive image of your patients
- Reflect on the therapeutic relationship (transference, counter-transference) and use it
- Patients do not express criticism, difficulties and hindrances – encourage them!
- Be attentive to sudden shifts in mentalization capacity to adjust interventions accordingly

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Mentalization
- holding mind in mind
Attachment theory and psychotherapy

“The therapist’s role is analogous to that of a mother who provides her child with a secure base from which to explore the world”

John Bowlby, 1988

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Clinical conclusions

- The importance of meta-communication on goals, expectations and the emotional bond
  - As a diagnostic tool
  - As part of therapy work
- The importance of understanding the life stage of young adulthood
- The importance of a correct evaluation of the patient’s problems: a moment-to-moment business
- The importance of re-evaluation during therapy

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Patienters upplevelser av vad som hjälper
(Bohart & Wade, 2013; Levitt et al., 2016; Timulak, 2010)

- Empati och värme
- Personlig kontakt
- Utforska känslor
- Förändrade beteenden/problemlösning
- Stöd
- Terapi som ett samarbete
- Positiv konfrontation
Patienters upplevelser av hinder i terapin (Elliot, 1985; Hill, 2010; Lietaer, 1992; Lilliengren, 2014)

- Distanserad, kylig terapeut
- Påträngande terapeut som frågar om sådant patienten inte tycker är viktigt
- Terapeut som erbjuder råd patienten inte bett om
- Oengagerad/Passiv terapeut
- Upprepning/Ältande i terapin
- Press att förändras/ta upp vissa saker

Clinical implications (2)

- Patients do not express criticism, particularly not young patients – encourage them!
- Therapists and patients have differing views on the therapy process
- Young adults ask for more than symptom reduction
- Therapists need to take into account the possibility to change therapy or therapist

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Recommendations for psychotherapy with young adults

1. Keep the right distance
2. Be a secure base and a safe haven as an adult
3. Encourage agency, even when you do not see it at first
4. Encourage mentalization

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Att påbörja och avsluta psykoanalys och psykodynamisk psykoterapi (BEP-SE)
Ett multicenter forskningsprojekt

Andrzej Werbart
Kristian Aleman
Fredrik Falkenström
Ett kliniskt forskningsprojekt

Syfte: att pröva ut och följa upp ett systematiskt sätt

(1) att inleda psykoterapi, stärka samarbetsalliansen och engagera patienten som en aktiv agent för förändring,
(2) och att öka patientens förmåga att använda sig av erfarenheter och lärdomar i terapin i sitt vardagsliv efter avslutningen.

Thank you for listening!
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