Approaches to Complex Patients
Intensive Short-term Dynamic Psychotherapy
Austen Riggs Grand Rounds, October 2017

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www.allanabbass.com
Reference Materials

- *Reaching through Resistance*
- Detailed manual on ISTDP psychodiagnosis and treatment with case examples
- [www.allanabbass.com](http://www.allanabbass.com)
- Available on Amazon:
  - [http://a.co/3UGMWx0](http://a.co/3UGMWx0)

Other articles under publications at [www.allanabbass.com](http://www.allanabbass.com)
Plan

- Evidence base
- Metapsychology
- Patterns of Resistance
- ISTDP for Fragile patients

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ISTDP

- Developed by Davanloo and Malan with videotape large case series research
- Broad application: made for resistant populations
- Emphasis on building capacities enabling the experience and working through of attachment trauma
- 11 studies of complex populations: mean Effect Size $d=1.59$

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Residential ISTDP Max 6 month admissions for treatment resistant personality disorders. N=155

Cornelissen KLM, Smeets D, Willemsen SP, Busschbach JJV, Verheul R.

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8 week ISTDP Inpatient Treatment Refractory Service Norway: All had failed 3 or more treatments
Solbakken and Abbass 2016

<table>
<thead>
<tr>
<th></th>
<th>ES Wait-list</th>
<th>ES End of Treatment (after 8 weeks)</th>
<th>ES Follow-up (after 60 weeks)</th>
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<tbody>
<tr>
<td>OQ - 45.2</td>
<td>0.14</td>
<td>1.68</td>
<td>1.67</td>
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<tr>
<td>GSI</td>
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<td>IIP-Global</td>
<td>0.05</td>
<td>0.64</td>
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</table>
RCT of ISTDP in Treatment Resistant Depression

Town et al, 2017

Community Mental Health
3.7% Remission

ISTDP
36% Remission
Adjunctive ISTDP in psychosis

For residual anxiety, depression and interpersonal problems and some psychotogenic cycles

N=38, Mean 13 sessions

Large Significant Health care Cost reductions

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Abbass et al, 2015
## Self report Outcomes

<table>
<thead>
<tr>
<th>Scale</th>
<th>Subscale</th>
<th>Intake</th>
<th>Termination</th>
<th>Effect of time</th>
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<tr>
<td></td>
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<td>M(S.D.)</td>
<td>M(S.D.)</td>
<td>F</td>
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<tr>
<td>BSI</td>
<td>Somatization</td>
<td>1.04(0.8)</td>
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<td></td>
<td>Obsessive</td>
<td>2.04(1.1)</td>
<td>1.39(0.9)</td>
<td>8.76**</td>
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<td>Interpersonal</td>
<td>1.91(0.9)</td>
<td>1.42(1.0)</td>
<td>3.64*</td>
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<tr>
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<td>Depression</td>
<td>1.90(0.9)</td>
<td>1.46(1.3)</td>
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<tr>
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<td>Anxiety</td>
<td>1.74(0.8)</td>
<td>1.43(1.0)</td>
<td>5.04*</td>
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<td>Hostility</td>
<td>1.11(0.8)</td>
<td>0.83(0.8)</td>
<td>2.84</td>
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<td>Phobic anxiety</td>
<td>0.95(0.9)</td>
<td>0.62(0.5)</td>
<td>1.80</td>
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<td>Paranoid ideas</td>
<td>1.38(1.0)</td>
<td>0.67(0.6)</td>
<td>6.99*</td>
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<td>Psychoticism</td>
<td>1.65(0.9)</td>
<td>1.17(1.0)</td>
<td>1.32</td>
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<tr>
<td></td>
<td>Total score</td>
<td>1.51(0.7)</td>
<td>1.08(0.6)</td>
<td>6.77*</td>
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</table>
Metapsychology

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BOND
With Parents

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BOND With Parents

Trauma

PAIN FEAR

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BOND With Parents

Trauma

PAIN FEAR

Rage, Guilt about the Rage

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Bond with parents → Trauma → Pain → Fear → Rage, Guilt about the Rage → Self-destruct Symptoms → Somatization

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Transference (Therapist/Doctor) \[\text{Past person}\] \[\text{Current person}\]
Unconscious Anxiety

Unconscious Defense

Unconscious Impulses & Feelings

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Psychodiagnosis

1. Pressure on Feelings or Defenses

2. Monitor Anxiety & Defense responses

Unconscious Defense

Unconscious Anxiety

Unconscious Impulses & Feelings

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Unconscious Anxiety

- **Striated Muscle**: Voluntary muscle tension
  - See with isolation of affect/ self reflection on body and affect

- **Smooth Muscle**: Body organs
  - See with repression

- **Cognitive – perceptual Disruption**
  - See with primitive defenses
Spectrum of Psychoneurotic Disorders (NON FRAGILE)

- Low Resistant
- Moderate Resistant
- Highly Resistant

Striated Muscle + Isolation of affect

Smooth Muscle/Conversion + Repression

Cognitive-Perceptual Disruption + Primitive Defenses

Spectrum of Patients with Fragile Character Structure

- Mild
- Moderate
- Severe/Borderline

All these are specifically diagnosable and each have a different treatment pathway.
Complex Transference Feelings (CTF) and Unconscious Therapeutic Alliance

- Mixed Feelings mobilized by trying to therapeutically attach to patient
- Linked to the past bond, trauma, pain, rage and guilt about rage
- Activates the “unconscious therapeutic alliance”: deep desire to heal by seeing and working through feelings about the trauma: produces images and linkages to past trauma
Fragile Character Structure Patients

- Early neglect, abuse, invalidation
- Absence of parental figure with anxiety tolerance: usually fragile parents who project on child
- Cognitive-perceptual disruption at some level of rise in anxiety
- Projection, splitting, projective identification
- Need capacity building
  - Anxiety to striated/voluntary muscle
  - Defense to self reflection on feelings/isolation of affect
WEAK BOND ➔ Trauma ➔ PAIN ➔ Rage, Guilt about the Rage ➔ Self-destruct Symptoms

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Unconscious Anxiety

Conscious Feelings

Threshold to Cognitive perceptual disruption or primitive defenses

Striated Muscle Anxiety
Isolation of Affect

Severe fragile
Moderate fragile
Mild fragile

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Treatment Phases in Fragile Character Structure

- Capacity Building
- Repeated Unlocking
- Working Through
- Termination
Acceleration in ISTDP

- Psychodiagnosis to find maximum anxiety tolerance threshold (Find the curve)
- Use non verbal cues to optimize dosage of emotion activation (Hug the curve)
- Active interruption of projection (Stay on track of internal process)
- Pressure on Guilt about rage to build anxiety tolerance: psychic integration at higher levels of anxiety
- Repeated unlocking of loving feelings, rage, guilt and grief using the attachment relationship in the Transference (Let him run)

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1. Pressure to feelings or to defenses
2. Rise in complex transference feelings and anxiety
3. Intellectual recap to bring isolation of affect

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1. Pressure
2. Rise in CTF
3. Recap

Conscious feelings

Unconscious anxiety and defense

Severe fragile, borderline
Moderate fragile
Mild fragile

Threshold to CPD or primitive defenses

Isolation of affect

Striated muscle

Therapeutic window

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60 year old man lives in Salvation Army apt.
5 years + of schizophrenia: 5 admissions over 200 days
Jailed few times: terrified. Fear in Hospital.
Began when father ‘became demented and started attacking him, had him jailed’
Moved to Halifax under delusions and then living on street
How to Reduce Anxiety

- Talk and let the client/patient talk
- Change Stations  C → T or T → C or C → C
- Focus on bodily cues
- Recapitulate on what happened P-C-T and I/F-
  Anxiety- Defence
- Stay off feelings for a moment

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Mild Fragility: Can “see” Psychosis

1. Pressure
2. Rise in CTF
3. Recap

Conscious feelings

Unconscious anxiety and defense

Severe fragile, borderline
Moderate fragile
Mild fragile

Threshold to CPD or primitive defenses

Isolation of affect
Striated muscle

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Self Escalation in severe fragile and psychosis

Guilt about rage is repressed

Rage about the attack or punishment

Fear attack or punishment

Projection of rage or punishment

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1. Pressure to rage
2. Rise to above threshold
3. Press to Guilt and regulate down anxiety as needed
4. Extensive Recapping
3 later phases with Fragile Patient

- Man with chronic depression, paranoia, dysfunction. On Welfare for many years
- Moderate to severe fragility: prominent projection
- History alcoholism
- Had psychotic episode on dextedrine for ADHD that persisted
- Paranoid family, sister borderline disorder
- First year no video as felt he was too paranoid even to ask

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Results of Capacity Building Phase

- Anxiety in striated muscle
- Ability to self reflect
- Ability to reduce own anxiety
- Understanding of the trauma
- Reduction of paranoia/projection and grief about it
- Emerging empathy for family
Repeated Unlocking Phase

- In longer cases, phase is a year or more long
- Repeated partial then major unlocking of the unconscious
- Draining the pathogenic reservoir of rage and guilt
- Mobilizing positive feelings which mobilizes more rage and guilt
- In longer term case maybe 2-300 unlockings

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UTA in Repeated Unlocking

- Spontaneous unlockings in week
- Imagery pops in head
- Dead bodies
- Sensations in body
- Dreams that are breakthroughs
- Vivid content allow strong guilt to be felt
- Sense of Presence: UTA

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Results of repeated unlocking phase

- Next to no signs of fragility
- Emotions are separated: de-fused
- Compassion for self
- Empathy and love for others: survivor guilt
- Grief about psychopathology
- Functional gains
- Growing mastery of psychodynamics
- Altruism: wish to give to others

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Working Through Phase

- Mobilization of grief and self compassion as guilt is removed
- De fusion of punitive superego from self
- Drives for attachment
- Healthy activity in life
- Return to function
- Pockets of rage and guilt still emerge
- Grief is dominant
- Empathy/love for family members

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Course of Intensive “Long-term” DP

- Capacity Building
- Repeated Unlocking
- Working Through
- Termination

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