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

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Inspiring Minds

Reference Materials

- *Reaching through Resistance*
- Detailed manual on ISTDP psychodiagnosis and treatment with case examples
- www.allanabbass.com
- Available on Amazon:

http://a.co/3UGMWx0

Other articles under publications at www.allanabbass.com

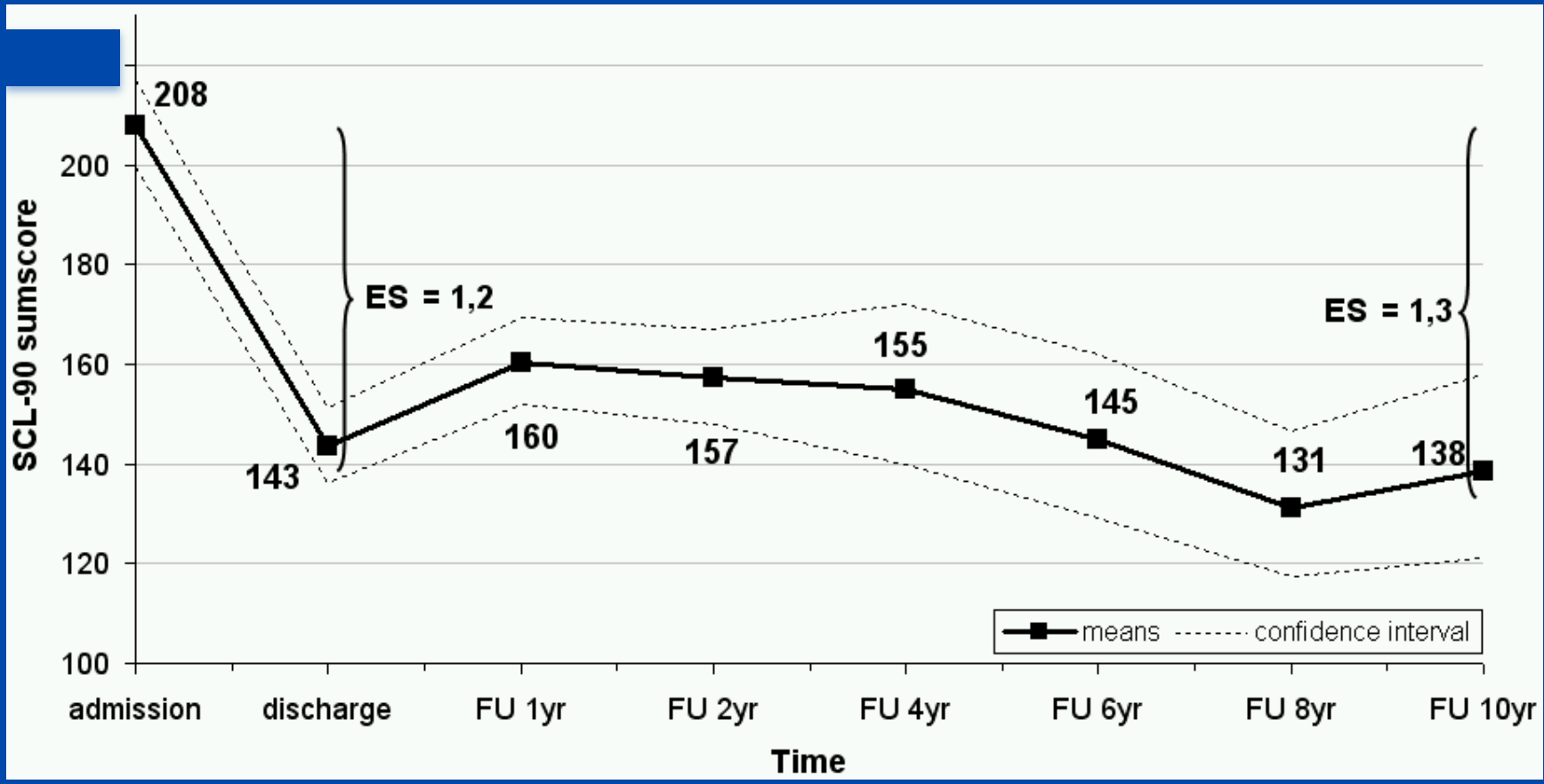
Plan

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

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

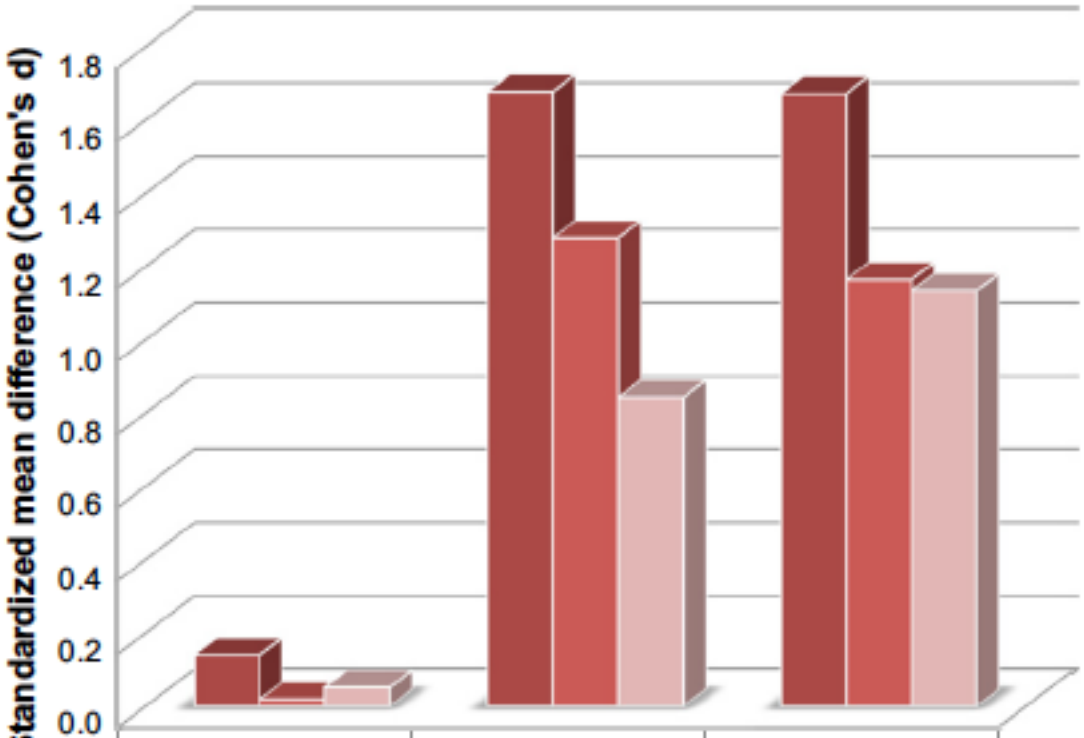
Residential ISTDP Max 6 month admissions for treatment resistant personality disorders. N=155



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

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

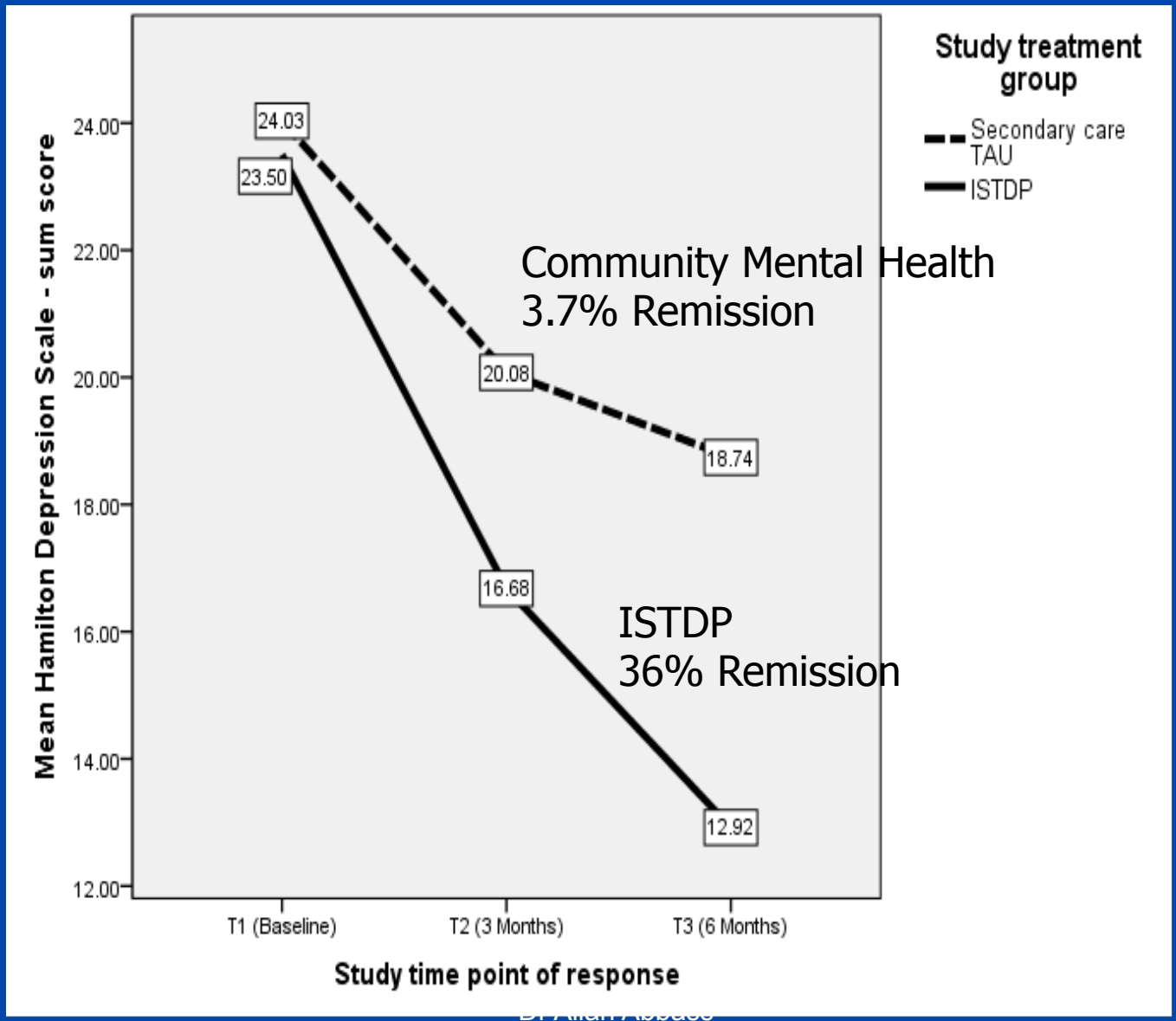
Solbakken and Abbass 2016



	ES Wait-list	ES End of Treatment (after 8 weeks)	ES Follow-up (after 60 weeks)
OQ-45.2	0.14	1.68	1.67
GSI	0.02	1.28	1.17
IIP-Global	0.05	0.64	1.14

RCT of ISTDP in Treatment Resistant Depression

Town et al, 2017

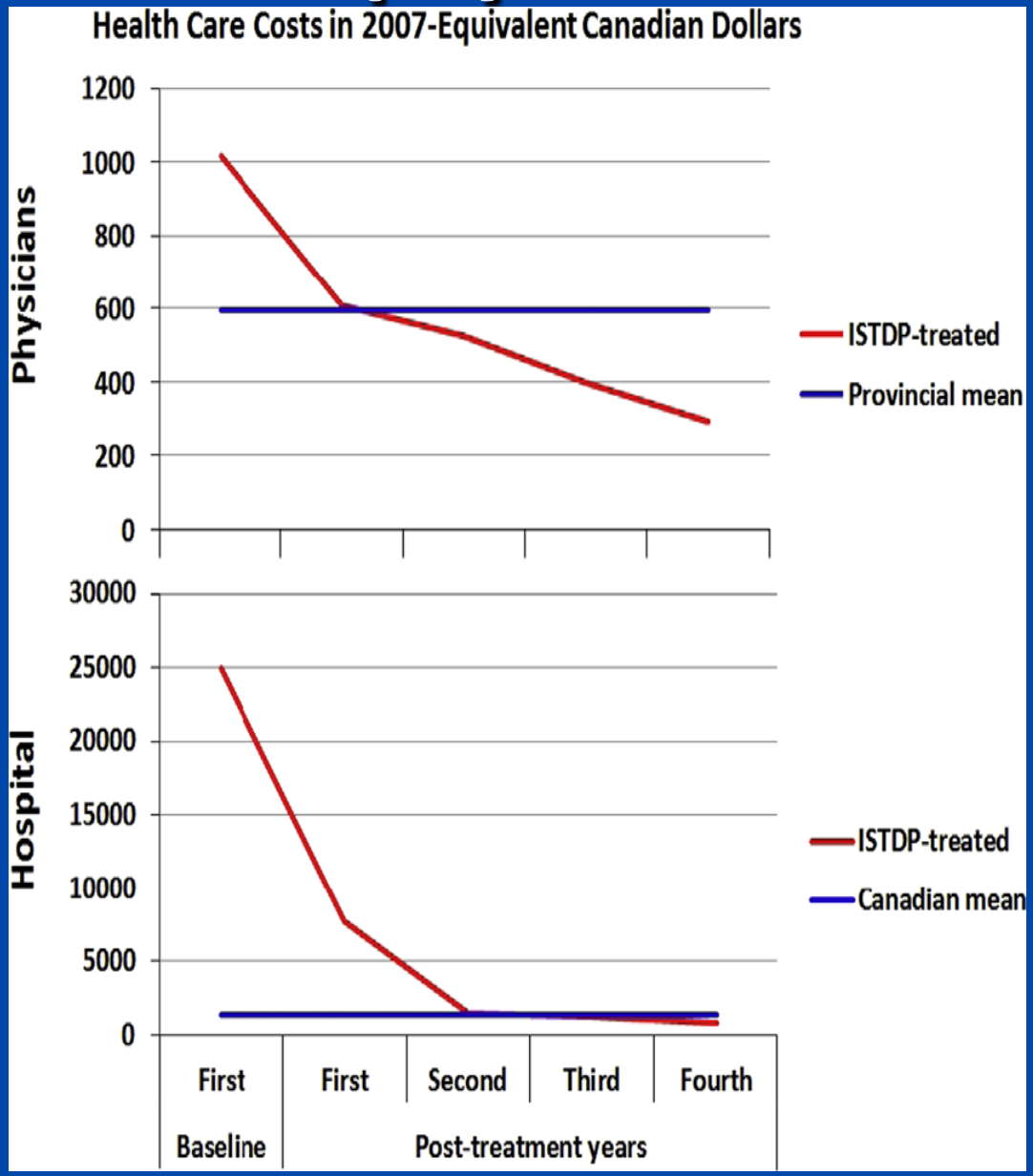


Adjunctive ISTDP in psychosis

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

N=38, Mean 13 sessions

Large Significant Health care Cost reductions



Abbass et al, 2015

Self report Outcomes

Scale	Subscale	Intake	Termination	Effect of time		
		M(S.D.)	M(S.D.)	*F*	*p*	*d*
BSI	Somatization	1.04(0.8)	0.91(0.6)	0.05	0.835	0.18
	Obsessive	2.04(1.1)	1.39(0.9)	8.76**	0.010	0.32
	Interpersonal	1.91(0.9)	1.42(1.0)	3.64[tr]	0.074	0.37
	Depression	1.90(0.9)	1.46(1.3)	3.26	0.092	0.22
	Anxiety	1.74(0.8)	1.43(1.0)	5.04*	0.040	0.26
	Hostility	1.11(0.8)	0.83(0.8)	2.84	0.110	0.34
	Phobic anxiety	0.95(0.9)	0.62(0.5)	1.80	0.203	0.37
	Paranoid ideas	1.38(1.0)	0.67(0.6)	6.99*	0.018	0.36
	Psychoticism	1.65(0.9)	1.17(1.0)	1.32	0.269	0.01
	Total score	1.51(0.7)	1.08(0.6)	6.77*	0.021	0.42

Metapsychology

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BOND
With
Parents

BOND With Parents

Trauma

PAIN FEAR

BOND With Parents

Trauma

PAIN FEAR

Rage, Guilt about the Rage

BOND With Parents

Trauma

PAIN FEAR

Rage, Guilt about the Rage

Self-destruct Symptoms Somatization

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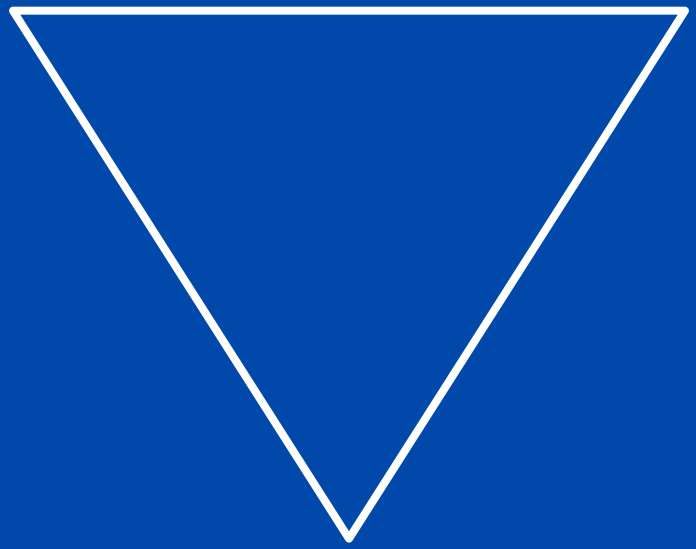
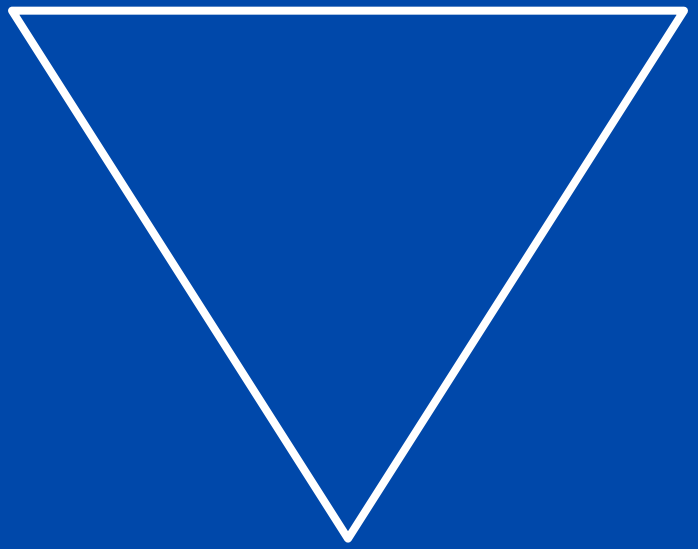
Transference (Therapist/ Doctor)



Current person

Past person

Unconscious Defense



Unconscious Anxiety

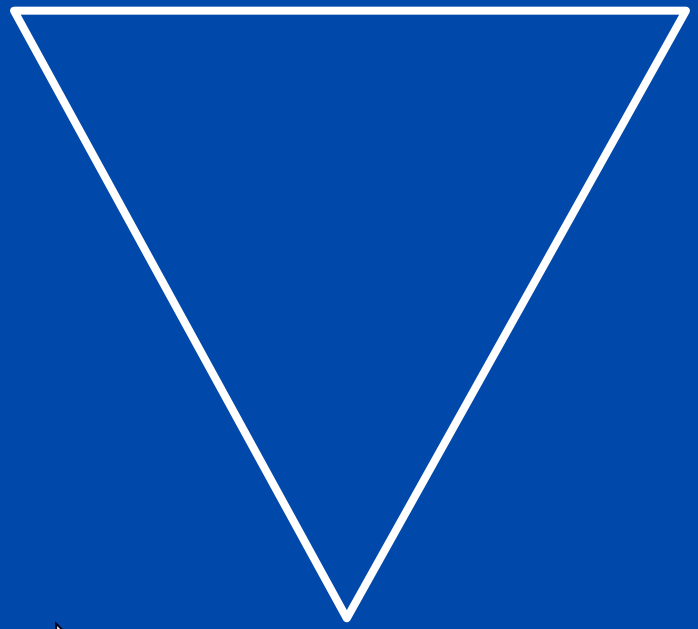
Unconscious Impulses & Feelings

Psychodiagnosis

2. Monitor Anxiety & Defense responses

Unconscious Defense

Unconscious Anxiety

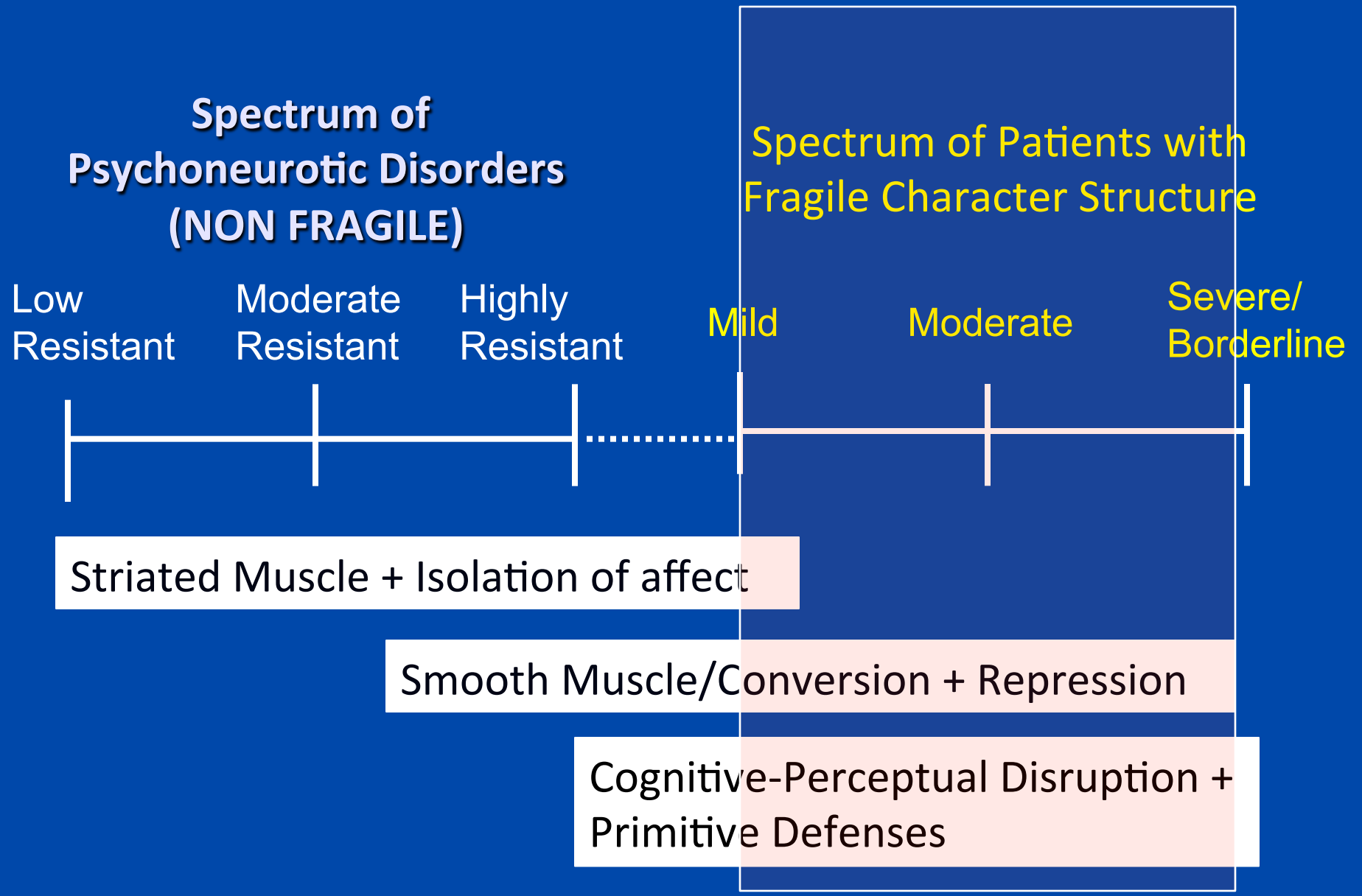


1. Pressure on Feelings or Defenses

Unconscious Impulses & Feelings

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



All these are specifically diagnosable and each have a different treatment pathway

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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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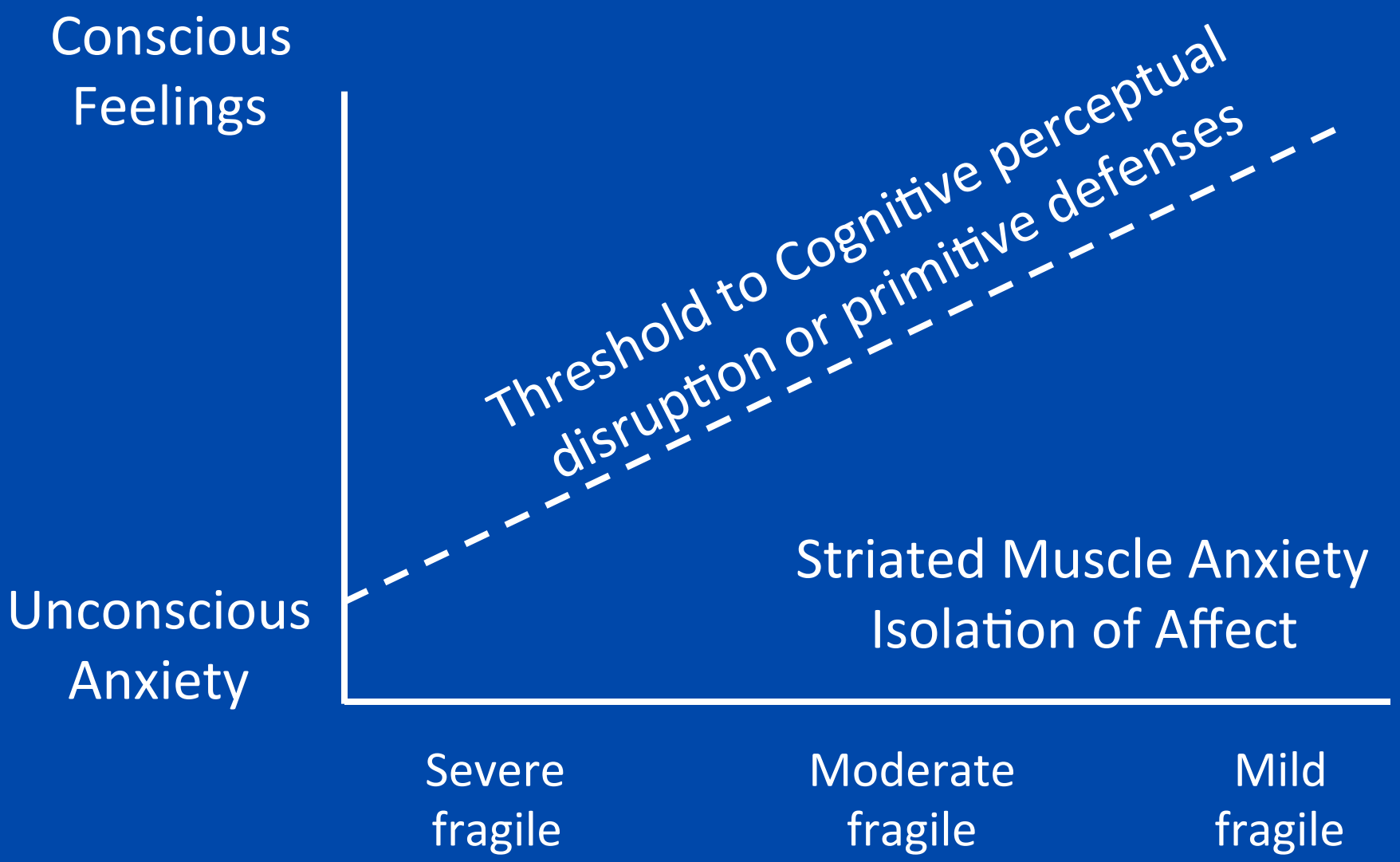
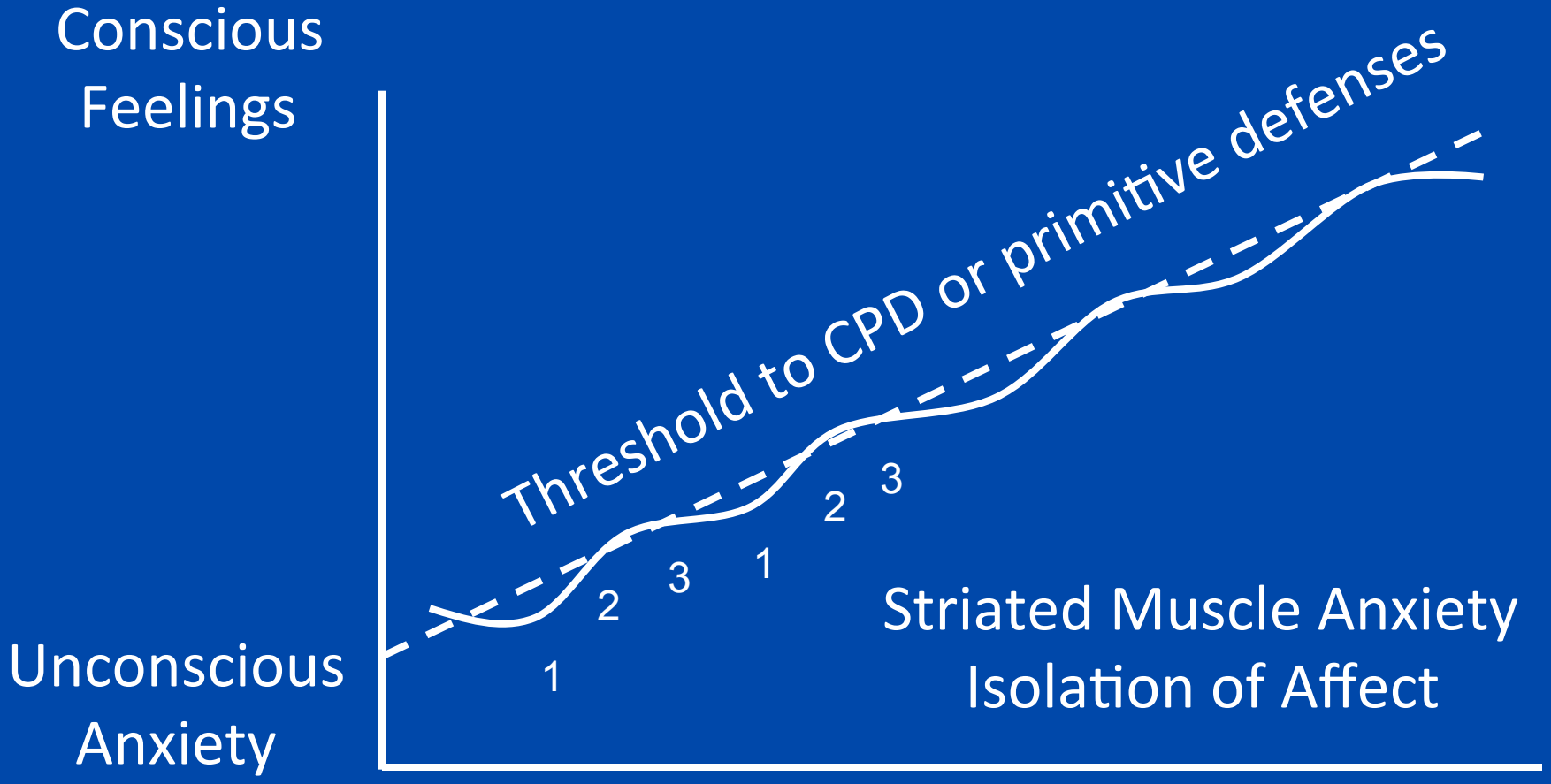

Conscious
Feelings
Threshold to Cognitive perceptual
disruption or primitive defenses
Striated Muscle Anxiety
Isolation of Affect
Unconscious
Anxiety
Severe
fragile
Moderate
fragile
Mild
fragile

Treatment Phases in Fragile Character Structure

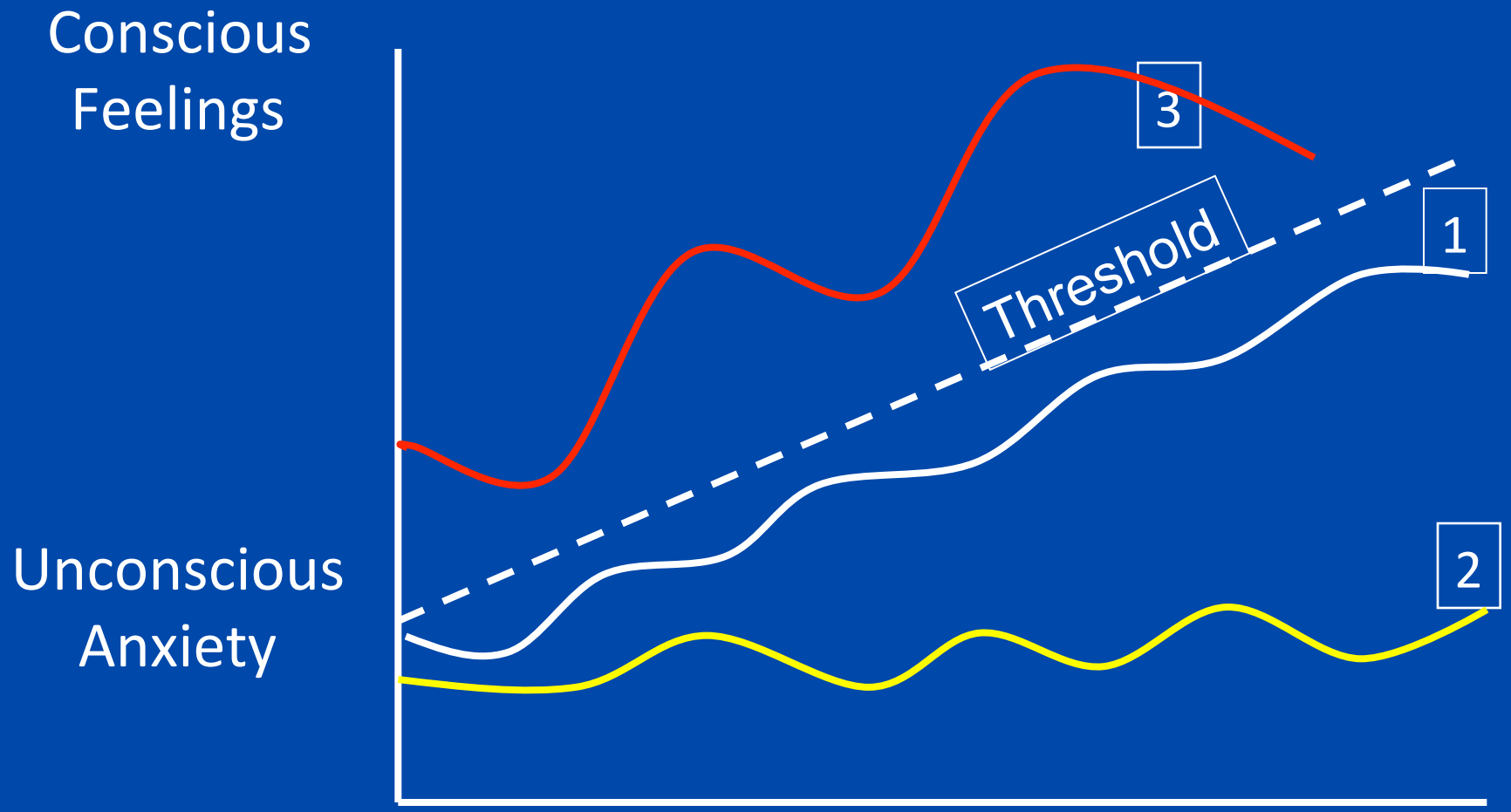
- Capacity Building
- Repeated Unlocking
- Working Through
- Termination

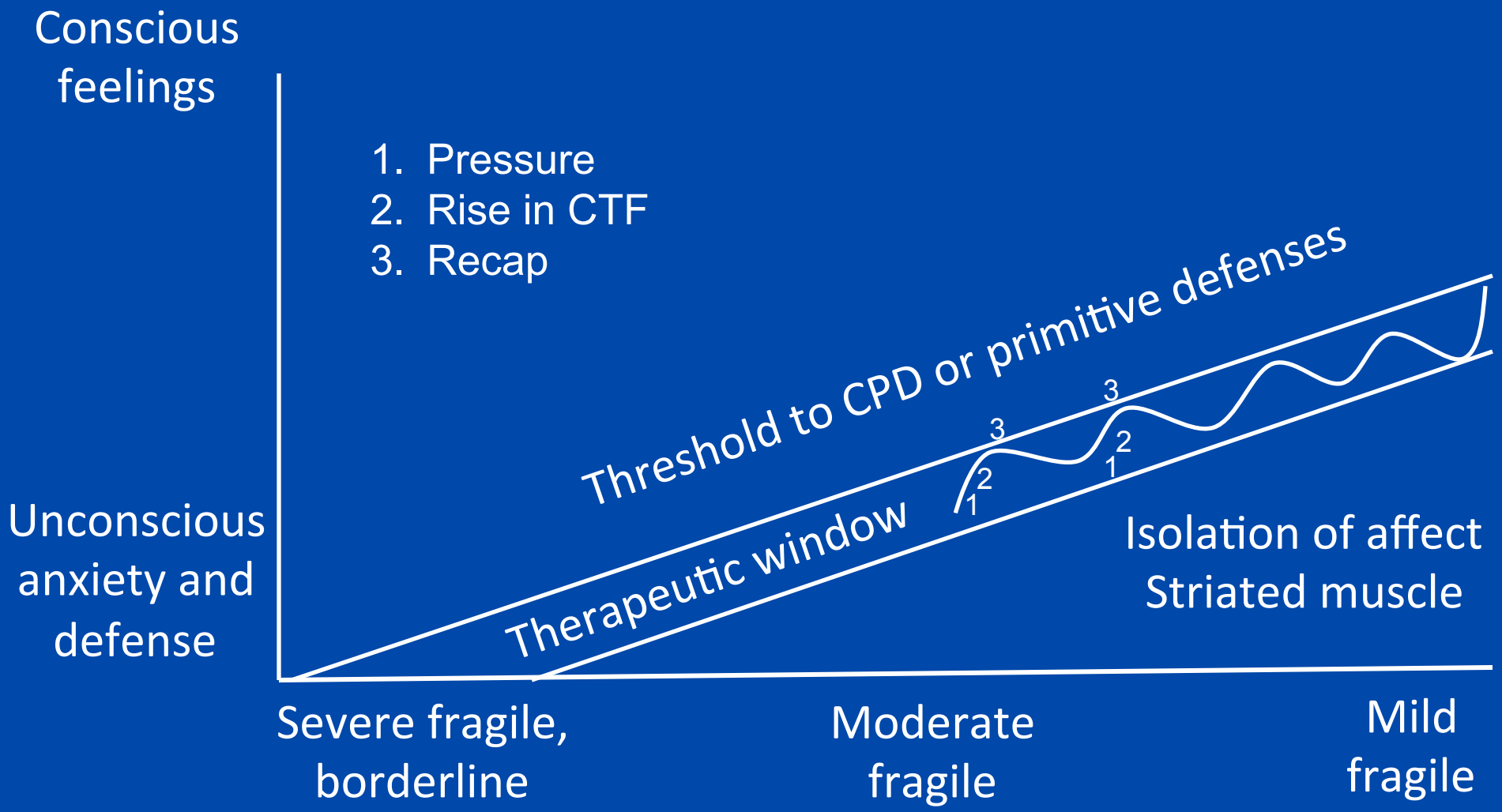
Acceleration in ISTDP

- 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)



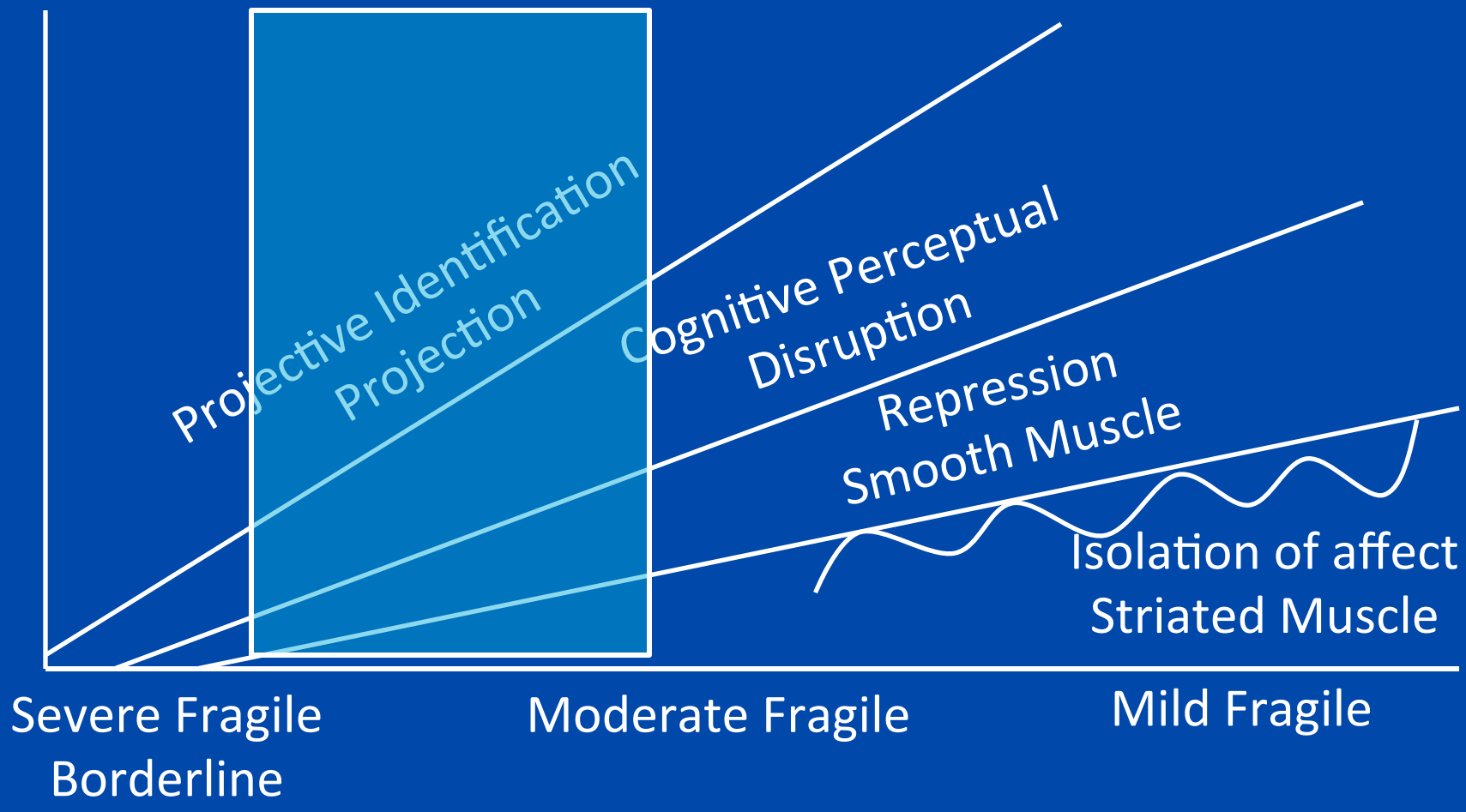
1. Pressure to feelings or to defenses
2. Rise in complex transference feelings and anxiety
3. Intellectual recap to bring isolation of affect


Conscious
Feelings
Unconscious
Anxiety
3
Threshold
1
2


Conscious feelings
1. Pressure
2. Rise in CTF
3. Recap
Threshold to CPD or primitive defenses
Therapeutic window
1
2
3
Unconscious anxiety and defense
Isolation of affect
Striated muscle
Severe fragile, borderline
Moderate fragile
Mild fragile

Case of Moderate Fragility/Psychosis

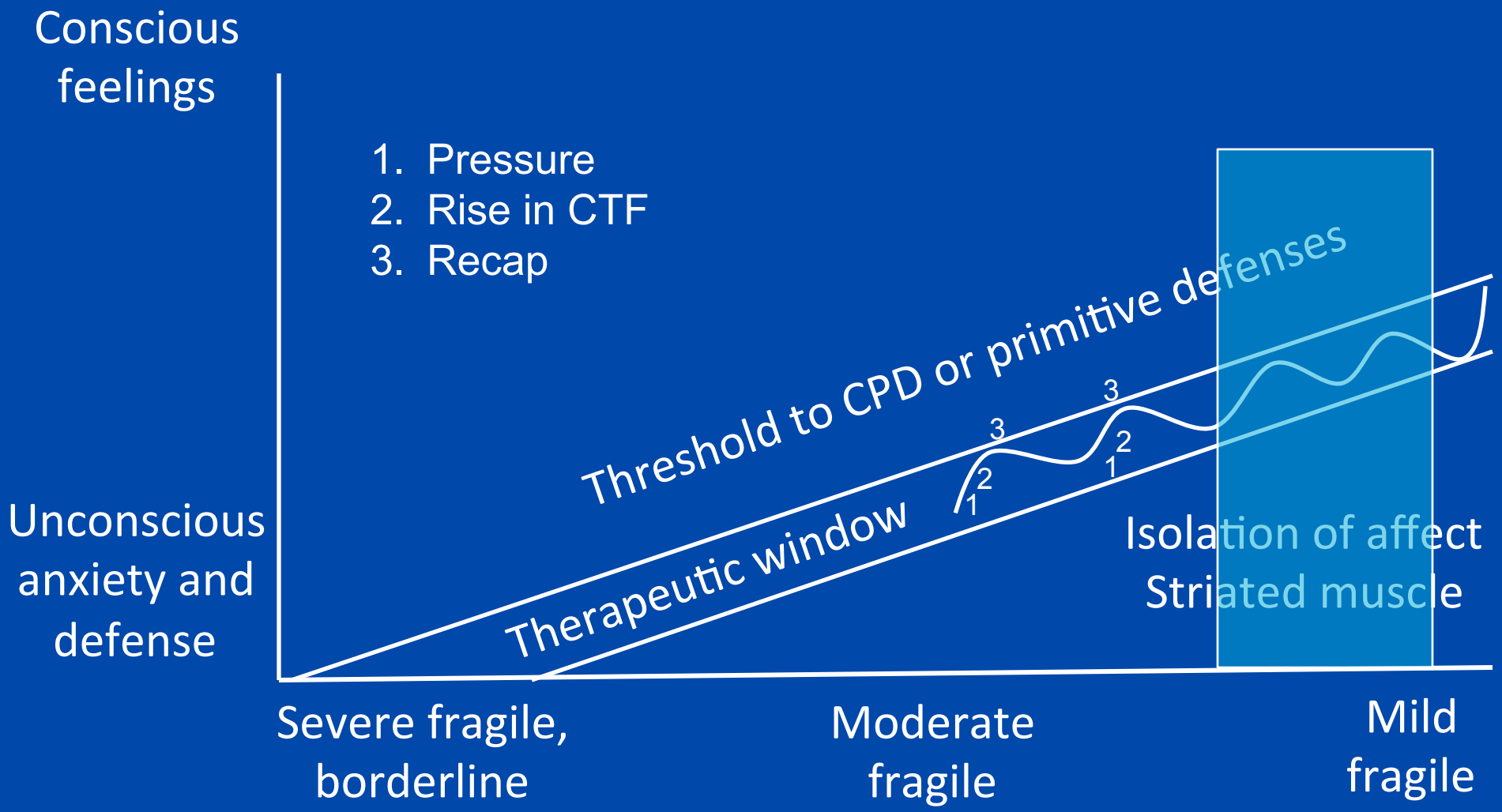
- 60 year old man lives in Salvation Army apt.
- 5 years + of schizophrenia: 5 admissions over 200 days
- Jailed few times: terrified. Fear in Hospital.
- Began when father 'became demented and started attacking him, had him jailed'
- Moved to Halifax under delusions and then living on street


Projective Identification
Projection
Cognitive Perceptual
Disruption
Repression
Smooth Muscle
Isolation of affect
Striated Muscle
Severe Fragile
Borderline
Moderate Fragile
Mild Fragile

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

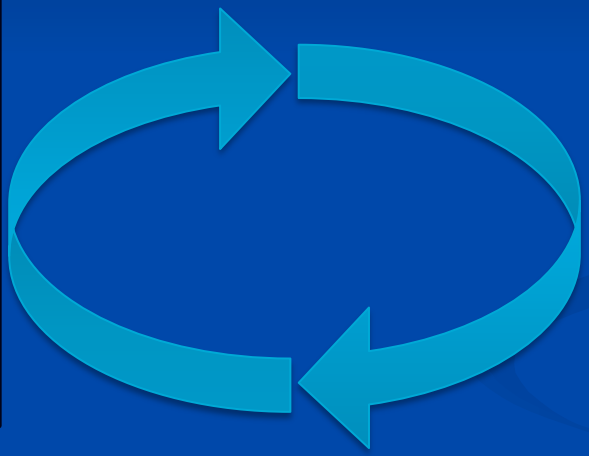
Mild Fragility: Can "see" Psychosis



Self Escalation in severe fragile and psychosis

Guilt about rage is repressed

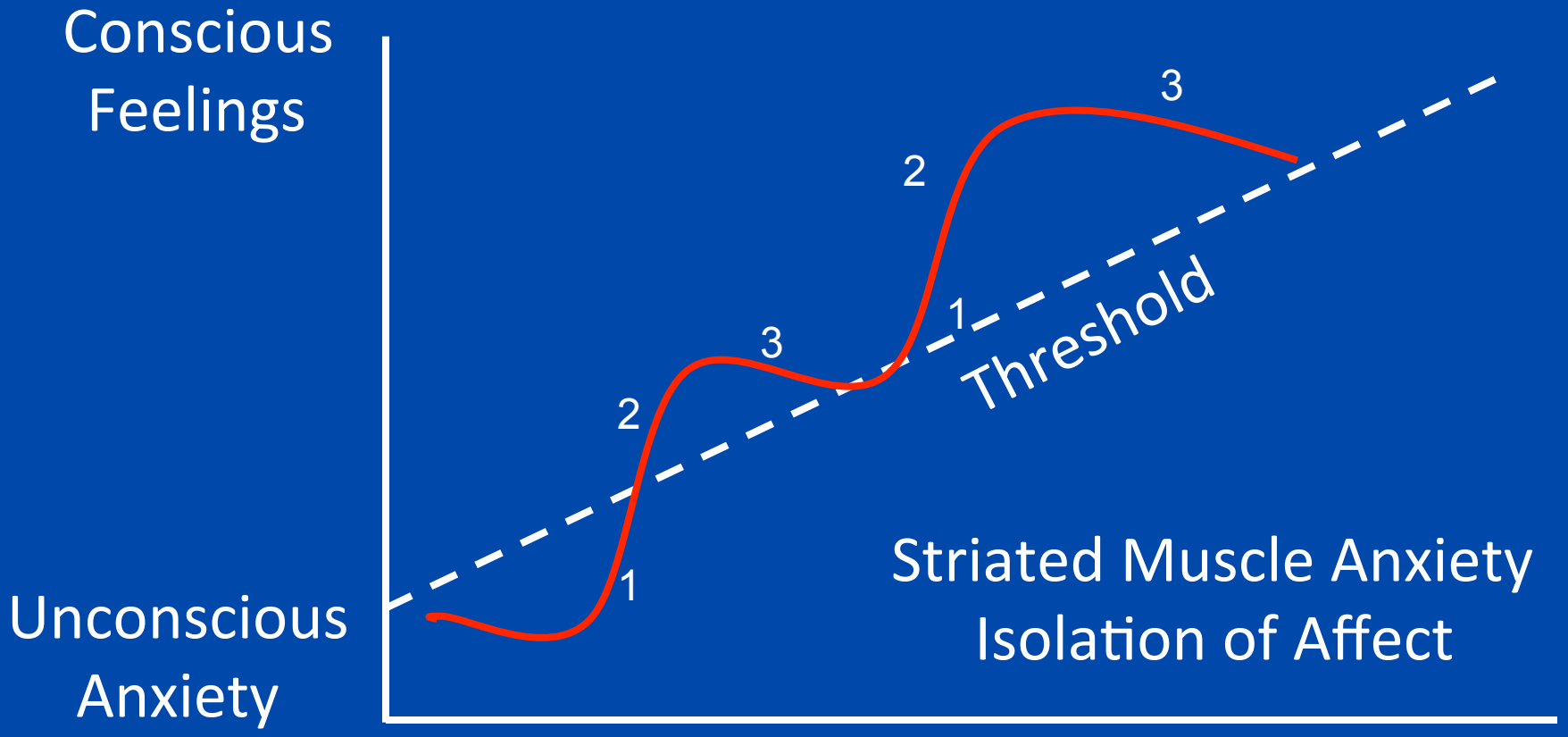
Rage about the attack or punishment



Projection of rage or punishment

Fear attack or punishment

Immersive Approach to Building Capacity



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 dexedrine for ADHD that persisted
- Paranoid family, sister borderline disorder
- First year no video as felt he was too paranoid even to ask

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

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

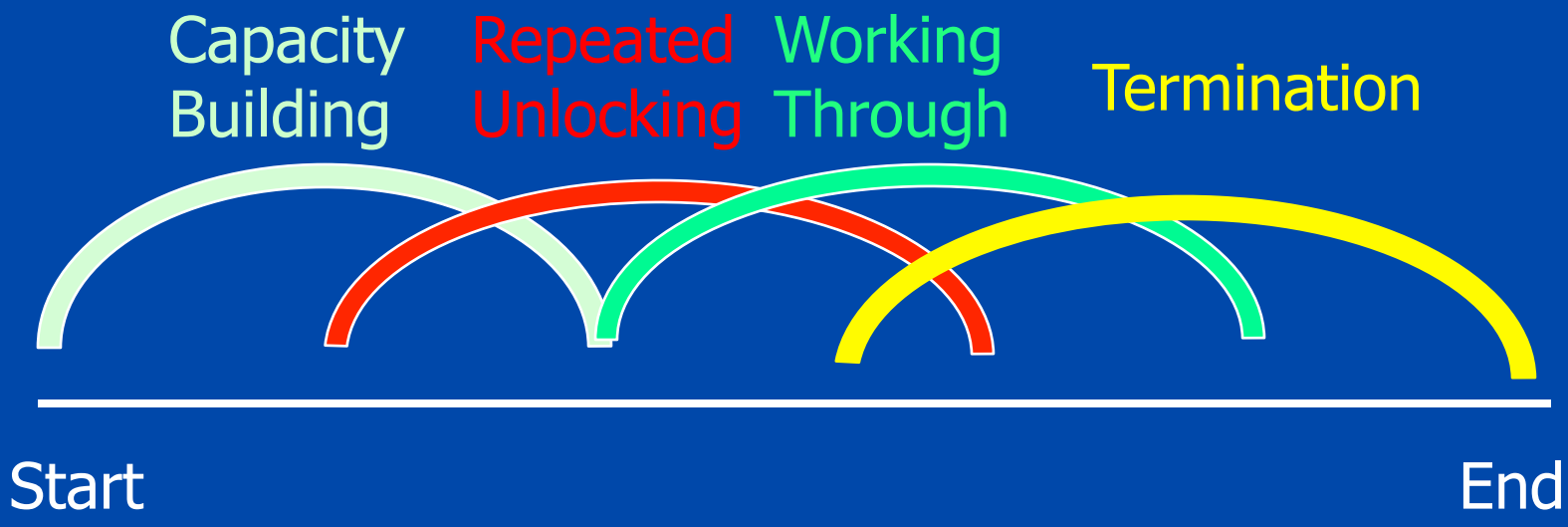
Results of repeated unlocking phase

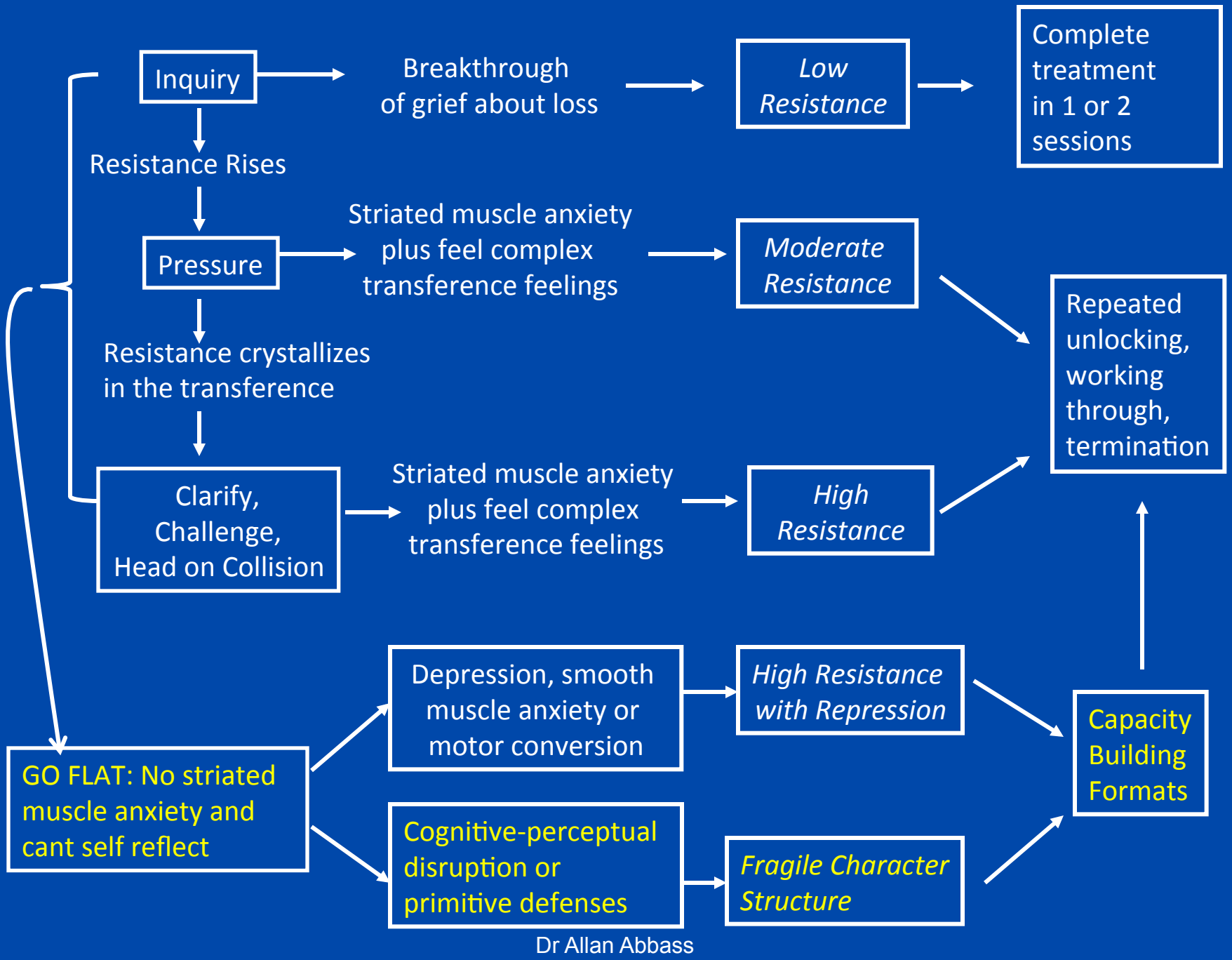
- Next to no signs of fragility
- Emotions are separated: de-fused
- Compassion for self
- Empathy and love for others: survivor guilt
- Grief about psychopathology
- Functional gains
- Growing mastery of psychodynamics
- Altruism: wish to give to others

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

Course of Intensive "Long-term" DP





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