**Comments about December, 2018 Globe and Mail Article**

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1. Assumptions of Causation/risk of missing Medical Factors

All patients we see always receive a full standard medical workup before hand. Having said that we are continually watching for the emergence of illusion of four signals of medicine and medical conditions that were missed or are revolving. There is no assumption of psychological or medical causation! We simply examine through interviewing an observation and have her eye open for both elements of causation.

1. The issue of “pushing” the patient.

Patients are seen voluntarily enter send information before hand so that they can decide if they want an interview to determine whether or not emotional factors are part of their article conditions. People do not want an interview are not provided one. In the interview the person is encouraged to examine emotional processes and events and to observe what way the body response to emotional content when I think about. This process is the collaborative examination as opposed to “pressing” something we’re “pushing” something. If patient involuntarily puts defenses into play and is not aware of these they are clarified so that the patient can make a decision about using these mechanisms: the patient is entirely free to keep these mechanisms if they so choose.

1. Rates of return to work

In the article one reporting study showing a 56% return to work was noted. This is the lowest return to work rate that we have observed and published and comes from data from long disabled workers compensation patients your average raw fork almost 2 years with a combination of physical and psychiatric conditions. More typical return to work rates are in the range of 80% and other published studies.

1. Women versus men

The anatomy and physiology of emotions in men and women is the same. It also appears to be somewhere between humans and primates and other animals. We are talking basically instinctual emotions that do with survival, attachment, self defense grief and loss. In various research studies there are men and women typically. Women are not treated differently than men when it comes to these conditions.

1. Mixed conditions such as Multiple Sclerosis

There are a range of medical conditions where there’re medical factors and emotional contributors. One example of this is multiple sclerosis. In studies of these patients we have seen about a 50% drop in symptoms with this emotionally focused somatically based treatment. This is very good news for this patient’s something something to be celebrated. The treatment should be made available to these patients so that some aspects of emotional factors can be essentially subtracted from the overall burden. There was an article written about a person with multiple sclerosis who we treated in the past who spoke about this. <https://www.saltscapes.com/living-healthy-section/health-category/403-pessimism-can-shorten-your-life.html>

1. “Negative emotions”

There was notation of negative emotions. In reality the cause of these problems is complex feelings including sadness about broken attachments, rage, guilt about age,. Love and interrupted attachments are the heart of these problems as opposed to just anger.

1. Evidence for ISTDP

The article did not mention the wider evidence for ISTDP.

* First there are over 40 randomized controlled trials of ISTDP for conditions including anxiety, depression, personality disorders, and somatoform disorders. The evidence points to significant, moderate to large treatment effects that are greater than controlled conditions and in follow-up are greater than other bona fide treatments.
* There are also over 20 studies that have cost related measures: overall they report large cost reductions in hospital/doctor costs, medication costs, and disability costs after a course of ISTDP. These cost studies are tabulated here: <http://reachingthroughresistance.com/wp-content/uploads/2018/10/Cost-Effectiveness-studies-October-2018-1.docx>
* There are 17 studies of ISTDP for somatic disorders. See them listed below. Overall effects are large and sustained in followup.
* The other notable finding in the ISTDP research is how effective it is with complex and resistant patient populations: there are 11 studies pointing to large treatment effects in this treatment is applied to populations who are refractory to treatment or have personality disorders.
* There are other types of research pointing to the role of emotional activation and experiencing, the role of working on defenses and the role of linking past and present content: this type of research validates the core foundation of the model.
* The model also has a very effective trial therapy interview which is both cost-effective, clinically effective and appears superior to a standard psychiatric intake assessment: <http://reachingthroughresistance.com/wp-content/uploads/2018/09/ISTDP-Research-1.pdf>
* The other hallmark of this model is how efficient it is. Most of the studies use treatments of under 20 sessions on average, even with complex populations. This renders ISTDP as a candidate for one of the most efficient psychotherapeutic approaches.

**Somatic Symptom Disorder Outcome Studies of Intensive Short-term Dynamic Psychotherapy**

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| **Condition** | **Country** | **Study Type** | **Number** **Cases** | **Outcome** |
| Urethral Syndrome/ Pelvic Pain (1) | Italy | RCT  | 36 | ISTDP > Medical TAU |
| Mixed MUS (2) | Canada | Case Series | 29 | Sig symptom reduction |
| Back Pain (3) | USA | Case Series | 47 | Sig Pain Reduction |
| Functional Movement Disorders (4) | USA | Case Series | 9 | Sig Symptom Reduction |
| Chronic Headache (5) | Canada | Case Series | 29 | Sig Symptom and cost reduction |
| Pseudoseizures (6) | Canada/UK | Case Series | 28 | Sig symptom and cost reduction |
| Chronic Pain (7) | Iran | RCT  | 63 | ISTDP> Mindfulness Based Stress Reduction and TAU |
| Chronic Pain (8) | Iran | RCT  | 81 | ISTDP in person > Skype |
| Chronic Pain (9) | Iran | RCT  | 100 | ISTDP by Skype > TAU |
| Irritable Bowel Syndrome (10) | UK | RCT  | 102 | ISTDP > Medical TAU  |
| MUS in Emergency (11) | Canada | Controlled | 77 | Sig reduction pre post and vs referred control |
| Mixed MUS + (12) | Canada | Controlled | 890 | Sig health cost and symptom reduction vs referred control |
| Atopic Dermatitis (13) | Denmark | RCT  | 32 | ISTDP> Ctrl in Anxious Cases |
| Bruxism (14) | Italy | RCT In Progress |  |  |
| Functional Neurological (15) | UK | Case Series | 11 | Improvement on multiple domains |
| Mixed MUS in Family Practice (16) | Canada | Case Series | 37 | Sig symptom improvement |
| Chronic Pain (39) | Iran | RCT | 341 | Sig symptom effects ISTDP=CBT |
| Inflammatory Bowel Diseases (17) | Australia | Case Series | 7 | Improvement on IBD symptoms |

*MUS= Medically Unexplained Symptoms, TAU= Treatment as Usual, RCT=Randomized Controlled Trial*

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