

Intensive Short-term Dynamic Psychotherapy for Severe Mental Disorders

Research Update November 2019

Over the past 20 years, modified forms of ISTDP have been applied for patients with severe mental disorders who have psychoneurotic disturbances in addition to other conditions. These individuals often have complicated bio-psycho-social problems and emotional factors including attachment trauma and deficits in emotion tolerance can produce worse outcomes. Carefully applied modified forms of ISTDP can be both beneficial and cost effective based on the publications below.

- 1. In 2001 Abbass provided a video case report on a man with Schizophrenia and OCD and published a paper with some clinical observations as part of a conference in Milan, Italy (1).**
- 2. In 2002 Abbass published a small case series of treated patients with bipolar disorder (2).**

Abstract: The following paper describes a brief psychotherapeutic approach based upon a case series of four patients with bipolar disorder who are currently in remission from manic and major depressive states. This approach combines both emotional awareness and behavioral elements with a psycho-educational component. Below, the major components of the therapy are outlined and illustrated with short vignettes taken from a treatment session. Following the description of this treatment approach, the preliminary results from the case series are presented. Concisely, the objectives of the therapy were to: 1) increase awareness of the emotional and behavioral factors which can promote depression or mania, 2) allow a grieving of losses incurred due to the illness, 3) investigate whether and when states of anxiety, depression or hypomania were precipitated by warded off emotions, and, 4) improve tolerance of complex emotions such as anger, guilt about anger, grief and affectionate feelings.

- 3. In 2006 Abbass published a case series of patient with Treatment Resistant Depression (3).**

Abstract: This pilot study examined the effectiveness of Intensive Short-term Dynamic Psychotherapy (ISTDP) in treatment-resistant depression (TRD). Ten patients with TRD were provided a course of ISTDP. Clinician and patient symptom and interpersonal measures were completed every 4 weeks, at termination, and in follow-up. Medication, disability, and hospital costs were compared before and after treatment. After an average of 13.6 sessions of therapy, all mean measures reached the normal range, with effect sizes ranging from 0.87 to 3.3. Gains were maintained in follow-up assessments. Treatment costs were offset by cost reductions elsewhere in the system. This open study suggests that ISTDP may be effective with this challenging patient group. A randomized, controlled trial and qualitative research are warranted to evaluate this treatment further and to examine its possible therapeutic elements.

4. In 2009 Dr Ravi Bains and Abbass published a report with case examples of using ISTDP for people with severe mental disorders to prevent the need for electroconvulsive therapy (ECT) (4).

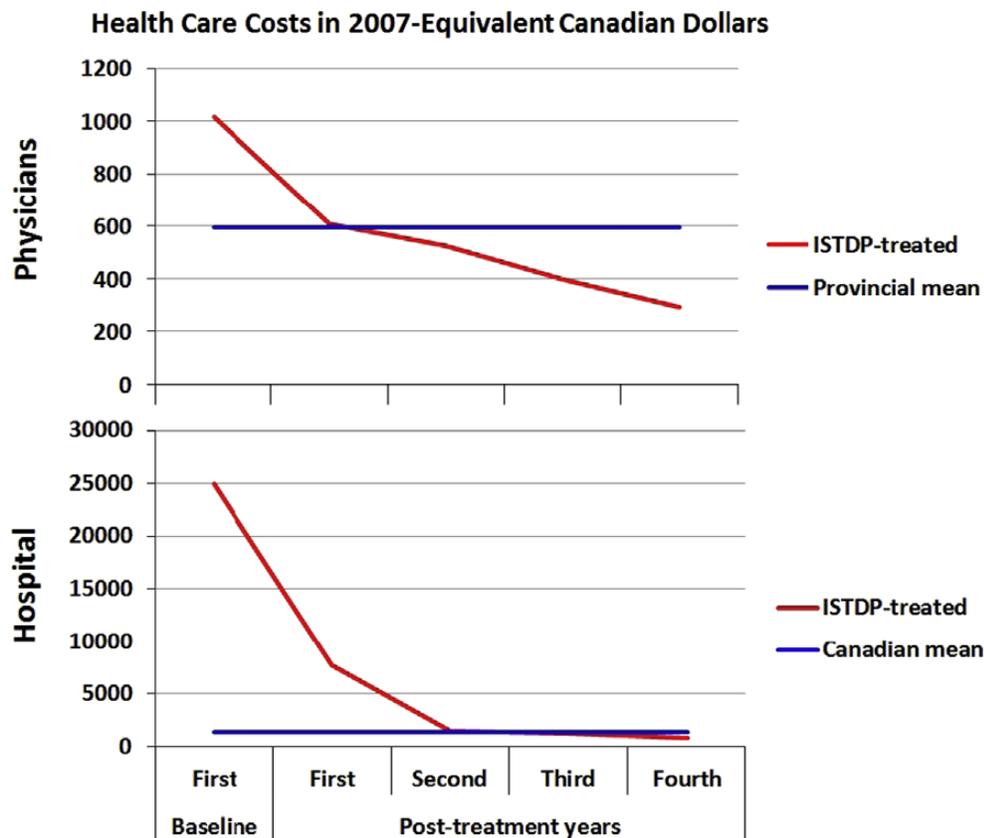
Abstract: In this article, we review Intensive Short-Term Dynamic Psychotherapy (ISTDP) as an alternative to electroconvulsive therapy (ECT) or as treatment for patients not responding to ECT. Based on our clinical observations, we conclude that ISTDP can be used as a preventive treatment in selected patients. Furthermore, failure to respond to ECT may suggest that psychotherapeutic issues are prominent and predict response to ISTDP. We conclude with clinical and research recommendations.

5. In 2013 Abbass, Bernier and Town published a case series of psychiatric inpatients treated with modified ISTDP.

Patients had significant gains on symptoms and interpersonal problems after 9 sessions and that inpatient ward had a 65% drop in ECT use and a 23% reduction in lengths of stay (5). The treatment was highly sought out with one third of patients being referred to this clinician. The cost of the psychologist was offset by reductions in costs for ECT.

6. In 2015 as part of a large (n=890) outcome and cost study we published a case series and cost effectiveness study of modified ISTDP for people with Psychosis (6).

Abstract: The aim of this pilot study was to evaluate the changes in symptom severity and long-term health care cost after intensive short-term dynamic psychotherapy (ISTDP) individually tailored and administered to patients with psychotic disorders undergoing standard psychiatric care. Eleven therapists with different levels of expertise delivered an average of 13 one-hour sessions of graded ISTDP to 38 patients with psychotic disorders. Costs for health care services were compiled for a one-year period prior to the start of ISTDP (baseline) along with four one-year periods after termination. Two validated self-report scales, the Brief Symptom Inventory and the Inventory of Interpersonal Problems, were administered at intake and termination of ISTDP. Results revealed that health care cost reductions were significant for the one-year post-treatment period relative to baseline year, for both physician costs and hospital costs, and the reductions were sustained for the follow-up period of four post-treatment years. Furthermore, at treatment termination self-reported symptoms and interpersonal problems were significantly reduced. These preliminary findings suggest that this brief adjunctive psychotherapy may be beneficial and reduce costs in selected patients with psychotic disorders, and that gains are sustained in long-term follow-up. Future research directions are discussed.

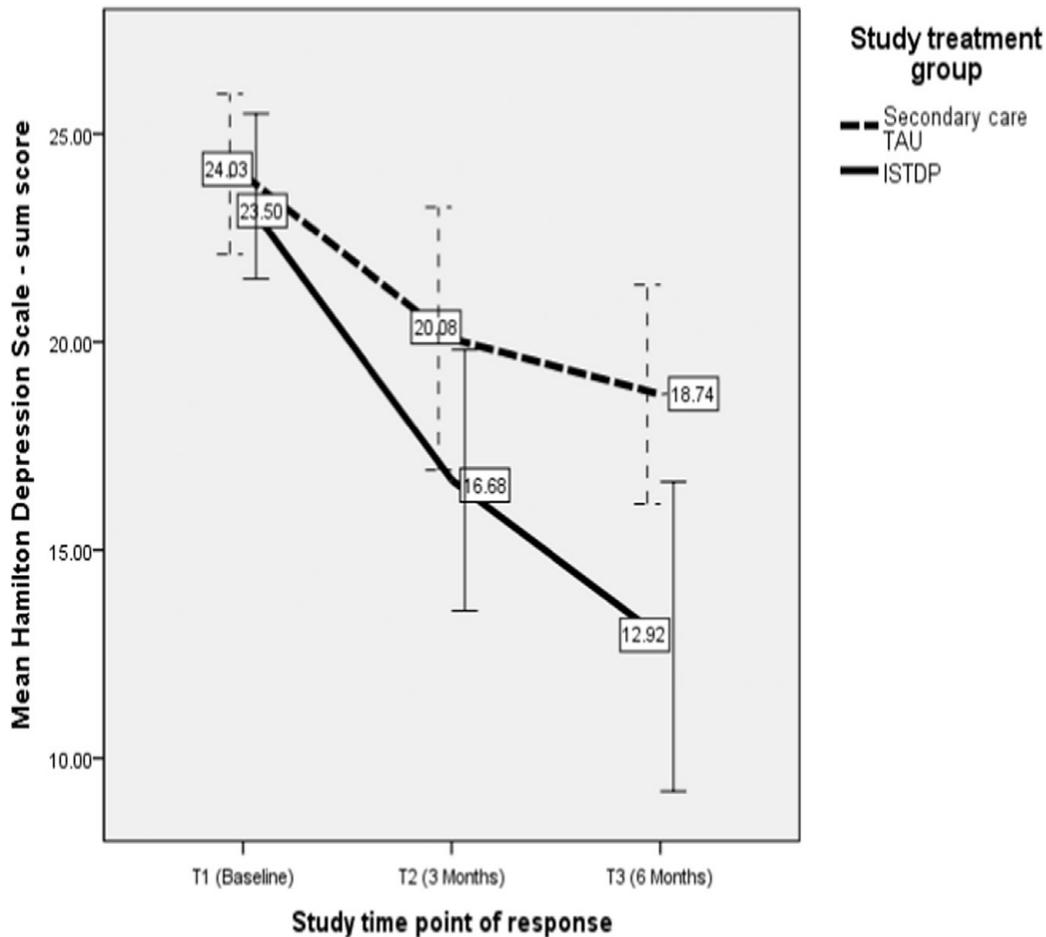


7. Led by Joel Town we completed a randomized controlled trial of ISTDP for Patients with Treatment Resistant Depression (7).

Abstract: Background: While short-term psychodynamic psychotherapies have been shown effective for major depression, it is unclear if this could be a treatment of choice for depressed patients, many of whom have chronic and complex health issues, who have not sufficiently responded to treatment. Method: This superiority trial used a single blind randomised parallel group design to test the efficacy of time limited Intensive Short-Term Dynamic Psychotherapy (ISTDP) for treatment resistant depression (TRD). Patients referred to secondary care community mental health teams (CMHT) who met DSM-IV criteria for major depressive episode, had received antidepressant treatment ≥ 6 weeks, and had Hamilton Depression Rating Scale (HAM-D) scores of ≥ 16 were recruited. The effects of 20 sessions of ISTDP were judged through comparison against secondary care CMHT treatment as usual (TAU). The primary outcome was HAM-D scores at 6 months. Secondary outcomes included the Patient Health Questionnaire (PHQ-9) self-report measures for depression and dichotomous measures of both remission (defined as HAM-D score ≤ 7) and partial remission (defined as HAM-D score ≤ 12). Results: Sixty patients were randomised to 2 groups (ISTDP = 30 and TAU= 30), with data collected at baseline, 3, and 6 months. Multi-level linear regression modelling showed that change over time on both depression scales was significantly greater in the ISTDP group in comparison to TAU. Statistically significant between-group treatment differences, in the

moderate to large range, favouring ISTDP, were observed on both the observer rated (Cohen's $d = 0.75$) and self-report measures (Cohen's $d = 0.85$) of depression. Relative to TAU, patients in the ISTDP group were significantly more likely after 6 months to achieve complete remission (36.0% vs. 3.7%) and partial remission (48.0% vs. 18.5%). Limitations: It is unclear if the results are generalizable to other providers, geographical locations and cultures. Conclusions: Time-limited ISTDP appears an effective treatment option for TRD, showing large advantages over routine treatment delivered by secondary care services.

Followup data will soon be published.



8. We similarly published the treatment and cost effects of a sample of patients with bipolar disorder (8).

Abstract: The aim of this study was to evaluate changes in long-term health care costs and symptom severity after adjunctive intensive short-term dynamic psychotherapy (ISTDP) individually tailored and administered to patients with bipolar disorder undergoing standard psychiatric care. Eleven therapists with different levels of expertise delivered an average of 4.6 one-hour sessions of ISTDP to 29 patients with bipolar disorders. Health care service costs were

compiled for a one-year period prior to the start of ISTDP along with four one-year periods after termination. Two validated self-report scales, the Brief Symptom Inventory and the Inventory of Interpersonal Problems, were administered at intake and termination of ISTDP. Hospital cost reductions were significant for the one-year post-treatment period relative to baseline year, and all cost reductions were sustained for the follow-up period of four post-treatment years. Self-reported psychiatric symptoms and interpersonal problems were significantly reduced. These preliminary findings suggest that this brief adjunctive psychotherapy may be beneficial and cost-effective in select patients with bipolar disorders, and that gains may be sustained in long-term followup. Future research directions are discussed.

TABLE 3. Means (Standard Deviation) for Health Care Costs^a

		Health Care					
Timeline		Physician (SD)		Hospital (SD)		Total (SD)	
Prior to start of ISTDP	Baseline year	906	(984)	22604	(47909)	23510	(35578)
After termination of ISTDP	Year 1 (n = 29)	747	(913)	3137	(10350)*	3884	(7444)
	Year 2 (n = 25)	484	(538)	3313	(13029)	3797	(9329)
	Year 3 (n = 16)	716	(890)	2134	(7401)	2850	(5319)
	Year 4 (n = 13)	589	(741)	1288	(4643)	1877	(3343)

^aIn Canadian dollars and in 2007 equivalent. *Within-group change from baseline year is significant at $p < .05$.

9. We just published is a comprehensive paper on ISTDP for Psychosis with a case example. This is a collaboration with Dr Barbara Sorenson. Now published in Psychodynamic Psychiatry (9).

Abstract: In this article, we review Davanloo’s metapsychology of the unconscious and how it can contribute to the current psychodynamic understanding and treatment of psychosis. In this framework, current attachment and emotions become connected with unconscious conflict-laden feelings about early attachment trauma at the core of the unconscious conflict. These conflict-laden feelings mobilize unconscious anxiety and defenses, which are alongside or, in and of themselves, constitute the entire picture of psychosis. Those patients with low emotional capacities are provided specific therapeutic techniques to bolster anxiety tolerance while those more defended patients are offered means to begin to accept and experience the feelings they have about present and past adverse experiences including those caused by psychosis itself. Case and case series research have shown this model to be clinically effective and cost effective as an adjunct to care. Case vignettes will describe the assessment of capacities and treatment frame for patients with a history of psychosis. Davanloo’s

metapsychology of the unconscious offers an important contribution to the current psychodynamic understanding of psychosis by considering the role of attachment, emotions and unconscious conflict and addressing these through specific psychodynamic interventions.

10. We recently completed a randomized controlled trial of ISTDP for people with severe mental illness and substance addiction. One fifth of the patients had psychosis and one quarter had antisocial personality disorder. The ISTDP treated patients markedly outperformed standard drug counseling and had an extremely high sobriety rate of 48.8% at six month follow-up.

Abstract: Addiction programs are plagued with high dropout and relapse rates. A large proportion of patients suffering from addiction also suffer from personality disorders. Aim: A 30-day inpatient program based on intensive short-term dynamic psychotherapy was developed to address features of personality disorders such as anxiety regulation, emotion recognition, and handling of fear responses and projective processes. The hypothesis was that addressing comorbid symptoms of personality disorder might improve recovery from drug addiction. We used a pilot randomized controlled trial design with six-month follow-up of both cases and controls. Rates of remission, relapse and drop out were recorded at each time point. N-1 chi-squared (χ^2) tests were conducted to examine the statistical significance of differences in outcomes in patients receiving the experimental treatment and controls. A control group of 20 patients and an experimental group of 42 patients were treated. Dropout: control group 40%; experimental group 23.8%. Sobriety at six months: control group 17.6%, experimental group 48.8%. Future study is warranted to examine intensive short-term dynamic psychotherapy's long-term effects, study moderators of effects, and study its efficacy using a randomized controlled design.

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<https://doi.org/10.1080/10550887.2019.1658513>

Result and as let me feel a little cough the other side of that is making more aware mist and How much I still miss and clock ticking stuff so Severdzan is a little bit yeah stole my skates on the books for Sophia and putting things off what notices that I'll get I'll get to a point in the day we are Gott recognize but At this euros or so what are you what are you doing yeah Anna still I still want to there's more I'm trying to data and I'm not able to do it all of my phone there are still some things that I feel. Because of stool still revisiting the pass too much and I'm still talking to myself getting angry I'm still having difficulty excepting and I things that are out of my control some degree warehouse I think I'm getting this thing work that I should getting angrier at some stuff self Cannes and and I'm having some career confusion over his the Real world because I still don't feel good grip on this way are you still being driven by a guilty range pain passes to attend yes because I think I need to exercise or expunge some of this stuff so go-ahead word Stills there's things like I guess part of his being