

# EVIDENCE IN SUPPORT OF PSYCHODYNAMIC PSYCHOTHERAPY

## INTRODUCTION

The purpose of this document is to distil key evidence concerning the effectiveness of psychodynamic psychotherapy, including both short-term psychodynamic psychotherapy (STPP), long-term psychodynamic psychotherapy (LTPP), and psychodynamic psychotherapy for specific mental conditions.

By using the term 'psychodynamic psychotherapy' we are referring to a broad umbrella covering more traditional psychoanalytic psychotherapy, as well as a range of specific psychodynamic therapeutic modalities

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## **What we mean by ‘psychodynamic psychotherapy’**

By using the term ‘psychodynamic psychotherapy’ we are referring to a broad umbrella covering more traditional psychoanalytic psychotherapy, as well as a range of specific psychodynamic therapeutic modalities, usually originally developed for specific mental disorders, such as depression or borderline personality disorder, but subsequently generalized to treat a wider range of mental conditions. Such therapies include short-term psychodynamic psychotherapy (STPP), cognitive analytic therapy (CAT), psychodynamic interpersonal therapy (PIT), dynamic interpersonal therapy (DIT), mentalization-based treatment (MBT) and transference-focused psychotherapy (TFP). These therapies tend to be time-limited, have a clear theoretical basis, and promote modifications of specific techniques, which are defined and illustrated in manuals. Studies of these therapies have significantly contributed to the evidence base for psychodynamic psychotherapy in general.

Core features are common to all of these psychodynamic psychotherapies, which differentiate them from other therapies such as cognitive-behavioural therapy (CBT). Blagys and Hilsenroth (2000)<sup>1</sup> conducted a comprehensive literature search to identify empirical studies comparing manualised psychotherapy technique with that of manualised CBT, and identified seven distinctive features concerning process and technique that reliably distinguished psychodynamic psychotherapy from other therapies:

1. Focus on affect and expression of emotion
2. Exploring attempts to avoid distressing thoughts and feelings (defence and resistance)
3. Identifying recurring themes and patterns
4. Discussion of past experience (developmental process)
5. Focus on interpersonal relations
6. Focus on the therapy relationship (including transference)
7. Exploration of wishes and fantasies.

## **Discussing evidence base and psychotherapy**

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<sup>1</sup> Blagys, M., Hilsenroth, M. (2000). Distinctive features of short-term psychodynamic-interpersonal psychotherapy: A review of the comparative psychotherapy process literature. *Clinical Psychology: Science and Practice* **7**:167–188.

Discussions over the evidence base of psychodynamic psychotherapy should be balanced and respectful of other psychological therapies. One of the reasons CBT evidence has had such political sway is that research on this approach has been applied to diagnostic groups that correspond with those considered by NICE. Psychodynamic psychotherapists may question the validity of these nosological categories, but this does not cut muster. Similarly, although the research design of a randomised controlled trial may not lend itself easily to studies of some forms of psychodynamic psychotherapy conducted in real life settings, particularly long-term treatments, the RCT is still considered the 'gold standard' and any evidence based on trials where the study design is considered less robust, whatever its relative merits (e.g. longitudinal outcome study, single case study), will not be taken seriously, particularly by bodies such as NICE.

We also advise caution in discussions comparing, or claiming superiority for, psychodynamic psychotherapy with other psychotherapies, especially CBT. Not only does CBT have a much larger evidence base than psychodynamic psychotherapy in terms of the sheer number of studies, but there is little evidence that any one therapeutic modality is superior to any other. This is known as the 'Dodo effect' - the consistent finding in psychotherapy research that no specific therapy is shown to have greater efficacy than another. This finding is usually interpreted as being due to 'common factors', i.e. techniques and mechanisms common to different therapies which constitute the agents of change, the most important agent being the therapeutic alliance. *The key message*, therefore, is that the available evidence demonstrates that the efficacy of psychodynamic psychotherapy is not inferior to, but is, on the contrary, as good as, that of other psychological treatments, including CBT, and moreover the benefits of psychodynamic psychotherapy may be long lasting and extend beyond symptom remission.

## **SELECTED LITERATURE ON EFFECTIVENESS OF PSYCHODYNAMIC PSYCHOTHERAPY**

The following list of papers is by no means exhaustive, but aims to give a selection of key review papers, papers reporting individual trials, and papers reporting meta-analyses of specific forms of psychodynamic treatments. The most recent papers are presented first. It is not necessary to have read the scientific literature in depth, but what might help is to know enough about a few authoritative recent studies to speak with confidence, citing the papers from memory by author, date, and journal. In some cases, it might be worth offering to send references to the interlocutor, by email. When citing, stress the quality of sources – most of the journals are highly reputable.

### **Papers addressing the efficacy of psychodynamic psychotherapy in general**

#### ***Review papers***

Leichsenring, F., Leweke, F., Klein, S., Steinert, C. (2015). The empirical status of psychodynamic psychotherapy – an update: Bambi's alive and kicking. *Psychotherapy and Psychosomatics* 84: 129-48.

Systemic literature research of all RCTs of psychodynamic psychotherapy (PDT) conforming to rigorous criteria to define empirically supported psychotherapies as specified by the Task Force on Promotion and Dissemination of Psychological Procedures:

- Criteria used for review: (1) RCT of PDT in adults, (2) use of reliable and valid measures for diagnosis and outcome, (3) use of treatment manuals or manual-like guidelines, (4) adult population treated for specific problems and (5) PDT superior to no treatment, placebo or alternative treatment or equivalent to an established treatment.
- A total of 39 RCTs were found which demonstrated that PDT is efficacious in major depressive disorder (MDD), social anxiety disorder, borderline and heterogeneous personality disorders, somatoform pain disorder, and anorexia nervosa. For MDD, this also applies to combination with pharmacotherapy. PDT can be considered as possibly efficacious in dysthymia, complicated grief, panic disorder, generalized anxiety disorder, and substance abuse/dependence. Evidence is lacking for obsessive-compulsive, post-traumatic stress, bipolar and schizophrenia spectrum disorders.
- Concludes that evidence has emerged that PDT is efficacious or possibly efficacious in a wide range of common mental disorders. Further research is required for those disorders for which sufficient evidence does not yet exist.

**Fonagy, P. (2015) The effectiveness of psychodynamic psychotherapies: an update. *World Psychiatry* 14:137–50.**

Comprehensive review of outcome studies and meta-analyses of effectiveness studies of psychodynamic therapy (PDT) for the major categories of mental disorders:

- Comparisons with inactive controls (waitlist, treatment as usual and placebo) generally, but by no means invariably, show PDT to be effective for depression, some anxiety disorders, eating disorders and somatic disorders. There is little evidence to support its implementation for post-traumatic stress disorder, obsessive-compulsive disorder, bulimia nervosa, cocaine dependence or psychosis.
- The strongest current evidence base supports relatively long-term psychodynamic treatment of some personality disorders, particularly borderline personality disorder.
- Comparisons with active treatments rarely identify PDT as superior to control interventions and studies are generally not appropriately designed to provide tests of statistical equivalence.
- Studies that demonstrate inferiority of PDT to alternatives exist, but are small in

number and often questionable in design.

- Reviews of the field appear to be subject to allegiance effects.
- The review recommends abandoning the inherently conservative strategy of comparing heterogeneous “families” of therapies for heterogeneous diagnostic groups. Instead, it advocates using the opportunities provided by bioscience and computational psychiatry to creatively explore and assess the value of protocol-directed combinations of specific treatment components to address the key problems of individual patients.

**Yakeley, J. (2014). Psychodynamic psychotherapy: developing the evidence base. *Advances in Psychiatric Treatment* 20: 269-79**

This paper summarises the recent evidence from high quality outcome studies to show that psychodynamic psychotherapy is as effective in the treatment of a range of mental disorders as other psychological treatment modalities such as CBT. The paper also reviews process-outcome research aiming to elucidate mechanisms of therapeutic change. A paradigm for psychodynamic psychotherapy research based on attachment theory is introduced, which may inform the development of specific psychodynamic therapeutic modalities for specific conditions.

**Leichsenring, F., Klein, S. (2014). Evidence for psychodynamic psychotherapy in specific mental disorders: a systematic review. *Psychoanalytic Psychotherapy* 28: 4-32.**

Comprehensive review of the empirical evidence for psychodynamic therapy for specific mental disorders in adults:

- RCTs show that psychodynamic therapy is efficacious in common mental disorders, including depressive disorders, anxiety disorders, somatoform disorders, personality disorders, eating disorders, complicated grief, post-traumatic stress disorder, and substance-related disorders.
- These results clearly contradict assertions repeatedly made by representatives of other psychotherapeutic approaches claiming psychodynamic psychotherapy is not empirically supported.
- However, further research is required, both on outcome and processes of psychodynamic psychotherapy, and on long-term psychotherapy for specific mental disorders.

**Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist* 65: 98-109.**

A widely quoted paper that summarises the empirical evidence (including major meta-analyses) supporting the efficacy of psychodynamic therapy:

- Effect sizes for psychodynamic therapy are as large as those reported for other therapies that have been actively promoted as “empirically supported” and “evidence based”.
- Patients who receive psychodynamic therapy maintain therapeutic gains and appear to continue to improve after treatment ends.
- Non-psychodynamic therapies may be effective because more skilled practitioners utilize techniques that have long been central to psychodynamic theory and practice.
- The perception that psychodynamic approaches lack empirical support does not accord with available scientific evidence and may reflect selective dissemination of research findings.

### ***Long term psychodynamic psychotherapy (LTPP)***

**Leichsenring, F., Abbass, A., Luyten, P., Hilsenroth, M., Rabung, S. (2013). The emerging evidence for long-term psychodynamic therapy. *Psychodynamic Psychiatry* 41: 361–84.**

Paper updating 2008 and 2011 papers below in response to a meta-analysis challenging the efficacy of LTPP (Smit et al. 2012)<sup>2</sup>:

- Clarified that the meta-analysis by Smit et al. compared LTPP to other forms of *long-term* psychotherapy. Thus, they essentially showed that LTPP was as efficacious as other forms of *long-term* therapy. For this reason the meta-analysis by Smit et al. does not question the results of previous meta-analyses showing that LTPP is superior to shorter forms of psychotherapy.
- 2 new meta-analyses did not find significant deviations from previous results. In complex mental disorders LTPP proved to be significantly superior to shorter forms of therapy, corroborating results of previous meta-analyses.
- Conclusions: Data on dose-effect relations suggest that for many patients with complex mental disorders, including chronic mental disorders and personality

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<sup>2</sup> Smit, Y., Huibers, M.J.H., Ioannidis, J.P.A., van Dyck, R., van Tilburg, W., Arntz, A. (2012). The effectiveness of long-term psychoanalytic psychotherapy—A meta-analysis of randomized controlled trials. *Clinical Psychology Review* 32: 81-92.

disorders, short-term psychotherapy is not sufficient. For these patients, long-term treatments may be indicated.

**Leichsenring, F., Rabung, S. (2011). Long-term psychodynamic psychotherapy in complex mental disorders: Update of a meta-analysis. *The British Journal of Psychiatry* 199: 15-22.**

Paper updating the 2008 study below examining the comparative efficacy of long-term psychodynamic psychotherapy (LTPP) in complex mental disorders:

- Method: Meta-analysis of controlled trials of LTPP fulfilling the following inclusion criteria: therapy lasting for at least a year or 50 sessions; active comparison conditions; prospective design; reliable and valid outcome measures; treatments terminated.
- Ten studies with 971 patients were included.
- Results: Between-group effect sizes in favour of LTPP compared with less intensive (lower dose) forms of psychotherapy ranged between 0.44 and 0.68.
- Conclusions: Results suggest that LTPP is superior to less intensive forms of psychotherapy in complex mental disorders. Further research on long-term psychotherapy is needed, not only for psychodynamic psychotherapy, but also for other therapies.

**Leichsenring, F., & Rabung, S. (2008). Effectiveness of long-term psychodynamic psychotherapy. *Journal of the American Medical Association* 300: 1151-65.**

Another widely quoted paper, examining the effects of LTPP, especially in complex mental disorders:

- Only studies that used individual psychodynamic psychotherapy lasting for at least a year, or 50 sessions; had a prospective design; and reported reliable outcome measures were included.
- Twenty-three studies involving a total of 1053 patients were included (11 RCTs and 12 observational studies).
- LTPP showed significantly higher outcomes in overall effectiveness, target problems, and personality functioning than shorter forms of psychotherapy.

See also a supportive commentary by R.M. Glass that follows in the same journal.

### ***Short-term psychodynamic psychotherapies (STPP)***

**Knekt P, Virtala E, Härkänen T, et al. (2016). The outcome of short- and long-term psychotherapy 10 years after start of treatment. *Psychological Medicine* 46: 1-14**

Important RCT with long-term follow-up (Helsinki Psychotherapy Study):

- 326 out-patients with mood or anxiety disorder randomly assigned to long-term psychodynamic psychotherapy (LPP), short-term psychodynamic psychotherapy (STPP) or solution-focused therapy (SFT) and were followed for 10 years. The outcome measures were psychiatric symptoms, work ability, personality and social functioning, need for treatment, and remission.
- At the end of the follow-up, 74% all of the patients were free from clinically elevated psychiatric symptoms. Compared with STPP, LPP showed greater reductions in symptoms, greater improvement in work ability and higher remission rates. A similar difference in symptoms and work ability was observed in comparison with SFT after adjustment for violations of treatment standards. No notable differences in effectiveness between SFT and SPP were observed.
- After 10 years of follow-up, the benefits of LPP in comparison with the short-term therapies are rather small, though significant in symptoms and work ability, possibly due to more frequent use of auxiliary therapy in the short-term therapy groups. Further studies should focus on the choice of optimal length of therapy and the selection of factors predicting outcome of short- v. long-term therapy.

**Abbass, A.A., et al (2006). Short-term psychodynamic psychotherapies for common mental disorders (Review). *Cochrane Database of Systematic Reviews, Issue 4.***

A meta-analysis from the Cochrane Collaboration, a UK body of high repute:

- Study of short-term (<40 hr) psychodynamic psychotherapies for common mental disorders, relative to minimal treatment and no-treatment controls.
- 23 RCT studies of almost 1500 patients.
- Studied symptom reduction of the following kinds: general, somatic, anxiety, depressive, as well as social adjustment.
- Outcome: for most categories of disorder there was significantly greater improvement in the treatment vs control groups, most maintained in the medium and long term follow-up.



- Conclusions: STPP shows promise, with modest to moderate, often sustained gains for a variety of patients, however, given the limited data and heterogeneity between studies, these findings should be interpreted with caution.

**Leichsenring, F., et al (2004). The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders: A meta-analysis. *Archives of General Psychiatry* 61: 1208-16.**

A meta-analysis of RCTs of short-term psychodynamic psychotherapy:

- Considered RCT's only, and studies meeting criteria for treatment manuals, treatment integrity, therapist experience/training, diagnosis, effect sizes.
- 17 studies, assessed for end of therapy and follow-up.
- Diagnoses included social phobia, personality disorders, depression, eating disorder.
- Evaluated target problems, general psychiatric symptoms, and social functioning.
- Outcome: STPP (usually 16-30 sessions, based on psychodynamic principles including focus on conflicts in here and now transference, termination issues) produced significant and large effects for each of the measures, with effects tending to increase at follow up.
- Superior to waiting-list controls and treatment as usual.
- Not different from other forms of psychotherapy (including CBT).

Quote: '...patients with short term psychodynamic psychotherapy are better off with regard to their target problems than 92% of the patients before therapy' (p. 1213)

For further studies of STPP in specific mental disorders see below.

### **Studies addressing psychodynamic psychotherapy for specific conditions**

See Leichsenring, F., Klein, S. (2014) (above) for overview of the evidence for psychodynamic psychotherapy in specific mental disorders.

#### ***Depression***

**Town, J.M., Abbass, A., Stride, C., Bernier, D. (2017). A randomised controlled trial of Intensive Short-Term Dynamic Psychotherapy for treatment resistant depression: the Halifax Depression Study. *Journal of Affective Disorders* 214: 15-25.**

- Method: RCT of Intensive Short-Term Dynamic Psychotherapy (ISTDP) for treatment resistant depression (TRD) compared to secondary care CMHT treatment as usual (TAU).
- Sixty patients randomised to 2 groups (ISTDP=30 and TAU=30), with data collected at baseline, 3, and 6 months.
- Change over time on depression scales 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 and self-report measures of depression.
- Relative to TAU, patients in the ISTDP group were significantly more likely after 6 months to achieve complete remission and partial remission.
- Conclusions: Time-limited ISTDP appears to be an effective treatment option for TRD, showing large advantages over routine treatment delivered by secondary care services.

**Fonagy, P., Rost, F., Carlyle, J., McPherson, S., Thomas, R., Fearon, P., Goldberg, D, Taylor, D. (2012). Pragmatic randomized controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: the Tavistock Adult Depression Study (TADS). *World Psychiatry* 14: 312-21.**

Important RCT that tested the effectiveness of long-term psychoanalytic psychotherapy (LTPP) for treatment resistant depression:

- Tested the effectiveness of long-term psychoanalytic psychotherapy (LTPP) as an adjunct to treatment as usual according to UK national guidelines (TAU), compared to TAU alone, in patients with long-standing major depression who had failed at least two different treatments and were considered to have treatment-resistant depression.
- Full remission was rare in both groups.
- Partial remission was not significantly more likely in the LTPP than in the control group at the end of treatment (18 months), but significant differences emerged during follow-up (24 months, 30 months and 42 months).
- Both observer-based and self-reported depression scores showed steeper declines in the LTPP group, alongside greater improvements on measures of social adjustment.
- These data suggest that LTPP can be useful in improving the long-term outcome

of treatment-outcome of treatment-resistant depression. End-of treatment evaluations or short follow-ups may miss the emergence of delayed therapeutic benefit.

**Driessen, E., Cuijpers, P., de Maat, S., Abbass, A., de Jonghe, F., Jack J.M. Dekker, J. (2010). The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis. *Clinical Psychology Review* 30: 25–36.**

A meta-analysis of studies assessing the efficacy of STPP for depression:

- 23 studies totaling 1365 subjects were included.
- STPP was found to be significantly more effective than control conditions at post-treatment.
- STPP pre-treatment to post-treatment changes in depression level were large and these changes were maintained until 1-year follow-up.
- Compared to other psychotherapies, a small but significant effect size was found, indicating the superiority of other treatments immediately post-treatment, but no significant differences were found at 3-month and 12-month follow-up.
- Studies employing STPP in groups found significantly lower pre-treatment to post-treatment effect sizes than studies using an individual format.
- Supportive and expressive STPP modes were found to be equally efficacious.
- Conclusion: Clear indications that STPP is effective in the treatment of depression in adults. Although more high-quality RCTs are necessary to assess the efficacy of the STPP variants, the current findings add to the evidence-base of STPP for depression.

**Taylor, D. (2008). Psychoanalytic and psychodynamic therapies for depression: the evidence base. *Advances in Psychiatric Treatment* 14: 401-13.**

A thoughtful and accessible overview that summarizes and reflects upon the evidence, in the case of depression. Among the conclusions is: 'Broadly, the benefits of short-term psychodynamic therapies are equivalent in size to the effects of antidepressants and cognitive-behavioural therapy (CBT)'

### ***Anxiety disorders***

**Pompoli, A., Furukawa, T.A., Imai, H., Tajika, A., Efthimiou, O., Salanti, G. (2016).**

**Psychological therapies for panic disorder with or without agoraphobia in adults: a network meta-analysis. *Cochrane Database of Systematic Reviews 2016, Issue 4.***

Recent Cochrane review of panic disorder showing that psychodynamic therapy is as effective as CBT:

- Search of databases up to March 2015 to find all studies (specifically RCTs) of talking therapies in the treatment of panic disorder with or without agoraphobia.
- 60 studies included in the review. 54 of the included studies (involving 3021 participants) used in numerical analyses.
- Results showed that in general talking therapies are more effective than no treatment.
- There was no strong evidence to support one talking therapy over the others for the treatment of panic disorder with or without agoraphobia in adults.
- However, there was some low-quality evidence in favour of CBT, psychodynamic therapy and supportive psychotherapy over other talking therapies for short-term remission and short-term reduction in symptoms.
- As well as the evidence regarding its efficacy, psychodynamic therapy also showed promising results in terms of tolerability: in that there were fewer dropouts in psychodynamic therapy and third-wave CBT, suggesting that people tolerate these therapies better than other therapies.

**Bögels, S., Wijts, P., Oort, F., & Sallaerts, S. J. (2014). Psychodynamic psychotherapy versus cognitive-behavior therapy for social anxiety disorder: An efficacy and partial effectiveness trial. *Depression and Anxiety 11: 1–11.***

RCT comparing the overall and differential effects of psychodynamic psychotherapy (PDT) versus cognitive behaviour therapy (CBT) for social anxiety disorder (SAD):

- 47 patients with a primary SAD were randomly assigned to PDT or CBT. Both PDT and CBT consisted of up to 36 sessions. Assessments took place at waitlist, pre-test, after 12 and 24 weeks for those who received longer treatment, post-test, 3-month and 1-year follow-up.
- Results: No improvement occurred during waitlist. Treatments were highly efficacious, with large within-subject effect sizes for social anxiety, but no differences between PDT and CBT on general and treatment-specific measures

occurred. Remission rates were over 50% and similar for PDT and CBT. Personality disorders did not influence the effects of PDT or CBT.

- Conclusions: PDT and CBT are both effective approaches for SAD. Further research needed on the cost-effectiveness of PDT versus CBT, on different lengths of PDT, and on patient preferences and their relationship to outcome of PDT versus CBT.

**Leichsenring, F., Salzer, S., Beutel, M. E., et al. (2014). Long-term outcome of psychodynamic therapy and cognitive-behavioral therapy in social anxiety disorder. *American Journal of Psychiatry* 62: 1–9.**

This paper reports on the long-term outcomes for the patients with social anxiety disorder who were treated with CBT or psychodynamic therapy in the RCT reported below, highlighting that although CBT was found to be superior in efficacy at end of treatment, there were no differences in outcome between the two therapies in the long-term.

- Patients were assessed at 6, 12, and 24 months after the end of therapy. Primary outcome measures were rates of remission and response.
- Results: For both CBT and psychodynamic therapy, response rates were approximately 70% by the 2-year follow-up. Remission rates were nearly 40% for both treatment conditions. Rates of response and remission were stable or tended to increase for both treatments over the 24-month follow-up period, and no significant differences were found between the treatment conditions after 6 months.
- Conclusions: CBT and psychodynamic therapy were efficacious in treating social anxiety disorder, in both the short- and long-term, when patients showed continuous improvement. Although in the short-term, intention-to-treat analyses yielded some statistically significant but small differences in favour of CBT in several outcome measures, no differences in outcome were found in the long-term.

**Leichsenring, F., Salzer, S., Beutel, M.E., et al. (2013). Psychodynamic therapy and cognitive-behavioral therapy in social anxiety disorder: a multi-center randomized controlled trial. *American Journal of Psychiatry* 170: 759–67**

Multicentre RCT of efficacy of psychodynamic therapy and CBT in social anxiety disorder in an out-patient setting:

- 495 patients with social anxiety disorder were randomly assigned to manual-guided CBT, manual-guided psychodynamic therapy, or a waiting list condition.

Assessments were made at baseline and at end of treatment. Primary outcome measures were rates of remission and response.

- Results: CBT and psychodynamic therapy were significantly superior to waiting list for both remission and response. CBT was significantly superior to psychodynamic therapy for remission but not for response. Between-group effect sizes for remission and response were small. Secondary outcome measures showed significant differences in favour of CBT for measures of social phobia and interpersonal problems, but not for depression.
- Conclusions: CBT and psychodynamic therapy were both efficacious in treating social anxiety disorder, but there were significant differences in favour of CBT. For CBT, the response rate was comparable to rates reported in Swedish and German studies in recent years. For psychodynamic therapy, the response rate was comparable to rates reported for pharmacotherapy and cognitive-behavioral group therapy.

**Milrod, B., et al (2007). A randomized controlled clinical trial of psychoanalytic psychotherapy for panic disorder. *American Journal of Psychiatry* 164: 265-72.**

A good example of an RCT of panic disorder:

- Panic-focused psychodynamic therapy (manualized) compared with relaxation training: 49 adults aged 18-55y, DSM-IV panic disorder; treatments given 2x weekly for 12 weeks; carefully balanced for therapist experience and training.
- High rates of moderate-severe agoraphobia and comorbid major depression.
- Participants in psychodynamic treatment had significantly more reduction of panic symptoms, and greater improvement in psychosocial functioning.
- Fewer patients dropped out of psychodynamic treatment (7%), lower than CBT in other studies.

### ***Somatic conditions***

**Guthrie, E., Moghavemi, A. (2013). Brief psychodynamic interpersonal psychotherapy for patients with multisomatoform disorder: Randomised controlled trial. *Psychodynamic Psychiatry* 41: 619-36.**

- RCT to test whether brief psychodynamic interpersonal therapy (PIT) effectively improves the physical quality of life in patients who have had multisomatoform disorder for at least 2 years. Multisomatoform disorder is characterised by severe

and disabling bodily symptoms, including severe pain, which cannot be explained by an underlying organic cause.

- 211 patients with multisomatoform disorder randomly assigned to 12 weekly sessions of PIT or three sessions of enhanced medical care (EMC).
- Results: PIT improved patients' physical quality of life at follow-up better than EMC with a small to medium between-group effect size. Also a significant improvement in somatisation but not in depression, health anxiety or healthcare utilisation.
- Conclusions: This trial documents the long-term efficacy of brief PIT for improving the physical quality of life in patients with multiple, difficult-to-treat, medically unexplained symptoms.

**Abbass, A., Kisely, S., Kroenke, K. (2009). Short-Term Psychodynamic Psychotherapy for somatic disorders: Systematic review and meta-analysis of clinical trials. *Psychotherapy and Somatics* 78: 265–74**

A systematic review of RCTs (13) and controlled before and after studies (10) of short term psychodynamic psychotherapy for somatic conditions.

- Of the included studies, 21/23 (91.3%), 11/12 (91.6%), 16/19 (76.2%) and 7/9 (77.8%) reported significant or possible effects on physical symptoms, psychological symptoms, social-occupational function and healthcare utilization respectively.
- Meta-analysis was possible for 14 studies and revealed significant effects on physical symptoms, psychiatric symptoms and social adjustment, which were maintained in long-term follow-up.
- 54% greater treatment retention in the STPP group versus controls.
- Conclusions: STPP may be effective for a range of medical and physical conditions underscoring the role of patients' emotional adjustment in overall health.

### ***Personality disorders***

**Town, J.M., Abbass, A., Hardy, G. (2011). Short-term psychodynamic psychotherapy for personality disorder: A critical review of randomized controlled trials. *Journal of Personality Disorders* 25: 723-40.**

A review of RCTs of STPP for personality disorder:

- An extensive literature search revealed 8 published RCTs of moderate study quality of STPP for PD.
- Preliminary conclusions suggest STPP may be considered an efficacious empirically-supported treatment option for a range of PDs, producing significant and medium to long-term improvements for a large percentage of patients.
- Further research is recommended to allow comparisons with alternative evidence-based approaches.

**Bateman, A., Fonagy, P. (2009). Randomized controlled trial of outpatient mentalization-based treatment versus structured clinical management for borderline personality disorder. *American Journal of Psychiatry* 166: 1355-64.**

RCT testing effectiveness of an 18-month MBT approach in an outpatient context against a structured clinical management (SCM) outpatient approach for treatment of borderline personality disorder:

- Patients (N=134) consecutively referred to a specialist personality disorder treatment center and meeting selection criteria were randomly allocated to MBT or SCM.
- The primary outcome was the occurrence of crisis events, a composite of suicidal and severe self-injurious behaviours and hospitalisation. Secondary outcomes included social and interpersonal functioning and self-reported symptoms.
- Results: Substantial improvements were observed in both conditions for suicidal and severe self-harming behaviours and hospitalisation. Patients randomly assigned to MBT showed a steeper decline of both self-reported and clinically significant problems, including suicide attempts and hospitalisation.
- Conclusions: Structured treatments improve outcomes for individuals with borderline personality disorder. A focus on specific psychological processes brings additional benefits to structured clinical support. MBT is relatively undemanding in terms of training so it may be useful for implementation into general mental health services.

**Bateman, A.W., Fonagy, P. (2008). 8-year follow-up of patients treated for borderline personality disorder: mentalization-based treatment versus treatment as usual. *American Journal of Psychiatry* 158: 631-8.**



- Study evaluating the effect of MBT by partial hospitalisation compared to treatment as usual for borderline personality disorder 8 years after entry into a RCT and 5 years after all MBT was complete.
- Results: Five years after discharge from MBT, the MBT by partial hospitalisation group continued to show clinical and statistical superiority to treatment as usual on suicidality, diagnostic status, service use, use of medication, global function above 60 and vocational status (employed or in education).
- Conclusions: Patients with 18 months of MBT by partial hospitalization followed by 18 months of maintenance mentalizing group therapy remain better than those receiving treatment as usual, but their general social function remains impaired.

### **Child and adolescent psychotherapy**

**Abbass, A., Rabung, S., Leichsenring, F., et al. (2013). Psychodynamic psychotherapy for children and adolescents: A meta-analysis of short-term psychodynamic models. *Journal of the American Academy of Child & Adolescent Psychiatry* 52: 863-75.**

First published meta-analysis of effectiveness of psychodynamically based brief psychotherapy for a range of common mental disorders in children and adolescents.

- Meta-analysis of controlled outcome studies of short-term psychodynamic psychotherapies (STPP, 40 or fewer sessions).
- 11 studies found with a total of 655 patients covering a broad range of conditions including depression, anxiety disorders, anorexia nervosa, and borderline personality disorder.
- Results: STPP did not separate from what were mostly robust treatment comparators, but there were some subgroup differences. Robust within-group effect sizes were observed suggesting the treatment may be effective. These effects increased in follow up compared to post treatment suggesting a tendency toward increased gains. Heterogeneity was high across most analyses, suggesting that these data need be interpreted with caution.
- Conclusion: Review suggests that STPP may be effective in children and adolescents across a range of common mental disorders.

**Midgley, N., Kennedy, E. (2011). Psychodynamic psychotherapy for children and**

**adolescents: a critical review of the evidence base. *Journal of Child Psychotherapy* 37: 232-60.**

Key comprehensive review of evidence for effectiveness of psychodynamic psychotherapy for children and adolescents:

- Identified 34 separate studies identified that met criteria for inclusion, including 9 RCTs.
- While many of the studies reported are limited by sample size and lack of control groups, the review indicates that there is increasing evidence to suggest the effectiveness of psychoanalytic psychotherapy for children and adolescents.

### **Reviews of the quality of psychodynamic psychotherapy trials**

**Gerber, A.J., Kocsis, J. H., Milrod, B. L., et al. (2011). A quality-based review of randomized controlled trials of psychodynamic psychotherapy. *The American Journal of Psychiatry* 168: 19-28.**

- The authors assessed the quality of 94 RCTs of psychodynamic psychotherapy published between 1974 and May 2010, with the Randomized Controlled Trial Psychotherapy Quality Rating Scale (RCT-PQRS).
- More recent studies had higher total quality scores.
- 63 of 103 comparisons between psychodynamic psychotherapy and a non-dynamic comparator were of “adequate” quality. Of 39 comparisons of a psychodynamic treatment and an “active” comparator, 6 showed dynamic treatment to be superior, 5 showed dynamic treatment to be inferior, and 28 showed no difference (few of which were powered for equivalence). Of 24 adequate comparisons of psychodynamic psychotherapy with an “inactive” comparator, 18 found dynamic treatment to be superior.
- Conclusions: Existing RCTs of psychodynamic psychotherapy are promising but mostly show superiority of psychodynamic psychotherapy to an inactive comparator. This would be sufficient to make psychodynamic psychotherapy an “empirically validated” treatment (per American Psychological Association Division 12 standards) only if further randomized controlled trials of adequate quality and sample size replicated findings of existing positive trials for specific disorders.

Updated in March 2018  
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