

Recent Abstracts: Allan Abbass September 25, 2011

Evaluating the Cost effectiveness of Intensive Short-term Dynamic Psychotherapy: a case control study. Proceedings of the 2011 Annual Meeting of the Canadian Psychiatric Association. Abbass A, Kisely S, Rasic D

Background: Intensive Short-term Dynamic Psychotherapy (ISTDP) has been studied now with 19 published studies supporting its efficacy across diverse psychiatric and somatic diagnoses. We evaluated the cost effectiveness of this treatment as was provided to 890 patients over 10 years by 58 different therapists including junior therapist and new trainees. Methods: All Physician and Hospital costs before and after provision of ISTDP were determined by the Population Health Research Unit at Dalhousie University. These results were compared pre to post within the treated group. Further, these differences were compared those of a control group comprised of referred patients who were never seen. Results: The sample was a diverse patient group treated for a mean of 7.3 sessions. In treated patients, physician costs were reduced by 11.4% while hospital costs were reduced by 49.7%. The total costs for physician services and hospital days went from \$10,270,000 the mean 3 years before treatment to \$5,799,000 the year after treatment. This reflects a \$5000 cost reduction per treated patient. Control patients had a 7.1% drop in physician costs but a 7.5% increase in hospital costs resulting in a net increase in costs of \$1520 per patient. Conclusion: A relatively brief program appears to result in medical cost and service reduction. Statistical analyses are pending to compare pre-versus-post and between group differences and to examine patient, treatment and other correlates with cost outcomes.

Web-conference supervision for advanced psychotherapy training: A practical guide. Psychotherapy, Vol 48(2), Jun 2011, 109-118. Abbass, Allan; Arthey, Stephen; Elliott, Jason; Fedak, Tim; Nowoweiski, Dion; Markovski, Jasmina; Nowoweiski, Sarah

The advent of readily accessible, inexpensive Web-conferencing applications has opened the door for distance psychotherapy supervision, using video recordings of treated clients. Although relatively new, this method of supervision is advantageous given the ease of use and low cost of various Internet applications. This method allows periodic supervision from point to point around the world, with no travel costs and no long gaps between direct training contacts. Web-conferencing permits face-to-face training so that the learner and supervisor can read each other's emotional responses while reviewing case material. It allows group learning from direct supervision to complement local peer-to-peer learning methods. In this article, we describe the relevant literature on this type of learning method, the practical points in its utilization, its limitations, and its benefits.

Short-Term Psychodynamic Psychotherapy for Personality Disorders: A Critical Review of Randomised Controlled Trials. Town, J, Abbass A, Hardy, G, in press: Journal of Personality Disorders

The research evidence for Short-Term Psychodynamic Psychotherapy (STPP) in the treatment of Personality Disorders (PD) was examined through consideration of studies utilising randomised controlled designs. An extensive literature search revealed eight published Randomised Controlled Trials (RCT) of moderate study quality. A critical review of this literature is offered to provide an evidence based guidance for clinicians and implications for treatments are discussed. 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.

The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis. *Clinical Psychology Review*, Vol 30(1), Feb, 2010. pp. 25-36. Driessen, Ellen Cuijpers, Pim, de Maat, Saskia C. M., Abbass, Allan A., de Jonghe, Frans, Dekker, Jack J. M.

Objectives: It remains largely unclear, firstly whether short-term psychodynamic psychotherapy (STPP) is an effective treatment for depression, and secondly, which study, participant, or intervention characteristics may moderate treatment effects. The purpose of this study is to assess the efficacy of STPP for depression and to identify treatment moderators. Results: After a thorough literature search, 23 studies totaling 1365 subjects were included. STPP was found to be significantly more effective than control conditions at post-treatment ($d = 0.69$). STPP pre-treatment to post-treatment changes in depression level were large ($d = 1.34$), and these changes were maintained until 1-year follow-up. Compared to other psychotherapies, a small but significant effect size ($d = -0.30$) was found, indicating the superiority of other treatments immediately post-treatment, but no significant differences were found at 3-month ($d = -0.05$) and 12-month ($d = -0.29$) follow-up. Studies employing STPP in groups ($d = 0.83$) found significantly lower pre-treatment to post-treatment effect sizes than studies using an individual format ($d = 1.48$). Supportive and expressive STPP modes were found to be equally efficacious ($d = 1.36$ and $d = 1.30$, respectively). Conclusion: We found 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.

The efficacy of short-term psychodynamic psychotherapy for depression: a summary of recent findings A. Abbass, E. Driessen, *Acta Psychiatr Scand.* 2010 May;121(5):398

To the editor:

We commend Malhi et al. (1) and this journal for publishing excellent clinical practice recommendations for depression. We write to highlight new findings supporting Short-Term Psychodynamic Psychotherapy (STPP) for depression which, using the authors criteria requiring a systematic review of randomized controlled trials (1), may result in

increasing the level of evidence for this treatment.

We recently published a meta-analysis of group and individual STPP for depression (2), including 23 studies totaling 1365 patients. We found STPP resulted in large symptom reductions ($d = 1.34$), that were maintained until 1-year follow-up. STPP was found superior to controls ($d = 0.69$), but somewhat less efficacious than other psychotherapies at post-treatment ($d = 0.30$). However, we found no significant differences at 3- and 12-month follow-up ($d = 0.05$; $d = 0.29$). Individual STPP ($d = 1.43$) was more effective than group STPP ($d = 0.83$), and as effective as other individual psychotherapies at post-treatment ($d = 0.19$), 3- and 12-month follow-up ($d = 0.05$ and 0.31 ; all non-significant). These findings add to the evidence-base of STPP for depression and may result in an increase to the highest level of evidence according to the criteria used by Malhi et al. (1).

Furthermore, STPP has been found effective at reducing symptoms in treatment resistant depression (3) and personality-disordered depressed patients (4). A recent review (5) found STPP producing robust and persistent symptom-reducing effects for personality-disordered patients ($d = 0.97$). These findings render STPP a treatment of choice for these depressed populations that are frequently non-responsive to initial depression treatment.

References

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The efficacy of Short-term Psychodynamic Psychotherapy for Depressive Disorders with Comorbid Personality Disorder. Allan Abbass, Joel Town and Ellen Driessen. *Psychiatry* 2011, 74 (1): 58-71

The presence of comorbid personality disorder (PD) is one of the factors that can make the treatment of depression unsuccessful. Short-term Psychodynamic Psychotherapy (STPP) has been shown efficacious in the treatment of personality and depressive disorders (DD). However, the efficacy of STPP for comorbid DD and PD has not been systematically evaluated. In this study, data from patients meeting criteria for both DD and PD participating from randomized controlled trials of STPP was collected,

systematically reviewed, and meta-analyzed where possible. Eight studies were included, 6 with major depression and 2 with minor depressive disorders. Pre- to post- treatment effects sizes were large ($d = 1.00-1.27$), suggesting symptom improvement during STPP, and these gains were maintained in follow-ups averaging over 1.5 years. For major depression, no differences were found comparing STPP to other psychotherapies, and STPP was found superior to a wait-list condition in one study. STPP may have had an advantage over other therapy controls in treating minor depression as noted in ratings of general psychopathology. Patients with Cluster A/B and C PD were responsive to STPP, with the majority of all studied patients showing clinically significant change on self-report measures. Within the limits of this study, these findings suggest that STPP warrants consideration as a first line treatment for combined personality disorder and depression. Future research directions are proposed.

Emotional Influences in Patient Safety J Patient Safety 2010;6

Pat Croskerry, MD, PhD, Allan Abbass, MD, FRCPC, and Albert W. Wu, MD, MPH

Objective: The way that health care providers feel, both within themselves and toward their patients, may influence their clinical performance and impact patient safety, yet this aspect of provider behavior has received relatively little attention. How providers feel, their emotional or affective state, may exert a significant, unintended influence on their patients, and may compromise safety.

Methods: We examined a broad literature across multiple disciplines to review the interrelationships between emotion, decision making, and behavior, and to assess their potential impact on patient safety. **Findings:** There is abundant evidence that the emotional state of the health care provider may be influenced by factors including characteristics of the patient, ambient conditions in the health care setting, diurnal, circadian, infradian, and seasonal variables, as well as endogenous disorders of the individual provider. These influences may lead to affective biases in decision making, resulting in errors and adverse events. Clinical reasoning and judgment may be particularly susceptible to emotional influence, especially those processes that rely on intuitive judgments. **Conclusions:** There are many ways that the emotional state of the health care provider can influence patient care. To reduce emotional errors, the level of awareness of these factors should be raised. Emotional skills training should be incorporated into the education of health care professionals. Specifically, clinical teaching should promote more openness and discussion about the provider's feelings toward patients. Strategies should be developed to help providers identify and de-bias themselves against emotional influences that may impact care, particularly in the emotionally evocative patient. Psychiatric conditions within the provider, which may compromise patient safety, need to be promptly detected, diagnosed, and managed. **Key Words:** patient safety, emotional influence, affective state, cognitive and affective bias, clinical decision making, human factors

Cost Savings of Treatment of Medically Unexplained Symptoms Using Intensive Short-

term Dynamic Psychotherapy (ISTDP) by a Hospital Emergency Department. Arch Med Psychol, 2010, 1 (2) Allan Abbass, Samuel Campbell, S. Gerald Hann, Irmingard Lenzer, Robert Tarzwell, David Maxwell

Somatization of emotions accounts for excess use of Emergency Department (ED) physician services for patients with medically unexplained symptoms (MUS). Intensive Short-term Dynamic Psychotherapy (ISTDP) was introduced into the Emergency Department (ED) of a general hospital to diagnose and manage 50 sequential patients with MUS. In this study we analyzed the cost effects of that study. In the year following treatment, there was a 69% reduction in ED visits by these patients at an average cost reduction of \$910 per patient. ISTDP interventions averaged 3.8 sessions averaging \$406 per patient. A description of the ISTDP methods used is provided along with a case vignette. The Brief Symptom Inventory (BSI) was used to measure the effects of the ISTDP intervention with "pre and post" testing. Averaged pre-test scores on the Somatization subscale improved from 1.21 to 0.86 at post-test. The hospital judged this demonstration project a success and allocated funds for an ISTDP-trained psychologist to treat MUS patients in the ED. While further research is warranted, this service and hybrids of it should be implemented to assist in cost savings and service use reduction in Emergency Departments.

Implementing an Emotion-Focused Consultation Service to Examine Medically Unexplained Symptoms in the Emergency Department. Archives Med Psychol, 2010, 1(2). Allan Abbass, Robert Tarzwell, S. Gerald Hann, Irmingard Lenzer, Samuel Campbell, David Maxwell

Introduction: Providing an emotion-focused assessment service to explore emotional contributors to medically unexplained symptoms (MUS) is a culturally new concept within the traditional model of emergency medicine. We developed a multi-step approach to educate physicians and patients on how such a service might benefit them. Results: Patients reported high satisfaction with the service and more physicians referred greater numbers of patients. The institution supported the service, providing permanent funding, giving it an award and nominating it for a national quality award. Dealing directly with emotional contributors to symptom formation is a new approach to the emergency care of patients with MUS. This diagnostic and treatment innovation was accomplished successfully, with data supporting reductions in ED readmission and reductions in overall costs. The steps we took appear to have played a role in the service being both beneficial and well received by patients and physicians. Further study and replication of these methods is warranted.