

Intensive Short Term Dynamic Psychotherapy: Theory and Evidence

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Objectives

1. Become familiar with the research demonstrating both cost and clinical effectiveness of ISTDP in psychosomatic disorders.
2. Develop an understanding of the relationship between unconscious emotions, chronic pain, and psychological suffering
3. Identify the connection between repressed impulses and the patient's symptoms

Intensive Short Term Dynamic Psychotherapy – Why?

- ▶ Grounded in psychodynamic ideas
- ▶ It's based in evidence
- ▶ Short Term
- ▶ Helpful for many patients

Pain and Unconscious Psychological Factors

- ▶ Pain is now understood as a complex problem, with emotional, cultural and social components
- ▶ Often the result of chronic anxiety and muscle tension
- ▶ Emotional pain that is avoided, is experienced as physical pain in the body

Pain and Unconscious Psychological Factors

- ▶ Many chronic pain patients repress their feelings and tend to do for others, are “selfless” and people pleasing
- ▶ Tend to push themselves and be perfectionistic
- ▶ Have trouble saying no, acknowledging anger, and setting boundaries

Pain and Unconscious Psychological Factors

- Highly related to trauma, stress, and emotional dysregulation (Anda, et al, 2006)
- Chronic stress increases sensitivity to pain (Aubert, 2008)
- Many patients with chronic headaches have normal CTs and MRIs – emotional factors are significant
- Often a “pain in the heart” becomes a “pain in the neck”

Cascade of Emotions

- ▶ Bond with Parents and Others

Traumatic Event

Psychic Pain

Anger/Guilt over Anger

Self/Destructive
Defenses

Pain and Unconscious Psychological Factors

- ▶ Patients with headaches much more likely than controls to turn anger inward (Abbass, et al 2008)
- ▶ When exposed to anger provoking stimuli, headache sufferers report less anger but more pain than controls (Abbass et al 2008)

ISTDP Evidence – Abbass, 2002

- ▶ 89 consecutively referred patients treated an average of 15 sessions
- ▶ Average age of 40; highly impaired
- ▶ 25% unemployed and on disability
- ▶ 33% hospitalized psych hospital/suicidal
- ▶ 46% on multiple psychiatric meds
- ▶ 83% treatment resistant (failed at 3 or more previous psychological therapies)

Abbass Results, 2002

- ▶ 71% stopped all meds
- ▶ 18 of 22 unemployed were back to work
- ▶ 17 of 18 off disability insurance
- ▶ Combined savings from prescriptions, disability, hospital and physician costs of \$402,523 per year for three years following treatment

Effects of a Single Session

Abbass, et al 2008

- ▶ 30 patients randomly assigned to ISTDP evaluation or standard intake
- ▶ 6 weeks no treatment and re-assess
- ▶ 7 out of 10 in treatment group went off meds
- ▶ 2 returned to work
- ▶ 33% required no further treatment
- ▶ No clinically significant findings in standard intake group

ISTDP - Evidence

- ▶ Abbass – 2009 Cochrane Review
- ▶ Meta Analysis of 23 Short Term Dynamic Psychotherapies
- ▶ Included 1431 patients
- ▶ Evaluated for general, somatic, anxiety, depressive symptom reduction
- ▶ Significantly greater improvement in treatment groups

Unexplained Symptoms in ER

Abbass, et al 2010

- ▶ Placed Psychologist in ER to evaluate patients who present with physical symptoms with no organic finding
- ▶ N= 77; average of 3.8 ISTDP sessions
- ▶ Focus on link between suppressed emotion and physical symptoms
- ▶ 69% reduction in repeat visits to hospital
- ▶ 80% reduction in panic attacks
- ▶ Massive cost savings to the system

ISTDP with Headache

- ▶ Abbass, Lovas, Purdy 2008
- ▶ 19 sessions average - 29 headache patients
- ▶ 23 patients taking 54 medications at start
- ▶ 7 out of work and on disability
- ▶ After treatment, 15 of 23 stopped all meds
- ▶ All 7 returned to work and off disability
- ▶ 34% drop in doctor visits, 85% decrease hospital use
- ▶ Maintained at 3 year follow up

ISTDP - Methodology

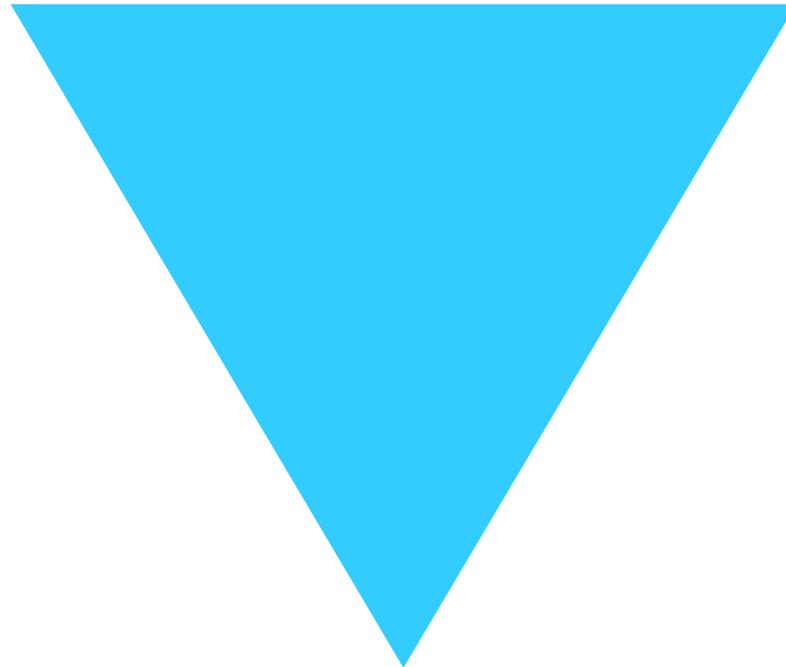
- ▶ Identify Presenting Problem
- ▶ Get Example of the Problem
- ▶ Identify Person in Example
- ▶ Encourage to experience feelings toward person
- ▶ Look for feeling, anxiety , or defense
- ▶ Facilitate experience of these feelings

Identify the Problem

- ▶ Ask for problem leading patient to seek help
- ▶ May be psychological issue or may be somatic complaint
- ▶ Get familiar with triggers and situations that seem to make it worse
- ▶ Get an example of the problem
- ▶ Identify a person in the example

Triangle of Person

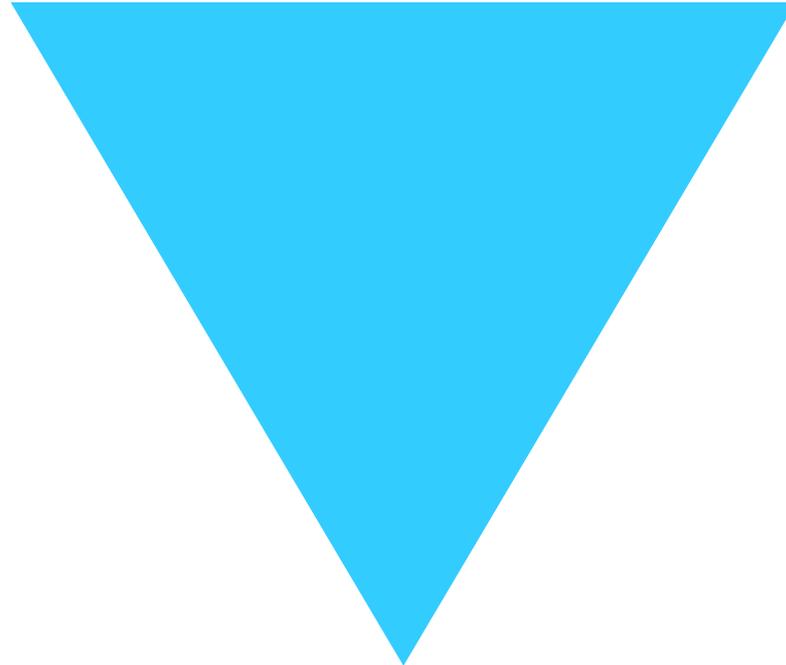
Current



Past

Triangle of Conflict

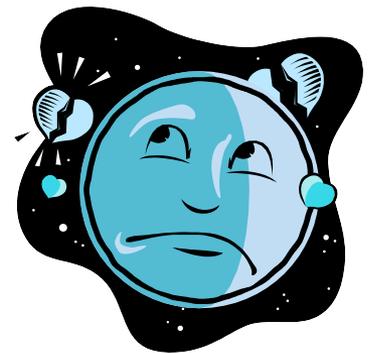
Anxiety



Impulse/Feeling

Basic Human Feelings

- ▶ Love, fear, anger, sadness/grief
- ▶ Components of a Feeling
 - 1 – cognitive label
 - 2 – physiological activation
 - 3 – impulse/action tendency



Working with Defense

- ▶ Looking to help patient identify defense used, particularly pain
- ▶ Making link to avoidance of a feeling and emergence of a somatic experience extremely helpful
- ▶ Continue to work with patient through defense toward experience of feeling that is being avoided

Results of Working Through

- ▶ Decreased reliance on self destructive defenses
- ▶ Decreased Experience of Somatic Pain
- ▶ Increased capacity to experience affect
- ▶ Enhanced sense of well being
- ▶ Enhanced sense of authenticity
- ▶ Increased tolerance for ambivalence and complexity



Group Format

- ▶ John Sarno and Howard Schubiner pioneering
- ▶ Group treatment of back, neck, and headache pain, as well as fibromyalgia
- ▶ Psycho-education regarding the mind-body connection and relationship between conflicted emotions, anxiety and pain
- ▶ Encouraging participants to experience and express conflicted feelings
- ▶ Highly effective, with an average of 50% experiencing relief of all pain after 4 weeks
- ▶ Gains maintained at 6 month follow up