



Research report

The effectiveness of short- and long-term psychotherapy on personality functioning during a 5-year follow-up



Olavi Lindfors^{a,*}, Paul Knekt^{a,b}, Erkki Heinonen^a, Tommi Härkänen^a, Esa Virtala^a,
the Helsinki Psychotherapy Study Group^{a,b,c,d,e}

^a National Institute for Health and Welfare, Helsinki, Finland

^b Biomedicum Helsinki, Helsinki, Finland

^c Rehabilitation Foundation, Helsinki, Finland

^d Social Insurance Institution, Helsinki, Finland

^e Department of Psychiatry, Helsinki University Central Hospital, Helsinki, Finland

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ABSTRACT

Background: Only few randomized trials comparing sustained effects of short- and long-term psychotherapies in personality functioning are available. In this study we compared the effects of two short-term therapies and long-term psychodynamic psychotherapy on patients' personality functioning during a 5-year follow-up.

Methods: Altogether 326 patients of the Helsinki Psychotherapy Study, with anxiety or mood disorder, were randomly assigned to either short-term psychotherapy of about six months (solution-focused therapy (SFT, $n=97$) or short-term psychodynamic psychotherapy (SPP, $n=101$)), or to long-term psychodynamic psychotherapy (LPP, $n=128$), lasting on average three years. Outcomes in personality functioning (i.e., self-concept, defense style, interpersonal problems, and level of personality organization) were assessed five to seven times using, respectively, questionnaires (SASB, DSQ, IIP) and interview (LPO) during the 5-year follow-up from randomization.

Results: Personality functioning improved in all therapy groups. Both short-term therapies fared better than LPP during the first year of follow-up, by faster improvement in self-concept and decrease in immature defense style. SFT also showed more early reduction of interpersonal problems. However, LPP thereafter showed larger and more sustained benefits than SFT and SPP, through greater changes in self-concept. Additionally, LPP outperformed SFT at the end of the follow-up in IIP and LPO, after adjustment for auxiliary treatment. No differences were noted between the short-term therapies at any measurement point.

Limitations: Auxiliary treatment was used relatively widely which limits generalization to exclusive use of short- or long-term therapy.

Conclusions: LPP seems to be somewhat more effective than short-term therapies in facilitating longterm changes in personality functioning.

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1. Introduction

Personality functioning encompasses relatively pervasive dispositions and characteristic patterns of experiencing and behavior. Psychodynamic conceptualizations of these functions usually cover self-experiential, cognitive-affective, object relational, interpersonal/social, and defensive patterns which represent either vulnerabilities to psychopathology and incurring symptoms, or reflect the capacities to adapt to life changes and challenges

(Applegarth, 1989; Dahlbender and Rudolf, 2006; Sullivan, 1953; Trimboli et al., 2013). These patterns are considered to be founded on developmentally organized psychic structures, which, however, can be modified by new experience, e.g., by psychotherapy. With the help of psychotherapy, the patient is thus expected to become more familiar with her/his dysfunctional behaviour patterns, to understand what they are for and to learn more adaptive forms of personality functioning (Benjamin, 1994), representing thus more fundamental changes than symptomatic recovery alone. As changes in personality functioning require longer to become evident than even chronic distress symptoms (Kopta et al., 1994), personality-related changes are considered to be valuable as markers of sustained therapeutic effects (Blatt et al., 2010), and

* Corresponding author. Tel.: +358 29 524 8618.

E-mail address: olavi.lindfors@thl.fi (O. Lindfors).

particularly relevant when comparing the effectiveness of short- and long-term therapies.

There is only limited evidence on the comparative effectiveness of long-term (duration at least one year) and short-term psychotherapies on personality functioning when treating patients with depressive and anxiety disorders. However, there is growing evidence on the greater benefits of long-term psychodynamic psychotherapy in comparison to shorter therapies when treating complex mental disorders (Leichsenring and Rabung, 2008, 2011; Leichsenring et al., 2013a). As maladaptive personality functioning is a core feature of personality disorders in particular, many of these studies have been focused on long-term treatments of personality-disordered patients. They have shown that improvements extending beyond the end of treatment can be attained in many aspects of personality functioning, e.g. quality of object relations and interpersonal problems, reflecting quality and extent of characteristic behavior patterns (Vinnars et al., 2009), and defense mechanisms (Bond and Perry, 2004; Perry and Bond, 2012). Instead, comparisons between various short-term therapies have mostly found no significant differences across different outcome domains for patients with depressive and anxiety disorder (Abbass et al., 2011; Cuijpers et al., 2010; Driessen et al., 2013; Salzer et al., 2011; Slavin-Mulford and Hilsenroth, 2011), albeit some studies have shown lesser (Leichsenring et al., 2013b; Watzke et al., 2012) and some greater (Kallestad et al., 2010) effects in different aspects of personality functioning after short-term psychodynamic therapy in comparison to other therapies.

As far as the authors know, there are only two randomized controlled trials that have compared the effectiveness of short- and long-term psychotherapy in patients with anxiety or depressive disorders on personality functioning, the Helsinki Psychotherapy Study (HPS, Knekt and Lindfors, 2004; Lindfors et al., 2012), and the Norwegian group therapy trial by Lorentzen et al. (2013). In addition, the quasi-experimental Munich Psychotherapy Study (Huber et al., 2012) compared the respective effects in therapies with varying length and intensity. Previous results of the HPS, based on the end-point of the 3-year follow-up after randomization to treatment, showed that changes in self-concept did not differ between the patients randomized to individual long-term psychodynamic psychotherapy (LPP) as compared to patients randomized to short-term psychodynamic psychotherapy (SPP), but LPP did show greater amelioration of self-concept in comparison to patients randomized to brief solution-focused therapy (SFT) (Lindfors et al., 2012). In the other study reporting effectiveness in self-concept, no difference was found between the patients who attended LPP for about three years and those who attended a less intensive 2-year cognitive-behavioral therapy (CBT), after a 3-year follow-up from the end of treatment (Huber et al., 2012).

Similarly, the findings on interpersonal problems have been equivocal. The study comparing short- and long-term psychodynamic group therapies (20 and 80 weekly sessions) found no significant difference in the decrease of interpersonal problems at a 3-year follow-up after the beginning of therapies (Lorentzen et al., 2013). However, the study by Huber et al. (2012) showed more beneficial outcome in LPP vs. CBT in more reduced interpersonal problems at the end of therapy and at the 3-year follow-up.

Additional information is thus needed on the long-term effects of short- and long-term therapies on various aspects of personality functioning, to allow more reliable conclusions on the potential benefits of LPP. The database of the HPS offers the possibility to extend the follow-up on self-concept changes two years after the end of LPP, and to extend the outcome measurement battery of personality functions. Also, the more typical incomplete treatment response in the short-therapies, as indicated by the patients' auxiliary treatment after the end of study therapies (Knekt et al., 2011), needs to be acknowledged in order to partial out the long-term effects of non-protocol treatments.

The aim of this study was to compare the effects of two short-term psychotherapies and long-term psychodynamic psychotherapy on different aspects of patients' personality functioning during a 5-year follow-up.

2. Patients and methods

Patients and methods of the Helsinki Psychotherapy Study have been described in detail elsewhere (Knekt and Lindfors, 2004; Knekt et al., 2008), and are reported only briefly here. The study followed the ethical principles for medical research outlined in the Helsinki Declaration. The patients gave written informed consent, and the ethics council of Helsinki University Central Hospital approved the study.

2.1. Patients and settings

A total of 459 eligible outpatients from the Helsinki region were referred to the study between 1994 and 2000. The inclusion criteria included age between 20 and 45 years, the presence of a long-standing (> 1 year) disorder causing dysfunction in work ability, and a diagnosis of anxiety or mood disorder (American Psychiatric Association, 1994). Exclusion criteria consisted of severe personality disorder, psychotic disorder, bipolar type I disorder, adjustment disorder, substance-related disorder, severe organic disorder, psychotherapy received within the previous two years, and work within psychiatric health care.

After 133 patients refused participation, a total of 326 patients were randomly assigned to solution-focused therapy (SFT, 97 patients), short-term psychodynamic psychotherapy (SPP, 101 patients) and to long-term psychodynamic psychotherapy (LPP, 128 patients). After allocation to treatments, four patients assigned to SFT, three assigned to SPP, and 26 assigned to LPP, refused to participate. A total of 42 patients discontinued the assigned treatment prematurely. The mean drop-out in the measurements during 5-year follow-up was 21% in the SFT, 18% in the SPP, and 21% in the LPP group.

2.2. Therapies and therapists

SFT is a brief resource-oriented and goal-focused therapeutic approach which helps clients change by constructing solutions (Johnson and Miller, 1994). The technique was based on an approach developed by de Shazer et al. (1986). The frequency of sessions in SFT was flexible, usually one session every second or third week, up to a maximum of 12 sessions, over no more than eight months. The mean length of therapy was 7.5 months (SD=3.0). SPP is a brief, focal, transference-based therapeutic approach which helps patients by exploring and working through specific intrapsychic and interpersonal conflicts. The technique was based on approaches described by Malan (1976) and Sifneos (1978). SPP was scheduled for 20 weekly treatment sessions over 5–6 months. The mean length of therapy was 5.7 months (SD=1.3). LPP is an open-ended, intensive, transference-based therapeutic approach which helps patients by exploring and working through a broad area of intrapsychic and interpersonal conflicts. The orientation follows the clinical principles of long-term psychodynamic psychotherapy (Gabbard, 2004). LPP was scheduled for two or three sessions per week for up to 3 years. The mean length of therapy was 31.3 months (SD=11.9).

The therapies were carried out by a total of 55 qualified therapists (Heinonen et al., 2012). Of them, six therapists provided SFT and 12 therapists provided SPP. In these short-term therapies the average years of work experience in the specific therapy was nine for both (range 3–15 and 2–20, respectively). LPP was

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