Psychodynamic Psychotherapy for Children and Adolescents: A Meta-Analysis of Short-Term Psychodynamic Models

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Objective: Psychodynamically based brief psychotherapy is frequently used in clinical practice for a range of common mental disorders in children and adolescents. To our knowledge, there have been no meta-analyses to evaluate the effectiveness of these therapies. **Method:** After a broad search, we meta-analyzed controlled outcome studies of short-term psychodynamic psychotherapies (STPP, 40 or fewer sessions). We also performed sensitivity analyses and evaluated the risk of bias in this body of studies. **Results:** We found 11 studies with a total of 655 patients covering a broad range of conditions including depression, anxiety disorders, anorexia nervosa, and borderline personality disorder. STPP did not separate from what were mostly robust treatment comparators, but there were some subgroup differences. Robust (g = 1.07, 95% CI = 0.80–1.34) within group effect sizes were observed suggesting the treatment may be effective. These effects increased in follow up compared to post treatment (overall, g = 0.24, 95% CI = 0.00–0.48), suggesting a tendency toward increased gains. Heterogeneity was high across most analyses, suggesting that these data need be interpreted with caution. **Conclusion:** This review suggests that STPP may be effective in children and adolescents across a range of common mental disorders. J. Am. Acad. Child Adolesc. Psychiatry, 2013;52(8):863–875. **Key Words:** anxiety, child, depression, psychodynamic, psychotherapy

Psychodynamic psychotherapy with children and adolescents has a long history, and has had a considerable impact on the provision of treatment within both the public and private sector in Europe and the United States. In the United Kingdom, for instance, a survey of mental health services carried out in 1995 suggested that 44% of public services providing community-based care for children and adolescents offered some form of psychodynamic interventions,[1] and in Germany data from the statutory health insurers suggest that 74% of psychotherapists working with children and adolescents are able to offer psychodynamic interventions.[2]

Until recently, however, the empirical support for such treatments has been limited, with Target and Fonagy[3] speaking of the way in which research in this field has been "doubly disadvantaged": first, because psychodynamic treatment research has lagged behind cognitive, behavioral, and family therapies more generally; and second, because of "the general lag between child and adult psychotherapy research, across all forms of therapy" (p. 41).[3]

Over the last 20 years, each of these separate issues has been addressed to some degree. Psychodynamic therapy with adults now has a substantial evidence base, demonstrated in a series of reviews and meta-analyses[4-11] culminating in the landmark publication of Jonathan Shedler's paper "The efficacy of psychodynamic psychotherapy," published in the *American Psychologist*.[12] In this article, Shedler described that Blagys and Hilsenroth[13] had defined psychodynamic psychotherapy as focus on emotion, exploration of attempts to avoid distressing thoughts and feelings, identification of patterns, discussion of past experience, focus on interpersonal relationships, focus on the therapy relationship, and exploration of wishes and fantasies. Meanwhile, the

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evidence-base for a range of therapies with children has also grown considerably,[14-16] although the majority of this research is still focused on behavioral and cognitive–behavioral treatments.

Within the specific field of psychodynamic child and adolescent psychotherapy, a small number of better designed studies began to appear in the 1980s, including studies by Heinicke and Ramsey-Klee,[17] Moran *et al.*,[18] and Target and Fonagy.[19] In a recent critical review of the evidence base for psychodynamic therapies with children and adolescents, Midgley and Kennedy[20] identified 34 studies that met inclusion criteria, including 9 randomized controlled trials (RCTs), 3 quasi-experimental studies, 8 controlled observational studies, and 14 observational studies without control groups. Although the quality of the studies varied considerably, the review concluded that there is some provisional evidence to suggest that this treatment is effective for children and adolescents, with some indications of greater effectiveness for certain diagnostic groups (e.g., depressed children more than those with conduct problems) and for different age groups (increased effectiveness with younger children).

Given the global demand for mental health services for children and adolescents, coupled with economic constraints, the need for effective short-term interventions for children and young people is more urgent than ever before.[21] Although Short-term Psychodynamic Psychotherapy (STPP) has been well reviewed and found to have some empirical support for adults with depression,[9,22] somatic disorders,[7] personality disorders,[10] depression with personality disorder,[8] anxiety disorders, eating disorders and substance use disorders,[23] and mixed disorders,[4,6] we know of no published meta-analysis of STPP for children and adolescents. The importance of identifying which young people can be helped by short-term interventions is therefore both an ethical and a practical priority for child and adolescent mental health services around the world.[21]

METHOD

Methods and results are reported in accordance with the Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) statement.[24]

Eligibility Criteria

It has been critically discussed whether the results of RCTs are representative of clinical practice, as they are carried out under controlled experimental conditions.[25-27] Quasi-experimental studies that are carried out under the conditions of clinical practice show a higher external validity. Their internal validity, however, may be restricted. There is evidence, nonetheless, that quasi-experimental and observational studies do not yield effect sizes that systematically differ from those of RCTs.[27, 28] For this reason, it useful to include both RCTs and quasi-experimental studies in a meta-analysis and test for differences by sensitivity analysis.

Hence, we included studies that were either controlled trials or randomized controlled trials. Participants could be no more than 18 years of age at the start of treatment. The therapy had to be based on psychodynamic theory,[13] and it had to be time limited, with a maximum of 40 sessions. Studies of group therapy and parent–infant therapy were excluded. The comparison treatment could either be another active therapy or a minimal contact condition (including treatment as usual and wait list controls). Only studies that reported at least 1 outcome allowing assessment of both within-group and between-group effect sizes were included. No minimum sample size was required.

Search Strategy and Study Selection

We retrieved studies by means of an extensive search using 2 different search methods.

We searched the electronic databases PubMed, PsychINFO, Embase, Cochrane's Central Register of Controlled Trials, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Database of Abstracts of Reviews of Effects (DARE) from 1980 to present (original search June 2010, repeated in October 2012). Search terms included synonyms for psychodynamic (psychodynamic, psychoanalytic and dynamic) paired with "child short-term," "child brief," "adolescent short term," and "adolescent brief." We searched in MESH terms, index, abstract, and full text. No language restrictions were applied.

In addition to this, supplementary search for published and unpublished studies was undertaken, including contacting key researchers and searching reference lists of 6 reviews and meta-analyses addressing psychotherapy for children and adolescents.[29-34]

Titles and abstracts were screened for inclusion by 2 independent raters. Articles that did not meet exclusion criteria were requested in full text and reviewed by 4 independent raters. Disagreement was resolved by discussion and consensus. All the included studies had to be independent: if 2 articles reported on the same study sample, 1 of them was excluded.

Data Collection and Assessment of Methodological Quality

An electronic form was used to extract data on study characteristics, sample characteristics, treatment characteristics, and outcomes. The form included the following variables (Table 1): reference of publication (author, year), design of study (RCT/non-RCT, assessment times), disorder treated, n (STPP), n