The Place for Psychodynamic Therapy and Obstacles to Its Provision

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KEYWORDS

• Psychodynamic treatment • Personality disorders • Chronic depressive disorders
• Anxiety disorders • Chronic complex disorders • Insurance company protocols
• Mental health parity

KEY POINTS

- Psychodynamic treatment has been shown to provide specific benefits for patients with personality disorders, chronic depressive and anxiety disorders, and chronic complex disorders, and its intensity and duration have independent positive effects.
- Obstacles to its provision include a bias privileging brief treatments, especially cognitive behavior therapy, seen as a gold standard of treatment, despite difficulties with the design and validity of, and the ability to generalize from, its supporting research and the diagnostic nosology of the illnesses studied.
- Another obstacle to the provision of psychodynamic psychotherapy lies in insurance company protocols that violate the mandate for mental health parity and focus on conserving insurers' costs rather than the provision of optimum treatment to patients.

Psychodynamic treatment has been shown to provide specific benefits for patients with personality disorders, chronic depressive and anxiety disorders, and chronic complex disorders, and its intensity and duration have independent positive effects. Obstacles to its provision include a bias privileging brief treatments, especially cognitive behavior therapy (CBT), seen as a gold standard of treatment, despite difficulties with the design and validity of, and the ability to generalize from, its supporting research and the diagnostic nosology of the illnesses studied. Another obstacle to the provision of psychodynamic psychotherapy lies in insurance company protocols that violate the mandate for mental health parity and focus on conserving insurers' costs rather than the provision of optimum treatment to patients.

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Those valuing short-term cost saving objectives more than optimum treatment might prefer to provide lower cost medication treatment. Nonetheless, psychotherapy is preferred to medication by 75% of patients,[1] often provides a greater effect size than medication alone, augments the effect of medication (although the reverse of medication augmenting psychotherapy is not established), has lower dropout rates than medication-alone protocols, and obviously lacks the side effects of medication treatments.[2]

Although psychotherapy for different approaches is effective for many patients, there is a common assumption that CBT is the superior and preferred approach. However, a recent study[3] showed psychodynamic therapy to be equivalent to other treatments established as efficacious. In addition, Leichsenring and Steinert,[4] 2017, challenge the gold-standard status of CBT with their findings of publication bias, its frequent small effect size, the influence of researcher allegiance, several meta-analyses revealing its limited efficacy, and response and remission rates of 50% or less for depression and anxiety leaving a large percentage of patients with insufficient improvement.

LENGTH AND INTENSITY OF PSYCHOTHERAPY

With respect to treatment "dosage," recent studies identify several diagnostic groups of patients who need an intensive and longer duration of psychotherapy, including those with chronic, debilitating personality disorders; chronic, complex disorders such as severe long-standing depression and anxiety; and multiple chronic psychiatric disorders. Among the most seriously ill, these patients are frequently not adequately treated with psychotherapy because of arbitrary limits on reimbursement for psychotherapy by insurance companies.[5] Patients with personality disorders are very costly to society; are among the most chronically impaired groups in psychiatric populations; are unemployed for long periods; and have high rates of drug problems, suicide attempts, interpersonal difficulties,[6–9] criminal behavior, divorce, child abuse, and heavy use of mental and general health care.[10] The lifetime prevalence of personality disorders is between 10% and 13.5%,[9,11–14] affecting 30 million Americans of all social classes, races, and ethnicities.

For these patients who need more psychotherapy, both longer duration and higher frequency of psychotherapy have independent positive effects and contribute to the most positive treatment outcomes.[15–19] The cost-effectiveness and cost offset of extended intensive psychotherapy for those patients who need it include savings from decreased sick leave, and decreased medical costs and decreased hospital costs.[20–30]

Patients with borderline personality disorder (BPD) take significantly longer to improve.[31–36] The British Health Service National Institute for Health and Care Excellence cautions against brief psychological interventions for BPD, stating, "…there is perhaps an even stronger signal that longer treatments with higher doses are of greater benefit. In several studies, significant improvement was only observed after 12 months of active treatment."[37(p207)]

Depression has a lifetime prevalence in the United States of 19.3% with major depression being a common diagnosis affecting 16.6% of adults,[38] occurring in 1 of every 10 to 20 primary care patients,[39] and is the most common diagnosis made in primary care.[40] Depression is experienced by one-fifth of all Americans at some point during their lifetimes,[41] and is extremely costly to society in increased medical costs, suicide-related mortality costs, and disability. A World Health Organization study[42] found unipolar depressive disorders to be the greatest cause of worldwide disability.