Review of the Helsinki Psychotherapy Study findings on outcome and suitability of short- vs. long-term psychotherapy

Stockholm, 18 November 2016

Olavi Lindfors, Paul Knekt and the Helsinki Psychotherapy Study Group

National Institute for Health and Welfare
Helsinki, Finland

“From the perspective of evidence-based practice, the importance of psychotherapy research is to help in advocating more effective health policy, building up-to-date treatment guidelines, improved patient care and more effective professional training.”

Parry et al. 2005, in A. Roth, P. Fonagy. What works for whom?
Background of the study

In mid 1990’s
• The rise of evidence-based medicine, psychotherapy
• No evidence to back up the use of long-term psychodynamic psychotherapy vs. shorter therapies, based on randomized clinical trials – research interests
• In Finland, the majority of practising psychotherapists and training programs (80 %) based on the psychoanalytic/dynamic tradition
• Long-term therapies subsidized by social insurance to prevent and improve work disability – national service system interests

The initial interest
• What is the effectiveness and cost-effectiveness of long-term vs. short-term therapy?

Orientation of therapy
<table>
<thead>
<tr>
<th>Orientation of therapy</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Psychodynamic/-analytic</td>
<td>55</td>
</tr>
<tr>
<td>Family therapy</td>
<td>36</td>
</tr>
<tr>
<td>Cognitive, cognitive-behavioral, -analytic</td>
<td>20</td>
</tr>
<tr>
<td>Crisis oriented, trauma and solution-focused</td>
<td>16</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
</tbody>
</table>

Most frequent duration of therapy
• Short-term (less than 1 year)                             | 18|
• Medium or long-term (more than 1 year)                    | 48|
• Mixed, unable to say                                      | 34|

(Valkonen et al. Social Insurance Institution, Finland, 2011)
The Helsinki Psychotherapy Study (HPS)

Carried out at the National Institute for Health and Welfare (THL, Health Department) in co-operation with
- the Social Insurance Institution of Finland
- the Biomedicum Helsinki
- Hospital District of Helsinki and Uusimaa
- Rehabilitation Foundation
- Several collaborating researchers from University Departments in Finland and abroad

A total of about 250 persons have had some professional role in the study

Administration and key researchers at present: Prof. Paul Knekt (project director), Adj. Prof. Olavi Lindfors (development manager), Adj. Prof. Tommi Härkänen (research manager), Esa Virtala (data manager); Timo Maljanen (senior researcher), Dr. Erikki Heinonen (researcher), Dr. Maarit Laaksonen (researcher)
Helsinki Psychotherapy Study (HPS)

- **Aim:** To evaluate the comparative effectiveness, sufficiency and suitability of psychotherapies.
- **Study design:** Randomized clinical trial combined with a quasi-experimental outcome study and a non-randomized cohort (prediction) study.
- **Data:** A total of 367 outpatients suffering from depressive (82%) or anxiety disorder (43%) and 71 therapists from the Helsinki area.
- **Treatment:** Four different forms of psychotherapy.
- **Follow-up:** Start of treatments 1995-2000. Follow-up continued 10 years from start of treatment. A total of 15 repeated measurement occasions were performed during the follow-up.
- **Measures of effectiveness:** Quantitative as well as qualitative measures were used.

### Forms of therapy

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Frequency of sessions</th>
<th>Number of sessions</th>
<th>Length of therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solution-focused therapy (SFT)</td>
<td>1 session every 2\textsuperscript{nd} or 3\textsuperscript{rd} week</td>
<td>12</td>
<td>≤ 8 months</td>
</tr>
<tr>
<td>Short-term psychodynamic psychotherapy (SPP)</td>
<td>1 session a week</td>
<td>20</td>
<td>5–6 months</td>
</tr>
<tr>
<td>Long-term psychodynamic psychotherapy (LPP)</td>
<td>2-3 sessions a week</td>
<td>240</td>
<td>2–3 years</td>
</tr>
<tr>
<td>Psychoanalysis (PA)</td>
<td>4 sessions a week</td>
<td>640</td>
<td>5 years</td>
</tr>
</tbody>
</table>
Inclusion and exclusion criteria

Eligible patients
- 20-45 years of age
- Anxiety or depressive disorder (DSM-IV)
- Long-standing (> 1 year) disorder causing dysfunction in work ability

Exclusion criteria
- Psychotic disorder, severe personality disorder, bipolar I disorder or adjustment disorder
- Organic brain disease or mental retardation
- Alcohol or substance abuse
- Treated with psychotherapy within the previous 2 years

Effectiveness: Study designs

Design 1
(Randomized trial)
- Randomization (N=326)
- Solution-focused therapy (N=97)
- Short-term psychodynamic therapy (N=101)

Design 2
(Naturalistic study)
- Self-selection (N=41)
- Long-term psychodynamic therapy (N=128)
- Psychoanalysis (N=41)

Quasi-experimental design
**Successfulness of randomization**

Baseline characteristics of the 326 patients by treatment group.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>SPP (n=101)</th>
<th>LPP (n=128)</th>
<th>SFT (n=97)</th>
<th>P-value for difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Socio-economic variables</strong></td>
<td></td>
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<tr>
<td>Age (years)</td>
<td>32.1</td>
<td>31.6</td>
<td>33.6</td>
<td>0.08</td>
</tr>
<tr>
<td>Males (%)</td>
<td>25.7</td>
<td>21.1</td>
<td>25.8</td>
<td>0.63</td>
</tr>
<tr>
<td>Living alone (%)</td>
<td>48.5</td>
<td>49.2</td>
<td>56.7</td>
<td>0.44</td>
</tr>
<tr>
<td>Academic education (%)</td>
<td>19.8</td>
<td>28.1</td>
<td>29.9</td>
<td>0.26</td>
</tr>
<tr>
<td><strong>Psychiatric diagnosis and symptoms</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mood disorder (%)</td>
<td>78.2</td>
<td>88.3</td>
<td>86.6</td>
<td>0.09</td>
</tr>
<tr>
<td>Anxiety disorder (%)</td>
<td>49.5</td>
<td>36.7</td>
<td>46.4</td>
<td>0.12</td>
</tr>
<tr>
<td>Personality disorder (%)</td>
<td>24.8</td>
<td>12.5</td>
<td>18.6</td>
<td>0.06</td>
</tr>
<tr>
<td>Symptom Check List, Global Severity Index (SCL-90-GSI)</td>
<td>1.26</td>
<td>1.27</td>
<td>1.31</td>
<td>0.84</td>
</tr>
<tr>
<td>Symptom Check List, Anxiety scale (SCL-90-Anx)</td>
<td>1.25</td>
<td>1.19</td>
<td>1.27</td>
<td>0.65</td>
</tr>
<tr>
<td>Beck Depression Inventory (BDI)</td>
<td>17.9</td>
<td>18.8</td>
<td>18.1</td>
<td>0.67</td>
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<tr>
<td><strong>Personality functions</strong></td>
<td></td>
<td></td>
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<tr>
<td>Quality of Object Relations Scale (QORS) (% low)</td>
<td>38.6</td>
<td>38.3</td>
<td>46.4</td>
<td>0.41</td>
</tr>
<tr>
<td>Defense Style Questionnaire (DSQ), immature style</td>
<td>3.92</td>
<td>3.93</td>
<td>3.94</td>
<td>0.70</td>
</tr>
<tr>
<td>Inventory of Interpersonal Problems (IIP)</td>
<td>86.5</td>
<td>82.8</td>
<td>91.2</td>
<td>0.13</td>
</tr>
<tr>
<td>Self-concept (SASB), Affiliation (AF)</td>
<td>2.28</td>
<td>8.25</td>
<td>6.60</td>
<td>0.76</td>
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<tr>
<td>Self-concept (SASB), Autonomy (AU)</td>
<td>-24.7</td>
<td>-29.5</td>
<td>-25.4</td>
<td>0.56</td>
</tr>
</tbody>
</table>

Therapists’ background

- 71 therapists
- Mean age: 49 years (SD 6.6)
- Women: 69%
- Professional background
  - Psychologist: 72%
  - Psychiatrists 11%
  - Other 17%
- General therapy experience 17 years (SD 6.0)
- All therapists qualified to practice the therapy they provided
## Data collection in 1995-2014

<table>
<thead>
<tr>
<th>Point in time (month)</th>
<th>Questionnaires</th>
<th>Interviews (video recorded)</th>
<th>Tests</th>
<th>Registers (video recorded)</th>
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<tbody>
<tr>
<td>0</td>
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## Participation at different phases of follow-up

- During the 5-year follow-up 78-94% of patients participated
- At 10-year follow-up 51-78%
- Reasons of dropout from measurements
  - Disappointment to study treatment
  - Attending follow-up considered as stressful
  - Life situation
  - Not known
- When non-participation is not randomly distributed (non-ignorable)
  - Use of information from previous or following measurements
  - Use of information from other patients
  - Use of register information (e.g. use of psychotropic medication)
Effectiveness study: outcome measures

- Psychiatric symptoms and diagnosis (BDI, SCL-90, HDRS, HARS, Target Complaints; DSM-IV)
- Need for psychiatric treatment (medication, therapy, hospitalization)
- Working ability (Work Ability Index, SAS-work, PPF, Sick leave)
- Social functioning (SAS-SR, LOT, SOC, LSS)
- Personality functions (LPO, DSQ, IIP, QORS, SASB)
- Lifestyle and somatic health (smoking, BMI, alcohol consumption, leisure time exercise, serum cholesterol)
- Cost-effectiveness (direct and indirect costs vs. effects)

Development of measures and outcome criteria within HPS

- Remission
  - At least 50% reduction of symptoms OR
  - Attainment of a level below clinical cut-off (standard criteria)
- Extended Remission
  - Remission and no considerable auxiliary treatment (i.e. Psychotropic medication ≥ 1 year OR Therapy ≥ 20 sessions OR Psychiatric hospitalization)
- Use of factor analysis condensing information
  - Combining scores from similar outcome domains
  - Measurement of different types of childhood adversity
- Construction and validation of interview scales
  - Suitability for Psychotherapy Scale (SPS) (Laaksonen et al. 2012)
  - Level of Personality Organization (LPO) (Valkonen et al. 2011)
ITT vs AT -analyses

- Intention-to-treat (ITT) analysis
  - Statistical analysis concerns all patients randomized to treatments.
  - All patients are followed throughout the follow-up, to reduce bias.
  - Deviation from study protocol (i.e., refusal of treatment, dropout, missed treatment sessions, auxiliary treatments etc.) are not acknowledged in the analysis.
  - ITT results are reported to avoid bias (manipulation of allocation to treatment groups).

- As treated (AT) analysis
  - Concerns all patients, but additionally
    - Protocol deviations are acknowledged in statistical analyses.
    - Additional treatments are registered and used as potential confounding variables in statistical models.
    - The impact of AT analyses is highlighted when studying long-term treatments and using long follow-up.

Choice of an effectiveness study design: the ideal of a randomized clinical trial (RCT)

- **Experiment**: ‘Gold standard’ of evidence-based medicine (EBM)? Randomized, controlled, double-blind trial.

- **Principle action**: Researcher assigns patients to treatments
  1. Therapies (and therapists) are randomized between patients.
  2. Therapy groups are compared with a control group.
  3. Patients and raters are unaware of the treatment (double-blind).
  4. Therapies are standardized, manualized and adherence is measured.
  5. No auxiliary treatments are allowed during trial.
  6. Hypotheses and outcome variables need to be pre-determined.

- **Causality**: In an adequate design with large data base causal inferences can be made
Randomization in the Helsinki Psychotherapy Study

- Initially planned only between 2 short-term psychotherapies
- Final study plan was extended to include 2 short-term and 1 long-term therapy, on the basis of
  - lack of evidence on the optimal choice for short- vs. long-term therapy
  - ethical approval concerning inclusion and exclusion criteria and treatability by all the 3 treatments
  - consent of therapists and patients for randomization
- Non-treatment comparison group was considered unethical and impossible
- Randomization between psychoanalysis (PA) and short-term therapies was considered unethical and implausible, due to
  - specific suitability for psychoanalysis (e.g. analyzability, motivation)
  - analysts’ non-consent for randomization

Effectiveness of therapies during a 10-year follow-up: trial
Depression
10-year follow-up (SCL-90-DEP)

<table>
<thead>
<tr>
<th>Follow-up time (months)</th>
<th>Baseline</th>
<th>Short therapies end</th>
<th>Long therapy ends</th>
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</thead>
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Short-term psychodynamic
Long-term psychodynamic
Solution-focused

Knekt ym. Psychol Med 2016

Anxiety (SCL-90-ANX)

<table>
<thead>
<tr>
<th>Follow-up time (months)</th>
<th>Baseline</th>
<th>Short therapies end</th>
<th>Long therapy ends</th>
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</table>

Short-term psychodynamic
Long-term psychodynamic
Solution-focused

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**Work ability**

10-year follow-up (SAS-work)

Follow-up time (months)

- Short-term psychodynamic
- Long-term psychodynamic
- Solution-focused

**Self-concept, positive (affiliation)**

10-year follow-up (SASB-AF)

Follow-up time (months)

- Short-term psychodynamic
- Long-term psychodynamic
- Solution-focused

*Knekt ym. Psychol Med 2016*
Use of additional psychiatric treatments during the follow-up

Knekt et al., J Affect Disord 2011

Significant auxiliary treatment in short- and long-term therapy groups, 5-year follow-up

Study therapy
- Short-term therapy
- Long-term therapy
- Psychoanalysis

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Short-term therapy</th>
<th>Long-term therapy</th>
<th>Psychoanalysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any significant</td>
<td>50%</td>
<td>43%</td>
<td>52%</td>
</tr>
<tr>
<td>Medication</td>
<td>28%</td>
<td>36%</td>
<td>51%</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>16%</td>
<td>15%</td>
<td>39%</td>
</tr>
<tr>
<td>Hospital</td>
<td>7%</td>
<td>7%</td>
<td>2%</td>
</tr>
</tbody>
</table>
Relative risk of incident auxiliary treatment between treatment groups

<table>
<thead>
<tr>
<th>Auxiliary treatment</th>
<th>Therapy by HPS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Short therapy</td>
</tr>
<tr>
<td>Some auxiliary treatment</td>
<td>1.8*</td>
</tr>
<tr>
<td>Psychotropic medication</td>
<td>1.5*</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>2.1*</td>
</tr>
</tbody>
</table>

* Differs statistically significantly from long-term therapy

Rate of patients using auxiliary therapy; 5-year follow-up

Knekt et al., 2011
### Number of therapy sessions offered and taken by patients allocated to therapies during the 5-year f-u

<table>
<thead>
<tr>
<th>Therapy sessions</th>
<th>Solution-focused therapy</th>
<th>Short-term psycho-dynamic therapy</th>
<th>Long-term psycho-dynamic therapy</th>
<th>Psycho-analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPS protocol</td>
<td>12</td>
<td>20</td>
<td>Up to 240</td>
<td>Up to 800</td>
</tr>
<tr>
<td>Given by HPS</td>
<td>10 (1-15)</td>
<td>19 (4-23)</td>
<td>232 (8-417)</td>
<td>646 (74-1113)</td>
</tr>
<tr>
<td>Auxiliary therapy sessions added</td>
<td>60 (3-416)</td>
<td>70 (7-512)</td>
<td>240 (8-448)</td>
<td>670 (115-1113)</td>
</tr>
</tbody>
</table>

**Knekt et al., 2011**

### Use of psychotropic medication during 10-year follow-up

- **SFT**
- **LPP**
- **SPP**

**Relative risk between the therapies**

- SPP vs. LPP: 1.22, 1.20, 1.26, 1.30, 2.17*, 1.68*, 1.68*, 1.41, 1.21, 1.44, 1.69
- SFT vs. LPP: 1.56, 1.13, 1.00, 0.91, 1.33, 0.96, 1.43, 1.41, 1.24, 1.32, 1.41
- SPP vs. SFT: 0.78, 1.06, 1.26, 1.43, 1.54*, 1.63*, 1.17, 1.00, 0.98, 1.09, 1.20

* P-value for difference from unity < 0.05.

**Knekt et al., 2016**
Sufficiency of study treatment for remission (SCL-90-GSI < 0.91) during 10-year follow-up

<table>
<thead>
<tr>
<th>Remission (%)</th>
<th>SPP</th>
<th>SFT</th>
<th>LPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remitted without using significant auxiliary treatment</td>
<td>45</td>
<td>55</td>
<td>62</td>
</tr>
<tr>
<td>Remitted and used significant auxiliary treatment</td>
<td>67</td>
<td>69</td>
<td>81</td>
</tr>
</tbody>
</table>

*Cumulative % of auxiliary therapy users* 58 55 42

*Mean number of sessions among users* 160 161 50

*Knekt ym. Psychol Med 2016*

The cost-effectiveness of short-term and long-term psychotherapy in the treatment of depressive and anxiety disorders during a 5-year follow-up

Timo Majanen1,2, Paul Knekt1,3, Olavi Lindfors3, Esa Virtala3, Päivi Tillman1, Tommi Härkönen3, The Helsinki Psychotherapy Study Group

JAD 2016; 190

Average total direct costs

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>LPP</td>
<td>22.132 €</td>
</tr>
<tr>
<td>SPP</td>
<td>7.387 €</td>
</tr>
<tr>
<td>SFT</td>
<td>8.434 €</td>
</tr>
</tbody>
</table>

*Fig. 1. The mean annual total undiscounted direct costs (euros) per patient during the five-year follow-up period.*
Conclusions; 10-year follow-up of the trial

- LPP showed greater reductions in symptoms, greater improvement in work ability and higher remission rates than SPP (ITT analyses).
- Considering violation of treatment standards (AT analyses) similar differences were found in comparison to SFT in symptoms and work ability.
- In case all the 198 patients allocated to short-term therapies would have received long-term therapy, about 25 patients more would have remitted.
- Prevalence of auxiliary psychiatric treatment was relatively high.
- All treatments were insufficient for part of patients.
- Although short-term therapies appear on average more cost-effective than LPP, treatment selection was not based on patients’ preference and suitability.

Effectiveness of psychoanalysis during a 10-year follow-up: a quasi-experimental study
Quasi-experimental design

A combination of cohort study and randomized clinical trial
- Aims to approximate RCT, to allow reliable group comparisons

Cohort study (naturalistic study)
- Investigator observes associations in a selected cohort of patients.
- Confounding factors need to be statistically controlled.
- Conclusions about causality may be difficult.

Randomized clinical trial
- Investigator decides which interventions are given to subjects.
- Subjects are randomly allocated to different interventions

Suitability as a possible confounder of effectiveness

- Problem: Patients allocated to psychoanalysis are selected, not randomized; is outcome due to selection or treatment effect?
- Solution: Evaluation of the effect of selection criteria (contraindications and indications) on outcome; how do these differ between the treatment groups?
- Conclusions: The less there are pre-treatment differences, the more reliably the effects are due to treatment.
- Actions needed: When selection causes bias, epidemiological and statistical methods are used (adjustment for confounders)
Suitability for psychoanalysis

**Contraindications**
- Diagnostic criteria
- Ego strength and object relations
- Self-observing capacity
- Life history and life situation

**Indications**
- Other treatments likely to be insufficient
- Chronic symptoms, subjective suffering
- Developmentally induced intrapsychic conflicts
- Growth potential (Personal characteristics needed to form, maintain and relinquish transferential relationship)


Suitability to psychoanalysis; contraindications

- **Psychiatric diagnosis** (Poor reality testing and non-therapeutic regression potential)
  - Psychotic disorder
  - Severe personality disorder
- **Ego strength and object relations**
  - Very poor ego strength
  - Pathological narcissism
  - Very poor affect and frustration tolerance
  - Very poor capacity for analytic relationship
  - Very low developmental level of object relations
- **Self-observing capacity**
  - Very poor reflective ability
  - Very poor verbalization ability
  - Very low intelligence
- **Life history**
  - Extreme traumatization or deprivation
- **Life situation**
  - Serious life crisis (eg. serious somatic illness, acute trauma, loss of functional ability)
Suitability to psychoanalysis; subjective suffering

<table>
<thead>
<tr>
<th>Symptoms and functional capacity</th>
<th>Long-term therapy</th>
<th>Psychoanalysis</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Depressive symptoms (BDI)</td>
<td>18.8</td>
<td>19.0</td>
<td>0.86</td>
</tr>
<tr>
<td>• Anxiety symptoms (ANX)</td>
<td>1.19</td>
<td>1.30</td>
<td>0.37</td>
</tr>
<tr>
<td>• Global severity of symptoms (GSI)</td>
<td>1.27</td>
<td>1.34</td>
<td>0.45</td>
</tr>
<tr>
<td>• Functional ability (GAF)</td>
<td>55.5</td>
<td>55.8</td>
<td>0.85</td>
</tr>
<tr>
<td>• Work Ability (WAI)</td>
<td>33.4</td>
<td>32.3</td>
<td>0.36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Long-term therapy</th>
<th>Psychoanalysis</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mood disorder (%)</td>
<td>88</td>
<td>93</td>
<td>0.43</td>
</tr>
<tr>
<td>• Major depressive disorder (%)</td>
<td>26</td>
<td>24</td>
<td>0.86</td>
</tr>
<tr>
<td>• Anxiety disorder (%)</td>
<td>37</td>
<td>39</td>
<td>0.79</td>
</tr>
<tr>
<td>• Personality disorder (%)</td>
<td>13</td>
<td>20</td>
<td>0.27</td>
</tr>
<tr>
<td>• Co-morbidity (%)</td>
<td>37</td>
<td>49</td>
<td>0.17</td>
</tr>
</tbody>
</table>

Suitability to psychoanalysis; intrapsychic conflicts

<table>
<thead>
<tr>
<th>Long-term therapy</th>
<th>Psychoanalysis</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPO, neurotic conflicts</td>
<td>4.14</td>
<td>4.14</td>
</tr>
<tr>
<td>QOR, quality of object relations</td>
<td>5.18</td>
<td>4.98</td>
</tr>
<tr>
<td>DSQ, immature defense styles</td>
<td>3.93</td>
<td>3.88</td>
</tr>
<tr>
<td>SOC, sense of coherence</td>
<td>114</td>
<td>107</td>
</tr>
<tr>
<td>SASB, self-concept</td>
<td>8.25</td>
<td>-11.2</td>
</tr>
<tr>
<td>IIP, interpersonal problems</td>
<td>82.8</td>
<td>90.0</td>
</tr>
</tbody>
</table>
Suitability to psychoanalysis; growth potential (% good values of SPS¹)

- Ego strength
  1. Modulation of affects (%)  72  68  0.71
  2. Flexibility of interaction (%)  91  95  0.53
  3. Self-concept in relation to ego ideal (%)  85  71  0.23

- Self-observing capacity
  1. Reflective ability (%)  83  93  0.33
  2. Trial interpretation (%)  65  88  0.02
  3. Motivation (%)  39  68  <0.01

¹Laaksonen et al. 2010; Suitability for Psychotherapy Scale, SPS

Summary: differences between psychoanalysis and long-term therapy patients

In psychoanalysis there were

- anxiety disorders
- personality disorders
- poor level of object relations
- interpersonal problems
- problematic tension between self-concept and ego ideal

less
- previous use of psychotropic medication
- significant separation experiences during childhood

better
- reflective ability
- motivation
Depression
10-year follow-up (SCL-90-DEP)

Follow-up time (months)

Baseline
Long therapy ends
Psychoanalysis ends

Long-term psychodynamic
Psychoanalysis

Lindfors et al. Manuscript in preparation

Anxiety (SCL-90-ANX)

Follow-up time (months)

Baseline
Long therapy ends
Psychoanalysis ends

Long-term psychodynamic
Psychoanalysis

Lindfors et al. Manuscript in preparation
Work ability
10-year follow-up (SAS-work)

Follow-up time (months)

Baseline
Long therapy ends
Psychoanalysis ends

Long-term psychodynamic
Psychoanalysis

Self-concept, positive (affiliation)
10-year follow-up (SASB-AF)

Follow-up time (months)

Baseline
Long therapy ends
Psychoanalysis ends

Long-term psychodynamic
Psychoanalysis

Lindfors et al. Manuscript in preparation
Conclusions; 10-year follow-up

- The effect of selection criteria for psychoanalysis
  - Only minor differences, controlled by statistical adjustments.
- Differences in the effects
  - PA the most effective (of all the four therapies) at 5-year follow-up (usually end-point of PA) on symptom reduction and remission.
  - Rate of changes slowest in PA.
  - At the end-point of PA no significant differences were found in effectiveness vs. LPP in symptoms, work ability, use of auxiliary treatment and remission – except in lesser personality disorder
  - More beneficial effects of PA found at the 6-7-year follow-up in
    - personality functioning (DSQ, SASB self-concept, LPO)
    - social functioning (SAS-SR, SOC, LSS)
    - but not anymore at the 10-year follow-up
- All treatments were insufficient for part of patients

Suitability for psychotherapy: predictors of outcome in short- vs. long-term therapy
Why do we need research on predictors of psychotherapy?

- Knowledge on the general effects of psychotherapies is not sufficient in guiding treatment decisions.
- Diagnosis is inadequate basis for treatment selection.
- In clinical practice patients' individual differences (resources, aptitudes and vulnerabilities) are important and may protect from negative treatment effects.
- Research on the predictors and moderators of psychotherapy effectiveness can help to improve practice guidelines and develop more effective clinical practice.

Potential predictors of outcome studied in the HPS

<table>
<thead>
<tr>
<th>Therapy-related predictors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Therapy form</td>
</tr>
<tr>
<td>- Length of therapy</td>
</tr>
<tr>
<td>- Therapeutic alliance</td>
</tr>
<tr>
<td>- Patient’s expectations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient-related predictors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Demographic factors</td>
</tr>
<tr>
<td>- Psychiatric symptoms and diagnoses</td>
</tr>
<tr>
<td>- Psychiatric history</td>
</tr>
<tr>
<td>- Adverse childhood experiences</td>
</tr>
<tr>
<td>- Social factors</td>
</tr>
<tr>
<td>- Personality-related factors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapist-related predictors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Demographic factors</td>
</tr>
<tr>
<td>- Therapist training and experience</td>
</tr>
<tr>
<td>- Therapist’s personal characteristics</td>
</tr>
<tr>
<td>- Therapist’s professional characteristics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Predictors not specifically related to therapy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Social support</td>
</tr>
<tr>
<td>- Life events</td>
</tr>
</tbody>
</table>
Self-concept (SASB affiliation score) as a predictor of changes in depressive symptoms (BDI), between short-term (SPP and SFT, combined) and long-term therapy

Lindfors et al. 2014, JAD

Summary of findings, thus far, from the HPS suitability research on patient characteristics

- LPP seems to give on average, more beneficial effects in comparison to short-term therapy
  - Poor psychological suitability (based on SPS scale) (Laaksonen et al. 2013)
  - Poor self-concept, poor quality of object relations (Lindfors et al. 2014)
  - Increased use of immature defenses (Laaksonen et al. 2014)
  - Lower level of personality organization (Knekt et al. 2016)
  - Higher level of intelligence (Knekt et al. 2014)
  - Higher level of optimism (Knekt et al. 2016c)
  - Higher level of personality functioning (Lindfors et al. 2014)

- In LPP specifically
  - Higher level of social support is beneficial (Lindfors et al. 2015)
  - Severity of interpersonal problems does not seem to disturb the development of alliance (Ollila et al. 2016)
Summary...on therapist characteristics as predictors

- Therapists' professional and personal characteristics predict therapy outcome differently depending on the length of therapy (Heinonen et al. 2012, 2014)
  - Lower self-rated healing involvement and lower current skillfulness predict lesser outcomes especially in short-term therapy
  - High personality intensity appear to be beneficial especially for conducting short-term therapy
  - Lower self-rated forcefulness, lower task-orientation and lower intensity appear beneficial especially for conducting long-term therapy
  - In PA, professionally less affirming and personally more forceful and less aloof therapists predicted less symptoms in PA than in LPP at the end of the follow-up.
  - A faster symptom reduction in LPP vs. PA was predicted by a more moderate relational style and work experiences of both skillfulness and perceived difficulties

Conclusions

- “Average treatment effect does not generalize to individual patients” (Kramer et al. 2006)

- Further research is needed on the relative importance of patient, therapist and therapy relationship factors on sustained outcome and suitability of short- and long-term psychotherapies.

- Individual factors responsible for treatment success and failure can further be studied by systematic case research to give new hypotheses and more insight into unexpected prognoses

- The future tasks of the Helsinki Psychotherapy Study cover these issues during a 10-year follow-up.
Qualitative research of HPS

Summary of qualitative studies and findings

- Valkonen et al. *Outcomes of psychotherapy from the perspective of its users*. Psychother Res 2011
  - 14 patients treated by LPP and SFT, with either remission or non-remission
  - ‘Narrative analysis’ on patients’ conceptions of their problems and of themselves in relation to expectations from therapy (‘inner narrative’), and of changes experienced in therapy
  - Unsuccessful therapy was mostly related to
    - ill-fitting therapy or therapist (mismatch between patient’s expectations, nature of ‘inner narrative’, and targets or style of therapy)
    - incompleteness of therapy (‘OK, but not enough’)
    - external reasons

- Härkäpää et al. *Changes in studying abilities as perceived by students attending psychotherapy*. Br J Guid Coun 2014
  - 14 patients, students at baseline, and treated by LPP, SFT and SPP
  - A *grounded theory analysis* of changes in studying ability during the therapy process.
  - Main advances were positive changes in psychological resources; for some persons lack of integration between therapy and tutoring/career guidance was found to be lacking.
Summary of qualitative studies and findings...

- Conversation analytic studies
  - Holm N. Discourse analytic study on constructing remission and agency in psychotherapy. University of Helsinki, Department of Social Psychology, Helsinki 2009.

- On learning, self-reflection and psychotherapy/-analysis
  - Happo et al. What is to be learned from psychotherapy. Experiences from short-term psychodynamic and solution-focused therapy, in Finnish). Psychologia 2014

- Psychotherapy experiences of male patients

A view on ongoing study and future perspectives

- Effectiveness of psychoanalysis in 10-year follow-up (Lindfors et al.)
  - Effects on somatic health and health behavior
  - Cost-effectiveness, PA vs. LPP

- Suitability research, prediction of short- vs. long-term therapy
  - Childhood adversity as a predictor of outcome within different therapies and between short- vs. long-term therapy (Heinonen et al.)
  - Other specific patient factors as predictors (e.g. sense of coherence, reflective ability)
  - Global estimation of the relative importance of different patient factors by using the Population Attributable Fraction (PAF) measure (Knekt et al.)
A view on ongoing study and future perspectives...

- Determinants of untypical therapy & use of auxiliary treatment (Knekt)
- Alliance research
- Qualitative study
  - Experiences of LPP patients in relation to low vs. high level of personality organization (Sinkkonen)
  - Dialogical sequence analysis (DSA) in the assessment of changes in SPP (Savolainen et al.)
  - Building new hypotheses: Evaluation of treatment failure vs. success (qualitative DSA study based on quantitative study findings)
- Research-practice (and training) network based on the HPS findings
  - National co-operation with the authorities in charge of evaluating and carrying out psychotherapist training programs
  - Guidelines for psychotherapy assessment (suitability) and monitoring the need of psychotherapy

Information of the HPS and the list of publications

www.thl.fi/hps

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