

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

Stockholm, 18 November 2016

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*“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?

3

## The present role of short- and long-term therapies among Finnish psychotherapists (N=2 366)

Orientation of therapy	%
• <b>Psychodynamic/-analytic</b>	<b>55</b>
• Family therapy	36
• Cognitive, cognitive-behavioral, -analytic	20
• Crisis oriented, trauma and solution-focused	16
• Other	9
<b>Most frequent duration of therapy</b>	
• Short-term (less than 1 year)	18
• <b>Medium or long-term (more than 1 year)</b>	<b>48</b>
• Mixed, unable to say	34

(Valkonen et al. Social Insurance Institution, Finland, 2011)

4

## The Helsinki Psychotherapy Study (HPS)

### Administration, co-operating institutions and researchers

- 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. Erkki 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.

7

## Forms of therapy

Therapy	Frequency of sessions	Number of sessions	Length of therapy
Solution-focused therapy (SFT)	1 session every 2 <sup>nd</sup> or 3 <sup>rd</sup> week	12	≤ 8 months
Short-term psychodynamic psychotherapy (SPP)	1 session a week	20	5–6 months
Long-term psychodynamic psychotherapy (LPP)	2-3 sessions a week	240	2–3 years
Psychoanalysis (PA)	4 sessions a week	640	5 years

8

## Inclusion and exclusion criteria

### Eligible patients

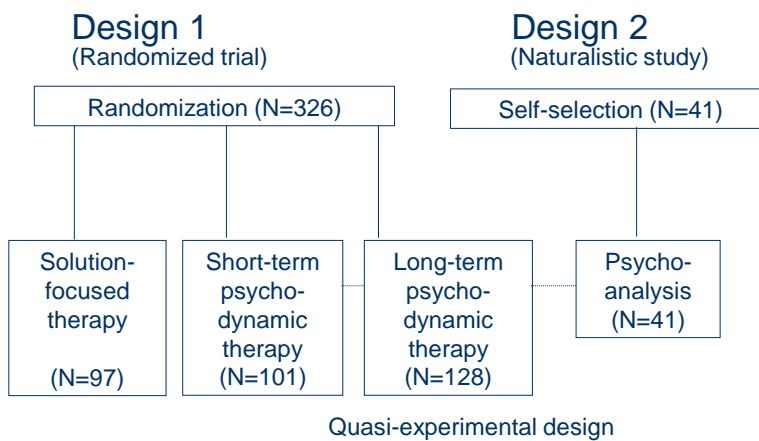
- 20-45 years of age
- Anxiety or depressive disorder (DSM-IV)
- Long-standing (> 1 year) disorder causing dysfunction in work ability

### 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

9

## Effectiveness: Study designs



10

## Successfulness of randomization

### Baseline characteristics of the 326 patients by treatment group.

Characteristic	SPP (n=101)	LPP (n=128)	SFT (n=97)	P-value for difference
<b>Socio-economic variables</b>				
Age (years)	32.1	31.6	33.6	<b>0.08</b>
Males (%)	25.7	21.1	25.8	<b>0.63</b>
Living alone (%)	48.5	49.2	56.7	<b>0.44</b>
Academic education (%)	19.8	28.1	28.9	<b>0.26</b>
<b>Psychiatric diagnosis and symptoms</b>				
Mood disorder (%)	78.2	88.3	86.6	<b>0.09</b>
Anxiety disorder (%)	49.5	36.7	46.4	<b>0.12</b>
Personality disorder (%)	24.8	12.5	18.6	<b>0.06</b>
Symptom Check List, Global Severity Index (SCL-90-GSI)	1.26	1.27	1.31	<b>0.84</b>
Symptom Check List, Anxiety scale (SCL-90-Anx)	1.25	1.19	1.27	<b>0.65</b>
Beck Depression Inventory (BDI)	17.9	18.8	18.1	<b>0.67</b>
<b>Personality functions</b>				
Quality of Object Relations Scale (QORS) (% low)	38.6	38.3	46.4	<b>0.41</b>
Defense Style Questionnaire (DSQ), immature style	3.92	3.93	3.94	<b>0.70</b>
Inventory of Interpersonal Problems (IIP)	86.5)	82.8	91.2	<b>0.13</b>
Self-concept (SASB), Affiliation (AF)	2.28	8.25	6.60	<b>0.76</b>
Self-concept (SASB), Autonomy (AU)	-24.7	-29.5	-25.4	<b>0.56</b>

Knekt &  
Lindfors  
2004

11

## 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

12

## Data collection in 1995-2014

<i>Point in time</i> (month)	<i>Measurement</i>			
	Questionnaires	Interviews (video recorded)	Tests	Registers
0	X	X	X	X
3	X			X
7	X	X		X
9	X			X
12	X	X		X
18	X			X
24	X			X
36	X	X	X	X
48	X			X
60	X	X	X	X
72	X			X
84	X	X		X
96				X
108				X
120	X			X

13

## 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)

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14

## 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)

15

## 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  $\geq$  1 year OR Therapy  $\geq$  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)

16



## 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.

17

## 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

18

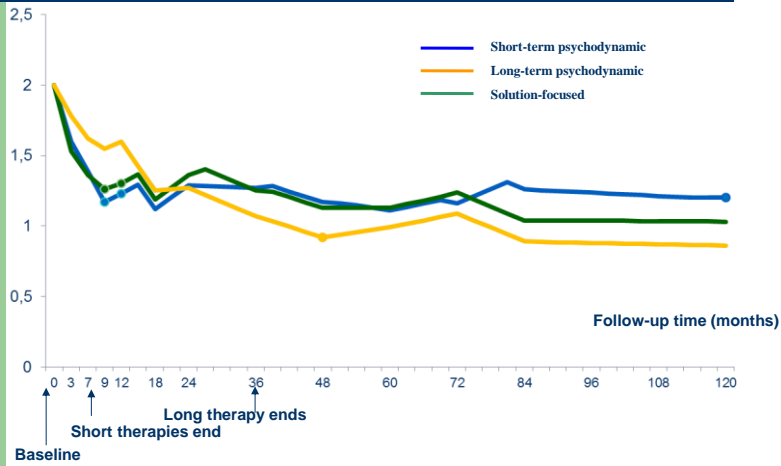
## Randomization in the Helsinki Psychotherapy Study

- **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

19

## Effectiveness of therapies during a 10-year follow-up: trial

## Depression 10-year follow-up (SCL-90-DEP)

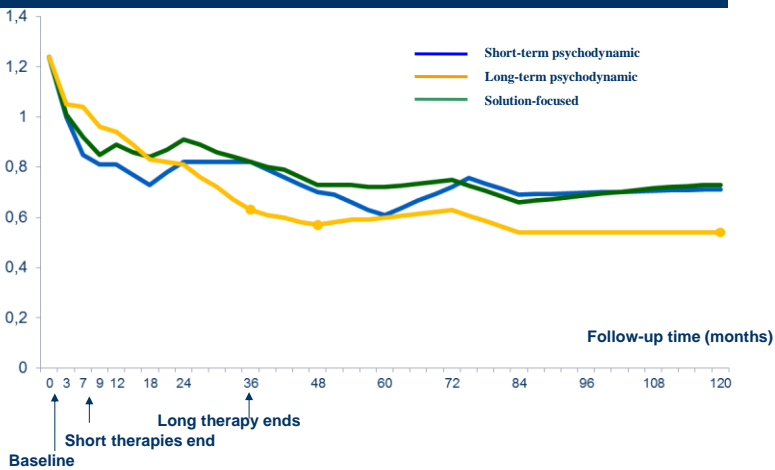


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21

*Knekt ym. Psychol Med 2016*

## Anxiety (SCL-90-ANX)

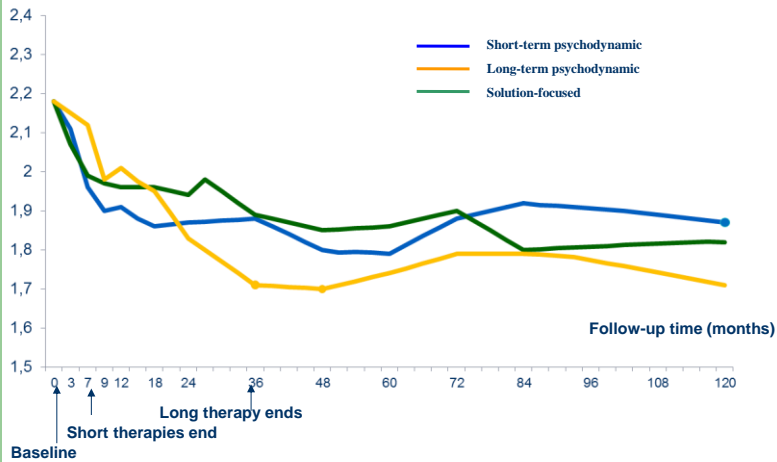


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22

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## Work ability 10-year follow-up (SAS-work)

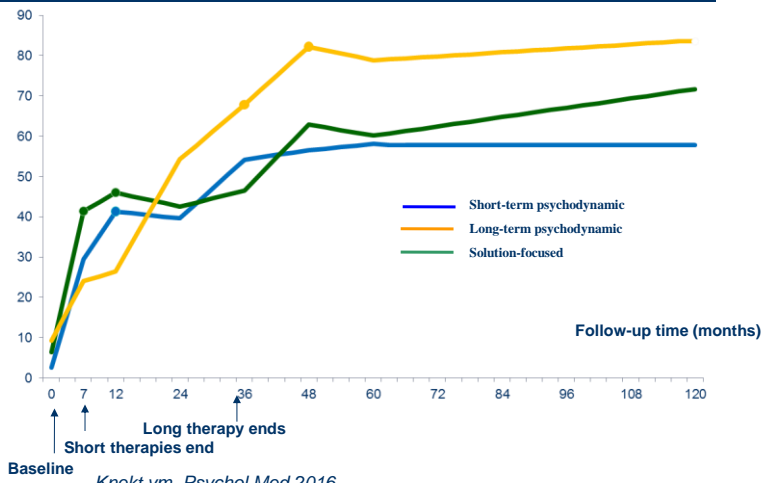


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23

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



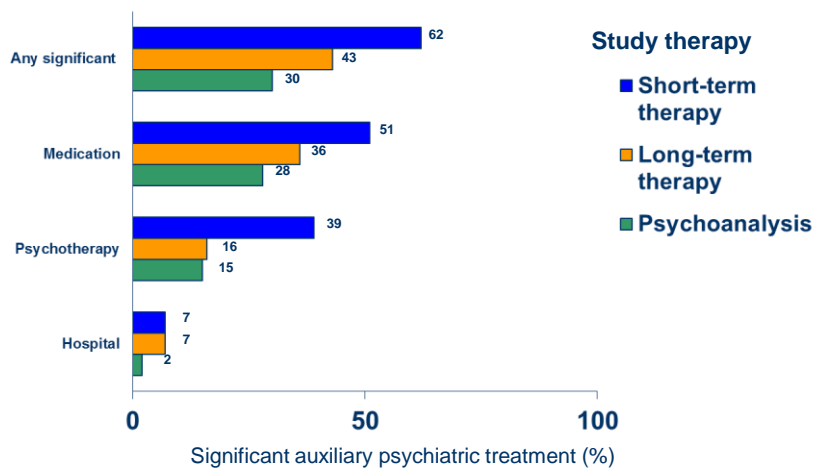
24

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



*Knekt et al., 2011*

26

## Relative risk of incident auxiliary treatment between treatment groups

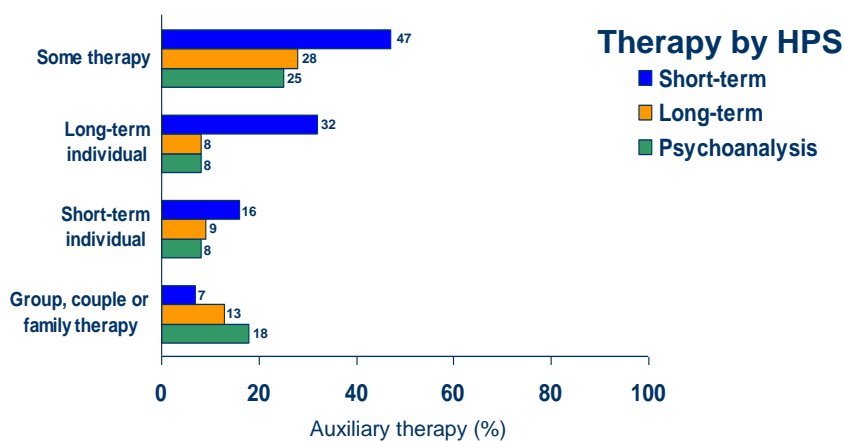
Auxiliary treatment	Therapy by HPS		
	Short therapy	Long therapy	Psychoanalysis
Some auxiliary treatment	<b>1.8*</b>	1.0	0.6
Psychotropic medication	<b>1.5*</b>	1.0	0.7
Psychotherapy	<b>2.1*</b>	1.0	0.8

Knekt et al., 2011

\* Differs statistically significantly from long-term therapy

27

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



Knekt et al., 2011

28

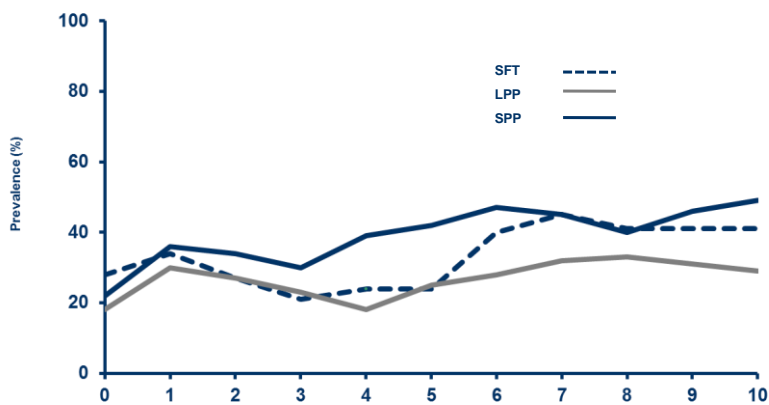
## Number of therapy sessions offered and taken by patients allocated to therapies during the 5-year f-u

Therapy sessions	Solution-focused therapy	Short-term psychodynamic therapy	Long-term psychodynamic therapy	Psychoanalysis
HPS protocol	12	20	Up to 240	Up to 800
Given by HPS	10 (1-15)	19 (4-23)	232 (8-417)	646 (74-1113)
Auxiliary therapy sessions added	60 (3-416)	70 (7-512)	240 (8-448)	670 (115-1113)

Knekt et al., 2011

29

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



Knekt et al., 2016

Relative risk between the therapies	Follow-up time (yrs)										
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.

## Sufficiency of study treatment for remission (SCL-90-GSI < 0.91) during 10-year follow-up

Remission (%)	SPP	SFT	LPP
Remitted without using significant auxiliary treatment	45	55	62
Remitted and used significant auxiliary treatment	67	69	81
<i>Cumulative % of auxiliary therapy users</i>	58	55	42
<i>Mean number of sessions among users</i>	160	161	50

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31

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 Maljanen<sup>a,\*</sup>, Paul Knekt<sup>b,c</sup>, Olavi Lindfors<sup>b</sup>, Esa Virtala<sup>b</sup>, Päivi Tillman<sup>a</sup>, Tommi Härkänen<sup>b</sup>, The Helsinki Psychotherapy Study Group<sup>b,c,d,e</sup>

JAD 2016; 190

Average total direct costs

LPP 22.132 €

SPP 7.387 €

SFT 8.434 €

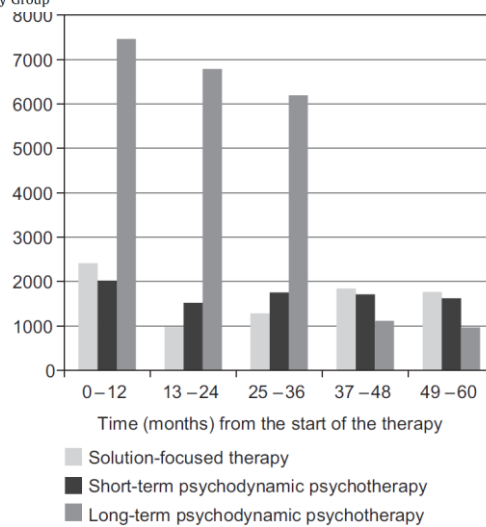


Fig. 1. The mean annual total undiscounted direct costs (euros) per patient during the five-year follow-up period.



## 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

33

## 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

35

## 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)

Knekt et al., JAD 2011

36

## 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 transference relationship)

(APA 1985, Etchegoyen 2005, Braconnier et al. 2006)

Knekt et al., JAD 2011

37

## 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)

Knekt et al., JAD 2011

38

## Suitability to psychoanalysis; subjective suffering

	Long-term therapy	Psycho- analysis	P- value
<b>Symptoms and functional capacity</b>			
• Depressive symptoms (BDI)	18.8	19.0	0.86
• Anxiety symptoms (ANX)	1.19	1.30	0.37
• Global severity of symptoms (GSI)	1.27	1.34	0.45
• Functional ability (GAF)	55.5	55.8	0.85
• Work Ability (WAI)	33.4	32.3	0.36
<b>Diagnosis</b>			
• Mood disorder (%)	88	93	0.43
• Major depressive disorder (%)	26	24	0.86
• Anxiety disorder (%)	37	39	0.79
• Personality disorder (%)	13	20	0.27
• Co-morbidity (%)	37	49	0.17

Knekt et  
al., JAD  
2011

39

## Suitability to psychoanalysis; intrapsychic conflicts

	Long-term therapy	Psycho- analysis	P- value
• LPO, neurotic conflicts	4.14	4.14	0.67
• QOR, quality of object relations	5.18	4.98	0.11
• DSQ, immature defense styles	3.93	3.88	0.98
• SOC, sense of coherence	114	107	0.31
• SASB, self-concept	8.25	-11.2	0.33
• IIP, interpersonal problems	82.8	90.0	0.22

Knekt et  
al., JAD  
2011

40

## Suitability to psychoanalysis; growth potential (% good values of SPS<sup>1</sup>)

	Long-term therapy	Psycho- analysis	P- value
• <b>Ego strength</b>			
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
• <b>Self-observing capacity</b>			
1. Reflective ability (%)	83	93	0.33
2. Trial interpretation (%)	<b>65</b>	<b>88</b>	<b>0.02</b>
3. Motivation (%)	<b>39</b>	<b>68</b>	<b>&lt;0.01</b>

Knekt et  
al., JAD  
2011

(<sup>1</sup>Laaksonen et al. 2010; Suitability for Psychotherapy Scale, SPS)

41

## Summary: differences between psychoanalysis and long-term therapy patients

### In psychoanalysis there were more

- 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

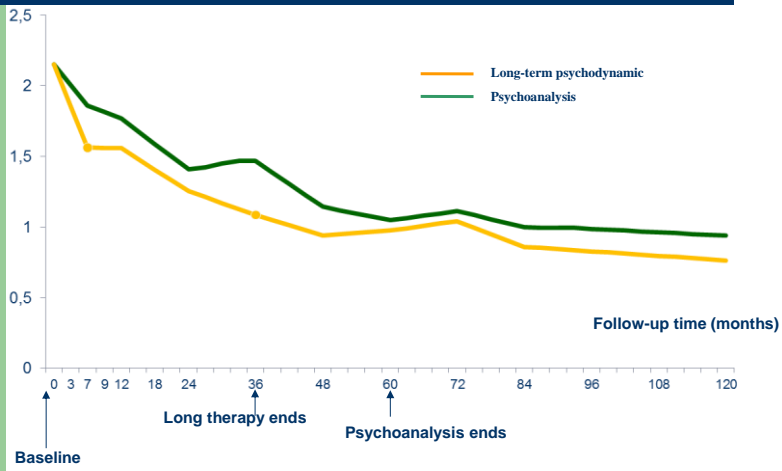
### better

- reflective ability
- motivation

Knekt et  
al., JAD  
2011

42

## Depression 10-year follow-up (SCL-90-DEP)

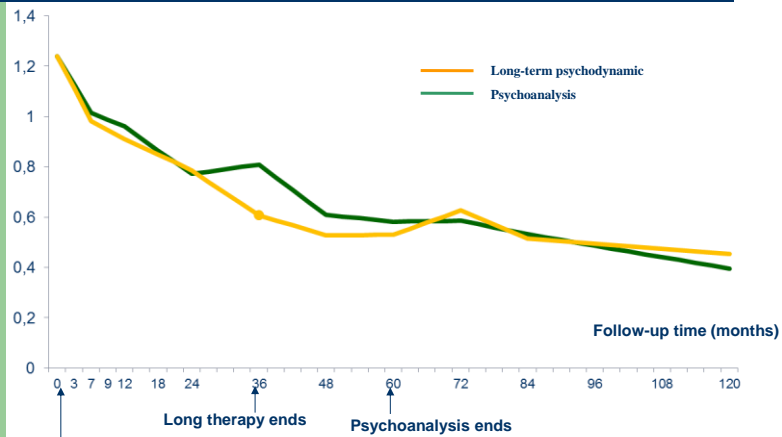


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43

Lindfors et al. Manuscript in preparation

## Anxiety (SCL-90-ANX)

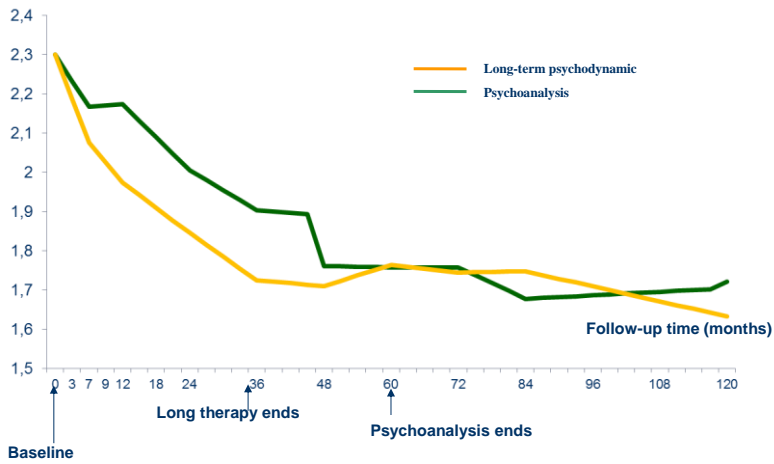


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44

Lindfors et al. Manuscript in preparation

## Work ability 10-year follow-up (SAS-work)

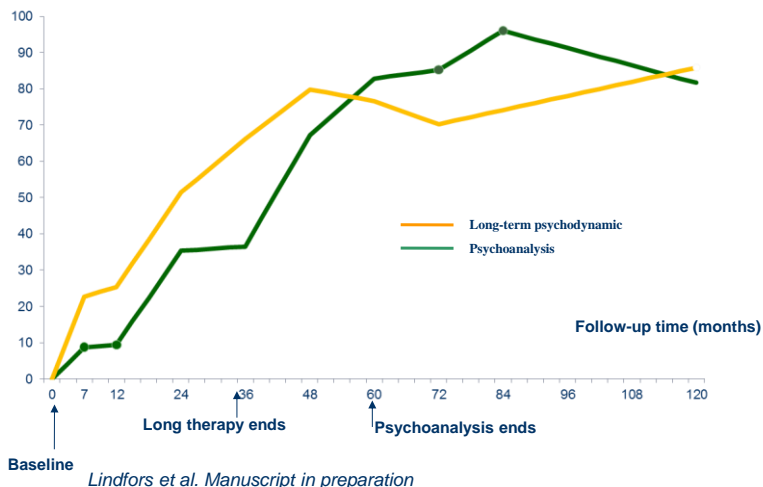


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45

Lindfors et al. Manuscript in preparation

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



46

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**

47

## Suitability for psychotherapy: predictors of outcome in short- vs. long-term therapy

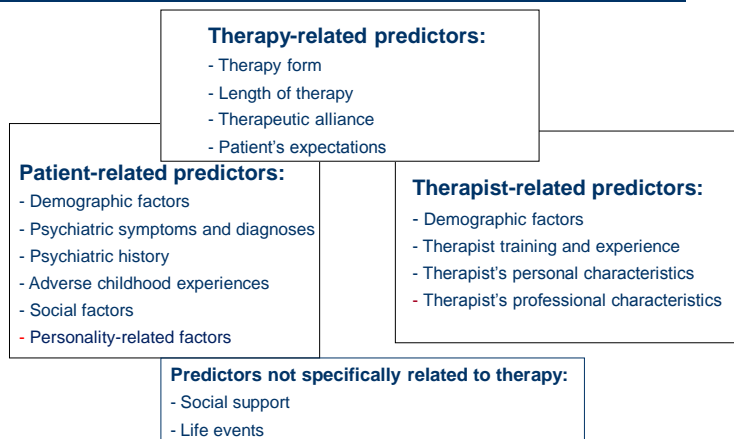


## Why do we need research on predictors of psychotherapy?

- 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.

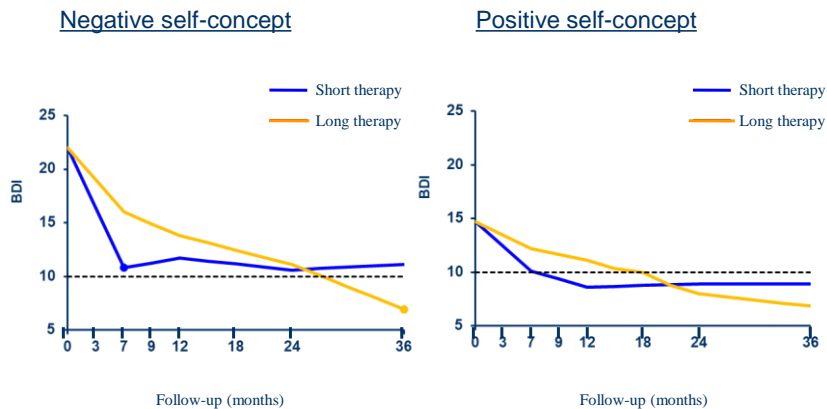
49

## Potential predictors of outcome studied in the HPS



50

## 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



- Statistically significant ( $p < 0.05$ ) difference between short- and long-term therapy

Lindfors et al. 2014, JAD

51

## 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)
  - Negative 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)

52

## 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 Counc* 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**
  - Ehrling L. Interviewing practices of outcome assessment. University of Helsinki, Department of Social Psychology, Social Psychological Studies 13, Helsinki 2006.
  - 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). Psykologia 2014
  - Juntumaa R. Psychoanalysis as a learning process (in Finnish). University of Helsinki, Department of Education, Research Report 217, 2008.
  - Vehviläinen & Lindfors. Self-reflection and reports of improved condition in interview talk (in Finnish). Aikuiskasvatus 2005
- **Psychotherapy experiences of male patients**
  - Valkonen et al. Masculinity in men's narratives of depression (in Finnish). Psykologia 2012.
  - Valkonen & Lindfors. Traditional masculinity as a challenge to psychotherapy (in Finnish). Psykoterapia 2012.

57

## 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.)

58

## 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

59

## Information of the HPS and the list of publications

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60