

Recent research

Brief summaries of recent publications on ISTDP or related topics.

THOMAS HESSLOW

RESEARCH

EAET is superior to CBT in the treatment of chronic pain

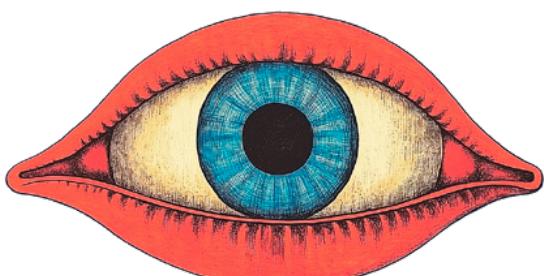
The most common finding when comparing two psychotherapy models is that no significant differences in outcomes are found. For example, a meta-analysis from 2017 showed that psychodynamic therapy, on average, has equivalent outcomes compared to CBT (Steinert et al., 2017). Emotional Awareness and Expression Therapy (EAET), sometimes described as “*ISTDP Light*”, has an impressive track record of randomized controlled trials (RCTs) demonstrating superior results to active control groups. This year, Brandon Yarns and colleagues published yet another RCT replicating the finding that EAET is superior to CBT. In the study, 126 older veterans with chronic pain were offered EAET or CBT. The EAET treatment consisted of one 90-minute trial therapy followed by eight 90-minute group sessions. The participants who went through EAET had a much higher probability of achieving 30 % pain reduction (63 % EAET vs. 17 % CBT). EAET was also superior on several of the secondary outcomes, such as anxiety, depression, life satisfaction and PTSD symptoms.

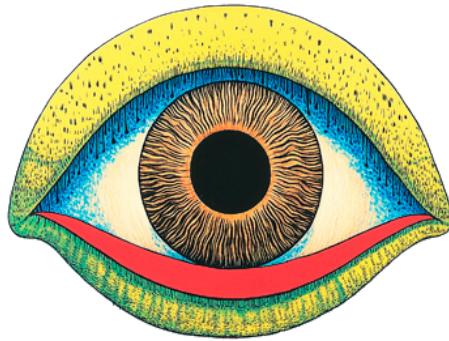
Yarns, B. C., Jackson, N. J., Alas, A., Melrose, R. J., Lumley, M. A., & Sultzer, D. L. (2024). *Emotional Awareness and Expression Therapy vs Cognitive Behavioral Therapy for Chronic Pain in Older Veterans: A Randomized Clinical Trial*. *JAMA Network Open*, 7(6), e2415842-e2415842.

Brief ISTDP in emergency medicine

Joel Town, Allan Abbass, and Samuel Campbell just published a new pilot RCT study. They found promising results when offering brief ISTDP to patients seeking help in the emergency (ER) room with somatic symptom disorder. In the study, 37 participants referred from the ER were randomized to either a brief course of ISTDP (on average 5,6 sessions) or a waiting list control group. About two-thirds of participants achieved a reduction of at least 50% in somatic symptoms at the end of treatment, and the between-group effect sizes were large both at post-treatment ($d = 0,94$) and follow-up measurements ($d = 1,54$). Additionally, participants showed a significant reduction in overall healthcare usage. These results replicate earlier ISTDP and EAET findings, showing these approaches have a large potential to effectively treat functional somatic symptoms and disorders.

Town, J. M., Abbass, A., & Campbell, S. (2024). *Halifax somatic symptom disorder trial: A pilot randomized controlled trial of intensive short-term dynamic psychotherapy in the emergency department*. *Journal of Psychosomatic Research*, 111889.





ISTDP-inspired internet treatment effective for social anxiety disorder

A few face-to-face trials have shown that psychodynamic therapy is effective in treating social anxiety disorder (Bögels et al., 2014; Leichsenring et al., 2013). Researchers have now shown that internet-delivered psychodynamic treatment also can be effective. In this study, 181 participants with social anxiety disorder were provided an ISTDP-inspired online self-help treatment with or without a therapist or set on a waitlist. Both treatments had large effects on self-reported symptoms of social anxiety, with the therapist-guided treatment being more effective ($d = 0,46$).

Mechler, J., Lindqvist, K., Magnusson, K., Ringström, A., Krafman, J. D., Alvinzi, P., ... & Carlbring, P. (2024). *Guided and unguided internet-delivered psychodynamic therapy for social anxiety disorder: A randomized controlled trial*. *Npj Mental Health Research*, 3(1), 21.

ISTDP effective for treating functional seizures

Javier Malda-Castillo and colleagues in the UK have shown that a three-session course of ISTDP can be effective in treating functional seizures. In their latest paper, they demonstrated that this very short course of therapy decreased the overall use of healthcare resources. Eighteen patients were offered ISTDP. During the year following treatment, medication usage and emergency service use were reduced significantly.

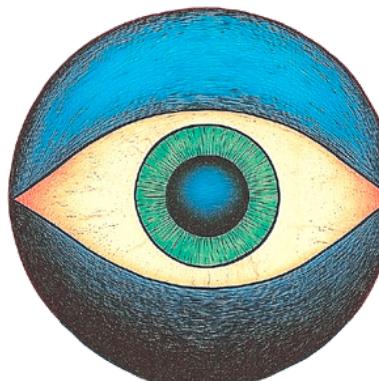
Malda-Castillo, J., Howell, B., Russell, L., Town, J., Abbass, A., Perez-Algora, G., & Valavanis, S. (2023). *Intensive Short-Term Dynamic Psychotherapy (ISTDP) associated with healthcare reductions in patients with functional seizures*. *Epilepsy & Behavior*, 141, 109147.

Short-term treatment effective for panic disorder and return-to-work

In a massive effort to compare CBT and short-term psychodynamic therapy, researchers at Lund University conducted an RCT where some of the participants were randomized to choose which treatment they would have based on their own preferences. Spearheaded by Thomas Nilsson and Martin Svensson, this study included 221 participants with panic disorder. Both of the short-term treatments were shown to be equally effective at follow-up, but CBT had a slight advantage at post-treatment. Contrary to the study hypothesis, matching the participants' treatment preference demonstrated no effect on symptoms of panic disorder. The capacity for work shifted from moderate to good in both treatment conditions and continued to grow after treatment termination. A previous publication from the same study showed that participants who received dynamic therapy were more prone to having a resurgence of symptoms close to termination, "termination setback," highlighting the need for processing complex emotions during this phase of treatment.

Nilsson, T., Svensson, M., Falkenström, F., Perrin, S., Johansson, H., Viborg, G., & Sandell, R. (2024). *Effects of panic-specific cognitive behavioural and psychodynamic psychotherapies on work ability in a doubly randomised clinical trial*. *Psychotherapy Research*, 34(2), 137-149.

Nilsson, T., Falkenström, F., Perrin, S., Svensson, M., Johansson, H., & Sandell, R. (2021). *Exploring termination setback in a psychodynamic therapy for panic disorder*. *Journal of Consulting and Clinical Psychology*, 89(9), 762.



More than 300 RCT-studies on psychodynamic therapy have been published

Peter Lilliengren has regularly been updating a comprehensive list of all RCTs on psychodynamic therapy (PDT) for some years now. Last year, he published an overview of 298 studies covering mood, anxiety, psychosomatic, and personality disorders. He found that almost half of the RCTs were published in the last ten years; most of the studies show that PDT is more effective than inactive controls and as effective as active controls. As of summer 2024, there are 345 RCT studies on the Lilliengren list.

Lilliengren, P. (2023). *A comprehensive overview of randomized controlled trials of psychodynamic psychotherapies*. *Psychoanalytic Psychotherapy*, 37(2), 117-140.

Give fewer sessions, more intensely

In this meta-analysis by the Pim Cuijpers' group in the Netherlands, the researchers found that studies of psychotherapy, on average, found no effect related to the number of sessions. Still, studies examining higher frequency treatment, i.e., twice weekly, revealed that this was much more effective than lower intensity treatment ($g = 0,596$).

Ciharova, M., Karyotaki, E., Miguel, C., Walsh, E., de Ponti, N., Amarnath, A., ... & Cuijpers, P. (2024). *Amount and frequency of psychotherapy as predictors of treatment outcome for adult depression: A meta-regression analysis*. *Journal of affective disorders*.

References

Bögels, S. M., Wijts, P., Oort, F. J., & Sallaerts, S. J. (2014). *Psychodynamic psychotherapy versus cognitive behavior therapy for social anxiety disorder: an efficacy and partial effectiveness trial*. *Depression and anxiety*, 31(5), 363-373.

Leichsenring, F., Salzer, S., Beutel, M. E., Herpertz, S., Hiller, W., Hoyer, J., ... & Leibing, E. (2013). *Psychodynamic therapy and cognitive-behavioral therapy in social anxiety disorder: a multicenter randomized controlled trial*. *American Journal of Psychiatry*, 170(7), 759-767.

Steinert, C., Munder, T., Rabung, S., Hoyer, J., & Leichsenring, F. (2017). *Psychodynamic therapy: as efficacious as other empirically supported treatments? A meta-analysis testing equivalence of outcomes*. *American Journal of Psychiatry*, 174(10), 943-953.