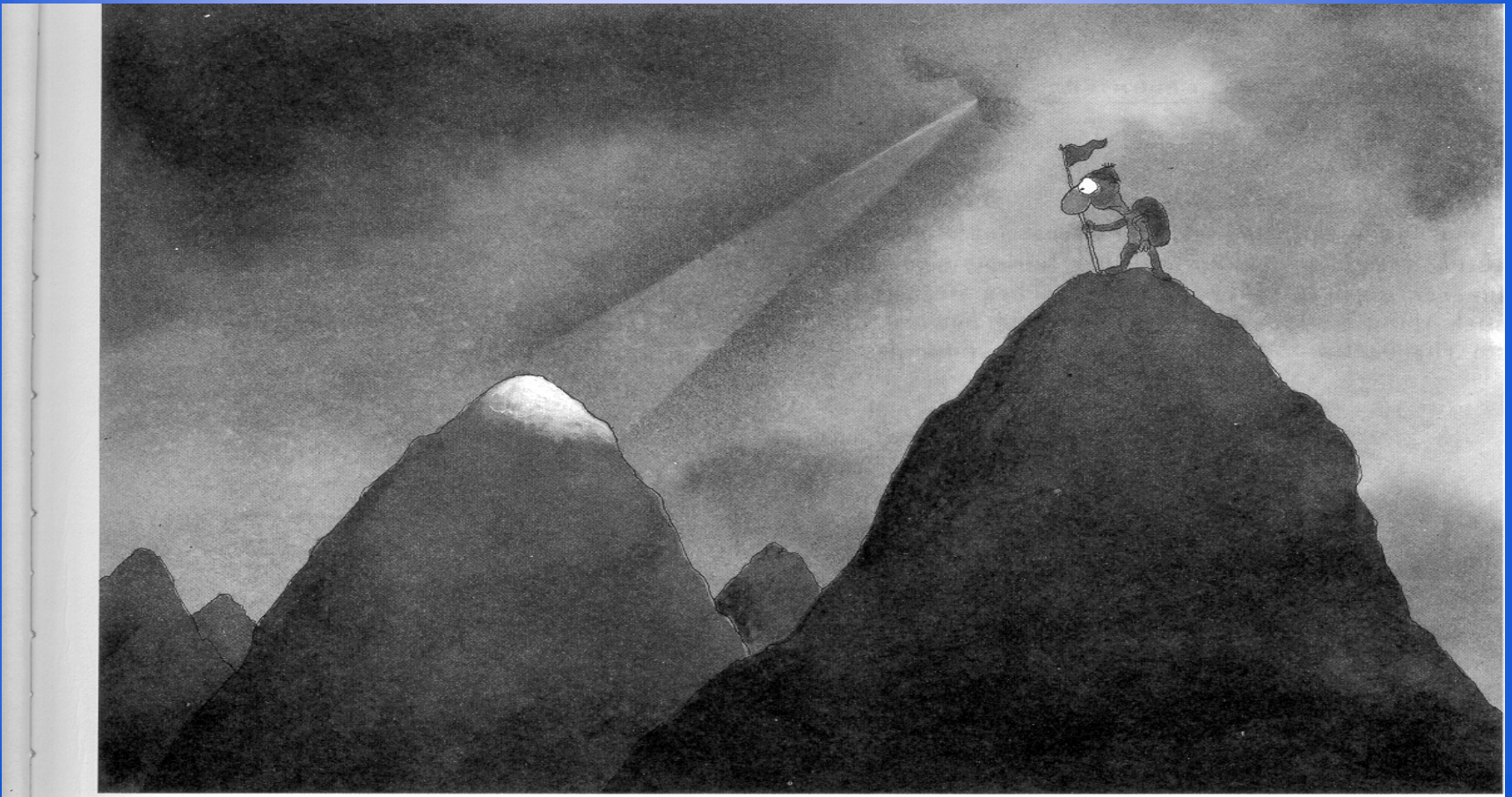


# ***PSYCHOTHERAPY: A WASTE OF TIME AND MONEY?***

***Dr Jeffrey Streimer***



# PSYCHOTHERAPY

- waste of time & money?

## QUESTION 1 EFFICACY

- Does it work ?
- Does it produce remission ?
- Does it induce & maintain recovery ?

## QUESTION 2 COSTS

- Is it cost effective: Cost = savings ?
- Which is most cost-efficient:  
fastest & cheapest ?  
effective “dose” ?
- Are there even cost benefits:  
Improvements & savings > costs ?

# WHAT WOULD WE LOSE?



# PSYCHOTHERAPY EFFICACY -

## Q 1. does it work?

### Symptoms diminished

- Improved occupational function
- Improved personal relations

### Remission

- Improvement > “treatment as usual”
- Not “spontaneous remission” (natural history)

### Maintenance

- Decreased vulnerability
- Diagnostic criteria - no longer met AND
- Recovery sustained!

# PSYCHOTHERAPY "SCOREBOARD"

ROTH & FONAGY "What works for whom" – 2<sup>ND</sup> Ed 2005

DISORDER	EFFICACY EVIDENCE		
	LITTLE	→ SUGGESTIVE	→ STRONGER
<u>DEPRESSION</u>			x CBT**(Parker 03) x I.P.T. x Psychodynamic
<u>SCHIZOPHRENIA</u>			x Family
<u>ANXIETY</u> •SOCIAL/PHOBIA •PANIC •GAD •OCD •PTSD		x Psychodynamic x CBT	= x CBT
		x Psychodynamic X EMDR	x CT x CBT
<u>ALCOHOL</u>			x Social/Educational
<u>EATING DISORDERS</u>		x Family	x Eclectic x IPT (bulimia)
<u>PERSONALITY DISORDER</u>			x Psychodynamic x Dialectic BT
		x Social skills (avoidant)	

# EFFECTIVENESS OF LONG-TERM PSYCHOANALYTIC THERAPY

de Maat 2009

1970-2007 : 742 =19 higher quality studies

- MEAN PSYCHOTHERAPY SUCCESS RATE 67%

- A. MODERATE/MIXED PATHOLOGY-

- 1. LPT success 64% (ES 0.78) termination & 55% (ES 0.94)f.up
- Symptom reduction (ES 1.03) > personality change (ES 0.54).
- Patient/therapist success ratings: Symptoms > Personality change
- 2. Psychoanalysis success 71%(t) & 54% (fup)

- B. SEVERE PATHOLOGY (PD Mainly)

- 1.LPT success weighted mean ES 0.94 (t) /1.02 (fup)
- Symptom reduction > personality change
- Patient/therapist success ratings: Symptoms 59 /69% > Personality change 59/57%
- 2. Psychoanalysis success 59%

# PSYCHOTHERAPY FOR PERSONALITY DISORDER (P.D.) : THREE MAJOR REVIEWS

## I PERRY ET AL 1999 -(15 STUDIES / 25 YEARS)

\* Psychotherapy efficacy > No Tx  
> spontaneous remission

P.D. recover/year 7 x > natural history

25.8% per year c/w 3.7% year- i.e. 50% only in 10.5 yrs

\* Axis I recovery > Axis I + Axis II in all studies

Cluster C > BPD > Cluster A

# **PSYCHOTHERAPY for PERSONALITY DISORDER**

## **II BATEMAN & FONAGY 2000 - (15 YEARS)**

### **A. INPATIENTS**

**follow up 6/12 - 15 yrs significant improvements 66-80%**

### **B. DAY HOSPITALS**

**Psychodynamic Tx improvements**

**anxious/avoidant > BPD**

### **C. OUTPATIENTS**

**- CBT inconsistent results**

**- Comorbid axis I poor outcome**

**- DBT effective (Linehan)**

**- Psychodynamic effective (Clarkin)**

**- Group = Psychodynamic effective**



# **PSYCHOTHERAPY for PERSONALITY DISORDER**

## **III LEICHSENRING AND LEIBING 2003**

- **22 studies (1974 to 2001)**
- **Psychodynamic therapy yielded an overall effect size of 1.46**
- **Cognitive therapy yielded an overall effect size of 1.00**

**PSYCHOTHERAPY for  
PERSONALITY DISORDER  
GABBARD Review RANZCP 2009**

**BPD “PROVEN” METHODS**

- **Transference focused p’ therapy (TFP)**  
*- Kernberg*
- **Supportive Psychotherapy-** *Applebaum*
- **Schema focused therapy** *-Young*
- **Mentalisation** *- Fonagy & Bateman*
- **DBT** *- Linehan*

# **PSYCHOTHERAPY for PERSONALITY DISORDER**

## **summary**

**Psychotherapy is effective for P.D.**

**TFP>>DBT>Supportive = ↑reflective function**

**Avoidant PD do better with CBT**

**“Resistant” patients better with non-  
directive Tx than CBT**

**Relationship is primary change agent**

**Technique accounts for 12-15% of effect  
only**

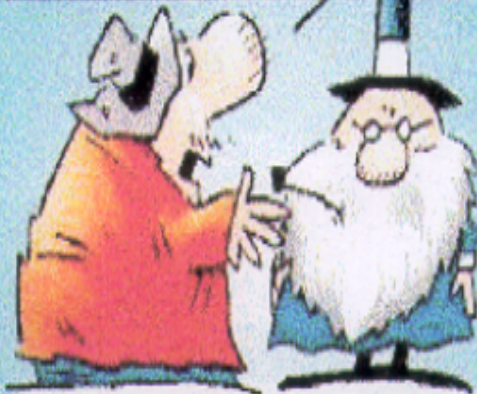
# **COST EFFECTIVENESS**

**THIS WEEK**  
**DR. ERNIE,**  
**COMIC STRIP**  
**PSYCHOLOGIST**  
in  
**"FREUDIAN**  
**SLAP"**

IT'S THE  
OLD STORY,  
DR. ERNIE.....

MY FIRST APPOINTMENT WITH  
YOU I WAS EARLY AND  
YOU PRONOUNCED  
ME "ANXIOUS".

THE SECOND SESSION I WAS  
LATE AND YOU PRONOUNCED  
ME "HOSTILE".



LAST WEEK I ARRIVED ON  
TIME AND YOU PRONOUNCED  
ME "COMPULSIVE".

...AND TODAY I'M HERE TO  
TELL YOU MY INSURANCE  
RAN OUT.

I PRONOUNCE  
YOU "CURED"!



© 1998 THOMAS & DUST BY M.A. INC.

***“From the Treasury’s point of view, the most effective health intervention is one which returns all citizens to tax-payer status, and when this is no longer tenable, causes immediate death”***

**Greenhalgh “Papers that tell you what things cost”.  
BMJ: (1997) 315;569-9**

## **Q. 2 WHAT IS COST -EFFECTIVENESS & WHAT SHOULD CONSTITUTE COST BENEFITS ?**

- Is expenditure warranted ?**
- Is cost of delivery offset by improvements?  
i.e. not just cheap/ineffective**
- can actual**
  - ◆ personal**
  - ◆ health**
  - ◆ social savings be demonstrated?**

# MAJOR CE REVIEWS

	(n)	Costs
<b>*MUMFORD et al 1984</b>	58 studies	+ve 85% studies
	22 (random Tx)	+ve ↓ cost-
		offset

→

<b>*GABBARD et al 1997</b>	(n)	
	18 studies	88.9% reduced costs*



# SUMMARY GABBARD REVIEW

<b>GROUP</b>	<b>Random treatment</b>	<b>CHANGES</b>	<b>ECONOMICS</b>
<b>* AFFECTIVE</b>	<b>- N-RTC</b>	<b>↓ Relapse ↓ Hospital days</b>	<b>Considerable (100x &gt;savings cost)</b>
	<b>- RTC</b>	<b>Improvements</b>	<b>X No cost offset GP cost &lt; specialists</b>
<b>SCHIZOPHRENIA</b>	<b>- N-RTxC</b>	<b>Improvements</b>	<b>cost savings</b>
<b>ANXIETY</b>	<b>- RTC</b>	<b>Improvement</b>	<b>cost savings</b>
<b>SUBSTANCE ABUSE</b>	<b>- RTC</b>	<b>Improvements ↓ hospital days/rates ↓ welfare income ↑ earnings</b>	<b>cost savings</b>

# SUMMARY GABBARD REVIEW

GROUP	RANDOM TREATMENT	CHANGES	ECONOMICS
BPD	- NRT <sub>x</sub>	↓ Medical visits (1/7) ↓ Hospital days (1/2) ↓ Work loss (4.5 → 1.4/12) ↓ Hospital days	✓ Cost savings
	- RT <sub>x</sub> (D.B.T <sub>x</sub> )		✓ Cost savings (\$10,000/pt/year)

# COST BENEFITS - TREATMENT of BORDERLINE P.D. (BPD)

MEARES & STEVENSON (1992/1999/2005)

## RESULTS:

- Treatment group significant improvement: 30% no longer meeting DSM at 1 year
- Sustained improvement at 1 year and 5 year follow up
- Wait-list controls (treatment as usual)  
- unchanged

# **COST BENEFITS - PSYCHOTHERAPY** **FOR SEVERE BPD**

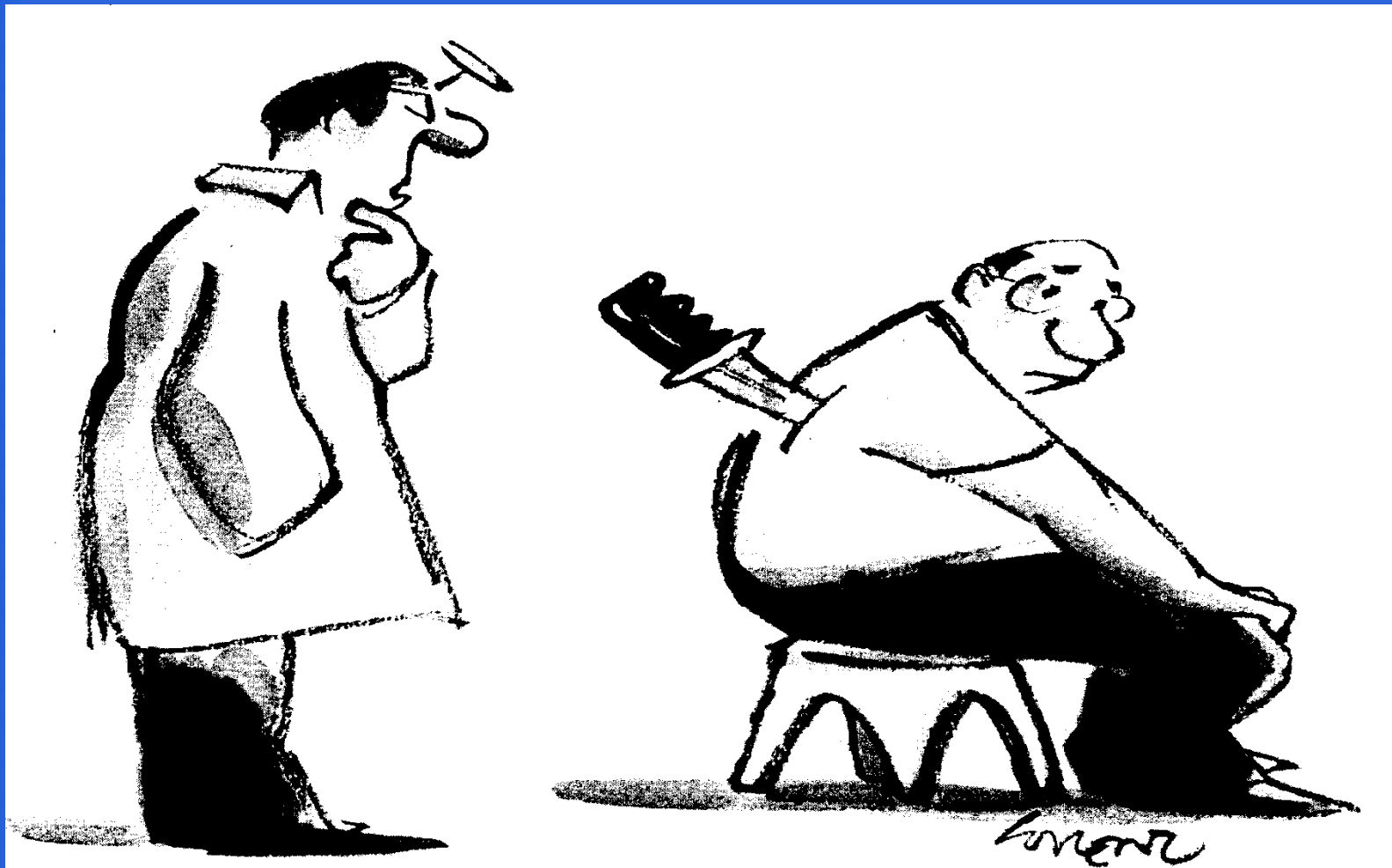
**MEARES /STEVENSON '99**

- **No patient's costs increased**
- **Inpatient costs ↓ by 90%**
- **Total group/low user/high user groups**  
**- all reduced costs**
- **Cost offset 1 year post  $T_x$  = \$8400/ patient**  
**(inpatient cost)**
- **Improvement sustained over 5 years**
- **∴ all offset: years 2 plus >> \$8000/year**
- **Also medical visit costs ↓ by 6/7**
- **& lost work days ↓ from 4.5 months to 1.4 months**

## **COST EFFICACY OVERVIEW - DOES FASTER = CHEAPER?**

- A. COMPARING PRODUCTS - ONE SIZE FITS ALL?**
  
- B. LOWERING THE DOSE - ENOUGH ALREADY?**
  
- C. CHEAPER PACKAGING -  
“INSTANT” THERAP  
ISTS**

# BRIEFER TECHNIQUES?



**“IT’S GOT TO COME OUT, OF COURSE, BUT  
THAT DOESN’T ADDRESS THE DEEPER  
PROBLEM”.**

# A. COST EFFICACY - COMPARING TREATMENT MODALITIES “LEVELS OF PSYCHOPATHOLOGY”

(BUCKLEY '95)



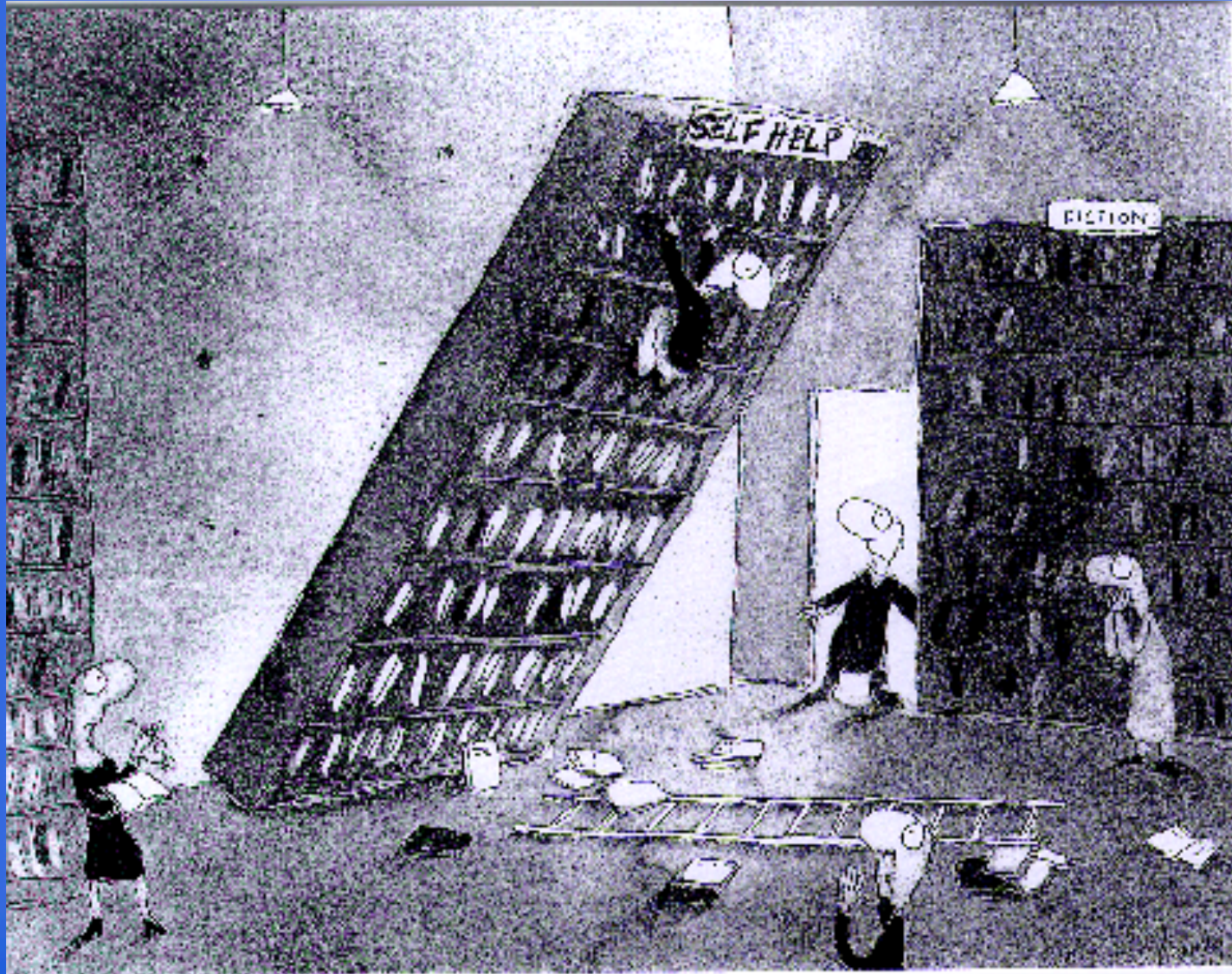
Symptoms - phobias/panic

Impaired “ego” functioning  
- depression

Personality/pervasive disorders

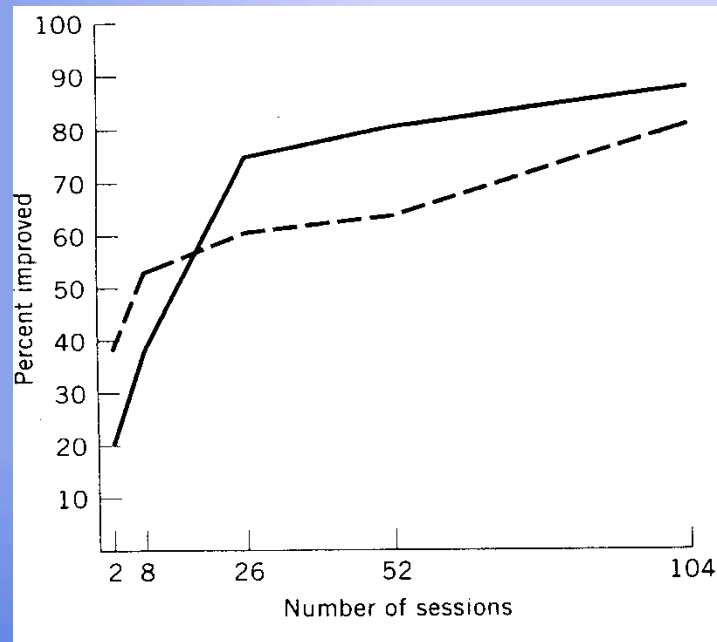
- BT
- CBT
- Psychodynamic
- Brief psychotherapy +
- IPT
- Longer  
Psychodynamic &  
DBT

# ***INSTANT THERAPISTS?***





## B. COST EFFICACY - LOWERING THE DOSE



Relationship of  
number of sessions  
and percentage  
patients improved  
(Howard et al, '86 &  
Kopta et al '92)

**BY SESSION:**  
(n = 2,431 over 30 yrs)

- 8 – 50% “Improved”**
- 26 – 75% “Improved”**
- 52 – 72% to 89% relief of chronic distress  
but < 60% personality improvement**

# IS FASTER, CHEAPER “DO LOWER DOSES WORK?”

## AUTHORS

## DURATION

## CONCLUSIONS

---

Stevenson/Meares  
(92,99) (BPD)

6/12  
1 year FVP  
at 5 yr

No significant improvement  
Significant (for 30%)  
Sustained

Monsen (95) (BPD)

2 years

Significant (for 72%)

Linehan (93) D.B.T.

1 year- significant  
6/12 FUP - sustained/  
↓ parasuicide  
1 year FUP  
↓ inpatient days

Similar savings to Stevenson  
& Mears  
But no evidence of  
maintained remission

• Roth v Fontagy ('96)  
"What works for whom"

1 year

"No". Minimum for P.D.

• Gabbard ('97)  
"Economic impact"

Brief

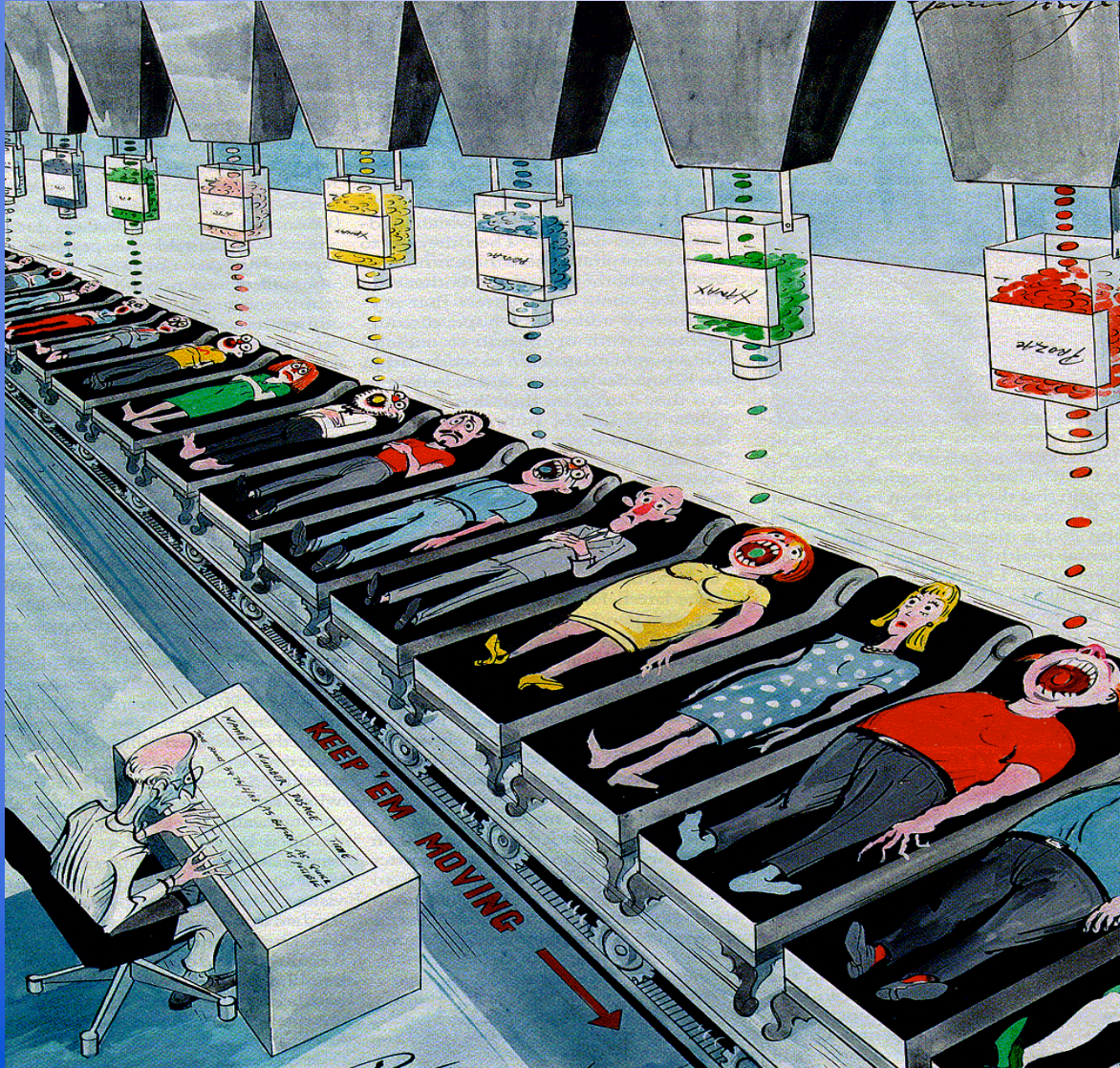
"No". Induce worsening due  
to abandonment

• Puschner ('07)

2 years

"No" but linear over early &  
later sessions

# LOWER DOSES ?



## **R<sub>x</sub> BETTER THAN and CHEAPER THAN PSYCHOTHERAPY?**

- **Research lacking esp long term R<sub>x</sub> outcome**
- **CBT = anti depressants**
- **Cheap in short term but-**
  - **symptomatic treatment**
  - **high relapse rates vs  
long term maintenance**
- **Combination usual especially in complex cases**

# CONCLUSIONS

## Question 1. EFFICACY

- Growing evidence in many disorders
- Differential responses to treatment
- Psychotherapy works for P.D.
- Resistant PD patients non directive  
> CBT

# CONCLUSIONS

## Question 2. COSTS

- Majority (80% +) reduced costs overall
- Cost benefits for P.D.
- Comparisons - one size not for all?
  - ❖ “Symptoms” respond to briefer  $T_x$
  - ❖ Pervasive ▲ respond to longer  $T_x$
  - ❖ Axis I + Axis II worse outcomes
    - ❖ Combining  $R_x$  and psychotherapy improved results

## CONCLUSIONS...cont.

### LOWER DOSES?

**Acute/symptoms respond quickly**

**Not cheaper for Complex trauma / BPD**

### INSTANT THERAPISTS?

**More complex cases Axis I and II**

**More pervasive disorders**

**→ effective psychotherapy requires expertise**

# Key References

- **Roth A & Fonagy P: What Works for Whom? 2<sup>nd</sup> Edition A Critical Review of Psychotherapy Research 2005**
- **De Maat et al: The effectiveness of Long-Term Psychoanalytic Therapy:  
A systematic Review Of Empirical Studies. Harv Rev Psychiatry 2009;17(1)1-23**
- **Bateman A & Fonagy P: 8 year follow-up of patients treated for borderline personality disorder: mentalization-based treatment vs treatment as usual. AJP 2008;165: 631-638**
- **Clarkin J et al: Evaluating Three Treatments for BPD: A multiwave Study 2007 Am J Psychiatry 164:922-8**
- **Leichsenring F: Are psychoanalytic and psychodynamic psychotherapies effective: A review. Int J. Psychoanal; 2005: 86:841-868**
- **Perry J, Banon, E, Ianni, F. Effectiveness of psychotherapy for personality disorders Am J Psychiatry 156.9 (Sep 1999): 1312-21.**
- **Perry J, Banon, E, Ianni, F. Effectiveness of psychotherapy for personality disorders Am J Psychiatry 156.9 (Sep 1999): 1312-21.**
- **Shedler J: The Efficacy of Psychodynamic Psychotherapy. American Psychologist. 2010: 65, 2: 98–109**
- **Stevenson et al, 2005**