

POSTER SUMMARIES FROM THE 2015 POSTER SESSION OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION

AN EMPIRICAL COMPARISON OF SHORT-TERM PSYCHODYNAMIC PSYCHOTHERAPY PROCESSES: DISTINCTIVE PROCESS FACTORS BETWEEN SUCCESSFUL AND UNSUCCESSFUL THERAPEUTIC OUTCOME GROUPS

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There has been increasing demand on psychodynamically oriented therapists to empirically demonstrate the effectiveness of their interventions, and to associate these interventions with successful therapeutic outcome. Studies focused on psychoanalytic process have identified several process-related variables influencing the nature of the treatment and have demonstrated how therapy process changed over time, along with associations between process variables and outcome (Ablon, Levy, and Smith-Hansen 2011). The good nature of the interaction of the therapeutic dyad,

or the climate or atmosphere in therapist-patient relationship, and “good fit” between therapeutic couple, along with a “match” between therapeutic action and patients’ individual needs, have been found to be related to good outcome (Beutler and Forrester 2014). The aim of this study is to compare psychodynamic psychotherapy process between successful ($n = 12$) and unsuccessful ($n = 18$) therapeutic outcomes. The study sample consisted of 30 cases (20 female, 10 male). The successful and unsuccessful therapy outcome groups were identified as such using Jacobson and Truax’s standardized method for estimating the clinical significance of patient change based on post-test scores (1991). Psychodynamically informed individual psychotherapy processes were assessed in treatments by the Mount Zion Psychotherapy Research Group in San Francisco, archived by the Berkeley Psychotherapy Research Program. Assessments were made at three time points over sixteen sessions (the 1st, 5th, and 14th) (Jones and Pulos 1993). With the aim of this study in mind, we posited the following research questions: (1) Which PQS items will distinguish successful and unsuccessful therapy outcomes in the beginning phase of treatment? (2) Which PQS items will distinguish successful from unsuccessful therapy outcomes in the middle phase of the treatment? (3) Which PQS items will be distinguishing successful from unsuccessful therapy outcomes in the termination phase?

Results

Question 1. One-way analyses revealed that participants who exhibited positive attitude and expectation about the therapeutic work and who displayed commitment to the work of therapy (respectively, $F = 8.16$, $p \geq .05$, $\eta^2 = .23$; $F = 6.30$, $p \geq .05$, $\eta^2 = .21$) had more successful outcomes than their counterparts in the initial session. Participants with therapists who explained the rationale of their approach to the treatment and who were supportive showed successful therapeutic outcomes as well.

Five content-related process items significantly differentiated relatively successful therapeutic outcomes from unsuccessful ones. Participants who discussed their sexual feelings and romantic relationships in greater detail during initial sessions showed more unsuccessful therapeutic outcomes than those who were more discreet (respectively, $F = 10.81$, $p \geq .05$, $\eta^2 = .28$; $F = 6.30$, $p \geq .05$, $\eta^2 = .18$). Item 11 (“Sexual feelings and experiences are discussed”) showed the strongest association with outcome ($\eta^2 = .28$). By contrast, participants who initially discussed their self-image, expressed shame and guilt, and focused on their ideas and beliefs

showed significantly successful outcomes (respectively, $F = 6.21, p \geq .05, \eta^2 = .18$; $F = 4.17, p \geq .05, \eta^2 = .13$; $F = 3.95, p \geq .05, \eta^2 = .12$).

Question 2. One-way analyses for the fifth session showed three distinctive process-related items about the participants, the therapist, and the content of the sessions. Participants who felt helped by the treatment showed significantly successful therapeutic outcomes ($F = 5.91, p \geq .05, \eta^2 = .17$). Item 9, which indicated that therapists who were affectively involved and responsive in session showed significant associations with successful therapeutic outcome ($F = 4.51, p \geq .05, \eta^2 = .14$). Item 64, which focused on whether the topic of the session was about discussing the feelings of romantic relationships, showed strongest associations among the three items ($\eta^2 = .19$). Participants who discussed their romantic relationships in greater detail had relatively more unsuccessful therapeutic outcomes than those who didn't ($F = 6.37, p \geq .05, \eta^2 = .19$).

Question 3. Two patient- and content-related items of the PQS significantly differentiated the processes of successful and unsuccessful therapeutic outcomes for session 14. Patients who were tense and were rated as having less cathartic experience had relatively more unsuccessful outcomes than those who were not (respectively, $F = 5.06, p \geq .05, \eta^2 = .15$; $F = 4.66, p \geq .05, \eta^2 = .14$). Two content-related items of the PQS significantly differed in the two outcome groups. Those in the less successful group spent more time during the termination phase discussing memories of childhood and had more conversations centering on cognitive themes (respectively, $F = 7.96, p \geq .05, \eta^2 = .22$; $F = 7.82, p \geq .05, \eta^2 = .22$).

Discussion

Small sample size and low statistical power limit the generalizability of our results. The short-term treatment approach might not have been representative of long-term psychodynamic psychotherapy process as well. Despite the limitations of the study, however, some process factors were highlighted that distinguish successful from unsuccessful outcome groups in the different phases of short-term psychodynamic treatment, distinctions that have been shown in the literature (Erhardt 2014; Goodman, Anderson, and Diener 2014; Seybert et al. 2011). Moderate associations indicated the importance of the quality of the relationship between therapeutic couples and the commitment of therapists and patients to the work of therapy. Patients' willingness to explore the emotional involvement of themselves and their therapist with the therapeutic

process also distinguished successful from unsuccessful outcomes in short-term psychodynamic psychotherapy.

On the other hand, similarities between successful and unsuccessful treatment processes and modest to low associations between certain process factors and successful outcomes might indicate the importance of patient-therapist and patient-treatment match in successful therapeutic outcome.

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