Short- and Long-Term Group-Analytic therapy with psychiatric outpatients: A RCT with 7 years follow-up

De Groep in de Wereld-De Wereld in de Groep

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Objectives for this presentation

- Present research project in short- and long-term group-analytic therapy
  - Background
  - Planning
  - Selection of patients
  - Results
  - Conclusion
History of this RCT

- 2004-06 Planning project, built therapist and researcher network
- 2006-2009 Treatment phase
- 2010 Follow-up evaluation 3 years
- 2014 Follow-up evaluation 7 years
Background

- Most research on groups is on short-term therapy
- Few studies on psychodynamic groups
- Many studies have short follow-up time, but many mental disorders have a recurrent or chronic course and information on long-term effects is desirable
- Sustained effects are often reported, but information on delayed effects (after termination) is sparse
Research questions

- How important is time in psychotherapy?

- Are there differences in change in short- and long-term group-analytic therapy 3 and 7 years after start of therapy?
Patients

- Regular out-patients referred to Community Mental Health Centers or to practitioners

Selection

- At least one DSM-IV Axis I or Axis II diagnosis

- They should have interest in working with interpersonal problems (in addition to other problems) in a group

- Some level of psychological mindedness

- Not psychosis, addiction (as main diagnosis) or organicity
Sites, patients, therapists, groups

- 3 urban sites in Norway: Ålesund, Stavanger/Sandnes, Oslo
- 167 patients are randomized to short- and long-term
- 18 groups, 7-8 patients in each group
- 9 therapists, each conduct one short- and one long-term group
- 20 versus 80 weekly sessions, 90 minutes, that is about 6 and 24 months, respectively
Evaluation

- Interviews before start and 3 years later
  - DSM-IV Diagnoses Axis I and Axis II (SCID)

- GAF-split version (Axis V)

- Self-reports, every 6th month
  - Symptom check-list (SCL-90-R)
  - Inventory of Interpersonal Problems (IIP-C)

- Self-esteem (SASB introject) at 0 and 3 years
1Symptoms, SCL-90-R
1Interpers. problems, IIP-C
2GAF, Symptoms & Function
2PD-Criteria (SCID-II)
2SASB Introject
Pretreatment characteristics of patients \((n = 167)\)

- Gender: Female 62 % - Age 38.7 (9.4)
- Diagnoses:
  - Mood (80 %) and Anxiety disorders (60 %)
  - Axis I diagnoses, mean 3.3
  - 48 % Axis II diagnoses, mostly avoidant
- Mean duration target problems: 15 years
- Previous treatment: 65 %
- Moderate load of symptom distress and interpersonal problems
  - GSI 1.0 (0.6)
  - IIP-64: 1.4 (0.5)
  - GAF-S: 58 (7.6)
  - GAF-F: 59 (9.1)
Group Analytic Psychotherapy
Working with affective, anxiety and personality disorders

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Treatment manual

- Theory
- Methodology
- Technique
- Clinical examples

- For group-analytic short- and long-term therapy, separately
Therapies

- Two group-analytic therapies, built on group analysis and ideas from psychodynamic, interpersonal tradition

  - Developmental perspective on personality
  - Internal representations of interpersonal relationships
  - Psychological causation
  - Existence of psychic defenses
  - Ubiquity of psychic conflict
  - Unconscious individual and group processes influence behaviour
Theory, methodology, technique, clinical examples

- Group analytic theory (Foulkes), interpersonal theory (Yalom/Leszcz)

- Ideas from individual short-term therapy (f.e. Malan, Sifneos, Davanlo), Time-managed group psychotherapy (Roy MacKenzie, 1997)

- My training and clinical practice in group analysis, time-limited psychotherapy, and psychoanalysis
The therapist’s tasks

- Develop a group culture
- Engage group members and the group in the therapeutic process
- Facilitate the group process
- Maintain group structure
- Pursue the goals of therapy
- Keep an eye on the individual group members and the group
Therapy objectives

- For the patient it is to work with central dysfunctional interpersonal patterns
  - Understand existing
  - Try out new, more functional strategies

- For the group it is to develop an accepting and safe culture of enquiry
  - Explore the ongoing (repetitive?) interactions in the group, plus significant narratives presented
  - Understand more of self and others
Special aspects of therapist role in STG

- Preparation of patients. Focus for therapy

- More structure
  - Higher therapist activity
  - More use of boundary incidents
  - More focused work
  - Group process (stages)

- Work in the here-and-now

- More attention to termination
Preparation (2-3 individual sessions)

- What to expect from the group

- What is expected of them?

- Goal(s) for therapy? Interpersonal and circumscribed

- Issues they may have to deal with ('tasks')

- Start building an alliance ('bond')
  
  - Easier to enter the group
  
  - First seeds in growing a group culture

- Contract
Statistics

- Linear Mixed Modelling, LMM
- Repeated measures
- Takes care of dependency in data
- Tolerates missing data
Evaluation: Interpersonal circumplex
Alden et al, 1990

Figure 1. Inventory of Interpersonal Problem, 8 sub-scales
## Developmental stages in STG (MacKenzie, 1997)

<table>
<thead>
<tr>
<th>Phase</th>
<th>Duration</th>
<th>Themes</th>
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</thead>
<tbody>
<tr>
<td>Opening, engagement</td>
<td>2–4 sessions</td>
<td>Feeling of companionship, what happens in group is unique</td>
</tr>
<tr>
<td>Differentiation</td>
<td>2–4 sessions</td>
<td>Assert oneself, develop strategies for solution of tension and conflict</td>
</tr>
<tr>
<td>Interpersonal work</td>
<td>8–12 sessions</td>
<td>Confrontation, introspection, work with dysfunctional interpersonal patterns in self and others</td>
</tr>
<tr>
<td>Termination</td>
<td>2–3 sessions</td>
<td>Loss and separation, to get enough – in therapy and life, personal responsibility for self</td>
</tr>
</tbody>
</table>
What contributes to the process?

- Selection and group composition
- Contract and preparations for the group
- Interaction, group relationships and multidimensional feed-back
- Group norms (treatment culture)
- Group cohesion a. o. therapeutic factors
- Group developmental phases
- Therapeutic alliance
- Therapist interventions, including maintenance of structure
- Support-Explore dimension
- The impact of critical incidents
- Ability to use feed-back
Interpersonal theory

- An individual reflects the early appraisals of significant others
- The group as a microcosm
- Insight, learning about self and others
- Corrective emotional experiences
- Try out new interpersonal strategies
Therapeutic interventions (Roberts, 1993)

- Maintenance of structure
- Open facilitation
- Guided facilitation
- Interpretation/translation
- No immediate response
- Action
- Self-disclosure
- Modelling
- Staying with the focus
- Switching to here-and-now
Support-activation (challenge) dimension

- Influences the way we handle:
  - Neutrality
  - Therapist transparency (open vs. reticent)
  - Goal directedness (goal oriented vs. free floating association)
  - Focus
  - Self-esteem
  - Anxiety
  - Defenses
  - Communications, patient autonomy and strengths
  - Transference

- All groups, as opposed to individual therapy, contain most of the supportive aspects
Results
Do you think people ever can change?

Of course, I myself have changed a lot last year

I meant change for the better

ABOUT CHANGE
Patient flow

- 167 randomized (STG = 77 vs. LTG = 90)
- 19 withdrew (STG = 7 vs. LTG = 12)
- 148 started
- 33 ended prematurely (6 STG and 26 LTG)
- 90% participated 3-year follow-up
- 73% participated 7-year follow-up
Time in treatment

- STG, mean 18.9 (3.8) sessions
- LTG, mean 57.7 (26.9) sessions

- A priori we had agreed that participation > two thirds of the treatment = completed
The ‘average’ patient

GAF-symptom score for patients in short- and long-term group therapy
N = 167

Short-term  N = 77
Long-term  N = 90

1 Imputed: Last Value Carried Forward

GAF-S

56 58 60

-2 0 36

Months

N = 167
GAF-function score for patients in short- and long-term group therapy

‘Average patient’

N = 167

![Graph showing GAF-function score over time with months on the x-axis and GAF-F on the y-axis. The graph illustrates an upward trend.]
Change in symptoms (GSI) in short- and long-term group analytic therapy during 7 years. 'Average' patient
Change in interpersonal problems (IIP) in short- and long-term group analytic therapy during 7 years ‘Average’ patient
Patient 231 at t0 and after 7 years
Patient 438 at t0 and after 7 years
Patient 407 at t0 and after 7 years
Change in PD criteria in STG and LTG across three years. N= 167
Structural Analysis of Social Behavior model of self-concept dimensions

Self-free

Self-neglect

Self-attack

Self-blame

Self-control

Self-affirm

Self-love

Self-protect

Benjamin et al, 2006
Scores

- *Cluster scores*. Eight interpersonal behaviors around the circumplex, each calculated as the mean of the 4 or 5 items

- Two *vector scores*, self-directed *affiliation score* (AF) on the horizontal line and the self-directed *autonomy score* (AU) on the vertical axis, formed by a weighting of the eight clusters, according to their contribution to the two main axes (Benjamin, 2000)
Self-esteem

- *Within group changes* are expressed as change in the vector scores Affiliation and Autonomy across three years.

- Patients can obtain more self-emancipatory and less self-constrictive behavior in STG across the three years studied.

- Improvement in Affiliation may need longer time in treatment (LTG), especially in patients with higher levels of self-blame, self-attack, and self-neglect.
Results- Patients with and without PD

PD moderates the treatment effects in STG and LTG
GAF symptom score for patients with and without PD in long-term and short-term therapy (N=166)
GAF function score for patients with and without PD in long-term and short-term therapy (N=166)
Change in symptoms over 7 years, PD+ patients

Score

Months

GSI, STG
GSI, LTG
Change in interpersonal problems over 7 years, PD+ patients
Change in symptoms (GSI) and interpersonal problems (IIP) in patients without PD randomised to short- or long-term group analytic therapy after 7 years of follow-up
Patients without PD. Between-group change

- Early change (during 6 months) in STG

- Similar change in STG and LTG after 3 and 7 yrs
  (sign more change on IIP in STG at 3 yrs - lost at 7 yrs)
Change in PD criteria in STG and LTG across three years. PD+ patients N = 68
Change in PD criteria in STG and LTG across three years. PD- patients N = 79
Results, cont’d

- No serious adverse events (suicide or suicide attempts) during 3 years

- 5.8% were significantly deteriorated, across all outcome measures and treatment length (after 3 years)
Take home message

- Group-analytic therapies, short and long, are effective for outpatients with complex diagnoses

- PD+ patients do sign. better in LTG, but also have some effects of STG

- LTG give additional delayed effects, both for the typical patient and for PD+ patients

- STG effects seem to be sustained at 3 and 7 years

- Patients without PD profit from STG during therapy, but have no further gain in therapy > 6 months

- Some patients are probably kept too long in group-analytic therapy

- Therapists in LTG should probably be more active, structuring and focus more in early phases of therapy- do more to speed up the process, especially early cohesion building.
Lawrence always thought group therapy was supposed to be less expensive, but he does not like to argue.
Publications in the project


Conclusion-effectiveness

- Typical patients
  -Sign. within-group change over 3 years in STG and LTG on symptoms, interpersonal problems, psychosocial functioning and self-esteem (autonomy and affiliation)
  -No difference in change between STG and LTG after 3 years, except more change in Affiliation for LTG patients
  -And, earlier change in STG on symptoms and interpersonal problems
  -Change in STG is mainly sustained from 3-7 years.
  -Delayed effect in LTG, after end of therapy
Conclusion, cont’d

- PD+ patient
  - Sign. and similar change in STG and LTG across 6 months. More change in symptoms, interpersonal problems, and psychosocial functioning in LTG than STG up to 3 years.
  - But, mark that the sign. initial (0-6 mths) change in STG is sustained up to 7 year follow-up

- PD- patients
  - STG patients do better than LTG in symptoms and interpersonal problems first 6 months. LTG patients do not show more change than STG at 7 years follow-up