

Evidence for the efficacy and effectiveness of psychoanalysis and psychoanalytic psychotherapy:
Do we need empirical research to demonstrate this?
Or: Why bring owls to Athens?



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Overview

- Introduction
- General Overview of Research in Psychoanalysis (PSA)
- Some methodological issues in psychotherapy research
- Some Results in detail:
 - Evidence for the efficacy of STPP (Short Term Psychodynamic Psychotherapy)
 - Evidence for the effectiveness/efficacy of LTPP and PSA (Long Term Psychodynamic Psychotherapy and Psychoanalysis)
- Conclusions and open questions

Introduction

Is psychoanalysis or psychoanalytic psychotherapy
an effective treatment?

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So, why do we need the evidence of “empirical” (i.e. quantitative) research to demonstrate the effectiveness of the psychoanalytic method?

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- They maintain that PSA hasn't proven to be effective using the standard methods of empirical research and thus lacks scientific evidence

Introduction

So, why do we need the evidence of “empirical” (i. e. quantitative) research to demonstrate the effectiveness of the psychoanalytic method?

- Ignorance on the part of non-psychoanalysts and other psychotherapeutic schools
- They maintain that PSA hasn't proven to be effective using the standard methods of empirical research and thus lacks scientific evidence
- Despite the great amount of research (see Fonagy et al., 2002) and numerous experimental and naturalistic studies (see Gibbons et al., 2007 and others)

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Is your method effective?

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- Additional argument when someone asks you:
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- Research in PSA can have an impact on what can be regarded the scientific 'standards' of psychotherapy research (e.g. RCT paradigm)
- Resolving questions in PSA:
What is really helping the patient?
What works for whom?

General Overview of Research in Psychoanalysis

Open Door Review (Fonagy et al., 2002)

- Sums up the results of the majority of worldwide research projects on or in psychoanalysis
- Large and varied scope of research in psychoanalysis and related topics
- Research database on IPA Website:
www.ipa.org.uk (currently under construction)

General Overview of Research in Psychoanalysis

What kind of research on or in psychoanalysis?

- **Process** and **Outcome** of psychoanalysis (PSA) and psychoanalytic/psychodynamic psychotherapy (PPT)
- **Attachment** research
- Research on the **development of the mind**
- **Personality** and **psychopathology**
- **Social** research
- **Legal** research
- **History** of psychoanalysis
- Psychoanalytic **education**
- Research on **professional identity**

General Overview of Research in Psychoanalysis

- In the section on outcome of PSA and PPT: Over 80 studies!
- 26 studies on PSA, 55 studies on PPT
- Quotation Fonagy from Open Door Review:
“It is nevertheless impossible to ignore the fact that whenever the effectiveness of the method is fairly and appropriately assessed, it yields effect sizes comparable with other therapeutic approaches.”

Some methodological issues in psychotherapy research

- Current paradigm in psychotherapy research: **Domination of RCT** (Randomized Controlled Trial) as 'gold standard'
- **Aim of RCT**: Disclosing a cause-effect relation and pure effects of applied therapy method
- RCT measures **efficacy**
- **Independent variable**: Psychotherapy method
- **Dependent variable**: Mental condition / Status of the patient

Some methodological issues in psychotherapy research

- **Randomization:**
 - Patients are assigned to therapy method or control condition by chance
 - Excluding intervening and confounding variables
- **Control condition:** Control group w/o or different treatment
- **Preconditions:**
 - Homogenous, selected patient samples (rigorous exclusion criteria)
 - Standardization of treatment (therapy manuals)

Some methodological issues in psychotherapy research

Limitations of RCT's

- High internal validity, but conducted under experimental and “artificial” ideal conditions like in a Laboratory → low external validity
- Randomization does not comply with clinical reality
- Excludes relevant intervening and confounding factors that are important in the context of psychotherapy

Some methodological issues in psychotherapy research

Limitations of RCT's

- Ethical limitations for randomization:
 - Realizable in context of short term therapies, but hardly applicable and not ethical for long term treatments
 - Waiting list, placebo group, treatment-as-usual → not ethical, not really a valid control condition
- Standardized, manualized treatment → this is not therapeutic reality
- Limited treatment duration → under naturalistic conditions as long as treatment is successful

Some methodological issues in psychotherapy research

Limitations of RCT's

- Homogenous samples: Single diagnosis is not actually the rule, not representative → in reality much comorbidity and complex mental disorders

Necessity for a pluralistic approach in psychotherapy research! Combination of....

- RCT's
- naturalistic (observational) studies
- single-case studies

Some methodological issues in psychotherapy research

Naturalistic (observational) studies

- Effectiveness: evidence through clinical validity in terms of practical, clinical usefulness under naturalistic conditions (clinical reality)
- Long term effects, sustained effects
- Other relevant factors on outcome
- Economical perspective (efficiency): Balance of costs and benefits of a treatment

Some methodological issues in psychotherapy research

What can be measured?

- Effects of a treatment: Effect size (Cohen's d)
- ES is defined as the difference between two means divided by a standard deviation for the data
- Changes from beginning to end of therapy and follow-up of **symptoms**, **therapeutic targets** and **goals** of patient and therapist, **social functioning**, **psychic functioning** (structural change), **interpersonal problems** etc.
- ES (Cohen's d): small 0.2, medium 0.5, large 0.8

Results in detail:
Evidence for the efficacy
of
STPP (Short term psychodynamic psychotherapy)

Evidence for efficacy of STPP

Leichsenring, F (2001). Comparative effects of short-term psychodynamic psychotherapy and cognitive-behavioral therapy in depression: a meta-analytic approach. *Clin Psychol Rev*, 21: 401-419

- Comparison of efficacy of STPP and CBT/BT
- 6 RCT (N = 416) were included with the following criteria:
 - ≥ 13 sessions of STPP
 - $N \geq 20$ per treatment group
 - Follow-up from 6 months up to 2 years
 - Major depressive disorder
 - Comorbidity: Generalized anxiety disorder, Panic disorder, Personality disorders
 - Defined therapy concepts of the applied forms of STPP and CBT/BT

Evidence for efficacy of STPP

Leichsenring (2001). Comparative effects of short-term psychodynamic... (cont.)

Results of STPP and Comparison of STPP with CBT/BT

- **Significant improvement** : depressive and other psychiatric symptoms
- **Significant improvement** : level of social functioning (GAF, Social Adjustment Scale)
- **Effect sizes (d):**
 - 0.90 – 2.80 depressive symptoms
 - 1.09 – 2.65 general psychiatric symptoms
 - 0.65 – 1.88 social functioning
- **Clinical significance**
Improvement rates (Percentage of patients remitted or improved):
Post-treatment 45-70% of patients with STPP, 51-87% of patients with CBT/BT
Follow-up 26-83% (STPP) , 30-86% (CBT/BT)
- **Comparative effectiveness of STPP and CBT/BT: no significant differences**

Evidence for efficacy of STPP

Leichsenring et al. (2004). The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders: a meta-analysis. *Arch Gen Psychiatry*, 61: 1208-16.

- Comparison of efficacy of STPP and other or no treatments (CBT/BT, Group IPT, TAU, waiting list, drug treatment a. o.)
- **17 RCT were included covering the following disorders:**
Major depression (2 studies), Maternal depression (1), PTSD (1), Social phobia (1), Bulimia nervosa (2), Anorexia nervosa (1), Cluster C-PD (3), Borderline-PD (1), Opiate dependence (2), Cocaine dependence (1), Somatoform pain disorder (1), Chronic functional dyspepsia (1)
- **Large and significant effect sizes (d)**

	after therapy	follow-up (1 year)
target problems	1.39	1.57
general psychiatric symptoms	0.90	0.95
social functioning	0.80	1.19
- **ES of STPP significantly larger than in control groups (waiting list, TAU)**
- **ES of STPP compared to other psychotherapies: no significant difference**

Evidence for efficacy of STPP

Cuijpers et al. (2008). *Psychotherapy for Depression in Adults: A Meta-Analysis of Comparative Outcome Studies. J Consult Clin Psychol, 76: 909–922*

Method

- Comparison of 53 RCT's covering 7 different forms of psychotherapy (PT) in patients with depressive disorders (N = 2757)
- 10 studies with STPP (6-23 sessions)
- Other forms of psychotherapy: CBT, Nondirective supportive therapy (SUP), Behavioral activation therapy (BA), Problem-solving therapy (PST), Interpersonal psychotherapy (IPT), Social skills training (SST)
- Comparison for change / improvement of depressive symptoms

Evidence for efficacy of STPP

Cuijpers et al. (2008). Psychotherapy for Depression in Adults: A Meta-Analysis of Comparative Outcome Studies. *J Consult Clin Psychol*, 76: 909–922

Results

- Separate meta-analysis of improvement of depressive symptoms before and after treatment (every form of psychotherapy compared with all 6 other forms of PT):
 - STPP, CBT, BA, PST and SST: **no significant differences with respect to efficacy**
 - IPT significantly more efficacious ($p < 0.05$)
 - SUP significantly less efficacious ($p < 0.05$)

Evidence for efficacy of STPP

Cuijpers et al. (2008). *Psychotherapy for Depression in Adults: A Meta-Analysis of Comparative Outcome Studies. J Consult Clin Psychol, 76: 909–922*

Results

- **Direct comparison** of 2 forms of psychotherapy (CBT vs. STPP, CBT vs. BA, CBT vs. SUP, CBT vs. IPT): **no significant differences with respect to their efficacy**
- **Follow-up:** no significant differences between the different forms of psychotherapy
- **Conclusions:**
 - There are no significant differences between the major forms of psychotherapy with respect to their efficacy in the treatment of mild to moderate depressive disorders
 - IPT seems to be slightly more efficacious

Evidence for efficacy of STPP

Helsinki Psychotherapy Study Group: Marttunen et al. (2008). Pretreatment clinical and psychosocial predictors of remission from depression after short-term psychodynamic psychotherapy and solution-focused therapy: A 1-year follow-up study. *Psychotherapy Research*, 18: 191–199

Method

- Out-patients (N=163) with psychiatric disorder lasting > 1 year (85% Affective disorders [MDD, DD NOS], 44% Anxiety disorders, 18% Personality disorders)
- RCT with **STPP** (max. 20 sessions over 5-6 months) and **SFT** (solution-focused therapy, max. 12 sessions over 8 months)
- Outcome variables: **BDI** (Beck Depression Inventory), **Anxiety and GSI** (Global Severity Index) of SCL-90, **Sense of Coherence Scale** (SOCS), **GAF** (Global Assessment of Functioning), **Social Adjustment Scale** (SAS), **Inventory of Interpersonal Problems** (IIP)
- Follow-up after 1 year

Evidence for efficacy of STPP

Helsinki Psychotherapy Study Group: Marttunen et al. (2008)... (cont.)

Results

- 56% of the patients in remission (def.: BDI < 10) at 1-year-follow-up
- Remission rates after STPP (59%) and SFT (54%): no significant difference → Rate of remission independent of applied form of psychotherapy
- Remission rates dependent on.....
 - Severity of symptoms (GSI/SCL-90) at beginning
 - Gender (women > men)
 - Age (40-46 years > 20-39 years)
 - Higher level of education
 - Comorbid personality disorder
 - Sense of Coherence (SOC)
 - Social Adjustment (SAS)
 - Interpersonal problems (IIP)
 - Strongest predictors of outcome: Severity of symptoms, SOC, educational level

Results in detail:
Evidence for the effectiveness and efficacy
of
LTPP (Long term psychodynamic psychotherapy)
and
PSA (Psychoanalysis)

Evidence for effectiveness of LTPP and PSA

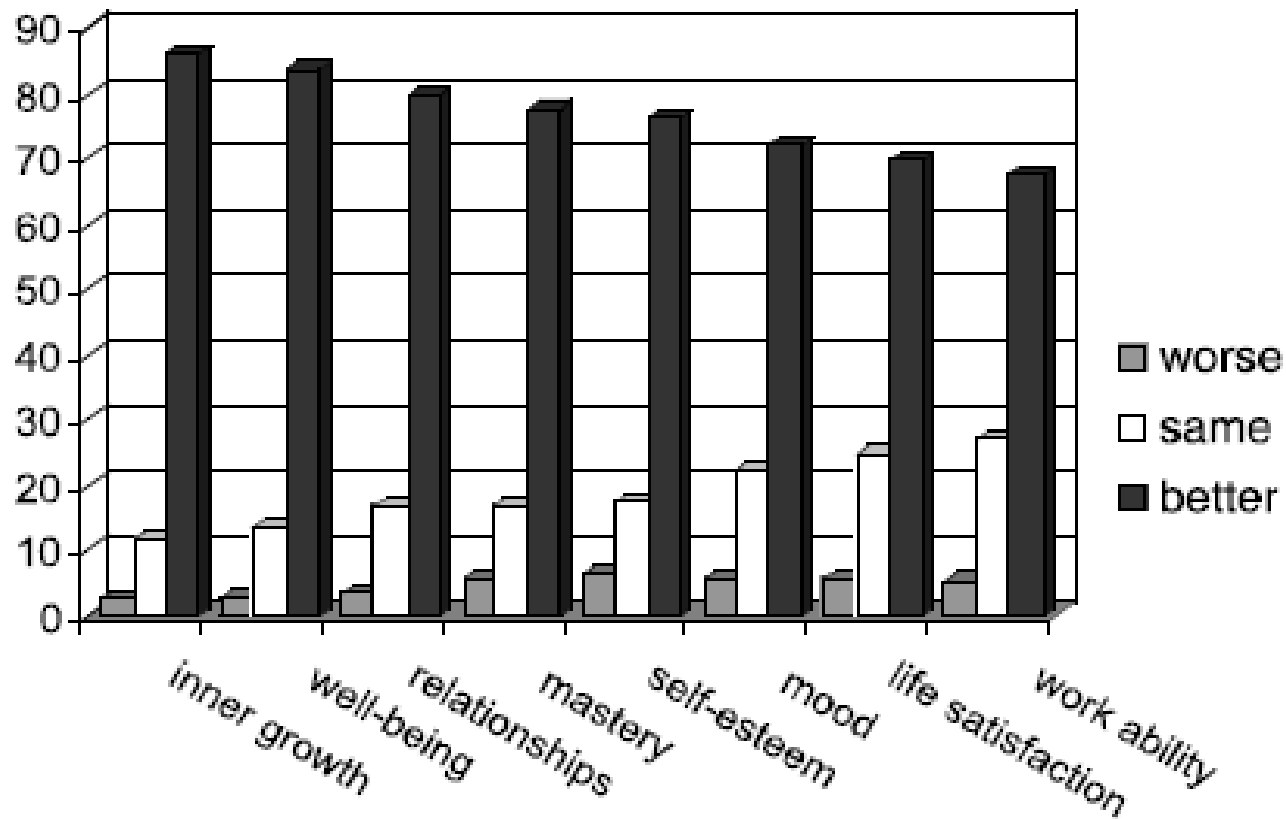
The German Psychoanalytical Association Study (GPAS): Long-term effects of psychoanalyses and psychoanalytic therapies - a representative follow-up study, Leuzinger-Bohleber et al. (2001, 2002)

- Retrospective study including **401 former patients** with PSA or LTPP
- Patients with heterogeneous mental disorders (27% with affective disorders)
- Of those who responded to several self questionnaires after ending treatment 6.7 years (average) before (N = 247) (*Figure 1*) :
- **About 80%** reported **positive changes** regarding **wellbeing, personal development** and **relationships to others**.
- **70 to 80%** reported **improvement** in **coping with life events, self-esteem, mood, life satisfaction** and **work ability**.
- The **proportion of patients with a stable partnership increased** from beginning of treatment to follow-up **from 67 to 76%**.

Evidence for effectiveness of LTPP and PSA

GPAS: Leuzinger-Bohleber et al. (2001, 2002)

Figure 1: Changes during treatment in the patients' view (n=247)



Evidence for effectiveness of LTPP and PSA

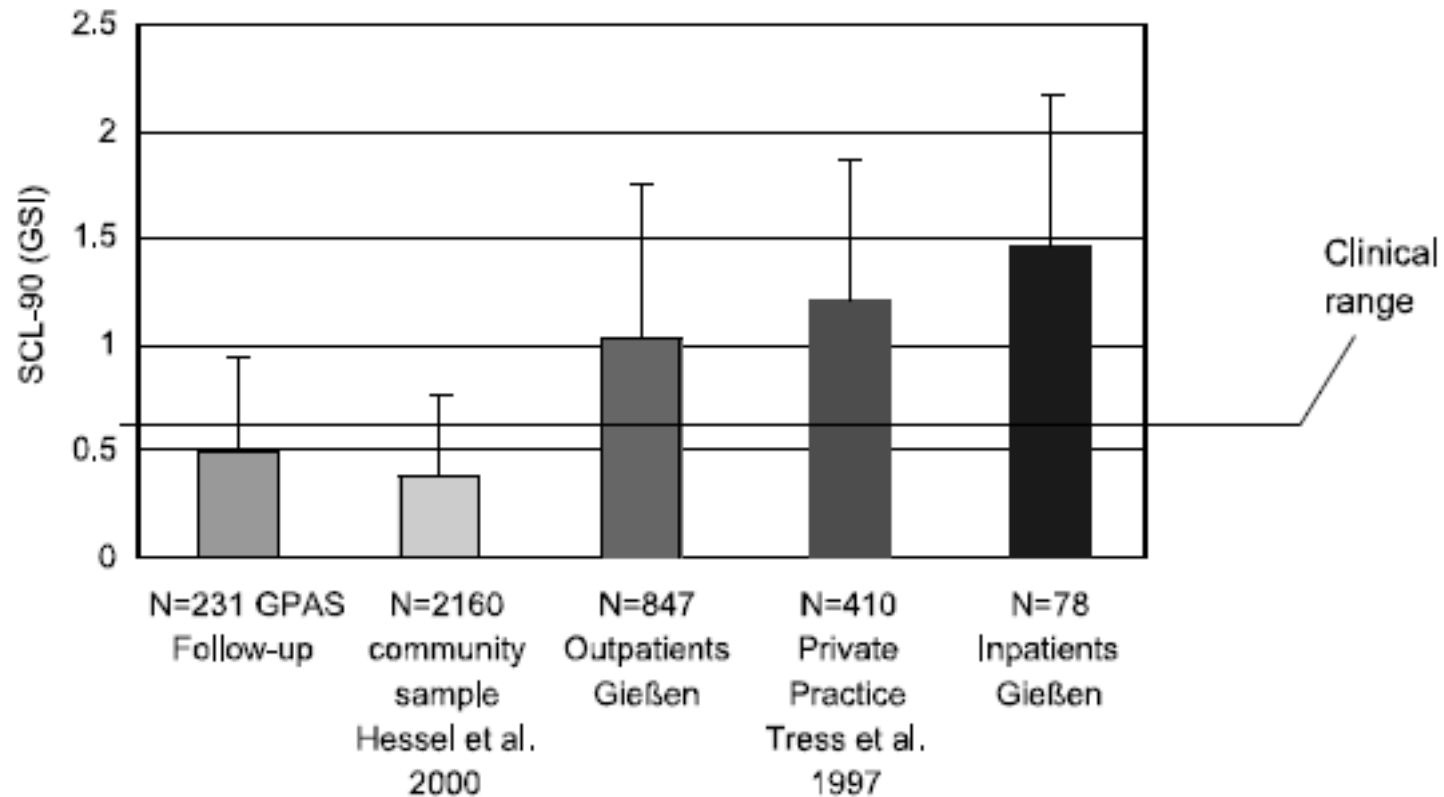
GPAS: Leuzinger-Bohleber et al. (2001, 2002)

- Study participants reported **lower symptom distress in the GSI** (Global Severity Index) of SCL-90 than comparable patient samples (in- and out-patients at psychosomatic ambulance and clinic, patients in private practice) (*Figure 2*)
- Patients in the GPAS achieved **symptom scores comparable to a community sample** (= healthy norm group)
- These results illustrate the **maintenance of the low level of symptom distress even some 6 years after termination of treatment.**

Evidence for effectiveness of LTPP and PSA

GPAS: Leuzinger-Bohleber et al. (2001, 2002)

Figure 2: Current distress (SCL-90R-GSI): Participants of the GPAS compared to other samples



Evidence for effectiveness of LTPP and PSA

Stockholm Outcome of Psychoanalysis and Psychotherapy Project (STOPPP), Sandell et al. (1999, 2000, 2001, 2004)

- Prospective, naturalistic (observational) long term study
- Total sample of N = 756 patients with N = 418 who completed the questionnaires:
 - LTPP [1-2 sessions/week] (N=331) over 3 years,
 - PSA [4-5 sessions/week] (N=74) over 3 years and
 - a small group of patients with STPP (N = 13)
- Measurements **before, in the course of, at the end of** and **after** treatment (3-year-follow-up)
- One of the outcome variables: **Global Severity Index** (GSI) of the SCL-90

Evidence for effectiveness of LTPP and PSA

Stockholm Outcome of Psychoanalysis and Psychotherapy Project (STOPPP), Sandell et al. (1999, 2000, 2001, 2004)

- Global Severity Index (GSI) of SCL-90 before therapy and changes during and after ending therapy:

Before LTPP and PSA equal: **1.1** (pathological range)

During LTPP and PSA: **steady reduction**

End LTPP and PSA: **0.8** (range of clinical norm group, 1.28 SD above mean of norm group)

3-y-follow-up: Further reduction of GSI

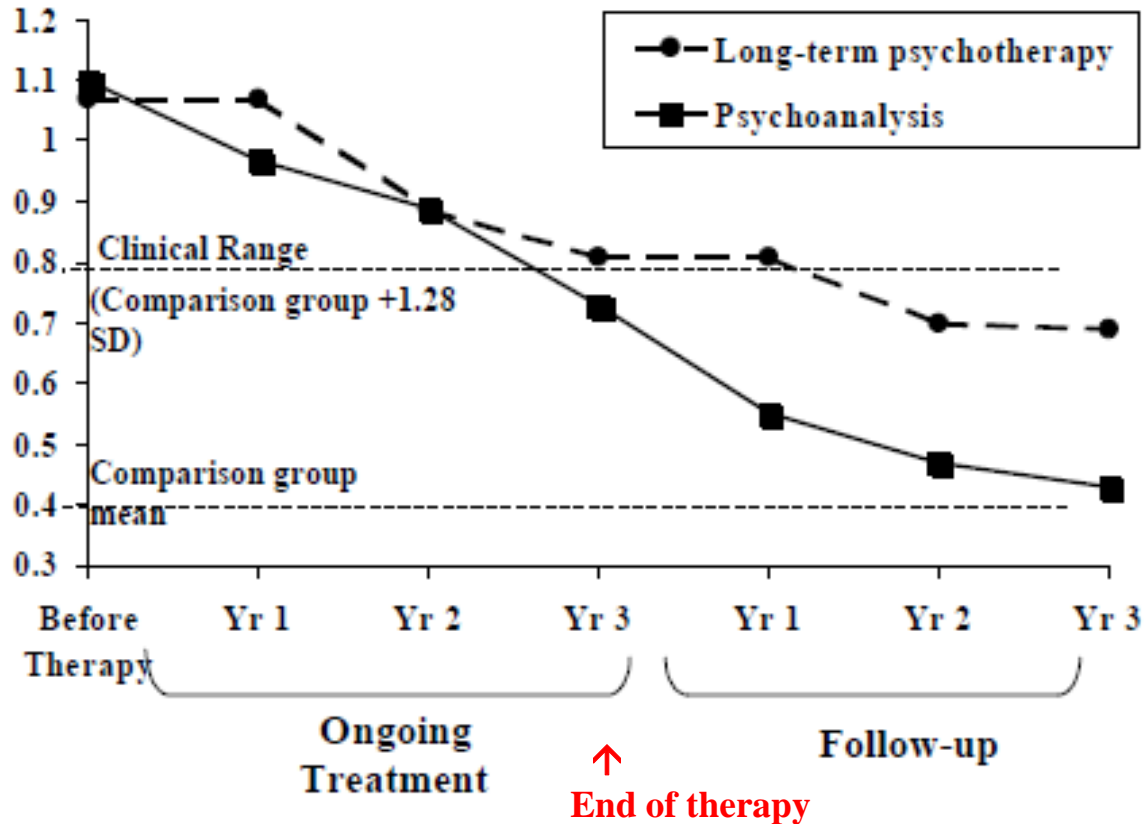
- PSA **0.4** (= mean of healthy norm group)
- LTPP **0.7**

Effect sizes: PSA **1.55**, LTPP **0.6**

Evidence for effectiveness of LTPP and PSA

Stockholm Outcome of Psychoanalysis and Psychotherapy Project (STOPPP), Sandell et al. (1999, 2000, 2001, 2004)

SCL-90 (GSI) Mean Ratings



Evidence for efficacy of LTPP and PSA

Helsinki Psychotherapy Study Group

Knekt et al. (2008a, 2008b), Marttunen et al. (2008)

- **Method**
- Sample: N = 326, **RCT (!)**
- Comparison of SFT, STPP (1-2 sessions/week) and LTPP (2-3 sessions/week)
- LTPP (N = 128): 232 sessions in 31.3 months (corr. no. of sessions: 235)*
- STPP (N = 101): 18.5 sessions in 5.7 months (corr. no. of sessions: 46.9)*
- SFT (N = 97): 9.8 sessions in 7.6 months (corr. no. of sessions: 29.9)*
- Measurements: **Baseline**, after **3, 7, 9, 18, 24** and **36 months** of treatment
- For ethical reasons allowed: ‚auxiliary‘ therapy sessions *,
psychopharmacological treatment and hospitalization
- In SFT-group more use of medication than in STPP and LTPP (lowest in LTPP)

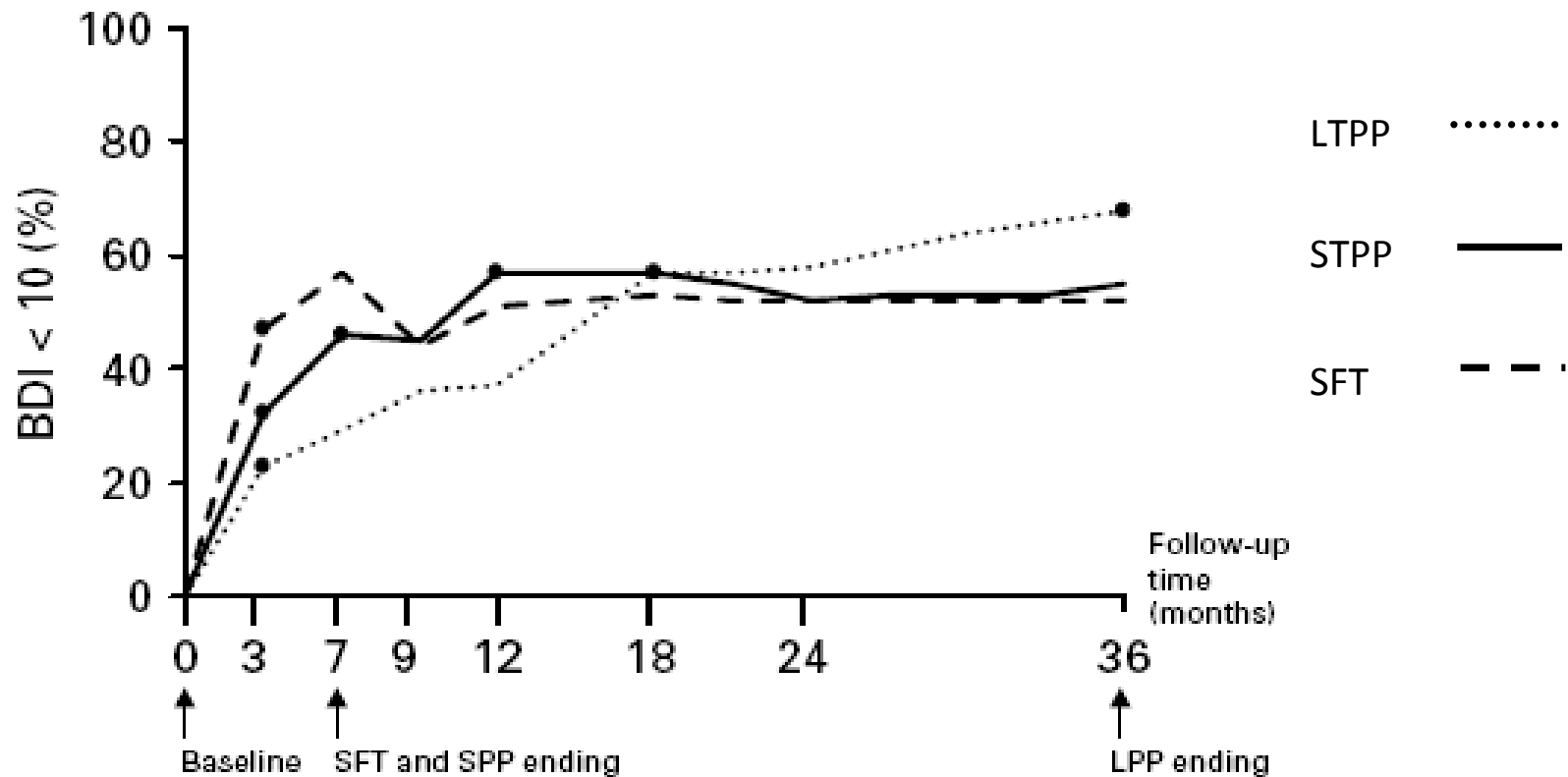
Evidence for efficacy of LTPP and PSA

Helsinki Psychotherapy Study Group

Knekt et al. (2008a, 2008b), Marttunen et al. (2008)

- **Results**
- SFT, STPP and LTPP **significant improvements with mainly large ES** ($\geq 0.80 - 1.50$) in terms of symptoms (BDI, HAMD, HAMA, SCL-90: GSI, anxiety)
- **1-y-follow-up:** **STPP** and **SFT significantly faster** in reducing symptoms than **LTPP**
- **2-y-follow-up:** **No significant differences** anymore between STPP, SFT and LTPP \rightarrow **equally effective**
- **3-y-follow-up:** **LTPP significantly more effective than STPP and SFT** (symptoms, reduced number of sick leave days)

Helsinki Psychotherapy Study



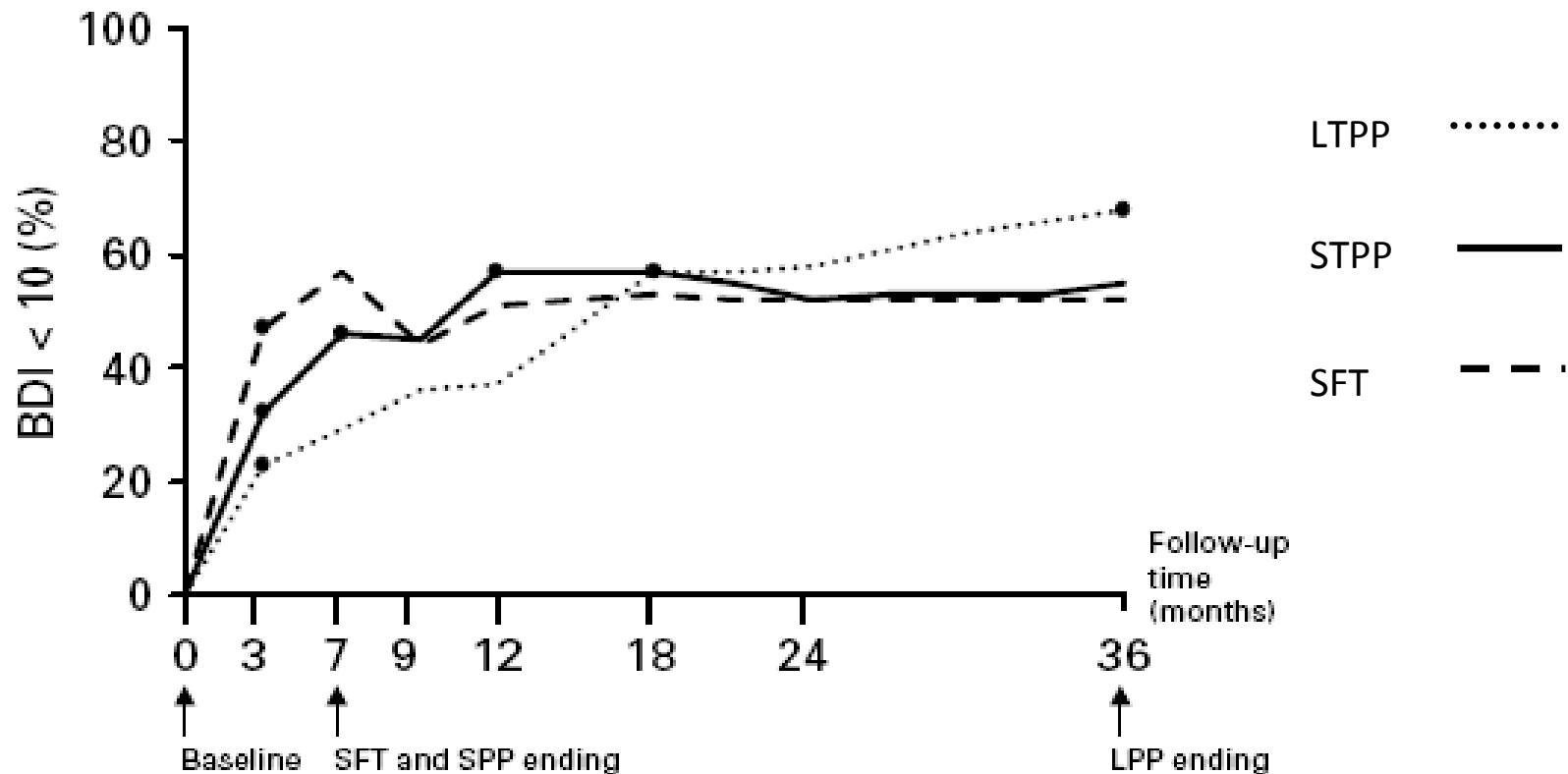
Patients (n)

SFT	79	69	66	67	64	61	55	53
SPP	87	80	74	74	77	69	73	71
LPP	111	88	88	85	94	85	87	87

Odds ratios between therapies

SFT v. LPP	3.07*	3.21*	1.43	1.77	0.82	0.79	0.51
SPP v. LPP	1.60	2.10*	1.46	2.21*	0.99	0.79	0.57
SPP v. SFT	0.52	0.66	1.02	1.25	1.22	0.99	1.13

Helsinki Psychotherapy Study



Patients (n)

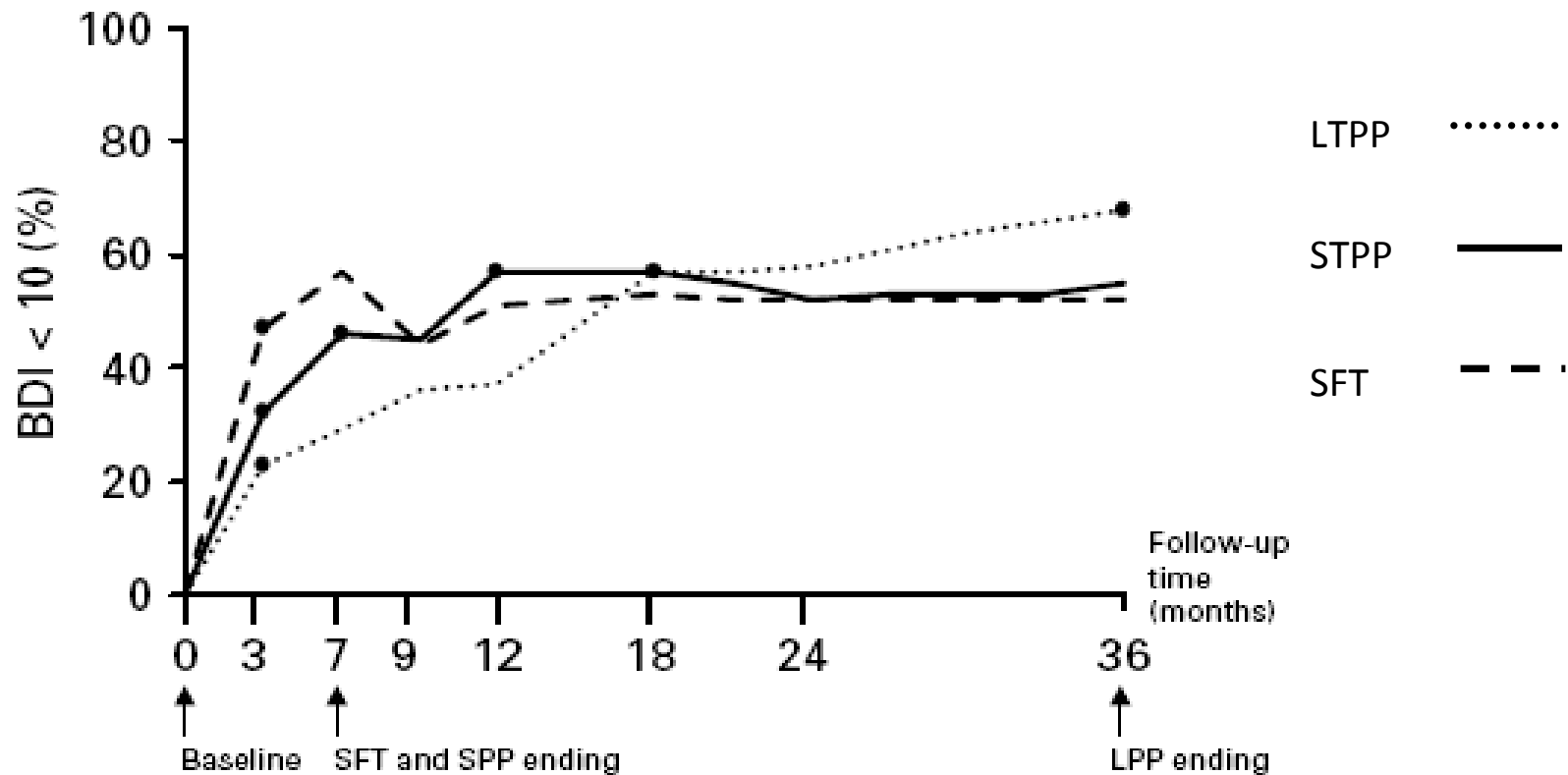
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1st year

Helsinki Psychotherapy Study



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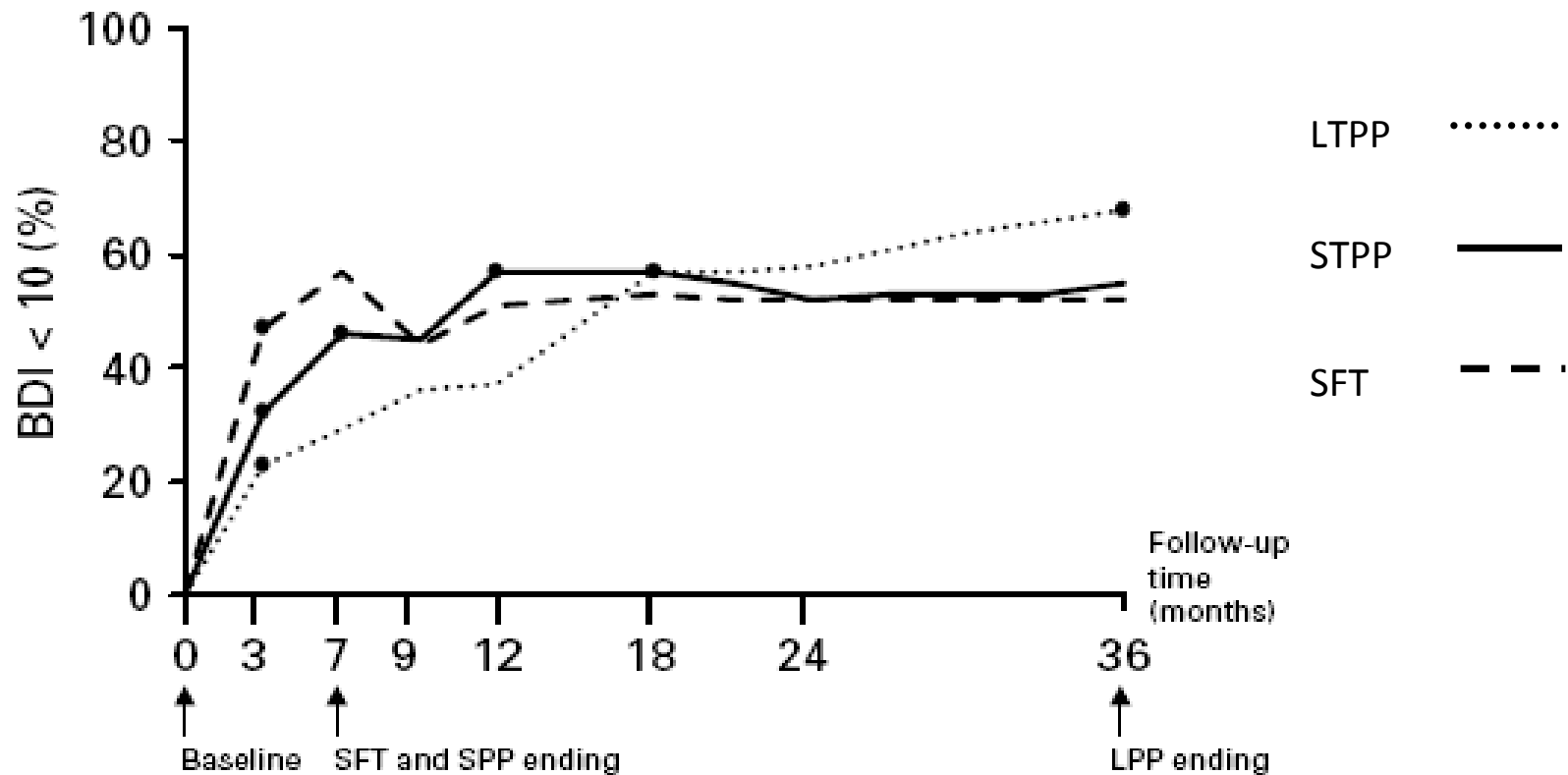
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2nd year

Helsinki Psychotherapy Study



Patients (n)

SFT	79	69	66	67	64	61	55	53
SPP	87	80	74	74	77	69	73	71
LPP	111	88	88	85	94	85	87	87

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3rd year

Evidence for efficacy/effectiveness of LTPP

Leichsenring & Rabung (2008): Effectiveness of Long-term Psychodynamic Psychotherapy: A Meta-analysis. *JAMA*, 300: 1551–1565

Meta-analysis of **23** prospective studies on Long-term psychodynamic psychotherapy (**12** RCT; **11** naturalistic, observational studies)

Including a total of **1053 patients** with **complex mental disorders**

Definition LTPP: duration of at least 1 year or minimum of 50 sessions

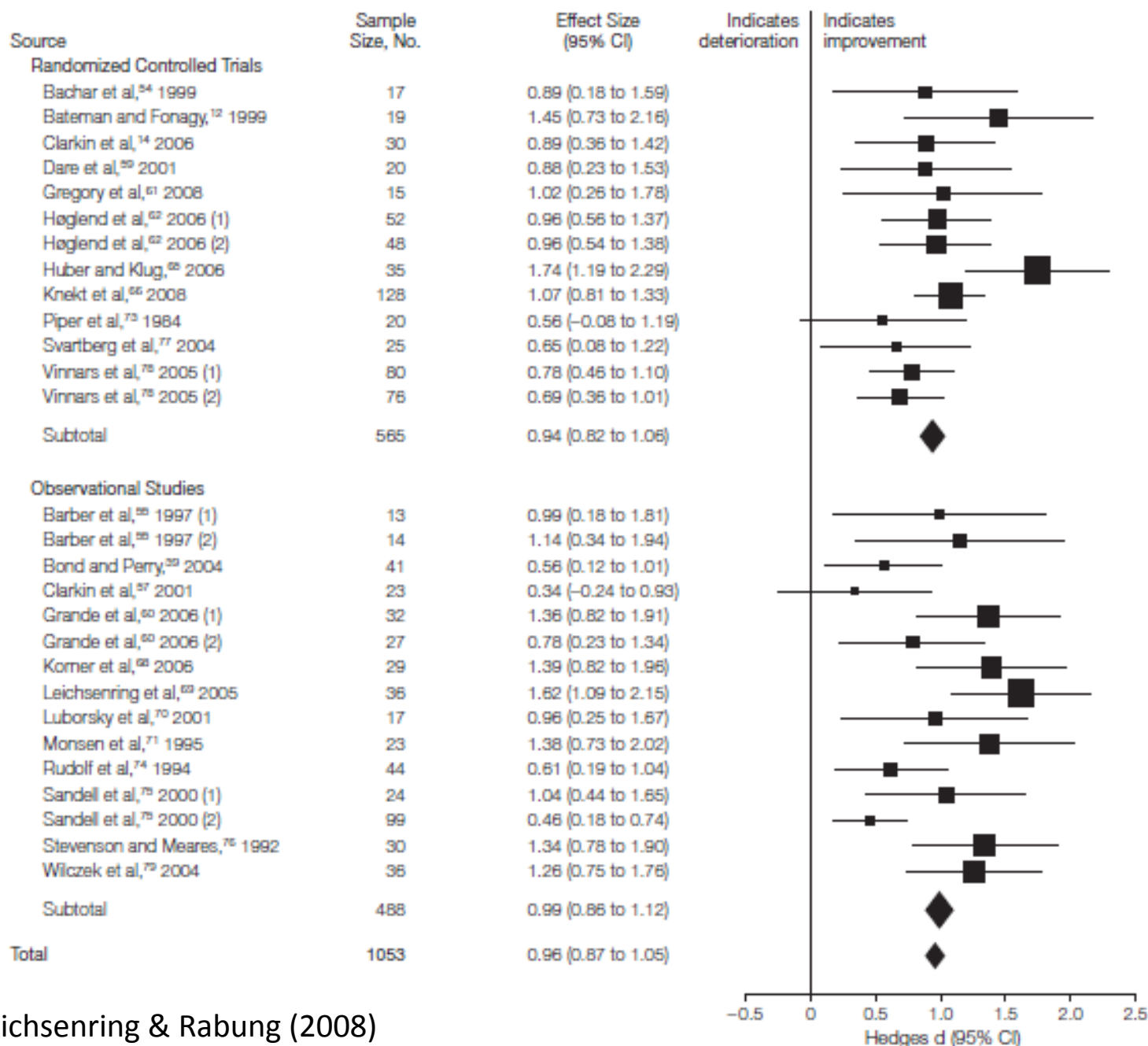
Results:

LTPP significantly better outcome compared to **shorter forms of psychotherapy** (in terms of **overall effectiveness, target problems, and personality functioning**)

After **LTPP**: patients with severe mental disorders (chronic, multiple disorders) **on \emptyset better off than 96% of patients in comparison groups** (shorter forms of any kind of psychotherapy)

Subgroup of 274 patients with complex depressive und anxiety disorders:
ES from ≥ 0.99 to 1.3 (overall effectiveness, psychiatric symptoms, social functioning)

Figure 2. Effects of Long-term Psychodynamic Psychotherapy on Overall Outcome



from Leichsenring & Rabung (2008)

Costs and benefits of long-term psa psychotherapy

de Maat et al. (2007): Review of 7 studies (N = 861) on the costs and benefits of long-term psychoanalytic psychotherapies. *Harv Rev Psychiatry*, 15: 289–300

Short term Higher direct costs of LTPP

Long term Distinct reduction of costs due to distinctly lower number of:
sick leave and hospital days, medical consultations, medication users

Reduction of costs for health care use and sick-leave:

66% reduction on \emptyset between year preceding start of therapy
and year preceding termination of therapy

At mean follow-up (2.9 years) cost reductions still apparent:

64% on \emptyset in the year preceding follow-up

Break-even point for benefits and treatment costs approximately
3 years after treatment

Reduction in work impairment main factor (65% to 75%) in these positive results

Helsinki Psychotherapy Study (Knekt et al., 2008b): Effects of LTPP, STPP and SFT on work ability and functional capacity

LTPP after 3 years of treatment significantly fewer sick leave days than in short term therapies (STPP, SFT)

Conclusions

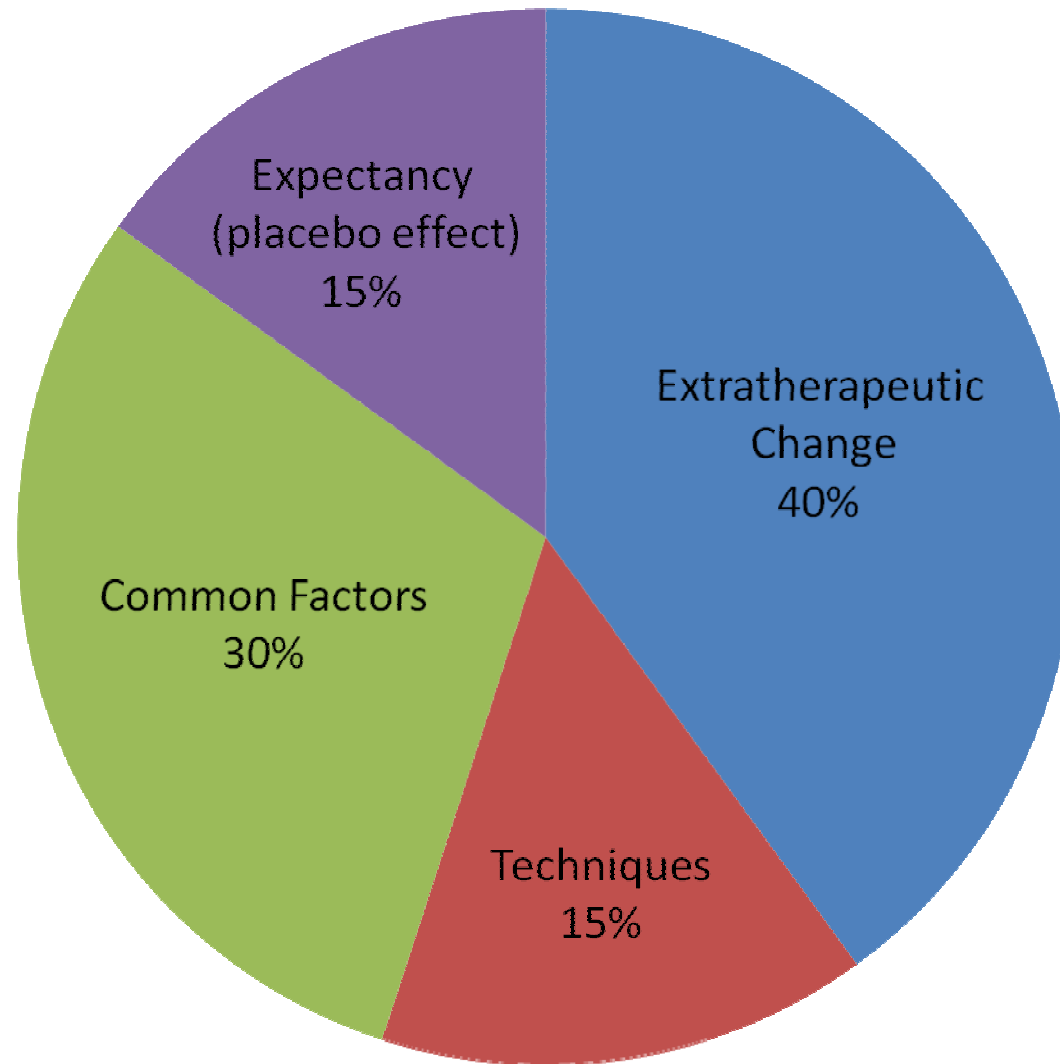
- Large amount of research on outcome of LTPP and PSA that can not be neglected (besides other research topics)
- This research has so far proven the efficacy, effectiveness and efficiency of STPP, LTPP and PSA
- STPP has proven to be equal in efficacy to other most frequently investigated psychotherapeutic methods in the treatment of several psychiatric disorders
→ **Dodo Bird Verdict**: "Everybody has won and all should have prizes." (Rosenzweig 1936, Luborsky et al. 2002)

Conclusions

- Evidence for the effectiveness and efficacy of LTPP and PSA
→ several prospective naturalistic studies and also few RCT's
- Naturalistic studies → validity for psychotherapy research for several reasons: valid results, representative for clinical reality, realizable for long term treatments
- Especially patients with complex mental disorders seem to benefit from long term treatments → more sustained effects than shorter treatments
- LTPP also seems to be efficient → favorable cost-benefit-balance

Conclusions

- However, there are still open questions concerning psychotherapy research
- Other fields in psychotherapy should be investigated:
 - process variables
 - questions of matching patient and therapist
 - differential indication for shorter or longer treatments
 - predictive factors for outcome
 - common effective factors of psychotherapy



Lambert, Barley 2001: Percent of improvement in psychotherapy patients as a function of therapeutic factors

Conclusions

- The results of outcome research on psa psychotherapy and PSA also have some limitations:
 - Individual clinical perspective can not be replaced
 - Results represent the outcome of the average patient (mean values of a sample) → this does not say anything about the individual outcome, e.g. in a sample of 20 patients you might have 20 different outcomes of treatment
- Future psychotherapy research
 - does not need to find out which pt method is the best → no ‘horse race’
 - should be characterized by a plurality of research strategies including RCT’s, naturalistic (observational), single-case studies and others

Some open questions

- Why bring owls to Athens?
- How relevant is this kind of research and the results for us analysts in training?
- Are this research and its results communicated and discussed in your Institutes?
- Should communication of knowledge about pt research and its methods be part of the regular psa training?

Thank you for your attention!

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