Overview of outcome evidence of Intensive Short-term Dynamic Psychotherapy

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In this paper, we cover the state of evidence for Intensive Short-term Dynamic Psychotherapy (ISTDP) outcome across a broad spectrum of clinical conditions and settings. Overall, there are over 100 outcome studies included under the following categories: 29 cost-based studies, 18 studies of anxiety disorders, 46 studies of a spectrum of somatic symptom conditions, 10 studies of severe mental disorders, 28 studies of complex and refractory populations, and 5 studies of the trial therapy interview. There are independent replications of randomized controlled trials of ISTDP for treatment resistant depression, major depression, personality disorders, chronic pain, and social anxiety disorder.

Beyond the study categories below, there are approximately 20 other randomized controlled trials of various other samples including self-injurious patients, oppositional defiant adolescents, bereaved people, distressed couples, divorced people, victims of infidelity, adolescents in welfare homes, victims of assault, financial traders, air traffic controllers, mother-child in conflict and eight RCT studies of depression. In total there are approximately 50 RCTs of ISTDP.

What is intensive short-term dynamic psychotherapy?

ISTDP is a broad spectrum, focused form of short term, dynamic psychotherapy, which has modifications to treat highly resistant, depressive and dissociative individuals. It emphasizes body-focus, emotional experiencing and defense handling. It centre on work in the here and now, mobilizing complex transference feelings as a means of providing direct access to attachment related emotions. Through this work in the therapeutic relationship, memories and emotions related to past attachment, trauma are mobilized and accessible. For individuals with repressive processes and dissociative features with more severe personality disorders, a phase of capacity building precedes this access and for this reason the treatment may be longer in those individuals. The method has been researched by detailed video recorded large case series, process based research, patient feedback on video, long-term follow up, and the following tabulations of outcome research conducted by independent centers. Training is all based on video demonstrations from actual case, material, detailed supervision of video and self review of video.

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Section 1: Cost Effectiveness of Intensive Short-term Dynamic Psychotherapy

There are now over 25 published studies that have outcomes measuring cost effectiveness of ISTDP. The domains covered include medication use, physician visits, healthcare visits, hospital use and disability rates or costs. The studies vary a great deal in terms of quality and type of study. Five have non-randomized control conditions and a four are randomized controlled trials while the others compare pre to post.

Sample	*n*	# Session	Control	Reference Time Period	Cost Domains Included	Cost Reduction per case or other outcome
Panic disorder (1)	40	15	RCT. Clomipramine alone.	18-month after stopping clomipramine	Medication use rates only	Medication use reduced
Mixed sample (2)	166	16.9	Wait list. Non-randomized control.	Before vs. 1.75-year passive follow-up	Medication use, disability rates	Medications and disability reductions
Mixed sample (3)	89	14.9	–	1-2 years post vs. 1 year pre	Hospital costs, physician costs, medication costs, disability costs	$6,202/case
Personality disorders (4)	93	Up to 6 months	–	2 years post vs. 1 year pre	Hospital costs, physician costs, health professionals cost. Utilization rates only	Healthcare and disability reductions
Mixed sample (5)	88	14.9	–	3 years follow-up vs. projections	Hospital costs, physician costs	$1,827/case
Treatment-resistant depression (6)	10	13.6	–	6 months post vs. 6 months pre	Hospital costs, medication costs, disability costs	$5,688/case
Chronic headache (7)	29	19.7	–	1 year post vs. 1 year pre	Medication costs, disability costs	$7,009/ case
Personality disorder (8)	27	27.7	RCT: wait list	2 years post vs. 1 year pre	Medication costs, disability costs	$10,148/case

Mixed sample. Trial therapy (9)	30	1	–	Pre vs 1 month post	Employment rate, medication use only	Medication and disability reductions
Medically unexplained symptoms (10)	50	3.8	Non-randomized control. Patients referred but not seen	1 year post vs. 1 year pre	Medical (emergency) visits and costs	$910/case
Personality disorder (11)	155	Up to 6 months	–	10 years post vs. 1 year pre	Employment rates only	Increased employment 39% to 88%
Psychiatry inpatients (12)	33	9.0	Other psychiatric ward. Non-randomized.	1 year post vs. 1 year pre	Electroconvulsive therapy costs	$1,400/case
Mixed sample: Treated by Residents (13)	140	9.9	–	3 years post vs. 1 year pre	Physician costs, hospital costs	$3,773/ case
Pseudoseizures (14)	28	3.6	-	3 years post vs. 1 year pre	Physician costs, hospital costs	$57,400/case
Mixed Sample (15)	890	7.3	Non-randomized. Patients referred but not seen	3 years post vs. 1 year pre	Physician costs, hospital costs	$12,700/case
Psychotic Disorders (16)*	38	13	-	Pre vs 4 years post	Physician costs, hospital costs	$80,400/case
Generalized Anxiety Disorder (17) *	215	8.3	-	Pre vs 4 years post	Physician costs, hospital costs	$16,200/ case
Inpatient Refractory cases (18)	95	8 wk	Wait list control	Pre versus post	Healthcare use Medications Disability	Reduced healthcare use, medications and disability
Family Medicine Cases (19)	37	7	-	Pre versus post 6 months	Family Doctor visits	23% drop
Treatment Resistant Depression (20)	60	16	RCT: Treatment as Usual	Pre vs 6 month post	Medication use	Reduced medications vs controls
Mixed Conditions: Trial Therapy (21)*	344	1	-	3 years post vs. 1 year pre	Physician costs, hospital costs	$10,840/case
Chronic Pain (22) *	221			3 years post vs. 1 year pre	reduction in all health care costs	$14,000/case by 3 years later

Eating Disorders (23)*	27	9.8		3 years post vs. 1 year pre	reduction in all health care costs	$15,024/ case
PTSD (24)*	41	6		3 years post vs. 1 year pre	reduction in all health care costs	$10950/case
Treatment Resistant Depression (25)	60	16	RCT: Mental Health Team as usual	1 year post vs mental health team care		$503/ case compared to mental health team care
Chronic Welfare Patients (27)	65	12		1 year pre vs 5 years post	Reduction in welfare costs	$11,384/ case
Hospital Occupational Health referred (26)	18	7.5		1 year pre vs 18 months post	Reduction in sick payments	$13,333/ case
Workers Compensation patients (28)	188	10		2 years pre vs post	Reduction in payments	$28,116/ case
Bipolar Disorder* (29)	29	4.6		I year pre and 4 years post	reduction in all health care costs	$81,632/ case

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Section 2: ISTDP for Anxiety Disorders

There are now 18 published outcomes studies of the intensive short term, dynamic psychotherapy for the spectrum of anxiety disorders. This includes 13 randomized controlled trials and 2 cost based studies.

Sample	***n***	**# Session**	**Study design**	**Control**	**Main Outcomes**
Panic disorder (1)	40	15	RCT	ISTDP plus clomipramine vs. Clomipramine alone	Less symptoms in ISTDP group at 9 months. Medication use reduced vs control. More relapses in medication only group.
Generalized Anxiety Disorder (2)	215	8.3	Case series		Anxiety reduction, Interpersonal problem reduction, physician costs, hospital costs reduction
Mixed Anxiety Disorders (3)	22	24	Case series		Anxiety reduction, Personality Changes (SWAP-200, IIP)
Social Anxiety Disorder (4)	42	10	RCT	Wait List	Greater reductions in fear and avoidance
Social Anxiety Disorder (5)	41	10	RCT	Wait List	Greater reductions in fear and avoidance
Performance Anxiety (6)	1	1	Case report		Description of one session only
OCD and Schizophrenia (7)	1	20	Case report		Symptom reduction
Social Anxiety (mothers of children with Aspergers) (8)	16	12	RCT	Wait list	Greater anxiety reduction
Mixed Anxiety in rheumatoid arthritis (9)	40	15	RCT	Wait list	Greater reduction in anxiety and “clinical symptoms” of RA
Mixed anxiety disorders, Female sample (10)	30	15	RCT	Wait list	Greater reduction in anxiety
Obsessive-compulsive Disorder (11)	30	20	RCT	No treatment	Greater reduction in OCD symptoms (YBOCS, IBT)

Post Traumatic Stress Disorder (12)	41	5.5	Case series	No treatment	Reduced symptoms, interpersonal problems, physician costs and hospital costs
Social Anxiety in intellectually impaired (13)	16	12	RCT	No treatment	ISTDP > Control
GAD Females (14)	40	8	RCT	No treatment	ISTDP> Control
Separation anxiety (15)	30	12	RCT	Anxiety modulating method, control	ISTDP> Comparison therapy and control
Social Anxiety (16)	20	15	RCT	No treatment	ISTDP> control with anxiety, Defence maturation, emotional regulation
Death anxiety in cancer patients (17)	30	11	RCT	CBT, wait list	ISTDP=CBT> control
Death anxiety in Covid (18)	34	8	RCT	No treatment	ISTDP> Control

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Section 3: Intensive Short-term Dynamic Psychotherapy for Somatic Conditions

There are now over 50 published studies related to the use of ISTDP in somatic symptom conditions. Some of these studies are combined with Emotion, Expression and Awareness Therapy, and some use this approach, which is derived from ISTDP and related models, on its own. Seven of the studies measure symptoms in patients with structural or known organic physical conditions influenced by stress factors.

Condition	Study Type	n	Outcome
Urethral Syndrome/ Pelvic Pain (1)	RCT	36	ISTDP > Medical TAU
Mixed MUS (2)	Case Series	29	Sig symptom reduction
Back Pain (3)	Case Series	47	Sig pain reduction
Functional Movement Disorders (4)	Case Series	9	Sig symptom reduction
Chronic Headache (5)	Case Series	29	Sig symptom and healthcare cost reduction
Pseudoseizures (6)	Case Series	28	Sig symptom and cost reduction
Chronic Pain (7)	RCT	63	ISTDP> Mindfulness Based Stress Reduction and TAU
Chronic Pain (8)	RCT	81	ISTDP in person > ISTDP by Skype
Chronic Pain (9)	RCT	100	ISTDP by Skype > TAU
Irritable Bowel Syndrome (10)	RCT	102	ISTDP > Medical TAU
MUS in Emergency (11)	Controlled	77	Sig symptom reduction and emergency visit reduction pre vs post and vs control
Mixed MUS + (12)	Controlled	890	Sig symptom reduction and Cost reduction
Bruxism (14)	RCT	41	ISTDP> control
Functional Neurological (15)	Case Series	11	Improvement on multiple domains
Mixed Somatic Symptoms in Family Practice (16)	Case Series	37	Sig symptom improvement
Fibromyalgia (18)	Case Series	67	Sig symptom reduction

Chronic Pain (19)	RCT	341	Sig symptom effects ISTDP=CBT
Chronic Pain (20)	Case Series	228	Symptom reduction and healthcare cost reduction
Chronic Pain in Veterans (21)	RCT	64	ISTDP+EAET>CBT
Chronic Pain (22)	RCT	230	EAET> or equal to CBT
Irritable Bowel Syndrome (23)	RCT	106	EAET > Structured Relaxation
Fibromyalgia (24, 25)	RCT	36	ISTDP> MBSR> Control alexithymia, well-being, depression and FM symptoms
Irritable Bowel Syndrome (26, 27)	RCT	30	ISTDP> Control
Functional Seizures (28, 29)	Case Series	18	Reduced symptoms, long term health cost reductions
Chronic Pain (30)	RCT	60	ISTDP > hypnosis > Control
Chronic Pain (31, 32)	RCT	45	ISTDP >/= Mindfulness based Cognitive Therapy > Control
Mixed Somatic Symptoms (34)	RCT	45	ISTDP > Existential Therapy > Control
Tension Headaches (35)	RCT	30	ISTDP > Control in headache, anger, anxiety and emotion regulation
Chronic Pain (36)	RCT	30	ISTDP> Control Attachment styles improved, as did health anxiety and somatization
Mixed Somatic Symptoms (37)	RCT	45	ISTDP> Existential Therapy somatic symptom reduction
Chronic Pain (38)	Case Series	73	EAET Post > pre
Urogenital/Pelvic Pain (39)	RCT	62	EAET > waitlist control
Chronic Pain (40)	RCT	91	EAET + ISTDP > control
Fibromyalgia (41)	RCT	230	EAET > CBT
SSD (42)	RCT	74	EAET > control
SSD (43)	Case Series	52	EAET Post > pre
IBS (44)	RCT	106	EAET > Structured Relaxation
MUS (45)	RCT	75	EAET Post > pre
Treatment resistant sexual dysfunction in females (46)	Case series	5	Post > Pre, normalization on outcomes
OTHER SOMATIC CONDITIONS			
Atopic Dermatitis (13)	RCT	32	ISTDP> control in anxious Cases
Atopic Dermatitis (33)	Case series	5	Post > Pre
Inflammatory Bowel Disease (IBD)* (17)	Case Series	7	Improvement on IBD symptoms
Breast Cancer (47)	Case series	6	Post > pre defense maturation and emotion expression

Rheumatoid Arthritis (48, 49)	RCT	40	ISTDP> Control, Reduced anxiety, Reduced alexithymia
Multiple Sclerosis (50)	Case series	10	Post > Pre on symptoms and doctor visits
Breast Cancer (51)	Case Series	3	Post>Pre in pain, anxiety and self compassion

*MUS= Medically Unexplained Symptoms, TAU= Treatment as Usual, RCT=Randomized Controlled Trial. *Though not a somatic symptom disorders, emotional stress is a factor generating symptoms and relapses. ** Emotion Awareness and Expression Therapy (EAET) combined with ISTDP. ***EAET is a derived from ISTDP and related models.*

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Future Research Directions

An overall meta-analysis of this outcome research is pending. There is some research into the learning process of this method, but further research will be beneficial. Randomized controlled trials would be beneficial in the case of adjunctive treatment for people with severe mental disorders.

Section 4: Intensive Short-term Dynamic Psychotherapy for Severe Mental Disorders

Over the past 20 years, modified forms of ISTDP have been applied for patients with severe mental disorders who have psychoneurotic disturbances in addition to other conditions. These individuals often have complicated bio-psycho-social problems and emotional factors including attachment trauma and deficits in emotion tolerance can produce worse outcomes. Carefully applied modified forms of ISTDP can be both beneficial and cost effective based on the publications below.

1. **In 2001 Abbass provided a video case report on a man with Schizophrenia and OCD and published a paper with some clinical observations as part of a conference in Milan, Italy (1).**

2. **In 2002 Abbass published a small case series of treated patients with bipolar disorder (2).**

Abstract: The following paper describes a brief psychotherapeutic approach based upon a case series of four patients with bipolar disorder who are currently in remission from manic and major depressive states. This approach combines both emotional awareness and behavioral elements with a psycho-educational component. Below, the major components of the therapy are outlined and illustrated with short vignettes taken from a treatment session. Following the description of this treatment approach, the preliminary results from the case series are presented.Concisely, the objectives of the therapy were to: 1) increase awareness of the emotional and behavioral factors which can promote depression or mania, 2) allow a grieving of losses incurred due to the illness, 3) investigate whether and when states of anxiety, depression or hypomania were precipitated by warded off emotions, and, 4) improve tolerance of complex emotions such as anger, guilt about anger, grief and affectionate feelings.

3. **In 2006 Abbass published a case series of patient with Treatment Resistant Depression (3).**

Abstract: This pilot study examined the effectiveness of Intensive Short-term Dynamic Psychotherapy (ISTDP) in treatment-resistant depression (TRD). Ten patients with TRD were provided a course of ISTDP. Clinician and patient symptom and interpersonal measures were completed every 4 weeks, at termination, and in follow-up. Medication, disability, and

hospital costs were compared before and after treatment. After an average of 13.6 sessions of therapy, all mean measures reached the normal range, with effect sizes ranging from 0.87 to 3.3. Gains were maintained in follow-up assessments. Treatment costs were offset by cost reductions elsewhere in the system. This open study suggests that ISTDP may be effective with this challenging patient group. A randomized, controlled trial and qualitative research are warranted to evaluate this treatment further and to examine its possible therapeutic elements.

4. **In 2009 Dr Ravi Bains and Abbass published a report with case examples of using ISTDP for people with severe mental disorders to prevent the need for electroconvulsive therapy (ECT) (4).**

Abstract: In this article, we review Intensive Short-Term Dynamic Psychotherapy (ISTDP) as an alternative to electroconvulsive therapy (ECT) or as treatment for patients not responding to ECT. Based on our clinical observations, we conclude that ISTDP can be used as a preventive treatment in selected patients. Furthermore, failure to respond to ECT may suggest that psychotherapeutic issues are prominent and predict response to ISTDP. We conclude with clinical and research recommendations.

5. **In 2013 Abbass, Bernier and Town published a case series of psychiatric inpatients treated with modified ISTDP.**

Patients had significant gains on symptoms and interpersonal problems after 9 sessions and that inpatient ward had a 65% drop in ECT use and a 23% reduction in lengths of stay (5). The treatment was highly sought out with one third of patients being referred to this clinician. The cost of the psychologist was offset by reductions in costs for ECT.

6. **In 2015 as part of a large (n=890) outcome and cost study we published a case series and cost effectiveness study of modified ISTDP for people with Psychosis (6).**

Abstract: The aim of this pilot study was to evaluate the changes in symptom severity and long-term health care cost after intensive short-term dynamic psychotherapy (ISTDP) individually tailored and administered to patients with psychotic disorders undergoing

standard psychiatric care. Eleven therapists with different levels of expertise delivered an average of 13 one-hour sessions of graded ISTDP to 38 patients with psychotic disorders. Costs for health care services were compiled for a one-year period prior to the start of ISTDP (baseline) along with four one-year periods after termination. Two validated self-report scales, the Brief Symptom Inventory and the Inventory of Interpersonal Problems, were administered at intake and termination of ISTDP. Results revealed that health care cost reductions were significant for the one-year post-treatment period relative to baseline year, for both physician costs and hospital costs, and the reductions were sustained for the follow-up period of four post-treatment years. Furthermore, at treatment termination self-reported symptoms and interpersonal problems were significantly reduced. These preliminary findings suggest that this brief adjunctive psychotherapy may be beneficial and reduce costs in selected patients with psychotic disorders, and that gains are sustained in long-term follow-up. Future research directions are discussed.

7. **Led by Joel Town we completed a randomized controlled trial of ISTDP for Patients with Treatment Resistant Depression (7).**

Abstract: Background: While short-term psychodynamic psychotherapies have been shown effective for major depression, it is unclear if this could be a treatment of choice for depressed patients, many of whom have chronic and complex health issues, who have not sufficiently responded to treatment. Method: This superiority trial used a single blind randomised parallel group design to test the efficacy of time limited Intensive Short-Term Dynamic Psychotherapy (ISTDP) for treatment resistant depression (TRD). Patients referred to secondary care community mental health teams (CMHT) who met DSM-IV criteria for major depressive episode, had received antidepressant treatment ≥6 weeks, and had Hamilton Depression

Rating Scale (HAM-D) scores of ≥16 were recruited. The effects of 20 sessions of ISTDP were judged through comparison against secondary care CMHT treatment as usual (TAU). The primary outcome was HAM-D scores at 6 months. Secondary outcomes included the Patient Health Questionnaire (PHQ-9) self-report measures for depression and dichotomous measures of both remission (defined as HAM-D score ≤7) and partial remission (defined as HAM-D score ≤12). Results: Sixty patients were randomised to 2 groups (ISTDP = 30 and TAU= 30), with data collected at baseline, 3, and 6 months. Multi-level linear regression modelling showed that change over time on both depression scales was significantly greater in the ISTDP group in comparison to TAU. Statistically significant between-group treatment differences, in the moderate to large range, favouring ISTDP, were observed on both the observer rated (Cohen's d = 0.75) and self-report measures (Cohen's d= 0.85) of depression. Relative to TAU, patients in the ISTDP group were significantly more likely after 6 months to achieve complete remission

(36.0% vs. 3.7%) and partial remission (48.0% vs. 18.5%). Limitations: It is unclear if the results are generalizable to other providers, geographical locations and cultures. Conclusions: Time-limited ISTDP appears an effective treatment option for TRD, showing large advantages

over routine treatment delivered by secondary care services.

Followup data will soon be published.

8. **We similarly published the treatment and cost effects of a sample of patients with bipolar disorder (8).**

Abstract: The aim of this study was to evaluate changes in long-term health care costs and symptom severity after adjunctive intensive short-term dynamic psychotherapy (ISTDP) individually tailored and administered to patients with bipolar disorder undergoing standard psychiatric care. Eleven therapists with different levels of expertise delivered an average of 4.6 one-hour sessions of ISTDP to 29 patients with bipolar disorders. Health care service costs were

compiled for a one-year period prior to the start of ISTDP along with four one-year periods after termination. Two validated self-report scales, the Brief Symptom Inventory and the Inventory of Interpersonal Problems, were administered at intake and termination of ISTDP. Hospital cost reductions were significant for the one-year post-treatment period relative to baseline year, and all cost reductions were sustained for the follow-up period of four post-treatment years. Self-reported psychiatric symptoms and interpersonal problems were significantly reduced. These preliminary findings suggest that this brief adjunctive psychotherapy may be beneficial and cost-effective in select patients with bipolar disorders, and that gains may be sustained in long-term followup. Future research directions are discussed.

9. **We just published is a comprehensive paper on ISTDP for Psychosis with a case example. This is a collaboration with Dr Barbara Sorenson. Now published in Psychodynamic Psychiatry (9).**

Abstract: In this article, we review Davanloo's metapsychology of the unconscious and how it can contribute to the current psychodynamic understanding and treatment of psychosis. In this framework, current attachment and emotions become connected with unconscious conflict-laden feelings about early attachment trauma at the core of the unconscious conflict. These conflict-laden feelings mobilize unconscious anxiety and defenses, which are alongside or, in and of themselves, constitute the entire picture of psychosis. Those patients with low emotional capacities are provided specific therapeutic techniques to bolster anxiety tolerance while those more defended patients are offered means to begin to accept and experience the feelings they have about present and past adverse experiences including those caused by psychosis itself. Case and case series research have shown this model to be clinically effective and cost effective as an adjunct to care. Case vignettes will describe the assessment of capacities and treatment frame for patients with a history of psychosis. Davanloo's

metapsychology of the unconscious offers an important contribution to the current psychodynamic understanding of psychosis by considering the role of attachment, emotions and unconscious conflict and addressing these through specific psychodynamic interventions.

10. **We recently completed a randomized controlled trial of ISTDP for people with severe mental illness and substance addiction. One fifth of the patients had psychosis and one quarter had antisocial personality disorder. The ISTDP treated patients markedly outperformed standard drug counseling and had an extremely high sobriety rate of 48.8% at six month follow-up.**

Abstract: Addiction programs are plagued with high dropout and relapse rates. A large proportion of patients suffering from addiction also suffer from personality disorders. Aim: A 30-day inpatient program based on intensive short-term dynamic psychotherapy was developed to address features of personality disorders such as anxiety regulation, emotion recognition, and handling of fear responses and projective processes. The hypothesis was that addressing comorbid symptoms of personality disorder might improve recovery from drug addiction. We used a pilot randomized controlled trial design with six-month follow-up of both

cases and controls. Rates of remission, relapse and drop out were recorded at each time

point. N-1 chi-squared (v2) tests were conducted to examine the statistical significance of

differences in outcomes in patients receiving the experimental treatment and controls. A

control group of 20 patients and an experimental group of 42 patients were treated.

Dropout: control group 40%; experimental group 23.8%. Sobriety at six months: control

group 17.6%, experimental group 48.8%. Future study is warranted to examine intensive short-term dynamic psychotherapy's long-term effects, study moderators of effects, and study its efficacy using a randomized controlled design.

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Section 5: Intensive Short-term Dynamic Psychotherapy for Non-somatic Treatment Refractory, Chronic and Complex Patient Populations

Intensive Short-term Dynamic Psychotherapy has now been studied for a broad range of complex and refractory treatment populations. For studies of those with severe mental disorders, the treatment was used as an adjunct. For the rest, the treatment was the main intervention provided. As you can see below the therapy has been studied in all the main psychiatric diagnostic conditions as well as many somatic symptom presentations.

Below are published studies including 11 RCTs. These are outcome and cost-based studies, but there are also other types of published research studies of these patient groups.

Studies	**N**	**Study Type**	**Effect**
Personality Disorder (Winston et al., 1994)	25	RCT	ISTDP> Ctrl
Personality Disorder (Hellerstein et al., 1998)	25	RCT	ISTDP= BSP
Personality Disorder (Callahan, 2000)	6	Case Series	Post> Pre
Personality Disorder (Svartberg et al., 2004)	25	RCT	STDP =/> CBT
Treatment Resistant Depression (Abbass, 2006)	10	Case Series	Post>Pre, Cost Effective
Personality Disorder (Abbass, et al., 2008)	27	RCT	ISTDP> Minimal Contact Cost effective

Refractory Mixed Diagnoses Tier 3 or 4 NHS, UK (Hajkowski, 2012)	23	Case Series	Post> Pre
Psychiatric Inpatients (Abbass et al., 2013)	33	Case Series	Post>Pre, ECT reduction, Cost Effective
Refractory/ Severe Personality Disorders, (Cornelissen & Roel, 2002), Cornelissen, 2014)	155	Case Series	Post>Pre
Mixed Treatment Resistant Samples (Solbakken & Abbass, 2014, 2015, 2016)	60	Controlled	ISTDP> Wait Cost Effective
Bipolar Disorder (Abbass, 2002)	4	Case Series	Post>Pre
Refractory Bipolar Disorder (Abbass et al., 2019)	29	Case Series	Post>Pre Cost Effective
Refractory Psychotic Disorders (Abbass et al., 2018)	38	Case Series	Post>Pre Cost Effective
Mixed Treatment Refractory Nova Scotia Psychiatric sample (Johansson et al, 2014, Abbass et al, 2015)	1182	Controlled	Cost effective vs control. Savings=17 x cost
Refractory Eating Disorders NS (Nowowieski, Abbass et al, 2020)	27	Case Series	Post> Pre Cost Effective
Treatment Resistant Depression NS (Town, Abbass et al., 2017, 2020)	60	RCT	ISTDP> CMHT (mostly CBT + med increases), More Cost Effective
Severe Substance Addiction, (denDooven, Frederickson, Abbass et al, 2019)	42	RCT	ISTDP> TAU on sobriety and retention
Refractory Pseudoseizures, Dissociative Disorder (Russell, Abbass et, al, 2016)	28	Case Series	Post>Pre Cost Effective
Refractory Post Traumatic Stress Disorder (Roggenkamp, Abbass et al, 2020)	41	Case Series	Post>Pre Cost Effective
Nova Scotia (Canada) Dept Community Service Cases Chronically on Social Assistance (Internal Report, 2012)	63	Case Series	Net Government savings of $740,000 by 5 y later
Refractory Generalized Anxiety Disorder (Lilliengren, Abbass et al, 2020)	215	Case Series	Post>Pre Cost Effective
Chronically disabled or missing work days: H Hospital employees NS (SBAR Report, internal hospital document)	18	Case Series	Net CDHA savings of $250,000 18 months later

Complex Populations, UK (Castillo et al, 2020)	8	Case Series	Enduring symptom reduction
Substance Dependence (Harnashki et al, 2021)	58	RCT	ISTDP + 12 step >Control
Antisocial Personality Disorder (Salehian, 2022 a and b)	16	RCT	ISTDP> Control (aggression ++, social adjustment)
Substance Dependence (Ahmadi et al, 2021)	30	RCT	ISTDP > control
Substance Dependence (Kashfi et al, 2022)	39	RCT	ISTDP > control in relapse prevention
Treatment Resistant Depression (Heshmati et al, 2021)	3	Case series	Post>Pre on emotional suppression and negative affect
Treatment Resistant Depression (Heshmati et al, 2023)	86	RCT	ISTDP> Wait list or depression, repression and negative affect

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Section 6: The ISTDP Trial Therapy

Following are abstracts of 5 outcome studies of the Trial Therapy. All the studies point to benefits of the interview. The first study was all expert conducted trial therapies and the second was compared to standard intake interviews and expert had also done. The third was an EDT trial therapy and can be considered an independent replication on the first study. The 4th is a large sample study with many different therapists overcoming the issue of one expert doing the interview: it found outcomes in the trial related to status of unlocking the unconscious, a very interesting finding. Finally, a large subset of these cases were analyzed separately and found to show large measurable reductions in health care costs in long follow-up.

1. **A Naturalistic Study of Intensive Short-Term Dynamic Psychotherapy Trial Therapy Brief Treatment and Crisis Intervention 8:164–170 (2008) Abbass A, Joffres M, Ogrodniczuk J**

The objective is to study the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) trial therapies. In a tertiary psychotherapy service, Brief Symptom Inventory (BSI) Inventory of Interpersonal Problems (IIP) medication use, and need for further treatment were evaluated before versus 1-month post trial therapy in a sequential series of 30 clients. Trial therapies were interviews with active focus on emotions and how they are experienced. The interviews resulted in statistically significant improvements on all BSI subscales and one of the IIP subscales. One-third of clients required no further treatment, seven stopped medications, and two returned to work following trial therapy. The ISTDP trial therapy appeared to be clinically effective and cost effective. Future research directions are discussed.

2. **Allan A. Abbass, MD, Michel Joffres, MD, John Ogrodniczuk, PhD Intensive Short-term Dynamic Psychotherapy Trials of Therapy: Qualitative Description and Comparison to Standard Intake Assessments, AD HOC Bulletin of STDP, April 2009, page 6-13**

Objective: To compare Intensive Short-Term Dynamic Psychotherapy (ISTDP) trial therapy consultations to standard intake interviews. **Design:** Non-randomized clinical trial design. **Methods:** Thirty sequential ISTDP trial therapies were compared to 20 traditional intake assessment interviews using blind ratings of videotape samples. Brief Symptom Inventory and Inventory of Interpersonal Problems scores were compared pre and post interview. Need for follow-up treatment, medication use and work functioning were also compared between groups. **Results:** Trial therapies were clearly distinguishable from standard intake assessments. The trial therapy resulted in statistically significant improvements on all BSI subscales. In the follow-up interview, one third (10) of individuals in the trial therapy group required no further treatment, 7 were able to stop 11 psychotropic medications, and 2 were able to return to work. **Conclusions:** ISTDP trial therapy appears to be a distinct therapeutic assessment procedure that results in superior benefits compared to traditional intake assessments. Confirmation of these findings will require a randomized trial.

3. **Experiential Dynamic Therapy: A Preliminary Investigation Into the Effectiveness and Process of the Extended Initial Session Clin. Psychol. 00:1–10, 2014. Aafjes-van Doorn K, Macdonald J, Stein M, Cooper A, Tucker S**

Objective: This study explored whether patients in specialist psychology services made early gains on theoretically relevant therapeutic processes and outcomes after a trial therapy session (one 2- to 3-hour initial Experiential Dynamic Therapy session). Method: This practice-based, nonrandomized trial used a pre–post design. Thirty-one patients (23women, average age of 37) completed standardized measures of symptoms of general distress, interpersonal functioning, self-compassion, and remoralization before and after the trial therapy session. Video recordings of the sessions' therapy process were rated on the Achievement of Therapeutic Objectives Scale. Results: After the trial therapy session, patients reported a significant increase in remoralization and self-compassion and a significant decrease in

symptoms of general distress but not interpersonal problems. Process ratings were not significantly associated with improvement on these outcome measures. Conclusions: This initial positive effect could be due to the session or an effect of time or placebo. Future research using active control conditions is warranted.

4. **Intensive Short-Term Dynamic Psychotherapy Trial Therapy Effectiveness and Role of "Unlocking the Unconscious" J Nerv Ment Dis 2017;205: 453–457 Allan Abbass, MD, FRCPC, Joel Town, DClinPsy, John Ogrodniczuk, PhD, Michel Joffres, MD, PhD, and Peter Lilliengren, PhD**

Abstract: This study examined the effects of trial therapy interviews using intensiveshort-term dynamic psychotherapy with 500 mixed sample, tertiary center patients. Furthermore, we investigated whether the effect of trial therapy was larger for patients who had a major unlocking of the unconscious during the interview compared with those who did not. Outcome measures were the Brief Symptom Inventory (BSI) and the Inventory of Interpersonal Problems (IIP), measured at baseline and at 1-month follow-up. Significant outcome effects were observed for both the BSI and the IIP with small to moderate preeffect/posteffect sizes, Cohen's d = 0.52 and 0.23, respectively. Treatment effects were greater in patients who had a major unlocking of the unconscious compared with those who did not. The trial therapy interview appears to be beneficial, and its effects may relate to certain therapeutic processes. Further controlled research is warranted.

5. **Cost-Effectiveness of Intensive Short-Term Dynamic Psychotherapy Trial Therapy Abbass A, Kisely S, Town J 2018 Psychotherapy and Psychosomatics** DOI: 10.1159/000487600

Main Methods:

We included 344 patients, of whom 63.7% were female, 77.4% were aged 25–60 years, and 78.9% were from the urban area of Halifax (NS, Canada). They were provided trial therapy by 10 different therapists who were experienced in the ISTDP model. The interviews themselves cost an average of approximately CAD 187 each. The interviews were considered overall to be adherent to the model with ratings of 3.3 (standard deviation, SD 0.8) on a 4-point scale. Patients' symptoms reflected a range of complexity with 83 subjects having fragile character structure with dissociative features, 91 having high resistance, 60 having moderate resistance, and only 5 having low resistance, based on therapist ratings of psychodiagnostic functioning [8]. Diagnostically, 57.3% had somatic symptom disorders, 56.9% had an anxiety disorder, 49.3% had a personality disorder, and 33.1% had major depression.

Main Results:

Baseline physician and hospital costs were CAD 915 (SD 748) and CAD 3,958 (SD 13,779), respectively (Table 1). Both of these were greater than normal population costs of CAD 600 and 1,389, respectively [7]. Physician costs dropped by CAD 168 per person ($p < 0.001$) the first year and further reduced to below population means in the second, third, and fourth follow-up years (Table 1). Hospital costs dropped markedly by CAD 988 after the first year and reduced further to below population means in the second, third, and fourth follow-up years. Likely due to a skewed data distribution, the difference between hospital costs 1 year before and after ISTDP was not statistically significant ($p = 0.18$). Because of data access limits, statistical comparisons between the second to fourth years versus the first year are not available. The overall average cost reductions per person versus baseline were 25.8, 62.8, 66.5, and 67.3%, respectively, reflecting a total per person difference of CAD 10,841 per person, vastly exceeding the cost of the single trial therapy interview itself.