

FEST – IT

(First Experimental Study of Transference work - In Teenagers)

BACKGROUND:

In Norway the number of young people (age 16 -24) disabled by psychiatric disorders has been tripled the last 30 years. 25% of this group has been unable to work because of anxiety, depression, personality disorders or behavioral disorders. Young women in Norway have shown a significant increase in psychiatric symptoms, particularly depression and anxiety (Brage and Thune, 2008). In Sweden 30% of young women (16-24 years) suffer from anxiety (SCB, 2006). The study “Hälsa på lika villkor” (SOU,2006) indicates that young women more than men of the same age or older women suffer from psychological distress. Jeanne et al (2007) reported that girls present higher rates of depression than boys and boys present higher rates of mania. In addition to the mental suffering these disorders represent, they carry a great risk of becoming chronic without adequate treatment, which may prevent these individuals from joining the work force.

The WHO uses a measure, “Years Lost due to Disability” (number of affected x seriousness of the disease x average duration of illness), to calculate the burden of different diseases on populations. Globally, depression has the highest YLD-score (WHO, 2001, NIMH, 2002). With over 1 million people taking their lives annually, it is killing more people than murder and war put together (Bhattacharya, 2004).

The most common treatments given to adults with depression, anxiety or personality disorders is antidepressant medication or dynamic psychotherapy of short- to intermediate duration. The effects of antidepressant on adults might be questionable (Turner et al 2008). The effect of antidepressant in adolescent is not explored to the same

extend as for adults (Grøholt, 2011). According to Norwegian health recommendations, antidepressants are used, however not to a great extent in Child and Adolescent Psychiatry in Norway. Antidepressant medication can have an effect under treatment, while it has been demonstrated repeatedly that psychotherapy can improve the effect of medication in depression (Keller, 2000; Thase et al., 1997; Pampalona et al., 2004, Grøholt, 2011).

The field of psychotherapy research has made great advances in the last decades. Metaanalytic reviews which provide an efficient and maximally objective integrative summary of the primary studies and apply the methods and principles of empirical research to the process of reviewing literature, have provided support for the effectiveness of psychodynamic psychotherapy approaches to the treatment of mental disorders, (Leichsenring et al., 2004; Joyce et al., 2006). Dynamic psychotherapy can also have a long-term effect (Høglend et al, 2008). That is, the effect of treatment continues after termination.

With more than 1500 studies of the effect of psychotherapy with children and adolescents (Kazdin, 2004). For instance Jeanneau and Winzer (2007) reported from Ericastiftelsen, Sweden, that adolescents and young adults benefited from psychodynamic psychotherapy (Midgley et al, 2009). However, establishing that psychotherapy does have an effect does not tell us much about *how, why and for whom* psychotherapy works.

A randomized clinical trial (RCT) is a study in which an intervention is applied to diagnosed cases and analyzed against a comparison condition to determine the degree of

change associated with treatment (Lambert and Ogles, 2004). Randomized studies of the effect of psychotherapy in adolescents are few (Kennedy, 2004).

In adolescent psychotherapy as well as in adult psychotherapy, psychodynamic theory is one of the main theoretical approaches. Psychodynamic based therapies comprise mentalization, attachment, object-relation and self-psychology. Transference is a key concept in dynamic psychotherapy and analysis of the transference distinguish this treatment from other treatments. There is probably an array of active ingredients in the therapeutic action of psychotherapy with adolescents. Three of them might be:

1. Transference work: Analysis of transference (transference work) is the cornerstone of technique in dynamic psychotherapy (Høglend, 1990; Høglend, 2003; Gabbard, 2006) with adults as well as with adolescents. The ongoing interaction between patient and psychotherapist is heavily influenced by the patient's past relationships and affective experiences. A focus on the themes and conflicts that arise in the therapeutic relationship will therefore have immediate affective resonance and illuminate the true nature of problems in the patient's relationships outside of therapy (Freud, 1905; Strachey, 1934, Gill, 1982, Gabbard et al, 2003). The only experimental and controlled studies in adults on the effect of transference work are two studies from Høglend's research group (Høglend et al, 1993) and FEST (Høglend et al 2006; Høglend et al 2008).

No experimental study has explored the effect of transference work in adolescents and identified for *whom* it works.

2. Personality traits: The impact of difficulties in relational functioning and/or personality disorder on the effect of psychotherapy in adolescents, are not empirically explored (Midgley et al, 20009).
3. Gender : Only four studies (adult patients) (Zlotnic et al, 1996;Ogrodniczuk et al, 2001; Ulberg et al, 2009a, Ulberg et al 2009b, Frank et al, 2008), have explored gender as a moderator (Kramer 2002) of individual psychotherapy, which means testing whether female and male patients responded differentially to different psychotherapy treatments. However, to our knowledge, no experimental study has explored differences in response between teenage girls and boys to dynamic psychotherapy.

Taking into account that individual psychotherapy is frequently the treatment of choice, and are supposed to be beneficial for teenagers with depression, therapists should adjust and tailor the treatment approach to the actual patient. However, what works for whom is not well established empirically. There is a need for experimental studies. To provide this specific knowledge about adolescents, a randomized clinical trial (RCT) will probably be the most suitable method. FEST-IT is basic research on psychodynamic psychotherapy and is planned to be a simplified replication in adolescents of the First Experimental Study of Transference-interpretations.

The First Experimental Study of Transference-interpretations (FEST)

FEST is a randomized clinical trial, designed to explore specific long-term effects of transference work in time-limited dynamic psychotherapy in adults. Regular patients

from general practice, private specialist practices and psychiatric out-patient departments were referred to the study therapists and assessed for eligibility. Inclusion criteria were liberal. One hundred patients were randomized to two different dynamic psychotherapies. Both treatments used general psychodynamic principles. One treatment avoided an interpretive focus on the ongoing patient-therapist interaction (comparison group). The other treatment used material from the patient-therapist interaction as the most important vehicle for clarifications, confrontations and interpretations (transference group).

In FEST no significant differences between the two groups with regard to baseline characteristics could be detected. Treatment integrity was excellent (Høglend et al, 2006). Only use of transference work was significantly different between the two treatments. The two primary outcome measures were the Psychodynamic Functioning Scales (PFS) (clinician rated) (Høglend et al, 2000; Høglend 2004; Høglend et al. 2006; Bøgwald & Dahlbender,2004) and Inventory of Interpersonal Problems(IIP-C) (Alden, 1990). The two secondary outcome measures were the Global Assessment of Functioning Scale (GAS) and the Symptom Check List -90- R (SCL-90) (Derogatis,1983).

Quality of interpersonal relationships (QOR – a measure of difficulties in relational functioning) was an important moderator of the effect of transference interpretations (Høglend et al, 2006; Høglend et al, 2008). Patients with most problematic relationships with other people profited most from dynamic psychotherapy with transference interpretations. Gender has also been found to be a moderator (Ulberg et al 2009a; Ulberg et al 2009b); women have a significant better treatment effect of transference work than men.

The First Experimental Study on Transference work - In Teenagers (FEST-IT)

FEST – IT is a randomized clinical trial, which will be designed to explore effects of transference work in dynamic psychotherapy in adolescents. FEST-IT will be an experimental study of the effect of dynamic psychotherapy with transference interpretations on adolescents (Ulberg, 2008). The patients will be randomized to two treatment groups. The treatment in both groups will use general psychodynamic techniques. The therapist will be trained to provide dynamic psychotherapy with a moderate frequency of transference interpretations (1 - 3 pr. session) and dynamic psychotherapy without such interpretations. That means that in the transference group analysis of the transference will be used with a moderate intensity, while in the comparison group the therapists avoid focusing on the patient-therapist relationship. The design of the study is a so-called dismantling design, in which a single component is added and/or varied to an existent treatment package. Thus, the efficiency of a specific technique can be identified.

Hypothesis:

The primary hypothesis is that the transference group may have a more favorable course during the treatment period than will the comparison group.

The second hypothesis is that patients with a history of mature Quality of Object Relations score and/or lacking personality disorders—might benefit more from therapy with transference work than from therapy without.

The third hypothesis is that female adolescents may have better treatment effect of transference work than male adolescents.

Statistical analyses:

Patient variables that influence treatment outcome are either predictors or moderators of outcome. Both predictors and moderators are pre-treatment variables that affect the strength or direction of a treatment response. Predictors do so regardless of treatment condition. Moderators (Høglend et al, 2007), however, differentially influence outcome depending on treatment condition (Baron and Kenny, 1986, Johansson, 2007). Linear-mixed model will be used to analyse treatment effects of transference interpretations. Moderators specified in advance: QOR-2 (2 out of 3 sub scales; Quality of Object relations, and History of friendship) and gender, Alpha-level for moderator and subgroup analyses 0.10.

Participants

100 participants will be recruited from adolescent patients referred to private practice and child- and adolescent out-patient departments in Health region I; primarily in the Oslo area and in Vestfold County, for psychotherapy. The patients will be between 16 and 18 years and have depressive symptoms. They might show comorbidity. 100 patients will be enough to reveal moderate to strong treatment effects.

The study therapists will assess the patients for eligibility. They will obtain patient history and information necessary to complete the “Henvisning til det psykiske helsevernet for barn og ungdom” (n-bup, 2011). Patients diagnosed with a depression will be included. Patients with psychosis and substance abuse will be excluded (Høglend, 2006; Jeanneau, 2007). The patients will be asked to give written consent to participate in the study. The patients will be randomized to one of the two treatment groups. After the patients agree to participate, but before randomization, they will be diagnostically interviewed by an independent interviewer with SIDP-IV (Pfohl et al, 1997) and M.I.N.I.

(Leiknes et al, 2002). Before randomization each patient will also have a 2-hour psychodynamic interview modified after Malan (1979) and Sifneos (1992). At pre-treatment the patient will complete the Inventory of Interpersonal Problems – Circumplex version (IIP-C) (Alden) and the Symptom Check-list-90- R (SCL-90-R/GSI) (Derogatis, 1983).

Training of the therapists:

The therapists will be trained in the technique in order to provide the treatment with and without a moderate use of transference work. Peer supervision in groups will be offered to the therapists. This will help to maintain the quality of the therapies.

Treatment Condition

Lyon and Brigg's (2010) Manual for Time-Limited Psychodynamic Psychotherapy for Adolescents and Young Adults (TPP-A) (2010) is used as manual for the treatment and is a treatment model based on principles also described by Mann (1973) and Ulberg (2008). The patients will be given 45- minute sessions weekly for one year; maximum 20 sessions. Therapies lasting less than 12 hours will be defined as drop-outs. In the transference group, specific techniques will be prescribed, including: the therapist addressed transaction in the patient-therapist relationship, encouraged exploration of thoughts and feelings about the therapy and the therapist, and interpreted direct manifestations of transference and linked repetitive interpersonal patterns to transactions between the patient and the therapist. In the comparison group these techniques will be proscribed. In this group, the therapist will consistently use material about interpersonal relationships outside of therapy as the basis for similar interventions (extra-transference

interpretations). Both treatments are mainly exploratory in nature. Patients in both treatment groups will be encouraged to explore sensitive topics.

Assessment (see attached table):

Pre-treatment : The therapist will complete the “Henvisning til det psykiske helsevernet for barn og ungdom” (n-bup, 2011) and “Anamnese”. Each patient will be interviewed by one evaluator with two structural diagnostic interviews: Mini Internasjonalt Neuropsykiatrisk Intervju (M.I.N.I.) (Leiknes, 2002) which is a screeninginterview for diagnosing psychiatric symptoms and Structured Interview for DSM-IV Personality (SIDP-IV) (Pfohl, 1997), and with a dynamic interview modified from Sifneos (1992) and Malan (1976).

The patients QOR - 2 and the pre-treatment scores on GAS, PFS -5 (5 out of 6 sub-scales; quality of family relations, quality of friendships, tolerance for affects, insight, and Problem solving and adaptive capacity), Differentiation-Relatedness Scale (DRS) (Blatt, 2008) will be scored by the evaluator and one blind rater based on the interview. The patients will complete IIP-C and SCL-90-R, Parent Behavior Index mother and father, (PBI-mor, PBI-far). In the research of expectancy, the most widely used method of assessment are Visual analogue scales for patients (VAS -P) (Borkovec & Costello, 1993). The patients in FEST-IT will score (VAS-P) for the Target expectancy by indicating their confidence that the treatment will be helpful. In the same manner they will score on a separate VAS-P their evaluation of Importance of friends and Quality of life.

During treatment: The patients fill in IIP-C and SCL-90-R after session 9.

Working Alliance Inventory, short form with 12 items (WAI) (Horvath & Greenberg, 1989; Tracey & Kokotovic, 1989, Shirk et al, 2011) will be filled in by the patient after session 3, 9, 15, and 20.

Feeling Word Checklist-24 (FWC-24) will be filled in by the therapist after session 3, 9, 15, and 20.

Post-treatment: PFS-5, GAS and DRS will be scored by two blind raters based on an audio-recorded interview. The patients fill in IIP-C, SCL-90-R, and VAS-P.

6 months follow-up: PFS-5, GAS and DRS will be scored by two blind raters based on an audio-recorded interview. The patients fill in IIP-C, SCL-90-R, and VAS-P.

RCT-design requirements which will be fulfilled:

- Treatment will be based on clear descriptions from a manual.
- Power calculation will be made
- Primary and secondary hypotheses (patients unaware of group, or hypothesis tested) defined.
- Real patients will be randomized to therapy (treatment and comparison group) and treated by senior therapists.
- Assessment at two time points with the primary outcome variables; PFS-5 and the secondary outcome measure GAS.
- Assessment at three time points with the primary outcome measure IIP-C and the secondary outcome measure GSI.
- Evaluators will be blind in which group patients are placed.

- Reliability will be tested between the raters on M.I.N.I., SIDP-IV, GAS, PFS-5 and QOR.
- Moderators specified in advance.

Ethical considerations:

Research psychotherapy is often better planned, more systematic, more supervised and generally of better quality than therapy as usual. The two treatment modalities offered are both frequently used, well established psychotherapy methods. The study is a replication of a study in adults.

To study adolescent psychotherapy patients with self-rating instruments is a sensitive topic and require focus on the integrity of the individuals. No identifiable measures or parts of patient history will be kept outside the patient's file. Only anonymous data will be kept in the data base (Psykiatrien i Vestfold/Sykehuspartners forskningsdatabase).

It will be important that patients not be told about the main hypothesis.

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