



# The enduring effects of psychodynamic treatments vis-à-vis alternative treatments: A multilevel longitudinal meta-analysis



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## HIGHLIGHTS

- Examined the enduring impact of dynamic treatments versus non-dynamic treatments.
- Calculated four ESs; targeted, non-targeted, personality, and combined measures.
- Treatments were not significantly different at post-treatment for all four ESs.
- Post-treatment slopes for all four ESs were non-significant.
- Dynamic and non-dynamic treatments were equivalent at post-treatment and beyond.

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## ABSTRACT

Although evidence suggests that the benefits of psychodynamic treatments are sustained over time, presently it is unclear whether these sustained benefits are superior to non-psychodynamic treatments. Additionally, the extant literature comparing the sustained benefits of psychodynamic treatments compared to alternative treatments is limited with methodological shortcomings. The purpose of the current study was to conduct a rigorous test of the growth of the benefits of psychodynamic treatments relative to alternative treatments across distinct domains of change (i.e., all outcome measures, targeted outcome measures, non-targeted outcome measures, and personality outcome measures). To do so, the study employed strict inclusion criteria to identify randomized clinical trials that directly compared at least one bona fide psychodynamic treatment and one bona fide non-psychodynamic treatment. Hierarchical linear modeling (Raudenbush, Bryk, Cheong, Congdon, & du Toit, 2011) was used to longitudinally model the impact of psychodynamic treatments compared to non-psychodynamic treatments at post-treatment and to compare the growth (i.e., slope) of effects beyond treatment completion. Findings from the present meta-analysis indicated that psychodynamic treatments and non-psychodynamic treatments were equally efficacious at post-treatment and at follow-up for combined outcomes ( $k = 20$ ), targeted outcomes ( $k = 19$ ), non-targeted outcomes ( $k = 17$ ), and personality outcomes ( $k = 6$ ). Clinical implications, directions for future research, and limitations are discussed.

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## 1. Introduction

Contentious debates exist regarding the superiority of competing psychotherapy treatments. As an example, proponents of cognitive-behavioral therapy (CBT) have claimed superiority to alternative treatments for the past several decades (Eysenck, 1994; Hofmann & Lohr, 2010; Siev & Chambless, 2007; Siev, Huppert, & Chambless, 2009; Tolin, 2010). These claims are supported by various meta-analyses over the years. Specifically, Shapiro and Shapiro (1982) meta-analyzed 143 comparative studies and found that behavioral treatments were superior to psychodynamic and humanistic treatments. More recently, Tolin (2010) meta-analyzed 26 studies examining the efficacy of CBT vis-à-vis alternative treatments and concluded that CBT was superior to psychodynamic treatments for depressive and anxiety disorders. In a review of meta-analyses, Hofmann and Lohr (2010) claimed that seven meta-analyses found higher response rates for CBT compared to alternative treatments and only one found higher rates for the comparison treatment.

On the other hand, a substantial body of research continues to indicate uniform efficacy of treatments intended to be therapeutic (Baardseth et al., 2013; Benish, Imel, & Wampold, 2008; Cuijpers et al., 2013; Imel, Wampold, Miller, & Fleming, 2008; Luborsky et al., 2002; Wampold & Imel, in press; Wampold et al., 1997). For example, in a reanalysis and extension of the findings of Tolin (2010), Baardseth et al. (2013) found no evidence of the superiority of CBT compared to alternative treatments intended to be therapeutic for anxiety disorders.

The debate regarding superiority, at least from a meta-analytic perspective, has focused primarily on outcome measured at one point in time (typically at termination) and has also focused on disorder specific symptom change (Wampold & Imel, in press). Advocates of treatments that are focused on character change rather than on symptoms, such as psychodynamic therapies, suggest that the benefits of such treatments are broader based and longer lasting. For example, Shedler (2010) theorized that:

The goals of psychodynamic therapy include, but extend beyond, alleviation of acute symptoms. Psychological health is not merely the absence of symptoms; it is the positive presence of inner capacities and resources that allow people to live life with a greater sense of freedom and possibility.... Such intrapsychic changes may account for long-term treatment benefits [of psychodynamic treatments].

[pp 102, 105]

Seeking to produce evidence of the sustained benefits of psychodynamic treatments beyond treatment completion, an increasing number of meta-analyses have indicated that the benefits of psychodynamic treatments at post-treatment are maintained at follow-up, and in some

instances increase over time (Abbass, Hancock, Henderson, & Kisely, 2006; Abbass, Kisely, & Kroenke, 2009; Leichenring, Rabung, & Leibing, 2004; Town et al., 2012). For example, Abbass and colleagues (Abbass et al., 2006; Abbass et al., 2009) conducted a series of meta-analyses of controlled trials of short-term dynamic therapy (STDT) and found that STDT was superior to various types of no-treatment or minimal treatment controls on a variety of outcome measures and that the effects were sustained or grew over time. A number of other meta-analyses have substantiated the enduring effects of psychodynamic treatments (Abbass, Town, & Driessen, 2011; Driessen et al., 2010; Town, Abbass, & Hardy, 2011) and some have claimed that the benefits of psychodynamic treatments increase over time (e.g., Leichenring et al., 2004; Town et al., 2012).

Based on these findings, Shedler (2010) asserted that, "Consistent trend[s] toward larger effect sizes at follow-up suggest that psychodynamic therapy sets in motion psychological processes that lead to ongoing change, even after therapy has ended.... [Whereas] the benefits of other (nonpsychodynamic) empirically supported therapies tend to decay over time for the most common disorders" (pp. 101,102). Shedler's (2010) assertion that the benefits of psychodynamic treatments are longer lasting than non-psychodynamic treatments does not appear to be universally accepted nor is it conclusively supported by empirical research. Although evidence suggests that the benefits of psychodynamic treatments are sustained over time and in some instances increase compared to control groups, it is unclear whether non-psychodynamic treatments produce equivalent sustained benefits beyond treatment completion.

There are few empirical studies that have addressed the question of whether the effects of some types of treatment, such as psychodynamic treatments, are longer lasting than alternative types of treatments. Meta-analyses of studies that do exist have produced mixed findings. For example, Anderson and Lambert (1995) examined the effectiveness of STDT compared to alternative treatments for a variety of disorders and found that STDT was equivalent to alternative treatments at post-treatment, but produced superior benefits compared to alternative treatments at follow-up. However, Keefe, McCarthy, Dinger, Zilcha-Mano, and Barber (2014) recently meta-analyzed the impact of psychodynamic treatments compared to alternative treatments for anxiety disorders and found that psychodynamic treatments did not significantly differ from alternative treatments at short-term follow-up and long-term follow-up.

These mixed findings may be a result of several methodological limitations. Specifically, many of the previous studies used no-treatment or minimal treatment control groups. Additionally, the majority of meta-analyses and clinical trials comparing two or more treatments did not directly compare treatments intended to be therapeutic. For example, in a meta-analysis examining the effect

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