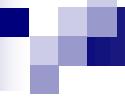


Online psychotherapie vanuit psychodynamisch perspectief

Prof dr Patrick Luyten
KU Leuven

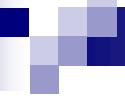


Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre



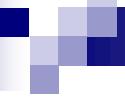
Overzicht

- Effectiviteit online/blended werken vanuit psychodynamisch perspectief
- Voor wie (niet)?
- Praktisch: depressiehulp.be



Team

- **KU Leuven:** Prof Patrick Luyten (PI), Prof Stephan Claes (Co-PI), Dr. Eileen Tang & Clinical Trials Center (CTC)
- **Erasmus University Rotterdam:** Prof Jan Van Busschbach (Co-PI)
- **CGG Kempen and CGG De Pont:** Wim Wouters (directeur), Bob Cools (directeur), Herwig Claeys, Vincent Verbruggen (IT), Tanja Gouverneur (patiëntenperspectief)
- **University College London & NHS Improving Access to Psychological Therapies (IAPT) programme:** Prof Peter Fonagy, Alessandra Lemma, Mary Hepworth



Effectiviteit f2f en blended werken

Online psychotherapie en blended therapie

- Pure online zelfhulp is slechts effectief bij kleine subgroep van patiënten
- Maar: meta-analyses laten zien dat **blended care even effectief kan zijn als f2f** psychotherapie bij mild/matige/ernstige depressie/angst
- **Geen verschillen** tussen richtingen, best onderzocht voor CGT en PDT

Andersson, G., & Cuijpers, P. (2009). Internet-based and other computerized psychological treatments for adult depression: a meta-analysis. *Cogn Behav Ther*, 38(4), 196-205. doi: 10.1080/16506070903318960

Andrews, G., Cuijpers, P., Craske, M. G., McEvoy, P., & Titov, N. (2010). Computer therapy for the anxiety and depressive disorders is effective, acceptable and practical health care: a meta-analysis. *PLoS One*, 5(10), e13196. doi: 10.1371/journal.pone.0013196

Richards, D., & Richardson, T. (2012). Computer-based psychological treatments for depression: a systematic review and meta-analysis. *Clinical Psychology Review*, 32(4), 329-342. doi: 10.1016/j.cpr.2012.02.004

Equivalence of psychotherapies

- Meta-analysis of **high quality RCTs** comparing PDT and CBT
- N=23 trials, totaling 2,751 patients
- Depression, anxiety, PTSD, eating disorders, substance-related disorders, personality disorders
- Equivalence tested using Two One-Sided Test (TOST) procedure with small effect size difference ($d=.25$) as equivalence margin
- No evidence for researcher allegiance

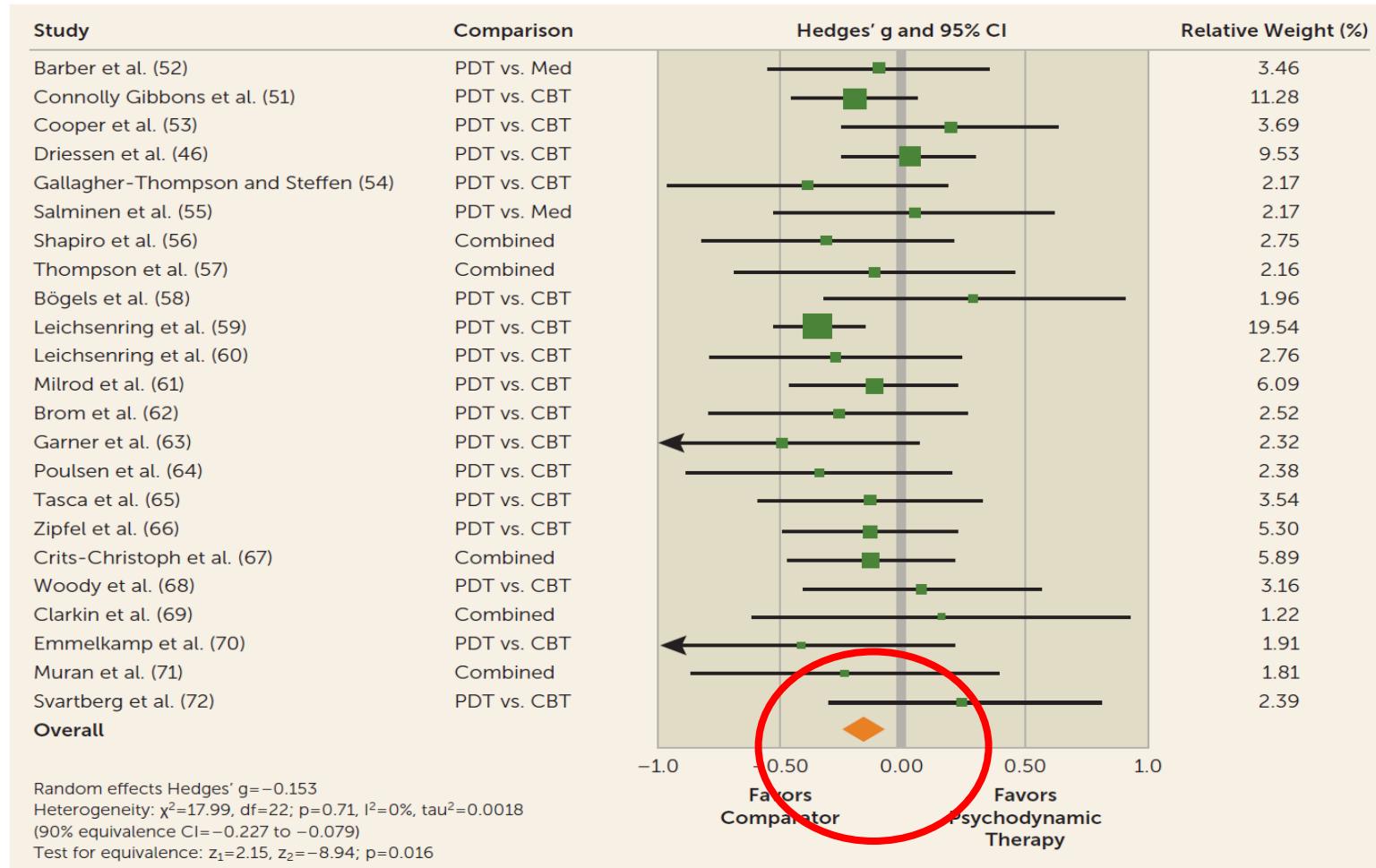


Equivalence of psychotherapies

Hedges $g=-.15$ (90% CI $-.227$ - $.079$) at posttreatment
 Hedges $g=-.049$ (90% CI $-.137$ - $.038$) at follow-up



FIGURE 1. Analysis of Effects of Psychodynamic Therapy Relative to Established Comparators on Target Symptoms at Posttreatment^a



^a CBT=cognitive-behavioral therapy; Med=pharmacotherapy; PDT=psychodynamic therapy.

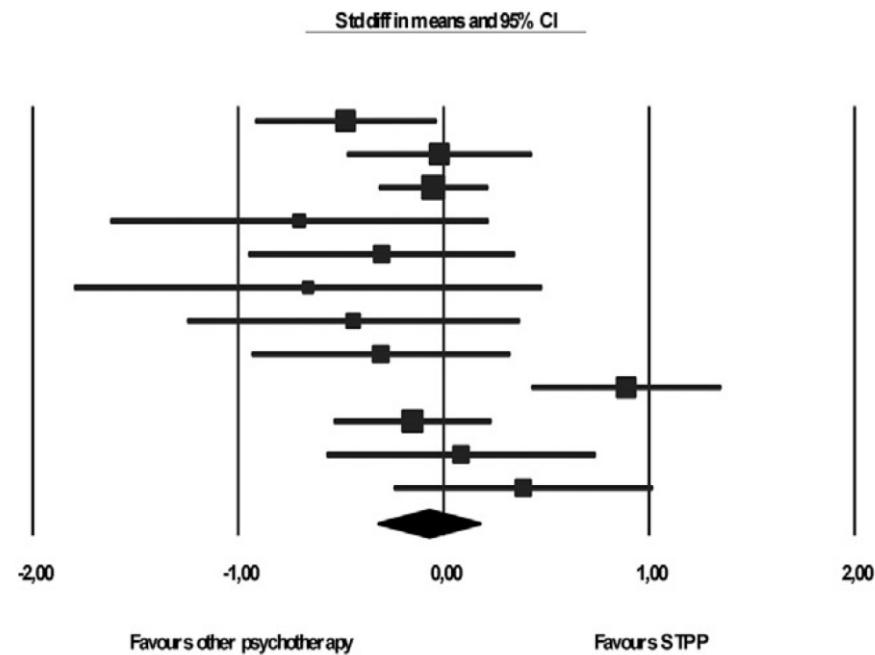
Equivalence in depression

Short-term psychodynamic therapy for depression
META-ANALYSIS

N=54 studies, totaling 3,946 patients

No significant differences found between brief PDT and other therapies at post-treatment ($d = -0.14$)

No significant differences found between brief PDT and other therapies at follow-up ($d = -0.06$)

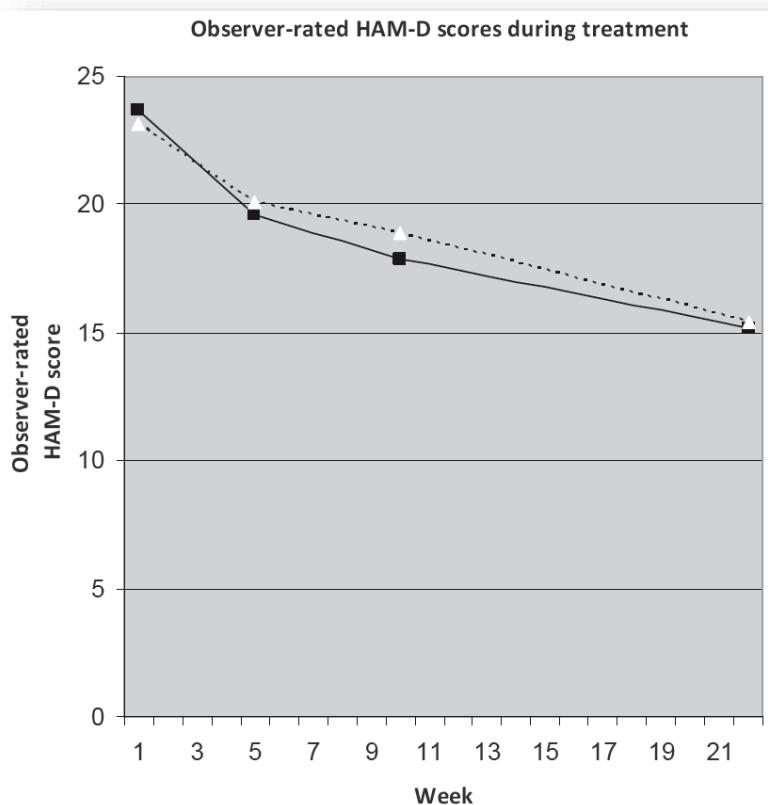


Driessen, E., Hegelmaier, L. M., Abbass, A. A., Barber, J. P., Dekker, J. J., Van, H. L., . . . Cuijpers, P. (2015). The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis update. *Clinical Psychology Review*, 42, 1-15.

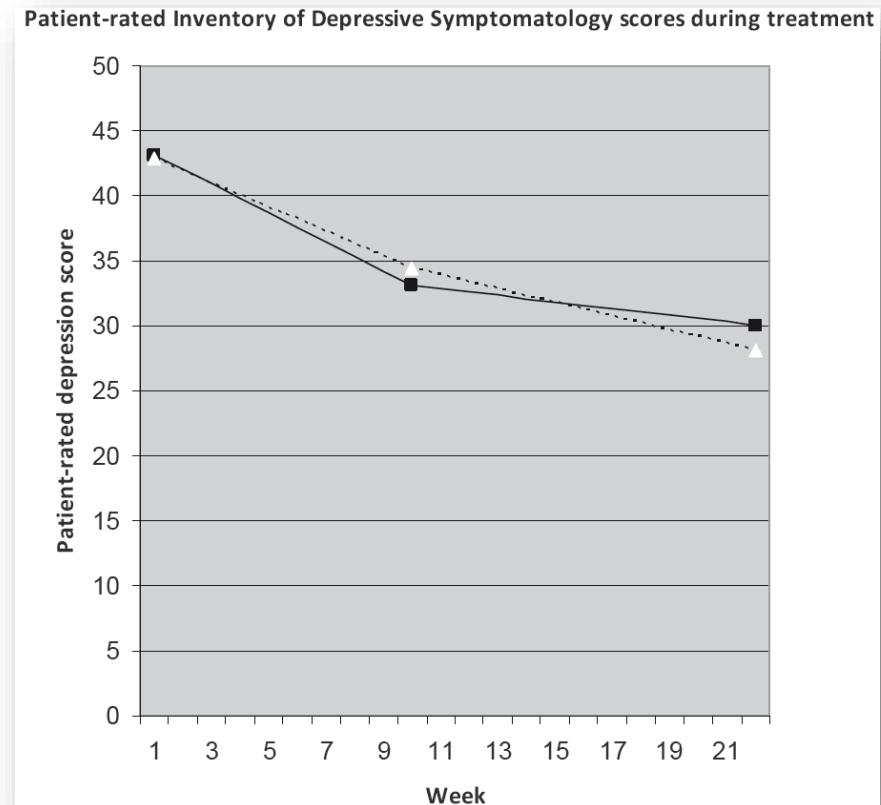
CBT vs. PDT for Major Depression (N=341)

- **CBT**

- **16 individual sessions**
- **Manualised (Molenaar et al., 2009)**
- **N= 164**



- **Psychodynamic Therapy**
 - **16 individual sessions**
 - **Manualised (de Jonghe, 2005)**
 - **N=177**



Driessen, E., Van, H. L., Don, F. J., Peen, J., Kool, S., Westra, D., . . . Dekker, J. J. (2013). The efficacy of cognitive-behavioral therapy and psychodynamic therapy in the outpatient treatment of major depression: a randomized clinical trial. *American Journal of Psychiatry*, 170(9), 1041-1050. doi: 10.1176/appi.ajp.2013.12070899

THE IMPACT STUDY

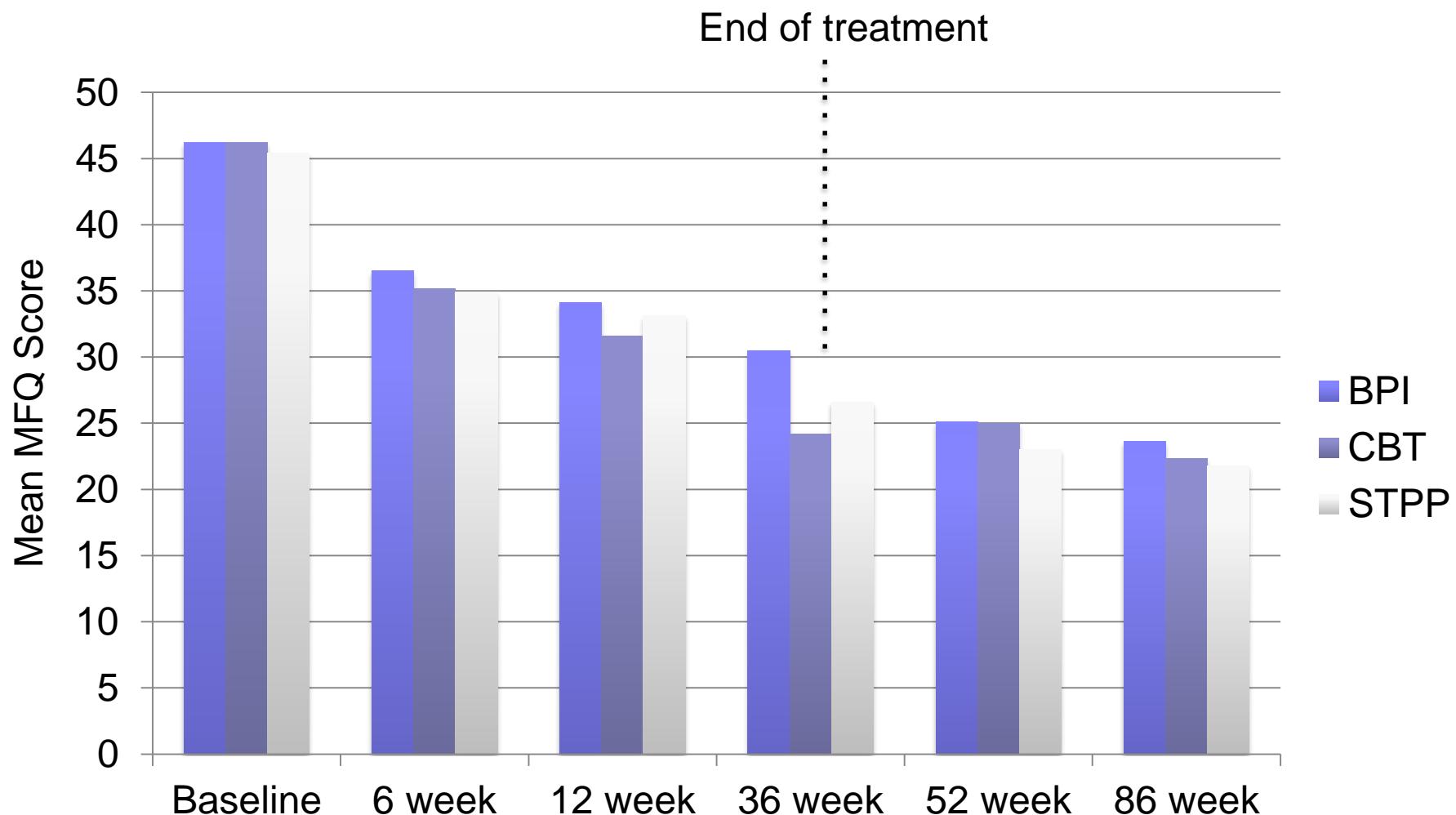
Improving Mood With Psychoanalytic Psychotherapy And Cognitive Behaviour Therapy:

- Largest RCT of pediatric depression so far
- N=465 ITT, randomized to
 - Brief Psychosocial Intervention
 - CBT
 - PDT

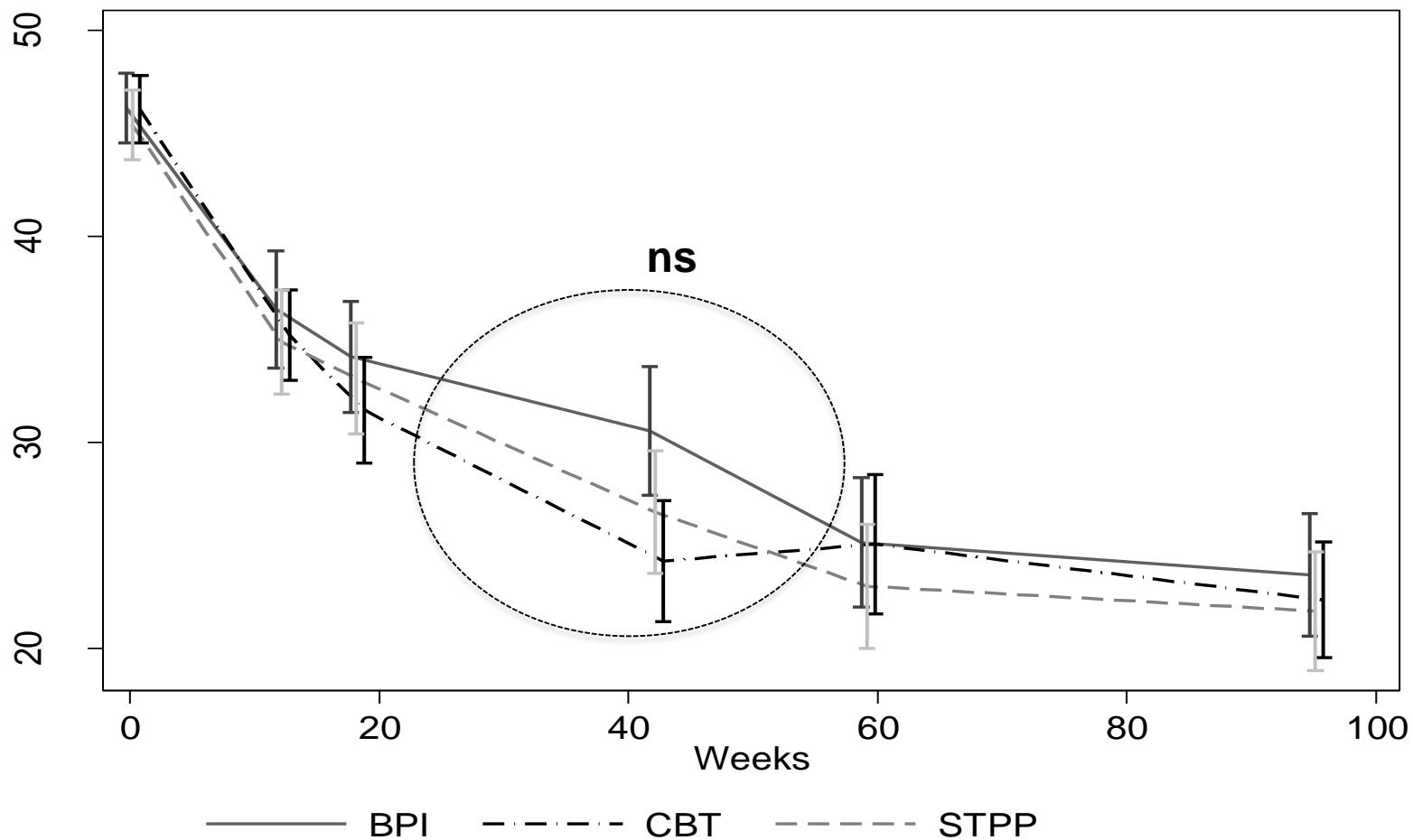
Goodyer, I., Tsancheva, S., Byford, S., Dubicka, B., Hill, J., Kelvin, R., . . . Fonagy, P. (2011). Improving mood with psychoanalytic and cognitive therapies (IMPACT): a pragmatic effectiveness superiority trial to investigate whether specialised psychological treatment reduces the risk for relapse in adolescents with moderate to severe unipolar depression: study protocol for a randomised controlled trial. *Trials*, 12(1), 175.

Goodyer, I. M., Reynolds, S., Barrett, B., Byford, S., Dubicka, B., Hill, J., . . . Fonagy, P. (in press). Cognitive behavioural therapy and short-term psychoanalytical psychotherapy versus a brief psychosocial intervention in adolescents with unipolar major depressive disorder (IMPACT): a multicentre, pragmatic, observer-blind, randomised controlled superiority trial. *The Lancet Psychiatry*.

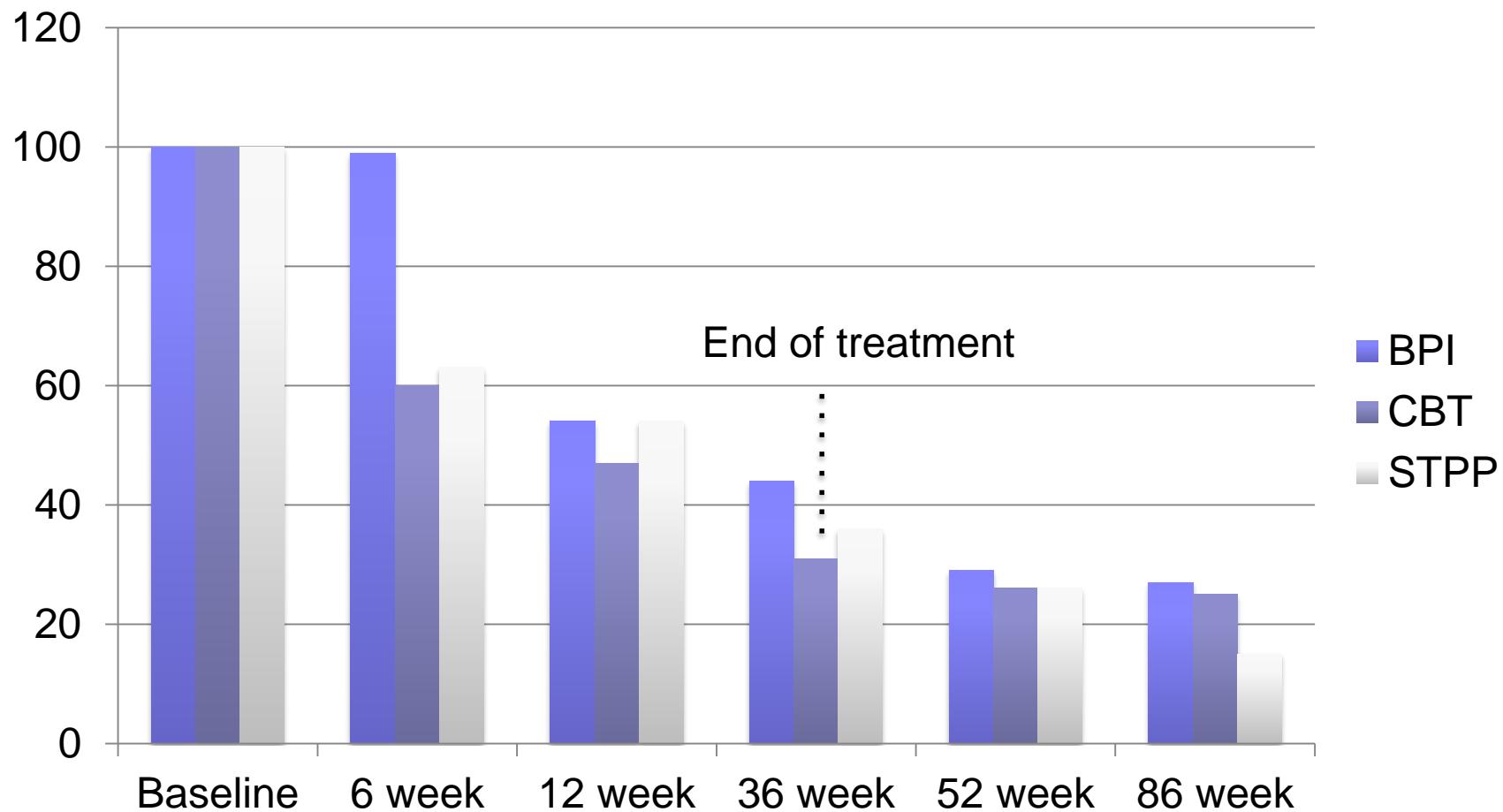
Depression Scores Over The Study



Depression Sum Scores



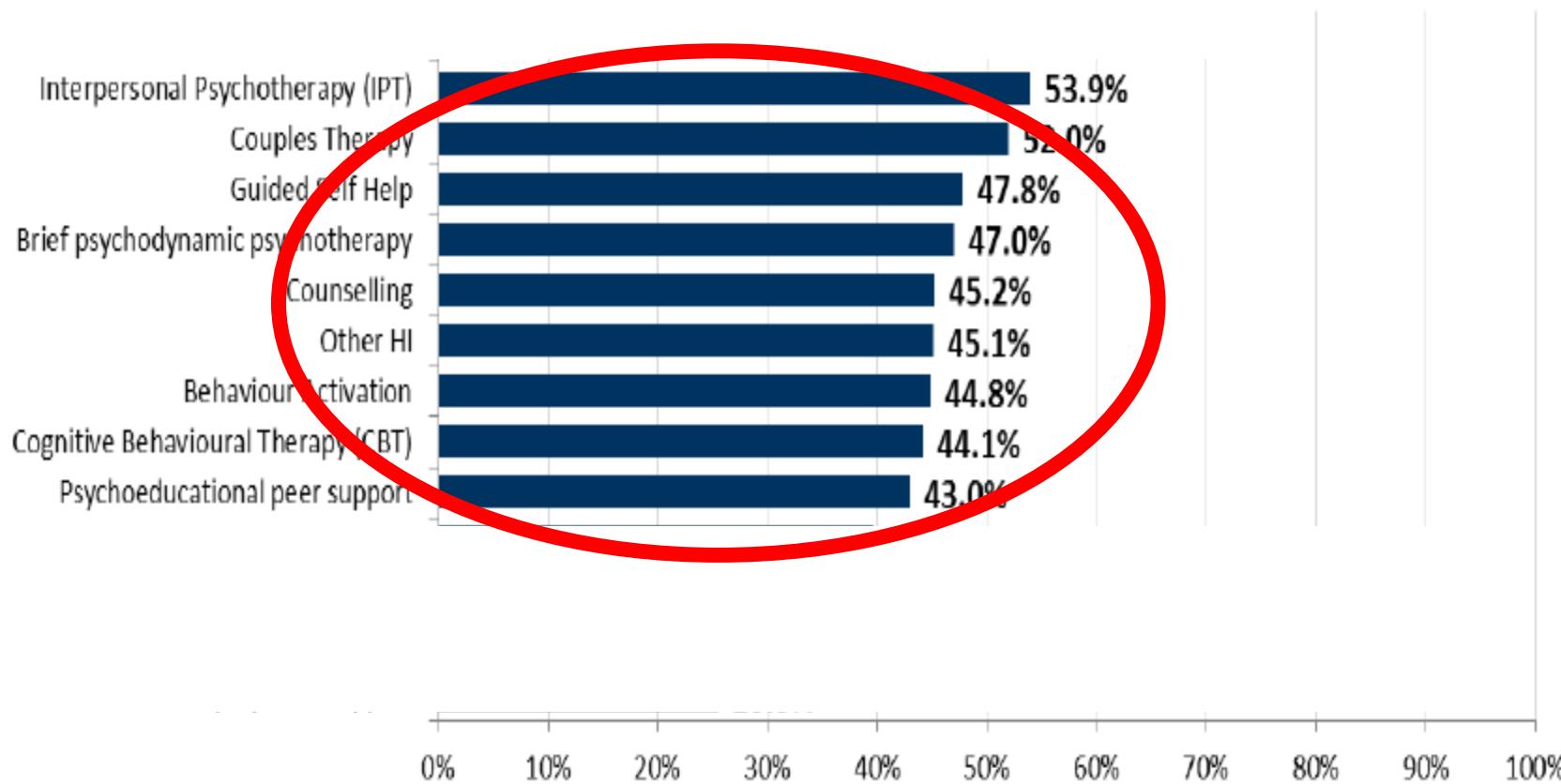
% MDD Over The Study



sample loss over follow up makes analysis weak

Improving Access to Psychological Therapies (IAPT)

Figure 3: Recovery rates by therapy type for referrals with a problem descriptor of depression, 2014/15²³



Efficacy online treatment for depression/anxiety

- Meta-analyses show **no difference** between internet-based treatment and f2f, particularly in mild to moderate depression
- **However:**
 - **Contact** with mental health professional is essential for most patients
 - Linear relationship between frequency of contact and outcome

f2f versus internet

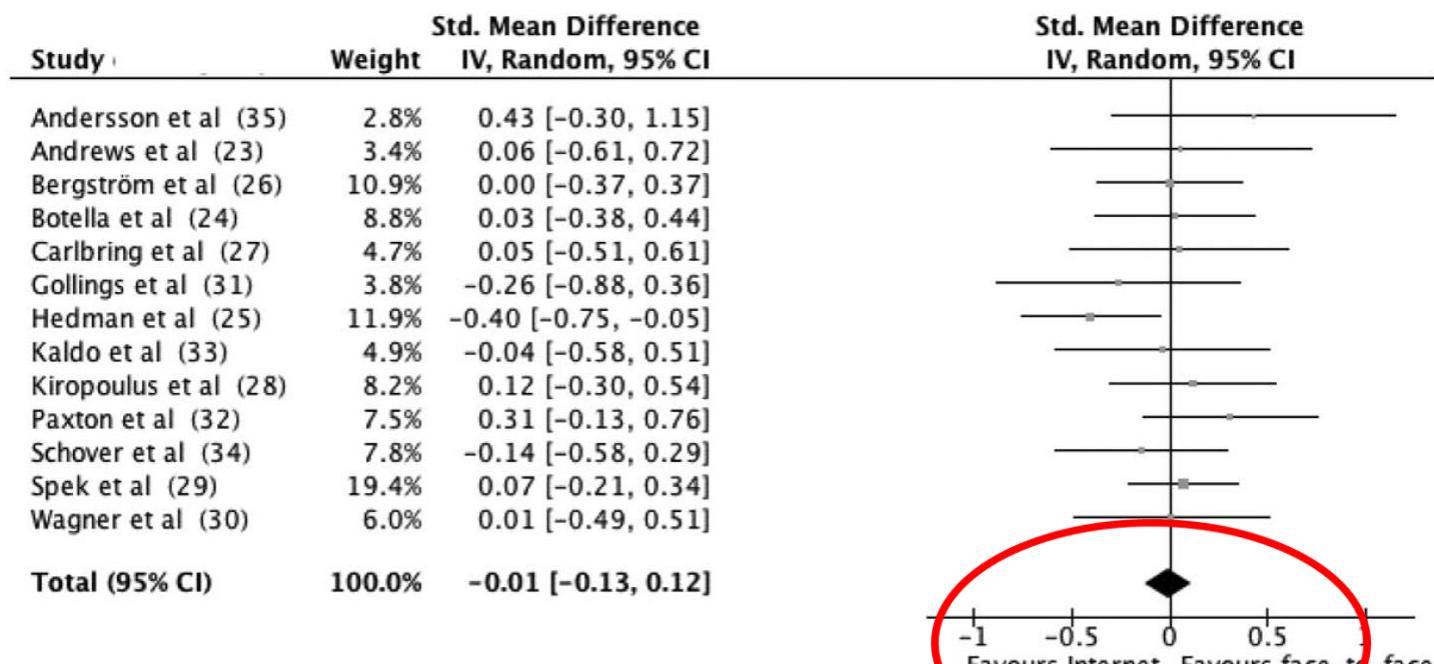
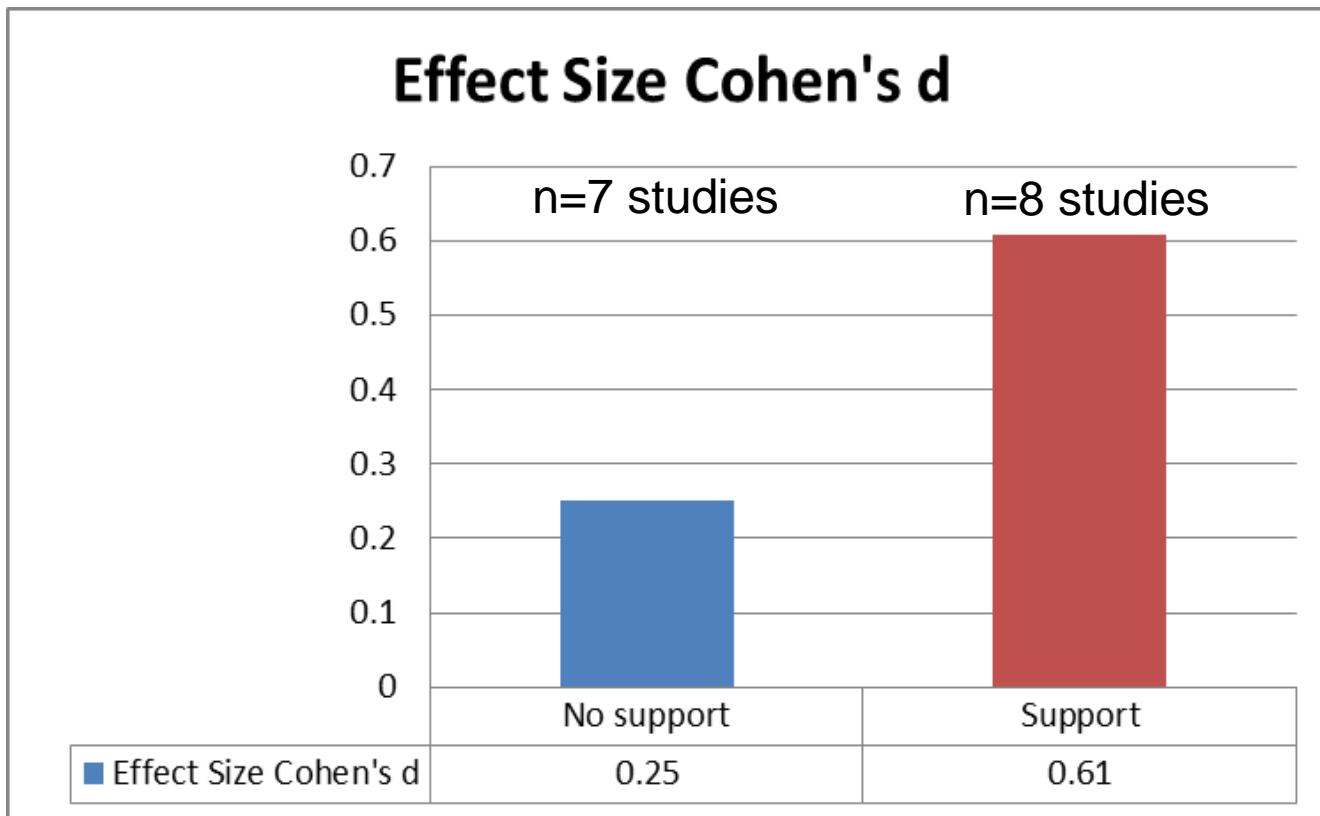


Figure 3 Forest plot displaying effect sizes of studies comparing guided Internet-based treatment with face-to-face treatment

ES difference of Hedges $g = .05$ (95% CI: -.19 to .30) between f2f psychotherapy and internet-based psychotherapy in studies targeting depressive symptoms only

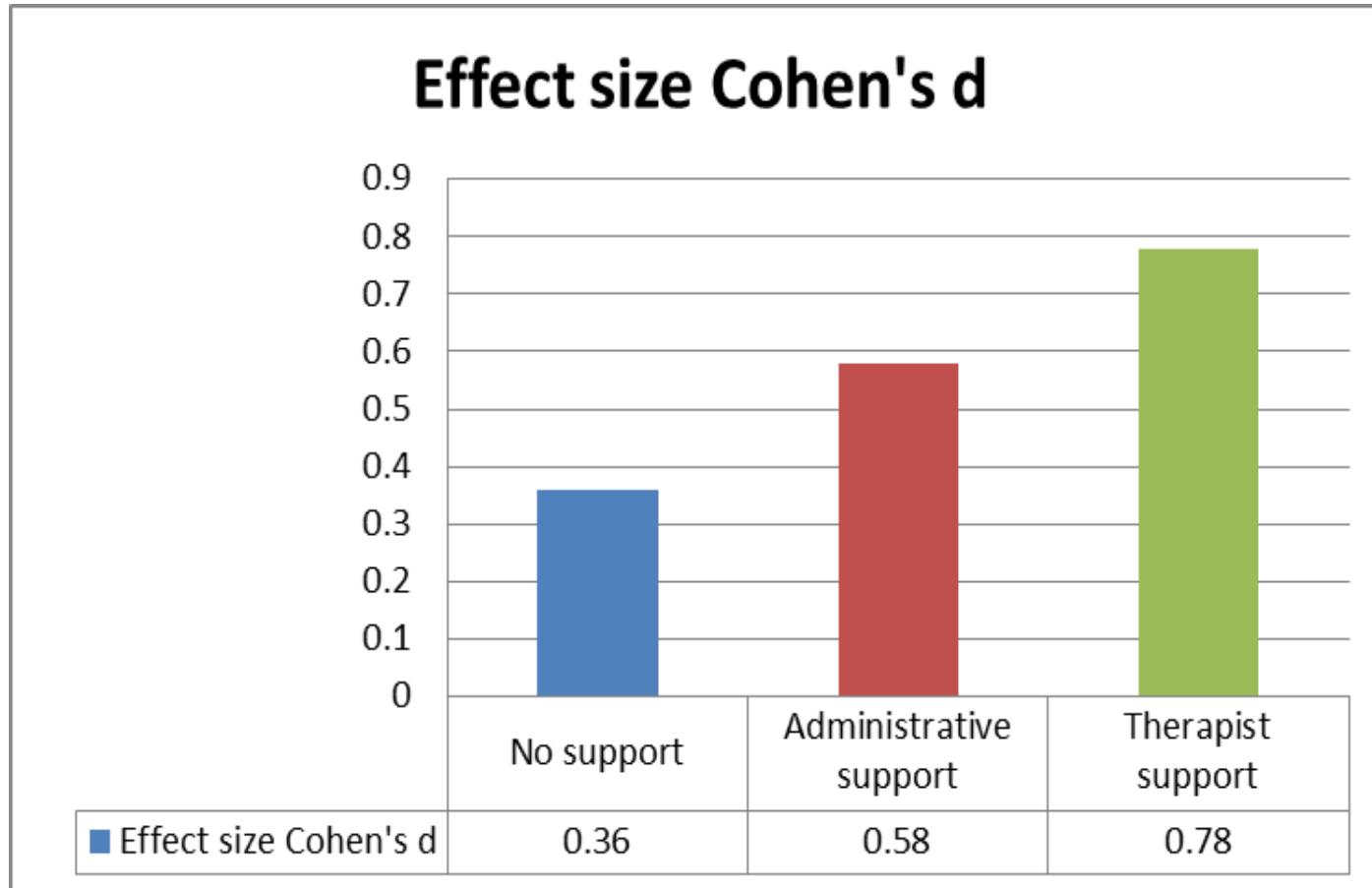
Andersson, G., Cuijpers, P., Carlbring, P., Riper, H., & Hedman, E. (2014). Guided Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: a systematic review and meta-analysis. *World Psychiatry*, 13(3), 288-295. doi: 10.1002/wps.20151

Effect size in relation to clinician contact and support

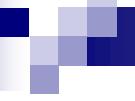


Andersson, G., & Cuijpers, P. (2009). Internet-based and other computerized psychological treatments for adult depression: a meta-analysis. *Cogn Behav Ther*, 38(4), 196-205. doi: 10.1080/16506070903318960

Effect size in relation to clinician contact and support



Richards, D., & Richardson, T. (2012). Computer-based psychological treatments for depression: a systematic review and meta-analysis. *Clinical Psychology Review*, 32(4), 329-342. doi: 10.1016/j.cpr.2012.02.004



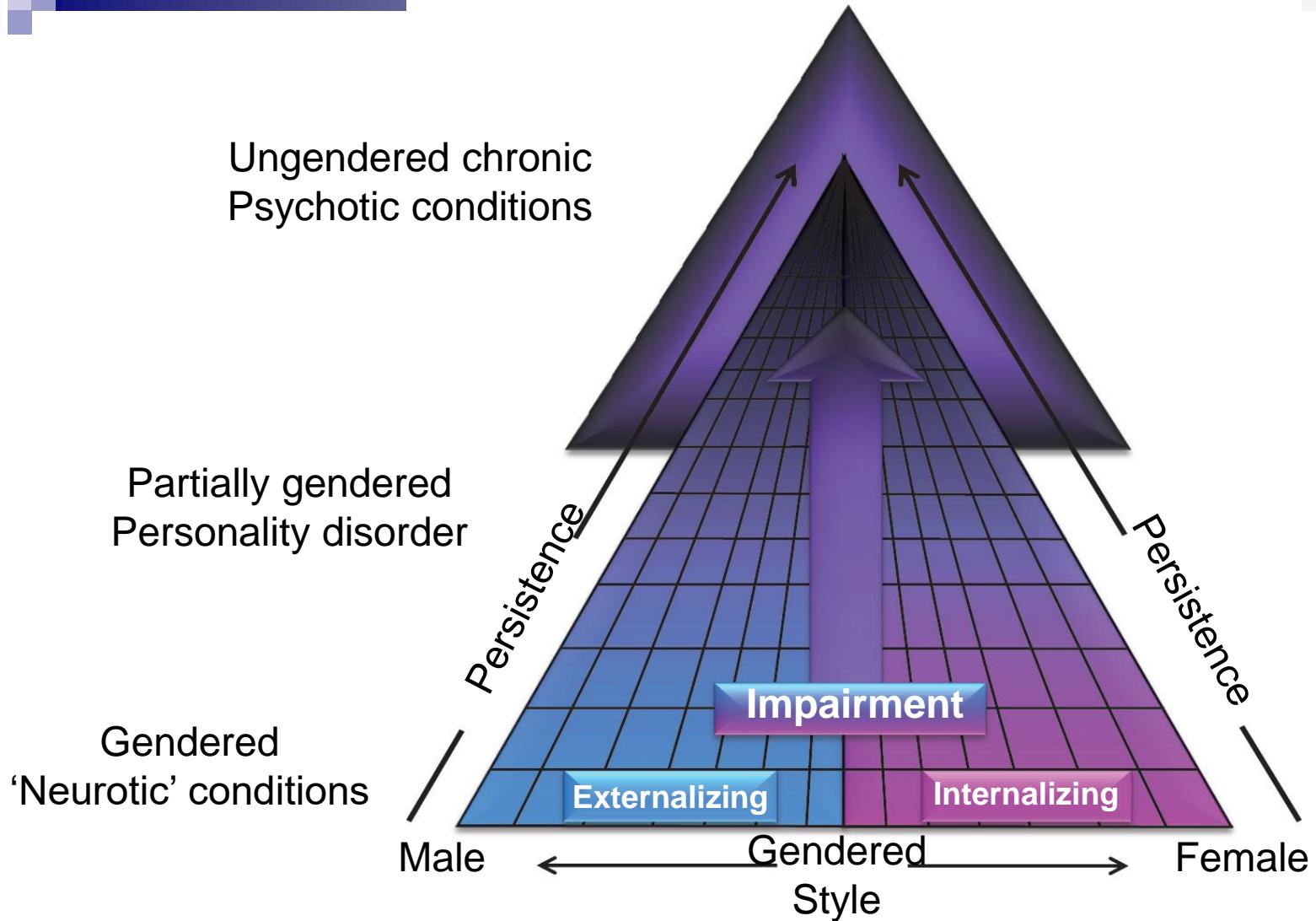
Voor wie (niet)?

Voor wie (niet)?

- Bendelin et al. (2011): kwalitatieve studie
 - 3 groepen van participanten in E-Mental Health programma's:
 - **readers**
 - **strivers**
 - **doers**
 - Enkel de 'doeners' pasten de nieuwe inzichten toe in dagelijks leven en haalden voordeel uit deze toepassing
 - Andere groepen gaven aan dat ze *meer ondersteuning* nodig hadden en haalden minder voordeel uit online programma's

Bendelin et al. (2011)

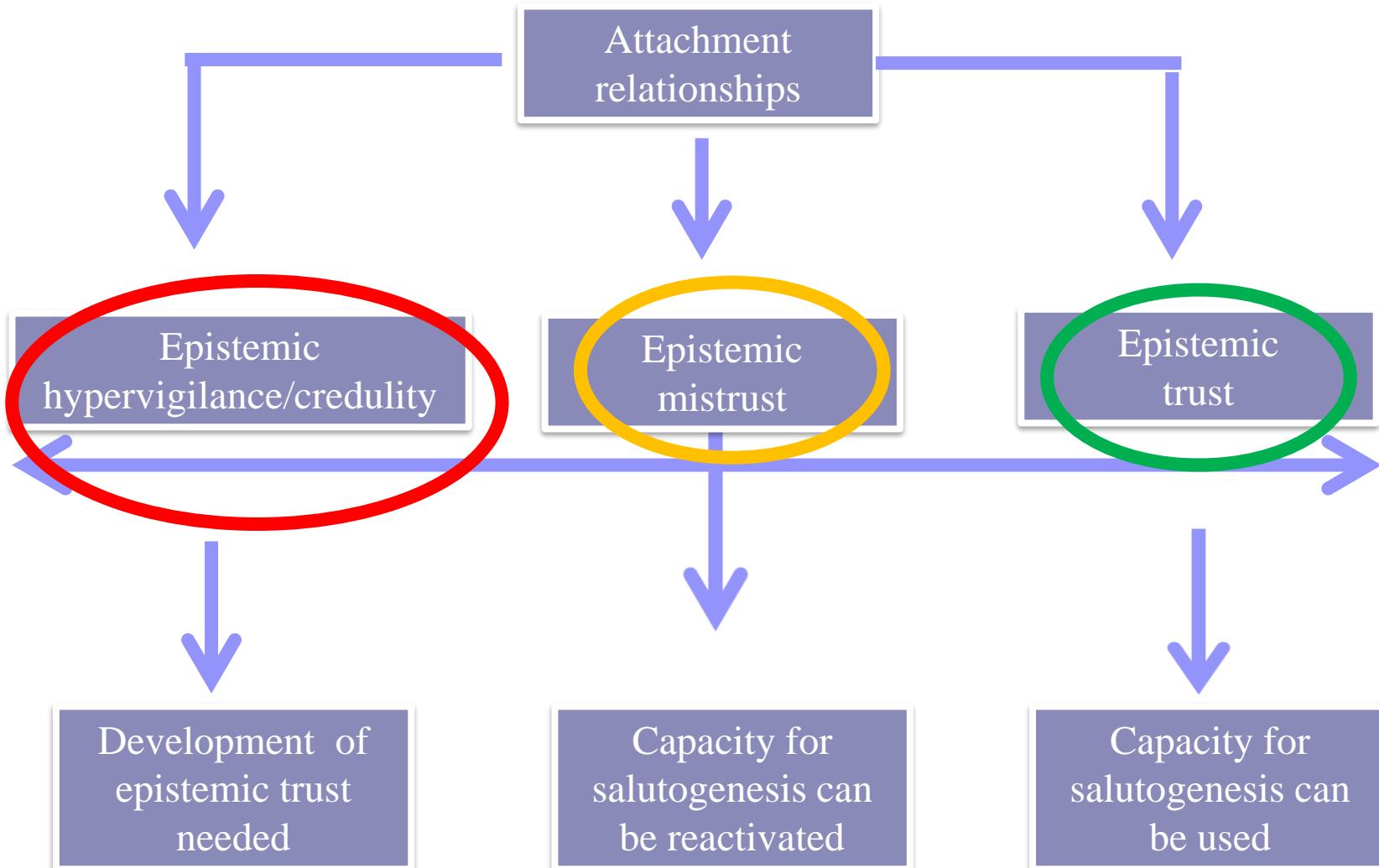
Groups	Working Process	Motivation	Attitude	Consequence of treatment
Readers	<ul style="list-style-type: none"> *read the material *Didn't want or try to put their insights into practice 	<p>Unmotivated because:</p> <ul style="list-style-type: none"> *Lack of support *Program is a burden/lack of time 	<p>Disappointment i.r.t. their high expectations</p>	No change (although more insight): made them feel lonely, shameful, disappointed
Strivers	<ul style="list-style-type: none"> *Read and worked with the material in a practical way *<u>Ambivalence</u> regarding practising insights and working on their own 	<p>Unmotivated because:</p> <ul style="list-style-type: none"> *Inadequate support *wish for more contact *expectations of therapist 	<p><u>Scepticism</u> towards e-MH, CBT</p>	Revision of themselves and depression, better understanding, ambivalence (help would have made me feel better)
Doers	<ul style="list-style-type: none"> *Testing the material, applying it and putting insights into practice *Structured en methodical way of working 	<p>Motivated because</p> <ul style="list-style-type: none"> *Proximal support if needed *responsibility, working on their own 	<p>Appreciate independence, useful, helpful</p>	<p>Better understanding, practiced skills and insights</p> <p>Stronger believe in own coping skills because they had beaten depression on their own</p>



Fonagy, P., Luyten, P., & Allison, E. (2015). Epistemic Petrification and the Restoration of Epistemic Trust: A New Conceptualization of Borderline Personality Disorder and Its Psychosocial Treatment. *Journal of Personality Disorders*, 29(5), 575-609.

Fonagy, P., & Luyten, P. (2016). A multilevel perspective on the development of borderline personality disorder. In D. Cicchetti (Ed.), *Developmental Psychopathology* (3rd ed.). New York: Wiley.

Spectrum van patiënten



Fonagy, P., Luyten, P., & Allison, E. (2015). Epistemic Petrification and the Restoration of Epistemic Trust: A New Conceptualization of Borderline Personality Disorder and Its Psychosocial Treatment. *Journal of Personality Disorders*, 29(5), 575-609. doi: 10.1521/pedi.2015.29.5.575



Ondersteund door Vlaams
Ministerie van Welzijn,
Volksgezondheid en Gezin



Informatie

- › [Wat is een depressie?](#)
- › [Vormen van depressie](#)
- › [Doe een zelftest](#)
- › [Getuigenissen en herstelverhalen](#)
- › [Hoe kan je zelf werken aan je herstel?](#)
- › [Wat kan je doen als partner, familie of vriend?](#)

Online zelfhulp

Hindert depressie je leven?

Hier kan je aan de slag om weer beter vooruit te kunnen...

Je wilt werken aan je depressieve klachten en je wilt dat zelfstandig doen.

Dat kan kosteloos en anoniem.

Dit online zelfhulpprogramma geeft je handvaten om je stemming te verbeteren.

Online begeleiding

Hier kan je online aan de slag, met begeleiding door een professionele hulpverlener via chat.

De begeleiding duurt **maximaal 3 maanden**.

Een online begeleiding is kosteloos en kan anoniem indien gewenst. Minimum leeftijd is 18 jaar.

In begeleiding bij een Centrum Geestelijke Gezondheidszorg? ([Wat is een CGG?](#))

De gesprekken bij je hulpverlener kan je aanvullen met een online programma.

Vraag dit na bij je hulpverlener.

Blended care luik

- **Integratief**
- **Kan ook meer theorie-gebonden (CBT, PDT, humanistisch-experiëntieel in ontwikkeling, familie/systeem)**

Psychodynamische Therapie

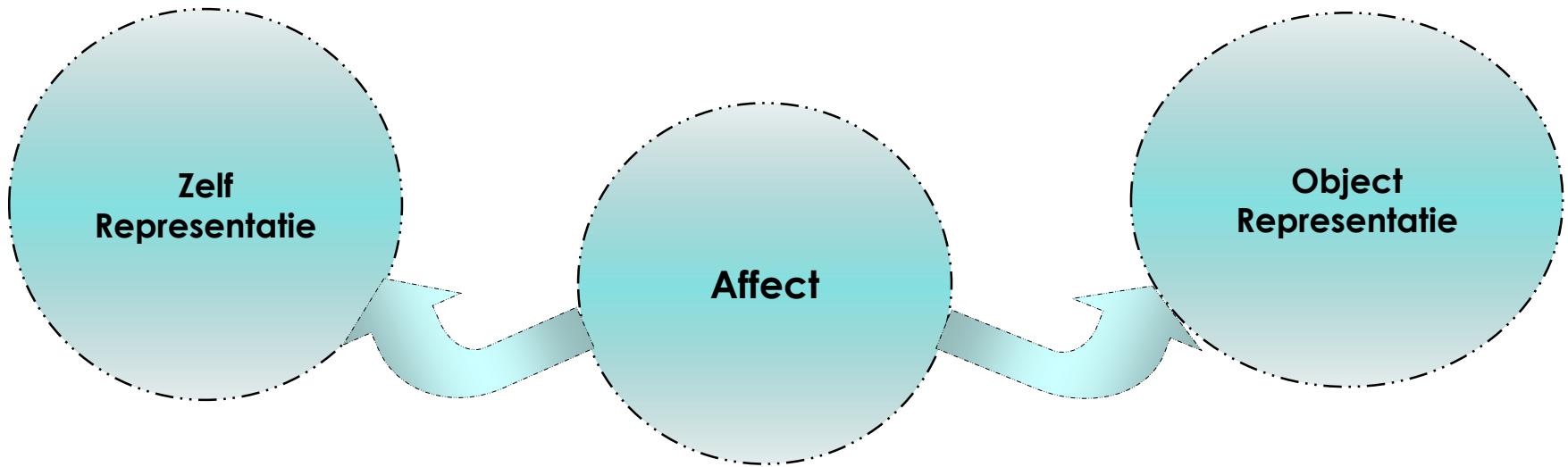
■ Dynamische Interpersoonlijke Therapie (DIT)

- Sterke **relationele focus**: wordt tot focus van therapie wordt genomen
- **Dubbele focus**
 - Inhoudelijke focus: IPA (dynamische formulering)
 - Procesfocus: mentaliseerfocus

Lemma, A., Target, M., & Fonagy, P. (2011). *Brief dynamic interpersonal therapy. A clinician's guide*. Oxford: Oxford University Press.

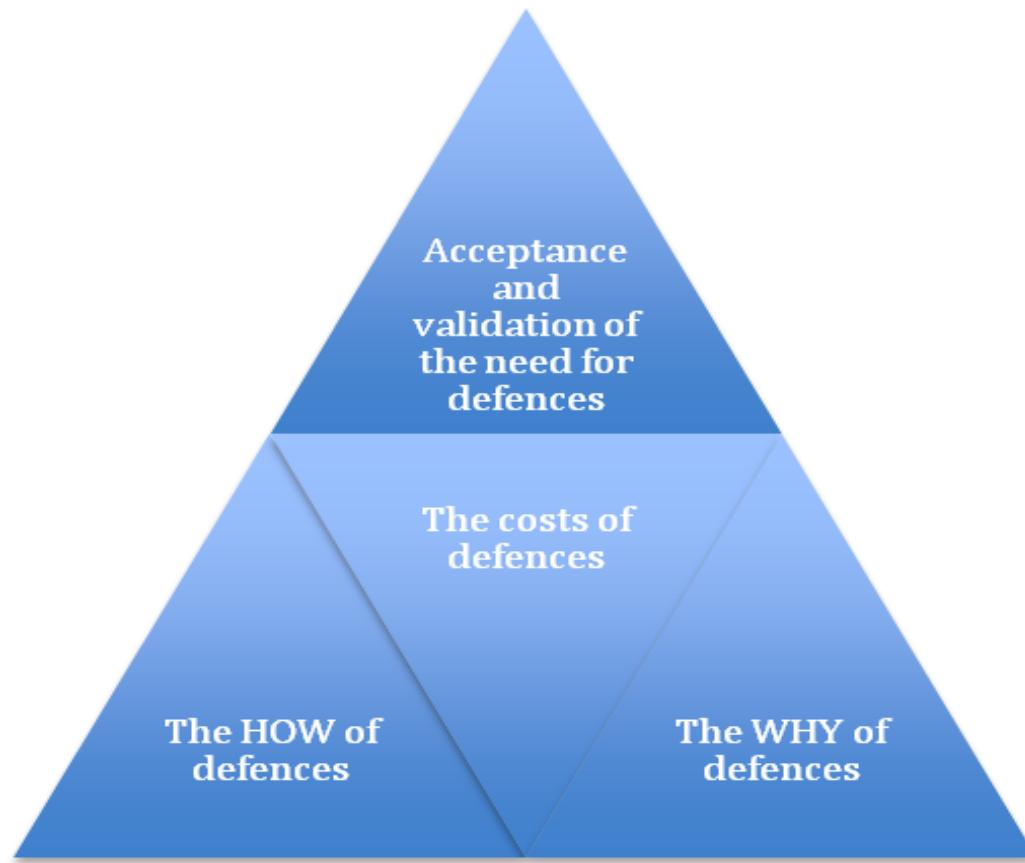
Luyten, P. (2015). Dynamische Interpersoonlijke Therapie (DIT): Een integratieve psychodynamische behandeling voor een brede waaier van klachten en problemen. *Tijdschrift voor Psychoanalyse*, 21(4), 264-273.

IPAF dimensies



1. Zelf-representatie (eg. Verwaarloosd, nutteloos)
2. Object representatie (eg. Anderen verwerpen/negeren mij)
3. Affect dat zelf en ander representative linkt (eg. hulpeloosheid)
4. De defensieve functie van deze configuratie
(eg. Vermijden van agressie)

Hoe de IPA福 exploreren/doorkruisen?



IPA福 wordt steeds meer geconceptualiseerd als begrijpelijke adaptatiestrategie die zijn nut niet meer bewijst = kost

Behandelmodules

⌚ VERKENNING

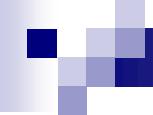
- > [Mijn verhaal](#)
- > [Stemmingsmeter](#)
- > [Herstel van evenwicht](#)
- > [Mijn waarden](#)
- > [Mijn gedachten](#)
- > [Mijn relaties](#)

⚙️ AAN DE SLAG

- > [In beweging komen](#)
- > [Ontspannen](#)
- > [Minder piekeren](#)
- > [Mijn doelen](#)
- > [Helpend denken](#)
- > [Afstand nemen](#)
- > [Mijn relatiepatroon](#)
- > [Mijn relatiepatroon 2](#)

🚩 AFRONDING

- > [Met je hulpverlener](#)
- > [Brief](#)
- > [Toekomstplan](#)



Doen!