Emotion-Focused Short-term therapy: Overview

Key Concepts

❖ What is this approach?
❖ Research Base
❖ Who is it appropriate for?
❖ Populations where it is contraindicated
❖ Emotional focus
❖ Why emotions?
❖ Curative Factors
❖ Goals

What is ST-Emotion focused Therapy?

❖ Based on principles of psychodynamic theory, attachment theory, neuroscience, and emotion regulation research.
❖ Experiential in nature
❖ Many treatment approaches fall under this:
   • ISTDP: Intensive Short-Term Dynamic Therapy (Davanloo and Malan)
   • AEDP: Accelerated Empathic Dynamic Psychotherapy (Fosha)
   • EFT: Emotion-Focused Therapy (Greenberg and Johnson)
   • Attachment-Based ISTDP: (Neborsky and Have-de Labije)
Intensive

Help the client to experience fully and as deeply their unconscious feelings, IN THE SESSION.

Short-term:

42 or less sessions
Dynamic:

Based on unconscious processes and unconscious conflicts

How past attachment ruptures get enacted in present experiences

Helping the client understand how this works

Guess who the first short-term therapist was?
Research Base

Is an emotion-focused dynamic therapy effective?

Case Research 1960-1980

- Good effects with highly selected cases
- Davanloo: videotape study of cases - extended treatment to highly resistant patients with somatization, depression, and fragile character structure
- “Freud Discovered the Unconscious but Davanloo has learned how to use it therapeutically”. Malan, 1980
- Davanloo’s Method suitable for 5 of 6 psychiatric referrals Abbass, 2002

STPP Case Series and RCTs

- > 130 Outcome Studies
- > 70 RCTs
- Efficacious with anxiety, depression, personality disorder, eating disorders and multiple somatic symptom disorders.
- As effective as CBT or other formal therapies
- Gains are held in long-term follow-up
- Evidence for persistent Cost Effectiveness
Meta-analysis of ISTDP
Abbass, Town & Driessen (2012)

21 Studies: 7 RCT’s, 2 CT, 10 Case Series
- Large Pre vs Post ES $d = 0.80$ to $1.51$.
- Outperforms controls
- Gains maintained in follow-up averaging 15 months
- 7 studies reported cost/healthcare use data

Normalization of Symptoms and Costs
Abbass American J Psychother, 2002

Medication Related
Mixed office sample Abbass, 2002
Health Care Utilization N=89, 14.9 sessions of ISTDP
Abbass, 2002

ISTDP reduced Repeat Emergency Visits for Medically Unexplained Symptoms
Abbass et al, 2009, 2010

ISTDP WITH DSM-IV PERSONALITY DISORDERS
Abbass, Sheldon, Gyra and Kalpin, J Nerv Ment Dis, 2008

- RCT vs monthly supportive session control. N=27.
  Mean 27 sessions. 2.1 year follow-up. Videotape adherence rated.
- 92% returned to work from disability
- 82% of all medications were stopped in treatment
- 86% fewer have PD diagnosis in follow-up.
- Costs savings of 3 times the treatment cost
**Brief Symptom Inventory (GSI)**

- Abbass et al, 2008

**Inventory of Interpersonal Problems**

- Abbass et al, 2008

**Outcomes of STPP for Personality Disorders**

- Abbass et al 2008
- Hardy et al 1995
- Hellerstein et al 1998
- Svartberg et al 2004
- Muran et al 2005
- Vinnars et al 2005
- Abbass et al 2008
- NORMAL MEAN
ISTDP of Treatment Resistant Depression
Abbass, Depression and Anxiety, 2006

- N = 10 patients with Treatment Resistant Depression. All had PDs.
- 13.6 sessions
- 9/10 Responded, 8/10 Remitted on HAM-D
- 76% of Medications were reduced or stopped
- 4/5 returned to work after mean 102 weeks disabled

N=300 Trial Therapies
Abbass et al, 2008

- 300 sequential trial therapies
- 13 therapists including 8 residents/fellows
N= 30 ISTDP Trial Therapy Consults
4 Week Follow-up Abbass, Joffres and Ogrodniczuk 2008, 2009

Pre Consult
Post Consult
Normal Cutoff

Total Physician and Hospital Cost Reduction: 7 sessions of ISTDP: 3
year mean follow-up, N=890 Abbass, Kisely and Rasic, in
preparation

- 470,000 Reduction
- $5020/ patient
- Cost of 70 Therapy Sessions

Treatment Resistant Depression: Halifax Depression Study
(Town, Abbass, Stride, Bernier 2017)

- Randomized group design.
- 60 patients randomized to ISTDP or TAU
- 20 sessions
- Reduction in depression sig. greater for treatment condition.
- At 6 months, 36% (vs 3%) of the treatment group achieved complete remission
Effect of emotional experiencing in session

❖ Research findings: greater emotional experiencing in session is associated with greater symptom change
❖ Amount of change is proportional to the Intensity of emotional experiencing
❖ Emotion focused STPP superior to insight based STPP for somatic disorders Abbass, Kisely and Kroenke, 2009
❖ Cost savings and outcomes in proportion to Emotion experiencing Abbass, 2002

Outcome of ISTDP relates to emotional mobilization
Effectiveness of unlocking the Unconscious

- Examined effects of 1 session of ISTDP and impact of unlocking the unconscious
- 500 participants
- Treatment effects greater in those who experienced major unlocking vs those who did not.
- Major unlocking: High level of emotional experience in session that provides links to images and memories of past attachment trauma.

My Own Private Practice Outcomes
Cooper (2017)
Percent reduction in Symptoms

- 50% reduction in Somatization symptoms
- 47% reduction in Obsessive Compulsive symptoms
- 57% reduction in Interpersonal Sensitivity issues
- 65% reduction in Depression
- 58% reduction in Anxiety
- 46% reduction in Hostility
- 46% reduction in Paranoid Ideation
- 68% reduction in Psychoticism
- 55% reduction in Global severity of symptoms index

History

- Freud
- Habib Davanloo
- David Malan
- Les Greenberg
- Allan Abbass
- Jon Frederickson
- Diana Fosha
- Patricia Coughlin

Emotions
Nature of Affect

❖ Hardwired, inborn
❖ Sources of information and meaning
❖ Important motivator and organizer of behavior
❖ Important in self-regulation and regulation of relationships
❖ Sense of aliveness, spontaneity
❖ Important in decision making

Core Affect

❖ Emotional response when anxiety and defense are removed
❖ Includes cognitive, somatic, and action-tendency
❖ When accessed, triggers transformational, healing process
❖ Often blocked by defenses and inhibitory feelings of anxiety and shame.

Why core affect heals?

❖ Increases sense of aliveness and meaning
❖ Increases sense of mastery
❖ Somatic experience = new learning and adaptive behaviors
❖ Opens the unconscious to previous unavailable memory, experiences, and unprocessed emotions.
❖ Helps to desensitize to what was feared
Neuroscience

❖ Emotions activated first to stimuli:
  • Brain stem (50 milliseconds)
  • Limbic and amygdala (150 milliseconds)
  • Neo-cortex (450 milliseconds)

Jaak Panksepp, Affective Neuroscience, 1998

Who is this approach appropriate for?

❖ 85% of psychiatric referrals
❖ Depression
❖ Anxiety disorders
❖ Trauma, PTSD
❖ Psychosomatic disorder
❖ Panic
❖ Personality disorders
❖ Compulsive, self-destructive behaviors
❖ Interpersonal disorders and issues
❖ Treatment Resistant Depression

Contraindications

❖ Active suicidal/homicidal
❖ Acting out/impulse control
❖ Bi-polar disorders
❖ Schizophrenia
❖ Active addictions
❖ Antisocial/psychopathy
❖ Life-threatening psychosomatic conditions (ulcerative colitis)
Contraindications

❖ Clients who need constant support
❖ Involuntary clients (with exceptions)
❖ Developmental disabilities
❖ Little interest, lack of internal problem, no motivation to change

Role of the therapist

❖ Very active
❖ Present
❖ Encouraging
❖ Empathic
❖ Challenging
❖ Collaborative

Characteristics of this approach:

❖ EFT about validation and acceptance. It should never be construed as critical of the patient
❖ The main guide to all of your interventions is this: “how can I reach through and connect with the healthy part of the person who is stuck underneath defense and anxiety.”
   ❖ Relentless efforts to attach (pressure) mobilize all the attachment related feelings and mobilizes the UTA.
❖ EFT Made Simple
   ❖ Reach to the person stuck underneath (pressure)
   ❖ If they defend, help them to see it and to stop doing it
   ❖ If they go flat or confused, help lift them up.
Theory of Causality

CBT:

- Event: saw husband with another woman
- Thought: "What if he is going to leave me?"
- Anxiety

EFT:

- Event: saw husband with another woman
- Unconscious feelings: e.g. rage
- Anxiety

Curative Factors

❖ Strengthening of the client’s will to face feelings in partnership with therapist
❖ De-repression of emotions and emotional experiencing in-session (rage, guilt, love, grief)
❖ Development of positive therapeutic alliance
❖ Help client confront what has been avoided
❖ Regulation of anxiety
❖ Increase self-observing capacity

EFT Goals

❖ Identify and let go of maladaptive defenses
❖ Face what makes you anxious rather than avoided it (exposure and desensitization)
❖ Face and previously warded off feelings
❖ Lean to channel feelings into adaptive responses
❖ To not just seek symptom reduction, but Character Change
❖ Help client to develop personal autonomy and interpersonal, healthy attachments and relationships
Commonalities with other approaches

❖ CBT: exposure and response prevention
❖ CBT: Schemas and Core beliefs (maladaptive defenses)
❖ Gestalt: Here-and-now focus, use of imagery
❖ Motivational interviewing: focus on the will, consequences of behaviors
❖ Somatic experiencing: focus on body and emotions in the body
❖ DBT: Mindfulness, presence, self-acceptance, irreverence
❖ EMDR: Clearing of channels = Unlockings