

***Intensive Short- term Dynamic
Psychotherapy for Psychotic Disorders:
State of Evidence and Video Illustration***

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Plan

- AA: ISTDP for Psychotic Disorders
- STEVE SHAPIRO: Working with psychotic phenomena: restructuring splitting & projection, improving anxiety tolerance and building affective capacity
- DION NOWOWEISKI: Why the conscious therapeutic alliance is needed to repair the unconscious: A case of severe and early abuse
- RON ALBUCHER: ISTDP treatment of Attention Deficit Disorder in a man with early traumatic loss

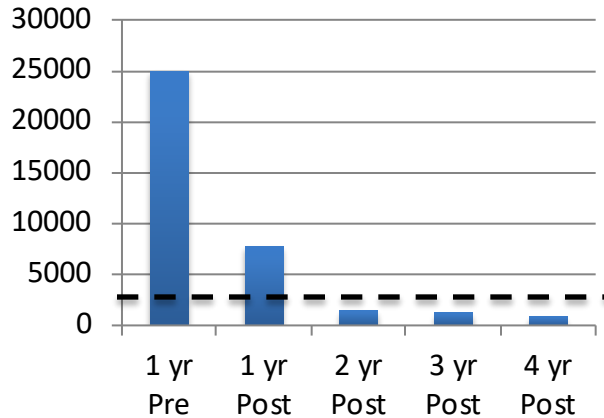
Short-term Psychodynamic Therapies

- Over 225 Randomized Controlled Trials
- Meta-analyses: mostly large effects that persist or increase in follow-up for Depression, Personality Disorders, Somatic Symptom Dis.
- Outperforms controls
- Better than bona fide treatments for somatic symptoms

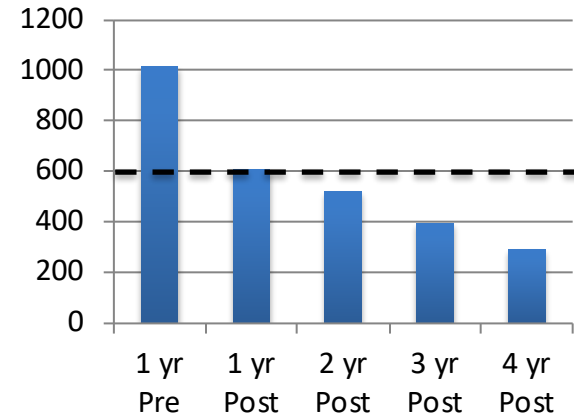
Adjunctive ISTDP for Psychotic Disorders

- N=38, Mean 13 sessions
- Significant reduction in self report Paranoid ideation, Anxiety, Obsessive Compulsive, and Global symptom rating (BSI)
- Paranoia rating was reduced by 50%

Hospital Costs



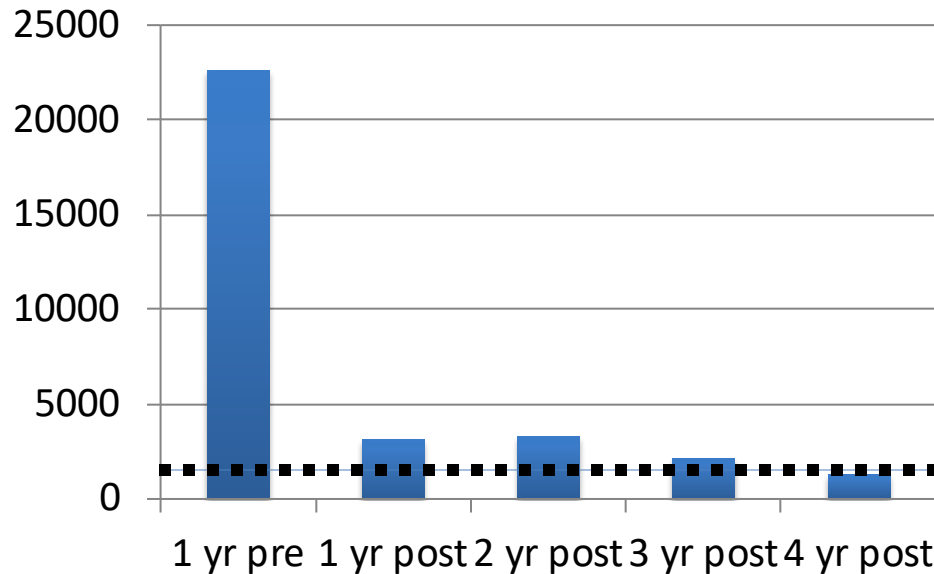
Doctor Billings



Bipolar Disorder: Hospital Costs

4.8 session, n=29

Sig Reductions anxiety, depression and interpersonal problems



ISTDP and Electroconvulsive Therapy Reduction

Mean 9.9 sessions: Psychiatry Inpatients: psychosis, depression, bipolar, anxiety, personality disorder

Sig reductions in symptoms and interpersonal problems

ECT use dropped by 65%

Shorter Length of Stay by 23%



BOND
With
Parents

Trauma

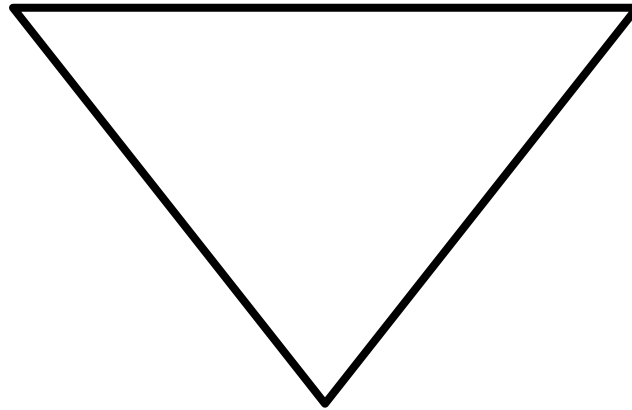
PAIN
FEAR

Rage, Guilt
about the Rage

Fear closeness
Symptoms

Character Disorder

Transference
(Therapist)



Current
person

Past
person

Modified ISTDP for Psychotic Disorders

- Most with psychosis have fragile structure (some don't)
- Build specific capacities to address deficits
 - Recognize body anxiety
 - Recognize feelings in the body
 - Tolerate feeling these feelings
 - Identify what feelings are transferred from past adversity
 - Identify what cycles fuel psychotic phenomena
- A chance to heal some recent and older trauma including trauma induced by mental illness

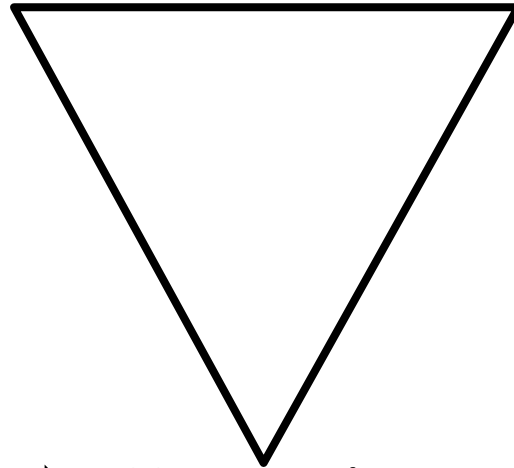
Case of Moderate Fragility + Psychosis

- 60 year old man lives in Salvation Army room
- 15 years+ of schizophrenia: 5 admissions over 200 days
- Lived on street 10 years.
- Jailed 5 times: terrified. Fear in Hospital.
- father 'became demented cut him out of the business, had him jailed'
- Moved to Halifax under delusions and was living on street
- Persistent delusions, not trusting mental health, didn't take meds after diabetes and obesity side effects
- Spasms and falling: stopped using stairs or taking showers
- No structured work past 30+ years

Unconscious
Defense

*2. Monitor Anxiety &
Defense responses*

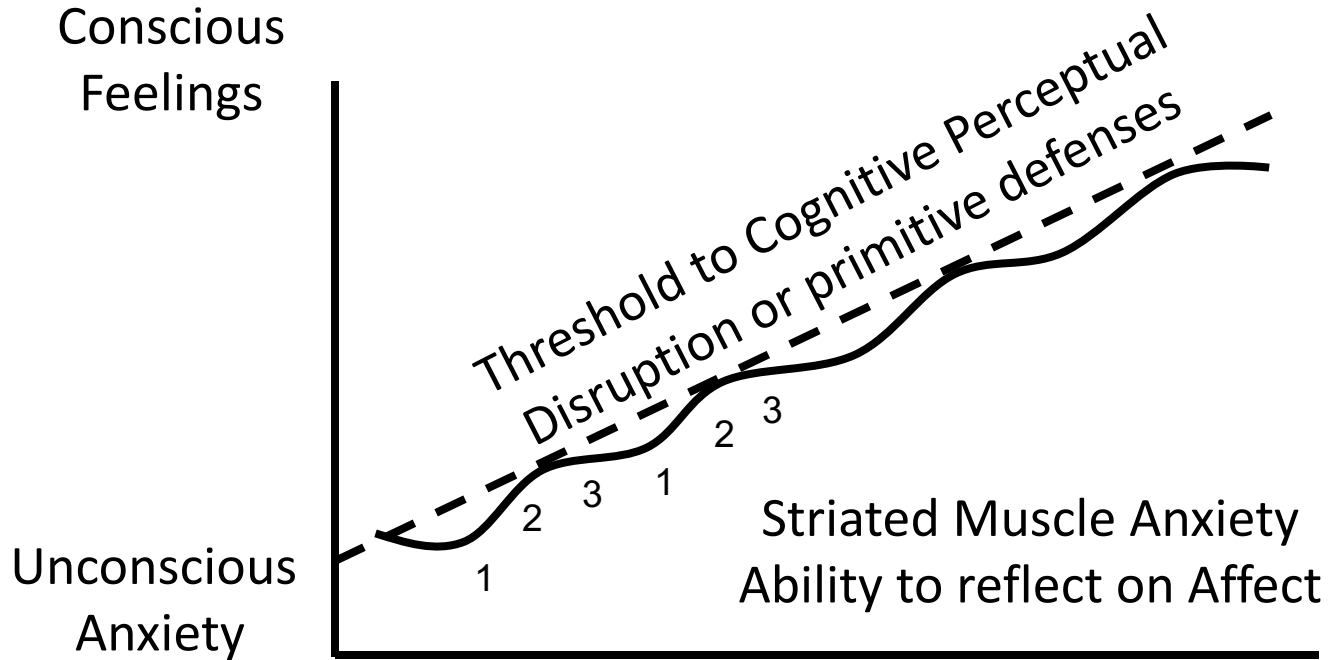
Unconscious
Anxiety



*1. Focus on
Feelings*



Unconscious
Impulses & Feelings

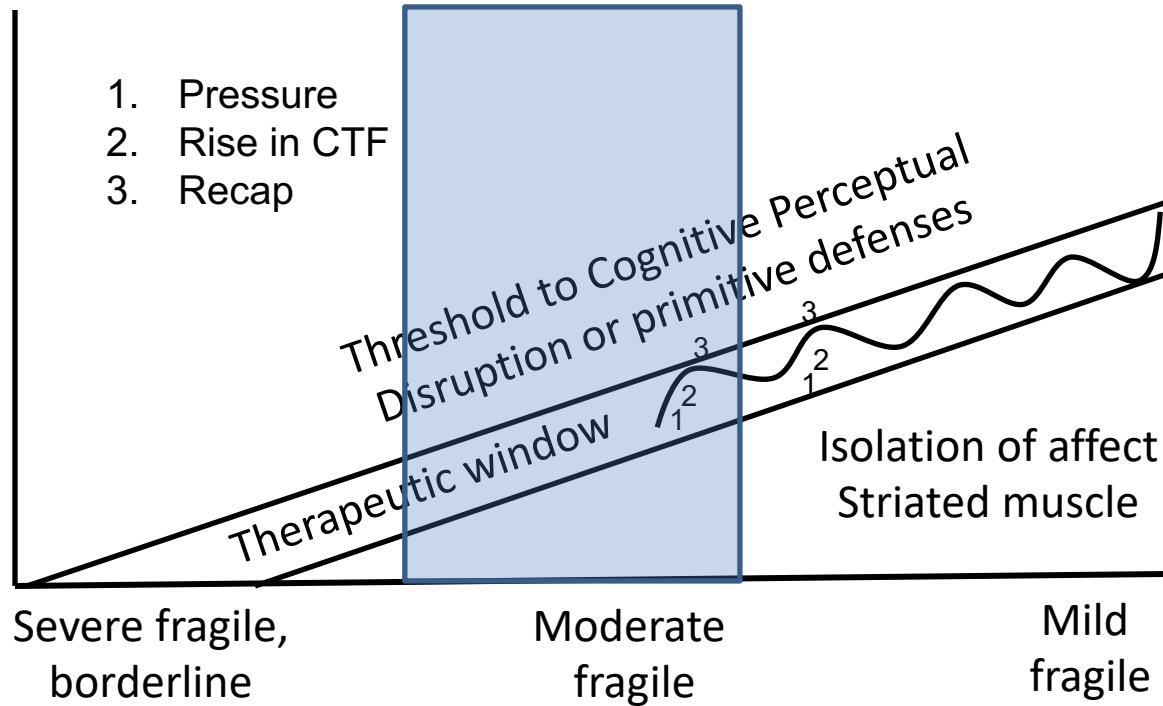


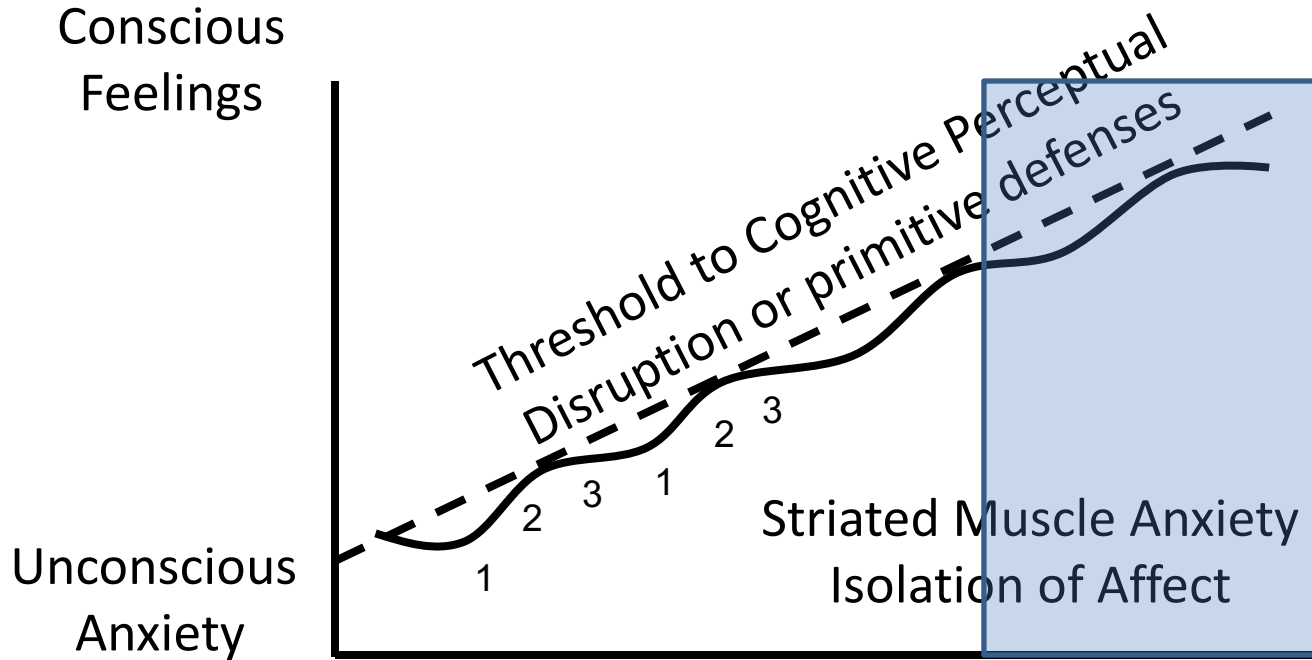
1. Focus to identify feelings
2. Rise in complex transference feelings and anxiety
3. Intellectual recap to help tolerate anxiety

Conscious feelings

1. Pressure
2. Rise in CTF
3. Recap

Unconscious anxiety and defense





1. Focus to identify feelings
2. Rise in complex transference feelings and anxiety
3. Intellectual recap to bring isolation of affect

SMD and Brain deficits Goodkind et al, 2015

- Gray matter deficits common across most SMD
- Dorsal anterior cingulate & Right and left insula
- → Role in emotion recognition in the body and emotion processing
- Both deficits also seen in aversive childhood events

Conclusion

- Emotional factors are important in many with SMD
- Some can benefit from capacity building format to bolster emotional tolerance
- Feeling some of the trauma related feelings can help function and improve trust in professionals
- Cost effective approach can reduce harm of excess meds, hospitalization, ECT at least in some cases