The evidence-base for psychoanalytic and psychodynamic psychotherapy with children and adolescents

ACP
Association of Child Psychotherapists

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Child Attachment and Psychological Therapies Research
A partnership of
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A BRIEF SUMMARY OF AN UPDATE AND NARRATIVE SYNTHESIS

(Midgley et al., 2020)

The ACP is the professional body and accredited register for Child and Adolescent Psychotherapists in the UK. We have been working to improve the mental health of infants, children, young people and families since 1949.

Content

Why was this narrative review needed?

75% of mental illnesses start before a child reaches their 18th birthday, while 50% of mental health problems in adult life (excluding dementia) first appear before the age of 15 (MQ, 2017). These widely-quoted figures highlight the urgent need for interventions that are effective in childhood to limit the impact of mental health problems that may persist into adulthood, at considerable individual, social, and economic cost. Infants, children and young people, especially where needs are severe and complex, need to be supported and enabled to access effective specialist services that can offer a range of treatments at the right time in the right place. These services must be informed by evidence of effectiveness and cost-effectiveness.

The Association of Child Psychotherapists (ACP) commissioned this review to support policy, service and workforce developments that are taking place in all nations of the UK and to ensure they are informed by the best available evidence on the effectiveness of psychoanalytic and psychodynamic psychotherapy for children and young people. The full report, including all references, is available on the ACP website. This brief summary highlights the key findings.

The aims of the narrative review

Psychoanalytic and psychodynamic psychotherapies[1] with children and adolescents are approaches to working with young people that draw on psychoanalytic ideas, whilst also integrating ideas from other disciplines, including developmental psychology, attachment theory and neuroscience (Kegerreis & Midgley, 2018; Lanyardo & Horne, 2009).

The aim of this review (Midgley et al., 2020) was to provide an update on the evidence base for psychodynamic therapy with children and adolescents published between January 2017 and May 2020. In addition, the report provides a narrative synthesis of the published research to date, i.e. synthesising the findings of this new update (2017-2020) with those reported in earlier reviews carried out in 2011 and 2017 (Midgley and Kennedy, 2011; Midgley et al., 2017). In line with previous reviews, psychodynamic therapy with children aged 0-3 was not included in this review, although the evidence for this work has been reviewed elsewhere (Sleed and Bland, 2007; Barlow et al., 2015)

The quantity and quality of research to date

This updated review identified 37 papers that had been published between January 2017 and May 2020, reporting on 28 distinct studies. These were combined with the findings of the previous reviews, to include a total of 123 papers, comprising 82 distinct studies. Overall, both the quality and quantity of research in this field has increased over time. Whilst in previous reviews the vast majority of studies were observational, now 22 of the 82 studies are randomized controlled trials (RCTs). Studies like this offer greater confidence that any conclusions reached about the effectiveness of psychodynamic therapy for children and young people are based on the most robust scientific evidence.

Nevertheless, the majority of studies in this review were conducted in naturalistic settings using clinically referred rather than recruited samples. Whilst the findings of these studies cannot be considered as ‘rigorous’ as those of experimental studies, such studies may be more representative of a ‘real-world’ context, where treatments are not often delivered according to a specific manual, treatment length is not predetermined, and patients often present with a mixed picture of mental health issues. The large number of studies in this area means that there can be greater confidence that any outcomes identified in more controlled settings can be replicated in routine clinical practice.

[1] The report reviewed evidence in relation to both psychoanalytic and psychodynamic psychotherapy. For simplicity, and with an international audience in mind, the term 'psychodynamic therapy' will be used to cover both psychoanalytic and psychodynamic approaches, although where specific studies refer to one or the other term, the review follows the authors' own terminology.

Key findings of the narrative review

The research reviewed in this study makes it possible to identify some tentative indications about who is likely to benefit most (or least) from psychodynamic child psychotherapy, and to indicate which forms of psychodynamic therapy might be most effective. Based on the studies reviewed here, we would tentatively draw the following initial conclusions:

Emotional disorders

- There have been a relatively large number of studies evaluating the outcome of psychodynamic therapies for children with emotional disorders: 21 studies, of which 12 are RCTs. Taken together, these studies indicate that emotional disorders respond well to psychodynamic therapy; with a number of studies suggesting that psychodynamic treatment is more effective for internalizing than externalizing symptoms (Target & Fonagy 1994a; Deakin & Nunes, 2009; Krischer et al. 2014; Baruch, 1995; Ryynänen et al., 2015; Kronmüller et al., 2005).

Depression

- Within the emotional disorders, the quality of research has been particularly high for the treatment of depression, where 3 RCTs have been conducted, including the IMPACT study (Goodyer et al., 2016). This was the largest study to date to include a psychodynamic treatment arm either in children or young people (n = 465). Taken together, these studies indicate that psychodynamic psychotherapy may be equally effective to other psychological treatments such as CBT or systemic family therapy, and that it can result in good outcomes across a range of domains, with those outcomes maintained beyond the end of treatment. For example, the IMPACT study found that 85% of adolescents receiving short-term psychoanalytic psychotherapy (STPP) no longer met criteria for depression one year after the end of treatment.

Bulimia Nervosa and Anorexia Nervosa

- The comparative effectiveness of psychodynamic therapies also seems to be demonstrated for other disorders, such as Bulimia Nervosa and Anorexia Nervosa. Two RCTs focused on Anorexia and one focused on Bulimia found psychodynamic treatment to be equally effective to an alternative treatment.

Anxiety disorders

- For the treatment of anxiety disorders, the number of studies has grown in recent years and a number of studies have now found psychodynamic treatment to be effective. The best designed study of psychodynamic therapy for children with anxiety disorders was an RCT carried out by Salzer et al. (2018), which showed both active treatments were superior to a waitlist condition, with medium-to-large effects for CBT and medium effects for psychodynamic therapy. Overall, the evidence to date suggests that psychodynamic therapy, even when relatively short-term (<30 sessions) is effective in the treatment of anxiety disorders, and that these outcomes have been maintained at a 6-month follow-up period. One retrospective study showed that children with anxiety disorders did better than children with either depression or disruptive disorders (Horn et al., 2005; Winkelmann et al., 2005)

Self-harm in adolescents

- There is evidence to suggest that a contemporary psychodynamic therapy such as mentalization based treatment may be effective for treating self-harm in adolescents. Two RCTs have been conducted to date, and both demonstrated that a mentalization based intervention was equally or more effective than treatment as usual for the treatment of self-harm.

Externalizing (disruptive) disorders

- Comparatively, the psychodynamic treatment of externalizing (disruptive) disorders has received less research attention, and this may partly be because the evidence-base for a range of parenting interventions in this area is well-established (Fonagy et al., 2015). There have been only 6 studies of psychodynamic therapies for this group of children, and only one of these was an RCT. However, despite the accepted wisdom that non-behavioural therapies are less effective for externalizing disorders, these studies show promising findings, particularly when the child also presents with some emotional difficulties. Research suggests that children with externalizing disorders may be difficult to engage, but those who remain in treatment can see significant symptom reduction. Although comparative studies are lacking, one study found psychodynamic therapy to be similarly effective to a behavioural intervention (Laezer, 2015). It may be, as with the feasibility study conducted by Edginton et al. (2018), that future studies of psychodynamic therapy should focus especially on those children with disruptive disorders who have not been responsive to a first-line treatment, including parenting interventions.

Emerging personality disorders

- Some areas have received growing research interest in recent years, with more studies identified in more recent reviews. Emerging personality disorders have been examined in 8 studies, of which 2 are RCTs. 5 of these 8 studies have been published since 2017. The two RCTs of borderline personality disorder (BPD) both showed the psychodynamic treatment to be equally effective to the control condition: cognitive analytic therapy (Chanen et al., 2008) and a group-based Mentalization Based Treatment (MBT-G; Bo et al., 2017). Given the high personal and social costs of PDs across the lifespan, and the evidence of the effectiveness of psychodynamic therapies for adults with personality disorders (Storebø et al., 2020), this may be an area where psychodynamic therapies have an especially important role to play.

Children impacted by parental conflict or domestic violence

- Similarly, in recent years more studies have focused on children impacted by parental conflict or domestic violence – this review found three studies, all published since 2017, of which two were RCTs. These three studies were designed quite differently, such that it is difficult to draw together their findings. However, the study by Pernebo (2019) suggests that children experiencing trauma symptoms are particularly able to benefit from group psychodynamic therapy, suggesting a promising area for future research with children impacted by parental conflict.

Children who have experience trauma

- A number of studies have evaluated the effectiveness of psychodynamic therapies with children who had experience trauma, including children in foster care and post-adoption. We identified eight studies, three of which are RCTs. These are promising, and show that psychodynamic therapy is as effective as alternative treatments in the treatment of young people who have experienced trauma (Trowell et al., 2002; Gilboa-Schechtmann et al., 2010). Recent reviews of the work of psychodynamic child psychotherapists have highlighted the wide range of settings in which psychodynamic therapists work with children who have experienced maltreatment, especially those children who have been adopted or who are in care (Robinson, Luyten and Midgley, 2018, 2019). Therefore, there is an urgent need to build on the preliminary research in this area, with larger and better-designed studies.

Physical illness

- We identified only 2 studies examining the effectiveness of psychodynamic therapy for physical illness, though these are both well designed. Moran and colleagues (Moran & Fonagy, 1987; Fonagy & Moran, 1990; Moran et al., 1991) show psychodynamic therapy to be effective in the treatment of adolescents with poorly controlled diabetes. There is also evidence from a pilot RCT that psychodynamic therapy can reduce symptom severity for young people experiencing

idiopathic headache (Balottin et al., 2014). These findings suggest that further research should consider psychodynamic treatments for certain physical conditions, where symptoms or treatment adherence may have an important psychological component that could be treated with psychotherapy.

Autistic spectrum disorders (ASD) and obsessive compulsive disorder (OCD).

- There are a number of areas where very little research has been carried out evaluating the effectiveness of psychodynamic therapies. This includes research into the treatment of children and young people with autistic spectrum disorders (ASD) and obsessive compulsive disorder (OCD). If psychodynamic therapy is to be offered to children with these clinical presentations, it is vital that more outcome research is carried out.

What does the narrative review tell us about when psychodynamic therapy is most effective?

In addition to reviewing the evidence-base in relation to diagnostic groups, this review also attempted to draw together the evidence in relation to certain characteristics of psychodynamic therapy. Based on this review, the following tentative conclusions can be drawn:

Long- and short-term psychodynamic work

- Few studies have directly compared long- and short-term psychodynamic work in children, and therefore it is difficult to draw conclusions regarding the impact of treatment length on outcomes. However, preliminary evidence suggests that long-term therapy can be effective in the treatment of young people experiencing a range of different mental health difficulties, with some indication that larger effect sizes across a wider range of measures may be seen with longer-term psychodynamic therapy. This is consistent with findings from research with adults that seem to show that long-term psychodynamic therapy is superior to short term psychodynamic therapy for certain complex mental disorders (Leichsenring et al., 2013).

Intensive and non-intensive therapy.

- Similarly, very few studies have directly compared intensive and non-intensive therapy. The evidence to date suggests that greater treatment gains are sometimes associated with more intensive therapy, and one study has suggested that younger children with severe and complex difficulties may require intensive therapy in order to see significant change. In contrast, in samples that can be assumed to have lesser degrees of complexity either because of the setting or selection criteria, it seems intensive treatment is not necessary, and short-term and even minimal interventions have been shown to be effective (Smyrnios & Kirby, 1993; Sinha & Kapur, 1999; Muratori et al., 2002, 2003). More research is needed in this area if we wish to better understand when intensive therapy may be recommended for children and adolescents, both in terms of clinical- and cost-effectiveness.

Several studies suggest that younger children may benefit from psychodynamic therapy more than older ones, although evaluations of therapy for adolescents have also demonstrated effectiveness. But no clinical trials have directly examined the impact of age on treatment outcomes

- None of the studies examining the impact of age on outcome reported here were designed to explicitly test how age impacts on treatment outcome, so no confident conclusions should be drawn. However, the studies that have tested age as a variable associated with treatment outcome do provide some preliminary evidence that younger children may show greater improvements with psychodynamic therapies than older children, supporting the principle of early intervention.

Therapy with or without parallel parent work

- Likewise, although no studies have directly tested the effectiveness of psychodynamic therapy with or without parallel parent work, the preliminary evidence suggests that psychodynamic therapy with parallel parent sessions can be effective for children. Most evidence to date has focused on younger children and those in early adolescence, and there have been no 'dismantling' studies which have attempted to isolate the specific impact of this parallel work with parents. The role of parent work, which is a core element of most psychodynamic therapy with children, remains a rather neglected element among researchers.

Trajectories of change

- There are some indications that psychodynamic treatment may be associated with different trajectories of change from other treatments. For example, when compared to systemic family therapy, depressed children appeared to recover more quickly when receiving family therapy, whilst improvements for those receiving individual psychodynamic therapy appeared to be slower but more sustained, with some young people continuing to improve after the end of treatment (Trowell et al., 2003, 2007). A similar pattern of improvement continuing beyond the end of treatment was found in a study of children with emotional disorders, giving some evidence of a possible 'sleeper effect' in psychodynamic therapy (Muratori et al., 2003, 2005). However, in the IMPACT study no differences were found in trajectories of change between those in the three treatment arms of the study, with young people across all three arms continuing to improve, on average, beyond the end of treatment (Goodyer et al., 2016).

What conclusions can be drawn from the narrative review?

Although this summary indicates that we are now in a position to draw some tentative conclusions, caution is needed. The number of clinical trials evaluating psychodynamic therapies for children and young people remains very small when compared to studies of psychopharmacological interventions, or even other psychosocial treatments for children and young people, such as CBT. The reasons for this paucity of research are complex and include the fact that psychodynamic child therapy trainings have not traditionally been affiliated to university departments, and do not always have a strong research culture. This is beginning to change in some countries, such as the UK, where most child psychotherapy trainings are now professional doctorate programmes.

However, a lack of funding opportunities is the single biggest obstacle to further research being carried out. A report by MQ in 2017 noted that mental health research is chronically under-funded compared to physical health, but that even within mental health research, only 3.9% of funding goes towards prevention of mental illness, 5.5% towards the development of new treatments, and 18.3% to the evaluation of treatments. The report also notes that "only 26% of money spent on mental health research goes towards projects on children and young people, despite 75% of mental illness beginning before the age of 18" (MQ, 2017, p.3). Without greater priority being given to the study of mental health interventions for children and young people, especially those evaluating treatments models beyond CBT, there is little chance that commissioners or families will be able to draw conclusions about effective therapies based on high-quality science.

Future developments and priorities

Although progress has been made, challenges with regard to research funding, as well as research capacity, mean that it is unlikely that we will ever reach a point where there is a significant number of large-scale, well-designed studies examining the evidence-base for psychodynamic therapy across the full range of clinical presentations. It may be that future research will need to focus more narrowly on those clinical fields – such as children who have experienced early maltreatment and trauma – where

there is a lack of other, evidence-based treatments, combined with a strong clinical logic for using a psychodynamic approach.

There is also an increasing focus on promoting research which examines ‘empirically supported change processes’, rather than ‘empirically supported treatments’ (Ablon, Levy & Katzlenstein, 2006). Researchers are increasingly moving beyond the question: 'what treatment brand works best for disorder x or y?', to questions such as ‘what kind of services would we need to give best outcomes to wide range of clients?’, ‘what does the evidence tell us we can do to optimise the effectiveness of the talking therapies?’, or ‘what does the experience of service users tell us about what kinds of services we commission?'.

For a wide range of reasons, it is clearly important to be able to systematically review the evidence-base for psychodynamic therapies with children and young people. But going forward, there is clearly a need to balance this demand with a greater focus on practice-based evidence (PBE), including large-scale routine outcome monitoring and the emerging field of practice-research networks (Barkham, Hardy & Mellor-Clark, 2010). There is also an increasing need to pay attention to the findings of qualitative research, including studies of client experience and service-user preferences (Midgley, Ansaldo & Target, 2014). Such research can help to identify helpful and unhelpful aspects of therapy and puts the needs and experiences of children, young people and families at the heart of evidence-based practice. Relatedly, change process research (Elliott, 2010) can help us to understand why change takes place, and what aspects of the therapeutic encounter help to promote change - thereby leading to development of better treatments.

The field of evidence-based practice is clearly evolving. Hofmann and Hayes (2019) go as far as to talk about a ‘paradigm shift’ in how we think about developing and evaluating treatments, moving beyond the idea of ‘latent disease entities’ (such as social anxiety or depression) targeted with specific therapy protocols, towards a model of process-based, trans-diagnostic therapies that target underlying mechanisms, such as emotion regulation or the capacity for social cognition. By widening what 'counts' as credible evidence and by broadening the kind of questions we ask about that evidence, as well as promoting more interdisciplinary studies, research can truly help ensure patient choice, and to enable provision of a diverse range of effective treatments, with service user experience at the heart of all decision making.

The full report:

Midgley, N., Mortimer, R., Cirasola, A., Batra, P. & Kennedy, E. (2020) The evidence-base for psychoanalytic and psychodynamic psychotherapy with children and adolescents: An update and narrative synthesis. Available to download via the ACP website.

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