



2014邊緣型人格障礙治療論壇 精神動力治療模式

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Distinctive Features of Psychodynamic Technique

- I. Focus on affect and expression of emotion
- II. Exploration of attempts to avoid distressing thoughts and feelings
- III. Identification of recurring themes and patterns
- IV. Discussion of past experience (developmental focus)
- V. Focus on interpersonal relations
- VI. Focus on the therapy relationship
- VII. Exploration of fantasy life

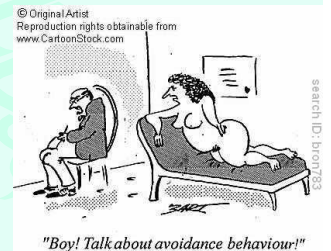
I. Focus on Affect and Expression of Emotion

- Encourages exploration and discussion of the **full range of a patient's emotions**.
- A recognition that intellectual insight is not the same as **emotional insight**, which **resonates at a deep level and leads to change**.



II. Exploration of Attempts to Avoid Distressing Thoughts and Feelings

- Coarse forms
- Subtle forms



III. Identification of Recurring Themes and Patterns

- Recurring themes and patterns in patients' **thoughts, feelings, self-concept, relationships, and life experiences**
- Painful? self-defeating?
- Unaware?



http://www.phyast.pitt.edu/~micheles/scheme/_images/pattern-matching.jpg

IV. Discussion of Past Experience developmental focus

- Especially early experiences of **attachment figures**, affects our relation to, and **experience** of, the present
- Focus is not on the past for its own sake, but rather on **how the past sheds light on current psychological difficulties**
- Help patients **free themselves from the bonds of past experience** in order to live more fully in the present



mormonmatters.org/.../2009/07/Picture-1.png

V. Focus on Interpersonal Relations

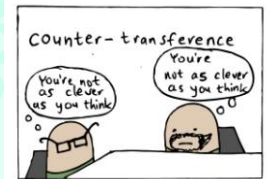
- Both adaptive and nonadaptive aspects of personality and self-concept are forged in the context of **attachment relationships**, and psychological difficulties often arise when **problematic interpersonal patterns** interfere with a person's ability to meet emotional needs.



<http://datingmingle.com/images/trust.jpg>

VI. Focus on the therapy relationship

- Transference and countertransference
- The goal is **greater flexibility** in interpersonal relationships and an **enhanced capacity** to meet interpersonal needs



http://farm3.static.flickr.com/2033/1879517978_044f20915e_o.jpg

VII. Exploration of Fantasy Life

- Encourages patients to speak freely about whatever is on their minds
- **Desires, fears, fantasies, dreams, and daydreams.**
- A rich source of information about **how the person views self and others**, interprets & makes sense of experience, avoids aspects of experience, or interferes with a potential capacity to find greater enjoyment & meaning in life.



<http://www.thegreatillusion.com/daydreams.jpg>

Methods of Psychodynamic Therapy

- **Self-reflection, self-exploration, and self-discovery** that takes place in the **context of a safe and deeply authentic relationship** between therapist and patient



http://www.life2point0.com/WindowsLiveWriter/ThoughtsonPsychotherapy_14BE0/psychotherapy16.jpg

The Efficacy of Psychodynamic Psychotherapy

- Psychodynamic therapy may not only **alleviate symptoms** but also **develop inner capacities and resources** that allow a richer and more fulfilling life.



http://www.life2point0.com/WindowsLiveWriter/ThoughtsonPsychotherapy_14BE0/psychotherapy16.jpg

Goals of Psychodynamic Therapy

- Include, but extend beyond, symptom remission
 - capacity to have **more fulfilling relationships**
 - make **more effective use of one's talents and abilities**
 - maintain a **realistically based sense of self-esteem**
 - tolerate a **wider range of affect**
 - have **more satisfying sexual experiences**
 - understand self and others in more nuanced and sophisticated ways
 - face life's challenges with **greater freedom and flexibility**

How Effective Is Psychodynamic Psychotherapy ?

- A range of common mental disorders
Short term (40 hours) psychodynamic therapy with controls (wait list, minimal treatment, or “treatment as usual”)
- An overall effect size of 0.97 for general symptom improvement. The effect size increased to 1.51 at long-term follow-up (9 months posttreatment).

How Effective Is Psychodynamic Psychotherapy ?

- A meta-analysis reported in the *JAMA* compared long term psychodynamic therapy (> 1 year or 50 sessions) with shorter term therapies for the treatment of complex mental disorders (defined as multiple or chronic mental disorders, or personality disorders).
- An effect size of 1.8 for overall outcome.

Leichsenring F & Rabung S. Effectiveness of long-term psychodynamic psychotherapy: A meta-analysis. *Journal of the American Medical Association*, 2008; 300, 1551-1565

How Effective Is Psychodynamic Psychotherapy ?

- The pretreatment to posttreatment effect size was 1.03 for overall outcome, which increased to 1.25 at long-term follow-up ($p < .01$), an average of 23 months posttreatment.
- Effect sizes increased from treatment completion to follow-up for all five outcome domains assessed in the study (overall effectiveness, target problems, psychiatric symptoms, personality functioning, and social functioning).

How Effective Is Psychodynamic Psychotherapy ?

- A meta-analysis, reported in the Harvard Review of Psychiatry, examined the effectiveness of long-term psychodynamic therapy (average of 150 sessions) for adult outpatients with a range of diagnoses.

de Maat S, de Jonghe F, Schoevers R, & Dekker J. The effectiveness of long-term psychoanalytic therapy: A systematic review of empirical studies. *Harvard Review of Psychiatry*, 2009; 17, 1-23

How Effective Is Psychodynamic Psychotherapy ?

- For patients with mixed/moderate pathology, the pretreatment to posttreatment effect was 0.78 for general symptom improvement, which increased to 0.94 at long-term follow-up, an average of 3.2 years posttreatment.
- For patients with severe personality pathology, the pretreatment to posttreatment effect was 0.94, which increased to 1.02 at long-term follow-up, an average of 5.2 years posttreatment.

How Effective Is Psychodynamic Psychotherapy ?

- A meta-analysis reported in the American Journal of Psychiatry examined the efficacy of both psychodynamic psychotherapy (14 studies) and CBT (11 studies) for personality disorders.
- The metaanalysis reported pretreatment to posttreatment effect sizes using the longest term follow-up available.

Leichsenring F & Leibing E. The effectiveness of psychodynamic therapy and cognitive behavior therapy in the treatment of personality disorders: A meta-analysis. *American Journal of Psychiatry*, 2003; 160, 1223-1232

How Effective Is Psychodynamic Psychotherapy ?

- For psychodynamic therapy (mean length of treatment was **37 weeks**), the mean follow-up period was **1.5 years** and the pretreatment to posttreatment **effect size was 1.46**.
- For CBT (mean length of treatment was **16 weeks**), the mean follow-up period was **13 weeks** and the effect size was **1.0**.
- The authors concluded that **both treatments demonstrated effectiveness**.

How Effective Is Psychodynamic Psychotherapy ?

- These meta-analyses represent **the most recent and methodologically rigorous evaluations** of psychodynamic therapy.
- Especially noteworthy is the recurring finding that **the benefits of psychodynamic therapy not only endure but increase with time**, a finding that has now emerged from at least five independent meta-analyses (Abbass et al., 2006; Anderson & Lambert, 1995; de Maat et al., 2009; Leichsenring & Rabung, 2008; Leichsenring et al., 2004).

How Effective Is Psychodynamic Psychotherapy ?

- In contrast, **the benefits of other (nonpsychodynamic) empirically supported therapies tend to decay over time for the most common disorders** (e.g., depression, generalized anxiety; de Maat, Dekker, Schoevers, & de Jonghe, 2006; Gloaguen, Cottraux, Cucharet, & Blackburn, 1998; Hollon et al., 2005; Westen, Novotny, & Thompson-Brenner, 2004)

How Effective Is Psychodynamic Psychotherapy ?

- Findings concerning **personality disorders** are particularly intriguing



Clarkin J F, Levy K N, Lenzenweger M F, & Kernberg O F Evaluating three treatments for borderline personality disorder: A multiwave study. *American Journal of Psychiatry*, 2007;164, 922-928.

www.psychotherapybrownbag.com/.../diagnosis

How Effective Is Psychodynamic Psychotherapy ?

- A recent study of patients with BPD Not only demonstrated treatment benefits that equaled or exceeded those of another evidence-based treatment, dialectical behavior therapy (Linehan, 1993)
- But also showed **changes in underlying psychological mechanisms (intrapsychic processes)** believed to mediate symptom change in borderline patients (specifically, changes in **reflective function** and **attachment organization** (Levy et al., 2006).

How Effective Is Psychodynamic Psychotherapy ?

- A newly released study showed enduring benefits of psychodynamic **therapy five years after treatment completion** (and eight years after treatment initiation).
- At five-year follow-up, **87%** of patients who received "treatment as usual" continued to meet diagnostic criteria for BPD, compared with **13%** of patients who received psychodynamic therapy.
- No other treatment for personality pathology has shown such enduring benefits.

Bateman A, & Fonagy P. *American Journal of Psychiatry*, 2008; 165, 631-638

A Rose by Another Name

Psychodynamic Process in Other Therapies

- The “**active ingredients**” of therapy are **not necessarily those presumed by the theory or treatment model.**
- RCT’s that evaluate a therapy as a “package” do not necessarily provide support for its theoretical premises or the specific interventions that derive from them.



A Rose by Another Name

Psychodynamic Process in Other Therapies

“Perhaps we can state more confidently now than before that whatever may be the basis of changes with CT, it does not seem to be the cognitions as originally proposed”

Kazdin, A E (). Mediators and mechanisms of change in psychotherapy research. *Annual Review of Clinical Psychology*, 2007; 3, 1-27.



A Rose by Another Name

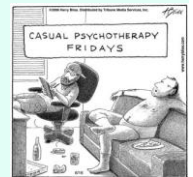
Psychodynamic Process in Other Therapies

- There are also profound differences in the way therapists practice, even therapists ostensibly providing the same treatment.
- What takes place in the clinical consulting room reflects **the qualities and style of the individual therapist, the individual patient, and the unique patterns of interaction** that develop between them.

Model Adherence

- **Psychodynamic interventions**, not CBT interventions, **predicted successful outcome** in both cognitive and psychodynamic treatments.

Jones E E & Pulos S M. Comparing the process in psychodynamic and cognitive behavioral therapies. *Journal of Consulting and Clinical Psychology*, 61, 1993: 306-316



Model Adherence

- An independent team of investigators using different research methods also found that psychodynamic methods predicted **successful outcome in cognitive therapy**
 - (a) **Working alliance** predicted patient improvement on all outcome measures;
 - (b) **psychodynamic process (“experiencing”)** predicted patient improvement on all outcome measures;
 - (c) **therapist adherence to the cognitive treatment model (i.e., focusing on distorted cognitions)** **predicted poorer outcome.**

Castonguay L G, Goldfried M R, Wiser S L, Raue P J, & Hayes A M
Journal of Consulting and Clinical Psychology, 64, 1996: 497-504

Model Adherence

- Qualitative analysis of the verbatim session transcripts suggested that the poorer outcomes associated with cognitive interventions were due to **implementation of the cognitive treatment model in dogmatic, rigidly insensitive ways** by certain of the therapists

Castonguay L G, Goldfried M R, Wiser S L, Raue P J, & Hayes A M
Journal of Consulting and Clinical Psychology, 64, 1996: 497-504

精神動力學Psychodynamics

各個意識及非意識心智或情感過程間的交互作用，特別是對人格、行為、態度的影響。

The interaction of various **conscious** and **unconscious mental** or **emotional processes**, especially as they influence personality, behavior, and attitudes.

<http://www.thefreedictionary.com/psychodynamics>

Psychodynamic Psychiatry

- Psychodynamically informed **assessment of all psychiatric patients** is a necessary part of the **basic psychiatric examination**

Friedman RC, Downey JI
Psychodyn Psychiatry 2012; 40:5-22

Psychodynamic Psychiatry

- **Elements of therapeutic skill acquired from psychodynamic training** in psychotherapy can be applied to the **tx of all psychiatric patients**
 - Building a therapeutic alliance
 - understanding the meaning of the clinician/patient relationship
 - establishing medication adherence
 - negotiating with patients about behavior which is harmful to them

Friedman RC, Downey JI
Psychodyn Psychiatry 2012; 40:5-22

支持—表達動力(Supportive-Expressive Dynamic) 心理治療

詮釋 Interpretation
觀察 Observation
面質 Confrontation
澄清 Clarification
鼓勵 Encourage to elaborate
同理性確認 Empathic validation
心理衛教 Psychoeducational interventions
建議—獎勵 Advice-praise

The Psychopathology of PD

- (1) symptoms such as **dysphoria and deliberate self-harm**
- (2) **impaired emotion and impulse control**
- (3) **maladaptive expressions of traits** such as emotional lability, submissiveness, and callousness
- (4) **maladaptive interpersonal patterns**
- (5) **self or identity pathology**
- (6) **Impaired metacognitive processes**
- (7) **dysfunctional environmental circumstances**
 - **individuals tend to create their own environment**

Livesley WJ, J Pers Disord 2012; 26:17-42

程度不等

TABLE 2. Severity of Personality Pathology

Level of Severity	Representative Axis II Disorder	Domains of Dysfunction
Less Severe Personality Disorder	Avoidant PD	Clear conception of self
	Dependent PD	Organized conception of others Conflicted behavior
Severe Personality Disorder	Borderline PD	Non-integrated conception of self and others
	Narcissistic PD	Emotion dysregulation Impulsivity Extensive defensiveness
Most Severe Personality Disorder	Antisocial PD	Lack of empathy toward others Lying Absence of moral guidance of behavior Aggression toward others

Clarkin JF, J Pers Disord 2012; 26:43-62

Characteristics of PD Patient

Poor social skills
Impaired object relationships
Poor relationships in the nuclear family
Pessimism and hopelessness
Strong defensive behavior
Low psychological mindedness
Hostility
Perfectionism

Livesley WJ, J Pers Disord 2012; 26:17-42

The Psychopathology of PD Treatment Implications

- First, comprehensive treatment should include treatment methods **pertinent to each domain**
- Second, **outcome is domain specific** (Piper & Joyce, 2001)
 - treatment methods that work for one domain **do not necessarily** work for another
- Third, domains **differ substantially in stability and response to treatment** (Tickle, Heatherton, & Wittenberg, 2001)

Livesley WJ, J Pers Disord 2012; 26:17-42

Why integration?

個別差異

- The patient with personality difficulties is **always faced with challenges in interacting with his/her unique environment**, which cannot be captured in a diagnostic schema
- There are **not 10 discrete personality disorders**, and the vision of **empirically supported treatments for all 10 will never materialize**

Clarkin JF
J Pers Disord 2012; 26:43-62

Why integration?

- The **existing treatment manuals** for the personality disorders **emphasize one or several of the areas of personality functioning**, sometimes at the neglect of other areas **掛一漏萬**

Clarkin JF
J Pers Disord 2012; 26:43-62

Why Integration?

- **No one treatment can be identified as working better than others across the board**
- Balance the tension between
 - a comprehensive single-theory framework
 - a more specific conceptual and technical integration

Nelson DL, Beutler LE, Castonguay LG
J Pers Disord 2012; 26:7-16

How to Integrate ?

- Emphasized the importance of establishing a **clear treatment frame**
- Focused on the usefulness of identifying principles for addressing **various dimensions of personality pathology**
- The importance of having a **unifying theory of psychopathology and/or therapeutic change** to give **structure and coherence** to treatment

Nelson DL, Beutler LE, Castonguay LG
J Pers Disord 2012; 26:7-16

How to Integrate ?

- **Stage models** that different problem areas may be **addressed sequentially** throughout the course of treatment according to
 - some hierarchy of **readiness for change**
 - the degree to which **particular problems may interfere** with treatment and/or the patient's life

Nelson DL, Beutler LE, Castonguay LG
J Pers Disord 2012; 26:7-16

How to Integrate ?

- **A receipt for integration is ultimately impossible**, as integration is a function of the clinician who works over time with an individual patient

Clarkin JF
J Pers Disord 2012; 26:43-62

整合策略

共通原則 Common principle
個別特異 Individual variable(s)



http://myweb.fcu.edu.tw/~mhsung/TRIZ/Psychology/Gestalt/Psychology_23.htm

Effective Principles of Therapeutic Change

夥伴關係

- A **strong working alliance**
- An **empathic and flexible approach** to repairing ruptures to the alliance*
- A therapist attitude of **caring, warmth, empathy, positive regard, congruence, and authenticity**
- **Patient-therapist agreement** on treatment goals
- **Strong collaboration** between patient and therapist in working toward goals
- A relatively **high level of therapist activity**

Critchfield KL & Benjamin LS, 2006
Integration of therapeutic factors in treating personality disorders

Core Components of Integrated Tx

藍圖

1. **Delineate the frame of therapy**
 - defining the therapeutic stance
 - establishing an explicit treatment contract
2. Establish and maintain a **collaborative treatment alliance**
3. Maintain a **consistent treatment process**
4. Build **motivation for change**
5. Promote **self-observation and self-reflection**

Livesley WJ, J Pers Disord 2012; 26:17-42

Five Phases of Change

- (1) Ensuring the **safety** of the patient and others
- (2) **Containment** of symptoms, emotions, and impulses
- (3) **Regulation and control** of emotions and impulses that contribute to symptoms including deliberate self-harm by increasing self regulation skills and strategies

Livesley WJ, J Pers Disord 2012; 26:17-42

Five Phases of Change

- (4) **Exploration and change** of the more stable cognitive-emotional structures underlying maladaptive behavior and interpersonal patterns and modulation of associated traits
- (5) **Integration and synthesis** of a more adaptive self structure

Livesley WJ, J Pers Disord 2012; 26:17-42

Four Stages of Change

1. **Problem recognition**
 - (1) helping to recognize problem behaviors and personality characteristics
 - **managing ego-syntonic nature & projection**
 - (2) eliciting a commitment to change
2. **Problem exploration**
 - merges with the *acquisition of alternatives*

Livesley WJ, J Pers Disord 2012; 26:17-42

Four Stages of Change

3. **Identification of alternative behaviors**
4. **Consolidation and generalization**
 - problem solving, self-understanding, self-reflection, self-monitoring, and self-validation

Livesley WJ, J Pers Disord 2012; 26:17-42

Individualizing the Treatment Approach

Case formulation describe individual problem patterns

Linking formulation patterns to **attachment history** to further refine a treatment focus

– **Primary copy processes**

- (1) **Identification**: behaving like an important other person
- (2) **Recapitulation**: behaving as if the other person is still present and in charge
- (3) **Introjection**: treating the self the same way an important other person did

Critchfield KL, J Pers Disord 2012; 26:108-25

Individualizing the Treatment Approach

- **Defining therapeutic goals** relative to an attachment-based, interpersonal case formulation
- The goal in general is to **help patients gain more psychological distance** (i.e., to **differentiate**) from those figures, including their rules and values

Critchfield KL, J Pers Disord 2012; 26:108-25

Individualizing the Treatment Approach

- Five steps of therapy:
 - I. collaboration to pursue therapy goals
 - II. learning about internalized patterns
 - III. blocking maladaptive patterns
 - IV. enabling the will to change
 - V. learning new patterns

Critchfield KL, J Pers Disord 2012; 26:108-25