Literature Review of Efficacy for Child Psychotherapy in the New Zealand context

By Dianne Lummis

Recently, especially with the rise of the emphasis on "evidence-based practice", there has been a growing sense that psychodynamic concepts and treatments lack empirical support, or that scientific evidence shows that other forms of treatment for mental health issues are more effective. A concerning trend in recent thinking in the psychotherapy world is the way the phrase, "evidence- based" has been appropriated to promote a particular ideology and agenda. It often now represents a code word for manualised treatment (Shedler 2015) which is consequently used to criticise non-manualised treatments such as Child and Adolescent Psychotherapy. Although there has been a rise in the creation of manualised psychoanalytic treatments for children and adolescents, for example the Gottken et al (2014) study which measured the effectiveness of a manualised programme, Psychoanalytic Child Therapy (PaCT). This brief literature review set out to examine the current literature regarding the efficacy of Child and Adolescent Psychotherapy. This review shows that "manualised treatment" models are not the only scientific valid treatment options for children and Child and Adolescent Psychodynamic Psychotherapy offers a sound, long established and clinically beneficial method for working with the children, young people and families of New Zealand today- although further research particularly in New Zealand Aotearoa, is necessary.

What is Psychodynamic Child and Adolescent Psychotherapy

Child and Adolescent Psychotherapy in New Zealand Aotearoa is a psychodynamically based assessment and treatment approach that works with children and adolescents who experience difficulties in their emotional, social and behavioural development. A child psychotherapeutic focus is on children's inner feelings and understandings and how they see and experience their environment. Through careful observation and direct respectful dialogue with the child, patterns that are interfering with healthy development are identified. The underlying meanings of these patterns of behaviour are sought and clarified. The work of child psychotherapy occurs within the context of the family and the wider environment. The aim of child psychotherapy is to develop the child's capacity for growth and development by establishing more effective ways of coping within their environment. (taken from the NZACAP website).

Brief History of Child and Adolescent Psychodynamic Psychotherapy in New Zealand Aotearoa

The New Zealand Child and Adolescent Psychotherapy training began in the mid-1970's at the Otago Medical School. It was offered as a Postgraduate Diploma at the Otago medical School until the 2000's. The initial Auckland University of Technology programme, "Graduate Diploma in Clinical Child psychotherapy" was offered in 1995 and the programme became a Master's level qualification in 1999. Currently there is a Graduate Diploma programme and a subsequent Masters programme in Child and Adolescent Psychotherapy offered at the Auckland University of Technology.

The NZACAP had its beginnings in Dunedin in 1975, when a small group of who were working in child mental health saw a need for collegiate support. At that stage the profession was in its infancy but from the beginning the aims were clear, to provide psychotherapy for children by clinicians who were specifically trained to work with children and to do what was necessary to support that training.

A Child and Adolescent Psychotherapist must be registered with the Psychotherapy Board of Aotearoa New Zealand (PBANZ) and is eligible to be registered under the Child and Adolescent Specialism.

Challenges and Limitations of the Research.

- Shedler's work (2009 and 2015) clearly outlines some of difficulties in analysing the data that is available and some of the biases that work against the psychotherapeutic methodologies of psychodynamic psychotherapy and psychoanalytic psychotherapy. In my own analysis of two studies which purport to show meta-analysis of the effectiveness of different psychotherapeutic techniques it was clear that the studies were not always fair. For example, one study published in 2017 looked at 50 years of randomised controlled trial (RCT's). Their conclusion was that CBT and exposure-based therapy were the most effective interventions and the fields 'with which to focus research on. However, despite all the PPT (Psychodynamic Psychotherapy) studies other meta-analyses have identified in that same 50 year period, this study only identified 2 studies using either play therapy or psychodynamic psychotherapy, studies from 1972 and 1982. Another study published in 2015 in a meta-analysis of RCT's identified only one psychodynamic psychotherapy study (which was the Trowell 2007 study) and in their conclusion stated that the results from PPT ,"were not significantly more effective than waitlist…" (Zhou et al, pg 219, 2015). On review of the original Trowell study it appears that Trowell's research was comparing the effectiveness of Individual Psychodynamic Psychotherapy with Family Therapy- not a waitlist group. The Trowell results showed that at the completion of the interventions

74.3% of children who had received Individual Psychodynamic Therapy were no longer depressed and at follow-up 6 months later 100% of the children were no longer clinically depressed.

- A paucity of New Zealand Aotearoa research into Psychodynamic Psychotherapy for children and adolescents. In my review of literature (albeit not exhaustive) I could find only one study that would fit that definition, a single case study by Amos, Beal and Ferber (2007). An Australian study using a particular model of Psychodynamic Psychotherapy which was developed in New Zealand Aotearoa.
- Many of the papers which provided meta-analyses of studies are comparing the same studies (or not, as discussed above). Even with that given they are reaching different conclusions (Midgley eg al 2017). The studies reviewed themselves, tend to have heterogenous clinical populations, relatively small sample sizes, considerable variations in interventions delivered and they do not build on the results of previous studies resulting in difficulties in in growing a cumulative knowledge about the evidence base (Midgeley eg al 2017). Often the studies reviewed in my literature review of New Zealand studies were very limited in their focus and did not examine psychodynamic psychotherapy.
- The studies also tend to be naturalistic and lacking a suitable control group leading to difficulties in drawing any firm conclusions about the efficacy and effectiveness of psychodynamic psychotherapy. Naturalistic studies mean that the children and adolescents receiving treatment have a range of difficulties which also make it difficult to derive statistically strong results.

Overall my literature review of studies into the effectiveness of Child and Adolescent psychotherapy reviewed meta-analyses of research covering over 60 studies within the last 20 years. In contrast to the common narrative in the mental health world today, that is psychodynamic psychotherapy is an old fashioned unscientific therapy, I have found that there is empirical evidence for Child and Adolescent Psychotherapy as it is practised in New Zealand today.

Meta-analysis of outcome studies of all types of child psychotherapy shows that;

- Psychotherapeutic treatments for children are associated with significant improvements for children and their families. Overall children and young people who have received psychotherapy show more trust, confidence, age-awareness and concern for other people than those who have not received treatment.

- The research has also shown that younger children, who receive child psychotherapy (psychodynamic model), are likely to show larger changes than older ones and are more likely to be well at the end of treatment. This is particularly important given the

importance of early intervention in children and families lives allowing for psychological change to occur before the child has finished their development.

- Research has also shown that children seen by child psychotherapists have more complex and long-established problems and many of them have failed to respond to other forms of treatment (Child Psychotherapy Trust, 1998). Therefore Child and Adolescent Psychotherapists are often working with children who are more difficult to help and the positive outcomes of therapeutic interventions are even more significant.

- Other meta-analyses of time-limited PPT (up to 60 sessions) have found therapy effective for very young children and mothers (AACAP, 2012). They reported that the PPT work was effective because it was able to focus on changing the mothers' internal representations and help the mother develop more positive expectations of the mother-child relationship.

- Studies of open ended long-term therapy have found general agreement that psychotherapy is more efficacious than placebo. Fonagy and Targets studies (1996, 2002) reviewed 763 records at the Hampstead Clinic and reported on the efficacy of psychoanalysis treatment for children with severe emotional disorders and anxiety and found that frequency and length of treatment were important factors in outcome. Conduct disordered children responded better to more than 2 sessions a week, while children under 12 years made more impressive gains with intensive treatment (4-5 times a week). Children with emotional difficulties did well at a frequency of 1-2 times per week.

<u>Emotional disorders.</u>

- Emotional disorders in children and young people constitute just under half of psychological disturbance in childhood. These include anxiety and depression. The Child Psychotherapy Trust (1998) found studies showed that over 85% of the children treated with child psychotherapy (psychodynamic and psychoanalytic) for anxiety and depressive disorders <u>no longer have any</u> diagnosable disorder after an average of two years treatment. Other studies of community based treatments have reflected similar results and have shown effective results for adolescence and young adults (in Child Psychotherapy Trust, 1998). In New Zealand, Child Psychotherapy is provided to children and young people in both clinic settings (for example, hospital settings) and within smaller community agencies which reflects the treatment settings for these studies and therefore it is likely that these results would be replicated be within the New Zealand context.

- Abass et al (2013) analysed the results from 11 studies (655 patients) of short term psychodynamic psychotherapy (STPP) with children and young people (10-40

sessions). This therapy reflects the type of work and average frequency of sessions being done in New Zealand. The studies were chosen as they were controlled outcome studies of psychodynamic psychotherapy with children and young people. The studies covered a very broad range of psychological problems for children, including, depression, anxiety disorders, anorexia nervosa and borderline personality disorder. Robust within group effect sizes were observed suggesting the treatment may be effective. The effectiveness of the STPP was equivalent to other treatments such as Cognitive Behaviour Therapy (CBT).

- Studies also found that child work that occurred without parallel work with parents could have potential negative effects on family functioning. Stefini et al (2013) was a study looking at the impact of psychodynamic psychotherapy on the mental health for children and adolescents with mixed diagnoses and their attachment relationships. They found that the psychoanalytic treatment had a significant impact on the clients' attachment style, with a significant improvement in the level of secure attachment style as measured at the end of the study. In New Zealand almost all work with children would include either caregiver support work or family work.

- These effects increased in follow-up compared to immediate post treatment suggesting a tendency toward increased gains even after the end of treatment, called the "sleeper effect", (Muratori, 2003). This effect has also been noted in studies of the effectiveness of psychodynamic or psychoanalytic therapy of adults. The study by Salzer et al (2014) was a RCT trial which also found that the improvement effects were also maintained at 6 months. The "sleeper effect' is very powerful as it suggests that the changes created with psychodynamic or psychoanalytic psychotherapy are persistent and that certain blocks to personal and psychological development are positively affected by the interventions. Shedler (2009) in his review of meta-analyses also noted that the benefits of psychodynamic psychotherapy not only endure but increase with time. In contrast, the benefits of other (non-psychodynamic) empirically supported therapies, for example, CBT, tend to decay over time. Often the gains in therapy with non-psychodynamic therapies begin to be lost immediately after the completion of psychotherapy (Shedler 2015).

- A recent study, Gottken et al (2014) looked at 30 children aged between 4-10 year old who met criteria for an anxiety disorder. There was a wait list control group and they received 20-25 sessions of Psychoanalytic child therapy. 60 % of the treatment group no longer met diagnostic criteria whereas on the wait list there was no change. Interestingly at the 6 month follow-up effects of treatment were maintained on parent and teacher report but not through with the actual children. The limitations of this study included, small sample size, and participants were not randomly allocated-leading to possible bias.

Effectiveness of Psychotherapy on the treatment of sexually abused children and young people.

- Research into the effectiveness of treating children who have been sexually abused using psychodynamic or psychoanalytic therapy is only just beginning to occur. Many of the studies that show the effectiveness of Trauma-focused Cognitive Behaviour Therapy do not compare TF-CBT with psychodynamic psychotherapy instead TF-CBT is compared with generic non-psychodynamic models of treatment (e.g. Cohen et al, 2004), or worse, TF-CBT is compared to treatment models which are not any form of recognised or skilled psychotherapy (Shedler 2015). Therefore the strong evidence based results for TF-CBT are not in direct comparison with child and adolescent psychodynamic or psychoanalytic psychotherapy. One meta-analytic investigation of different therapy modalities for sexually abused children and adolescents (Hetzel-Riggin et al, 2007) did compare play therapy (although that does not define the type of play therapy) with CBT. The analysis found that there was significant heterogeneity in the effectiveness of the various treatments. Play therapy appeared the most effective treatment for social functioning, whereas CBT with family therapy were most effective for behaviour problems. It is important to note that most New Zealand Child and Adolescent Psychotherapists are trained in, and make use of, family therapy.

- Trowell et al's (2002) study of child psychotherapy for sexually abused girls found that children treated in either individual psychoanalytic therapy (with carer support) and group psychoanalytic therapy (also with carer support) showed a substantial and broadly equivalent reduction in psychopathological symptoms and an improvement in functioning. However, individual therapy led to a greater improvement in manifestations of post-traumatic stress disorder. This suggests the efficacy of treating trauma with child psychotherapy.

Externalising disorders

- Children and young people who have externalising disorders include children who are acting out aggressively, who are defiant and even possibly behaving in antisocial ways. Research has shown that psychodynamic psychotherapy is effective for this clientele but not as effective as psychodynamic psychotherapy is for children with emotional disorders. One study showed that at follow-up after 1 year of treatment 69% of children no longer warranted any diagnosis for externalising disorders. In the treatment of children with Attention Deficit Hyperactivity Disorder, research has shown there is a substantial and long term improvement for children with multi-modal therapy. This means the combination of medication alongside intense individual psychotherapy, one study showed this improvement to be even clearer if the

treatment length was for two to three years of psychotherapy versus either shorter term psychotherapy with medication or medication alone.

Research into the efficacy of Psychodynamic Psychotherapy

There has been research into the effectiveness of psychodynamic psychotherapy in relation to working with adults.

Shedler (2010) and Leichsenring and Schauenburg (2014) completed separate meta-analyses of RCT's undertaken world-wide into the efficacy of psychodynamic psychotherapies. Seven features emerged from these meta-analyses that distinguished psychodynamic therapy from other therapies, *as determined by empirical examination of actual session recordings and transcripts*.

1. **Focus on affect and expression of emotion**
2. **Exploration of attempts to avoid distressing thoughts and feelings**
3. **Identification of recurring themes and patterns**
4. **Discussion of past experiences (developmental focus)**
5. **Focus on interpersonal relations (object relations, attachment patterns)**
6. **Focus on the therapeutic relationship**
7. **Exploration of wishes and fantasies**

(Dr Peter Slater, pers comm**)**

In a similar study to Shedler's and Leichsenring and Schauenburg the American Academy of Child and Adolescent Psychiatry (AACAP) (2012) published the practice parameters for psychodynamic psychotherapy with children. This article described the principles of psychodynamic psychotherapy with children based on clinical consensus and available research evidence.

There has been a number of meta-analysis into the efficacy of both short-term and long-term psychodynamic or psychoanalytic psychotherapy with adult patients. A number of those studies are listed in this bibliography.

One influential study in particular was the Adult depression study (TADS) (Fonagy 2015) which was the first randomized controlled trial in the NHS looking at whether long term psychoanalytic psychotherapy provided relief for patients suffering from chronic depression which has not been helped by the treatments currently provided. Some of their conclusions were;

- 44% of the patients who were given 18 months of therapy no longer had major depressive disorder when followed up 2 years after therapy ended; compared to the current treatments whose figure was 10%.
- 14% of patients had recovered fully, compared to 4% of patients receiving current treatment option.

- In every 6-months period of trial the chances of going into partial remission for those receiving PD/PA therapy were 40% higher than for those receiving the usual treatments.
- Those who had received the PD/PA therapy reported significantly more benefits to their quality of life, general well-being and social and personal functioning.

Other meta-analyses have found similar results for adults suffering from depression, for example Barth (2013) who analysed 198 studies involving 15,118 adults. Their results indicated that different psychotherapeutic interventions for depression have comparable benefits. They did point out that the robustness of the evidence varies considerably between psychotherapeutic treatments.

Leichsenring has completed a number of meta-analyses of RCT's. In 2004 they analysed 22 studies and found that psychoanalytic therapy was more effective than no treatment or treatment as usual. In 2008 another study they conducted found that long term psychodynamic psychotherapy was an effective treatment for patients with complex, mental disorders. They also identified that long term psychodynamic psychotherapy led to significant improvements in overall effectiveness for both target problems and personality functioning (more than other forms of psychotherapy). In 2015 Leichsenring completed an updated review of RCT's and identified PPT as being effective for major depressive disorder , social anxiety disorder, borderline and hetergenous personality disorders, somatoform pain disorder and anorexia nervosa. They reported that further research is required for those disorders or which sufficient evidence does not exist.

<u>Comparing Psychodynamic Psychotherapy to Cognitive Behaviour Therapy</u>

In a meta-analysis comparing psychodynamic psychotherapy directly with cognitive behaviour therapy (Shedler, 2009) has shown that both therapies are equally effective as treatment models. Interestingly, in one study (Ablon and Jones, 1998) the investigators asked panels of internationally recognised experts in psychoanalytic and cognitive behaviour therapy to describe "ideally" conducted treatments for a psychodynamic session and a cognitive behaviour session. This panel of experts was then given three sets of archival treatment records (one from a study of cognitive therapy and two from brief psychodynamic psychotherapy) and the researchers measured the therapists' adherence to each therapy prototype**, without** regard to the treatment model the therapists **believed** they were applying. Results showed;

1. Therapist adherence to the psychodynamic prototype predicted successful outcome in both psychodynamic and cognitive therapy. Meaning it was the clinicians who were adhering to the psychodynamic model of therapy **not** the cognitive therapy model, whether or not they thought they were doing psychodynamic psychotherapy of cognitive therapy, which predicted positive outcomes for their clients.

2. Therapist adherence to the CBT prototype showed little or no relation to positive outcome in either form of the therapy.

3. The findings were paralleled in an earlier study which employed different methodology and also found that psychodynamic interventions, not CBT interventions, predicted successful outcome in both cognitive and psychodynamic treatments, (Jones and Pulos, 1993)

Other studies documented in Shedler (2009) have also replicated the finding that adherence to psychodynamic methodology, particularly, working alliance and psychodynamic processes predicted successful outcome while therapist adherence to the cognitive treatment model predicted poorer outcome for patients.

One recent study, Johnsen (2015), who completed meta-analyses of just CBT therapy, found that temporal trends indicated that the effects of CBT have declined linearly and steadily since its introduction as measured by patient's self-report, clinicians' ratings and rates of remission. They said that, "modern CBT clinical trials seemingly provided less relief from depressive symptoms as compared with the seminal trials" (pg 12).

- One of the most recent and largest RCT which directly compares short term psychodynamic psychotherapy with cognitive behaviour therapy and brief psychosocial intervention is the IMPACT study (Goodyer et al 2017). This is a large study (465 participants) of adolescents who had moderate to severe depression. STPP was found to be as equally effective as CBT and BPI and all 3 had equal level of maintenance of improvement after 6 months. Importantly STPP was not found to be any more expensive than either CBT or BPI. Midgley (2017) also notes that only 4% of young people in the STPP group had relapsed by the time of the one year follow-up compared to 11.6 % in BPI and 16.5% in the CBT group. These results were not statistically significant as the study was not powered for treatment group comparison of diagnostic remission. These results are significant especially when it is remembered that STPP typically has stronger results for younger children rather than adolescents.

Conclusion

Developing appropriate and effective mental health services for children and adolescents within the New Zealand context is one of the most important challenges facing our society today. Utilising all the skills that different practitioners have in New Zealand to work with our most vulnerable people makes sound clinical and practical sense. This literature review shows that "manualised treatment" models are not the only scientific valid treatment options for children and Child and Adolescent psychotherapy offers a sound, long established and clinically beneficial method for working with the children, young people and families of New Zealand today.

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