Royal Commission into
Victoria's Mental Health System

Outline of questions we ask as part of the Formal Submission process

We have been asked to consider some important themes relating to Victoria's mental health system.

The 11 questions set out in the formal submission cover those themes. There is no word limit and you can
contribute as many times as you like. Attachments are also accepted.

You do not have to respond to all the questions. You can also make a Brief Comment submission if you wish.

To help us focus on the areas that matter most to the Victorian community, the Royal Commission encourages you to put forward any areas or ideas that you consider should be explored further.

You can request anonymity or confidentiality when filling in the cover page, which also allows us to capture details about your age, gender etc.

These are the questions that you will be asked:

Submission to the Royal Commission into Victoria's Mental Health System

The Australasian Confederation of Psychoanalytic Psychotherapies (ACPP)

Preamble

The Australasian Confederation of Psychoanalytic Psychotherapies (ACPP) is an umbrella organisation representing more than 450 psychoanalytic psychotherapists throughout Australasia with around 35% residing in Victoria.

Member associations of the Confederation are: The Australian Association of Group Psychotherapists, The Australian and New Zealand Society of Jungian Analysts, The Australian Psychoanalytical Society and the Psychoanalytic Psychotherapy Association of Australasia.

Our members treat patients for multiple or chronic mental disorders, personality disorders, psychotic disorders, anxiety, depression and the impact of long term abuse and trauma. We offer the following submission to assist The Royal Commission into Victoria's Mental Health System.

Critics of psychoanalytic psychotherapies have ignored the large body of evidence based research which supports the application of psychoanalytic psychotherapy as an effective form of treatment for patients in both long and short term therapy (See Selected Bibliography below). These treatments have been shown to be particularly useful for the more severe forms of mental dysfunction and to have longer lasting impact on patients' psychological well being, positive functioning and capacity to contribute to the community. These outcomes provide considerable cost benefit to the individuals, government and society as a whole. Over the past 100 years psychoanalytic psychotherapy has continued to develop its clinical, theoretical and research base. In recent years advances in neuropsychological research and other developments in psychology and biology have been integrated into the existing body of knowledge to extend its understanding of chronic and serious mental health problems. These developments confirm many of the fundamental psychoanalytic psychotherapy principles and practices. We will outline some of the evidence based research for psychoanalytic psychotherapy in the relevant questions below and commend this research to the Royal Commissioners.

Rob Gordon
President ACPP
[redacted]

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

The ACPP believes that it is important for the community to be aware of not only the extent of mental health problems in the community but also to understand that there are a range of such problems and a range of approaches to the treatment and management of such conditions. This includes, for example, combinations of treatments such as psychopharmacological treatments with psychotherapeutic treatment. Explaining these differences and options we believe could improve not only access to the appropriate treatments provided by appropriately trained professionals, but in doing so, it could bring renewed hope to those suffering with such conditions. We also believe that improved

opportunities for professionals in the area to communicate in informal settings about the understanding of mental illnesses and mental health that this would aid this enterprise.

2. What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

ACPP recognises that some areas of the Victorian communities' mental health needs appear to be adequately serviced by existing programmes and services. However, we have long been concerned at the inadequate access for patients with complex mental health needs to longer term psychotherapy provided by appropriately qualified and experienced practitioners. Cuts to public service professional staffing and the Better Access Initiative (BAI) for psychologists, social workers and general practitioners have further disadvantaged this important group of consumers by reducing access to appropriate mental health treatment services.

It is the experience of our associations that two areas of service delivery in existing Mental Health Programmes and Services are heavily resourced. They are a) the provision of short term, structured interventions designed for symptom reduction for less severely impaired patients, and b) services to support or maintain patients suffering more serious, chronic, complex mental health problems, often relying heavily on medication and hospitalisation. These latter services, in the experience of our members, are directed more at maintaining the status quo with these patients rather than at developing an enhanced capacity to engage in an effective and independent work and relationship life and to participate and contribute to the community.

ACCP sees a significant gap in current mental health services, particularly for patients with more chronic mental health problems, and those with long standing disorders which have compromised social and emotional development. It is also particularly these complex, severely disabling conditions which practitioners with proper psychoanalytic psychotherapy training are equipped to treat. The focus of psychoanalytic psychotherapy with such patients is not maintenance of their current level of functioning, but rather a more fundamental recovery of, or in some cases, the development (for the first time) of a capacity to lead an engaged and effective life. The effectiveness of psychoanalytic treatment is demonstrated by the continuing success our members have treating people with serious disorders who are able to pay for private treatment. We are advocating for the extension of these treatments to people who need financial assistance to access treatment.

To be effective and inclusive, we believe Victoria's mental health services need to provide patients with serious and chronic mental health problems (such as severe depression and disabling and severe personality disorders) with better access to highly trained and credentialed psychoanalytic psychotherapists. We believe that, as in other western countries, such services need to be integrated into a comprehensive mental health service structure, as this would lead to greater cost benefit outcomes. Moreover, access to appropriate treatment services is required to safeguard against those with serious mental health difficulties losing faith in psychological treatments as a result of inappropriate treatments proving ineffective or not providing sustained improvement. This loss of faith in the system is a serious and

fundamental problem for patients suffering long term mental health issues. This is why the provision of longer term interventions are necessary as these interventions focus on the continuity of relationship between patient and psychotherapist which allows for and promotes structural change in the personality (discussed further below).

Importance of Prevention

There is now considerable infant research and neurological evidence concerning neurological development that in early infancy that its and its disruption as a result childhood trauma and deprivation can lead to serious deficits associated with later mental health problems. Thus, prevention of such deficits therefore needs to be a focus is a crucial part of an effective mental health system.

The ACPP is aware of the crucial role of development and early intervention in preventing or reducing mental illness. We recommend improved access to advice, support and treatment for the care of early childhood and primary school aged children. Support to childcare, kindergartens and primary schools would enhance early detection and referral of children at risk. Psychoanalytically trained psychotherapists work within a developmental framework and would be well placed to provide specialist advice, consultation and treatment in such early childhood settings as part of enhanced multi disciplinary teams. It is also well established that the early presentation of often serious long term disorders (eg, psychosis, eating disorders, antisocial disorders, anxiety disorders) first present in early to mid adolescence while students are in secondary schools. These vulnerable students are often clearly identified to school counsellors who lack the resources to treat them but would be well placed to refer them to psychoanalytically trained psychotherapists for early treatment.

The ACPP also believes mental illness can be prevented by encouraging vulnerable people to have early contact to mental health treatment resources. Most mental illness has identifiable precursors but these are often not sufficiently severe to meet the criteria for treatment in the inadequately resourced public services. Psychoanalytic psychotherapists are well placed to assess and treat developmental issues likely to lead to mental illness.

3. What is already working well and what can be done better to prevent suicide?

Psychoanalytic psychotherapy can play an important role in suicide prevention and improved access to such treatment we believe could enhance other approaches already in place. We would see its role as a tertiary intervention and as part of a pathway of services beginning with the identification and assessment of suicidality. The ACPP would suggest that suicide attempts are an indication that needs to be considered as an important sign, but not the only one, of a mental health crisis. Other signs include high rates of prescription of antidepressants and anti anxiolytics. Other, sometimes concomitant issues, alcohol and substance abuse, school and work absenteeism and relationship difficulties, also signal such difficulties. The ACPP would see that all of these difficulties have their origins in early experience, and are particularly contributed to by neglect, trauma and abuse. Reducing the risk of suicide, and of other symptoms of the current mental health crisis thus requires an investment in both long term prevention, and provision of appropriate treatment options. Prevention requires a serious commitment to supporting parents and families of young

children, to assist them before the problems begin to emerge. If children do begin to show evidence of adjustment difficulties, the evidence compellingly demonstrates that providing early interventions, rather than waiting until the problems have become more extreme and entrenched, is both economically and psychologically preferable. Psychoanalytic psychotherapy, especially focused on mother infant dyads can be especially fruitful in this regard.

In early childhood educational situations and schools, teachers and ancillary workers need to be trained to be alert to indicators that should alert them to intrapsychic suffering of some children. These indicators would include children who are socially withdrawn and isolated. They may have difficulties in communicating with their peers and adults and my act out their emotional distress and be unable to communicate it to their parents and teachers. Once alerted to such problems educational institutions need the resources and trained staff to be able to put in place suitable interventions both individual and group based.

A psychoanalytic trained consultant is often able to help teachers and other staff gain a greater understanding for the developmental consequences for students and provide advice as to how existing relationships might be used to support their development if treatment options are not currently available. Many vulnerable students cause disruption and create anxiety in the staff involved with them which can easily translate into unhelpful responses further alienating students. Suicidal ideation (which is not uncommon in adolescence) is a sign the student feels at a loss to find a way out of their difficulties. Often an effective bond with one adult is enough to reduce the risk.

Despite these interventions, it is sadly inevitable however that there will sadly be people whose lives are damaged, and who will still struggle with an increased risk of self harm, suicide and the other symptoms identified above. Such people need access to treatment options which incorporate an understanding of the developmental disruptions which have given rise to their symptoms.

Psychoanalytic training and expertise provides the foundation required to inform such preventative, early intervention, and longer term treatment. It provides a theoretical basis for understanding how suicidal despair emerges on the basis of earlier failures in emotional and social development, often as a reflection of inadequate attachments. Psychoanalytic psychotherapists regularly treat suicidal adults and adolescents using developed techniques for reducing their risk through developing a long term relationship with the patients.

4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

One of the most challenging areas for mental health intervention is with complex mental disorders that are not ameliorated with psychopharmacological interventions. Patients with such conditions can sometimes also represent a threat to the safety and security of the

community. These conditions are not not helped by short term interventions and indeed these can sometimes exacerbate, rather than help such difficulties. What is required for such conditions are evidence based longer term interventions provided by credentialled psychoanalytic psychotherapists. Such interventions are often beyond the capacity of a standard trained psychiatrist, clinical psychologist and other mental health professional.

In the past several decades there has been an emphasis on the promotion of manualized treatment programmes such as CBT, which, while they may provide assistance to certain patient groups, do not necessarily meet the needs of the more complex mentally illnesses. The declining provision of more complex and intensive treatments such as psychoanalytic psychotherapies in public service settings has left the majority of those struggling with moderate to severe mental health problems having to seek assistance in the private health system. The difficulty of course with this is that for many of these patients, the cost of private treatment is prohibitive. Whilst the Better Access Initiative has provided some financial relief, the reality is that services subsidised by BAI usually fall short of what is required by these patients. In the UK, Germany and other European countries state funded mental health services provide access to trained and credentialled psychoanalytic practitioners. The ACPP recommends that this model be considered and followed in Victoria. Our calculations indicate that such treatment will be highly cost effective, especially if instituted as early as possible. Even brief hospital admissions are costly. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

The lack of access to early intervention and prevention programs and services contributes heavily to poorer outcomes in some communities, especially rural communities. Members of our associations, mindful that most mental health services appear to be city based, have been actively exploring and undertaking the options of remote therapy, as well as supervision of regional practitioners, via telephone or face to face online video technologies, to extend service provision to rural and remote areas. The sophisticated use of internet delivered interventions is one major strategy that could be employed to address such inequities that lead to poor mental health outcomes.

6. What are the needs of family members and carers and what can be done better to support them?

Continuity of relationship is critical to the treatment of mental health issues. This is a stance largely lost in institutional and community settings due to funding limitations. Families of people struggling with mental health issues would benefit greatly by seeing that their loved ones are receiving good mental health treatment that is consistent, continuous and delivered by the same clinician over an extended period of time. It is also important to identify the profound impact on the lives of family members with a person suffering mental illness. The quality of care and the health of supportive family members can be greatly enhanced by making available to them regular consultations with experienced clinicians to help them understand their unwell family member and provide greater support for their own mental health. Psychoanalytic consultation is designed to work with relationships and to offer

emotional support and understanding. Such support would greatly enhance the role of family and friends as part of the support system of people suffering from mental health disorders. Therefore, ACPP recommends that clinical services be extended to those in close relationship with people suffering from serious mental disorders.

Family members and careers also need access psychoeducation, support and respite. Occasionally family therapy or couple based supportive psychotherapy can assist not only family and carers but can also improve the outcomes for the designated patient. This is especially the case for patients with bipolar disorder. The psychoanalytic psychotherapists represented by the ACPP are skilled in these specialist interventions.

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

The basis of Psychoanalytic psychotherapy is the emphasis and importance of the relationship between patient and therapist. The psychotherapeutic alliance is critical for the successful outcome of any mental health treatment. This continuity of care not only fosters successful outcomes for the patient but allows the therapist the opportunity and experience of getting to know their patients at a depth level. This promotes a sense of satisfaction with the work even when it is difficult. ACPP believes that this continuity of care and basic sense of human relationship is essential in mental health care settings and can be easily lost in institutional settings. Bureaucratic overseers of the clinical work in the mental health system in Victoria need to recognize the need for both patient and mental health workers to form substantial and longer lasting therapeutic relationships to allow their work to be more fruitful. They also need to provide the means for this to happen.

There are also a range of occupational stresses that reduce satisfaction and place the mental health of workers in jeopardy. They include: high workloads, lack of opportunities for professional development, high patient turnover reducing opportunities for satisfying relationships and outcomes, a workplace culture that is often slow to recognise stress, vicarious trauma and other costs of working with such vulnerable populations. Increased opportunities for regular supervision, debriefing, reflective practice and other supports would be highly cost effective in reducing sick leave, loss of staff and the development of emotional adaptations that are unhelpful to patients.

8. What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

The efficacy and cost-effectiveness of the Psychoanalytic Psychotherapies

The outcomes following long term psychoanalytic psychotherapy are not expressed only in terms of specified symptom remission (e.g., less anxious, less depressed, less phobic). This treatment is also concerned with fostering psychological resources that include increases in the capacity to:

(a) have more fulfilling relationships
(b) make more effective use of one's talents and abilities
(c) maintain a realistically based sense of self esteem
(d) tolerate a wider range of affect (emotions and feelings)
(e) understand self and others in more nuanced and sophisticated ways
(f) face life's challenges with greater freedom and flexibility

For many people, psychoanalytic forms of psychotherapy may foster inner resources and capacities that allow richer, freer, more productive and fulfilling lives (Shedler 2010:32) in other words, fostering the capacity to live a contributing life. For example, a Swedish study of more than 400 people during and after subsidised psychoanalysis or longer term psychotherapy showed continued improvement following the completion of treatment (Sandell et al 2004). This observation suggests psychoanalytic treatment initiates a process that continues in the patient after the formal termination of treatment. The implication is that an advantage exists for extended, in depth psychoanalytic psychotherapy over short term therapy and/or medication for a group of complex problems.

Similarly, a study of patients diagnosed with Borderline Personality Disorder who completed a program of longer term psychoanalytic psychotherapy not only maintained their substantial gains at the end of treatment but also showed a statistically significant, continued improvement over time after the completion of therapy, on outcome measures (Bateman and Fonagy, 2001). Perhaps unsurprisingly, the enhancement in the capacity of patients to live a contributing life often is expressed also in economic terms. For example, a similar outcome, with a similar population, in an Australian study demonstrated, in addition to the therapeutic outcome, a significant cost benefit of one year of twice weekly psychotherapy for patients with Borderline Personality Disorder. This showed an average cost reduction of hospital admissions of $21,431 per patient in the year following treatment compared to the year prior to treatment (Meares, Stevenson & Comerford, 1999, Stevenson and Meares, 1999, Hall, Caleo Stevenson & Meares, 2001). With current session costs, this would fund a year and a half of twice weekly therapy sessions. Taking the current BAI recommended fee for a psychotherapy consultation, each day of hospital treatment may be the equivalent to several months of weekly psychotherapy sessions. Hence the cost of a year's psychotherapy treatment may be more than offset by reduced hospital stays, physician visits and other health system costs.

These findings are of crucial importance to Victorian Government as it considers changes to its mental health system. For optimum economic and preventative impact, psychoanalytic psychotherapies cannot be overlooked. They have been shown to result in markedly reduced medical utilization (sick days, hospital days, number of physician visits, drug intake) in the majority of patients studied in a review of health insurance (Keller et al, 2006a:33). This research indicates that patients reduced sick days by two thirds in the year after therapy, and by a further 50 per cent after five years. Hospital days were reduced by 87.5 per cent in the year after therapy and 50 per cent after five years. The research concludes:

"Even after 5 years, the improvement in the patients' state of health and attitude toward the disease resulted in a measurable reduction of health insurance claims (work days lost due to

sickness, hospitalisation days, doctor's visits and psychotropic drug intake) in a significant number of the patients treated. This suggests that psychoanalysis is related to a reduction of health care and related costs. Cost effectiveness aspects increasingly play an important role as outcome criteria for health care purchasers and providers. This retrospective study demonstrated that psychoanalysis also has long lasting effects on the patients' psychological wellbeing. The data here provide some convincing arguments for the effectiveness of psychoanalysis." Keller et al (2006b)

Whilst long term psychotherapy has been considered costly, the cost benefit analysis has not generally adequately considered the evidence which demonstrates decreased hospital admissions, decreased GP visits, decreased reliance on medications, and increased capacity to work and or study among people who had presented with complex mental health problems. The initial cost of psychotherapy is offset, and in many cases, exceeded by the long term savings. Conversely, patients left with no therapeutic help or with less trained and skilled practitioners offering short term treatments aimed at short term symptom relief, perhaps without the appropriate assessment skills to understand what is required, can lead to a much greater long term cost to the government. Inadequately treated patients will eventually require hospitalization, with extra burden placed on in patient services.

9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

As previously stated the ACPP sees that the mental health service delivery model as it is currently structured, does not cater well for a significant sector of patients, in particular those with complex mental problems whose difficulties are not significantly helped by psychotropic medications. Moreover, there has been a mistaken belief that any mental health professional can satisfactorily address the problems of this group of patients. The evidence strongly supports our view the needs of patient group who represent significant costs to the community and who as a group are largely left without help, would be addressed by the well informed use of the skills of credentialed psychoanalytic psychotherapists.

Whilst it is our experience that in Victoria significant resources are made available for responding to mental health crises and for maintenance and support of those with serious and chronic mental health problems, we are concerned that few resources are available to assist those people to effect deep and lasting changes in their lives. There is inadequate availability, in current programmes, for these patients to access the kinds of intensive psychotherapy from which research indicates that they would benefit. There are multiple instances of psychotic, borderline, depressed and suicidal patients discharged from hospital according to criteria designed to manage high admission demands rather than achieve therapeutic or treatment goals, with little or no follow up care, ostensibly because of financial restraints. The same patients return for admission to psychiatric services not long after discharge, and the cycle is repeated with high cost to the patient, his/her family, the community and the mental health team.

The members of our associations are principally engaged with providing psychoanalytic psychotherapy to people who suffer from serious mental illnesses. Our theoretical modality

is effective for both long and short term treatment, applied with individuals, families, couples, adolescents and children or groups, applicable to the specific needs of the individual patient or group, and/or particular nature of the mental illness.

There is a significant body of research to support the position that duration and intensity of treatment needs to be adapted according to the nature of individual patients' mental health needs. We include some of this material below and provide a comprehensive selected bibliography at the end of this document as it may be helpful for the commissioners to review some of the research.

(a) Longer-term treatment

In current programs there is inadequate support for those members of the community requiring access to long term psychotherapy provided by appropriately qualified and experienced practitioners. In particular, chronically mentally ill patients who require long term and intensive psychotherapy are generally not able to be accommodated by publicly funded mental health services, whose resources are already stretched. Severe mental illness, which has usually developed over many years, does not under most circumstance respond successfully to quick solutions. Even when appropriately treated, severe mental illness often lasts for years. Without treatment, however, severe mental illness leads to deterioration and adverse effects for patients, their families and the community at large. This is common knowledge in general medical practice, where a significant proportion of patients suffer from conditions that are not completely curable by any form of known treatment, but which, if left untreated, result in the deterioration or the death of the patient.

While current Medicare arrangements provide financial support for psychiatrists to provide ongoing, longer term contact, psychiatrists are in short supply, and generally not affordable, in particular, for patients on disability pensions or low incomes. Furthermore, relatively few from among the ranks of psychiatrists have sought specialised psychotherapy training to adequately provide intensive, longer term psychotherapy. Indeed, psychiatrists own training in psychotherapy is very limited. Whilst the Better Access Initiative (BAI) has served an important function in providing increased access to mental health services for Victorians, both in its design and implementation, the BAI has relied entirely on short term therapies with an emphasis on cognitive behavioural treatments. While such approaches have demonstrated their effectiveness for certain patients, they have proven considerably less effective with more complex, chronic conditions which do not respond to specific symptom reduction. For such patients, longer term therapy has demonstrated positive outcomes. In both public and private mental health services there is a deficit in access to high quality, and economically effective, longer term psychotherapy which research described in the bibliography below indicates to be beneficial to such people. In depth, longer term treatment is particularly required with the more serious disorders, including multiple or chronic mental disorders, personality disorders, severe obsessive compulsive disorders, and chronic abuse and trauma victims. Indeed, The National Mental Health Policy (2008:10) recognised the need to have a broad range of treatment modalities, stating that:

Central to the population health framework is a range of high quality, effective interventions that target those at different levels of risk or with different levels of need. The interventions

should be comprehensive, ranging from prevention and early intervention through treatment, to continuing care and prevention of relapse.

Unfortunately, these "high quality effective interventions" have not been developed in Victoria. Doidge, in a review of the efficacy of psychoanalytic approaches, makes the observation that, "therapeutic benefit is consistently and strongly associated with treatment length", but he also points out that provision of psychoanalytic psychotherapy results in significant health care cost savings via the reduction of demand for other services. (Doidge 1997:123). These cost saving possibilities are an important consideration for the Victorian government.

Psychoanalytic group psychotherapy has been shown to provide and effective supportive environment where patients learning to adapt to serious disorders can continue to receive treatment in an open ended and inexpensive format. Psychoanalytic group psychotherapy has been shown to be effective in adolescence, young adulthood, with a variety of diagnoses including personality disorders and people suffering from terminal illness.

(b) Shorter-term psychoanalytic psychotherapies

It is generally not recognised within the dominant mental health paradigm, that focused short term psychoanalytic psychotherapy can be very effectively applied with those patients who present with a primary focus of disturbed functioning (Malan & Coughlin, 2006; Leichsenring et al, 2004), such as acute neurotic and psychosomatic reactions to situational conflicts in children and adolescents; crisis derived from the inability to find solutions to particular problems presented by life and human relations (e.g. physical illness, separation and divorce); traumatic losses and the death of loved ones during the period of mourning, and other critical situations that are not necessarily the result of psychopathology but which are complicated by any pre existing psychopathology. Many of our members report working with patients who have tried other brief, usually cognitively based, structured interventions, and found them to be of limited effectiveness. This is not to suggest that such approaches are not helpful, but rather, their usefulness is greatest with certain patient populations but are palliative and of limited duration with the more complex mental health difficulties.

Evidence-base for psychoanalytic psychotherapies

Psychoanalytic psychotherapy has a distinguished international history of effective therapeutic work stretching back more than a century. Predominantly this work has been with cases of serious mental illness that have not responded to other therapies. These treatments have recognized and documented the importance of unconscious determinants in peoples' behaviour and thought patterns. There is now incontrovertible neurological evidence for these long held psychoanalytic psychotherapeutic perspectives (see Selected Bibliography).

Over more than 120 years, psychoanalytically informed therapy has grown and developed in clinical, theoretical and research areas. Critics of psychoanalytically informed psychotherapies have claimed that psychoanalytic concepts and practice lack the support of evidence and that the literature demonstrates that other forms of treatment are more effective. This erroneous belief is based on a selective sampling of available research which

ignores a vast amount of evidence (Shedler 2010:1) The current emphasis on structured and time limited treatments has received strong support because it is well suited to the economic considerations and dominant research paradigm, the model of physical medicine. However, these views do not take into account the growing body of evidence for longer term psychotherapy, demonstrating effective clinical practice, in both qualitative and quantitative studies, over several decades. In addition, it has been argued that an evaluation of psychoanalytic psychotherapy requires methodologies appropriate to the nature of the treatment. The European Federation for Psychoanalytic Psychotherapy in the Public Sector (EFPP) has been developing and employing such methodologies for a decade (Richardson, Kachele & Renlund 2004).

The evidence based literature, reviewed below, and the Selected Bibliography, demonstrates unequivocal support for the efficacy of psychoanalytic psychotherapy in treating a broad range of psychological conditions, particularly the more severe forms of mental dysfunction. Research over the past 30 years has clearly demonstrated that the prime therapeutic factor in improvement in mental functioning is the relationship between patient and therapist. This can only be achieved through a framework which allows the relationship to develop over a time span appropriate to the nature of the work required. While there is evidence for more formulaic treatment modalities such as cognitive behaviour therapy, there are significant questions about the comprehensiveness of such evidence. This is generally based on studies which specifically exclude the type of complex cases that are suitably treated by psychoanalytic psychotherapy (Hardy, Barkham, Shapiro & Reynolds 1995, King, 1998).

An important development is the emergence of neurobiological studies that have established the efficacy of psychoanalytic psychotherapies. As Nobel prize winning neuroscientist Eric Kandel (Quoted in Doidge 2007:234) points out: “There is no longer any doubt … that psychotherapy can result in detectable changes in the brain.” The brain restructures itself during psychotherapy and “the more successful the treatment the greater the change”. Solms and Turnbull also corroborate from functional imaging studies that “the functional activity of the brain is indeed altered by psychotherapy” (Solms and Turnbull, 2002: 288). Such studies emphasise the role of the therapeutic relationship and the need for a significant period of time to enable these changes to become expressed as physical changes in the brain (See research reviewed in Cozolino 2002, 2006).

Psychoanalytic group psychotherapy has also been shown to be an effective form of treatment and is more effective when conducted as long term than as short term treatment (Lorentzen, S., Fjeldstadt, A., Ruud, T. and Hoglend, P., 2015). In addition, a meta analysis of group psychotherapy compared with individual psychotherapy “produced indistinguishable results” (Burlingame, G., Seebeck, J., Janis, R., Whitcomb, K., Barkowski S., Rosendahl, J. and Strauss, B., 2016), but it is more economical.

Psychoanalytic Psychotherapy with specific populations

1) Working with children and adolescents:

Many members of our associations work with children and adolescents, individually and in groups, with parents and families, and in parent infant psychotherapy. A review of 15 years of work on the outcomes of child psychoanalytic therapy concluded that:

*The follow up study is consistent with the long term good outcome of the early treatment of these relatively seriously disturbed children. We were again and again surprised to meet adults who, as children, manifested serious and in many instances "hopeless" conditions; yet who following successful treatment, had become relatively high achieving individuals with stable social circumstances and no history of further psychiatric problems (*Target & Target:2002:54).

Empirical studies of the currently funded psychological therapies such as cognitive behaviour therapy, interpersonal therapy, pharmacotherapy and their combination demonstrate some therapeutic effectiveness for depressive, obsessive compulsive and anxiety disorders in adolescents but approximately 30% of patients do not respond to treatment and high rates of relapse are reported (Brent et al 1997, Westen & Morrison 2001).

The Time for a Future program conducted in Melbourne Victoria was developed to apply an extensively evaluated, longer term psychoanalytic psychotherapy model for adolescents with severe mental illness with a range of diagnoses and comorbid symptoms, many of whom had required inpatient admission. The research outcomes studied to date found that "…. individual Psychoanalytic Psychotherapy combined with Treatment as Usual (TAU) was associated with a greater reduction in symptoms than TAU alone for adolescents who initially experienced clinical levels of depressive, social and attention symptoms. A strength of Psychoanalytic Psychotherapy is that it can be applied in the treatment of a range of psychiatric disturbances and can be used to treat patients with complex or multiple diagnoses. These patients may be less responsive to short term symptom specific interventions. Results support the literature indicating that Psychoanalytic Psychotherapy is a justifiable and effective additional treatment option for seriously mentally ill adolescents (Tonge et al, 2009)

A number of other studies and reviews have shown the effectiveness of psychoanalytic therapies with children and adolescents. An extensive review (Ellis Kennedy, 2004) of research in child and adolescent psychotherapy found that psychoanalytic therapy is beneficial. The magnitude of the effect is approximately 0.7, thus about the same effect as in other psychotherapy with adults. The positive change continues after the termination of treatment. Ie, there is a positive, so called, "sleeper effect". When tested, it emerges that this effect is maintained in adulthood (Schachter, 2004, Schachter and Target, 2009, Midgley and Target 2005, Midgley et al, 2006)). Less disturbed children seem to have been able to be helped by weekly psychotherapy. More disturbed children need more intensive and longer treatment (Lush et al, 1998; Schachter and Terget, 2009; Heinicke and Ramsay Klee, 1986). If the psychotherapy is too short or not sufficiently intensive, or if parallel work with parents is lacking, psychotherapy may in certain cases be damaging for seriously disturbed children (Target and Fonagy 2002; Szapocznik et al 1989).

Psychotherapy has been found in formal studies to be effective for children with:

- Depression (Target and Fonagy 1994b; Trowell et al 2007;Horn et al 2005)
- Poorly controlled diabetes Fonagy and Moran 1991),
- Anxiety disorders (Krnonmuller et al 2005; Target and Fonagy 1994b)
- Personality disorder (Gerber 2004)
- Specific learning difficulties (Heinicke and Ramsey Klee 1986)
- Pervasive developmental disorders (Reid et al 2001)
- Eating disorders (Robin et al 1999)
- Infants exposed to violence (Liebermann et al 2005)

Psychotherapy has had significant therapeutic benefits for severely deprived children, children in foster care and sexually abused girls (Lush et al 1998; Trowell et al 2002). In the UK, studies have resulted in psychoanalytic psychotherapy (PDT) being included as a recommended form of treatment in public health care (NICE Guidelines). We believe that it is necessary for Government to draw on evidence based research from a broad range of therapeutic approaches. European evidence based research into the effects of psychoanalysis and psychoanalytic psychotherapy show that our members belong to a group of mental health providers whose treatment outcomes are positive for their patients, and result in decreasing patient re admissions to hospital.

2) Working with adults:

Recent studies indicate psychoanalytic psychotherapy, both individual and group, are effective. These studies also show that patients continue to improve even after treatment has ended and for longer follow up periods. Statistically significant and clinically meaningful improvements in panic, depression, anxiety, and functional impairment – both at treatment termination and at follow up six months after completion – occur with psychoanalytic psychotherapy (Milrod et all 2000). The Victorian Association of Psychoanalytic Psychotherapy set up a philanthropically funded low cost clinic over the past five years, which has offered fully evaluated, longer term psychoanalytic psychotherapy (PP) to adults who cannot otherwise afford such treatment. The outcome studies of this approach, whilst still being evaluated for longer term follow up, have demonstrated strong support for psychoanalytic psychotherapy for complex mental health problems in adults (Godfrey, Dean, Grady Green Tonge et al 2009, 2011, 2012a, b). Psychoanalytic psychotherapy in particular is comparable in its effectiveness to a range of commonly used medical treatments (e.g., the 5 year survival for colon cancer varies between 6% 74%; for breast cancer, 22% 100%) and its effectiveness indicators greater than those, which justify the use of commonly used medications including aspirin (McCarthy, C, Weiz J.R and Hamilton J.D., 2007). Recently, large studies of the outcome effectiveness of psychoanalysis concluded that if patients are well chosen, between 60% 90% show significant positive gain and achieve clinically significant change on some or all of the outcomes listed (Cogan, R and Porcerelli, JH, 2005). A meta analysis of the effectiveness of long term psychoanalytic psychotherapy showed that it “was significantly superior to shorter term” modalities and that long term psychoanalytic psychotherapy yielded large and stable effect sizes in the treatment of patients with personality disorders, multiple mental disorders, and chronic mental disorders (Leichsenring and Rabung 2008).

These patients are commonly regarded as “difficult”, and it is particularly with respect to such patients who have “failed” or been excluded from other, briefer, therapies that psychoanalysis, or longer term psychoanalytic psychotherapy have proven effective. Central to the practice of psychoanalytic psychotherapy is the continuity of the relationship between therapist and patient. Thus, when patients experience crises between sessions they are likely to contact their therapist for support before presenting to a hospital emergency department. The relationship is a significant asset which often helps in managing crises without more intensive medical intervention. The ongoing psychotherapeutic relationship is a resource to help manage patients outside the medical system and reduce other forms of intervention, which does not exist in shorter term, more goal oriented treatments. There is now clear evidence that this reduces the need for additional intervention (Doige 1997; Stevenson and Meares 1999; Hall, Caleo, Stevenson and Meares 2001).

Members of ACPP’s associations, who have specialist training and strict credentialling standards, not infrequently, offer treatment at reduced fees to patients with serious mental illnesses who are unemployed, on low incomes or disability pensions, and who would otherwise be unable to afford the cost of psychotherapy. This provides considerable benefit to the public purse, however, there is a limit to the extent to which our members can continue to offer subsidised treatment to patients, many of whom cannot even afford reduced fees so this service is only available to a small number of patients. While brief psychoanalytic psychotherapy may meet the needs of some selected patients, treatment prematurely curtailed may well be damaging to the mental health of the patient, thus undoing any of the benefits gained to that point in their psychotherapy. Inappropriately brief treatments with certain patient populations can be ultimately costly in both human and economic terms. This raises ethical issues for our members as to whether it is justifiable to offer treatment to seriously ill patients if it cannot be provided beyond the very limited number of sessions, as is often the case in public mental health services and government subsidised services such as the BAI.

Group psychotherapy, offered by experienced psychoanalytically trained group therapists, is another modality providing cost effective treatment for a variety of mental illnesses. With considerably less financial outlay, there is strong evidence of beneficial results from working in groups with anxiety and depressive disorders, social phobias, borderline states, sexual identity problems, and relationship issues which can have major psychological effects on families, and in particular, children. Group psychotherapy is particularly effective with many patients who lack communication skills or are difficult to engage in individual treatment or whose difficulties have a primary social basis. Adaptation of group psychotherapy techniques provides highly effective support groups for very vulnerable patients such as those suffering from metastatic breast cancer and traumatic bereavement from disasters. Such groups improve quality of life, reduce symptoms and secondary reactive disorders such as depression, anxiety and relationship difficulties (Kissane et al, 2004, 2007; Spiegel et al, 1981); The Thursday Girls, 2004).

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

As outlined in the answers to the preceding questions, ACPP believe that it is essential to have mental health professionals who are trained and experienced in the delivery of longer term psychotherapy, including group psychotherapy. The prevalence of complex trauma and abuse populations makes it critical that the Victorian mental health system is able to provide these patients with ongoing longer term interventions that are both preventative (of relapse) and therapeutic (to lifelong dysfunctional mental health patterns). Accordingly, we outline below the extensive training of our own mental health workforce that are currently **not** recognized in the Victorian mental health system.

Training of psychoanalytic psychotherapists

Psychoanalytic psychotherapies are delivered by therapists with extensive years of advanced post graduate level training. This is a major emphasis of our five professional associations, with the minimum training required for membership as follows:

1. A tertiary degree and relevant clinical experience as a prerequisite

2. Participation in a comprehensive professional training in psychoanalytic theory and clinical practice of between four to five years.

3. Weekly one on one clinical supervision of at least two clinical cases of psychoanalysis or psychoanalytic psychotherapy and/or group psychotherapy in which the patient or patients are seen a minimum of twice a week. One of these cases must be of at least 24 months duration, and one at least 12 months. Most practitioners would have far in excess of these clinical hours.

4. Personal psychoanalysis or psychoanalytic psychotherapy and/or group psychotherapy, at least twice weekly, with an approved psychoanalyst or psychoanalytic psychotherapist for the duration of training. This is a unique component as it provides an actual experience of the process and ensures psychotherapists are aware of how their own personal characteristics may influence the treatment. This is essential for effective psychoanalytic work.

Trainees undertake the main elements of training personal psychotherapy, supervised clinical practice; and theoretical and clinical seminars – at the same time. In addition, they have ongoing professional development and clinical supervision. There is no government funding for this and all costs are born by trainees. This is a substantial saving to Government and the community.

We consider the members of our associations to be the highest qualified professionals to deliver longer term therapy. Our training in psychoanalytic psychotherapy is specific to serious mental problems and occurs at post graduate level. Such preparation is central, providing our members with the sound theoretical and practical basis for assessment and treatment of complex cases. It is our view that without such rigorous training, practitioners may be ill prepared to identify and manage severe mental illnesses and thereby risk exacerbating such conditions.

The significant investment of time and money to complete specialist training in psychoanalytic psychotherapy is a significant impediment to many potential trainees. There is no financial incentive to specialise. The majority of members of our associations that provide psychoanalytic psychotherapy are university qualified in psychiatry, clinical psychology and social work, and could earn as much, or more, without undertaking this specialist training. Consequently, the number of appropriately qualified practitioners is, we would argue, low, relative to the clinical need in the community.

However, we also have highly trained and experienced practitioners who came to their psychoanalytic training via other professional pathways, which currently make them ineligible for registration as Mental Health practitioners. They undertake the same post graduate, theoretical and clinical psychoanalytical training, as all other members of our associations. Their theoretical understanding and clinical expertise for undertaking psychotherapeutic treatment of severe, complex and long standing mental health problems are equivalent in all respects to members from the medical and allied health sector. Their non recognition by Government agencies has meant that their skills are under utilised while patients are encouraged to seek the help of practitioners who may not have had the training required to treat complex problems. As a consequence, their ability to contribute to the treatment of serious mental health problems in the community has been diminished. Their patients receive no Medicare rebates and are required to pay GST for their services. This is an inequitable oversight that has implications for optimum treatment, but also has implications for mental health workforce shortages. These practitioners constitute a highly trained, highly experienced, but underutilised resource.

11. Is there anything else you would like to share with the Royal Commission?

Specific challenges for Aboriginal and Torres Strait Islander people

The long history of colonization, marginalization and under privilege for indigenous people and communities and the complex, multi generational history of trauma and the disrupted cultural context mean that mental health problems in these groups present unique challenges. It is not surprising that many mental health initiatives do not produce the results hoped for. There is significant literature on the application of psychoanalytic thinking to the problems of indigenous people, intercultural conflict and trans generational transmission of trauma. The value of psychoanalytic consultation for complex social problems has been demonstrated in various parts of the world and has formed the basis of work done in Australia (Volkan, 1990, 1997,2000; Hollander, 2010).

Integration of psychoanalytic psychotherapies with primary health care, general practice

Primary health care practitioners who have access to professional interchange with our members cite improvement in their care, treatment and relationships with their patients.

GPs who have access to members of our associations, often choose to refer patients with complex and long term mental health problems to our members, arising from the

psychosocial and physical health benefits and even physical health improvements that they see in their patients who are engaged in the psychoanalytic psychotherapies.

Our members draw on a plurality of models of mental dysfunction. The patient is not fitted into one mode of working but rather the treatment is guided by the specific character of the patient's experience and the type of assistance most effective for them. We strongly support diversity in service providers to reflect the diversity in patients' needs. These needs are not necessarily obvious to the patient in treatment, but it is crucial that the treating clinician is aware of them. Clinicians (both treating and referring) need to have the training and experience to recognise and respond to the complex psychological treatment needs of their patients.

Concluding Summary

Psychoanalytic therapies have been developing for over more than a century to provide effective treatments for complex, chronic and resistant mental health conditions. The thoroughness of a training that includes theory, practice, supervision and personal psychotherapy equips our members to be in the best position to treat patients with such disorders.

The idea has been popular in the press and media that all problems can and should be able to be effectively treated using brief and simple treatments – "one treatment fits all patients". There is a serious risk that patients may attend unsuitably trained practitioners who begin psychotherapy with them, but terminate prematurely because they are not adequately trained to understand the complexity of such cases. This can have a negative effect in that the patient's expectation of the usefulness of therapy is not met. Indeed, this could do more harm to patients in fostering a negative attitude to therapeutic work. Even more serious damage may occur when seriously disturbed and fragile patients are referred to practitioners who, not being trained to recognise or deal with such complex cases, offer brief interventions, terminate prematurely, and leave the patient again traumatised and damaged.

The broad range of psychological conditions which generate severe chronic distress require intensive, and often longer term psychotherapy as opposed to briefer interventions. The evidence derived from numerous recent studies strongly supports the appropriateness of psychoanalytic approaches, provided by properly trained and credentialled practitioners in these complex cases.

RECOMMENDATIONS

1. That given the substantial evidence base attesting to the efficacy and cost effectiveness of psychoanalytic psychotherapies, and the specialist training and credentialling of its practitioners, such approaches should be recognised as an important and specialist component of the mental health system in Victoria. We recommend that increased access be provided, via both public and private mental health services and programmes, to services provided by specialist trained and credentialled psychoanalytic psychotherapists.

2. Such services need to be well integrated with primary health care (General Practice).

3. That greater access be supported, through public and private mental health services, to both short and longer term psychoanalytic psychotherapies provided by appropriately trained and credentialled professionals. Related to this, accumulated research indicates that in certain circumstances short term treatments may be appropriate, but that the appropriate assessment and referral of patients to long term or briefer psychoanalytic treatment is in itself a specialist skill requiring a high level of training.

4. That in planning delivery of mental health services, particular attention be paid to the evidence that patients with chronic or long standing mental health problems such as personality disorders or severe anxiety, depression, complex trauma and abuse issues,require longer term, more intensive therapeutic interventions. We propose that appropriate access to such services which can deliver outcomes which foster contributing lives, be incorporated into the planning of both public and private mental health services in Victoria.

5. That in planning education and consultation to mental health and primary health care service providers to Aboriginal, Torres Strait Islander people, and in regional areas, members of our associations are funded to contribute their considerable base of knowledge and experience. Members of our associations have provided much valued education and consultation to professionals working in the above systems, which have contributed to a deeper understanding in their own work with patients. We propose the expansion of a model which enhances the valuable professional interchange between primary health care workers and members of our associations in the areas of patient care, education and consultation. The CASSE “Symposium on Breakthrough Recognition: The Day After Tomorrow”, held in Melbourne in 2017, would be an example of this interchange.

6. That specialist psychoanalytic psychotherapies should be made available to patients with conditions indicating their likely benefit from such treatments which are delivered by practitioners who meet the high credentialling standards of the Australasian Confederation of Psychoanalytic Psychotherapies.

7. That incorporation of increased access to psychoanalytic psychotherapies recognises that the therapists delivering these treatments have extensive, advanced level training over many years, and with strict credentialling. The members of our associations have trained for many years at an advanced level, with our minimum requirements of at least four years of postgraduate theoretical training, of intense clinical supervision, and of personal psychoanalytic psychotherapy. In addition, as part of their ongoing accreditation, our members are required to maintain a high level of ongoing professional development and clinical supervision. For the most part, our members' training and ongoing professional development are self funded, which limits access to this high level of training and thereby the access for patients who require this form of treatment. Long term planning for comprehensive mental health service delivery in Victoria requires support for training the future generations of service providers.

Selected bibliography of evidence-based research into psychoanalytic psychotherapy

Abbass, A. A., Kisely, S. R., Town, J. M., Leichsenring, F., Driessen, E., De Maat, S., Gerber, A., Dekker, J., and Rabung, S. (2014). Short-term psychodynamic psychotherapies for common mental disorders. The Cochrane Database of Systematic Reviews, 2014(7), 1- 108.

Anderson, J. (2006). Well-suited partners: psychoanalytic research and grounded theory. Journal Child Psychotherapy, 32(3):329-348

Auerbach, J.S. (2014). Psychodynamic psychotherapy research: Evidence-based practice and practice-based evidence, Eds. Raymond A. Levy, J. Stuart Ablon, and Horst Kächele, New York: Humana Press, 2011, xxxiii + 646 pp., Psychoanalytic Psychology, l31(2):276-287

Barber, J.P. (2009) Towards a working through of core conflicts in psychotherapy research. Psychotherapy Research,19(1): 1-12

Barkham, M., Rees, A., Shapiro, D. A., Stiles, W. B., Agnew, R.M., Halstead,J.C., Alison,H. & Veronica, M.G. (1996) Outcomes of time-limited psychotherapy in applied settings: Replicating the second Sheffield Psychotherapy Project. Journal of Consulting and Clinical Psychology, Vol 64(5), 1079-1085.

Bateman, A. & Fonagy, P. (1999) Effectiveness of partial hospitalization in the treatment of borderline personality disorder: A randomized controlled trial. American Journal of Psychiatry, Vol 156(10), 1563-1569.

Bateman, A. & Fonagy, P. (2001) Treatment of borderline personality disorder with psychoanalytically oriented partial hospitalization: An 18-month follow-up. American Journal of Psychiatry, Vol 158(1), 36-42.

Beebe, B. (2005). Mother-Infant research informs Mother-Infant treatment. Psychoanalytic Study of the Child, 60:7-46

Beebe, B. and Markese, S. (2011). Theory and research that informed the clinical approach of the Project for Mothers, Infants, and Young Children of September 11, 2001. Journal of Infant, Child & Adolescent Psychotherapy, 10(2):170-186

Bers, S.A., Harpaz-Rotem, I., Besser, A. and Blatt, S.J. (2013). An Empirical exploration of the dynamics of Anorexia Nervosa. Psychoanalytic Psychology, 30(2):188-209

Besser, A., Vliegen, N., Luyten, P. & Blatt, S.J. (2008). Systematic empirical investigation of vulnerability to postpartum depression from a psychodynamic perspective. Psychoanalytic Psychology, 25(2):392-410

Blatt, S.J. and Auerbach, J.S. (2003). Psychodynamic measures of therapeutic change. Psychoanalytic Inquiry, 23(2):268-307

Blomberg, J et al. (2001) Long-term outcome of long-term psychoanalytically oriented therapies: First findings of the Stockholm Outcome of Psychotherapy and Psychoanalysis Study. Psychotherapy Research 11(4):361-382

Bradshaw, W., Roseborough, D., Pahwa, R. and Jordan, J. (2009). Evaluation of psychodynamic psychotherapy in a community mental health center. Journal of American Academy, Psychoanalytic Dynamic Psychiatry, 37(4):665-681

Bucci, W. (1996). Research in psychoanalysis: Process, development, outcome. International Journal of Psychoanalysis 77:827-833

Bucci, W. (2001). Toward a “Psychodynamic Science”. J. American Psychonalytic Association., 49(1):57-68

Buchheim, A., Viviani, R., Kessler, H., Kächele, H., Cierpka, M., Roth, G., George, C., Kernberg, O., Bruns, G., Taubner, S. (2012). Changes in prefrontal-limbic function in major depression after 15 months of long-term psychotherapy. *PLoS ONE, 7*(3). Article ID e33745

Buchholz, M. & Kächele, H. (2018). Teaching research methods to psychoanalysts: Experiences from PSAID. International Forum of Psychoanalysis, 27(2):114-120.

Burlingame, G., Seebeck, J., Janis, R., Whitcomb, K., Barkowski S., Rosendahl, J. and Strauss, B. (2016) Outcome differences between individual and group formats when identical and nonidentical treatments, patients, and doses are compared: a 25 year meta-analytic perspective. Psychotherapy Vol 53, No 4 446-461.

Caleo, J. S., Stevenson, J., & Meares, R. (2001) An economic analysis of psychotherapy for border line personality disorder patients. The Journal of Mental Health Policy and Economics. Vol 4(1), 3-8.

Carrere, R. (2010). Psychoanalysis conducted at reduced frequencies. Psychoanalytic Psychology, 27(2):153-163

Chiesa, M. and Fonagy, P. (1999). From the efficacy to the effectiveness model in psychotherapy research: The APP Multi-Centre Project. Psychoanalytic Psychotherapy,13(3):259-272

Chiesa, M. (2005). Can psychoanalytic research integrate and improve knowledge for clinical practice?. Scandinavian Psychoanalytic Review, 28(1):31-39

Chiesa, M., Peter Fonagy, P., & Holmes, J. (2003) When more is less. International Journal of Psychoanalysis 84:637-650

Child Psychotherapy Trust (1998) Is child psychotherapy effective for children and young people? A summary of the research. The Child Psychotherapy Trust:London

Clulow, C., Shmueli, A., Vincent, C. and Evans, C. (2002). Is empirical research compatible with clinical practice? British Journal of Psychotherapy, 19(1):33-44

Cozolino, L. (2002) The neuroscience of psychotherapy: Building and rebuilding the human brain. New York:W. W. Norton.

Cozolino, L. (2006) The neuroscience of human relationships: Attachment and the developing social brain. New York:W. W. Norton.

Curtis, R. (2014). Systematic research supporting psychoanalytic and psychodynamic treatments. Contemporary Psychoanalysis, 50(1-2):34-42

Diamond, D., Kaslow, N., Coonerty, S. and Blatt, S.J. (1990) Changes in separation-individuation and intersubjectivity in long-term treatment. Psychoanalytic Psychology. 7:362-397

Doidge, Norman. (1997) Empirical evidence for the efficacy of psychoanalytic psychotherapies and psychoanalysis: An overview. Psychoanalytic Inquiry. (Suppl), 102-150.

Doidge, Norman. (1999) Who is in psychoanalysis now? Empirical data and reflections on some common misperceptions. in Eds. Kaley, Hariette; Eagle, Morris N; et al. Psychoanalytic therapy as health care: Effectiveness and economics in the 21st century. (pp. 177-198). xvii, 295pp Hillsdale, NJ:Analytic Press,

Doidge, N. 2001 Introduction to Jeffery: Why psychoanalysts have low mortality rates Journal of American Psychoanalytic Association Winter,'01 49/1

Doidge, N., Simon, B., Lancee, W.J., First, M., Brunshaw, J., Brauer, L., Grant, D.C., Stevens, A., Oldham, J.M. and Mosher, P. (2002). Psychoanalytic patients in the U.S., Canada, and Australia. Journal of American Psychoanalytic Association, 50(2):615-627

Erle, J.B, & Goldberg, D.A. (2003) The course of 253 analyses from selection to outcome. Journal of American Psychoanalytic Association 51,1

Farber, B.A. and Nevas, D. (2001). Parents' perceptions of the effects of their child's therapy. Journal American Academy Psychoanalytic Dynamic Psychiatry, 29(2):319-330

Fonagy, P. & Campbell, C. (2015) Bad blood revisited- Attachment and psychoanalysis. British Journal of Psychotherapy, 31: 2, 229-256

Fonagy, P., Moran, G.S. (1991). Understanding psychic change in child analysis. International Journal of Psychoanalysis, 72:15-22.

Fonagy, P., Target, M. (1996). Predictors of outcome in child psychoanalysis: A retrospective study of 763 cases at the Anna Freud Centre. Journal of the American Psychoanalytic Association. 44(1): 27-77.

Fonagy, P., Target, M. (2002). The History and Current Status of Outcome Research at the Anna Freud Centre. Psychoanalytic Study of the Child, 57:27-60.

Fonagy, P., Roth, A., & Higgitt, A. (2005). Psychodynamic psychotherapies: Evidence-based practice and clinical wisdom. Bulletin of the Menninger Clinic, 69:1-58.

Fonagy, P. (2012). The significance of dreams: Bridging clinical and extra-clinical research in psychoanalysis. London:Routledge

Fonagy, P., Rost, F., Carlyle, J., McPherson, S., Thomas, R., Fearon, P., Goldberg, D. & Taylor, D. (2015) Pragmatic randomized controlled trial of long term psychoanalytic psychotherapy for treatment resistant depression: The Tavistock Adult Depression Study (TADS). World Psychiatry 14: 312– 21.

Freddi, J. (2008). Dodo birds, doctors and the evidence of evidence. International Journal of Applied Psychoanalic Studies, 5(4):238-255

Freedman, N., Hoffenberg, J.D., Vorus, N. and Frosch, A. (1999). The effectiveness of psychoanalytic psychotherapy. Journal of American Psychoanalytic Association 47(3):741-772

Friedman, R.C., Garrison, W.B., Bucci, W. & Gorman, B.S. (2005). Factors affecting change in private psychotherapy patients of senior psychoanalysts: An effectiveness study. Journal of American Academy of Psychoanalysis, 33(4):583-610.

Gabbard, G. O., Gunderson, J. G., & Fonagy, P. (2002). The place of psychoanalytic treatments within psychiatry. Archives of General Psychiatry, 59 (6):505-510 + commentaries.

Gagnon, J. and Daelman, S. (2011). An empirical study of the psychodynamics of borderline impulsivity. Psychoanalytic Psychology, 28(3):341-362

Gerber, A. (2004). Structural and symptomatic change in psychoanalysis and psychodynamic psychotherapy: a quantitative study of process, outcome and attachment. Unpublished PhD thesis, University College London.

Gullestad, S, (2003) Adult Attachment Interview and psychoanalytic outcome studies. International Journal of Psychoanalysis 84:651 668

Hall, J., Caleo, S., Stevenson, J. & Meares, R. (2001) An economic analysis of psychotherapy for borderline personality disorder patients. The Journal of Mental Health Policy an Economics. Vol
4(1):3-8.

Hardy, G, E., Barkham, M., Shapiro, D.A., & Reynolds, S., et al. (1995) Credibility and outcome of cognitive-behavioural and psychodynamic-interpersonal therapy.

British Journal of Clinical Psychology. Vol 34(4):555-569.

Hardy, G. E., Barkham, M., Shapiro, D. A., Stiles, W. B., Rees, A., & Reynolds, S. (1995) Impact of Cluster C personality disorders on outcomes of contrasting brief psychotherapies for depression. Journal of Consulting and Clinical Psychology. Vol 63(6):997-1004.

Hardy, G. E., Shapiro, D A., Stiles, W. B. & Barkham, M. (1998) When and why does cognitive-behavioural treatment appear more effective than psychodynamic interpersonal treatment? Discussion of the findings from the Second Sheffield Psychotherapy Project. Journal of Mental Health. Vol 7(2): 179-190.

Hauser, S.T. (2002). Psychoanalytic practice and research: New explorations and implications. Journal of American Psychoanalytic Association, 50(3):937-938.

Hauser, S.T. (2002). The future of psychoanalytic research. J. Amer. Psychoanal. Assn., 50(2):395-405

Hauser, S.T. (2003). The Contemporary Psychoanalyst at Work: Research—Continuing Dialogues. Journal of American Psychoanalytic Association, 51(1):19-24

Heinicke, C.M. & Ramsey-Klee, D.M. (1986). Outcome of child psychotherapy as a function of frequency of session. Journal of the American Academy of Child Psychiatry, 14:561-588.

Hewison, D., Casey, P., & Mwamba, N. (2016). The effectiveness of couple therapy: Clinical outcomes in a naturalistic United Kingdom setting. Psychotherapy, 53(4), 377-387.

Hewison, D., Clulow, C. and Drake, H. (2014) Couple Therapy for Depression: A Clinician's Guide to Integrative Practice. Oxford: Oxford University Press. Hill , C. (2010) What do patients want? Psychoanalytic perspectives from the couch. London, UK:Karnac Books 240p

Hilsenroth, M. J. (2007). A programmatic study of short-term psychodynamic psychotherapy: assessment, process, outcome, and training. Psychotherapy Research, 17(1): 31-45

Hindle, D. (2009). Child psychotherapy and research. Journal of Child Psychotherapy, 35(3):327-329

Hoagwood, K., Hibbs, E., Brent, D., & Jensen, P. (1995) Introduction to the Special Section: Efficacy and effectiveness in studies of child and adolescent psychotherapy. Journal of Consulting and Clinical Psychology. Vol 63(5):683-687.

Holt, R.R. (2003). New directions for basic psychoanalytic research. Psychoanalytic Psychology, 20(2):195-213

Horn H, Geiser-Elze A, Reck C, et al. (2005) Zur Wirksamkeit psychodynamischer Kurzzeitpsychotherapie bei Kindern und Jugendlichen mit Depressionen (Efficacy of psychodynamic short-term psychotherapy for children and adolescents with depression). *Prax Kinderpsychol Kinderpsychiat*54:578–597.
Infancy and parent–infant research. (2012) A randomized controlled trial of mother–infant psychoanalytic treatment: I. Outcomes on self-report questionnaires and external ratings. Journal of Child Psychotherapy, 38(2):226-236

Kachele H, Krause R, Jones E et al (2000). An Open Door review of outcome studies in psychoanalysis.In Ed. Fonagy P, London:International Psychoanalytical Association. Available at www.ipa.org.uk

Kächele H (2010) (Review) R.A. Levy & J. S. Ablon (Eds) Handbook of evidence-based psychodynamic psychotherapy. Bridging the gap between science and practice. Human Press Psychoanalytic Quarterly 79 (1): 255-264

Kam, S-E. & Midgley, N. (2006) Exploring 'Clinical judgement'. Clinical Child Psychology and Psychiatry, Sage Publications, Vol. 11, No. 1: 27–44.

Keller W., Westhoff G., Dilg R., Rohner R., & Studt H.H. (2006). Effectiveness and utilization of health insurance benefits in long-term analyses: Results of an empirical follow-up study on the effectiveness of Jungian Analysis.

Kennedy, E. & Midgley, N. (2007). Process and outcome research in child, adolescent and parent-infant psychotherapy: a thematic review. London: North Central London Strategic Health Authority.

Keogh, T. (2013) The internal world of the juvenile sex offender: Through a glass darkly then face to face (The Forensic Psychotherapy Monograph Series) London, UK:Karnac

Kernberg, O., Burstein, E. D., et al (1972) Naturalistic, pre-post, quasi-experimental studies. The Menninger Psychotherapy Research Project (PRP). The final report of

the Menninger Foundation's Psychotherapy Research Project. Bulletin of the Menninger Clinic, 36:1-275.

King, R (1998) Evidence-based practice: Where is the evidence? The Case of cognitive behaviour therapy and depression. Australian Psychologist, 33|:83-95.

Kirshner, L. (2015). Trauma and psychosis: A review and framework for psychoanalytic understanding. International Forum of Psychoanalysis, 24(4):216-224

Knekt, P., Lindfors, O., & Laaksonen, M.A. (2008) The effectiveness of psychoanalysis and long- and short-term psychotherapy on psychiatric symptoms during a 5-year follow-up; A quasi-experimental study. European Psychiatry, Volume 23, Supplement 2, April, pp S255-S256

Kronmüller, K., Postelnicu, I., Hartmann, M., Stefini, A., Geiser-Elze, A., Gerhold, M., Hildegard, H. and Winkelmann, K. (2005). Efficacy of psychodynamic short term psychotherapy for children and adolescents with anxiety disorders. *Praxis Kinderpsychol Kinderpsychiatr*, 54(7): 559–77.

Lamb, W. & Jones, E. (2009) The effectiveness of psychoanalysis and longer-term psychodynamic psychotherapy: A meta-analysis. Paper presented at the American Psychoanalytic Association meeting, January 2009.

Lees, J. (2005) A history of psychoanalytic research. Psychodynamic practice, Routledge, May 2005, Vol. 11, No. 2: 117–31.

Leichsenring, F. (2005) Are psychodynamic and psychoanalytic therapies effective? International Journal of Psychoanalysis Vol 86:841-868

Leichsenring, F. (2005) The Gottingen study of psychoanalytic therapy. International journal of Psychoanalysis Vol.86:433-455

Leichsenring, F; Rabung, S. et al (2008) Effectiveness of long-term psychodynamic psychotherapy: A Meta-analysis . JAMA. 300(13):1551-1565.

Leichsenring, F., & Rabung, S. (2011). Long-term psychodynamic psychotherapy in complex mental disorders: Update of a meta-analysis. *The British Journal of*

Psychiatry, 199, 15-22.

Leichsenring, F., Rabung, S., & Leibing, E. (2004). The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders: a meta-analysis. Archive of General Psychiatry, 61(12):1208-1216.

Leuzinger-Bohleber, M. & Target, M. (eds) (2002) Review of 'Outcomes of Psychoanalytic Treatment: Perspectives for Therapists & Researchers'. Journal of Child Psychotherapy, Vol 31 No 1 :126-146

Leuzinger-Bohleber, M., Stuhrast, U., Rüger, B. and Beutel, M. (2003). How to study the 'quality of psychoanalytic treatments' and their long-term effects on patients' well-being. International Journal of Psycho-Analysis, 84(2):263-290

Leuzinger-Bohleber M & Kachele H (Eds) (2015) *An Open Door Review of Outcome and Process Studies in Psychoanalysis. Third Edition.* London. International Psychoanalytical Association.

Leuzinger-Bohleber, M., Hautzinger, M., Fiedler, G., Keller, W., Bahrke, U., Kallenbach, L., Kaufhold, J., Ernst, M., Negele, A., Schött, M., Küchenhoff, H., Günther, F., Rüger, B. & Beutel, M. (2019) Outcome of psychoanalytic and cognitive-behavioural long-term therapy with chronically depressed patients: A controlled trial with preferential and randomized allocation. *The Canadian Journal of Psychiatry /La Revue Canadienne de Psychiatrie*, 1-12.

Leuzinger-Bohleber, M., Kaufhold, J., Kallenbach, L., Negele, A., Ernst, M., Keller, W., . . . Beutel, M. (2019b). How to measure sustained psychic transformation in long-term treatments of chronically depressed patients: Symptomatic and structural change in the LAC Depression Study of the outcome of cognitive-behavioral and psychoanalytic long-term treatments. *International Journal of Psychoanalysis, 100*(1), 99-127.

Levy, K. N., Meehan, K. B., Kelly, K. M., Reynoso, J. S., Weber, M., Clarkin, J. F. & Kernberg, O. F. (2006) Change in attahment patterns and reflective function in a randomized controlled trial of Transference Focused Psychotherapy for borderline personality disorder. Journal of Consulting and Clinical Psychology. 74(6):1027 1040.

Lieberman, A. F., Van Horn, P. & Ghosh I. C. (2005). Towards evidence-based treatment: Child-Parent psychotherapy with pre-schoolers exposed to marital violence. Journal of American Academy of Child and Adolescent Psychiatry, 44(12):

1241-8.

Lorentzen, S., Fjeldstadt, A., Ruud, T. and Hoglend, P (2015) Comparing Short- and Long-term Group Therapy: Seven-year Follow Up of a Randomized Clinical Trial. Psychotherapy and Psychosomatics, 84; 320-321.

Luborsky, L. (2000). Psychoanalysis and empirical research. Changing ideas in a changing world: The revolution in psychoanalysis. Essays in honour of Arnold Cooper, 149-154

Luborsky, L (2001) The only clinical and quantitative study since Freud of the preconditions for recurrent symptoms during psychotherapy and psychoanalysis. International Journal of Psychoanalysis 82: 1133

Luborsky, L. (2001). The meaning of empirically supported treatment research for psychoanalytic and other long-term therapies. Psychoanalytic Dialogues, 11(4), 583-604.

Luborsky, L., Stuart, J., Friedman, S., Diguer, L., Seligman, D.A., Bucci, W., Pulver, S., Krause, E.D., Ermold, J., Davison, W.T., Woody, G. and Mergenthaler, E. (2001). The Penn Psychoanalytic Treatment Collection. Journal of American Psychoanalytic Association, 49(1):217-233

Lush, D., Boston, M., Morgan, J. & Kolvin, I. (1998). Psychoanalytic psychotherapy with disturbed adopted and foster children: a single case follow-up study. Clinical Child Psychology and Psychiatry, 3:51-69.

McDermott, F. (2003). Group work in the mental health field: Researching outcome. Australian Social work, Vol 56, No 4:352-363.

Meares R, Stevenson J, Comerford A (1999), Psychotherapy with borderline patients: I. A comparison between treated and untreated cohorts. Australian and New Zealand Journal of Psychiatry, 33(4): 467-472.

Meares, R., Stevenson, J. & Angelo, R. (2002) Eysenck's challenge to psychotherapy: A view of the effects 50 years on. Australian and New Zealand Journal of Psychiatry. Vol 36(6):812-815.

Midgley, N. & Target, M. (2005). Recollections of being in child psychoanalysis. A Qualitative study of a long-term follow-up project. The Psychoanalytic Study of the Child, 60:157-177.

Midgley, N., Target, M. & Smith, J. (2006). The outcome of child psychoanalysis from the patient's point of view: A qualitative analysis of a long-term follow-up study. Psychology and Psychotherapy: Theory, Research and Practice, 79:257-269.

Midgley, N., Anderson, J., Grainger, E. Nesic, T. & Urwin, C. (Eds.) (2009). Child psychotherapy and research: New approaches, emerging findings. London: Routledge.

Midgley, N. and Kennedy, E. (2011). Psychodynamic psychotherapy for children and adolescents: a critical review of the evidence base. Journal of Child Psychotherapy, 37(3):232-260

Milrod, B., Busch, F, Leon., AC, Shapiro, T., Aronson, A., Roiphe, J., Rudden, M., Singer, M., Goldman, H., Richter, D. Shear, M.K. (2000) Open trial of psychodynamic psychotherapy for panic disorder: A Pilot Study. American Journal of Psychiatry 157:1878-1880.

Muratori, F., Picchi, L., Bruni, G., Patarnello, M. & Romagnoli, G. (2003). A two-year follow-up of psychodynamic psychotherapy for internalising disorders in children. Journal of American Academy of Child Adolescent Psychiatry, 42:331-339.

Pally, R. (1997) Memory:Brains systems that link past, present and future. International Journal of Psychoanalysis, 78(6): 1223-1234.

Pires, A.P., Gonçalves, J. Sá, V.. Silva, A. & Sandell, R. (2016). Assessment of change in psychoanalysis: Another way of using the change after psychotherapy scales. Journal of American Psychoanalytic Association, 64(2):285-305.

Pullen, J. M., Hughes, G. C., & Tonge, B. J. (2007). Time and space: The psychotherapist's role in connecting a Borderline adolescent with her inner and outer world through continuity, containment and reflection Poster. Paper presented at the European Society for Child and Adolescent Psychiatry (ESCAP) 13th International Conference - Bridging the gaps: Integrating perspectives in child and adolescent mental health, Florence, Italy.

Pullen, J., Tonge, B., & Beaufoy, J. (2011). A four-year naturalistic follow up exploring the effectiveness of psychoanalytic psychotherapy for adolescents with

serious mental illness. Paper presented at the Society for Psychotherapy Research 42nd International Meeting, Bern, Switzerland.

Pullen, J., Dean, S., & Tonge, B. (2013). Does meeting diverse needs preclude depth? Service directors reflect upon approaches to adolescent psychotherapy and culture. Paper presented at the Society for Psychotherapy Research 44th International Meeting, Brisbane.

Reid, S., Alvarez, A. & Lee, A. (2001). The Tavistock autism workshop approach: Assessment, treatment and research. In J. Richter & S. Coates (Eds.), Autism – the search for coherence (182-192). London: Jessica Kingsley.

Research digest. (2011). Journal of Child Psychotherapy, 37(3):360-366

Research digest (2014). Evidence for efficacy of psychodynamic psychotherapy. Journal of Child Psychotherapy, 40(3):318-326

Richardson P, Kächele H, Renlund C (eds) (2004). Research on psychoanalytic psychotherapy with adults. London: Karnac.

Robertson, B.M., Banon, E., Csank, P.R. and Frank, D.E. (2004). Analysts Involved in Research. Canadian Journal of Psychoanalysis, 12:195-216

Robin, A. et al. (1999). A controlled comparison of family versus individual psychotherapy for adolescents with anorexia nervosa. Journal of the American Academy of Child and Adolescent Psychiatry, 38:1482-1489.

Rost, F., Luyten, P.J., Fearon, R.M.P. & Fonagy, P;.(2019) Personality and outcome in individuals with treatment-resistant depression – exploring differential treatment effects in the Tavistock Adult Depression Study (TADS). Journal of Consulting and Clinical Psychology (In press).

Roth, A. & Fonagy, P. (1996) What works for whom? A critical review of psychotherapy research. Guilford Press. New York.

Rustin, M. (2006) Infant observation research: What have we learned so far? Infant Observation, Vol. 9, No. 1. 35–52.

Sandell, R., Lazar, A., Grant, J., Carlsson, J., Schubert, J. & Falkenström, F. Stockholm Outcome of Psychotherapy and Psychoanalysis Project (STOPPP) http://www.ipa.org.uk/research/sandell.asp

Sandell, R., Blomberg, J., Lazar, A., Carlsson, J., Broberg, J. and Schubert, J. (2000). Varieties of long-term outcome among patients in psychoanalysis and long-term psychotherapy. International Journal of Psycho-Analysis, Oct;81 (Pt 5):921-42

Sandell, R. et al (2000) Varieties of long-term outcome among patients in psychoanalysis and psychoanalytic psychotherapy. International Journal of Psychoanalysis. 81:921

Sandell, R. (2009). From Psychoanalytic Narrative to Empirical Single Case Research. Implications for Psychoanalytic Practice In Kächele, H., Schachter, J. & Thomä, H. (eds.). New York/London: Routledge, 2009. Scandinavian Psychoanalytic Review, 32(2):141-142

Schachter, A. (2009). The adult outcome of child psychoanalysis: A long-term follow-up study. Unpublished PhD thesis, University College, London.

Schachter, A., & Target, M. (2009). The adult outcome of child psychoanalysis: the Anna Freud Centre long-term follow-up study. In N. Midgley et al. (Eds.), Child psychotherapy and research: new approaches, emerging findings. London: Routledge.

Schore, A.N. (2002). Advances in neuropsychoanalysis, attachment theory, and trauma research. Psychoanalytic Inquiry, 22:433-484.

Sebek, M. (2001). Varieties of long-term outcome among patients in psychoanalysis and long-term psychotherapy: A review of findings in the 'Stockholm Outcome of Psychoanalysis and Psychotherapy Project' (Stopp) by Rolf Sandell et al". International Journal of Psycho-Analysis, 82:205-210.

Shapiro, D. A., Barkham, M., Hardy, G, E. & Morrison, L.A. (1990) The second Sheffield psychotherapy project: Rationale, design and preliminary outcome data. British Journal of Medical Psychology. Vol 63(2):97-108.

Shapiro, D. A., Barkham, M., Rees, A., Hardy, G, E, et al. (1994) Effects of treatment duration and severity of depression on the effectiveness of cognitive-behavioral and psychodynamic-interpersonal psychotherapy. Journal of Consulting & Clinical Psychology. Vol 62(3):522-534.

Shapiro, D. A., & Firth, J. (1987) Prescriptive v. exploratory psychotherapy: Outcomes of the Sheffield Psychotherapy Project. British Journal of Psychiatry. Vol 151:790-799. Royal College of Psychiatrists, England

Shapiro, D. A., Firth, J. (1987) Prescriptive v. exploratory psychotherapy: Outcomes of the Sheffield Psychotherapy Project. British Journal of Psychiatry. Vol 151, 790-799. Royal College of Psychiatrists, England.

Shapiro, D. A. & Firth-Cozens, J. (1990) Two-year follow-up of the Sheffield Psychotherapy Project. British Journal of Psychiatry. Vol 157:389-391.

Shapiro, D A., Barkham, M., Rees, A., Hardy, G. E., et al. (1994) Effects of treatment duration and severity of depression on the effectiveness of cognitive-behavioral and psychodynamic-interpersonal psychotherapy. Journal of Consulting & Clinical Psychology. Vol 62(3):522-534.

Shapiro, D. A., Rees, A., Barkham, M. & Hardy, G. (1995) Effects of treatment duration and severity of depression on the maintenance of gains after cognitive-behavioral and psychodynamic-interpersonal psychotherapy. Journal of Consulting & Clinical Psychology. Vol 63(3):378-387.

Shapiro, T. & Emde, R.N., Eds. (1995). Research in Psychoanalysis: Process, Development, Outcome. Madison, CT: International Universities Press.

Shedler J. (2010) The Efficacy of Psychodynamic Psychotherapy. Psychology Review, 25: 459–486.

Shedler J. (2015) Where is the evidence for “evidence-based” therapy? Journal of Psychological Therapies in Primary Care, 4:47–59.

Siefert, C. J., Hilsenroth, M. J., Weinberger, J., Blagys, M. D. & Ackerman, S. J. (2006) The relationship of patient defensive functioning and alliance with therapist technique during short-term psychodynamic psychotherapy. Clinical Psychology and Psychotherapy. 13: 20–33.

Solms, M. (2018). The scientific standing of psychoanalysis. *BJPsych International, 15*(1), 5-8.

Solms, M. & Turnbull, O. (2002). The Brain and the inner world. An introduction to the neuroscience of subjective relationship. New York: Other Press.

Spielman, R. (2003) Research review. Psychoanalysis Downunder – The Online Journal of The Australian Psychoanalytical Society

Stevenson, J. & Meares, R. (1992) An outcome study of psychotherapy for patients with borderline personality disorder. American Journal of Psychiatry. Vol 14 (3):358-362.

Stevenson, J. & Meares, . (1999) Psychotherapy with borderline patients: II. A preliminary cost benefit study. Australian and New Zealand Journal of Psychiatry, 33:473–477.

Szapocznik, J. et al. (1989). Structural family versus psychodynamic child therapy for problematic Hispanic boys. Journal of Consulting and Clinical Psychology, 57:571-578.

Target, M. & Fonagy, P. (1994a). The efficacy of psychoanalysis for children with emotional disorders. Journal of the American Academy of Child & Adolescent Psychiatry, 33:361–371.

Target, M. & Fonagy, P. (1994b). The efficacy of psychoanalysis for children: Prediction of outcome in a developmental context. Journal of the American Academy of Child and Adolescent Psychiatry, 33:1134-1144.

Target, M. (2002). Foundations for conceptual research in psychoanalysis. International Journal of Psycho-Analysis, 83:712-716

Target, M. & Fonagy, P. (2002). Anna Freud Centre studies 3: The long-term follow-up of child analytic treatments (AFC3). In P. Fonagy (Ed.) An open-door review of outcome studies in psychoanalysis (2nd ed.), (141–146). London: International Psychoanalytic Society.

Taubner, S., Buchheim, A., Rudyk, R., Kächele, H. and Bruns, G. (2012). How does neurobiological research influence psychoanalytic treatments?—Clinical observations and reflections from a study on the interface of clinical psychoanalysis and neuroscience. American J.ournal of Psychoanalysis, 72(3):269-286

Tavistock and Portman Clinic Research
- https://tavistockandportman.nhs.uk/research-and-innovation/our-research

The 16th Annual Congress of the International Neuropsychoanalysis Society, Amsterdam, July 9-11, 2015: “Plasticity and Repetition (and Other Topics)”

Tillman, J. (2006) When a patient commits suicide- an empirical study of psychoanalytic clinicians. International Journal of Psycho-Analysis, Vol. 87, No. 1: 159–77.

Tonge, B., Hughes, G., Pullen, J., Beaufoy, J., & Gold, S. (2008). Comprehensive description of adolescents admitted to a public psychiatric inpatient unit and their families. Australian and New Zealand Journal of Psychiatry, 42(7):627-635.

Tonge, B., Pullen, J., Hughes, G., & Beaufoy, J. (2009). Effectiveness of psychoanalytic psychotherapy for adolescents with serious mental illness: 12 month naturalistic follow-up study. Australian and New Zealand Journal of Psychiatry, 43(5):467-475.

Trowell, J. et al. (2002). Psychotherapy for sexually abused girls: psychopathological outcome findings and patterns of change. British Journal of Psychiatry, 180:234–247

Trowell, J., Joffe, I., Campbell, J. Clemente, C., Almqvist, F., Soininen, M., Koskenranta-Aalto, U., Weintraub, S., Kolaitis, G., Tomaras, V., Anastasopoulos, D., Grayson, K., Barnes, J., & Tsiantis, J. (2007). Childhood depression: a place for psychotherapy: an outcome study comparing individual psychodynamic psychotherapy and family therapy. European Child and Adolescent Psychiatry. 16:157–167.

Tyson, P. (2009). Research in child psychoanalysis: Twenty-five-year follow-up of a severely disturbed child. Journal of American Psychoanalyric Association, 57(4):919-945

Wallerstein, R. S. (1986). Forty-two lives in treatment: A study of psychoanalysis and psychotherapy. New York: Guildford Press.

Wallerstein, R.S. (2001). The Generations of Psychotherapy Research. Psychoanalytic Psychology, 18(2):243-267

Wallerstein, R.S. (2003). Psychoanalytic Therapy Research. Psychoanalytic Inquiry, 23(2):375-404

Weintraub, S., Kolaitis, G., Tomaras, V., Anastasopoulos, D., Grayson, K., Barnes, J., & Tsiantis, J. (2007). Childhood depression: a place for psychotherapy: an outcome study comparing individual psychodynamic psychotherapy and family therapy. European Child and Adolescent Psychiatry. 16:157–167.

Werbart, A., Brusell, L., Iggedal, R., Lavfors, K. & Widholm, A. (2016). Changes in Self-Representations following Psychoanalytic Psychotherapy for Young Adults: A Comparative Typology. Journal of the American Psychoanalytic Association. Oct;64(5):917-958.

Westen, D. (1999) The scientific status of unconscious processes: Is Freud really dead? Journal of the American Psychoanalytic Association. 47(4): 1061-1107

Westen, D. & Gabbard, G.O. (2002) Developments in cognitive neuroscience: I. Conflict, compromise, and connection. Journal of the American Psychoanalytic Association. 50(1); 53-98

Westen, D. & Gabbard, G. O. (2002) Developments in cognitive neuroscience: II. Implications for theories of transference. Journal of the American Psychoanalytic Association. 50(1); 99-134

Wilczek A, Barber JP, Gustavsson JP, Asberg M, Weinryb RM (2004) Change after long-term psychotherapy. Journal of the American Psychoanalytic Association. 52(4); 1163-114

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