



## CURRENT RESEARCH BY MEMBERS OF THE PHILADELPHIA SOCIETY OF PSYCHOANALYTIC PSYCHOLOGY

**Title of Study:** Early Treatment Outcome of Open-Ended Psychoanalytic Psychotherapy and Accelerated Experiential Dynamic Psychotherapy: How and Why Patients Change

**Investigators:**

*Principal Investigator:* Rayna D. Markin, PhD, Assistant Professor, Villanova University

*Other Investigators:* Jacques P. Barber, PhD, Professor, University of Pennsylvania Center for Psychotherapy Research; Cheri Marmarosh, PhD, Professor, George Washington University; Kari Gleiser, PhD, Private Practice, Hanover, New Hampshire

*Research Assistants:* Amy Fuhrmann, Graduate Student, Villanova University; Stacey M. Boyer, Graduate Student, Widener University Institute for Graduate Clinical Psychology

Funded by the American Psychoanalytic Association

**Type of Research:** \_\_\_ Theoretical  
\_\_\_ Qualitative  
X Quantitative

**Abstract or Rationale for Study:**

Is Dynamic Therapy effective in helping patients change early in treatment? Early treatment outcome has been associated with therapy outcome and yet rarely studied in long term or open-ended dynamic psychotherapy. It is a common belief among health professionals and even the general public that psychoanalytic psychotherapies “just take too long” to be helpful to patients and yet research has yet to study how patients change from the beginning of these treatments.

If patients start to improve early in therapy, what then occurred in the therapy to cause such change for patients? There exists a debate in the psychotherapy research literature over what predicts change in therapy, the relationship or therapist technique (Barber, 2009). While some researchers and practitioners presume that the therapist’s actions bring about patient change (e.g., Beck, Rush, Shaw, & Emery, 1979; Foa & Kozak, 1986; Greenberg, 2002; Linehan, 1987; Luborsky, 1984; Rogers, 1951; Strupp & Binder, 1984), others disagree that the effects of therapy are due to specific interventions and instead propose that common factors, such as the therapeutic relationship, lead to improvement. In summary, this study examines how and why patients change in the first phase of open-ended psychodynamic psychotherapies.

**Population Sampled:**

Licensed psychoanalytic/psychodynamic psychotherapists and/or new clients over the age of 18 years.

## Intervention Type:

Questionnaires (written and internet-based)

## Inclusion and Exclusion Criteria:

### **Inclusion Criteria**

1. Licensed masters or doctoral level clinician
2. Identify as psychoanalytic/psychodynamic in orientation
3. Work with clients over 18 years of age from a psychoanalytic/psychodynamic perspective
4. Therapy is open-ended, with no termination date or specific number of sessions discussed
5. The client is seen one-two times weekly
6. Expect to take on new clients in the next year

### **Exclusion Criteria**

1. Unlicensed clinician (e.g., postdoctoral fellow)
2. Do not identify as psychoanalytic or psychodynamic in orientation
3. Work with children under 18 years, or work with adults but not from a psychoanalytic or psychodynamic perspective
4. Therapy is time-limited

## Participation Entails (what are participants asked for do, for how long, what is the time commitment, etc.):

*What will be asked of participating therapists and patients?* If you decide to participate, you will be asked to invite 1-3 new patients to participate in the study by the end of the first session, using a standard script.

***However, you may participate in this study without asking your patients to participate by completing surveys about your experience of the therapy as the therapist.*** You (and your patient if participating) will be instructed to complete a packet of questionnaires after the first therapy session. These questionnaires will ask you about the patient's diagnosis, psychodynamic functioning, therapist techniques, and the therapy relationship. Patient questionnaires are all popular questionnaires about patient symptoms, interpersonal relationships, and the therapy relationship. Therapists (and patients if applicable) will be asked for their email address so that all future questionnaires can be completed via a confidential online web site, popularly used for research purposes. Emails will be automatically sent to you and/or your patient (if applicable), separately, after your 3<sup>rd</sup>, 6<sup>th</sup>, 9<sup>th</sup>, and 12<sup>th</sup> sessions. Questionnaires are emailed to you and/or your patients separately, so you will not be involved in administering or collecting questionnaires during the course of the study. Your email address, along with your patients' email, will be kept separate from your completed questionnaires. Each survey packet takes approximately 10 minutes to complete.

In essence, participants will complete some paper questionnaires after the first session and subsequently emailed all other questionnaires to complete and submit online. **All surveys are confidential and anonymous. All participants will be assigned a random identification number and names will never appear on any of the questionnaires.**

## Study Time Line (give approximate dates):

Through September 2012 and perhaps beyond

### **Additional Information:**

**Compensation:** All therapists and patients who complete the study will be compensated \$50.00 from a grant from the American Psychoanalytic Association. **All questionnaires will be anonymous and confidential.** Therapists will not see patient completed questionnaires or vice versa. If you have any questions please feel free to contact Dr. Rayna Markin at [rayna.markin@villanova.edu](mailto:rayna.markin@villanova.edu)

The Villanova University IRB has approved this study.

### **Contact Information:**

Name: **Rayna Markin, PhD, principal investigator**  
E-mail: [rayna.markin@villanova.edu](mailto:rayna.markin@villanova.edu)  
Telephone: **(610) 519-3078**

Name: **Stacey M. Boyer, research assistant**  
E-mail: [staceymboyer@ymail.com](mailto:staceymboyer@ymail.com)