Who are Short-Term groups for?

A Study of Students

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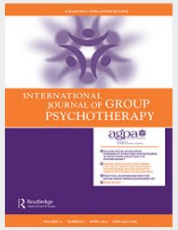
Program

1. Study aims and background
2. A clinical vignette: the first session in a short-term group analytic psychotherapy for students (anonymized)
3. The empirical study
   - Treatment
   - Outcomes of short-term group analytic psychotherapy
   - Predictors of outcome: **psychological mindedness** and **personality structure** measured with the Operationalized Psychodynamic Diagnosis (OPD)
4. Two clinical cases from the vignette (anonymized)
5. Discussion and clinical implications



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ARTICLES

Psychological Mindedness, Personality Structure, and Outcomes in Short-Term Group Analytic Psychotherapy

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Honors

- *The American Group Psychotherapy Association* awarded the Alonso Award for Excellence in Psychodynamic Group Theory to the paper

- "The Alonso Award … reasserts, in a concrete way, the value of original thinking about psychodynamic group theory" (https://www.agpa.org/Foundation/awards/alonso-award)

Study aims

- The study had two aims:

  1. To investigate the **treatment effects** of focused short-term group analytic psychotherapy;

  2. To examine whether outcomes were predicted by the patient's **psychological mindedness** and **personality structure** as measured by the Operationalized Psychodynamic Diagnosis (OPD) before treatment.

Study background: Counseling and mental health

- The nationwide *Danish Student Counseling Service* offers counseling free of charge to 5.500 students every year.
- A former study found that the symptom burden of the student clients was as high as that of psychiatric outpatients (Østergård et al., 2019).
- The average number of sessions was 5 with a moderate pre-post effect size, and a 30% drop out rate (Østergård et al., 2019).
- A Survey conducted by the World Health Organization found a prevalence rate of any DSM-IV **mental disorder of 20.3%** among students from 21 countries: **only 16.4% of these students received treatment** (Auerbach et al., 2016).
- So, in Denmark and internationally, many students have mental problems without getting any or very short-term treatment.

Questions to short-term psychotherapy

- Many psychotherapeutic treatment centres require a short-term format:

In Denmark, psychiatry provides "treatment packages" with a limited number of psychotherapy sessions. Also, the *Danish Student Counseling* stopped offering long-term treatment shortly after I was employed as a counselor in 2009.

- This situation raises critical questions:

    1. Can patients benefit from less than 20 sessions of short-term group analytic psychotherapy? Personally, I was skeptical after training in group analyses;

    2. Is it possible to predict who will benefit from this short-term treatment? In some cases, patients may even experience worsening of symptoms during treatment.

- Therefore, it becomes essential to determine who should be offered short-term group analytic psychotherapy and who should not.

The group format

- Included 66 university students with relational difficulties in 9 groups.
- The treatment was guided by **modified group-analytic principles**, described in Lorentzen's (2014) manual for short-term group analytic psychotherapy and informed by Operationalized Psychodynamic Diagnosis (OPD).
- One group analyst, 7-8 other group members.
- **Closed group**, patients starting and stopping at the same time.
- A total of 16-17 weekly sessions, each lasting 1.5 hours.
- In the assessment interview, the group analyst agreed on individual psychotherapy foci for each patient and discussed how their focus might be actualized and worked on in the group.

Group session 1

Everyone have presented their therapy focus. ***Sally***, the most active member, has withdrawn completely for about 15 minutes. She previously told us that she stopped contact with her father, after *Jane* and *Thea* mentioned that their fathers passed away. Now, I comment, noticing that *Sally* has withdrawn. *Sally* tells us that she felt let down because no one asked about her father. She also cut contact with her mother. The group is astonished. We talk about a pattern where she withdraws when she feels abandoned and doesn't get the care she longs for. *Sally* expresses that she has given a lot to the group by asking personal questions to the others without getting anything in return. I say that it sounds as if she has high expectations of herself and others, which may be difficult for herself and others to live up to.

Group session 1 (continuation)

The other group members difficulties and patterns are now actualized around this event (being openly criticized by another group member). *John* doesn't want to "drill" and ask private questions, hiding an anger that only comes out later. *Thea* feels guilty for not asking *Sally* about the broken connection to her father. *Curt* thinks he has been too busy with something less important and feels guilty for taking up space. ***Kate*** feels inadequate for not helping *Sally*, and at the same time she notices that *Jane* seems to be very distressed and asks her what it was like for her to lose her father. *Jane* looks up and responds by saying that she didn't expect to be noticed. *Hans*, who has been in group therapy before, says it's exciting to explore these interactions.

Reflection on session 1

- As the conductor of this group, I feel that things are moving to fast. There are concerns among the members, including the need for a close attachment, safety, and individuation, a space for oneself. The cohesion of the group is being tested, and there is a high level of anxiety and an unspoken threat of leaving the group if individual needs are not met. However, there is also curiosity and openness, and it is possible to discuss these issues.
- My main concern is the cohesion of the group. To foster this, I intend to include and link the group members by referring to each of them and connecting them to the common group theme. Therefore, I say that the group members might be wondering if there is a care and space for everyone in the group, whether you feel hurt or neglected, feel inadequate for not being able to help, maybe getting annoyed with others taking up space, or whether you have a concrete reason for being in the group, such as the recent death of a father. Today, we have shared significant things, and we have just started.
- Coming back to the empirical paper, the question is whether the group members will benefit from 17 group sessions and whether we can predict who will not. Later, we will come back to Sally and Kate.

The treatment

- Based on 1-2 individual assessment sessions, the conductor formulated five individual treatment foci according to the **Operationalized Psychodynamic Diagnosis (OPD)** before starting in the group:
- Axis II: Relationship pattern, including transference and countertransference dispositions.
- Axis III: Conflict. Seven inner conflicts:
  - 1. individuation vs. dependency
  - 2. Submission vs. control
  - 3. Caring vs. self-sufficiency
  - 4. Self-esteem conflict
  - 5. Guilt conflict
  - 6. Oedipal conflict
  - 7. identity conflict
- Axis IV: Personality structure or level of structural integration, described later.

The treatment

- The group members were encouraged to communicate openly in the group and notice how they experienced themselves and others and how others experienced them to facilitate trust, free-floating discussion, mirroring, and resonance (Schlapobersky, 2018).
- Group members, including the group analyst, come to represent inner objects, such as parents, siblings, and unconscious representations of self. This spontaneous, unconscious process transforms inner conflicts into emotionally charged interpersonal constellations between group members, which were then analyzed in the here-and-now (i.e., dynamic present).
- Both supportive interventions and interpretations at the individual, interpersonal, and whole-group levels were used, tailored to the level of differentiation and integration of each patient and the group-as-a-whole.

Method: Potential predictors of outcome

- **Psychological mindedness** is a complex process addressing the ability to verbalize, think, and reflect about the behaviour, feelings and problems of self and others.
- **Personality structure** has to do with the capacity to relate to self and others, identity and self-direction, empathy and intimacy.
- Patients with personality problems need longer, more ego-supportive therapy:
  - For example, patients with a borderline organization (Kernberg, 1984), a deficit (Killingmo, 1989), or with a low level of structural integration (OPD Task Force, 2022).
- Lorentzen et al. (2015) found that the average patient had the same benefit from short-term and long-term group analytic psychotherapy. However, patients with personality disorder had better outcomes in long-term groups.
- Therefore, patients with low levels of psychological mindedness and structural impairments might benefit less, or not at all, from short-term groups.

Method: outcomes

- We included 66 student patients across nine therapy groups.

- Outcomes were measured before and after treatment and at 1-year follow-up as:
  - Symptom burden (Global Severity Index [GSI] of the Symptom Check List-90)
  - Interpersonal problems (Inventory of Interpersonal Problems [IIP-64])
  - Social functioning (Social Adjustment Scale-Self Report [SAS-SR])

Method: Psychological mindedness

- Psychological mindedness in OPD measures the patient's interest and ability to understand the psychological causes of their own symptoms.
- Psychological mindedness is rated from 0 = "low" to 4 = "very high":
  - A rating of 0 indicate that the patient is unable to identify any connections between intrapsychic or interpersonal events and problems/symptoms and reject the interviewer's suggestion about such connections.
  - A rating of 4 indicates that the patient connects wishes, feelings, and thoughts to symptoms and behavior and uses the interviewer's suggestions to gain further insight.

Method: Level of structural integration

- Personanlity structure is called the level of structural integration in OPD, defined as ”the patients availability of mental functions to regulate the self and its relationship to internal and external objects”.
- The level of structural integration has four basic functions, each of which is differentiated in a self and other dimension:
  - (1) perception of self and objects
  - (2) regulation of self and relationships
  - (3) emotional communication with the internal and external world
  - (4) attachment to self and objects

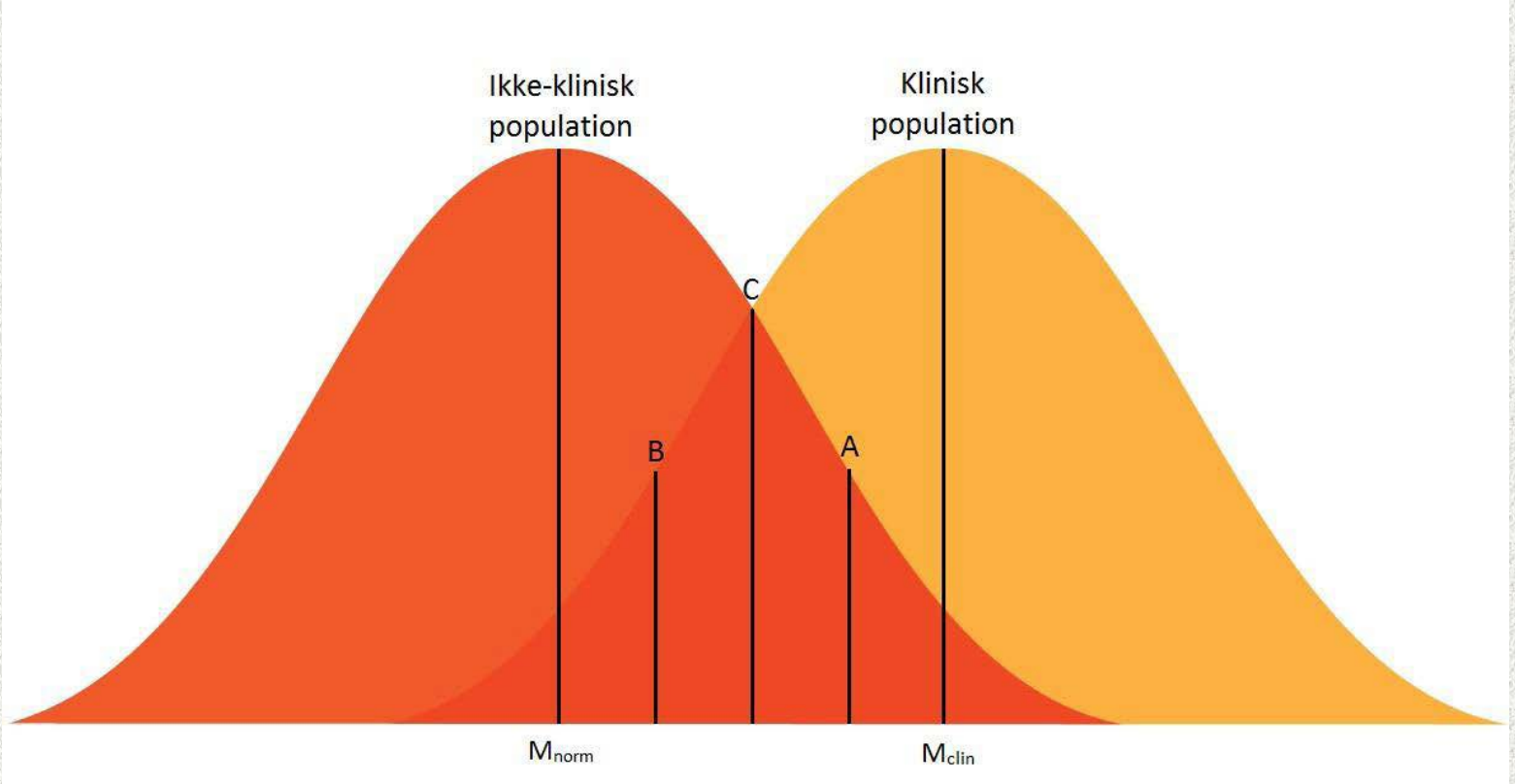
Method: Level of structural integration

- A high level of structural integration is characterized by a stable identity, an ability to reflect on oneself, a capacity to regulate emotions and self-worth, empathy, and mutual relationships. The central fear is losing love. Mature defenses.
- Moderate integration implies a reduced self-reflection, restricted emotional experiences with overcontrol of impulses, and excessive self-criticism. The central fear is losing the other. Defenses based on repression.
- With low integration, the understanding of self and others suffers from a lack of differentiation between self and others, limited capacity to regulate emotions, leading to (self-) destructive behavior or withdrawal from relationships. The central fear is to be harmed by others or destructive introjects. Defenses based on splitting.
- Disintegration is characterized by a lack of reality testing. The central fear is a symbiotic merging of the self and object.

Patient baseline characteristics

Characteristics	(n = 66) M (SD) or n (%)
Age	24.3 (2.31)
Gender (women)	38 (57.6%)
Previous psychological treatment	37 (66.1%)
Medicine for affective or anxiety disorders	9 (14.5%)
Affective disorders (depression, dystymia)	28 (42.4%)
Anxiety disorders	17 (25.8%)
Personality disorders	39 (59.1%)
Clinical cases on symptoms (GSI) Clinical cases on interpersonal problems (IIP-64) Clinical cases on social functioning (SAS-SR)	58 (**87.9%)** 56 (**84.8%)** 54 (**81.8%)**
Psychological mindedness rating	**2.22** (0.85)
Level of structural integration	**2.27** (0.30)

Clinical cutoff value: C



Some characteristics explained

- A **psychological mindedness** of 2.2 is a medium level, meaning that the patients can mention feelings and thoughts but cannot link these to their symptoms. The patients listen to the interviewer's hypotheses but cannot use these to deepen the understanding of self and their symptoms.
- The mean of 2.27 on **personality structure** indicates a moderate level of structural integration, implying a reduced capacity for self-reflection, overcontrol of impulses, and excessive self-criticism. Defenses are mainly based on repression.

Some outcomes

- Attendance rate of **94.4 percent**.
- Only two premature terminations (due to study abroad).

- The group level explained about 4% of the differences in treatment outcome. In other words, some groups were marginally better in helping the patients than other groups.

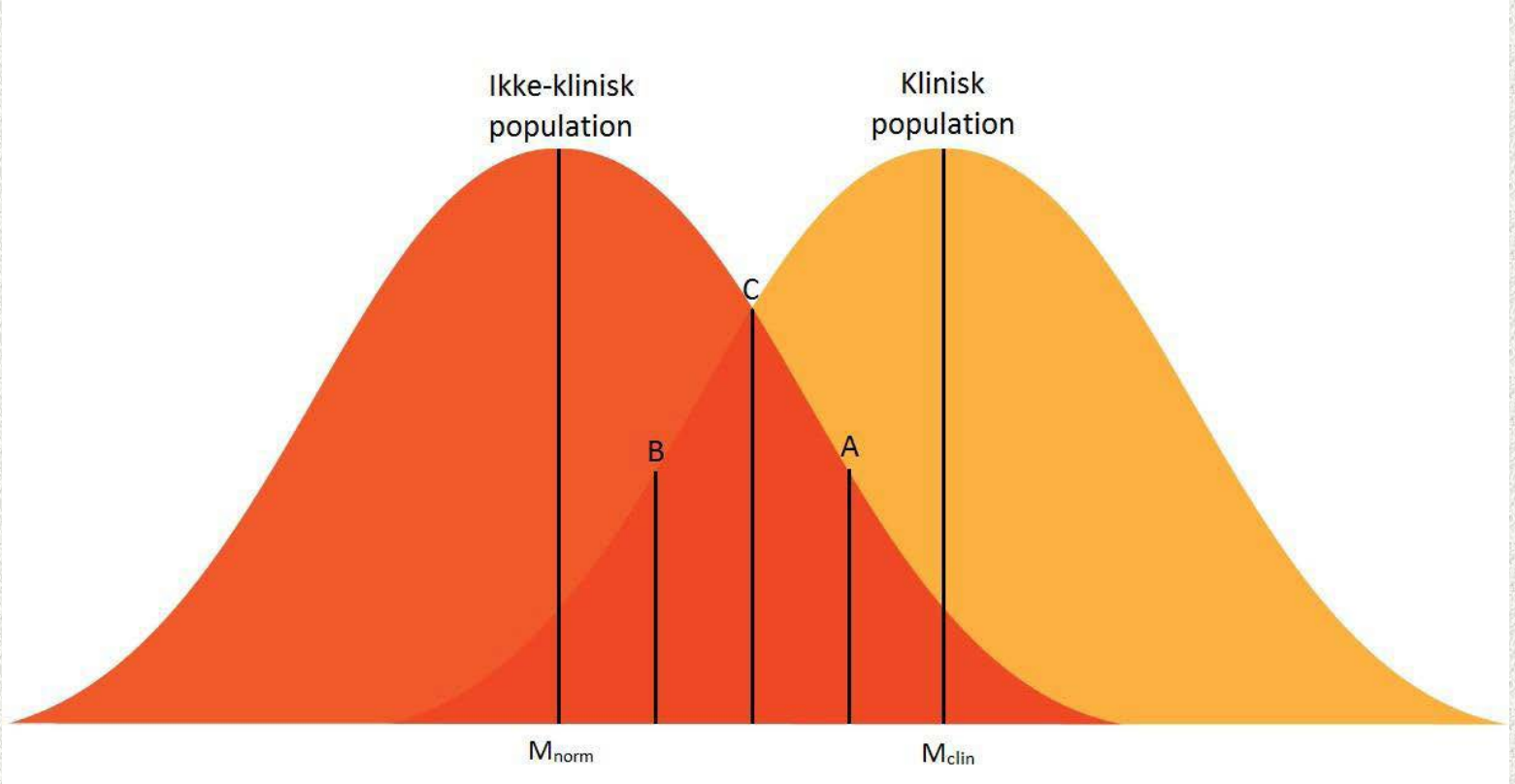
Outcome and effect sizes

	Pretreatment	Posttreatment		Follow-up 1 year	
	M (SD) (n = 66)	M (SD) (n = 66)	Cohen's *d* (n = 66)	M (SD) (n = 30)	Cohen's *d* (n = 30)
Symptoms (GSI)	1.37 (0.46)	0.87 (0.46)	**1.12**	0.76 (0.50)	**1.54**
Interpersonal prolems (IIP-64)	1.58 (0.40)	1.21 (0.49)	**0.85**	1.04 (0.54	**1.08**
Social functioning (SAS-SR)	2.24 (0.44)	2.01 (0.43)	0.58	1.90 (0.43)	**1.10**

Outcome as clinical significant change

Outcome measure (n =66)	Recovered*	Improved	No change	Deteriorated
Symptoms (GSI)	48 (**82.8%)**	2 (3.0%)	11 (16.7%)	5 (7.6%)
Interpersonal problems (IIP-64)	33 (**58.9%)**	3 (4.5%)	24 (36.4%)	6 (9.1%)
Social functioning (SAS-SR)	20 (37.0%)	0 (0.0%)	43 (65.2%)	3 (4.5%)

Clinical cutoff value: C



Predictions

- Baseline levels of structural integration significantly predicted the symptom change (p = .012)
- Baseline levels of psychological mindedness significantly predicted symptom change and improvement in interpersonal problems (p = .047)

- The inter-rater reliability of two independent raters was excellent for both the level of structural integration and psychological mindedness (all ICCs > 0.83)

Returning to the vignette

- *Sally* was very active and suddenly withdraw. When invited in, she criticized the group for not asking her about the relationship to her father. *Kate* felt very guilty for not caring enough and at the same time remembered to ask *Jane* about the loss of her father.
- *Sally* and *Kate* will now be presented to illustrate the findings of the paper. *Sally* had a medium to high psychological mindedness and a moderate to low level of structural integration and did not experience any significant change during treatment. *Kate* had a very high psychological mindedness and high to moderate level of structural integration and had large outcomes.

Sally – presentation

- *Sally* has cut the relationship to the abusive father and feels anger towards the mother for not seeing and protecting her. In the family, she had the role of fighting and "saying the truth", hiding a feeling of neglection and being alone. Tendency to cling or control friend or leaving them when she feels abandoned. Very creative.

- Level of structural integration: Moderate to low.
- Psychological mindedness = Medium to high. A clear strength.
- Personality disorder (mild) and depression, according to ICD-10.

Sally – Therapy focus OPD

- Axis II (relations): She experiences others neglecting and crossing her limits and she reacts by putting herself in the center of attention, controlling others, or cutting of the contact. Others experiences her as controlling, boosting, and critical, making them devaluate or withdraw from her. Thereby, she again experiences being neglected.
- Axis III (conflicts): Dependency versus individuation. High dependency need and anxiety for abandonment, resulting in clingy control of others or leaving them.
- Axis IV (personality structure): Identity (shifting feelings of whom she is), communication of feelings and vulnerability in the group, affect regulation and not cutting herself or others of.
- Agreed on therapy focus: Share feelings of vulnerability in the group and allowing others to come closer to her. Staying in the group under stormy weather.
- Mainly structural oriented therapeutic strategy: Supportive, validating self-experiences, creating connections between outer and inner events, thoughts and feelings etc.

Sally – group process

- Related to the vignette, some sessions later she came back, asking the group how they experienced her. She talks about the fear of abandonment and seeks reassurance from the group. Her attention is drawn to John, who seems dismissive and angry. He confirms being irritated at Sally and won't give her the assurances she asks for. He reminds her of her father. Finally, she has to let go of her wish to bond and being accepted by John. They both had a dependency – individuation conflict actualized in the group, *Sally* feeling strong anxiety and dependency needs, and him feeling a strong need for independency and control, not wanting to give into a close, emotional relationship. Sally formed a close dyadic bond with a group member and felt unsafe when he was not in the group.

Sally - outcome

- In the interview after the group, Sally described that she became aware of how afraid she was of being abandoned by others, and she could react to this fear by controlling or cutting off contact. She describes trying to integrate this new, painful understanding in friendships and work-life. She is again talking with her mother. It was significant for her to let go of the interpersonal conflict in the group. One year later, she comes back because a new relationship has triggered intense fear of abandonment, and she wants to start in longer-term psychotherapy.
- Her level of symptoms, interpersonal problems, and social functioning were the same after the group psychotherapy and at 1-year follow-up compared to before the group.

Kate - presentation

- Her father is mentally ill, and she was forced to stay with him during weekends after the divorce of the parents. She had two former intimate relationships with mentally ill partners, who she took care of to the point of breakdown. She feels neglected by her mother, whom she also describes as her support. She has paused her studies and describes her depressions as a break from all the demands. She is highly motivated to work in the group.

- Level of structural integration: Moderate, high to moderate (M = 1.8)
- Psychological mindedness: Very high (score = 4)
- Depression (recurrent) according to ICD-10

Kate – therapy focus OPD

- Axis II (relations): She experienced others as neglecting and demanding and reacted to this by taking care of others, submission, and protecting herself insufficiently. Thereby, she became invisible, and others tend to ignore here or disrespect her, so that she once again feels hurt or neglected.
- Axis III (conflicts): Care versus self-sufficiency.
- Axis IV (personality structure): Self-worth regulation, contact with own needs and feelings, communication of feelings, including finding her own voice in the group.
- Mainly conflict oriented therapeutic strategy. A focus on making her own repressed needs for care and the related feelings of anger and sadness more conscious by working in the interpersonal constellations in the group.

Kate - process

- In the interview after the group, she highlights a group session where the therapist had pointed out a pattern of caring for others and forgetting herself. Moreover, she remembered a group member saying that she appeared superficial when only asking so many questions to others. She describes this as hurtful because caring for others had been such a big part of her identity. However, it also opened her eyes for her own needs being important.

- As a group member, she was very helpful and attentive, such as in the first session carefully asking *Jane* about the loss of her father. However, this was also an actualization of her care versus self-sufficiency conflict, hiding her own need for care by helping others to the point of getting depressed herself. After some sessions of hard work taking care of others, she started to look sad and to withdraw. The group was able to talk about this and she received care from the others, highlighting her right to have her own needs and to set limits. After this, *Kate* was working with her relationship to her mentally ill father and ex partners, including expressing anger and sorrow for her losses.

Kate - outcome

- She describes feeling significantly better than before the group, which she attributes to **her own strong will**, working on feeling her needs and setting boundaries in the group, her work between the sessions, breaking up with a mentally ill partner, and deciding to change studies.
- At one year follow up, she is happy with a new partner and her new study, and she gives concrete example of how she uses the group in her inner dialogues.
- She had a large improvement in symptoms, interpersonal problems and social functioning after the group psychotherapy and at 1-year follow-up, fulfilling the criteria for recovery on all measures.

Conclusions of the study

- The **effect sizes** were **large** both for symptoms and interpersonal functioning and moderate to large for social functioning and increased at 1-year follow-up.
- Psychological mindedness and level of personality structure can be rated reliable based on a psychodynamic assessment interview.
- Psychological mindedness and level of personality structure significantly predicted who benefited from short-term group analytic psychotherapy.

Clinical implications

- Focused short-term group analytic psychotherapy can be offered to university students with high symptom-burden and relational difficulties.
- This treatment approach might be special suited for the life-situation of students, addressing issues of transition and finding new connections and meaning.
- **Patients with low levels of psychological mindedness and low level of structural integration should be offered longer treatment.**
- However, also most of these patients had benefits – and needed more treatment.

Clinical implications

- Individual assessment and alliance building are critical for patient engagement, reducing risk of drop out and increasing outcomes in short-term group analytic psychotherapy.
- We should be open to use self-report questionnaires before, during and after the group.
- I also suggest to video-record all group sessions and use them for personal reflections, supervision, and maybe research (written and informed consent required).

Thank you very much for your attention!

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