S.P.S.P.

Short-term Psychodynamic Supportive Psychotherapy

Psychodynamic treatment for depression and stress related disorders, from a relational perspective

F. De Jonghe (2005)

S.P.S.P.

- Psychodynamic form of treatment
- The frame is individual therapy
- Evidence Based
- Duration: 16 sessions
- The first 8 sessions in a frequency of once in the week, after that once in the two weeks

- The therapist is offering himself as a new primary (a developmental) object

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Aims

- Working through the relational aspects of the depression
- Offering adequate support to the patient, to overcome the inhibition of the development
- The reduction of symptoms

R.C.T.s

- S.P.S.P. versus C.B.T.
- S.P.S.P. versus Medication
- S.P.S.P. versus C.B.T. and Medication

- Conclusion: **evidence based treatment**

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- Interventions should influence and change the mental representations used by the patient
- SPSP is focusing on the relational or interpersonal aspect of the depression, especially those relational aspects related to the origin and maintenance of the depression
- SPSP is focusing on the cognitive and emotional aspects of the depression not on the biological ones
- Facilitating the development, in that way it is a form of structuring psychodynamic psychotherapy
- Making dysfunctional aspects of the IWM more functional

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Integration of:

- Drive model
- Egopsychological model
- Objectrelational model
- Selfpsychological model
- Attachment theory
- Primary love theory: Balint/ primary relation

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- It belongs to the area of the two persons psychology, next to the transference, SPSP is making use of the real aspects of the psychotherapeutic relation. It is offering a C.E.E.

- Next to the impact of the interpretation SPSP is making explicit use of the holding environment and the curative aspect of the relation
- It is about the need for safety: offering the patient a safe relation in which the blocked development can grow again

- SPSP provokes in the treatment a process of internalisation because when the process of internalisation is developing the tendency to externalize will diminish.

The relational perspective SPSP

- External and internal relations: internalisation
  - External relations are shaped by internal ones and vice versa
- Inter- and intrapersonal relations.
  - Interpersonal relation:in internal and external reality
  - Intrapersonal: about the relation between the person and himself → inner reality
- Take and give or need satisfying relations
- Realistic and irrealistic aspects of the relation
- The quality of the personality structure.
  - In healthy people the realistic aspects are dominant
  - In people with a NPO realistic and irrealistic aspects are both there
  - In people with a BPO the irrealistic aspects are dominant

Implicit starting points

- There is a continuum from normality to pathology
- Focusing on and provoking of the IWM
- SPSP is focusing more on the symptoms than on the structure of the personality.
- On the other hand intervening at the level of the symptoms does implicitly creates change at the level of the personality structure.
- Offering support may result in structural change as giving insight does
- The focus is not only on factors which create stress but also on the supportive aspects in the life of the patient

Assessment

- **Exploring:**
  - complaints and symptoms,
  - life circunstances,
  - quality of the personality structure,
  - quality of the relationships,
  - the presence of specific competencies

- **Is the treatment**
  - possible,
  - necessary
  - wished by the patient

Assessment

- **Contra indications**
  - Disorders not related to chronic stress (f.e.addictions, dissociative disorders, psychosis)
  - Personality disorders
  - Severe suicidality

- **The patient is not able to make use of SPSP.**
  - Not able to accept holding
  - Not able reflect,
  - Not able to keep appointments,
  - Not able to develop a working relation
  - Not able to see his symptoms as an invalid compromise of relational problems

Interventions

- Giving information about the symptomatology
- Acceptance,empathy,rewarding
- Validating
- Explorations, elaborations
- Clarifications, confrontations and interpretations

- Diminishing guilt and feelings of shame
- Giving hope and relief
- Stopping regression and not facilitating it
- Interpreting the positive side of the defence
- Motivating

Interventions

- Giving words to emotions and behavior
- Facilitating the mentalizing ability: reflecting
- Facilitating new and more adequate behavior: C.E.E.
- Facilitate adequate affect regulation
- Facilitate alternative perspectives
- Facilitate autonomy
- Working through dysfunctional cognitions and behavior

- There is a continuum between being supportive and giving insight or being expressive: SPSP is relatively more on the supportive side of the continuum
- SPSP is about giving adequate support and not giving the maximum of support

The Process 1

Level 1

- When the patient is able to put his **complaints into words** and to talk about them. He knows something is going on but het does not understand why

Level 2

- He is able to connect his symptoms to his life circumstances. Growing insight: the problems are experienced as determined by the **context**

Level 3

- He is able to express his problems in relational terms and to talk about it as an **interpersonal** problem. It still is experienced as external

Level 4

- He is able to see what is said under 3 as a **characteristic pattern** without seeing himself as the agent

The Process 2

Level 5

- He is able to see himself as the **agent** in the pattern mentioned under level 4. He is going to experience what is going on as internally determined. Here the inner motivation to change is starting and the external regulation is diminishing. The patient becomes more autonomous.

Level 6

- The patient is able to recognize the **influence of earlier relationships**. It is about **inner objects**. His life history becomes more coherent and a feeling of continuity is growing

Level 7

- He is going to experience that he is doing with himself what others, in earlier times, were doing with him. More and more it is about **intrapersonal relations**: insight is growing

The Process 3

Level 8

- He is experiencing that what is going on outside also is happening inside the treatment: the level of the **transference.** More and more the patient experience that there is a repetitive pattern going on. He is repetiting and validating his IWM

Level 9

- The transference is growing. By this, the problem is replacing itself from the outside world into the treatment. By that there is coming some space in the outside world to experiment with new and more productive behavior. We should work through the transference neurosis which is an artificial form of neurosis

Phases in the treatment 1

The beginning: session 1-3

- To develop a good enough **working relation**
- Exploring the **symptoms and complaints**
- Formulating together with the patient the plan of the treatment
- More diagnostic but not without a psychotherapeutic attitude
- From level 1 to 3

Phases in the treatment 2

The middle phase: session 4 -13

- Working through **interpersonal problems**
- Preventing the old behavioral patterns and reinforcing new more productive behavior
- Focusing on the **repetition** on the behavioral patterns
- Focusing on the own part of the patient in the behavioral pattern: what is my part and what is the impact of **earlier relationships**
- From level 4 to 7

Phases in the treatment 3

Ending: session14 to 16

- Working through feelings related to the separation from the treatment
- **Working through feelings of mourning and negative transference**
- Looking back and forward
- Evaluation of what has happened and what has changed
- But also what can be expected in future
- Is there a need for another treatment, for example the depression is gone but an underlying personality disorder becomes apparent

Summary

- Evidence Based Treatment for Depression
- Developed by F. de Jonghe 2005

- Transforming neurotic pain into realistic pain
- By using the relational frame
- By using and offering the patient adequate support
- And by facilitating reflective functioning (mentalising)