

KU LEUVEN

 Depressiehulp

Internet-based psychotherapy: Current psychodynamic approaches

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KU Leuven & University College
London

Overview

- Face-2-Face (f2f) psychotherapy for depression (and anxiety)
- Psychodynamic approaches to internet-based treatment
- Illustration: depressiehulp.be
- A multi-site pragmatic non-inferiority trial

Team

- **KU Leuven:** Prof Patrick Luyten (PI), Prof Stephan Claes (Co-PI) & Clinical Trials Center (CTC)
- **Erasmus University Rotterdam:** Prof Jan Van Busschbach (Co-PI)
- **CGG Kempen and CGG De Pont:** Wim Wouters (directeur), Bob Cools (directeur), Yoeri Coune and Katja Belmans (projectmedewerkers), Herwig Claeys and Vincent Verbruggen (IT), Tanja Gouverneur (patiëntenperspectief)
- **University College London & NHS Improving Access to Psychological Therapies (IAPT) programme:** Prof Peter Fonagy, Alessandra Lemma, Mary Target, Steve Pilling



f2f versus internet-based psychotherapy

Focus on depression (and anxiety)

Depression

- Highly prevalent (15-25% in men/women)
- Highly debilitating
 - Leading cause of suicide and suicide attempts
 - MDD second leading cause of years lived with disability worldwide
 - Second most serious disorder with respect to global disease burden
- High relapse rates (20-30% up to 70-80%)
- High risk of intergenerational transmission

*Luyten, P., Blatt, S. J., Van Houdenhove, B., & Corveleyn, J. (2006). Depression research and treatment: are we skating to where the puck is going to be? *Clinical Psychology Review*, 26, 985-999.
Luyten, P., & Fonagy, P. (in press). The stress-reward-mentalizing model of depression: An integrative developmental cascade approach to child and adolescent depressive disorder based on the research domain criteria (RDoC) approach. *Clinical Psychology Review*.

Depression in clinical practice

- **Most common reason for referral**
 - dysthymia, followed by major depression and recurrent depression (often comorbid with personality pathology)
- **Established research base for efficacy and effectiveness of brief and longer-term psychotherapy**
 - **As effective as medication** in the short term
 - **More effective in the long run?**
 - **Cost-effective?**

Cuijpers, P., van Straten, A., Schuurmans, J., van Oppen, P., Hollon, S. D., & Andersson, G. (2010). Psychotherapy for chronic major depression and dysthymia: A meta-analysis. *Clinical Psychology Review*, 30(1), 51-62.

Cuijpers, P., Van Straten, A., Van Oppen, P., & Andersson, G. (2008). Are psychological and pharmacologic interventions equally effective in the treatment of adult depressive disorders? A meta-analysis of comparative studies. *Journal of Clinical Psychiatry*, 69(11), 1675-1685.

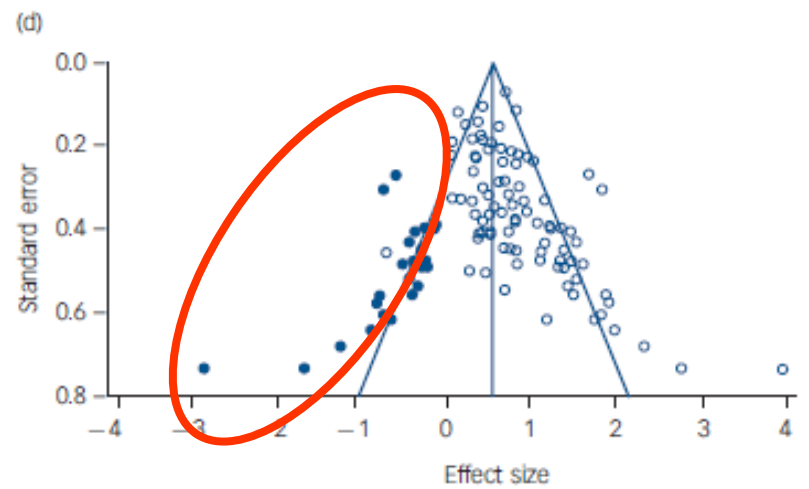
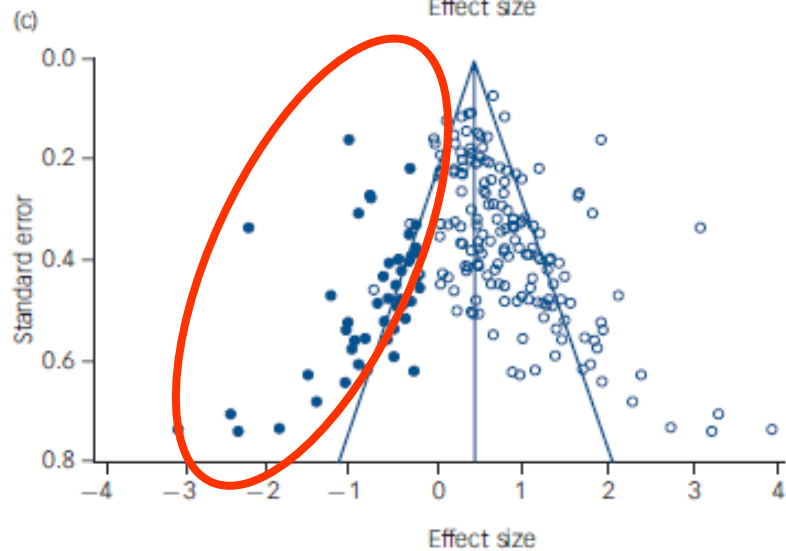
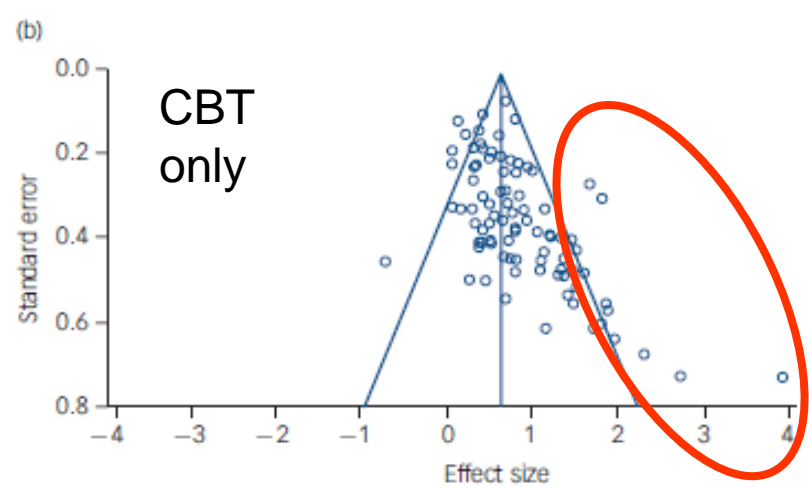
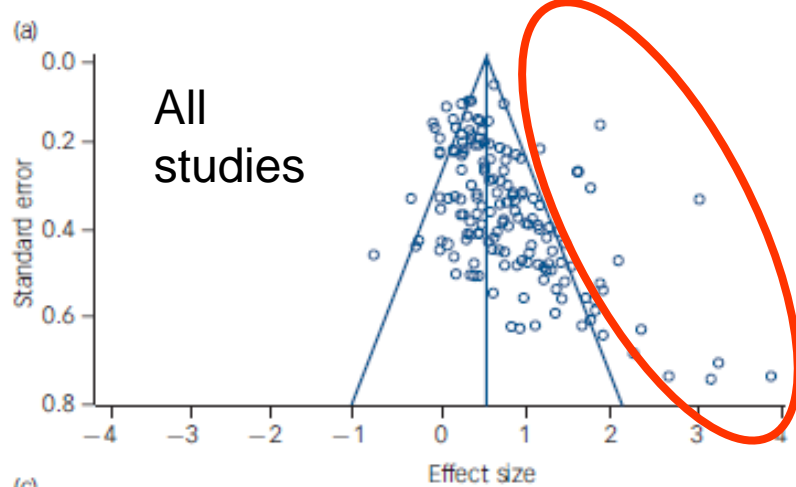


Fig. 2 Funnel plots. (a) All psychotherapy studies, without imputed studies; (b) studies of cognitive-behavioural therapy (CBT) only, without imputed studies; (c) all psychotherapy studies, with imputed studies (black circles); (d) CBT studies only, with imputed studies. Imputation according to Duval & Tweedie trim and fill procedure.

Psychopharmacological treatment of depression

- Between 1997 and 2008 Daily Defined Doses (DDD) have more than doubled: from 109 to **251 M**
- **341 M in 2015**
- **320 M in 2016**
- In 2008, **13%** of the Belgian population older than 18 received at least one prescription of antidepressants

RIZIV 2014: prescription of antidepressants

Tabel 2: Aantal patiënten met een vergoeding voor een antidepressivum per leeftijdsklasse, met percentage, in vergelijking met de totale populatie rechthebbenden van de sociale zekerheid

Leeftijdscategorie	Totaal aantal (unieke) patiënten	Aantal rechthebbenden	% van de rechthebbenden
15-24 jaar	36.425	1.300.175	2,8%
25-54 jaar	490.450	4.470.383	11,0%
55-64 jaar	224.982	1.364.386	16,5%
65-74 jaar	168.067	983.965	17,1%
≥ 75 jaar	241.000	1.018.411	23,7%
Totaal	1.160.924	9.137.320	12,7%

Bron: Farmanet, RIZIV

How can we improve access to psychotherapy?



Online psychotherapy and blended care

- **Pure online self-help** is effective only in a **small subgroup** of patients
- However: meta-analyses suggest **blended care may be as effective as f2f** psychotherapy in depression (and anxiety)
- **No differences** between types of psychotherapy, most studies have focused on CBT and PDT

Andersson, G., & Cuijpers, P. (2009). Internet-based and other computerized psychological treatments for adult depression: a meta-analysis. *Cogn Behav Ther*, 38(4), 196-205. doi: 10.1080/16506070903318960

Andrews, G., Cuijpers, P., Craske, M. G., McEvoy, P., & Titov, N. (2010). Computer therapy for the anxiety and depressive disorders is effective, acceptable and practical health care: a meta-analysis. *PLoS One*, 5(10), e13196. doi: 10.1371/journal.pone.0013196

Richards, D., & Richardson, T. (2012). Computer-based psychological treatments for depression: a systematic review and meta-analysis. *Clinical Psychology Review*, 32(4), 329-342. doi: 10.1016/j.cpr.2012.02.004

Equivalence of psychotherapies

- Meta-analysis of **high quality RCTs** comparing PDT and CBT
- N=23 trials, totaling 2,751 patients
- Depression, anxiety, PTSD, eating disorders, substance-related disorders, personality disorders
- Equivalence tested using Two One-Sided Test (TOST) procedure with small effect size difference ($d=.25$) as equivalence margin
- No evidence for researcher allegiance

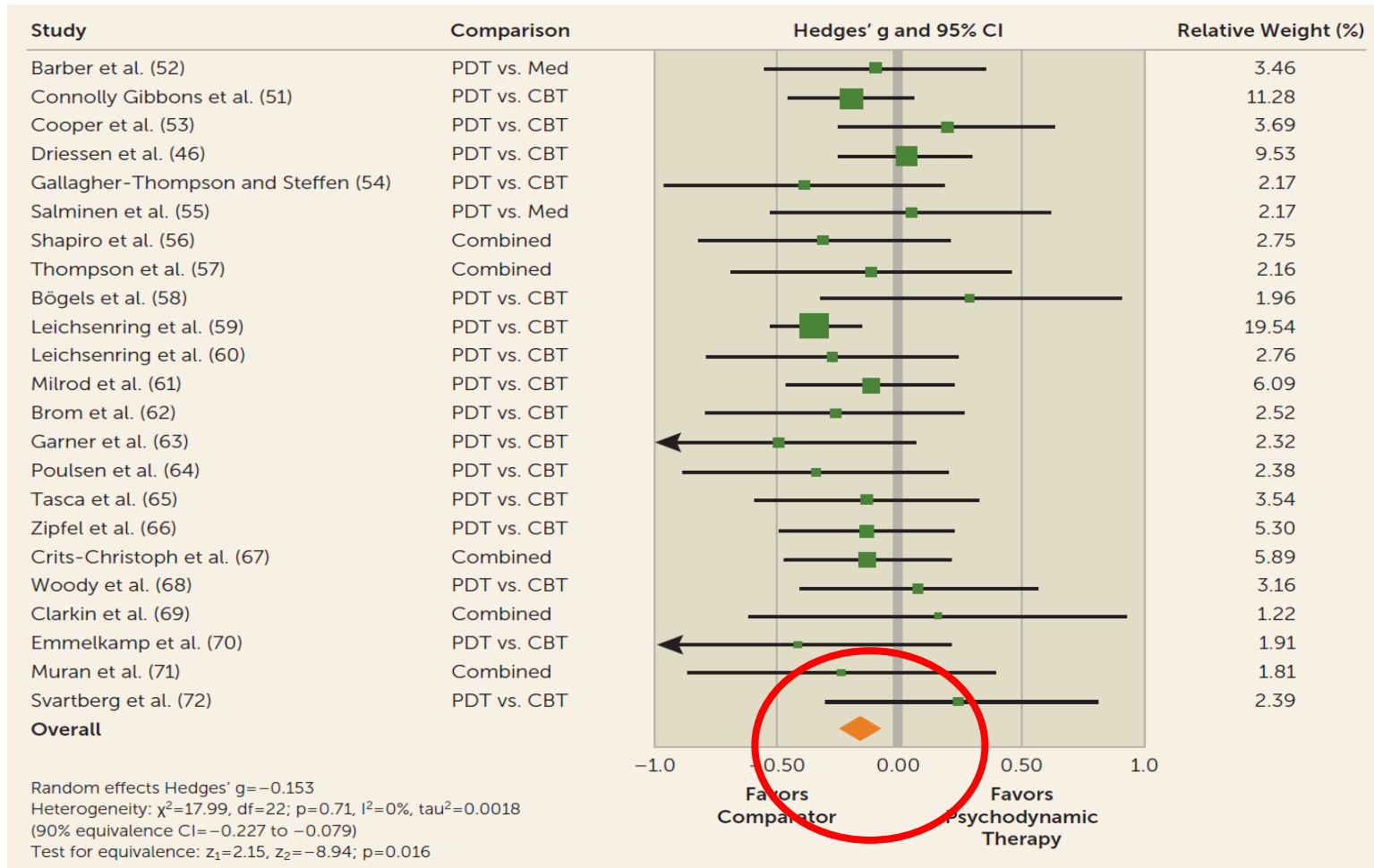


Equivalence of psychotherapies

Hedges $g = -.15$ (90% CI $-.227 - .079$) at posttreatment
 Hedges $g = -.049$ (90% CI $-.137 - .038$) at follow-up



FIGURE 1. Analysis of Effects of Psychodynamic Therapy Relative to Established Comparators on Target Symptoms at Posttreatment^a



^a CBT=cognitive-behavioral therapy; Med=pharmacotherapy; PDT=psychodynamic therapy.

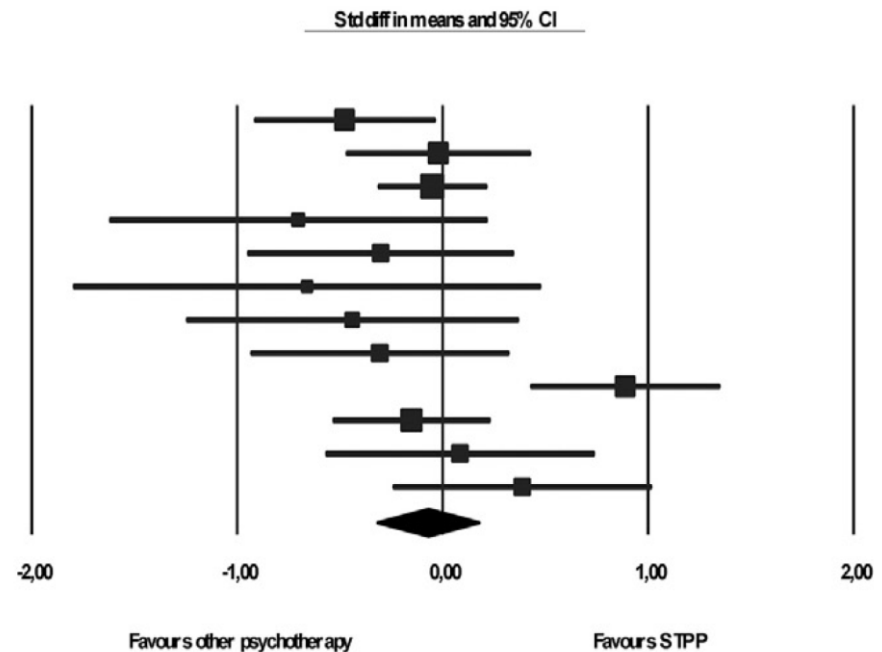
Equivalence in depression

Short-term psychodynamic therapy for depression
META-ANALYSIS

N=54 studies, totaling 3,946 patients

No significant differences found between brief PDT and other therapies at post-treatment
($d = -0.14$)

No significant differences found between brief PDT and other therapies at follow-up
($d = -0.06$)



Driessen, E., Hegelmaier, L. M., Abbass, A. A., Barber, J. P., Dekker, J. J., Van, H. L., . . . Cuijpers, P. (2015). The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis update. *Clinical Psychology Review*, 42, 1-15.

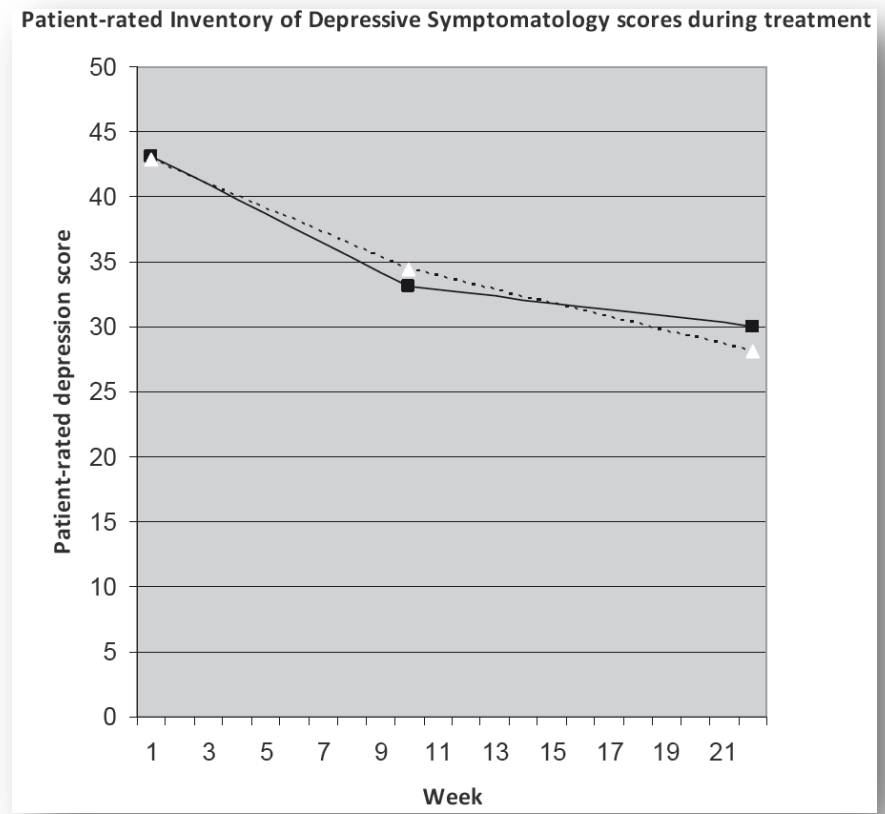
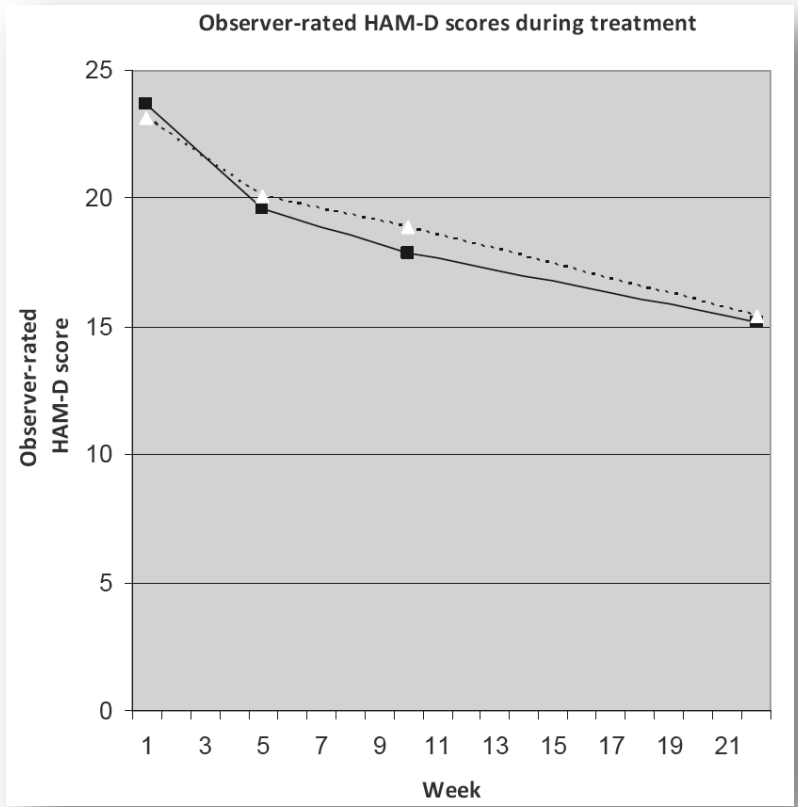
CBT vs. PDT for Major Depression (N=341)

- **CBT**

- 16 individual sessions
- Manualised (Molenaar et al., 2009)
- N= 164

- **Psychodynamic Therapy**

- 16 individual sessions
- Manualised (de Jonghe, 2005)
- N=177

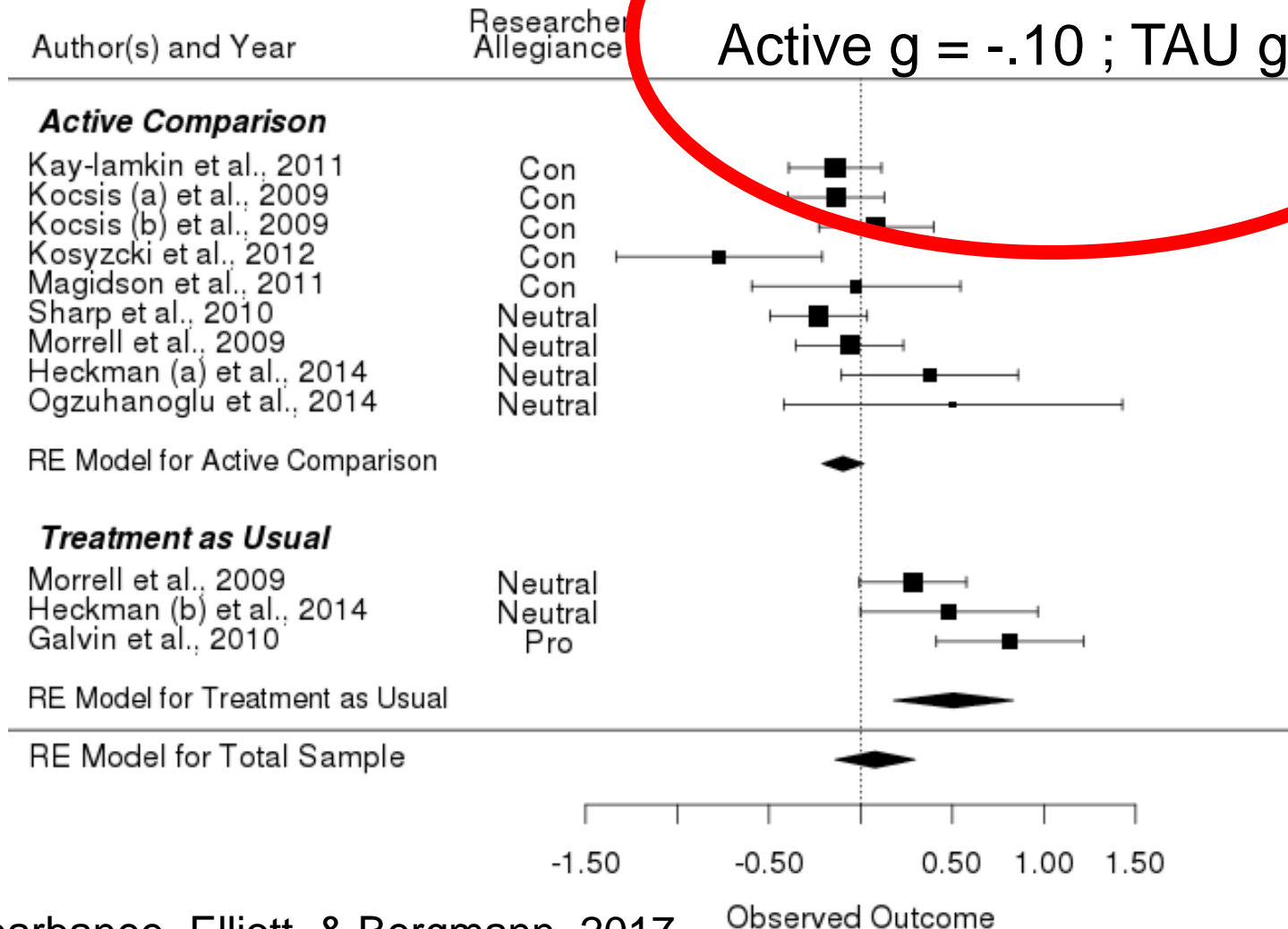


Diessen, E., Van, H. L., Don, F. J., Peen, J., Kool, S., Westra, D., . . . Dekker, J. J. (2013). The efficacy of cognitive-behavioral therapy and psychodynamic therapy in the outpatient treatment of major depression: a randomized clinical trial. *American Journal of Psychiatry*, 170(9), 1041-1050. doi: 10.1176/appi.ajp.2013.12070899

Humanistic-experiential therapies

Total: $g = .08$

Active $g = -.10$; TAU $g = .51$



Improving Access to Psychological Therapies (IAPT)

April 2014 - March 2015:

1,267,193 referrals

815,665 referrals entered treatment;

for which 32.0 days was the average (mean) waiting time

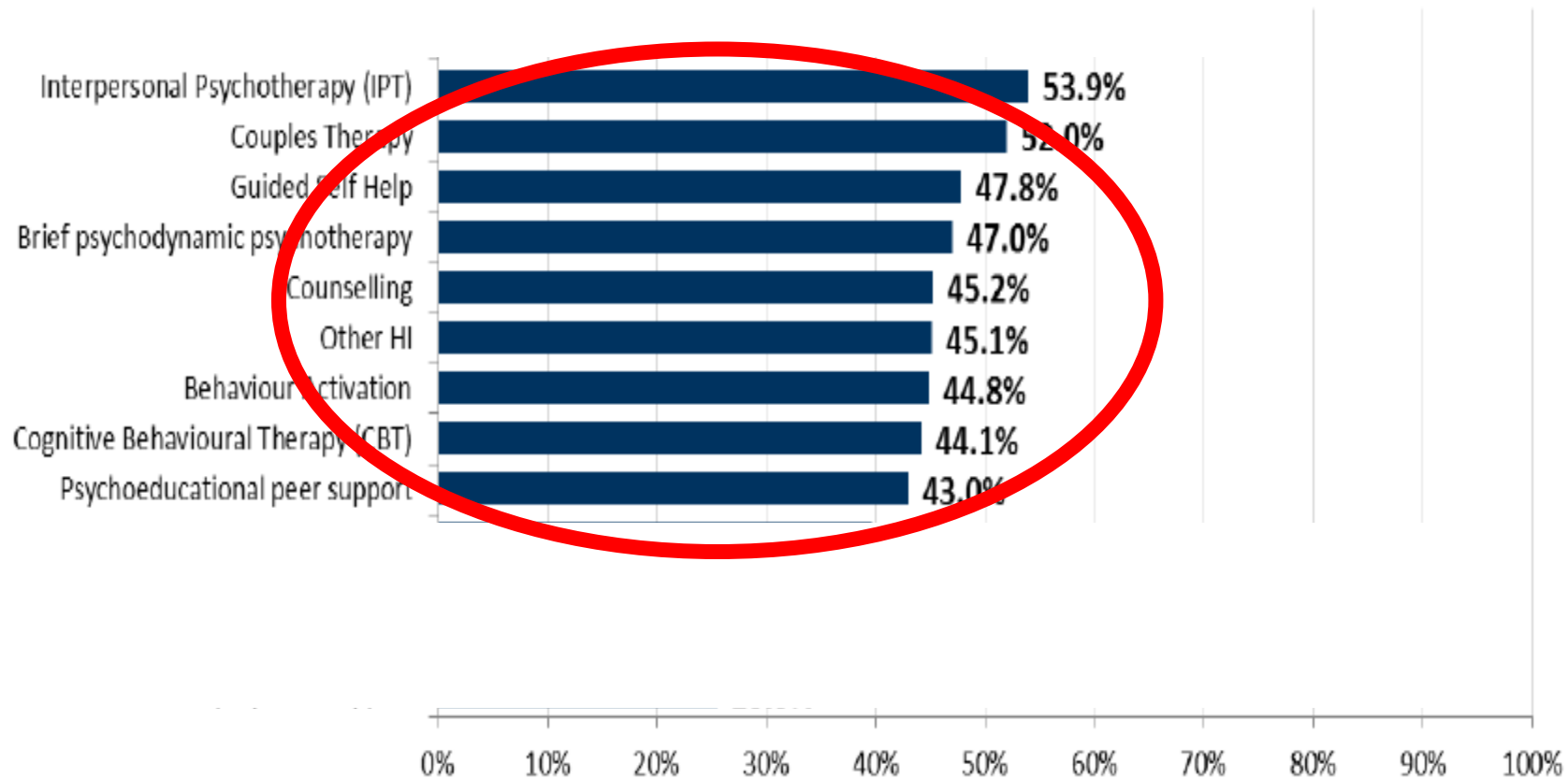
1,123,002 referrals ended;

of which 468,881 (41.8%) finished a course of treatment;

for which 6.3 was the average (mean) number of attended treatment appointments

Improving Access to Psychological Therapies (IAPT)

Figure 3: Recovery rates by therapy type for referrals with a problem descriptor of depression, 2014/15²³



Efficacy online treatment for depression

- Meta-analyses show **no difference** between internet-based treatment and f2f, particularly in mild to moderate depression
- **However:**
 - **Contact** with mental health professional is essential for most patients
 - Linear relationship between frequency of contact and outcome

f2f versus internet

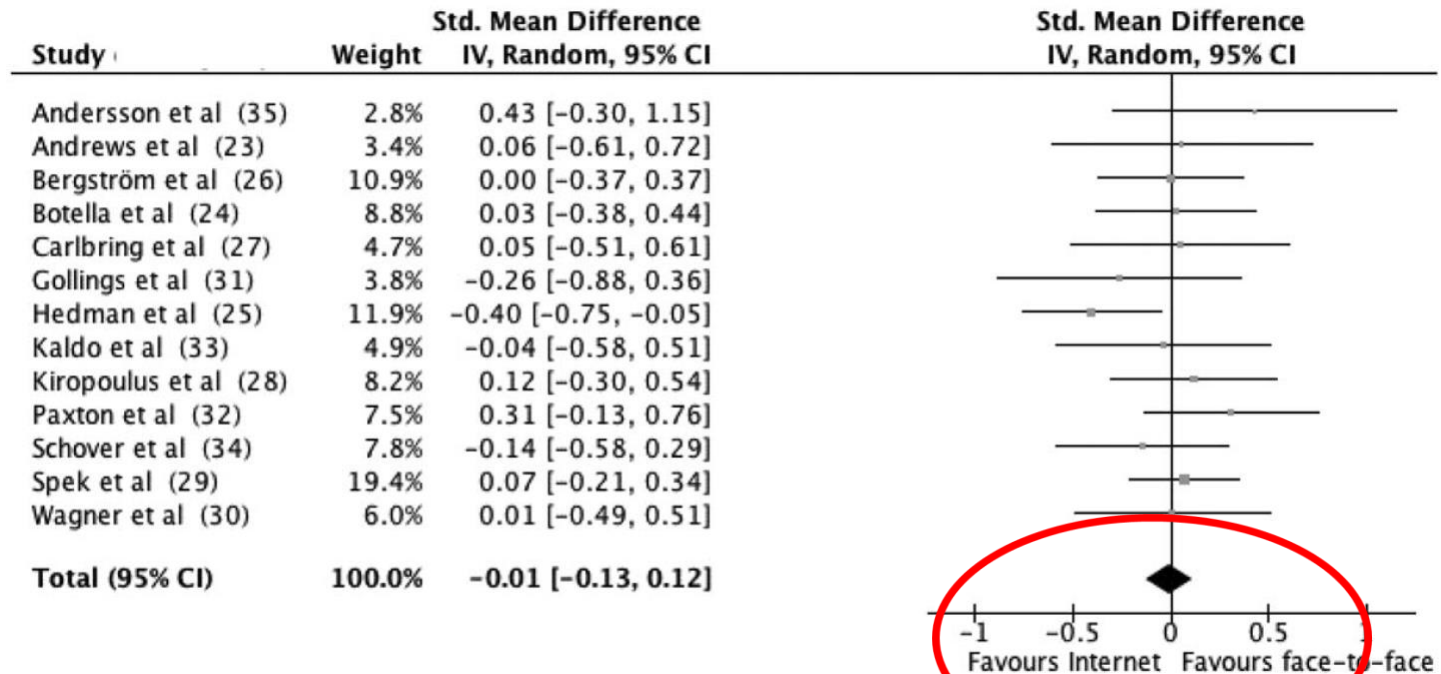
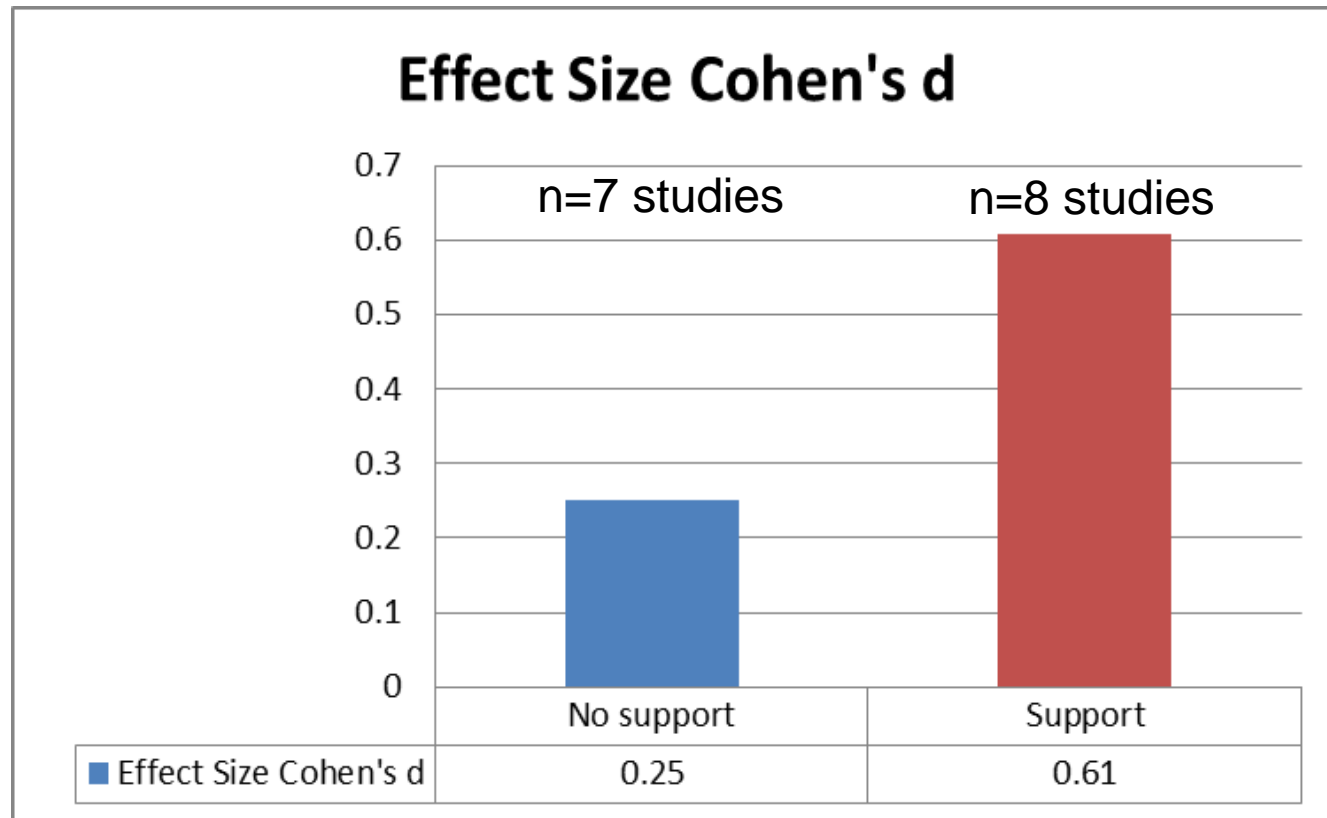


Figure 3 Forest plot displaying effect sizes of studies comparing guided Internet-based treatment with face-to-face treatment

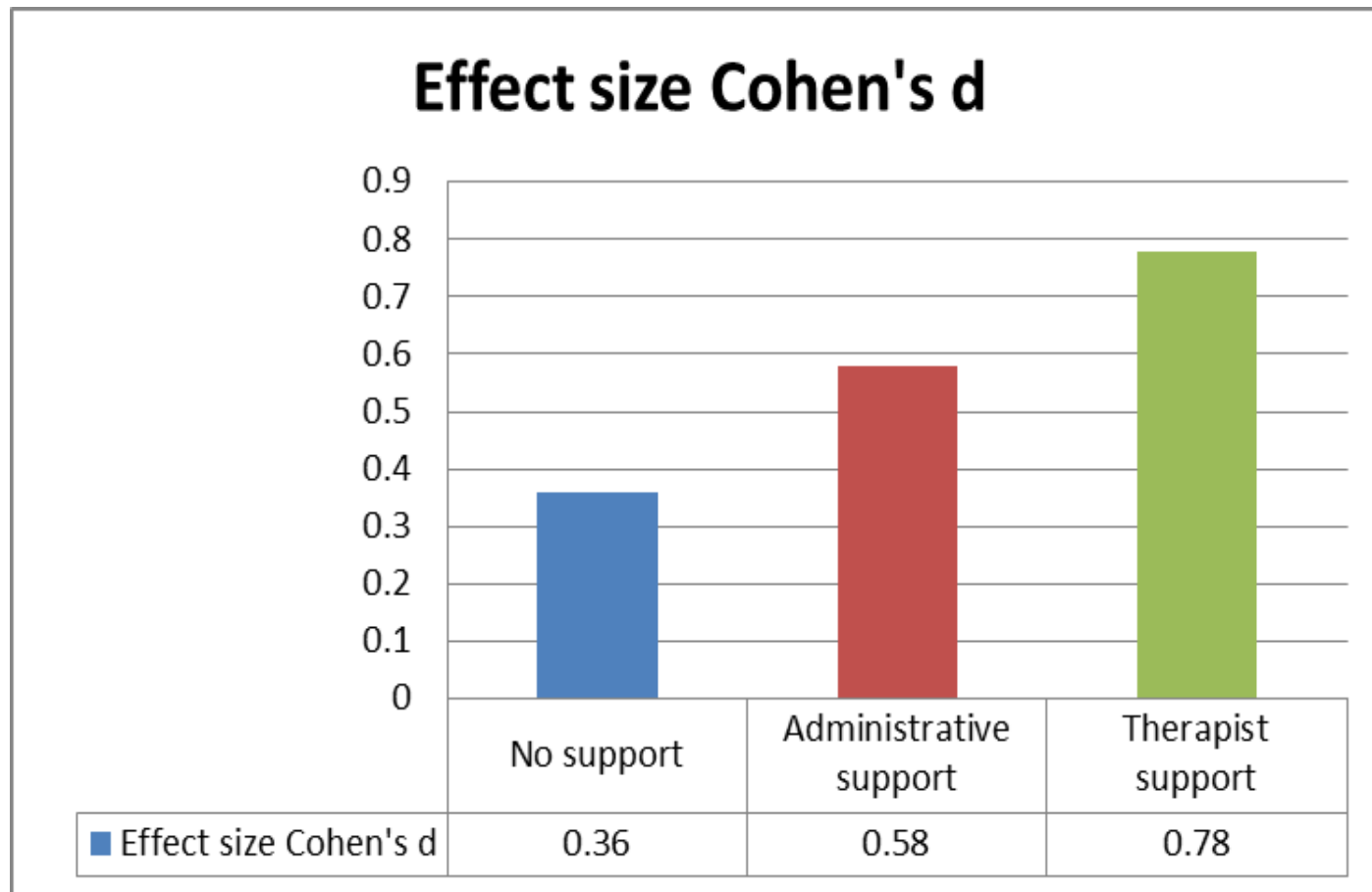
ES difference of Hedges $g = .05$ (95% CI: $-.19$ to $.30$) between f2f psychotherapy and internet-based psychotherapy in studies targeting depressive symptoms only

Effect size in relation to clinician contact and support



Andersson, G., & Cuijpers, P. (2009). Internet-based and other computerized psychological treatments for adult depression: a meta-analysis. *Cogn Behav Ther*, 38(4), 196-205. doi: 10.1080/16506070903318960

Effect size in relation to clinician contact and support



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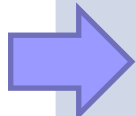
For whom (not)?

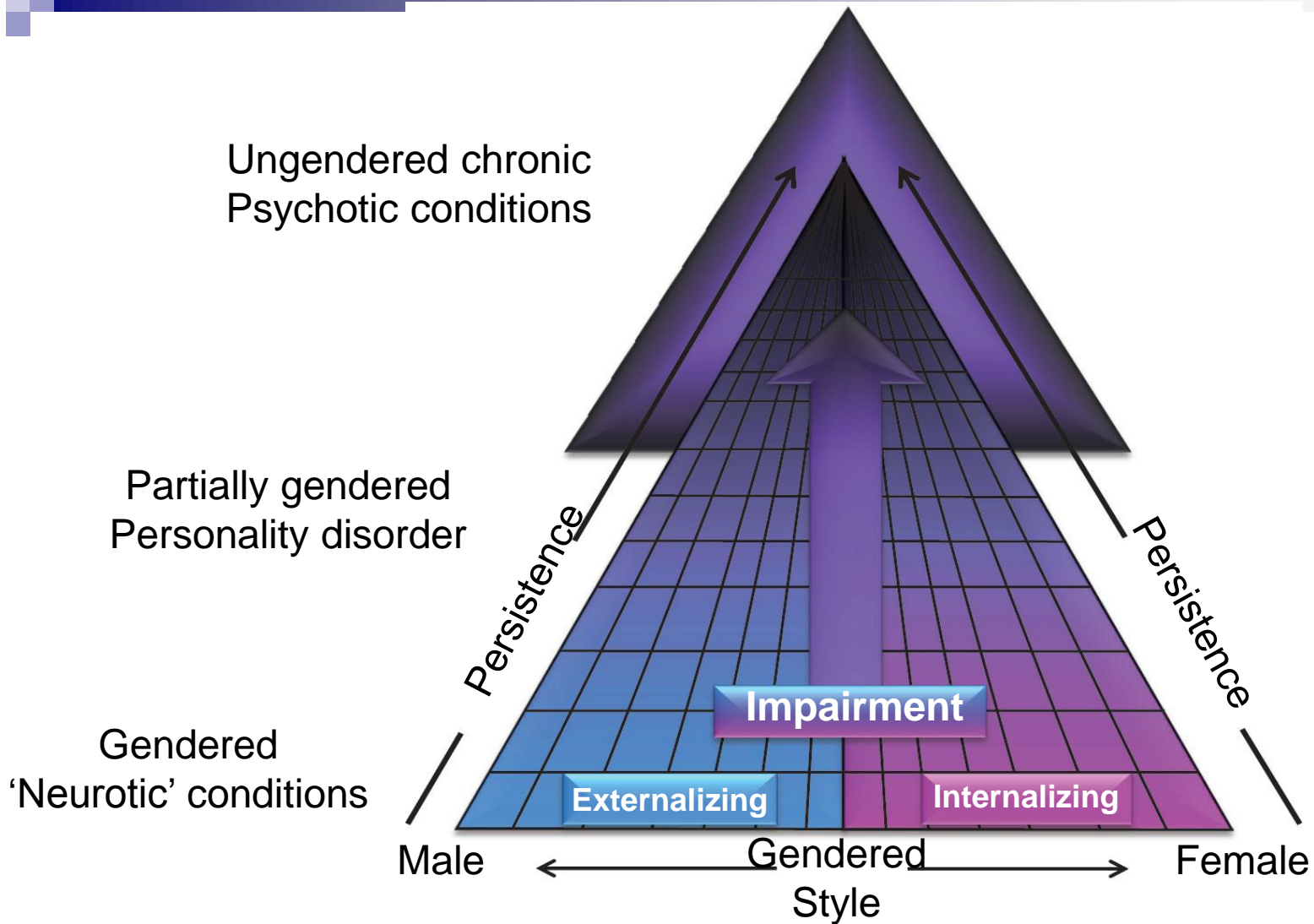
For whom (not)?

- Bendelin et al. (2011): qualitative study
 - 3 groups of participants in E-Mental Health programmes:
 - **readers**
 - **strivers**
 - **doers**
 - Only 'doers' apply new insights in their daily lives and benefit from e-mental health interventions
 - Other groups emphasize the need for more support and benefit less (or not at all) from e-mental health interventions

Bendelin et al. (2011)

Groups	Working Process	Motivation	Attitude	Consequence of treatment
Readers	<ul style="list-style-type: none"> *read the material *Didn't want or try to put their insights into practice 	Unmotivated because: <ul style="list-style-type: none"> *Lack of support *Program is a burden/lack of time 	Disappointment i.r.t. their high expectations	No change (although more insight): made them feel lonely, shameful, disappointed
Strivers	<ul style="list-style-type: none"> *Read and worked with the material in a practical way *<u>Ambivalence</u> regarding practising insights and working on their own 	Unmotivated because: <ul style="list-style-type: none"> *Inadequate support *wish for more contact *expectations of therapist 	<u>Scepticism</u> towards e-MH, CBT	Revision of themselves and depression, better understanding, ambivalence (help would have made me feel better)
Doers	<ul style="list-style-type: none"> *Testing the material, applying it and putting insights into practice *Structured en methodical way of working 	Motivated because <ul style="list-style-type: none"> *Proximal support if needed *responsibility, working on their own 	Appreciate independence, useful, helpful	Better understanding, practiced skills and insights Stronger believe in own coping skills because they had beaten depression on their own

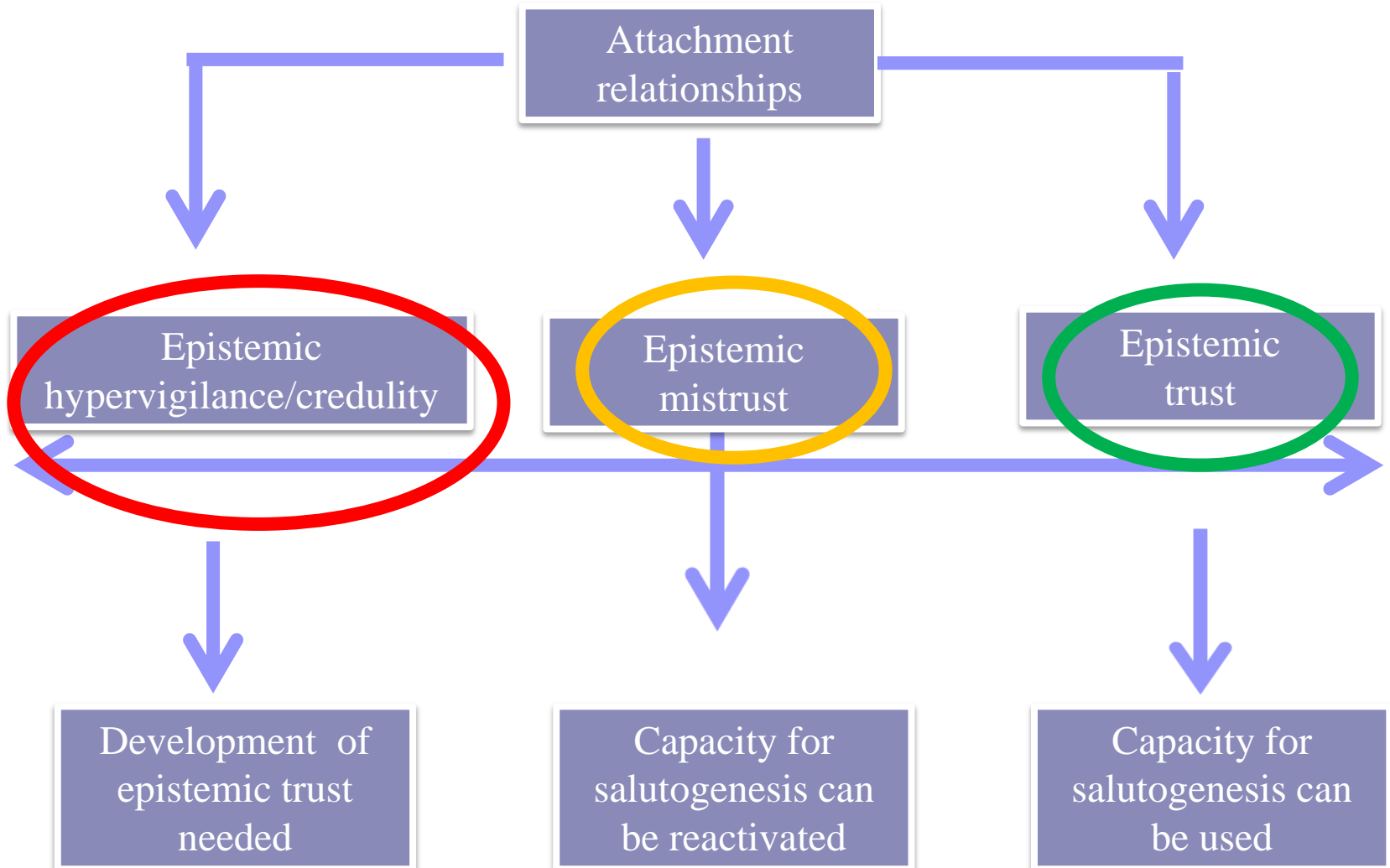




Fonagy, P., Luyten, P., & Allison, E. (2015). Epistemic Petrification and the Restoration of Epistemic Trust: A New Conceptualization of Borderline Personality Disorder and Its Psychosocial Treatment. *Journal of Personality Disorders, 29*(5), 575-609.

Fonagy, P., & Luyten, P. (2016). A multilevel perspective on the development of borderline personality disorder. In D. Cicchetti (Ed.), *Developmental Psychopathology* (3rd ed.). New York: Wiley.

Spectrum of patients



Fonagy, P., Luyten, P., & Allison, E. (2015). Epistemic Petrification and the Restoration of Epistemic Trust: A New Conceptualization of Borderline Personality Disorder and Its Psychosocial Treatment. *Journal of Personality Disorders*, 29(5), 575-609. doi: 10.1521/pedi.2015.29.5.575

The Open Door



Abbass, A. (2015). *Reaching through resistance: Advanced psychotherapy techniques*. Kansas City, MO: Seven Leaves Press.

The Guarded Cellar



The Fortified Castle



The Paralyzed Prisoner



Terror in the Dungeon



Fractured and Frightened





Ondersteund door Vlaams
Ministerie van Welzijn,
Volksgezondheid en Gezin
Minister Jo Vandeurzen

Stepped care

Informatie

Wat is een depressie?

[Kenmerken](#)

[Zelftest](#)

[Herstelverhalen](#)

Voor de omgeving

[Wat doe je als naaste?](#)

Op weg naar herstel

[Wat zijn je mogelijkheden?](#)

Ga verder

Online zelfhulp

In voorbereiding

Binnenkort zal je hier een aantal hulpmiddelen vinden om zelfstandig online aan de slag te gaan.

Lees meer

Online begeleiding

Voor CGG cliënten

Cliënten die in begeleiding zijn bij [CGG Kempen](#) en [CGG De Pont](#) kunnen dit online programma volgen, in combinatie met gesprekken. Later zullen ook andere CGG hier gebruik van kunnen maken.

Online aanmelden is nog niet mogelijk. Dit is voorzien in 2018.

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Ga verder

2. Zelfhulp

- Voor iedereen gratis toegankelijk
- Screening + advies voor aanmelding
- Zelf aan de slag

- 1 24/7 toegankelijk
- 2 Kosteloos en anoniem
- 3 Anoniem contact met andere deelnemers via een afgeschermd forum

METEEN STARTEN? MELD JE AAN

LOGIN

[Wachtwoord vergeten?](#)
[Problemen bij inloggen?](#)

Meer weten?

Is deze zelfhulp
geschikt voor mij?

Lees meer >

Hoe werkt deze
online zelfhulp?

Lees meer >

Hoe zit het met
mijn privacy?


Lees meer >

Ik heb nog andere
vragen...

Lees meer >


Modules

ZELFHULP MODULES


Voelen en denken


OPEN >

Bezig


In beweging komen


OPEN >

Bezig


Mijn relaties

OPEN >

Bezig


Wat is belangrijk?

OPEN >

Bezig

Stepped care

Informatie

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Ga verder

Psychodynamic approaches

- Affect-focused psychotherapy
- Dynamic Interpersonal Therapy (DIT)
 - Strongly relational: presenting problems are linked to threats to attachment relationships
 - Double focus of treatment
 - Content: Interpersonal Affective Focus (IPAF)
 - Proces: increasing capacity for reflective functioning or mentalizing

Current applications

- Depression
- Anxiety
- Somatic symptoms (pain, fatigue)
- Transdiagnostic add-on in the context of inpatient treatment
- ...

Blended PDT: 'model trajectory'

Figure 1: Blended PDT

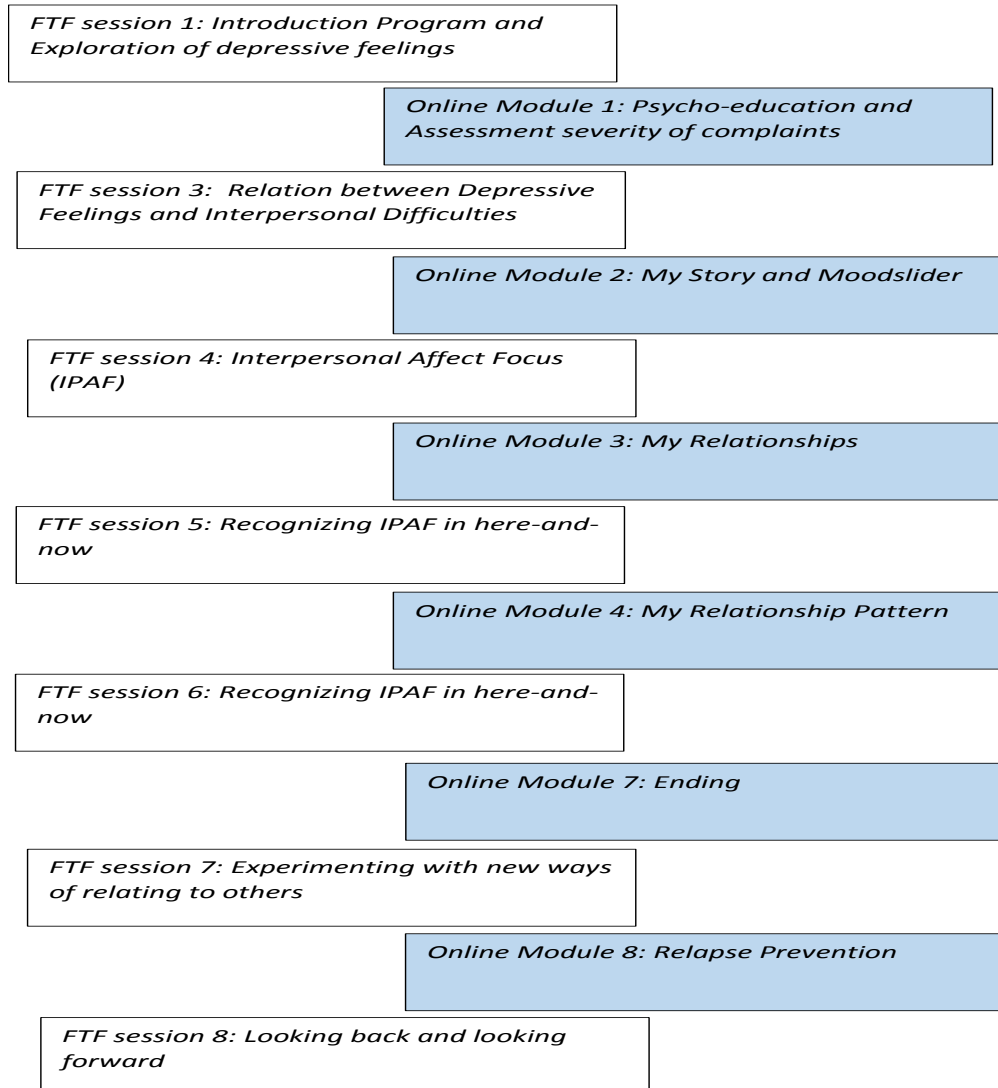




Illustration: depressiehulp.be



Questions...