

1 INTRODUCTION

This study aims to evaluate the association between psychological distress and long-term, psychodynamic psychotherapy (intervention) provided by core trainees in psychiatry using patient-reported outcomes in South London and Maudsley NHS Foundation Trust across 2018-2022.

The Maudsley Training Programme is the largest psychiatric scheme in Europe with over 140 core trainees. An integral part of training is led by the Medical Psychotherapy Service who provide supervision to all incoming trainees for their long-case in psychodynamic psychotherapy, which fosters use of a psychotherapeutic lens in wider psychiatric practice.

The difficulties in conducting psychodynamic psychotherapy research are well documented. Studies in the last decade have demonstrated clear benefits (1). UK National Health Services (NHS) provide psychodynamic psychotherapy within psychiatric settings for heterogeneous and generally complex patient populations. Much of the psychodynamic psychotherapy is provided by trainee psychiatrists who rarely have prior experience of delivering such therapy, but who are supervised by senior staff; there is a paucity of recent study in this context.

2 METHODS

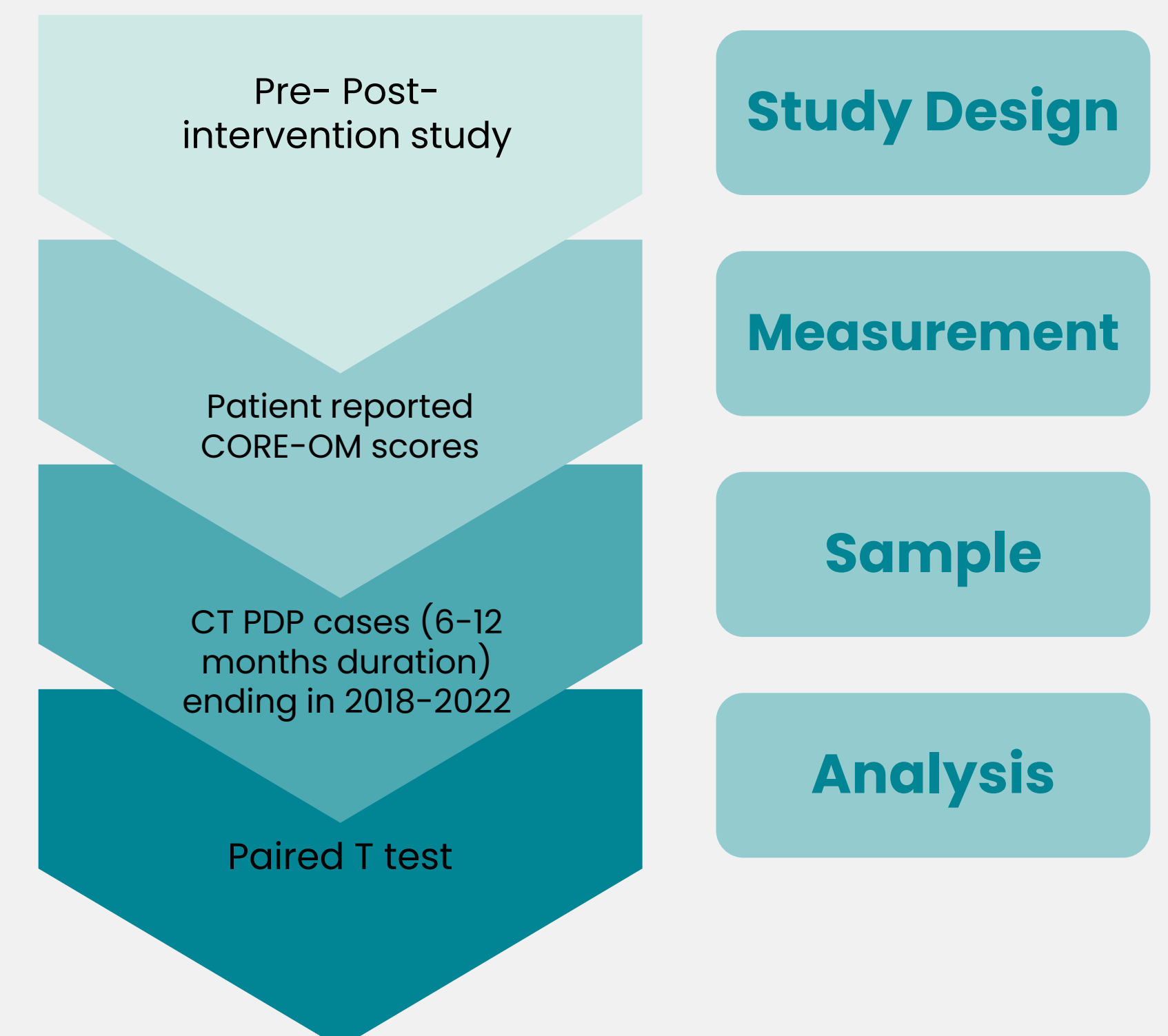
Study design: pre- post- intervention study

Measurement: comparison between first & last CORE-OM scores for CT PDP patients in SLaM across 2018-2022 (n=122)

Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM) is a self-report measure of psychological distress designed to be administered during a course of treatment to determine treatment response. The client is asked to respond to 34 questions about how they have been feeling over the last week, using a 5-point scale. The scale covers four dimensions: Subjective well-being, Problems/symptoms, Life functioning, Risk/harm

Inclusion criteria: CT PDP cases (6 months and 9-12 months duration) ending in 2018-2022 with first and last CORE scores. Exclusion criteria: Patients who did not have both first and end session scores (generally over half the patients in each year, especially missing data in 2022 so the n is smaller), Patients seen by STs/honorary therapists

Analysis: paired T test to calculate statistical significance



3 RESULTS

Disaggregated by year: 2018 (F2F), 2019 (F2F) and 2021 (virtual) showed statistically significant improvement in CORE scores, whereas hybrid years 2020 (pandemic start) and 2022 (pandemic end) showed improvement in mean/median scores, although not statistically significant.

- Therapy ending in 2018 F2F – statistically significant improvement ($p < 0.0001$, $n=32$)
- Therapy ending in 2019 F2F – statistically significant improvement ($p < 0.0001$, $n=35$)
- Therapy ending in 2020 hybrid – not statistically significant but still improvement ($p=0.226$, $n=20$)
- Therapy ending in 2021 virtual – statistically significant improvement ($p=0.01$, $n=19$)
- Therapy ending in 2022 hybrid – not statistically significant but still improvement ($p=0.087$, $n=15$)

Collated across all years ($n=122$), there is a statistically significant improvement in CORE scores from 2.2 to 1.7 ($p < 0.0001$) when comparing pre- and post- therapy CORE scores.

Year F2F/hybrid/virtual	Pre-PDP CORE score	Post-PDP CORE score	P-value
2018 (F2F)	2.1	1.5	$P < 0.0001$ ($n=32$)
2019 (F2F)	2.2	1.6	$P < 0.0001$ ($n=35$)
2020 (hybrid)	2.3	2.1	$P=0.226$ ($n=20$)
2021 (virtual)	2.2	1.8	$P=0.01$ ($n=19$)
2022 (hybrid)	2.1	1.8	$P=0.087$ ($n=15$)
Collated	2.2	1.7	$P=0.0001$ ($n=122$)

Figure 1 – Table: Pre and Post CORE scores both disaggregated by year and collated 2018-2022

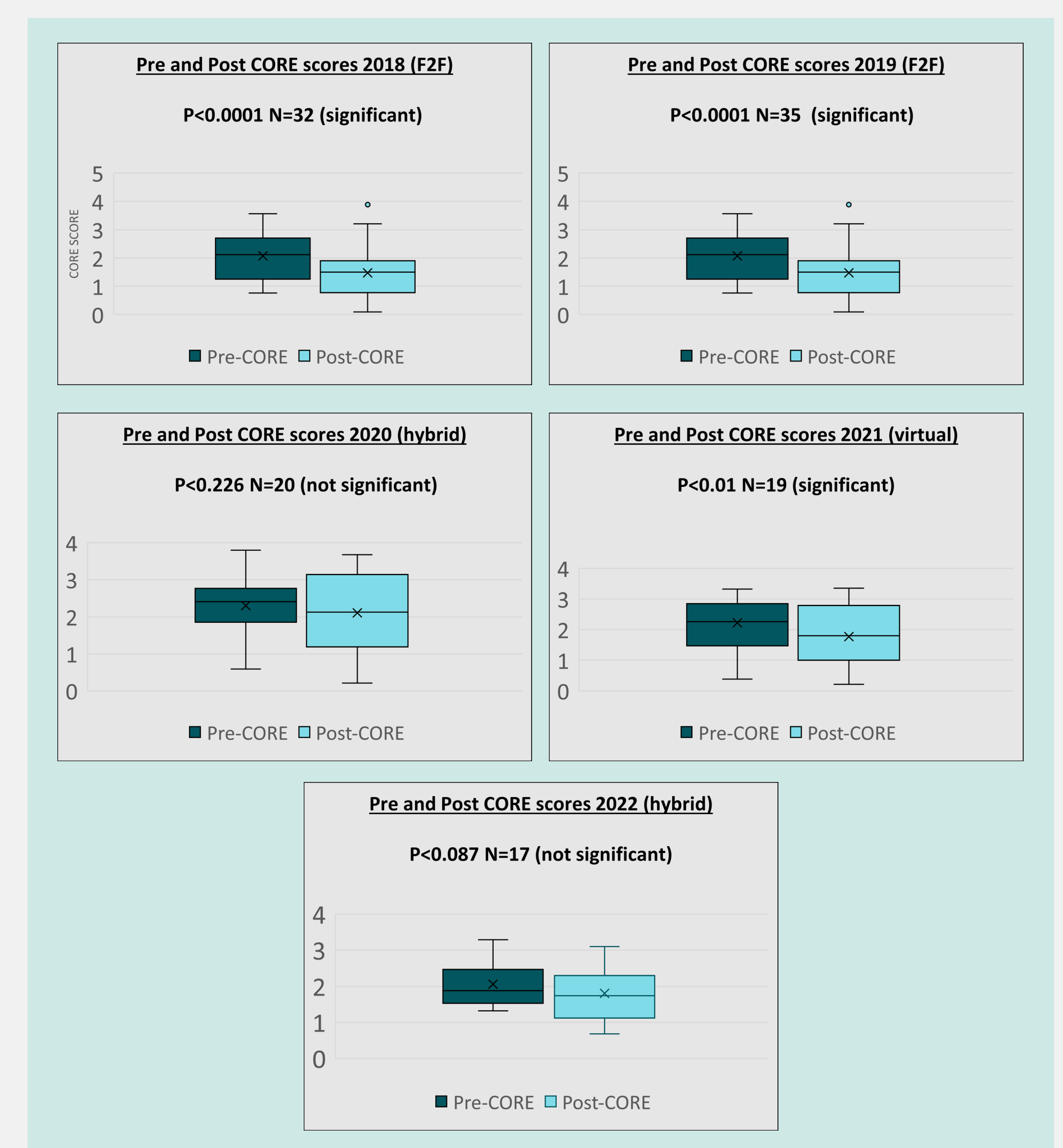


Figure 2 – Boxplots: Pre and Post CORE scores – disaggregated by year

4 DISCUSSION

Overall, this study demonstrates a significant improvement in patient reported, psychological distress measures associated with psychodynamic psychotherapy; provided by core trainees across 2018-2022. Of note, therapy ending in the wholly F2F or virtual years was also associated with a significant improvement in psychological distress measures; in comparison to therapy ending in hybrid years. This finding is consistent with existing research that explores efficacy of psychotherapy using virtual and in-person delivery mechanisms (2).

Limitations of this study include the lack of a matched control group for comparison that would enable causality inference; conversely, there is an ethical consideration of withholding therapy for patients with equivalent distress. In order to draw conclusions from disaggregated findings, further study is needed using a larger sample size and analysis of confounding factors during pandemic (e.g. housing, employment recorded in WSAS scoring). Qualitative analysis of patient experience (including exit questionnaires versus existing PEDIC scoring), core trainee experience and supervision are valuable next steps.

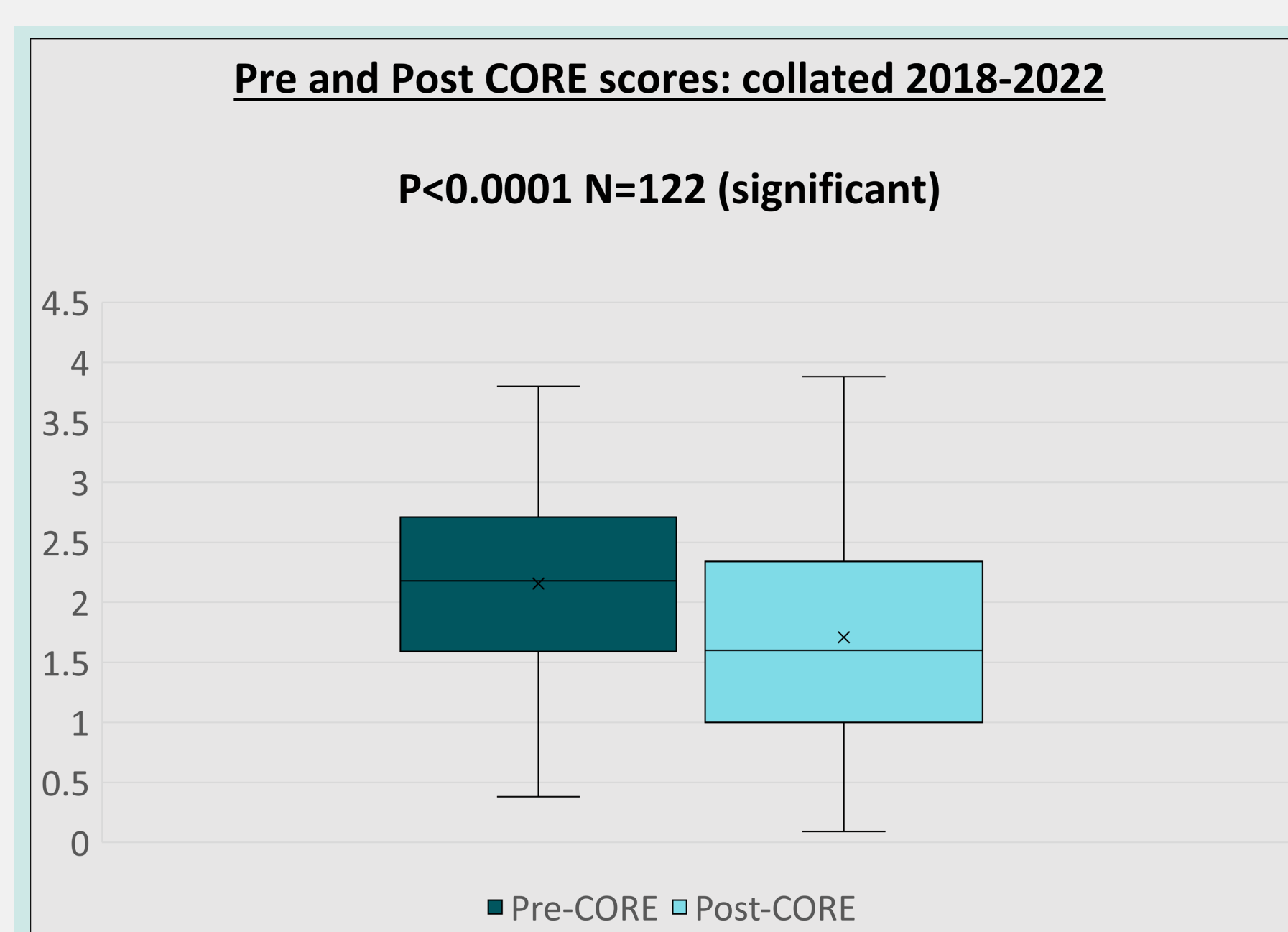


Figure 3 – Boxplots: Pre and Post CORE scores – collated 2018-2022

5 CONCLUSION

In conclusion, this study demonstrates a significant improvement in patient reported, psychological distress measures associated with psychodynamic psychotherapy; provided by core trainees across 2018-2022.

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