

# Clinical outcomes following individual psychodynamic psychotherapy: A service evaluation

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## BACKGROUND

- Psychodynamic psychotherapy (PDP) is an evidence-based treatment, with outcomes comparable to other evidence-based therapies and evidence of long-term benefit.<sup>1</sup>
- Studies conducted within NHS psychotherapy services have demonstrated improvements in psychological distress following PDP.<sup>2</sup>
- Routine evaluation of local outcomes is important to monitor service effectiveness and inform service development.

## AIMS

1. Evaluate clinical outcomes following long-term psychodynamic psychotherapy using CORE-10.
2. Explore whether number of sessions attended was associated with outcome.

## METHODS

Retrospective service evaluation using routine clinical data in City & Hackney Specialist Psychotherapy Service.

**Participants:** all patients who have had PDP and have a CORE-10 score recorded at both the start and end of therapy

**Outcome measure:** CORE-10 at baseline and discharge.

### Analyses:

- Mean change in CORE-10 score
- Change in CORE-10 severity category
- Reliable improvement ( $\geq 6$ -point reduction)
- Association between number of sessions and CORE-10 score change (Spearman's correlation).

## REFERENCES

1. Leichsenring F, Abbass A, Heim N, et al. The status of psychodynamic psychotherapy as an empirically supported treatment for common mental disorders – an umbrella review based on updated criteria. *World Psychiatry*. 2023;22(2):286-304.
2. Hirschfeld R, Steen S, Dunn EL, Hanif A, Clarke L. The effectiveness of psychodynamic therapy in an NHS psychotherapy service: outcomes for service-users with complex presentations. *Psychoanal Psychother*. 2024;38(2):132-152.

## RESULTS

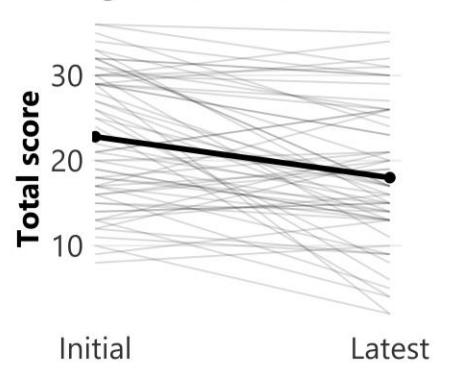
84 patients identified

22 excluded due to missing discharge CORE-10

62 included in analysis

→ CORE-10 scores decreased by a mean of 4.8 points

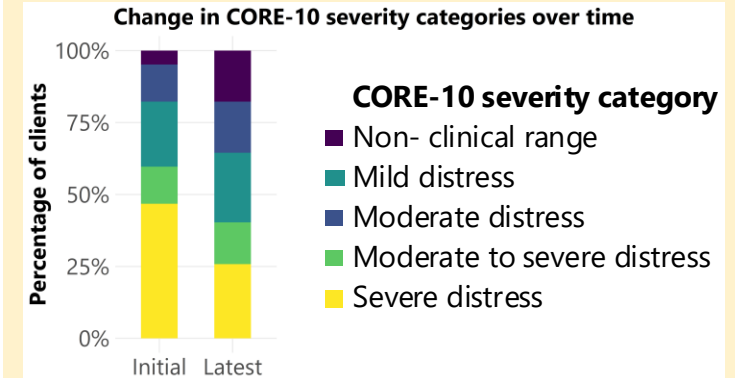
Change in total CORE-10 score



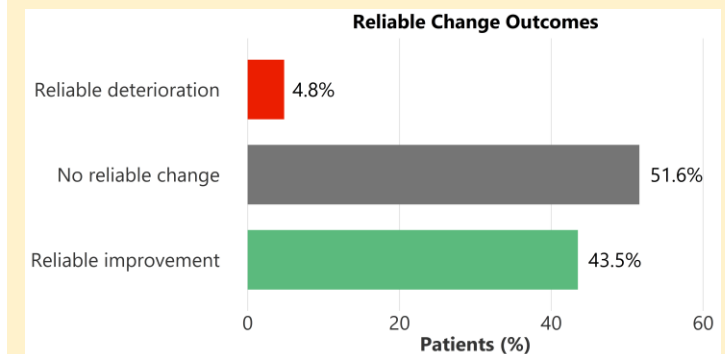
→ No association between number of sessions attended and CORE-10 score change (Spearman's  $\rho = -0.09$ ).

Patients attended a median of 29 sessions

→ 52% moved to a lower CORE-10 severity category



→ 43.5% achieved reliable improvement



## CONCLUSION

Long-term PDP was associated with reduced psychological distress. Findings should be interpreted cautiously due to the small sample and lack of a control group.