Development of a prospective longitudinal study of Psychoanalytic Psychotherapy: The Glen Nevis Clinic Research Study

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Outline of presentation

Historical Background of Glen Nevis Clinic

Establishment of the Clinic

Development of the Research Study

Challenges along the way
Background

- Historical context of low-cost psychoanalytic Clinics in Europe – Freud’s dream
- History of Clinic idea in VAPP
- Survey of VAPP membership
- Research program as integral to Clinic idea, but separate from therapy work
- Development of Research Subcommittee
- Philanthropic funding – for the Clinic itself, and separately for the research
Timeline

2007
- Philanthropic funding obtained

May
- Research Fellow appointed

Aug
- Clinic Manager appointed

Sept
- Clinic offices and rooms set up

Oct
- Meetings with VAPP members

Nov
- First 3 therapists and supervisor

2008
- Referrers contacted

Mar
- First patients seen in the Clinic

... each 6 months a new intake of therapists
Purpose of the Glen Nevis Clinic

1. To establish and conduct a clinic for persons who are in need of psychoanalytic treatment and who would not otherwise be able to afford the cost of such treatment as normally charged by private practitioners in the general region;

2. To extend the understanding of psychoanalytic treatment in the community;

3. To enable the conduct of research about community-based psychoanalytic psychotherapy.

Recognised “Health Promotion Charity” according to ATO criteria
Establishment of the Clinic

- Accommodation of Clinic
- Open to all VAPP therapists
- Communication with potential referrers
- Low income criterion <$50,000 per household
- Exclusion criteria: frank psychosis, conviction of violent offence, substance abuse or gambling problems, TAC / workcover claims
- Groups of 3 therapists, with a clinical supervisor for each group
- Each therapist has 3 patients seen in two sessions each week
Clinic Procedures

- Patient application form
- Allocation of therapist to patient
- Initial intake interview with Clinical Psychologist
- Initial assessment period of 4 weekly sessions
- Twice weekly subsidised therapy for up to two years
- Patients pay $20 per session ($40 per week)
Context of international research

- STOPP – Sweden
- Helsinki Psychotherapy Study
- Sheffield/Leeds Psychotherapy of Depression Research Group (CORE - Stiles)
- Göttingen Study - Germany
- Menninger Foundation Psychotherapy Research Project
- Tavistock Clinic Psychotherapy Evaluation Research Unit

Tendency to focus on pre-post outcomes and use quantitative methods, although recommend a more in-depth and inclusive approach
Principles underpinning the Glen Nevis Research Study

- Importance of investigating the process as well as the outcomes of therapy
- Value of the patient’s voice
- Complementary qualitative and quantitative data collection and analysis
- Not evaluating the work of the therapists
Key elements of the Research

- Thoughtful – Keeping patient in mind at all times in development of research protocol
- Non-intrusive – Keep separate from the therapy
- Naturalistic – Observing, not dictating what happens in the Clinic
- Collaborative – Consulting with therapists on research design from the outset
- Phenomenological – Emphasising the subjective experience of participants
Aims of the research

1. Summarise the recent literature concerning research and evaluation of psychotherapy;
2. Identify realistic, ethical options for the collection of relevant data with and by patients and staff of the Clinic, whereby quality assurance processes and evaluation processes are both satisfied;
3. Consult with staff about the options identified, in terms of research questions and methods;
4. Finalise a concrete Research and Evaluation Plan for review and approval by the Glen Nevis Clinic Committee of Management;
5. As the Clinic commences operation, set in place databases and other data collection tools relevant to both quality assurance and evaluation of psychotherapy outcomes;
6. Oversee and implement data collection procedures as necessary over the course of the four years;
7. Analyse, interpret and write up results emerging during the four years, using an evaluation framework; and
8. Devise a plan for future research (including further grant applications) for approval by the Glen Nevis Clinic Committee of Management.

Developed with full collaboration of the participating Therapists and Committee of Management.
Data Sources 1: Quantitative

- Global Assessment of Functioning (GAF) and Global Assessment of Relational Functioning (GARF) from DSM-IV (baseline, 8, 16, and 24 months)
- Brief Symptom Inventory – Symptomatology (baseline and 24 months)
- CORE – Clinical outcomes (baseline and 24 months)
- NEO-FFI Personality Inventory (baseline and 24 months)
- TASC-2 – Therapy style
Data Sources 2: Qualitative

- Patient application form and referral information
- Diagnostic impression from Clinical Psychologist (not formal diagnosis)
- Semi-structured interviews with patients at 8, 16, 24 and 36 months from beginning of therapy
- Semi-structured interviews with therapists at 8, 16, and 24 months.
- Interviews with key personnel about clinic processes
- Clinic documents and communications – Process log
- Exit interviews with patients who discontinue
Interview Timeline

- **Time 1 (8 months) Beginning phase**
  Expectations of participants and experience of getting started in therapy.

- **Time 2 (16 months) Middle phase**
  Experience of therapy as perceived by therapist and patient.

- **Time 3 (24 months) Concluding phase**
  Reflection upon the last phase of therapy, end of therapy, and overall experience. Changes that have been experienced over the course of therapy from both participants’ perspectives.

- **Time 4 (36 months) Follow-up phase**
  Reflection upon therapy experience by patient from a little distance, and discussion of any ongoing changes. Reflection upon participation in the research.
Challenges

- Ongoing funding...
- Limited staff
- Collaboration with therapists
- Boundaries
- 2 x 2 structure of therapy
- Analysis of narrative interviews
- Misapprehensions
In conclusion

- Exciting opportunity to provide much needed service
- Make a contribution to the field
- Rethinking assumptions about research
- Importance of being able to compromise
- Learning about how others work
- Terrific Clinic team
- Great bunch of therapists
I respectfully acknowledge the Wurundjeri people whose spirit inhabits the land on which this work takes place.