Review: short term psychotherapy is an effective treatment for psychiatric disorders


Q Is short term psychotherapy an effective treatment for psychiatric disorders?

METHODS

Design: Systematic review with meta-analysis.


Study selection and analysis: The review included randomised controlled trials (RCTs) of short term psychotherapy, delivered by trained therapists, targeted at the treatment of specific psychiatric disorders. The review did not include studies of interpersonal therapy. Within-group effect sizes were determined for each study using Cohen’s d statistic (baseline standard deviations were pooled where there was more than one patient group). Separate effect sizes were determined for targeted symptoms, general symptoms, and social functioning. Between-group effect sizes were determined by measuring the difference in magnitude of change between treatment and comparison groups in units of standard deviation. Comparisons between groups used t tests (for independent samples) and MANOVA (for differences between short and other forms of psychotherapy).

Outcomes: General symptoms (Symptom Checklist-90 and Beck Depression Inventory); targeted symptoms of disorders (tools specific to particular psychiatric disorders); and social functioning (Social Adjustment Scale).

MAIN RESULTS

Seventeen studies met criteria for inclusion in the review. Delivery of short term psychotherapy ranged from 7–40 sessions and mean follow up was about one year. Measures of effect size from pretreatment levels showed that short term psychotherapy improved targeted symptoms (17 studies, p<0.01 for post-treatment effect size ≠ zero), general symptoms (15 studies, p<0.01 for post-treatment effect size ≠ zero), and social functioning (11 studies, p<0.01 for post-treatment effect size ≠ zero). Between-group comparisons showed that short term psychotherapy was more effective than no treatment or treatment as usual (p<0.01 for comparison of post-treatment effect sizes for target and general symptoms and social functioning) but there was no difference between short term and other forms of psychotherapy (15 studies, p = 0.69 for comparison of post-treatment effect sizes for target and general and social functioning). Comparisons between pretreatment effect sizes and other active interventions for PTSD. Second, there are problems with the span of the review—of the 17 trials covered only three relate to anxiety and depression, the most common disorders. Other disorders covered included personality disorder, eating disorders, and substance misuse. This approach goes against much contemporary thinking about the efficacy of psychological therapies and the general trend which has suggested that specifically targeted psychotropies are more effective. Will this alter my clinical practice such that STPP takes an equal place, for example, to CBT and interpersonal psychotherapy (IPT) in the treatment of depression? No. There is a substantial body of research in depression which supports the use of CBT and IPT. That is not the case for STPP, but Leichsenring et al do suggest that STPP may be useful as a second line treatment. However, more research is required before STPP is adopted as a first line treatment for the disorders covered in their review.

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