Psychiatric Short-Term Psychotherapy (PKP)
Comparison of short-term and long-term psychotherapy for depression treatment

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PKP - Theory

• **Function of depression: avoiding intense emotions** such as anxiety, anger, grief or joy (Sulz, 2012)
  – „What do you feel?“
  – „I feel nothing."

• **Maintenance by negative reinforcement**
  – Avoidance of anxiety > e.g. no threat
  – Avoidance of anger > e.g. no conflict
  – Avoidance of grief > e.g. no loss
  – Avoidance of joy > e.g. no misfortune
PKP - Strategy

• **Replacing depression with emotions** according to the principle of exposure
  – Joy > positive reinforcement
  – Anxiety > self-efficacy, personal responsibility
  – Anger > social & conflict-solving skills
  – Grief > Let go & take farewell

• **Set of therapy cards**
  – Consistent & short therapy
  – Integration of established & evidence based interventions
  – Balance between guidelines & “therapeutic art”

• **3 goals of PKP**
  – Symptom reduction (psychiatric)
  – Acquisition of skills (behavior therapy)
  – Correction of the survival rule (psychodynamic therapy)
PKP – Therapy cards

- Admission
- Guidelines
- Psychoeducation
- Module Joy exposition: e.g. positive activities, sport, relaxation training, pleasure training
- Module Anxiety exposition: e.g. assertiveness, communication, autonomy
- Module Anger exposition: e.g. awareness of anger, permission of anger, discrimination of emotion and action, expression of anger, checking sufficiency
- Module Grief exposition: e.g. remembrance of the precious loss, feeling the need of the lost person, bringing the moment of loss to mind, awareness of emotional pain, sustain the emotion, until it disappears by itself
- Module Review and outlook
- Module Survival rule
Research questions

• Question 1: **Effectiveness**
  – Is PKP effective in treating for depression?
  – Hypothesis: After PKP treatment individuals will have significantly lower depression scores than before.

• Question 2: **Efficiency**
  – When is the **maximum therapeutic effect achieved** (dosage-effect relation)?
  – Hypothesis: The maximum effect is achieved after short-term therapy.
Design

- **Short-term therapy**
  - 24 weekly sessions (acute therapy)
  - 6 monthly sessions (maintenance therapy)
  - 1 catamnestic session (follow up)

- **Long-term therapy**
  - 44 weekly sessions
  - 1 catamnestic session
Sample

- **156 participants**
  - STT: 77 (F32: 51%, F33: 35%, F34.1: 4%, F43.2: 9%)
  - LTT: 79 (F32: 37%, F33: 50%, F34.1: 1%, F43.2: 13%)
  - Psychotropic drugs (antidepressants): 34%

- **Treatment site: CIP Academy Munich**
  - STT: 16 Therapists (13 female)
  - LTT: 18 Therapists (12 female)

- **Socio-economic status: equal across therapy groups**
  - Gender: 57% female
  - Age: 39 (18-71)/40 (19-73)
  - Occupation: 69%/72% working
Method - Measures

• Self-assessment
  – BDI-II: Depressive symptoms
  – VDS90: Depressive symptoms
  – VDS90: Global symptoms screening
  – VDS30: Personality

• Clinical assessment
  – VDS14: Diagnostic Interview (depressive syndrome)
  – GAF: Global Assessment of Functioning

• Points of measurement: Before the therapy, after 24 sessions, after 30/44 sessions, catamnesis
Results - BDI-II

Short Term Therapy is as effective as Long Term Therapy

F(3)\text{sessions} = 101.12^{***}
\eta^2 = .65

F(1)\text{group} = .36 \text{n.s}
\eta^2 = .01

\rightarrow \text{Short Term Therapy is as effective as Long Term Therapy}

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Results – VDS90 (Depression)

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\[ F(3)_{\text{session}} = 87.69^{***} \]
\[ \eta^2 = .62 \]
\[ F(1)_{\text{group}} = .3 \text{ n.s} \]
\[ \eta^2 = .01 \]

→ Short Term Therapy is as effective as Long Term Therapy
Results – VDS90 (global)

- Short Term Therapy
- Long Term Therapy

- $F(3)_{\text{sessions}} = 70.62^{**}$
  - $\eta^2 = .57$

- $F(1)_{\text{group}} = .54 \text{ n.s}$
  - $\eta^2 = .01$

→ Short Term Therapy is as effective as Long Term Therapy

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Results – VDS30 (Dysfunctional Personality)

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\[ F(3)_{\text{sessions}} = 43.11^{***} \]
\[ \eta^2 = .47 \]

\[ F(1)_{\text{group}} = .01 \text{n.s} \]
\[ \eta^2 = 0 \]

\[ \rightarrow \text{Short Term Therapy is as effective as Long Term Therapy} \]
Results – VDS14 (Depression)

Short Term Therapy is as effective as Long Term Therapy

$F(3)_{\text{sessions}} = 143.36^{***}$
$\eta^2 = .73$

$F(1)_{\text{group}} = 7.18^{*}$
$\eta^2 = .12$

→ Short Term Therapy is as effective as Long Term Therapy
Results – GAF Global Assessment of Functioning

Short Term Therapy is as effective as Long Term Therapy

\[ F(3)_{\text{sessions}} = 174.61^{***} \]
\[ \eta^2 = .77 \]
\[ F(1)_{\text{group}} = 8.34^{**} \]
\[ \eta^2 = .14 \]

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Discussion

- **Question 1: Effectiveness**
  - Is PKP effective in treating for depression?
  - Hypothesis: After PKP treatment individuals will have significantly lower depression scores than before.
  - **CONFIRMED**

- **Question 2: Efficiency**
  - When is the maximum therapeutic effect achieved (dosage-effect relation)?
  - Hypothesis: The maximum score is achieved after short term-therapy.
  - **CONFIRMED**  → Short Term Therapy is as effective as Long Term Therapy
Discussion

- What does this mean?
- PKP for depression may be an effective and efficient treatment; further research necessary (→ RCT)
  → Short Term Therapy may be as effective as Long Term Therapy
- Short and emotion exposing treatment for depression can be recommended
- Other analysis
  - Main group effects only within clinical assessment
    - Diagnosis bias? (More F33 in long term therapy group)
    - Anchor bias? (Process may not be faster than available sessions)
THANK YOU!

Questions? Ideas?

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Download of this lecture: https://cip-medien.com/kostenlose-downloads/

Depression Therapy Session Cards PKP

- Symptom understanding module
- Joy exposure module
- Fear exposure module
- Grief exposure module
- Anger exposure module
- Review and outlook module

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