Psychiatria Danubina, 2017; Vol. 29, Suppl. 3, pp 432-440 *Conference paper*

GUIDELINES FOR INDIVIDUAL AND GROUP PSYCHODYNAMIC PSYCHOTHERAPY FOR THE TREATMENT OF PERSONS DIAGNOSED WITH PSYCHOSIS AND/OR SCHIZOPHRENIA

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SUMMARY

The hereby presented guidelines for the use of psychodynamic psychotherapy are based on references and research in the field of individual and group therapy and they refer to psychotherapy for patients suffering from the first psychotic episode, schizophrenia, schizoaffective psychosis, bipolar disorder and paranoid psychosis. The aim was to provide an overview of present literature and to give recommendations based on current knowledge. Clinical experience and research of the outcomes of psychodynamic psychotherapy encourage positioning of such treatments among recommendations for treating various mental disorders, as well as in the field of psychotherapy of patients with psychotic disorders (PD).

Key words: *guidelines – psychodynamic psychotherapy – psychotic disorders – schizophrenia*

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Introduction

Clinical experience and research of the outcomes of psychodynamic psychotherapy encourage positioning of such treatments among recommendations for treating various mental disorders, as well as in the field of psychotherapy of patients with psychotic disorders (PD).

The hereby presented guidelines for the use of psychodynamic psychotherapy are based on references and research in the field of individual and group therapy. A search strategy was based on the keywords: psychodynamic psychotherapy for psychosis, supportive psychotherapy, group psychotherapy for psychosis, psychotherapy for psychosis, and the EBSCOH research database, including Medline, PsycArticles, PsycInfo, PEP and CINAHL, was searched for the group psychotherapy in November 2014 as part of the Delphi survey (Solovieva 2016). Guidelines refer to psychotherapy for patients suffering from the first psychotic episode, schizophrenia, schizoaffective psychosis, bipolar disorder and paranoid psychosis. Psychodynamic psychotherapy relates to a method of psychotherapy organised according to the appointments, usually with one 30 to 45 minutes session per week for individual therapy, and 60 to 90 minutes session for group therapy. Psychodynamic theory serves as the basis of understanding the patient's psychological difficulties, or finding a connection between psychological symptoms and psychological reasons, based on the understanding the influence of unconscious processes on the feelings, thoughts, behaviours and symptoms and working with the unconscious processes and the early emotional relationships.

Although there is extensive clinical practice of the use of psychotherapy in the field of individual and group psychotherapy of people with psychotic disorders, there are still no well-designed randomized trials. However, there is a number of good descriptive studies and description of clinical practice, as well as the consensus of experts and the positive experiences of patients. Croatia has a long tradition of using individual and group psychotherapeutic methods in treating persons with psychoses, which is presented at the international seminar that has been organised in Dubrovnik for twenty years, with leading international authorities in the field as speakers, as well as at other Croatian and international conferences. Since 2002, the Section of psychosocial methods and psychotherapy for psychosis of the Croatian Medical Association (CMA), or the Association for Psychotherapy, Psychosocial Methods and Early Intervention for patients suffering from psychotic disorders (ISPS Croatia) bring together different professionals involved in the field of psychotherapy for people suffering from psychotic disorders.

Guidelines for supportive psychodynamic psychotherapy for patients suffering from psychotic disorders

Support is part of all therapeutic interventions, it is a non-specific therapeutic method that is part of the various therapeutic methods, from pharmacotherapy to sociotherapy and it is not psychotherapy. Support means showing interest for people who need help and the desire to help them. Supportive relationships provide

empathy for what patients are experiencing, give them comfort, hope and trust in the person's ability to solve their problem (Winston et al. 1986).

Supportive psychotherapy is defined as a form of psychological treatment through long-term therapeutic relationship that provides psychological support to the patient due to his/her reduced capacity to manage his or her life without long-term support (Bloch 1979). The goal is restoring the patient's confidence in their own capacity to live their lives in a productive and satisfying way. It also helps the patient adapt to their situation in the best possible way and thus avoid unnecessary dependence.

Contribution to psychological understanding of people suffering from psychotic disorders for understanding the patient-therapist relationship and for providing individual psychotherapy was given by a number of authors, from the pioneers in the field such as Fromm-Reichmann (1950), Giovacchini (1972), Arieti (1965, 1974), Sullivan (1962), Benedetti (1980), Pao (1979); Fensilver (1986), Searles (1965), Burnham et al. (1969) to more recent authors such as Lucas (1998), Karon (1972, 2003), Silver (2000), Jackson (2008), Corradi (2006, 2011), Cullberg (2006), Alanen (2009), Summers & Martindale (2013), Rosenbaum et al. (2013) and Croatian authors (Štrkalj- Ivezić & Urlić 2010, Ivezić 2003, 2010, Urlić et al. 2009, Štrkalj Ivezić 2014, 2016) as well as many others. Many descriptions of psychotherapies provided by leading authorities in the field of psychotherapy for psychosis such as Fromm-Reichmann (1950, 1974), Benedetti (1980), Arieti (1965, 1974), Searles (1965), Pao (1979), Feinsilver (1986) and many others confirm the efficiency of psychodynamic psychotherapy in continuous clinical work. The meta-analysis 2002 (Gottdierner & Haslam, 2002) determined the unjustification of therapeutic pessimism for the use of psychotherapy for patients with psychotic disorders, and it was determined that the psychotherapy led to improvement in the group it was performed in 67% of cases, while in the group of patients who did not receive psychotherapy, improvement was observed in 34% of cases. It showed that cognitive behavioural therapy and psychodynamic psychotherapy had the same results. Psychotherapy was effective regardless of whether the person was taking medication or not. One of the most recent semi-randomized studies that confirms the effectiveness of supportive psychodynamic psychotherapy (SPP) was done in Denmark as part of a national project on schizophrenia (Rosenbaum et al. 2013). Research has shown that a combination of the usual, standard treatment and the SPP yields better results. The professionals reached an agreement in principle that psychotherapy for psychosis requires modification of psychodynamic techniques and the use of supportive interventions within supportive-analytical spectrum of psychotherapeutic interventions.

Supportive psychodynamic psychotherapy uses psychodynamic theory for understanding the patient's problems in order to strengthen the ego and improve the adaptation, without working on an insight into unconscious conflicts (Rockland 1999). It is important to note that the difference between psychodynamic supportive and psychoanalytic insight-oriented therapy lies in the objectives and management strategies that are used, rather than in theoretical psychoanalytical basis (Rockland 1999). Even if the supportive psychodynamic psychotherapy is the objective of these guidelines, we would like to emphasize that skilled therapists can use a modified analytical insight-oriented technique with well-selected patients in analytical psychotherapy with patients suffering from psychotic disorders, with modification of analytical techniques that include: more active therapists, flexibility with respect to the frequency, duration and content of therapy sessions, great caution in presenting interpretations only when there is a solid therapeutic alliance, higher emotional involvement for the therapist - relationship should be based on genuine warmth while keeping an optimum distance (Gabbard 2005). Nevertheless, analytic psychotherapy shall not be discussed in these guidelines.

Psychotherapeutic approach in the treatment of patients with psychotic disorders should be distinguished from supportive psychodynamic psychotherapy (SPP). Psychodynamic approach is considered to be useful in understanding the experiences and interpersonal relationships of people with psychotic disorder, as well as in the development of psychological formulation that is important for making a treatment plan (NICE 2014).

Psychotherapeutic approach is the basis of creating a therapeutic relationship and work on the therapeutic alliance regardless of whether the psychotherapy is used; it is also associated with favourable outcomes of treatment, a part of supportive psychodynamic psychotherapy, but it is different from psychotherapy that represents a systematized process associated with psychotherapeutic goals based on sessions held once or twice a week for a longer period, usually for a year or more.

Psychosis can also be observed as a result of complex interactions between biological, psychological and social factors. Psychotherapy helps in finding a link between psychosis and the patient's personal experience (Lucas 1998), it helps find out about the circumstances in which psychosis kicks in, it helps overcome the sense of loss, and fosters working through the painful experiences associated with the diagnosis, which reduces the risk of self-stigmatization and depression.

Goals of the supportive psychodynamic psychotherapy (SPP) are strengthening the ego and self-stabilization, including the reality testing, the use of mature defence mechanisms, better social functioning, boosting self-confidence and improved self-esteem. The goal of supportive psychodynamic psychotherapy is also to reduce the risk of recurrent psychosis - through detection of the circumstances that lead to the development of psychosis and the factors that contributed to the

development of psychosis, through psychological understanding of the symptoms of psychosis, better coping with anxiety and better dealing with stress**,** and working through the experience of psychosis by talking about the psychological reactions, including the relationship with yourself and relationship with the world after being diagnosed with psychosis. In relation to **transference** SPP nurtures moderately positive transference, should the transference be overly positive or negative, it will not be analysed in relation to the earlier emotional experience, but it will rather be confronted with the reality of the therapeutic relationship. Thus the development of psychotic symbiotic transference in which the patient seeks only gratification and loses his or her ability to reality test is discouraged. Insight in connection with the unconscious and the early psychological experience is not the goal of the SPP, clarification is used instead of insight.

Strategies that are used include suggestion, abreaction, partial gratification of instinctive needs, encouraging adaptable defence mechanisms and behaviours, encouraging identification with the therapist with the aim of modifying the ego and superego functions, intervention in the patient's environment to reduce the external stressors, such as family, employment, housing, encouraging empowerment and sublimation, education, confrontation, clarification, rather than interpretation (Rockland 1999). In supportive psychodynamic psychotherapy, the therapist encourages mature defence mechanisms that the patient has already been using, and discourages immature defence mechanisms such as projective identification, extreme idealization, omnipotence and excessive use of negation, all of which compromise reality testing. The therapist does not interpret the defence mechanisms, but draws attention to the weakening of the ego with the use of immature defence mechanisms. The therapist normally encourages defences such as suppression, intellectualization and displacement (Rockland 1999, Rosenbaum et al. 2013). Psychotherapy is a dialogue which has a structure, and this structure should provide synthesis and protect the ego from a psychotic dissolution. In supportive psychodynamic psychotherapy, it is necessary to help the patient control the level of anxiety. Psychodynamically speaking, psychotic symptoms represent a defence mechanism from anxiety that threatens with the dissolution of ego functioning (Karon 2003, Pao 1979). Therefore, any intensification of long-lasting, extremely intense anxiety poses a risk for relaps of psychoses.. Helping patients to cope better with stressful situations and to tolerate anxiety prevents the occurrence of psychosis and is an important supportive strategy for improving the ego functioning. In supportive psychotherapy, the therapist's real behaviour is important because the corrective emotional experience due to early developmental stalemate in patients with psychosis is particularly important for self-stabilization. It is therefore essential to establish a therapeutic relationship of trust as a precondition for starting the psychotherapeutic process. More recent research on the early development has shown that patients with schizophrenia show insecure attachment type (Owens et al. 2013, Korver-Nieberg et al. 2014) which is associated with failure of mentalization processes associated with difficulties in expression and control of emotions, experiencing psychological separation from other people, difficulty in enduring the painful experiences, and corrective experience in a long-term relationship with a therapist can lead to corrected *attachment*. Therefore, the first task of psychotherapy for persons suffering from psychotic disorders is to create the therapeutic relationship that will allow the patient to overcome the fear of connecting with other people and create conditions for corrective emotional experience. Professionals believe that psychotherapists treating persons suffering from psychotic disorders need to understand the psychosis as part of the emotional experience (Rosenbaum et al. 2013). The therapist cannot be emotionally indifferent, but rather authentically empathetic. The basic conflict in patients with schizophrenia is the simultaneous desire to be close to and away from other people (Fromm Reichman 1974, Pao 1979), so that the therapist has to take into account the optimal closeness and distance in the therapeutic relationship. In supportive psychotherapy, the therapist can give advice only when it is absolutely necessary, when the patient's ego shows distinct deficits and adaptation difficulties. Overused advice giving can lead to the situation in which the patient feels helpless and overly controlled and this may increase his or her anxiety (Rockland 1999).

Psychodynamic supportive psychotherapy of patients with psychotic disorders may be defined as a continuous interaction of the personality as a whole between two persons, the therapist and the patient, in the context of occupational, social and ethical constraints (Pao 1979). The therapist should monitor the feelings in their countertransference, whether it is positive or negative one. Understanding the countertransference feelings is often associated with understanding the patient's feelings in the treatment process.

Developmental history and psychodynamic formulation

As with all psychodynamic psychotherapies, in psychotherapy for people suffering from psychotic disorders, a psychodynamic formulation/hypothesis should be made so as to be able to determine and agree on treatment goals.

The goal of the initial interviews related to establishing indications for psychotherapy is to get information that will help us create a psychodynamic formulation through exploration of events and emotional relationships during emotional development, the way in which these events were subjectively perceived

and how they relate to the later behaviour patterns. We are interested in significant interpersonal relationships during childhood and adulthood, the subjective experience of the self and others interacting with the self. Therefore, it is important to know the development history, which helps us understand the impact of the person's unconscious thoughts and feelings as it helps us develop the psychodynamic formulation/hypothesis. In development history, we want to learn about the impact of trauma, early cognitive and emotional difficulties, conflicts and defence mechanisms, relations with others, and attachment type on development.

A psychodynamic formulation is a hypothesis about the patient's struggles through understanding the impact of unconscious thoughts and feelings in the way a person thinks, feels and behaves. Psychodynamic formulation helps us understand why a person functions the way he or she does (Cabaniss 2013)**.** When we formulate a psychodynamic formulation/hypothesis, we actually describe the patient's problems (which bring the patients to treatment) and their personality (the patient's characteristic patterns of thinking, feeling, and behaving) (Cabaniss 2013).

A characteristic patterns of behaving include: self-perception, including identity, fantasies about the self, self-esteem (including vulnerability to self-esteem threats, internal response to self-esteem threats, use of others to regulate self-esteem), relationships with other people (trust, security, intimacy, mutuality), adapting (defence mechanisms, impulse control, managing emotions, sensory regulation), cognition and work and play (Cabaniss 2013). In patients with psychotic disorder we usually find that early emotional development did not result in a stable self and strong ego, which puts a person at risk for psychotic disorders, while achieving the goals of supportive psychodynamic psychotherapy can influence the reduction of vulnerability to the occurrence of psychosis.

RECOMMENDATIONS: Individual supportive psychodynamic psychotherapy is recommended for people for whom working through the psychotic experience is important for the prevention of relapse of psychosis and prevention of self-stigma, for those who are motivated for this kind of therapy and who want to work on understanding the impact of psychological factors on the occurrence, maintenance and prevention of psychosis. The therapist will balance the supportive and analytical approach based on the clinical picture, the ego strength and the therapist's skills. In accordance with NICE guidelines (2014), we recommend the use of psychodynamic theory in understanding the experiences of people suffering from psychosis and their interpersonal relationships in order to develop psychological and biopsychosocial formulation of understanding the disorder and make a treatment plan. Base on literature search according to NICE level of evidence supportive psychodynamic psychotherapy is in the line of II a and II b.

Group psychodynamic psychotherapy

Group psychotherapy is psychotherapy method in which a group is a therapeutic factor per se. Group psychotherapy has a unique component that promotes socialization, communication, and insight of self, as well as promote mature defence mechanisms and improves object relations.

Symptoms of mental illness represent a communication disorder (Folukes 1990, Foulkes & Anthony 1984). Free discussion in a group stands for communication that reaches the level of the unconscious. Everything that happens in group psychoanalytic situation is accepted as a sign, symbol or message that gets its meaning when put in the context of meaning in a group. Group psychoanalytical psychotherapy of patients with psychotic disorders actualizes the dynamics of object relations in a 'here and now' situation, and makes it visible and accessible. This means that the gradual establishment of communication and interaction and creating a network of relations, through experiences of corrective emotional symbiosis, can affect the constellation of internal objects and relationships between them and their restructuring (Urlić 2012, Ivezić & Urlić 2015). A group setting is a good therapeutic environment for reactivation of disturbed object relations. It makes enough room for the possibility of emotional growth through group cohesion and group matrix (Roberts & Pines 1992). In a group, it is possible to project repressed parts of intra-psychological sphere, and the group helps their reintegration (Aschbach & Schermer 1987). Group-as-a-whole can act as a "good mother", a person who cares and helps group members to integrate their split parts of the self (Roberts & Pines 1992). The group helps members understand how long-lasting inner conflicts and non adapted behaviour affects their lives, in order to reduce the difficulties and improve the functioning of the ego. Group psychotherapy can be implemented with a patients with different diagnosis. The selection of patients for the group will depend on the evaluation of the person's ego strength, motivation for psychological work and goals of group psychotherapy. According to APA guidelines (2010), stability of the ego and reality testing must be satisfactory in order to participate in group psychotherapy. Exclusion factors include: continuous preoccupation with delusional ideas, especially paranoid ideas and hallucinations and very poor impulse control.

The level of functioning is important for the selection of a particular group and the group work. Better-functioning patients can benefit more from the group in which there are interactions, while poorer functioning patients may be overly stimulated. The possibility of individual sessions in moments of crisis should be made available to the patients.

A number of published papers set out the effectiveness of group psychotherapy for patients diagnosed with psychosis (Kahn 1984, Kanas 1980, 1986, 1991, 1999,

Alikakos 1965, Takahashi 1991, Canete 1999, Chazan 1993, 2001, Gonzales 2009, Garcia Cabeza et al. 2011, Gonzales 2007, Koukis 2009, Restek Petrović et al. 2008, 2012, 2013a, 2013b, 2014 a-d, Pesek et al. 2010, Ivezić et al. 1994, 2003, Urlić 1999, 2009, 2010, 2012, Štrkalj Ivezić & Urlić 2015).

Most professionals believe that, when it comes to the group with members who had gone through psychotic experience, an interpretation of early experiences should be avoided. The main goals are to strengthen the ego and the self, and in particular to encourage reality testing (Ruiz-Parra et al. 2010). However, it is also possible to work on the analytic level for patients who are in stable remission (Takahashi & Washington 1991, Gonzalez de Chavez 2009, Restek Petrović 2014, Štrkalj Ivezić & Urlić 2015). The analytical part includes working on defences, primitive fantasies, psychological trauma, and object relationships, in contrast to the supportive part in which the group provides a framework for encouraging suppression and building a healthy ego (Schermer & Pines 1999). The group also serves to transform psychotic experiences, for detecting and dealing with early traumatic experiences, primitive fantasies, for the reconstruction of psychological defence mechanisms, and for an integrated clinical and social recovery (Restek-Petrović 2008).

Technique modification: In the analytical group psychotherapy of patients with psychotic disorders, the therapist will stimulate a moderate regression and anxiety in order to encourage working with immature defences and primitive object relations. In the group with patients with psychoses that uses the analytical level, a group analyst will to some extent encourage a free-floating discussion, and will not allow the long silence that increases anxiety, as this could jeopardize the functioning of the ego. A discussion will be more structured, but still free, to allow the free exchange of thoughts and feelings (Radcliffe et al. 2010). Thus, in mainly supportive approach, the therapists will keep the analytical interpretation of the unconscious meaning of communication in a group for themselves, and their interventions will use more confrontation and clarification, while insight into the unconscious, or interpretation will be used less or not at all. Approach modification refers to more active therapist's approach to stimulate the patient's communication and the establishment of group cohesion, avoid the unconscious topics and conflicts that raise anxiety levels, lower propensity to interpret unconscious topics, and putting strong focus on 'here and now' situations, rather than those that happen 'here and there and sometimes'.

Notwithstanding the frequent clinical use of group psychotherapy in inpatient and outpatient settings, and proven effectiveness in daily practice in stabilizing one's mental condition and improved social functioning, there are no randomized studies that would allow for recommendations for levels of evidence Ia and Ib according to NICE. Group psychotherapy research spanning 80 years (Kanas 1980, 1986, 1993) that have established the effectiveness of group supportive psychotherapy meet the criteria required for levels of evidence II and II b. Most studies after this period, as set out in the Delphi survey (Solovieva 2016) to this day meet the criteria required for levels of evidence III a and b (Stone 1996, Urlić 1999, Gonzalez de Chavez 2009, Takahashi & Washington 1991, Gonzalez de Chavez 2009, Urlić 2010, 2012, Restek Petrović et al. 2008, 2014, Ivezić & Urlić 2015, Wode-Helgodtetal 1988, Opalic 1989, 1990, Isbell et al. 1992, Garcia Cabeza & Gonzalez de Chavez 2009, Semmelhacket et al. 2009, Sigman & Hassan 2006, Johnson et al. 2008). The examination of references from 1986 to 2006 did not identify a single randomized study (Segredou et al. 2014, Orfanos et al. 2015). A Delphi study gathered 58 experts from different countries, including Croatia.

The experts who took part in the Delphi study (Solovieva 2016) agreed that group psychotherapy with medium (at least one year) and longer duration leads to improved social functioning, increases medication adherence, improves quality of life, reduces stigma, increases hope for recovery, increases a sense of belonging, reduces isolation, anxiety and increases insight and understanding (level of evidence IV).

The selected model of group psychotherapy (supportive, analytical) will depend on the clinical condition of patients and group psychotherapy goals.

Kanas' (Kanas 1980, 1986, 1993) integrative model of group psychotherapy has a biopsychosocial perspective, it includes educational elements and helps patients cope with psychotic symptoms, it discusses various topics related to the interest of patients in an environment that is safe enough in structure to prevent regression, allowing for an open discussion, encouraging the reality testing and the possibility of learning interpersonal behaviour in a 'here and now' situation. The group psychotherapy represents a supportive group psychotherapy, and is widely used in both inpatient and outpatient settings. Support groups are commonly used in different psychiatric institutions in Croatia. Group psychotherapy for patients with psychosis gives an opportunity for education and counselling to enable better use of adaptation mechanisms so as to deal with the long-term disorder and stigmatization, and difficulties in social functioning (Restek-Petrović & Urlić 2009, Štrkalj Ivezić et al. 2017).

Gonzalez has recognised the benefits of group psychotherapy for schizophrenic patients in creating a safe group context that enables better self-awareness, promotes socialization and increases motivation, corrects idealization and helps setting the therapeutic relationship on a realistic basis, reduces the use of negation, resistance and regression. (Gonzalez 1992, 2000, 2006, 2009).

Regardless of supportive and analytical goals, the therapist's characteristics in those groups include: therapist involved in psychotherapy of people with

psychosis must have the ability to endure and contain intensive and unspoken, unconscious conflicts, to maintain a balance between activity and inactivity, to endure slow pace of change and be happy with small steps, the therapist must endure intense emotional outbursts that members themselves cannot tolerate, the therapist's approach in the group is more active one, the therapist does not prohibit contacts outside the group, absences are tolerated, and the therapist will contact the family or relevant services if necessary (Urlić 1999, Restek Petrović 2014, Solovieva 2016).

The experts in Delphi study believe that this kind of therapy helps group members to understand the meaning of their experience. The main goal is to boost the self and the ego, especially reality testing. Transference relationship with the therapist is considered essential for the continuity of treatment, it is necessary to focus on things that are happening 'here and now' and not on things that happen 'here and there and sometimes", avoid the interpretation of unconscious material, especially at the beginning of treatment. What is particularly important is the interpretation of the primitive process in a mature way, limiting monopolization and speaking at the same time, selective interpretation of transference, detoxification of countertransference reactions, creative use of metaphor to encourage communication within the group and facilitate the expression of the group members, and institutional support.

RECOMMENDATIONS: Group psychotherapy can be recommended to patients who get treatment in inpatient and outpatient settings, who are expected to improve the ego functioning, particularly reality testing, interpersonal and social functioning, gain useful insights about the illness, cope with symptoms of the illness and understand the meaning of psychotic experience while working in groups. Depending on the selection of patients, objectives and duration of the group, a group with solely supportive purpose or a group in which it is possible to work on the analytical level may be recommended.

Contribution of individual authors:

Slađana Štrkalj Ivezić: design of the study, literature searches and analyses, interpretation of data, writing of the report;

Branka Restek Petrović :literature searches and analyses, interpretation of data, writing of the report

Ivan Urlić: interpretation of data, writing of the report;

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Sanja Martić Biočina: interpretation of data, writing of the report

Acknowledgements:

Translate assistance provided by Ana Irena Hudi was greatly appreciated.

Conflict of interest: *None to declare.*

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