

COMPLETED AUDIT OF PATIENTS RECEIVING INDIVIDUAL PSYCHODYNAMIC PSYCHOTHERAPY AND GROUP THERAPY IN A LONDON PSYCHODYNAMIC PSYCHOTHERAPY SERVICE

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Aim: The aim of this study was to audit the effectiveness of individual psychodynamic psychotherapy and group therapy in a London psychotherapy service.

Methods: The data between January 2002 and July 2012 were reviewed. Of 255 profiles with an End-of-therapy form, 121 (47.45%) patients provided analyzable data at initial assessment and last session. Data was extracted on sociodemographic and mental health characteristics, responses on End-of-Therapy form, and item scores on CORE-OM on each time of measurement.

Results: Patients who terminated prematurely did not differ from those who completed on most of the patient characteristics despite age ($t=2.16$, $p < 0.05$), risk to harm others ($t=2.93$, $p < 0.01$), percentage of attendance ($t=-3.51$, $p < 0.01$), unplanned ending ($\chi^2=30.68$, $p < 0.05$), contextual factors (t s ranging from -2.56 to -4.84 , $ps < 0.05$) and benefits of therapy (t s ranging from 5.29 - 16.18 , $ps < 0.05$). Results indicated that IPP is effective, with a significant difference on CORE-OM (All Mann-Whitney U s range from 2697.50 — 4253.50 , all $ps < 0.001$) and risk assessment (All Mann-Whitney U s range from 3161.00 — 3706.50 , all $ps < 0.001$) between initial assessment and last session. However, GT patients demonstrated a significant improvement in risk assessment (All Mann-Whitney U s range from 9.00 — 20.50 , all $ps < 0.01$).

Conclusions: Our findings further substantiate the effectiveness of IPP. Yet, it is premature to conclude that GT is not as effective as IPP due to small sample size in this study. In fact, this audit was more difficult to carry out than anticipated due to client and data attrition. Recommendations for future audit are discussed.