

Componentes del cambio en la psicoterapia focalizada en la transferencia: Selección de intervenciones modulares a corto plazo para el tratamiento de pacientes con depresión compleja

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Resumen: The proposed research intends to study the effect of a treatment specific intervention aimed at helping patients with personality pathology. We plan to study the effect of frame/personality interventions on several process and outcome variables in patients receiving Transference Focused Psychotherapy (TFP). Frame/personality interventions involve (1) a frame transgression by the patient (e.g. tardiness, delays in payment, hostility to the therapist), (2) an explicit communication by the therapist regarding this transgression, and (3) a technical intervention aimed at connecting the transgression with hypothesized vulnerabilities in underlying personality structure. This type of intervention is thought to be an important driver of patient change in TFP, which has been proven to be an evidence-based treatment for borderline personality pathology. If frame/personality interventions are a significant contributor to change in TFP they may also emerge as a valid candidate for extraction into modular design psychotherapy for patients with recurrent and comorbid depression (complex depression). Many patients with a diagnosis of depression are poor responders to available treatments even though they have assured treatment in Chile through the Garantías Explícitas en Salud (GES) program. Evidence indicates that marginal or modest treatment effects for patients with complex depression may be due to underlying personality vulnerabilities. Thus, a large group of depressed patients may be better help by the addition of an empirically-derived module which has proven effects on personality pathology. This module can be added to short-term anti-depressant psychotherapy in multiple settings (primary, secondary, private practice) and may prove to be a cost-effective strategy with high dissemination potential, particularly relevant in a country with some of the highest rates of depression and the correlated economic and subjective costs of the illness. We plan to conduct a year-long longitudinal naturalistic study in tandem between Chile and the USA during the first stage of the project. 30 patients with borderline personality pathology will be recruited in Santiago, Chile and the same number in New York, USA. Several baseline measures will be collected that map on symptomatic burden, personality structure, history of early life maltreatment, capacity for emotion and self-worth regulation and psychiatric diagnosis. Session-to-session measures will be collected for process variables including working alliance. Monthly measures of personality structure, emotion and self-worth regulation will be collected. Statistical analyses will include mixed effects modeling, cross-lagged regressions and mediation models to study the relationship between the use of frame/personality interventions and change trajectories of relevant outcomes as well as mechanistic processes of temporal relations between variables. Finally, moderation analysis will be used to study the role of baseline covariates and time-varying covariates on trajectories of change and on the effect of frame/personality interventions on patterns of change during TFP. Complementarity between research groups is maximized first and foremost because the Cornell group developed TFP, a well studied, highly disseminated evidence-based treatment, and thus will be in a unique position to advice and support the Chilean team in a collaborative long-term research project that aims at innovation and extraction of active ingredients of TFP into modular design psychotherapies which gain in generalizability and viability of transversal implementation. Cornell has the experience in conducting empirical research in intensive treatments for patients with personality pathology focusing on treatment integrity. The Chilean team is spearheading a study proposal that will expand the range of application of TFP informed strategies into a larger group of patients with complex depression. In summary, the proposed scientific agenda that informs

complementarity between both groups starts by taking an active ingredient from a specific treatment approach for a specific type of mental health problem, to studying the specific effect of this active ingredient in its treatment of origin and to then studying the viability and the effect of turning this active ingredient into a treatment module that can be incorporated across many different clinical settings to augment the effectiveness of usual antidepressive treatments and thus contribute to the solution of an urgent public health problem in Chile and the world.

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