

More substantial research has been conducted for the study of therapy with adults, however. In the previous chapter, we mentioned the widely cited meta-analytic study by Smith, Glass, and Miller (1980) that examined the effectiveness of psychotherapy. In addition to examining the effects of psychotherapy in general, these authors also reported effects separately for different types of psychological intervention. They found that the average adult patient who had received psychodynamic psychotherapy was functioning better than 75% of those who had received no treatment. Two meta-analyses of studies examining the effectiveness of brief psychodynamic psychotherapy have produced conflicting results, with one supporting the efficacy of brief psychodynamic treatment (Crits-Christoph, 1992) but the other not (Svartberg & Stiles, 1991). Finally, in a selective review of major studies over 40 years, McWilliams and Weinberger (2003) argue that psychoanalytic and psychodynamic psychotherapy with adults have been shown to be efficacious and effective.

Most recently, Shedler (2010) presented a summary of major reviews of the efficacy of psychodynamic therapy in treating a range of adult psychological conditions. Shedler cited a number of

reviews of the literature that produced effect sizes ranging from medium to large, and all supported the efficacy of psychodynamic treatment. Shedler was particularly struck by the larger effect sizes associated with long-term follow-up and longer periods of treatment. However, several have been critical of Shedler's evaluation and conclusion (Anestis, Anestis, & Lilienfeld, 2011; McKay, 2011; Thombs, Jewett, & Bessel; Tryon & Tryon, 2011). In particular, these authors were critical of the poor quality of many of the studies that were included in these reviews, the problematic meta-analytic methods and analyses used by some of the reviews, and the failure to specify the effects of psychodynamic therapy for specific disorders.

Concerning this latter point, Gibbons et al. (2008) reviewed evidence concerning the efficacy of psychodynamic treatments for a range of adult psychological disorders. Based on their review, which considered well-designed and implemented randomized controlled trials, Gibbons et al. concluded that there is at least tentative support for the efficacy of psychodynamic treatment for major depressive disorder, panic disorder, borderline personality disorder, and substance abuse and dependence.

BOX 12-4 Clinical Psychologist Perspective: Kenneth N. Levy, Ph.D.

Dr. Kenneth N. Levy is an Associate Professor of Psychology at The Pennsylvania State University in University Park, PA. His main research interests are in attachment theory, personality disorders, and psychotherapy process and outcome. He is a leading researcher and clinician in Transference Focused Psychotherapy (TFP). TFP is a modified psychodynamic treatment designed specifically for the treatment of patients with severe personality disorders such as borderline and narcissistic personality disorders. This therapeutic approach focuses on reducing symptomatology and self-destructive behavior through integration of disparate representations of self and others. TFP does not focus on early childhood experiences, rather in session, therapists focus on the patient's affective experience for identifying and explicating their dominant relational patterns as they are experienced and expressed in the here-and-now of the relationship with the therapist (conceptualized as the transference relationship).

Dr. Levy has authored more than 90 book chapters and articles and his research has been featured in *Newsweek* and *Scientific American* among other media outlets. His work has led to numerous honors and awards, including his selection as an Early Career Fellow and as an honorary member of the American Psychoanalytic Association, a Young Investigator Award from the National Alliance for Research in Schizophrenia and Depression, and early career awards from the Society for Psychotherapy Research and the American Psychoanalytic Association Division of Psychotherapy. Dr. Levy was also awarded the Raymond D. Fowler Award from the American Psychological Association for outstanding contributions to the professional development of psychology graduate students. Dr. Levy responded to several questions regarding his views of the field as well as his predictions for the future of clinical psychology and of psychodynamic psychotherapy and research.

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BOX 12-4 Clinical Psychologist Perspective: Kenneth N. Levy, Ph.D (Continued)**What originally got you interested in the field of clinical psychology?**

Psychology piqued my interest as an avenue to understand myself, others, and the surrounding social world. Clinical psychology provided the exciting promise of being able to relieve suffering and change maladaptive and unwanted behaviors. Like many people who study psychology, I was very curious about my own and other people's minds, behaviors and motivations. I grew up in a psychologically minded family and developed an interest in psychology through film, books, and household discussions with family and family friends. As I grew older, I read Judith Guest's (1976) *Ordinary People* and Freud's (1907) *Interpretation of Dreams*. I was intrigued by how thoughts and feelings outside one's awareness could influence a person's behavior. I was also fascinated by the idea of defensive processes. In high school, I took an introduction to psychology elective and became impressed with the cleverness of certain psychology experiments, such as Tolman's cognitive maps and Bandura's bobo doll studies, and their implications for understanding how mental processes influence behavior. In college, a number of courses and professors impacted my thinking but as I approached graduation, I was confused about how to "become a psychologist." Not so much in terms of the logistics of applying to graduate school, but I had not yet developed a clear theoretical orientation and I was concerned about figuring out the specifics of what I wanted to study, important factors in choosing a graduate program. Psychology is one of those disciplines where so much of it is interesting, yet I realized that although I saw myself as a generalist, I would need to become a specialist too. I had broad exposure to and interests in widely diverse theorists such as James, Lewin, Allport, Bandura, Mischel, Tolman, Rogers, and Freud, among others. I asked a professor about how one decides what to study in graduate school, and he responded that "It's easy ... you study what your mentor studies." Although he meant to be comforting and soothing, his comment only served to intensify my uneasiness about applying to graduate school before I figured these things out. Upon graduation I was determined to figure out my theoretical orientation and to narrow my interests into a productive direction. I began an intensive course of self-study in which I read the great psychologists in their own words. I supplemented those readings with Raymond Corsini's *Current Psychotherapy* book and over many months began to have a better sense of what resonated with me regarding clinical theory. I also began work with

seriously disturbed hospitalized patients where I was exposed to an array of problems, from hopelessness to chronic schizophrenia. While I enjoyed working with patients, I soon realized that I was equally interested in understanding both the developmental antecedents and the current forces that play vital roles in the development, expression, and maintenance of their psychopathology. Over time, I increasingly realized that I was most interested in how individuals think and feel about themselves, others, and the greater world and how this in turn affects self-regulation. During this time I was able to clarify my clinical orientation, and I came to recognize research as a way of answering critical questions and informing clinical theory.

Describe what activities you are involved in as a clinical psychologist

One of the aspects that I thoroughly enjoy about being a clinical psychologist is the breadth and depth of the activities in which I am involved. Broadly, my activities are geared towards contributing to the knowledge base and/or applying knowledge to relieve clinical problems. I contribute to the knowledge base at multiple levels: I teach graduate seminars in psychotherapy research, personality theory, and psychological assessment and supervise doctoral students as part of a clinical training practicum that emphasizes contemporary psychotherapy for personality disorders. At the undergraduate level, I teach personality theory, abnormal psychology, developmental psychopathology and psychotherapy research. I supervise and mentor graduate students in both their research and clinical training, and I mentor undergraduate students as they begin their journey in psychology. In addition to supervising, I maintain a part-time private practice where I work with child, adolescent, and adult patients across a wide range of psychopathology, but with a specific focus on personality disorders, in psychodynamically oriented individual psychotherapy. I also consult to colleagues from time to time. However, most of my 70-plus-hour week is spent conceptualizing, conducting, and disseminating research through presenting at conferences, workshops, colloquia, and grand rounds and through writing journal articles and chapters and editing books and special issues of journals. I spend a smaller but significant part of my time in citizenship by serving on committees for the department and university as well as serving on editorial boards and grant review panels for the profession. I have also served

professional societies by being on committees and recently as a conference program chair.

What are your particular areas of expertise or interest?

My main research interests are in attachment theory, borderline personality disorder (BPD), and psychotherapy process and outcome. My research is informed by psychoanalytic and developmental psychopathology frameworks, and I use methods from experimental psychopathology and intervention science. My goal is to understand the mechanisms involved in the development and perpetuation of BPD with the ultimate goal of developing and studying treatments that directly target these mechanisms.

What are the future trends you see for clinical psychology?

I am unsure of what it will look like because there are some competing trends that will need to be resolved. What I would like to see is a true evidence-based integration of science and practice and evidence-based integration of different approaches to psychotherapy. Only then will we be able to realize Gordon Paul's call to answer the question, "What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances (Paul, 1967, p. 111)?" Despite increasing calls for dissemination of so-called evidence-based treatments and use of evidence-based principles, I feel we are very far from Paul's vision. Ironically, much of the evidence-based treatment movement has been narrowly construed and often suffers from "cherry-picking" in a manner that seems self-serving (what I call self-serving evidence-based as opposed to truly evidence-based). The integration of science and practice has always been important to our profession and may be more so now than ever before. Funding agencies all over the world are increasingly interested in the translation of science to practice and the dissemination of empirically tested ideas. Third parties such as private and government insurance companies are also requiring greater accountability. Finally, within the field, questions have been raised about the neglect of science by practitioners (see Baker, McFall, & Shoham, 2009)—a theme picked up widely by the popular media. Complicating matters, some clinicians have also been critical of researchers. They note that researchers have imposed interpretations of data that are experienced by clinicians as coercive and "out of touch" with key clinical realities. Clinicians have asked for more clinically relevant research. What I would like to see is the promotion of the integration of science and practice and

creation of an authentic and lasting collaboration between these two overlapping communities.

What are some future trends you see for psychodynamic psychotherapy and research?

Psychodynamic psychotherapy is becoming increasingly research-based. Although there is still a small but significant portion of psychoanalysts who do not fully understand the need for research, this attitude, for the most part, has changed over the last 30 years. Psychoanalytic institutions are also actively investing resources to promote research. Additionally, we have been partnering with basic researchers such as neuroscientists and geneticists to test core dynamic hypotheses and treatment outcomes in fMRI environments. Independently, neuroscientists have become increasingly interested in basic psychoanalytic concepts and have been encountering evidence supporting these ideas. Additionally, there is now a critical mass of outcome studies indicating that psychodynamic treatments are efficacious in treating a range of disorders such as depression, panic disorder, marital discord, and borderline personality disorder, among other problems. The sum total of these studies, while not definitive by any means, strongly suggests that more research is warranted on psychodynamic psychotherapies. Ultimately, I hope that useful and tested psychoanalytic ideas will be openly embraced and integrated into non-psychoanalytic psychotherapies.



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