

Fonagy P, Roth A & Higgitt A (2005) Psychodynamic psychotherapies: Evidence-based practice and clinical wisdom. *Bull Menn Clin* 69 (1): 1-58

Psychodynamic psychotherapies: Evidence-based practice and clinical wisdom

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Bulletin of the Menninger Clinic, 69[1], 1-58

This article is based on an exhaustive review of the psychotherapy outcomes literature, undertaken originally at the instigation of the UK Department of Health by Roth and Fonagy (Department of Health, 1995). We have recently updated this review (Fonagy, Target, Cottrell, Phillips, & Kurtz, 2002; Roth & Fonagy, 2004) and extended it to identify all studies of psychoanalytic psychotherapy. The usual methods for identifying studies were employed (Fonagy, Target, et al., 2002; Roth & Fonagy, in press). The key questions that should be asked of this literature given the current state of research in this area (also see Westen, Morrison, & Thompson-Brenner, 2004) are: Are there any disorders for which short-term psychodynamic psychotherapy (STPP) can be considered evidence-based, Are there any disorders for which STPP is uniquely effective as either the only evidence-based treatment or as a treatment that is more effective than alternatives, and Is there any evidence base for long-term psychodynamic psychotherapy (LTPP) either in terms of achieving effects not normally associated with short-term treatment or addressing problems that have not been addressed by STPP? In this context, short-term therapy is conceived of as a treatment of around 20 sessions delivered usually once weekly. (Bulletin of the Menninger Clinic, 69[1], 1-58)

From the standpoint of psychodynamic psychotherapy, the database of research studies has significant limitations. Westen and colleagues (2004) recently offered a powerful critique of the research methods
Vol. 69, No. 1 (Winter 2005) 1

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