Does Initial Adaptive Style Predict Treatment Resistance?

An investigation by an ad hoc practice research network

Timothy R. Pineau, MA [a], J. Christopher Fowler, PhD [b], and Sheila Hafter Gray, MD [c]

[a] The Catholic University of America; [b] The Menninger Clinic; [c] Consortium for Psychoanalytic Research & Uniformed University Services University of the Health Sciences

Background

Mental health researchers tend to view treatment resistance as a function of a single mental disorder. They will focus attention on developing a single intervention, medication or manual driven psychotherapy, targeting a specific disorder or symptom complex, and moving away from individual patients. This categorical approach tends to minimize the complexity of co-morbidity and results in suboptimal treatment for the co-morbid disorders (Grote & Frank, 2003). It can obscure the degree of functional impairment (severity) that may be an important consideration for treatment (Skodol & Bender, 2009). Further, individuals with treatment resistant condition are consistently excluded from efficacy studies. This does not comport with actual clinical experience.

There are descriptive studies of approaches to treatment resistance (*e.g.* Krikorian and Fowler, 2008), but little solid empirical investigation. Recently, Fowler, Smith & Hilsenroth (in preparation) attempted to bridge the gaps in our understanding of the cross-cutting dimensions of "severity" and "dysfunction" by examining whether these phenomena are associated with clinically relevant behavioral markers for treatment resistance. Using the Global Psychiatric Severity Index (GPSI) they found that GPSI domains clearly differentiated outpatient and residential treatment samples in the predicted directions; and they differentially predicted treatment response in a combined sample of inpatients and outpatients. Higher GPSI scores predicted poorer Axis V change. They did not explore whether initial levels of healthy defensive functioning may be an important predictor of treatment resistance.

The present study

The present study expands upon this work by using the Defensive Functioning Scale (DFS; DSM-IV-TR, pp. 807-813), a recently validated (Porcerelli *et al.*, 2011) trans-theoretical measure of adaptive style based on developmental concepts to see whether assessing adaptive (defensive) functioning contributes to the assessment of potential treatment resistance in individuals who enter mental health care.

Further, the hesitancy of psychodynamic clinicians to participate in empirical research has made the evidence base for psychodynamic treatments incomplete. Their reluctance may in part result from unfamiliarity with the ease with which one can participate in a Practice Research Network. Forming the attendees of the annual CPRinc Research Conference was an effort to demonstrate to them how any group of clinicians in private practice can collaborate to develop meaningful evidence of what actually happens in treatment

Methods

- This study was declared exempt by the Institutional Review Board of the Catholic University of America
- Participants in the CPRinc Annual Research Conference (5 Feb 2012) joined an ad hoc Practice Research Network (PRN) by submitting anonymous rating of two therapy cases – treatment effective and treatment resistant (Clinicians = 27, Cases = 54)
- Measures taken for each patient/client:
  - ¶ Initial Global Psychiatric Severity Index (GPSI: Fowler et al., in preparation) Assesses six domains of psychiatric severity: co-morbid diagnoses, attempted treatment modalities, trauma history, interpersonal problems, psychological symptoms, and destructives behaviors
  - ¶ Initial Defensive Functioning Scale (DFS) a validated, trans-theoretical measure of healthy adaptation. Clinicians record observed defense mechanisms grouped in 7 levels from highly adaptive to dysregulated. A measure of central tendency (mean or median) represents an individual's level of Overall Defensive Functioning (ODF)
  - ¶ Pre- and post-treatment Global Assessment of Functioning (GAF: DSM-IV-TR) : The lowest of separately assessed social, psychological & occupational scores
- Data analysis: Spearmabn correlations tested relationship of adaptive functioning and aspects of psychiatric severity. Step-wise regression analyses examined whether dimensions of psychiatric severity and the level of adaptive functioning at onset of treatment predicted the change in GAF over the course of treatment.

DFS *v* GPSI SUBSCALE & TOTAL SCORES (N = 54)

NOTE: Findings significant at p = .01 or better are highlighted

DFS ▸ / *GPSI* ▾	High	Com Form	Minor ID …	DL	Major ID …	Act L	DD	Mean ODF	Median ODF
Co-morbid Diagnoses	-.28	.34	.02	.17	.13	.13	-.21	-.16	-.11
Treatment Modalities	-.47	-.10	-.05	.23	.17	.27	.01	-.47	-.43
Trauma History	-.31	.33	.19	.11	.19	-.01	.02	-.19	-.13
Inter-personal	-.65	.02	.21	.39	.23	.44	.11	-.60	-44
Psych … Symptoms	-.46	.27	.05	.34	.34	.17	.10	-.36	-.25
Destructive Behavior	-.23	.04	.10	.03	.27	-.01	-.02	-.21	-.09
GPSI Total	-.62	.14	.08	.33	.33	.28	.03	-.54	-.42

Findings

HOW DO SUCCESSFUL AND RESISTANT CASES DIFFER?

Variable	Successful Case	Resistant Case
	Mean (SD)	Mean (SD)
Total GAF change	11.48 (9.57)	3.21 (7.50)
Social GAF change	8.18 (7.65)	2.39 (7.41)
Treatment modalities	1.81 (3.24)	5.30 (5.48)
IP impairment	1.78 (1.78)	3.48 (1.31)
Psychological Sx	2.89 (2.52)	4.93 (2.96)
GPSI total	11.00 (8.00)	19.26 (9.54)
DFS mean level	Minor image distorting	Disavowal
DFS median	Compromise formation	Disavowal
All differences significant at p = .01 or better		

- Adaptive style and psychiatric severity were inversely related. High (more mature) levels of defensive functioning were associated with less psychiatric severity; and less mature levels were associated with greater severity
- Only GPSI destructive behavior score significantly predicted change in GAF score

PREDICTORS OF SYMPTOM CHANGE: MEDIAN *VS.* MEAN

models	R	R^2	Adj R^2	R^2 change	Beta	
GPSI Scales Only	.30	.09	.07	.09	.30	.04
Dependent variable GAF change Predictor = Destructive behavior						
GPSI + Median ODF	.45	.21	.17	.11	.31 .34	.03 .02
Dependent variable GAF change Predictors = Destructive behavior and ODF (Median)						
GPSI + Mean ODF	.42	.18	.14	.09	.36 .30	.02 .04
Dependent variable GAF change Predictors = Destructive behavior and ODF (Mean)						

- Overall Defensive Functioning (ODF) significantly predicted GAF change over and above destructive behavior. Median ODF explained more of the variance than Mean ODF

Disclaimer

The opinions or assertions contained in these presentations are the private views of the authors and are not to be construed as official or as reflecting the views or policies of the institutions named above, or the U S Department of Defense or any of its affiliated organizations.

Implications

- Initial healthy defensive functioning may be an important contributor to prediction of treatment resistance beyond psychiatric severity alone. Using DFS and GPSI together in studies of treatment resistance seems warranted
- Total psychiatric severity scores significantly differentiated treatment resistant from treatment effective cases in the expected direction; and overall defensive functioning (ODF) was negatively associated with psychiatric severity. These results support the convergent validity of both the GPSI and the DFS
- The median ODF score of the DFS may actually be a more valid measure of defensive functioning than the mean ODF which is used in research. This finding may be particularly important because medians are sufficiently easier to calculate than means to make it attractive for clinicians to incorporate the DFS into their evaluations of clients/patients for initial assessment and to track progress and outcomes.
- Increasing the use of validated measures by clinicians in private practice may enhance the effectiveness of their own clinical work and also provide a rich source of data to share for investigations
- PRNs make significant contributions to our understanding of change in therapy. Clinicians' reluctance to participate in research may be mitigated by their participating in informal small studies using *ad hoc* PRNs

For more information

94pineau@cardinalmail.cua.edu
drjcfowler3@gmail.com
shgray@post.harvard.edu

Acknowledgements

We are grateful to the Trustees of the CPRinc and participants in its 19th Annual Research Conference for their support of our work, and to research aides Jessica Ford and Jessica Smith for help with data entry at the conference.