

# Anglais pour psychologues



Reunion a Paris, Mars 2018

# Introductions

Say hello to your neighbours.

Imagine you are at a conference in London:

Introduce yourself. Who are you?

What is your context?

You will be asked to introduce the person sitting at the side of you to the group.



# Objectives

- Introduce ourselves
- Look at different types of journal articles and think about different criteria for evaluating them.
- Share with each other the papers we have chosen for the module “devoirs” exercise.
- Answer any questions.

# Four papers

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Psychology and Psychotherapy: Theory Research and Practice (2008), 81, 177-191  
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## Informed consent and psychotherapy: An interpretative phenomenological analysis of therapists' views

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**Objectives.** To examine the issue of informed consent and how this is translated into clinical psychotherapy practice.  
**Design.** A qualitative approach was taken in which interviews were used to produce data.  
**Methods.** Nine clinical psychologists with specialist psychodynamic training took part in the research. Participants were interviewed using a semi-structured interview schedule. The interviews were transcribed and the data were analysed using interpretative phenomenological analysis.  
**Results.** The tensions between balancing the requirements of informed consent with psychodynamic practice were explored and the notion of whether clients can truly be 'informed' prior to undertaking psychodynamic therapy was raised. Four major themes emerged from the data: 'psychodynamic therapy as risky'; 'balancing expectations between therapist and client'; 'psychodynamic therapy as unique and experiential'; and 'informed consent as complex a linguistic concept'.  
**Conclusions.** This research has been valuable in identifying therapists' views and experiences of how the issue of informed consent is addressed in therapeutic practice. In the light of the findings of this research, future investigation would benefit from more detailed examination of the process of providing informed consent, examining whether, and how often, consent issues are revisited by therapists. More research focusing on the views and need of clients are also warranted.



Clinical Psychology Review, Vol. 23, No. 3, pp. 461-478 2009  
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0952-7808/09/\$ - see front matter

PII: S0927-2708(09)00057-4

## COMPARATIVE EFFECTS OF SHORT-TERM PSYCHODYNAMIC PSYCHOTHERAPY AND COGNITIVE-BEHAVIORAL THERAPY IN DEPRESSION: A META-ANALYTIC APPROACH

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**ABSTRACT.** This article reviews the efficacy of short-term psychodynamic psychotherapy (STPP) in depression compared to cognitive-behavioral therapy (CBT) or behavioral therapy (BT). In this review, only studies in which at least 13 therapy sessions were performed have been included, and a sufficient number of patients per group were treated ( $N \geq 20$ ). With regard to outcome criteria, the results were reviewed for improvements in depressive symptoms, general psychiatric symptoms, and social functioning. Six studies met the inclusion criteria. Results: In 58 of the 60 comparisons (95%) performed in the six studies and their follow-ups, no significant difference could be detected between STPP and CBT/BT concerning the effects in depressive symptoms, general psychiatric symptomatology, and social functioning. Furthermore, STPP and CBT/BT did not differ significantly with regard to the patients that were judged as remitted or improved. According to a meta-analytic procedure described by R. Rosenthal (1991) the studies do not differ significantly with regard to the patients that were judged as remitted or improved after treatment with STPP or CBT/BT. The mean difference between STPP and CBT/BT concerning the number of patients that were judged as remitted or improved corresponds to a small effect size (post-assessment:  $d = 0.08$ , follow-up assessment:  $d = 0.12$ ). Thus, STPP and CBT/BT seem to be equally effective methods in the treatment of depression. However, because of the small number of studies which met the inclusion criteria, this result can only be preliminary. Furthermore, it applies only to the specific forms of STPP that were examined in the selected studies and cannot be generalized to other forms of STPP. Further studies are needed to examine the effects of specific forms of STPP in both controlled and naturalistic settings. Furthermore, there are findings indicating that 16-20 sessions of both STPP and CBT/BT are insufficient for most patients to achieve lasting remission. Future studies should address the effects of longer treatments of depression. © 2001 Elsevier Science Ltd.

British Journal of Medical Psychology (2001), 74, 451-466 Printed in Great Britain  
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## The role of shame and guilt in traumatic events: A clinical model of shame-based and guilt-based PTSD

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Post-traumatic stress disorder is currently classified as an anxiety disorder with fear as the predominant emotion. This has led to the development of treatment techniques such as exposure aimed at alleviating fear. This article highlights the need to address other emotional responses, in particular shame and guilt, when assessing and treating PTSD. Hence, it presents two clinical models of shame-based PTSD and guilt-based PTSD. These models are offered as aids to clinicians in assessing and formulating cases of PTSD where shame and guilt are salient issues. The models highlight the importance of assessing meaning in the context of pre-existing schemas and address two pathways to the development of shame and/or guilt: schema congruence and schema incongruence. Several treatment implications are drawn from the models.

### RESEARCH REPORT

## Pragmatic randomized controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: the Tavistock Adult Depression Study (TADS)

Peter Fonagy<sup>1</sup>, Felicitas Rost<sup>2</sup>, Joanne Carvill<sup>3</sup>, Susan McPherson<sup>3</sup>, Rachel Thomas<sup>4</sup>, R.M. Paoletti Faron<sup>1</sup>, David Goodberg<sup>5</sup>, David Taylor<sup>6</sup>

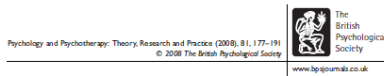
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This pragmatic randomized controlled trial tested the effectiveness of long-term psychoanalytic psychotherapy (LTPP) as an adjunct to treatment-resistant depression (TRD) compared to 7.5 sessions of cognitive-behavioral therapy (CBT) for patients with long-standing major depression who had failed at least two different treatments and were considered to have treatment-resistant depression. Patients ( $N = 230$ ) were recruited from primary care and secondary care for the treatment comparison. They were assessed at recruitment, during the 18 months of treatment and at 36, 48 and 60 months follow-up. The primary outcome measure was the 17-item version of the Hamilton Depression Rating Scale (HDRS-17), with complete remission defined as a HDRS-17 score of 0 and partial remission defined as a HDRS-17 score of 1-7. Secondary outcome measures included self-reported depression as assessed by the Beck Depression Inventory-12, social functioning as evaluated by the Global Assessment of Functioning, subjective well-being as rated by the Clinical Outcomes in Routine Evaluation - Outcome Measure, and satisfaction with general activities as assessed by the Quality of Life Enjoyment and Satisfaction Questionnaire. Complete remission was infrequent in both groups at the end of treatment (4.6% in the LTPP group; 6.2% in the control group) as well as at 60-month follow-up (4.9% vs. 4.0%). Partial remission was not significantly more likely in the LTPP than in the control group at the end of treatment (52.1% vs. 25.0%,  $p = 0.7$ ), but significant differences emerged during follow-up (20 months: 54.8% vs. 32.2%,  $p = 0.03$ ; 30 months: 54.7% vs. 32.2%,  $p = 0.004$ ; 42 months: 50.0% vs. 34.4%,  $p = 0.001$ ). Both shame-based and self-reported depression scores showed larger declines in the LTPP group, alongside greater improvements on measures of social adjustment. These data suggest that LTPP can be useful in improving the long-term outcome of treatment-resistant depression. End-of-treatment situations on short follow-ups may miss the emergence of delayed therapeutic benefit.

**Key words:** Treatment-resistant depression, psychoanalytic psychotherapy, long-term treatment, delayed therapeutic effect  
(Word Psychology 2015; 18:122-132)

# Four papers

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## Informed consent and psychotherapy: An interpretative phenomenological analysis of therapists' views



Clinical Psychology Review, Vol. 21, No. 3, pp. 401-415, 2001  
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0272-7358/01/\$ - see front matter

P11 S0272-7358(09)00057-4

## COMPARATIVE EFFECTS OF SHORT-TERM PSYCHODYNAMIC PSYCHOTHERAPY AND COGNITIVE-BEHAVIORAL THERAPY IN DEPRESSION: A META-ANALYTIC APPROACH

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## The role of shame and guilt in traumatic events: A clinical model of shame-based and guilt-based PTSD

Deborah A. Lee\* and Peter Scragg

Traumatic Stress Clinic, Camden & Islington Community Mental Health Services NHS Trust

### RESEARCH REPORT

## Pragmatic randomized controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: the Tavistock Adult Depression Study (TADS)

PETER FONAGY<sup>1</sup>, FELICITAS ROST<sup>2</sup>, JO-ANNE CARLILE<sup>2</sup>, SUSAN McPHERSON<sup>3</sup>, RACHEL THOMAS<sup>2</sup>, R.M. PARCO FERON<sup>1</sup>, DAVID GOLDBERG<sup>4</sup>, DAVID TAYLOR<sup>2</sup>

<sup>1</sup>Research Department of Clinical, Educational and Health Psychology, University College London, London, UK; <sup>2</sup>Adult Department, Tavistock & Portman NHS Foundation Trust, London, UK; <sup>3</sup>School of Health and Human Sciences, University of Essex, Colchester, UK; <sup>4</sup>Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK

This pragmatic randomized controlled trial tested the effectiveness of long-term psychoanalytic psychotherapy (LTPP) as an adjunct to treatment-resistant secondary (TR) antidepressant (TRAD) compared to TRAD alone in patients with long-standing major depression who had failed at least two different treatments and were considered to have treatment-resistant depression. Patients (N=120) were recruited from primary care and randomly allocated to the two treatment conditions. They were assessed at 6-monthly intervals during the 18 months of treatment and at 24, 36 and 42 months during follow-up. The primary outcome measure was the 17-item version of the Hamilton Depression Rating Scale (HDRS-17), with complete remission defined as a HDRS-17 score <5 and partial remission defined as a HDRS-17 score <12. Secondary outcome measures included self-reported depression as assessed by the Beck Depression Inventory - II, social functioning as evaluated by the Global Assessment of Functioning, subjective well-being as rated by the Clinical Outcomes in Routine Evaluation - Outcome Measure, and satisfaction with general

What are these papers about?

What methods do they use?

What criteria might you use to evaluate them?

Try to come up with around 5 criteria, for each type of paper.

Then use these to score each one out of 100.

Now rank them, and give points as follows:

1<sup>st</sup> = 12 points

2<sup>nd</sup> = 10 points

3<sup>rd</sup> = 6 points

4<sup>th</sup> = 2 points

# The Eurovision paper contest...



EFPA has decided to award a prize to the best psychotherapy Paper published in the last 20 years.

Decide which country you represent, and prepare to deliver your scores!

Countries might be France, UK, Belgium, Switzerland, Spain, depending upon where your team members are based (or just choose one if you are all in France).

# Devoirs

You should all now have chosen an article for the exercise.

You can still speak to me about the article, via Skype.

The deadline is the end of March, and you will need to submit via Moodle.

## Devoirs - questions

The questions for the document redigé are below (in English, et *en Français*):

### **Document rédigé.**

#### **Anglais pour Psychologues.**

What are the aims and objectives of the paper? (6 lines)

*Quels sont les but(s) et objectif(s) du document? (6 lignes)*

What methodology does it use? (6 lines)

*Quelle méthodologie a-t-on utilisé? (6 lignes)*

What are the key findings? (10 lines)

*Quelles sont les principales conclusions ? (10 lignes)*

To what extent do you think this paper makes a significant contribution to the literature? (12 lines)

*Dans quelle mesure pensez-vous que ce document apporte une contribution importante à la littérature scientifique? (12 lignes)*

Please try to write your answers in English first of all (use a translation site if you need to).

Then, write an evaluation of your writing in French, i.e. explain where you are not sure that you have conveyed the ideas well in English, and explain what you were trying to say, in French.

*S'il vous plaît, dans un premier temps, essayez d'écrire vos réponses en anglais (utiliser un site de traduction si nécessaire).*

*Ensuite, écrire une évaluation de votre écriture en français, expliquez où vous n'êtes pas sûr que vous avez transmis les idées bien en anglais, et expliquez ce que vous essayez de dire, en français.*

## Devoirs - journal article task, due by 31st March

## And finally.....

- Any questions?
- I look forward to seeing all of your submissions in Moodle.
- You will get feedback and grade by the end of April.