Psychotherapy Guidebook

Short-Term Anxiety-Provoking Psychotherapy

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e-Book 2016 International Psychotherapy Institute

From *The Psychotherapy Guidebook* edited by Richie Herink and Paul R. Herink

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DEFINITION

Short-Term Anxiety Provoking Psychotherapy (STAPP) is a psychotherapy aimed at helping neurotic patients with circumscribed symptoms and/or difficulties in interpersonal relations to solve the conflicts underlying these difficulties over a brief period of time, and to overcome their presenting complaints.

HISTORY

This type of treatment was developed at the Massachusetts General (1956-1968) and the Beth Israel hospitals of Harvard University Medical School. Since then several studies dealing with the outcome of STAPP, two of which involved the use of control patients, have demonstrated not only that it is an effective therapy but also that it is the treatment of choice for those candidates who fulfill its selection criteria. These are the following:

TECHNIQUE

Evaluation and Selection Criteria

The patient must have a circumscribed chief complaint and must give a history of having had a meaningful or altruistic relationship during his early childhood. He should demonstrate an ability to interact flexibly with an evaluator and have an access to his feelings during the evaluation interview. In addition, there should be evidence that he possesses an above-average psychological sophistication as well as a high motivation to change, and not only to have a symptomatic relief.

The psychological conflicts that underlie the complaints of the patient who fulfills the above-mentioned criteria must be demonstrated to be Oedipal in nature. This implies that the difficulties that have been encountered originated during the patient's childhood, when he was struggling to make a choice between one parent at the expense of another, even though both parents were loved. The ensuing problems and compromises, having been maladaptive in nature, gave rise to the neurotic difficulties encountered during the patient's adult life, and were instrumental in bringing him to the therapist for help.

By the end of the evaluation, which involves a systematic history taking, it should be clear whether or not the patient fulfills the criteria that have been outlined, and whether he has Oedipal conflicts underlying his difficulties. If this is the case, the therapist must present his own formulation of the psychological problem and must obtain the patient's cooperation to work

jointly with him in order to resolve it. This technical maneuver is referred to as the therapeutic "contract."

Technique of STAPP

The interviews are face-to-face, once a week, lasting for forty-five minutes. No time limit is set, in contrast to other kinds of brief therapy, which are limited to a special number of interviews or specify a final date for termination. The open-ended system gives a greater flexibility to the patient to overcome his difficulties. It is emphasized, however, during the evaluation that the therapy will last only "a few months." Having reviewed the length of STAPP over the last few years, we found that the majority of the cases were treated over a three- to four-month period, of twelve to sixteen interviews.

The technique of STAPP involves the rapid establishment of rapport with the patient so as to create a therapeutic alliance and set the stage for the development of what Alexander calls "a corrective" therapeutic experience. The patient's transference feelings which are positive in nature are discussed explicitly and early. In addition, the therapist, by a judicious use of clarifications, confrontations, and questions that are anxiety provoking in nature, keeps the patient within the therapeutic focus that has been outlined previously. This, in turn, enables him to make repeated parent-transference connections that are vital technical maneuvers, and help make the therapist-

patient interaction “alive,” so to speak, during the interview.

Every effort is also made by the therapist to avoid getting entangled into pregenital characterological issues, which the patient uses defensively to avoid the anxiety aroused by the discussion of the therapeutic focus, and which prolong the therapy unnecessarily.

If enough progress has been made in the resolution of the patient’s psychological problem, as evidenced by tangible examples that new behavioral attitudes have been developed, and that the patient is able to deal with his interpersonal relations in a more mature way, then plans should be made for termination of the treatment.

Outcome

From several studies mentioned already that dealt with the results of STAPP, my colleagues and I (Peter E. Sifneos) have discovered that the most striking improvements occur in such parameters as the patient’s self-esteem, his self-understanding, and his interaction with key members of his environment. In addition, the development of novel behavioral patterns, new learning and problem solving, which are utilized by the patient long after the therapy has come to an end, are good indications that he has freed himself from his neurotic chains.

APPLICATIONS

What is our most impressive conclusion about STAPP, however, is the fact that it sets into motion the machinery for new patterns of psychological functioning. The patient, who is relatively healthy but who has been selected to receive this kind of treatment because he suffers from circumscribed psychological problems involving Oedipal conflicts, keeps on using these new patterns effectively to resolve any new psychological difficulty that he is likely to encounter in his life. In this sense, this therapy can be viewed as being truly preventive, and because of this it can be considered to be an invaluable learning experience for the patient.