This article describes a treatment called "short-term anxiety-provoking psychotherapy" - [STAPP]. The development of this kind of therapy emphasizes the evaluation process, in an effort to select appropriate patients to receive it. In addition, the techniques, which are used, and the follow-up outcome research, with the use of videotapes are outlined. Finally, the systematic education of mental health professionals both in the United States and in Europe is highlighted.

**Key words:** Brief Dynamic Psychotherapy, technique, research, teaching.

**Introduction**

This article is divided into two parts. The first one will describe briefly the historical development of Short-Term Anxiety Provoking Psychotherapy [STAPP] which is a kind of dynamic treatment of brief duration. [It should be noted at this point that the term "dynamic" is used here to emphasize change, and although similar in many ways, it should not be equated completely with the psychoanalytic use of this term.] Although STAPP indeed utilizes several psychoanalytic principles, such as "transference", "defense mechanisms", "therapeutic alliance", to mention a few, nevertheless it does not follow strictly the psychoanalytic theory and practice.

In addition this paper will describe the evaluation process, the technique, the outcome of this therapy, the research follow-up studies, as well as the systematic teaching which was conducted over a period of forty years at two teaching hospitals of the Harvard Medical School, namely the Massachusetts General Hospital and the Beth Israel Deaconess Medical Center.

**Historical development of the Short-Term Anxiety Provoking Psychotherapy**

The second part of my paper will deal with my attempts to introduce and to teach STAPP in three European countries, namely Norway, Italy, and Greece.

It was in mid 1950s that a male patient came to the Psychiatry Clinic of the Massachusetts General Hospital, in Boston, the largest teaching hospital of Harvard Medical School. He complained of an acute onset of phobias for all forms of transportation, as soon as he had announced plans to get married in three months time. Paralyzed by these symptoms and finding himself in a state of crisis,1,2 he was very eager to understand the reasons for his difficulties, and make every effort to overcome them so as to be able to get married in three months time. During the evaluation interview, I was impressed by his motivation, his good relations with people during his childhood, and his psychological sophistication. Although at that time the best treatment for social phobias was psychoanalytically oriented psychotherapy of long duration, because of the pressing needs involving this patient, every effort had to be made to treat him in the shortest time interval possible. The plan was to try to identify a focus of emotional conflicts underlying his phobias, concentrate if possible on their resolution, and in a short period of time help him achieve his goal. Being aware that these goals might be difficult to achieve, nevertheless I decided that I should try to help him resolve his emotional conflicts as soon as it were possible.
Seeing him weekly in forty-five minute face-to-face sessions over a period of two months a successful result was obtained, that is, he was able to get married in time and when he was seen in a follow-up interview after his wedding, he was symptom free.

Looking back on the treatment of this patient, his case became the prototype of the investigation of our variety of Brief Dynamic Therapy which, as mentioned already, we named STAPP.

Scrutinizing the nature of the brief dynamic intervention, the technique which was utilized, and the successful outcome which was obtained, I arrived at the conclusion that it was necessary to formulate criteria for the selection of patients, with whom we might be able to offer a similar form of brief therapy. This was a new idea at that time.

The selection criteria involved the following items: a circumscribed chief complaint, the identification of at least one significant and meaningful interpersonal relationship during childhood, a flexible interaction with the evaluator, a psychological awareness, and a motivation for change. I emphasize the word "change" and not only for symptom relief. In addition, a focus of emotional conflicts underlying the patient's difficulties which was responsible for them had to be identified by the evaluator and presented to the patient in order to obtain his or her agreement to cooperate in making it the central point around which his therapy would evolve.

The technical requirements which were formulated, included the establishment of a therapeutic alliance, an active concentration on the focal emotional conflicts, an early utilization of prevailing transference feelings, the use of anxiety-provoking confrontations, clarifications, and interpretations, past-present link interactions, avoidance of regression recapitulation of the problem-solving efforts that had been made in overcoming resistances, tangible evidence of learning, and behavioral changes, as well as finally early termination of the treatment.

Using the criteria for selection, and the enumerated already technical features, we conducted four research investigations in order to ascertain the value of STAPP. To do this, we had to specify criteria for outcome. These included: changes in symptoms and or interpersonal relations new learning, problem solving, changes in self-esteem, and development of new attitudes in work, or in academic performance. The patients also were asked to give specific examples of the changes which they have made, as well as to give evidence of their understanding of the specific dynamic factors which were responsible for their difficulties, and of the ways in which the therapy was instrumental in helping them overcome them.

In sum, then, it should be clear that a correct evaluation based on selection criteria is an essential factor for the success of STAPP, because it helps rule out patients with insufficient strengths of character to undergo the rigors of the anxiety-provoking quality which prevails in this form of brief dynamic therapy.

Encouraged by the positive follow-up research studies it became necessary to formulate and conduct control investigations following as rigorous scientific principles as it might be possible. With that purpose in mind we decided to form a research group of senior staff members. The patients who fulfilled our selection criteria were matched as far as age and sex was concerned, and were divided into two groups, one "experimental" and one "control".

The experimental patients were seen by two independent evaluators and immediately afterwards, started their treatment with a well-trained STAPP therapist who was also supervised by a member of our research team.

The control patients were also seen by two independent evaluators, but they had to wait without receiving any therapy, for as long time as it took for their matched experimental counterparts to finish their treatment.

At that time, they were again seen by the evaluators who had to ascertain what changes, if any, had occurred without the benefit of therapy. After this second evaluation they were also able to receive STAPP in the same way as the experimental patients. The obvious question in our minds involved the differences of these two groups as far as the outcome STAPP criteria were concerned.
The findings from these studies showed that impressive positive results were obtained by the experimental group while the control patients on rare occasions showed some symptomatic changes, but were otherwise essentially unchanged. After the control patients received their STAPP they compared favorably with their experimental counterparts.

Both groups were seen in follow-up sessions on as long term basis as it was possible at that time, namely two years, and on some occasions loncer.

Above and beyond the positive results as far as our outcome criteria were concerned, the most striking finding involved the patients ability to demonstrate convincingly that, during their STAPP, they had learned to solve their emotional problems and now that the treatment had terminated they could utilize these learning techniques in solving any kind of new emotional conflict which they encountered in their lives. In this sense they had become independent and had no need for a therapist to help them, since they had learned how to solve their emotional difficulties on their own.

On questioning them about this extraordinary achievement we discovered that they recreated in their minds the therapeutic problem solving interactions with their therapists which took place during STAPP, and by fantasizing a question and answer session they were able to resolve their problem on their own. We have named this extraordinary research finding an "internalized dialogue".

To my knowledge, at that time, this was the first research control study of short-term dynamic psychotherapy ever to have taken place.

In spite of these encouraging findings, however, the use of independent evaluators, objective as they might be, presented a problem, because it lacked a true scientific validity. It was clear, therefore, that a scientific instrument was necessary to demonstrate convincingly the results of the treatment that had been obtained. In other words, we needed a "psychological microscope" similar to the microscope used for research by our medical colleagues. Fortunately, the electronic industry was able to provide us with the psychological microscope which we needed, in the form of the videotape. At first the videotapes were awkward, weighed a lot, and were expensive, so we used them sparingly, but after some time they became smaller, easier to use, and inexpensive. With videotapes, therefore, we were able to show our evaluation procedures, and each and every therapeutic session. Most importantly, the follow-up results, so that everyone could see for themselves what actually took place during the therapeutic process.

It goes without saying that videotaping provided to the field of mental health a true scientific dimension. Of course, all videotaping took place after the patients had given us in writing their informed consent.

It should be mentioned at this point that the results of our research studies stimulated our Department of Psychiatry to include STAPP training in our teaching curriculum. All our trainees, namely psychiatry M.Ds, psychology PhDs and MA, or Ph.D social workers, during their first year were given STAPP training in the form of lectures and seminars. They were also shown videotapes of patients treated by staff psychiatrists of our research group During the second year, appropriate STAPP patients were selected and were assined to them for supervised treatment. At times, whenever possible, the trainees used to videotape their patients, so that their supervisor could witness and scrutinize the nature of their therapeutic expertness, or lack of it.

Another teaching exercise was "group control" seminar where one of the trainees presented to his or her classmates the videotaped sessions of their STAPP. Usually a lively discussion ensued about the techniques that were used, the successful or unsuccessful interventions and interactions, and the results that have been obtained. These "group control" seminars were one of the most popular teaching experiences of our residency-training program.

In the United States soon our research and STAPP educational program became well known, and invitations for lectures, seminars, and our participation in national and international congresses increased rapidly, and over the years several psychiatry, psychology and social work university centers, sometimes directed by our own ex graduates, decided to include STAPP in their education curricula.
Evaluation process, technique, research and teaching

In the second part of my article, I shall present briefly the educational developments of STAPP in Europe. In the early part of 1970, I had the privilege of being invited by Professor Leo Eitinger to train some members of his senior staff in STAPP at the University of Oslo Medical School. I remember that when I presented in one of my early seminars the need for a thorough evaluation of patients based on specified criteria for selection, I was told that such patients were not likely to be found in Norway. Having heard similar objections in the past, I was able to reassure my Norwegian colleagues that STAPP candidates existed in every country in the world including Norway and I promised those who might be interested in attending my teaching sessions that they will be able to learn how to evaluate similar patients, and that they will become able to treat them just as well. To my pleasure, most of those who had attended that lecture decided to participate in my systematic STAPP educational program.

For three years, I visited Oslo five times per year and I was able to offer the same type of educational program that we used at Harvard. Patients were interviewed behind a one way mirror screen so that the teaching group could see them. Seminars were organized, lively discussions always took place, and supervision was offered to those who volunteered to treat well-selected patients. In the next twelve years, two groups were formed with the task of doing a systematic research study of the STAPP outcome. The results of this investigation were published in a series of papers in 1985.56 One of the most striking feature of the Norwegian research was their ability to see in follow up sessions treated patients two years and five years after the termination of their therapy, and to witness impressive improvements in what they called "the dynamic result variable, as well as in symptom relief". Furthermore, comparing recorded sessions two and five years after the end of the therapy, they discovered that "there were changes in both symptoms and insight as measured by dynamic variable between the two follow up points". They concluded that the effects of short-term dynamic psychotherapy may occur even two years after the end of the treatment. This very important Norwegian research study demonstrated unequivocally the value of the short term dynamic psychotherapy in the field of mental health.

Another teaching involvement in Europe took place in Italy. I was invited by Professor Luigi Pereson of the CISSPAT foundation in Padova to do a series of STAPP seminars over a nine year period in the 1990s.

Although no research was conducted, the numbers of interdisciplinary students and staff were the largest that I had ever encountered.

Finally, during the last eight years in Athens, with the aid of my valued assistant Yanni Tsamasiro, we were able to train in STAPP four groups of interdisciplinary therapists, using the same type of teaching exercises which have already been described. In the first year, each trainee is required to attend monthly three hour teaching theoretical seminars. In the second year at least two patients have to be treated under supervision, and must be presented for discussion in front of the group, before graduation.

With the unfortunate advent of managed care, psychotherapy is not as extensively studied in the United States as it was the case in the past, except for brief kinds of treatments such as cognitive therapy, behavioral modification, and STAPP. Fortunately this is not the case in Europe as I hope I was able to demonstrate, in describing my experiences in Norway, Italy, and Greece.