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## Part 3 Abstracts of Studies

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### Case Record Studies

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#### The Berlin I Study – The Fenichel Report

Fenichel, O. (1930). Statistischer Bericht über die therapeutische Tätigkeit 1920-1930. In S. Radó, O. Fenichel, & C. Müller-Braunschweig (Eds.), *Zehn Jahre Berliner Psychoanalytisches Institut. Poliklinik und Lehranstalt* (pp. 13-19). Wein: Int Psychoanal Verlag.

This is the first psychoanalytic outcome study and an early indication of the productivity of this field in Germany. This study has been described in detail in Bergin and Garfield, in the chapter on outcome by Bergin (1971). It forms the basis of Eysenck's classical critique of psychoanalysis which has recently been shown to exaggerate the speed of spontaneous remission in untreated patients (McNeilly & Howard, 1991). For a further report from the Berlin Institute see von F Boehm (1942) on 419 terminated psychoanalytic treatments (for a reference see A. Dührssen 1972).

#### The New York Psychoanalytic Institute Study (NYPIS)

Erle, J. (1979). An approach to the study of analyzability and the analysis: The course of forty consecutive cases selected for supervised analysis. *Psychoanalytic Quarterly*, 48, 198-228.

Erle, J. & Goldberg, D. (1979). Problems in the assessment of analyzability. *Psychoanalytic Quarterly*, 48, 48-84.

Erle, J., & Goldberg, D. (1984). Observations on assessment of analyzability by experienced analysts. *Journal of the American Psychoanalytical Association*, 32, 715-737.

This programme of studies was a naturalistic pre-post study using candidates and trained analysts from the New York Psychoanalytic Institute. Outcomes were measured in terms of analysts' assessments. The first study (N=40) included only neurotic cases whereas the second study contained some more severely disturbed individuals (N=160). Clinicians were only aware of significant improvements in 55-60% of cases but a strong relationship between length of treatment and outcome was found.

#### The Columbia University Research Project (CURP)

Weber, J., Bachrach, H., & Solomon, M. (1985). Factors associated with the outcome of psychoanalysis: report of the Columbia Psychoanalytic Center Research Project (II). *International Review of Psychoanalysis*, 12, 127-141.

Weber, J., Bachrach, H., & Solomon, M. (1985). Factors associated with the outcome of psychoanalysis: report of the Columbia Psychoanalytic Center Research Project (III). *International Review of Psychoanalysis*, 12, 251-262.

Bachrach, H. M., Weber, J. J., & Murray, S. (1985). Factors associated with the outcome of psychoanalysis. Report of the Columbia Psychoanalytic Research Center (IV). *International Review of Psychoanalysis*, 12, 379-389.

This was an ambitious study undertaken by the Columbia Center for Psychoanalytic Training and Research contrasting the outcomes of non-randomly assigned psychoanalytic and psychotherapeutic treatments undertaken at Columbia University. The study examined treatment records of trainee cases. It found that the vast majority of patients completing treatment show marked improvement and

that psychoanalysis achieves greater improvement than psychotherapy but the two groups were not well matched.

## **Anna Freud Centre Studies 2. Chart Review of 765 Cases Treated with Psychoanalysis or Psychotherapy (AFC2)**

Fonagy, P., Target, M. (1994). The efficacy of psychoanalysis for children with disruptive disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 45-55

Fonagy, P., Target, M. (1996). Predictors of outcome in child psychoanalysis: A retrospective study of 763 cases at the Anna Freud Centre. *Journal of the American Psychoanalytic Association*, 44, 27-77

Target, M., Fonagy, P. (1994). The efficacy of psychoanalysis for children: Prediction of outcome in a developmental context. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 1134-1144

Target, M., Fonagy, P. (1994). The efficacy of psychoanalysis for children with emotional disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 361-371

This was a study of the carefully maintained case records of the Anna Freud Centre, a centre for the psychoanalytic and psychotherapeutic treatment of children under the direction of Anna Freud from 1952 until her death. Case records of the Centre are unusually detailed and to a large extent standardised following Anna Freud's diagnostic profile (Freud, 1962) and incorporating the Hampstead Index (Sandler, 1962). The charts of 765 cases were reviewed by independent researchers and careful attention was paid to achieving reasonable reliability in judgements. Findings were reported in three papers. Disruptive disordered children did relatively poorly in psychoanalysis and psychotherapy but did better if their presentation included anxiety and if their treatment was completed. Emotionally disordered children did well in both psychoanalysis and psychotherapy and appeared to require analysis if their problems were more severe and complex. On the whole, younger children benefited more from psychoanalytic treatment than older ones.

# Naturalistic, pre-post, quasi-experimental studies

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## The Menninger Psychotherapy Research Project (PRP)

Kernberg, O., Burstein, E. D., Coyne, L., Applebaum, A., Horwitz, L., & Voth, H. (1972). Psychotherapy and psychoanalysis - The final report of the Menninger Foundation's Psychotherapy Research Project. *Bulletin of the Menninger Clinic*, 36, 1-275.

Wallerstein, R. S. (1986). *Forty-two lives in treatment: A study of psychoanalysis and psychotherapy*. New York: Guildford Press.

The PRP was launched in the 1950s and it was the first prospective study of long-term psychoanalytic psychotherapy in the United States (Kernberg et al., 1972). Forty two patients originally assigned to expressive or supportive therapies tended to have various combinations of both treatments across the three decades of the study. The investigation which has been reported in a number of books and many papers was concluded with Robert Wallerstein's definitive report of the long-term follow up, the history of these patients spanning 30 years (Wallerstein, 1986). The sample was too small to permit adequate analysis of the large number of measures and treatment patterns. The findings indicate that some severely personality disordered patients may require psychoanalytic therapy if they are to show significant improvement.

## The Heidelberg Study (A & B): The Heidelberg Psychosomatic Clinic Study – a naturalistic prospective outcome and follow-up study

Rad, v M., Senf, W., Bräutigam, W. (1998). Psychotherapie und Psychoanalyse in der Krankenversorgung: Ergebnisse des Heidelberger Katamnesenprojektes. *Psychother. Psychosom. med Psychol* 48, 88-100

In the "Heidelberg Long-term Psychotherapy Follow-up Project", a naturalistic study design, all types of treatment were included that had been performed at the Psychosomatic Clinic of the University of Heidelberg for a certain period (combined inpatient and outpatient individual and group therapy, as well as outpatient dynamic psychotherapy and psychoanalysis). A specific strength of this project is that three to five individual therapy goals were predetermined for each patient before starting the treatment (Goal Attainment Scaling). After the end of therapy and at the time of follow-up (3.5 years later), attainment of these goals was assessed by an independent rater. A total of 208 patients were examined, among them 36 patient in psychoanalysis (three times as week) who were evaluated according to their diagnosis (neurotic, functional or psychosomatic disorders) and the kind of treatment. Psychoanalysis had superior outcome to psychotherapy but the difference diminished by follow up (four years). Goal Attainment Scaling also highlighted the efficacy of psychoanalysis. A spin-off investigation demonstrated a powerful dose-response relationship between treatment and outcome.

## The Heidelberg Study (C): Long-term outcome of out-patient psychoanalytic psychotherapies and psychoanalyses: a study of 53 follow-up interviews

Heuft, G., Seibuechler-Engel, H., Taschke, M., Senf, W. (1996). Langzeitoutcome ambulanter psychoanalytischer Psychotherapien und Psychoanalysen: eine textinhaltsanalytische Untersuchung von 53 Katamneseinterviews. *Forum der Psychoanalyse: Zeitschrift fuer Klinische Theorie und Praxis*, 12, 342-355

A further paper from the Heidelberg group was a contribution to the development of new strategies for follow-up methodology relying on qualitative text analytic strategies and individualised treatment goals. The attainment of individualised treatment goals were compared for psychoanalytic (N=33) and psychoanalytically oriented psychotherapy (N=33) treatments at least two years after termination on the basis of text analysis of an interview. Overall, 72% of patients in analysis and 56% of patients in psychotherapy were rated as having achieved their goals at 2-year follow-up.

## **The Berlin III Study (A, B & C): A multi-centre study on psychoanalytic oriented treatments**

Rudolf, G. (1991). Free University of Berlin: Berlin Psychotherapy Study. In L. Beutler & M. Crago (Eds.), *Psychotherapy Research. An International Review of Programmatic Studies*. Washington: American Psychological Association.

Rudolf, G., Manz, R., & Ori, C. (1994). Ergebnisse der psychoanalytischen Therapien. *Zsch Psychosom Med*, 40, 25-40.

Rudolf, G., & Manz, R. (1993). Zur prognostischen Bedeutung der therapeutischen Arbeitsbeziehung aus der Perspektive von Patienten und Therapeuten. *PPmP, Psychother. Psychosom. med. Psychol.*, 43, 193-199.

This was one of the successful products of the research program conducted by the Ministry of Technology (BMFT) in the early eighties. The Berlin III Study was a field study collecting systematic data from patients in out-patient and in-patient psychoanalytic oriented treatments.

Within a naturalistic design, 44 psychoanalytic treated patients were examined with regard to qualitative and quantitative indicators of outcome. The results were compared to 56 outpatient psychodynamic therapies and 164 inpatient dynamic treatments. A comparison of symptoms, diagnoses and motivations before therapy led to the conclusion that the patient groups in these studies were different at the outset. It was concluded that randomisation to these treatments would not be an adequate strategy. Using various criteria of outcome it was demonstrated that psychoanalytically treated patients improve quite markedly and to a larger extent than out-patients or inpatients treated with psychodynamic therapy. Three studies are reported. The first demonstrates that patients in outpatient psychoanalytic therapy showed improvement in 96% of cases, compared to about 64% of inpatients also in psychoanalytic therapy who showed improvements. Patients who did not finish therapy fared worst in long term follow-up. In the second study, 44 psychoanalytically treated patients were followed. Anxiety and other mood disorder symptoms showed largest effect sizes. In the third study, the therapist perspective on the working alliance was found to be the best predictor of outcome.

## **The Stockholm Outcome of Psychotherapy and Psychoanalysis (STOPP) Study**

Sandell, R., Blomberg, J., Lazar, A., Carlsson, J., Broberg, J., & Rand, H. (2000). Varieties of long-term outcome among patients in psychoanalysis and long-term psychotherapy: a review of findings in the Stockholm outcome of psychoanalysis and psychotherapy project (STOPP). *International Journal of Psychoanalysis*, 81 (5), 921-943.

Sandell, R. (1999). Long-Term Findings of the Stockholm Outcome of Psychotherapy and Psychoanalysis Project (STOPPP). Paper presented at the Psychoanalytic Long-Term Treatments: A Challenge for Clinical and Empirical Research in Psychoanalysis, Hamburg, Germany.

This study makes use of an innovative 3-wave panel survey design to study 430 patients at various stages of psychoanalysis or psychotherapy (before, during, or after therapy). Treatment modality was self-selected and stage in treatment was considered to be a randomised factor. An extensive battery of measures was used including standardized self-report instruments (SCL-90, SAS, SOCS), specialized questionnaires addressing the patient's family, health, work, and general condition, and a therapeutic identity questionnaire completed by the therapists. The psychotherapy and psychoanalysis groups started out at similar levels of psychopathology and were both in the non-clinical range by the end of therapy. However, psychoanalytic patients continued to improve while psychotherapy patients did not. Older therapists achieved better outcome than younger ones, though, the second youngest, not the youngest therapists did worst. Therapists who endorsed items that clustered into "supportive-interpersonal" or "supportive-intuitive" groups had more success than those in the "classical" cluster, irrespective of whether they were treating patients in psychoanalysis or psychotherapy. "Classical" therapists did particularly poorly when practicing psychotherapy. This study has fascinating results,

thought the methodology and data analysis are still new and of uncertain validity. HLM analyses may resolve some of these problems.

### **The Heidelberg-Berlin Study: The DGPT Practice Study on long term psychoanalytic therapy**

Grande, T., Rudolf, G., & Oberbracht, C. (1997). Die Praxisstudie Analytische Langzeittherapie. Ein Projekt zur prospektiven Untersuchung struktureller Veränderungen. In: Leuzinger-Bohleber, M., Stuhr, U. (Eds). *Psychoanalytische Katamnesenforschung*. Psychosozial Verlag, Giessen

This study has been launched by the membership of the DGPT, a German Psychoanalytic Umbrella Organisation. Two samples of 36 patients with severe disturbance, treated either with psychoanalysis (3-4 times a week) or 1-2 times per week face to face psychotherapy, are currently being studied by a group of investigators who are not involved in the treatment. Every three months an interview is performed and systematic evaluations of the development of symptomatic and structural change are recorded. The study uses the Operational Psychodynamic Diagnosis tool as the major assessment instrument for measuring structural change and the technique of goal attainment using a Heidelberg version of Stiles' APES. Recruitment of analytic cases was completed in 1998, and is currently under way for psychotherapy. This is scheduled to be completed in 2001. Results comparing psychoanalysis and psychotherapy groups are expected at the end of 2002.

### **The Latin American Study: Effectivity and Efficiency of Psychoanalytic Treatments of Long Duration and High Frequency as Compared with Long Duration and Low Frequency**

Lancelle, G., Bernardi, R. & Epstein, R. (1996). *Planning a long-term psychotherapy research study. Experience from the pilot phase of the Latin American Multicenter Study*. Stuttgart Kolleg. Forschungsstelle für Psychotherapie. Stuttgart

This project basically represents the comparison of the evolution and therapeutic results of two groups of patients in psychoanalysis: (a) those with three sessions a week or more and (b) those with two sessions or one session a week. The design is naturalistic (Kazdin, 1994), which is obviously not ideal, since it will not be possible to draw firm conclusions of the differences between the two treatments independent of self-selection or diagnostic assignments.

There is no universally accepted operationalised measurement system to assess the results of psychoanalytic treatments (Wallerstein, 1988). The researchers therefore decided to use a rather large battery of well-known and validated questionnaires and scales. This should help to get a more complete profile of the sample, and will permit the comparison of these results with those of other research groups. The project is also a contribution towards the data base for the ongoing study of psychoanalysis.

### **The Norwegian Prospective Study**

Monsen, J., Odland, T., Faugli, A., Daae, E., & Eilersten, D. E. (1995). Personality disorders and psychosocial changes after intensive psychotherapy: A prospective follow-up study of an outpatient psychotherapy project 5 years after the end of treatment. *Scandinavian Journal of Psychology*, 36, 256-268.

Monsen, J., Odland, T., Faugli, A., Daae, E., & Eilersten, D.E. (1995). Personality disorders: Changes and stability after intensive psychotherapy focussing on affect consciousness. *Psychotherapy Research*, 5, 33-48.

This was a relatively small-scale uncontrolled study of psychotherapy outcome for personality disorder. A broad, well selected range of measures were used with most showing substantial clinically

significant changes over two years of treatment and five years follow-up. Long-term monitoring of persons followed prospectively for about seven years is a particularly strong feature.

### **The New South Wales Study of Personality Disorder**

Stevenson, J., & Meares, R. (1992). An outcome study of psychotherapy for patients with borderline personality disorder. *American Journal of Psychiatry*, 149, 358-362.

Stevenson, J., & Meares, R. (May 1995). *Borderline patients at 5 year follow-up*. Paper presented at the Annual Congress of the Royal Australia-New Zealand College of Psychiatrists, Cairns, Australia.

This was a naturalistic study of the effectiveness of psychodynamic psychotherapy based upon object relations and self psychological principles. It used a pre-post design and with a baseline assessment that extended over 12 months. Thirty patients were treated twice per week over one year. Outcomes were good both in terms of objective criteria (medical visits) and behavioural measures (e.g. episodes of self harm) reported with interview assessments. Improvements were maintained at 5-year follow-up.

### **Tavistock Study of Fostered or Adopted Children**

Lush, D., Boston, M., Grainger, E. (1991). Evaluation of psychoanalytic psychotherapy with children: Therapists' assessments and predictions. *Psychoanalytic Psychotherapy* 5, 191-234

This study focused on a particularly needy and costly group, fostered or adopted children. Children were all offered treatment but some could not take it up. Therapist rated and independently globally assessed outcome suggested a marked superiority of the treated children relative to the comparison group.

### **Anna Freud Centre Studies 4: The Comparison of Intensive (5 times weekly) and Non-intensive (once weekly) Treatment of Young Adults**

Fonagy, P., Gerber, A., Higgitt, A., & Bateman, A. (in preparation). The comparison of intensive (5 times weekly) and non-intensive (once weekly) treatment of young adults.

This was a prospective study where two groups matched for age, socio-economic status and DSM diagnosis were sequentially assigned to five times weekly or once weekly psychoanalytic treatment by experienced psychoanalysts. Assessments of psychiatric status, adjustment and attachment were made at 18 months intervals by independent raters. There was no cross-over between groups. The study is still underway and is likely to be completed in 1999. The findings suggest the superiority of psychoanalysis to psychotherapy for this relatively severely disturbed group of individuals.

### **The Uruguayan Agora Institute Study: Subjective and Objective Assessments of Process and Outcome in Focal Psychodynamic Psychotherapy**

Bernardi, R.; Montado, G.; Rivera, J.; Defey, D.; Fossatti, G. y Sas, A. (1995) Psicoterapias Focalizadas: Percepción del Proceso y los Resultados. In Jiménez, Buguñá y Belmar (eds) *Investigación en Psicoterapia: Procesos y Resultados (Investigación Empírica 1993-94)*. Santiago de Chile: SPR (South American Chapter) and Corporación de Promoción Universitaria.

Montado, G.; Defey, D.; Darakjian, W.; Lodeiro, M.; Peña, M.; Rubio, C.; Bernardi, R. (2000) Psicoterapia dinámica focal: evaluación de resultados a través de múltiples evaluaciones. In Gril, Ibáñez, Mosca, Sousa (eds) *Investigación en psicoterapia. Procesos y resultados*. Pelotas: SPR. Educat.

Montado, G. (2001) Psicoterapia focal psicoanalítica: investigación de procesos y resultados. In Bernardi, R et al (eds). *Psicoanálisis, Focos y aperturas*. Montevideo: Agora/Psicolibros.

This naturalistic study of focal dynamic psychotherapy is one of only two psychotherapy outcome studies ever performed in Uruguay and the only one to include objective measures of patient improvement. The SCL-90 and Howard's Generic Model questionnaire were applied to 200 patients before the onset of treatment and 8 months after termination. Patients were mostly female and presented most frequently with marriage problems, family conflict, or employment issues. Treatments took an average of 20 sessions. Eighty-two percent of therapists and 94% of patients were satisfied with the outcome of therapy. SCL-90 Global Severity Scale showed significant improvement in 96%. The best predictor of treatment outcome was therapists' capacity to actively stimulate the therapeutic alliance. This study is most significant for its pioneering place in Uruguayan psychotherapy research, as its findings are limited by the naturalistic design.

## Follow-up studies

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### **The Oslo I Study: Schjeldrup (1955): An early proponent of combined questionnaire and personal follow-up interview**

Schjeldrup, H. (1955). Lasting effects of psychoanalytic treatments. *Psychiatry*, 18, 109-133

Schjelderup, a psychoanalyst, treated 28 cases between 1926 until 1943. After the war a questionnaire was sent to his patients; after the questionnaire had been returned an open personal interview was administered "in which the answers were discussed in great detail and necessary additional information ...was obtained".

In nine of these cases the follow-up shows a lasting symptomatic cure, and in an additional 14 a substantial improvement was noted. The most frequent lasting personality changes found were changes in interpersonal relationships (25 cases) and in the capacity for work and the enjoyment of work (22 cases). Changes in capacity for sexual adjustment and in a more realistic perception of reality were also quite common. The results obtained by this early empiricist have been replicated by more recent and systematic investigators.

### **The Berlin II Study – also called the Dührssen study**

Dührssen, A. (1962) Katamnestische Ergebnisse bei 1004 Patienten nach analytischer Psychotherapie. *Psychosom Med* 8, 94-113

Dührssen (1962) supported the inclusion of psychoanalytic oriented treatment of neurotic disturbance in insurance coverage in Germany by her pioneering analysis of the follow-up of 1,004 patients who had received analytic psychotherapy at the "Central Institute for Psychogenic Disorders" in Berlin, in which she showed the effectiveness and efficiency of the treatment (A. M. Dührssen & E. Jorswieck, 1965). All but 15% of patients showed improvement, the largest group showing very considerable improvement maintained at follow-up. A substantial reduction in insurance claims for physical problems was associated with psychoanalytic treatment in the 5 year period following therapy.

### **The Boston Psychoanalytic Institute Study**

Sashin, J., Eldred, S., & Van Amerowgen, S. T. (1975). A search for predictive factors in institute supervised cases: a retrospective study of 183 cases from 1959-1966 at the Boston Psychoanalytic Society and Institute. *International Journal of Psycho-Analysis*, 56, 343-359.

This was a study monitoring the outcome of significant number (N=130) of patients treated by trainee analysts under supervision. The patients were selected as good training cases and are therefore not necessarily representative of psychoanalytic cases in general. The large majority of patients were rated as improved although a significant minority terminated before the analyst indicated that this was appropriate. Spin off studies demonstrated that trainees used a variety of techniques and that some improvements were not maintained on follow-up.

### **The Stuttgart Psychotherapeutic Hospital Follow-Up Study**

Teufel, R., & Volk, W. (1988). Erfolg und Indikation stationärer psychotherapeutischer Langzeittherapie. In W. Ehlers, H. C. Traue, & D. Czogalik (Eds.), *Bio-psycho-soziale Medizin* (pp. 331-346). Berlin: Springer- PSZ.Drucke.

The Stuttgart Psychotherapeutic Hospital is an exclusively psychoanalytically oriented inpatient treatment facility which since 1967 has had 102 beds and has treated about 300 patients per year. A planned follow-up study of 248 patients identified 147 patients who could be interviewed 3.9 years



after termination of treatment. Four dimension of outcome were evaluated: (a) attainment of treatment goals, (b) symptom reduction, (c) general well-being and (d) capacity for work. The results indicated that capacity for work and the attainment of treatment goals defined in the opening phase of treatment showed the greatest change. General well being and symptom reduction showed more modest improvements. Importantly, the study was carried out at a time when pharmacological treatments were less readily offered on an adjunctive basis.

### **The Berlin Jungian Study: On the effectiveness and efficacy of outpatient (Jungian) psychoanalysis and psychotherapy - a catamnestic study**

Keller, W., Westhoff, G., Dilg, R., & Rohner, H. H. (1998). *Studt and the study group on empirical psychotherapy research in analytical psychology*. Berlin: Department of Psychosomatics and Psychotherapy, University Medical Center Benjamin Franklin, Free University of Berlin.

Despite a great number of studies on the effectiveness of psychodynamic psychotherapy, there are so far no studies on the efficacy and effectiveness of long-term psychoanalysis performed in a naturalistic design that focus on psychoanalysts and psychotherapists in private practice. Reasons for this include the long duration of prospective psychoanalytic treatment studies, the high costs involved, as well as methodological problems inevitably encountered in the field of private medical practice.

The main objective of the study aimed at proving the effectiveness of long-term Jungian analyses lasting more than 100 sessions in the treatment practice and examining the stability of treatment results by a follow-up study 6 years after the end of therapy. The results show impressive improvements in both subjective and objective measures. There was a measurable improvement in health insurance claims and improvements on standardised measures of psychological distress (SCL-90). The pre-treatment data are however not sufficiently reliable for subjective measures to permit comparison.

### **The Konstanz Study - The German Consumer Reports Study**

Breyer, F., Heinzl, R. & Klein, Th. (1997). Kosten und Nutzen ambulanter Psychoanalyse in Deutschland (Cost and benefit of outpatient analytical psychotherapy in Germany). *Gesundheitsökonomie und Qualitätsmanagement*, 2, 59-73

Based on the membership rosters of two German (non-IPA) psychoanalytic societies (DGPT and DGIP), a random sample of 20 % received an invitation to take part in a questionnaire study on their former patients. Fifty per cent of those contacted responded. Of this 50%, half the analysts or patients declined to take part after the study was explained to them. Thus, the final sample of the study was 5% of the total membership – sadly, a rather unrepresentative group. Questionnaires were collected from all participants concerning the outcome of therapy. On the subjects available the reported improvements are marked including substantial savings in general health care. Most significant changes took place between the start of therapy and termination but improvements continued, particularly in self-rated total well-being and quality of relationships between termination and long term (2 years plus) follow up.

### **The German Psychoanalytical Association Study: Longterm effects of psychoanalyses and psychoanalytic therapies - a representative follow-up study**

Leuzinger-Bohleber, M. (in press). The Psychoanalytic Follow-up Study (DPV): A Representative, Naturalistic Study of Psychoanalyses and Psychoanalytic Long-term Therapies. In M. Leuzinger-Bohleber & M. Target (Eds.), *The Outcomes of Psychoanalytic Treatment*. London: Whurr.

Leuzinger-Bohleber, M., Beutel, M., Stühr, U., & Rüger, B. (2000). *How to study the quality of psychoanalytic treatments? A combination of qualitative and quantitative approaches in a representative follow-up study*. Paper presented at the Joseph Sandler Research Conference, London.

Leuzinger-Bohleber, M. (Ed.). (1997). "...die Fähigkeit zu lieben, zu arbeiten und das Leben zu genießen." Zu den vielen Facetten psychoanalytischer Katamneseforschung. Giessen: Psychosozial Verlag. (Chairs: M. Leuzinger-Bohleber. U. Stühr. M. Beutel. Consultant for Statistics: B. Rüger. Consultant of the IPA Research committee: H. Kächele)

The major aim of the project is to study retrospectively patients' views of their psychoanalytic experiences and the effects of psychoanalytic treatment at least four years after the end of psychoanalysis or long-term psychoanalytic treatment. Do the subjective views of the former patients correspond to those of their former analysts, to those of independent observers and to the results of tests and questionnaires used in psychotherapy-research? The study approached all members from the German Psychoanalytic Association (DPV) to ask their readiness to participate in a follow-up study. 91% of the therapists approached responded. A great majority (89%) was in favour of the study. 401 of the 453 patients in long term psychoanalytic treatment who finished their treatments with DPV members between January 1990 and December 1993 and who were contacted by their analysts about the study agreed to participate. The samples formed have been demonstrated to be representative. The study has assessed 194 former patients by two long psychoanalytic follow-up interviews and 154 patients by standardised questionnaires. Data were analysed using both qualitative and quantitative methods.

## **Project TR-EAT: A Multicenter Study of Inpatient Psychodynamic Treatment of Eating Disorders in Germany**

Kachele, H. (1999). A multicenter study of expenditure and success in psychodynamic therapy of eating disorders. Study design and initial results. *Psychother Psychosom Med Psychol*, 49(3-4), 100-108.

Kachele, H., Kordy, H., Richard, M. (in press). Therapy amount and outcome of inpatient psychodynamic treatment of eating disorders in Germany: Data from a multicenter study. *Psychotherapy Research*, 11(3).

In spite of a growing number of studies about the efficacy of psychotherapy in eating disorders, the knowledge about the optimal treatment intensity and duration is sparse. This study investigates (1) factors that determine length of treatment and (2) the effect of treatment duration, and other factors, on treatment outcome. It is a multicenter observational study. The symptomatic status of 1171 patients with an eating disorder was observed for 2.5 years after the beginning of treatment in one of the 43 participating clinics. Length of treatment and treatment outcome was modeled using hierarchical linear models and logistic regression. To control for possible confounding factors, propensity score adjustment was used to compare long and short treatment. At 2.5 year follow-up, 33% of Anorexia patients and 25% of the Bulimia patients were symptom free. Length of treatment varied considerably between and within treatment centers and was related to patient characteristics to a very small degree. Length of treatment in interaction with other patient characteristics had an effect on treatment outcome, treatment intensity was not related to outcome.

## **The Significance of Childhood Neurosis for Adult Mental Health: A Follow-Up Study**

Waldron, S., Shrier, D. K., Stone, B., & al. (1975). School phobia and other neuroses: a systematic study of the children and their families. *American Journal of Psychiatry*, 132, 802-808.

The author compared the mental health of 42 young adults who had suffered from a neurosis in childhood with that of 20 control subjects. Various aspects of functioning were clinically assessed using the Current and Past Psychotherapy Scales and the Health-Sickness Rating Scale. More than 75% of the former patients were at least mildly ill at follow-up, compared with only 15% of the control group. Intergroup differences in diagnosis and symptoms are described. The findings establish the fact that neurotic children require much more effective treatment than they have traditionally received in order to attain a good prognosis for adult mental health.

## **Anna Freud Centre Studies 3: The Long-term Follow-up of Child Analytic Treatments**

Fonagy, P. & Target, M. (1998). *The outcome of psychodynamic therapy: the work of the Anna Freud Centre*. Invited public lecture, London, England, September 1998.

Target, M. & Fonagy, P. (1998). The long-term follow-up of child psychoanalysis. Paper presented at the *Vulnerable Child Symposium* at the American Psychoanalytic Association, Toronto, Canada, May 1998.

This is an ongoing follow-up study asking the simple question if psychoanalytic treatment in childhood enhances adult functioning. The epidemiological background for this study is provided by the growing recognition that children do not grow out of either emotional or behavioural disorder. The adult outcome may not be overt pathology alone but may manifest as poor planning, inadequate sexual relationships, absence of social support, low self-esteem, the persistence of trauma, insecure attachments and adverse life events. From a psychoanalytic point of view, this may be explained as indicating continuities in the representational system. The question is, does psychoanalytic intervention in childhood function as a protector? 200 individuals will be followed up from childhood: 50 treated with psychotherapy for childhood disturbance, matched cases who received no treatment, and siblings of the treated subjects who were brought up in the same early environment. Measures include adjustment in adulthood, psychiatric profile, attachment measures, life event interviews and retrospective information collected from the subject and case files. The study is ongoing but results to date are promising as to the long term value of successful psychoanalytic treatment in preventing adult disturbance.

## **Saarland Study of Psychotherapy Effectiveness and Patient Satisfaction**

Hartmann, S & Zepf, S. Institute for Psychoanalysis, Psychotherapy and Psychosomatic Medicine, Saarland University Hospital.

This study is a German replication of the Consumer Reports Study, designed to measure therapy effectiveness through a self-report, retrospective questionnaire. The Consumer Reports questionnaire was translated into German and distributed nationwide. More than 1,500 were returned and the demographic characteristics of the sample found to correspond to those of the general psychotherapy population, as described in the literature. Subjects who had undergone psychoanalysis and psychodynamic psychotherapy had a significantly higher rate of improvement than those in other forms of therapy (behavioural and client centered therapy). These differences are confounded, however, by the longer duration of psychoanalysis and psychodynamic therapy. Preliminary results seem to correspond to those of the Consumer Reports study. The findings are severely limited by the sampling bias inherent in this study design and the self-report and retrospective nature of the data.

## **Steißlingen Survey of Individual and Group Psychotherapy**

Heinzel, R., & Breyer, F. (1995). Stabile Besserung. *Deutsches Ärzteblatt*, 11, 752.

Heinzel, R., Breyer, F., Klein, T. (1996). Ambulante Psychoanalyse in Deutschland. Eine katamnestiche Evaluationsstudie, Diskussionsbeiträge der Univ. Konstanz, März 1996.

Heinzel, R., & Breyer, F. (1996). Katamnesenstudie belegt Wirksamkeit der analytischen Therapie. *Deutsches Ärzteblatt*, 11, 658.

Heinzel, R., Breyer, F., Klein, T. (1998). Ambulante analytische Einzel- und Gruppenpsycho- therapie in einer bundesweiten katamnestiche Evaluationsstudie. *Z. Gruppenspsychotherapie und Gruppendynamik*, 34, 135-152. ]

Breyer, F., Heinzel, R., Klein, T. (1997). Kosten und Nutzen ambulanter Psychoanalyse in Deutschland. (Cost and benefits of outpatient psychoanalytic therapy in Germany) *Gesundheitsökonomie und Qualitätsmanagement*, 2, 59-73.

Dossmann, R., Kutter, P., Heinzl, R., & Wurmser, L. (1996). The Long-Term Benefits of .Intensive Psychotherapy. *Psychoanalytic Inquiry, Supplement*, 74-86.

In this study retrospective self-report data were collected on 633 patients treated by members of two German psychotherapy societies (DGPT and DGIP). Subjects were asked to describe their physical, mental, social, and overall health status at three points in time: at the beginning and end of therapy and at the time of assessment (up to five years after completing therapy). Patients generally reported improvement on all major indices during the course of therapy and continued improvement from termination until assessment. Improvement was not predicted by the type of therapy (individual or group), training of therapist, or theoretical orientation. A significant reduction of medication intake, both psychotropic and medical, was found in therapy patients, and other indices of health care utilization were also found to decrease. Due to the sampling bias inherent in this design, and the retrospective and self-report nature of the data, it is difficult to extrapolate from these findings.

## **IPTAR Study of the Effectiveness of Psychoanalytic Psychotherapy**

Freedman, N., Hoffenberg, J. D., Vorus, N., & Frosch, A. (1999). The effectiveness of psychoanalytic psychotherapy: The role of treatment duration, frequency of sessions, and the therapeutic relationship. *Journal of the American Psychoanalytic Association*, 47, 741-772.

Freedman, N. (1999). Report from Mid-Manhattan: The research program of the institute for Psychoanalytic Training and Research (IPTAR). Paper presented at the Psychoanalyses and Psychoanalytic Long-term Therapies International Conference, University of Hamburg, October 21-24, 1999.

Built in the image of the Consumer Reports study, this study used a self-report questionnaire to assess treatment outcome in patients treated at the IPTAR clinical study. Investigators aimed to measure the impact of treatment duration and frequency on outcome and the therapeutic relationship. Forty-one percent of 240 questionnaires were returned. Treatment duration and frequency were both found to be significantly correlated with self-reported treatment effectiveness. A relationship was also found between a measure of the therapeutic relationship and outcome, and this was independent of the predictive value of frequency. When patients were grouped by clinical syndrome, different relationships were found between frequency and duration and effectiveness. As with other self-report questionnaires, this study raises interesting questions but is difficult to interpret because of the sampling bias and uncertain nature of the data. An effort was made to check the validity of questionnaire data though an interview-based “recall validation” procedure.

# Experimental studies

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## The Boston Psychotherapy Study of Schizophrenia

Stanton, A. H., Gunderson, J. G., Knapp, P. H., Vancelli, M. L., Schnitzer, R., & Rosenthal, R. (1984). Effects of psychotherapy in schizophrenia: I. Design and implementation of a controlled study. *Schizophrenia Bulletin*, 10, 520-563.

This was a random allocation controlled study of schizophrenic patients who were offered either supportive psychodynamic psychotherapy or expressive psychodynamic psychotherapy. Both therapies had only limited effects, although supportive therapies achieved higher levels of adaptation and expressive therapy led to greater improvement in psychic functioning.

## The Anna Freud Centre Studies: 1. The Work on Juvenile-onset Insulin Dependent Diabetes

Fonagy, P., Moran, G.S. (1991). Studies of the efficacy of child psychoanalysis. *Journal of Consulting and Clinical Psychology*, 58, 684-695

Moran, G.S., Fonagy, P. (1987). Psychoanalysis and diabetic control: A single-case study. *British Journal of Medical Psychology*, 60, 357-372

Moran, G., Fonagy, P., Kurtz, A., Bolton, A., & Brook, C. (1991). A controlled study of the psychoanalytic treatment of brittle diabetes. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30, 926-935.

This series of studies aimed to establish the relevance of psychoanalytic psychotherapy for children and adolescents with insulin dependent diabetes mellitus who had chronic and pervasive difficulties in maintaining diabetic control. The treatments were intensive but uncontrolled in length with some short term and some long term according to patient need. Patients (N=22) were assigned to psychoanalytic treatment with medical management or medical management alone. Outcome was assessed by objective measures of diabetic control. Treatment was associated with significant improvement, maintained on one-year follow-up. Spin-off studies demonstrated benefits for growth, and the association of blood sugar levels and themes within the patient's treatment.

## The Los Angeles Study of Developmental Reading Disorders

Heinicke, C. M. (1965). Frequency of psychotherapeutic session as a factor affecting the child's developmental status. *The Psychoanalytic Study of the Child*, 20, 42-98

Heinicke, C. M., Ramsey-Klee, D. M. (1986). Outcome of child psychotherapy as a function of frequency of sessions. *Journal of the American Academy of Child Psychiatry*, 25, 247-253

This is an unusual study in focusing on children with a specific developmental disability in reading. Psychodynamic measures as well as reading level were used to establish a dose-response relationship between the intensity of the psychoanalytic treatment and outcome. Less intensive treatments led initially to more rapid changes but, in the long term, children seen more frequently improved more and changed dynamically.

## Anna Freud Centre Studies 5: Prospective Study of the Outcome of Child Psychoanalysis and Psychotherapy

Sandler, A-M., Bateman, A., Higgitt, A., Gerber, A.

This study, currently in its pilot phase, is expected to be the first random assignment, clinical trial comparing the effectiveness of psychoanalysis and other, more widely-practised forms of therapy for children. The investigation is focussed on children who have severe and complex emotional disorders, between 6 and 12 years of age. All of these children, like most of the more difficult cases seen in any child mental health service, will have concurrent disorders in addition to their anxiety or depressive symptoms, which are causing impairment across the different contexts of the child's life. Measures of outcome cover the symptomatic, adaptational, relationship and cognitive and emotional capacities. The contrast between psychoanalysis, psychotherapy, cognitive-behavioural therapy and treatment as usual will be made on cost-effectiveness as well as symptomatic grounds. The study is currently at a pilot stage.

## **The Munich Psychotherapy of Depression Study (MPDS): Comparing the effects of psychoanalysis and psychotherapy**

Huber, D., Klug, G., & von Rad, M. (1997). Münchner Psychotherapie-Studie (MPS). In M. Leuzinger-Bohleber & U. Stuhr (Eds.), *Psychoanalysen im Rückblick*. Gießen: Psychosozial.

Huber, D., Klug, G., & von Rad, M. (2001). Die Münchner Prozess-Outcome Studie - Ein Vergleich zwischen Psychoanalysen und psychodynamischen Psychotherapien unter besonderer Berücksichtigung therapiespezifischer Ergebnisse. In U. Stuhr & M. Leuzinger-Bohleber & M. Beutel (Eds.), *Psychoanalytische Langzeittherapien*. Stuttgart: Kohlhammer.

Outcome and process of psychoanalysis and psychotherapy are compared in a prospective longitudinal study of a homogeneous sample of 30 depressed patients for each treatment modality in a stratified controlled trial. The treatments are carried out by experienced and well-trained psychoanalysts in private practice. The outcome measures include standardised questionnaires and semi-structured interviews that are standard in international psychotherapy research, as well as a goal attainment scaling method to incorporate an additional individualised measure of outcome. The study emphasises the measurement of the mode-specific effects of psychoanalysis, viz. structural change, change in object relations and change of defence mechanisms. Measurement points are pre-treatment, post-treatment and the first and second year after termination of treatment. Every session is audio taped and briefly rated by the therapist to provide a basis for the investigation of the psychotherapeutic process on a session level. In order to provide another source of data from the ongoing process, every six months the therapist gives a global assessment of the most important parameters of the psychotherapeutic process, e.g. themes of transference, resistance, working alliance, ability for psychotherapeutic work etc. and the patient assesses the quality of the therapeutic alliance, symptomatic change and the attainment of his individual goals.

## **The Munich-New York Collaborative Study: The Psychodynamic Treatment of BPD**

Buchheim, P., Dammann, G., Lohmer, M., Martius, Ph. (Munich) & Kernberg, O., Clarkin, J. (New York)

This is a feasibility study evaluating empirically the training of psychoanalytical therapists in the Transference-Focused-Psychotherapy (TFP) Manual for the treatment of Borderline Personality Disorder, comparing this new technique to a treatment as usual (TAU) control group. The study is in the phase of training a sample of 30 therapists. Measures for evaluating the impact on training are in development.

## **The London Partial Hospital Study**

Bateman, A., & Fonagy, P. (1999). The effectiveness of partial hospitalization in the treatment of borderline personality disorder - a randomised controlled trial. *American Journal of Psychiatry*, 156, 1563-1569.

Bateman, A., & Fonagy, P. (2001). Treatment of borderline personality disorder with psychoanalytically oriented partial hospitalization: an 18-month follow-up. *American Journal of Psychiatry*, 158, 36-42.

This study compared the effectiveness of a psychoanalytically oriented partial hospitalisation programme with routine general psychiatric care for patients with borderline personality disorder. Thirty eight patients with borderline personality disorder, diagnosed according to standardised criteria, were allocated either to partial hospitalisation or to general psychiatric care (control group) in a randomised control design. Treatment, which included individual and group psychoanalytic psychotherapy, was for 18 months. Outcome measures included frequency of suicide attempts and acts of self-harm, number and duration of in-patient admissions, use of psychotropic medication, and self-report measures of depression, anxiety, general symptom distress, interpersonal function and social adjustment. Patients were followed up for 18 months after termination of the treatment. Data analysis used repeated measures analysis of covariance and non-parametric tests of trend.

Patients in the partial hospitalisation programme showed a statistically significant decrease on all measures in contrast to the control group which showed limited change or deterioration over the same period. Improvement in depressive symptoms, decrease in suicidal and self-mutilatory acts, reduced in-patient days and better social and interpersonal function began after 6-months and continued to the end of treatment at 18-months. All treatment effects were maintained and many increased after treatment termination.

A psychoanalytically oriented partial hospitalisation programme is superior to routine psychiatric care for patients with borderline personality disorder. Replication is needed with larger samples but the results suggest that PH may offer an alternative to in-patient treatment. Whether it is more effective than intensive out-patient treatment needs to be evaluated.

## **The Helsinki Psychotherapy Study (THPS)**

Aalberg, V.,<sup>1</sup> Hannula, J.,<sup>1</sup> Julkunen, J.,<sup>2</sup> Järvikoski, A.,<sup>3</sup> Kaipainen, M.,<sup>1</sup> Knekt, P.,<sup>4, 5</sup> Lindfors, O.,<sup>1</sup> Marttunen, M.,<sup>5</sup> Mäkelä, P.,<sup>1</sup> Renlund, C.,<sup>1</sup>

<sup>1</sup>Department of Psychiatry, Helsinki University Central Hospital, Helsinki, <sup>2</sup>Department of Psychology, University of Helsinki, Helsinki, <sup>3</sup>Rehabilitation Foundation, Helsinki, <sup>4</sup>Social Insurance Institution, Helsinki, <sup>5</sup>National Public Health Institute, Helsinki.

This is a large scale controlled study, comparing two short term and two long term treatments, among them psychoanalysis. Problem solving therapy, short term psychodynamic therapy, long term psychodynamic therapy and psychoanalysis will be contrasted on randomly assigned patients to three groups. Participants in the psychoanalysis group are self-selected. Outcome measures include symptom measures, diagnostic measures, measures of psychological functioning and measures of social functioning. Follow-ups are planned at half yearly intervals up to five years.

# Process studies

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## FRAMES

Dahl, H. & Stengel, B. (1978). A classification of emotion words: A modification and partial test of de Rivera's decision theory of emotions. *Psychoanalysis and Contemporary Thought*, 1, 252-274

Dahl, H. (1979). The appetite hypothesis of emotions: A new psychoanalytic model of motivation. In C. Izard (Ed.) *Emotions in Personality and Psychopathology*, 201-225. New York: Plenum.

Dahl, H. & Teller, V. (1994). The characteristics, identification and application of FRAMES. *Psychotherapy Research*, 4, 252-274.

Hölzer, M. & Dahl, H. (1996). How to find FRAMES. *Psychotherapy Research*, 6, 177-197.

Dahl, H. (1998). The voyage of el Rubaiyat and the discovery of FRAMES. In R. Bornstein & J. Masling (Eds.), *Empirical Studies of the Therapeutic Hour*, 179-227. Washington, DC: American Psychological Association.

This programme of work is rooted in a theory of emotions. FRAMES are models for mental structures with the capacity to communicate clinical predictions and model changes in the patient over the course of the clinical process. The methods and procedures for reliably identifying FRAMES have been applied to transcripts of treatment hours, structured interviews, reported behaviour, and the observed behaviour of children. This programme of work concerns an innovative systematising construct but although considerable research has been conducted using the FRAMES method, its application so far has been limited to a restricted amount of clinical material, although more work is underway.

## Core Conflictual Relationship Theme (CCRT) Method

Luborsky, L., Barber, J., & Diguier, J. (1993). The meanings of the narratives told during psychotherapy: The fruits of a new operational unit. *Psychotherapy Research*, 2, 277-290.

Luborsky, L., & Crits-Christoph, P. (1998). *Understanding transference: The core conflictual relationship theme method*. (2nd ed.). Washington, DC: American Psychological Association Press.

Luborsky, L., Popp, C., Luborsky, E., & Mark, D. (1994). The core conflictual relationship theme. *Psychotherapy Research*, 4, 172-183.

The CCRT is the longest established empirical method for deriving patients' central relationship pattern from clinical material (Luborsky, 1977). The patient's transference is usually inferred from material in treatment sessions and coded in terms of a standardised typology of (a) wishes, (b) anticipated responses from others and (c) responses from the self. The CCRT has good reliability and validity. The CCRT has been widely used to explore the relationship pattern manifested in contexts beyond the therapeutic relationship including dreams and childhood narratives.

## Ulm-Leipzig-Göttingen studies of transference patterns using the CCRT method

Albani, C., Pokorny, D., Dahlbender, R., & Kächele, H. (1994). Vom Zentralen Beziehungs-Konflikt-Thema (ZBKT) zu Zentralen Beziehungsmustern (ZBM). Eine methodenkritische Weiterentwicklung der Methode des "Zentralen Beziehungs-Konflikt-Themas". *Psychother Psychosom med Psychol*, 44, 89-98.



Albani, C., Blaser, G., Thomä, H., & Kächele, H. (2000). La fine dell'analisi di Amalie. Una ricerca con il metodo del tema relazionale conflittuale centrale (CCRT). *Psichiatria e Psicoterapia Analitica*, 19, 27-37.

Albani, C., Brauer, V., Blaser, G., Geyer, M., & Kächele, H. (2000). Sind Beziehungsmuster in stationärer, integrativer Psychotherapie veränderbar? *Gruppenpsychotherapie und Gruppendynamik*, 36, 156-173.

Dahlbender, R., Erena, C., Reichenauer, G., & Kächele, H. (2001). Meisterung konflikthafter Beziehungsmuster im Verlaufe einer psychodynamischen Fokalthherapie. *Psychoth Psychom med Psychol*, 51, 176-185.

The Ulm-Leipzig-Göttingen study group after having developed the German version of the CCRT method by Luborsky & Crits-Christoph (Luborsky & Crits-Christoph, 1990) has been investigating transference patterns in two single cases. They have also studied changes of relationship patterns in in-patient psychodynamic group therapy (Albani, Brauer et al., 2000). They have analyzed the connection between affective evaluation of recollected relationship experiences and the severity of the psychic impairment by this method (Albani et al., 1999; Cierpka et al., 1998). This study, carried out at three different university centers, contributes to validating the valence dimension of the CCRT-method. In an exploratory study they tested the question of a relationship between attachment related variables (assessed by the adult attachment prototype rating (AAPR) by Pilkons) and relationship patterns in a sample of adult psychotherapy patients (C Albani et al., in press).

## **Control Mastery Theory & the Plan Formulation Method**

Weiss, J., Sampson, H., & and the Mount Zion Psychotherapy Research Group. (1986). *The psychoanalytic process: theory, clinical observation, and empirical research*. New York: Guilford Press.

Weiss, J. (1993). *How Psychotherapy Works*. New York: Guilford Press.

This group of workers proposed an alternative formulation of the therapeutic process of psychoanalysis based on the notion of pathological beliefs. Irrational interpersonal beliefs are systematically but unconsciously tested by the patient in psychoanalytic therapy and a system of process coding of verbatim transcripts according to this model was evolved. The validity of the Plan Formulation Method has been tested in studies in which formulations have been used to measure the impact of therapist interventions on patient progress in therapy. The ability to develop reliable case formulations using the Plan Formulation Method has enabled this group to systematically compare theories of psychotherapy empirically and in a clinically meaningful way.

## Configurational Analysis and Role-Relationship Models

Horowitz, M. J. (1995). Defensive control states and person schemas. In T. Shapiro & R. N. Emde (Eds.), *Research in psychoanalysis: Process, development, outcome* (pp. 67-89). Madison, Connecticut: International Universities Press.

Horowitz, M. J., Eells, T., Singer, J., & Salovey, P. (1995). Role-relationship models for case formulation. *Archives of General Psychiatry*, 52, 625-632.

Horowitz, M. J., & Stinson, C. H. (1995). Consciousness and the processes of control. *Journal of Psychotherapy Practice and Research*, 4, 123-139.

Role relationship models also originate from within cognitive science and information processing models. Role relationship models are intrapersonal and schematic and contribute to formulations of personality and personality disorder. Preliminary work has established both reliability and validity. The strength of the approach is the establishment of a sound connection between psychoanalysis and psychiatric diagnoses.

## Multiple Code Theory and the Referential Cycle

Bucci, W. (1995) The power of the narrative; A multiple code account. In Pennebaker, J. (Ed.) *Emotion, Disclosure and Health*, Washington, D.C.: American Psychological Association .

Bucci, W. (1997) *Psychoanalysis and Cognitive Science: A multiple code theory*. New York: Guilford Press.

Bucci, W. (1998) Transformation of meanings in the analytic discourse; A strategy for research. *Canadian Journal of Psychoanalysis*, 6, 233-260.

Bucci, W. (1999) The multiple code theory and the "third ear"; The role of theory and research in clinical practice. *Psichiatria e Psicoterapia Analitica*, 18, 299-310.

Bucci, W. (2000) The need for a "psychoanalytic psychology" in the cognitive science field. *Psychoanalytic Psychology*, 17, 203-224.

Bucci, W. (2001) Pathways of emotional communication. *Psychoanalytic Inquiry*, 20, 40-70.

Multiple code theory, which originates in cognitive science, denotes the connections between non-verbal and verbal systems established during the course of psychoanalysis. This programme of work demonstrates that a successful therapeutic process follows a predictable cyclic pattern over the course of each session as well as the course of analysis. More recently, computerised methods of rating psychoanalytic session transcripts have been reported.

## The Montevideo Study of Attachment and Narratives

Altmann de Litvan, M., & Gril, S. (1998). *Estudio exploratorio basado en el Modelo de los Ciclos y los Indicadores de apego*. Paper presented at the First Latin-American IPA Research Conference, Buenos Aires.

Altmann de Litvan, M., & Gril, S. (1999). *Preliminary results of an exploratory study based on Process Measures and Attachment Indicators*. Paper presented at the 2nd Latin American IPA Research Conference, Santiago de Chile.

This is a study of the therapeutic process in psychoanalytically oriented consultations with 10 mothers whose babies showed psychofunctional disorders. Verbal and non-verbal aspects of the exchange of therapist and mother are empirically assessed using computer assisted language measures (Referential Activity and Therapeutic Cycles Model) and Massie and Campbell's attachment indicators (Massie & Campbell, 1983). The aims are to study the impact of interventions on the developmental process and to validate the Therapeutic Cycles Model into the Spanish language.

## **The Menninger Treatment Interventions Project (TRIP)**

Gabbard, G. O., Horwitz, L., Allen, J. G., Frieswyk, S., Newsom, G., Colson, D. B., & Coyne, L. (1994). Transference interpretation in the psychotherapy of borderline patients: A high-risk, high-gain phenomenon. *Harvard Review of Psychiatry*, 2, 59-69.

Horwitz, L., Gabbard, G. O., Allen, J. G., Frieswyk, S. H., Colson, D. B., Newsom, G. E., & Coyne, L. (1996). *Borderline personality disorder: Tailoring the psychotherapy to the patient*. Washington, DC: American Psychiatric Press.

This small scale study monitors the relationship of therapeutic alliance and interpretations. Prior supportive intervention facilitated the effectiveness of interpretations with borderline patients.

## **The Buenos Aires Process Study of the Psychoanalytic Treatment of Anorexia Nervosa**

Hagelin, A., Acosta Güemes, S., Tebaldi, E., Tebaldi, R., Hodari, M.E., Weissman, J.C.

Tape recorded analytic sessions according to three basic variables will be studied (originally five): object relations, anxieties and defences – it is planned to examine the remaining two variables (structures and psycho sexual development) at a later stage. It was decided to use Luborsky's CCRT Method (Luborsky & Crits-Christoph, 1990) for the exploration of changes in object relations. To study anxieties, a special instrument was designed, based on Freud's theories of anxieties, work at ULM and studies carried out by the team. Finally to systematically study the problem of defences, Freud's conceptions and defences plus Perry's systematic studies and recent not yet published studies will be used. The study is underway.

## **The Amsterdam Study of Process Records (ASPR)**

Stoker, J. & Beenen, F. and the Dutch Psychoanalytic Institute (1996): *Outline of a quality monitoring and checking system for longterm (4 or 5 times a week) psychoanalytic treatment*. Presentation at the Stuttgart Kolleg, February 8-10, 1996

The study's focus is on process and outcome research, i.e. the systematic evaluation of the psychoanalytic enterprise before, during and after the treatment. Patients were recruited from local centres and treatment processes will be monitored using the Periodical Rating Scale. The authors aim to use this instrument to provide a new source of data for psychoanalytic treatment and to relate this to individual differences between patients ascertained on the basis of AAI and CHAP interviews.

## **Empirical Studies on Clinical Inference: Similarities and Differences in the Clinical Work of Psychotherapists with Different Theoretical Approaches and Levels of Experience**

Leibovich de Duarte, A., Huerín, V.; Mandler, A & Torricelli, F. (1998) "Sobre la inferencia clínica en psicoanálisis: algunos resultados empíricos" [On clinical inference in psychoanalysis: some empirical results] Paper presented at the 4<sup>th</sup>. *Meeting of the South American Chapter, Society for Psychotherapy Research*. Montevideo, Uruguay.

Leibovich de Duarte, A. Huerín, V. Roussos, A. Rutzstein, G. Torricelli, F. (2000) "Explorando la construcción de hipótesis clínicas en psicoterapia" [Exploring the construction of clinical hypotheses in psychotherapy] Paper presented at the 2<sup>nd</sup>. *Latin- American Research Conference on Psychoanalysis and Psychotherapy*. 5<sup>th</sup> Meeting of the South American Chapter, Society for Psychotherapy Research. Gramado, Brasil.

These are all studies that have been conducted to explore similarities and differences in the clinical work of psychotherapists with different theoretical approaches and levels of experience. In each, a tape-recorded first session of a psychotherapeutic treatment plus its verbatim transcript was the stimulus utilized. Leibovich de Duarte (1998) studied the similarities and differences of Freudian and

Lacanian psychoanalysts both senior (more than 20 years of clinical experience) and junior (less than 10 years of clinical experience). A second study, still in progress, (Leibovich de Duarte et al., 2000), compares psychoanalysts, cognitive and systemic psychotherapists. Roussos (1999) explored the relation of the hypotheses produced by a group of psychoanalysts and cognitive psychotherapists on the same patient's session with the data obtained after applying empirical technical instruments such as the PPQS, CCRT and CRA. Rutzstein (in press) studied similarities and differences in the production of clinical inferences by psychotherapists, experts in eating disorders and therapists with no expertise in the subject.

## **The Therapeutic Cycles Model (TCM) in Psychotherapy Research: Theory and Measurement**

Mergenthaler, E. (1996). Emotion-abstraction patterns in verbatim protocols: A new way of describing therapeutic processes. *Journal of Consulting and Clinical Psychology* 64: 1306-1318.

Mergenthaler, E. (1998). CM - the Cycles Model software. (Version 1.0). Sektion Informatik in der Psychotherapie. Ulm, Germany, Universität Ulm.

Mergenthaler, E. (2000). The Therapeutic Cycle Model in Psychotherapy Research: Theory, Measurement, and Clinical Application. *Ricerche sui Gruppi* 10: 34-40.

This study aims to provide models of therapeutic processes that prototypically define the interplay of change agents and describe their temporal sequence. It uses computer assisted content analysis tools. The TCM makes use of two change agents, Affective Experiencing and Cognitive Mastery measured as "Emotion Tone" and "Abstraction" in the verbal expressions of patient and therapist in verbatim transcripts. It defines a prototypical cycle of Emotion-Abstraction Patterns which can be compared with real sequences to allow critical moments to be pinpointed. It can be used to analyse both whole therapies and individual sessions.

## **Computer-based textanalysis of the Adult Attachment Interview: The relationship between attachment representation, emotion-abstraction patterns and narrative style:**

Buchheim, A. (2000). Bindungsrepräsentation, Emotions-Abstraktionsmuster und Narrativer Stil: Eine computerunterstützte Textanalyse des Adult Attachment Interviews. University Ulm, Ulm.

Buchheim, A., & Mergenthaler, E. (2000). The relationship among attachment representation, emotion-abstraction patterns, and narrative style: A computer-based text analysis of the Adult Attachment Interview. *Psychotherapy Research*, 10, 390-407.

The aim of this study was to test the scope of the computer-based, economically compilable linguistic text measures (emotion abstraction patterns, Mergenthaler, 1996; computer-based referential activity, Mergenthaler & Bucci, 1999) for differentiating between less easily compilable complex attachment representations with the Adult Attachment Interview (Main & Goldwyn, 1998). 40 subjects' complete AAI transcripts were examined to test whether Mergenthaler and Bucci's language measures can contribute to a relevant construct validity of the defined attachment categories. Further, all transcripts were analyzed using each of the 18 AAI-questions as a scoring unit to see whether different topics in the AAI (e. g. separation, illness, metacognition) would activate different linguistic variables and could contribute to a thematically relevant construct validity for the language measures.

## **The research programme Private theories of pathogenesis and cure**

Levander, S. & Werbart, A. (1997). Rorschach-records from three apparently well adjusted women suffering from long-standing and diffuse somatic disturbances. In A.M. Carlsson, A. Cederström, & H. Janson (Eds.), *Research into Rorschach and projective methods: Selected papers from the First Nordic Symposium on Research into Rorschach and other Projective Methods*, Uppsala 1995 (pp. 93-101). Stockholm: Swedish Rorschach Society.

Werbart, A. & Levander, S. (1998). La construcción de significado y las teorías privadas de la patogénesis y la cura. *Revista de Psicoanálisis*, 55:767-768.

Werbart, A. & Levander, S. (2000). Pain in the body – pain in the soul: The need of private explanations when not feeling well. In P. Nilsson & K. Orth-Gomér, eds. *Self-rated health in European perspective*, pp. 136-151. FRN Report 2000:2. Stockholm: Forskningsrådsnämnden.

Every individual creates his or her own private explanatory systems of enigmatic contexts. We try to comprehend what happens to us by filling in the gaps with fantasies, popular folk ideas, and available pieces of real or distorted information. This search for meaning is especially obvious when we feel ourselves exposed to something unpredictable, or when our everyday context of meaning is ruptured. This research programme aims to investigate private theories of pathogenesis and cure, i.e. subjective explanatory systems about how the problems may have arisen and how they may be remedied, obtained from the narratives of patients and their clinicians in primary care, psychosocial support, psychoanalysis, and psychotherapy, as well as from a non-clinical sample. The researchers hypothesize that concordance or discordance between the explanatory systems of the two participants has an impact on the process of psychoanalysis or psychotherapy, thus influencing the long-term outcome. The research programme is conducted in four distinct steps.

## **Psychoanalysis as social interaction: a conversation analytic study**

Peräkylä, A. (2000). *Using conversation analysis in psychotherapy research*. Paper presented at the IPA Research Training Programme, London.

Peräkylä, A., & Vehviläinen, S. (2001). *Interpretative sequences in psychoanalytic interaction*. Paper presented at the Colloquium on Talk, Interaction and Medical Work, King's College, London.

Vehviläinen, S., & Peräkylä, A. (2001). *Turn design and trajectories in interpretative sequences in psychoanalytic sessions*. Paper presented at the Language and Social Interaction division of National Communication Association 2001 Convention, Atlanta, USA.

The purpose of the research is to describe how psychoanalysis is realized in concrete interaction between the analyst and the analysand. The data consist of audio recordings from psychoanalytic sessions. The tapes are transcribed and analysed using the methods of Conversation Analysis (CA). The research will describe how interpretations and other interventions get realized within the context of freely associating talk by the analysand and through the verbal interaction between the analysand and the analyst. The proposed research is of descriptive character and belongs to the tradition of microprocess research. It will yield descriptions of the variation of the interactional realizations of the central psychoanalytic techniques: for example, the research will describe different sequential contexts where the analyst's interpretations occur, and the different linguistic forms that these interpretations can take.

## **Comparing Psychoanalysis and Psychotherapy: Statistically Calculated Ideal Prototypes of the Psychoanalytic and Psychotherapeutic Process**

Epstein, R. (2001). Comparing Psychoanalysis and Psychotherapy: Statistically Calculated Ideal Prototypes of the Psychoanalytic and Psychotherapeutic Process (poster). Presented at the 32nd Annual Meeting of the Society for Psychotherapy Research, Montevideo, Uruguay.

The researchers attempted to establish the theoretic or ideal prototypes of a psychoanalytic and a psychoanalytical based psychotherapeutic session, using statistical calculations. Psychoanalysts of the Asociación Psicoanalítica de Buenos Aires were asked to order the 100 items of the Psychotherapy Q-Sort in such a way as to define what they considered characteristic and uncharacteristic of the ideal of each type of session. These rankings were used to define the ideal session prototype

## **Computerized Reflective Function: A Psychotherapy Process Measure**

Fertuck, E. A; Clarkin, J. C., Target, M.

The objective of this project is to develop an efficient, transportable, and valid methodology to systematically assess theorized mechanisms of change for patients with borderline personality disorder, using audio- and videotaped sessions of the therapist-patient discourse in psychotherapies for patients with BPD and potentially other clinical groups. In this project a computerized text analysis version of the Reflective Functioning (RF) scale will be developed as a first step in the development of this methodology.

## **Analytic Process Scales (APS) study of 3 audiotaped psychoanalyses**

Scharf, R. D., Waldron, S., Firestein, S. K., Goldberger, A., & Burton, A. (1999). *The analytic process scales (APS) Coding manual*. Unpublished manuscript.

Waldron, S., Scharf, R. D., Crouse, J., Firestein, S. K., Burton, A., & Hurst, D. (submitted). Saying the right thing at the right time: Psychoanalytic interventions of good quality enhance immediate patient productivity.

This was a detailed preliminary study of audiotaped psychoanalyses. The Analytic Process Scales (APS) were employed to examine nine sessions of three psychoanalyses. They were applied to tape recorded sessions, enabling psychoanalysts to evaluate the nature and quality of the contributions of both analyst and patient to the psychoanalytic process. The APS makes it possible to study the impact of the quality of analysts' interventions on patients' immediately subsequent analytic productivity. The analytic work by both patient and analyst was characterized in a reliable and systematic way for sessions from these three analyses.

## **The Salamanca-Madrid-Barcelona Project (SMBP)**

Ávila-Espada, A., & Mitjavila, M. (2001). *The Therapist's Latent Action Plan Inference Method (TLAP). A new method to predict therapist's contribution to outcome*. Paper presented at the Society for Psychotherapy Research EU & UK Chapters Meeting, Leiden.

Ávila-Espada, A., Vidal-Didier, J. J., et al. (1998). The Salamanca Psychotherapy Process Research Project. A summary of plans, goals and preliminary results. In H. Kächele & E. Mergenthaler & R. Krause (Eds.), *Psychoanalytic Process Research Strategies II*. Ulm-Saarbrücken: CD-ROM electronic edition.

The SMBP was launched in 1998 to explore the effects of the psychotherapist's plans and interventions on the psychotherapeutic process through intensive and extensive analysis of a single case under psychoanalytically oriented psychotherapy. Complete audiotaped transcriptions of the 232 sessions from a 22-year old female publicist were extensively studied for the first time in the Spanish language. The initial clinical diagnosis was Histrionic Personality Disorder (under BPD following Kernberg's criteria). The main present *foci* of research are: (A) Determining some components of the therapist contribution to outcome. The *Therapist's Latent Action Plan* (TLAP) was established by analyzing the therapist's interventions during the first five sessions. This TLAP includes: I. Technical-Guided Style. II. Personal style of the therapist, which improves or completes technical orientations. III. Therapist personal style, which could be a negative interference. The style detected at the beginning of the treatment can be contrasted with the styles of later periods of treatment, facilitating a map of the technique contribution, and the weight of strategic shifts in the technique during the treatment. (B) The patient's changes were studied, in terms of anxieties, conflictual and relational content (CCRT, CASPI) and emotion schemas (FRAMES), that allows the identification of shift moments. (C) Psychotherapy process dimensions were studied by means of computer language measures (Therapeutic Cycles Model) and category estimations (PQS). One of the researchers' main hypotheses is that effects of interventions (mini-outcomes measurable in the session) are indicated by changes in the language measures. Productive effects are indicated by emotional tone and abstraction words measures above the mean, including CRA peaks, indicating further opening of the emotion schemas. Negative effects may be indicated by an increase in abstraction words alone, indicating warding off and resistance to intervention. As a whole, the interaction of therapist, patient and process variables will be revised in a combined model of change explanation at SMBP. A complete research report is expected by 2003.

## **Therapeutic alliance at the initial phase of twice-weekly psychoanalytic treatment: a series of replications of a single case study**

Lamnidis, N, Hadji, H, Hellenic Psychoanalytical Society and Athens University Medical School.

The 6-8 member research team (divided to two semi-blind subgroups) will work for one year on the transcripts and filled-out questionnaires of a systematically monitored single case of a borderline patient in twice-a-week psychoanalytic psychotherapy in private practice. The aim is to further specify the psychoanalytic concept of the alliance (Meissner, 1996) on the basis of research on the empirical construct of the alliance (Horvath & Greenberg, 1994) and to contribute to a classification of psychoanalytic interventions from an alliance-informed perspective: for example, to distinguish alliance-promoting, alliance-neglecting and alliance bypassing interventions. The researchers also seek an empirically valid confirmation of a logically inferred relation existing between the level of reflective functioning (RF, Fonagy et al., 1998) of the patient and the type of analytic relationship (Meissner, 1992) to be developed at the initial phases of the treatment: for example, the high RF patient would tend to develop a relationship with more salient transference issues, the medium RF patient would tend to develop a relationship with more salient alliance issues and the low RF patient would tend to develop a relationship with more salient reality issues. interventions, the collaboration shifts, the alliance ratings and the (ongoing) outcome.

# Process-Outcome studies

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## The Saarbrücken Study: Multichannel psychotherapy process research project

Anstadt, Th., Merten, J., Ullrich, B. & Krause, R. (1997). Affective dyadic behaviour, core conflictual relationship themes, and success of treatment. *Psychotherapy Research*, 7, 397-419

Krause, R. (1997). *Allgemeine psychoanalytische Krankheitslehre Bd. 1, Grundlagen*. Kohlhammer, Stuttgart

In 11 brief (15 session) therapeutic treatments, affective facial behaviour of therapists and patients as well as the latter's Core Conflictual Relationship Themes (CCRTs) were investigated and related to treatment outcome and emotional experience. It was found that compensatory, not reciprocal, affective facial behaviour of the therapeutic dyad in the first session is indicative of therapeutic outcome. The more successful therapists show more negative distance regulating affects (e.g. anger, contempt) but these are compensated for by the facial affective expression of felt happiness of the patients ( $r = -.67$ ,  $p < .05$ ). Two psychoanalytic treatments, one with the highest reciprocity and worst outcome rate and one with the highest outcome rate and high compensation, were analysed in detail according to temporal development of affective exchange and narration across all 15 sessions. In the successful treatment, the therapist showed those affects, during the narration of the patient, which could have been expected to be expressed by the patient on the basis of the narrative. A very distinct temporal organisation within the successful treatment included an enactment period, a period of instability and a period of consolidation, contrasted with a homogenous distribution of affect expression in the unsuccessful treatment.

## MGH Naturalistic Study of Brief Psychodynamic Psychotherapy for Panic Disorder

Ablon, J. Stuart & Levy, Raymond, Psychotherapy Research Program at Massachusetts General Hospital and Harvard Medical School

The MGH Naturalistic Panic Disorder study aims to (1) test the effectiveness of brief psychodynamic psychotherapy for the treatment of panic disorder and (2) describe the process and identify the active ingredients of treatment. Thirty patients who meet DSM-IV criteria for panic disorder are being recruited and treated according to the therapist's usual therapeutic style, with the one constraint that the therapy be limited to 16-24 sessions. Subjects are assessed using the DSM-IV SCID-I and the SWAP-200 and their progress is followed during therapy by way of several standardized measures questionnaires (SQ, ASI, PDSS, MC-PAS, CGI, Q\_LES-Q, DFS, and SOCRS). Jones's Psychotherapy Q-set (PQS) will be applied to audiotaped sessions to gain a measure of process and assess adherence to psychodynamic psychotherapy. Preliminary data from 12 cases suggests that most patients are improving symptomatically during therapy. The lack of a control group with random assignment limits the utility of this study for assessing overall efficacy or effectiveness of psychodynamic psychotherapy for panic disorder. However, the excellent battery of measures and application of the Jones PQS will shed light on process and process correlates of outcome.



## The Berkeley Psychotherapy Research Project

Jones, E. E. (2000). *Therapeutic Action: A Guide to Psychoanalytic Research*. Northvale, N.J.: Jason Aronson.

Jones, E. E. (2001). Interaktion und Veraenderung in Langzeittherapien. In U. Stuhr, M. Leuzinger-Bohleber, & Beutel, M. (Eds.). *Langzeit-Psychotherapie: Perspektiven fuer Therapeuten und Wissenschaftler*. Frankfurt: Kohlhammer Verlag (pp. 224-237).

Jones, E.E. (1997). Modes of therapeutic action. *International Journal of Psychoanalysis* , 78, 1135-1150.

Jones, E. E., & Windholz, M. H. (1990). The psychoanalytic case study: Toward a method of systematic inquiry. *Journal of the American Psychoanalytic Association*, 38, 985-1009.

Jones, E. E., Cumming, J. D., & Pulos, S. (1993). Tracing clinical themes across phases of treatment by a Q-set. In N. Miller, L. Luborsky, J. Barber, & J. Docherty (Eds.), *Psychodynamic treatment research: A Handbook for Clinical Practice*. New York: Basic Books, pp. 14-36.

Jones, E. E., Hall, S. A., & Parke, L. A. (1991). The process of change: The Berkeley Psychotherapy Research Group. In L. Beutler & M. Crago (Eds.), *Psychotherapy research: An international review of programmatic studies*. Washington, DC: American Psychological Association, 98-107.

Jones, E. E. & Pulos, S.M. (1993). Comparing the process in psychodynamic and cognitive-behavioral therapies. *Journal of Consulting and Clinical Psychology*, 61, 306-316.

Ablon, J.S. & Jones, E. E. (1998). How expert clinicians' prototypes of an ideal treatment correlate with outcome in psychodynamic and cognitive-behavioral therapy. *Psychotherapy Research*, 8, 71-83.

The Berkeley Psychotherapy Research Project, built around the application of the Jones Psychotherapy Q-set, systematically studies process factors contributing to successful outcome in diverse treatment modalities. Treatments of varying type and length have been studied. Many of these studies have used samples of patient and therapists in group comparison designs. Jones also has pioneered new methods for quantitative single-case research. These projects have yielded many interesting findings. One study found that psychodynamic technique was significantly correlated with successful outcome in both psychodynamic and CBT techniques. Another analysed sessions from the NIMH Treatment of Depression Collaborative Research Program and found that even when treatments are manualized they are more similar than different, thus raising a question about the utility of RCTs comparing different types of therapy. In a single case investigation it was found that particular categories of analyst intervention (interpretations of defenses, identification of recurrent themes, and discussion of dream or fantasy material) were associated with an increase in patient's associative freedom. Overall the Berkeley project has been immensely successful in studying the causal relationships and mechanisms of change in psychoanalytic therapy. These data have led Jones to develop a new theory of therapeutic action whose key construct is "interaction structure." The construct bridges and integrates cognitive-affective theories emphasizing psychological insight as a mode of therapeutic change and developmentally oriented theories that emphasize the mutative effect of the experience of a new relationship with the therapist. This has important implications for psychoanalytic and psychotherapy research, theory, and clinical application.

## The Cassel Personality Disorder Study

Chiesa, M., Fonagy, P., & Holmes, J. (in press). An experimental study of treatment outcome at the Cassel Hospital. In J. Lees & N. Manning & D. Menzies & M. Morant (Eds.), *Researching Therapeutic Communities*. London: Jessica Kingsley Publications.

Chiesa, M. (2001). *When more is less: An investigation of psychoanalytically oriented hospital based treatment for severe personality disorders* (Winner of the Biannual Psychoanalytic Research Exceptional Contribution Award). Paper presented at the IPA 42nd International Congress, Nice.

Chiesa, M., & Fonagy, P. (2000). Cassel personality disorder study: Methodology and treatment effects. *British Journal of Psychiatry*, 176, 485-491.

Chiesa, M., Drahorad, C., & Longo, S. (2000). Early termination of treatment in personality disorder treated in a psychotherapy hospital: quantitative and qualitative study. *British Journal of Psychiatry*, 177, 107-111.

Chiesa, M. (2000). Personality disorder and hospital adjustment in a therapeutic community setting. *British Journal of Medical Psychology*, 73, 259-267.

Two personality disordered samples were assigned to a purely hospital based treatment model (long inpatient treatment with no aftercare) and to a mixed hospital and community based model (shorter inpatient stay followed by outreach therapy in the community). The samples were prospectively compared on symptom severity, social adjustment, and global assessment at 6 and 12 months after admission. Although both samples improved over time, subjects in the mixed hospital and community based model did significantly better on global assessment of mental health at 6 and 12 months, and on social adjustment at 12 months. Subjects with Borderline Personality Disorder (BPD) assigned to the mixed model did significantly better than those assigned to the one stage model. This straightforward and well designed study has important implications for the care of patients with BPD.

## Adelphi University: Psychodynamic Psychotherapy Process and Outcome Research Team

Blagys, M., Ackerman, S., Bonge, D., & Hilsenroth, M. (2000, June). Measuring Psychodynamic-Interpersonal and Cognitive-Behavioral Therapist Activity: Development of the Comparative Psychotherapy Process Scale. Society for Psychotherapy Research, Chicago, IL.

Blagys, M., & Hilsenroth, M. (2000). Distinctive features of Short-Term Psychodynamic-Interpersonal Psychotherapy: An Empirical Review of the Comparative Psychotherapy Process Literature. *Clinical Psychology: Science and Practice*, 7, 167-188.

Blagys, M., & Hilsenroth, M. (2001, March). *Object Representations: Assessment, Reliability, Concurrent and Clinical Validity*. Society for Personality Assessment, Philadelphia, PA.

Hilsenroth, M., Ackerman, S., & Blagys, M. (2001). Evaluating the Phase Model of Change During Short-Term Psychodynamic Psychotherapy. *Psychotherapy Research*, 11, 29-47.

Hilsenroth, M., Ackerman, S., Blagys, M., Baity, M., & Mooney, M. (2000, June). Short-Term Psychodynamic Psychotherapy for Depression: An Evaluation of Statistical, Clinically Significant, and Dynamic Change. Society for Psychotherapy Research, Chicago, IL.

Price, J., Hilsenroth, M., Petretic-Jackson, P., & Bonge, D. (2001, March). *Psychodynamic Psychotherapy with Adult Survivors of Childhood Sexual Abuse*. Society for Personality Assessment, Philadelphia, PA.

The goals of this ongoing treatment program incorporate an evaluation of interrelated issues regarding psychological assessment, psychotherapy process and treatment outcome. The design of this treatment program is primarily an effectiveness model that has integrated the assessment and technique/training aspects of an efficacy model within a naturalistic setting. Participants were patients consecutively admitted for individual psychotherapy to a Psychodynamic Psychotherapy Treatment Team (PPTT) over a twenty-six month period at a, university-based, community outpatient psychological clinic.

Treatment consisted of once or twice weekly, sessions of psychodynamic psychotherapy. A comprehensive battery of measures was applied, including SCL-90, SAS, DSM-IV, SOS, and SCORS. In addition, the CPPS, a measure of psychotherapy process designed to assess therapist activity, process variables, and psychotherapy techniques, was used to investigate the therapeutic hour. An initial outcome study examined the phase model of psychotherapy change. Improvements in subjective well-being were significant through the first 9 sessions of therapy. A follow-up study is currently being conducted to assess change after that point. In several studies measures of treatment fidelity, credibility, and satisfaction have been found to be high. A subset of 16 depressed patients were found to make significant improvements by the end of therapy. Process measures were significantly correlated with patient and clinician measures of improvement. This study collects a comprehensive array of process and assessment measures and has already drawn interesting links between process and outcome. Limitations include absence of control group, small sample size, and variable length of treatment, though these are inherent in a naturalistic design for measuring effectiveness.

## The Ulm Study of Dreams: Aggregating Single Cases

Leuzinger-Bohleber, M. (1987). *Veränderung kognitiver Prozesse. (Changes of cognitive processes in psychoanalysis, Vol. 1 A single case study)*. (Vol. Eine hypothesengenerierende Einzelfallstudie). Berlin, Heidelberg, New York: Springer.

Leuzinger-Bohleber, M. (1989). *Veränderung kognitiver Prozesse in Psychoanalysen. Bd 2: Eine gruppen-statistische Untersuchung*. Berlin, Heidelberg, New York, Tokyo: Springer.

Leuzinger-Bohleber, M. (1995). Die Einzelfallstudie als psychoanalytisches Forschungsinstrument. *Psyche*, 49, 434-480.

Leuzinger-Bohleber, M. (Ed.). (1997). "...die Fähigkeit zu lieben, zu arbeiten und das Leben zu genießen." *Zu den vielen Facetten psychoanalytischer Katamneseforschung*. Giessen: Psychosozial Verlag.

Leuzinger-Bohleber, M., & Kächele, H. (1988). From Calvin to Freud: Using an artificial intelligence model to investigate cognitive changes during psychoanalysis. In H. Dahl, H. Kächele, & H. Thomä (Eds.), *Psychoanalytic process research strategies* (pp. 291-306). Berlin Heidelberg New York London Paris Tokyo: Springer.

This study described and analysed changes in the problem-solving cognitive processes of five patients during their long-term psychoanalyses. Modifications of the way the patients themselves handled their dreams during psychoanalytic sessions were the focus. One general goal of a psychoanalysis is that unconscious conflicts should become conscious as a precondition for being able to reach other more external goals of a psychoanalytic treatment such as the ability to work, to love and to enjoy life; hence the patient should learn to recognise unconscious conflicts in order to avoid their interference with the satisfaction of his wishes and duties. In this special form of psychotherapy he is expected to develop specific problem-solving strategies for dealing with unconscious conflicts. Therefore the changes in problem-solving cognitive processes served as an example of the way the patient deals with unconscious material, e.g. his dreams. Across the five cases the estimation of clinical change corresponded very well to the changes in the cognitive functions assessed in terms of the patients' handling of dreams.

## Applying Clinical and Empirical Approaches in Research on Psychic Change in Long-term Treatments

López Moreno, C., Dorfman Lerner, B., Schalayeff, C., Roussos, A. (1999). Investigación empírica en Psicoanálisis. *Revista de Psicoanálisis*, 56, 677-693.

López Moreno, C., Birman, L., Dorfman Lerner, B., Koziol, S., Schalayeff, C., Roussos, A. (2000). *Research Project on Psychic Change in Psychoanalytic Psychotherapy. Process Tools, Methods and Outcomes*. First Latin American Research Conference on Psychoanalysis. Asociación Psicoanalítica Argentina. p. 293-307 (English). p. 271-292 (español).

Caridad, V., Dorfman Lerner, B., López Moreno, C., Schalayeff, C., Valazza, A. M., Acosta, S., Vernengo, P. (2000) Incidencia en la tarea clínica de la pertenencia a un grupo de investigación empírica, trabajo. *Análisis terminable e interminable en el año 2000, trabajos libres*, Asociación Psicoanalítica Argentina. Vol. 1, pp. 199-206.

Roussos, A., López Moreno, C., Dorfman Lerner, B., Schalayeff, C., Acosta, S. (2000). *A strategy to the use of empirical research to add systematized information to clinical treatments*. Paper presented in the Annual Meeting of the Collaborative Analytic Multi-Site Project. Fall Meeting of the American Psychoanalytic Association 2000. New York.

Roussos, A. (in press). Un ejemplo de investigación empírica en psicoterapia psicoanalítica. In C. Wainerman (Ed.), *La trastienda de la investigación. Second Edition*. Buenos Aires: Editorial Belgrano.

This project is a naturalistic study of six long-term treatments (at least two years in length) in the first audio-taped treatment study conducted within the Argentine Psychoanalytic Association. The DEPD, a protocol for operationalizing psychodynamic diagnosis and describing the dynamics between patient and therapist as well as therapist and supervisor, is also being developed as part of the research. Clinical and empirical techniques for studying the therapeutic process will be compared. Though no clear hypotheses have yet been outlined, the interesting measures and careful data collection should provide good material for exploratory analysis.

## **The AHMOS (Amsterdam, Helsinki, Milan, Oslo, Stockholm) project; a multicenter collaboration of research on process and outcome of psychoanalysis**

Szecsödy, I., Varvin, S., Amadei, G., Stoker, J., Beenen, F., Klockars, L. et al. (1997) *The European Multi-site Collaborative Study of Psychoanalysis* (Sweden, Finland, Norway, Holland and Italy). Paper presented at the Symposium on Outcomes Research (Chair Otto Kernberg) International Psychoanalytic Association Congress, Barcelona, August 1997.

Szecsödy, I., Varvin, S., Beenen, F., Stoker, J., Klockars, L., & Amadei, G. (1999). *Multicenter collaboration of research on process and outcome of psychoanalysis. Presentation of AHMOS*. Paper presented at the International Psychoanalytical Congress, Santiago.

Members of the AHMOS group at present: Amsterdam: Folkert Beenen, Wouter Gomperts, Jan Stoker, Jolien Zevalkink; Helsinki: Camilla Renlund; Milano: Gherardo Amadei and Sylvia Pozzi; Oslo: Siri Gullestad, Bjørn Killingmo, Inge Refnin, Sverre Varvin; Stockholm: Anna Krantz, Roger Karlsson, Daniela Montelatici Prawitz, Imre Szecsödy

A pilot study to develop and test instruments for the study of the specificity of the process and effect of long term intensive psychoanalytic treatment was conducted across a number of European psychoanalytic societies. The study indicated that there were aspects of the function of the analysts as a new relational object that seemed important for outcome. The collaboration between institutes continues now in the form of a collaborative, multi-centre research project with the aim of studying the specificity of the process and effect of psychoanalytic treatment, focusing on the analysands and the analysts as well as on the treatment process. By combining the resources from several countries, using the same or similar sets of research instruments, information can be combined as data is gathered from a larger number of treatments, thus enhancing statistical power and the possibility of more sophisticated approaches. Current work is focussed on the development of a common methodology and the testing of the instruments to be used in the project. Fonagy's Reflective Function measure, Luborsky's CCRT, Bucci's CRA and Westen's Personality Diagnostic Interview are all being explored at various sites, along with more standard measure, for their utility in a large scale process-outcome study.

## **The Oslo II study: A process-outcome study of psychoanalysis.**

Varvin, S.

This study is conducted by a group of practising analysts at the Institute of Psychoanalysis in Norway. It is part of a multi-centre study with participants from Finland (Helsinki), Sweden (Stockholm), The Netherlands (Amsterdam), and Italy (Milan). The design, methods and theoretical background for the project are partly worked out in collaboration with the multi-centre group but the Oslo group has developed its specific research interests in the process-outcome aspects. Specific research concerns both the nature of change in psychoanalysis and the interactions between different change measures. Some of the analysis will be tape recorded and patients and analysts will be followed on the basis of annual independent assessments.

## **The Mexico City Study: The psychodynamic psychotherapy of BPD**

Cuevas, P. & Lopez, N.

Thirteen analysts, candidates, and psychotherapists from Mexico City were trained in 1993 at Westchester Division, Cornell Medical College Department of Psychiatry in Kernberg's Manual for the psychotherapeutic treatment of BPD. All were trained to competence. Patients were selected with two questions in mind: (a) Can the manual be taught to therapists with a different background of training? and (b) Are there differences in the treatment process and outcome when contracts are made along the lines suggested by Kernberg, compared with the usual arrangements for therapy contracts? It was decided to limit the observation to one year of sessions with attendance at a minimum of 25 sessions to be considered for the trial. Patients meeting DSMIV BPD diagnoses, aged between 18 and 50 years are selected using SCID II, MMPI, CATELL, WAIS and Structural Interview. All of them will be treated twice a week in face to face therapy following the manual and all sessions will be video-recorded. All therapists are supervised by one of the coordinators and the research team rates the adherence to the manual and the therapist's skill. Data have been collected on eight patients so far (four in Kernberg's treatment and four in the contract as usual group). Treatment adherence appears to be good. The sample is too small to make comparisons concerning the specific value of contracts.

## **The Kortenberg-Leuven Study on Inpatient Psychoanalytically Oriented Hospitalisation for Personality Disorders**

Vermote, R., Corveleyn, J., Vertommen, H. University Centre St. Joseph, associated with the Catholic University Leuven.

This research project aims to: (1) examine prospectively the relation between analytic process and outcome in psychoanalytically oriented hospitalisation of patients with moderate and severe personality disorders, (2) define the characteristics of the group for whom this treatment is indicated, and (3) assess the concepts on which out psychoanalytic treatment model is based. One hundred patients with personality disorders, admitted to the hospital unit, will be assessed on a variety of personality disorder and symptomatic measures at the beginning and end of treatment. In addition therapeutic process will be assessed via staff completion of a bimonthly scale and application of Blatt's ORI and Fonagy' RF scales. The patients will also rate their own evaluation on the LPS and EIAI self-report measures. This project began in March 2001 and promised to provide interesting process and outcome data in a setting where more research is needed.

## **Frankfurt - Hamburg Long-term Psychotherapy Study: Process and outcome of psychoanalytically oriented therapy and behavior therapy - a study from private practices**

Brockmann, J., Schlüter, T., & Eckert, J. (in preparation). The effects of psychoanalytically oriented and behavior long-term therapy. A comparative study from the private practices of insurance-registered psychotherapists.

In this naturalistic study, 31 psychoanalytically oriented long-term therapies were compared with 31 long-term behavior therapies, in terms of their efficacy for treating depression and anxiety disorders. Self-report and interview data were collected at the beginning of therapy, and at 1, 2.5, and 2.5 years after the beginning of therapy. Patients who selected or were referred for psychoanalytic therapy tended to be better educated, had fewer symptoms, and used fewer psychotropic medications than those in behavior therapy. Both therapies appeared to be effective, as measured by a decrease in symptomatology (SCL-90) and interpersonal problems (IIP). Therapy goals, as measured by the VEV, were reached in both groups. Comparison between depressed and anxiety disordered patients was limited by the small number of anxiety disordered patients. Many of the long-term therapies had not completed by 3.5 years, and a further follow-up is planned. To date, though, no difference in outcome between the two therapeutic groups has been detected.

# Studies of psychotherapy with implications for psychoanalysis

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## Reanalysis of the NIMH Multicentre Trial of Affective Disorders

Blatt, S. J., Quinlan, D.M., Pilkonis, P A., & Shea, M.T. (1995). Impact of perfectionism and need for approval on the brief treatment of depression: The National Institute of Mental Health Treatment of Depression Collaborative Research Program revisited. *Journal of Consulting and Clinical Psychology*, 63, 125-132.

This benchmark study reported in a number of papers and summarised by Elkin (1994) examined the efficacy of short term cognitive-behavioural psychotherapy and interpersonal psychotherapy. Neither treatment is strictly psychodynamic, and the study is considered here simply in terms of Blatt's reanalysis of the findings. A group of patients in the sample with character disturbance did relatively poorly in these short term treatments; particularly, individuals with self-critical introjective personality structure did extremely poorly. These individuals have been independently shown to benefit from psychoanalytic treatment.

## The Hamburg Study: Psychoanalytic focal therapy versus client-centred therapy

Meyer, A. E., (ed). (1981). The Hamburg short-term psychotherapy comparison experiment. *Psychotherapy and Psychosomatics*, 35, 77-220.

The study was designed to compare the efficacy of two forms of short-term psychotherapy, client centered therapy (CCT), and psychoanalytic psychotherapy (PT). Such short-term procedures were regarded as the most likely solution to the well-known disparity between demand for and availability of psychotherapy in highly industrialised nations. This solution could prove to be illusory, however, if the efficacy of these short-term procedures is low or nil. An additional motivation for this project stemmed from the fact that both CCT and PT were derived from psychoanalysis but that each capitalised on different aspects of it (Meyer, 1981). Only in retrospect was it discovered (Meyer, 1981) that CCT can be considered a focal therapy, albeit with an invariant focus identical for each and every patient. This focus was seen as follows: Learn to perceive and express your emotional experiences (needs and reactions) and to accept your sense of self, and you will have learned how to live. Results suggest that both treatments were effective although there were also specific benefits from both therapies. Treatment effects, when compared with a group of patients who refused randomisation were partially maintained at follow up. PT was no more effective than CCT in the long term as its effects took somewhat longer to become manifest.

## The Norwegian Psychotherapy Study

Høglend, P. (1993). Personality disorders and long-term outcome after brief psychodynamic psychotherapy. *Journal of Personality Disorders*, 7, 168-181.

Høglend, P. (1993). Suitability for brief dynamic psychotherapy: Psychodynamic variables as predictors of outcome. *Acta Psychiatrica Scandinavica*, 88, 104-110.

Høglend, P., Sørli, T., Heyerdahl, O., Sørbye, Ø., & Amlø, S. (1993). Brief dynamic psychotherapy: Patient suitability, treatment length and outcome. *Journal of Psychotherapy Practice and Research*, 2, 230-241.

This was a study of moderate length psychodynamic psychotherapy which is of relevance here because it emphasises the importance of long-term treatment if psychoanalytically oriented therapy is offered to personality disordered patients. The findings imply long term improvement only occurred in patients after 30 sessions of therapy. The process-outcome analysis indicated that the less focused therapies were more successful for personality disordered patients.

## McLean's Follow-on study

Najavits, L.M., & Gunderson, J.G. (1995). Improvements in borderline personality disorder in a 3 year prospective outcome study. *Comprehensive Psychiatry*, 36, 296-302.

This was a naturalistic study of patients who entered psychotherapy following a period of hospitalisation. Thirty seven female patients meeting criteria for a diagnosis of BPD were consecutively recruited. The patients were in psychodynamic psychotherapy once or twice a week. Assessments were made at baseline (discharge from hospital) and at one, two and three years. Patients generally improved, although they showed a fluctuating course. Co-morbid anxiety-related disorders were associated with a relatively poor outcome.

## Erica Process and Outcome Study (EPOS) of goal directed, time-limited child psychotherapy with parental counselling

Carlberg, G. (1999). *Vändpunkter i barnpsykoterapi. Psykoterapeuters erfarenheter av förändringsprocesser*. [Turning points in child psychotherapy. Psychotherapists' experiences of change processes]. Dissertation, Department of Education, University of Stockholm. Edsbruk: Akademitryck.

Boalt Boëthius, S., & Berggren, G. (2000). *Forskning om barn- och ungdomspsykoterapi. En kunskapsöversikt*. [Current research in child and adolescent psychotherapy. A comprehensive overview.]. Stockholm: The Erica Foundation.

Carlberg, G. (1997). Laughter opens the door: turning points in child psychotherapy. *Journal of Child Psychotherapy*, 23, 331-349.

The Erica Process and Outcome Study is based on earlier studies of change processes in child psychotherapy and aims to deepen our knowledge of how process and outcome are related in the treatment of children. Extensive data will be collected from 24 cases seen 1-2 sessions per week for 1-2 years. Measures used to assess children at the beginning and end of therapy will include DSM-IV, HCAM, and SDQ questionnaires. Additional questionnaires will be distributed to therapist and patient at three month intervals during therapy. Taped interviews with patients, parents, and therapists will be conducted in 12 of the 24 cases twice during the treatment period. Data will be analysed using qualitative and quantitative measures. Data collection began in 2001 and is scheduled to be complete by 2003. The study collects a promising array of data on child therapy and will need to develop hypotheses and specific data analytic techniques for dealing with them.