Part 4 Extended Descriptions

Case Record Studies

The Berlin I Study - The Fenichel Report (BI)

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

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.

Sample

In the first study (Erle, 1979) 40 cases were followed, of whom 75% were women. The majority of the patients were young adults and their diagnoses as assessed by a number of senior analysts fitted into the neurotic spectrum. In the second study, a similar group of patients was treated by senior analysts and 160 cases were reported. In this sample, 60% were male and the age range was considerably wider. There were some more severely disordered patients in this sample, but they were a minority.

Treatment

At the time of both studies the New York Institute had a strong ego psychological orientation. In the first study, treatment adherence was ensured by supervision. Two thirds of the treatments ended by mutual agreement and three quarters of the treatments lasted more than two years. In the second study there were no treatment adherence measures but the therapists were all experienced analysts.

Outcome

In the first study there were no formal measures of outcome. Judgements were made on the basis of the candidates' impression of the extent of progress. Both analysts and supervisors provided a measure of change on a specially developed rating scale. In the second study, each treating analyst completed a semi-structured questionnaire where information concerning the justification for psychoanalytic treatment, the treatment process and a general description of the analysis was included. There were no operationalised measures of change but a method akin to individualised goal attainment scaling was adopted. The goals of treatment, however, were not set out in advance. The outcome parameters covered issues of self-esteem, symptomatic change, changes in defences, changes in relationships and changes in personality traits.

Results

In the first study in almost half the cases the diagnosis at termination was more severe than the diagnosis on intake. This is attributable to the use of clinical judgements and increasing knowledge acquired of the patients' pathology in the course of treatment. Over 80% of patients were rated as having 'benefited substantially' if they remained in treatment more than 4 years, but only 12% were rated in this category if they had less than 2 years analysis. Overall, the majority showed some treatment effect but 40% were rated as little changed. In the second study, patients were also noticed to be more disturbed at termination than at intake. Only 55% were judged to have received therapeutic benefit, but all cases who had showed change had been judged to be analysable at intake. Not all cases judged to be analysable at assessment manifested significant change. In both studies there was a strong relationship between length of treatment and outcome.

Evaluation

These studies are principally of historic interest as clinician ratings of outcome are generally regarded as lacking in validity. There was no attempt at assessing the reliability or validity of the measures and it is doubtful if many of the constructs used could actually be assessed reliably with currently available instruments. Perhaps the most interesting aspect of the study is the strong relationship demonstrated between the establishment of a psychoanalytic process (at least as judged by the therapist) and outcome. Of incidental interest is the lack of demonstrable superiority in the success rates reported by experienced clinicians compared with candidates. The absence of difference, however, could be accounted for the greater severity of cases taken on by the former and the arguably greater sensitivity to clinical problems of an experienced clinician.

The Columbia University Research Project

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.

Sample

There were 700 cases referred and treated with psychoanalysis and 885 cases treated by psychotherapy. The researchers excluded cases where information regarding circumstances at termination were incomplete and where the independent clinician judges were uncertain about outcome. These criteria excluded 405 cases from consideration. Of the remaining 295, 32 terminated treatment for reasons such as leaving the city.

Measures

Independent psychoanalyst raters assessed all cases on a range of clinical and demographic variables, as well as nine ego strength scales at the beginning of treatment and at termination. The end point of some of the treatments was the graduation of the trainee analyst. There was a further instrument assessing analysability, completed by the analyst after termination of the treatment. This measure aimed to assess adaptation (the use of resources), psychological mindedness and transference manifestations. Outcome was assessed by the patent's circumstances at termination, clinical judgements of improvement, and changes in scores on the health-sickness rating scale.

Results

Of those completing treatment (52% of the sample), 91% were judged to have improved (62% were much improved). In a group of cases where there was a conversion from psychotherapy to psychoanalysis, 85% were judged to have improved (36% much improved). Premature terminators showed the least improvement and they tended to be with the least experienced analysts. In this category, the largest group remained unchanged (44%). Staying in analysis may be self-selecting insofar that this group may consist of individuals who feel they are getting most out of the treatment or they need analysis more than the prematurely quitting group.

An important finding of the study was that therapeutic benefit did not depend on the development of a full transference neurosis. Nevertheless, those who were rated as having developed a full analytic process were most likely to be rated as having improved (89%).

A spin-off study (Weber, Solomon, & Bachrach, 1985) of 36 patients replicated many of the findings of the original study using analyst and patient ratings rather than clinician judgements. Of the patients who stayed on until termination, 96% were judged to have improved. Psychotherapy cases which were used as a comparison group showed somewhat less improvement. Psychotherapy cases were, however, more severely impaired. Treatment length was strongly associated with therapeutic benefit – perhaps because of its association with the development of an analytic process (Weber, Bachrach et al., 1985b).

Evaluation

Limitations of the measures used in this study suggest caution in generalising from the findings. Although the large effect sizes are encouraging, the absence of a comparison group and the lack of psychoanalytic experience of the therapists impose severe limitations on the applicability of the findings.

Anna Freud Centre Studies 2: Chart Review of 765 Cases Treated with Psychoanalysis or Psychotherapy

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 763 cases were reviewed by independent researchers and careful attention was paid to achieving reasonable reliability in judgements.

Sample

The 763 cases reviewed represented over 90% of the cases seen at the centre for treatment. Some files were not available for research for reasons of confidentiality. Less than 5% of the files were incomplete. The sample was somewhat unrepresentative of the child and adolescent psychiatric population with an over-representation of middle class professional families. Children ranged from 3 to 18 years of age at the start of treatment.

Treatment

The average treatment lasted about two years. Over 70% of the treatments were 4 or 5 times weekly psychoanalysis, the remainder once or twice weekly psychotherapy. The treatment orientation was strongly Anna Freudian embracing classical psychoanalytical treatment for neurotic disturbance on the one hand and a somewhat more directive supportive treatment intervention, labelled developmental help, for more severe pathologies on the other.

Measures

The key outcome measure was a health-sickness measure - the CGAS score (Shaffer et al., 1983) - manualised for increased reliability as the Hampstead Child Adaptation Measure (Target & Fonagy, 1992). The reliability of psychiatric diagnosis (DSMIII-R) at initial assessment was established with independent raters. A large number of other variables pertaining to clinical presentation, treatment process and outcome were coded. Clinically significant improvement was established using the criteria suggested by Jacobson and Truax (1991).

Results

Of the emotionally disordered children treated for at least 6 months, 72% showed reliable, clinically significant improvements in adaptation and only 24% had diagnosable disorders at termination. Phobic disorders were most likely to change and depressive disorders least likely. Phobias, anxiety disorders and over-anxious disorders were resolved in over 85% of cases but OCD was more resistant, remaining at a diagnosable level in 30% of cases. Depressed children were least likely to remit. Frequency of treatment and the length of the treatment were both independently positively related to good outcome. High frequency treatments, however, appeared to selectively advantage children with

more severe disturbance (multiple psychiatric diagnoses, atypical personality development and pervasive impairments in adaptation affecting social, cognitive and emotional function). These individuals uniquely benefit from intensive therapy. Negative outcomes were most common when non-intensive treatment was offered to this group.

Children with disruptive disorders fared less well than those with emotional disorders matched for demographic characteristics and initial degree of disturbance. A large proportion of these children terminated early (33%) but were more likely to do so in psychotherapy than in psychoanalysis. If children remained in treatment, 70% of them were likely to improve to a level where they could no longer be diagnosed. Co-morbid anxiety disorder was associated with an increased likelihood of improvement, as was more intensive and longer-term treatment.

When children were matched for demographic features, severity of disturbance and broad diagnostic grouping and contrasted across three age groups, it appeared that children who were 6 and younger or between 6 and 12 benefited relatively more from psychoanalytic than from psychotherapeutic treatment. Those over 12, however, appeared to benefit as much from non-intensive as intensive treatment. On the whole, younger children showed far larger treatment effects than older ones.

Evaluation

This was an uncontrolled retrospective study and the authors were careful in highlighting the weaknesses and limitations of their approach, in particular the biased sample, the lack of manualisation and the relatively primitive standardisation of data acquisition, making it difficult to draw generalisable conclusions. Nonetheless, given the scarcity of data concerning the effectiveness of psychoanalytically oriented psychotherapy and psychoanalysis, the Anna Freud Centre retrospective studies are important both in terms of identifying the limitations of the psychoanalytic approach with children (autistic and conduct disordered children) and also in terms of identifying the patient group for whom psychoanalysis may be uniquely effective (multi-problem, young, severely dysfunctional children with at least one diagnosis of emotional disorder).

Naturalistic, pre-post, quasi-experimental studies

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). The investigation was concluded with Robert Wallerstein's report of the long-term follow up, the history of these patients spanning 30 years (Wallerstein, 1986).

Sample

The study was carried out prior to the development of an operationalised diagnostic system or a structured interview for eliciting reliable information related to such criteria. The detailed case records reveal that the vast majority of patients in the trial suffered from severe personality disorders, many meeting criteria for BPD and most meeting psychodynamic criteria for borderline personality organisation (Kernberg, 1977). Forty two patients took part in the study. As the diagnostic category of BPD was under development over the course of the study, it is not surprising that there were real difficulties in arriving at definitive diagnostic decisions. A significant proportion of the patients, at least 50% in the psychoanalytic group, were shown to have borderline ego functioning on projective tests. Over a third (35%) were abusing alcohol or other substances and 33% had paranoid traits.

Treatment

Treatments offered included a number of treatment modalities, psychoanalysis, expressive psychotherapy and supportive psychotherapy. Unfortunately, subjects frequently switched between treatment modes and between therapists. Many of the therapists were experienced, although there were a significant number of novices. Many of the patients were severely ill and referred to Menninger because they proved to be unresponsive to other treatments available at the time. Overall, 27% of the patients were accepted under "heroic indications". These individuals had significant psychotic symptoms and would not be considered normally appropriate for psychoanalytic treatment. Hospitalisation was commonly resorted to in the course of the treatments.

Measures

There were 10 psychiatric interviews, an exhaustive battery of psychological tests, a physical examination, interviews with family members and qualitative analysis of case records giving perhaps the fullest picture of a group of patients in treatment in any study today. An important innovation of the study was the Health Sickness Rating Scale (Luborsky, 1962) which formed the basis of a currently widely used GAS measure (American Psychiatric Association, 1994). The measure permits clinicians to assign a rating between 0-100 which summarises their knowledge of the functioning of these patients. Independent blind raters were used in a complex, double matched pair method for literally thousands of ratings.

Results

Overall on the global ratings one quarter of the patients did not improve. Almost a quarter showed moderate improvement and over a third showed very good improvement. In 14% of the cases it was

unclear if patients improved or not. The average improvement on the global measure was 13 points. The overall improvement rate is approximately 60%.

The results of the study were analysed by a number of researchers and the conclusions reached were somewhat different. The original report by Kernberg and colleagues suggested that individuals with borderline features benefited more from expressive than from supportive techniques. The original report, however, excluded analysis of the qualitative data. A reanalysis by Horwitz (1974) suggested that patients with borderline ego organisation did improve significantly in supportive therapy, given the achievement of a powerful therapeutic alliance.

Considerable additional clarity was obtained by Robert Wallerstein's (1986) reanalysis of the data. This study demonstrated that almost all the treatments required very significant modification during the course of the treatment, generally in the direction of offering a less psychoanalytic and more supportive approach. The study also showed that patients who were primarily treated with a supportive approach achieved durable changes of personality (structural change) at least as much as those whose treatment was primarily expressive psychotherapy or psychoanalysis. The study also confirmed the general finding that those with a higher level of ego strength at the start of the study generally tended to have better outcomes.

A further reanalysis was undertaken by Sidney Blatt (1992). Patients were divided into two groups: those with primarily anaclitic problems and those with primarily introjective problems. This categorisation was arrived at using the Rorschach Test using a scale developed by Blatt. Anaclitic patients suffer principally from disruptions of interpersonal relatedness and tend to use avoidant defences. Patients with introjective, counteractive defences have problems primarily related to autonomy, self worth and self definition. Blatt found that anaclitic patients tend to do better in psychotherapy, while those with introjective defences did better in psychoanalysis.

Evaluation

While it continues to be unique, the Menninger Psychotherapy Project has several major limitations that reduce its value and prevent its findings from being considered in any sense definitive. Randomisation was only partially successful: of the 42 subjects in the trial, 38 had treatment in both conditions. Further, the number of novice therapists equalled the number of experienced ones. There was a great excess of measures with the independent blind rating procedure yielding literally thousands of ratings denying the investigators the opportunity of performing legitimate significance testing. Depending on the author of the report, the study appears to yield quite different conclusions concerning, for example, the value of expressive therapy for borderline personality disorder. The reanalysis of the material by Blatt suggests that the sample was heterogeneous in the first place. Notwithstanding these limitations, the study has certainly been productive in terms of publications, yielding 0.7 books and 8.4 scientific papers per patient. The study remains a crucial landmark in the investigation of the psychoanalytic therapeutic process but further larger scale North American studies are now urgently needed.

The Heidelberg Study (A): The Heidelberg Psychosomatic Clinic Study - a naturalistic prospective outcome and follow-up study (HSA)

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 psychotherapies and psychoanalyses). The specific interest of this project is that - apart from many other, for instance psychological, assessment evaluations - three to five individual therapy goals had been systematically predetermined for all patients before starting their 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.

Sample

A total of 208 patients were examined who were evaluated according to their diagnosis (neurotic, functional or psychosomatic disorders) and the kind of treatment. There was no attempt at matching cases in the different groups.

Table 1: Description of Treatments Offered

Initial screening (t_1)	**754**
Treatment offered (t_2)	208
Outpatient treatment	69
Psychoanalysis (x 3/week)	36
Dynamic psychotherapy (x 1/week)	33
Inpatient	139
Group therapy	63
Group + individual	60
Individual	16

Results

With regard to symptomatology, individual therapy goals, psychological assessment and patient satisfaction, the overall results were good (in part very good) and were almost invariably stable during the long term follow-up period. Two particular results are discussed separately: (a) as far as symptomatology was concerned, the group of psychoanalytic patients often did not maintain their outcome at the end of therapy during the long follow-up period; (b) patients with "psychosomatic disorders" attained remarkably good results, particularly if the treatment had initially been an inpatient setting. Results of the analysis of symptom change in outpatient treatment are shown in Table 2 below. The comparison between the beginning and end of treatment showed a high level of success in over half of the psychoanalytic group and a third of the psychotherapy group. By follow-up some of this superiority appeared to diminish although much of this is accounted for by new subjects with more moderate improvements being available for assessment.

Table 2: Symptom change based on a symptom checklist developed in Heidelberg

	Psychoanalysis n (%)	Dynamic psychotherapy n (%)
t_2 - t_3	23	20
No or negative change	3 (13.0 %)	1 (5.0%)
Moderate success	7 (30.4%)	13 (65.0%)
Good success	13 (56.5%)	6 (30.0%)
t_2 - t_4	27	18
No or negative change	6 (22.2%)	2 (11.1%)
Moderate success	13 (48.1%)	6 (33.3%)
Good success	8 (29.6%)	10 (55.6%)

t_2: Beginning of treatment; t_3 = end of treatment; t_4 = follow-up

Change was also assessed in terms of individualised treatment goals. These results were more favourable to psychoanalysis (see Table 3). A high level of success was achieved by almost three quarters of those in psychoanalysis in terms of achieving their individualised treatment goals by the follow-up stage of the treatment compared with only half of those in psychotherapy.

Table 3: Individual therapy goals from beginning of treatment to follow-up

Extent of Change (t_2 vs t_4)	Psychoanalysis (N=32)	Dynamic Psychotherapy (N=18)
No success	3 (9.4%)	4 (22.2%)
Moderate success	6 (18.8%)	5 (27.8%)
Good success	23 (71.9%)	9 (50.0%)

t_2 = Beginning of treatment; t_4 = Follow-up

Individual Treatment Goals thus proved to be a powerful tool for the measurement of the treatment impact of the psychoanalysis. The results are marred by the significant difference in attrition rates between the psychoanalytic and psychotherapeutic group.

The question at follow-up "How satisfied were you with your treatment?" seems to trigger an interesting and characteristic effect: there is relative disappointment with psychoanalysis as a treatment and overwhelming endorsement of once a week dynamic psychotherapy. The three inpatient modalities - not cited here - lie in-between. It seems that user satisfaction measures are biased against psychoanalysis. This is not surprising in the light of the essential self-questioning nature of the psychoanalytic enterprise (see Table 4).

Table 4: Satisfaction with treatment at follow-up

	Total sample (including in-patients) N=148	Psychoanalysis N=32	Dynamic psychotherapy N= 19
Dissatisfied	18 (12.2%)	7 (21.9%)	1 (5.3%)
Satisfied	83 (56.1%)	20 (62.5%)	9 (47.4%)
Very satisfied	47 (31.8%)	5 (15.6%)	10 (52.4%)

The Heidelberg Study (B): Observations concerning the dose-response relationship (HSB)

Kordy, H., von Rad, M. & Senf, W. (1989). Empirical hypotheses on the psychotherapeutic treatment of psychosomatic patients in short and long-term time-unlimited psychotherapy. *Psychother. Psychosom*. *52*, 155-163.

There were a large number of additional reports from the Heidelberg project. This report showed a dose-response relationship in the study. The study explored the interdependence of the duration and outcome of psychotherapeutic treatment using outcome data from psychoanalytically oriented group and individual therapy.

Sample and Method

The relationship between duration and outcome of treatment was analysed in 209 patients with psychoneurotic and psychosomatic disorders for whom long-term treatment was planned. Along with the International Classification of Diseases (ICD-9) coding, evaluative data from the therapists (ratings of symptom improvement, modified goal attainment scaling) and from the patients (Giessen Test, Giessen Complaints List) were collected about six weeks after the last therapy session. The treatment lasted 2.6 years on the average and included an average of 146 sessions.

Results

The results indicated that the relationship between therapeutic effort (duration of treatment and number of sessions) and effect of therapy can be described by a dose-response model. According to this, a treatment duration of 2.5 years with 160 sessions is the most effective. The model is also valid when the subgroups of psychosomatic and psychoneurotic patients are considered separately. There was a slight tendency in the psychosomatic patients for treatment duration of up to 3.5 years to be accompanied by an increase in success rate.

Evaluation

This study provided important data concerning the value of long-term psychoanalytic treatments. Both symptomatic and goal attainment measures of outcome suggest the superiority of a more intensive treatment in the short term. It seems that longer, more intensive therapies are more helpful, at least for up to 2-3 years. The interpretation of the results is clouded by the naturalistic nature of the study.

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

Heuft, G., Seibuechler-Engec, 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.

Sample

The study reviewed the long-term outcome of psychoanalytic (N=36) and psychoanalytically oriented (N=33) psychotherapeutic treatments in a total of 69 participants, at least 2 years after treatment termination in patients treated as part of the Heidelberg prospective study. Overall, 91% of the sample could be recruited for this follow-up study. Of the recruited patients, 77% agreed to the detailed interview and answered the ITG questions. The sample is described in Table 1.

Table 1: Description of the Sample

Sample (N=53)	Psychoanalysis	Psychoanalytic psychotherapy
Mean age	31.2 yrs	31.2 yrs
Age range	20-41	19-57
Sex: 73.6 % women		
Education (gained Abitur)	80%	20%
College level	45%	20%
Students currently	48.5%	35%

Therapy outcomes were evaluated firstly by an evaluation of the follow-up interview using a qualitative text-analytic methodology and secondly measured by the prospectively determined individual therapy goals (ITG = equivalent to goal attainment scaling).

A further innovation of this study was the development of an integrated measure of outcome - based on a text analytic methodology (the content analysis of the transcribed interviews) - to get a total change score.

Results

The results of the text analytic measure revealed that self-image, which was a dominant concern for most patients, changed in a positive direction. The findings indicate "good" or "very good" outcomes for 55% of the entire sample, indicating that self representation altered in a positive direction as a function of psychoanalytic and psychotherapeutic treatment (see Table 2). The influence of sociodemographic factors, setting variables and thematic interview range were said to be taken into account but details are not clear.

Table 2: Results of content analysis of interviews in Heidelberg Project at 2 year follow-up

Expert outcome rating based on scoring of follow-up interviews	Psychoanalysis 100 % (n = 33)	Psychoanalytic psychotherapy 100% (n = 20)
Very good	12.1 (4)	10.0 (2)
Good	42.5 (14)	45.0 (9)
Slight	33.3 (11)	25. 0 (5)
Unchanged	9. 1 (3)	20.0 (4)
Deteriorated	3.0 (1)	- (-)

The principle underlying Individual Treatment Goals (ITG) is illustrated by the following example. The question which indicated the presence of a problem before treatment might have been "How is your relationship with your father?", if improvement of this relationship was identified as a treatment goal for a patient. The following illustrate the coding of answers on the ITG Scale:

Deterioration: "I have cut off all contact with him."

Unchanged (status quo): "Father still is a terrible person. I am still as frightened of him as I was. We quarrel every so often and then I cry."

Slight improvement: "I somehow have more distance from my father, although I still can't live without fear in his presence".

Good improvement: "I no longer have the same fear around my father as I used to. I am able to see him more realistically. My relationship with my father no longer dominates my relationships with other men".

Very good improvement: "I have a comfortable distance from my father. I can see his positive as well his negative sides and feel free to be involved with him when I want to be".

Using the ITG rating a slightly different picture is obtained concerning the relative efficacy of psychotherapy and psychoanalysis (see Table 3).

Table 3: Results of goal attainment scaling of follow-up interviews in Heidelberg Project at 2 year follow-up

Expert outcome rating based on scoring of ITG	Psychoanalysis 100 % (n = 33)	Psychoanalytic psychotherapy 100% (n = 20)
Very good / good	72%	55.6%
Slight	18.7%	22.2%
Deteriorated	9.6%	22.2%

The ITG ratings by an expert observer (the follow-up interviewer) were cross-checked by a group of independent raters who listened to the patients' tape recorded answers. Overall, 72% of the psychoanalytically-treated versus 55.6% of the psychotherapeutically-treated patients reported "good" or "very good" results. The data provided by the interview text analyses and by the ITG ratings are only partially overlapping because they evaluate different aspects of outcome.

Evaluation

This study underscores the potential importance of individualised measurements for long term and more intensive treatments as operationalised by the ITG. This approach makes clinical sense since the treatment goals of analysis are for the most part difficult to capture using standardised instruments

which are more appropriate to the measuring of symptomatic change involved in the treatment of major psychiatric disorders. The study, while uncontrolled, was prospective and carefully designed and implemented. The key finding is that the vast majority of those treated psychoanalytically appear to attain the goals which they and their analysts define as pertinent to them and that this process is maintained for at least two years after the end of treatment.

The Berlin III Study (A) - A multi-centre study of psychoanalytic oriented treatments: The Therapeutic Alliance. Investigations of Process and Outcome of Psychoanalytic Therapies (BIIA)

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.

The Berlin psychotherapy study was a multi-center research project conducted over 10 years (funded by the Ministry of Science and Technology - BMFT), investigating the process and outcome of diverse forms of psychoanalytic therapies.

Sample & Treatment

Forty seven psychoanalytically trained therapists offered 2-3 times weekly outpatient psychoanalysis, dynamic psychotherapy, focal therapy or group therapy. Thirty similarly qualified therapists offered inpatient psychoanalytic treatment, sometimes also including group therapy and Gestalt therapy-like, non-verbal treatments. The common denominator was the unravelling of unconscious conflicts. At screening the sample consisted of 739 patients; 348 began in-patient or outpatient treatment and 344 patients were seen in the follow-up investigation. Fifty four percent of them were diagnosed based on ICD-8 as suffering a "psychoneurosis", 20% as having personality disturbances, 13% as psychosomatic, 5% as having ego weakness and 8% somatopsychic disturbances. The treatment length and drop-out rates for each group are shown in Table 1.

Table 1: Sample of the Berlin III Study

	n	Mean number of sessions (range) Or length of stay (range)	Drop out rate
Psychoanalysis	44	265 (160 - 470)	8%
Dynamic psychotherapy	56	60 (5 - 200)	35%
Inpatient psychotherapy	164	2.6 months (1-12 months)	12%

The results reflect comparisons at intake and termination. In the case of the long term psychoanalytic treatments, follow-up measurements were taken three years after beginning therapy.

Measures

The following measures were used:

Global change evaluated by therapists involving a rating of patient's mental and 'social-communicative' status, i.e. communication between therapist and patient. (PSKB=Psychischer und sozialkommunikativer Befund: Mental and social-communicative responses). (Rudolf, 1981).

A questionnaire investigating the psychosomatic aspects of the patient's disturbance. (FAPK=Fragebogen zur Abschätzung psychosomatischen Krankheitsgeschehens).

Scales which the therapist used to make prognostic assessments about the patient - based on motivation, possibility of changing structure of defences and the relationship dynamics.

Results

Inpatients
143 patients had a planned termination of treatment and an average treatment duration of 2.6 months. Based on therapist ratings all the PSKB questionnaires showed positive changes; especially favourable was psychic symptom reduction (e.g. fear and depression). There were slight to moderate changes on the narcissism and bodily symptoms scales. Results on patients' ratings were similar: 9 of the 13 scales of PSKB showed significant improvements. The psychiatric symptoms showed most marked changes. Ratings concerning pathological relationships showed changes indicating that both the chronicity of the illness and how the illness was built into the life of the patient could be altered. Reality testing and emotional relationships also changed. Putting all criteria together, 64% of the patients had very significant changes in at least one field. At the follow-up investigation, nine months after the end of the treatment, 50% of 161 patients participated. This group rated the impact of treatment extremely positively. Overall, 30% felt significantly improved; 89% rated the impact of the treatment in the clinic and the consequences for them as persons as positive. The usage of psychotropic medication dropped from 69.5% to 24.7% by the follow-up. Therapists rated 70% of these patients as having a good prognosis (based on the criteria of symptom change and ongoing changes of the internal processes).

Outpatient psychotherapy
The research question was whether the intensive, long term outpatient psychoanalytic therapy would have better results than the comparative inpatient treatment. The average number of sessions of psychoanalytic therapy (two to three times a week) was 265, with 115 group sessions. The sample consisted of 60 patients who had at least 160 sessions or a treatment duration of 30 months at minimum. Changes in the PSKB were more marked than with the inpatient group, with the most pronounced reductions in anxiety symptoms and depressive helplessness. Smaller changes, but still higher than was found with inpatients, were revealed for narcissistic traits. The scales relating to bodily symptoms showed highly significant improvements. Outpatients, as well as their therapists, rated the success higher (on 5 scales of PSKB) than in the inpatient group with the main change in the bodily symptoms, anxieties, reality testing and emotional relationship capacities. Ninety percent of the therapists reported a pronounced positive restructuring of the personalities of their patients. Pronounced symptom change was found in 83% of the outpatient group compared to 50% of the inpatient group. Thus, overall, 96% of the outpatient group had successful treatments, compared with 64% of the inpatient sample. It can be claimed that all the patients in long term psychoanalytic therapy who did not leave treatment were significantly improved. The quoted drop-out rate of 8% was low.

Three years after the original diagnostic interview all groups (including the non treated patients) were interviewed again. Those patients who received long term, outpatient psychoanalytic treatment had the best results. Their symptoms had reduced in 97% of the cases and more than half of the patients felt not at all or only very slightly distressed. Of the group who had received inpatient treatment, only 60% still reported symptom improvement and only 20% were symptom-free. Therapists' prognostic ratings concerning future development of the patients showed a similar picture: only 2% of the long term patient group was considered as suffering from a risk of relapse, whereas 36% of the inpatient group and 38% of those patients who did not finish therapy were considered at risk.

Evaluation

This study suffers from the problems of internal validity because of the non-independent rating of outcomes and the lack of randomisation of the treatment groups – assuming that the groups were at least comparable, it is striking to observe the effectiveness of outpatient intensive treatment.

Further analyses of the same study have been reported by Grawe and colleagues (Grawe, Donati, & Bernauer, 1994), focusing on poor outcomes, particularly for psychosomatic symptoms, in the group who received psychoanalytic treatment.

Berlin III Study (B): Results of psychoanalytic therapies (BIIIB)

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

Within a naturalistic design, 44 psychoanalytically treated patients were examined with regard to both qualitative and quantitative outcome. The results are compared to those for 56 patients receiving outpatient psychodynamic therapy and 164 patients who were treated with inpatient dynamic therapy. A comparison of symptoms, diagnoses and motivations prior to therapy leads to the conclusion that very different patient groups are seen in these different settings. Randomisation seems to be an inappropriate strategy to compare groups in different settings given that patients who are normally offered these treatments differ significantly clinically as well as demographically.

Results

Using different criteria of outcome it could be demonstrated that psychoanalytically treated outpatients improve markedly and to a larger extent than do psychodynamically treated outpatients or inpatients. Different outcome measures and different perspectives (patients/therapists) revealed further interesting differences. Patients primarily reported improvements in somatic, anxiety and depressive complaints. Therapists, however, report substantial improvements in interactional symptoms and behaviour. Global change (rated by therapists) showed the most marked improvement in the outpatient psychoanalytic group (see Table 1).

Table 1: Therapist rated improvements across 3 groups in Berlin III Study

	Improved: Symptom improved & no structural change or no symptoms & structural improvements	**Much improved:** No symptoms & positive structural development	**Total improvement**
Out-patient psychoanalysis	13%	83%	96%
Out–patient psychotherapy	30%	60%	90%
In–patient psychotherapy	28%	31%	59%

Global satisfaction rated by patients at follow-up (3.5 years later) were 96% for out-patient psychoanalysis and 65 % for in-patient treatment. Table 2 shows the effect sizes (pre and post values on PSKB-scales divided by the standard deviation of pre values) for PSKB-scales for psychoanalytic treatments. Highest effect sizes were for anxiety and depression related symptoms in both self-rated and therapist rated measures.

Table 2: Effect sizes for specific dimensions for therapist ratings and self ratings

PSKB Self Rating		**PSKB Therapist Rating**	
Bodily anxieties	1.36	Anxious symptoms	1.08
Depressive-suicidal complaints	.94	Depressive impotence	1.0
Functional complaints	.80	Over-protectiveness	.75
Social phobic symptoms	.78	Bodily symptoms	.66
Regressive clinging	.62	Poor relationships	.66
		Orderliness	.65
		Anxiousness	.56

The Berlin III Study (C): The prognostic relevance of a working alliance as seen by patients and therapists (BIIC)

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.

In general, the prognostic relevance of working alliance for both the course and the outcome of psychotherapy is no longer a matter of dispute. A further spin-off study examined the prognostic power of the initial working alliance. Since a working alliance is considered as an interactional variable, the authors considered it from the perspective of the investigator, therapist and patient over the course of the therapy.

Design & Method

Using the data available from the Berlin Psychotherapy Study (Gerd Rudolf, 1991), the study investigated the prognostic relevance of diagnostic and treatment related working alliance variables for the various dimensions of outcome for 239 patients (inpatients and outpatients who received psychoanalytically oriented therapy in the study). A complex correlational statistical method (latent trait modelling) was used to investigate inter-relationships between working alliance and outcome, taking account of time structure and diagnostic variables.

Results

The results suggested that the therapist's own perspective on the working alliance was most relevant to eventual outcome. The initial assessment of alliance was influenced by or may have influenced diagnostic judgements. In turn those assessments predicted eventual therapeutic outcome. The patient's perspective on the therapeutic alliance was a relatively weak predictor of outcome.

Evaluation of the Berlin III Study

The Berlin III Study is an important and relatively sound assessment of the effectiveness (not efficacy) of three modes of psychodynamic intervention (out-patient intensive, out-patient non-intensive and inpatient). The fact that the treatment is offered to different groups of patients makes comparisons difficult to make. Nevertheless, all three psychodynamic treatments appear to do relatively well both according to therapist and patient ratings. All treatments were associated with a reduction in psychotropic medication, particularly in-patient treatment. Out-patient psychoanalysis did appear to have relatively strong long-term impact on symptoms but less impact on relationship variables. The study also yielded challenging results concerned with the concept of the therapeutic alliance (working alliance). It seems that, in this study at least, the concept is closely related to diagnosis and perhaps influences (or is influenced by) the therapist’s expectations concerning the patient’s likely response to treatment.

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.

Background of the project

In 1988, the health authorities in Sweden decided to subsidise psychoanalysis and long-term psychotherapy with private non-medical practitioners. Psychoanalysis was defined formally as 3-5 sessions per week with a member of one of the two psychoanalytical societies and psychotherapy as 1-3 sessions per week with a licensed psychotherapist. The subsidisation of an analysis or a therapy was time-limited to three years, but treatment itself was not: patients were free to apply even if they were in ongoing therapy and free to continue financing it in other ways after expiration of the subsidy. From 1990 to 1993 some 70 to 140 treatments were subsidised annually from a waiting-list that eventually was more than 1100 persons long.

Method

Design

The main question, in accordance with the goals of the insurance authorities, was whether it would be possible to discern any beneficial effects of the treatments offered. The basis for the design was a three-wave panel-survey in a sample of 430 persons at different stages in psychoanalysis or psychotherapy. Treatment modality was self-selected. Stage in treatment was in effect a randomised factor, because the timing of the outcome measures was totally independent of whether any person actually was in ongoing treatment, had terminated, or had not yet begun. Having three panel waves, time in treatment could be measured “ordinally”, in units of seven gross stages of treatment. The groups were: early before, late before, at assessment, ongoing, late ongoing, early after, late after. In contrast to real time, ordinal time is only a matter of before or after, earlier or later. Sampling occurred in three consecutive years covering 1994-1996. Thus time points are virtual, in the sense that at various stages of the treatment process different individuals provide outcome information. They may be regarded as suitable for assessing outcome if it is assumed that patients have been randomly drawn from the same population of patients. More than 20 relevant variables were tested for differences between the samples at different time points, and none were found to be significant.

Patients

The initial patient sample consisted of (a) 205 patients who had been subsidised in 1990 or 1991 and (b) the first 550 persons on the waiting-list for subsidisation, assuming that some of these already were in treatment. Of over 700 persons a little more than 430 responded in a usable way to the questionnaire on all three occasions. Seventy-six were psychoanalytic patients for two or more years, 345 in long-term psychotherapy two or more years, and 13 in various low-dose therapies, of low frequencies or short durations.

To assess the clinical significance of the findings, two control groups were included in the design, both of them "healthy" and "normal" groups. In sum, these numbered 650 persons. The design is illustrated in Table l.

On the basis of pre-treatment assessments, Axis I syndrome diagnoses were found to be quite frequent (63%), GAFL (M = 57. SD 13) and SPDS (M = 54. SD 24) were in the borderline region. The GAF score was in the neurosis range (M =64. SD 8). The groups varied on social factors. In particular, patients receiving psychoanalysis (PSA) were more likely to have received university education.

Table 1: Summary of the study design

Treatment Groups	Comparison Groups
N = 700 persons at various stages of treatment (before, ongoing, or after):- n_1 = 60, subsidised for psychoanalysis 1990-1992 or 1991-1993 n_2 = 140, subsidised for long-term psychotherapy 1990-1992 or 1991-1993 n_3 = 500 on waiting-list for subsidy in 1994	N = 650 persons:- n_4 = 400 in community random sample n_5 = 250 university students

Assessment Procedures

Patient's battery

Among several sections, dealing with family, health, work and other conditions, the questionnaire battery contained the following standard instruments: the Symptom Check List (SCL-90); the Social Adjustment Scale (SAS); and the Sense of Coherence Scale (SOCS). The battery was distributed to all patients three times, in May 1994-1996, and the contrast groups completed the questionnaire once, in May 1994.

Therapeutic Identity Questionnaire

In order to gain some general idea of the therapeutic milieu in which the treatments took place, a questionnaire was distributed to all of the 313 analysts and therapists who had patients in the project. The questionnaire included questions about therapeutic training and experience, training analysis or training therapy, and therapeutic orientation. Another three sections were included with the intention to chart, using altogether about 75 self-rating scales, the therapist's beliefs about curative factors in psychotherapy, the therapist's general style of working in therapy, and the therapist's more basic assumptions about the nature of psychotherapy and the nature of the human mind. For standardisation purposes, the questionnaire was also distributed to a random sample of 325 licensed psychotherapists throughout Sweden.

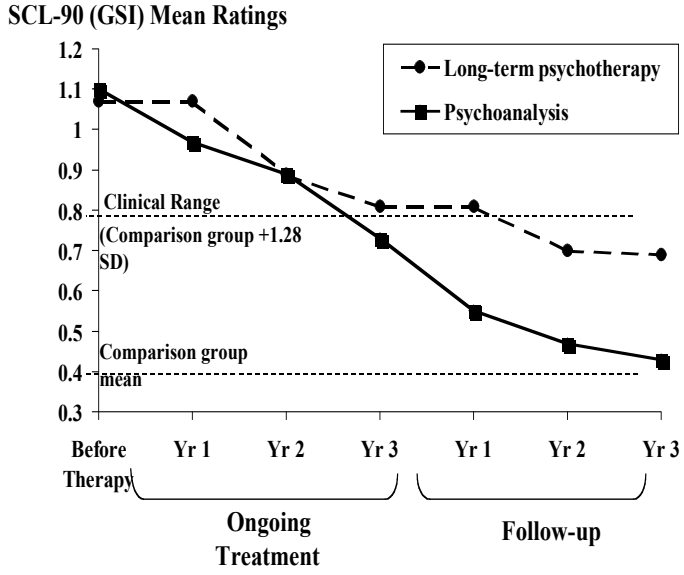
Results

Therapeutic outcome

Figure 1 displays mean SCL-90 Global Severity Index summary scores at the different phases of treatment for both psychoanalytic (N=74) and psychotherapeutic (N=313) treatment. SCL-90 scores were high to begin with; they were well above the line which separates the worst-scoring 10% in the combined norm group from the rest, which is 1.28 SDs over the mean in the norm group. The latter line may be considered "the clinical significance line." There was a steady decline overall when treatment started and after the end of treatment both groups were well within the normal range. The two groups started out at almost exactly the same level but a large difference emerged after treatment had ended. The psychotherapy group levelled out after termination, whereas the psychoanalysis group

continued to improve and closely approached the mean in the norm group. This was a very large pre-post effect by any standard, even in the absence of a control group, whereas the effect was moderate in the psychotherapy group. Even when initial differences between the two groups were controlled for, the differences remained – or rather increased. Assuming further development would continue linearly, it would take the psychotherapy patients nine years to reach where the analysands have reached in three. The few patients (N=13) in brief therapies showed a slight worsening over the same period.

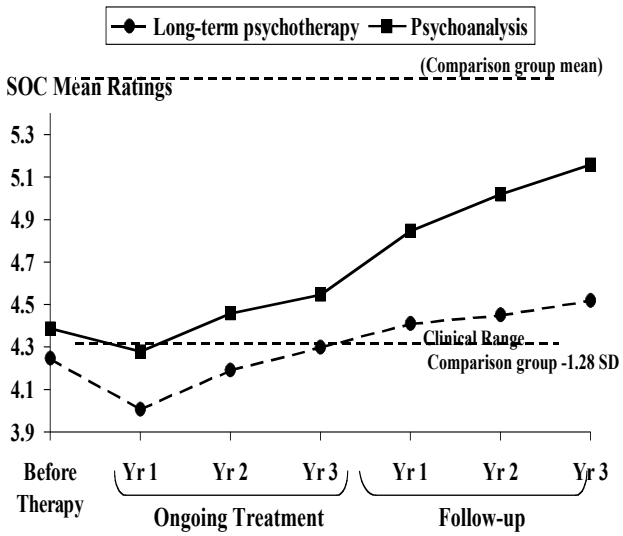
Figure 1: Mean SCL-90 Global Severity Index before treatment, during therapy and during follow-up



Data from the Sense of Coherence Scale (SOCS) is plotted in Figure 2. It shows broadly the same pattern as the SCL-90, although not as dramatic.

On the SAS improvement was rather modest and almost the same in both groups. The present data suggest that psychoanalysis is quite powerful in producing long-lasting and increasing alleviation of symptoms. It was a surprise to find that the development in social adjustment was virtually the same whether a patient had been in psychotherapy or psychoanalysis. The SAS is a measure of social relations rather than of object relations. Sub-scales of the SAS did yield further interesting information. Greatest improvements were observed on the work scale; the relatives scale (parents, siblings, extended family) showed almost no changes. There was an initial deterioration on all scales except the work and the friends scales. This *may* reflect an initial narcissistic withdrawal of object relations, a distancing from, primarily, close persons. In some cases, as with the children, the pre-treatment level is hardly recovered.

Figure 2: Mean SOC Ratings before therapy, during therapy and in follow-up



The authors summarize their findings by counting the proportion of patients in each group at each point of time with better scores than the worst-scoring 10% in a non-clinical norm group. In the psychoanalysis group this percentage increased from 10 to 75% (comparing before treatment to three years after termination) and from 30% to 55% in the psychotherapy group. When group means of the SCL-90, SOC, and SAS measures were regressed on a seven-step time scale, slopes indicated small to moderate change during and after psychotherapy (effect size d=0.3 to 0.6) and moderate to very large changes during and after psychoanalysis (effect size d=0.5 to 1.8).

Therapist factors

Data was obtained from 325 treatment couples, 264 psychotherapies, 53 analyses, and 8 low-dose therapies. Older therapists achieved on the whole better outcomes with their cases, irrespective of therapist or patient gender and irrespective of whether the treatment was psychoanalysis or psychotherapy. Interestingly, the *second youngest* group – *not* the youngest – tended to do worst. The amount of time a person has been working as a therapist was positively related to patient outcome in these treatments. But if this time is split into two periods, one before licensing, (in supervision), and one after licensing, it was only the post-licensing period which made the difference. These findings indicate that simply doing psychotherapy is not enough – formal training is necessary if one is going to be able to make use of the experience.

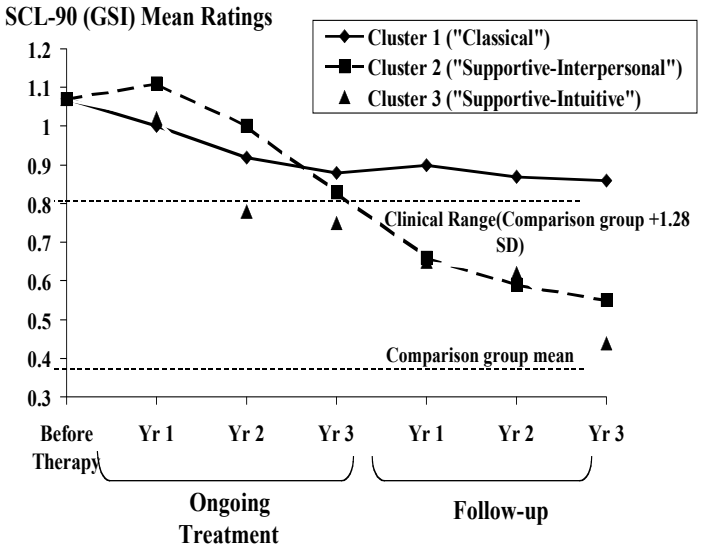
Psychoanalytic training did not appear to be beneficial for the effective practice of *psychotherapy*. Caseload, in terms of number of previous patients in individual psychotherapy, did not seem to matter, nor psychotherapeutic experience in the public health system. Being in supervision at the time of the therapy and having spent a long time, in this case more than 10 years, in training therapy or training analysis was negatively related to the outcomes of one's therapies or analyses. Supervision and long training therapy are almost certainly selection effects, where therapists with professional or personal problems are particularly likely to seek supervision or reanalysis or retherapy and are less adequate in their functioning as mental health professionals. Further, it is possible that the "good patients", (those likely to improve) are better equipped to select the more experienced therapists. In the absence of random assignment of patients to therapists, causal accounts must remain speculative.

The therapist questionnaire included a battery of roughly 75 different self-rating items about therapeutic style, beliefs in curative factors, and assumptions about human nature. Factor analysis yielded nine orthogonal factors. A cluster analysis of factor scores led to the identification of four kinds of therapists or analysts on the basis of their beliefs and values. The first cluster of therapists valued mastery, support, kindness and openness in psychotherapy relatively little, whereas they

valued technical neutrality and insight most. In this cluster, there is an over-representation of people with psychoanalytic training, although there are also a large number of psychotherapists. This is a group with classically psychoanalytic ideals. The second cluster, which was not represented in this sample of therapists, put *high* values on mastery, support, kindness, and openness but do *not* value neutrality or insight as much (mostly cognitive or behavioural therapists). The two other clusters were called eclectics, because they scored high on *all* scales, both the more interpersonal scales and on the insight scale. The difference between the two clusters is mainly a matter of their attitude towards openness, which seemed to be related to training. There were some psychoanalysts belonging to these clusters, in addition to ordinary psychotherapists.

This is what was found for the SCL-90. When the outcome trajectories for patients of the three different clusters of therapists were plotted, irrespective of whether the modality was therapy or analysis, the psychoanalytic cluster deviated negatively from the other two (see Figure 3).

Figure 3: Outcome trajectories across therapy and follow-up for three clusters of therapists



There was practically no change in patients treated by therapists who subscribed to classical analytic values. These treatments were, however, not *all* analyses and the therapists were not *all* analysts, but their attitudes were indeed classically psychoanalytic. When the patient sample was split into psychotherapy patients and analysands and the therapists in the three clusters were compared, it was found that whereas psychoanalysis is about equally effective with analysts of either classical or eclectic values, psychotherapy is not. There is hardly any change in psychotherapy patients treated by Cluster 1 therapists and they end up well above the clinical cut-point. Classically psychoanalytic kinds of therapeutic attitudes do not appear to be conducive to change in psychotherapy – although it is effective in psychoanalysis. The critical issue seems to be that the classical psychoanalytic point of view – under the pretext of the abstinence rule – seems to neglect or devalue the positive relational components of being friendly, personal, and caring. This seems to matter less in the psychoanalytic setting, but it seems to determine the success of psychotherapy.

Evaluation

This, most impressive, study made use of an imaginative sampling procedure to overcome the usual problem of small sample size in long-term studies of psychotherapy and produce some stimulating findings. Although the combination of between and within subjects measurement has made statistical analysis of the data challenging, the authors seem to have succeeded in using ANOVA and regression models to extract interesting trends. Comparison of the samples from different time points using

possible confounding variables has so far suggested that the analyses are valid, though it is impossible with the current design to know for sure if the observed effects represent the average time course of individuals. The authors are currently preparing their data files for an HLM (hierarchical linear modelling) analysis, as a way to best deal with the complicated study design. The measures were relevant and, at least as far as the SCL-90 is concerned, in standard use in psychotherapy research permitting comparison with other studies. Results of the HLM analyses should provide a validity check on the data analytic methods used in this study.

The Heidelberg-Berlin Study: The Heidelberg-Berlin Practice Study on Psychoanalytic Long Term Therapy (HBS)

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 Katamnesenforschun*g. Psychosozial Verlag, Giessen.

Rudolf, G.; Grande, T.; Oberbracht, C. (2000): Die Heidelberger Umstrukturierungsskala. Ein Modell der Veränderung in psychoanalytischen Therapien und seine Operationalisierung in einer Schätzskala. Psychotherapeut 45. 237-246.

Rudolf, G.; Grande, T.; Dilg, R.; Jakobsen, Th.; Keller, W.; Oberbracht, C.; Pauli-Magnus, C.; Stehle, S.; Wilke, St. (2001): Strukturelle Veränderungen in psychoanalytischen Behandlungen – Zur Praxisstudie analytische Langzeittherapie (PAL). In: Stuhr, U., Leuzinger-Bohleber, M., Beutel, M. (Hrsg.): Langzeitpsychotherapien – Perspektiven für Therapeuten und Wissenschaftler. Kohlhammer: Stuttgart, 238-259.

Rudolf, G., Grande, T., Dilg, R., Jakobsen, Th., Keller, W., Oberbracht, C., Pauli-Magnus, C., Stehle, S., Wilke, St. (in press): Structural Changes in Psychoanalytic Therapies - The Heidelberg-Berlin Study on Long-Term Psychoanalytic Therapies (PAL). In: Leuzinger-Bohleber, M., Target, M. (Eds.): Longer-term Psychoanalytic Treatment. – Perspectives for Therapists and Researchers. Whurr, London.

In planning this study, the authors assumed that the specific effects of long term psychoanalytic therapy (e.g. structural changes in the personality) take time to develop and that these are rarely measured by conventional psychometric instruments (such as the SCL-90).

Measures

In this study, the measurement of structural change is based on the newly developed dynamic instrument called the OPD – (Operationalised Psychodynamic Diagnostics; Arbeitskreis OPD, 1996). It is hypothesized that the three axes tapping (a) the maladaptive interpersonal core pattern, (b) the life-long conflicts and (c) the structural capacities relating to particular vulnerabilities will turn out as useful measures of change produced by psychoanalysis. A semi-structured interview - performed by specially trained researchers and not by the analyst themselves - generates 30 ratings. Five of these ratings are selected as specific for a particular patient. The changes in the predefined problematic areas are measured by a Heidelberg version of Stiles et al.'s (1992) "Assimilation of Problematic Experiences Scale (APES)". This scale has seven steps; each step marks a therapeutically important move from lack of awareness through emerging awareness of a not yet understood conflict up to a full therapeutic "working through". Using this scale, patients can be evaluated with regard to the degree of structural change in respect of the five selected problematic areas.

Design

In the first year of the psychoanalytic treatment, this assessment is repeated three monthly; later in treatment it is performed at six month intervals. Additionally, each patient completes a number of psychometric questionnaires (SCL-90, PSKB-s, IIP, INTREX) at the same time points. The treating analysts systematically record on a three month basis various dimensions of the analytic process such as therapeutic alliance, kinds of transference and counter-transference and report on individual sessions in a free format.

Sample

In order to demonstrate the varieties of common analytic processes, the study compares three or more sessions per week psychoanalytic treatments with once-a-week face-to-face psychotherapy. The sample which is not yet fully recruited will comprise 36 patients in each group. In order to maximize

expected differences in outcome, the study aims to select severely disturbed patients (although the criteria for severity are not specified).

Hypothesis

The main hypothesis under investigation is that with such patients, low frequency psychotherapy only achieves better coping whereas psychoanalytic treatment brings about structural change. In order to minimize the impact of the study on the ongoing treatments, no randomized selection is performed; however, a match between the two groups with respect to age, sex and education is aimed for. Furthermore, at no time is the patient interviewed about the treatment process itself and the analyst does not receive any feedback on the findings during the course of the treatment.

Present status

Recruitment of the analytic cases was completed in early 1998, recruitment of the psychotherapy cases in early 2001. Papers dealing with the research concept and single case studies have already been published (see the literature above). First results with respect to a comparison between the psychoanalysis and psychotherapy group will be available at the end of 2002.

The Latin American Effectiveness Study: Effectivity and Efficiency of Psychoanalytic Treatments of Long Duration and High Frequency as Compared with Long Duration and Low Frequency (LAES)

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 research project is the comparison of the progress and therapeutic outcome of two groups of patients in psychoanalysis: (a) those with a session frequency of three or more sessions a week and (b) those with one or two sessions a week. The study is a response to the scarcity of data on the relation between frequency of sessions and outcome. As one of the major problems in recruiting psychoanalysts for participation in studies of outcome is the concern about introducing external "influences" into psychoanalytic treatment, the study has the secondary aim of exploring the perceived effects of study participation on psychoanalysts and patients. Bachrach and colleagues (Bachrach et al., 1991) have set out methodological requirements for evaluating research on psychoanalytic treatment outcome. A key problem not addressed by these authors relates to recruiting adequately trained psychoanalysts to participate. This problem is particularly acute in studies which examine the effect of psychoanalysis as it is practised (i.e. non-institutional treatments).

Design and Method

The design of this study is naturalistic (Kazdin, 1994). Patients are not assigned but are self-selected for the two groups. While the investigators recognise that this design creates problems of causal inferences it does have strengths in the design enabling the independent evaluation of results, unbiased by the treating analyst and the inclusion of a baseline assessment for diagnosis as well as for symptom and other outcome variables.

As there is no universally accepted operationalised conceptualisation for measuring the outcome of psychoanalytic treatments (Wallerstein, 1997), a rather large battery of well standardised and validated instruments have been adopted. The use of these instruments is justified by the wish to compare outcomes with other ongoing psychotherapeutic and psychoanalytic investigations and the hope that variations in outcome will be captured by these means. A final aim of the comprehensive assessment is hopefully to contribute to a Latin-American archive of psychoanalytic treatments.

Sample

Thus far the study has recruited 18 patients to treatments with 23 completed questionnaire assessments. Further patients have agreed to participate. The demographic breakdown of the sample reveals 13 women and five men, ranging in age from 21-48 years (average 32.8 years). Fourteen of the patients are in the low and four in the high frequency treatment groups.

Evaluation

This is a naturalistic quasi-experimental study of great importance, being the first large-scale study in Latin America. The effort made by the researchers to use instruments validated in the Northern Hemisphere should also be highlighted. A further almost unique aspect of the study is the focus on private practice where very little research is available from other studies and where methodological challenges are greatest.

The Norwegian Prospective Study (NPS)

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. Long-term monitoring of persons followed prospectively for about seven years is a particularly strong feature.

Sample

There were 25 patients in the study, 23 of whom had one or more diagnosis of personality disorder. A quarter of the sample met criteria for BPD and 10% met criteria for each of three other PDs (passive-aggressive, dependent or mixed). There were also individuals with diagnoses of schizoid, schizotypal, narcissistic, paranoid and avoidant PD.

Treatment

Patients had once or twice weekly psychodynamic psychotherapy based on object relations and self-psychological principles. The authors indicate that the focus of the therapies was upon interpersonal relations, consciousness of affect, self image and parental images. The treatment was long term, with the average length of treatment somewhat over two years. Most of the patients had received other, less intensive forms of treatment prior to being offered psychodynamic psychotherapy.

Measures

Patients were assessed at the beginning of treatment, termination and at five years follow-up. Measures included MMPIs, symptom scores, self-report measures of defences and a measure of consciousness of affect.

Results

At termination there was a substantial reduction in diagnosable psychopathology with 75% and 72% of the patients no longer meeting criteria for Axis I and Axis II disorders respectively. At five year follow-up, 68% of the patients had no Axis II diagnoses. Thus improvements were, by and large, maintained. Improvements were observed in the domains of interpersonal relations (particularly in being able to establish and maintain intimate relationships), reduced usage of statutory services, and improvements in general adaptation.

Evaluation

This study, while weak in design (absence of control group, poorly specified treatment, convenience sample with heterogeneous diagnoses), does suggest that improvements associated with psychodynamic therapy are maintained in the long term. The improvements demonstrated are clinically significant both in terms of the kinds of changes achieved and size of these changes.

The New South Wales Study of Personality Disorder (NSW)

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, with a baseline assessment that extended over 12 months.

Sample

Thirty patients were interviewed by three psychiatrists using a standardised, structured, clinical interview for borderline personality disorder (Gunderson, Kolb, & Austin, 1981). Patients had been involved in other forms of therapy unsuccessfully for not less than six months in order to be selected for the trial. In addition to meeting DSM IIIR criteria for BPD, patients also displayed persistent social dysfunction and had a chronicity of at least 12 months.

Treatment

The therapists were trainees working with a Winnicottian-Kohutian orientation. Therapy was offered twice a week and lasted 12 months. Treatment was not manualised but there was extensive supervision for trainees. After the 12 months of therapy there was a one year follow-up and a further 5-year follow-up was reported in 1995.

Outcome measures

There was a self-report measure for symptomatology (the Cornell Index) administered at assessment, six months, 12 months and on follow-up. Behavioural measures included days away from work, episodes of self harm, use of medical services, use of prescribed and illicit drugs, hospital admissions and time as inpatient.

Results

There was a significant decline of the number of DSM IV criteria met by these patients (17.4 to 10.5) with 25% of treated patients no longer meeting criteria for BPD. There was a dramatic decrease in visits to medical professionals (3.5 to .47 per month). Episodes of self harm fell from 3.77 episodes per year to .83 episodes per year. Hospital admissions fell from 1.77 to 0.73 per annum and the mean number of months spent as inpatient was halved to 1.47 months. The score on the Cornell Index was reduced from 43 to 29. Improvements were maintained on follow-up to 5 years with the exception of employment, which might have been affected by a concurrent economic downturn.

Evaluation

This was an uncontrolled study of unmanualised treatment delivered at a probably sub-clinical dose by inexperienced therapists. The measures were, however, carefully collected and the changes observed are evidently clinically significant. There is a suggestion in the paper that the treatment was cost effective in so far as it was associated with reductions in the use of costly medical treatments. The sample size is also considerable for this type of population.

Tavistock Study of Fostered or Adopted Children (TSFC)

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.

Sample

Thirty five children who were fostered or adopted aged between 2 and 18 years were compared with 13 children for whom psychotherapy had been recommended but did not start. Over half the sample were girls. For ethical reasons they could not be randomly allocated to treated and untreated groups.

Treatment

Kleinian trained child psychotherapists carried out the treatment. There was no attempt at ensuring treatment integrity although most of the therapists were in supervision.

Measures

Only informal assessments of progress were reported but some objective outcome information was available in terms of the persistence of fostering or adoption arrangements.

Results

Therapists, parents and independent clinicians all reported that all but 4 out of 20 of the children in treatment improved, whereas none of the comparison group of children did so. Significantly more breakdowns of adoption and fostering arrangements occurred in the comparison than in the treated group.

Evaluation

There is insufficient information in the report to permit full evaluation of the study. The results suggest that long-term psychoanalytic therapy may be of value to this needy group of children.

Anna Freud Centre Studies 4: The Comparison of Intensive (5 times weekly) and Non-intensive (once weekly) Treatment of Young Adults (AFC4)

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 were made at 18 month intervals by independent raters. The study is still underway and is likely to be completed in 1999.

Sample

Thirty young adults (aged 18-24) referred to the Anna Freud Centre were sequentially assigned to psychoanalysis or psychotherapy. Diagnostic assessments were made by two experienced psychiatrists using structured interviews (SADS-L and SCIDII). All patients in the study had at least one Axis II diagnosis, with narcissistic and borderline personality disorder being the most common. All patients had at least one Axis I diagnosis (mostly mood disorders). No patient had a diagnosis of psychosis and less than half the sample were on psychotropic medication. A significant number of the patients had histories of violent episodes or self harm. About 20% had previous psychiatric hospitalisations.

Treatment

Treatments were delivered by qualified psychoanalysts (all Members of the British Psychoanalytical Society) trained in the Contemporary Freudian tradition, strongly influenced by the work of Joseph and Anne-Marie Sandler. The treatments were strongly transference focused. All analysts participating in the study attended a once-monthly supervision meeting chaired by Anne-Marie Sandler. The supervision concerned both the intensive and the non-intensive cases. Analysts had to provide a full narrative account of one session per month which was circulated to the research group and formed the basis of the group supervision. Analysts also completed a weekly rating scale which was a 500 item checklist where they reported the main themes of the treatment and their interpretive work. There was no tape-recording of sessions. Treatment continued in an open-ended way with average treatment length being 3.5 years.

Measures

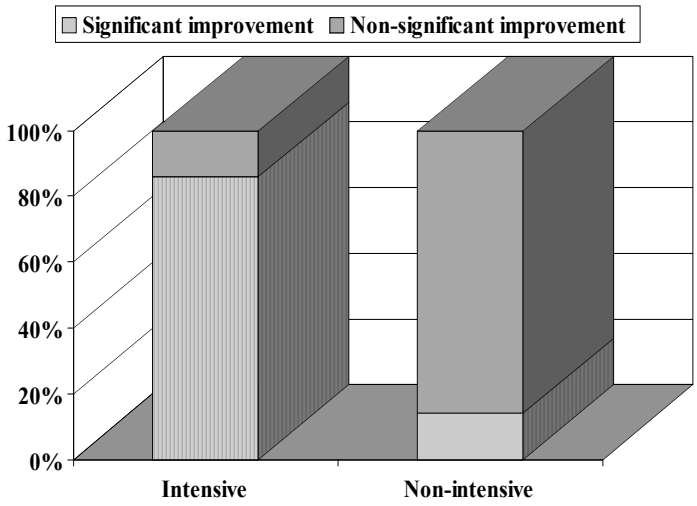
At entry to the study all patients completed the SCL-90, the Beck depression inventory, the Spielberger State and Trait Anxiety Inventory, the Social Adjustment Scale, the National Adult Reading Test and the Eysenck Personality Questionnaire. They were also administered the Adult Attachment Interview, the SADS-L and the SCID II. The battery was repeated at 18 month intervals. Patients showing significant improvement on at least three measures were regarded as having improved.

Results

The results are in the process of being analysed. The key comparison between the outcome of intensively and non-intensively treated patients awaits the completion of a number of psychotherapy cases. The results so far indicate that analytic treatment is superior in achieving clinically significant symptomatic changes (see Figure 1).

Figure 1: Significant and non-significant improvement in patients completing intensive and non-intensive treatment

Preliminary scrutiny of the data indicates that improvers in terms of the psychiatric measures could be



differentiated from non-improvers on the basis of aspects of the analytic process, particularly analyst's reports of aggression taken up in the transference and the extent and diversity of emotional reactions reported by patients. Transference in successful treatments is characterised by anxiety, guilt, fear of rejection, idealisation and projected aggression. By contrast, failed treatments are typically associated with shame, humiliation, existential anxiety and a sense of boredom and 'cut-offness' on the part of the analyst. There was a relatively high rate of premature termination and this was more common in the non-intensively treated group. Of great importance was the observation that unsuccessful treatments showed differing trends as the analysis unfolded. For example, in poor outcome treatments, the quality of the analytic material gradually deteriorated, affects decreased in intensity, immature mental functions increased together with primitive transferences, and the use of sexual fantasy to support identity. Sadly, there was evidence for the analyst responding by increased disengagement by, for instance, failing to comment on timekeeping problems and concentrating on extra-analytic issues. Table 1 summarises aspects of analyses associated with poor outcomes.

Table 1: Trends across analyses associated with poor outcomes

- Deterioration of analytic material
- Decrease in level of all affects
- Increasing immaturity of mental functions
- Increasing primitive transferences and boundary problems
- Increasing use of sexual fantasy to support identity
- Increasing aggressive themes
- Decrease in interpretation of aggression
- Decrease in interpretation of problems with timekeeping
- Increasing importance of the external world

Evaluation

This study has a number of major weaknesses including the small sample, non-random assignment, lack of tape-recording of therapeutic sessions, lack of manualisation of treatment and unequal

treatment lengths. It, however, has a number of strengths such as the independent assessment of outcome, the use of standardised instruments and the attempt at integrating process and outcome measures.

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.

Sample

Since 1993 free-of-charge treatments have been carried out in a community-based clinic run by Instituto Agora of Montevideo as part of the service that the City Council offers openly to the city inhabitants. Treatments are provided to potential patients as brief therapies suitable for consultations emerging from the saga of life events or critical situations. Potential patients are assessed initially by a clinical psychologist (who is not the therapist) as to the adequacy of the kind of treatment offered to their particular condition and are then taken up for therapy or referred to other services. Two hundred treatments have been completed so far. The therapists are graduated psychologists who are completing their two-year post-graduate training in Focal Dynamic Psychotherapy. Each graduate must complete two treatments and is supervised by his/her mentors, also undergoing regular group discussion of his work with his colleagues as the treatment advances.

Treatment

First developed in USA by Alexander and French and also proposed in the United Kingdom by Balint and Malan, Focal Dynamic Psychotherapies have been further developed in theory and technique by Latin American authors (mainly H. Fiorini) and encompass Thomä and Kächele's conceptualization of psychoanalytic treatment as a succession of foci which are progressively dealt with by patient and therapist.

The treatment being assessed is focused on the patient's chief complaint and its underlying core conflict. Thus, therapy is guided by explicit goals, which patient and therapist discuss and agree to work upon. This kind of treatment stresses what has been termed a "situational approach" which takes into account both past and present relevant issues, as well as both intrapsychic as outer-world elements at play. The therapist plays an active role and, since these therapies are often brief, strives not to induce regression or transference neurosis but to work, instead, in an atmosphere of positive transference and a working alliance that emphasizes parity between patient and therapist. The main indication for these therapies are crisis situations such as divorce, grief, migration, etc., but they have also proved to be most useful in settings where the patients' interest is not centred upon a global revision of his life and inner world but a more constricted motivation to review, undergo changes and gain better adaptation in a given field (sterility, a close relative's psychiatric illness, a forthcoming surgery, overdemanding work conditions, etc). Though also supportive in most cases, this kind of therapy strives to increase the patient's insight about the problem and has been proved to have long-lasting effects, especially in certain fields such a mother-infant interaction.

Measures

Before beginning treatment, patients complete a Symptom Checklist (SCL 90-R; Derogatis 1983), which is given to them again at follow-up. The latter takes place at an average eight months after

termination and is conducted by the person who initially assessed the patient as suitable for this type of treatment. At that time, the patients are extensively interviewed and fill in a questionnaire which is an adapted version of Howard's Generic Model (Howard, 1988).

Upon finishing their work with each patient, therapists are asked to fill in a questionnaire which closely resembles that of the patients.

Results

Process and outcome results were analysed in 1994, 1998 and 2000, and each of these reports has been published. The results to be analysed here belong to the 2000 sample.

Process

Therapists were mostly female (90%), averaged 33 years of age, and had graduated not long before the study (mean 5 years earlier). 26 % had had no previous experience as therapists.

As to the patients, 875 were female, with a mean of 37 years of age, 44% had undergone previous psychiatric or psychological treatments at an average time of 10 years before consultation. Their most frequent presenting complaints were marriage problems and family conflict, with employment issues ranking third. 82 % were clinically assessed as undergoing the acute stage of a crisis, and 78% of the total sample was assessed as having a basically healthy personality (i.e. without gross acute or chronic manifestations of severe psychopathology).

Treatments took an average of 20 sessions, and the focus most frequently selected was marriage problems, followed by family conflicts, employment issues, grief processes and conflicts related to self-esteem. Therapists freely described most frequent treatments goals as helping the patient "gain better understanding and insight about his/her problems" and "strengthen their self-esteem."

Outcome

Eighty-two percent of therapists and 94% of patients were satisfied with the outcome at varying degrees between "moderate" and "extreme" satisfaction.

Therapists rated the most successful interventions on their part to be those aimed at providing empathic understanding (86%) and support (76%), while those aimed at insight or active advice were assessed as less effective. Most treatments, however, were conducted along a combined strategy of providing both support and insight at varying degrees.

The best predictor of treatment outcome was the therapist's capacity to actively stimulate therapeutic alliance.

As to outcome figures provided by the SCL 90-R, since no standardization has been made in any Latin American countries, values are analysed contrasting each patient with him/herself at beginning and end of treatment. The Global Severity Scale shows significant improvement in 96% of the total population. Positive Symptoms and Anxiety Positive Symptoms also show significant changes in 94% of cases, with very significant figures in some of the patients.

Evaluation

This is a naturalistic study which is one of the two outcome studies ever performed in Uruguay and the only one which includes objective measures to complement subjective patient and therapist assessment of outcome. Being a goal-oriented brief therapy, initial evaluation of feasible changes partly explain the high degree of satisfaction and symptom change. This can also be attributed to the fact that therapies were offered free of charge (an unusual practice in a country where practically all therapeutic services must be paid by the patient) and were controlled as to quality of the service provided, with the follow-up interview being part of this (again an unusual practice). The fact that patients were undergoing crisis situations in many cases may have also contributed to good outcome,

since spontaneous curative mechanisms may have contributed substantially to the outcome. The absence of a control group enhances the limitation of this study, whose worth lies mainly in starting the practice of outcome research in the country and of assessing the effectiveness of a relatively new therapeutic technique.