

Psychoanalytic Treatment Outcome Research

Phase III

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The Background

Freud was not a friend of extra-clinical formalized
research neither for process nor outcome aspects!

see

Rosenzweig S (1934) letter to Freud. quoted in Shakow
& Rapaport 1964, p. 129.

TABLE 7.2 Fenichel's Report of the Berlin Psychoanalytic Institute
Results: 1920-1930 (TABELLE VIII, Korrelation zwischen Diagnose, Behandlungsdauer und Ergebnis (ohne die am 1. Januar 1930 noch in Behandlung befindlichen Fälle))

Diagnose	Zahl aller Behandlungen	Behandlungsdauer											Ergebnis		
		bis											abgebrochen	wesentl. gebess.	geheilt
		6	12	18	24	30	36	42	48	54	60	Monate			
Angsthysterie	57	25	11	4	7	5	3	2	—	—	—	—	2	10	6
Asthma bronchiale	2	1	—	1	—	—	—	—	—	—	—	—	1	—	1
Charakterstörungen	37	7	7	6	11	4	1	—	—	—	—	—	4	12	8
Neurotische Depression	37	13	4	8	2	5	1	—	1	1	2	—	2	10	5
Enuresis	5	3	—	2	—	—	—	—	—	—	—	—	—	—	2
Epilepsie	6	5	1	—	—	—	—	—	—	—	—	—	1	—	5
Homosexualität	8	4	—	4	—	—	—	—	—	—	—	—	1	2	1
Hypochondrie	4	4	—	—	—	—	—	—	—	—	—	—	—	—	4
Hysterie	105	31	19	22	18	7	2	3	1	1	—	—	1	6	22
Infantismus	12	5	—	3	1	—	1	2	—	—	—	—	1	5	1
Innersekretorische Erkrankung	3	3	—	—	—	—	—	—	—	—	—	—	—	—	3
Manisch-Depressive Störungen	14	5	1	3	1	2	1	—	—	—	—	—	2	4	2
Neurasthenie und Angstneurose	10	7	—	1	2	—	—	—	—	—	—	—	2	1	7
Neurotische Hemmungen	80	24	6	17	16	7	5	3	1	—	—	—	1	5	15
Organische Nervenkrankung	3	3	—	—	—	—	—	—	—	—	—	—	—	—	3
Organneurose	3	1	1	—	1	—	—	—	—	—	—	—	—	1	1
Paranoia	2	1	—	1	—	—	—	—	—	—	—	—	—	1	1
Perversion	8	3	1	3	—	—	1	—	—	—	—	—	1	1	2
Psychopathie	23	18	—	3	—	1	1	—	—	—	—	—	4	—	1
Schizophrenie und Schizoid	45	26	4	7	4	2	1	1	—	—	—	—	8	8	2
Stottern	13	3	2	3	—	3	2	—	—	—	—	—	3	3	1
Süchtigkeit	5	3	1	—	—	—	—	—	—	—	—	—	1	1	3
Traumatische Neurose	3	—	2	1	—	—	—	—	—	—	—	—	1	1	—
Tic	4	2	—	1	1	—	—	—	—	—	—	—	—	2	2
Zwangneurose	106	35	11	17	11	15	10	4	1	—	1	1	6	18	26
Ohne Befund	2	2	—	—	—	—	—	—	—	—	—	—	—	—	2
Ohne präzise Diagnose	7	7	—	—	—	—	—	—	—	—	—	—	—	—	7
	604	241	70	108	74	51	29	15	7	3	3	3	47	116	89
														111	241

The first research report was Fenichel's (1930) summary of ten years of the Berlin Psychoanalytic Institute's Out-Patient Facility.

It reported on the relationship of diagnosis, duration and outcome.

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Following the Berlin Example

Jones E (1936) Report of the Clinic Work: 1926-1936. London Clinic of Psychoanalysis.

Alexander F (1937) Five year report of the Chicago Institute for Psychoanalysis, 1932-1937. Institute for Psychoanalysis, Chicago

Knight R P (1941) Evaluation of the results of psychoanalytic therapy. American Journal of Psychiatry 98: 434-446

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Menninger Foundation's Psychotherapy Research Project

The first big systematic effort comparing
psychoanalysis and psychotherapy
directed by R. Wallerstein, then O. Kernberg
Final reports:

Kernberg O F (1973) Summary and conclusions of psychotherapy and
psychoanalysis. Final report of the Menninger Foundation's
Psychotherapy Research Project. Journal of Consulting and Clinical
Psychology 41: 62-77

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

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Methodology

Independent observers working with data from the files
only.

Multiple measurements along the time line.

Wallerstein R S, Robbins L L, Sargent H, Luborsky L (1956) The
Psychotherapy Research Project of The Menninger Foundation:
Rationale, Method and Sample Use. First Report. Bulletin of the
Menninger Clinic 20: 221-278

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Problems

- + Severity of disorder among patients was not balanced
- + Patients had mixed treatments
- + Junior therapists had the psychoanalytic cases
- + is inpatient treatment representative for out-patient treatment?

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Debates on Outcome

Kernberg: S-E Treatment better for borderline;
psychoanalysis better for neurotic personality disorder

Wallerstein: outcome more equal than
Different.

Wallerstein R S (1995) The talking cures.
The **psychoanalyses** and the **psychotherapies**.
Yale University Press, New Haven



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TABLE 7.1 Summary of Reports of the Results of Psychotherapy

	Cured; Much Im- proved		Slightly Im- proved		Not Im- proved; Died; Left Treat- ment	Percent Cured; Much Im- proved; Left Im- proved
N						
(A) Psychoanalytic						
1. Fenichel [1920-1930]	484	104	84	99	197	39
2. Kessel and Hyman [1933]	34	16	5	4	9	62
3. Jones [1926-1936]	59	20	8	28	3	47
4. Alexander [1932-1937]	141	28	42	23	48	50
5. Knight [1941]	42	8	20	7	7	67
All cases	760	335		425		44
(B) Eclectic						
1. Huddleston [1927]	200	19	74	80	27	46
2. Matz [1929]	775	10	310	310	145	41
3. Maudsley Hospital Report [1931]	1,721	288	900		533	69
4. Maudsley Hospital Report [1935]	1,711	371	765		575	64
5. Neustatter [1935]	46	9	14	8	15	50
6. Luff and Garrod [1935]	500	140	135	26	199	55
7. Luff and Garrod [1935]	210	38	84	54	34	68
8. Ross [1936]	1,089	547	306		236	77
9. Yaskin [1936]	100	29	29		42	58
10. Curran [1937]	83		51		32	61
11. Masserman and Carmichael [1938]	50	7	20	5	18	54
12. Carmichael and Masserman [1939]	77	16	25	14	22	53
13. Schilder [1939]	35	11	11	6	7	63
14. Hamilton and Wall [1941]	100	32	34	17	17	66
15. Hamilton <i>et al.</i> [1942]	100	48	5	17	32	51
16. Landis [1938]	119	40	47		32	73
17. Institute Med. Psychol. (quoted Neustatter)	270	58	132	55	25	70
18. Wilder [1945]	54	3	24	16	11	50
19. Miles <i>et al.</i> [1951]	54	13	18	13	9	58
All cases	7,293	4,661		2,632		64

Source: Reproduced by permission from Eysenck (1952).

The first critical review on outcome by Bergin (1971) in the

Handbook of Psychotherapy and Behavior Change

1st. ed. 1971

2nd. ed. 1978

3rd. ed. 1986

4th. ed. 1994

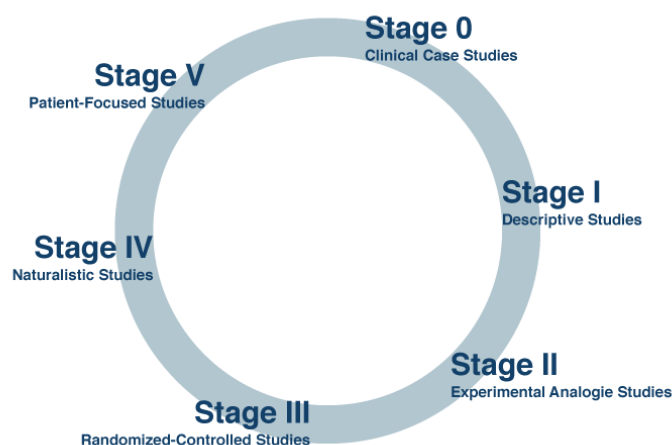
5th. ed. 2004

6th. ed. 2013

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Phase Model of Treatment Research

Stages of treatment research



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Stage III Randomized-Controlled Studies

RCT provide findings for the efficacy of treatments under experimental conditions :

selection of patients (exclusion of co-morbidity, 10% of the real world samples are in such studies)

manualisation of procedure

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Manualisation of Procedure

Manuals are an invention of the early eighties.

Manuals describe what a Therapist should do.

Manuals comprise rating scales to check whether a therapist does what he or she should do

This is called **ADHERENCE**

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Manualisation of Procedure

Manuals are an invention of the early eighties.

Luborsky L (1984) Principles of psychoanalytic psychotherapy. A manual for supportive-expressive treatment. Basic Books, New York

Strupp H H, Binder J L (1984) Psychotherapy in a new key. A guide to time-limited dynamic psychotherapy. Basic Books, New York

Klermann G L, Weissman M M, Rounsaville B J (1984) Interpersonal psychotherapy of depression. Basic Books, New York

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More and More Manuals. Also Psychodynamic Manuals

Seybert C, Erhardt I, Levy RA, Kächele H (2012) Manualized treatments for psychodynamic psychotherapy research. In: Levy RA, Ablon JS, Kächele H (Eds.) Psychodynamic psychotherapy research. Humana, New York, pp 650-657

Kächele H (2013) Manualization as tool in psychodynamic psychotherapy research and clinical practice - Commentary on six studies. Psychoanalytic Inquiry 33: 626-630

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•Stage III Randomized-Controlled Studies

Training of therapists: more than usual!

Limitation of treatment length: arbitrarily set

Standardized instruments: instruments with data on normal population

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•Stage III Randomized-Controlled Studies

goal:

high internal validity

price:

low external validity

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Duration of Experimental Studies

Cognitive-Behavioral Therapies

- 429 Studies, average 11,2 sessions
- 434 Studies, average 7, 9 weeks

Humanistic Therapies

- 70 Studies, average 16,1 sessions
- 76 Studies, average 11, 6 weeks

Psychodynamic Therapies

- 82 Studies, average 27,6 sessions
- 80 Studies, average 30,7 weeks

Based on meta-analysis of Grawe et al. 1994: Kächele, Eckert, Schulte Hillecke, in Völb

Efficacy of psychoanalytic therapies in RCTs (Leichsenring 2004)

depression (ICD-10 F3)

anxiety disorders (ICD-10 F40-42)

stress reactions (ICD-10 F43)

Dissociative, conversion- and somatoform disorders
(ICD-10 F44, F45, F48)

Efficacy of psychoanalytic therapies in RCTs

eatings disorders (ICD-10 F50)

psychic and social factors with somatic diseases (ICD-10 F54)

personality- and behavioral disorders (ICD-10 F6)

dependency and abuse (ICD-10 F1,F55)

Leichsenring F, Rabung S., Leibing E (2004) The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders. A meta-analysis. Archives of General Psychiatry 61: 1208-1216

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The Munich Psychotherapy Study

A rare but not impossible study - **a randomized, controlled out-patient study**, performed on behalf of a group of practicing psychoanalysts with two research psychoanalysts comparing Ps, PD and CBT.

Sample Sizes: 30patients per group

Diagnosis: Depression

Therapists: experienced

Huber D, Henrich G, Gastner J, Klug G (2012) The Munich Psychotherapy Study: Must all have prizes? In: Levy R A, Ablon J S, Kächele H (Es.) Psychodynamic psychotherapy research. Humana Press, New York, p 51-69

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Duration and Dosage

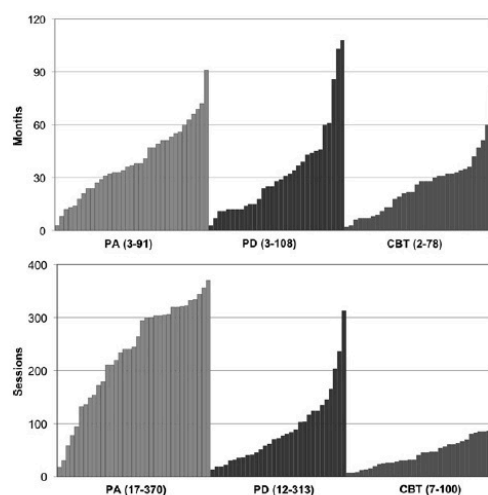


Fig. 3.1 Number of months and number of sessions of the three treatments. *PA* psychoanalytic therapy, *PD* psychodynamic therapy, *CBT* cognitive-behavioral therapy

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Primary Outcome Measures

variable	group	duration of therapy		dose of therapy	
		correlation-coeff. r	significance p	correlation-coeff. r	significance p
BDI	PA	-,02		-,04	
	PT	,15		,13	
	VT	,01		,11	
IIP	PA	-,53	,003**	-,53	,003**
	PT	-,27		-,25	
	VT	,07		,16	
SPK	PA	-,28		-,35	,049*
	PT	,08		,14	
	VT	,27		,30	

Scales of Psychological Capacities

DeWitt K N, Hartley D E, Rosenberg S E, Zilberg N J, Wallerstein R S (1991) Scales of psychological capacities: Development of an assessment approach. *Psychoanalysis and Contemporary Thought* 14: 343-361

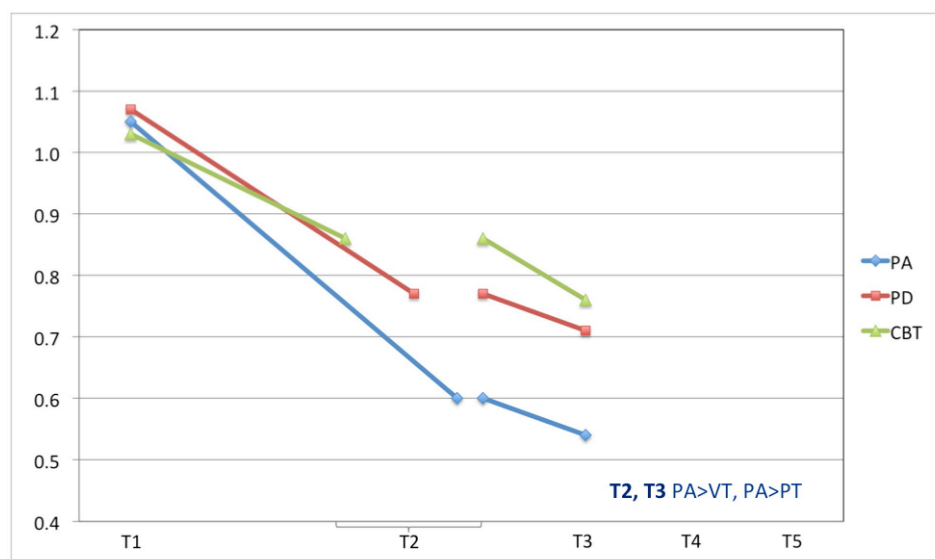
Huber D, Henrich G, Klug G (2005) The scales of psychological capacities: Measuring change in psychic structure. *Psychotherapy Research* 15: 445 – 456

Huber D, Klug G, Wallerstein R S (2006) Skalen Psychischer Kompetenzen (SPK): Ein Messinstrument für therapeutische Veränderung in der psychischen Struktur. Kohlhammer, Stuttgart

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SPK (Skalen psychischer Kompetenzen, Huber et al. 2006) Gesamtwert

T3: ES PA=2.6 PT=1.5 VT=1.0



Long Term Treatments

Leichsenring F, & Rabung S (2011)
Long-term psychodynamic psychotherapy in complex
mental disorders: update of a review.
The British Journal of Psychiatry 199: 15-22

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Five Kinds of Bias Against Psychodynamic Therapy

- # Distorted depiction of psychodynamic theory based on caricatured versions
- # Exclusion or distortion of evidence concerning psychodynamic therapy in treatment guidelines
- # Exclusion of psychodynamic researchers from funding and guideline committees
- # Use of restricted versions of “psychodynamic therapy” in trials (“straw man” therapy, “intent-to-fail”)
- # Study selection in meta-analyses biased against psychodynamic therapy

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