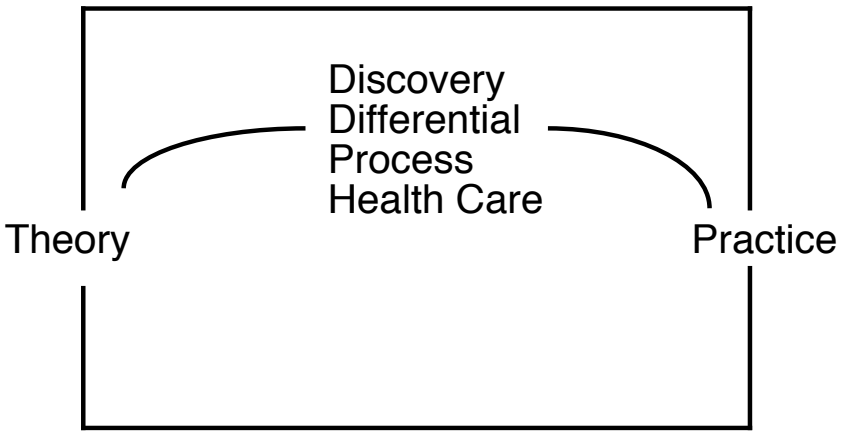
Kächele H, Strauss B (2000) Phases of Research in Psychotherapy. *In: Siwiak-Kobayashi M, Leder S, Czabala C, Sakuta T (Hrsg) Psychotherapy at the turn of the century from past to future. Proceedings of the 17th World Congress of Psychotherapy. Polish Psychiatric Association, Warsaw, S 85-95*

Phases of Research in Psychotherapy[1]

Horst Kaechele University of Ulm / Center for Psychotherapy Research Stuttgart
Bernhard M. Strauss Friedrich-Schiller University, Jena

Psychotherapy research at any given time has multiple functions and tasks to perform; it aims at the scientific evaluation of existing practice and at the discovery of new fields of application:

Figure1



The early phases of psychotherapy research were marked by scientific justification and societal legitimation. These questions changed with extension of possible indications, with growing differentiation of treatment procedures and with the progressive implementation of psychotherapy within the health system. The early approach "does psychotherapy work at all" has been replaced by the questions "to whom is what kind of psychotherapy helpful" and "how does what kind of psychotherapy work".

Phases of Research

Phase 0 the clinical case study

fairy tale research

Phase I descriptive study

(process research)

Phase II experimental analogue study

(process-outcome research)

Phase III clinical trial

(efficacy research)

Phase IV field study

(effectiveness research)

Phase V patient oriented treatment study

(efficiency research)

It has been a useful tool for our work to differentiate different approaches as legitimate tasks to solve different issues. Notwithstanding, there should be no value judgment what kind of research is better. The question is what kind of research is appropriate for what question.

Phase 0the clinical case study *fairy tale research*

The clinical case study, the favourite methodological approach for psychiatry´s 19th century romantic period - of which Freud was a follower - has maintained its favourable position among clinicians as it serves a eminent communicative function (Kächele 1981) - however it also impedes a critical exchange as it transports narrative truths for good (Meyer 1995).

Donald Spence (1994) has summarized some of the characteristics of the psychoanalytic case study

anecdote + narrative persuasion
not an archival report
an argument by authority
two kinds of disguise
inflation of the prevaling theory
error of misplaced position
total non-representativeness of sample
mixture of aestetic and clinical interest
literary and reportorial value

It is true this is a collection of mainly critical comments; alas as this kind of scientific makes up the bulk of the 1001 and 1 night stories in psychoanalytic circles, we should really open a fervent discussion.
However there are proponents for keeping the concept of case studies as creative clincians learn new things from patients and invent new procedures to resolve difficult problems. Are they conducting a from of research ? How can clincians make these discoveries, and how can they learn about therapeitic change and invent new technique for promoting it? A complete awareness of whgat infornation can and cannot be derived from case studies constitutes the first essential step toward the achievement of any meaningful clinical innovation that deserves t be labeled as <research>.

This following positive features for case studies may be kept in mind:

a case study may cast doubt on a general theory
a case study may provide a valuable heuristic to subsequent and better controlled research
a case study may permit the investigation, although poorly controlled, of rare but important phenomena
a case study can provide the opportunity to apply principles and notions in entirely new ways.
a case study can, under certain circumstances, provide enough experimenter control over a phenomenon to furnish "scientifically acceptable" information a case study can assist in placing "meat" on the "theoretical skeleton".

Phase I descriptive study *(process research)*

Systematic descriptive studies of what is the case when psychotherapy takes place has been a late child. The anatomy of psychotherapy was discovered by Roger´s tape recording efforts as has been documented by the extensive chapter on process variables in the diverse editions of the Handbook of Psychotherapy and Behavior Change (1971; 1978; 1986, 1994). However - in our opinion - much of the research has been narrowed down by a premature closure of the issues focusing in on outcome relevant process-measurement. True basic research, straight forward descriptive research without keeping an eye on outcome relevance has had not have much support in the US. On contrast f.e. in Germany the German Research Community has provided opportunities to study quite seemingly remote issues as vocabulary structure leading to computer based text analysis (Kächele 1976) - which ultimately led to the creation of the Ulm Textbank as a tool for sophisticated descriptive process research (Mergenthaler & Kächele 1988; 1991; 1993).

We are now faced with the seeming paradox that, in spite of the overwhelming and certainly impressive evidence for the most frequently practiced forms of therapy, we are faced with many critical voices complaining that the many outcome studies have not contributed to a better understanding of therapeutic mechanisms. For example, Klaus Grawe,the wrote in 1988: "Only those who ignore the results of psychotherapy research can maintain with a certain subjective surety that they already know what is right for their patients"(1988b)

It is within this context that the very material of the therapeutic process is rediscovered and the detailed analysis of single cases once more achieves a prominent status ((Dahl et al. 1988); (Greenberg u. Pinsof 1986)). This move entails increasingly focusing on details of the treatment process itself. This attention to specific details of treatment will require new assessment procedures and a better articulation of moment to moment events that significantly influence treatment outcome.

Phase II experimental analogue study *(process-outcome research)*

Experimental approaches have held a key position in behavioral psychotherapy research; experimentation in the psychodynamic camps has never found much sympathy (Kächele et al. 1991). One of the few fields where psychodynamic researchers have successfully used experimental analogue technique has been focused on the issue of "free association" (see Bellak 1961; Heckmann et al. 1987; Hölzer et al. 1988).

Phase III clinical trial *(efficacy research)*

Clinical trials are considered the gold standard of medical research implementing the standards of experimentation on clinical issues. Although most medical interventions are not amenable to the RCT methodology it has been pushed forward that psychotherapy should demonstrate its efficacy by providing these tests.
Controlled treatment studies, such as the TDRCP (Elkin, 1994), are characterized by short duration treatments which are due to practical reasons of research .
Table 2

cognitiv-behavioral therapies: in 429 studies on the average 11,24 sessions; in 434 studies on the average 7, 86 weeks
psychodynamic therapies bei 82 studies on the average 27,6 sessions; in 80 studies on the average 30,7 weeks
Humanistic therapies in 70 studies on the average 16,14 sessions; in 76 studies on the average 11, 55 weeks

The critical issue with the relative short duration of RCT studies in psychotherapy is that at least one major dimension of succes resides in an adaequate amount of treatment. In other medical situations in RCT the dosage applied is equivalent to later field application. The circumstances limits the external validty of these experimental studies to a large degree.
Some other limitations have been discussed in a lively discussion over the Internet (SSCPNET) by Jacobson (1995):

- ∑ the overestimation of the practical value of clinical trials „for the typical clinician who is not rigorously trained, monitored, or supervised during the course of a trial„,
- ∑ the questionable „exportability„ of a treatment „into naturalistic settings, since competence seems to drift downward even among highly experienced therapists who were well-trained to a certain level of competence„,
- ∑ the limited representativeness of controlled trials because of the „subject selection procedures designed to homogenize the sample and detract from its representativeness to clinical practice„ (where comorbidity might be the rule),
- ∑ the efficacy „which is exceedingly modest from the standpoint of clinical significance„.

However there are mighty fighters for that particular cause:
The report of the Task Force on Promotion and Dissemination of Psychological Procedures on Manuals for Empirically Validated Treatments (EVT; Sanderson & Woody, 1995, Chambless, Sanderson, Shoham et al., 1996) is controversially discussed in the United States as well to some degree has been commented upon also other European countries. The reactions to this report range from non-acceptance, bagatellisation and surprise about the fact that the results of some major research programmes from the U.S. (and elsewhere) have not been considered in the Task Force‘s report (e.g. the Penn Psychotherapy Study or Strupp‘s programme on brief dynamic psychotherapy) on the one side, to uneasiness with respect to the potentially dangerous political tendency to declare a small set of manualised treatments, dealing with specific disorders according to the DSM, as scientifically validated and recommandable to those who finance the health system.

The German public was confronted with a evaluation of the effectiveness of specific treatments by a meta-analysis of controlled treatment studies by Grawe, Bernauer, & Donati (1994) using the „vote-counting„ method (cf. Grawe, 1992,

see also Grawe, Bernauer, & Donati, 1998). Within this meta-analysis, 897 controlled studies, published up to 1983 have been analysed using a special assessment manual.

The analysis revealed a large group of treatments lacking any confirmations of effectiveness (e.g. NLP, jungian analytic psychotherapy). For a further group of treatments the authors reported a couple of methodologically acceptable studies results of which questioned their effectiveness more than they confirmed it (e.g. transactional analysis, Gestalt psychotherapy). A third group of methods (e.g. bioenergetics, music therapy) was charaterised by a „certain amount„ of effectiveness studies with unequivocal results. This is why the authors could not add these methods to the established treatments. Finally, the fourth group covering three major methods (i.e. behavior therapy, psychodynamic therapy, and client centered therapy) was thankfully shown to demonstrate effectiveness. Nevertheless - and this discriminates this publication from the statements in the above mentioned expertise - the authors limited this statement to client centered psychotherapy (as a method of „limited value for clinical care„) and psychodynamic treatments (as a method with an outcome which is „not impressive„ and with a lack of controlled studies for long term psychoanalysis, cf. Grawe, 1992). The authors empathically criticized in their report that no consequences have been drawn from outcome research to psychotherapeutic practice in the German speaking countries (and elsewhere).

It is obvious that many readers of Grawe et al.‘s report (mis-)interpreted this as a political action since the central message of the publication is a) that only controlled studies allow to confirm the scientific basis of a treatment method, b) that cognitive-behavioral treatments are - according to this standard - the best methods, suitable to reach treatment goals within the shortest range of time and c) that treatments with a duration of more than 40 sessions should be seriously questioned.

Waves of critic have been ushered (Leichsenring 1996; Tschuschke & Kächele 1996): however a few politically important psychoanalysts have acknowledged a deficit of evaluations.
Questions surrounding the relationship between experimental treatment research and clinical practice are at the center of the present discussion about the efficacy and effectiveness of psychotherapy. This discussion should play an important role in the evaluation of empirically validated treatments and - finally - show

that psychotherapy research will only be able to bridge the gap between research and practice if it succeeds in discussing its results self critically and in demonstrating its own limitations.

These limitations alone make it clear how important the differentiation of controlled studies and this conclusions from field studies as observations of the routine application of psychotherapy should be (cf. Kaechele & Kordy, 1995).

Phase IV field study *(effectiveness research)*

The study of effectiveness describes „any scientific efforts aiming to increase our knowledge about a certain treatment method under the conditions of routine application „ (Linden, 1987; translated by the authors).

As many reviews show, psychotherapeutic treatments - at least in the context of the three basic orientations mentioned above - have proven to be generally efficacious Controlled clinical trials have contributed considerably to reach this conclusion. These studies should not obscure the view to clinical practice. This practice is characterized by different questions (such as the effects of a treatment for specific patients at specific costs and within a specific time) and by different rules which are incongruent with efficacy studies:

∑ Within clinical practice, psychotherapy normally corrects itself, while in controlled trials interventions they are controlled by treatment manuals and supervised by studying adherence. Problems connected with this procedure have already been discussed (e.g. Strupp, 1995). One could argue that the effects of psychotherapy in a „natural context„ should be more effectivly caused by the above mentioned „self regulation„. (This could be determined by comparing the effect sizes from naturalistic studies with those many measures from controlled clinical trials).
∑ Effectiveness could be increased by the fact that in clinical practice psychotherapy reflects an active search for suitable treatments but the formation of a therapeutic alliance reflects much more the process of negotiation than in controlled trials, where patients are „assigned„.
∑ As mentioned above, one has to consider comorbidity in patients in clinical practice who normally would not be allowed to enter any controlled trial. This underlines that psychotherapy focusses much more on the treatment of individual patients than on specific disorders. There is a set of psychotherapy studies showing that diagnoses are not sufficient to explain the variance of

treatment outcome (according to Beutler, 1996, it might be less than 2% of the outcome variance which is explained by diagnoses). In a study dealing with the effectiveness of inpatient group psychotherapy (Strauss & Burgmeier-Lohse, 1993) it could be shown that patients with similar disorders gained differentially from the treatment depending on the degree of congruence between the therapeutic concept of the therapist (which surely is much more than the technique which could be prescribed in a manual) and the patient‘s expectations to mention some of the reasons. Other authors spoke of the „succeptibility„ for specific therapeutic heuristics (Ambuehl & Grawe, 1990) or of „addressability„ (Eckert & Biermann-Ratjen, 1988) in this context and consider these combinations as an important probably the most important curative factor within any psychotherapy.

∑ Psychotherapy in clinical practice primarily aims on an amelioration of general functioning than at a reduction of symptoms. The latter is considered to a much greater extent within efficacy than effectiveness studies (sometimes simply because of their temporal limitations). Psychotherapies from different backgrounds might have a set of common goals, but equally there are different goals which should be considered in empirical validations (cf. Ambuehl & Strauss, 1998).

The reality of psychotherapeutic care has been covered only sparsely. Stirred up the Grawe Meta-Analysis leading German psychoanalysts accepted the deficit diagnosis by planning and performing large scale follow-uo studies (Beutel, Fischer, Leuzinger-Bohleber 1996) and large scale studies on the effectiveness of longterm treatments (Rudolf et al. 1997). Specifically questions with respect to the context of psychoanalytic settings (e.g. the importance of session frequency and treatment duration for outcome (cf. Kaechele, 1994) has moved to the center of attention.
The statistical data from the Ulm unit (Strauss & Kächele 1998) show the wide variability of time and costs characterising psychotherapy in its natural context in contrast to treatments from clinical trials where a fixed (and shorter) duration is usually scheduled. It seems obvious that many open questions of psychotherapy research (one of it relates to dose-effectiveness) cannot be answered by controlled clinical trials.

Another example, we can refer to, is the nearby completed the German Multi Center Study on the psychodynamic inpatient treatment of Eating Disorders (Kächele et TR-EAT, 1992; Kächele 1996).

The German Ministery of Education and Research together with the State of Baden-Wuerttemberg for example funded a multicenter study of the inpatient psychodynamic treatment of eating disorders in 1992 with high financial input (approximately 5 Mio. Deutsche Mark) focussing - besides other goals - on the relationship between treatment outcome and treatment duration and - intensity. The main finding is not yet published.

The Consumer Reports Study might serve as another example for a picture of the clinical reality. Similar as in the study of Howard, Kopta, Krause, & Orlinsky (1986), the Consumer Reports Study indicated a clearcut relationship between treatment duration and the global outcome (cf. Seligman, 1995). With respect to the EVT discussion it might be relevant that on the basis of his experience with the Consumer Reports Study Seligman (1995) came to the conclusion that „the efficacy study is the wrong method for empirically validated psychotherapy as to how it is actually done, because it omits too many crucial elements of what is done in the field (p. 966).

Finale: Science and Politics:

In Germany connected with the preparations of a law regulating psychotherapy (amongst other questions dealing with the access of psychological psychotherapists to the health care system and to funding by insurance companies), the German Ministery for Youth, Family, Women and Health in 1989 initiated an expertise concerning scientifically based recommendations about the requirement of psychotherapy, the actual situation as well as potential rules for training, access and funding of psychotherapy within the health care system. The group centered around Adolf-Ernst Meyer at Hamburg University who was authorized to give this expertise which was published in 1991 (Meyer et al.; 1991). The expertise is a rich source of data concerning the present psychotherapeutic care system and the role medical doctors and psychologists play within this system. The part of the expertise which is of special relevance for this paper is the evaluation of some basic psychotherapeutic orientations. The authors define those psychotherapeutic methods as „basic orientations„ which:

- comprise a specific system of theories including a theoretical model of illness, health as well a theory of etiological treatment relating to „important„ other disciplines,
- are sufficient to treat the entire field of psychological disorders,
- comprise diagnostic methods to formulate case- and treatment conceptions,

- ∑ comprise a theory of treatment for differential treatment selection and for different treatment settings,
- ∑ apply a comprehensive repertory of interventions and form the therapist-patient-relationship on the basis of specific conceptions of the therapeutic alliance,
- ∑ are able to refer to a wide range of clinical applications,
- ∑ and offer institutionalised training at different places (cf. Meyer et al., 1991).

The reviewers finally concluded that a law of psychotherapy should not mention specific therapeutic orientations. Instead, training of psychotherapists should be based either upon the the psychodynamic orientation or on one that is directed to the results of empirical psychology, pronouncing that any training of psychotherapists should comprise „the entire relevant knowledge concerning the field of psychotherapy„ (cf. Grawe 1997). The reviewers further concluded that - at present - only three psychotherapeutic methods really have plausibly demonstrated their effectiveness, i.e. psychodynamic psychotherapy, cognitive-behavioral psychotherapy as well as client centered psychotherapy, with the latter having a lower value „because of its lack of an etiological theory„. Only the first two - according to the reviewers - would be able to claim being scientifically sound psychotherapeutic methods with a broad spectrum of indications and effects. This statement, combined with the specific suggestions to exclude some methods, such as autogenic training or Jungian analytical psychotherapy, from the catalogue of refundable treatments, lead - as one can imagine - to upset in the scientific community.

However as the field moves on these judgments did not have a high survival potential.

The Grawe et al. 1994 review judged a widespread method of relaxation - called autogenic training invented by I H Schultz (1932) - about the same time when Jacobson invented his method - as poorly validated. The problem of such statements is the difficult to calculate the half life time (Halbwert-Zeit) of the research findings (Kächele 1996). At the time when the Grawe book appeared, a major German controlled study - comparing cognitive-behavioral interventions with a control condition, namely the autogenic training demonstrated that the so called control conditions was as powerful as the highly praised cognitive-behavioral intervention for the treatment of itching (Ehlers & Gieler 1994; Ehlers, in press).
Meanwhile a recent meta-analytic review has identifed 64 controlled studies, 50 of them demonstrating positive effects, and 14 zero or negative effects of AT on psychological disturbances (Stetter 1998).

Psychotherapy research has collected an impressive number of important and relevant results in relation to the efficacy and the process of psychotherapeutic treatments. Additionally, there are a number of open questions that can only be answered in a continous exchange between theory and clinical practice and by a „healthy tension between discovery oriented and confirmatory research methodologies„

Psychotherapy research recommending specialized treatments for specific disorders (and nothing else) must be considered as uncritical and has lost any sense for its own limitations (Henry 1998). Futhermore it has become obvious that the findings from systematic outcome research are directed at different audiences - e.g. at psychotherapists who conduct the treatment in question as well as to health professionals from related, often competitive disciplines. Research findings are addressed at those who benefit directly (e.g. patients or their relatives) as well as at those who fund the costs (e.g. insurance companies) or are responsible for adequate health policies (e.g. politicians, unions). The diverse groups may have totally different expectations (Strupp & Hadley 1977). Therefore outcome research has to provide a variety of information to satisfy the needs of the different interest groups.

The development of psychotherapy research in the next years should be characterized by a growing diversification of research approaches. Basic research by the methods of communication sciences, process-outcome research, large scale multi-site studies on the treatment of specific diseases, and health care system research should co-exist and cross-fertilize each other

References

Ambuehl H, Strauss B (Hrsg) (1998) Therapieziele. DGVT-Verlag, Tuebingen
Bellak L (1961) Free association. Conceptual and clinical aspects. Int J Psychoanal 42: 9-20
Bergin A, Garfield S (Hrsg) (1994) Handbook of Psychotherapy and Behavior Change. Wiley, New York Chichester Brisbane
Bergin AE, Garfield SL (Hrsg) (1971) Handbook of psychotherapy and behaviour change. An empirical analysis, 1st edn. Wiley & Sons, New York Chichester Brisbane
Chambless DL, et al (1998) Update on empirically validated therapies. The Clinical Psychologist 51:3-16
Dahl H, Kächele H, Thomä H (Hrsg) (1988) Psychoanalytic Process Research Strategies. Springer, Berlin Heidelberg New York London Paris Tokyo
Davison GC, Lazarus AA (1994) Clinical innovation and evaluation. Clinical Psychology: Science and Practice 1:157-167
Ehlers A (in press) Treatment of atopic dermatitis. A comparison of psychological and dermatological approaches to relapse prevention. J Consult Clin Psychol
Ehlers A, Gieler U. (1994). Projekt "Therapie und Rückfallprophylaxe des Endogenen Ekzems (Neurodermitis). BMFT-Statuskolloquium, Tübingen, März 1994.
Elkin I (1994) The NIMH Treatment of Depression Collaborative Research Program: Where we began and where we are. In: Bergin A, Garfield S (Hrsg) Handbook of Psychotherapy and Behavior Change. 4th ed John Wiley & Sons, New York, S 114-139
Fonagy P, Moran (1993) Single case research. In: Miller N, Luborsky L (Hrsg) Handbook of PsychodynamicTreatment Research. Basic Books, New York, p 62-95
Garfield SL, Bergin AE (Hrsg) (1978) Handbook of psychotherapy and behaviour change. An empirical analysis, 2nd edn. Wiley & Sons, New York Chichester Brisbane
Garfield SL, Bergin AE (Hrsg) (1986) Handbook of psychotherapy and behavior change. Wiley, New York
Grawe K. (1988b). Zurück zur psychotherapeutischen Einzelfallforschung. Psychoth Psychosom med Psychol 17:4-5
Greenberg L, Pinsof W (Hrsg) (1986) The Psychotherapeutic Process. A Research Handbook. The Guilford Press, New York. LOndon
Grawe K (1992a) Psychotherapieforschung zu Beginn der neunziger Jahre. Psychologische Rundschau Psychologische Rundschau 43:132-162
Grawe K (1997) Research-informed psychotherapy. Psychother Res 7:
Grawe K, Donati R, Bernauer F (1994) Psychotherapie im Wandel - Von der Konfession zur Profession. Hogrefe, Göttingen, Bern, Toronto, Seattle

Heckmann H, Hölzer M, Kächele H, Robben H (1987) Resistance and transference as two main constituents in an "experimental analogue" of free association. *I*n: Huber W (Hrsg) Progress in Psychotherapy Research. Presses Universitaire de Louvain, Louvain-la -Neuve, S 582-593

Henry WP (1998) Science, politics, and the politics of science: The use and misuse of empirically validated treatments. Psychother Res 8:126-140

Hölzer M, Heckmann H, Robben H, Kächele H (1988) Die freie Assoziation als Funktion der Habituellen Ängstlichkeit und anderer Variablen. Zsch Klin Psychol 17:148-161

Kächele H, Ehlers W, Hölzer M (1991) Experiment und Empirie in der Psychoanalyse. In: Schneider F, Bartels M, Foerster K, Gaertner H (Hrsg) Perspektiven der Psychiatrie. Forschung-Diagnostik-Therapie. Gustav Fischer, Stuttgart Jena New York, S 129-142

Howard HI, Kopta SM, Krause MS, Orlinski DE (1986) The dose-effect relationship in psychotherapy. American Psychologist 41: 159-164

Howard K, Orlinsky D, Lueger R (1994) Clinically relevant outcome research in indivual psychotherapy. Brit J Psychiat 165:4-8

Howard K, Moras K, Brill PL, Martinovich Z, Lutz W (1996) The evaluation of psychotherapy: Efficacy, effectiveness, patient progress. American Psychologist 51: 1059-1064

Hutterer R (191996) Die Consumer Reports Studie: Längere Psychotherapien sind effektiver. Psychotherapie Forum - Supplement 4:2-6

Kadera SW, Lambert MJ, Andrews AA (1996) How much therapy is really enough ? A session-by-session analysis of the psychotherapy dose-effect relationship. The Journal of Psychotherapy. Practice and Research 5:132-151

Kächele H (1976) Maschinelle Inhaltsanalyse in der psychoanalytischen Prozeßforschung. (Computer based content analysis in psychoanalytic process research). Medizinische Habilitationsschrift. Interner Forschungsbericht der Abteilung, 1986 im PSZ-Verlag Ulm,

Kächele H (1981) Zur Bedeutung der Krankengeschichte in der klinisch-psychoanalytischen Forschung. Jahrb Psychoanal 12:118-178

Kächele H (1990) Wie lange dauert Psychotherapie? Psychother Psychosom Med Psychol 40:148-151

Kächele H (1995) Klaus Grawes Konfession und die psychoanalytische Profession. Psyche 5:481-492

Kächele, H., Ed. (1996). Letters from the SSCPnet. Ulm, Ulmer Textbank.

Kächele H (1996) Eficacia, efectividad y eficiencia: Un estudio multicéntrico sobre anorexia nerviosa. Revista Argentina de Clinica Psicologica 3: 205-216

Kächele H, Kordy H (1992) Psychotherapieforschung und therapeutische Versorgung. Nervenarzt 63:517-526

Kordy H (1988) Time and its relevance for a successful psychotherapy. Psychother Psychosom 49: 212-222

Kordy H, Kächele H (1996) Ergebnisforschung in Psychotherapie und Psychosomatik. In: Uexküll Th, von (Hrsg) Psychosomatische Medizin. Urban & Schwarzenberg, München, S 490-501
Kordy H, Kächele H (1996) Neue Ansätze zu einem patienten-orientierten Qualitätsmanagment - DFG-Antrag.
Kotkin M, Daviet C, Gurin J (1996) The *Consumer Reports* Mental Health Survey. American Psychologist 51:1080-1082
Leichsenring F (1996) Zur Meta-Analyse von Grawe und Mitarbeitern. Gruppenpsychother Gruppendynamik 32:205-234
Linden M (1987) Phase-IV-Forschung. Antidepressiva in der Nervenarztpraxis. Springer, Berlin
McNeilly CL, Howard KI (1991) The effects of psychotherapy: A re-evaluation based on dosage. Psychotherapy Research 1:74-78
Mergenthaler E, Kächele H (1988) The Ulm Textbank management system: A tool for psychotherapy research. *I*n: Dahl H, Kächele H, Thomä H (Hrsg) Psychoanalytic process research strategies. Springer, Berlin Heidelberg New York London Paris Tokyo, S 195-212
Mergenthaler E, Kächele H (1991) The Ulm Textbank Research Programm. *I*n: Beutler L, Crago M (Hrsg) Psychotherapy Research: An International Review of Programmatic Studies. American Psychological Associationn, Washington, DC, S
Mergenthaler E, Kächele H (1993) Locating Text Archives for Psychotherapy Research. *I*n: Miller N, Luborsky L, Barber J, Docherty J (Hrsg) Psychodynamic Treatment Research - A Guide for Clinical Practice. Basic Books, New York, S 54-62
Meyer A-E, Richter R, Grawe K, Schulenburg - Graf v.d. J-M, Schulte B (1991) Forschungsgutachten zu Fragen eines Psychotherapeutengesetzes Universitätskrankenhaus Hamburg-Eppendorf
Meyer AE (1994) Über die Wirksamkeit psychoanalytischer Therapie bei psychosomatischen Störungen. Psychotherapeut 39:298-308
Meyer AE (1995) Nieder mit der Novelle als Psychoanalysedarstellung -Hoch lebe die Interaktionsgeschichte. Z Psychosom Med Psychoanal 40:77-98
Orlinsky D, Howard KI (1986) Process and outcome in psychotherapy. In: Garfield SL, Bergin AE (eds) Handbook of Psychotherapy and Behavior Change. 3 rd Wiley, New York, pp 311-381
Roth A, Fonagy P (1996) what works for whom ? - A critical review of psychotherapy research. Guilford Press, New York - London
Schulz JH (1932) Das autogene Training. Thieme, Stuttgart
Stetter F (1998) Was geschieht, ist gut. Entspannungsverfahren in der Psychotherapie. Psychotherapeut 43:209-220
Seligman M (1994) What you can change and what you can´t. The complete guide to successful self-improvement. A Knopf, New York

Seligman MEP (1995) The effectiveness of psychotherapy. The Consumer Reports Study. Am Psychologist 50:965-974; dt. Die Effektivität von Psychotherapie. Die Consumer Reports Studie, Integrative Therapie 22: 264-287

Shapiro D, Firth J (1987) Prescriptive versus exploratory psychotherapy. Outcomes of the Sheffield Psychotherapy Project. Brit J Psychiat 151:790-799

Spence D (1993) Traditional case studies and prescriptions for improving them. In: Miller N, et al. (Hrsg) Psychodynamic treatment research. A handbook for clinical practice. Wiley, New York, p 37-52

Strauss B, Kächele H (1998) The writing on the wall. Psychother Res 8:158-170

Strupp HH (1996) The tripartite model and the Consumer Reports Study. Am Psychologist 51:1017-1024

Tschuschke V, Kächele H (1996) What do psychotherapies achieve ? A contribution to the debate centered around differential effects of different treatment concepts. In: Esser U, Pabst H, Speierer GW (Eds) The Power of the Person-Centered-Approach. GwG-Verlag, Köln, S. 159-181

Woody SR, Sanderson WC (1998) Manuals for empirically supported treatments: 1998 update. The Clinical Psychologists 51:1721

[1] *Vortrag an der Universidad Catolica de Pelotas / Brazil am 28.9.98*
zur Veröffentliochung auf spanisch eingereicht bei Psicologa Denise Defey, AGORA Charrua 2362 Montevideo, Uruguay