Phases of Psychoanalytic Treatment Research

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The first research report was Fenichel's summary of ten years of the Berlin's Institut psychoanalytic Out-Patient Facility

It reported on the relationship of diagnosis, duration and

										The first critical review on
										outcome by Bergin (1971) in the
	TABLE 1.1 Summary of Reports of the Results of Psychotherapy								outcome by Bergin (1971) in	
								No	Person	Handbook of Psychotherapy
								lan-	Cared;	nanubook of rsychotherapy
			200					proved;	Mach	
			Cured; Much					Dini	lm-	and Behavior Change
			No.		16-	Highely		Torri	proved;	und Denavior Change
		×	proved		provi	perent		ment	proved	
-	(d) Perchangless			-	-				-	1st. ed. 1971
4	Females (1900-1906)	484	104					197	- 10	15t. cu. 17/1
1	Keepl and Hyman (1911)	34	16						42	
à.	Jones [1926-1956]	- 59	39			28		3	47	
4	Alexander (1912-1937)	140	28		42	23		48	10	2nd. ed. 1978
2.	Knight [1941]	42			30				47	2110. eu. 1976
	All cases	160		335			425		**	
	(B) Eriente									3rd, ed. 1986
٠,	Huddinen (1927)	300	18		74			27	- 46	erarear 1500
ă,	Mate [1970]	715	- 10		310	318		145	41	
٠.	Mauddey Hospital Report [1951]	1,721	208		900		353		-	
٠	Maubley Hospital Report [1935]	1,711	371		765		575		64	4th, ed. 1994
ž.	Neutrator (1915)	*			14			15	36	TIII: CU: 1777
:	Loff and Garred (1935) Loff and Garred (1935)	700	140		135	36		199	22	
r	Rose (1934)	1.000	347		206	14	234	34	77	
÷	Yestin (1906)	100	29		75		42		58	5th, ed. 2004
ũ	Curran (1997)	-		11			11		-	5th. eu. 2004
ī.	Massermen and Cormichael (1908)	-			30		**	- 10	34	
'n.	Carmichael and Masserman 17976.	- 22	14		25	14		22	- 13	
ű.	Substate Diving	39	- 11		11			7	-	
16.	Hamilton and Walt (1941)	100	33		34	17		17	**	
ts.	Hamilton et al. [1942]	100	- 44			17		12	51	
16.	Landa [1906]	119			41		32		79	
IT.	Institute Med. Psychol.									
	Iquated Neutation	130	76		132	31		21	70	
	Water (1945)	34	1		24	16		11	70	
19.	Miles et al. (1991)	34	13		18	13		•	.18	
	Alliens	1,211		6.661			2.432		- 44	

The German Board on Professsional Standards in Psychotherapy demanded from the Psychoanalytic Roof Organisation (DGPT) a

"Statement on the Evidence of

Psychoanalytic Therapy"

English version:

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English section on treatment research

"Psychoanalytic Therapy"

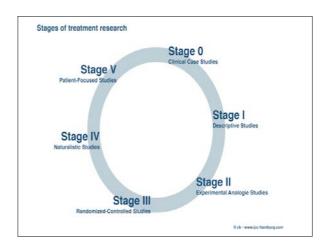
"This name refers to psychoanalysis with its theories of personality, of disorder, of treatment.

It seemed suitable to cover all forms of application of the principles of psychoanalytic treatment theory ".

Following

Thomä & Kächele 's textbook on Psychoanalytic Therapy in many languages





•Stage 0 Clinical Case-Studies

"Today the historically fertile narrative procedure Freud's is no longer able to carry the responsability for the existence of psychoanalysis, even they still are a major tool for didactic and identity formation of the members of the analytic community, because case stories may be a rich material means of communication" (Stuhr 2004).

The Ulm Clinical-Case-Archive

contains more than 900 final reports by candidates of the German Psychoanalytic Association

Archiv Nr.	Diagnose	Diagnose II	ThGeschi	PatGeschi	PAlter
1997 FJ 01	Hysterische Neurose		E.	F.	37
1997 FJ 02	Hysterie	anale Abwehr	M.	F.	34
1997 FJ 03	Zwangsneurose	phobische Symptome	э М.	F.	34
1997 FJ 04	Depression, neurotische	hysterische Abwehr	F.	F.	36
1997 FJ 05	traumatische Neurose		F.	F.	26
1997 FJ 06	narzißtsche Traumatsierung, tühe	bulimisch - anorektisch Abwehr	9 F.	F.	27
1997 FJ 07	Hysterische Neurose	Vaginismus	M.	F.	33

Stage I Descriptive Studies on

- # working alliance f.e. Luborsky 's helping alliance 1976
- # transference f.e. Luborsky's CCRT 1977, Dahl's FRAME 1988, Gill's PERT 1982
- # technique, f.e. Q-Sort of Jones 1990
- # mastery , fe. Weiss & Sampson's plan analysis 1986
- # countertransference Bouchard et al. scales 1995
- # structural change Wallerstein 1991

Stage I Descriptive Studies

Methods to measure Core Relations Patterns

- 1 Luborsky (1977) Core Conflictual Relationship Theme Method (CCRT)
- 2 Horowitz (1979) Configurational Analysis
- 3 Dahl (1988) Frames Method
- 4 Gill & Hoffmann (1982) Patient's Experience of the Relationship with Therapist (PERT)
- 5 Strupp & Binder (1984): Dynamic Focus
- 6 Weiss & Sampson (1986) Plan Diagnosis

Stage I Descriptive Studies

How can we measure "structural change"

Scales of Psychological Capacities (Wallerstein 1991)

Heidelberger Structural Change Scale (Rudolf et al. 2000)

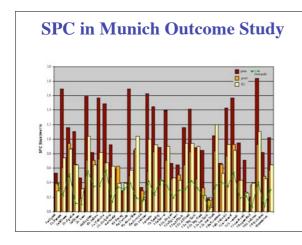
Adult Attachment Interview (Levy et al.2006)

Scales of Psychological Capacities

(Wallerstein 1991)

DeWitt KN, Hartley DE, Rosenberg SE, Zilberg NJ, Wallerstein RS (1991) Scales of psychological capacities: Development of an assessment approach. Psychoanal Contemp Thought 14: 343-361

Wallerstein RS (1991) Assessment of structural change in psychoanalytic therapy and research. In: Shapiro T (Ed) The Concept of Structure in Psychoanalysis. International Universities Press, Madison:



Heidelberger Structural Change Scale

(Rudolf et al. 2000)

What is fundamentally changed by psychoanalyte therapy is rather the individual's ability to deal with such situations in a regulatory fashion ie, following therapy, the patient is able to find healthier solutions instead of the neurotic solutions which were previously employed.

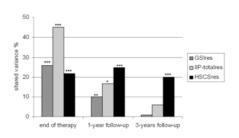
These observations suggest that changes due to psychoanalytic treatment should be conceptualized as changes in dealing with conflictual tendencies and vulnerabilities rather than their elimination.

Structural changes were measured using a two-step approach. In the first step, **core problem areas** were defined for each patient based on the **Operationalized Psychodynamic Diagnostics** (OPD);

the second step involved an assessment of change for each patient over the course of therapy with respect to the identified problem areas.

Outcome measures were thus individualized.

Prediction of outcome variance by three measures



Grande T, Dilg R, Jakobson T, Keller W, Krawietz B, Langer M, Oberbracht C, Stehle S, Stennes M, Rudolf G (2009) Structural change as a predictor of long-term follow-up outcome. Psychother Res 19: 344-357.

Attachment and Structural Change

- # Attachment theory provides a testable model for the construct of re-staging in the therapeutic process
- # A desirable increase in attachment security is a curative and protective factor in psychic disorder working by change of procedural memories systems

(Bowlby 1988)

Change and Attachment

- •Attachment repraesentation and attachment style
- •Corrective emotional experience
- •Is the therapist an attachment figure?
- •Therapeutic alliance is not identical with attachment
- •
- Fonagy P, Leigh T, Steele H, Kennedy R, Mattoon G, Target M, Gerber A (1996) The relation of attachment status, psychiatric classification and response to psychotherapy. J con clin psychol 64: 22-31

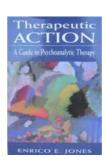
New York Study on Borderline

Levy KN, Meehan KB, Kelly KM, Reynoso JS, Weber M, Clarkin JF, Kernberg OF (2006)

Change in attachment patterns and reflective function in a randomized control trial of Transference-Focused Psychotherapy for borderline personality disorder.

J Con Clin Psychol 74: 1027-1040

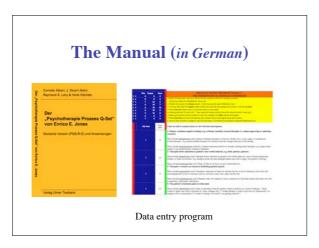
Technique: The PQSet



Jones EE, Windholz M (1990)

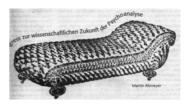
The psychoanalytic case study: Toward a method for systematic inquiry.

J Am Psychoanal Ass 38: 985-1016



Stage II Experimental Analogue Studies

This methodology is not a strong domain in psychoanalysis There are many good reasons for this Exemption: Studies on Free Association



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

•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
- # Training of therapists
- # limitation of treatment length
- # standardized instruments

Goal: high internal validity - Price: low external validity

Duration of Experimental Treatment Studies

Cognitive-Behavioral Therapies

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

Humanistic Therapies

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

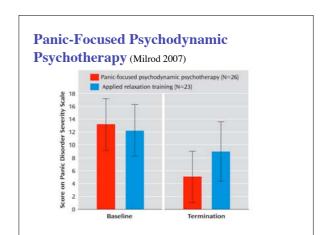
Psychodynamic Therapies

- 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 Vorb

Efficacy of (short) Psychoanalytic Therapies in RCTs (Leichsenring & Rabung 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)
- # eatings disorders (ICD-10 F50)
- # psychic and social factors with somatid diseases (ICD-10 F54)
- # personality- and behavioral disorders (ICD-10 F6)
- # dependency and abuse (ICD-10 F1,F55

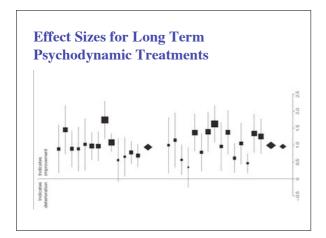


Effectiveness of Long-term Psychodynamic Psychotherapy A Meta-analysis Fall Leichsenring, Dsc. Sven Ralung, PhD Context The place of long-term psychodynamic psychotherapy (LTPP) within psychotherapy (LTPP) within psychotherapy (LTPP) as been facting. Leichsenring F, Rabung S (2008) Effectiveness of Long-term Psychodynamic Psychotherapy. A Meta-analysis. JAMA, October 1, 2008AVol 300, No 13

Summary of the Meta-Analysis

According to comparative analyses of controlled trials, LTPP showed significantly higher outcomes in overall effectiveness, target problems, and personality functioning than shorter forms of psychotherapy.

With regard to overall effectiveness, a betweengroup effect size of 1.8 (95% confidence interval [CI], 0.7-3.4) indicated that after treatment with LTPP patients with complex mental disorders on average were better off than 96% of the patients in the comparison groups (P=.002).



Correlation of Duration and Dose of Treatment with Primary Outcome Measures

variabl		duration of the	erapy	dose of therapy		
е	grou	correlation- coeff, r	significanc e p	correlation- coeff, r	significano e 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		

The Munich Randomized Comparative Study (Huber & Klug 2008)

Stage IV Naturalistic Studies

Ongoing Top-Studies

The Stockholm Study: PI Rolf Sandell

The Frankfurt Study: PI Marianne Leuzinger-Bohleber

The Göttingen Study: *PI Falk Leichsenring*The Heidelberg Study: *PI Gerd Rudolf*

The Stuttgart TRANS-OP study $PI\ Hans\ Kordy$

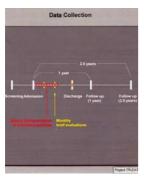
Stage IV Naturalistic Studies

In-Patient Psychotherapy-Studies

The nation-wide group-therapy-Study: PI Bernhard $Strau\beta$

The nationwide TR-EAT Study: PI Horst Kächele

Requirements for a Naturalistic Study



representative sample standardized instruments separation of clinicians and researchers

a lot of money and a lot of time

Kächele H, Kordy H, Richard M & TR-EAT (2001) Therapy amount and outcome of inpatient psychodynamic treatment of eating disorders in Germany: Date from a multicenter study.

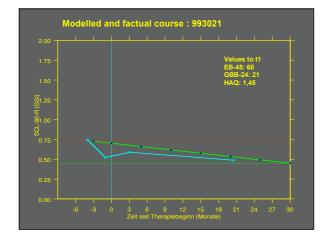
Psychotherapy Research 11: 239-257

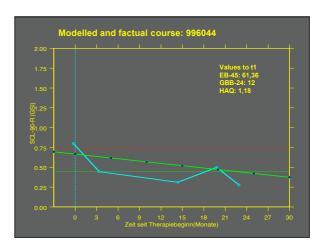
Stage V

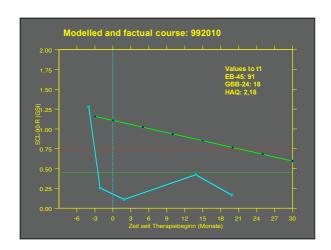
Patient-focused studies

Using hierarchical-linear modeling the course of individual treatment may be predicted and the factual course compared with the prediction

Puschner B, Kraft S, Kaehele H, Kordy H (2007) Course of improvement during two years in psychoanalytic and psychodynamic outpatient psychotherapy. *Psychology and Psychotherapy 80: 51-68*



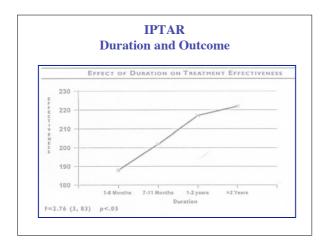


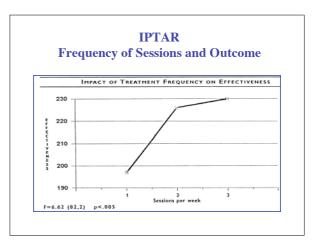


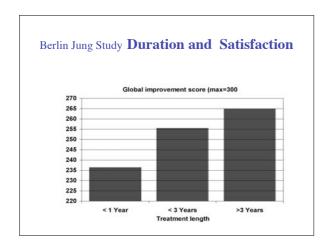
IPTAR Study of the Effectiveness of **Psychoanalytic Psychotherapy** New York

Goals

- What is the impact of duration on outcome 1.
 - What is the impact of frequency on outcomne
- 3. What is the impact of duration and frequency on
- the evolving treatment relationship
 Is there an interaction of clinical syndrom, duration, frequency and outcome







The German Psychoanalytic Associations Follow - Up Study

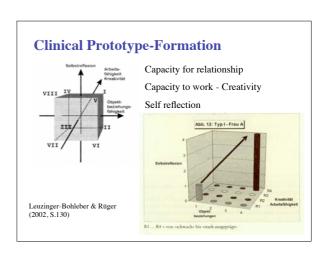
The first large scale follow up study recruiting 400 analytic patients and their analysts six years after treatment

Leuzinger-Bohleber, M., and Target, M., eds. *Outcomes of Psychoanalytic Treatment Perspectives for Therapists and Researchers.* Whurr Publishers, Philadelphia, 2002.

Differences between Psychoanalyses and Long Term Psychotherapies

Both forms of treatment lead to long time stable results in the majority of patients, if the indication was properly done;

self reflection and the internalization of the analyst were more comprehensive in analytic patients, the evaluation of achieved outcomes more differentiated, and the development of creative ressources more innovative



The Eight Clinical Prototypes

Type 1: "well done... The really good ones"

Type 2: successful, but why,?..the unreflecting successful ones

Type 3: with success and little capicity for reflection, but socially well integrated..."

 $\label{type 4: the tragic ones, that were able to accept their lot ,,}$

Type 5: "..professionally successful and creativ, but still alone..."

Type 6: "successful within limits in their creativity and capacity to work but with clear limits..."

Type 7: "...therapy didn´t do any good.."

Type 8: " the severly traumatized people"

Clusteranalytic Identification of

Sub-Groups

Sub-group 1: the therapeutically successful with focus on satisfaction with health, but with a common suffering from sexuality

Sub-group 2: the therapeutically successful with focus on diffuse satisfaction

Sub-group 3: the still suffering, that are only satisfied on the average

Sub-group 4: the therapeutically successful with focus on financial satisfaction

Sub-group 5: the totally satisfied

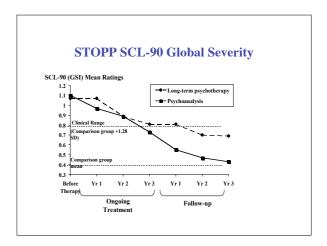
Sub-group 6: the still suffering unsatisfied

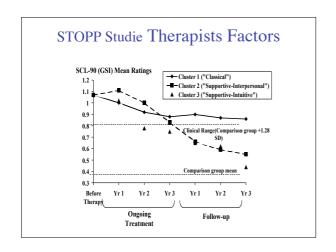
Sub-group 7: the extrem group of less successful of all

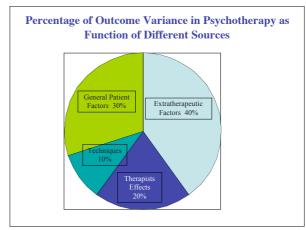
Stuhr et al. (2002, S. 154)

Stockholm Outcome of Psychotherapy and Psychoanalysis (STOPP) Study

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	$N = 650 \ persons:-$ $n_4 = 400 \ in \ community$ $random \ sample$ $n_5 = 250 \ university$ $students$











Remember:

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For all students of psychotherapy and psychoanalysis

or write to me:

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