

# Stages of Psychoanalytic Treatment Research

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Horst Kächele

International Psychoanalytic University Berlin

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				
		abgebrochen	bis										ungeheilt	gebessert	wesentl. gebess.	geheilt	abgebrochen
			6	12	18	24	30	36	42	48	54	60					
			Monate														
Angsthysterie . . . . .	57	25	11	4	7	5	3	2	—	—	—	—	2	10	6	14	25
Asthma bronchiale . . . .	2	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	1
Charakterstörungen . . . .	37	7	7	6	11	4	1	—	1	—	—	—	4	12	8	6	7
Neurotische Depression . .	37	13	4	8	2	5	1	—	1	1	2	—	2	10	5	7	13
Enuresis . . . . .	5	3	—	2	—	—	—	—	—	—	—	—	—	—	—	2	3
Epilepsie . . . . .	6	5	—	1	—	—	—	—	—	—	—	—	1	—	—	—	5
Homosexualität . . . . .	8	4	—	4	—	—	—	—	—	—	—	—	1	2	—	1	4
Hypochondrie . . . . .	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Hysterie . . . . .	105	31	19	22	18	7	2	3	1	1	—	1	6	22	21	25	31
Infantilismus . . . . .	12	5	—	3	1	—	1	—	2	—	—	—	1	5	—	1	5
Innersekretorische Erkrankung	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Manisch-Depressive Störungen	14	5	1	3	1	2	1	—	1	—	—	—	2	4	2	1	5
Neurasthenie und Angstneurose	10	7	—	1	2	—	—	—	—	—	—	—	—	2	1	—	7
Neurotische Hemmungen . .	80	24	6	17	16	7	5	3	1	—	—	1	5	15	15	21	24
Organische Nervenerkrankung	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Organneurose . . . . .	3	1	1	—	—	—	1	—	—	—	—	—	—	1	1	1	1
Paranoia . . . . .	2	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	1
Perversion . . . . .	8	3	1	3	—	—	—	1	—	—	—	—	1	1	1	2	3
Psychopathie . . . . .	23	18	—	3	—	—	1	1	—	—	—	—	4	—	—	1	18
Schizophrenie und Schizoïd .	45	26	4	7	4	2	1	1	—	—	—	—	8	8	2	1	26
Stottern . . . . .	13	3	2	3	—	3	2	—	—	—	—	—	3	3	1	3	3
Süchtigkeit . . . . .	5	3	1	—	1	—	—	—	—	—	—	—	—	1	—	1	3
Traumatische Neurose . . .	3	—	2	1	—	—	—	—	—	—	—	—	1	1	—	1	—
Tic . . . . .	4	2	—	1	1	—	—	—	—	—	—	—	—	—	—	2	2
Zwangsneurose . . . . .	106	35	11	17	11	15	10	4	1	—	1	1	6	18	26	21	35
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 beginnings

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 outcome .

quoted from Bergin (1971)

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

TABLE 7.1 Summary of Reports of the Results of Psychotherapy

	N	Cured; Much Im- proved	Im- proved	Slightly Im- proved	Not Im- proved; Died; Left Treat- ment	Percent Cured; Much Im- proved; Im- proved
<i>(A) Psychoanalytic</i>						
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
<i>(B) Eclectic</i>						
1. Huddleson [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. Luft and Garrod [1935]	500	140	135	26	199	55
7. Luft 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				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).

## Handbook of Psychotherapy and Behavior Change

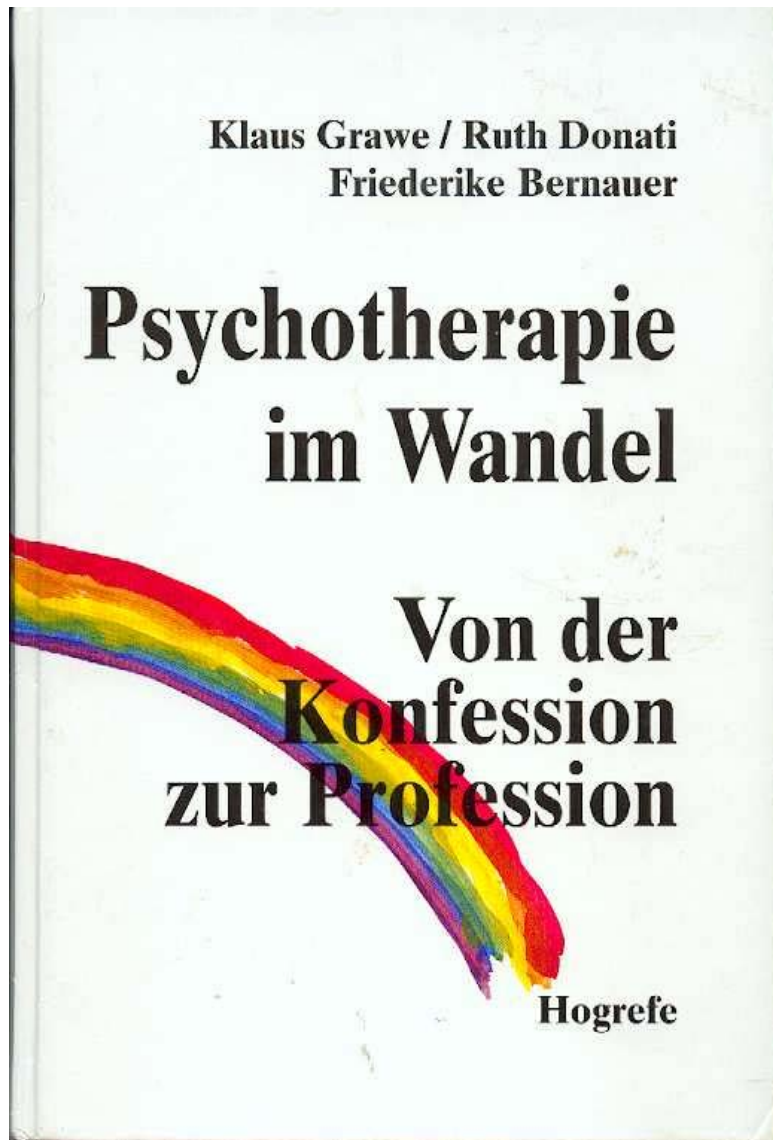
1st. ed. 1971

2nd. ed. 1978

3rd. ed. 1986

4th. ed. 1994

5th. ed. 2004



Veröffentlicht 1994

## Evaluation is ,in‘

Was it the effect of the large scale meta-analysis of Grawe et al, 1994

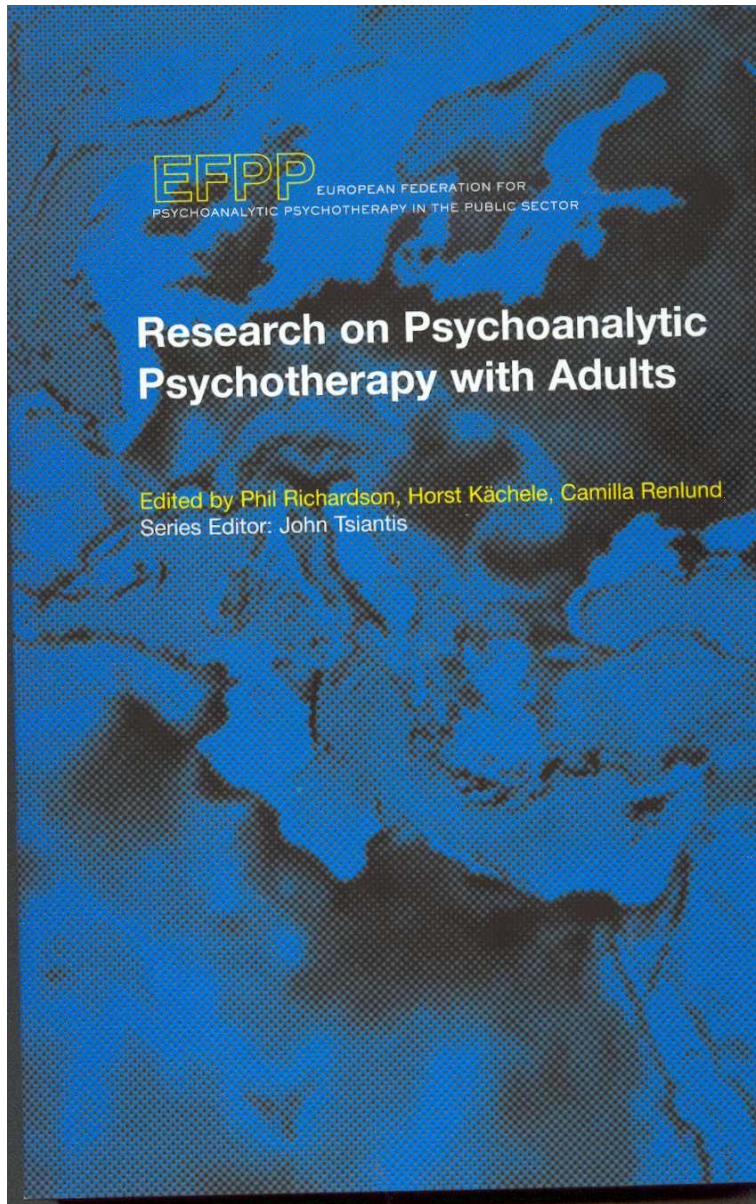
or is it the „Zeitgeist“

Still - keep in mind:

*Absence of evidence does not  
prove evidence of absence*

*Prof. Franz Porzsolt, Ulm*





## An European Sourcebook

In the preface Peter Fonagy writes:

„Psychoanalysis has not fared well in the era of evidence-based medicine....Evidence for the effectiveness of psychoanalytic therapy is lacking“

published 2004

## Psychoanalytische Therapie

Eine Stellungnahme für die wissenschaftliche  
Öffentlichkeit und für den Wissenschaftlichen  
Beirat Psychotherapie

### Präambel

M. Leuzinger-Bohleber  
(m.leuzinger-bohleber@frankfurt-netsurf.de),  
G. Bruns

Die psychoanalytische Therapie beruht auf der Psychoanalyse, die im klinischen Kontext als Persönlichkeits-, Krankheits- und Behandlungstheorie charakterisiert werden kann (s. dazu Kap. 2–6 dieser Stellungnahme). Alle psychoanalytischen Theorien stimmen darin überein, dass dem Unbewussten in den Funktionsweisen der gesunden Persönlichkeit und bei psychischen Erkrankungen eine zentrale Bedeutung zukommt. Nach psychoanalytischer Auffassung entwickeln sich die Hauptstrukturen der Persönlichkeit in einem Zusammenspiel von individueller Anlage und interpersonellen Beziehungen in den ersten Lebensjahren eines Menschen durch Verinnerlichungspro-

zesse. Die Strukturbildungsprozesse und die Strukturen selbst bleiben weitgehend unbewusst.

Psychische Erkrankungen entstehen im Gefolge von Störungen in der Strukturbildung, die per se krankheitswertig sein können oder die zu Beeinträchtigungen der Fähigkeit, widersprüchliche persönlichkeitsinterne Tendenzen zu bewältigen, führen und so mittelbar pathogen wirksam werden können. Dementsprechend geht die psychoanalytische Krankheitstheorie von einer strukturellen und/oder konflikthaften Genese seelischer Erkrankungen aus. Einmal eingetretene seelische Erkrankungen sind mit einer spezifischen Neigung zur Interpretation der eigenen Person, anderer Personen und interpersoneller Ereignisse aus der Perspektive der Erkrankung heraus verbunden.

Die psychoanalytische Behandlungstheorie folgt prinzipiell einem ätiologischen Modell, d. h. sie ist nicht primär auf die Behandlung eines Symptoms ausgerichtet, sondern darauf, die zugrunde liegende Ursache, die strukturelle Störung und/oder den unbewussten Konflikt zu beseitigen. Dazu ist in der Regel eine Bearbeitung der jeweiligen patienteneigenen Konstruktionsmuster der Wirklichkeit erforderlich, die im Wesentlichen in der therapeutischen Beziehung erfolgt.

Diese hier in äußerster Kürze skizzierten Grundlagen einer klinischen psychoanalytischen Theorie führen zu komplexen wissen-

Deutsche Gesellschaft für Psychoanalyse, Psychotherapie, Psychosomatik und Tiefenpsychologie e.V. (DGPT)  
In Verbindung mit:  
Deutsche Gesellschaft für Analytische Psychologie (DGAP)  
Deutsche Gesellschaft für Individualpsychologie (DGIP)  
Deutsche Gesellschaft für Psychotherapeutische Medizin (DGPM)  
Deutsche Psychoanalytische Gesellschaft (DPG)  
Deutsche Psychoanalytische Vereinigung (DPV)  
Vereinigung Analytischer Kinder- und Jugendlichen-Psychotherapeuten (VAKJP)  
Redaktion: Stephan Hau und Marianne Leuzinger-Bohleber

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

# „Statement on the Evidence of Psychoanalytic Therapy“

Forum der Psychoanalyse

Vol. 20, issue 1 March 2004

*English version on my homepage*

We all agreed on the name:

## „Psychoanalytic Therapy“

to cover the field

„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 “ .

*Politically this was a breakthrough*

*Like „behavior therapy“ covering many methods and techniques*



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

**Following the logic of the Board (WBP) a procedure has various forms of application (i.e. methods)**

3.1 analytic individual psychotherapy

3.2 analytic group psychotherapy

3.3 psychodynamic individual psychotherapy

3.4 psychodynamic group psychotherapy

3.5 analytic couple and family psychotherapy

3.6 in-patient psychodynamic psychotherapy

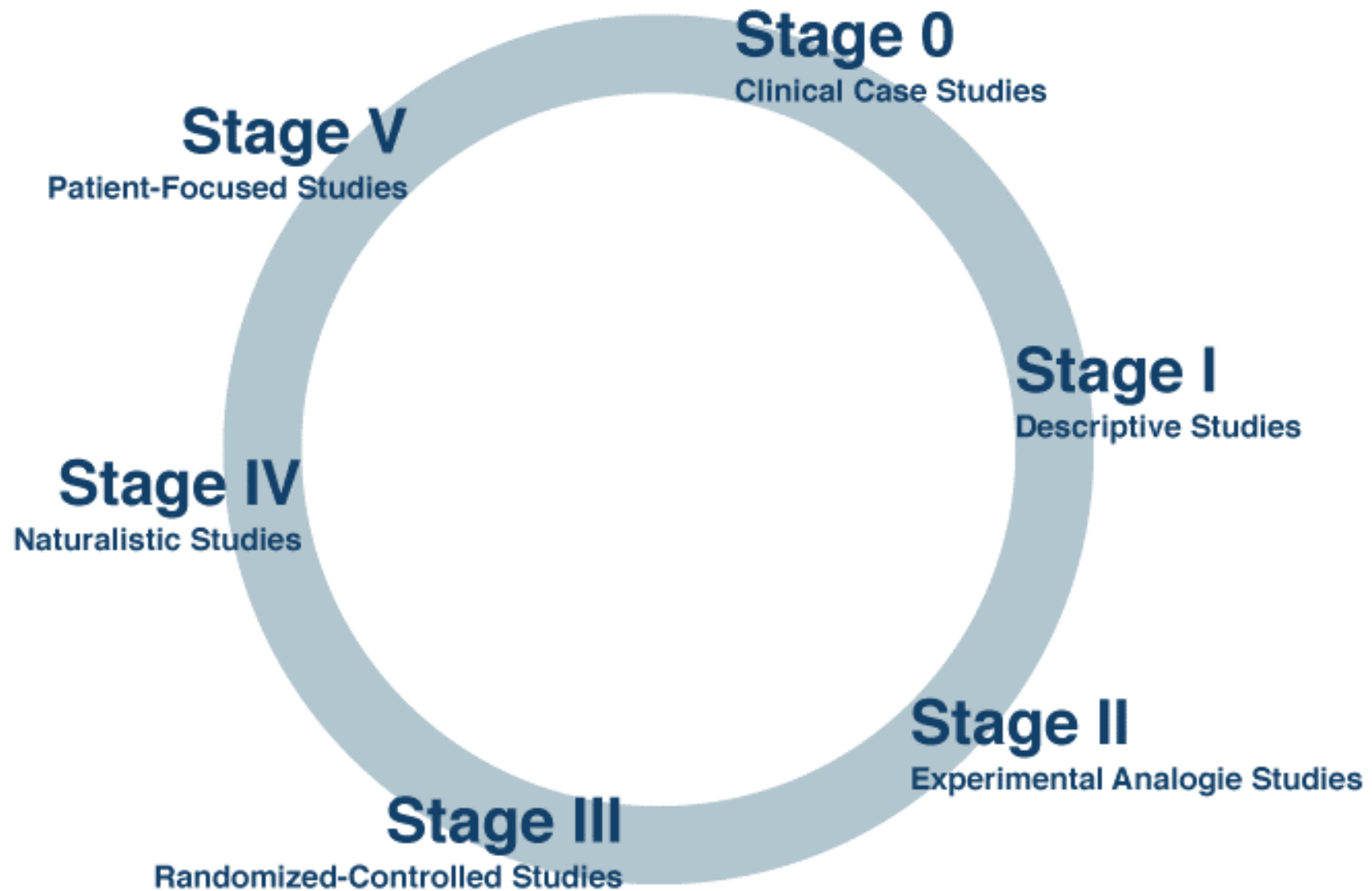
3.7 analytic child- and adolescent psychotherapy (individual /group)

3.8 psychodynamic child- and adolescent psychotherapy (individual /group)

**Thus we have become a large family**



## Stages of treatment research



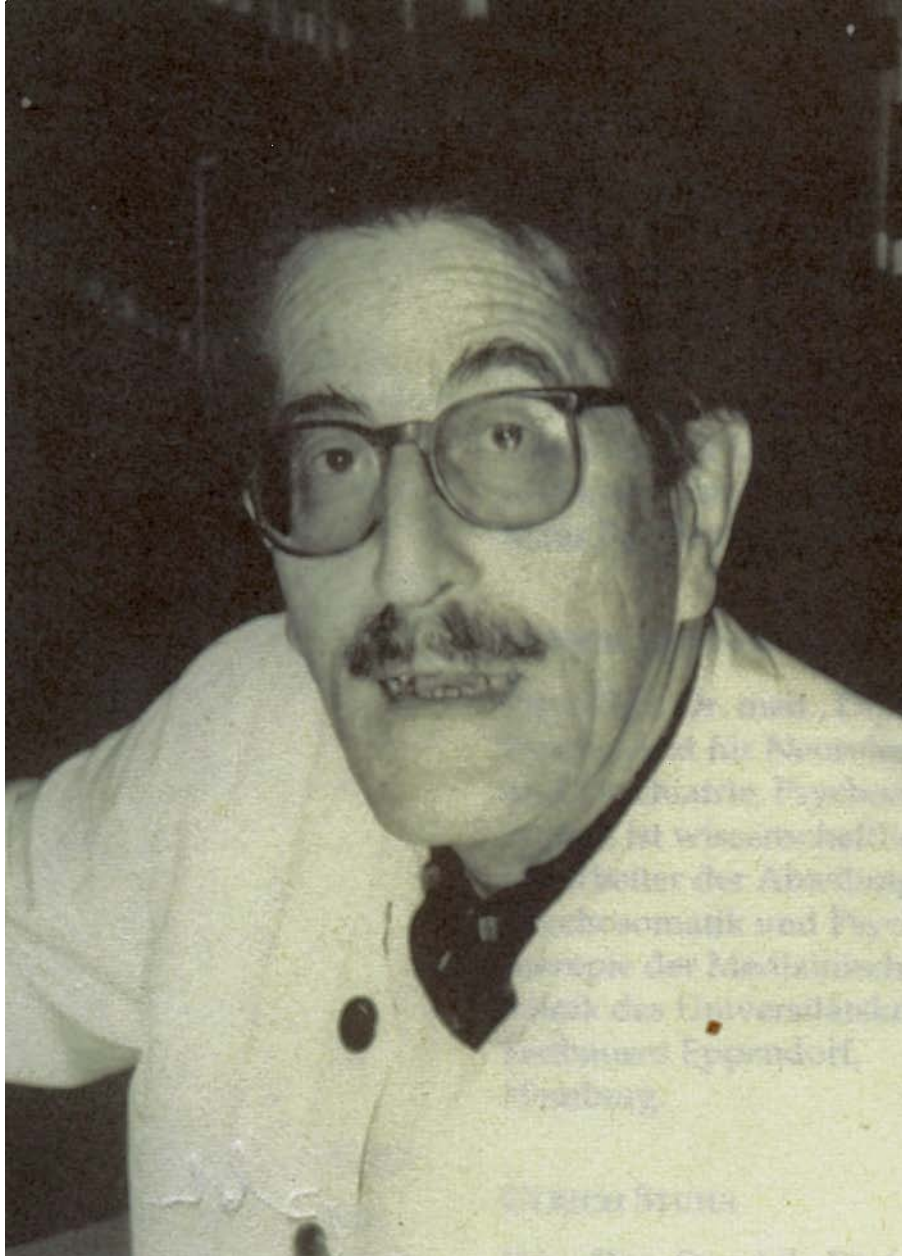
Übersicht über klinische Fallstudien. (Vgl. Kachele 1981)

Autor	Fall	Datum der Behandlung	Dauer	Datum der Publikation	Material	Umfang Seitenzahl
Adler	„Fräulein R.“			1928	Nachschrift	146
Taft	7-jähriger Junge		31 h	1933	Mitschrift	161
Wolberg	42-jähriger Mann	1940	4 Monate	1945	Nachschrift	169
	„Johan R.“					
Berg	Junger Mann	ca. 1940		1946	Mitschrift	ca. 240
Sechehaye	18-jährige Frau	1930	10 Jahre	1947	Nachschrift	107
	„Renée“					
Deutsch	28-jähriger Mann	ca. 1948	14 h	1949	Verbatim	140
McDougall/Lebovici	9-jähriger Junge	1955	166	1960	Mitschrift	270
	„Sammy“					
Klein M.	10-jähriger Junge	1944	93 h	1961/1975	Nachschrift	490
	„Richard“					
Thomä	26-jährige Frau	1958	304 h	1961	Nachschrift	70
	„Sabine“					
Parker	16-jähriger Junge	1955	200 h	1962	Nachschrift	355
Bolland/Sandler	2-jähriger Junge	ca. 1960	221 h	1965	Nachschrift	88
	„Andy“					
De Boor	22-jähriger Mann	ca. 1960	580 h	1965	Nachschrift	30
	„Frank A“					
Pearson	12-jähriger Junge		6 Jahre	1968	Nachschrift	140
	„Adoleszent“					
Milner	23-jährige Frau	1943–1958	15 Jahre	1969	Nachschrift	410
	„Susan“					
Dolto	14-jähriger Junge	1968/1973	12 h	1971	Nachschrift	160
	„Dominique“					
Balint	43-jähriger Mann	1961/1962	29 h	1972	Nachschrift	130
	„Mr. Baker“					
Dewald	26-jährige Frau	ca. 1966	304 h	1972	Mitschrift	620
Winnicott	30-jähriger Mann	ca. 1954		1972	Nachschrift	
Argelander	35-jähriger Mann		ca. 600	1972	Nachschrift	75
Stoller	30-jährige Frau			1973	Mitschrift	400
Winnicott	2-jährige Mädchen	1964	14 h	1978	Nachschrift	200
	„Piggle“					
Firestein	25-jährige Frau			1978	Nachschrift	30
Goldberg	25-jähriger Mann			1978	Nachschrift	108
	„Mister I“					
Goldberg	31-jährige Frau	ca. 1966	ca. 600 h	1978	Nachschrift	98
Goldberg	22-jähriger Mann	ca. 1972	2 Jahre	1978	Nachschrift	134
	„Mister E“					
Ude	6-jährige Mädchen	ca. 1975	2 Jahre	1978	Nachschrift	160

## •Stage 0

## •Clinical Case-Studies

Today the historically fertile narrative procedure Freud's is no longer able to carry the responsibility 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)



Meyer AE (1994)

To hell with the novella as  
representation of  
psychoanalyse - long live the  
account of the interaction

Nieder mit der Novelle als  
Psychoanalyse-darstellung - **Hoch lebe  
die Interaktionsgeschichte.**

Z Psychosom Med Psychoanal 40: 77-98

*„Novellas as  
psychoanalytic case  
stories today are anti-  
psychoanalytic and  
unscientific “*

Helmut Thomä

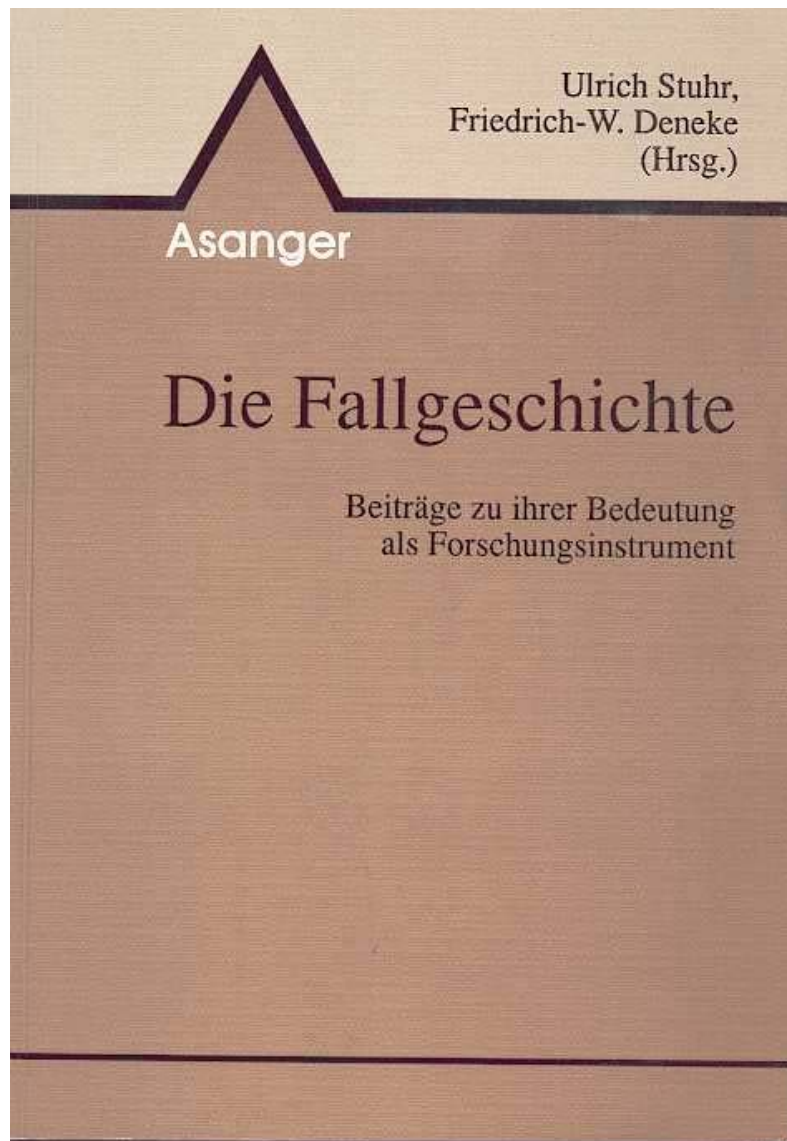
## **Comparative Psychoanalysis on the Basis of a New Form of Treatment Report**

International Psychoanalytic Congress New Orleans March 2004

A verbatim protocoll of the session 152 of the patient Amalia X has been discussed by many analysts of various orientations

Thomä H, Kächele H (2007) Comparative psychoanalysis on the basis of a new form of treatment report. *Psychoanalytic Inquiry* 27: 650-689





This book describes the origin and changing function of case studies, the place of novellas as scientific form of representation and communication, and its examination.

It provides concrete empirical research processes, especially by way of comparative casuistic (Jüttemann).

1993

# The Ulm Clinical-Case-Archive

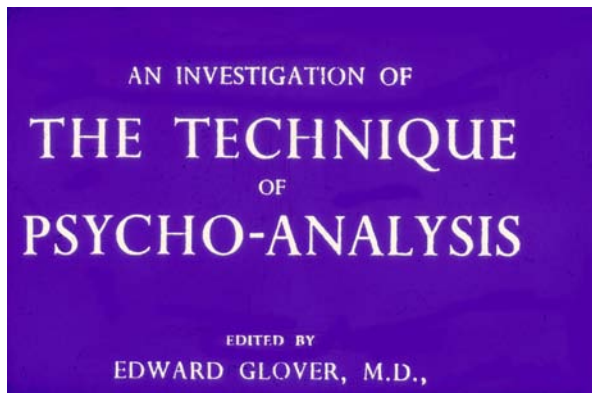
contains more than 900 final reports by candidates of the German Psychoanalytic Association

Archiv Nr.	Diagnose	Diagnose II	ThGeschl	PatGeschl	PAAlter
1997 FJ 01	Hysterische Neurose		F.	F.	37
1997 FJ 02	Hysterie	anale Abwehr	M.	F.	34
1997 FJ 03	Zwangsneurose	phobische Symptome	M.	F.	34
1997 FJ 04	Depression, neurotische	hysterische Abwehr	F.	F.	36
1997 FJ 05	traumatische Neurose		F.	F.	26
1997 FJ 06	narzißtische Traumatisierung, frühe	bulimisch - anorektische Abwehr	F.	F.	27
1997 FJ 07	Hysterische Neurose	Vaginismus	M.	F.	33

Lang F U, Pokorny D & H Kächele (2009) Psychoanalytische Fallberichte: Geschlechtskonstellationen und sich daraus ergebende Wechselwirkungen auf Diagnosen im Zeitverlauf von 1969 bis 2006. *Psyche – Z Psychoanal* 63: 384-398

# Stage I Descriptive Studies

## A. E. Glover`s ORIGINAL QUESTIONNAIRE (issued July 8, 1932) (Q)



### 1. Interpretation

#### 1. Form

Do you prefer:

- (1) short compact interpretation, or
- (2) longer explanatory interpretation, or
- (3) summing up type: (a) trying to convince by tracing development of a theme: (b) proving (or amplifying) by external illustration.

#### 2. Timing

Query: favourite point of interpretation?

- (1) early in session;
- (2) middle or before end (allowing a space for elaboration);
- (3) at and: "summing-up" fashion.

#### 3. Amount

(1) General: as a rule do you talk much or little?

(2) Early stages: how long do you usually let patients run without interference? How soon do you start systematic interpretation?

(3) Middle stages: is your interpretation on the whole continuous and systematic, or do you return from time to time to the opening system of letting them run?

(4) End stages: do you find your interpretative interference becomes incessant?

# 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, Dahlbender & Grenyer 2004

# Analytic Process-Scales, f.e. Waldron 2004

# Countertransference, Bouchard et al. Scales 1995; Betan & Westen 2009



## 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

*Critique of these methods is inevitable:*

Dreher AU (2005) Conceptual research. In: Person ES, Cooper AM, Gabbard GO (Eds) Textbook of Psychoanalysis. American Psychiatric Press, Washington, DC - London, pp 361-372

## **Stage I Descriptive Studies**

How can we measure „structural change“

**Scales of Psychological Capacities (Wallerstein 1991)**

**Heidelberg Change of Structure Scale (Rudolf et al. 2000)**

**Adult Attachment Interview (Main 1989)**

# Stage I Descriptive Studies

How can we measure „structural change“

## **Scales of Psychological Capacities (Wallerstein 1991)**

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:

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

Huber D, Klug G (2007) Scales of psychological capacities: the Munich contribution to their psychometric qualities. In: Bucci W, Freedman N (Eds) From impression to inquiry: A tribute to the work of Robert Wallerstein. International Psychoanalytical Association, London, pp 97-134

# Stage I Descriptive Studies

How can we measure „structural change“

**Heidelberg Change of Structure Scale (Rudolf 2000; Rudolf et al. 2002)**

Based on OPD interview

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 T, Keller W, Oberbracht C, Pauli-Magnus C, Stehle S, Wilke S (2002) Structural changes in psychoanalytic therapies - The Heidelberg-Berlin study on long-term psychoanalytic therapies (PAL). In: Leuzinger-Bohleber M, Target M (Hrsg) Outcomes of Psychoanalytic Treatment ÷ Perspectives for Therapists and Researchers. Whurr, London, pp 201-222.



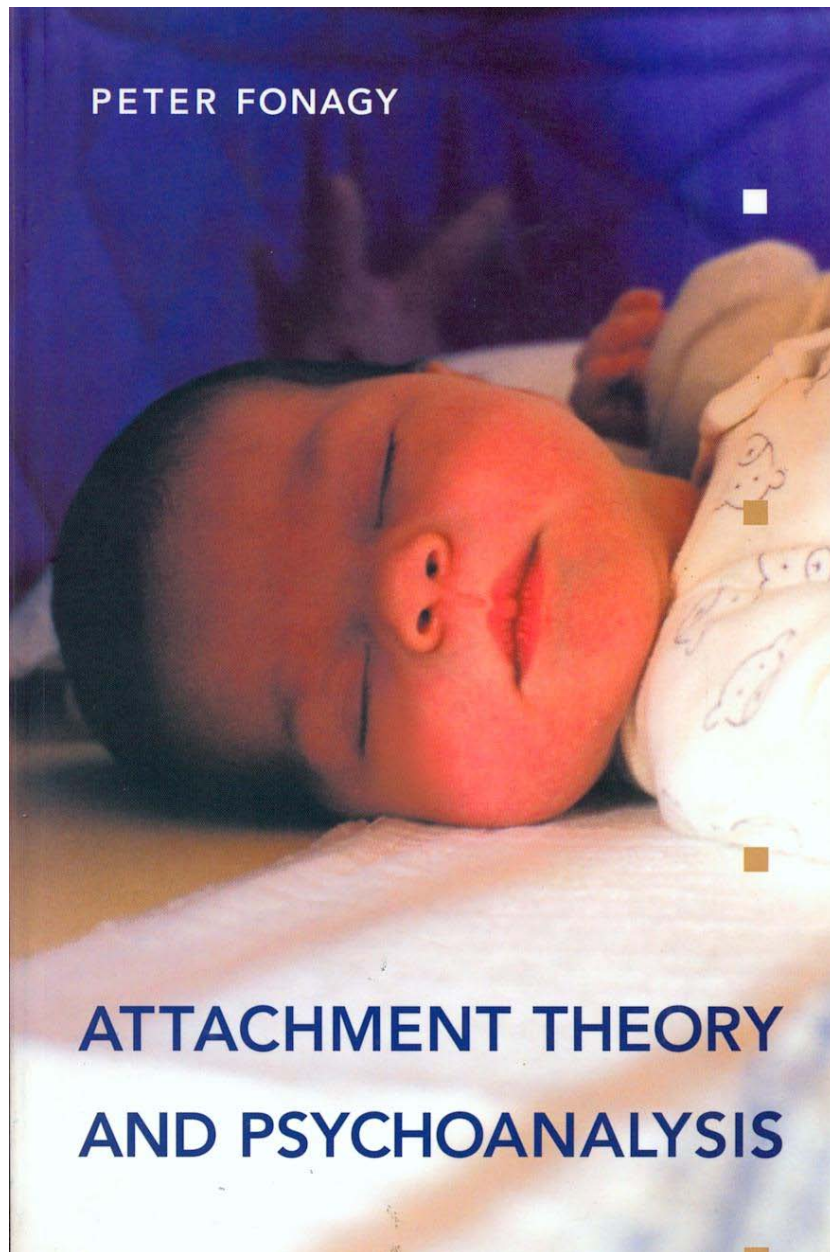
# Stage I Descriptive Studies

How can we measure „structural change“

## Adult Attachment Interview (Main 1989)

Main M, Kaplan N, Cassidy J (1985) Security in infancy, childhood, and adulthood: A move to the level of representation. In: Bretherton I, Waters E (Eds) Growing Points of Attachment Theory and Research, pp 66-104

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



## Is attachment over estimated ?

# 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 representation 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
- *Many open questions !!!!!!!!!!!*

# Attachment and the Psychotherapy Setting

The neurobiology of attachment might help:

Attachment and mentalization are two opposing forces



## Stage II Experimental Analog Studies

This methodology is not our strength

There are many good reasons for this

Exemption: Studies on Free Association



# An Experimental Study on Free Association

Bordin ES (1966) Free association: An experimental analogue to the psychoanalytic situation. In: Gottschalk LA, Auerbach AH (Eds) Methods of research in psychotherapy. Appleton-Century-Crofts, New York, pp 189-208

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

# An Experimental Study on Free Association

Take 16 students of the same sex

Measure State-Trait Inventory of Spielberger: high and low trait anxiety

Make two groups:

Put the students on a couch and face-to-face

Measure the degree of free association

## •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

**CAVE test tube research**

# 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 Vorb

## **Proves of 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)

# 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)



# More RCT Evidence

Gerber et al. Am J. Psychiatry 2011:1974–2010 have meta-analyzed 94 RCT:

psychodynamic treatment was usually more effective or as effective as the compared treatment.

Shedler J (2010) The efficacy of psychodynamic psychotherapy. Am Psychol 65: 98-109

Leichsenring et al. Lancet 2011: Psychodynamic treatment of borderline personality disorder (MBT and TFP) as effective as cognitive therapy and more effective as TAU

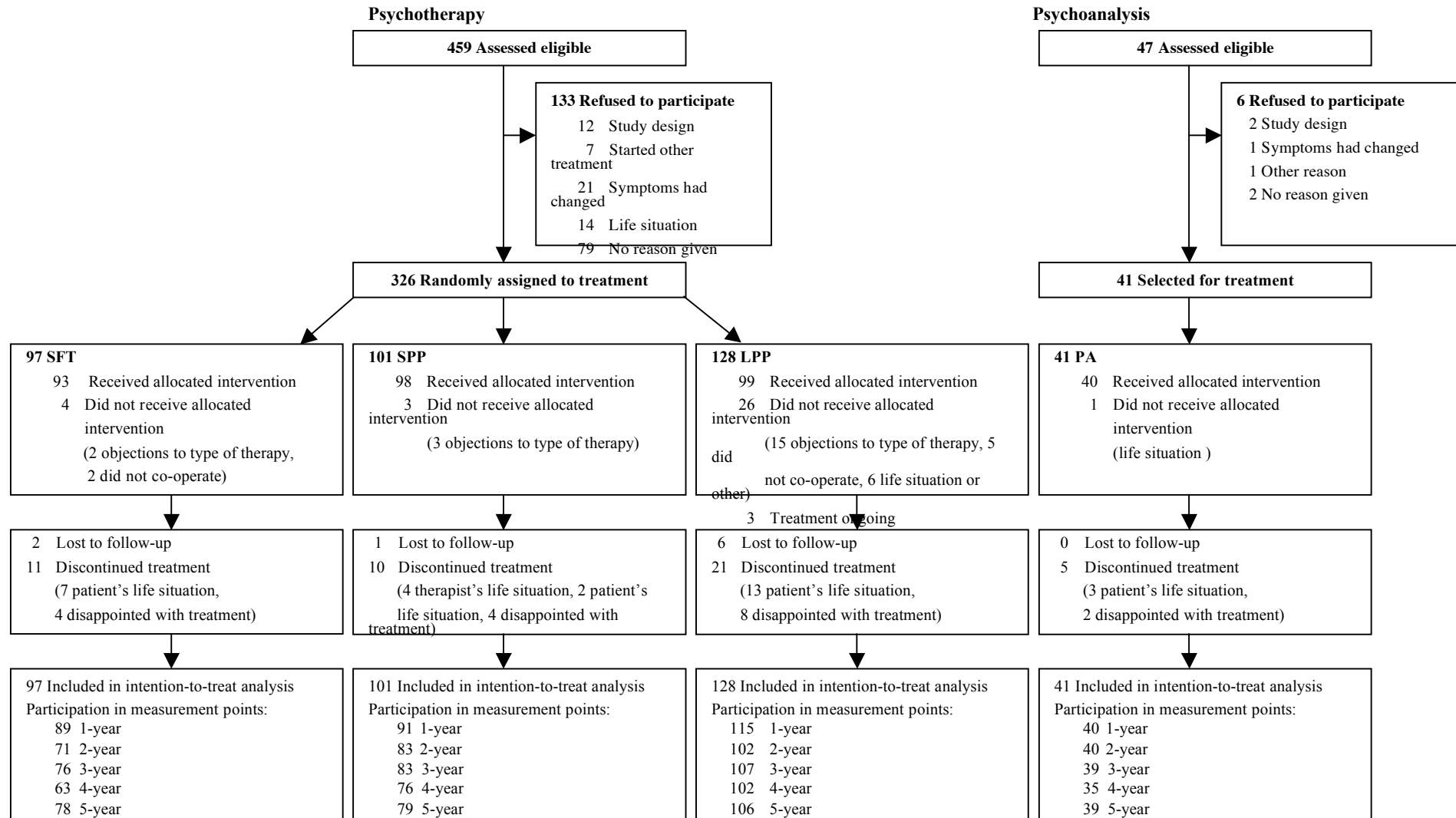
# Local Heroes

Paul Knekt and Olavi Lindfors eds.

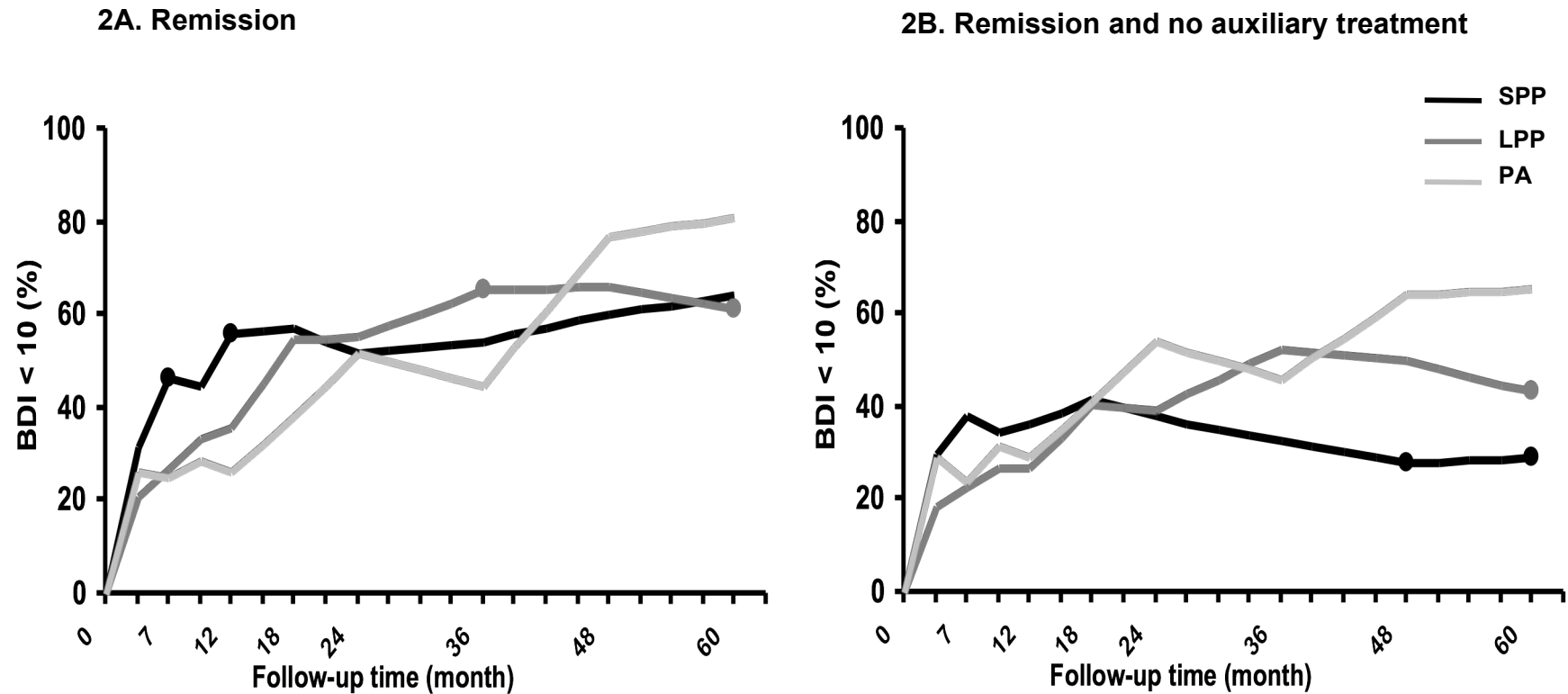
## **A randomized trial of the effect of four forms of psychotherapy on depressive and anxiety disorders**

Design, methods, and results on the effectiveness  
of short-term psychodynamic psychotherapy  
and solution-focused therapy  
during a one-year follow-up

**Figure 1.** Number of eligible patients who were assigned to study group and completed the protocol.

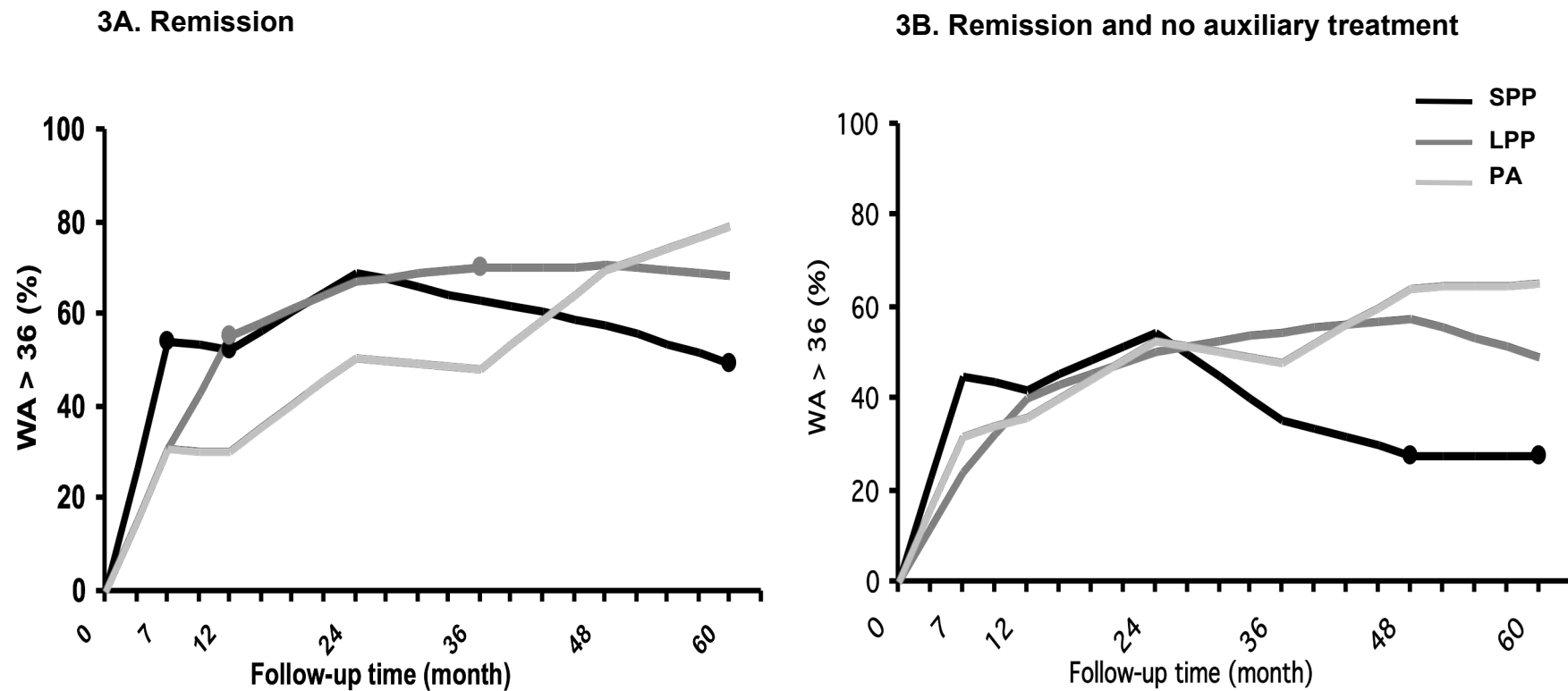


**Figure 2.** Remission from depressive symptoms (BDI) among patients with BDI  $\geq 10$  at baseline (N = 312).



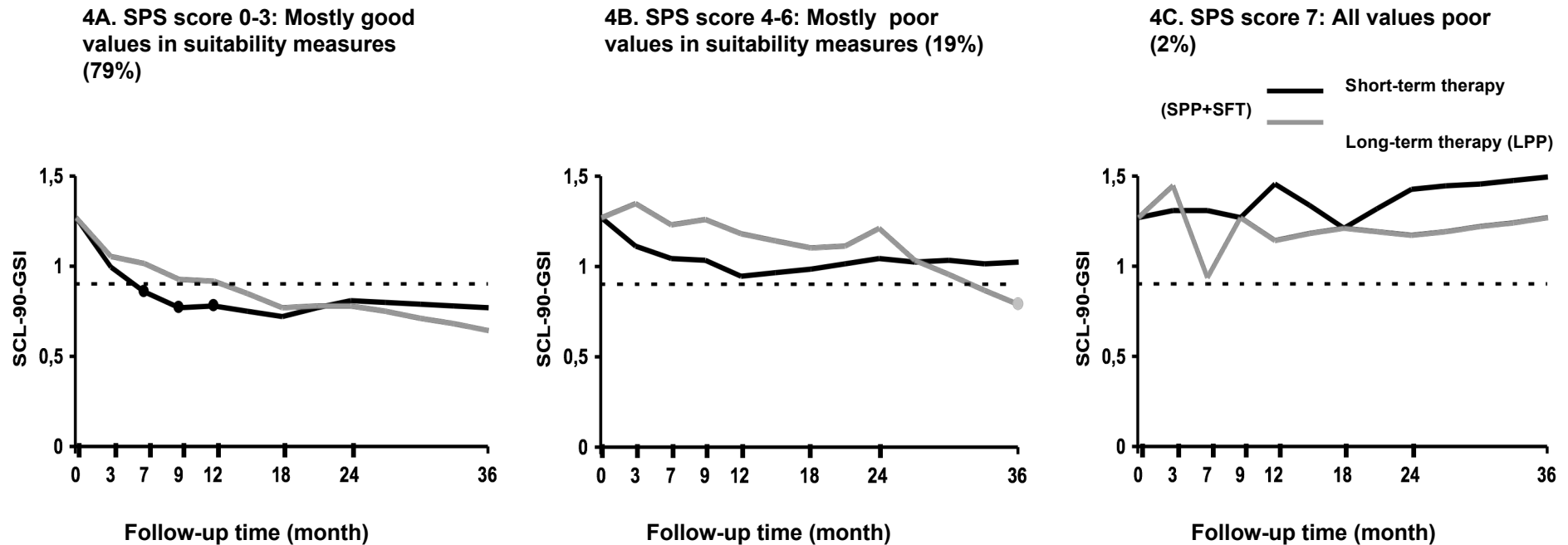
● Statistically significant difference ( $p < 0.05$ ) in comparison with PA.

**Figure 3.** Remission from work disability (WA) among patients with  $WA \leq 36$  at baseline (N = 235).



• Statistically significant difference ( $p < 0.05$ ) in comparison with PA.

**Figure 4.** Changes in psychiatric symptoms (SCL-90-GSI) according to the SPS score.

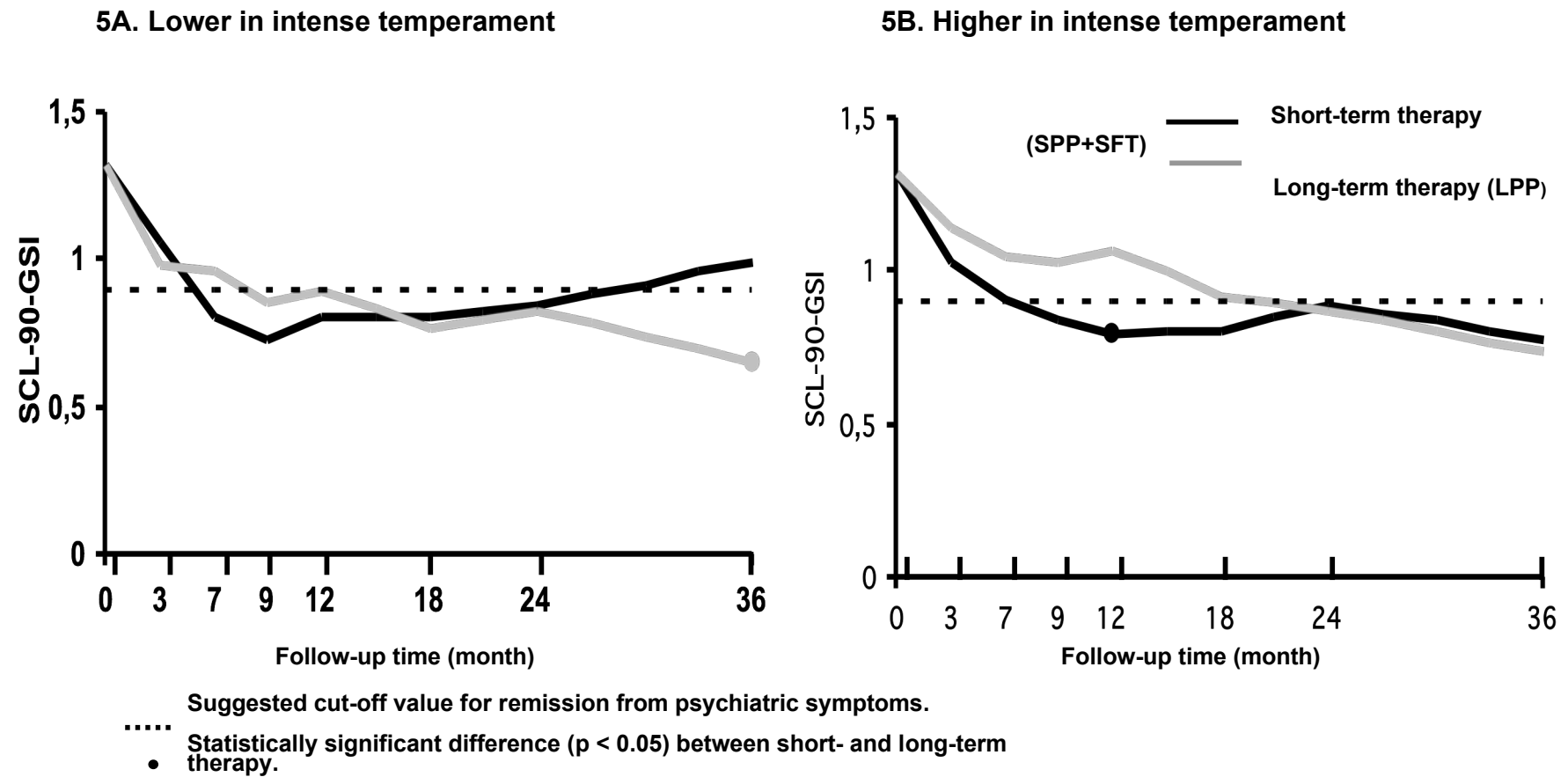


..... Suggested cut-of value for remission from psychiatric symptoms.

- Statistically significant difference ( $p < 0.05$ ) between short- and long-term therapy .



**Figure 5.** Changes in psychiatric symptoms (SCL-90-GSI) according to the therapist's temperament.



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



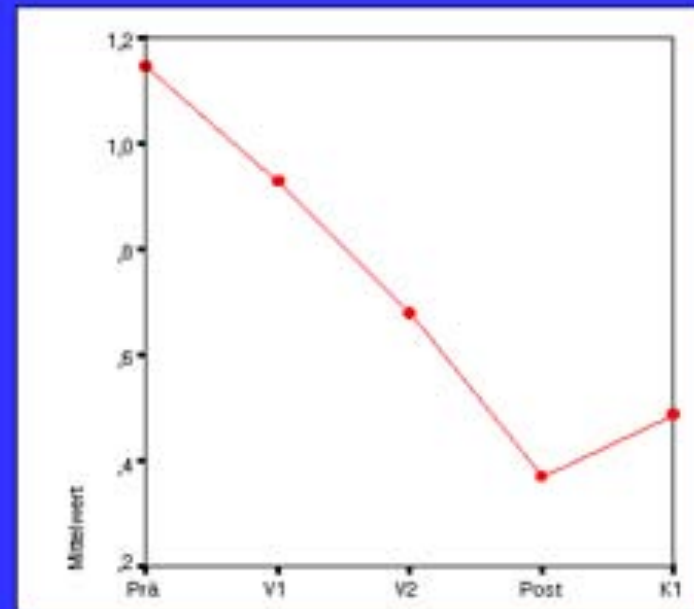
Commentary by Peter Fonagy: extremely promising study

## Symptoms: SCL-90: a much loved and hated measure

Symptomatic burden changes linearly during treatment;

The TRANS-OP Study of the Stuttgart Center for Psychotherapy - an effectiveness study - shows the same results

**SCL-90R: GSI im Verlauf**



## PA: 3 x a week; PT 1 x week; VT once x week

Korrelation der Behandlungsdosis (Sitzungszahl) mit den primären Erfolgsmaßen:  
SCL-90-R Depressivität; IIP Gesamtwert; SPK Gesamtwert

Variable	Gruppe	Post		K1	
		Korrel. r	Signif. p	Korrel. r	Signif. p
SCL-90-R Depressivität	PA	- 0,099	0,576	- 0,048	0,800
	PT	0,271	0,163	0,136	0,490
	VT	- 0,100	0,606	- 0,114	0,555
IIP Gesamtwert	PA	<b>- 0,467</b>	<b>0,005**</b>	<b>- 0,530</b>	<b>0,003**</b>
	PT	- 0,026	0,896	- 0,250	0,199
	VT	0,346	0,066	0,168	0,383
SPK Gesamtwert	PA	- 0,279	0,110	<b>- 0,350</b>	<b>0,049*</b>
	PT	0,175	0,363	0,145	0,452
	VT	0,231	0,220	0,304	0,109

# Stage IV Naturalistic Studies

Quite a number of good studies

## Classic studies

like the Menninger-Studie: *PI Robert Wallerstein*

like the Berlin I Studie: *PI Annemarie Dührssen*

like the Penn-Studie: *PI Lester Luborsky*

like the Heidelberg I Studie: *PI Michael von Rad*

like the Berlin II Studie: *PI Gerd Rudolf*

# Stage IV Naturalistic Studies

## Ongoing Top-Studies

like the Stockholm Study: *PI Rolf Sandell*

like the DPV Follow-up Study: *PI Marianne Leuzinger-Bohleber*

like the Göttingen Study: *PI Falk Leichsenring*

like the Heidelberg Study: *PI Gerd Rudolf*

like the Stuttgart TRANS-OP study *PI Kordy*



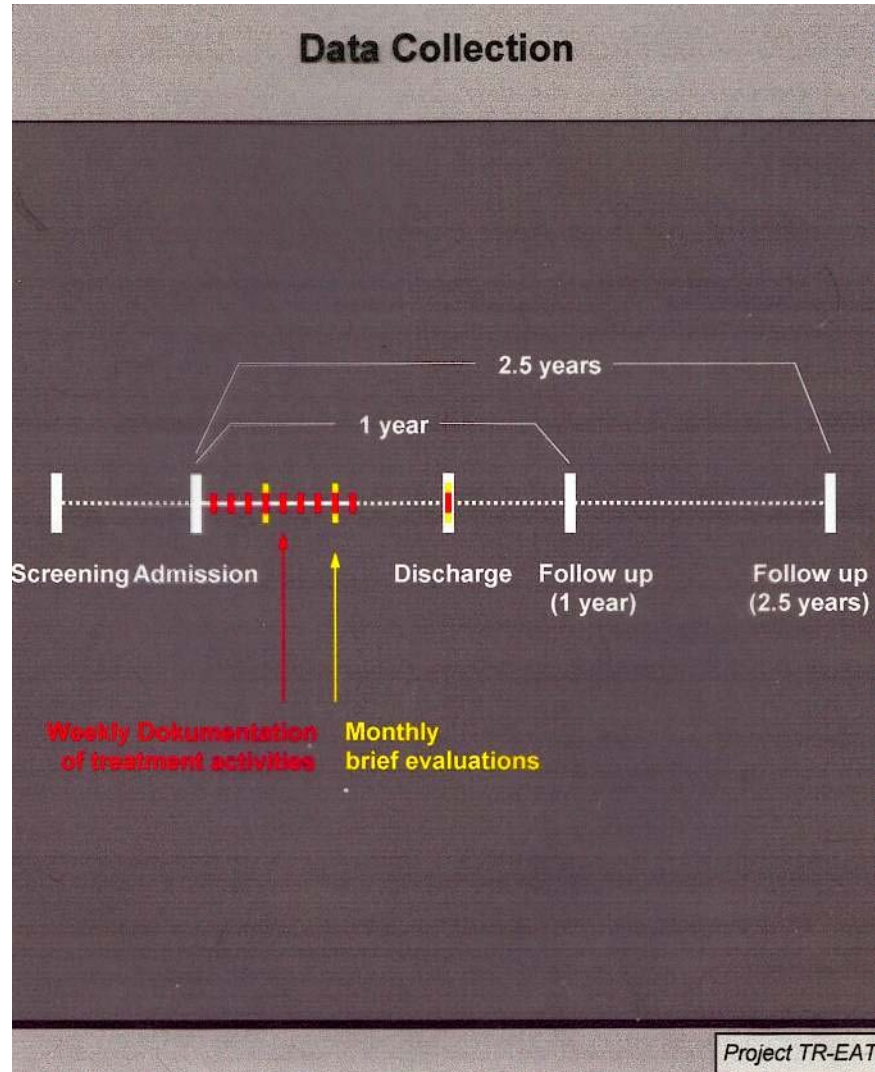
## Stage IV Naturalistic Studies

### In-Patient Psychotherapy-Studies

like the Stuttgart Studie: *PI Volker Tschuschke* like the nation-wide  
group-therapy-Study: *PI Bernhard Strauss*

like the 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: Data from a multicenter study.

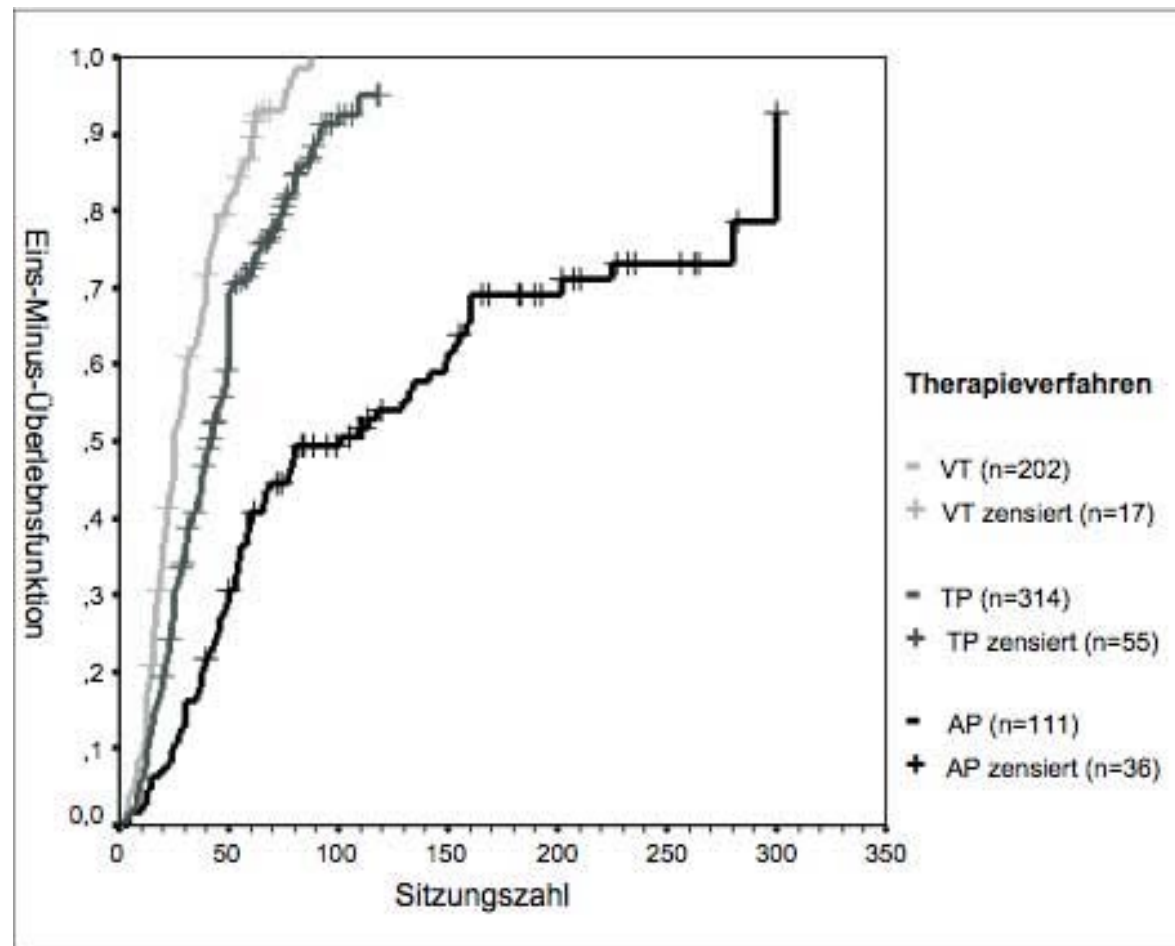
Psychotherapy Research 11: 239-257

# Two Examples

Kächele H, Kordy H, Richard M, Studiengruppe MZ-ESS (2001) Therapy amount and outcome of inpatient psychodynamic psychotherapy of eating disorders. Results of a multi center study across Germany. Psychother Res 11: 239-257

Puschner B, Kraft S, Kächele H, Kordy H (2007) Course of improvement over 2 years in psychoanalytic and psychodynamic outpatient psychotherapy. Psychol Psychother 80: 51-68

# Attrition Rates in the TRANS-OP Study

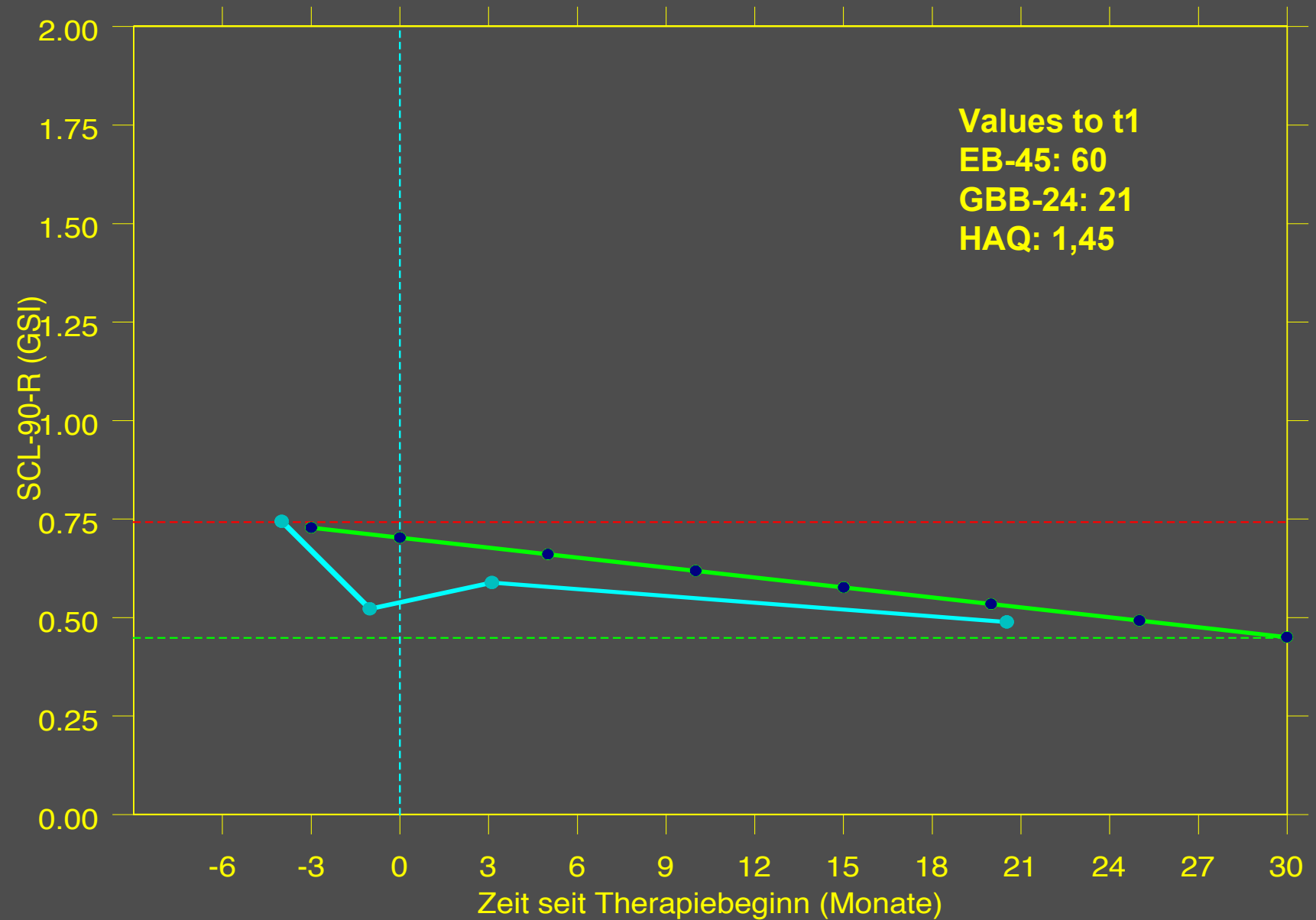


## Stage V

### Patient-focused studies

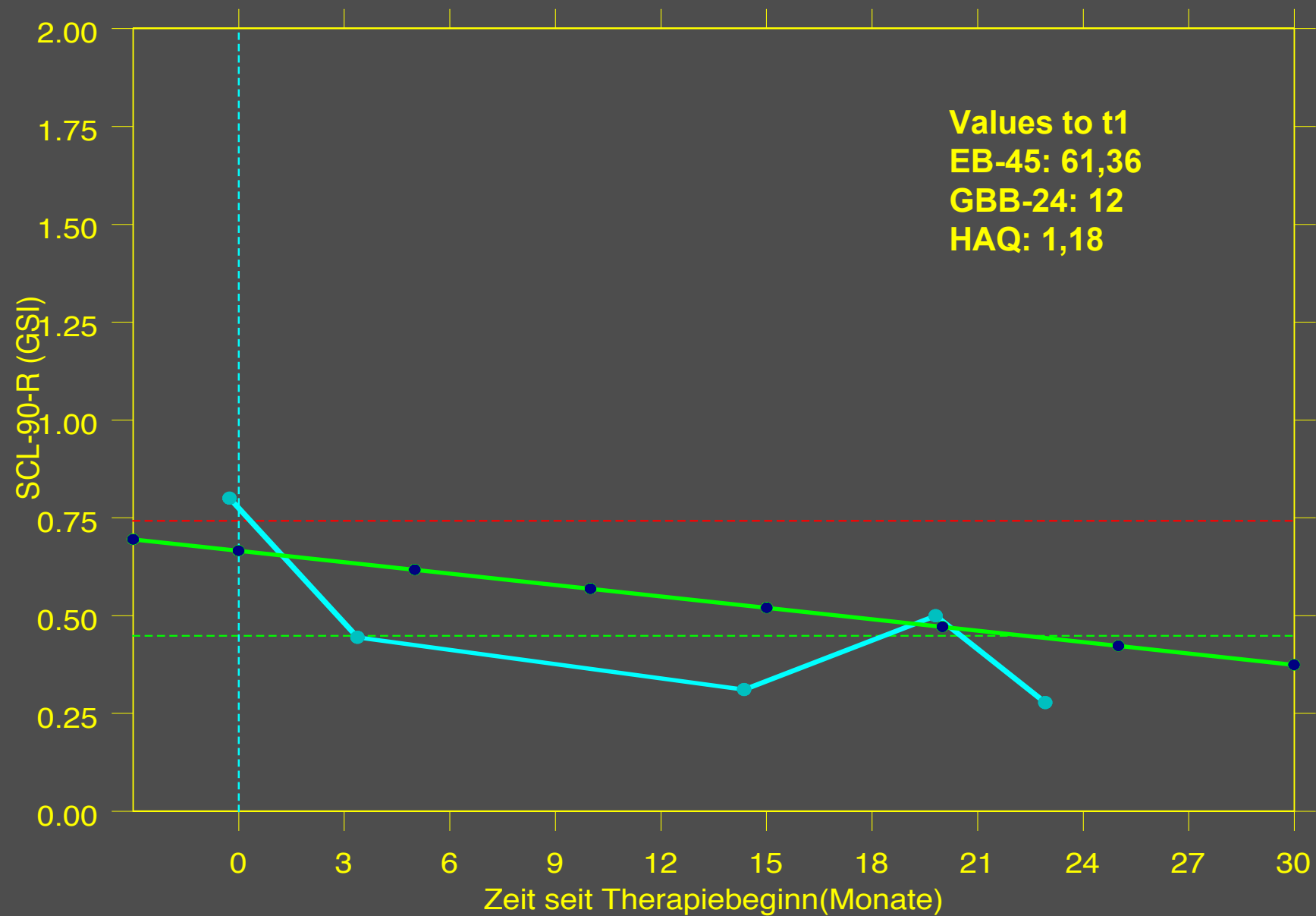
Using hierarchical-linear modeling the course of individual treatment may be predicted and the factual course compared with the prediction

## Modelled and factual course : 993021

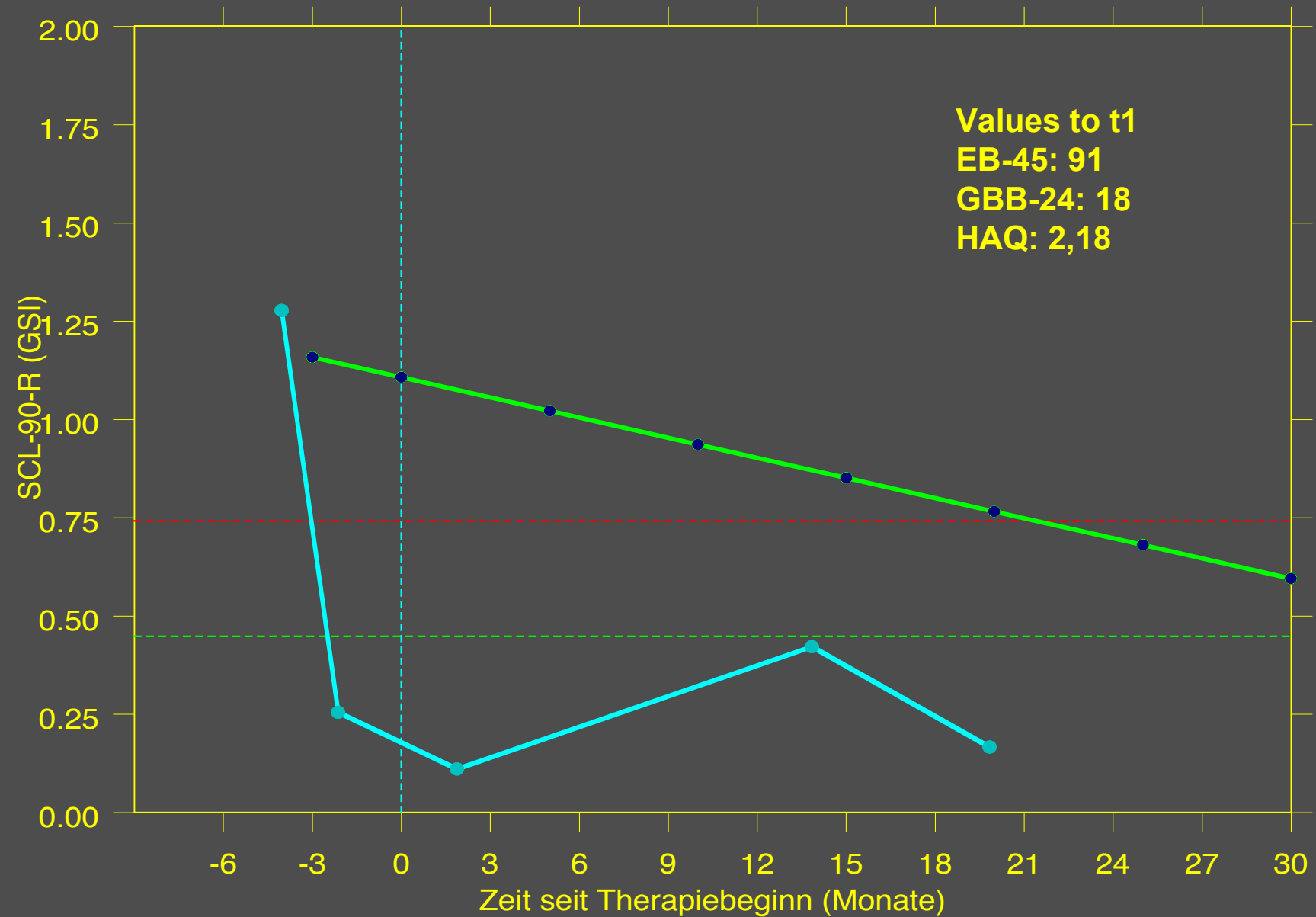




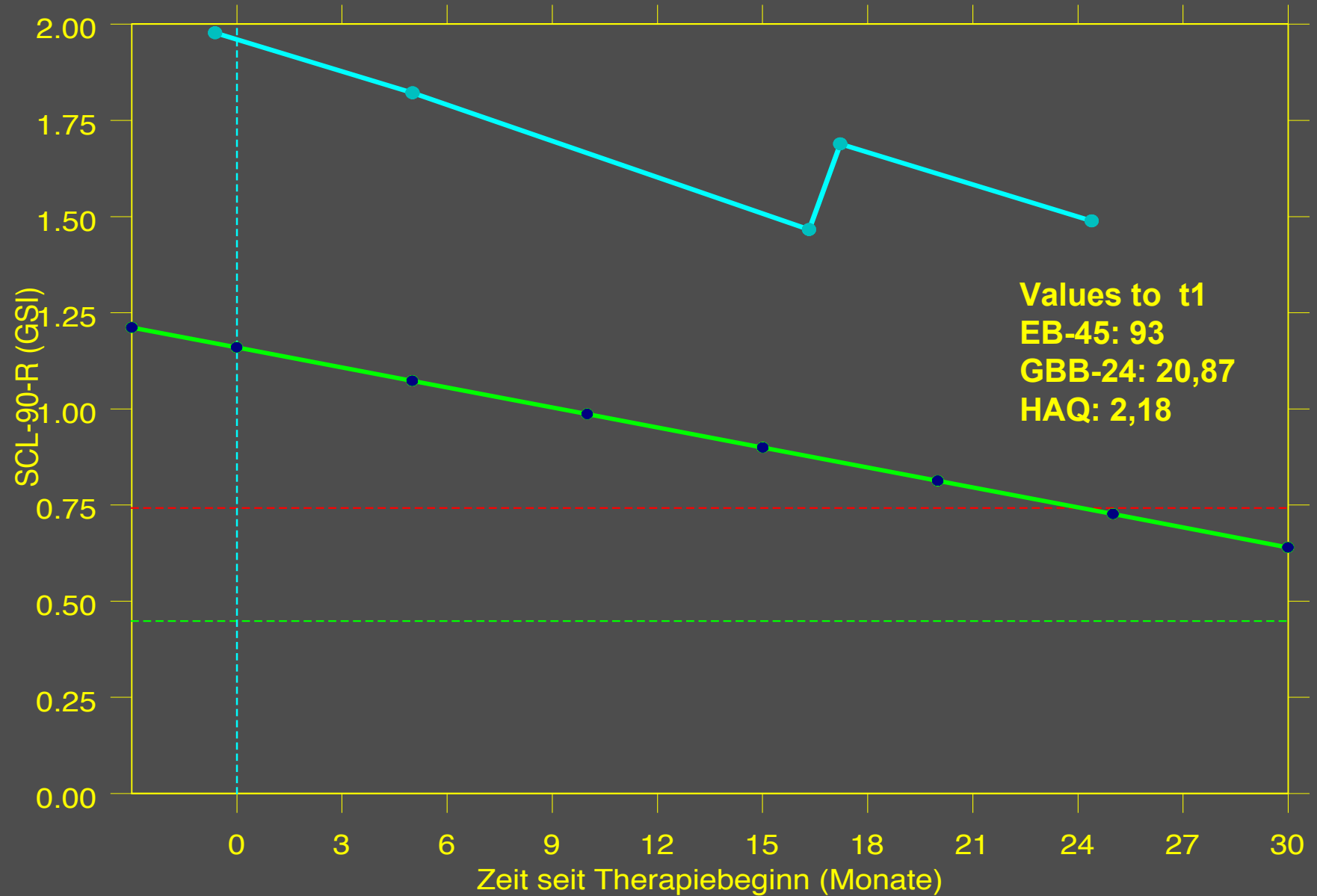
## Modelled and factual course: 996044



## Modelled and factual course: 992010



## Modelled and factual course: 99C020



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

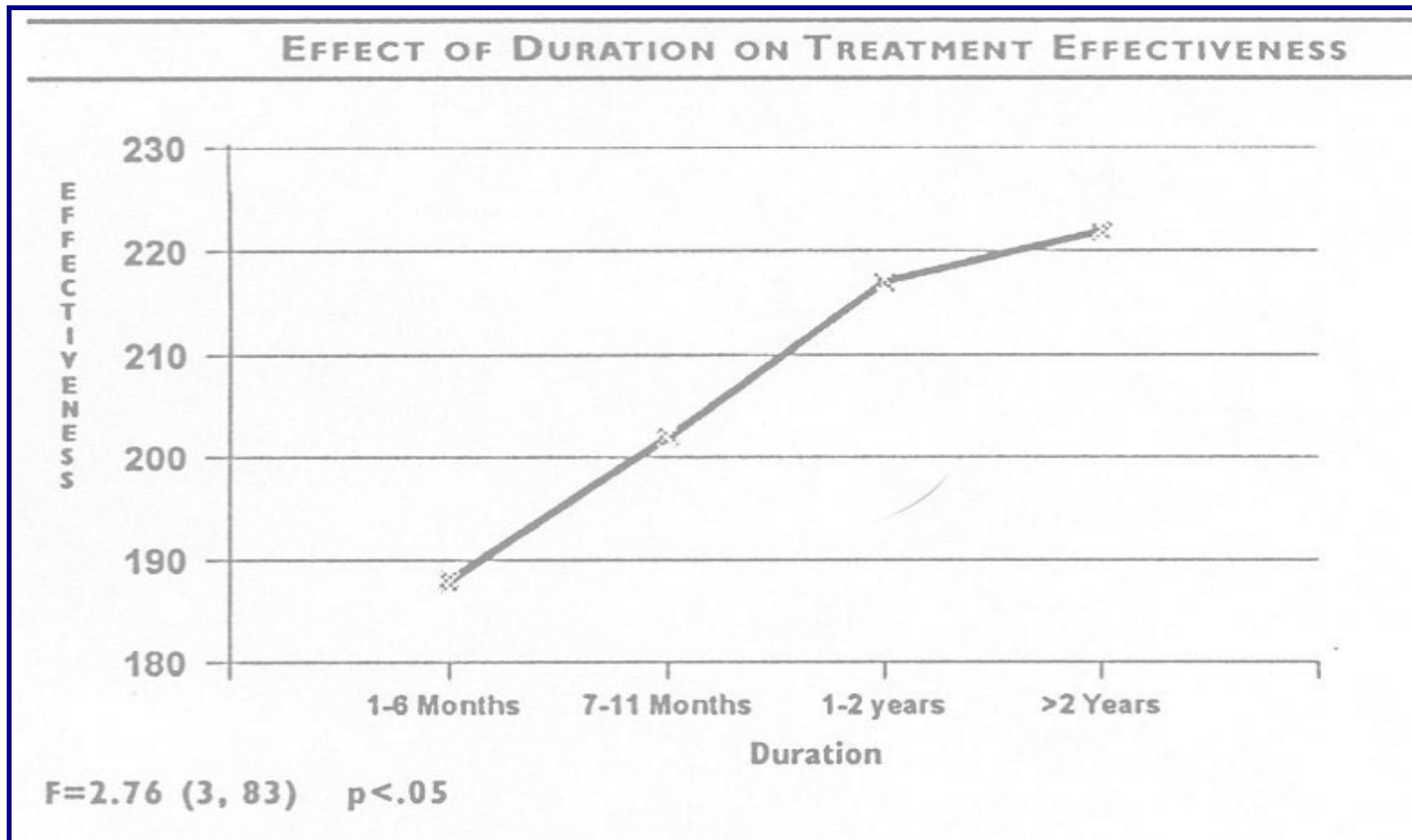
## **New York**

### **Goals**

1. What is the impact of duration on outcome
2. What is the impact of frequency on outcome
3. What is the impact of duration and frequency on the evolving treatment relationship
4. Is there an interaction of clinical syndrome, duration, frequency and outcome

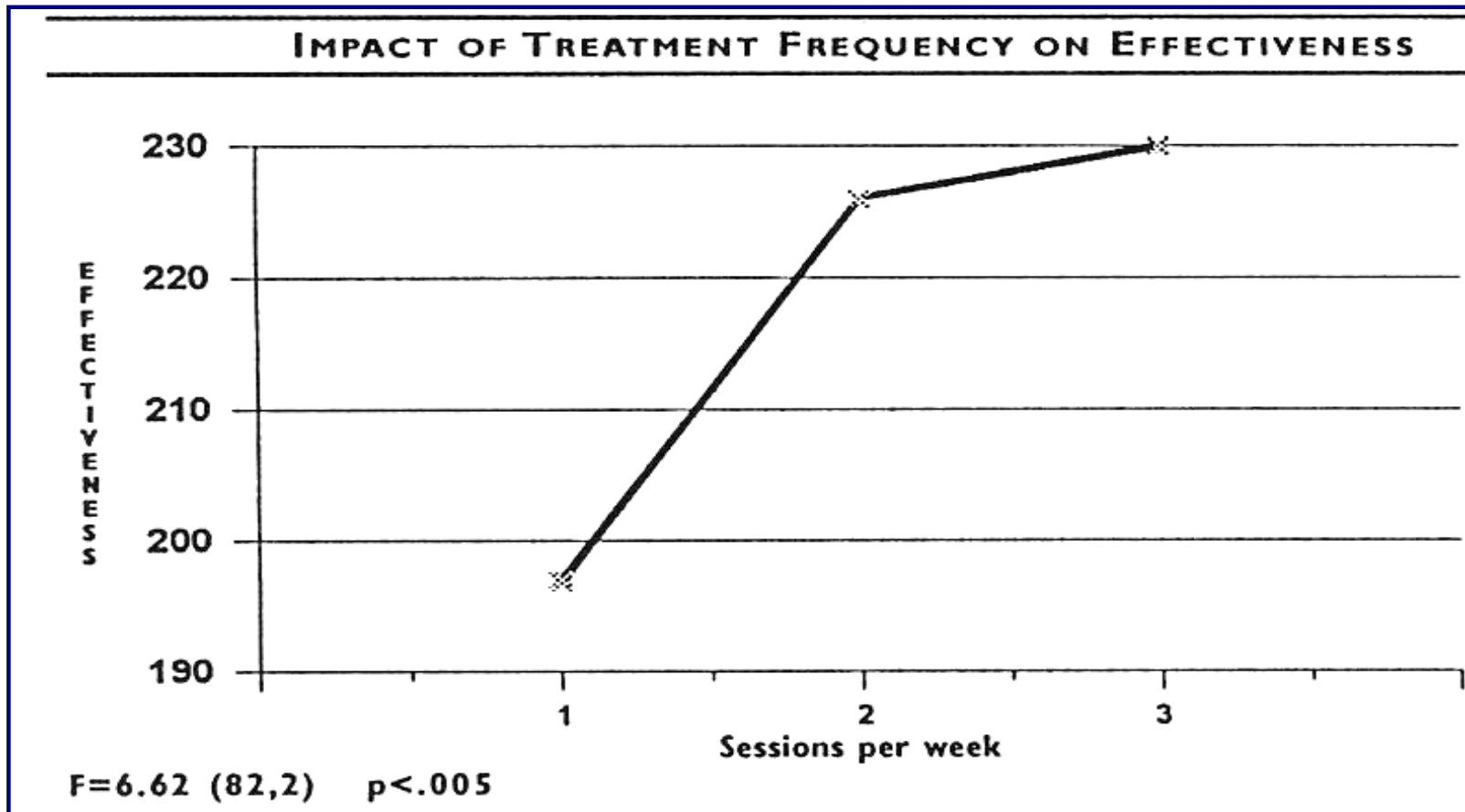
# IPTAR

## duration and outcome



# IPTAR

## frequency and outcome



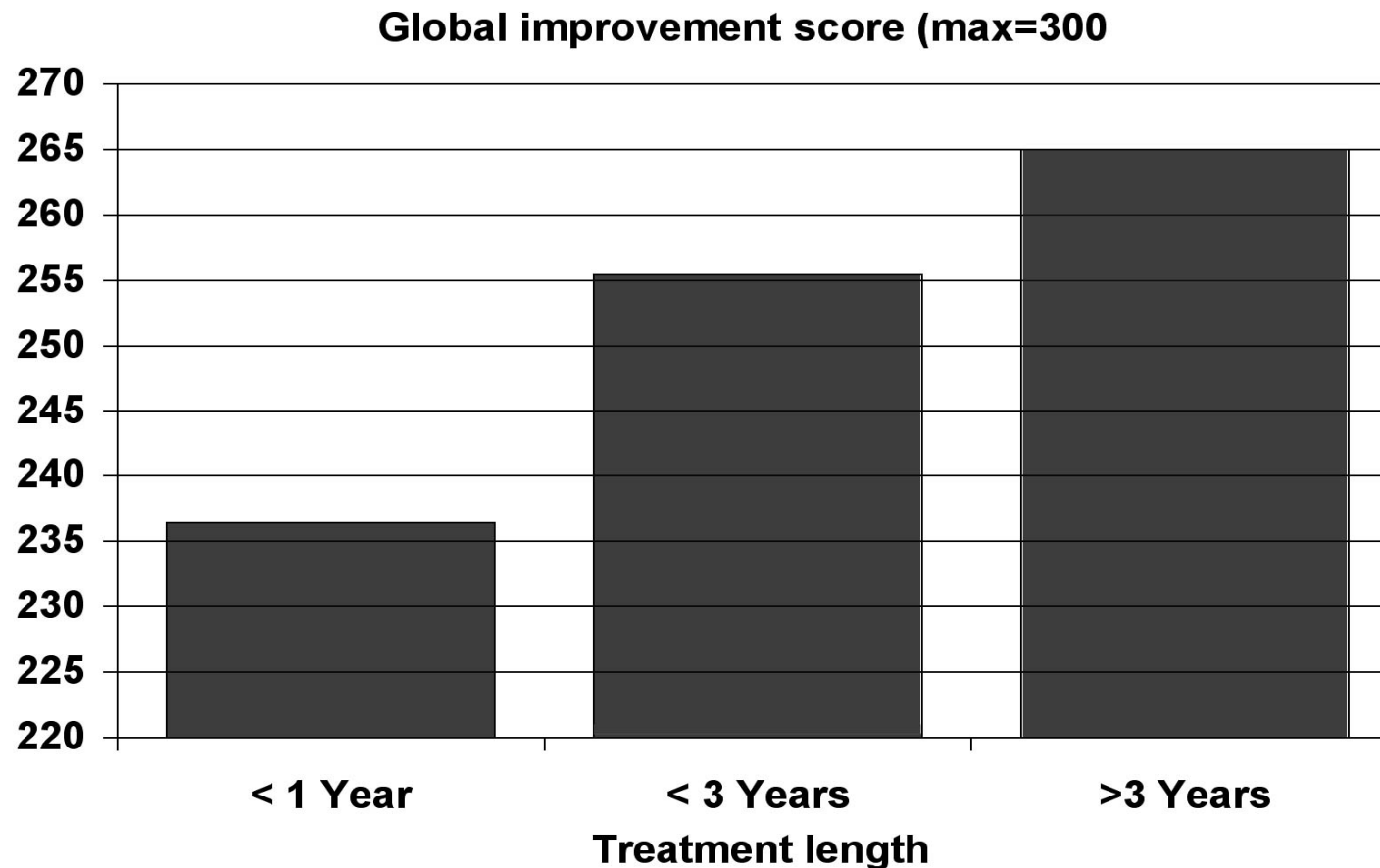
# **IPTAR- Study**

## **Interactions of syndrom, frequency and duration**

<b>Effect by Factor</b>	<b>Frequency</b>	<b>Duration</b>
Overall	$r=.29^{***}$	$r=.28^{***}$
1. Eating disorders	$r=.51^*$	$r=.09$
2. Anxiety	$r=.57^{**}$	$r=.14$
3. Depression	$r=.25$	$r=.22$
4. Family disorganization	$r=.17$	$r=.44$
5. Stress	$r=.07$	$r=.49^{**}$

# Berlin Jung Study **duration and satisfaction**

(Globale Besserung als Kompositum dreier Einzelskalen)





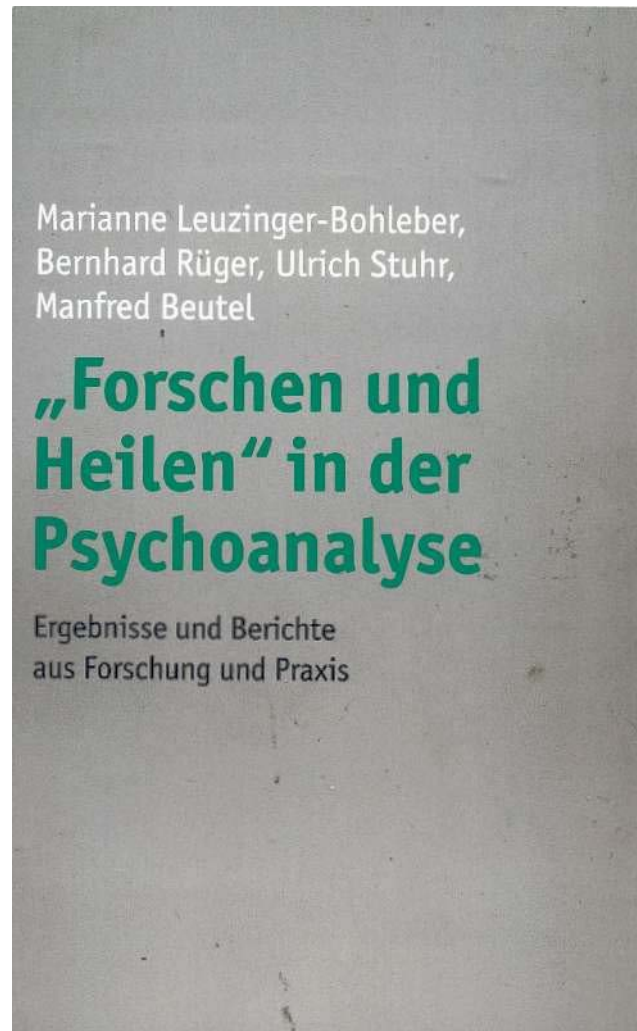
# **Longterm Effects of Psychoanalyses and Psychoanalytic Therapies: A Naturalistic Representative Follow-Up Study**

- **Planning and conceptualization Research  
Committee of the German Psychoanalytical  
Association (DPV): 20 Psychoanalysts and  
Researchers**
- **Study in progress since 1997**
- **Chairs:**
  - Prof. Dr. M. Leuzinger-Bohleber,  
University of Kassel**
  - PD Dr. U. Stuhr, University of Hamburg**
  - Prof. Dr. M. Beutel, University of Gießen**
- **Consultants:**
  - Prof. Dr. B. Rüger, Institute for Statistics of  
the University of Munich**
  - Prof. Dr. H. Kächele, Consultant of the  
Research Committee of the International  
Psychoanalytical Association (IPA)**
- **Participants:**
  - 62 Analysts in Local Research Groups  
(in Frankfurt, Hamburg, Gießen, Tübingen,  
Freiburg, Munich, Köln, Kassel)**
- **Former patients of psychoanalyses and longterm  
Psychotherapies: n = 401 (representative  
sample of all patients who have terminated  
their treatments between 1990 and 1993)**

# **The German Psychoanalytic Associations Follow- up study**

**The first large scale follow  
up study**

# Differences between Psychoanalyses and long term Psychotherapies

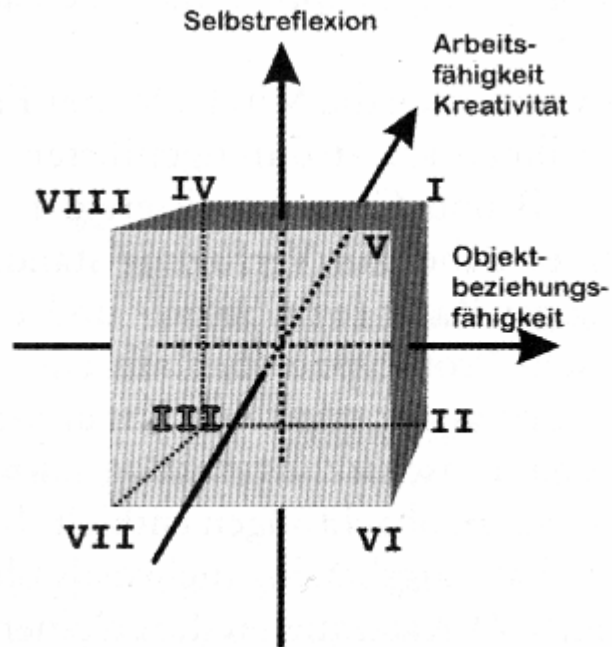


# Both forms of treatment lead to long time stable results in the majority of patients, if the indication was

# 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

Leuzinger-Bohleber M, Target M (Hrsg) (2002) Outcomes of Psychoanalytic Treatment Perspectives for Therapists and Researchers. Whurr Publishers,, London and Philadelphia,

# Clinical Prototype-Formation

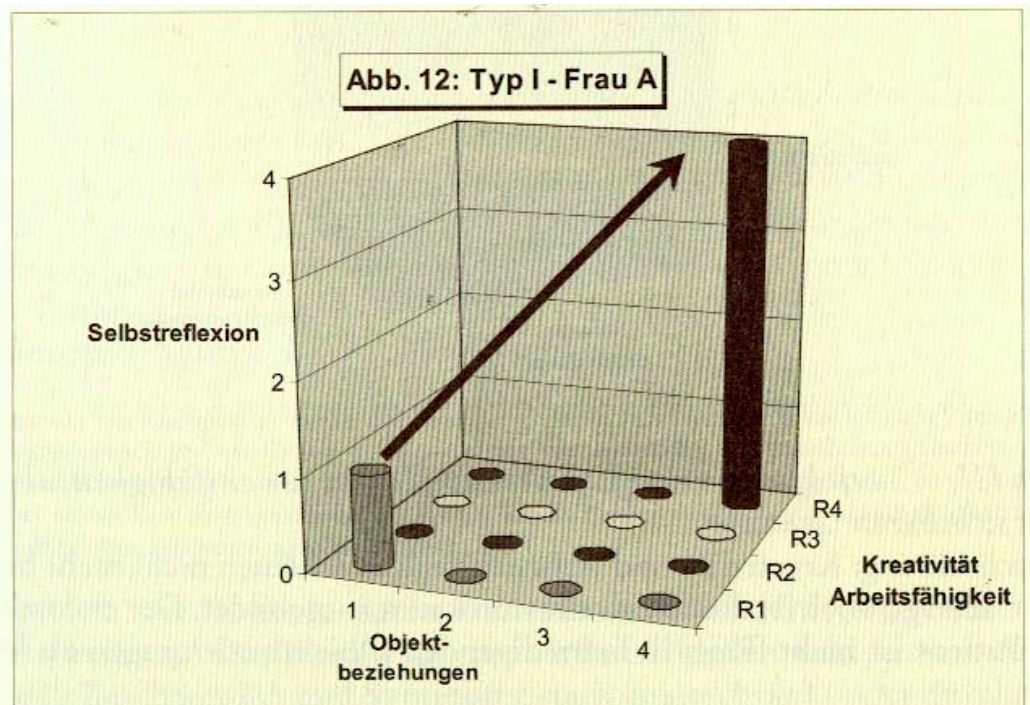


Capacity for relationship

Capacity to work - Creativity

Self reflection

Leuzinger-Bohleber & Rüger  
(2002, S.130)



R1 ... R4 = von »schwach« bis »stark ausgeprägt«

# The eight clinical prototypes

**Type 1:** „well done... The really good ones“

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

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

**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:** tze 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

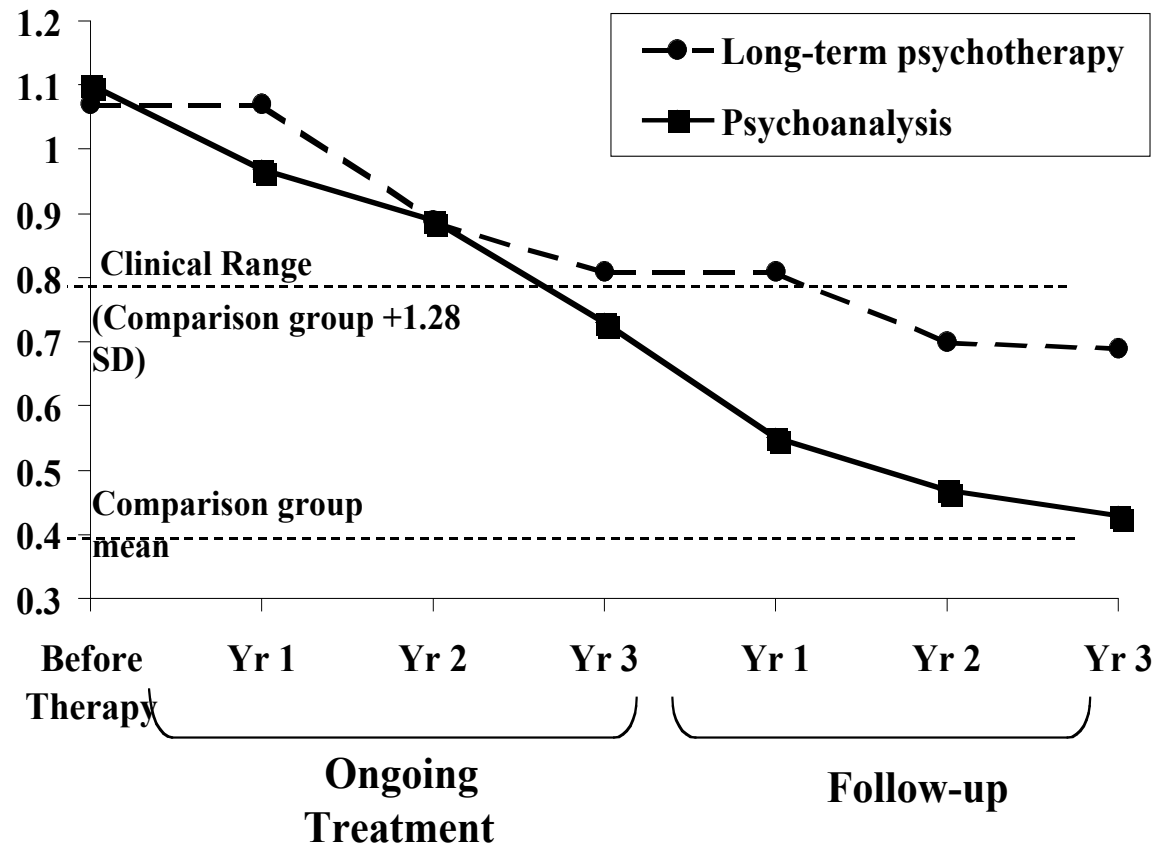
Stuhr et al.(2002, S.154)

# Stockholm Outcome of Psychotherapy and Psychoanalysis (STOPP) Study

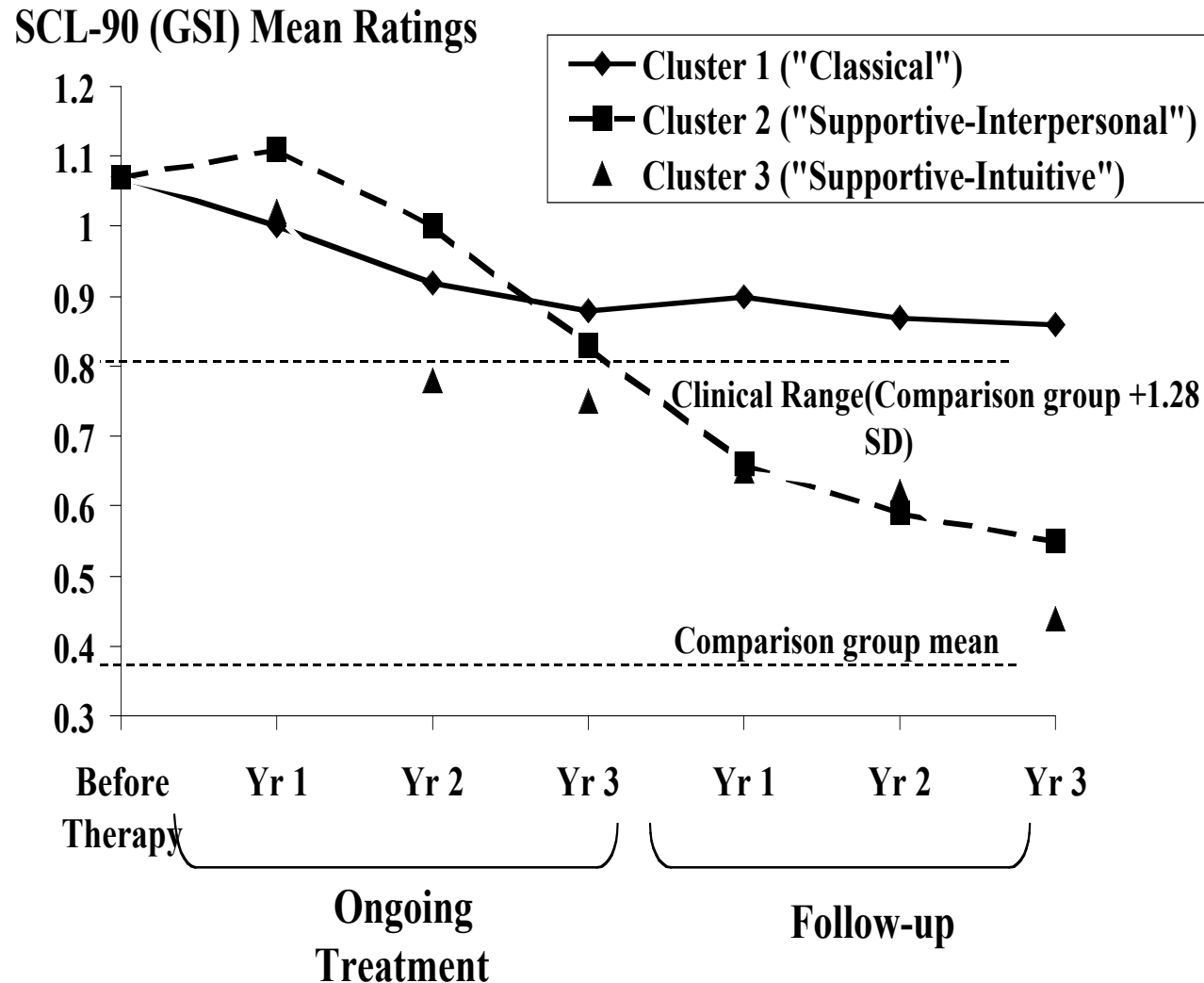
Treatment Groups	Comparison Groups
<p>N = 700 persons at various stages of treatment (before, ongoing, or after):-</p> <p><math>n_1</math> = 60, subsidised for psychoanalysis 1990-1992 or 1991-1993</p> <p><math>n_2</math> = 140, subsidised for long-term psychotherapy 1990-1992 or 1991-1993</p> <p><math>n_3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

# STOPP SCL-90 Global Severity

SCL-90 (GSI) Mean Ratings



# STOPP Studie Therapists Factors





# future tasks of a psychoanalytic treatment research

Prospective Patient Profiling

Interaction of frequency and duration

Interaction of technique and setting

Disorder-oriented, but comorbidity-sensitive studies

Comparative Case Studies

*Last but not least:*

Detailed studies of tape-recorded psychoanalytic processes



**Never give up**