

Research on Psychoanalytic Therapies - Some Issues

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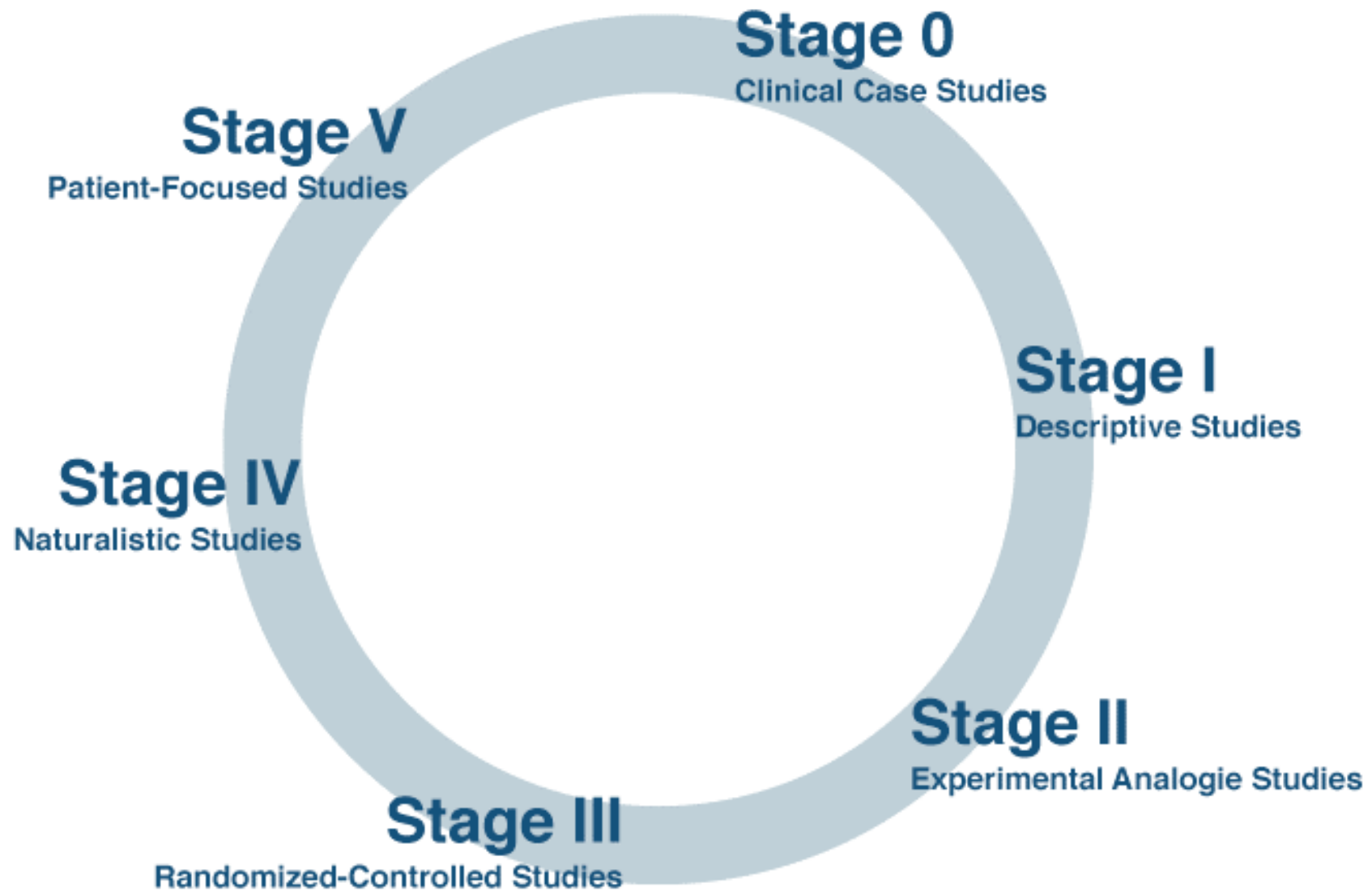
IPA-Committee on Research

Lecture at WAW-Institute January 2007

Profession and Science

- „In his day work it is necessary for a scientist to exercise a high degree of criticism and selfcriticism: and in the world he inhabits neither the data nor the theories of a leader, however admired personally he may be, are exempt from challenge and criticism. There is no place for authority. The same is not true in the practice of a profession.
- If he is to be effective a practitioner must be prepared to act as though certain principles and certain theories were valid; and in deciding which to adopt he is likely to be guided by those with experience from whom he learns. Since, moreover, there is a tendency in all of us to be impressed whenever the application of a theory appears to have been successful, practitioners are at special risk of placing greater confidence in a theory than the evidence available may justify. (Bowlby 1979, p. 4)
- Bowlby J (1979) Psychoanalysis as art and science.
Int Rev Psychoanal 6: 3-14

Stages of treatment research



From Clinical to Systematic Case Studies

Anna O (Freud & Breuer 1895)

Dora (Freud 1905)

Ratman (Freud 1909)

Narrative of a child analysis (Klein 1961)

The psychoanalytic process (Dewald 1972)

The two analysis of Mr. Z (Kohut 1979)

Mrs C (Dahl 1988; Weiss & Sampson 1986)

Amalia X (Kächele et al. 2006)

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 f.e. Bouchard et al. scales 1995

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/ Plan Formulation Methode

Descriptive Studies

Patient factors

Therapist factors

Treatment factors

Societal factors

Summarized in the

Generic Model of Psychotherapy

D. E. Orlinsky, K. Grawe and R. Parks 1994 Process and outcome in psychotherapy A. E. Bergin and S. L. Garfield Handbook of psychotherapy and behavior change New York Wiley p. 270-376

Stage II Experimental Analogue Studies

L. Luborsky: „Beginning in 1946 with the study of the context for an ulcer patient's recurrent stomach pain.....

Cattell RB, Luborsky L (1950) P-technique demonstrated as a new clinical method for determining personality structure. *Journal of General Psychology* 42: 3-24

Luborsky L (1953) Intraindividual repetitive measurements (P-technique) in understanding psychotherapeutic change. In: Mowrer OH (Hrsg) *Psychotherapy ÷ Theory and Research*. Ronald Press, New York, pp 389-413

The first trial of P-technique in psychotherapy research - A still-lively legacy

J Consulting and Clinical Psychology 63: 6-14 (1995)

Stage II Experimental Analog Studies

This methodology is not our strength

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

Experimental Analogue Studies

H. Heckmann, M. Hölzer, H. Kächele and H. Robben 1987

Resistance and transference as two main constituents in an "experimental analogue" of free association

W. Huber (Ed) Progress in Psychotherapy Research. Louvain-la -Neuve Presses Universitaire de Louvain p. 582-593

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

Manuals For Empirically Validated Treatments

- Bulimia
- Chronic Headache
- Chronic Pain
- Chronically Mental Ill
- Depression
- Post-Traumatic Stress Disorder
- Discordant Couples
- Enuresis
- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder
- Panic Disorder
- Specific Phobia

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 somatic diseases (ICD-10 F54)

personality- and behavioral disorders (ICD-10 F6)

dependency and abuse (ICD-10 F1, F55)

News: Eclecticism in Treatment Development

So-called „disorder-specific“ treatment development:

f.e. INTERPERSONAL THERAPY

IPT for major depression ✓

IPT for bulimia ✓

IPT for everything ????

Duration of Experimental Trials

Cognitive-Behavioral Therapies

- 429 Studies, mean duration 11,2 sessions
- 434 Studies, mean duration 7, 9 weeks

Humanistic Therapies

- 70 Studies, mean duration 16,1 sessions
- 76 Studies, mean duration 11, 6 weeks

Psychodynamic Therapies

- 82 Studies, mean duration 27,6 sessions
- 80 Studies, mean duration 30,7 weeks

Data extracted from Grawe et al. 1994

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 New York Borderline-Study: *PI Otto Kernberg*

like the Finnish comparative Study, *PI R. Knekt*

like the Stuttgart TRANS-OP study *PI Kordy*

Stage IV Naturalistic Studies

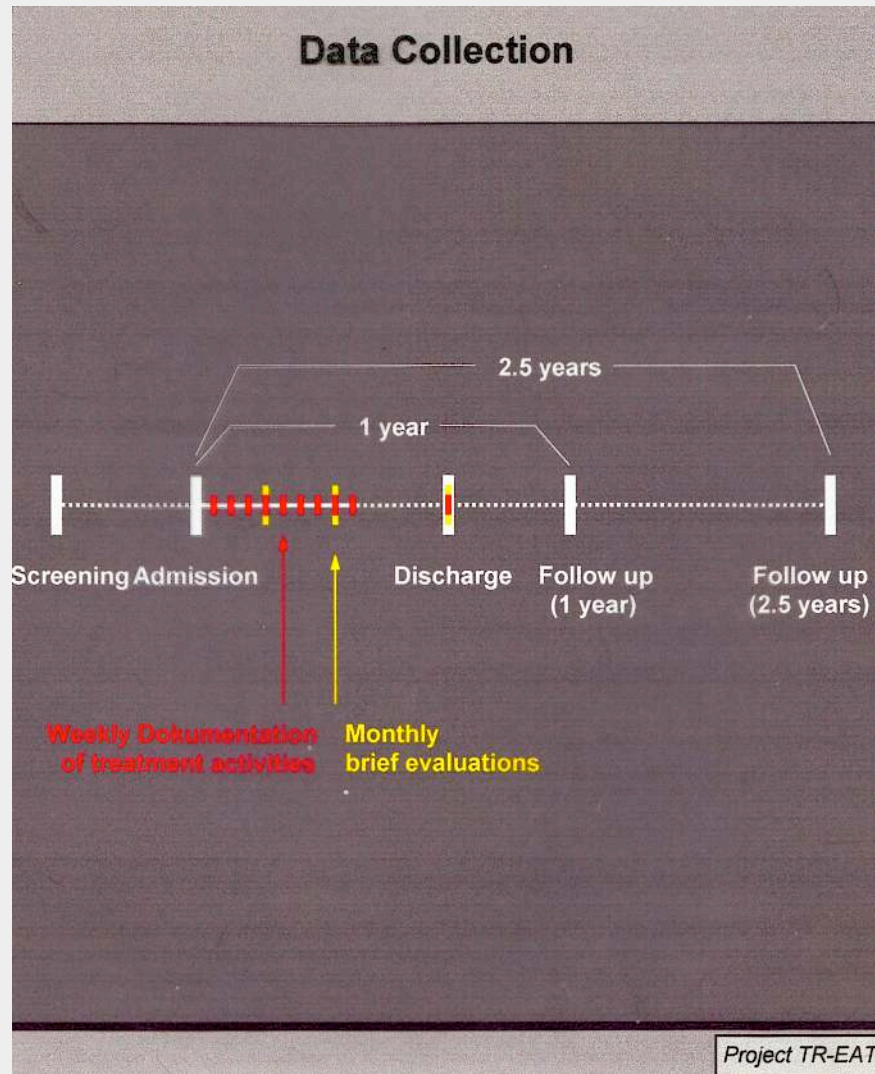
In-Patient Psychotherapy-Studies

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

N = 1200 !!!!!!!

standardized instruments

a lot of money (2.5 Mill €)

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

Stage V Patient-focused studies

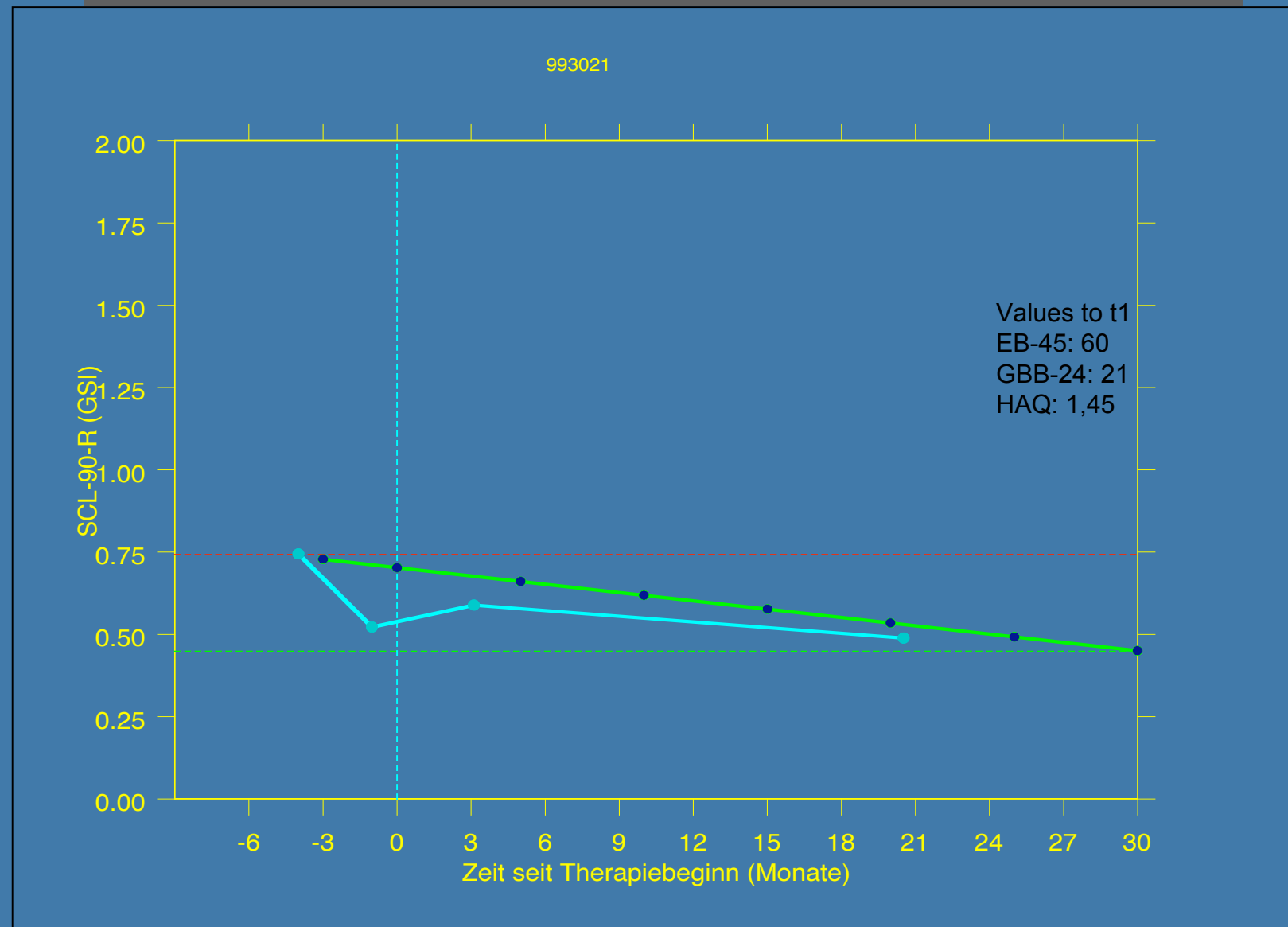
Using hierarchical-linear modeling the course of individual treatment may be predicted and the factual course compared with the prediction

Puschner, B., Kraft, S., Kächele, H. & Kordy, H. (in press):

Course of Improvement during two years in psychoanalytic and psychodynamic outpatient psychotherapy.

Psychology and Psychotherapy.

Modelled and factual course : 993021



Hot topics

Attachment

Duration and frequency

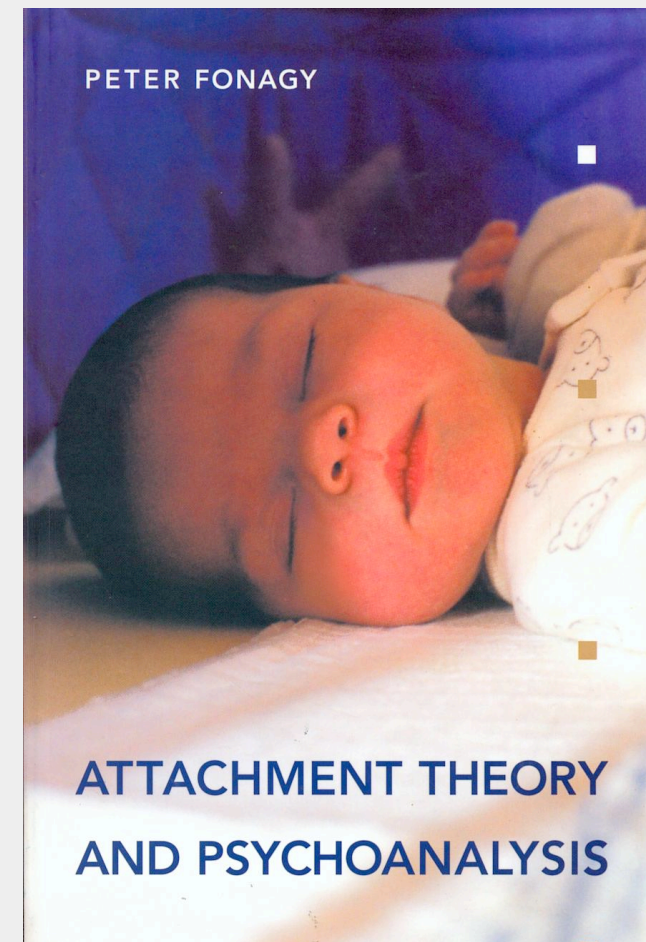
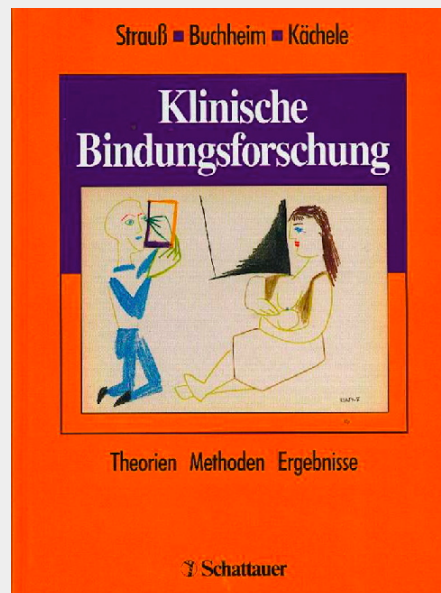
Attachment Theory and Treatment Duration

A desirable increase of attachment security as a curative and protective factor for psychic disturbance can be achieved only by change of procedural memory (Bowlby 1988)

Attachment Theory and Psychotherapy

Attachment theory provides a testable model for the concept of re-staging of earlier experiences in the presence, i..e. transference

s.a.



Change and Attachment

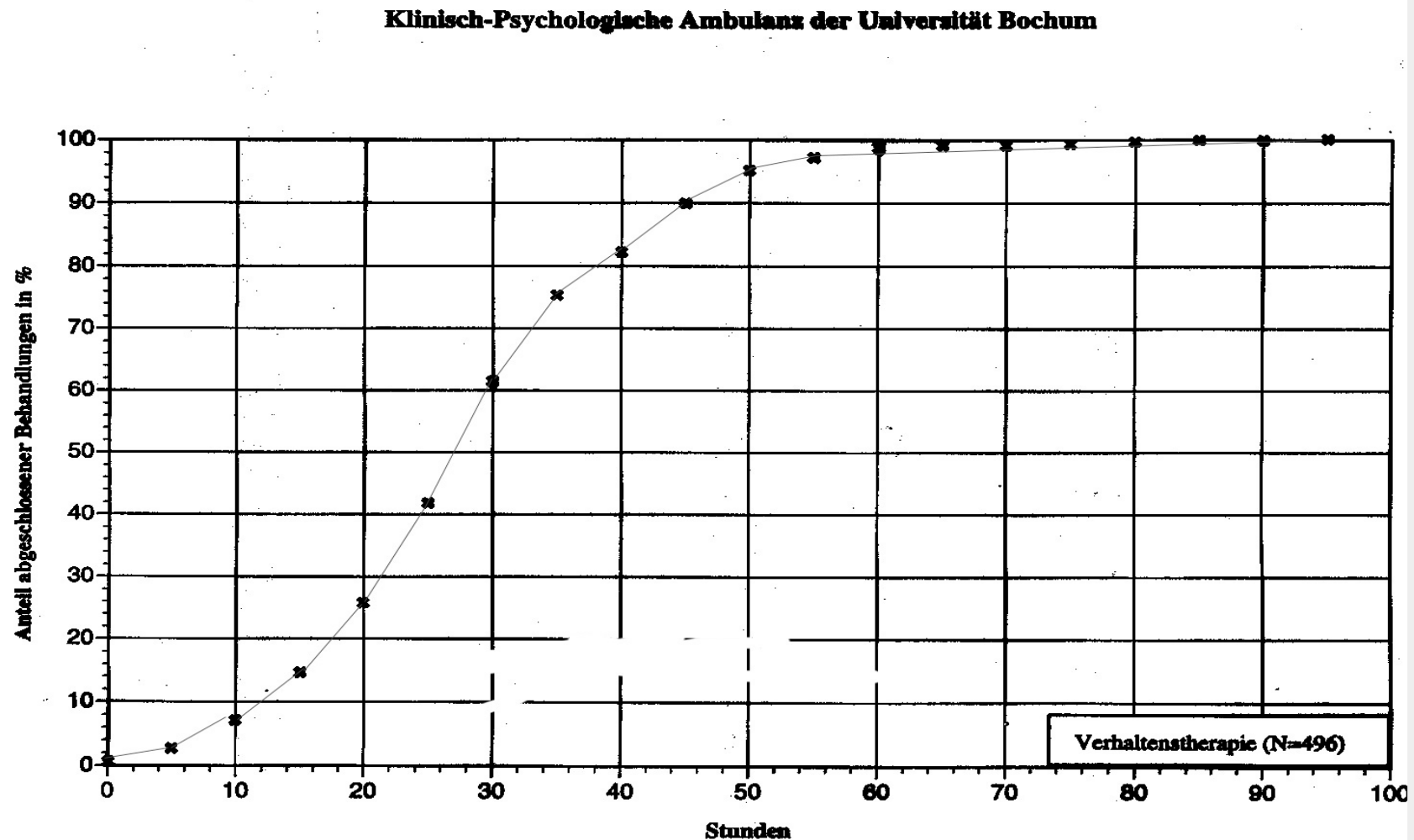
- Is the therapist an attachment figure providing corrective emotional experience?
- Is therapeutic alliance equivalent with attachment ?
- Is there something like attachment-transference or attachment resistance ?
- Does intensity and length of treatment play a role in order to alter attachment?
- *Many open questions !!!!!!!!!*
- (our new study: psychological and neurobiological changes in patients with chronic depression in psychoanalytic treatment - a longitudinal observation)

Frequency, Duration & Total Dosage of Psychotherapeutic Therapies

! my personal guess !

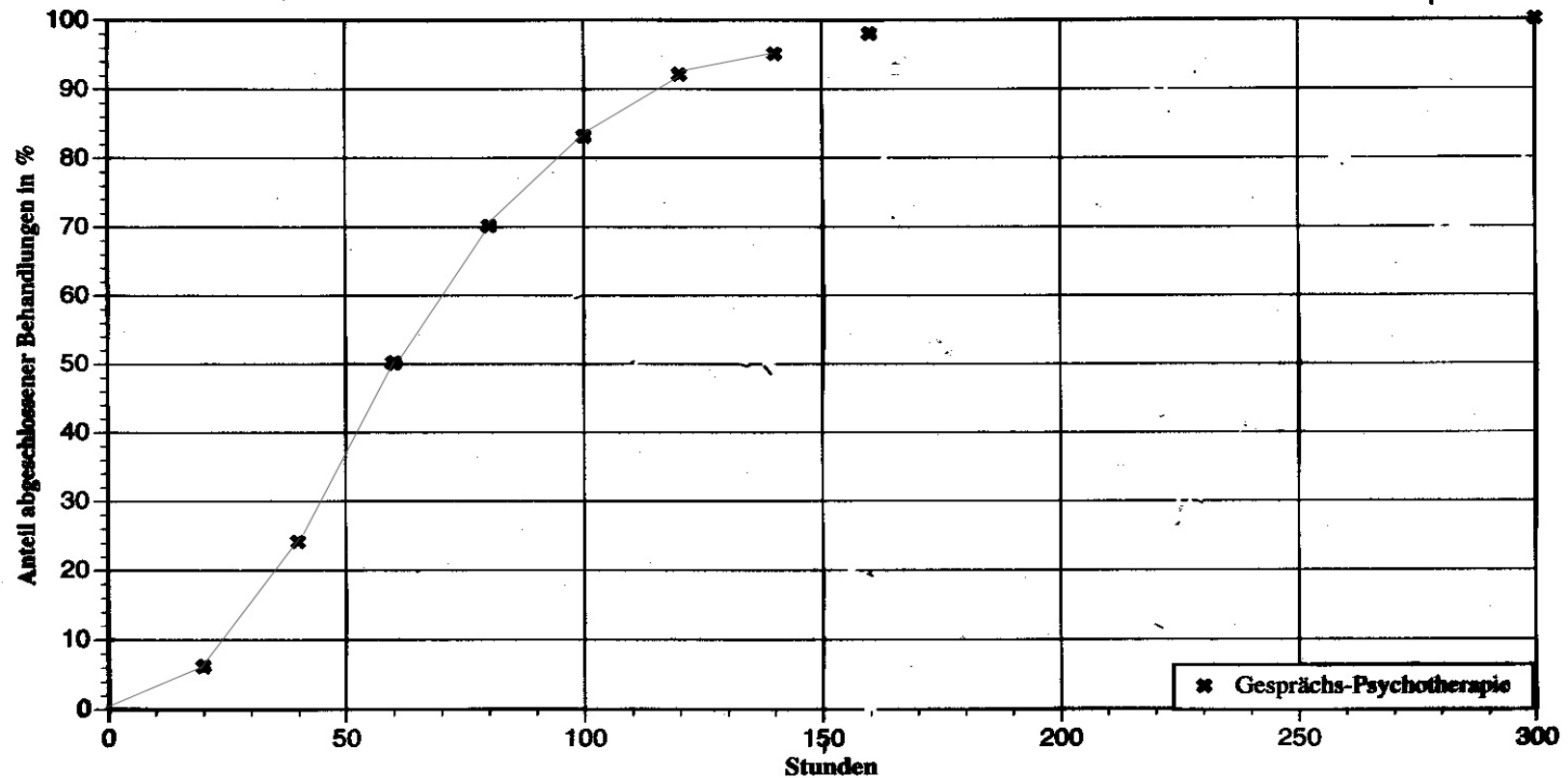
- 1 session per week \pm 1 year: \pm 30 sessions
- 2 sessions per week \pm 2 years: \pm 120 sessions.
- 3 sessions per week \pm 3 years : \pm 270 sessions.
- 4 sessions per week \pm 4 years : \pm 480 sessions.
- 5 sessions per week \pm 5 years : \pm 750 sessions.

Duration of Cognitive-Behavioral Therapy (N = 496)

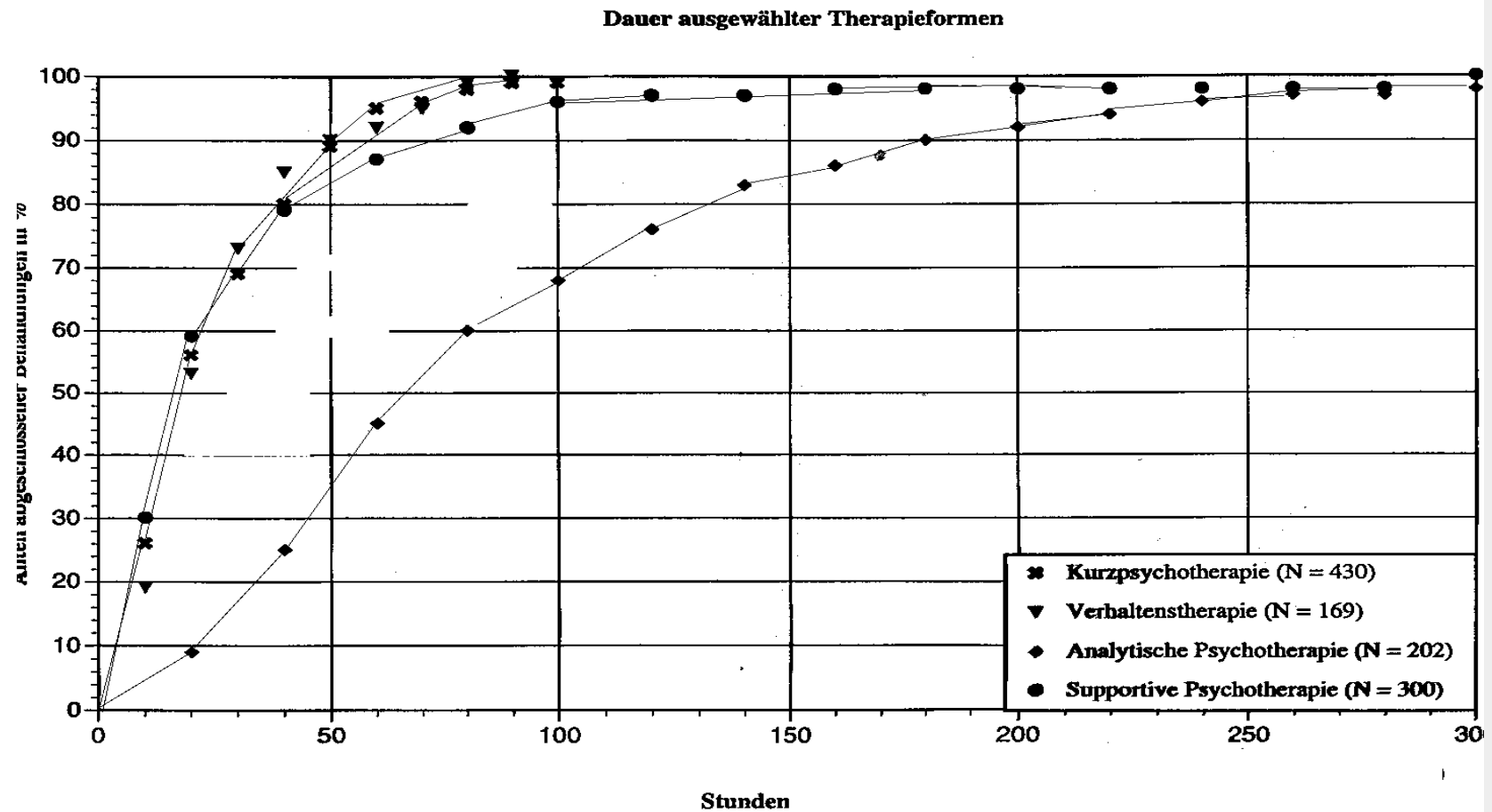


Duration of Client-Centered Psychotherapy (N = 300)

Bundesweite Untersuchung von Gesprächs-Psychotherapie

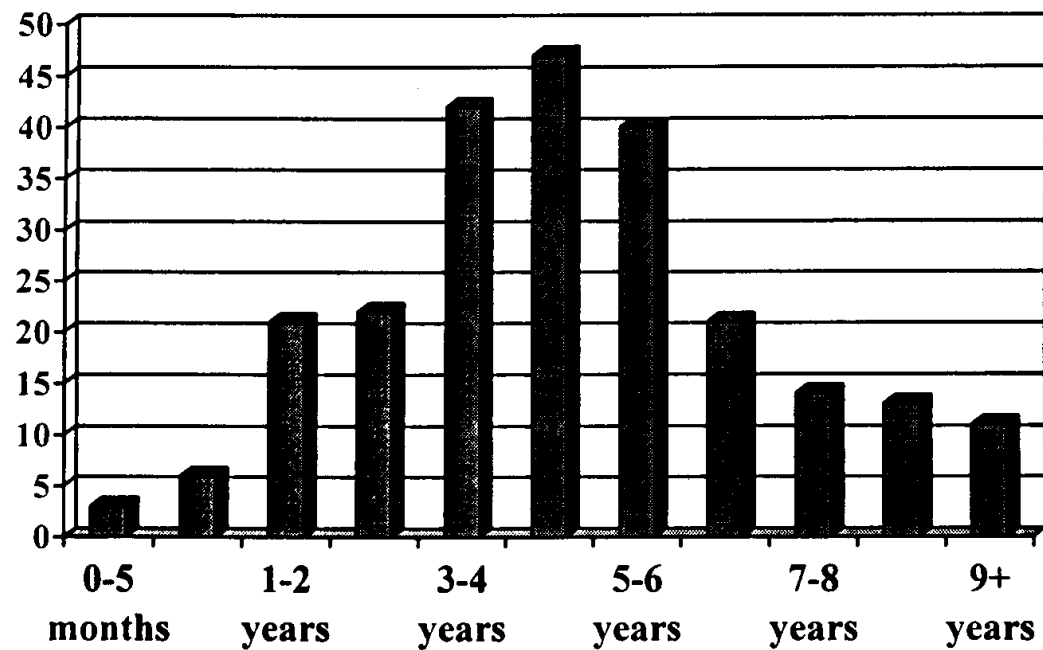


Ulm Psychotherapeutic Out-Patient Clinic 1980-1990



NewYork Psa Institute Data

Duration of Analysis



Dose - Effect Relationships

- Is there an equivalent to the dosage-concept in pharmacology ?
 - Howard HI, Kopta SM, Krause MS, Orlinsky DE (1986) The dose-effect relationship in psychotherapy. *American Psychologist* 41: 159-164
 - 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
- The crucial issue: Is more of the same better ?

ConsumerReports Study 1

A US-survey to satisfaction with psychotherapy

1. Questions to

- kind of therapy
- kind of therapist
- problems leading to therapy
- duration and frequency of therapy
- emotional situation before and after therapy
- Improvement in which targets
- Satisfaction with treatment etc.

ConsumerReports Study 2

Three scales ranging from 0-100

- a) target-symptoms related improvement
- b) satisfaction with therapist
- c) global improvement (at time of survey)

total scores between 0 and 300

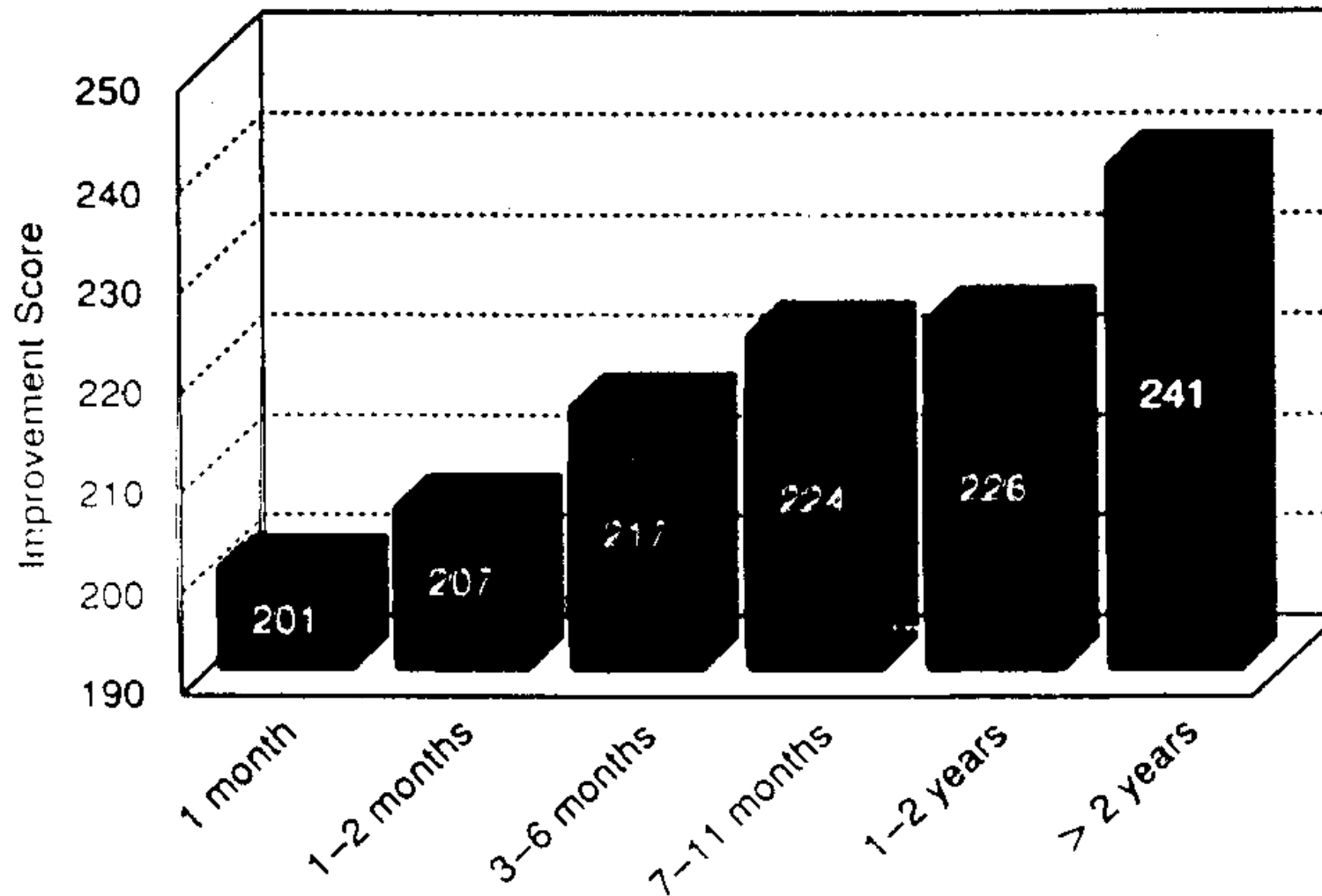
statistical control for initial degree of severity and duration of treatment.

Main finding:

Global Improvement correlates with duration of treatment

(N = 2.846).

ConsumerReports Study 3



IPTAR Study of the Effectiveness of Psychoanalytic Psychotherapy

Aims

1. What is the influence of duration on effectiveness
2. What is the influence of frequency on effectiveness
3. What is the influence of duration and frequency on effectiveness
4. is there an interaction among clinical syndromes and duration, frequency and outcome

■ IPTAR Study - Sample and Method

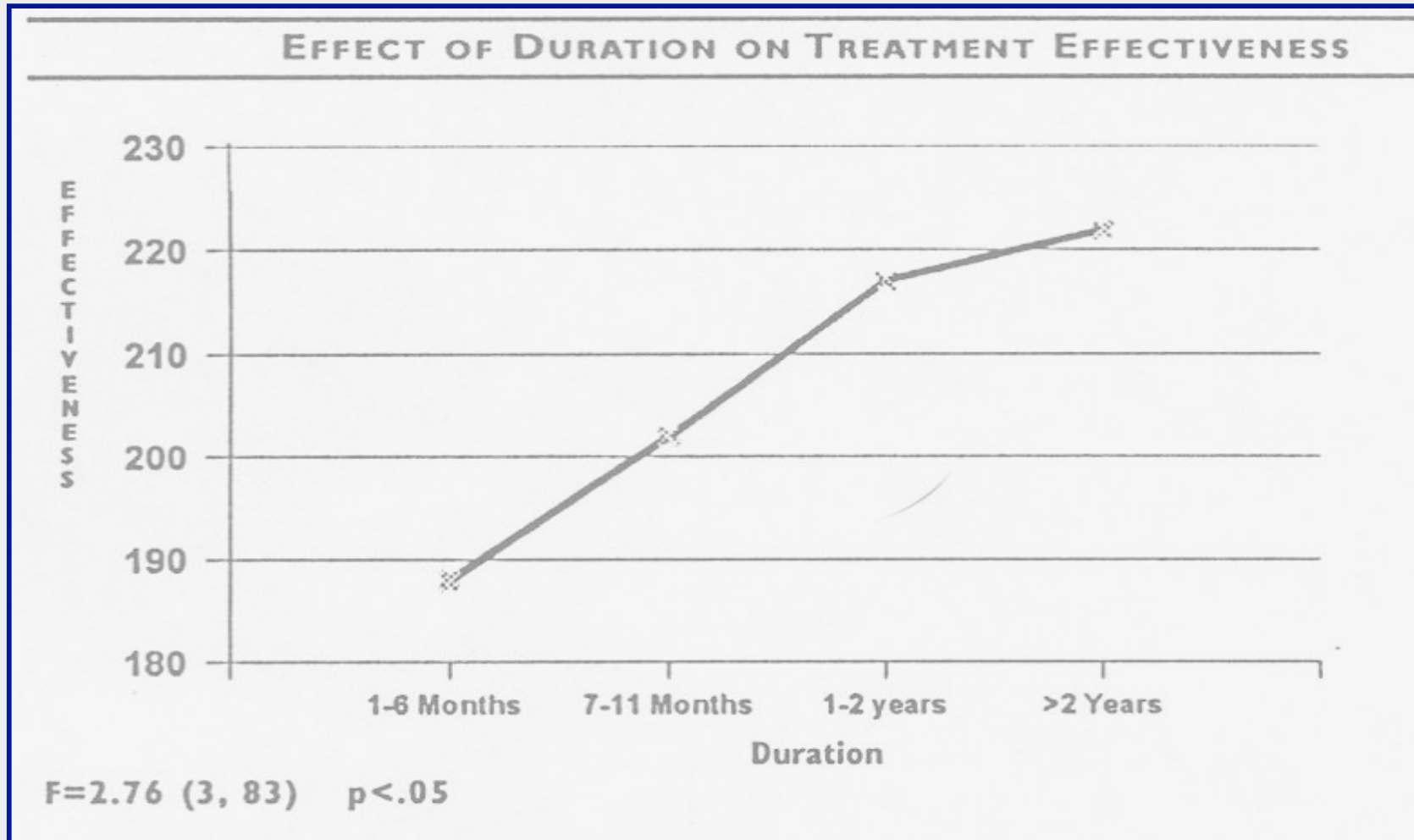
Sample: Pat. of the IPTAR Treatment Center

Method: ConsumerReports Questionnaire

Participation: of 240 distributed questionnaires
only 99 were returned: 41% quota of
participation

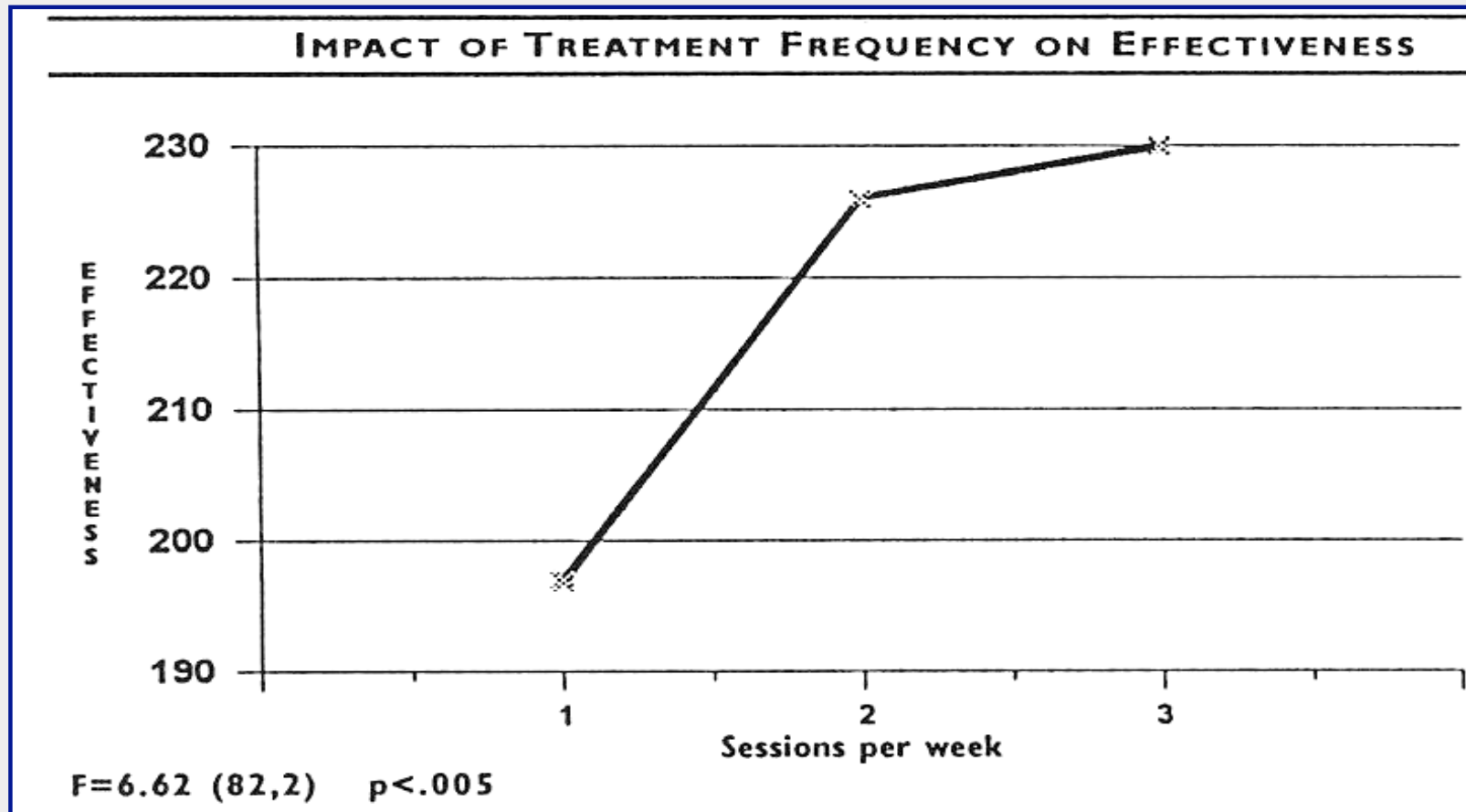
IPTAR

Duration and Effectiveness



IPTAR

Frequency and Effectiveness



IPTAR

Interactions of Frequency and Duration

Effect by Factor	Frequency	Duration
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	$r=.07$	$r=.49^{**}$

Saarbruecken Study on Effectiveness of Psychotherapy and on Patients' Satisfaction

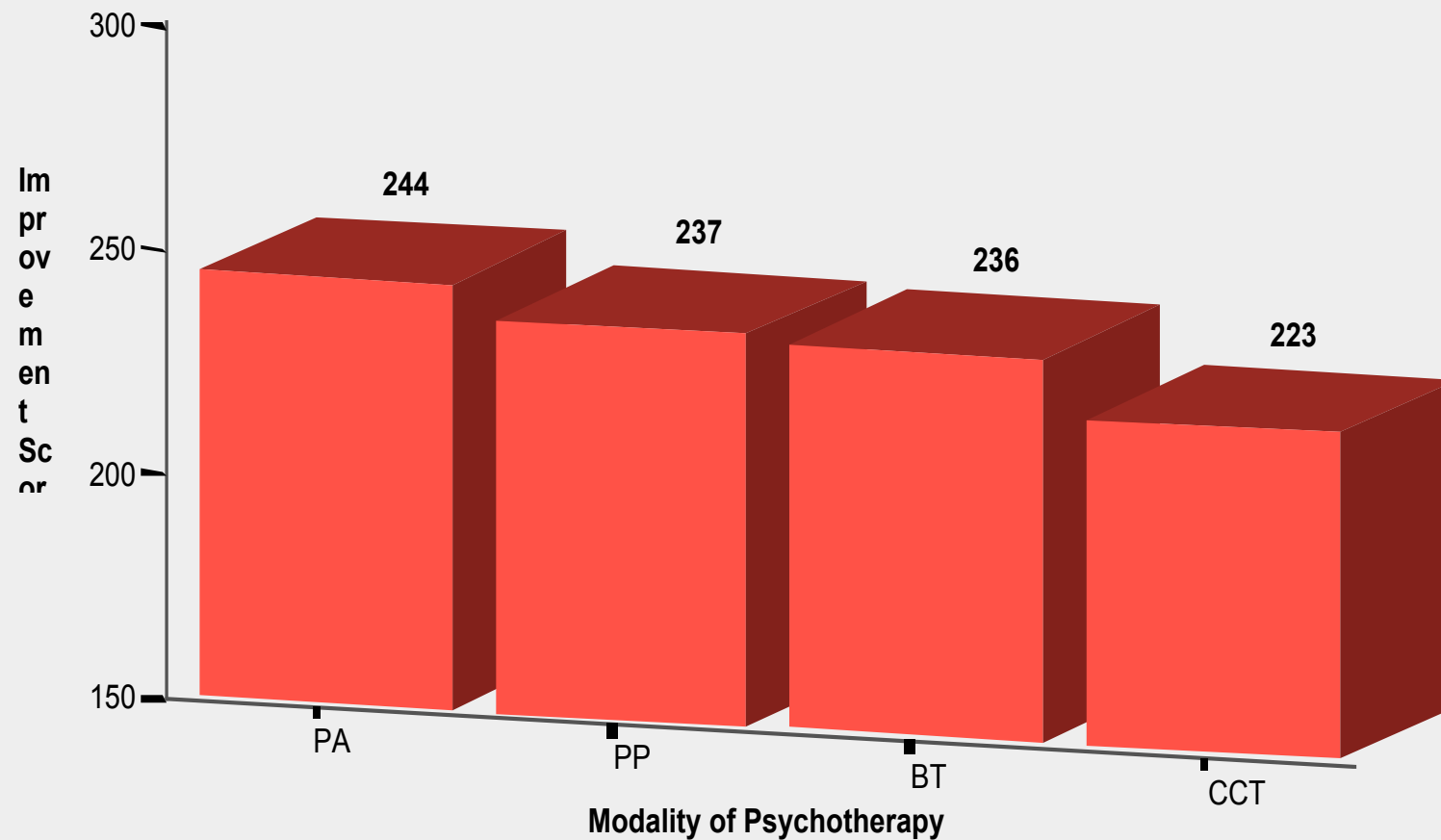
- Replication of the US CR Study;
- this is the second German ConsumerReports Study.
- see Konstanzt Study
 - F. Breyer, R. Heinzl and T. Klein (1997) Kosten und Nutzen ambulanter Psychoanalyse in Deutschland. in Gesundheitsökonomie und Quality Managment: 2 59-73

Saarbruecken Study II

Instrument and Sample

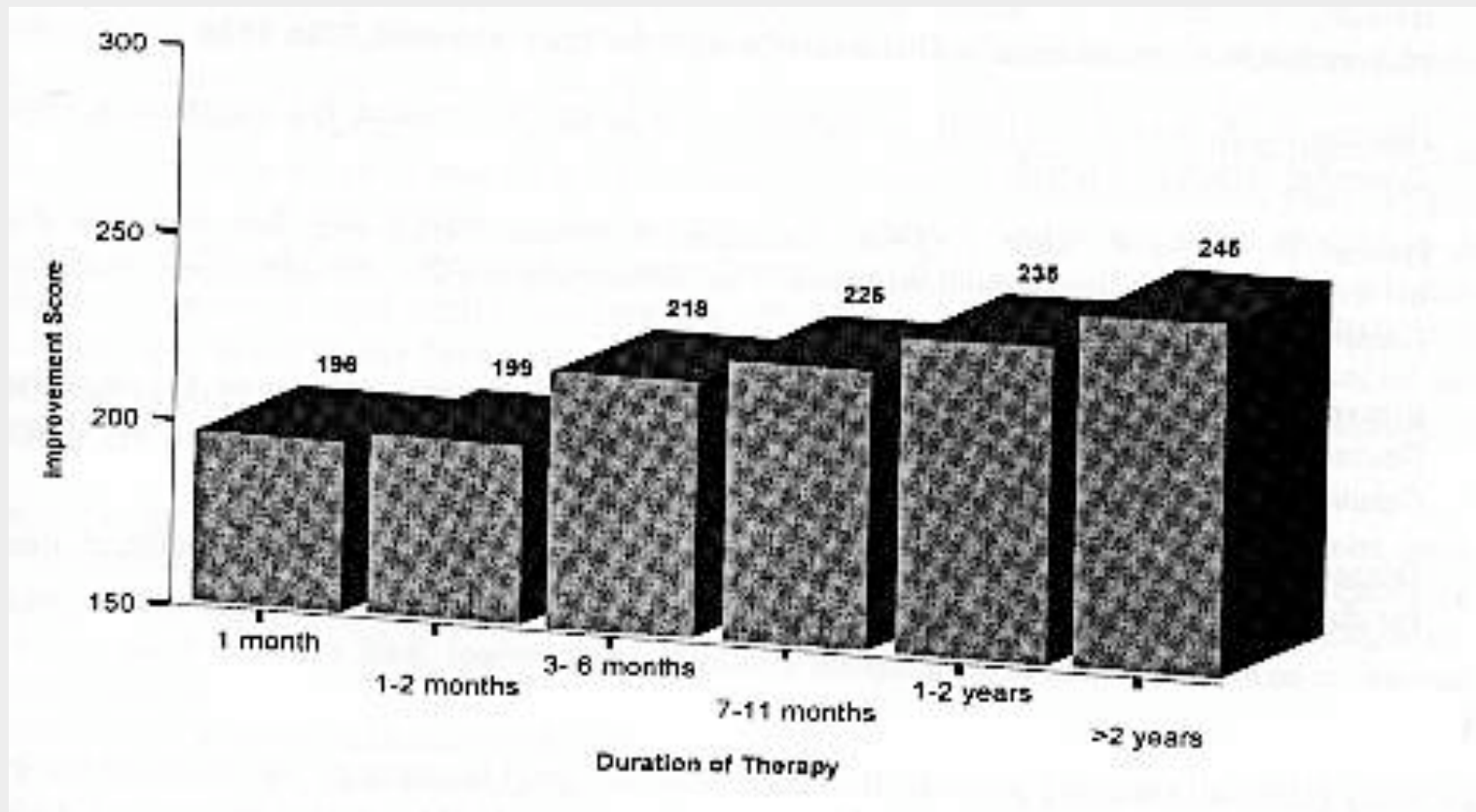
- Translation of the CR-Questionnaire into German
- Distribution by various professional organisations.
- Samples: 1621 questionnaires, 1506 useful, 115 excluded.
- The authors claim representativeness for German psychotherapy patients in terms of social-demographic features

Saarbruecken Study III: **Effectiveness**



Saarbruecken Study IV

Duration and Effectiveness



Saarbruecken Study V

Commentary to Findings

- Strong influence of duration
- The first significant improvement of effectiveness after 7 months, the second after 1 year and a highly significant improvement after 2 years.
- Methodical problems reside in the doubtful representativeness of the sample.

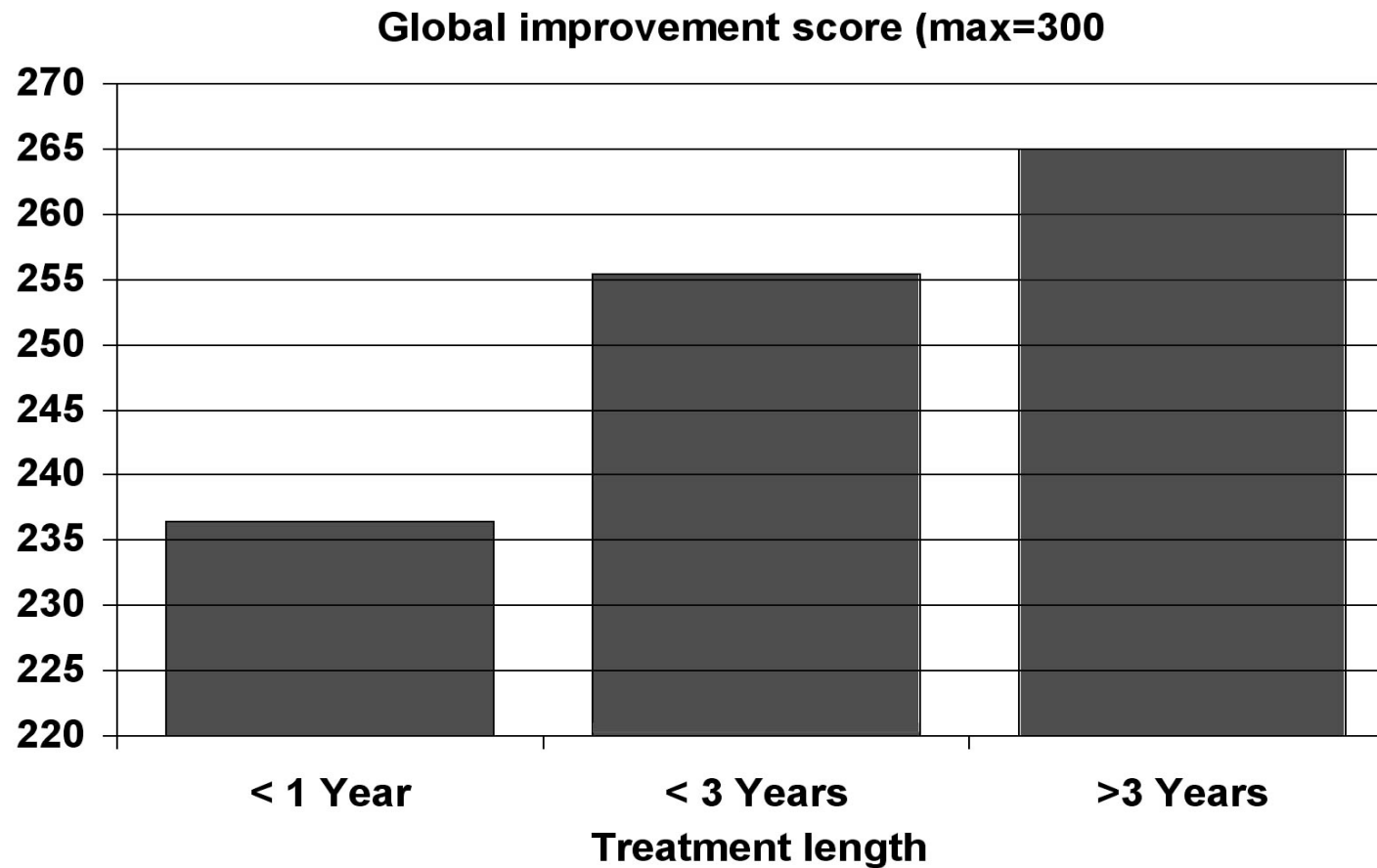
Berlin Jungian Psychoanalysis Study I

Characteristics of the Follow-Sample

Follow-up sample (n=111)	Mean (SD)
Age at follow-up, 1994 (yrs)	44.5 (4.8)
Age at start of treatment (yrs.)	35.0 (8.8)
Age at the end of treatment (yrs)	37.0 (8.0)
Time of follow-up (yrs)	5.8 (0.79)
Treatment length (0.3-8.3 yrs)	2.9 (1.7)
Number of therapy sessions (range 15- 399)	161.9 (94.9)

Berlin Jungian Study

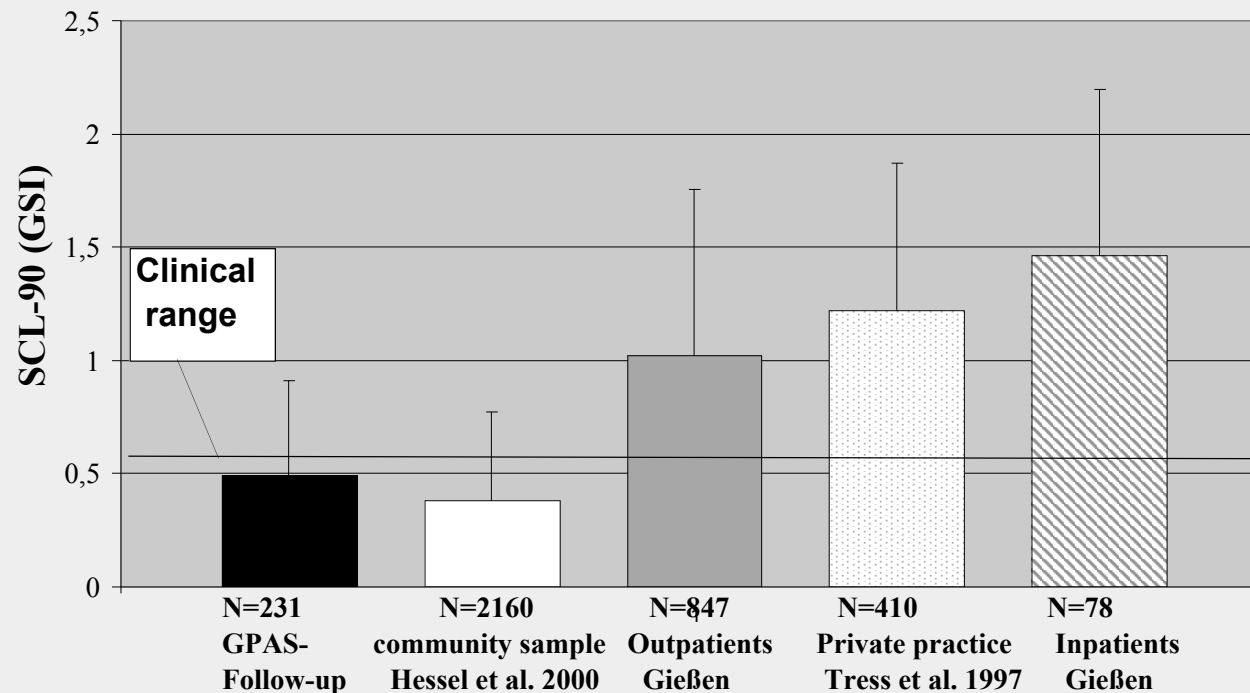
Duration and Outcome



German Psa Follow-Up Study

after six years:

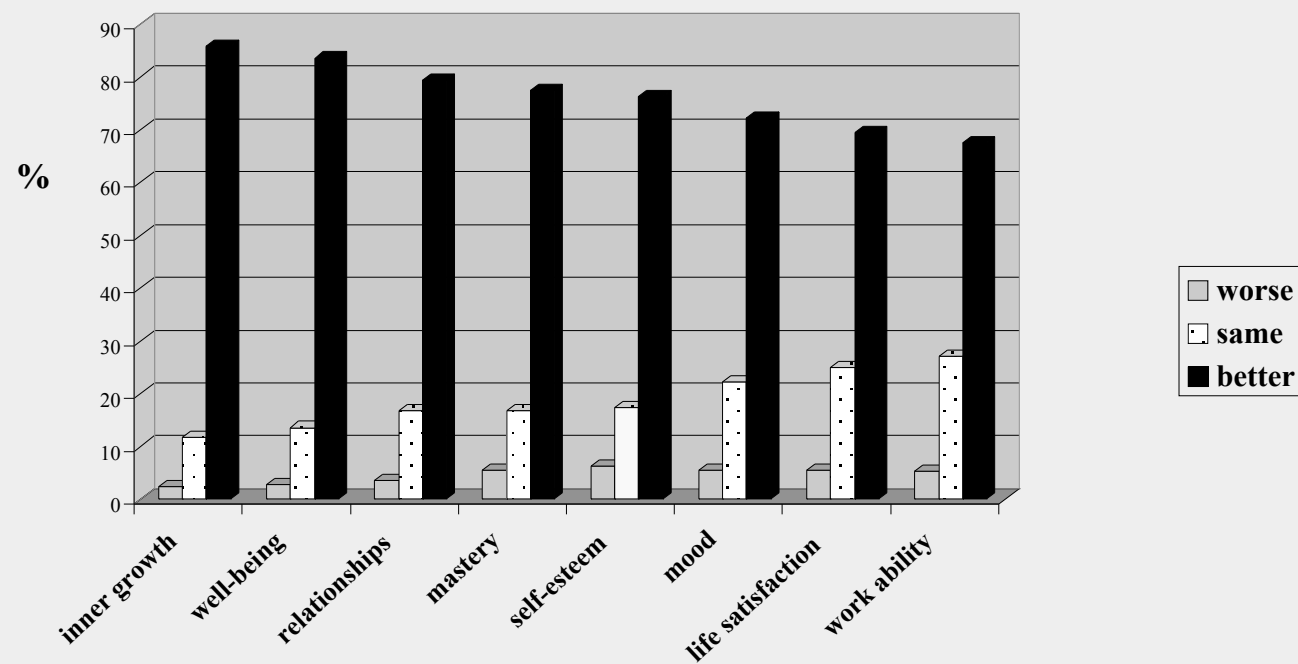
SCL-90: GSI N = 231



Leuzinger-Bohleber M, Stuhr U, Rueger B, Beutel M (2003) How to study the quality of psychoanalytic treatments and their long term effects on patients well-being. A representative multiperspective follow-up study. *Int J Psychoanal* 84: 263-290

German Psa-Follow-Up Study

Quality of Life N = 247

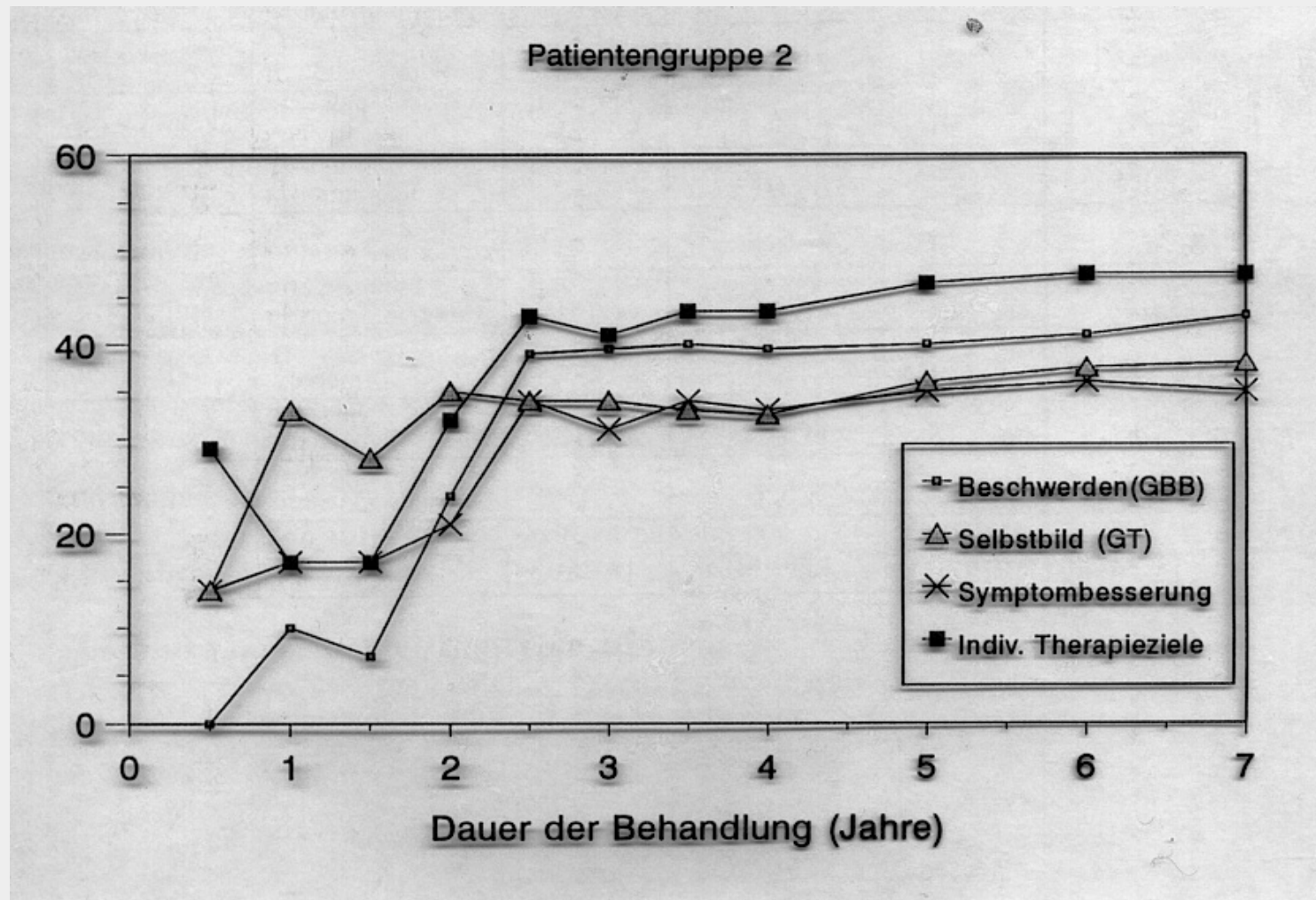


Heidelberg Study

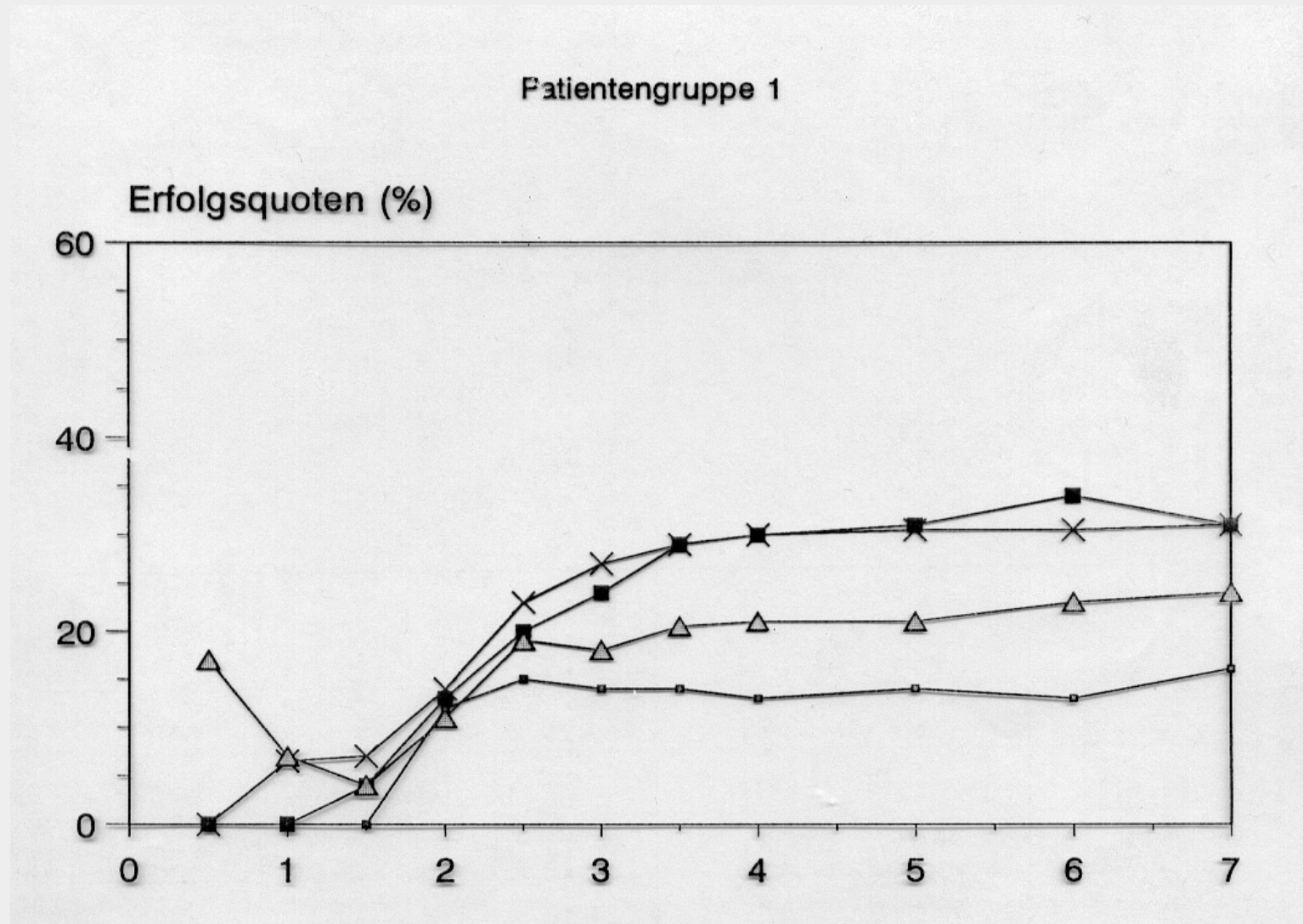
Dose-Effect Relationships

- (1) ‘more severe disturbed patients“ clearly lower improvement rates than less severe disturbed patients
- (2) patients with psychosomatic disorders or chronic functional disturbances need more time
-
- M. v. Rad, W. Senf and W. Bräutigam (1998)
- Psychotherapie und Psychoanalyse in der Krankenversorgung: Ergebnisse des Heidelberger Katamneseprojektes.
- PPmP Psychotherapie, Psychosomatik, med. Psychologie 48 88-100

Neurotic Patients



Psychosomatic Patients

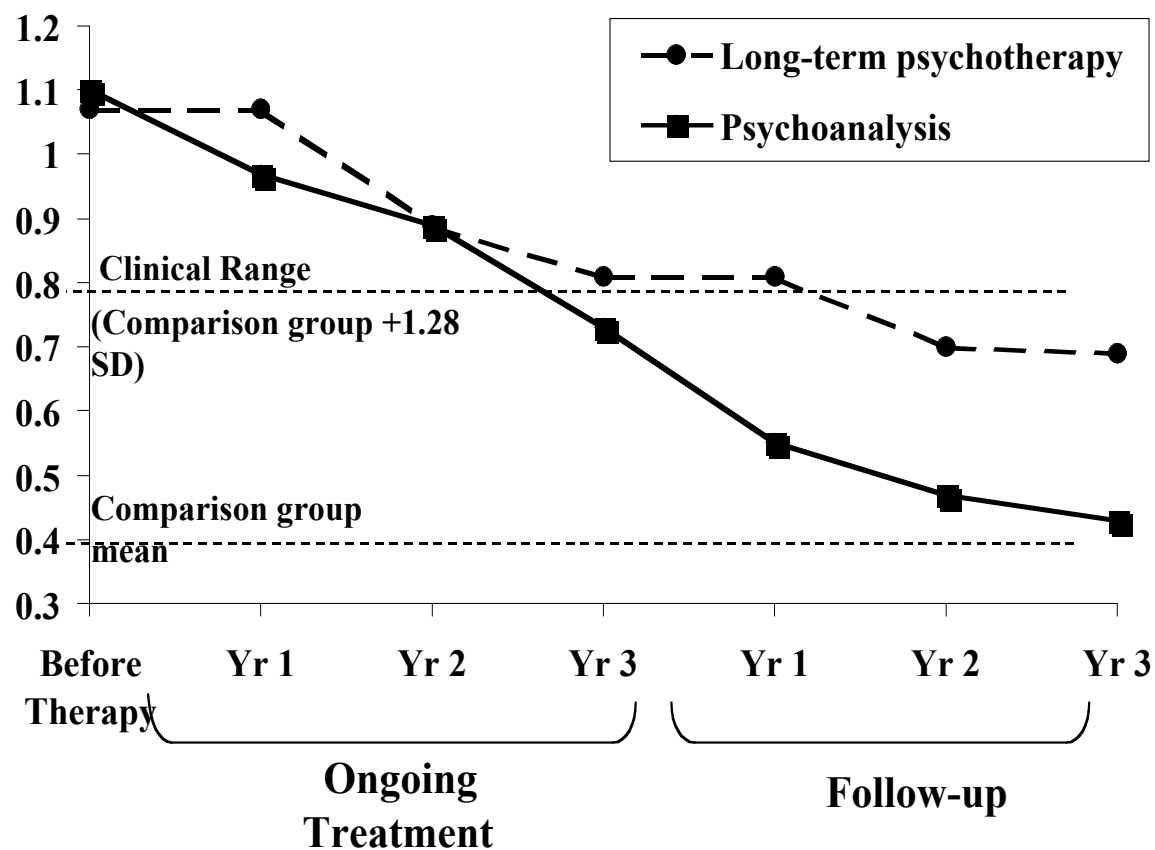


The Stockholm Outcome of Psychotherapy and Psychoanalysis (STOPP) Study

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

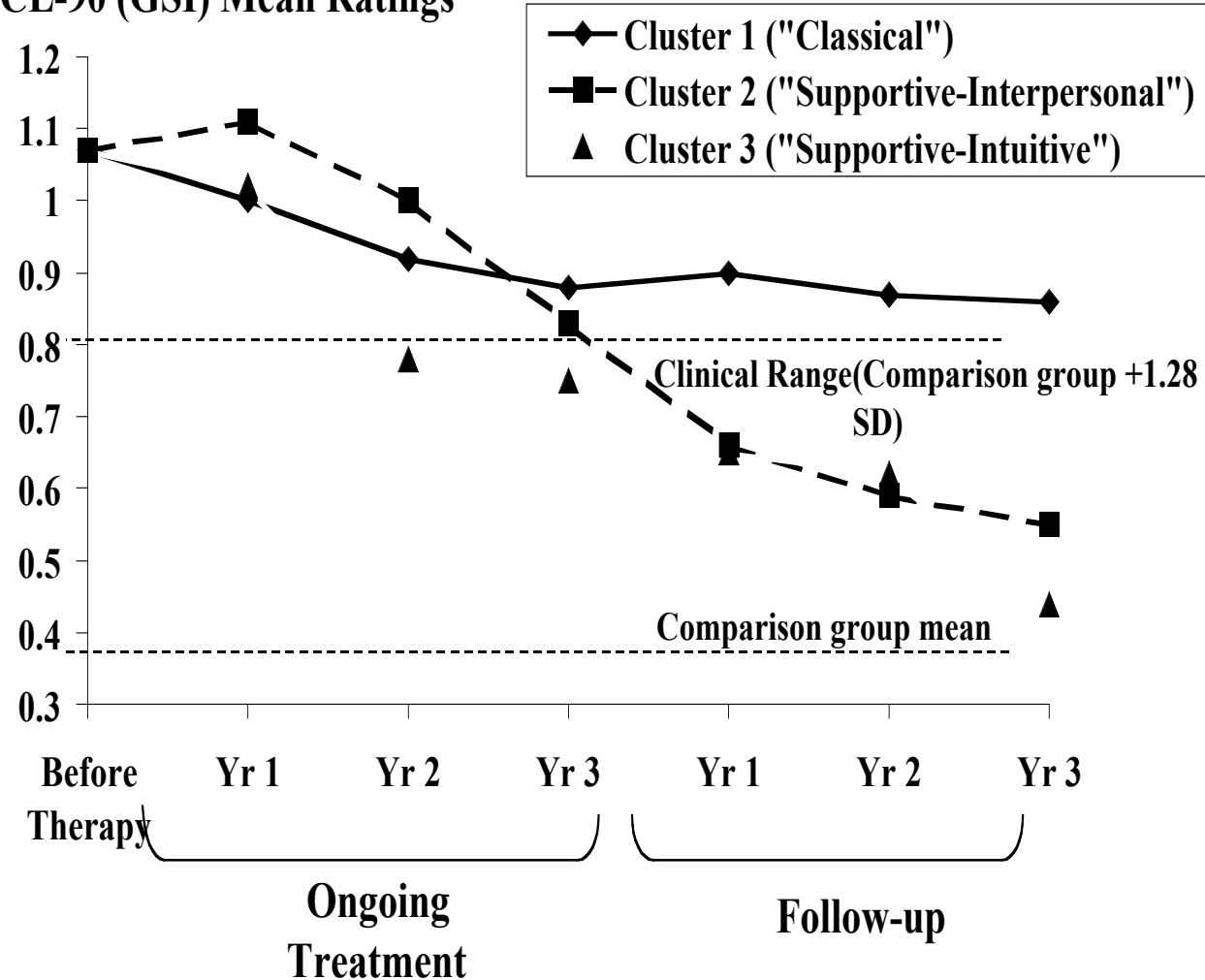
STOPP SCL-90 Global Severity

SCL-90 (GSI) Mean Ratings



STOPP Therapists factors

SCL-90 (GSI) Mean Ratings



Conclusions

- Time matters; dosage less so
- Focus on interaction of patient qualities and therapists style: treatment-apptitude paradigm
 - Lambert (1992): 30% of improvement are a function of therapeutic factors (warmth, empathy, acceptance etc.)
 - Wampold (2001): therapists have an effect size of .50 - .60 and „dramatically more variance is due to therapists than to treatments“