Horst Kächele[1]

The Role of Psychoanalytic Treatment Research for Psychoanalytic Training[2]

TOP 1 Psychoanalytic Education

The Berlin "model of training" included research by providing treatment free of charge for the general population. The "Ten-Years-Report" of the institute´s psychoanalytic out-patient facility demonstrated the viability of psychoanalytic outcome research (1930[3]). It reported on the relationship of diagnosis, duration and outcome, and was very specific in pointing out differential outcome of different disorders.

TOP 2

Quoted from the first edition of Bergin & Garfields Handbook of Psychotherapy and Behavior Change which contains the first fair and critical review on psychoanalytic outcomes by Bergin (1971[4]) in the 1st. ed. 1971. Further editions of the handbook - the bible of psychotherapy researchers - are a must for every library in the field (2nd. ed. 1978, 3rd. ed. 1986, 4th. ed. 1994 and the most recent 5th. ed. by M. Lambert in 2004[5]

TOP 4 Lack of Evidence

In the preface to a book on research Peter Fonagy wrote in 2004: „Psychoanalysis has not fared well in the era of evidence-based medicine....Evidence for the effectiveness of psychoanalytic therapy is lacking“

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[1]Department Psychosomatic Medicine and Psychotherapy, Universitätsklinikum Ulm

[2] Lecture delivered at the 2nd Conference on „Psychoanalysis in China“, Shanghai 2009.

[3]Fenichel, O. (1930). Statistischer Bericht über die therapeutische Tätigkeit 1920-1930. Zehn Jahre Berliner Psychoanalytisches Institut. Poliklinik und Lehranstalt. S. Radó, O. Fenichel and C. Müller-Braunschweig. Wien, Int Psychoanal Verlag**:** 13-19.

[4]Bergin, A. (1971). The evaluation of therapeutic outcomes. Handbook of psychotherapy and behavior change. A. Bergin and S. Garfield. New York, Wiley**:** 217-270.

[5]Lambert, M. J., Ed. (2004). Bergin and Garfield´s handbook of psychotherapy and behavior change. New York Chichester Brisbane, Wiley.

TOP 5 Statement on the Evidence of Psychoanalytic Therapy

The German Board on Professsional Standards in Psychotherapy demanded from the German Psychoanalytic Umbrella Organisation (DGPT) a statement on the evidence for psychoanalysis and psychoanalytic/psychodynamic psychotherapies. After some discussions our committee agreed on the generic 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.
The Ulm textbook on Psychoanalytic Therapy by Thomä & Kächele (1985, 1988) has been written in this understanding[6].

TOP 6 A System of Psychotherapy

Politically this decision was a breakthrough. Like „behavior therapy“ covering many diverse techniques the generic name could act as a unifying medium.
Following the logic of the Board (WBP) a „system of psychotherapy“ has various forms of application (i.e. methods):

TOP 7 What is Needed for Psychoanalytic Training?

There are four main points to delve on:

a) Self-experience - didactic analytic experience
b) Guidance how and what to read when
c) Practical experience under supervision
d) Knowing about research findings

ad a) Key notion for any training analysis in psychoanalytic therapies

Thomä and Kächele (2000[7]), made the recommendation that the right of psychoanalytic institutes to influence directly or indirectly the training analysis should be restricted. We fully agree with Kernberg that

[6]The German version was first published in 1985 (Volume 1: theory) and 1988 (volume two: practice); meanwhile it has been translated in quite a number of other languages: english (1987, 1992); hungarian (1987, 1991), spanish (1989, 1990), italian (1990, 1993), tchech (1992, 1996), portuguese (1992), polish (1996, 1996), russian (1997, 1997), roumanian (1999, 2000), armenian (2004), bulgarian 2009. A third volume (research) is available in its full length in German and English on the internet (www.horstkaechele.de); shorter versions have appeared in Russian (2003) and Italian (2003).

[7]Thomä, H. and H. Kächele (2000). “On the devaluation of the Eitingon-Freud model of psychoanalytic educuation. Letters to the editor.” Int J Psychoanal 81: 806-808.

we should avoid "any bureaucratic restriction and bureaucratic extension of the personal analysis" (Kernberg, 2000, p. 114[8]).
To restrict the power of Institutes with regard to the length of the 'didactic' or 'training' analysis is not a bureaucratic measure, but a sound way of doing three things:

(a) to rescue personal rights
(b) to preserve the otherwise permanently threatened therapeutic function of the personal analysis and
(c) to create a professional curriculum where the work and knowledge of candidates is judged independently of diagnostic evaluations and unspecified expectations about what changes are to be brought about by further "purifaction" (that is, by extending the analysis beyond the required quantitatively defined term of analytic "self-experience").

Can one work without training analysis?

In order to avoid further endless discussions about differences between 'didactic' and 'therapeutic analysis', we suggest speaking of 'self-experience' (Selbsterfahrung), assuming that most analysts agree that such a 'self-experience' is necessary for professional reasons. However, in our opinion candidates should be evaluated exclusively on the strength of their performance as clinicians instead of being diagnosed as patients[9]. In principle, candidates who think that they can work without any self-experience should be allowed to prove their psychoanalytic attitude, thinking and skills in intensive supervision and clinical courses.

Although this is an utopian point of view we have to take it as a matter of principle and for historical reasons. It is well known that many influential members of the IPA had a relatively short analysis. So far it is not evident that the length of the analysis either in the Eitingon model or in the French one correlates positively with later clinical or scientific competence.

<u>ad b) Guidance how and what to read when?</u>
Do we need a curriculum with standard reading lists?
My recommendations: Let the candidates choose depending on their own curiosity, encourage small group work. Start with the contemporary textbooks first, work your way back.
For a true primer look for evidence-based textbooks like
Luborsky L (1984) Principles of psychoanalytic psychotherapy[10].

<u>ad c) Practical experience under supervision</u>
Better to begin without supervision than not to begin at all.
Use of peer-supervision should be mandatory.
Use of e-mail or telephon supervision.
Don´t worry about issues of frequency or couch.
Encourage difficult patients to make use of second opinion (patient´s supervisory experience!).
Sharing of tape-video recording of sessions.
Mind: the task of learning psychoanalytic therapy is a longterm enterprise - it never stops. See as many patients as possible.

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[8]Kernberg, O. (2000). "A concerned critique of psychoanalytic education." Int J Psychoanal 8: 97-120.
[9]My favourite comparison is judging the performance of a musician; no one would aks how many lessons a application for a job has; it be be a matter of his or her performance. Could it be that we have unsolved problems how to judge psychoanalytic performance that makes us move to counting numbers of sessions for self-experience?
[10]Luborsky L (1984) Principles of psychoanalytic psychotherapy. A manual for supportive-expressive treatment. Basic Books, New York

TOP 8 Research for Psychoanalytic Training?

There are two main pillars of wisdom for psychoanalytic work.
A developmental research
B treatment research
There are other influential domains, socio-cultural developments, economics, etc and most likely in the near future it will be essential to at least get a feeling of what neurobiologicy has to tell us (Roth 2001[11]).

TOP 9 Early Mother-Child Relationship

By now there has been a great change in the understanding of various developmental processes which take place in early childhood.
Empirically based research of the early mother-child relationship began with René Spitz. Already in 1935 he was able to observe hundreds of infants growing up in orphanages and described the hospitalism he saw, which he attributed to emotional deprivation.
Mahler (1975; 1978) followed in the tradition of Spitz, and developed his work further in her groundbreaking monograph entitled “The Psychological Birth of the Human Infant".
The recent research into the evolution of the mother-child relationship in the first year of life was able to provide the until then constructed or reconstructed psychoanalytic world of the infant or child with new thoughts.

Daniel Stern´s (1985[12]) monograph brought together the up-to-then divided worlds of psychoanalysis and developmental psychology.
The new theories of childhood development have had two main effects. They have promoted an integration of ethology as well as theories of communication and action and they have also had an marked impact on psychoanalysis and other psychodynamic schools

Good bye to Freuds drive/discharge model
The drive/discharge model saw development with the eyes of the entropy model. However, today's developmental psychobiologists take into account that the neurobiologically determined complexity, due to billions of neurones with millions of interconnections, leads to uncertainty and a limitation in the ability to predict behaviour.
This degree of complexity guarantees individuality and assures self-determination. Complexity grows in the course of development. Humans are attributed with the ability to socialise themselves into the animate and inanimate world. Activity generated endogenously represents a fundamental principle which has taken the place of the drive/discharge hypothesis (Kächele et al. 2001)[13].

The concept of schema has become a building block for both developmental and clinical theories

[11]Roth, G. (2001). Fühlen Denken Handeln. Wie das Gehirn unser Verhalten steuert. Frankfurt, Suhrkamp.
[12]Stern, D. (1985). The interpersonal world of the infant. New York, Basic Books.
[13]Kächele, H., A. Buchheim, et al. (2001). Development, attachment and relationship: New psychoanalytic concepts. Contemporary Psychiatry. F. A. Henn, N. Sartorius, H. Helmchen and H. Lauter. Berlin, Springer**:** 358-370.

From today's point of view the inner object is not seen as an isolated object, but rather as a memory framed by a context of activity. From birth the object representations take place in a multiple context of acts of varying quality. By repeated communicative acts unconscious schemata are created, which can become very stable.

Stern (1985) refers to this active process as the representations of interactions that have been generalised (RIG). He assumes that the infant divides the flow of an interaction into episodes (e.g. feeding) and from repeated similarities (invariances) a prototype or schemata is built and generalised. This schema guides the expectations and the behaviour for the interactional sequences to follow (Kächele et al. 2001).

TOP 10 Attachment Theory

Having first developed as a theory of normal development**,** the last years have seen the impacting of attachment theory on clinical issues (Kächele et al. 2001). It is clear to me that can hardly be over estimated in providing a sound basis for early developmental failures (clinically known as the so-called early disturbances).

Attachment theory provides a testable model for the construct of re-staging in the therapeutic process (Strauss et al. 2002[14])

A desirable increase in attachment security is a curative and protective factor in psychic disorder working by change of procedural memories systems (Bowlby 1988)

Attachment repraesentation and attachment style
Therapeutic alliance provides an attachment environment
The therapist functions as an attachment figure providing corrective emotional experience

TOP 11 Attachment and Psychopathology

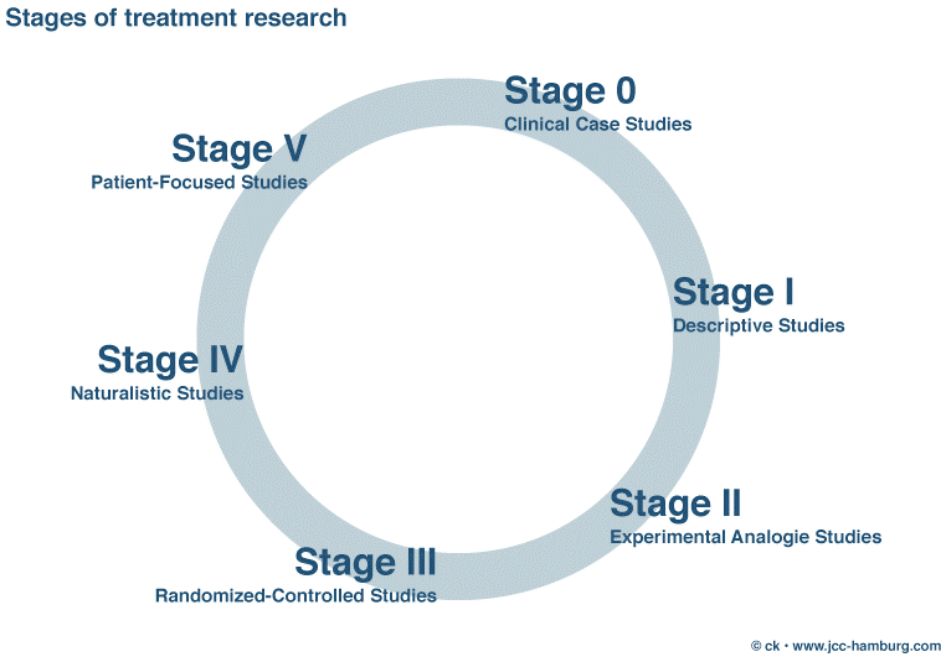
Attachment status is related to psychopathology; read Peter Fonagy´s (1996) paper on the relation of attachment status, psychiatric classification and response to psychotherapy[15].

TOP 12 Contemporary Treatment Research ?

It seems useful to organize our present knowledge by differentiating stages of research:

[14]Strauß, B., A. Buchheim, et al., Eds. (2002). Klinische Bindungsforschung. Theorien - Methoden - Ergebnisse. Stuttgart, New York, Schattauer.

[15]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



TOP 13 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“ writes Stuhr (2004[16]) a former student of Germany´s most prominent psychoanalytic researcher A. E. Meyer.

In1994 Meyer espoused his strong view about the genre of semi-fictional case stories: "To hell with the novella as representation of psychoanalysis - long live the account of the interaction" so the title of his philippika. „Novellas as psychoanalytic case stories today are anti-psychoanalytic and unscientific “(Meyer 1994[17]).

However learning from other fields of formal investigation of soft subjects - for example fairy tale research (Propp 1928[18]) - a way not to discard the clinical reports would be the accumulation of materials as in the Ulm Clinical-Case-Archive which contains more than 900 final reports by candidates of the German Psychoanalytic Association[19]. These are most usefuls materials to study formal issues of theory and practice developments by means of comparative methodologies (Jüttemann 1990[20]).

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[16]in Hau & Leuzinger-Bohleber (2004) Psychoanalytische Therapie. Eine Stellungnahme für die wissenschaftliche Öffentlichkeit und für den Wissenschaftlichen Beirat Psychotherapie. Forum der Psychoanalyse 20: 13-125

[17]Meyer A E (1994) Nieder mit der Novelle als Psychoanalysedarstellung - Hoch lebe die Interaktionsgeschichte. Z Psychosom Med Psychoanal 40: 77-98

[18]Propp, V. (1928) Morfologia delle fiabe. Einandi, Torino.

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

TOP 14 Stage I Descriptive Studies

This has been a truely rich field, sometimes registered under the heading of process research. The details can be found in Dahl et al. (1988[21]), Miller et al. (1993[22]) and the process chapters in Bergin & Garfield´s Handbook (Lambert 2003[23]). To name but a few developments that should be known widely:

working alliance f.e. Luborsky ´s helping alliance 1976[24]
transference f.e. Luborsky´s CCRT 1977[25], Dahl´s FRAME 1988[26], Gill and Hoffman´s PERT 1982[27]
technique, f.e. Q-Sort of Jones 2000[28]
mastery, f.e. Weiss & Sampson´s plan analysis 1986[29], Grenyer 1996[30]
analytic process-Scales, f.e. Waldron 2004[31]
countertransference, f.e. Bouchard et al. scales 1995[32]

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[20]Jüttemann, G., Ed. (1990). Komparative Kasuistik. Heidelberg, Asanger Verlag.
[21]Dahl, H., H. Kächele, et al., Eds. (1988). Psychoanalytic Process Research Strategies. Berlin Heidelberg New York London Paris Tokyo, Springer.
[22]Miller, N. E., L. Luborsky, et al., Eds. (1993). Psychodynamic Treatment Research. A Handbook. New York, Basic Books.
[23]Lambert, M. J., Ed. (2003). Bergin and Garfield´s handbook of psychotherapy and behavior change. New York Chichester Brisbane, Wiley.
[24]Luborsky, L. (1976). Helping alliance in psychotherapy: the groundwork for a study of their relationship to its outcome. Successful psychotherapy. J. L. Claghorn. New York, Brunner, Mazel**:** 92-116.
[25]Luborsky, L. (1977). Measuring a pervasive psychic structure in psychotherapy: the core conflictual relationship theme. Communicative structures and psychic structures. N. Freedman and S. Grand. New York, Plenum Press**:** 367-395.
[26]Dahl, H. (1988). Frames of mind. Psychoanalytic Process Research Strategies. H. Dahl, H. Kächele and H. Thomä. Berlin, Heidelberg, New York, London, Paris, Tokyo, Springer**:** 51-66.
[27]Gill, M. M. and I. Z. Hoffman (1982). "A method for studying the analysis of aspects of the patient's experience in psychoanalysis and psychotherapy." J Am Psychoanal Assoc 30: 137-167.
[28]Jones, E. (2000). Therapeutic Action: A Guide to Psychoanalytic Therapy. Northvale, New Jersey: J, ason Aronson.
[29]Weiss, J., H. Sampson, et al., Eds. (1986). The psychoanalytic process: Theory, clinical observation, and empirical Research. New York, Guilford Press.
[30]Grenyer, B. F. S. and L. Luborsky (1996). "Dynamic change in psychotherapy. Mastery of interpersonal conflicts." J con clin Psychol 64: 411 -416.
[31]Waldron, S., R. D. Scharf, et al. (2004). "What happens in a psychoanalysis? A view through the lens of the Analytic Process Scales." Int J Psychoanal. 85:443-466
[32]Bouchard, M. A., L. Normandin, et al. (1995). "Countertransference as instrument and obstacle: a comprehensive and descriptive framework." The Psychoanalytic Quarterly 64: 717-745.

Recently Sandell and his colleagues (2000[33]) have introduced a measure of therapists´attitudes that helped to differentiate the outcome of middle and high frequency psychoanalytic therapies in interaction with technique.

TOP 15 Stage I Methods to Measure Core Relations Patterns

Ever the the first international conference on psychoanalytic process research in Ulm in 1995 it has become obvious how intensive the core construct of psychoanalysis´s theory of technique, the transference , has been studied:

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

Critique of these semi-quantitative methods is unevitable and desirable (Dreher 1998[34]). Formal research methodologies are easily criticised for not capturing the full richness of the clinical phenomena. Whatever they may lack in this respect, the gain is an increase in validity!

TOP 16 Stage I Measures of „Structural Change"

How to measure „structural change" in contrast to mere symptom change is a core issue in todays research.
At present we have three candidates:
"Scales of Psychological Capacities" (Wallerstein 1991[35]) used in the Munich comparative outcome study[36]).
"Structural Change Scale" (Rudolf et al. 2000[37]) which is used to differentiate the outcome between low and high frequency psychoanalytic therapies.

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[33]Sandell, R., Blomberg, J., Lazar, A., Carlsson, J., Broberg, J., & Rand, H. (2000). "Varieties of long-term outcome among patients in psychoanalysis and long-term psychotherapy: a review of findings in the Stockholm outcome of psychoanalysis and psychotherapy project (STOPP)." International Journal of Psychoanalysis 81: 921-943.

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

[35]Wallerstein, R. S. (1991). Assessment of Structural Change in Psychoanalytic Therapy and Research. In T. Shapiro (Ed) The Concept of Structure in Psychoanalysis. Madison:, International Universities Press.

[36]Klug G, Huber D (2009) Psychic structure: exploring an empirically still unknown territory. J Am Psychoanal Ass 57: 149- 173.

The "Adult Attachment Interview " (Main 1995[38]) has become one of the major instruments in borderline research in Great Britain[39] and in the New York study on the treatment of borderlines[40]

TOP 17 Stage II Experimental Analogue Studies

Truely this methodology is not our strength. There are many good reasons for this because convincing analogue research in our field is hard to implement. There is one exemption: Studies on Free Association have shown some encouraging results.

I would recommend to replicate the Ulm experimental study on free association as part of any training experience. It is really a lot of fun and it helps to better understand mechanisms of change[41].

TOP 18 Stage III Randomized-Controlled Studies

Randomized-Controlled Studies are the sine qua non of modern medical treatment research.

They can provide the highest level of evidence and are the hallmark of Empirically Supported Treatments[42]. They provide findings for the efficacy of treatments under experimental conditions.

There are a number of shortcomings one should be aware of:

Selection of patients (exclusion of co-morbidity)
Manualisation of procedure
Training of therapists
Limitation of treatment length
Standardized instruments

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[37]Grande, T., G. Rudolf, et al. (2003). Investigating structural change in the process and outcome of psychoanalytic treatment - The Heidelberg-Berlin Study. in P. Richardson, H. Kächele and C. Renlund (Eds) European Psychoanalytic Therapy Research. London, Karnac**:** 35-61.

[38]Main, M. (1995). Recent studies in attachment: overview, with selected implications for clinical work. Attachment theory: Social, developmental, and clinical perspectives. S. Goldberg, R. Muir and J. Kerr. Hilldale, NJ, The Analytic Press, Inc.**:** 407-474.

[39]Fonagy, P., M. Target, et al. (2003). "The developmental roots of borderline personality disorder in early attachment relationships." Psychoanal Inquiry 23(3): 412-459.

[40]Clarkin, J., P. Kernberg, et al. (1991). The Cornell Borderline Project. Psychic change and its assessment. 1st IPA Research Conference, London.

[41]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

[42]Chambless, D. L. and S. D. Hollon (1998). "Defining empirically supported therapies." J Con Clin Psychol 66(1): 7-18.

The goal is to reach high internal validity; price is the usually external validity.

To illustrate this concern we checked the average number of sessions in the meta-analysis by Grawe et al (1994[43])

Duration of Experimental Studies[44]

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

One has just to check out ones own clinical experience be it behavioral, humanistic or psychodynamic to realize that these average figures are not representative of business as usual.

TOP 19 Evidence

At least three RCT are available for psychodynamic / psychoanalytic treatments for most of the relevevant clinical disorders (Leichsenring et al. 2004[45]).

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

TOP 20 RCT with longer, low and high frequency treatments

Very often we heard that RCT with longer psychoanalytic treatments are impossible.

One convincing demonstration has been published by Sandell et al. (1997[46]).

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[43]Grawe, K., R. Donati, et al. (1994). Psychotherapie im Wandel. Von der Konfession zur Profession. Göttingen, Hogrefe- Verlag für Psychologie.

[44]Kächele, Eckert, Schulte Hillecke, in Vorb

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

[46]Sandell, R., J. Blomberg, et al. (1997). "When reality doesn´t fit the blueprint: doing research on psychoanalysis and long-term psychotherapy in a public health service program." Psychother Research 7: 333-344.

The first randomized, controlled out-patient study, performed on behalf of a group of practicing psychoanalysts with two research psychoanalysts has been staged by the Munich study group[47].

Symptomatic burden changes linearly during treatment in both low and high frequency treatments.
The Munich study also shows - so far – modest, but significant correlations of outcome with duration and dose in the "Scales of Psychological Capacities" and a strong effect in an "Inventory of Interpersonal Problems".

TOP 21 Stage IV Naturalistic Studies
The true domain of psychoanalytic treatment studies. Quite a number of good studies are available:

the Stockholm Study: PI Rolf Sandell (2000[48])
the Göttingen Study: PI Falk Leichsenring (1999[49])
the Heidelberg Study: PI Gerd Rudolf (1997[50])

the Stuttgart TRANS-OP study (2001[51])

TOP 22 Design of the Stuttgart Study
A prospective longitudinal naturalistic observational study

TOP 23 Modes of Therapy

Psychodynamic Psychotherapy	360	(51,7%)
Cognitive-Behavioral Therapy	220	(31,6%)
Psychoanalytic Psychotherapy	116	(16,6%)

[47]Huber, D. and G. Klug (2003). Contributions to the measurement of mode-specific effects in long-term psychoanalytic therapy. European Psychoanalytic Therapy Research. P. Richardson, H. Kächele and C. Renlund. London, Karnac**:** 63-80.
[48]Sandell, R., Blomberg, J., Lazar, A., Carlsson, J., Broberg, J., & Rand, H. (2000). "Varieties of long-term outcome among patients in psychoanalysis and long-term psychotherapy: a review of findings in the Stockholm outcome of psychoanalysis and psychotherapy project (STOPP)." International Journal of Psychoanalysis 81: 921-943.
[49]Staats, H., F. Leichsenring, et al. (1999). Changing problems, changing aims: The development of change in psychoanalytic psychotherapy evaluated by PATH, a tool for studying longterm treatments. Psychoanalytic Process Research Strategies II. H. Kächele, E. Mergenthaler and R. Krause. Ulm, http://sip.medizin.uni-ulm.de.
[50]Grande, T., G. Rudolf, et al. (1997). Die Praxisstudie Analytische Langzeittherapie. Ein Projekt zur prospektiven Untersuchung struktureller Veränderungen. Psychoanalytische Katamnesenforschung. M. Leuzinger-Bohleber and U. Stuhr. Giessen, Psychosozial Verlag.
[51]Puschner, B., Kordy H (2001). "Der Zugang zur ambulanten Psychotherapie." Verhaltensther & Psychosoziale Praxis 33(3): 487-502.

TOP 24 Survival of Treatments
Duration of treatment varies substantially

TOP 25 Course of Improvements
Using a hierachical linear modeling statistics a generalized statement for the whole population can be made on how much treatment leads to much much success.

TOP 26 Stage V Future Tasks
Prospective Patient Profiling
Interaction of frequency and duration
Interaction of technique and setting
Disorder-oriented, but comorbidity-sensitive studies
Comparative Case Studies

The impact of research findings on treatment is steadily growing. Thus training has to keep a watchful eye on it. Research is one of the powerful anti-ideological weapons in our field.