Psychoanalytic Treatment Outcome Research

Phase IV

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Stage IV Naturalistic Studies

Quite a number of good studies

Classic studies

like the Menninger-Studie: *PI nWallerstein*

like the Berlin I Studie: *PI Dührssen*

like the Penn-Studie: *PI Luborsky*

like the Heidelberg I Studie: *PI von Rad*

like the Berlin II Studie: *PI Rudolf*

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Stage IV Naturalistic Studies

Ongoing Top-Studies

liked the Stockholm Study: *PI Sandell*

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

like the Göttingen Study: *PI Leichsenring*

like the Heidelberg Study: *PI Rudolf*

like the Stuttgart TRANS-OP study *PI Kordy*

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Stage IV Naturalistic Studies

In-Patient Psychotherapy-Studies

like the Stuttgart Studie: *PI Tschuschke*

like the nation-wide group-therapy-Study: *PI Strauss*

like the TR-EAT Study: *PI Kächele*

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German 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 ressouirces more innovative
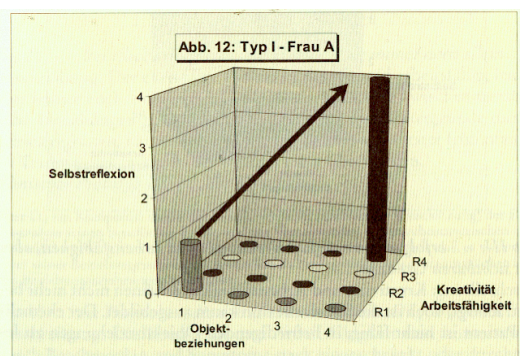
Leuzinger-Bohleber M, Target M (Eds) (2002) Outcomes of Psychoanalytic Treatment Perspectives for Therapists and Researchers. Whurr Publishers,, London and Philadelphia,

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Identification of Clinical Prototypes

Capacity for relationship

Capacity to work - Creativity
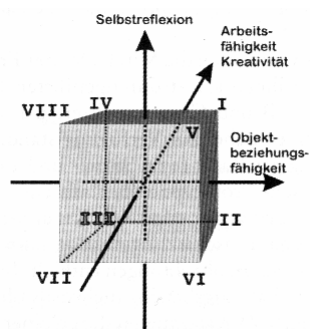
Self reflection

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

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..."

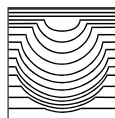**Type 7**: „...therapy didn´ t do any good.. "

Type 8: „ the severly traumatized people"

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Psychotherapies as Routine Practice

The Stuttgart TRANS-OP-Study

Horst Kächele, Hans Kordy, Bernd Puschner, Susanne Kraft

Forschungsstelle für Psychotherapie Stuttgart   Universität Ulm, Abteilung Psychiatrie II

Background: Goals of the Study

• What results can be demonstrated by using standard psychometric instruments ?

• How does the amount of treatment influence the course of improvement ?

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Background
Design
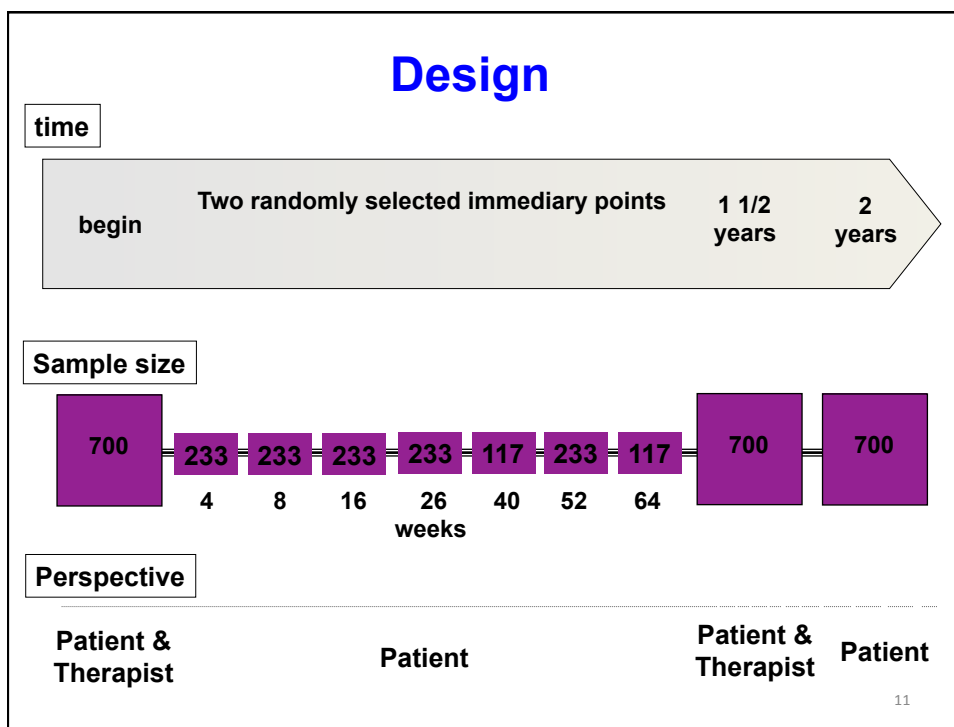Sample
Results
   Utilization
   initial Impairment
   Effectiveness
      clinical significant changes
      courses of improvement (HLM)

Discussion

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Design

time

begin | Two randomly selected immediary points | 1 1/2 years | 2 years

Sample size

| 700 | 233 | 233 | 233 | 233 | 117 | 233 | 117 | 700 | 700 |

4   8   16   26   40   52   64

weeks

Perspective

Patient & Therapist | Patient | Patient & Therapist | Patient

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Patients´ View

	Begin	In-between	1 1/2 years	2 years
Soziodemographic data	•			•
Severity of illness (hospitalizations, duration of illness)	•			•
luse of medical services	•			
General well-being	•	•	•	•
Life satisfaction *(FLZ)*		•	•	•
Momentary Problems	•		•	•
Bodily complaints *(GBB)*	•	•	•	•
Interpersonal Problems *(IIP)*	•		•	•
Symptom-Check-List *(SCL-90-R)*	•	•	•	•
Outcome Questionaire *(OQ-45)*	•	•	•	•
Therapeitic alliance *(HAQ)*	•	•	•	
Patient satisfactiont		•	•	•
Changes compared to begin		•	•	•
Duration of treatment, -frequency & -termination			•	•
Satisfaction with the insurance				•

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Therapists´ View

	Begin	1 1/2 years
Anamnese	•	
Diagnosis *(ICD-10)*	•	•
Use of medical services	•	
Way to therapy	•	
Duration of illness	•	
Arbeitsunfähigkeit	•	•
Goals of therapy (attained)	•	•
Medication	•	•
Bodily Status	•	•
Severity of impairment *(BSS)*	•	•
Therapeutic alliance. *(HAQ)*	•	•
Duration of therapy & -termination		•
Changes compared to beginn		•
Satisfaction with therapeutic work		•
Events during Psychotherapy		•

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Returns Rates of Questionaires
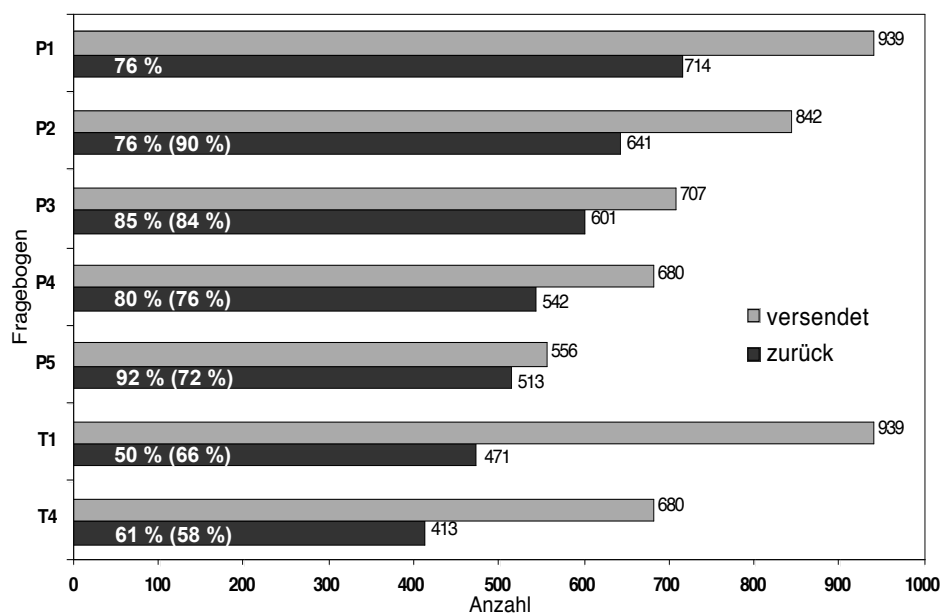
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Background
Design
Samples
Results
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Discussion

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Socio-economic Status I

		N	Prozent
Geschlecht (N = 714)	männlich	329	46,1
	weiblich	385	53,9
Alter in Jahren (N = 714; MW = 43,56; SD = 11,59)	18 – 29	103	14,4
	30 – 39	150	21,0
	40 – 49	216	30,3
	50 – 59	201	28,2
	60 – 69	36	5,0
	über 70	8	1,1
Familienstand (N = 712)	ledig	222	31,2
	verheiratet	310	43,5
	verwitwet	16	2,2
	geschieden	102	14,3
	getrennt lebend	62	8,7

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Socio-economic Status II

		N	Prozent
höchster Schulabschluss (N = 710)	Hauptschule	49	6,9
	Realschule	121	17,0
	Abitur	518	73,0
	ohne Abschluss	6	0,8
	noch in der Schule	3	0,4
	sonst. Abschluss	13	1,8
höchster Berufsabschluss (N = 700)	noch in Ausbildung	41	5,9
	Lehre	84	12,0
	Meister/Fachschule	76	10,9
	Fachhochschule/Universität	418	59,7
	ohne Abschluss	33	4,7
	sonstiger Berufsabschluss	48	6,9

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Diagnoses (ICD-10)

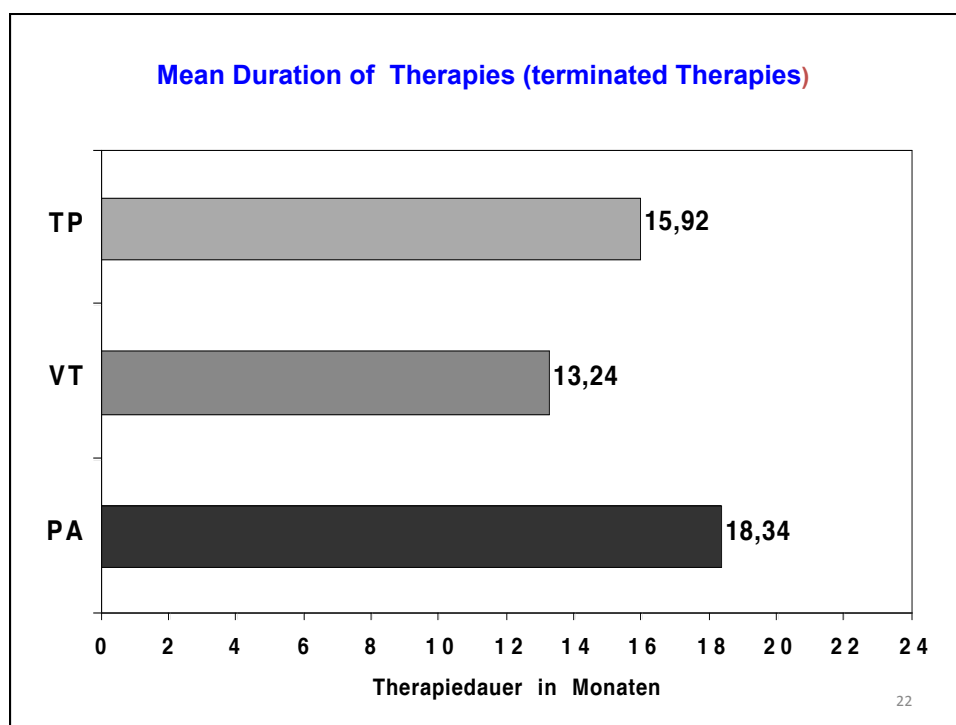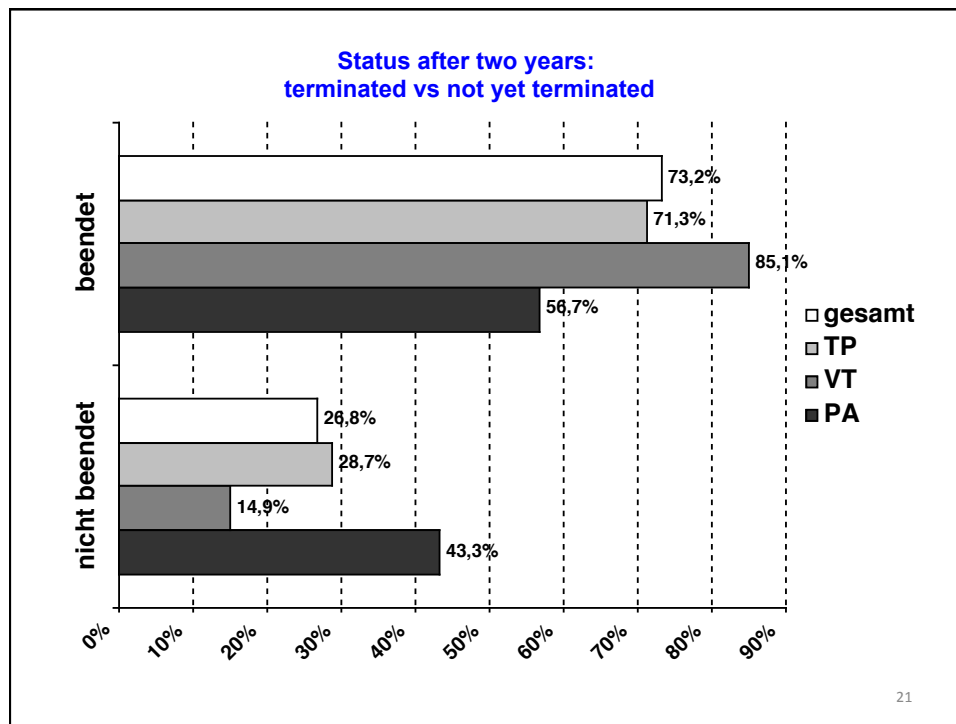|	N	Prozent
F3 (Affektive Störungen)	263	47,5
F4 (Neurotische, Belastungs- und somatoforme Störungen)	235	42,4
F5 (Verhaltensauffälligkeiten mit körperlichen Störungen)	21	3,8
F6 (Persönlichkeits- und Verhaltensstörungen)	26	4,7
sonstige Störungen (N <= 5: F0, F1, F2, F7, F8, F9)	9	1,6

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Background
Design
Sample
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    Effectiveness
        clinical significant changes
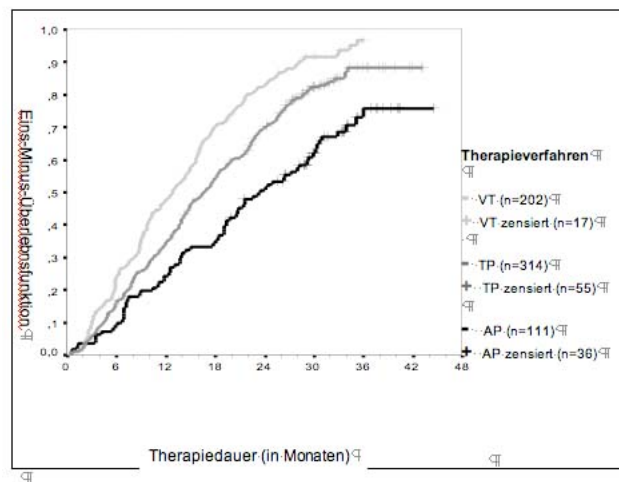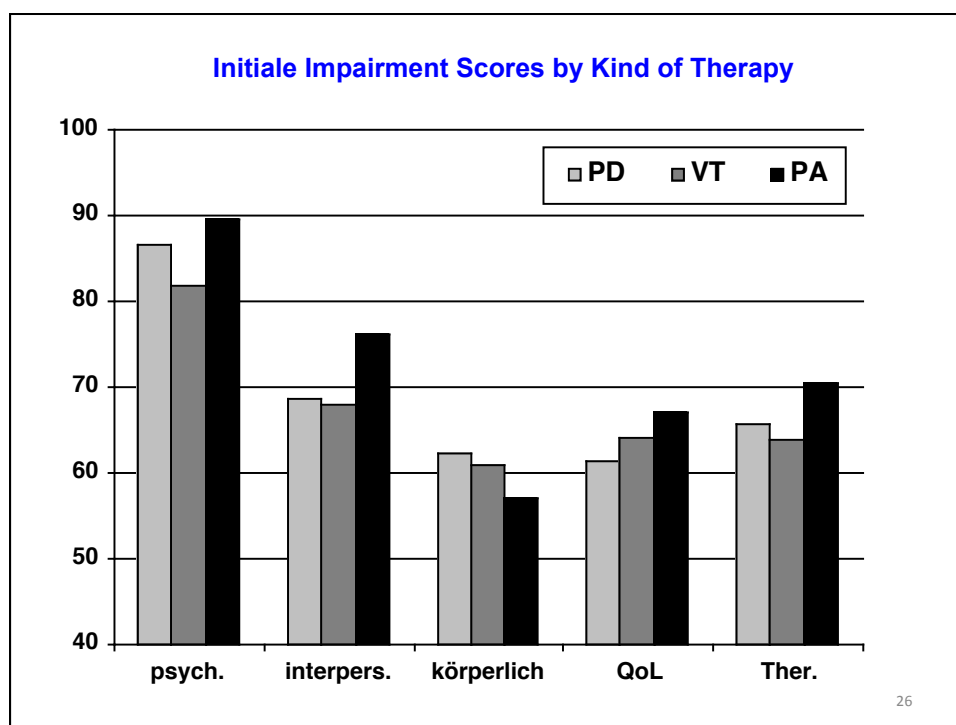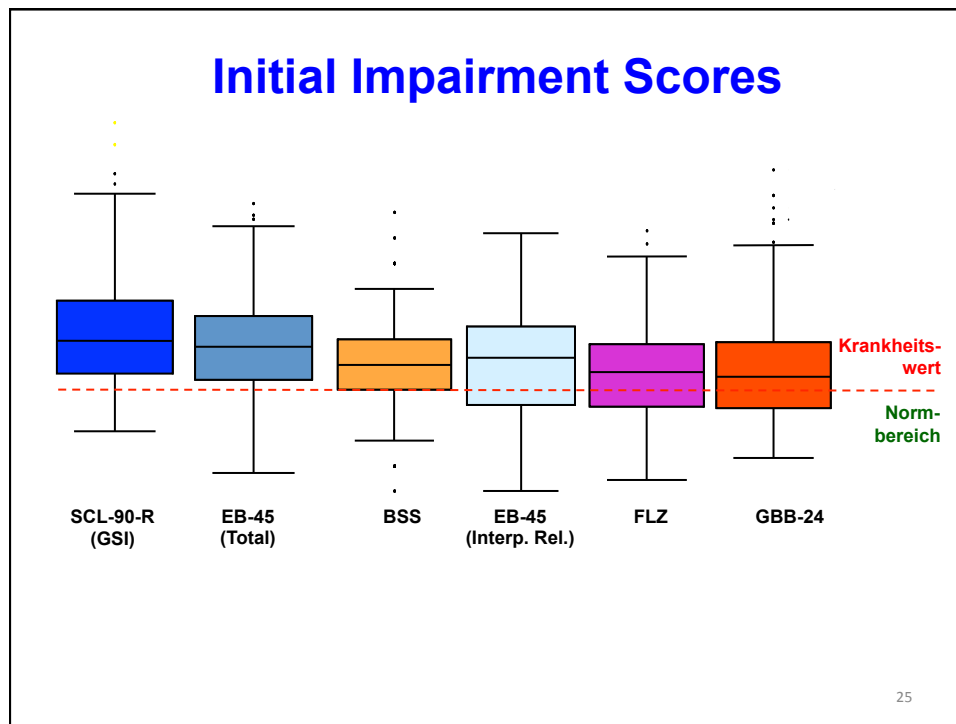   Courses of improvbement (HLM)

Discussion

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Modes of Psychotherapy

	N	PerCent
Psychodynamic Psychotherapy TP	360	51,7
Cognitive-Behavioral Therapy VT	220	31,6
Psychoanalytic Psychotherapy PA	116	16,7

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Status after two years:
terminated vs not yet terminated

gesamt / TP / VT / PA

beendet: 73,2% / 71,3% / 85,1% / 56,7%
nicht beendet: 26,8% / 28,7% / 14,9% / 43,3%

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Mean Duration of Therapies (terminated Therapies)

TP 15,92
VT 13,24
PA 18,34

Therapiedauer in Monaten

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Survival of Treatments

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Background
Design
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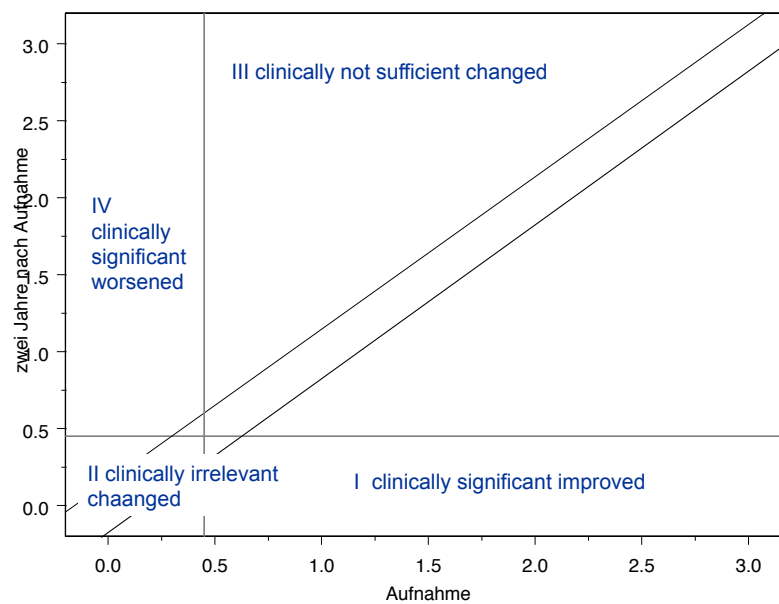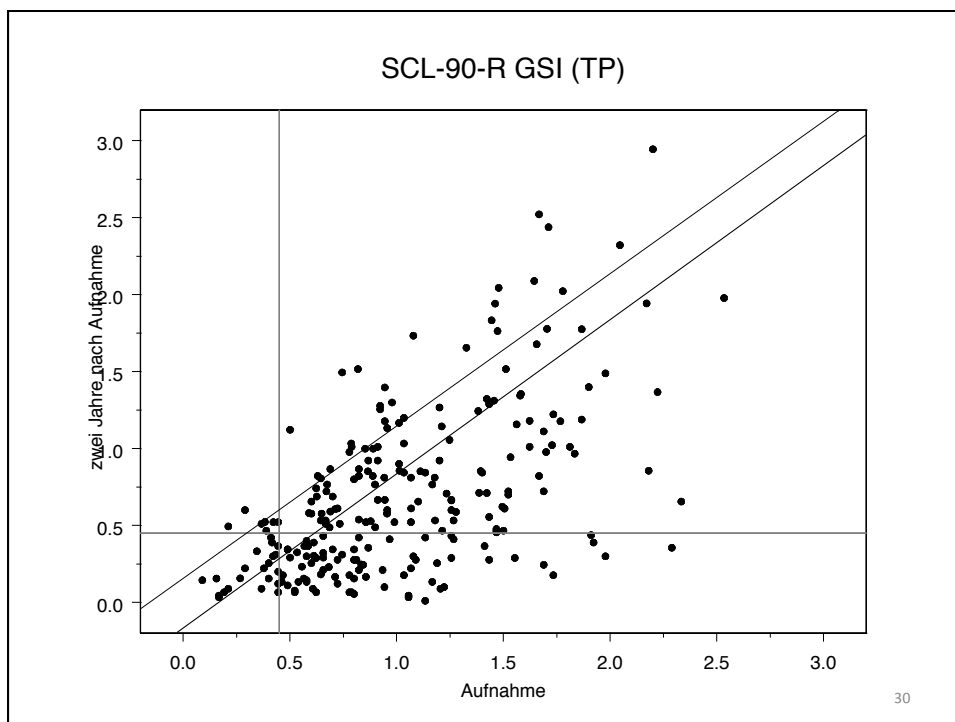   Courses of improvement (HLM)

Diskussion

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Initial Impairment Scores

Initiale Impairment Scores by Kind of Therapy
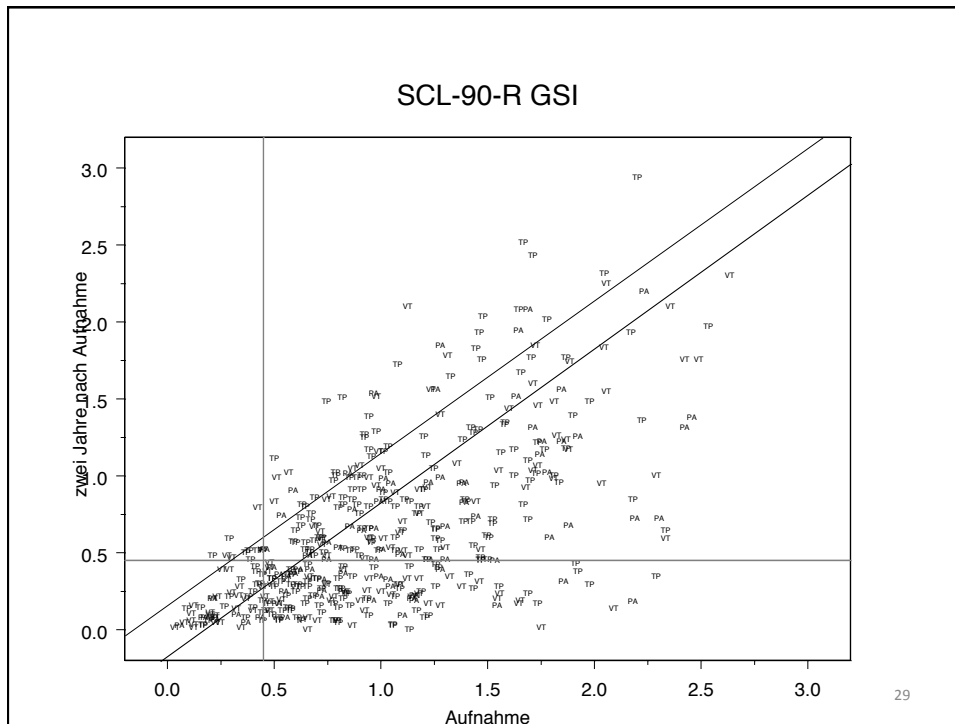
Background
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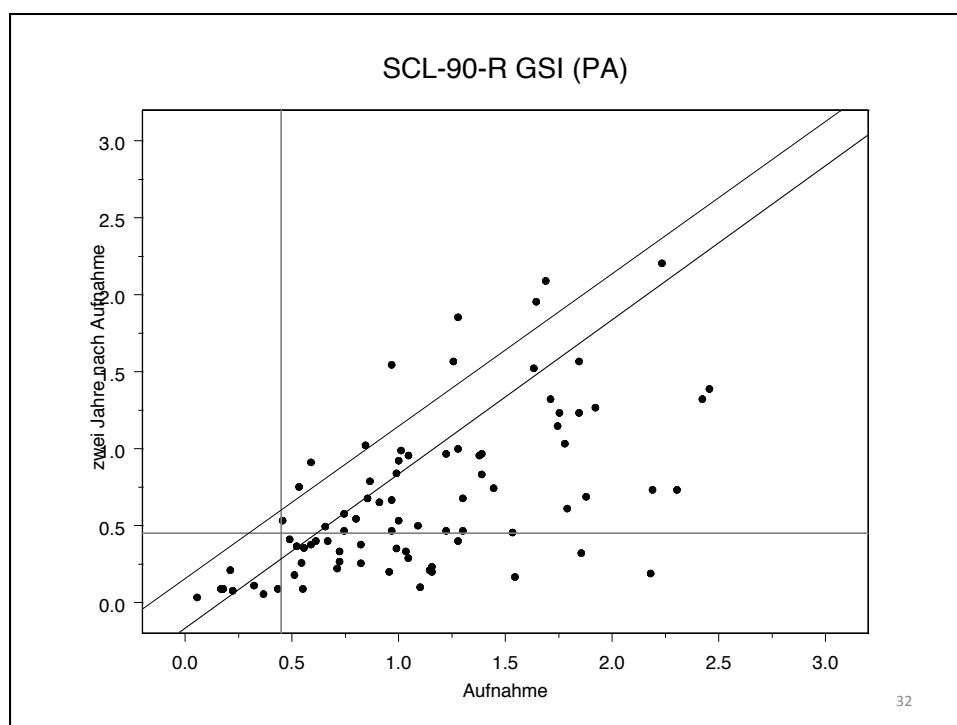   courses of Improvement (HLM)

Discussion

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SCL-90-R GSI

Plot with axes: x-axis "Aufnahme" (0.0 to 3.0), y-axis "zwei Jahre nach Aufnahme" (0.0 to 3.0).

- III clinically not sufficient changed
- IV clinically significant worsened
- II clinically irrelevant chaanged
- I clinically significant improved

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SCL-90-R GSI

SCL-90-R GSI (TP)

SCL-90-R GSI (VT)

SCL-90-R GSI (PA)

Background
Design
Sample
Results
    Utilization
    initial impairment
    Effectiveness
        clinical sigtnificant changes
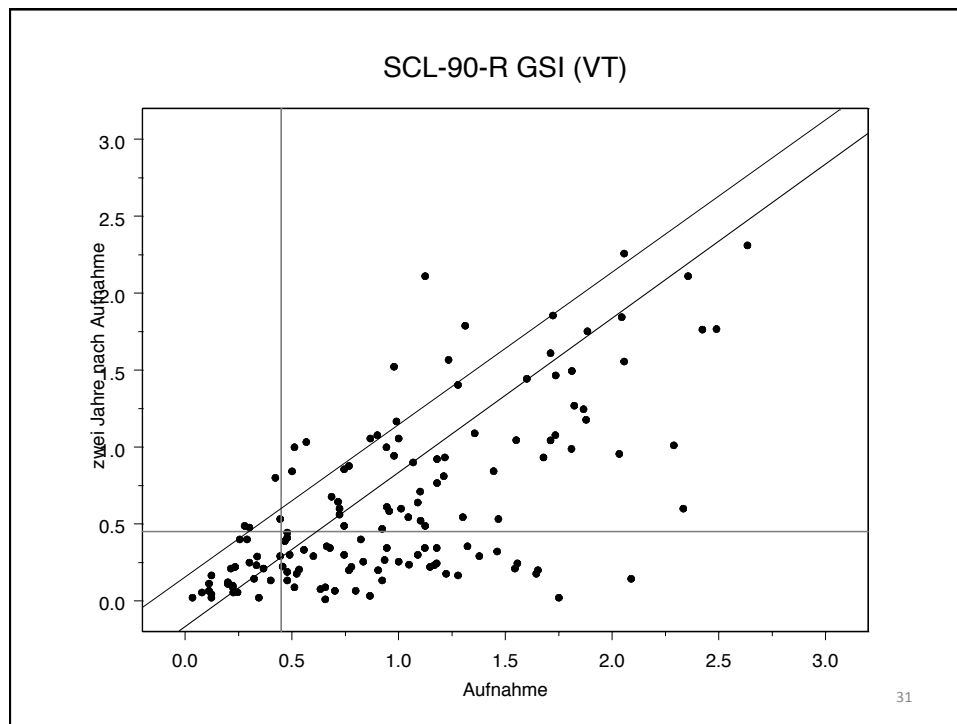   Courses of improvement (HLM)
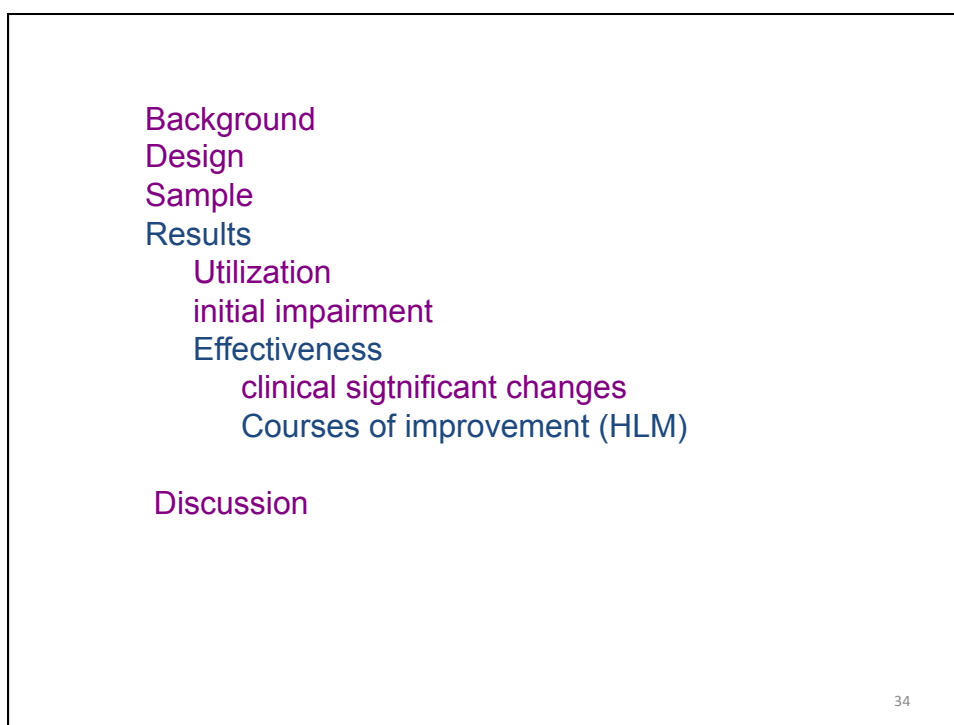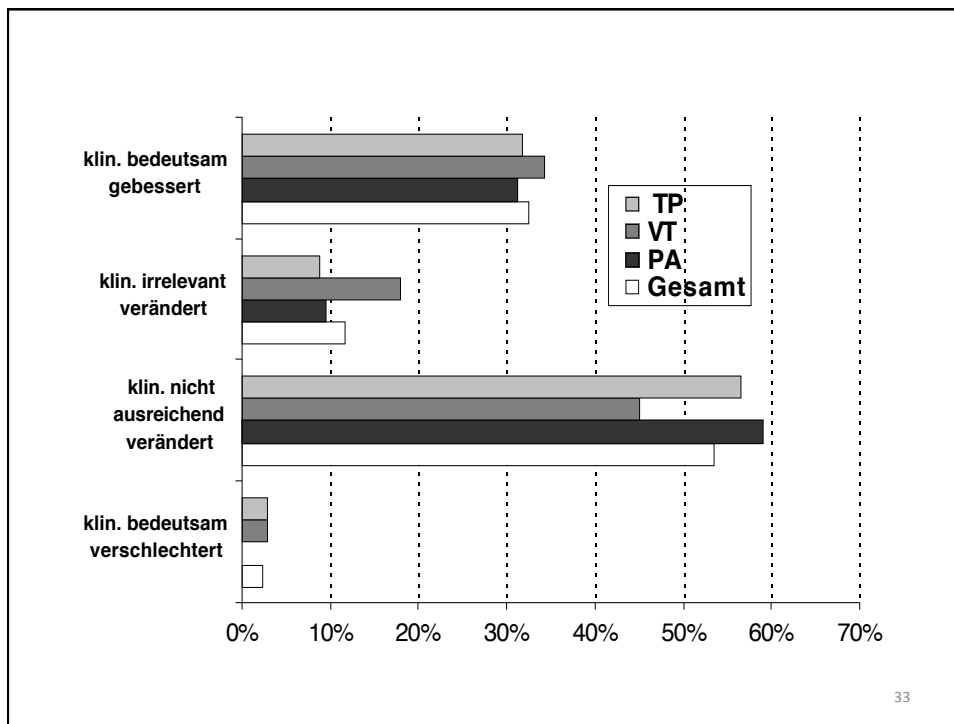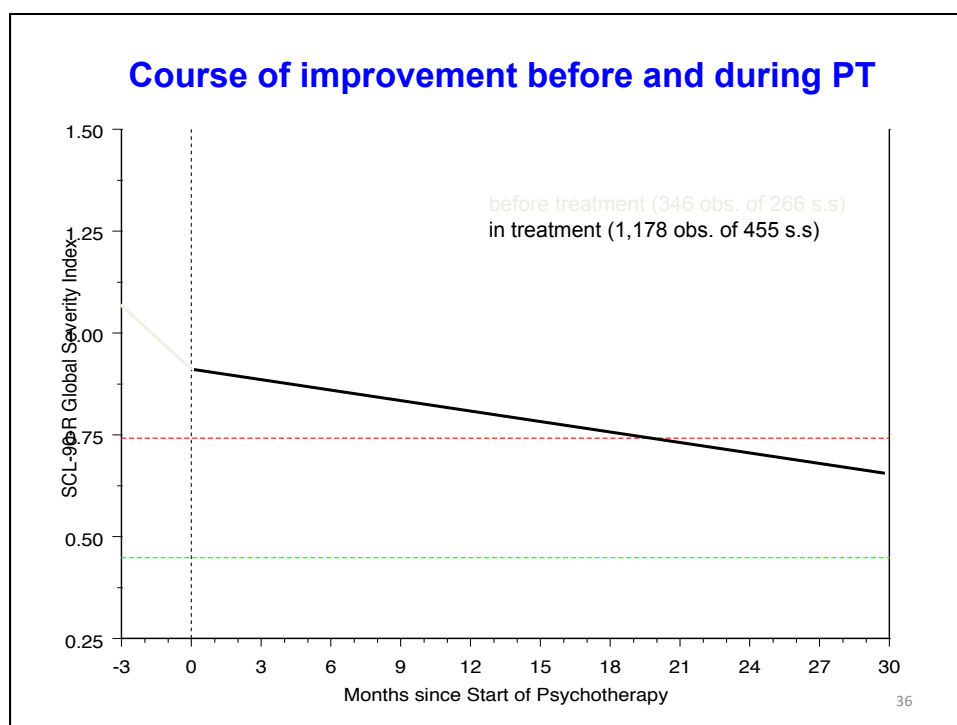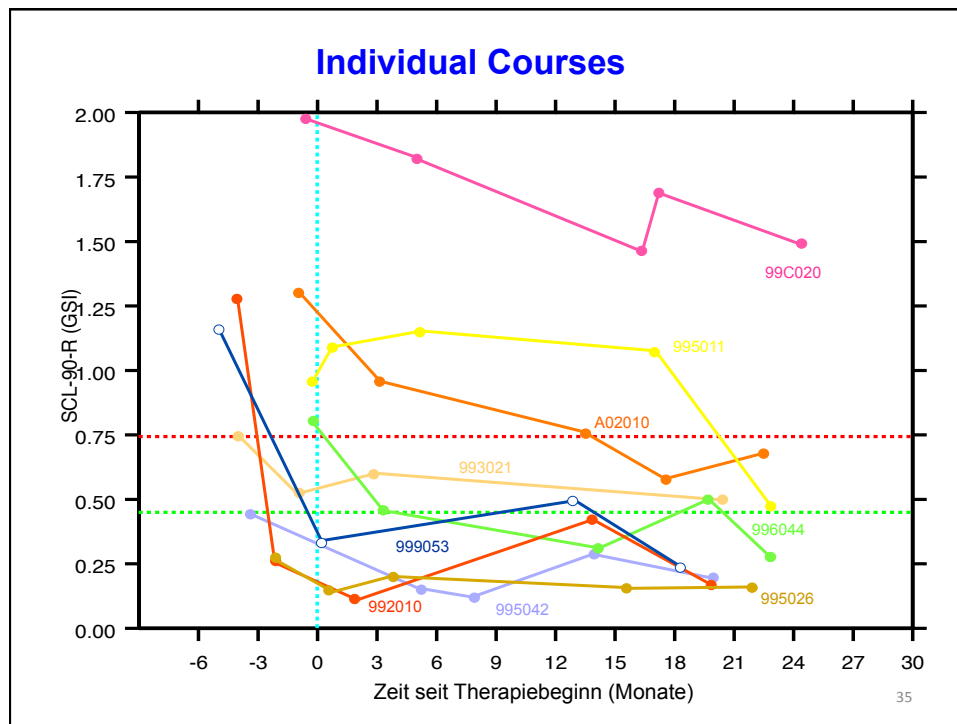
 Discussion

Individual Courses

SCL-90-R (GSI)

99C020

995011

A02010

993021

999053

996044

992010

995042

995026

Zeit seit Therapiebeginn (Monate)

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Course of improvement before and during PT

SCL-90-R Global Severity Index

before treatment (346 obs. of 266 s.s)
in treatment (1,178 obs. of 455 s.s)

Months since Start of Psychotherapy

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Course of improvement PA vs. TP vs. VT

Legend: TP (dashed), VT, PA

Y-axis: SCL-90-R (GSI)
X-axis: Zeit in Psychotherapie (Monate)

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Courses of symptom improvement during TP
by initial symptom severity and initial quality of helping alliance.

initial SCL-90-R GSI
- very low (0.45)
- low (0.81)
- high (1.12)
- very high (1.68)

initial HAQ total
- very low (1.12)
- low (1.69)
- high (2.17)
- very high (2.59)

Y-axis: SCL-90-R Global Severity Index
X-axis: Months in Psychotherapy

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Discussion and Summary

- large, but selected sample: *cave*: sex, status

- distinct psychological, bodily and interpersonal impairment at begin

- no differences at initial impairment by kind of therapy

- distinct improvement during treatment, rates of change do not differentiate between kind of therapy → equivalent improved status after two years

- adaequate fit of a linear model → Howard´s Dose-Effect-Model not confirmed, "Law of declining improvement" not supported

- only initial score of impairment had impact on course of improvement

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