

Lack of Evidence

In the preface to a book on research Peter Fonagy wrote 2004:

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

Fonagy P (2004) Foreword. In: Richardson P, Kächele H, Rendlund C (Eds) Research on Psychoanalytic Psychotherapy with Adults. Karnac, London,

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

„Statement on the Evidence of Psychoanalytic Therapy“

Forum der Psychoanalyse

Vol. 20, issue 1 March 2004

Brandl Y, Bruns G, Gerlach A, Hau S, Janssen P, Kächele H, Leichsenring F, Leuzinger-Bohleber M, Mertens W, Rudolf G, Schlösser A-M, Springer A, Stühr U, Windaus E (2004) Psychoanalytische Therapie. Eine Stellungnahme für die wissenschaftliche Öffentlichkeit und für den Wissenschaftlichen Beirat Psychotherapie. Forum der Psychoanalyse 20: 13-125

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„Psychoanalytic Therapy“

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

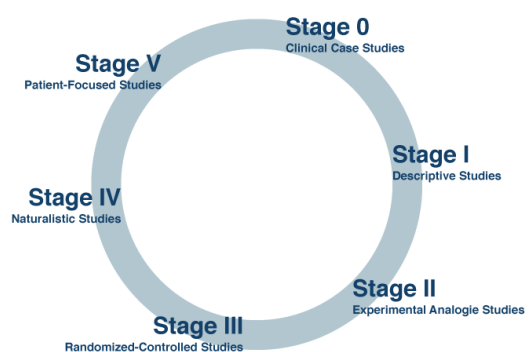
It seemed suitable to cover all forms of application of the principles of **psychoanalytic treatment theory**“.



Thomä & Kächele 's textbook on Psychoanalytic Therapy in many languages:; German, English, Spanish, Italian, Russian, Polish, Portuguese, Tzech, Bulgarian, Roumanian, Armenian, Georgian

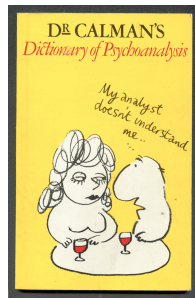
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Stages of treatment research



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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).

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Fishman’s new Look on Case Studies: Mixed Methods Design

Fishman D (1999) The case for a pragmatic psychology. New York University Press, New York

Fishman D B, Messer S B, Edwards D J A, Dattillo F M (2017) Case Studies Within Psychotherapy Trials: Integrating Qualitative and Quantitative Methods. Oxford University Press, New York

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Stage I Descriptive Studies on

- # working alliance
- # transference
- # technique
- # mastery
- # analytic process-scales
- # countertransference

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Stage I Descriptive Studies on Working Alliance

- # Luborsky L (1976) Helping alliance in psychotherapy: the groundwork for a study of their relationship to its outcome. In: Claghorn J Ls (Ed) Successful psychotherapy. Brunner, Mazel, New York, pp 92-116
- # Horvath A O, Del Re A C, Flückiger C, Symonds D (2011) Alliance in individual psychotherapy. Psychotherapy 48: 9-16
- # Zilcha-Mano S (2017) Is the alliance really therapeutic? Revisiting this question in light of recent methodological advances. American Psychologist 72: 311-325

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Stage I Descriptive Studies on Transference

Luborsky L (1977) Measuring a pervasive psychic structure in psychotherapy: the **core conflictual relationship theme**. In: Freedman N, Grand S (Eds) Communicative structures and psychic structures. Plenum Press, New York, S 367-395

Schacht T E, Binder J L., Strupp H H (1984) The **dynamic focus**. In: Strupp H H, Binder J Ls (Eds) Psychotherapy in a new key: a guide to time-limited dynamic psychotherapy. Basic Books, New York, S 65-109

Dahl H (1988) **Frames of mind**. In: Dahl H, Kächele H, Thomä H (Eds) Psychoanalytic Process Research Strategies. Springer, Berlin, Heidelberg, New York, London, Paris, Tokyo, S 51-66

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Stage I Descriptive Studies on Technique

Koenigsberg H W, Kernberg O F, Rockland L, Appelbaum A H, Carr A C, Kernberg P (1988) **Therapist Verbal Intervention Inventory** (TVII). In: Dahl H, Kächele H, Thomä Hs (Eds) Psychoanalytic process research strategies. Springer, Berlin, pp 147-162

Jones E E (2000) **Therapeutic Action**: A Guide to Psychoanalytic Therapy. Jason Aronson, Northvale, New Jersey

Hilsenroth M J, Blagys M, Ackerman S, Bonge D, Blais M (2005) Measuring **psychodynamic-interpersonal** and cognitiv-behavioral techniques: Development of the comparative process scale. Psychotherapy: Theory, Research, Practice, Training 42: 340-356

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Stage I Descriptive Studies on Mastery

Weiss J, Sampson H, The Mount Zion Psychotherapy Research Group (Eds) 1986) The psychoanalytic process: Theory, clinical observation, and empirical research. Guilford Press, New York

Grenyer B F S, Luborsky L (1996) Dynamic change in psychotherapy. **Mastery of interpersonal conflicts**. Journal of Consulting and Clinical Psychology 64: 411-416

Dahlbender R W, Thomä H, Kächele H (2004) Meisterung konflikthafter Beziehungsmuster. In: Kltiwer R, Lachauer Rs (Hrsg) Der Fokus. Perspektiven für die Zukunft. Vandenhoeck & Ruprecht, Göttingen, S 96-128

Stage I Descriptive Studies on Countertransference

Bouchard M A, Audet C, St-Amand P, Perry J C, Picard C, Wiethaeuper D (1999) Psychoanalytic process: the Montréal Transference-Countertransference Measure. In: Kächele H, Mergenthaler E, Krause R (Eds) Psychoanalytic Process Research Strategies II. www.horstkaechele.de,

Betan E J, Westen D (2009) Countertransference and personality pathology: Development and clinical application of the Countertransference Questionnaire. In: Levy R A, Ablon J S (Eds) Handbook of evidence-based psychodynamic psychotherapy. Bridging the gap between science and practice. Humana Press, New York, pp 179-198

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Stage I Descriptive Studies on „Structural Change“

„Structures are low changing functions“, writes Rapaport (1960)

How can we measure it?

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Stage I Descriptive Studies on „Structural Change“

Adult Attachment Interview (Main 1989)

Scales of Psychological Capacities (Wallerstein 1991)

Structural Change Scale (Rudolf et al. 2004)

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Stage II Experimental Analogue Studies

This methodology is not our strength

There are many good reasons for this

Exemption: Studies on Free Association



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•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

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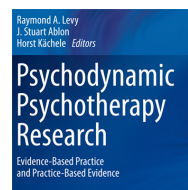
Proves of Efficacy of Psychoanalytic Therapies in RCTs

A fair number of RCT are available for psychodynamic/ psychoanalytic treatments for most of the relevant clinical disorders (Leichsenring et al. 2004; Leichsenring 2012)

Leichsenring F, Rabung S, Leibling E (2004) The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders. A meta-analysis. Archives of General Psychiatry 61: 1208-1216
 Leichsenring F (2012) Effectiveness of long-term psychodynamic psychotherapy: First meta-analytic evidence and its discussion. In: Levy R A, Ablon S, Kächele H (Eds) Psychodynamic Psychotherapy Research. Humana Press, New York, S 27-49

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A Prime Example



Huber D, Henrich G, Gastner J, & Klug G (2012)

The Munich Psychotherapy Study: Must all have prizes?

In: Levy R, Ablon S, Kächele H (Eds) Psychodynamic Psychotherapy Research. Humana Press, New York, pp 51-69₂₁

Munich Psychotherapy Study (MPS) – A three-year follow-up study Comparison of psychoanalytic vs. psychodynamic therapy for depression

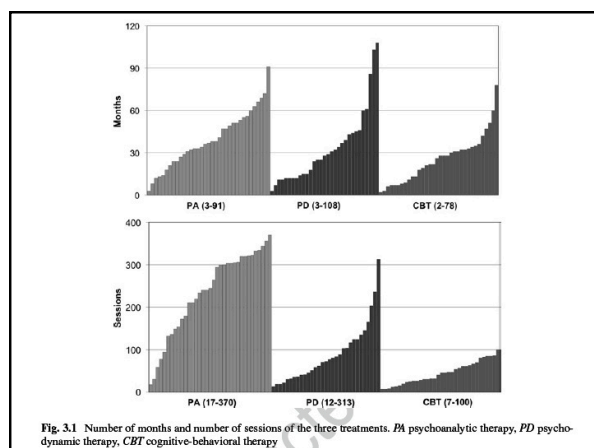
In a prospective, randomized outcome study, psychoanalytic therapy (mean duration: 39 months, mean dose: 234 sessions) and psychodynamic therapy (mean duration: 34 months, mean dose: 88 sessions) were compared at post-treatment and at three-year follow-up in the treatment of patients with a primary diagnosis of unipolar depression.

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Munich Psychotherapy Study (MPS) – A three-year follow-up study Comparison of psychoanalytic vs. psychodynamic therapy for depression

All treatments were performed by experienced psychotherapists/ psychoanalysts. Independent raters assessed treatment fidelity using the Psychotherapy Process Q-set. A two-tailed t-test yielded a significant difference in therapeutic technique between the groups

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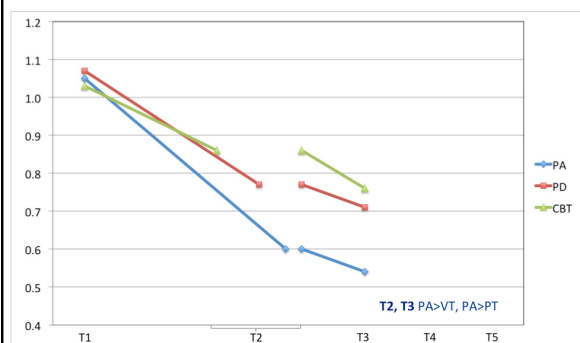


The Munich Study

variable	group	duration of therapy		dose of therapy	
		correlation-coeff. r	significance p	correlation-coeff. r	significance p
BDI	PA	-,02		-,04	
	PT	,15		,13	
	VT	,01		,11	
IIP	PA	-,53	,003**	-,53	,003**
	PT	-,27		-,25	
	VT	,07		,16	
SPK	PA	-,28		-,35	,049*
	PT	,08		,14	
	VT	,27		,30	

SPK (Skalen psychischer Kompetenzen, Huber et al. 2006) Gesamtwert

T3: ES PA=2.6 PT=1.5 VT=1.0



Three year Follow-up

We found significant outcome differences between treatments in terms of depressive and global psychiatric symptoms, personality functioning and social relations at three-year follow-up with psychoanalytic therapy being significantly more effective.

No outcome differences were found in terms of interpersonal problems.

Three year Follow-up

We concluded that psychoanalytic therapy with its **higher dose** and **frequency** and different therapeutic technique showed longer lasting effects than psychodynamic therapy, demonstrating the full range of its benefits three years after termination of treatment

Huber D, Henrich G, Clarkin J F, Klug G (2013) Psychoanalytic versus psychodynamic therapy for depression: A three-year-follow-up study. *Psychiatry* 76: 132-49

Huber D, Henrich G, Klug G (2013) Moderators of change in psychoanalytic, psychodynamic and cognitive-behavioral therapy. *Journal of the American Psychoanalytic Association* 61: 585-580

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Stage IV Naturalistic Studies

the Stockholm Study

the DPV Follow-up Study

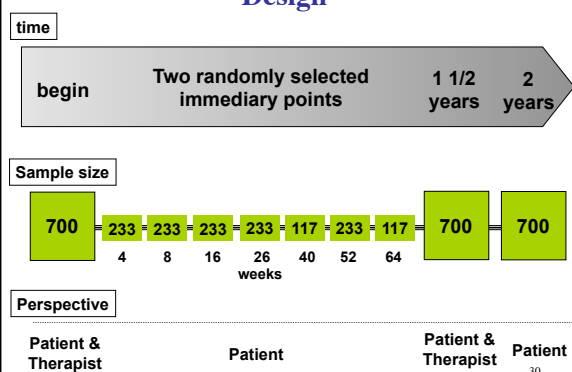
the Göttingen Study

the Heidelberg Study

the Stuttgart **TRANS-OP** Study

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Design



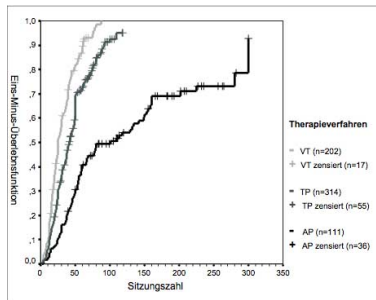
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Modes of Psychotherapy

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

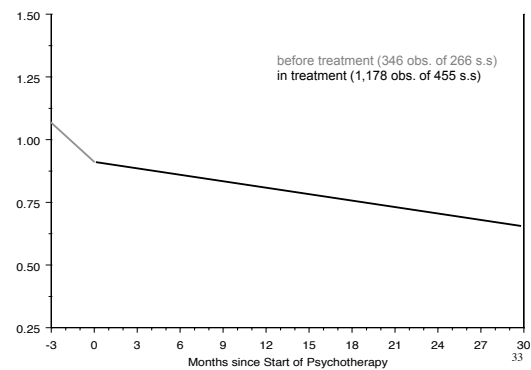
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Survival of treatments



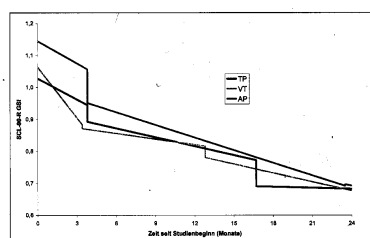
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Course of improvement before and during PT



Comparing the Three Treatments over 24 Months: GSI Scores of SCL-90

Abbildung 4: Psychische Beeinträchtigung vor, während und nach ambulanter Psychotherapie nach Therapieart



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David Orlinsky

It is clear that the currently dominant research questions in the field have changed, e.g., based on the content of sessions at the Toronto SPR. A consensus seems to have been achieved by now (a) that in general therapy ?works? (is effective), (b) that the "Dodo-bird effect" (general equivalence in effectiveness among types of treatment), (c) that the therapeutic relationship (?alliance? or "bond?") is generally predictive of, and probably contributory to outcome, and (d) that therapists differ in their effectiveness (i.e., consistent differences between therapists in patient outcomes exist, perhaps most notably in treating ?difficult? cases), which along with relationship factors accounts for more variance in outcome than differences between treatment methods. But this is probably not news to you.

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Phase V 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

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