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Differences in effectiveness of intensive treatment programmes for neurotic and personality disorders. Is it worth monitoring effectiveness of a therapeutic team?

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Summary

Aim. To test whether three different intensive programs of treatment for neurotic and personality disorders are effective in decreasing neurotic symptoms and traits of neurotic personality and whether there are differences between them in clinical outcome.

Method. The sample consists of 105 patients (83% female, mean age 35) diagnosed with neurosis and personality disorders that were treated in three therapeutic wards under routine inpatient conditions. The therapeutic programs are designed for patients with neurotic and personality disorders. It consists of 6–12 weeks of approximately 5 hours of eclectic group treatment (group psychotherapy, psychodrama, psychoeducation etc.). Participants filled in Symptoms' Questionnaire KS-II, and Neurotic Personality Questionnaire KON-2006 at the beginning and at the end of the course of psychotherapy.

Results. The treatment proved to be effective in diminishing neurotic symptoms (d Cohen=0.56). More detailed analysis revealed that there was a significant interaction between the three analyzed therapeutic wards and the effectiveness (η^2=0.09). The treatments offered in two institutions were effective (d Cohen=0.80) while one of the programs did not lead to significant improvement of the patients. None of the therapeutic wards proved to be effective in changing the neurotic personality traits.

Conclusions. There are significant differences in effectiveness of the intensive programs of treatment for neurotic and personality disorders. In the light of the literature, one can assume that the differences are more connected with the characteristics of therapeutic teams than with the methods used. The need for standard methods of effectiveness monitoring is discussed.

Key words: psychotherapy, treatment effectiveness, treatment failure

Introduction

Psychotherapy is a method of psychological help with empirically proven effectiveness. This conclusion is corroborated by many qualitative reviews of the literature and series of meta-analyses involving numerous studies of psychotherapy effectiveness [1–5]. Basing on the summary of many studies it can be stated that on average 65% of participants of a therapy receive beneficial results, amongst 10% of participants the

state is deteriorated and the mean effect size of the psychotherapy equals approximately 0.7 of a standard deviation [5]. Consequently, for an average person taking part in a psychotherapy the results are better in comparison to 76% of people not undergoing a treatment.

One of the topics most often discussed in empirical studies was which of the psychotherapy schools is the most effective with regard to specific mental disorders. After a few decades of researches and discussions the answer has been narrowed to two possibilities, mainly, either there are no differences in the effectiveness of the basic psychotherapy schools or the differences are minor and account for approximately 0.2 of the effect size, which explains approximately 1% of result variance [6]. The results do not exclude the need of searching for and developing new methods which may help people with chosen mental disorders but they rather suggest that towards the most often treated disorders, such as depression, anxiety and personality disorder the methods that are nowadays widely used share similar effectiveness (the most often researched methods included the following therapies: cognitive-behavioural therapy, interpersonal therapy, psychodynamic therapy, humanistic therapy, systemic therapy). There is, therefore, very narrow space allowing for a rise in effectiveness of a therapy, through a change of one group of approved methods to the others.

An interesting and fairly new proposition for an increase of effectiveness of a psychotherapy, regardless of the engaged approach, is a method of monitoring the results [7], which involves a routine measurement of changes of chosen variables among the patients undergoing a psychotherapy (usually intensification of psychopathological symptoms measured at each session). Subsequently, with the use of a computer programme, the data concerning the progress of each patient is compared with the course of changes and therapeutic effects of other patients. On the basis of the above mentioned data each therapist receives information whether the psychotherapy of a particular patient has a beneficial effect or it is likely to fail. Research validating this method shows that its usage leads to reduction in the percentage of people who were not benefiting from therapy. For example, in five controlled researches on the effectiveness of the system developed by Michael Lambert size effect of the usage of this method in comparison to the control group in which the therapist did not receive feedback accounted for 0.28 up to 0.7 [8]. It is worth to mention at this point that the interpretation of the results obtained in the course of outcome monitoring should be done cautiously. There are studies indicating that a temporal increase of psychopathological symptoms during psychotherapy for some patients is a natural phenomenon that does not predict the therapeutic failure [9, 10]. We know also that different groups of symptoms are characterized by different trajectories of change [11]. The researchers of psychotherapy highlight also the significance of the follow-up measurements [12].

Other promising possibility, which can be based on the system of monitoring the patients' progress is a more general assessment of the therapists' work. During a discussion at an annual conference of the Society for Psychotherapy Research (*SPR*) in Asilomar, USA in 2010, a researcher of psychotherapy Bruce Wampold stated that currently the most effective method of increasing the effectiveness of psychotherapy is identification of the therapists who obtain the poorest results. Less effective thera-

pists should receive additional help directed at the improvement of the effectiveness of their work (e.g.: in the form of additional supervision, training, individual therapy). In order to support this thesis it is worth quoting the results of the research on the effectiveness of the therapists. It turns out that the variability of the therapy effects from 6% to 9% can be explained by the differences among the therapists [13-16]. Value of 9% of the explained variance can be translated into 0.6 of the size effect, which should be considered as substantial in the context of the above mentioned value of 0.2 (differences among the schools) and value of 0.7 (general effectiveness of the psychotherapy) [6].

Among the factors connected with a therapist which can potentially lead to a negative therapeutic effects one can differentiate: inability to identify and deal with an emerging rupture in therapeutic alliance [17], dominant and hostile interpersonal style [18], professional burnout [19] or crossing ethical borders. In one of the surveys conducted among the American psychotherapists it turned out that approximately 7-10% of therapists (mainly men) have had at least one sexual contact with their female patient. In another survey 10% of therapist declared that they sometimes conduct a therapy in a state of a high level of stress which causes the therapy to be ineffective [20].

So far it has been stated that there exist considerable differences in the effectiveness of therapists. Such effect is also attained in researches in which patients are randomly allocated to therapists [21]. The differences among the therapist are so large that part of the therapists leave their patients in a worse condition than at the beginning of the therapy [22]. An interesting question may be posed in relation to how large differences may be observed in the case of a therapy conducted in teams, where it is impossible to combine the effects of the therapy with an individual therapist. Unfortunately, there are far less studies comparing the work of different therapeutic teams than researches on the effectiveness of the individual therapists. One of such researches has been conducted by Aleksandrowicz and Sobański [4]. The researchers compared the effectiveness of work at two daily wards offering an intensive integrative psychotherapy for people with neurotic disorders. At both wards the levels of the effectiveness of the therapies were similar, however, at the same time, both wards belong to the same institution which can standardize their performance. The question whether totally independent medical centres conducting intensive psychotherapy lead to a similar level of positive changes among the patients remains open. Taking into consideration results of the research on the differences in the scope of effectiveness of the therapists one can expect that different therapeutic teams may also display different effectiveness.

Aim of the research

The aim of the research is to verify: (1) whether intensive psychotherapy carried out in conditions of a daily ward and 24 hour ward is an effective method of reducing the intensification of neurotic symptoms and the traits of a neurotic personality among the patients diagnosed with neurosis and personality disorders and (2) whether there exist differences in the scope of the psychotherapy conducted in the above mentioned three units.

Materials and methods

Research procedure and variables measurement method

The research, which obtained an approval of The Scientific Research Ethics Committee, was conducted under the approval of patients and the heads of the wards at three wards (psychotherapy centres) specializing in neurosis and personality disorders treatment (for an exemplary description of such an institution see [23]).

Patients filled out the Symptom Checklist S-II (KS-II) and Neurotic Personality Questionnaire 2006 (KON-2006) at the beginning and at the end of their participation in the psychotherapy. In the first test patients filled out a demographic questionnaire as well. The Symptom Checklist S-II (in 2011 a newer version of the questionnaire was published – version S-III [33], however it was not available at the moment of the planning of this study) serves assessing intensification of neurotic symptoms [24] and it consists of 85 test positions. Cronbach's alpha reliability coefficient for the whole scale amounts to 0.97 (N=165). The value of a reliable difference between the two measures of this test (for p=0.05) equals 56.6 point [25]. KON-2006 serves measuring the intensification of the traits of a neurotic personality [26, 27]. Absolute stability coefficient value for the general result of the questionnaire equals r=0.89 (double measurement at intervals of a few hours, N=76). The value of a reliable difference between the two measures of this test (for p=0.05) equals 13.03 points [28].

Table 1. **Sex, education, diagnosis and pharmacotherapy among the patients in three therapeutic wards**

Variable	Whole group		Centre A		Centre B		Centre C		Test of differences		
	N	%	N	%	N	%	N	%	chi^2	p	df
Sex											
Women	83	79	20	71	32	82	31	82	1.3	0.51	2
Men	22	21	8	29	7	18	7	18			
Education											
Primary	1	1	1	4					10.8	0.1	6
Secondary	33	33	6	21	16	47	11	30			
During the studies	19	19	3	11	7	21	9	24			
Higher	46	47	18	64	11	32	17	46			
Missing data	6				5		1				
Diagnosis											
Solely neurosis	57	54	20	71	18	46	19	50	27.7	0.000	6
Solely personality disorder	21	20	4	14	15	39	2	5			
Neurosis and personality disorder	20	19	1	4	4	10	15	40			
Other diagnoses	7	7	3	11	2	5	2	5			

table continued on next page

Pharmacotherapy											
Yes	53	75	6	50	25	89	22	71	7.2	0.03	2
No	18	25	6	50	3	11	9	29			
Missing data	34		16		11		7				

Participants

There were 105 patients participating in the research from three wards specializing in treating neurosis and personality disorders – 28 patients from medical centre A, 39 from centre B and 38 from centre C. Full data from the first as well as from the last measurement are available for 85 people, i.e., for more than 80% of tested patients at the beginning of the therapy. The reason for the lack of the full data can be explained by the premature termination of the therapy and organizational issues.

Table 1 presents basic information regarding sex, education, medical diagnosis and medication taken by the patients in the three above mentioned centres. In the tested group the majority constituted people who have been diagnosed solely with neurosis (category F40–F45 according to ICD 10). Among about 20% of patients neurotic disorders coexisted with personality disorders and subsequent 20% were diagnosed solely with personality disorders. Nearly 7% of the tested people were diagnosed with different disorders than mentioned above, i.e., eating disorders, bipolar disorders and habit and impulse disorders. There exist significant differences in the distribution of the diagnoses: the majority of the patients in centre A had exclusively a diagnosis of neurosis while in centres B and C almost half of the patients had a diagnosis of personality disorder with/or without neurosis. Moreover, there exist also significant differences in the use of pharmacotherapy in the researched centres – in centre A the percentage was smaller than in centres B and C. However, the analysis referring to the differences in the use of pharmacotherapy should be approached carefully, as it lacks much data.

Table 2. **Age, intensity of neurotic symptoms and traits of neurotic personality among the patients in three therapeutic wards**

Variable	Whole group		Centre A		Centre B		Centre C		Test of differences	
	M	SD	M	SD	M	SD	M	SD	F	p
Age	35	10	34	7	36	10	35	10	0.42	0.658
Neurotic symptoms (KS-II)	301	98	280	95	328	98	290	97	2.25	0.111
Neurotic personality traits (KON-2006)	42	23	43	23	46	24	37	23	1.29	0.280

Table 2 includes information relating to the age of the tested subjects and intensification of the neurotic symptoms and neurotic personality traits in the first measurement. The analysis of the variances conducted on the basis of the data from three centres did not show any significant differences between them.

Description of therapeutic interventions

It is not possible to assign unequivocally therapeutic programmes of the three researched centres to one school of psychotherapy – they can be described as eclectic. However, one can single out a particular tendency, involving proportion of the used techniques, inter alia stemming from theoretical inclinations of psychotherapists working in those centres. Table 3 presents basic information about therapeutic programmes of medical centres A, B and C. In the therapeutic programme of medical centre A the influence of psychodrama and other techniques directed at experiencing is the most visible and in centre B the understanding of patients in the category of psychodynamic approach is of utmost importance. Lastly, centre C mainly uses methods of cognitive-behavioural therapy, although the usage of psychodynamic therapy is also crucial.

Table 3. **Characteristics of the therapeutic programs in A, B and C centres.**

Features of the therapeutic program		Centre A	Centre B	Centre C
Inpatient or day-stay ward?		Day-stay	Inpatient	Day-stay
Open or closed group?		Closed	Open	Open
Planned duration of participation in psychotherapy		9 weeks	12 weeks	6-8 weeks
Average number of hours of activities in a week	total	22h	22h	23h
	group psychotherapy	7.5h	7.5h	7.5h
	individual psychotherapy	–	1h	–
	psychodrama	4.5h	1.5h	1.5h
	art therapy	4.25h	4.5h	4h
	community meetings	2.25h	2.25h	1h
	psychoeducational workshops	1.5h	3h	4.5h
	other*	2h	2.5h	4.5h

* Group „other" includes following activities: physical exercise, yoga and relaxation

Description of therapeutic teams

In centre A psychotherapy is conducted by three women, two of them being a psychiatrist, one a psychologist, all of whom have completed an eclectic training. Professional experience of people conducting a psychotherapy ranges from 22 and 32 years (M=26). In centre B psychotherapy is conducted by 6 psychologists (4 women and 2 men), 5 of whom are participating or have completed a psychodynamic therapy training and one person having completed a systemic therapy training. Professional experience of people conducting a psychotherapy ranges from 2 and 11 years (M=6.8). In centre C psychotherapy is carried out by 4 psychologists (3 women and one man), 2 of whom possess a certificate of cognitive-behavioural therapist, one person having completed a group psychodynamic therapy training and one is participating in systemic psychotherapy training. Professional experience of people conducting a psychotherapy in this centre ranges from 4 and 6 years (M=4.75).

Results

In order to answer the question whether psychotherapy was effective in terms of changing the intensification of psychopathological symptoms and whether there exist differences in the effectiveness of the three above mentioned medical centres a two-factor analysis of the variances in the mixed scheme was conducted. The three researched centres constituted an inter-object factor (centre A, B and C), and the two tests conducted with the use of the KS-II questionnaire constituted an intra-object factor. This analysis proved that the main effect of the effectiveness of the therapy is statistically significant, $F(1, 82)=26.3$, $p<0.001$, $\eta^2=0.24$, similarly to the interaction between two measurements and three researched centres, $F(2, 82)=4.2$, $p<0.05$, $\eta^2=0.09$. A paired comparative analysis with a Bonferroni correction for multiple comparisons summarized in table 4 was conducted in order to analyze the nature of the interaction. The analysis points out that centres B and C were effective, whereas centre A did not contribute significantly to the reduction of the neurotic symptoms of the patients undergoing the treatment.

Table 4. **Changes after psychotherapy in neurotic symptoms measured by Questionnaire KS-II**

Analyzed groups	Measurement 1		Measurement 2		Average difference between measurements 1 and 2	Test of the differences between measurement 1 and 2			
	M	SD	M	SD		Type of the test	df	p	d Cohen
Whole group	296	99	246	118	50	F	1.82	0.000	0.56
Centre A	266	83	257	95	9	B*	25	0.590	0.11
Centre B	324	108	257	140	67	B*	26	0.000	0.67
Centre C	298	100	228	117	69	B*	31	0.000	0.94

* Pair comparisons with Bonferroni corrections for the multiple comparisons.

A two-factor analysis of the variance in the mixed scheme was also conducted with regard to the intensification of neurotic personality traits. Three of the researched centres constituted an inter-object factor (centres A, B and C) and two tests with the use of the questionnaire *KON-2006* constituted an intra-object factor. The main effect of the therapy was not statistically significant, $F(1, 82)=1.9$, $p>0.05$, $\eta^2=0.02$, similarly to the interaction between two measurements and three researched centres, $F(2, 82)=0.6$, $p>0.05$, $\eta^2=0.01$. Table 5 – *next page* – depicts descriptive statistics with regard to the measurement with the use of *KON-2006* questionnaire.

In order to assess the percentage of people among whom it was possible to observe a substantial clinical change – on the basis of a reliable change index [29] – the size of the measurement was classified, separately for the questionnaire KS-II and KON-2006, to one of the three groups: (1) a significant clinical symptomatic improvement, if the decrease of the intensification in the KS-II questionnaire was larger

Table 5. **Descriptive statistics concerning the intensity of neurotic personality traits measured by Questionnaire KON-2006**

Analyzed groups	Measurement 1		Measurement 2		Average difference between measurements 1 and 2
	M	SD	M	SD	
Whole group	42.5	23.8	39.5	23.0	3
Centre A	42.1	22.2	42.2	21.9	-0.1
Centre B	48.1	26.2	42.4	21.9	5.7
Centre C	38.1	22.6	34.8	24.7	3.3

than 56 points and significant personality improvement, if the result in the *KON-2006* questionnaire decreased by at least 13 points, (2) lack of any change – when the difference between the two measurements with the use of the KS-II did not exceed the value of 56 points and the *KON-2006* questionnaire – 13 points and (3) a significant clinical deterioration when a rise exceeding 56 points between the two measurements was observed with the use of the KS-II questionnaire, and 13 points with the use of *KON-2006* questionnaire. Additionally, people who obtained a significant improvement in terms of intensification of the symptoms and simultaneously exceeded the border value of 165 points in the KS-II questionnaire [24] were classified to a group named 'significant improvement and recovery' pertaining to the symptomatic changes. In the case of the *KON-2006* questionnaire the value separating the healthy and dysfunctional population amounted to 8 points [26]. Table 6 presents classification conducted among people tested for changes of the intensification of the neurotic symptoms. The table does not contain information about the drop out due to the available data from the KS-II questionnaire including information about the people who terminated the therapy prematurely. Therefore, it was possible to include the above mentioned data in the table. In turn, table 7 presents analogous data concerning intensification of the traits of a neurotic personality.

Table 6. **Classification of the therapeutic effects concerning the neurotic symptoms (KS-II) based on the reliable change index**

Categories of change of neurotic symptoms		Whole group		Centre A		Centre B		Centre C	
		n	%	n	%	n	%	n	%
Positive effect	SUM: significant improvement + significant improvement and recovery	45	47	6	21	19	63	20	53
	significant improvement and recovery	17	18	1	4	8	27	8	21
	significant improvement	28	29	5	18	11	37	12	32
no change		41	43	16	57	8	27	17	45
significant deterioration		10	10	6	21	3	10	1	3
total		96	100	28	100	30	100	38	100
missing data		9				9			

Table 7. **Classification of the therapeutic effects concerning the neurotic personality traits (KON-2006) based on the reliable change index**

Categories of change of neurotic personality traits		Whole group		Centre A		Centre B		Centre C	
		n	%	n	%	n	%	n	%
Positive effect	SUM: significant improvement + significant improvement and recovery	22	23	6	21	8	27	8	21
	significant improvement and recovery	3	3	1	4			2	5
	significant improvement	19	20	5	18	8	27	6	16
no change		46	48	14	50	15	50	17	45
significant deterioration		17	18	6	21	4	13	7	18
drop out		11	11	2	7	3	10	6	16
total		96	100	28	100	30	100	38	100
missing data		9				9			

Discussion

Participation in intensive eclectic psychotherapy programmes focusing on treatment of neurotic and personality disorders leaded to a statistically significant improvement in terms of intensification of the neurotic symptoms which can be corroborated by the fact that 47% of the people tested obtained a significant clinical improvement. More detailed analysis showed that there exist considerable differences in the effectiveness of the researched medical centres. One of the centres proved to be ineffective in eliminating neurotic symptoms (merely 21% of significant improvements and comparable percentage of people who experienced significant deterioration), whereas the other patients from the other two therapeutic centres witnessed a substantial improvement (on average 57% of patients received an improvement and 6% witnessed deterioration). The percentage of improvements and the value of the effect size (d Cohen=0.80) of the other two therapeutic centres point to the fact that those centres obtained effectiveness comparable to the average effects of therapies described in literature (e.g.: [5]).

There seem to be two methods of interpretation of the results obtained in the symptomatic effectiveness, which could either stem from the fact that different therapeutic programmes were offered in the centres or they directly reflected the differences in the effectiveness of the therapeutic teams. It is not possible to determine on the basis of the conducted research which of the factors had a greater influence on the results obtained. On the basis of the review of the literature one can state that the differences among different schools of psychotherapy are responsible for no more than 1% of the variability of the effectiveness of the psychotherapy, whereas the differences among the individual therapists match between 6 to 9% of the variance of changes [6]. On this basis of the above mentioned data it is possible to assume that the differences among

the used techniques had a much smaller influence on the effectiveness of the researched centres than the disparities connected with the employed therapists.

Neither was it shown that the researched therapeutic centres were effective in lowering the intensification of a neurotic personality (23% of improvements and 18% of deteriorations) nor were there observed significant differences in the above mentioned terms among the three researched centres. This result can be compared with the effects of the integrative therapeutic programme introduced at daily wards for patients with neurotic disorders [4], in which 43% of patients obtained a significant improvement measured with the *KON-2006* questionnaire and 11% of the patients substantial deterioration. Therefore, it can be assumed that the three centres described in this study were less effective than the centre researched by Aleksandrowicz and Sobański [4]. However, interpretation of this result requires further analysis. Apart from the differences connected with the effectiveness of the teams and the techniques used this effect can ensue from the fact that the psychotherapy research by Aleksandrowicz and Sobański included solely people diagnosed with neurotic disorders, whereas in the above mentioned research 39% of participants were diagnosed with personality disorders. The researches show that people diagnosed with personality disorders are less prone to the treatment in comparison to the less seriously affected [6].

Scientist dealing with the issue of therapist effectiveness often postulate introduction of systems of routine verification of the quality of the therapists' work in order to raise effectiveness of the offered treatment (e.g.: [30]). One of the reasons justifying implementation of such systems are the results of the research on the therapists, which show that they are not free from distortions of assessment of their own person and their competences. For example, in the research of Walfish et al. (after: [7]) 96% of the therapists claimed to be above-average competent whereas 25% of the therapists claimed that they see themselves in the group of 10% most competent professionals. The research also suggests that the more incompetent is the therapist the less accurate he is in assessing the quality of his own work [31]. The above described phenomenon of cognitive distortions relating to the assessment of one's activities may be also source of disregarding the quality of evaluation systems by the therapists receiving such information, as for the vast majority of therapists feedback is less advantageous than their own opinions about themselves [7].

The above presented research illustrates the need of routine monitoring of effectiveness of the work of the whole therapeutic teams. This effectiveness does not depend solely on the effectiveness of the individual therapists, as the causes of success or failure of the team may be also connected with the systemic changes, such as institutional management, atmosphere in the team and its coherency, rotation of employees or unconscious processes existing in an institution [32]. Comparisons of the results obtained to particular benchmarks may be a basis for assessment of the team effectiveness in some particular moment of its functioning. This knowledge may be a basis for decisions concerning possible changes in a particular centre, such as supervision of the teamwork, additional training, modification of the therapeutic programme, changes concerning enrolment of the patients, individual psychotherapy of the team members or possible human resources changes. The results of the study do not answer

unfortunately the question what features of the therapeutic teams and the therapists are responsible for the observed differences in effectiveness.

The presented study possesses some specific methodological constraints. Firstly, it was conducted without an equivalent control group. Therefore, it is not possible to state unquestionably whether the psychotherapy offered in the above mentioned centres was more effective than the mere lapse of time (so called spontaneous remission) or the placebo effect. Secondly, the patients were not randomly assigned to the treatment in the three centres, which means that we cannot exclude that the differences in the scope of the effectiveness of the psychotherapy stemmed from the differences of the patients. Yet, this hypothesis does not seem to have much ground, as it was not proven that there existed many differences between the people treated in the three centres. We know that there were no statistically significant differences between the researched groups in sex, age, education, intensity of neurotic symptoms and traits of neurotic personality. The only observed difference concerned the distribution of diagnoses. There were more patients diagnosed exclusively with neurosis in centre A than in two remained institutions. However, having the knowledge that neurotic disorders are easier to treat with psychotherapy than personality disorders [6], this fact advocates that centre A should be more effective. The third limitation of the research was the fact that the therapeutic programmes were not identical, as there existed differences in the scope of the used techniques. For example, the centre A as the only analysed institution conducted psychotherapy in closed groups what could lead to an increase of the strength of the therapeutic process and as a consequence it could intensify the psychopathological symptoms at the end of therapy. What is more, in centre A smaller number of patients took medicaments in comparison to the two other centres. Thus, it is not possible to exclude the statement that the differences in the effectiveness of the performance of the centres stem from the differences in the scope of the therapeutic procedures and pharmacotherapy used. Yet, it is worth noticing that each of the centres included in its therapeutic programme similar elements (e.g.: each centre proposed psychodrama) and the differences mostly involved intensification of the usage of a particular activity. We know also that the differences between *bona fide* therapies are small [6]. Fourthly, the study does not answer the question about the delayed outcome. It is not possible to exclude the hypothesis that the differences in effectiveness between the therapeutic centres in a follow-up measurement (e.g. a few months after completing the treatment) would significantly diminish. The enumerated limitations of the research mostly spring from the fact that the research was conducted in natural setting. It is, therefore, characterized by a low internal validity, possessing at the same time high external validity, in other words, it correctly depicts how the psychotherapy is offered in clinical practice.

Conclusions

1. There exist significant differences in terms of the effectiveness of the three centres specializing in treating neurotic and personality disorders. Psychotherapy offered in two centres was effective with regard to the change of intensification of neurotic

symptoms (about 60% of the patients experienced a significant clinical decrease of the neurotic symptoms intensification) whereas one of the centres did not prove to be effective in those terms.
2. None of the researched centres was effective in dealing with intensification of the traits of a neurotic personality.
3. Routine monitoring of effectiveness of therapeutic teamwork may be a valuable method that would lead to an improvement of the health-care quality in centres specializing in treating neurotic and personality disorders.

Различия в радиусе эффективности интенсивных программ лечения нарушений личности и неврозов. Стоит ли монитировать эффективность терапевтического коллектива?

Содержание

Задание. Проверка трех интенсивных программ лечения нарушений личности и неврозов их эффективности в снижении утяжеления невротических симптомов и черт личности невротического типа. Существуют ли различия между этими центрами лечения в радиусе эффектов терапии?

Метод. Группа исследованных насчитывала 105 пациентов (83% женщи, средний возраст 35 лет) с диагностированным неврозом или же нарушениями личности, которые были лечены в дневных или стационарных отделениях. Исследованные терапевтические программы были сделаны для пациентов с диагнозом неврозов и нарушений личности, которые состоят в лечении групповой психотерапии, психодрамы, психоэдукации.Терапевтическая программа продолжалась с 6 до 12 недель, 5 часов в сутки. Участники исследования заполняли Опросник невротических симптомов КС-11 и Опросник невротической личности КОН-2006 в начале и в конце лечения.

Результаты. Лечение оказалось эффективным в снижении утяжеления симптомов невроза (д Кохен=0,56). Более точный анализ показал, что существует статистически существенная интеракция между тремя исследованными группами и эффективностью (η2=0,09). Терапия предложенная в двух центрах оказалась эффективной (д Кохен=0,80) тогда как одна программа не приводила к улучшению состояния здоровья больных. Не отмечено улучшения в радиусе усиления черт невротической личности ни в одном из обследованных центрах.

Выводы. Существуют существенные различия в эффективности программ лечения неврозов и нарушений личности. В свете литературных данных можно поставить гипотезу, что полученные результаты в большой степени связаны с характеристикой терапевтических коллективов,чем с использованными методами. Возникает необходимость рутинного мониторинга эффективности коллективов терапевтов.

Ключевые слова: психотерапия, эффективность лечения, отсутствие результатов лечения

Unterschiede in Wirksamkeit der intensiven Programme der Behandlung von Neurosen und Persönlichkeitsstörungen. Lohnt es sich, die Effektivität der therapeutischen Gruppe zu beobachten?

Zusammenfassung

Ziel. Prüfen, ob drei unterschiedliche intensive Behandlungsprogramme für Behandlung von Neurosen und Persönlichkeitsstörungen wirksam bei der Senkung der Symptome einer Neurose und Eigenschaften einer neurotischen Persönlichkeit sind. Gibt es Unterschiede zwischen diesen Zentren im Hinblick auf die Wirksamkeit der Therapie?

Methode. Die befragte Gruppe zählte 105 Patienten (83% Frauen, Durchschnittsalter 35 Jahre) mit der diagnostizierten Neurose oder Persönlichkeitsstörungen, die in der Tagesabteilung oder im Krankenhaus behandelt wurden. Die untersuchten therapeutischen Programme wurden für die Patienten mit Neurosen und Persönlichkeitsstörungen entwickelt. Sie bestehen aus der Behandlung in der Gruppe (Gruppenpsychotherapie, Psychodrama, Psychoedukation, u.ä.), die von 6 bis 12 Wochen, 5 Stunden am Tag dauert. Die Teilnehmer füllten den Fragebogen zur Erfassung der Symptome einer Neurose KS-II und Fragebogen zur Erfassung der Persönlichkeit KON-2006 am Anfang und am Ende der Behandlung aus.

Ergebnisse. Die Behandlung erwies sich bei der Senkung der Symptome einer Neurose als wirksam (d Cohen = 0,56). Eine ausführliche Analyse ergab, dass es eine statistisch signifikante Interaktion zwischen den drei untersuchten Gruppen und der Effektivität gibt ($\eta 2 = 0{,}09$). Die Therapie in zwei Zentren erwies sich als wirksam (d Cohen = 0,80), während einer der untersuchten Programme zu keinen Effekten führte. Es wurde keine Besserung im Bereich der Intensität der Eigenschaften einer neurotischen Persönlichkeit in keinem der untersuchten Zentren festgestellt.

Schlussfolgerungen. Es gibt signifikante Unterschiede in der Effektivität der intensiven Behandlungsprogramme für Neurosen und Persönlichkeitsstörungen. In der Literatur kann man Hypothesen stellen, dass die erzielten Ergebnisse im größeren Maße mit der Charakteristik der therapeutischen Gruppen verbunden sind als mit den eingesetzten Methoden. Es zeigt sich die Notwendigkeit, die Effektivität der Gruppen ständig zu beobachten.

Schlüsselwörter: Psychotherapie, Effektivität der Behandlung, Misserfolg (Scheitern) der Behandlung

Les différences de l'efficacité des programmes intensifs du traitement des troubles nerveux et de la personnalité. Vaut-il faire le monitoring de l'efficacité de l'équipe thérapeutique?

Résumé

Objectif. Vérifier l'efficacité de trois programmes intensifs du traitement des troubles nerveux et de la personnalité dans la réduction de la sévérité des symptômes nerveux et des traits de la personnalité nerveuse et trouver les différences entre ces programmes.

Méthode. Le groupe examiné compte 105 patients (83 % de femmes, moyenne de l'âge – 35 ans), diagnostiqués « névrose » « ou troubles de la personnalité », hospitalisés ou traités dans les centres de jour. Les programmes analysés sont adressés aux patients avec les troubles de la personnalité et avec des troubles nerveux. Ils contiennent la thérapie de 6 à 12 semaines, 5 heures par jour (thérapie de groupe, psychodrame, psychoéducation etc.). Les patients sont examinés au début et à la fin de la thérapie avec : Symptoms Questionnaire KS-II, Neurotic Personality Questionnaire KON-2006.

Résultats. Le traitement se montre efficace dans la diminution de l'intensité des symptômes nerveux (d Cohen=0,56). L'analyse la plus détaillée démontre qu'il y a une corrélation signifiante de trois groupes examinés et l'efficacité ($\eta 2=0{,}09$). Le traitement de deux centres est efficace (d Cohen=0,80) tendis que celui du troisième centre n'apporte pas d'amélioration de l'état des patients. Dans ces trois centres on ne note pas d'amélioration aussi quant à la sévérité des traits de la personnalité nerveuse.

Conclusions. Cette analyse démontre que l'efficacité des programmes intensifs du traitement de névrose et des troubles de la personnalité diffère. Dans la lumière de la littérature en question on peut dire que ces résultats se lient plus avec les caractéristiques des équipes thérapeutiques qu'avec les méthodes usées. On a donc besoin de faire le monitoring de l'efficacité des équipes thérapeutiques.

Mots clés : psychothérapie, efficacité du traitement, échec thérapeutique

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