

S34 *New frontiers of psychotherapy research: a quest for the future*

FROM CLINICAL INTUITION TO QUANTIFICATION: THE CCRT METHOD AND ITS CONNECTING WITH OTHER POLICY INSTRUMENTS

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Psychotherapy studies focusing on process and change are mostly naturalistic studies of single cases or small samples analysed like single cases. The renewed interest in single cases goes together with refined methodologies applied to data collected from various complementary process and outcome instruments. In the field of psychodynamically oriented psychotherapy, these instruments are supposed to supply the researcher with manualised, quantifiable versions of complex concepts like transference, conflict, repetitive relationship patterns, defences, therapeutic alliance, therapeutic interventions. If it is considered that the first phase of process research has been aimed at creating and validating instruments like CCRT, DMRS, DSQ, PIRS and many others, the task of the second phase will be to look not only at each instrument separately, but at the constellation of the various resulting factors form together. The more it is possible to establish meaningful links between measures for relationship patterns, defences, therapeutic alliance and interventions, the closer we come to the daily work of the clinician who does all these mental operations simultaneously and in parallel. This contribution will focus on multimodal process studies, taking into account the interrelations between different instruments, like the Brief Dynamic Investigation project of the Lausanne psychotherapy research group.

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INTERACTIONS BETWEEN THERAPIST AND PATIENT: COMPARING AN EASY AND A DIFFICULT CASE

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Clinical data: Psychotherapeutic processes have been increasingly considered as interactional, and methods have been devised aiming to capture these interactive dimensions. Our research concerns processes during mother-infant psychotherapy. These therapies are often brief; their success depends in part on the clinician's capacity to define rapidly a central focus, according to formulations close to Luborsky's CCRT. It also depends on the patient's capacity to elaborate her conflicts. Two clinical vignettes will illustrate how a first session evolves when the focus is easily obtained versus when it is not obtained. Technical considerations concerning the determinations of a therapeutic focus will be proposed.

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INNOVATING OUTCOME RESEARCH ON PSYCHOANALYTIC PSYCHOTHERAPY: THE CASE OF DEPRESSION AND PERSONALITY DISORDERS

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Recent reviews indicated that psychoanalytic psychotherapy (PP) is a valuable treatment choice (Crits-Christoph 1992, Luborsky et al, 1993) but the comparative efficacy of this therapy is still controversial. The present need for reliable cost-effectiveness guidelines and changing reimbursement rules raises a serious threat to the future of this treatment unless a new generation of outcome studies brings more evidence of its medical relevance and practical interest. These studies should move away from the model of neurosis resolution in an effort to develop specialised treatment for specific psychiatric syndromes. Depression and Personality Disorders are the best candidates to effectively respond manualised PP programmes calling for a well-balanced use of alliance, expressive, insight oriented and transference interpretation strategies. We will describe a pilot PP programme that gave outstanding results within a multicentre study, aiming first to develop combined therapy for acute major depression with and without PD, and second, to perform a controlled evaluation of combined PP/antidepressant medication (ADM) and ADM/standard psychiatric management. The main results of these studies and their research, clinical and institutional implications will be briefly discussed.

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THE THERAPEUTIC CYCLES MODEL IN PSYCHOTHERAPY RESEARCH: THEORY, MEASUREMENT AND CLINICAL APPLICATION

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The Therapeutic Cycles Model offers theoretical explanations and empirical measurements of cyclic fluctuation in psychotherapy. It is based on the view of the psychodynamic process derived from current work in cognitive psychology.

This presentation describes the Therapeutic Cycles Model and its computer-assisted measurement in psychotherapy transcripts. The model is based on Emotion-Abstraction Patterns (Mergenthaler, 1996) which are derived from combinations of two linguistic measures: Emotion Tone (ET) including words that demonstrate an emotional or affective state of the speaker and are likely to cause emotion in the listener; Abstraction (AB) being based on a linguistic phenomenon that allows for building abstract nouns out of words belonging to various parts of speech, e.g., "tender" becoming "tenderness". Such words are associated with thought that is abstract and complex.

The Therapeutic Cycles Model identifies patterns in the patient's process of (1) experiencing and translating emotion into words, indicated by high levels of ET; (2) developing emotional insight, which involves connecting emotional experience with abstract reflection, indicated by conjoint high levels of both ET and AB. It is expected that this process of connecting private emotional experience to the shared verbal code will occur in a cyclic progression. The emotional insight feeds back to activate and open new emotional experience, thus initiating a new cycle.

The model can be applied to single therapy sessions as well as to a sequence of sessions comprising a full psychotherapeutic treatment. Clinical examples will be given for both kinds of application.