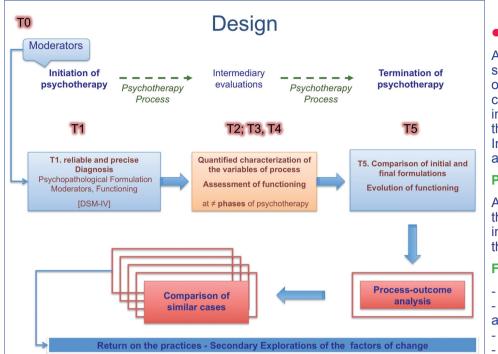
## French Psychotherapy Practice Research Network From systematic case studies to their aggregation in a database. Comparative analysis and metasynthesis

 The methodology is based on intensive singlecase studies of complex disorders' psychotherapies.

Quantitative and qualitative data are associated for the definition of the diagnostic, as well as initial, intermediate and final measures. Process analysis is used to describe at different moments in time the main characteristics of the on-going psychotherapy. It is thus possible to gain access to what is really done during the therapy, and not only to what is supposed to be done, based on a manual or even the name of the theory used by the therapist.

Observation, formalization and data analysis are integrated in a coherent iterative process during the whole therapy. Various tools are used as well as a case formulation, at the beginning and the end (or 1 year) of psychotherapy...

This framework is offering two possibilities at the same time: it provides therapists with the ability to follow the evolution of their cases, and to compare them with similar cases. It provides researchers with the ability to drive true comparative analysis, based on psychotherapies carried out in real situations, and on detailed enough descriptions to get significant outcomes.



## **Borderline Pole**

Functioning indicators (10)

Autonomy, Symptoms' severity, Suffering and subjective distress, Consequences of the state of the patient on the entourage, Ability to use capacities, in particular in work, Quality of the interpersonal relationships, Width and the depth of the interests. Expression and emotional tolerance. Insight, Problem's resolution and capacity of adaptation.

#### **Process indicators (6)**

Attitude, behavior or experience of the patient, therapist actions and attitudes, nature of the interaction of the dyad, climate or atmosphere of the encounter.

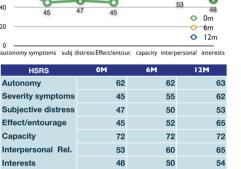
#### **Functioning and Process Instruments**

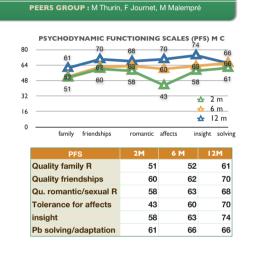
- Health-Sickness Rating Scale. Luborsky 1975 - Pychodynamic functioning scales. Hoglend P. & al. 2000
- Psychotherapy Process Q-set, Jones E., 2000 Child Psychotherapy Q-set, Schneider C. 2006

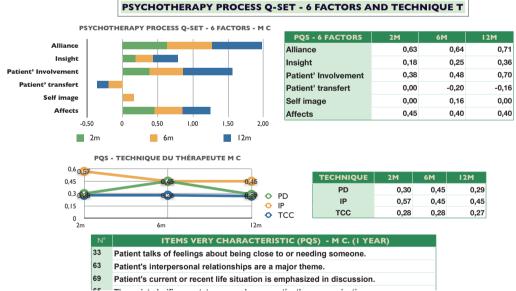
#### PSYCHOTHERAPY M C - LONGITUDINAL CHANGES (I YEAR)

**HEALTH-SICKNESS RATING SCALE (HSRS) M C** my symptoms subj distress Effect/entour. capacity interpersonal interests

NAME: MC







#### Preliminary results M C.

Level 1 - Functioning and symptoms (HSRS - PFS)

Scores are in constant progression, except one which remains stable but was high at the beginning: « Adaptive capacity » (61-67). One notes a clear progression for « Tolerance for affects » (43-70), « Insight » (58-74), « Gravity of symptoms » (45-62) and « Consequences for entourage » (45-65).

Level 2 - Psychotherapy process (PQS). Crucial factors are: A good and increasing alliance (0,63-0,71); a strong involvement of the patient (0,38 to 0,70); Insight evolves moderately (0,18-0,36); negative affects (anxiety/depression) remain quasi constant (0,45-0,40) and constitute a significant moderator.

According to the specific criteria from the PQS, the therapist used a psychodynamic interpersonal approach during this first year of psychotherapy.

Level 3 - Evolutions of Case formulation are: Persistence of the tendency in the overflow and the abandonic strategies but in a less intense way. Improvement of the capacities of introspection. Better control of aggressiveness, less recourse to the splitting of the object, less systematic projection. Absence of new violent acting out. The therapist ensured a empathic presence. He avoided (too much) active and interpretative interventions. Subjective discomfort remains an important problem. A vigilance with the separations must be maintained.

# SPR-2010

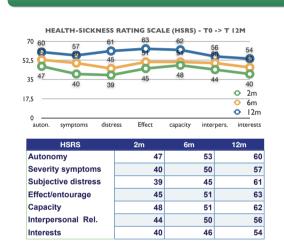


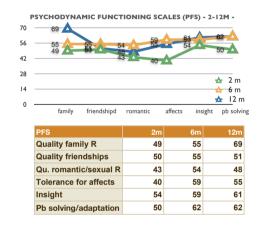


✓ Techniques psychothérapiques



#### PSYCHOTHERAPY 8 BORDERLINE PATIENTS - LONGITUDINAL CHANGES (I YEAR)



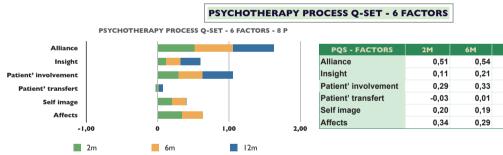


0.28

0,43

0.06

0,01



	ITEMS VERY CHARACTERISTIC (PQS) - 8 CASES BORDERLINE (I YEAR)
63	Patient's interpersonal relationships are a major theme.
6	Therapist is sensitive to the patient's feelings, attuned to the patient; empathic.
69	Patient's current or recent life situation is emphasized in discussion.
9	R Therapist is responsive and affectively involved.
24	R Therapist's own emotional conflicts do not intrude into the relationship inappropriately.
77	R Therapist's comments reflect kindliness, consideration, or carefulness.
15	R Patient is willing to break silences ; is activ.
51	R Therapist does not assume an attitude of superiority.

### Preliminary results (8 cases)

Level 1 - Functioning and symptoms (HSRS - PFS)

The scores of the different dimensions are in constant progression. The most important improvements are: « Gravity of symptoms » (40-56,5), « Subjective distress » (38,9-60,8), « Consequences for entourage » (45,6-63,4), « Quality of relationships », in particular Family R (49-63) and « Tolerance for affects » (40-54,5).

Level 2 - Psychotherapy process (PQS). Three factors are increasing: « Alliance » (0,51-0,58); « Patient's Involvement » (0,29-0,43) and « Insight » which remains weak (0,1-0,3). Two factors are reducing to 0: « Negative affects » and « Self image » expression. The transfert of the patient towards the person of the therapist is not mobilized.

According to the specific criteria from the PQS, the therapist used a psychodynamic interpersonal approach during this first year of psychotherapy.

- Level 3 Correlations of factors with outcome. The scores of the different symptomatic and functional dimensions, and crucial process operations have a parallel linear evolution.
- Level 4 Examination of individual differences (outcome, factors and moderators): not presented here.

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