



## Treatment outcome in patients with mono- diagnoses compared with comorbid disorders – Considerations on individualized psychotherapy during rehabilitation

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# Overview

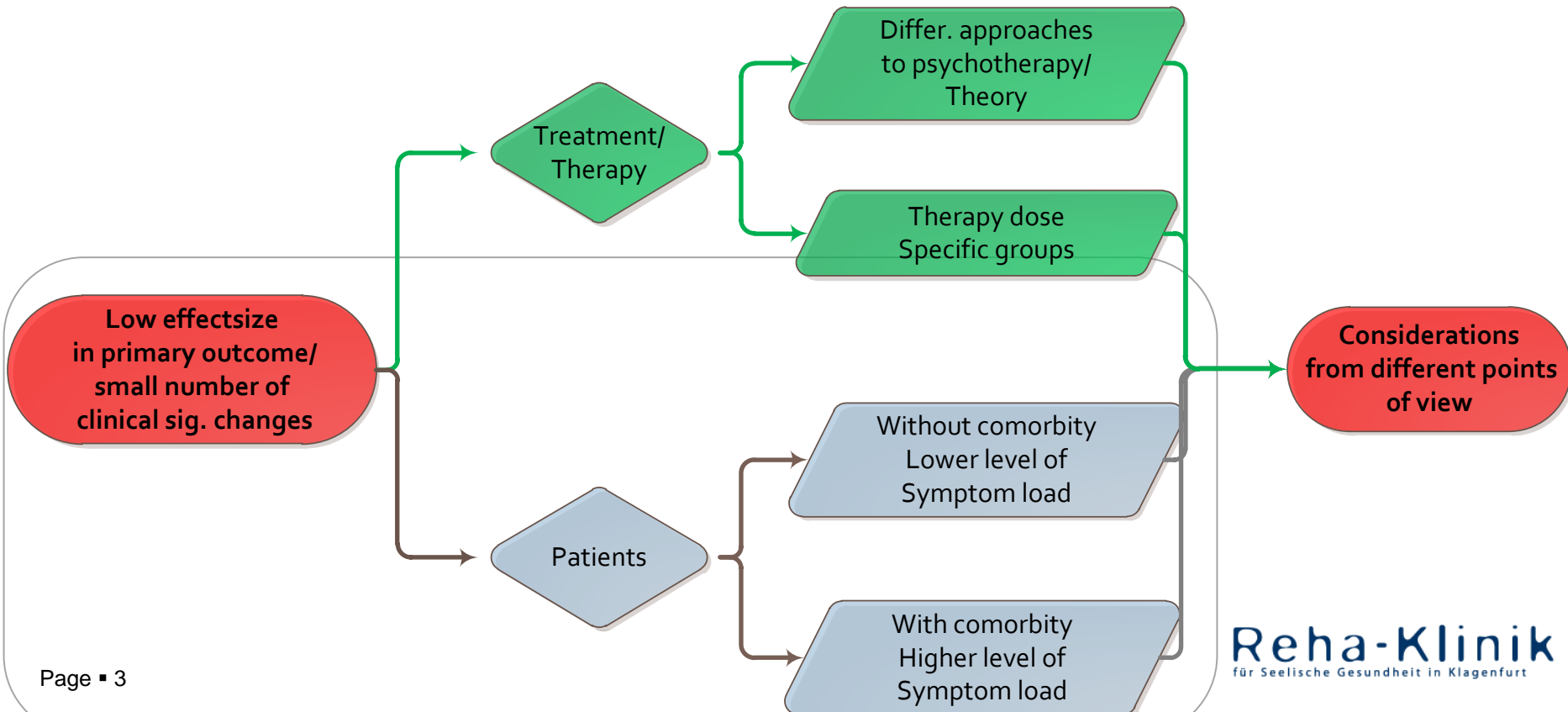


1. Aims
2. Background
3. Method
4. Results
5. Discussion

# Research Questions



- comparison of the therapy-outcome from patients with comorbidity and without comorbidity (F3/F4)
- Comparison of the symptom load of these two groups in general
- Discussion of the results regarding the legal and institutional frameworks



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# Background I



## Austria

- 23 psychotherapeutic approaches recognized by government
- No concrete recommendations for different disorders
- Lack of efficacy-studies – and effectiveness studies

## Germany

- 4 psychotherapeutic approaches
- S3-Leitlinien – recommendations, e.g. for affective disorders and in case of comorbidity – but not specific for different approaches
- “Manualised treatment is complicated in patients with comorbidity”



## Rehabilitation clinic for mental health (Austria)

- Different therapeutic approaches
- 40 % of interventions in psychotherapeutic setting

## German rehabilitation centers

- 4 different approaches
- Better outcome measured by effect sizes (e.g. MESTA Study)
- But many differences in patients (e. g. experience in psychotherapy, symptomatology, work status)

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## Measures:

- BSI Brief Symptom Inventory (Franke, 2000)
- HAQ Helping Alliance Questionnaire (Bassler et al., 1995)
- BESS Scale (Schmidt & Nübling, 1986)

## Measurement points:

- Begin of rehabilitation
- End of rehabilitation
- 1 Year after rehabilitation



# Sample



complete sample size  
N = 7.084

F3  
N = 2.103

F4  
N = 1.072

F3 & F4  
N = 1.156  
3 diagn.  
N = 370

F3 & others  
OR  
F4 & others  
N = 835

F3 & F4 &  
others  
N = 255

F3: more than 1 N = 33  
F4: more than 1 N = 533

others  
N = 727  
F0, F1, F2,  
F5, F6, F9

patients  
without  
comorbidity  
F3 or F4  
N = 3.175

patients  
with  
comorbidity  
F3 & F4  
N = 1.526

excluded  
N = 2.383

# Patients characteristics I



| Measurement                                | without comorbidity | with comorbidity  |
|--|---------------------|-------------------|
| Sample size                                | N = 3.175           | N = 1.526         |
| <b>Age</b>                                 | <b>Mean (SD)</b>    | <b>Mean (SD)</b>  |
|  | 46,27 (8,76)        | 45,77 (8,10)      |
|  | <b>Number (%)</b>   | <b>Number (%)</b> |
| <b>Men (gender) *</b>                      | 1.197 (37,7)        | 430 (28,2)        |
| <b>Education *</b>                         | <b>Number (%)</b>   | <b>Number (%)</b> |
| No formal schooling                        | 56 (1,8)            | 37 (2,4)          |
| Secondary school                           | 1.447 (45,6)        | 834 (54,6)        |
| Professional schools                       | 600 (18,9)          | 258 (16,9)        |
| Gen. qualification for university entrance | 445 (14,0)          | 154 (10,1)        |
| College/University                         | 255 (8,0)           | 65 (4,3)          |
| No information(others)                     | 372 (11,7)          | 178 (11,7)        |
| <b>Professional training *</b>             | <b>Number (%)</b>   | <b>Number (%)</b> |
| Currently training                         | 41 (1,3)            | 8 (0,5)           |
| Professional qualification (ISCED 3b)      | 1.178 (37,1)        | 574 (37,7)        |
| Additional professional qualification      | 527 (16,6)          | 206 (13,5)        |
| College/University                         | 298 (9,4)           | 77 (5,0)          |
| No professional training                   | 455 (14,3)          | 328 (21,5)        |
| No information/others                      | 676 (21,3)          | 333 (21,8)        |

# Patients characteristics II



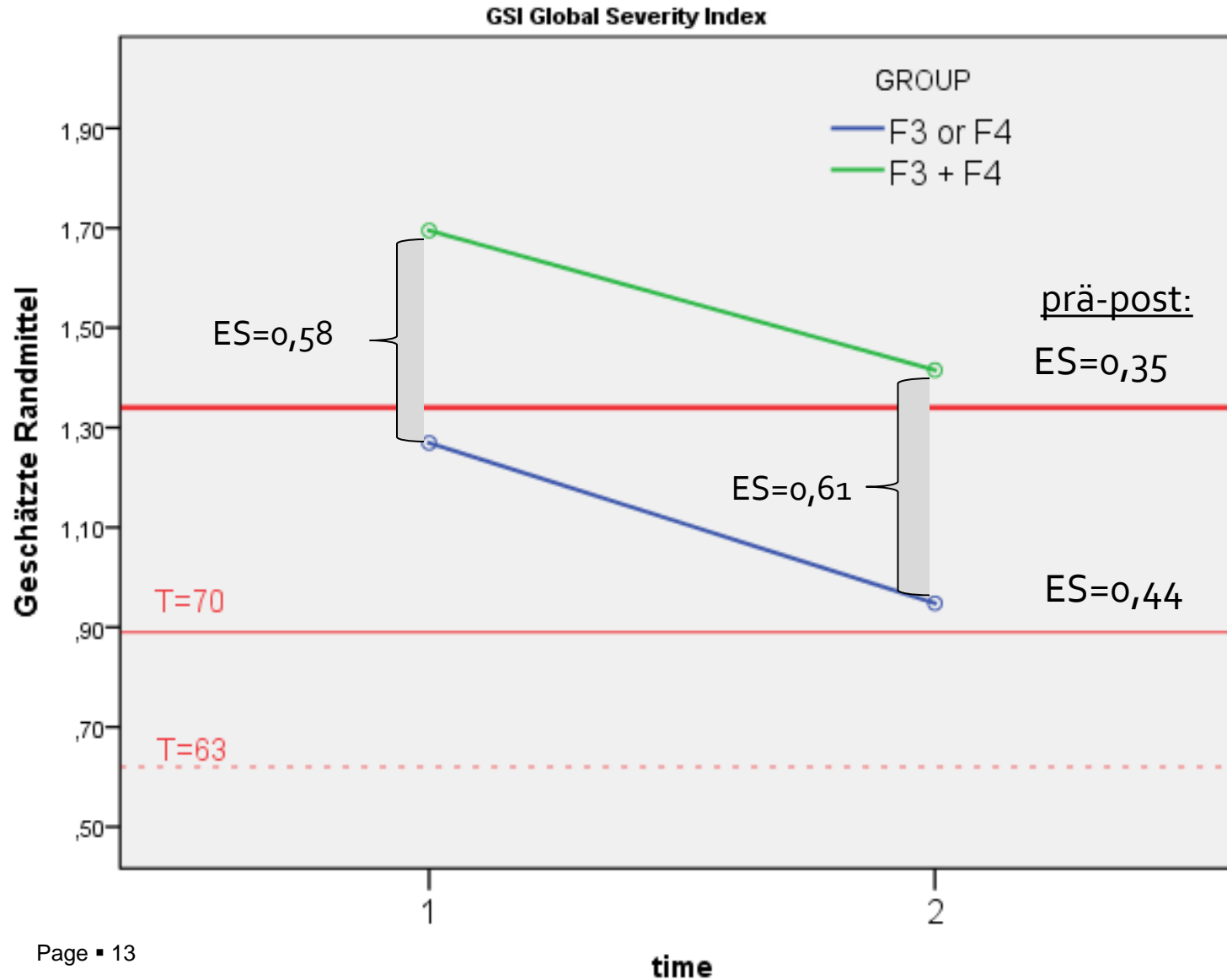
| Measurement                | without comorbidity | with comorbidity  |
|----------------------------|---------------------|-------------------|
| <b>Marital status</b>      | <b>Number (%)</b>   | <b>Number (%)</b> |
| Never married              | 690 (21,7)          | 294 (19,3)        |
| Currently married          | 1.281 (40,3)        | 630 (41,3)        |
| Separated/Divorced         | 749 (23,6)          | 388 (25,4)        |
| Widowed                    | 69 (2,2)            | 47 (3,1)          |
| Cohabiting                 | 335 (10,6)          | 138 (9,0)         |
| No information/Others      | 51 (1,6)            | 29 (1,9)          |
| <b>Work status*</b>        | <b>Number (%)</b>   | <b>Number (%)</b> |
| Employed                   | 1.218 (38,5)        | 379 (24,8)        |
| Unemployed                 | 808 (25,4)          | 371 (24,3)        |
| Application for retirement | 303 (9,5)           | 201 (13,2)        |
| Retired                    | 734 (23,1)          | 518 (33,9)        |
| Others                     | 99 (3,1)            | 54 (3,6)          |
| No information             | 13 (0,4)            | 3 (0,2)           |

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# Primary Outcome BSI (Franke, 2002)



# Further results



- HAQ: no difference in **satisfaction with the relation to the therapist** between patients with or without comorbidity
- HAQ: sig. higher **satisfaction with therapeutic outcome** in patients without comorbidity (ES = 0,52; CI: 0,40 – 0,63)
- BESS-Scale: sig. higher **satisfaction with changes** in patients without comorbidity (ES = 0,51; CI: 0,41 – 0,60)
- BESS-Scale Therapists: sig. **higher rating** for patients without comorbidity (ES = 0,34; CI: 0,25 – 0,44)

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# Discussion from different point of views



- Statutory right
- Expectation of success
- Main goal: increasing quality of life
- Return to work

STATE  
PENSION  
FUNDS

- Statutory right for rehab.
  - „equal treatment”
- Importance of relational and scient. aspects (Farrell, 2015)
- Main goal: “feeling better”

PATIENT

- Main goal: increase quality
- Focus on patient satisfaction
- Increase clin. sign. changes
- Health promotion

QM  
CLINIC

- Homogeneous & heterog. groups as a challenge
- Dissatisfaction with framework (dose)
- Main goal: stabilization

THERAPIST



# Conclusions in general



## Are explicit guidelines needed in Austria?

- Further research is needed – for evidence based treatment planning
- Efficacy vs. effectiveness - health care research
- But, lack of RCT's indicates not ineffectiveness [S3-Leitlinie]
- Many clients suffer from complex trauma
- Psychotherapeutic dosage in rehabilitation setting is insufficient for clin. sig. change according to Jacobson & Truax
- Rehabilitation aftercare is needed in Austria – taylor-made

## Limitations

- Diagnoses not based on checklists/ICD 10
- Additional personality disorders sometimes have not been diagnosed
- Results are influenced by many other facts, e.g. work status



## Does it make sense to form groups with different symptom load?

### No, because in our experience

- Contagion effects among groups
- Danger of labeling
- What happens to our therapists?
- "Relative" view of own problems in relation to others
- Patients can benefit from each other - more likely than negative reinforcement
- We can't handle therapy dose individually

### Possibilities in our framework

- Participatory decision-making
- Multidisciplinary working in flat hierarchy (MeeR-Study, Meyer, 2015)
- Increased focus on aftercare/therapeutic network
- Last, but not least: what clients want ..... (Farell et al., 2015)



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