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Evaluation of psychic change through the application of empirical and clinical techniques for a 2-year treatment: a single case study

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Abstract
The authors present results obtained by a combination of clinical and empirical methods used in the evaluation of psychic change involving a single case study carried out during 2 years of nonmanualized psychodynamic psychotherapy (Barber & Crits-Christoph, 1993; Barber, Foltz, DeRubeis, & Landis, 2002). A multidimensional definition of change that includes clinical (psychoanalytic) and empirical perspectives is provided. The authors used material from supervision sessions and clinical meetings to assess the psychodynamic diagnosis and evolution. The following empirical techniques and instruments were used: core conflictual relationship theme (Luborsky & Crits-Christoph, 1990), Symptom Checklist-90-Revised (Derogatis, 1983), and Differential Elements for a Psychodynamic Diagnostic (C. M. López Moreno et al., 1998). Several markers of psychic change along the therapeutic process were found. The instruments proved to be sensitive to the changes obtained during the psychotherapy. Used together, the instruments allowed an integrated evaluation of the patient's evolution during the treatment.

The main objective of the project was to study the process of psychic change (Høglend et al., 2000; Jones & Price, 1998; Wallerstein, 1963, 1988) The first Latin-American Spanish-speaking database of psychodynamic treatments was created. To study this change, several empirical methods were used and a new instrument—Differential Elements of a Psychodynamic Diagnosis (DEPD)—was created. Two doctoral theses are in process using this material as is a new project subsidized by the Research Advisory Board of the International Psychoanalytic Association.

Theoretical framework

Multidimensional empirical and psychoanalytical (Freud, 1912, 1922, 1923, 1938) perspectives have been used to highlight the complexity of the psychotherapeutic process of change (Dahl, Kächele, & Thomä, 1988; Kächele & Tomä, 1995). We believe that a better understanding can be achieved using both clinical and empirical methods. An operational definition of psychic change has thus been obtained.

Psychic change

Our hypothesis is that psychoanalytic psychotherapy leads to psychic change. Change can be described and measured through a combination of empirical and clinical observations. From a psychoanalytic perspective, psychic change involves (a) decreased symptoms and inhibitions; (b) increased flexibility and maturation of the defensive repertoire; (c) higher quality of interpersonal relationships; (d) improved self-esteem through decreased tension between ego and ego ideals; (e) enhanced capacity for sublimation through better implementation of self resources; and (f) widening of consciousness as a result of increased reflexive and elaborative capacity, improved capacity of perceiving, and expression of pleasant and displeasing affects.

Aim of the current study

The objective of this study is to obtain descriptive models of psychic change. We present an evaluation of psychic change in a patient undergoing a 2-year psychotherapy, using a descriptive model in which

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we integrate the aforementioned clinical and empirical methods in a single case study (Elliot, 2002).

Patients and methods

Patients, therapists, and the team

As a result of an agreement between the Argentinean Psychoanalytical Association (APA) and the Belgrano University Research Department, an interdisciplinary team of therapists and researchers was created. The aim of the research program was to study the therapeutic process and to find indicators of psychic change in psychodynamic psychotherapy (López Moreno, Acosta, Caridad, et al., 2000; López Moreno, Acosta, Dorfman Lerner, et al., 2000; Lopez Moreno et al., 2001a, 2001b, 2001; López Moreno et al., 1999; López Moreno et al., 1999).

Four therapists from the Psychotherapeutic Center of Argentine Psychoanalytic Association (Racker Institute) were selected. They were interested in empirical research and had been supervised for more than 2 years by two members of the investigative team. Therapists were candidates or adherent members with a homogeneous level of clinical training (more than 10 years).

Patients were selected from the Racker Center of the APA, excluding patients with borderline or psychotic disorder (*Diagnostic and Statistical Manual of Mental Disorders*, fourth edition [*DSM-IV*]; American Psychiatric Association, 1994). It was considered that the selected patients were more suitable for the study of lingering psychotherapeutic processes. A sample of 14 patients consented to participate, and their inclusion was formalized by informed consent according to the Code of Ethics of the Buenos Aires Association of Psychologists (Duarte, 2000; Psychology Association of Buenos Aires, 1994) compatible with the rules suggested by the American Psychological Association, (1992). Among the sample, 6 patients completed the 2 years of treatment, but the data of 5 are still being processed.

Assessment procedures

Clinical meetings. Both investigators and therapists attended regular clinical meetings. At each meeting a patient was presented and discussed. After the discussions, a protocol was completed, including psychiatric diagnosis (*DSM-IV*); presumptive psychoanalytic diagnosis (predominant psychopathological structure, latent conflict, predominant defense mechanisms, and capacity to profit from psychotherapy); therapeutic strategies; decision about the patient's inclusion in the investigation, considering the exclusion criteria (nonborderline, nonpsychotic); and evolution.

Supervision. Individual supervisions were held every 2 weeks. Supervisor and supervisee completed the Differential Elements for a Psychodynamic Diagnostic (DEPD) for each patient at first interview and every 6 months during the complete treatment. It was done at the end of the supervision sessions.

Instruments

Symptom Checklist-90-Revised (*SCL-90-R; Derogatis, 1983*). This is a self-administered symptom checklist for measuring symptomatic distress, amply used and standardized. The scale contains nine 5-point ordinal subscales: Somatization, Obsessive–Compulsive Symptoms, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism. It also allows for elaborating a Global Severity Index (GSI), which reflects the global symptomatic severity of the patient.

Core Conflictual Relationship Theme (*CCRT; Luborsky & Crits-Christoph, 1990*). This method is based on narratives, called relationship episodes, that the patients relate in the psychotherapy sessions. The relationship episode has three relational components: what the patient wished from the others (wish [W]); how the others reacted to that wish (response of the other [RO]); and how the patient reacted to the reactions of the other persons (response of the self [RS]; Albani et al., 1999).

The main objective of the CCRT is to locate the topics that are repeated with a higher frequency in the patient's narratives. This method assumes that the decrease of the pervasiveness of the patient's CCRT is an indicator of change (Crits-Christoph, Cooper, & Luborsky, 1998).

DEPD (*López Moreno et al., 1999*). This inventory has been designed in collaboration by supervisors and therapists in the evaluation of the therapeutic work and in the follow-up of treatments. The validity testing of DEPD is currently in process, and its reliability was studied with good quality results ($Kappa = .47$, $p < .0003$; López Moreno et al., 2001b). The aims of the DEPD are to build an operational psychodynamic diagnosis of the patient and to standardize the information obtained through supervision. The data permit inferences regarding the psychic structure of the patient. Six variables, or dimensions (behavioral expressions, interpersonal

relationships, ego's synthetic capacity, inhibitions, affectivity, and predominant areas of conflict) are measured in a 5-point (0–4) ordinal scale. Data analysis is performed to estimate the following levels of patient functioning: (a) inferior: predominance of primitive defense mechanisms expressed in impulsive behavior; (b) medium: predominance of obsessive defense mechanisms expressed in controlling behavior; and (c) superior: predominance of repressive defense mechanisms expressed in verbal behavior.

Measures

Psychiatric diagnosis. The DSM-IV assessment was done at the end of the first clinical meeting.

Psychiatric symptoms. Psychiatric symptoms were evaluated through the SCL-90-R and the behavioral expressions dimension of the DEPD.

Inhibitions. Evaluation of inhibition was obtained through the DEPD.

Defense mechanisms. The clinical meeting protocol involved a clinical interpretation of the behavioral expressions and ego's synthetic capacity dimensions from the DEPD.

Interpersonal relationships. These were measured using CCRT, the Interpersonal Sensitivity subscale from the SCL-90-R, and the interpersonal relationships dimension of the DEPD.

Ego's synthetic capacity. This was evaluated through the ego's synthetic capacity dimension in the DEPD and the clinical meetings protocol.

Perceiving and expressing pleasurable and unpleasant affects. This was evaluated from DEPD affectivity dimension, the CCRT, and the clinical meetings protocol.

Clinical material

The material was collected from an individual and nonmanualized psychoanalytic psychotherapy (one session per week). All sessions were recorded (Gill, 1968; Shakow, 1960) and transcripts from the third session and at 6 months, 12 months, 18 months, and 24 months were examined. All other measures were performed during the same periods (every 6 months).

Patient's characteristics

Maria is a pleasant, tall, beautiful, and very warm woman. She is 30 years old, married, employed, and a university student. She grew up in small town and was the eldest of three siblings. When she was 4 years old, her parents divorced. Before that, her father seemed to have an "appropriate" way of relating to Maria. She moved to Buenos Aires when she was 23 years old to continue her university career while working at the same time. She married when she was 28 years old. After the first year of marriage, during a quarrel, her husband hit her. They separated, but because her life was governed by religion (Catholic) a divorce meant giving up the prospect of having a family. Her principal complaint involved conflicts in marriage.

During the initial interviews, she was anxious and depressed and cried when talking about her marital difficulties. During treatment (at 12 months) Maria got divorced. A few months later she began a new love relationship. By the end of treatment, Maria and her boyfriend were planning to reside in Europe. Both the patient and the therapist agreed to finish the treatment 1 month before the departure. The patient remained committed to therapy and attended all sessions of the psychotherapy process.

Results

There was a clear change in all clinically relevant items (i.e., defenses mechanism and prevalent conflict). The predictions (from the first clinical meeting) about Maria's capacity to improve through the psychotherapeutic treatment were confirmed (Table I, Table II).

Analysis of the DEPD

Figures 1–7 show an organization of behavioral expression regarding inferior to superior level of psychic functioning. It can be observed that during 2 years of treatment the indicators show a clear decrease of the inferior and medium-level indicators and an increase of the superior indicators. The ego's synthetic capacity dimension (Figure 2) shows a progressive and constant increase of the positive functions along the treatment (i.e., the capacity to substitute and frustration tolerance). The impulsivity (as a negative function) increases at 18 months. There is a pathological level of sexual inhibition at the beginning of treatment, which starts to decrease at 18 months (Figure 3). The high insecurity level in interpersonal relationships decreases along treatment (Figure 4). However, at 18 months the patient's incapacity to be alone suddenly increases. At the beginning of treatment, anguish had the

Table I. *DSM-IV* diagnosis.

Beginning	24 months
Axis I	
F52.3 Feminine orgasmic dysfunction	Z60.0 Biographic problem (new couple and migration) Z60.0 Biographic problem (divorce) Z71.8 Religious problem
Axis II	
F60.4 Histrionic personality disorder	F60.4 Histrionic personality disorder
Axis III	
—	—
Axis IV	
—	Relative problems to the social atmosphere (migration project)
Axis V	
60 (moderate symptoms)	85 (absence of symptoms or minimal symptoms)

Table II. Clinical meetings.

Beginning	24 months
Presumptive psychoanalytic diagnostic and/or predominant psychopathological structure	
Prevailing oedipal conflict. Neurosis (predominating hysterical traits) Overadjustment due to migration Preoedipal traits as fear of engulfment	Oedipal conflict prevailing
Latent conflict	
Preoedipal failure in maternal bonds	Conflict with maternal superego (endogamic disobedience)
Reiteration of same structure in other relationships	Fear of abandonment of primary objects
Predominant defense mechanisms	
Dissociation	Repression
Negation	Control
Externalization of GO and BO and difficulties in their reintrojections	
Idealization	
High possibility of benefiting from psychotherapy, with holding.	High, with insight possibilities as a response to content interpretations.
Therapeutic strategies	
Listening and accepting catharsis. No interpretive pressure	Content interpretations
Holding accompanying the approaching/distancing rhythm of patient	Transferential interpretations
Interpretive timing	
Countertransferential guide to interpretation	
Patient to be included in the investigation	Evolution The original holding space became therapeutic space Patient acquired a high degree of insight capacity and was capable of a deep experience of her conflicts.

highest score. At 12 months, anger was the predominant feeling (related in time with her divorce). At 18 months, joy was the predominant feeling (when she engages in a new relationship). Finally, at 24 months, Maria expressed sadness for leaving her country and family (Figure 5).

Behavioral expressions, ego's synthetic capacity, sexual inhibitions, interpersonal relationships, and affectivity showed consistent and positive changes along treatment. We believe that the increase of impulsiveness and the decrease of sexual inhibition are associated. The increase of insecure attachment scores is associated with the new love relationship (at 18 months).

Analysis of the SCL-90-R (Figure 6)

The patient's scores are below average in the beginning of treatment compared with an outpatient sample. The GSI decreased during the first year of treatment. At the end of treatment it increased but only because of one item: feelings of guilt.

Two clinically relevant moments were shown in the SCL-90-R indicators. An improvement took place during the first year (related to her divorce) and between 18 and 24 months there was an increase of symptoms. From a clinical viewpoint, the increase of symptoms is an indicator of positive change. After the divorce, Maria, going against her religious beliefs, engaged in a new love relationship. The

Figure 1. Differential Elements of a Psychodynamic Diagnosis: behavioral expressions.

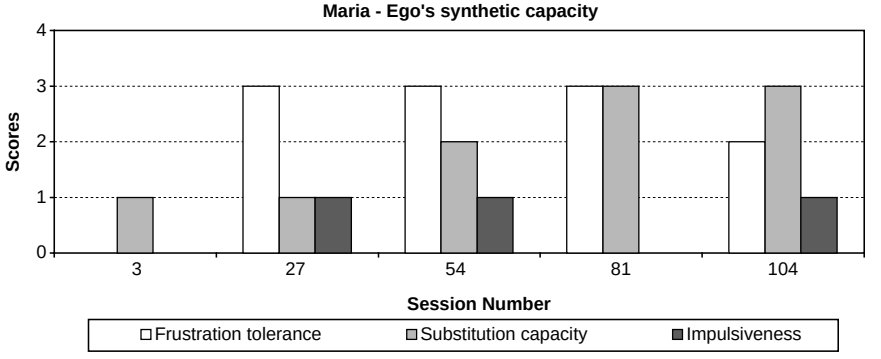

Figure 2. Differential Elements of a Psychodynamic Diagnosis: ego's synthetic capacity.

increase of the GSI is entirely due to the increase of feelings of guilt.

At 24 months the mourning because of her migration plans causes the prevalence of the feeling of blame.

Analysis of the CCRT

The CCRTs collected during treatment (Table III) shows certain perseverance's in Ws and ROs. Maria wants to be loved (W) and, in general, others understand (RO). At 12 months others are perceived as rejecting and opposing (C5). In this period the patient was divorcing.

It is noteworthy that there was no expression of conflict in the CCRTs during the first 6 months (Barber, Crits-Christoph, Luborsky, & Diguer, 1995). It is quite probable that Maria, being a person with a high degree of feelings of blame, perceived only herself as a bad person.

At 24 months, the W and the RO remain the same, but the RS changes. Being "self-controlled and self-confident" (C5) and feeling "disappointed and depressed"(C7) appear as new RSs. This corre-

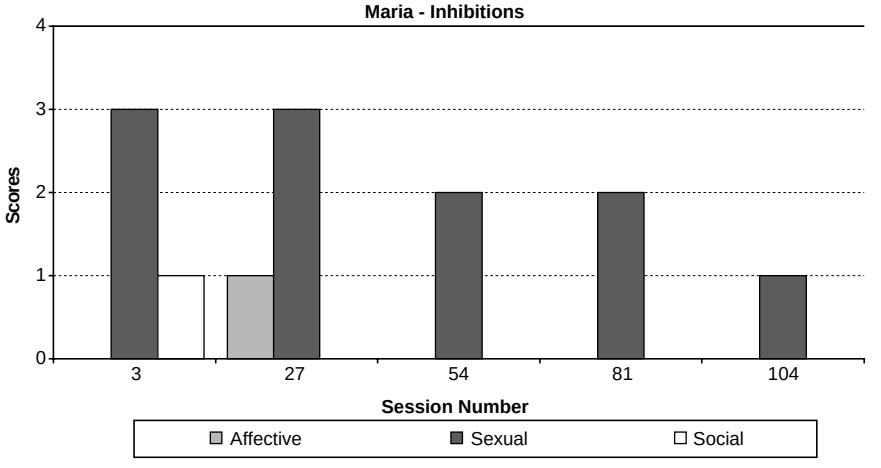

Figure 3. Differential Elements of a Psychodynamic Diagnosis: inhibitions.

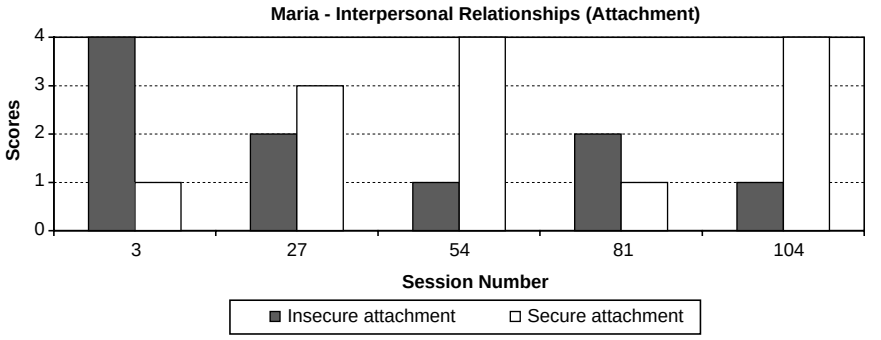

Figure 4. Differential Elements of a Psychodynamic Diagnosis: interpersonal relationships.

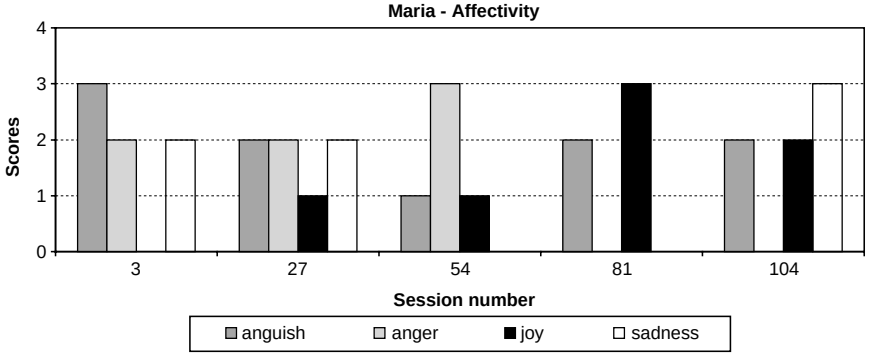

Figure 5. Differential Elements of a Psychodynamic Diagnosis: affectivity.

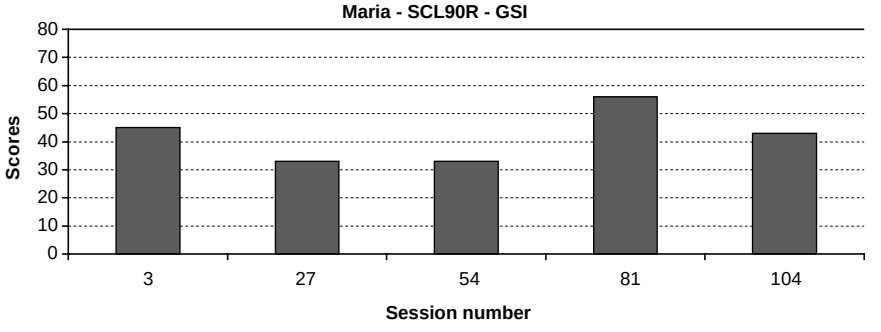

Figure 6. Symptom Checklist-90-Revised: Global Severity Index.

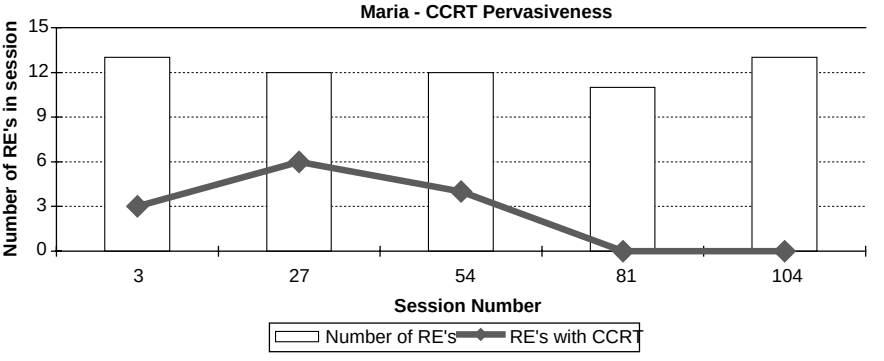

Figure 7. Core conflictual relationship theme: pervasiveness.

Table III. Maria's CCRTs.

Session	Wish	RO	RS
Session 3	Be loved and understood C.6 (9)	Understanding C.8 (9)	Am helpful C.1 (11)
6 Month	Feel good and comfortable C.7 (13)	Understanding C.8 (10)	Respected and accepted C.3 (15)
1 Year	Feel good and comfortable C.7 (8)	Rejecting and opposing C.5 (8)	Unreceptive C.2 (11)
18 Month	Feel good and comfortable C.7 (5)	Understanding C8 (9)	Helpful C1 (15)
2 Year	Be close and accepting C5 (8)	Understanding C8 (9)	Self-control and self-confident C5 (7)
	Feel good and comfortable C.7 (8)		Disappointed and depressed C7 (7)

sponds with the content of the session: The patient enthusiastically talks about her projects, but alternatively she can talk about the pain produced by her imminent migration and end of treatment.

The CCRT indicators of psychodynamic change are the decrease of the pervasiveness and sometimes the decrease of the negative ROs and RSs during treatment (Luborsky & Crits-Christoph, 1990). A clear decrease in pervasiveness was observed. We did not, however, find any decrease of negative ROs or RSs (Figure 7).

Integrating the results (Table IV)

At the first clinical meeting (Table IV), Maria was evaluated as a patient with high level of ego's synthetic capacity and highly likely to benefit from treatment. Regarding defenses, at the first clinical meeting the consensus was that the patient had some primitive mechanisms (like splitting) and obsessive mechanisms but also some higher ones (i.e., repression). At 2 years, repression is the dominant defense. This is concordant with the behavioral expressions of DEPD that shows a predominance of higher level symptoms at the second year of treatment.

The patient scored high on ego's synthetic capacity (DEPD). Positive functions increased along the treatment. The increase of impulsiveness is directly related to the decrease in inhibitions.

Changes on psychiatric and psychodynamics symptoms were studied by considering SCL-90-R and DEPD (behavioral expression and inhibitions dimensions). Results from both instruments showed similarity: middle and low levels of symptoms at the beginning of treatment and a general decrease throughout the therapeutic process. The DEPD shows that sexual inhibition began to decrease toward the end of first year of treatment. The DEPD also shows an increase of the trust in the relationship with others and a decrease of the ambivalence toward the end of the treatment.

Interpersonal relationships, as evaluated from the CCRT, are quite stable, except at 12 months, when a negative RO appeared, and at 24 months, when the RS changed from "I'm helpful" to "self-confident." On the SCL-90-R Interpersonal Sensitivity subscale, scores are higher at the beginning of treatment. The dominant items are "feeling critical of others," "feelings of being easily hurt," and "feeling others do not understand you." All of these diminish at 2 years.

At the beginning of treatment, the CCRT and the SCL-90-R show contradictory results regarding Maria's interpersonal relationship. The CCRT indicates harmonic relationships, whereas the SCL-90-R indicates high sensitivity to the criticism of the others. This discrepancy can be explained clinically. Maria is a patient with high interpersonal sensitivity because she depends highly on the opinion of the significant others. This is why she tries to do what significant others expect from her. We consider the first CCRT (Session 3) as a defensive one because it shows that the others (RO) "understand" and she (RS) "helps."

Last, affectivity is evaluated by means of the CCRT, clinical meetings, and DEPD. At the beginning of treatment, the CCRT showed a low capacity to express negative feelings contrary to the clinical meeting evaluation, which showed that Maria expressed feelings of anguish and blame. Toward the end of the treatment, an increased integration is observed in the clinical meeting evaluation simultaneously with the appearance of sadness. This change is coherent with the last CCRT (at 24 months) in which the RS is modified from "help" to "self-confident" and "disappointment and depressed." In the DEPD from the beginning, the affectivity is in accord with life experiences that Maria is having, as expressed and inferred from her narratives.

In general, all methods yield similar results when evaluating the different indicators of change, except for the first and 6-month CCRTs.

Discussion

Psychic change in the therapeutic process can be studied by analyzing results from different outcome instruments and using an integrative understanding of the results obtained from all outcome instruments. As mentioned, clinical and empirical techni-

Table IV. Interlinking of methods to detect psychic change.

			Clinical mtg		DEPD				
Change indicator	SCL-90-R	CCRT	Initial	24 mo.	BE	IR	Inhibitions	ESC	Affect.
Symptom/ inhibitions	GSI under media values ↓GSI 12 mo ↑GSI 18 mo by addt'l items				Init.: medium, inferior level predomin.; 24 mo: medium, sup. level		12 mo↓ 18 mo: ↑ sex. activ.		
Defense mech.			Dissociation Obsessive traits	Repression Obsessive traits				↑Qual. funct.	
IR		Good relational funct.				Init.: ?distrust 24 mo ↑confid			
ESC			High	High				↑Pos. funct. ↑Impuls.	
Affect.		Init. ↓capacity expressing displeasing affect; 24 mo↑	Dissociation Major integr., Anxiety/ guilt sadness						0–24 mo: harmonic capacity to express feelings rel. to speech

Note. SCL-90-R = Symptom Checklist-90-Revised; CCRT = core conflictual relational themes; DEPD = Differential Elements for a Psychodynamic Diagnostic; GSI = Global Severity Index; BE = behavioral expressions; IR = interpersonal relationship; ESC = ego's synthetic capacity; Affect = Affectivity.

ques complement each other. The results obtained show that each method serves as a sensitive indicator of changes because of the psychotherapeutic treatment.

We want to emphasize the effect of the systematic application of empirical methods on both the research team and the therapists. Personality traits shown by each empirical method were better understood after a thorough clinical analysis; consequently, it can be said that the methods complement each other. The clinical meetings permitted a multifaceted psychoanalytical view of the patient's psychopathology, the DEDP gave an idea of what happened during supervisions, the SCL-90-R showed psychiatric symptoms, and the CCRT organized and systematized the narratives.

The objective of this study was to obtain descriptive models of psychic change. The methods and measurements used offer a better understanding about the process of psychotherapeutic change.

Our approach, using both empirical and clinical evaluation of the process of change, allowed us to analyze correspondences and complementarities among results from different methods. Further, the combination of empirical and clinical methods within a psychoanalytic frame offers a unique and powerful opportunity for the understanding of the nature of psychic change (Fonagy, 1996; Jones, 1995).

One of the constraints of a single case investigation is that it limits the generalizability. The data from our study suggest, however, that it is feasible to formulate a proof of principle for a research design to obtain an integration of clinical and empirical perspectives. Single case studies also allow us to generate new hypotheses (Lindberg, 1988).

The decision to include both therapists and investigators in the clinical meetings created a "common space." It made it possible for the investigators to obtain a more profound understanding of the patient and allowed us to understand the empirical data from a clinical point of view. Furthermore, the therapists, upon being informed about the results of the empiric methods, were offered a new perspective that enriched their clinical work.[1]

We decided it was necessary to minimize the number of research assessment methods included because of the therapists' difficulties and resistance against modifying the therapeutic setting. The therapists have a formal psychoanalytical formation and the inclusion of therapeutic session recorder, SCL-90-R, clinical meetings protocols, and DEPD protocols was significant new learning for them. In a previous publication (C. M. López Moreno

et al., 2000), we discussed appropriate ways for therapists to learn from research requirements. Participating in the research considerably helped the therapists to reach an increased understanding of the patient's dynamics, one of the main findings of this study.

For example, one of our therapists could understand the intensity of the patient's defense mechanisms after comparing the initial and 6-month CCRTs.

Although this it is a naturalistic study, we want to emphasize that there are two variables added to the effects of treatment per se: the patient's knowledge of participating in an investigation and the exchange of information between investigators and therapists. It was especially useful for the entire team to carry out interpretation of the results together.

We invite the readers to undertake investigations using similar designs so that we may have the opportunity to compare results.

Acknowledgements

This study is part of a research program (López Moreno et al., 1999) that began with a project grant from the Research Advisory Board of the International Psychoanalytic Association. Thanks go to B. Vinnals for his helpful comments.

Note

[1] Consequently, the experience of the team was captured in a paper presented at the symposium of Argentinian Psychoanalytic Association (2000), in which the experience of participating in a program of empiric investigation in psychodynamic psychotherapy is detailed.

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Zusammenfassung

Bewertung von psychischer Veränderung mit Hilfe von empirischen und klinischen Instrumenten in einer zweijährigen Behandlung: Eine Einzelfallstudie

Die Autoren stellen die klinisch und empirisch untersuchten Ergebnisse vor, die bei einem Fall in einer zweijährigen nicht manualisierten psychodynamischen Therapie (Barber & Crits-Christoph, 1993; Barber, Foltz, DeRubeis, & Landis, 2002) erreicht wurden. Aufgrund von psychoanalytischen und empirischen Perspektiven wird eine multidimensionale Definition von Veränderung gegeben. Die Autoren benutzten Material von Supervisionssitzungen und klinischen Fallkonferenzen zur Abschätzung der psychodynamischen Diagnose und des Verlaufs. Es wurden die folgenden empirischen Methoden und Instrumenten benutzt: Das Zentrale Beziehungskonflikt Thema (Luborsky & Crits-Christoph, 1990), die revidierte Symptom Checkliste-90 (Derogatis, 1983) und Differentielle Elemente einer Psychodynamischen Diagnose (López Moreno et al., 1999). Es wurden einige Markervariablen für psychische Veränderungen im therapeutischen Prozess gefunden. Die Instrumente erwiesen sich als veränderungssensitiv. Alle Methoden zusammengenommen erbrachten eine integrative Bewertung der Entwicklung der Patientin während der Therapie.

Résumé

L'évaluation du changement psychique par l'application de techniques empiriques et cliniques pour un traitement de 2 ans : une étude de cas

Les auteurs présentent les résultats obtenus par une combinaison de méthodes cliniques et empiriques pour évaluer le changement psychique dans une étude de cas portant sur 2 ans de psychothérapie psychodynamique non manualisée (Barber & Crits-Christoph, 1993 ; Barber, Foltz, De Rubeis, & Landis, 2002). Nous proposons une définition de changement multidimensionnelle qui inclût des perspectives cliniques (psychanalytiques) et empiriques. Les auteurs ont utilisé du matériel de supervisions et de réunions cliniques pour évaluer le diagnostic psychodynamique et l'évolution. Les techniques empiriques suivantes ont été employées : le Thème Relationnel Conflictuel Central (CCRT, Luborsky & Crits-Christoph, 1990), la SCL-90-R (Derogatis, 1983), et les Eléments Différentiels pour un Diagnostic Psychodynamique (C.M. Lopez Moreno et al., 1999). Plusieurs marqueurs du changement psychique le long du processus thérapeutique ont été trouvés. Les instruments se sont avérés être sensibles au changement obtenu au cours de cette psychothérapie. Dans l'ensemble, ces instruments ont permis d'évaluer de façon intégrale l'évolution de ce cas pendant le traitement.

Resumen

Evaluación del cambio psíquico por medio de la aplicación de técnicas empíricas y clínicas en un tratamiento de dos años: Un estudio de caso único

Los autores presentan los resultados obtenidos por la combinación de métodos clínicos y empíricos usados en la evaluación de cambio psíquico en un estudio de caso único de dos años de psicoterapia psicodinámica no manualizada (Barber / Crits-Christoph, 1993; Barber, Foltz, DeRubeis, & Landis, 2002). Se propone una definición multidimensional del cambio que incluye perspectivas clínicas (psicoanalíticas) y empíricas. Los autores utilizaron material de sesiones de supervisión y de encuentros clínicos para evaluar el diagnóstico y evolución psicodinámicos. Se utilizaron las siguientes técnicas e instrumentos empíricos: Tema central de la relación conflictual (CCRT, Luborsky & Crits-Christoph, 1990), Lista de síntomas-90-revisada (Symptom Check-List- 90, Derogatis, 1983) y Elementos diferenciales para un diagnóstico psicodinámico (C. M: López Moreno et al., 1999). Se encontraron varios marcadores de cambio psíquico a lo largo del proceso terapéutico. Los instrumentos resultaron sensibles a los cambios obtenidos durante la psicoterapia. Utilizados conjuntamente, estos instrumentos permitieron una evaluación integrada de la evolución de la paciente durante el tratamiento.

Resumo

Avaliação da mudança psicológica através da aplicação de técnicas empíricas e clínicas num tratamento de 2 anos: estudo de um caso único

Os autores apresentam resultados obtidos através da combinação de métodos clínicos e empíricos usados na avaliação de mudança psicológica envolvendo o estudo de caso único, levado a cabo durante 2 anos com psicoterapia psicodinâmica não manualizada (Barber & Crits-Christoph, 1993; Barber, Foltz, DeRubeis, & Landis, 2002). É fornecida uma definição multidimensional de mudança que inclui perspectivas clínicas (psicanalíticas) e empíricas. Os autores usam o material das sessões de supervisão e de encontros clínicos para avaliar o diagnóstico psicodinâmico e evolução. Foram utilizadas as seguintes técnicas e instrumentos: Temas de Conflito Relacional Central, Inventário de Sintomas e Elementos Diferenciais para o Diagnóstico do Processo Terapêutico (C. M. López Moreno et al., 1999[Query1]). Os instrumentos provaram ser sensíveis às mudanças obtidas durante a psicoterapia. Os instrumentos, usados em conjunto, permitem uma avaliação integrada da evolução do paciente durante o tratamento.

Sommario

Valutazione di cambiamento psicologico attraverso l'applicazione di tecniche empiriche e cliniche per due anni di trattamento: studio su caso singolo

Gli autori presentano i risultati ottenuti attraverso una combinazione di metodi clinici ed empirici usati nella valutazione di cambiamento psicologico coinvolgendo uno studio su caso singolo della durata di due anni, e portato a termine, relativo ad una psicoterapia psicodinamica non manualizzata (Barber & Crits-Christoph, 1993; Barber, Foltz, DeRubeis, & Landis, 2002). Viene fornita una definizione multidimensionale di cambiamento che include prospettive cliniche (psicoanalitiche) ed empiriche. Gli autori usavano materiale delle sedute di supervisione e gli incontri clinici per valutare le diagnosi psicodinamiche e l'evoluzione. Erano usate le seguenti tecniche empiriche e strumenti: CCRT- core conflictual relationship theme (Luborsky & Crits-Christoph, 1990), SCL-90-R Symptom Checklist-90-Revised (Derogatis, 1983), e Differential Elements for a Psychodynamic Diagnostic (C. M. López Moreno et al., 1999). Sono stati trovati molti markers di cambiamento psicologico lungo il processo terapeutico. Gli strumenti utilizzati dimostrarono essere sensibili ai cambiamenti ottenuti durante la psicoterapia. Gli strumenti permettevano una valutazione integrata dell'evoluzione del paziente durante il trattamento.

摘要

本文作者結合臨床與實徵的方法，評量一個進行了兩年的個案的心理改變，個案的治療是採非操作化的心理動力心理治療(Barber & Crits-Christoph, 1993; Barber, Foltz, DeRubeis, & Landis, 2002)。有關心理改變的定義是多向度的，包括臨床的(心理分析的)以及實徵的觀點。作者從督導的過程以及臨床的會談中進行心理動力診斷與改變的評量，使用的實徵技巧與工具有：核心衝突關係主題(Luborsky & Crits-Christoph, 1990)、症狀檢核-90-修訂版(Derogatis, 1983)以及心理動力診斷的區分因素(C. M. López Moreno et al., 1999)。研究發現治療過程中心理改變的標記，本研究所採用的工具對心理治療中的改變，證明是有敏感度的。合起來使用，本研究所採工具可以提供病人治療改變的整合性評量。