

# Resultaat Literatuurscan Trimbos Instituut Klinische Psychotherapie 1999-2009

Opleidingscommissie en bestuur van de VKP hebben vorig jaar het Trimbos-instituut de opdracht gegeven over de laatste 10 jaar een internationale literatuurscan te doen naar artikelen, onderzoeken en studies op het gebied van de Klinische Psychotherapie. Doel hiervan is voor de leden en andere geïnteresseerden een update van actuele kennis op ons vakgebied toegankelijk te maken en beschikbaar te stellen.

Uit een opgestelde lijst van zoektermen werd besloten voornamelijk in de volgende categorieën te zoeken:

- Holding Environment: resultaat: 124 studies
- Sociotherapie: resultaat 26 studies
- Klinische (en Inpatient) Psychotherapie: 208 studies
- Klinische Gedragstherapie resultaat: 117 studies

Op advies van het Trimbos Instituut is met name gezocht in PsycInfo, en CINAHL (verpleegkunde).

De Opleidingscommissie selecteerde uit de resultaten van deze search voor u de meest relevante studies.

## **Holding Environment: 3**

- (38) Grienberger JF. Group process as a holding environment facilitating the development of the parental reflective function: Commentary on the article by Arietta Slade. *Psychoanalytic Inquiry* 2006; 26(4):668-675.  
Abstract: In recent years there has been a significant increase in the creation of clinical intervention models that have integrated findings from the past three decades of developmental research. Attachment and infancy research, in particular, has sparked the minds of many psychoanalytically oriented clinicians. Research findings have influenced new approaches to intervention with infants, children, parents, and adults. Dr. Slade's article (see record 2007-06768-011) provides an excellent description of two such programs that she and her colleagues have developed at the Yale Child Study Center. What is unique about these two programs is that they are grounded in a single unifying theoretical construct; namely, the explicit attempt to engage and enhance parental reflective functioning. (PsycINFO Database Record (c) 2009 APA, all rights reserved)
- (40) Kahn WA. Holding environments at work. *Journal of Applied Behavioral Science* 2001; 37(3):260-279.  
Abstract: Notes that holding environments are interpersonal or group-based relationships that enable self-reliant workers to manage situations that trigger potentially debilitating anxiety. Working from a theoretical framework woven of concepts from developmental and clinical psychology, group dynamics, and organizational behavior, the author describes holding environments, the conditions that facilitate their creation, and the points at which they are vulnerable to failure. He also discusses the group, intergroup, and organizational contexts that shape the extent to which holding environments at work are realistic or desirable. (PsycINFO Database Record (c) 2009 APA, all rights reserved)
- (98) Ginot E. The holding environment and intersubjectivity. *The Psychoanalytic Quarterly* 2001; 70(2):417-446.  
Abstract: The holding environment is explored in the context of the analytic dyad, where it is seen as rooted in the patient's need to be experientially known through the intersubjective interaction. In examining previous emphasis on holding as an optimally attuned empathic environment provided by the analyst, a broadened

view of what constitutes a holding environment is presented, underscoring its interactional nature. A distinction is made between empathic holding based on the patient's expressed material, and holding that is generated through the analyst's intersubjective knowledge, gained via ongoing intersubjective engagements and enactments. It is argued that the unmediated connection to the patient's internal representation resulting from these intersubjective interactions, and the ensuing verbal exploration of them, can create a profound sense of being understood and thus held. A clinical process depicting the experience of holding in an intersubjective context is presented. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)

### **Sociotherapie: 5**

- (4) Shine J, Morris M. Addressing criminogenic needs in a prison therapeutic community. *Therapeutic Communities* 2000; 21(3):197-219.  
Abstract: Describes the adaptation in prison therapeutic communities to meet what is described as the concept of criminogenic needs. Methods to address criminogenic needs in a therapeutic community setting are outlined, as based on a social therapy model of offense paralleling behavior. This model, in which the therapeutic milieu provides the setting where antisocial behaviors are likely to emerge, is illustrated with 2 vignettes. It is concluded that therapeutic communities provide an ideal environment to address the risk factors relevant to changing offending behavior and that the models described can provide a framework to develop creative research methodologies. (PsycINFO Database Record (c) 2008 APA, all rights reserved)
- (7) Richters A, Dekker C, Scholte WF. Community based sociotherapy in Byumba, Rwanda. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict* 2008; 6(2):100-116.  
Abstract: A community based sociotherapy programme was implemented in the North of Rwanda in 2005. This article describes the background of sociotherapy, explains its principles and application in therapy for refugees in the Netherlands, and gives a justification for the introduction of the approach in a particular setting in post war and post genocide Rwanda. It then focuses on the development of the programme in this setting and addresses recruitment criteria for facilitators. It includes the qualities these facilitators and programme staff should have, the training process, the programme implementation, as well as the sociotherapy methods applied in the field with some examples from practice, the reception by the various stakeholders and the expansion to other areas. The article ends with a selection of the many challenges the programme faces. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the journal abstract)
- (15) Lipgar RM. Guide to patient-staff large group meetings: A sociotherapeutic approach. *Group Dynamics: Theory, Research, and Practice* 1999; 3(1):51-60.  
Abstract: Large group meetings of patients and staff are common in most mental hospital treatment units and in partial-hospital or day-care programs for patients with psychiatric, social, developmental, and addictive disorders. These meetings, usually led by nursing staff, other professionals, and sometimes by the unit chief, are often called "community meetings." Their purposes and methods are seldom carefully thought through, and staff are seldom trained in how to contribute and use these meetings. This article presents a sociotherapeutic approach, a particular way to conceptualize and conduct these meetings, holding the understanding of current working relations between staff and patients as their primary task. Advantages of a sociotherapeutic approach are discussed in terms of a hierarchy of administrative and clinical objectives applicable to a wide range of

organizations and programs. Guidelines for conducting large group meetings are discussed, and the importance of consistent leadership working within a well-conceptualized frame is emphasized. (PsycINFO Database Record (c) 2008 APA, all rights reserved)

- (21) Reay A, Revel J. Social therapists: Being real and being therapeutic. *Therapeutic Communities* 1999; 20(2):93-102.  
Abstract: Examined the roles of social therapists at Henderson Hospital, a National Health Service run therapeutic community for treatment of borderline personality disorder. The authors explore the evolving and current roles of the social therapist, and why sociotherapy is an apt way to treat personality disorder. Also discussed are difficulties in delivering sociotherapy, and the complexities of being authentic while maintaining professional boundaries in a program where staff socialize and eat with residents, as well as facilitate psychotherapy groups. (PsycINFO Database Record (c) 2008 APA, all rights reserved)
- (22) Wilson JJ. Sociotherapies for Children and Adolescents: An Overview. In: Steiner H, Steiner H, editors. *Handbook of mental health interventions in children and adolescents: An integrated developmental approach*. San Francisco, CA US: Jossey-Bass, 2004: 817-823.  
Abstract: Sociotherapy, broadly defined, includes any type of treatment that has as its primary emphasis the socio-environmental and interpersonal factors in adjustment. Sociotherapy is interwoven into most of what we do as child mental health professionals. With all of the remarkable advances in the neuropsychiatry of developmental disorders, and even among the most profoundly genetically based disorders, there is always, inevitably, the interface between genetics and environment through which we express ourselves phenotypically. As such, sociotherapies occur "where the rubber meets the road," that is, at the intersection of individual biology, personal choice, and interpersonal action. Within this "proximal zone of development" we find our patients, and within this zone of development we intervene with our varied treatments and preventive efforts. At no point is an individual free of environmental influence, as all behaviors are embedded in their social context. In fact, many of the most common reasons for referral are interpersonal. The most common reason for referral is disruptive behavior, a disruption in an individual's interaction with the world around him or her. We have selected several "sociotherapies" that will be explored in detail in accord with the practical theme of this handbook. Although we will not cover all the possible forms of sociotherapy, we hope to lay out a practical guide to the practice of each of the specific areas covered. Sociotherapies can include a wide variety of what we do in child/adolescent psychiatry, ranging from family therapy to group therapy, to inpatient treatment, to consultation with various agencies or fellow physicians, and preventive interventions. Inpatient psychotherapy, residential treatment, and the "therapeutic community" are among the most invasive and intense sociotherapies available. Yet all of these modalities emphasize aspects of intervention that are socially invasive in one way, shape, or form; they all emphasize varying degrees of social manipulation as a means of assessing and often changing individual behavior. These social manipulations can range from using the peer group guided by group therapists; to using consumer-driven peer support groups; to using intense, often locked, inpatient treatments; to using schools, pediatricians, or the legal system. We end the chapter by exploring methods of reducing high-risk sexual behaviors in a variety of social contexts, emphasizing the importance of integrating treatment and prevention for children in danger from high-risk sexual behavior as well as commonly comorbid psychiatric or substance-related problems. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the chapter)

### **Klinische (en Inpatient) Psychotherapie: 21**

- (22) Beutel ME, H+lflich A, Kurth RA, Reimer C. Who benefits from inpatient short-term psychotherapy in the long run? Patient's evaluations, outpatient after-care and determinants of outcome. *Psychology and Psychotherapy: Theory, Research and Practice* 2005; 78(2):219-234.

Abstract: Background: Little work has been published on short-term inpatient treatments combining the virtues of inpatient treatments and short-term psychotherapy. The purposes of this study are to (a) determine the outcomes of short-term psychodynamic inpatient psychotherapy from patients' and therapists' perspectives, (b) assess the stability of changes, and (c) identify predictors of long-term outcome. Methods: 83 consecutive inpatients (76% of those eligible) were assessed at intake, discharge, and 1 year follow-up by standardized questionnaires regarding symptoms (SCL-90R), interpersonal problems (IIP), object relationships (IPO), and the therapeutic relationship (HAQ). Diagnoses and functioning (GAP) were assessed by the therapists. Results: Psychological distress (effect size  $S=1.14$ ) and physical complaints ( $ES = 1.03$ ) decreased strongly from intake to discharge, the majority of patients moving from the pathological to the normal range of the global severity index GSI (SCL-90R). At follow-up, average distress remained at a low level, and the majority of patients, and their therapists and physicians, regarded their well-being as improved. In a multivariate approach, a substantial proportion of variance of the distress at follow-up (42%) was explained by an infantile object relationship pattern (IPO), social avoidance (IIP), negative vocational changes, and a lack of a confidant at follow-up. A delayed start of subsequent ambulatory psychotherapy was another negative outcome predictor. Conclusions: Attention should be given to maladaptive interpersonal relationship patterns, to vocational reintegration, and a confiding relationship as potential predictors of long-term outcome. Also, patterns of ambulatory after-care following inpatient treatment need further scrutiny. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)

- (23) Beutel ME, Michal M, Subic-Wrana C. Psychoanalytically-oriented inpatient psychotherapy of somatoform disorders. *Journal of the American Academy of Psychoanalysis & Dynamic Psychiatry* 2008; 36(1):125-142.

Abstract: Somatoform disorders have been neglected in psychoanalytic publications. Unlike the descriptive approach of DSM-IV and ICD-10, sophisticated psychoanalytical models have been proposed for many years explaining the development of physical symptoms without definable medical cause. Based on a review of the psychoanalytic models of somatization and conversion, this article explores difficulties in the medical and psychotherapeutic treatments of somatoform disorders. The unique tradition of psychosomatic inpatient treatment in Germany is illustrated by the psychoanalytic treatment setting at the University of Mainz. A case report of a somatoform patient shows how childhood trauma is activated and integrated in the course of inpatient treatment. In a multimodal approach, psychoanalytic individual and group therapy may interact beneficially with body-oriented, art therapy, and other treatment elements to gain therapeutic access to chronic somatoform patients, activate and work through trauma and conflict. Regardless of the specific setting, analytic treatments need to do justice to the specific deficits (e.g., symbolization of affect, mentalization) and defences of somatoform patients. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)

Notes: Accession Number: 2008-03841-008. First Author & Affiliation: Beutel, Manfred E.; Clinic for Psychosomatic Medicine and Psychotherapy, University of Mainz, Mainz, Germany. Other Journal Title: *Journal of the American Academy of Psychoanalysis*. Release Date: 20080512. Publication Type: Journal, (0100); Peer Reviewed Journal, (0110); . Media Covered: Print. Media Available: Electronic;

Print. Document Type: Journal Article. Language: English. Major Descriptor: Group Psychotherapy; Hospitalized Patients; Psychoanalysis; Psychotherapeutic Processes; Somatoform Disorders. Minor Descriptor: Psychotherapy. Classification: Psychotherapy & Psychotherapeutic Counseling (3310) . Population: Human (10); Inpatient (50); . Location: Germany. Age Group: Adulthood (18 yrs & older) (300) Middle Age (40-64 yrs) (360) Aged (65 yrs & older) (380) . Methodology: Clinical Case Study. References Available: Y.. Issue Publication Date: Spr, 2008

- (27) Branik E. Station+ñre psychotherapie in der kinder- und jugendpsychiatrie: 'Die kunst des unm+!glichen?'. *Psychotherapeut* 2002; 47(2):98-105.  
Abstract: Inpatient psychotherapy of children and adolescents occurs in a tangle of reciprocal psychodynamic effects. It comprises the individual level of each patient, the dynamics within the group of the patients and within the staff on the ward and as well the influence of the institution and its structure. The psychopathology of the patients will be colored by these interactions. They have to be cared for and analyzed to prevent the repetition of patients' traumatic experiences and the failing of the goals of the treatment directed on autonomous functioning of the patients outside of the hospital. The statements are illustrated by case vignettes. (PsycINFO Database Record (c) 2009 APA, all rights reserved)
- (34) Chiesa M, Wright M, Neeld R. A description of an audit cycle of early dropouts from an inpatient psychotherapy unit. *Psychoanalytic Psychotherapy* 2003; 17(2):138-149.  
Abstract: This paper describes the results and implications of an 8-year audit cycle concerning premature termination of treatment in a population with severe personality disorder treated within a specialist residential setting. The results of the first audit showed (a) a high early dropout rate, (b) a significant difference in early dropout rates between the two clinical programmes (one-stage and step-down) offered by the unit, and (c) a higher attrition of non-borderline personality disorders compared to borderline type disorder. Qualitative analysis of interviews with early dropout patients helped to identify deficiencies in practice, which may have contributed to dropout. Discussion of results amongst the team led to corrective measures that allowed reduction of early dropout in the one-stage programme over the subsequent years. The implications of the results are discussed. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)
- (66) Grabhorn R, Kaufhold J, Overbeck G. The role of differentiated group experience in the course of inpatient psychotherapy. In: Shohov SP, Shohov SP, editors. *Advances in psychology research*, Vol. 12. Hauppauge, NY US: Nova Science Publishers, 2002: 141-154.  
Abstract: The present study attempts to provide an empirical description of the "total group-therapeutic space" provided during an inpatient psychosomatic treatment with respect to the group experience of the patients. Over a period of one year, the Stuttgarter Bogen (SB) and the group climate questionnaire (GCQ-S) were given every third week after every therapy group. In addition, the 48 inpatients (aged 17-55 yrs) were divided up into a clinically successful and in unsuccessful group by means of the General Symptom Index of the SCL-90R. In line with theoretical considerations, it is possible to differentiate between therapy processes. The results underscore the role of group cohesion as a factor that has a major influence on therapeutic efficacy. Patients who feel comfortable and accepted in therapy groups are also more inclined to experience themselves as self-confident and active. If a negative group atmosphere is predominant, conformist behavior and a leader orientation are observed in the group members. The patients who exhibited a pronounced avoidance-dependency experience in the groups at the beginning of the therapy and increasingly experienced the group as

conflictual in the course of treatment were not able to profit from the treatment. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the chapter)

- (67) Grande T, Rudolf G, Oberbracht C, Pauli-Magnus C. Progressive changes in patients' lives after psychotherapy: Which treatment effects support them? *Psychotherapy Research* 2003; 13(1):43-58.  
Abstract: Examined the endurance of psychotherapeutic effects after conclusion of inpatient treatment in a follow-up study of 49 patients with psychosomatic, neurotic, and personality disorders. The perspective is not symptomatological but rather relates to the concrete changes occurring in the lives of the patients after treatment. It was hypothesized that the probability of progressively coping with life demands depends on the extent to which patients have gained insight into their central psychological problems. Using the Heidelberg Structural Change Scale (HSCS) to gauge the extent to which patients succeed in gaining cognitively and emotionally definitive insight into their intrapsychic conflicts and the structural vulnerabilities determining their condition, the authors were able to confirm their hypothesis. The HSCS, compared with other measures, offered the only possibility of predicting progressive (i.e., symptomatic) changes. It is concluded that the demands of external life present opportunities for therapy success to be realized as progressive changes and that these changes can form a basis for further positive development. (PsycINFO Database Record (c) 2009 APA, all rights reserved)
- (71) Haase M, Frommer J+, Franke GH, Hoffmann T, Schulze-Muetzel J+, J+ñger S et al. From symptom relief to interpersonal change: Treatment outcome and effectiveness in inpatient psychotherapy. *Psychotherapy Research* 2008; 18(5):615-624.  
Abstract: This study evaluated the impact of psychodynamic inpatient psychotherapy on patients' psychological distress and interpersonal problems during the course of treatment and 1 year later. A total of 156 patients were assessed with the Symptom Checklist-90-Revised and the Inventory of Interpersonal Problems at intake, 4 weeks later, and at the end of therapy. The follow-up assessment was conducted 1 year later. Results support psychodynamic approaches as well as the phase model, which stresses that the goals to be achieved by psychotherapeutic interventions are not only improvement of well-being and symptoms but also changes in interpersonal behavior. Consequently, on a long-term basis, the first 4 weeks of therapy seem to be insufficient, especially for adequate changes on the interpersonal level. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)
- (87) Jurich J, Richardson L. The patient's experience of the relationship scale as a means of studying the inpatient psychotherapy relationship. *Psychotherapy Research* 2001; 11(4):473-482.  
Abstract: This study examined the validity and potential yield of the Patient's Experience of the Relationship Scale (PER; M. M. Gill & I. Z. Hoffman, 1982) as a means of studying the therapeutic relationship with inpatients. The Ss were 14 inpatients (7 men and 7 women) from a 32 bed psychiatric unit in New York City. Transcripts of the initial sessions of brief inpatient treatments were rated using the PER and the Vanderbilt Therapeutic Alliance Scale (VTAS; D. E. Hartley & H. H. Strupp, 1983). Strong correlations were found between the PER variables and the Therapist subscale of the WAS, with weaker correlations between the PER variables and the Patient subscale of the VTAS. The PER identified an average of 5.8 indirect patient expressions about the therapeutic relationship per half-hour session. These indirect expressions were judged to be mostly negative in nature and based on issues of mistrust. Excerpts from a therapy session illustrated the PER's ability to identify and elaborate the patient's indirectly expressed experience of the relationship and 1 possible therapeutic response. Conclusions highlighted

the potential of the PER in future research. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

- (94) Katz LY, Gunasekara S, Miller AL. Dialectical behavior therapy for inpatient and outpatient parasuicidal adolescents. In: Flaherty LT, Flaherty LT, editors. *Adolescent psychiatry: Developmental and clinical studies*, Vol. 26. New York, NY US: The Analytic Press/Taylor & Francis Group, 2002: 161-178.  
Abstract: Dialectical behavior therapy (DBT) is a principle-based psychotherapy developed by M. M. Linehan (e.g., 1993) for chronically parasuicidal women with borderline personality disorder. DBT blends standard cognitive-behavioral therapy with Eastern philosophy and meditation practices and shares elements with psychodynamic, client-centered, gestalt, paradoxical, and strategic approaches. This chapter briefly reviews standard DBT as developed by Linehan and then discusses modification of DBT for use with adolescents. The authors review DBT for suicidal adolescent outpatients and then provide a detailed description of the modification for suicidal adolescent inpatients. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the chapter)
- (96) Konzag TA, Fikentscher E, Bandemer-Greulich U. Vernetzte evaluierung von prozess- und ergebnisqualität in der stationären psychotherapie: Eine praktikabilitätsstudie. *Psychotherapie Psychosomatik Medizinische Psychologie* 2000; 50(9):376-383.  
Abstract: Studied therapy process quality for inpatient psychotherapy in 87 male and female adults (aged 25-55 yrs) undergoing inpatient treatment for eating disorders, personality disorders, somatoform disorders, anxiety, dysthymia, depression, and other psychiatric conditions. A global parallel evaluation form was used to assess patient and therapist perspectives on the therapeutic relationship and the efficacy of individual forms therapy. The SCL-90R, the Giessen Test (Beckmann et al, 1994), and an impairment severity score were also used. The results indicate a high degree of agreement between therapist and patient evaluation of therapy efficacy, although patients are able to indicate success/failure within 6 wks of initiating therapy while therapists are able to predict success/failure only near the end of therapy. Implications for developing therapy assessment procedures are discussed. (PsycINFO Database Record (c) 2009 APA, all rights reserved)
- (109) Liebler A, Huber TJ. Die Therapie-Vorbereitungsgruppe: 'Vortraining' zur stationären Psychotherapie. *Psychotherapeut* 2004; 49(4):272-276.  
Abstract: There are different kinds of pretraining for psychotherapeutic treatment. They have two objectives: to get future patients in the right frame of mind for the imminent psychotherapy by informing them about the treatment, and to support therapists while clarifying the indication and selecting patients. Pretherapy training for group psychotherapy is frequently offered in Anglo-American countries. So far empirical studies have only partly been able to prove the supposed positive effects of pretraining on process and outcome of psychotherapy treatment, particularly as the studies showed profound flaws with regard to methods and pretraining concepts. The "Therapie-Vorbereitungsgruppe" presented here is a pretherapy training group in the run-up to inpatient group psychotherapy at a German university clinic. In Germany, such groups are rarely offered. The "Therapie Vorbereitungsgruppe" consists of weekly meetings of therapists of a psychotherapeutic ward and applicants for inpatient treatment. Ward members introduce the applicants into the concept of treatment and the treatment setting and they explore the psychological background of each of the applicants. Besides economical the concept has clinical and therapeutic advantages. Future inpatients get a realistic view of the treatment, they can build up a relationship to other inpatients and to therapists, and besides waiting for the admission to the clinic is made more bearable. Therapists are helped with their

decision on the admission. The concept has proved itself in clinical practice for many years. The empirical proof of its effectiveness and a comparison with other, similar concepts fall due. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)

- (129) O'Malley F. Mentalizing in the psychotherapy of an disturbed adolescent girl. *Bulletin of the Menninger Clinic* 2003; 67(2):150-157.  
Abstract: The author traces some of the literature related to such concepts as the development of the therapeutic alliance and collaboration in the inpatient and residential psychiatric treatment of disturbed adolescents. The more recently developed concept of "mentalization" is discussed, especially with its relevance to the psychotherapy of difficult-to-treat adolescent patients. A case presentation highlights the establishment of relatedness and trust with such a patient. The case is described in terms of the mental activities of both therapist and patient that facilitated the psychotherapy process in a number of ways. Mentalization is seen as a useful concept, both in terms of understanding the process of psychotherapy, and as a fundamental attribute of the mental activities of the therapist and, likewise, fostered in the patient. (PsycINFO Database Record (c) 2009 APA, all rights reserved)
- (149) Sack M, Lempa W, Lamprecht F, Schmid-Ott G. Therapieziele und Behandlungserfolg: Ergebnisse einer Katamnese ein Jahr nach stationärer psychosomatischer Therapie. *Zeitschrift für Psychosomatische Medizin und Psychotherapie* 2003; 49(1):63-73.  
Abstract: Quality management of inpatient psychotherapy must integrate the different aspects of process-quality management as well as the evaluation of treatment outcome. This study examined the association of the achievement of individually arranged and continuously re-evaluated therapy goals with symptomatic measures of treatment outcome. 51 inpatients (aged 18-53 yrs) were assessed directly before and after treatment and at 14-mo follow-up. Therapy goal achievement was assessed on a weekly basis and globally at the end of treatment. Results show that pre- and posttreatment scores remained stable at follow-up assessment. No significant association was found between therapy goal achievement and the degree of improvement of symptoms. It is concluded that the continuous evaluation of therapy goals during treatment seems to be a good instrument for quality management, but is not suitable for the evaluation of treatment outcome. (PsycINFO Database Record (c) 2009 APA, all rights reserved)
- (167) Skogstad W. Internal and external reality in in-patient psychotherapy: Working with severely disturbed patients at the Cassel Hospital. *Psychoanalytic Psychotherapy* 2003; 17(2):97-118.  
Abstract: The author argues, on the basis of Steiner's theory of 'psychic retreats', that inpatient treatment is always at risk of turning into an unhelpful refuge. Thoughts on this problem and on the use of external reality in inpatient treatment are traced in the literature. He suggests that the combination of working on aspects of internal reality in psychotherapy and working on the corresponding aspects of external reality in psychosocial nursing can have a powerful therapeutic effect and can help to avoid treatment turning into a refuge. The setting of the Cassel Hospital is described and, using various case material, the author shows how a patient's internal dynamic can present itself in these two different arenas and can be worked on simultaneously in quite different ways. Crucial in this concept is the co-operation of staff with the aim of understanding the dynamics between staff and patients and between members of staff. The paper concludes by looking at the mutual influences within the institutional dynamics of the hospital. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)

- (169) Soeteman DI, Timman R, Trijsburg RW, Verheul R, Busschbach JJV. Assessment of the Burden of Disease Among Inpatients in Specialized Units That Provide Psychotherapy. *Psychiatric Services* 2005; 56(9):1153-1155.  
Abstract: The burden of disease of 1,651 inpatients in the Netherlands who had complex personality problems and personality disorders and who were treated in specialized units that provide psychotherapy was compared with the burden of disease of patients with other mental and physical conditions. Patients completed the EuroQol EQ-5D, a generic quality-of-life questionnaire. The mean EQ-5D index score was .54 (possible scores range from -.59 to 1.00, with higher scores indicating fewer problems). This score reflects a burden of disease comparable with the burden in severe illnesses, such as Parkinson's disease (.58) or rheumatic disease (.53). (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)
- (171) Spindler A, Milos G. Psychiatric comorbidity and inpatient treatment history in bulimic subjects. *General Hospital Psychiatry* 2004; 26(1):18-23.  
Abstract: Bulimia nervosa (BN) is often associated with other forms of psychopathology. There is a need to clarify which specific factors of psychopathology are linked with the referral to psychiatric or psychotherapeutic inpatient treatment. This study examined which factors of psychopathology are linked with the referral of BN patients to inpatient treatment while controlling for history of suicide attempts and history of underweight. 126 females with a current diagnosis of BN purging type were assessed with the Structured Clinical Interview for DSM-IV and interviewed about their history of treatment for the BN, history of weight, and history of suicide attempts. Logistic regressions were conducted to examine whether psychiatric comorbidity, suicide attempts, and underweight were associated with inpatient treatment history. Axis I comorbidity in general, but no specific axis I disorder, was associated with inpatient history. Axes II comorbidity, especially Cluster B disorders and to a lesser degree depress) we negativistic personality disorders, was associated with a history of inpatient treatment. History of suicide attempts was also linked with inpatient experience, but history of underweight was not. The results showed that BN patients with specific types of comorbidity are more... (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)
- (172) Spitzer C, Barnow S, Freyberger HJ, Grabe HJ. Dissociation predicts symptom-related treatment outcome in short-term inpatient psychotherapy. *Australian and New Zealand Journal of Psychiatry* 2007; 41(8):682-687.  
Abstract: Objective: Previous research has indicated that dissociation might be a negative predictor of treatment outcome in cognitive behavioural therapy for patients with obsessive-compulsive and anxiety disorders. Using a naturalistic design it was hypothesized that higher levels of dissociation predict poorer outcome in inpatients with affective, anxiety and somatoform disorders participating in a brief psychodynamic psychotherapy. Method: A total of 133 patients completed the Symptom Check List (SCL-90), the German short version of the Dissociative Experiences Scale and the Inventory of Interpersonal Problems at the beginning and the end of treatment. The Global Severity Index (GSI) of the SCL-90 was chosen as outcome criterion. Results: A total of 62.4% of study participants were classified as treatment responders, that is, they showed a statistically significant change of their GSI scores. Controlling for general psychopathology, the non-responders had significantly higher baseline dissociation scores than the responders. In a logistic regression analysis with non-response as a dependent variable, a comorbid personality disorder, low baseline psychopathology and high dissociation levels emerged as relevant predictors, but interpersonal problems and other comorbid disorders did not. Conclusions: Dissociation has a negative impact on treatment outcome. It is suggested that dissociative subjects dissociate as a response to negative emotions arising in

psychotherapy leading to a less favourable outcome. Additionally, dissociative patients may have an insecure attachment pattern negatively affecting the therapeutic relationship. Thus, dissociation may directly and indirectly influence the treatment process and outcome. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)

- (179) Strauss B, Kirchmann H, Eckert J, Lobo-Drost A, Marquet A, Papenhausen R et al. Attachment characteristics and treatment outcome following inpatient psychotherapy: Results of a multisite study. *Psychotherapy Research* 2006; 16(5):573-586.

Abstract: The authors evaluated 617 patients at hospital admission using an interpersonal interview analyzed with the Adult Attachment Prototype Rating (Strauss, Lobo-Drost, & Pilkonis, 1999) in nine different psychotherapeutic hospitals. Attachment characteristics derived from this method served as predictors of treatment outcome. Outcome was quantified in all sites using the Symptom Checklist-90-Revised, Inventory of Interpersonal Problems, and, in a subsample, the Impairment Score (Schepank, 2003) as an observer rating. All measures were administered at patient admission and discharge. Additionally, patients completed the Bielefeld Questionnaire of Client Expectations (BQCE) at admission to assess self-reported attachment expectations toward the therapist. The study combined patients with a variety of clinical disorders (predominantly depressive and anxiety disorders, personality disorders, eating disorders) and confirmed the expected correlations of attachment characteristics with diagnoses and other clinical variables (symptoms, interpersonal problems). Independent of study site, attachment strategies obtained with the prototype rating proved to be largely insignificant in predicting treatment outcome. In contrast, the patient self-reports using the BQCE predicted treatment outcome: Secure patients indicated the greatest benefit from inpatient (group) psychotherapy in most of the outcome measures, whereas preoccupied-ambivalent patients showed less improvement. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)

- (188) Thunnissen M, Remans Y, Trijsburg W. Premature Termination of Short-Term Inpatient Psychotherapy: Client's Perspectives on Causes and Effects. *Therapeutic Communities* 2006; 27(2):265-273.

Abstract: From a management point of view it is important to apply psychotherapeutic treatment in an efficient manner. Research on why patients drop out of treatment is necessary. The purpose of this study was to find out what motivated patients to end their treatment prematurely, and to give recommendations for changes in the policy of the institute. Between May 1999 and December 2001, 24 patients were dropouts from a three-month inpatient psychotherapy programme; we held interviews by telephone with 16 of them. The aim was to find out what they experienced during the treatment, which factors (from the patient's point of view) led to their leaving and how they functioned after they left the institution. Nearly 50% of the dropouts reported that they ended treatment in the first two weeks because of very high levels of anxiety. The remaining dropout patients reported more diffuse motives. Most patients recommended more supportive elements in the treatment to prevent dropout. As a result of this study, the staff changed its attitude and endorsed a more supportive approach, especially in the first weeks of the treatment. In the next period from January 2002 till May 2003 the dropout rate was reduced from 16% to 8%. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)

- (189) Thunnissen M, Duivenvoorden H, Busschbach J, van Roijen LH, van Tilburg W, Verheul R et al. A randomized clinical trial on the effectiveness of a reintegration training program versus booster sessions after short-term inpatient

psychotherapy. *Journal of Personality Disorders* 2008; 22(5):483-495.

Abstract: Although several studies show symptomatic improvements in patients with personality disorders after short-term inpatient psychotherapy, reintegration remains difficult. In this study the effectiveness of a specifically designed reintegration training program is investigated. One hundred twenty-eight patients were randomized to either a reintegration training program aimed at improving general functioning and work resumption, or booster sessions. Outcome measures used were symptom level, work status, absence from and impediments at work. The results showed that compliance in the booster session group was significantly better than in the reintegration training program. The percentage of persons with a paid job increased during the booster sessions from 64 to 87%, but not during the reintegration training (76%). There were no differences in the other outcome measures. We concluded that reintegration training was not more (cost)-effective than booster sessions. Our hypothesis is that continuity of care (same therapists and program) explains the favorable results of the booster sessions. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)

- (206) Wilson JJ. *Sociotherapies for Children and Adolescents: An Overview*. In: Steiner H, Steiner H, editors. *Handbook of mental health interventions in children and adolescents: An integrated developmental approach*. San Francisco, CA US: Jossey-Bass, 2004: 817-823.

Abstract: Sociotherapy, broadly defined, includes any type of treatment that has as its primary emphasis the socio-environmental and interpersonal factors in adjustment. Sociotherapy is interwoven into most of what we do as child mental health professionals. With all of the remarkable advances in the neuropsychiatry of developmental disorders, and even among the most profoundly genetically based disorders, there is always, inevitably, the interface between genetics and environment through which we express ourselves phenotypically. As such, sociotherapies occur "where the rubber meets the road," that is, at the intersection of individual biology, personal choice, and interpersonal action. Within this "proximal zone of development" we find our patients, and within this zone of development we intervene with our varied treatments and preventive efforts. At no point is an individual free of environmental influence, as all behaviors are embedded in their social context. In fact, many of the most common reasons for referral are interpersonal. The most common reason for referral is disruptive behavior, a disruption in an individual's interaction with the world around him or her. We have selected several "sociotherapies" that will be explored in detail in accord with the practical theme of this handbook. Although we will not cover all the possible forms of sociotherapy, we hope to lay out a practical guide to the practice of each of the specific areas covered. Sociotherapies can include a wide variety of what we do in child/adolescent psychiatry, ranging from family therapy to group therapy, to inpatient treatment, to consultation with various agencies or fellow physicians, and preventive interventions. Inpatient psychotherapy, residential treatment, and the "therapeutic community" are among the most invasive and intense sociotherapies available. Yet all of these modalities emphasize aspects of intervention that are socially invasive in one way, shape, or form; they all emphasize varying degrees of social manipulation as a means of assessing and often changing individual behavior. These social manipulations can range from using the peer group guided by group therapists; to using consumer-driven peer support groups; to using intense, often locked, inpatient treatments; to using schools, pediatricians, or the legal system. We end the chapter by exploring methods of reducing high-risk sexual behaviors in a variety of social contexts, emphasizing the importance of integrating treatment and prevention for children in danger from high-risk sexual behavior as well as commonly comorbid psychiatric or substance-related problems. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the chapter)

## **Klinische Gedragstherapie: 33**

- (2) Masters KJ, Jellinek MS. A CBT Approach to Inpatient Psychiatric Hospitalization. *Journal of the American Academy of Child & Adolescent Psychiatry* 2005; 44(7):708- 711.  
Abstract: During a psychiatric hospitalization of 5 to 10 days, cognitive-behavioral therapy (CBT) strategies can be used for the management of inpatients and to support the transition to outpatient treatment. CBT is taught from manuals that are mostly used to conduct outpatient care. In a crisis-based inpatient service, because of time limitations, it is necessary to focus on basic concepts in cognitive restructuring. Communication, comprehension, coherence, and connection are four elements necessary to integrate these CBT concepts into crisis inpatient treatment. Communication should begin as an admission is planned. It involves the referral source, the family, and the patient. Information is collected by intake staff about the goals of the various parties for diagnosis and treatment. But this program too has limitations. It has been difficult to offer treatment approaches other than CBT because much of therapy is carried out in groups. Secondly, staff undermine treatment when they give up and impose limits on upset children instead of encouraging a dialogue about feelings, thoughts, and actions. Despite these drawbacks, a CBT focus appears to provide a productive approach for treating patients in a crisis inpatient setting. (PsycINFO Database Record (c) 2008 APA, all rights reserved)
- (6) Wilson SR. A four-stage model for management of borderline personality disorder in people with mental retardation. *Mental Health Aspects of Developmental Disabilities* 2001; 4(2):68-76.  
Abstract: Successful treatment of borderline personality disorder (BPD) among individuals with mental retardation (MR) in residential settings is complicated by the feelings of helplessness, confusion, and hostility often generated among direct support staff responsible for treatment. Effective staff training and presentation of the treatment plan in a simple, proactive format increases staff understanding and competence and thus enhances successful treatment. In this paper, a four-stage format for behavioral and psychiatric intervention in people with BPD and MR in residential settings is presented. A case study illustrating the effective implementation of the model in a 48-year-old woman with MR and BPD, living in a community group home, is also presented. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the journal abstract)
- (25) Clarke I, Wilson H. *Cognitive behaviour therapy for acute inpatient mental health units: Working with clients, staff and the milieu*. New York, NY US: Routledge/Taylor & Francis Group, 2009.  
Abstract: Cognitive Behaviour Therapy for Acute Inpatient Mental Health Units presents innovative ways of delivering CBT within the inpatient setting and applying CBT principles to inform and enhance inpatient care. Maintaining staff morale and creating a culture of therapy in the acute inpatient unit is essential for a well-functioning institution. This book shows how this challenge can be addressed, along with introducing and evaluating an important advance in the practice of individual CBT for working with crisis, suited to inpatient work and crisis teams. The book covers a brief cross-diagnosis adaptation of CBT, employing arousal management and mindfulness, developed and evaluated by the editors. It features ways of supporting and developing the therapeutic role of inpatient staff through consultation and reflective practice. Chapters focus on topics such as: providing staff training, working within psychiatric intensive care, and innovative psychological group work. *Cognitive Behaviour Therapy for Acute Inpatient Mental Health Units* will be essential reading for those trained, or those undergoing training, in CBT as well as being of interest to a wider public of

nurses, health care support workers, occupational therapists, medical staff and managers. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the cover)

- (28) Stone MH. Cognitive-behavior therapy groups in inpatient settings. In: Christner RW, Stewart JL, Freeman A, Christner RW, Stewart JL, Freeman A, editors. Handbook of cognitive-behavior group therapy with children and adolescents: Specific settings and presenting problems. New York, NY US: Routledge/Taylor & Francis Group, 2007: 145-157.

Abstract: This chapter focuses on the special conditions of inpatient settings for delivering group psychotherapy to children and adolescents. In order to focus solely upon these special considerations without overlapping other chapters, issues of general import and content are not typically discussed. Instead, those issues unique to an inpatient setting for the treatment of children and adolescents are given the most attention. Although I primarily focus on cognitive-behavior therapy (CBT) as the orientation of clinical treatment in this chapter, I provide some references from other orientations, as they address important aspects of treatment relating to client and therapist in this setting. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the chapter)

- (29) Snow AL, Powers D, Liles D. Cognitive-Behavioral Therapy for Long-Term Care Patients with Dementia. Geropsychological interventions in long-term care. New York, NY US: Springer Publishing Co, 2006: 265-293.

Abstract: Given that approximately 50% of nursing home residents suffer from dementia, the successful approach to mental health treatment in the nursing home environment must be adaptable to the unique needs of persons with dementia. In this chapter we will present cognitive-behavioral therapy (CBT) as such an approach. We will begin by presenting the basic tenets of CBT. We will then discuss the elements necessary for successful therapy with persons with dementia, as informed by review of the research evidence about different therapy approaches for persons with dementia. The bulk of this chapter will then be devoted to presenting an empirically informed SOC-based approach to modifying CBT for use with persons with dementia. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the chapter)

- (33) Glickman N. Culturally affirmative inpatient treatment with psychologically unsophisticated deaf people: With instructions on the use of psychosocial skill cards. In: Glickman NS, Gulati S, Glickman NS, Gulati S, editors. Mental health care of deaf people: A culturally affirmative approach. Mahwah, NJ US: Lawrence Erlbaum Associates Publishers, 2003: 145-201.

Abstract: The biggest mistake clinicians make in trying to do work with psychologically unsophisticated deaf people is assuming this is business as usual, that they don't have to rethink their basic approach to therapy. To engage psychologically unsophisticated people in mental health treatment, the author states that we need a clear and concrete model of treatment, to educate clients about the model and motivate them to use it. In this chapter, the author discusses an approach developed by his deaf and hearing co-workers at the Westborough State Hospital that is based on the broad model of cognitive behavioral therapy and Dialectical Behavior Therapy. The author states that their treatment proceeds with an individualized combination of simple cognitive-behavioral strategies: psychosocial skill training, self-monitoring, collaboratively developed behavioral plans, active practice with staff as coaches, and therapy commitment-enhancement strategies. Each of these strategies is adapted for psychologically unsophisticated deaf clientele. In this chapter, the author describes some of these treatment components and shows how they were used in a case example. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the chapter)

- (35) Gordon N, Tennant A. Developing competency-based programmes in a high secure setting. *British Journal of Forensic Practice* 2002; 4(3):21-29.  
Abstract: Discusses development of a competency-based program of clinical education that was integrated into service delivery in the personality disorder service at Rampton High Secure Hospital. This service is concerned with the assessment and treatment of people deemed to be dangerous because of the severity of their personality disorder. The development of a competency-based diploma/degree program that is integrated with service priorities and clinical care pathways involved the multidisciplinary team in curriculum development. The factors that shaped the evolution of this program are outlined, supplemented by a critical commentary on the implementation process. Also discussed is the way the experience of facilitating dialectical behavior therapy group work influenced work with students. It is suggested that being active in service delivery ensured that the course content developed from and reflected the realities of clinical practice. These issues are discussed with reference to the concept of parallel processes (P. Hawkins and S. Shohet, 2000) and by comparing the clients' experience of dialectical behavior therapy groups with the students' experience of the competency program. (PsycINFO Database Record (c) 2008 APA, all rights reserved)
- (37) Swenson CR, Witterholt S, Bohus M. Dialectical behavior therapy on inpatient units. In: Dimeff LA, Koerner K, Dimeff LA, Koerner K, editors. *Dialectical behavior therapy in clinical practice: Applications across disorders and settings*. New York, NY US: Guilford Press, 2007: 69-111.  
Abstract: Drawing from an extensive and diverse array of inpatient applications of dialectical behavior therapy (DBT) in the world, but with insufficient research evidence that recommends any particular type of implementation, this chapter presents a way of understanding and proceeding to practice DBT on the inpatient unit. A DBT inpatient program can allow for: (1) a clear and compassionate orientation for the client regarding his or her disorder; (2) an unusually detailed behavioral chain analysis leading to an expanded case formulation and new solutions; (3) an intense review and practice of selected DBT skills; (4) safe processing of emerging trauma memories that lead to dangerous dissociative episodes; and (5) review, repair, and remoralization of a strained outpatient therapy. The clear specification of goals and targets in DBT can define a realistic and finite hospital intervention, and the pragmatic and concrete solutions in DBT fit well with inpatient nursing philosophy and the current emphasis on efficient, outcomes-oriented approaches. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the chapter)
- (41) Veltro F, Falloon I, Vendittelli N, Oricchio I, Scinto A, Gigantesco A et al. Effectiveness of cognitive-behavioural group therapy for inpatients. *Clinical Practice and Epidemiology in Mental Health* 2006; 2.  
Abstract: Objective: To measure the effectiveness of manualized cognitive-behavioural group therapy (CBGT) when it is integrated into the routine care on a general hospital psychiatric inpatient unit. Methods: A pre-post design is used to measure the "process", "results" and "outcome" indicators in the year before CBGT was introduced (2001) in contrast to the subsequent two years (2002, 2003). Readmission to hospital, compulsory admissions, ward atmosphere (i.e. the use of physical restraint, episodes of violent behaviour) and patients' satisfaction were assessed. Results: 90% of all inpatients in the years 2002-2003 attended the group therapy. In the years after CBGT was introduced the rate of readmission declined from 38% to 27% and 24% ( $p < .04$ ), compulsory admissions were reduced from 17% to 4% ( $p < .03$ ), the ward atmosphere and patients' satisfaction were both excellent ( $p < .01$ ). Conclusion: It is probable that the improvements observed were attributable to the group therapy. These results and those observed in an earlier study are promising and

further investigations of this approach are indicated. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)

- (42) Krüger C, Schweiger U, Sipos V, Arnold R, Kahl KG, Schunert T et al. Effectiveness of dialectical behaviour therapy for borderline personality disorder in an inpatient setting. *Behaviour Research and Therapy* 2006; 44(8):1211-1217. Abstract: This study evaluates the effectiveness of dialectical behaviour therapy (DBT) for borderline personality disorder (BPD) in an unselected, comorbid population seeking 3-month inpatient treatment. We studied 50 consecutively admitted individuals (44 women, six men) with BPD as defined by DSM-IV at three time points (at admission, at discharge, and at the 15-month follow-up). For the clinical diagnoses, we used the Structured Clinical Interview for DSM-IV (SCID) and compared the frequencies of comorbid axis I and axis II disorders at admission and at the 15-month follow-up. Overall, participants showed a high degree of comorbidity. Psychopathology was significantly reduced at post-treatment and at follow-up. Effect sizes for outcome measures were within the range of those of previous studies. Our findings support the notion that the results of the DBT efficacy research can be generalized to an inpatient setting and to patients with BPD disorder with high comorbidity. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the journal abstract)
- (46) Donat DC, McKeegan GF. Employing behavioral methods to improve the context of care in a public psychiatric hospital: Realizing improvements in the interpersonal behavior of direct-care providers. *Cognitive and Behavioral Practice* 2003; 10(2):178-187. Abstract: Many behaviorally trained scientist-practitioners have noted the poor utilization of behavioral technology in inpatient psychiatric treatment settings. However, few studies have examined how behavior change skills can be applied to address this organizational behavior problem. This article outlines a series of projects to develop and implement a training program for direct-care psychiatric staff in the use of behavioral methods in their daily staff-patient interactions. It outlines not only the strategy of program development and implementation but also the organizational issues that enhanced its implementation over time. A variety of organizational behavior change considerations are discussed. The authors emphasize that behavioral methods have value not only for improving direct patient care but also for improving the support for such efforts within the organization. The importance of applying behavior change skills to organizational behavior to improve the context of care is discussed. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the journal abstract)
- (48) Rathgeb-Fuetsch M, Beer U, Pollmächer T, Schuld A. Evaluation eines stationären kognitiv-verhaltenstherapeutischen Therapieprogramms für Patienten mit Panikerstörung nach DSM-IV. *Psychiatrische Praxis* 2007; 34:S35-s36. Abstract: Objective: We herein present first results from a 5-week standardized in-patient cognitive-behavioural therapy programme for anxiety disorders at the centre of mental health, Ingolstadt. 44 patients with panic disorder according to DSM-IV (38% with isolated panic disorder, 62% with at least one comorbid psychiatric disorder) were included. Methods: The severity of symptomatology was determined using psychometric scales at baseline and at the end of therapy. Results: In general, therapy was highly effective. Panic symptoms as well as anxious cognitions and avoidance behaviour were significantly lower at the end of therapy. Conclusions: The therapy programme was highly effective in a special group of patients with severe pure as well as comorbid panic disorder according to DSM-IV. The most relevant finding of the present study is from our point of view the proof of efficacy of the treatment programme in a sample of patients which also included severely ill patients with comorbid psychiatric disorders. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the journal abstract)

- (50) Willner P, Tomlinson S. Generalization of anger-coping skills from day-service to residential settings. *Journal of Applied Research in Intellectual Disabilities* 2007; 20(6):553-562.  
Abstract: Objective. To evaluate the extent to which anger management training provided within a learning disabilities day service generalizes to residential settings. Method. Eleven day-service users participated in one of two anger management groups. Treatment was delivered by day-service staff and an assistant psychologist, using a standard cognitive-behavioural therapy (CBT) package shown to be effective in earlier studies. Evaluation was by the Provocation Index and the Profile of Anger-Coping Skills, which measure, respectively, the potential to react in an angry manner, and the utilization of eight different anger-coping skills. Results. Participants showed a decrease in anger and an increase in anger-coping skills, which was maintained at 6-month follow-up. Similar changes were reported by day-service key-workers and by residential carers (and by the participants themselves). At the level of the group, key-workers and home carers did not differ significantly, at any time, in their ratings of anger, aggregate coping skills or individual coping skills. Within each setting, profiles of coping skills differed between individuals but were relatively stable across the 6-month follow-up period. However, there was no significant correlation between the profiles of coping skills reported for individual service users in the two settings. Conclusions. The results confirm that group-based CBT is an effective treatment for people with learning disabilities and anger management problems. Therapeutic gains are maintained for at least 6 months and generalize across settings. Different anger-coping skills may be used by different people, or by the same person in different environments. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the journal abstract)
- (51) Pincus E, Hajal F, James J. Group therapy with adolescents on dual diagnosis inpatient units. In: Aronson S, Scheidlinger S, Aronson S, Scheidlinger S, editors. *Group treatment of adolescents in context: Outpatient, inpatient, and school*. Madison, CT US: International Universities Press, Inc, 2002: 161-171.  
Abstract: This chapter describes one way of integrating a milieu behavioral intervention with a multifaceted group therapy program. The overall approach of the adolescent dual diagnosis treatment relies heavily on group interventions. The authors' treatment experiences have made it very clear that the essential means of getting beyond normative adolescent resistance to treatment, and even more so, resistance to inpatient treatment, is via careful cultivation of a group ethic that fosters engagement in the treatment process, so that involvement in treatment becomes "the cool thing to do." This is always a challenging goal, and the extent to which the goal is achieved usually correlates highly with the extent to which treatment is successful. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the chapter)
- (52) Fichter M, Cebulla M, Quadflieg N, Naab S. Guided self-help for binge eating/purging anorexia nervosa before inpatient treatment. *Psychotherapy Research* 2008; 18(5):594-603.  
Abstract: The goal of this study was to develop a cognitive-behavioral self-help manual for anorexia nervosa. Patients diagnosed with anorexia nervosa (N = 102), binge eating/purging type (AN-B/P), were consecutively assigned to one of two conditions: 6-week manualized guided self-help or a wait-list control. All patients thereafter received inpatient treatment in a hospital for behavioral medicine. The primary outcome variable was the number of days in inpatient treatment. Secondary outcome variables were measures of psychopathology. Results showed that duration of inpatient treatment was significantly shorter (by 5.2 days) among participants receiving guided self-help. Body image, slimness ideal, general psychopathology, and some bulimic symptoms improved significantly during self-help. The authors conclude that, to increase effects of

therapist-guided self-help in AN-B/P, additional variants of a self-help manual should be tried in different therapeutic settings. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the journal abstract)

- (56) McCann RA, Ivanoff A, Schmidt H, Beach B. Implementing dialectical behavior therapy in residential forensic settings with adults and juveniles. In: Dimeff LA, Koerner K, Dimeff LA, Koerner K, editors. *Dialectical behavior therapy in clinical practice: Applications across disorders and settings*. New York, NY US: Guilford Press, 2007: 112-144.  
Abstract: Providing effective treatment in adult and juvenile justice settings is viewed by many as daunting. Research, however, does suggest what works and what does not work. There is evidence that some correctional and forensic treatments can decrease recidivism among adolescent and adult offenders. Given that appropriate treatment does reduce recidivism rates, we review the use of dialectical behavior therapy (DBT) as a promising option. We begin with reasons why DBT may be particularly useful and then describe two established models. The two implementation models we use are the Institute for Forensic Psychiatry at the Colorado Mental Health Institute (CMHIP) and the Washington State Juvenile Rehabilitation Administration (JRA). (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the chapter)
- (58) Braet C, Tanghe A, Decaluw V, Moens E, Rosseel Y. Inpatient Treatment for Children With Obesity: Weight Loss, Psychological Well-being, and Eating Behavior. *Journal of Pediatric Psychology* 2004; 29(7):519-529.  
Abstract: Objective: Evaluated the effects of a 10-month inpatient treatment program and implemented as a nondiet healthy lifestyle approach. In addition, the effects of two extended treatment programs were compared to a standard cognitive-behavioral treatment program for maintenance of the treatment gains. Methods: A within-subjects design was employed to evaluate treatment outcome, including a 14-month follow-up. Children (N = 122) ranged in age from 7 to 17 years (M = 12.7 years) with a mean Body Mass Index (BMI) of 32.5, expressed as a percentage of overweight (M = 77.4%). Results: The children lost 49.0% of their weight during the course of treatment. Comparing baseline with the 14-month follow-up, a weight loss of 31.7% was maintained. The children continued to show healthy eating behavior at follow-up, and their psychological well-being had improved. No significant interaction effects were found for the extended coping programs. Conclusion: An inpatient cognitive-behavioral nondiet approach is a promising treatment option for childhood obesity, with lasting effects throughout the 14-month posttreatment. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the journal abstract)
- (59) Grave RD, Bohn K, Hawker DM, Fairburn CG. Inpatient, day patient and two forms of outpatient CBT-E. *Cognitive behavior therapy and eating disorders*. New York, NY US: Guilford Press, 2008: 231-244.  
Abstract: The mainstay of the treatment of eating disorders is outpatient treatment. It is less disruptive to the patient's life than inpatient or day treatment, and the changes made are more likely to last because patients make them while living in their usual environment. Nevertheless, there are patients who need more intensive treatment. Two forms of intensive enhanced cognitive behavior treatment (CBT-E) are described in this chapter, one being inpatient-based (although it includes a day patient component) and the other being a form of outpatient treatment. Both were developed by the first author and his colleagues in Italy. A group version of CBT-E is also described. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the chapter)
- (60) Clarke I. Introduction. In: Clarke I, Wilson H, Clarke I, Wilson H, editors. *Cognitive behaviour therapy for acute inpatient mental health units: Working with*

clients, staff and the milieu. New York, NY US: Routledge/Taylor & Francis Group, 2009: 1-7.

Abstract: Therapy, and indeed any service provision, is about offering hope. There is a problem; but something can be done about it. This chapter begins by providing a case for optimism and details how this book will address it. It then describes the clash of cultures in the encounter between cognitive behavioral therapy (CBT) and the acute inpatient unit. Reasons are given to explain why CBT should be used in the acute inpatient unit, and problems that arise from this are addressed. Other topics covered in this introductory chapter include the development of CBT approaches to severe mental health problems, innovation in CBT and inpatient services, and facing the challenge. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the create)

- (62) Schaub A, Kopinke J, Neusser A, Charypar M. Kognitiv-psychoedukative Gruppenintervention bei stationären Patienten mit depressiven Erkrankungen-- Ergebnisse einer prospektiven Pilotstudie. *Verhaltenstherapie* 2007; 17(3):167-173.

Abstract: Background: Psychoeducational interventions that provide disorder-related information in a goal-oriented and structured manner have been integrated in psychiatric and psychotherapeutic approaches. The present cognitive Psychoeducational group programme for inpatients with affective disorders is based on a multidimensional functional illness concept which covers aspects of vulnerability, stressors and coping strategies. It covers information about the disorder and its treatment options, building up rewarding activities, cognitive restructuring and relapse prevention. Materials und Methods: This programme was developed and modified at the University of Munich, Department of Psychiatry (LMU). A feasibility study was set up in a follow-up single group design and analyses of variance (ANOVAs) were performed. A total of 231 patients participated in 46 groups. Results: 125 patients evaluated the effectiveness of the programme and its treatment strategies. The group programme was widely accepted among patients that were pharmacologically and psychotherapeutically treated: more than three quarters of the patients rated its contents to be informative, helpful and applicable to everyday living. Conclusions: Inpatients with affective disorders may already benefit from a structured group programme if it takes into account their cognitive and motivational deficits. The group leaders' didactic and psychotherapeutic strategies as well as the patients' exchanging ideas with each other play a central role. In the course of further investigations the programme was differentiated for patients with major depression or bipolar disorders. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the journal abstract)

- (65) Mitchell JE, Steffen KJ, Roerig JL. Management of bulimia nervosa. In: Yager J, Powers PS, Yager J, Powers PS, editors. *Clinical manual of eating disorders*. Arlington, VA US: American Psychiatric Publishing, Inc., 2007: 171-193.

Abstract: Both pharmacological and psychotherapeutic treatments have been developed for bulimia nervosa. As we describe in this chapter, both have a role in the treatment of patients with these disorders, particularly the use of cognitive-behavioral therapy (CBT) as a psychotherapy approach and the use of selective serotonin reuptake inhibitors (SSRIs) as pharmacotherapy. However, the literature suggests that the remission rates are higher among those who receive CBT, and thus this treatment should be considered the treatment of choice for most patients. Generally patients with bulimia nervosa can be managed successfully out of the hospital, although at times a brief hospitalization can be useful in helping treatment-resistant patients gain control of their eating symptoms. Often in clinical practice patients see a dietitian for nutritional counseling, a psychotherapist for psychotherapy, and a physician for medication management. Therefore, coordination of care among these team members is

clearly important. (PsycINFO Database Record (c) 2008 APA, all rights reserved)  
(from the chapter)

- (73) Clarke I. Pioneering a cross-diagnostic approach founded in cognitive science. In: Clarke I, Wilson H, Clarke I, Wilson H, editors. *Cognitive behaviour therapy for acute inpatient mental health units: Working with clients, staff and the milieu*. New York, NY US: Routledge/Taylor & Francis Group, 2009: 65-76.  
Abstract: Therapy is human interaction. Admittedly it is a stylized, bounded and one-sided interaction with the aim of facilitating change in one of the parties. Conventions around the delivery of therapy have grown up in the different schools. These can become as precious to therapists as the essentials of their approach. The circumstances of the acute inpatient setting make the maintenance of many CBT conventions impossible, as these rely on predictability of availability of the client, for instance. As a result, inpatient therapy has traditionally been confined either to institutions that keep people for longer and predictable lengths of time, such as specialist personality disorder units, or has been offered to a limited number of clients, with a set number of sessions spanning discharge, or, more frequently, is postponed altogether until after discharge. The evidence base naturally reflects current practice, so there is no evidence base for offering therapy, across diagnosis, during the period of admission, as far as possible to all inpatients deemed to be able to benefit from it by the clinical team. Consequently, we have attempted both to develop and deliver such a service and to evaluate its effectiveness (see Durrant et al. 2007; also Chapter 15). (PsycINFO Database Record (c) 2009 APA, all rights reserved)  
(from the chapter)
- (75) Evershed S, Tennant A, Boomer D, Rees A, Barkham M, Watson A. Practice-based outcomes of dialectical behaviour therapy (DBT) targeting anger and violence, with male forensic patients: A pragmatic and non-contemporaneous comparison. *Criminal Behaviour and Mental Health* 2003; 13(3):198-213.  
Abstract: Examined the effectiveness of an eighteen-month treatment based on dialectical behaviour therapy (DBT) targeting anger and violence, on a group of male forensic patients. Eight male forensic patients in a high security hospital who met the criteria for borderline personality disorder measured by the Personality Assessment Inventory underwent 18 months of treatment. They completed three psychometric tests at pre-, mid- and post-treatment and at a six-month follow up. A comparison group (TAU) of nine patients, assessed as having similar personality disorders, received the usual treatment available in the hospital but excluding DBT. They completed the same tests at the same time intervals corresponding to the pre-, mid- and post-testing of the DBT group. In both groups, all instances behaviours related to anger and violence were monitored for three six-month periods, prior to, during and post-treatment. Overall, patients in the DBT group made greater gains than patients in the TAU group in reducing the seriousness of violence-related incidents, and in self report measures of hostility, cognitive anger, disposition to anger, outward expression of anger and anger experience. (PsycINFO Database Record (c) 2008 APA, all rights reserved)
- (76) Sunseri PA. Preliminary Outcomes on the Use of Dialectical Behavior Therapy to Reduce Hospitalization Among Adolescents in Residential Care. *Residential Treatment for Children & Youth* 2004; 21(4):59-76.  
Abstract: Dialectical behavior therapy (DBT), a form of cognitive-behavioral therapy, has been shown in clinical trials to be an effective treatment for clients who suffer from borderline personality disorder or borderline-type behaviors. Although originally developed as an outpatient model, DBT is increasingly being applied in other settings. This article describes the use of DBT in a residential treatment facility for adolescent girls. Analyses of the time periods before and after the implementation of DBT indicate that DBT was effective in achieving a

significant reduction in both premature terminations due to suicidality, and in the number of days clients spent in psychiatric hospitals due to self-injurious behaviors. Overall, DBT has proven to be extremely useful in the treatment of chronically suicidal adolescents placed into residential care. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the journal abstract)

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Abstract: Background: The object of this study is to develop and evaluate a psychoeducational programme that has been specifically designed for in-patients who suffer from heterogeneous anxiety disorders. Method: 28 in-patients participated in psychoeducational group sessions in addition to psychiatric treatment as usual (TAU). This group was compared to a group of 13 patients who had received TAU without the group sessions. Using a pre-post design, the two groups were compared in terms of illness knowledge, mental health and self-efficacy. Results: Analysis of the results showed a significant increase in knowledge of anxiety among participants of the psychoeducational group ( $d = 0.80$ ). The effect sizes from 0.12-0.60 indicate clinically relevant improvement in depressive and anxiety symptoms, and a tendency towards improved self-efficacy ( $d = 0.20$ ). Conclusions: The main objective of the group programme was achieved; that is, it increased illness knowledge. Despite the short measurement period, the importance of the psychoeducational group programme in the treatment of acute inpatients was confirmed. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)
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Abstract: In this chapter, we focus on the residential treatment of nonsuicidal self-injury (NSSI). The term residential refers here to community-based group homes, special education boarding schools, and psychiatric inpatient settings. We review the modest amount of empirical data related to self-injury in residential settings. The benefits and potential risks of treating self-injury are discussed, and a brief summary of a rare empirical study of treatment outcomes regarding NSSI in a dialectical behavior therapy group home setting is presented. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the chapter)
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Abstract: Though research trials have to rate clinical outcome, few units monitor outcome of their routine care over many years. We report such monitoring to evaluate therapy over time and under changing operating and economic conditions. Clinical outcome data were collected routinely over 11 years in a behavioral psychotherapy unit whose residential patients mostly had severe, chronic obsessive-compulsive disorder (OCD) treated by self-exposure therapy. Data were from 218 referrals during 4 of the 11 available years. In each of the 4 time periods, the patients improved consistently and highly significantly by 30-50% on symptoms and disability, which resembled outcome in a multi-center controlled trial. There were almost no significant differences in pre-treatment ratings between patients who attended follow-up, patients who completed residential treatment but not follow-up, and those who did not complete residential treatment. When the unit became a hostel and the UK government introduced an internal market, more chronic patients were admitted who often

lived far away. The fact that successive OCD cohorts had improved comparably by discharge suggests there was no 'burn-out' in staff standards of care over 11 years, and no loss of gains when the unit became a more cost-effective hostel. (PsycINFO Database Record (c) 2008 APA, all rights reserved)

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Abstract: Despite the established benefits of behavior therapy and medication treatment for obsessive-compulsive disorder (OCD), not all OCD sufferers experience significant symptom reduction following outpatient treatment. Short-term OCD residential treatment facilities were established to provide a treatment option for those considered treatment-resistant or treatment-refractory. This article describes three specialized OCD residential treatment programs currently available in the United States. It compares similarities and differences across the programs, and it compares residential treatment to intensive day treatment as well as outpatient treatment. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the journal abstract)
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Abstract: Background: Following the current discussion concerning specialised versus community-based psychiatric care in Germany, we investigated whether implementing a specialised ward for in-patients with acute crises in a standard psychiatric care hospital has positive effects on ward atmosphere and outcomes. These patients were mostly with personality disorders and were treated according to a new concept following the dialectic behavioural therapy. Methods: An unselected group of 63 patients with the primary or secondary diagnosis of a personality disorder (31 before, 32 after restructuring) participated and were evaluated in a quasi-experimental study with a pre-post-treatment design with non-equivalent groups. Data were collected on the course of possible common and specific therapeutic factors, especially ward atmosphere (assessed with the German Stationserfahrungsbogen) and clinical symptom load including suicidal tendencies (assessed with the short version of the SCL-90). Results: The ward climate improved significantly after restructuring. In the course of the treatment other therapeutic factors also improved, i.e. the therapeutic alliance with the respective therapist and patients' acceptance of ward rules. Before aggregating patients with similar diagnoses, these factors worsened during the course of treatment. Psychopathology, especially suicidal tendencies improved comparably in the treatment processes before and after opening the specialised ward. Analysis of possible treatment factors revealed a significant negative correlation between change in self-efficacy and change of symptom load intensity. Discussion: Patients with personality disorders benefit from a specialised ward. Patients particularly benefit from an improved ward atmosphere and an improved therapeutic alliance. Possibly, patients' increased self-efficacy was a contributing treatment factor to the improvement of clinical symptoms. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the journal abstract)
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Abstract: Notes that inpatient treatment of individuals with borderline personality disorder (BPD) is typically fraught with difficulty and failure. Patients and staff often become entangled in intense negative therapeutic spirals that obliterate the potential for focused, realistic, and effective treatment interventions. The authors describe an inpatient treatment approach to BPD patients which is an application

of Dialectical Behavior Therapy (DBT), a cognitive-behavioral therapy for patients with BPD which has been shown to be effective in reducing suicidal behavior, hospitalization, and treatment dropout and improving interpersonal functioning and anger management. The inpatient DBT staff creates a validating treatment milieu and focuses on orienting and educating new patients and identifying and prioritizing their treatment targets. Inpatient DBT treatment techniques include contingency management procedures, skills training and coaching, behavioral analysis, structured response protocols to suicidal and egregious behaviors on the unit, and consultation team meetings for DBT staff. (PsycINFO Database Record (c) 2008 APA, all rights reserved)

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Abstract: This chapter examines the inpatient setting as a system, where the dominant conceptualization of behaviour is as manifestation of illness, but confused messages are sent to clients. Psychological formulations offer alternative understandings of clients' problems. The nature and status of the activity of formulating is discussed and CBT formulations are used as illustrations. The need to formulate client-staff-environment interactions is emphasized, as well as transitions between inpatient and outpatient life. Psychological formulation, it is argued, should provide a more compassionate narrative than the medical model, leading to benefits for the client and for those in helping roles. Shared formulation is seen as an intervention in itself, which can be effective at many levels, from the individual client, through staff thinking, to organizational structure and power relations. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the chapter)

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Abstract: This book is designed to provide a comprehensive, yet fine-grain, account of how to implement enhanced cognitive-behavioral therapy (CBT-E). It needs to be read as a whole as it is assumed in each chapter that the reader is familiar with the preceding ones (although there is extensive cross-referencing to help readers move around within the book). Its structure is as follows: Chapter Two describes the psychopathology of eating disorders. It adopts a transdiagnostic perspective, thereby providing the rationale for transdiagnostic treatment. It also describes the cognitive behavioral theory that underpins the strategies and procedures that characterize CBT-E. Chapter Three provides a general overview of CBT-E. It outlines its strategy and structure, and how it differs from other forms of CBT. It also highlights certain points about the implementation of the treatment. Chapter four is concerned with the assessment of patients and how to prepare them for treatment. It also discusses the medical management of patients from the perspective of non-medical therapists. Chapters five through twelve provide the details of how to implement the main "focused" form of CBT-E. The closing chapters (thirteen through sixteen) describe the various adaptations of CBT-E, including its "broad" version; its use with adolescents; its use in inpatient and day patient settings; and two outpatient forms of CBT-E (intensive outpatient CBTE and group CBT-E); and finally the use of CBT-E with "complex cases." Appendices provide the latest versions of three assessment measures: the Eating Disorder Examination (EDE 16.0), the Eating Disorder Examination Questionnaire (EDE-Q 6.0) and the Clinical Impairment Assessment Questionnaire (CIA 3.0). It is important to note what the book does not aim to accomplish. It does not provide a comprehensive account of what is known about eating disorders, nor does it attempt to discuss every aspect of their management. What it does provide is a complete account of how to manage and

treat patients using CBT-E. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (from the chapter)

- (117) Berking M, Orth U, Lutz W. Wie effektiv sind systematische Rückmeldungen des Therapieverlaufs an den Therapeuten?: Eine empirische Studie in einem stationär-verhaltenstherapeutischen Setting. Zeitschrift für Klinische Psychologie und Psychotherapie: Forschung und Praxis 2006; 35(1):21-29. Abstract: Background: Systematic feedback to therapists on their patients' progress has been shown to enhance outcome in at-risk patients in studies with predominantly moderately disturbed outpatients. Objective: Is it possible to replicate these findings in a CBT-oriented inpatient setting and are positive effects confined to at-risk patients? Methods: In a randomized controlled trial (N = 118) half of the therapists were provided with systematic feedback on their patients' progress. Results: Patients in the feedback group improved more than patients in the control group on all outcome measures. Conclusions: Systematic feedback to therapists on their patients' progress enhances outcome in inpatient CBT treatment. Future research should identify ways to reduce the monetary and psychological costs of feedback-providing systems, in order to facilitate their application in routine care settings. (PsycINFO Database Record (c) 2008 APA, all rights reserved) (from the journal abstract)