

# **Effectiveness and utilization of health insurance benefits in long-term analyses: Results of an empirical follow-up study on the effectiveness of Jungian Analysis**

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## **Summary of this study:**

The authors start out with references to the many attempts to do research in this field and the difficulties around such studies. Apart from the lack of motivation from psychoanalysts themselves to have this kind of research done there are a host of other issues which stand in the way. Motivation, difficulties in obtaining long-term data and therefore reliability are discussed.

In this study from Germany, growing demands to contain health care expenditures led not only to fierce competition between the different schools in psychotherapy but also to competition between psychotherapy and other types of treatment offered in the health care system such as pharmacotherapy, social work or self-help groups.

The attention of health care administrations on cost-utility considerations and the long-term stability of successful treatment also contributed to the initiative of this study.

This retrospective study was initiated in 1994 and received third-party funding to examine the effectiveness of Jungian analyses and long-term psychodynamic psychotherapy.

### *Aim of the study*

1. Proof of effectivity of long-term analyses (> 100 hours) by private practitioners and evaluation of the stability of therapeutic results by a follow-up 6 years after termination of therapy.
2. Evaluation of health care utilization in a pre-post comparison based data provided by the health insurance companies.
3. Establishing audit research strategies in ambulant psychotherapeutic care areas as a measure of quality assurance.

While being aware of the methodological limitations, it was decided for reasons of feasibility within an acceptable temporal and financial frame, to use a retrospective, naturalistic multi-level design with a prospective approach for sick days and hospital days.

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All participating therapists were psychoanalysts qualified according to the guidelines of the German Society for Psychoanalysis, Depth Psychology and Psychosomatic Medicine (DGPT) and the German Society for Analytical Psychology (DGAP).

“Psychoanalysis” or “psychodynamic psychotherapy” was defined according to the treatment following a successful application of the patient to his health insurance for psychoanalysis or psychodynamic psychotherapy on the basis of the "psychotherapy guidelines" valid in Germany, supported by a qualified report of his psychoanalyst.

All members of the DGAP, the professional society of German Jungian psychoanalysts, were contacted by mail in 1994 and invited to participate in the study. More than three quarters (78%) responded and 24.6% agreed to participate in the study.

In 1994, 111 former patients were included in the study who had finished their psychoanalysis or psychotherapy in 1987 or 1988, returned the completed follow-up questionnaire and consented to participate in the study. The first standardized part of the follow-up questionnaire contained questions on sociodemographic characteristics, reason for therapy, treatment course, relationship to analyst, self-assessment scales on current health and complaint status, professional and family relations, interpersonal problems, quality of life, personality structure and utilization of health insurance benefits as well as standardized questionnaires: symptom checklist SCL-90R, change questionnaire on experience and behavior), Giessen test, questions on satisfaction with one's life and sociodemographic data (IHRES). The influence of life events was checked with a special questionnaire (ILE). Another section of the questionnaire dealt specifically with comparing the above scales to the pretreatment status. In a free text section, the patients described in their own words changes and the importance of therapy for planning their lives.

#### *Characteristics of the follow-up sample*

The average time between end of treatment and follow-up examination was almost 6 years. With a mean treatment time of less than 3 years, compared to the beginning of therapy the study participants were on average 10 years older at follow-up. However, this also leads to an increased illness risk. Seventy-six percent of the participants had completed psychoanalysis with a mean number of 193 hours and a length of 3 years; 63% of the analysis patients had more than 100 therapy sessions. 17.5% of the participants dropped out of therapy at different times. This relatively high number of dropouts in the total random sample was assessed as a "confidence variable". We concluded from this that the therapists did not only include their assumed “successful” patients in the study.

#### *Health status*

At follow-up, 51 % rated their health as good or very good, another 37% as satisfactory, which means that 88% were satisfied with their health at that time. Only 9.9% were less satisfied and 1.8% complained of poor health.

### *Indicating symptoms*

70.3% report that they no longer suffered from the problems and complaints that had led to psychoanalysis, or that they had at least significantly improved, 22.5% felt their problems had improved somewhat and 7.2% reported that they were unchanged or had become worse.

### *Physical condition*

Two-thirds (65.7%) rated their physical health as better or much better than before therapy and nearly one quarter (24.2%) as unchanged.. In half of the cases (50.5%), physical illness was one of the reasons for seeking therapy. Some of these conditions were ulcerous colitis, backpain, gastrointestinal symptoms, migraine, heart pain. These physical complaints were now reported to be no longer present in 29% of the cases, respectively to be improved or greatly improved in 54% (10% were unchanged and 6.5% had deteriorated).

### *Mental state*

The mental state was reported to have improved or greatly improved by 94% (93.7%) and to be unchanged by more than 5% (5.4%). Patients ranked various aspects of life according to their degree of approval: therapy had the best effect on self-esteem and self-confidence, followed by basic mood, mental state, general satisfaction with their lives and performance. The study participants were least satisfied with their sexuality, physical appearance and leisure time activities. Compared to the time before therapy, 68% were satisfied or greatly satisfied with their performance, 23% reported no change and 6.5% were less satisfied.

### *Importance of therapy for improved enjoyment of life and way of life*

In 80.2%, therapy was considered important or very important for improving their enjoyment of life and current life style, in 13.5% of average importance and in 5.4% of little importance (0.9% missing).

Clinical significance of changes in health, life satisfaction - compared to the general and existential orientation.

### *Health*

A comparison of our health data with a representative random sample of the general population, as done by Gerdes and Jäckel (1992), shows that 88.3% of our random sample's assessment of their health was in the normal range at follow-up (within the 75th percentile), i.e. the rating of 88.3% of our random sample matched that of 75% of the reference random sample; 11.7% were "atypical" or "very atypical" compared to 25% of the reference random sample. In other words after therapy patients were "healthier" than normal people.

### *Satisfaction with life*

Satisfaction with life was recorded on 8 scales (work situation, living situation, financial situation, leisure time, familial situation, relations with neighbors, friends, acquaintances, with life in general). A compilation of all 8 yielded the subsequent "average" satisfaction with life compared to the general random sample: 69.2% of the patients examined here were within the 75th percentile, i.e. the range of the representative random sample from the general population.

### *Clinical significance of global state*

The general global state of the participants at different time points was recorded on a six-point scale ranging from very poor to very good. 60.4% (N=67) of the study random sample rated their pretreatment state as very poor. Six years after the end of treatment, 86.6% (N=56) of these described it as very good or quite good. Another 31.5% (N=35) described their pretreatment state as poor and 85.7% (N=30) of these as very good, good or quite good at follow-up.

90% agreed (very true or true) that therapy had helped them.

87.3% agreed that they coped better with life after therapy and 85.5% agreed that therapy was a still ongoing process.

8.8% reported that therapy had not helped, 6.3% of these felt that it was due to the therapeutic method, 5.4% the demeanor or personality of the therapist, 8.1% their own personality, and 5.4% to external events or influences.

A very important outcome was the following:

There was a statistically significant correlation with the duration of treatment ( $p < 0.05$ ): The longer the therapy, the more successful the patients rate it, even 6 years after completion. According to these criteria, long-term therapy appears to be more successful than short-term therapy.

Furthermore:

- The total patient group confirmed (at the 0.1 significance level) that the total group perceived positive changes of experience and behavior.
- Severity of symptoms showed similar level of improvement;
- An increasing percentage of patients took fewer psychopharmaceuticals than before therapy, the total number of patients taking drugs regularly decreased considerably.

Fifty percent of the participants took fewer drugs at follow-up than before therapy (about 40% unchanged or not applicable). About 70% now take no sleeping pills, painkillers or tranquilizers, 25% occasionally and 5% regularly;

- An increasing percentage of patients took fewer psychopharmaceuticals than before therapy, the total number of patients taking drugs regularly decreased considerably.

- There was a 50% decrease in the average number of sick days/year for the total prevalence period of 5 years before and 5 years after therapy. Starting with a mean of 16 sick days/year 5 years before therapy, this number was reduced by 50% to 8 sick days/year ( $p=.057$ ) 5 years after therapy;

- Comparing the two 5-year prevalence periods before and after therapy shows a 50% reduction from a mean of 3.7 hospital days/year to 1.8 days/year per patient or 51.4% ( $p=.173$ ).

Conclusion:

Cost-effectivity considerations as success criteria play an increasingly important role especially for health care administrations. We have shown in this retrospective study that psychotherapy evidently has a long-term effect on patients' utilization behavior. However, the uninterrupted recording of these data requires great care and a methodologically sound procedure for their interpretation.

A reduction of sick days or hospital days after psychotherapy is all the more important when considering that the study cohort was 10 years older at the time the study was performed and that there was thus an increase in the disease risk and the number of sick days or hospital days.

The fact that more than 75% of the patients examined here underwent long-term analyses provides empirical proof of effectivity for this rarely empirically examined therapy type that is still detectable after 6 years on average.