

faction with treatment and showed more improvement in their social adjustment. They also made less visits to their GP during the follow-up period, a finding consistent with other studies and which has important cost implications. Jean Arundale has looked at a psychotherapy service in the community, in which clients are seen in their own homes. Although the number of clients was small her data indicated that treatment produced improvement in a range of outcome measures, and that good results were not necessarily related to intense, focused treatment.

Beginning a mixed bag of unrelated presentations later in the day, Professor Rachel Rosser presented further data from the Cassel Hospital follow-up study which included economic evaluation of outcome. Both subjective health status and economic productivity were highly correlated with clinical outcome. Conservative economic evaluation shows that patients with a good outcome showed a net 'profit' at five-year outcome, whereas poor outcome patients showed a net loss. This indicates the importance both of formal economic evaluation, which can indicate clearly the best treatment strategy to adopt, and the importance of identifying in advance those patients who are likely to benefit from treatment. Failure to identify such characteristics led Rosser to review the casenotes of all patients in the study. The factor that best predicted successful outcome was clients having spent eight weeks on the waiting list before admission. This was predictive of employment status, subjective health status, symptomatic improvement and reduced medical utilisation and was not simply due to a period on the waiting list selecting more motivated clients. The waiting list theme was continued by Lee Barnes, who has been attempting to assess the experience of being on a waiting list (for a clinical psychology service) that could be as long as two years! As might be expected, those clients who waited 'passively', making no effort to cope with their problems, were less likely to improve while on the waiting list and also had lower expectations of treatment. There is considerable evidence that untreated minor psychiatric disorders tend to become chronic and can constitute a considerable drain on NHS resources. Studying these issues from an economic perspective would demonstrate whether it is cost effective to increase resources to the psychology and psychotherapy services to reduce excessively long waiting lists.

In the next presentation Monica Davies, Robert Elliot and John Davis represented several other members of a collaborative multi-centre project aimed at developing a taxonomy of 'therapist difficulties' which they hope will be relevant to development of theory, therapist training and the improvement of clinical practice.

Sometimes therapists are accused of mystifying their patients and Polly Crisp has developed a coding manual for measuring 'mystification' from tape recordings of therapy sessions. She found that some therapists used cryptic communications unrelated to the patient's utterances. Such mystifying communication was consistently used by therapists with several patients and was significantly related to worse outcome in schizophrenic patients

receiving psychotherapy as part of their treatment. Duncan Cramer ended the session with an investigation of Carl Roger's 'therapeutic factors' of genuineness, warmth, empathy and positive regard. Self-esteem and factors in the quality of relationships were studied in college students and their friends using the Barret-Lennard Relationship Inventory. Partial correlation indicated that positive regard was the only factor significantly associated with self-esteem in subjects and cross-lagged panel correlation techniques further suggested that self-esteem was secondary to an individual's subjective perception of others' regard.

The final session began with the presentation, by Sidney Bloch and Eric Crouch, of a new operational classification of therapeutic factors in group psychotherapy evolved from an exhaustive literature review. They urged that the theory of specific therapeutic factors in group psychotherapy needs to be underpinned by more effective research, and suggested a number of areas for such research. They argue for a more accurate specification of research variables and the need for research to be cumulative, so that each stage develops from previous work in a logical manner. To conclude, Mary Burton gave a fascinating description of the massive regression exhibited by students during a weekend group dynamic workshop, using both clinical examples and her own technique for measuring the degree of regression from tapes of sessions.

There was also time allocated to small workshops, where conference members could choose one of three alternatives. Frank Margison convened a workshop on aspects of teaching and research in psychotherapy, Robert Elliot led discussion on the analysis of significant therapy events using his own tape-recorded material, and Bill Styles presented an introduction to Verbal Response Mode coding. In summing up, this was an intensive and rewarding conference packed with good presentations of high quality work.

Further information about SPR(UK) can be obtained from Professor J. Watson, Department of Psychiatry Guy's Hospital Medical School, St Thomas St, London SE1 9RT.

Research Register

The Team for the Assessment of Psychiatric Services (TAPS) was set up in 1985 by the North East Thames Regional Health Authority in order to evaluate their policy to close Claybury Hospital and partially close Friern Hospital. As part of their work, the team has set up a register of research, to include current studies of the transfer of care from psychiatric hospitals to districts. Although focused on the North East Thames Region, their remit includes related research in other geographical areas. They would welcome information and enquiries about the research register, which will be circulated to interested parties at regular intervals. Please contact Dr Julian Leff, Honorary Director TAPS, Research Unit, Friern Hospital, Friern Barnet Road, London N11 3BP.

BJPsych Bulletin

Research Register

Psychiatric Bulletin 1986, 10:102.

Access the most recent version at DOI: [10.1192/pb.10.5.102](https://doi.org/10.1192/pb.10.5.102)

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