

Is schema therapy also effective in 50 hours therapy within 8 days, called Hoffman-Quadrinity-Process (HQP or HP) also and in comparison to behavioral therapy?

Grossman, I. (2010). Unveröffentlichte Diplomarbeit, Humboldt-Universität zu Berlin.

The Hoffman-Quadrinity-Process (HQP or HP) as a concentrated form of schema therapy, so as a form of cognitive behavioral therapy, was proved for effects on mental diseases and personality disorders measured by self-report scales and structured clinic interviews (SCL-90-R, BDI-II, FLZ, SKID-Screenings- and -Interviews). The pre-post-change was compared between the intervention group (HQP-Attendees). The pre-post-change was compared between the intervention group (HQP-Attendees), a waiting-control-group and an intervention-control-group (attendees of a 50-hours behavioral therapy). For all measured symptoms of mental diseases, so all in all scales of the questionnaires, there are significant recovery-effects with consistently high effect-sizes between pre and post in the intervention group.

The intervention group didn't differ from the healthy normal population 3 month after the 8-day-intervention anymore. Furthermore the comparisons between the groups show significant bigger improvements in the intervention group than in the waiting group after the month (with throughout high effect-sizes). In a lot of scales, there were even significant bigger effects for the intervention group after three month than for the behavioral-therapy-intervention-group after one year (middle to high effect-sizes). There are no scales that show a significant less effect for the intervention group after 3 month than the behavioral-therapy-group after 1 year.

The SKID-Interviews show a significant and high effect for the reduction of depressive diseases and personality disorders within the intervention group between pre and post: 94% of the pre depressive patient and 41% of the patients with personality disorders sank under the diagnosis threshold. The intervention group also showed significantly less self-reported symptoms in the screenings for personality disorders than the waiting group (middle high effect-size). The behavioral-therapy-intervention group was not examined in personality disorders. The outcomes give a solid indication that the HQP, despite brevity of the intervention as a concentrated form of the schema therapy, improves and recovers mental and personality disorders.

Therefore, in the interest of health care system in crediting the financial budget and in economizing the treatment of increasing numbers of mental disorders and following costs, an all methodic demands fulfilling study should be arranged. If the detected effects can be confirmed this way, especially for depressive and personality disorders, an accelerated social law acceptance for more schema therapy hours per week or for the HQP as an exception should be considered.