

Pushing occupational rehabilitation – Implementation of a therapy diary in the outpatient aftercare of psychosomatic rehabilitation may promote the occupational reintegration process: A survey of therapists and patients.

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Pushing occupational rehabilitation – Implementation of a therapy diary in the outpatient aftercare of psychosomatic rehabilitation may promote the occupational reintegration process: A survey of therapists and patients.

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Abstract

Background Treatment results achieved after completion of inpatient psychosomatic rehabilitation are often not permanent. Further participation in an outpatient rehabilitation aftercare may reduce the risk of recurrent disorders and support a successful return to working life. A therapy diary, should accompany the aftercare and bring about the self-reflection process of psychosomatic rehabilitants, could reduce recurrent disease progressions and support the recovery process as a whole. The study focuses on the assessment of the effectiveness and implementation possibilities of a therapy diary in outpatient rehabilitation aftercare.

Methods Seven group leaders in Central Germany and eleven psychiatric rehabilitants were interviewed in a qualitative study using partially standardized, guideline-based expert interviews. The data evaluation is based on the Qualitative Content Analysis according to Mayring.

Results The results indicate that the accompanying use of a therapy diary within the outpatient rehabilitation aftercare, the rehabilitated by writing down thoughts, emotions, dysfunctional behaviours in problematic situations and thereby experienced successes, allows an intense engagement with their own thoughts and feelings. Through this initiated self-reflection process, the

rehabilitant gains a better understanding of one's own behaviour in dealing with oneself and the environment and thereby learns to generate new ways of acting if necessary.

Conclusions The use of the therapy diary on a voluntary basis in the outpatient rehabilitation aftercare could support the therapy process and thus the recovery of the rehabilitants and also increase the chance of a successful occupational rehabilitation.

Keywords psychosomatic rehabilitation – mental and behavioral disorders – therapy diary – outpatient aftercare – occupational rehabilitation

Background

According to the Federal Health Monitoring System, the granting of reduced earning capacity pensions, around a third of which can be attributed to psychiatric disorders, has almost doubled in the last decade [1; 2]. When it comes to treating psychosomatic disorders, psychosomatic rehabilitation comprises the second largest percentage of all rehabilitation treatments [3]. Study results show that targeted treatment outcomes after completion of inpatient psychosomatic rehabilitation are often not permanent [4]. Outpatient rehabilitation aftercare following inpatient psychosomatic rehabilitation treatment should reduce the risk of recurrent disorders in the long term and support a successful return to working life [5; 6]. Within outpatient rehabilitation aftercare, those affected benefit from the interaction and social support in group sessions with and through other group members, in which aspects such as their own health condition and psychosocial problem situations are discussed and can be actively processed in role plays etc. The discussion also provides a feeling of shared identity with other patients concerned [7; 8]. In addition, cognitive intervention approaches are used in the context of rehabilitation aftercare, the effectiveness of which has been proven in a series of studies and meta analyses used both in individual and group settings [4; 9; 10]. The process of self-reflection is one method in which, by recording their individual experiences, patients are supported in gaining clarity about their own thoughts, emotions and behaviours, and recognising and processing dysfunctional behaviour patterns as a result [11]. By using this reflection process alongside aftercare, the aim is to increase the amount of regularly completed rehabilitative aftercare services, reduce recurrent disease processes and mounting consequential costs and support the recovery process, including reintegration into working life. In the context of the study, an intervention strategy in the form of a therapy diary was designed, based on the described concept of self-reflection, and was used as a means of support within outpatient rehabilitation aftercare groups. The experiences of a) therapists working in outpatient rehabilitation aftercare, and b) psychosomatic rehabilitation patients that actively use the therapy diary were compiled to answer the following questions: 1) How do therapists and psychosomatic rehabilitation patients rate the effectiveness of a

therapy diary? 2) How can the therapy diary be efficiently implemented in the outpatient rehabilitation aftercare setting?

Methods

Study design

The study presented here was conducted as a side study of a randomized intervention study. Information on the sample and the method can be found elsewhere¹. A qualitative research design was chosen for the side study, which was implemented in the form of partially standardised guideline-supported expert interviews (N = 18).

Sampling

The experts for this were therapists (n = 7) for outpatient rehabilitation aftercare in Central Germany (Thuringia, Saxony, Saxony-Anhalt) who had at least two years' professional experience in the outpatient rehabilitation setting, and psychosomatic rehabilitation patients (n = 11) who actively took part in rehabilitation aftercare and used the therapy diary. Table 1 summarises the therapist characteristics and table 2 summarises those of the psychosomatic rehabilitation patients.

Recruitment

Therapists were recruited by direct request in the facility, whilst rehabilitation patients were recruited via the therapists. For this, the rehabilitation patients were given study information by the therapists that described the research project and the test subjects were able to register themselves with the research team if they were interested in taking part in the study.

Therapy diary (object of investigation)

The focus of this survey was the assessment of a *therapy diary* designed by the research team which was used as a means of support within outpatient rehabilitation groups. The therapy diary consists of a total of 60 pages, set out for 26 corresponding treatment weeks (one session is recorded on a double page, see figure 1). The rehabilitation patient answers the same questions every week, in both closed and open answer formats. The support from the group and the rehabilitation patient's general wellbeing is asked about, amongst other things. The patient also has the chance to state whether he/she can discuss personal problems in the group, and if so, which problems, and whether he/she is supported by the group in finding a solution. In order to name and state what they have learned from the last session, the rehabilitation patient was also asked to state, as free text, how he/she was able to implement what he/she learned in an everyday environment.

¹ Samos F-A, Thiel C, Richter C, Heise M, Frese T, Fankhänel T. Outpatient aftercare services can reduce physical and psychological symptoms – The effectiveness of a patient diary in improving symptom burden in patients with mental and behavioural problems in outpatient aftercare in Central Germany: a cluster-randomised controlled trial. 2020. Submitted to "Patient Preference and Adherence".

Interview Guide (intervention tool)

The basis for the expert interviews with therapists and rehabilitation patients was an *interview guide* tailored to the test subjects, which served as an outline aid to focus on the individual experiences of the two groups. Those surveyed from both groups were asked to estimate the effect/impact on motivation to participate in outpatient aftercare and the options for implementation of the therapy diary in the therapeutic setting.

Qualitative Analysis

The interviews were recorded, transcribed and assessed on the basis of Qualitative Content Analysis according to Mayring [12]. Firstly, a coding system was created, which contained categories that were defined based on the interview guideline. A complete review of the material was then carried out, in which corresponding text segments from the individual interviews were assigned to categories. During the explication, the coding system was completed with additional significant categories. The relevant text components were then summarised and assessed in view of the underlying questions.

Results

1) Assessment of the effectiveness of the therapy diary in the treatment process in outpatient rehabilitation aftercare

Assessment of the effectiveness of the therapy diary

a) Perspective of the therapists:

Overall, the therapy diary was assessed by the therapists surveyed as a tool that supported the treatment process that can also positively affect the recovery process. The open questions encourage the rehabilitation patient to state what they have learned from previous meetings and to reflect self-critically on whether and in what way this can or has been transferred to everyday life. Potential problems or concerns can be noted in this way and picked up on directly in the following session, as required, to find a solution with the help of the other group participants. Patients who are communicative and have already 'reflected' in particular could benefit from this method.

"Yes, I also think that it can be beneficial for the participants to see progress more clearly and above all to reflect on it, to think again about what was actually in the group. And perhaps also better prepare for the group sessions when it comes to addressing problems. [...] The size is so beneficial. If it's bigger, it's going to be harder to always take it with you or have it to hand." (quote from therapist 01).

b) Perspective of the rehabilitation patients:

The rehabilitation patients who have regularly completed or are expected to complete aftercare assessed the subjective benefit of participation in aftercare as (very) high overall, the aftercare met expectations and supported the pursuit of personal goals in everyday conditions.

"It's really what I wanted. Help for me, tools in hand and a wide range of things you can do to stop falling into deep holes." (quote from rehabilitation patient 08).

When asked about the effect of the therapy diary, some of the rehabilitation patients answered that they found the use of the therapy diary helpful when reflecting on and reworking the sessions or when preparing and formulating their own discussion requests and goals. However, these were patients who kept their own 'aftercare diary' independently of the therapy diary.

"But I thought it was good to put it all in writing. Yes, it made me stronger, so I really, really liked it. To express your feelings once in writing, to search for the words for how I would say it. I have it all still here, like I said, I look at it from time to time." (quote from rehabilitation patient 07).

Suggestions for optimisation of the therapy diary design

a) Perspective of the therapists:

The insertion of a 'sub-goals' page at the beginning, middle and end of the therapy diary was recommended as a suggestion for optimisation. This would enhance the reflection process by making it possible to compare achieved (previously set) goals. However, it should not be done by the patient alone, but rather in a two-way discussion with the therapist, which in turn may lead to an increase in the scope of the session and appropriate reimbursement.

"So if there are additional individual [sessions], then it should be clear that they will be financed. An intermediate session would definitely be very useful for some. [...] Well, that would have to be something where it's clear that if there's a need, we can do it too. It doesn't have to be regular, if things get difficult, it's just necessary." (quote from therapist 04).

b) Perspective of the rehabilitation patients:

In general, an additional intermediate discussion with the therapist in a one-to-one setting is also something that rehabilitation patients increasingly want. This should take place after about half of the appointments in order to reflect on previous progression and the patient's own development and therefore enable them to enter the second phase of aftercare in a more conscious and targeted manner. The design of this intermediate discussion could be based on the entries in the therapy diary.

“Perhaps it would be useful, in addition to the introductory and final discussions, to have the chance to complete an intermediate step with the group therapists in a practical manner, one-to-one, to evaluate in that session what the expectations were and what expectations I have in real terms.” (quote from rehabilitation patient 01).

Additional benefit of implementing the therapy diary in outpatient rehabilitation aftercare

a) Perspective of the therapists:

In the therapists’ opinion, the therapy diary could improve the overall quality of outpatient rehabilitation aftercare as it is a tool that the patient can use to help support them even when uncertainties arise in everyday life. In particular, as required, the patient could read back through what progress he/she has made since the beginning of the aftercare and successful coping strategies were recorded *“in black and white” (quote from therapist 01)*, which could be reread at a later (similar) date and applied again in a (similar) situation.

“If they come to such an intermediate conclusion, I think that’s OK, then it must be in here, what problems have I implemented or addressed so far? [...] what changes have occurred and how did I approach them?” (quote from therapist 02).

b) Perspective of the rehabilitation patients:

One motivation to participate in the aftercare that was repeatedly mentioned by the participants was the desire for therapeutic support beyond the end of rehabilitation. Aftercare is intended to stabilise the state of health achieved or prevent relapse. Strategies newly learned in rehabilitation should be consolidated and implemented under everyday conditions in order to avoid slipping into old lifestyle and behaviour patterns. We know that the necessary therapy is not completed with the end of rehabilitation, but rather it accompanies the process of reintegration into working life. The rehabilitation patients would like to track their personal therapy goals and “stick with them”. The therapy diary could be a tool which supports this.

“And above all, [...] that you just keep at it and don't go back home again to the rat race or everyday life and forget everything. That it doesn't last 4 to 6 weeks and then you're back to your old ways, but that you always remember what your personal goals are.” (quote from rehabilitation patient 02).

2) Implementation of the therapy diary in the outpatient rehabilitation aftercare setting

Possibilities of implementing the therapy diary in outpatient rehabilitation aftercare

a) Perspective of the therapists:

If the outpatient rehabilitation aftercare takes place in a closed group setting, an evaluation in or with the group would also be useful. It would be important for the rehabilitation patient to receive “external” feedback in order to support the self-reflection process. In addition, the factor of social support from the group would once again come into play here, which in turn would increase the commitment of the rehabilitation patients and, by regularly reporting the (partial) successes both through the feedback from the group and the therapist, the drop-out rate could be reduced as a result.

“[There] we have it, model learning. Is [someone else’s] problem interesting or does it reflect my own problem. This means the patient also sees that they are not alone with the problem, there are many more people. And that helps, like it is an icebreaker if you like. Oh well, I’m not on my own, I may as well let it out. That’s also a taboo, isn’t it?” (quote from therapist 02).

b) Perspective of the rehabilitation patients:

For many of the rehabilitation patients that were interviewed, it was essential to exchange experiences with others in the group on topics that were, for example, recorded in the diary, as well as being able to learn from the experiences of peers and to receive (sometimes even critical) feedback, specific tips and advice regarding their own problems. In discussion with other group members, the rehabilitation patients felt understood, accepted and bolstered and in some cases experienced relativisation of their own problems.

“It’s like being in any crisis area. You see suffering somewhere else, then you see some observations quite differently that you might have previously seen more narrowly. [...] I have realised it could be worse.” (quote from rehabilitation patient 03).

Use of the therapy diary in the outpatient rehabilitation aftercare setting

a) Perspective of the therapists:

With regard to the possibilities of using the therapy diary within outpatient rehabilitation aftercare, the therapists interviewed highlighted that it was easy to manage and that the clarity and scope of the questions were good. The rehabilitation patients also reported back to the therapists that they assessed the use of the diary as uncomplicated overall and felt that the questions were clear and easily structured. However, the therapists emphasised the voluntary nature of the diary and the lack of penalties for non-use as extremely important. The intervention diary should therefore not be an obligatory part of the aftercare as there are rehabilitation patients who are less open to this method or have less access to it. Some rehabilitation patients may feel overburdened by “schooling” and, in turn, their motivation to participate could be jeopardised as a result.

“It is the kind of suggestion you get and I’d be in favour of it if it is voluntary. If you want to do it, you can of course do it, but if you don’t want to, you don’t have to. Then I think it can be a good thing.”
(quote from therapist 03).

The therapists consider the use of the therapy diary at the beginning of the respective sessions to be beneficial in order to be able to immediately start with the rehabilitation patients' relevant or urgent topics and, if required, to identify common topics and prioritise them accordingly. This does require, however, the motivation of the participants.

“Well, I would first try to use it actively, so that the participants bring it into the group sessions and then use it as a basis for what they say in the initial round of discussion and work from there. Of course this only makes sense if the majority of the participants actually do it. And if it can’t be done that way, I would at least offer it if I had it available.” (quote from therapist 01).

b) Perspective of the rehabilitation patients:

In addition to this, the rehabilitation patients highlighted that keeping the therapy diary regularly can be an additional burden if there is too little time for it in everyday life.

“So the first few times, you sit down straight after the therapy session and do it right away, that’s OK. But if you come home at 8:30 in the evening, you have no energy to do it. And when do you do it then? Maybe at the weekend. And then you have to go back through it all and if I’m quite honest with you, you don’t want to.” (quote from rehabilitation patient 06).

From the rehabilitation patients’ point of view, using the therapy diary as an introduction to the current session is also considered to be beneficial, so that patients can make notes in advance of what they would like to address in the upcoming session, which may have remained outstanding since the last session as a question or concern. The entries for the previous session should be made as soon as possible. This would then not require too much effort.

“If I didn’t write it straight away in the evening, I did it first thing the next morning because I still had everything in my mind that we had discussed. So it was no trouble for me at all. You can write it down in no time.” (quote from rehabilitation patient 05).

Discussion

The experiences from therapists working in outpatient rehabilitation aftercare and psychosomatic rehabilitation patients were the focus of the qualitative study to answer the following questions: 1) How do therapists and psychosomatic rehabilitation patients rate the effectiveness of a therapy

diary? 2) How can the therapy diary be efficiently implemented in the outpatient rehabilitation aftercare setting? To answer these questions, we drew upon the expertise of 7 therapists and 11 rehabilitation patients.

1) Assessment of the effectiveness of the therapy diary

The therapy diary intervention tool was considered by the therapists to be suitable for practical use not least because it was easy to manage and clear but rather because of how it supported the therapy process. By writing down thoughts, emotions and dysfunctional behaviour in problem situations and the successes experienced, the therapy diary enables the patient to scrutinise his/her own thoughts and feelings. This initiated self-reflection process enables the patient to gain a better understanding of his/her own behaviour when dealing with himself/herself and the environment, to reflect and, where necessary, to create new ways of acting [11]. This way, therapy goals already achieved in the inpatient setting could be strengthened in a lasting manner and support the process of reintegration into working life. This is particularly the case if the therapists' suggestion for optimisation of the diary is followed and additional pages are inserted (at the beginning, halfway through and at the end of the aftercare) to note “(sub-)goals” which serve as a reporting sheet. These could then also be picked up on in the two-way discussion and the patient has the opportunity to receive feedback from the therapist. Regular feedback is of enormous significance in the context of therapy as the patient is given feedback on his/her own individual development in the treatment process by his/her environment, therefore enabling him/her to produce a real self-image by comparing self-perception and the perception of others [13; 14]. In addition, an evaluation in or with the group would also be useful to support the self-reflection process. This is because current challenges of everyday life and possible solutions are discussed during rehabilitation aftercare carried out in a group setting, which can also strengthen self-competence in particular, which is considered a valuable resource in the context of social participation [15] and can strengthen the process of reintegration into working life. Through direct feedback in or by the group, the rehabilitation patient experiences additional support from the other patients [7; 8], which can positively influence emotional strengthening. A kind of identification of similar experiences with other affected persons [16]. This is something that relatives or the personal environment can only do to a limited extent, but which is an important factor for therapy motivation and the recovery process. Social support can increase the willingness to participate in therapy [17].

2) Possible implementation of the therapy diary in the outpatient rehabilitation aftercare setting

According to the therapists and the rehabilitation patients, using the therapy diary would be suitable both as an introduction to the individual group sessions, as the rehabilitation patients can think through and write down their concerns, problems and topics in advance, and to support the therapy

process. In the latter case, the therapy diary would serve as a method of documenting progress whereby both successes and failures could be noted down, reflected upon and functional behaviours could be extrapolated, established and continued. This process is supported by the self-reflection triggered by the therapy diary, which helps the patients to better perceive their own thoughts, emotions and behaviour and enables them to take appropriate action [11]. To implement the therapy diary, the therapists also recommended using it on a voluntary basis. The therapy diary should therefore be offered and used as a supplement in outpatient rehabilitation aftercare and it should be emphasised from the outset that there are no penalties for the rehabilitation patients if they do not or only partially use the therapy diary. There would otherwise be a risk that some rehabilitation patients would feel overburdened by the additional “effort” (keeping the therapy diary), thereby reducing their motivation to participate and, in the worst case, leading to a discontinuation of aftercare. This was confirmed by the rehabilitation patients. Early discontinuation would in turn jeopardise a successful return to working life, which is the goal of outpatient rehabilitation aftercare, alongside reducing the risk of recurrent disorders [5; 18]. According to the results available, the therapy diary seems to be suitable as a supplementary, voluntary option within outpatient rehabilitation aftercare, especially for rehabilitation patients with mental and behavioural disorders, and can sustainably support the continuity of the therapy success as well as reintegration to working life.

Strengths and limitations

In this study, therapists in outpatient rehabilitation aftercare were interviewed who had knowledge that had been tested in care practice and was suitable for practical application, in addition to the prerequisites of formal training. They also had a wealth of experience with psychosomatic rehabilitation patients who actively worked with the therapy diary. This made it possible to collate the expertise relating to proven, effective aftercare experiences that support the recovery process and to obtain a substantiated assessment of the effectiveness and possible implications of the therapy diary. Although this qualitative study is not a representative sample due to the number of participants (18), the criterion of theoretical saturation was met. In addition, it must also be stated that the interviews were attended, in particular, by rehabilitation patients who were motivated to keep a therapy diary and compliance was generally high, which meant that they were more focussed on the advantages of the therapy diary. In a further analysis, it would be useful to compare the results of the interviews with the therapists and rehabilitation patients with the experiences of other workers in the healthcare system who work within the framework of outpatient rehabilitation aftercare groups in order to determine (in)congruent results. This would make it possible to determine more differentiated implementation options and recommendations for use, which would methodically lead to generalisable results in a quantitative study.

Conclusion

The use of the therapy diary on a voluntary basis in outpatient rehabilitation aftercare could support the therapy process and thus recovery and, in turn, the process of reintegration into working life for the rehabilitation patients. Especially if the entries serve as a type of therapy progress documentation for functional coping strategies and behaviours and result in direct feedback, which could take place either in a two-way conversation with the therapist, but primarily also in a group setting. This is because the additional factor of social support from the group could increase the patients' commitment and, through regular recording of the (partial) successes in the therapy process, the progress achieved could be continued and the chances of a successful reintegration into working life could be increased.

Disclosure

Ethics approval and consent to participate

For the investigation the vote of the ethics committee of the Martin-Luther-University Halle-Wittenberg was obtained (Ethics vote number: 2016-153).

Consent for publication

All authors gave their Consent for publication.

Availability of data and materials

The dataset during the current study are not publicly available due to German national data protection regulations but are available from the corresponding author on reasonable request.

Competing interests and Funding/Study sponsorship

Research grants have been made available by the Deutsche Rentenversicherung Mitteldeutschland. Nevertheless the authors state that there is no conflict of interest.

Authors' contributions

All authors: conceptualization

Fankhänel, Heise, Samos: funding acquisition

Thiel, Richter: investigation, data curation, data analysis

Thiel: writing - original draft

Richter, Samos, Heise, Frese, Fankhänel: writing - review & editing

Fankhänel: project administration

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References

- [1] Bramesfeld A, Schwartz FW. Volkskrankheit Depression. Nur ein Problem der Gesundheitsversorgung? gpk - Gesellschaftspolitische Kommentare 2007; 48: 3–8. doi: 10.1055/s-2007-970966
- [2] Deutsche Rentenversicherung, Hrsg. Statistik der Deutschen Rentenversicherung - Rentenzugang 2014 einschließlich Rentenwegfall, Rentenänderung/Änderung des Teilrentenanteils; Rentenarten, Rentenhöhe, zeitlicher Umfang der angerechneten Zeiten; Erwerbsminderungsdiagnosen, Zugangsalter, Wegfallsalter, Rentenbezugsdauer, Band 203; Berlin: Deutsche Rentenversicherung Bund; 2015.
- [3] Petermann F, Koch U. Psychosomatische Rehabilitation; Quo vadis? Die Rehabilitation 2009; 48: 257–262. doi: 10.1055/s-0029-1239550.
- [4] O'Shea G, Spence SH, Donovan CL. Group versus individual interpersonal psychotherapy for depressed adolescents. Behavioural and cognitive psychotherapy 2015; 43: 1–19. doi:10.1017/S1352465814000216.
- [5] Gönner S, Bischoff C, Ehrhardt M, Limbacher K. Effekte therapiezielorientierter kognitiv-verhaltenstherapeutischer Nachsorgemaßnahmen auf den Therapietransfer im Anschluss an eine stationäre psychosomatische Rehabilitationsbehandlung. Die Rehabilitation 2006; 45:369–376. doi:10.1055/s-2006-932614.
- [6] Harfst T, Lang K, Koch U, Schulz H. Nachsorgeempfehlungen in der stationären Psychosomatischen Rehabilitation: Umsetzung und Zusammenhang mit dem längerfristigen Rehabilitationserfolg. In: Deutsche Rentenversicherung Bund (Hrsg) 12. Rehabilitationswissenschaftliches Kolloquium. DRV-Schriften 2003: 464–466.
- [7] Bechter S, Watzek D, Radlinger L. Nordic Walking in der stationären psychosomatischen Rehabilitation. Physioscience 2016; 12(04): 135-141. doi: 10.1055/s-0035-1567134
- [8] Steffanowski, A., Löschmann, C., Schmidt, J., Wittmann, W. W. & Nübling, R. Mesta-Studie; Metaanalyse der Effekte stationärer psychosomatischer Rehabilitation (Abschlussbericht). Rehabilitationswissenschaftlicher Forschungsverbund Freiburg/Bad Säckingen: Karlsruhe; 2005. Im Internet: <http://forschung.deutsche-rentenversicherung.de/ForschPortalWeb/rehaDoc.pdf?rehaid=C8009F9A95868E3EC1256E99004424E7>; Stand: 21.10.2019

- [9] Cuijpers P, Karyotaki E, Weitz E, Andersson G, Hollon SD, van Straten A. The effects of psychotherapies for major depression in adults on remission, recovery and improvement; A meta-analysis. *Journal of affective disorders* 2014; 159: 118–126. doi:10.1016/j.jad.2014.02.026.
- [10] Barth J, Munder T, Gerger H, Nüesch E, Trelle S, Znoj H, Jüni P, Cuijpers P. Comparative efficacy of seven psychotherapeutic interventions for patients with depression: a network meta-analysis. *Focus* 2016; 14(2): 229-243. doi:10.1371/journal.pmed.1001454.
- [11] Offermanns M. Braucht Coaching einen Coach? Eine evaluative Pilotstudie. Stuttgart: ibidem-Verlag; 2004.
- [12] Mayring P. Einführung in die qualitative Sozialforschung: eine Anleitung zum qualitativen Denken. Weinheim: Beltz; 2002.
- [13] Fengler J. Feedback als Interventions-Methode. *Gruppendyn Organisationsberat* 2010; 41: 5–20. doi:10.1007/s11612-010-0100-0.
- [14] Dold M, Lenz G, Demal U, Aigner M. Monitoring- und Feedback-Systeme in der Psychotherapie. *Psychotherapie Forum* 2010; 18: 208–214. doi:10.1007/s00729-010-0342-x.
- [15] Thimmel R, Schubert M, Viehmeier S. Nach der Rehabilitation. In: Bundesarbeitsgemeinschaft für Rehabilitation (Hrsg) *Rehabilitation. Vom Antrag bis zur Nachsorge - für Ärzte, Psychologische Psychotherapeuten und andere Gesundheitsberufe*. Springer, Berlin; 2018: 205–216.
- [16] Kobelt A, Nickel L, Grosch EV, Lamprecht F, Kunsebeck H-W. Inanspruchnahme psychosomatischer Nachsorge nach stationärer Rehabilitation. *Psychotherapie, Psychosomatik, medizinische Psychologie* 2004; 54: 58–64. doi:10.1055/s-2003-812612.
- [17] Strauß B, Barkowski S, Schwartze D, Rosendahl J. Aktueller Stand der Gruppenpsychotherapieforschung: Befunde der Ergebnis- und Prozessforschung. *Psychotherapeut* 2016; 61: 364–375. <https://doi.org/10.1007/s00278-016-0120-5>
- [18] Boes N. Nachsorge im Bereich der psychosomatischen Rehabilitation nach dem neuen Rahmenkonzept der Deutschen Rentenversicherung. *Rehabilitation* 2016; 55(06): 369-373. doi: 10.1055/s-0042-119698

Tab. 1 Characteristics of interviewed therapists (n = 7) in absolute frequencies (and percent).

Characteristics of therapists (n = 7)		Frequency of entries n (%)
Sex	Female	5 (71)
	Male	2 (29)
State	Thuringia	4 (57)
	Saxony	2 (29)
	Saxony-Anhalt	1 (14)
Professional qualifications	Psychologist	4 (58)
	Psychotherapist	1 (14)
	Social therapist	1 (14)
	Chief physician rehabilitation	1 (14)

Tab. 2 Characteristics of the interviewed patients (n = 11) in absolute frequencies (and percent).

Characteristics of patients (n = 11)		Frequency of entries n (%)
Sex	Female	9 (82)
	Male	2 (18)
Status of employment	Full time employed	5 (46)
	Part-time employment	3 (27)
	Job seeking	3 (27)
Currently unable to work	No	9 (82)
	Yes	2 (18)
Diagnosed disease*	Depression	9 (82)
	Anxiety disorder	2 (18)
	Burn-out	1 (9)
	Adjustment disorder	1 (9)
	Anorexia Nervosa	1 (9)
	Chronical Pain	1 (9)
End of outpatient aftercare	ended regularly	6 (55)
	canceled prematurely	3 (27)
	still running	2 (18)

** The total data is more than 100%, since multiple answers were possible.*

Fig. 1 Extract from the Therapy diary

1. Group Session: _____ (Please enter the date.)					
Please indicate what is most likely to apply to you.	rather very bad	rather bad	neither bad nor well	rather well	rather very well
1 My state of mind was on average over the past week ...	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Please indicate how much you agree with the following statements.					
2 I feel good after the group session.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3 I feel bad after the group session.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4 My last group session made me feel better.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 My last group session supported me to find out more about myself.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 My last group session supported me to join the fellowship with people again.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 My last group session supported me to be more confident again.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 I had a problem that I wanted to address in the last group session.	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 1	no	
9 I wanted to address the following problem:					

10 I was able to address the problem in my group.	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no	
11 With the support of the group, I found a new solution to my problem.	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no	
Please indicate how much you agree with the following statements.					
12 Overall, the group helped me a lot today.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13 I feel comfortable in my group.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14 I'm interested in the problems of others.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15 I sometimes think about quitting the aftercare group.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16 What did I learn in the last group session? And how can / could I implement what I have learned in my everyday life?					

Figures

1. Group Session: (Please enter the date.)					
Please indicate what is most likely to apply to you.	rather very bad	rather bad	neither bad nor well	rather well	rather very well
1 My state of mind was on average over the past week ...	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Please indicate how much you agree with the following statements.	I totally disagree	I rather disagree	I partly agree	I rather agree	I totally agree
2 I feel good after the group session.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3 I feel bad after the group session.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4 My last group session made me feel better.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 My last group session supported me to find out more about myself.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 My last group session supported me to join the fellowship with people again.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 My last group session supported me to be more confident again.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

8 I had a problem that I wanted to address in the last group session.	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no
9 I wanted to address the following problem:				

10 I was able to address the problem in my group.	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no
11 With the support of the group, I found a new solution to my problem.	<input type="checkbox"/> 1	yes	<input type="checkbox"/> 2	no

Please indicate how much you agree with the following statements.	I totally disagree	I rather disagree	I partly agree	I rather agree	I totally agree
12 Overall, the group helped me a lot today.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13 I feel comfortable in my group.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14 I'm interested in the problems of others.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15 I sometimes think about quitting the aftercare group.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

What did I learn in the last group session? And how can / could I implement what I have learned in my everyday life?

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Figure 1

Extract from the Therapy diary