The Results and Contributions of the First Research of Effectiveness of Psychodrama Therapy for Panic Disorder

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I dedicate the results of this study ("Some Aspects of Effectiveness of Psychodrama in the Treatment of Panic Disorder") to the memory of Professor David Kipper from the University of Chicago, who not only dared to measure spontaneity but contributed greatly for psychodrama to become science!
Content:

* Genesis of this research
* Design of the research
* Characteristics of the patients
* Instruments for measuring
* Results
* Contributions
* Conclusions
Genesis of this research:

- The reasons
- The history
- Why panic disorder?
- We owe it to our patients!

- PD prevalence among the population is high - from 1% to 4% (Pompoli 2016).
- 20-40% of all patients with PD fail to respond adequately to the initial treatment (Bystritsky, 2006).
- Despite the presence of pharmacotherapy, psychotherapy and combined therapy, 1/3 of all patients with PD have persistent panic attacks and other symptoms of PD even after treatment (Freire 2016).

- This requires enrichment of the therapeutic repertoire with new, proven, effective methods of therapy of PD.
- Why Psychodrama?
- We owe it to our method!

About the need for more scientific evidence to validate the psychodrama method, call:

- professor David Kipper, (Kipper, 1978)
- Peter Felix Kellermann (Kellermann, 1987) and
- Michael Wieser, (Wieser, 2007)

in which we are also convinced.
- Why Psychodrama?

➢ The effectiveness of Psychodrama to increase spontaneity was scientifically proven in non-clinical sample - women, victims of violence (Testoni et al., 2012, 2013a, 2013b), students with test anxiety, (Kipper & Giladi, 1978), pupils (Orkibi et al., 2017)

➢ Spontaneity is disturbed in all mental disorders, and the lack of spontaneity is anxiety (Moreno & Moreno, 1975).

➢ Patients with panic disorder have a higher rate of inhibition of behavior than controls (Reznick, et. al., 1992).

➢ This gives us reason to hypothesize that psychodrama, increasing the spontaneity of patients with panic disorder will reduce their anxiety.
In accessible for us literature, no study of effectiveness of psychodrama psychotherapy at PD has been published.

• Evidences that PD is well-influenced by various psychotherapeutic methods, of which CBT has the most evidence (Pompoli et al., 2016), but there is also evidence of psychodynamic therapy (panic-focused psychodynamic psychotherapy (Beutel ME, et al., 2013) give us reason to assume that psychodrama psychotherapy will be an effective method for its treatment.

• The effectiveness of the psychodrama method as an addition to pharmacotherapy has been demonstrated in some other mental illnesses such as Major Depressive Disorder (Costa et al., 2006), which may give us reason to assume good effectiveness in addition to pharmacotherapy for panic disorder.
Spontaneity In The Context of Psychodrama

**Moreno**
- central theoretical clinical concept
  - invisible energy that propels the individual towards a “new response to an old situation or adequate response to a new situation”
- a skill - “The spontaneity can be trained and, in fact, training clients to become spontaneous has been a fundamental goal of the psychodrama treatment” (Blatner, 2000; Kipper, 1986).
- an action-based spontaneity test - Moreno (1944)

**David Kipper**
- An experiential state of mind rather than either energy or a skill.
- Sing of good mental health
- Measure for therapeutic progress
- Studies showed:
  - **positive correlations** between a measure of spontaneity and well-being, self-efficacy, and self-esteem and
  - **negative correlations** between spontaneity and anxiety, stress, and obsessive-compulsive tendencies (Christoforou & Kipper, 2006; Kipper et al., 2008; Kipper et al., 2009).
Genesis of this research

• The idea was born in the Group for European Research Projects, part of FEPTO Research Committee, with chairwoman Gabriela Moita
Edinburgh – 2009 FEPTO Research Committee meeting – training seminar, led by Robert Elliot – Practice Based Research of the Efficiency of Psychotherapy and Psychotherapy Training: research framework and protocols

- R. Elliott focused towards the need to promote psychodrama within other scientific proven psychotherapies.

- Even this is a very ambitious goal which requires a high quality research (based on randomized control trials), our group decided to try such an application aiming for a research on the effectiveness of psychodrama in clinical settings.

- The GfERP was founded during the meeting
Taormina 2009 – participants in GfERP

- Antonino Enia (Italy);
- Cinzia Oelando (Italy);
- Gabriela Dima (Romania);
- Galabina Tarashoeva (Bulgaria);
- Maria Silvia Guglielmin (Italy);
- Marie Cassel (Sweden);
- Michael Wieser (Austria);
- Mihaela Bucuta (Romania)
In Taormina - 2009

- At the meeting in GfERP created 3 research design projects and started to look for finding European funding for implementing them.

- The motivation for the third project (COST), aiming a research on the effectiveness of psychodrama in clinical settings, was for high profile research because psychodrama lacks such research.

- The group decided on the research design,

- One of the project’s aims was to translate and validate the SAI-R (Spontaneity Inventory) in all participating countries.
Boldern 2010 – participants in GfERP

- Gabriela Dima (Romania);
- Galabina Tarashoeva (Bulgaria);
- Ines Testoni (Italy);
- Marie Cassel (Sweden);
- Michael Wieser (Austria);
- Mihaela Bucuta (Romania)
- Cinzia Oelando (Italy) – at the end of the meeting she moved in another group
In Boldern 2010 – COST project:

• Good research design, but the main obstacle is FUNDING

• COST does finance only international meetings, training and dissemination, NOT research itself

• COST application has to address wider social problems.

• An alternative is to begin with a pilot project and try to attract some funding support from FEPTO until it would be possible to get some more funding to implement the complete research design
Agreed Actions for psychodrama effectiveness anxiety project:

- Gabriela Moita to present at FEPTO Council with the aim to attract economical support for piloting the project with one psychodrama group (10 people experimental group, 10 in control group in 5 countries: Austria, Sweden, Italy, Bulgaria, Romania)
- Search in different countries for potential PhD students interested to work on the Anxiety Research project
- Initiate the procedures to translate CORE OM in Romanian and Bulgarian languages in order to be able to use the instrument wider and compare data internationally.
At the open panel discussion group with John McLeod, Chris Evans, Rene Marineau we presented “The effectiveness of psychodrama in treating anxiety disorders: A research design, Gabriela Dima (Romania), Galabina Tarashoeva (Bulgaria), Inês Testoni (Italy), Maria Silvia Guglielmin (Italy), Marie Cassel (Sweden), Michael Wieser (Austria), Mihaela Bucuta (Romania)”
Creating detailed design for pilot research in Orpheus center

During Lisbon meeting in 2010 with support of

- **Professor Célia Sales, M.D., Universidade de Évora, Portugal, and**

- **Professor Chris Evans, M.D., London, England**
Isle of Man 2011

- Because we did not receive any financial support, for our project, we came to the conclusion that we will start with explanatory case studies to find a model how to work with psychodrama in this field. We will use SAI-R because spontaneity is considered to be an antagonist of anxiety.
Implementation of the pilot research in Bulgaria

- Psychodrama is becoming a popular method for psychological treatment in Bulgaria.
- However, there is no scientific evidence of its effectiveness in Bulgaria.
- In this study, for the first time we study the effectiveness of psychodrama method in a Bulgarian sample
- The research was directed by department of Psychiatry and medical psychology in Medical University “Prof. Parashkev Stoyanov” Varna.
- The groups were conducted in the City Mental Health Centre “Prof. N. Shipkovensky”, Sofia,
- The patient were from Mental Health Centre “Prof. N. Shipkovensky”, and from some outpatients clinics.
- the study is not funded by anyone person, organization or institution.
Design of the research

“Some aspects of Effectiveness of psychodrama in the therapy of panic disorder”
Goal:
To answer the research question:
Is psychodrama an effective method in the treatment of patients with panic disorder according the definition of DSM-IV-TR

Method:
Open randomized prospective pilot interventional clinical research with control group

Hypothesis:
In patients with panic disorder parallel treatment with psychodrama therapy and pharmacotherapy is more effective than pharmacotherapy alone.
Strategy:

To compare the reduction of symptoms and the change in the quality of life in patients with panic disorder before and after parallel treatment with psychodrama and pharmacotherapy versus pharmacotherapy alone.
Design of the research:

Distribution of the patients in 2 groups – psychodrama group and control group, with stratification for demographic parameters, illness characteristics and baseline of spontaneity and anxiety.

• Each patient in the psychodrama group as well as in the control group receives his/her pharmacotherapy and regular visits to their own psychiatrist.

2 psychodrama groups with patients with panic disorder were directed successively in Mental Health Center „Prof. N. Shipkovensky“

• In parallel with each psychodrama group there was a control group with the same number of patients – 9-11, with panic disorder receiving only pharmacotherapy.
Design of the research:

Psychodrama groups were directed by a team of 2 certified psychodrama therapists.

Each of the first groups (psychodrama and control) has 9 patients with panic disorder, each of the second groups - 11.

And psychodrama groups worked for 6 months: 25 group sessions (3 hours each) weekly.
For the diagnostics of patients:
- hemi-structured interview, done by clinicians according to the diagnostic criteria of DSM-IV-TR

**Evaluation:**
1. before including in the research
2. after the end of the period of group therapy
3. follow up 6 months after the end of the period of group therapy

For evaluation of the heaviness of the disorder:
- Hamilton for anxiety

For measuring the change in symptoms, quality of life and social functioning:
- CORE-OM - Clinical Outcomes in Routine Evaluation (Chris Evans)
- SAI-R – Spontaneity Assessment Inventory (David Kipper)
Tasks:

- To follow and compare:
  - decrease in anxiety (measured by HAM-A)
  - improvement of mental well-being, general clinical outcome, problems / symptoms, risk to himself and others and functioning (measured by CORE-OM)
  - the change in spontaneity (measured by SAI-R)

- To measure the keeping the achieved changes 6 months after the end of the course.

- To assess the correlation between changes in:
  - spontaneity and anxiety, as well
  - spontaneity and mental well-being
Additional tasks:

To follow, describe and analyze, as far as possible, in content:

- the topics for personal work in the group,
- the subjects and problems under this topics:
  - unsatisfied basic needs during childhood,
  - child traumas,
- personal characteristics.

This information we received only during working in psychodrama groups, so we don’t have such information about group with controls.
Characteristics of the Patients
### Demographic parameters:

<table>
<thead>
<tr>
<th></th>
<th>Psychodrama</th>
<th>Controls</th>
<th>Significance (Stat. test)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average age</strong></td>
<td>43.7 years (SD 9.65) (min 25, max 59)</td>
<td>42.85 years (SD 11.37) (min 22, max 60)</td>
<td><strong>p = 0.80</strong> (t test)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>85% females (17 female and 3 male)</td>
<td>65% females (13 female and 7 male)</td>
<td><strong>p = 0.273</strong> (Fisher test)</td>
</tr>
<tr>
<td><strong>Educational level</strong></td>
<td>University: n = 11 High school: n = 9 Primary school: n = 0</td>
<td>University: n = 10 High school: n = 9 Primary school: n = 1</td>
<td><strong>p = 0.53</strong> (Chi square)</td>
</tr>
<tr>
<td><strong>Partnership Status</strong></td>
<td>Single: n = 6 Living with partner: n = 13 In a relationship: n = 1</td>
<td>Single: n = 8 Living with partner: n = 12 In a relationship: n = 0</td>
<td><strong>p = 0.52</strong> (Chi square)</td>
</tr>
</tbody>
</table>
## Illness characteristics:

<table>
<thead>
<tr>
<th></th>
<th>Psychodrama</th>
<th>Controls</th>
<th>Significance (Stat. test)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Duration of illness (in years)</td>
<td>7.7 (SD 7.58)</td>
<td>7.58 (SD 6.44)</td>
<td>p = 0.95 (t test)</td>
</tr>
<tr>
<td>Average Duration of episode (in months)</td>
<td>10.7 (SD 12.95)</td>
<td>11.0 (SD 12.43)</td>
<td>p = 0.94 (t test)</td>
</tr>
<tr>
<td>Average Duration of Pharmacological treatment (in months)</td>
<td>8.4 (SD 12.82)</td>
<td>8.7 (SD 12.43)</td>
<td>p = 0.94 (t test)</td>
</tr>
</tbody>
</table>
Groups duration:

• The first psychodrama group took place from 17.11.14 to 17.05.15

• The follow up of the patient from the psychodrama group and from the control group – after 17.11.15

• The second psychodrama group took place from 27.05.15 to 09.12.15

• The follow up of the patient from the psychodrama group and from the control group – after 09.06.16
Instruments for Measuring
SAI - R

- 18 items,
- self-reported inventory,
- designed to measure the intensity of feelings and thoughts that characterize the state of mind described as spontaneity.
- “How strongly do you have these feelings and thoughts during a typical day?”

The amount:
- **under 69** = low spontaneity
- **72 – 83** = optimal spontaneity
- **over 83** = high spontaneity

- Spontaneity's quantity must be in accordance with the requirements of the situation or the task - no more or less. (Moreno)
CORE OM – questioner for Clinical Outcomes in Routine Evaluation – Outcome Measure (Chris Evans et al., 2000)

- Designed to “help bridge the gap between research and practice”:
  - Short
  - User Friendly (client and therapist)
  - Useful
  - “Copyleft” (Chris Evans et al., 2000)

- Self report measure
- 34 items covering four dimensions:
  1. subjective well-being (4 items)
  2. problems/symptoms (12 items)
  3. life/social functioning (12 items)
  4. risk/harm to self and to others (6 items).

(Evans et al., 2000)

In Bulgarian, it is validated in parallel with the Spontaneity Test (SAI R) in the course of the European Research Project EMPOWER, led by the University of Padua, Italy, with our participation, and other institutes, FEPTO members.

(Testoni et al., 2012, 2013a, 2013b).

The measure is problem scored= the higher the score the more problems the individual is reporting and/or the more distressed they are
Results, Contributions and Conclusions
Conclusion 1

In patients with Panic disorder psychodrama therapy:

- is effective in reducing anxiety,
- It reduces anxiety below those taken for pathological level in over 50% of patients.
- This reduction remains significant 6 months after completion of the psychodrama treatment course.

With comparable baseline score for the psychodrama group and the control group, in the group, treated additionally with psychodrama for 6 months, anxiety symptoms are significantly decreased in comparison with those treated only with standard pharmacotherapy.
Reduction of anxiety

• With an average of anxiety level above score 30 (=severe anxiety), the level of anxiety for the psychodrama group at the end of the therapy is practically below those assumed for pathological (score 14) in 55% of patients, and in 60% of patients in 6 months follow up.

• Newburger in a naturalistic, with 7-month follow-up research of effectiveness of psychodrama for phobias, reported that all 10 patients at the end of treatment were symptom-free and eight of them were asymptomatic even after 7 months of follow-up, and without anxiety as one of the main symptoms of this disorder

(Newburger, 1987)
Conclusion 2

This result convincingly demonstrates that psychodrama therapy is effective in increasing spontaneity in patients with panic disorder.

With comparable baseline score for the psychodrama group and the control group, in the groups, treated additionally with psychodrama, spontaneity is significantly increased. This increase remains significant 6 months after completion of the treatment course.
Improvement in Spontaneity

• The average baseline score of spontaneity, both in the psychodrama group (51.25) and in the control group (48.65), corresponds to a low spontaneity of less than 69.
• This confirms Moreno's thesis of blocked spontaneity in the presence of anxiety (Moreno, 1964),
• and corresponds to data that patients with PD have a higher rate of inhibition of behavior than controls (Reznick et al., 1992).
• It can be explained by the blocked spontaneity in these individuals, which begins in childhood, manifests itself in caution, timidity, shyness and introversion, increases over the years and reaches its maximum when panic attacks begin, and manifests itself in the protagonists personal work of patients in psychodramatic sessions during our study.
Improvement in Spontaneity

• Despite the significant increase in spontaneity in patients with psychodrama and reaching 61.3, it remained below optimal spontaneity of healthy individuals - 72-83.

• Our result confirms in a clinical sample what found in the EMPOWER study that the measured spontaneity levels of women, victims of domestic violence, are lower than the normal population both before (49.65) and after psychodramatic interventions (54.71), although significant improvements have been reported following these interventions (Testoni et al., 2012, 2013a, 2013b).
Spontaneity and anxiety

- Our study showed that in 55% of the patients, anxiety can be overcome, while spontaneity, although rising, can not reach “healthy level" for the same period in which anxiety “become health".

- Whether this means that the disorder of spontaneity is the older and deeper disorder, more difficult to overcome, and anxiety is just one of its current manifestations, more easily removable, is only one possible hypothesis.

- “Spontaneity evolutionary is the oldest, older than libido, memory or intelligence, but it is easier discouraged and restricted by cultural norms” (Moreno)
Spontaneity and Anxiety in psychodrama groups and in control groups

![Graph showing HAM-A and SAI-R scores over time for psychodrama and control groups.](image-url)
Conclusion 3

Our research convincingly shows that with the increase in spontaneity in patients with panic disorder, anxiety is reduced.

Spontaneity and anxiety in panic disorder

Correlation between differences of SAI R and HAM A

There is a significant correlation between the changes in spontaneity and anxiety scores for all subjects as a whole ($R = -0.645$) and a statistically significant ($p < 0.001$) negative correlation.
Conclusion 4

This result convincingly demonstrates that psychodrama therapy is effective in improving overall clinical outcomes in patients with PD. With comparable baseline score for the psychodrama group and the control group, in the group, treated additionally with psychodrama, outcome measures are significantly improved in comparison with those treated only with standard pharmacotherapy. This improvement remains significant 6 months after completion of the psychodrama treatment course.
Conclusion 5

- Psychodrama therapy is an effective in increasing subjective wellbeing in patients with Panic Disorder
- Our results fully confirm the results of Prof. David Kipper, proving a positive correlation between spontaneity and wellbeing, and a negative correlation between spontaneity and anxiety. (Christoforou, Kipper, 2006; Kipper, et al., 2006, 2008; 2009)

Improvement in Wellbeing with Psychodrama:

With comparable baseline score for the psychodrama group and the control group, in the group, treated additionally with psychodrama for 6 months, wellbeing is significantly improved in comparison with those treated only with standard pharmacotherapy. This improvement remains significant 6 months after completion of the psychodrama therapy.
Conclusion 6

Our research convincingly shows that with the increasing in spontaneity in patients with panic disorder, subjective wellbeing is increasing.

This result of our study supports Moreno's thesis that there is a positive correlation between spontaneity and mental health.

A strong ($R > 0.7$), negative and statistically significant ($p < 0.001$) correlation relationship of the Spontaneity Indicator SAI R and the Mental Wellbeing CORE OM-W.
Conclusion 7

This result convincingly demonstrates that psychodrama therapy is an effective in reducing problems / symptoms in patients with PD.

With comparable baseline score for the psychodrama group and the control group, in the group with psychodrama after the end of the therapy, the improvement in the problems was significantly greater than those treated with standard pharmacotherapy alone. This improvement was maintained significantly 6 months after the end of the psychodrama treatment course.
Conclusion 8

This result demonstrates that psychodrama therapy is effective in terms of longer-term risk reduction for themselves and others in patients with PD.

With comparable starting score for the risk to self and the others in the psychodrama and control group, there is a gradual improvement in risk for both groups. There is a greater but not significant improvement in the groups treated with psychodrama. The difference in improvement reached statistical significance at the evaluation 6 months after the end of the psychodrama therapy.
Social functioning:

- Because of the baseline significant difference in social functioning, an ANCOVA analysis was performed including the covariant CORE-OM-F1.
- The analysis showed that the initial difference in CORE-OM-F between the two groups did not have a significant effect on the results for HAM-A and SAI-R.

Improvement of social functioning was achieved both in the psychodrama group and in the control group.
Topics of protagonist’s work - personal loss events

- Events of: death of a close person (5), loss of work (3), problem relationships in the closest circle (8 + 2 + 1 = 11), coincide with the occurrence of panic disorder in almost all (19 out of 20 participants).

- This result is consistent with another study, indicating that personal loss events coincided with the occurrence of panic disorder in more than half of patients (Milrod et al., 2004, Klass, et al., 2009)

- anxiety, uncertainty, timidity, inferiority in school age, isolation, ignorance, mockery by classmates
Unsatisfied basic needs in childhood:

- lack of love - 12 participants,
- lack of security and protection - in 12 participants,
- lack of appreciation and liking - in 13 participants,
- with eight participants experiencing all three deficits

*patients report significant stressors, prior to the onset of panic, that are usually associated with childhood experience and are a threat to attachment.*

(Milrod et al., 1997)
Characteristics of the parents of PD patients:

- 4 participants share about a violent parent,
- 3 – for an over-demanding and over-controlling parent,
- one - for rejecting and neglecting two parents.

This result supports Milrod's findings for characteristics of parents of patients with PD - whimsical, critical, frightening, demanding and controlling.

(Milrod et al., 1997).
Dealing with the anger

In 16 participants in their protagonist’s work revealed:

- blocked, unexpressed anger,
- humiliation by an over-controlling or brutally rejecting father,
- deeply suppressed shame and pain,
- over-demanding over-ambitious mother,
- fear of expression of anger

*These patients also share the difficulty of recognizing and expressing angry feelings*

(Milrod et al., 1997)
Personal characteristics, they want to release:

- 12 participants identify themselves with the sacrifice characteristic - "others are more important than me", "I love giving, but I can not get"
- 14 participants - inability for assertiveness, and
- 4 shared that they had it before

- Patients with panic disorder have a higher rate of inhibition of behavior than controls

(Reznick, et. al., 1992),

- … as well as shame and vulnerability to disability or illness and readiness for self-sacrifice

Theoretical Contributions:

It was first time proved in patients with PD:

• that psychodrama is an effective therapeutic method for reducing anxiety and increasing well-being, reducing the problem/symptoms, risk for themselves and others, and improving the overall clinical outcome
• the effectiveness of psychodrama as a method of enhancing spontaneity

Confirmed in a clinical sample, non-clinical data:

• the negative correlation between spontaneity and anxiety
• positive correlations between spontaneity and mental well-being
• negative correlation between SAI-R and CORE-OM
Practical contributions:

• It is provided yet another effective therapeutic approach to the therapies for one of the most common psychiatric disorders with a chronic course and a high risk of disability - the psychodrama method.

• The diagnostic tool in the psychiatric practice in Bulgaria is enriched with the popularization of two previously validated tests - Prof. David Kipper - SAI-R spontaneity test and Chris Evans' general clinical test - CORE-OM.
Future development opportunities:

• Study of the **therapeutic factors** and the **therapeutic process** in psychodrama therapy in patients with PD.

• Investigation of the **risk factors** for development of the PD - personality profile of patients with PD, the most common topics in the protagonist centered personal work, the type of early childhood trauma and it’s recurrent no adaptable models.

• Developing and approbating a **manual to prevent PD** by supporting personality development, and **psychodrama psychotherapy** with a PD already existed.
Conclusions:

• It was proofed that the benefits of parallel therapy with psychodrama and pharmacotherapy for panic disorder are:
  • a significantly higher improvement in anxiety symptoms than treatment with pharmacotherapy only,
  • as for a 6-month treatment course, 55% of patients reached a complete lack of clinically significant anxiety symptoms.
  • and this improvement correlates with a significant increase in their spontaneity and improvement of their wellbeing and general clinical outcome.
  • The improvement achieved remains significant 6 months after the completion of the psychodrama treatment course.
Acknowledgements

I thank all those who have contributed to the creation and the success of this study:

- The team of the Research Committee at FEPTO, with chairwoman Gabriela Moita University of Porto, and in particular the European Projects Group - Gabriela Dima, Spiru Haret University of Brasov, Michaela Bucuta, University of Sibiu, Romania, Prof. Michael Wieser, Alpen Adria University of Klagenfurt, Austria, Maria Silvia Guglielmin University of Padua, created the original idea of designing a European Psychodrama Effectiveness Study for Anxiety Disorder (unrealized), which has grown into the idea of pilot studies in individual countries.

- Prof. Chris Evans, MD, University of Cambridge, CORE System Trust, and Prof. Celia Sales, University of Porto, which helped me to refine the design idea of the study.

- Prof. Ines Testoni, University of Padova and the entire international team of the European project EMPOWER, incl. Maria Gorinova and Teodora Nikolova, from Orpheus, Bulgaria, through which the SAI-R and CORE-OM tests in Bulgaria were validated

- Petra Marinova, MD, PhD, for the constant support, knowledge and experience

- Angel Tomov and Rayna Nemtsova as co-leaders of the psychotherapeutic groups, Maya Kostadinova, MD, who has administered HAM-A

- All patients, participated in the study

- All colleagues, who referral patients for participation in the study

- Prof. Kojuharov, Prof. Shishkov, and the entire Department of Psychiatry and Medical Psychology at the Medical University of Varna to provide opportunities for the realization of the ideas and their popularization in the Bulgarian academic psychiatric community, as well as for the cooperation, support and understanding.
Thank you FEPTO RC!
Questions?

Thank you for your attention!