



Book of Abstracts

of the canceled event:

51st Annual International Meeting

June 17-20, 2020

Amherst, MA, USA



Preface

Dear Colleagues,

Although expected with the accumulation of bad news about the spread of the Corona virus at the beginning of the year, the final cancellation of the SPR conference in Amherst 2020 hit us very hard.

Most directly affected were our excellent local hosts, Mike Constantino and the local host committee (Rebecca Ametrano, James Boswell, Laurie Heatherington, and their student helpers Alice Coyne, Averi Gaines, Brien Goodwin, Heather Muir, Jennifer Oswald), as well as the representatives of the University of Massachusetts. They all had put countless hours of dedicated work into preparing what had promised to be an excellently organized conference. Excellent was not only the preparation of the conference, but also the minimization of financial consequences of the cancellation for SPR. Thank you all very, very much!

As program chair, I first wish to express my gratitude to the members of our society who had submitted more than 500 panels, brief papers, structured discussions, posters, and pre-conference workshops. My thanks also go to a formidable bunch of people who all put a lot of time, effort, and dedication into the development of this excellent program: our core program team (Juan Martín Gomez Penedo, and Laura Challu), as well as the members of the program council (Alice Coyne, Kim de Jong, Jaime Delgadillo, Juan Martín Gomez Penedo, Jack Keefe, Fernanda Serralta, and Nili Solomonov). My special thanks also go to our late executive officer, Marna Barrett, our administrative officer and successor Bernadette Walter, as well as our president and program chair of the last SPR conference in Buenos Aires, Bruce Wampold, for offering their invaluable support and advice.

This book of abstracts contains the contents of the scientific program of Amherst 2020. Regrettably, we have to use the grammatical form of conjunctive when presenting the program highlights. Two clinical pre-conference workshops (by Catherine Eubanks/Chris Muran and Lorna Benjamin/Ken Critchfield) and two methodological pre-conference workshops (by Eva Hudlicka, Fredrik Falkenstrom/Nili Solomonov) would have demonstrated the intertwining of research and practice in SPR. In a plenary on the conference theme of “Personalizing psychotherapy to its participants and moments,” chaired by Bruce Wampold and myself, each plenary member (Wolfgang Lutz, Jaime Delgadillo, Fredrik Falkenström, Alice Coyne, Sigal Zilcha-Mano, and John Norcross) would have offered their answers to leading questions on the personalization of psychotherapy followed by discussions within the panel and with the audience. The six semi-plenaries to be chaired by leaders in the field would have provided exciting insights into current psychotherapy research on the following topics: Methodological advancements for studying mechanisms of change (Sigal Zilcha-Mano, and Julian Rubel), modern technologies in the practice of psychotherapy (Andres Roussos), advances in psychotherapy research in children and adolescents (Stefanie Schmidt), achieving gender equity and women's empowerment in psychotherapy research (Shelley McMMain), generating practice-based evidence (Louis Castonguay), and future directions for psychotherapy research (Jacques Barber). As you will see, the topics of the programmed panels, brief-paper sessions, structured discussions, and poster sessions impressively reflect the breadth and depth of research by the members of SPR.

Fortunately, all the work was not invested in vain. Now, we are closely working together with the incoming program chair of the SPR conference 2021 in Heidelberg, Shelley McMMain, to transfer the treasures of the Amherst program to create another great conference program that will further advance psychotherapy research. We are very much looking forward to rejoining at the SPR 2021 conference in Heidelberg!

Martin grosse Holtforth, Chair of the Program Committee

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Past Presidents

Term	Program Chair	Conference Site
1970-1971	Ken Howard	Chicago, USA
1971-1972	David Orlinsky	Saddle Brook, USA
1972-1973	Hans Strupp	Nashville, USA
1973-1974	Lester Luborsky	Philadelphia, USA
1974-1975	Allen Bergin	Denver, USA
1975-1976	Sol Garfield	Boston, USA/London UK
1976-1977	Aaron T. Beck	San Diego, USA
1977-1978	Morris B. Parloff	Madison, USA
1978-1979	Irene Elkin	Toronto, Canada
1979-1980	Edward S. Bordin	Oxford, UK
1980-1981	Mardi J. Horowitz	Pacific Grove, USA
1981-1982	Alan S. Gurman	Smugglers' Notch, USA
1983-1984	Arthur H. Auerbach	Sheffield, England
1984-1985	A. John Rush	Lake Louise, Canada
1985-1986	Jim Mintz	Evanston, USA
1986-1987	Larry E. Beutler	Wellesley, USA
1987-1988	Larry E. Beutler	Ulm, Germany
1988-1989	Charles R. Marmar	Santa Fe, USA
1989-1990	Leslie S. Greenberg	Toronto, Canada
1990-1991	Horst Kächele	Wintergreen, USA
1991-1992	Lorna Smith Benjamin	Lyon, France
1992-1993	Leonard M. Horowitz	Berkeley, USA
1993-1994	David A. Shapiro	Pittsburgh, USA
1994-1995	Clara E. Hill	York, England
1995-1996	Klaus Grawe	Vancouver, Canada
1996-1997	Paul Crits-Christoph	Amelia Island, USA
1997-1998	William B. Stiles	Geilo, Norway

1998-1999	Marvin R. Goldfried	Snowbird, USA
1999-2000	William E. Piper	Braga, Portugal
2000-2001	Robert Elliott	Bloomington, USA
2001-2002	Franz Caspar	Montevideo, Uruguay
2002-2003	Karla Moras	Santa Barbara, USA
2003-2004	Mark Aveline	Weimar, Germany
2004-2005	John Clarkin	Rome, Italy
2005-2006	Michael J. Lambert	Montreal, Canada
2006-2007	Erhard Mergenthaler	Edinburgh, Scotland
2007-2008	Jacques P. Barber	Madison, USA
2008-2009	Bernhard Strauss	Barcelona, Spain
2009-2010	Louis Castonguay	Santiago de Chile, Chile
2010-2011	Lynne Angus	Asilomar, USA
2011-2012	Guillermo De la Parra	Bern, Switzerland
2012-2013	George Silberschatz	Virginia Beach, USA
2013-2014	Hadas Wiseman	Brisbane, Australia
2014-2015	Jeanne Watson	Copenhagen, Denmark
2015-2016	J. Christopher Perry	Philadelphia, USA
2016-2017	J. Christopher Muran	Jerusalem, Israel
2017-2018	Paulo Machado	Toronto, Canada
2018-2019	Mariane Krause	Amsterdam, The Netherlands
2019-2020	Bruce Wampold	Buenos Aires, Argentina

Plenary

Personalizing psychotherapy to its participants and moments

Organizers: Bruce Wampold, University of Wisconsin, Madison, USA; Martin grosse Holtforth, University of Bern, Switzerland

Semi-Plenary

Generating practice-based evidence: Practical tips on how to do it, make it actionable, and build it to last.

Organizer: Louis Castonguay, Penn State University, University Park, USA

Integration of practice, training, and research

Dana Atzil-Slonim, Bar Ilan University; Rebecca Drill, Cambridge Health Alliance/ Harvard Medical School; Guadalupe Molinari, CIBER of Physiopathology of Obesity and Nutrition; Aiglé Foundation

Implementation science and community participatory research

Soo Jeong Youn, Massachusetts General Hospital / Harvard Medical School; Gayle Brooks, The Renfrew Center; James F. Boswell, University at Albany/SUNY, USA

Patient focused research

Kim de Jong, Leiden University, Netherlands; Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; Wolfgang Lutz, Universität Trier, Germany

Practice based evidence and practice research network

Ryan Kilcullen, Penn State University; Andrew C Page, University of Western Australia, Australia; Michael Barkham, University of Sheffield, UK

Semi-Plenary

Studying mechanisms of change: Methodological advancements and novel computational approaches

Organizers: Sigal Zilcha-Mano, University of Haifa, Israel; Julian Rubel, University of Giessen, Germany

Semi-Plenary

Information and Communications Technologies in Psychotherapy, how we work and how we would like to work with them

Organizer: Andrés Roussos, CONICET, Universidad de Buenos Aires

Semi-Plenary

Gaps in representation among researchers: Achieving gender equity and women's empowerment

Organizer: Shelley McMain, Centre for Addiction and Mental Health

Semi-Plenary

Some Promising Future Directions for Psychotherapy Research

Organizer: Jacques P. Barber,
Adelphi University, New
York, USA

Semi-Plenary

Advances in psychotherapy research in children and adolescents

Organizer: Stefanie Schmidt,
University of Bern,
Switzerland

Structured Discussion

Process and outcome

Organizer: Hadas Wiseman,
University of Haifa, Israel

Responsiveness to Participants and Moments in Different Therapeutic Approaches

This Structured Discussion Group addresses the conference theme -- "Personalizing psychotherapy to its participants and moments" by asking how responsiveness can be enhanced in psychotherapy? Responsiveness is a ubiquitous characteristic of the therapist--client dialogue and refers to patient and therapist behavior that is affected by emerging context (Stiles et al, 1998; Kramer & Stiles, 2015). Our participants are clinician-researchers from different therapeutic approaches: Psychodynamic relational psychotherapy, Control mastery theory, Cognitive-Behavioral Therapy (CBT), Emotion Focused Therapy (EFT), Narrative therapy, Relationship-focused therapy for sexual and gender minority adults and their non-accepting parents, Treatments for personality disorders, Dialectical Behavior Therapy (DBT), and Integrative Therapies. They will each introduce their definition of responsiveness, and provide an example for a marker in their orientation that therapists need to attune to in order to be optimally responsive to enhance change processes and treatment effectiveness. Based upon the brief input of the discussants, the audience is invited to discuss: (1) how to enhance optimal therapist responsiveness in their orientation; and (2) challenges in training therapists for responsiveness practice; and (3) how we can advance research on responsiveness. This structured discussion group complements the panel on "The Challenge of Responsiveness for Research and Practice."

Discussant

Orya Tishby, Hebrew University, Jerusalem, Israel

Responsiveness in psychodynamic relational psychotherapy.

Discussant

George Silberschatz, University of California, San Francisco, USA

Responsiveness in control mastery theory.

Discussant

Brien J. Goodwin, University of Massachusetts Amherst

Contextual Responsivity in Cognitive-Behavioral Therapy.

Discussant

Jeanne Watson, University of Toronto, Canada; Eugénia Riberio, ; Miguel Gonçalves, Universidade do Minho, Braga, Portugal; Gary M. Diamond, Ben Gurion University, Beer Sheva, Israel

Responsiveness in Emotion Focused Therapy. Responsiveness in narrative therapy. Therapist responsiveness in relationship-focused therapy for sexual and gender minority adults and their non-accepting parents.

Discussant

Ueli Kramer, University of Lausanne, Switzerland; Jamie Bedics, California Lutheran University; Rachel Wasserman, University at Albany/SUNY, USA

Therapist responsiveness in treatments for personality disorders. Enhancing Therapist Responsiveness in Dialectical Behavior Therapy. Responsiveness in Integrative Therapies.

Structured Discussion

Organizer: Jacques P. Barber,
Adelphi University, New
York, USA

On the future of psychodynamic psychotherapy

In the last 30 years, there has been a significant increase in the quantity and quality of studies addressing the process and outcome of dynamic therapy. Nevertheless, it seems that increasingly less programs are teaching that approach and less funding is available to conduct research in that area. Discussion group will address the following questions: 1) What should be the field's next steps in developing psychodynamic psychotherapy research in your area of the world? 2) What specific projects do you think we should collaborate on a global basis?

Discussant

Bernhard Strauss, Friedrich-Schiller-Universität Jena, Germany

Discussant

Dana Atzil-Slonim, Bar Ilan University

Discussant

Orya Tishby, Hebrew University, Jerusalem, Israel

Discussant

Ulrike Dinger, University Hospital Heidelberg

Discussant

Robert Hatcher, City University of New York, USA

Discussant

George Silberschatz, University of California, San Francisco, USA

Structured Discussion

Publishing

Organizer: Jeffrey Hayes,
Penn State

A Discussion with the Editors of Psychotherapy Research

This structured discussion is open to all interested psychotherapy researchers as an opportunity to talk to the editors about publishing in *Psychotherapy Research*. The session will cover best practice guidelines for writing and reviewing from the perspectives of the editors. There will also be an opportunity to discuss other questions and issues concerning the publication process.

Discussant

Christoph Flückiger, University of Zurich, Switzerland

This structured discussion is open to all interested psychotherapy researchers as an opportunity to talk to the editors about publishing in *Psychotherapy Research*. The session will cover best practice guidelines for writing and reviewing from the perspectives of the editors. There will also be an opportunity to discuss other questions and issues concerning the publication process.

Structured Discussion

*Therapist training and
development*

Organizer: Shigeru Iwakabe,
Ochanomizu University

Individual and Cultural Differences in Experiencing Emotions: Implications on Training and Supervision

Exploration of emotion is a part of psychotherapy across many theoretical orientations. How comfortable therapists are in experiencing clients' and their own emotions may impact therapists' ability to explore emotions effectively in session. Individual and cultural differences in emotional experiencing, including emotional reactivity, regulation, and expression, are important considerations when trainers and supervisors work with beginning therapists. Research on this topic is also limited in spite of the importance of enhancing therapists' self-efficacy and ability to explore client emotions. In this structured discussion, participants will discuss the following questions: (1) What are some individual and cultural factors among trainees that hinder their ability to explore client emotions in psychotherapy? (2) Give an example of your experience working with trainees in relation to emotional exploration in psychotherapy. (3) How may trainers and supervisors help trainees who have difficulties staying with and exploring client emotions? (4) What kind of research do you think we can conduct in this area (e.g., what variables to investigate)?

Discussant

Helene Nissen-Lie, University of Oslo, Norway

Discussant

Robert Elliott, University of Strathclyde, Glasgow, UK

Discussant

Dana Atzil-Slonim, Bar Ilan University

Discussant

Jeanne Watson, University of Toronto, Canada

Discussant

Wonjin Sim, Towson University

Structured Discussion

Organizer: David Orlinsky,
University of Chicago, USA

SPR at 50: Inspiration and Creativity

What inspired the creation of SPR and its enduring ethos in the late 1960s? What creations have been inspired by SPR, poetic and scientific? Psychotherapy research is a work of creative imagination, and SPR has fostered that creativity as a safe space which provides support and encourages exploration of new ideas and methods. Many SPR members are creative, not only in their studies but also in other genres and modes of expression in literature and the arts. To complete the celebration of our 50 years, this structured discussion will bring together memoirs and poems reflecting on the origins and inspirations of SPR in order to share experiences with new and younger members, both those who joined as students and those who entered as established researchers. David Orlinsky will present a brief memoir, 'Founding SPR was a process not an event', hoping to share what inspired him and Ken Howard in 1968 and 1969 (two young nobodies at the time) to organize the meetings that evolved into SPR in 1970. Irene Elkin will share in memoir and poetry her experiences of SPR in 1969 and in the years that followed. Robert Elliott, SPR's Scottish-American bard and poet-laureate, will share a cycle of poems inspired by his own experiences in SPR from 1976 forward. Others young and old will be encouraged to recall their own inspirations, conceived and supported within SPR, not only as a scientific community but additionally (and additively) as a community of creative scientists. Lynne Angus, another SPR past-president, will share a narrative telling how her interest in client and therapist creative expressions was nourished and enhanced by engagement with SPR friends/colleagues over the past 30 years.

Discussant

David E. Orlinsky, University of Chicago, USA

The founding SPR was a process not an event. The seed of an idea germinated in 1966-67, took its initial form in 1968 at a day-long preconference session at the American Psychological Association meeting in San Francisco, developed further in 1969 in an independent two-day seminar near Chicago, and constituted itself formally in 1970 as a society with a name, bylaws and officers in Chicago. How and why this happened is explained.

Discussant

Irene Elkin, University of Chicago, USA

Irene Elkin will share in memoir and poetry her experiences of SPR in 1969 and in the years that followed.

Discussant

Robert Elliott, University of Strathclyde, Glasgow, UK

Robert Elliott, SPR's Scottish-American bard and poet-laureate, will share a cycle of poems inspired by his own experiences in SPR from 1976 forward.

Discussant

Lynne Angus, York University, Canada

Structured Discussion

Process and outcome

Organizer: Ueli Kramer,
University of Lausanne,
Switzerland

Process research: What needs to be done next? What kind of methods for what kind of theories?

This structured discussion group brings together current process researchers within SPR and aims at answering or discussing some of these questions: What is needed in the current state of the art in process research? Which methods may be used more, in a different way, or applied to different contexts and therapy approaches? What kind of theories do we want? What is most useful for clinical practice? What have overlooked, so far?

Discussants

Ueli Kramer, University of Lausanne, Switzerland; Catherine Eubanks, Yeshiva University; Antonio Pascual-Leone, University of Windsor, Ontario, Canada; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago; Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA; Yogev Kivity, Bar Ilan University; Christoph Flückiger, University of Zurich, Switzerland; Rhonda Goldman, Chicago School of Professional Psychology

Structured Discussion

*Evidence-based
psychotherapies*

Organizer: Elena Diana
Scherb, Universidad de
Flores

Case Studies in Psychotherapy Research

1) Do Case Studies Data Bases help bridging the gap between research and practice? Are they consulted by therapists? Do the clinicians that consult Case Studies Data Bases report it is useful? Does it make a difference in relation to the research informed Treatment Guidelines? 2) If Case Studies Research make a difference, how it is disseminated? Can we enhance participation of both clinicians and researchers either to present or to consult Systematic Case Studies? 3) How much systematic should de Case Studies be reported? Too much systematization is confounding? Too little systematization is useful? 4) Case Studies can also be utilized to build theory 5) Can Case Studies help inform Mental Health Care providers to make decisions about length of therapy for specific patients? Can they improve NICE? Health Care Providers in other countries? 6) How can we reconcile the need of singularity of the Case Study with the need of homogeneity of science? 7) There are different models to understand Systematic Case Studies: Fishman and Messers´; Stiles´; SCAThe previous were the questions posed last Case Study Interest Group meeting. Each of the presenters is going to elaborate on the topics, focusing on the relevance of Case Studies for Psychotherapy Research, especially with difficult patients. Evidence practiced practice, the implementation of psychotherapy integration, decision making process in public policies, will be on the agenda. Each participant will expose briefly, and the interaction and communication with the audience will be promoted, provided some guidelines from the discussants.

Discussant

Maria Angelica Durao, Universidad de Flores

Discussant

Shigeru Iwakabe, Ochanomizu University

Discussant

Mattias Desmet, Ghent University, Belgium

Discussant

Ladislav Timulak, Trinity College, Dublin, Ireland

Structured Discussion

Process and outcome

Organizer: Tracy Eells,
University of Louisville, USA

Personalizing Psychotherapy by Using Case Formulation: A Research Challenge

Psychotherapy case formulation has frequently been described by experts as fundamental to the planning and delivery of effective psychotherapy. However, the contributions of the case formulation process to psychotherapy processes and outcomes remain under-researched. The conference theme, "Personalizing Psychotherapy to Its Participants and Moments" offers an opportune time to reconsider the role that case formulation may play in advancing a personalized psychotherapy research agenda, potentially leading to treatments that are more effective. The discussants of this structured discussion are all proponents of

specific models of case formulation or approaches to therapy that are case formulation driven. These include Plan Analysis (Caspar), Interpersonal Reconstructive Therapy (Critchfield), Emotion-Focused Therapy (Goldman), Core Conflictual Relationship Theme (Grenyer), and Plan Formulation Method (Silberschatz). The discussion organizers, Eells and Kramer, are scholars of case formulation research. The primary goal of this discussion is to consider the following questions: "What would a personalized psychotherapy research agenda with case formulation at its center look like, and what distinct advantages would such an agenda have in comparison to other approaches to psychotherapy research?" Other questions we anticipate arising include, "What stands in the way of using case formulation methodology in psychotherapy research?", "How can those challenges be addressed?", "What research questions can uniquely be addressed using case formulation methodology?", and "How might case formulation research methods articulate with other methodologies to explore questions of interest?" It is hoped that the discussion will generate research ideas that lead to psychotherapies that are uniquely tailored to maximize outcome for each patient.

Discussant

Franz Caspar, University of Bern, Switzerland

The Plan Analysis perspective

Discussant

Kenneth L. Critchfield, James Madison University

The Interpersonal Reconstructive Therapy perspective

Discussant

Brin Grenyer, University of Wollongong, Australia

The Core Conflictual Relationship Theme perspective

Discussant

Rhonda Goldman, Chicago School of Professional Psychology

The Emotion-Focused Therapy perspective

Discussant

George Silberschatz, University of California, San Francisco, USA

The Plan Formulation Method perspective

Structured Discussion

Treatment process and outcome

Organizer: Sigal Zilcha-Mano, University of Haifa, Israel

Innovative Approaches to Exploring Processes of Change in Psychotherapy Research

In recent years, innovative approaches have been implemented in counseling and psychotherapy research, creating new and exciting interdisciplinary subfields. The findings that emerged from the implementation of these approaches demonstrate their potential to deepen our understanding of therapeutic change. The proposed structured discussion is based on the special issue on "Innovative Approaches to Exploring Processes of Change in Counseling Psychology" published in the Journal of Counseling Psychology. Each one of the speakers in the structured discussion will focus on one innovative approach in psychotherapy research, in such areas as the assessment of co-regulation processes, language processing, physiology, motion synchrony, event-related potentials, hormonal measures, and sociometric signals captured by a badge. The approaches that will be presented represent some of the most promising pathways for future studies, and provide valuable resources for researchers as well as clinicians interested in implementing such approaches and/or in being educated consumers of empirical findings based on such approaches. In the proposed structured discussion, a group of experts with diverse theoretical orientations, and at different stages of professional development, will briefly present their vision of the approach or method which will substantially advance our field in the next decade. These brief glimpses into the future will provide the background to what we hope will be a lively and stimulating discussion.

Discussant

Dennis M. Jr Kivlighan, University of Maryland, College Park, USA

Discussant

Simon B. Goldberg, University of Wisconsin, Madison, USA

Discussant

Johann Roland Kleinbub, University of Padova, Italy

Discussant

Brian Schwartz, Universität Trier, Germany

Discussant

Katie Aafjes-van Doorn, Yeshiva University, New York, USA

Discussant

Christoph Flückiger, University of Zurich, Switzerland

Discussion

Carly M. Schwartzman, University of Albany, State University of New York

Structured Discussion

Organizer: Rinat Feniger-Schaal, University of Haifa, Israel

The interface between arts and psychotherapy

"Engaging with the arts can be beneficial for mental and physical health". This is a key conclusion of a new report from the WHO Regional Office for Europe analysing the evidence from over 900 global publications -- the most comprehensive review of evidence on arts and health to date. The report emphasizes that because arts-based interventions can be personally tailored to have relevance for people from different cultural backgrounds and with diverse communication abilities, they can also offer a route to engage minority or hard-to-reach groups. This proposed discussion is about the interface between arts and psychotherapy, including visual art, dance and movement, drama and theater, music, literature and poetry. Arts inform and enrich any human encounter and as such, it is a source of inspiration for the act of psychotherapy. In addition, arts can be viewed as a means of communication. Therefore, the investigation of the relationship between arts and psychotherapy can enhance the growing interest in non-verbal communication in psychotherapy. In recent years the interface between the arts and psychotherapy received an academic recognition in the form of MA and PhD programs in these subjects in universities around the world. The development of these programs attests to the growing interest in this field. Rapidly accumulating research has underscored the contribution of creative arts therapies interventions in many areas, including trauma, depression, anxiety, and interpersonal difficulties.

Discussant

Jesse Geller, Teachers College, Columbia University

Discussant

Jason Frydman, Lesley University, Cambridge

Discussant

Lauren Leone, Lesley University, Cambridge

Discussant

David E. Orlinsky, University of Chicago, USA

Structured Discussion

Organizer: Oliver Evers, Heidelberg University, Germany

What footprints do we leave behind? - Discussing the SPR's response to climate change

Anthropogenic climate change has never been clearer. For decades scientists have warned that the almost entirely human-made global warming will lead to existential changes in our lives. Even if the goals of the Paris Climate Agreement will be met, global climate is already and will continue more rapidly to change leading to ceasing of species, poor harvests, rising of the oceans and making large parts of the world

inhabitable. Further global warming is a risk factor for human health. Psychologists and Psychotherapists can have an important voice in this matter. As therapists we understand mechanisms withholding people from acknowledging the climate crisis that should evoke active change in the way we live and work. We can enable people to face and contain emotions that go along with recognizing this existential crisis. As scientists we could lead by example and change the way we communicate and network. Frequently we travel around the globe to meet our scientific community and SPR fellows resulting in large Co2 emissions. We propose to rethink our community and to engage in an ongoing dialogue how to restructure SPR to become more sustainable allowing continuing to network and present our latest results whilst reducing our carbon footprint.

Discussant

Oliver Evers, Heidelberg University, Germany; Friederike Winter, Heidelberg University, Germany; Jordan Bate, Yeshiva University, New York, USA; Svenja Taubner, University Hospital, Heidelberg, Germany; Christoph Nikendei, Heidelberg University, Germany; Cristobal Hernandez, Universidad Adolfo Ibáñez

In the discussion panel we aim to address the SPR's response to the climate crisis. We are going to start from what we value about the SPR and discuss how these goals and motivations can be achieved in a more environmentally friendly manner. This entails a critical self-reflection as well as an open discussion of ideas how we can restructure scientific exchange in the decade to come. Lastly, we aim to discuss how we as psychotherapy researchers can use our skills and knowledge to support change processes in the society.

Structured Discussion

Psychotherapy integration

Organizer: Samuel Nordberg, Reliant Medical Group

Partnering with primary care: Lessons from integrating psychotherapy with routine medical treatments

Primary care behavioral health integration attempts to embed highly qualified mental health professionals alongside physicians, with the goal of fostering collaboration to treat the whole patient. Reliant Medical Group has recently completely overhauled both primary care and behavioral health to create a team-oriented approach to delivering mental health and substance use services in real-time, in primary care practices. This structured discussion aims to serve as a primer for therapists and researchers unfamiliar with primary care behavioral health integration, and as a source for clarification about the particular integrated model chosen by Reliant. In particular, we will cover issues related to delivering goal-oriented treatments in a time-limited setting, treating severe mental health within this context, terminating with patients, and how to establish an episodic treatment approach to care that can last a patient's lifetime.

Discussant

Jeremy Mirsky, Reliant Medical Group

Discussant

Danielle Barry, Reliant Medical Group

Discussant

Laura Orth, Reliant Medical Group

Structured Discussion

Therapist training and development

Organizer: Lauren M. Lipner, Adelphi University, New York, USA

Obtaining postdoctoral training in psychotherapy research: Elucidating the process & maximizing opportunities

The journey as a graduate student is a structured, multi-step process involving thesis and dissertation defense, comprehensive exams, and internship applications, to name a few. However, the process of completing doctoral studies becomes gray as soon as one completes the graduate level requirements and is prepared to search for post-doctoral fellowships. Based on a successful discussion on a similar topic held at SPR 2017, this structured discussion aims to elucidate the somewhat mysterious process of identifying both research-focused and clinically-focused post-doctoral fellowship positions, particularly within the psychotherapy research field. Beyond this, the discussion will outline tips from mentors and fellows on how to make the most of a time-limited postdoctoral fellowship position, and how to prepare for the process of

applying for jobs along the way. As such, the discussion will aim to cover topics such as: * Identifying and approaching potential mentors * Making a smooth transition from graduate student to post-doctoral fellow* Selecting projects for the training year* Maximizing productivity In order to include multiple perspectives, we hope to include discussants at various stages of the post-doctoral fellowship process, including those who have recently identified postdoctoral positions, those in the midst of postdoctoral positions, and those who are just completing fellowships. It is our goal that this discussion will foster trainee professional development toward future generations of psychotherapy researchers.

Discussant

Ulrike Dinger, University Hospital Heidelberg

Discussant

Christoph Flückiger, University of Zurich, Switzerland

Discussant

Erkki Heinonen, University of Oslo, Norway

Discussant

Yogev Kivity, Bar Ilan University

Discussant

Kenneth Levy, Penn State University, University Park, USA

Discussant

Wolfgang Lutz, Universität Trier, Germany

Discussant

Mary Mingos, Adelphi University, New York, USA

Discussant

Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina

Discussant

Alberta Pos, York University, Canada

Discussant

Nili Solomonov, Weill Cornell Medical College, New York, USA

Discussant

Soo Jeong Youn, Massachusetts General Hospital / Harvard Medical School

Structured Discussion

Psychotherapy integration

Organizer: Russell Bailey,
Brigham Young University,
Provo, USA

Common Factors Therapy: Next Steps

Bailey & Ogles (2019) observed how common factors represents a metatheory and not a bona fide treatment approach. They noted several steps to take, including overcoming an abstraction problem, describing a theory of change, and specifying the components of the approach as one would for a treatment manual. The components, according to the proposal, would be organized around intermediate-level processes (using Goldfried's terminology) that are common across the boundaries of theoretical orientations. The structured discussion will focus on proposed criteria for identifying the set of principles around which CF therapy can be organized. We will present inclusion and exclusion criteria and present a set of possible common factors to form the basis of CF therapy as a bona fide therapy. These factors or principles will include the therapeutic alliance, corrective experiencing/exposure, motivation/expectancy,

insight/feedback/reality testing, and psychoeducation. We are hoping to invite discussion among participants around what are the next steps for establishing CF therapy through academic discourse and building consensus.

Discussant

Russell Bailey, Brigham Young University, Provo, USA

Discussant

Mark Lukowitsky, Albany Medical Center

Structured Discussion

Organizer: Jacques P. Barber,
Adelphi University, New
York, USA

The impact of affective and cognitive neuroscience on psychotherapy research: challenges and future directions

Psychotherapeutic interventions and outcome are constrained by the way our mind process, experience and store information. What is it that we have now learned about the brain that will help us understand the mind and improve our therapeutic interventions. What are the challenges of integrating affective and cognitive neuroscience on psychotherapy research

Discussant

Greg Siegle, University of Pittsburgh

Wherefore art thou neuroscience in the psychotherapy clinic of the future?

Discussant

Jack Keefe, Weill Cornell Medical College, New York, USA

Designing neuroscience psychotherapy research both neuroscientists and psychotherapists might care about. Funding agencies increasingly require evidence of so-called "target engagement" in mental health clinical trials, most preferably in the form of brain-based biomarkers. However, brain-based studies often seem very distal from the kinds of questions psychotherapy researchers are typically interested in, nevermind the consulting room. I will discuss exemplars of potentially meaningful neuroscience-psychotherapy integration in the literature, and features of such studies that might guide toward designing investigations answering integrative questions that are potentially legible to both parties.

Discussant

Christian Webb, Harvard medical school

Discussant

Joel Weinberger, Adelphi University, New York, USA

Panel

Organizer: Jaime Delgado,
University of Sheffield, UK

Personalized mental healthcare: cutting-edge treatment selection and adaptation approaches

Even if they have a similar diagnosis (e.g., major depressive disorder), mental healthcare patients are often heterogeneous in other important features. Furthermore, their response to treatment is partly influenced by their individual circumstances (e.g. socioeconomic status) and characteristics (i.e. symptom severity, interpersonal functioning, personality, age, physical health). In this context, therapists are faced with the challenge of selecting available treatments / techniques and adapting these to individual circumstances. To meet this challenge, contemporary studies aim to optimally match patients to treatments, to monitor response to therapy, and to adapt treatment in a way that is sensitive to individual circumstances. This symposium will bring together an international panel of researchers that will present the results of 3 large-

scale studies that aimed to personalize mental healthcare using stratified treatment selection, routine outcome monitoring, feedback technologies, and personalized selection of treatment strategies.

StratCare: a randomized controlled trial of stratified treatment selection vs. stepped care

Jaime Delgado, University of Sheffield, UK

Objective: This study compared the cost-effectiveness of a stratified treatment selection approach versus stepped care psychological interventions for depression & anxiety symptoms. **Methods:** This was a multi-site, double-blind, cluster randomized controlled trial. 30 therapists were randomized to a StratCare (n=15) or a control group (n=15). Those in the StratCare group were trained to use an artificial intelligence programme which recommended either low or high intensity therapies for each patient at the time of initial assessments. Therapists in the control group recommended stepped care as per usual practice. In total, n=1455 patients were assessed, of whom ~n=900 accessed treatment. The primary analysis specified a priori focused on comparing depression (PHQ-9) treatment outcomes between "complex cases" assigned to treatment using stratified care vs. stepped care. **Results:** Indices of reliable and clinically significant improvement in depression (PHQ-9) after treatment were compared between "complex cases" in the StratCare vs. control groups. The cost-effectiveness of the stratified care treatment pathway relative to the stepped care pathway was examined using the full sample of cases that accessed treatment. **Discussion:** We will discuss the clinical and cost implications of this stratified treatment selection approach.

Enhancing routine feedback to prevent self-harm within inpatient care

Andrew Page, University of Western Australia

Objective: The current study assesses the extent to which an enhanced feedback system has resulted in a reduction of self-harm within an inpatient setting. In addition, it explores ways to improve routine feedback systems to inform clinical staff. **Methods:** Patients within an inpatient psychiatry facility reported their suicidal thoughts daily. From a sample of 20,220 unique inpatient visits over a 6-year period, 9,104 were randomly selected and matched in terms of diagnosis (Affective Disorder = 6,091, Anxiety Disorder = 2,425, Personality Disorder = 588, 74% Female, Mage = 40.3 years) for equal periods before and after feedback. **Results:** The enhanced feedback period was associated with a reduction in total self-harm incidents over a 3 year period (OR = 0.64). Daily changes in self-reported feelings of burden, belonging and psychological distress were significantly associated with next-day self-harm (PPV = 21.2%, Sensitivity = 71.3%, Specificity = 80.5%). **Discussion:** Risk assessments early in admission can be complimented through the daily monitoring of suicidal thoughts and interpersonal and mood risk factors. Short-term fluctuations can be used to alert clinical staff of patients potentially at-risk of self-harming. Although prediction is not perfect, it helps narrow down the allocation of limited clinical resources while patients are still in psychiatric care. Implementing sophisticated routine feedback systems, and identifying the right information to feed back to clinicians is a necessary step forward in reducing self-harm within a psychiatric setting.

Evidence-based personalized recommendations in clinical practice: The Trier Treatment Navigator (TTN)

Wolfgang Lutz, Universität Trier, Germany

Objective: This talk will present the Trier Treatment Navigator (TTN) -- a new computer-based feedback AI system, which has successfully been implemented in a university outpatient clinic. The system includes pre-treatment decision as well as adaptive decision recommendations. The presentation will focus on the development of the TTN and will discuss implementation issues that arise when such personalized feedback systems are applied in routine care. **Methods:** The development sample consisted of 1234 patients treated at the outpatient center at the University of Trier. Modern statistical machine learning techniques were used to develop personalized recommendations. **Results:** Drop-out analyses resulted in seven significant predictors explaining 12.0% of variance. The prediction of optimal treatment strategies resulted in differential prediction models substantially improving effect sizes and reliable improvement rates. The dynamic failure boundary reliably identified patients with a higher risk for non-improvement or deterioration and indicated the usage of clinical problem-solving tools in risk areas. In a prospective study including 522 patients, optimal pre-treatment recommendations for three treatment strategies (problem-solving, motivation-oriented or mixed strategies) as well as the monitoring system were successfully evaluated. The attitude toward, confidence in using, and actual usage of the tools had a significant impact on treatment outcome. **Discussion:** Results related to the TTN will be presented in the context of personalized treatments and future directions. Additionally, the implication for clinical practice as well as clinical training will be discussed.

Discussant: Kim de Jong, Leiden University, Netherlands

Panel

Change process

Organizer: Clara Hill, United States

Therapist Skills/Interventions

Although much has been stated about the minimal effect of therapist skills in terms of psychotherapy outcome, we really have very limited evidence about the effectiveness of skills. Part of the problem is definitional, in that skills have been operationalized as anything from specific microskills (what is said in the moment) to estimates of what occurred within sessions to entire treatments. Another problem has been that even when skills are defined clearly, they often overlap with other skills making it hard to distinguish them (restatements and reflections of feelings are often quite similar), and often there are many subtypes of the skills (there are open questions focused on feelings, thoughts, insight, and action). Yet another problem has been relating frequency of skills to session or treatment outcome, under the assumption that more is better. In the current program of research, we clearly define therapist skills as microskills, operationalize them clearly to distinguish between different skills, and choose clear examples. We then examine the immediate outcomes of skills rather than distal outcomes under the assumption that this is the place where direct effects are most likely to be seen (although of course skills have longer term impacts). The therapist skills we examine in this panel today are: challenges, closed versus open questions, restatements versus reflections of feelings versus open questions of thoughts versus open questions of feelings, and silence. Our discussant will critique the individual studies as well as the overall paradigm for investigating process research.

Therapist challenges in Psychodynamic Psychotherapy: A Case Study

Priya Bansal, University of Maryland, College Park, USA; Katie Rim, University of Maryland, College Park, USA; Mira An, University of Maryland, College Park, USA; Katherine Morales, University of Maryland, College Park, USA; Judy Gerstenblith, University of Maryland, College Park, USA; Dennis M. Jr Kivlighan, University of Maryland, College Park, USA; Clara Edith Hill, United States

Hill (2020) defined challenges as an intervention that "points out maladaptive thoughts, feelings, or behaviors" (p. 228). Types of challenges include pointing out discrepancies, disputing irrational thoughts, and encouraging clients to take responsibility. Although challenges are often used in psychodynamic psychotherapy to raise awareness, not much is known about their effectiveness. In the present study, we conducted a qualitative analysis of one client seen for 72 sessions of individual psychodynamic psychotherapy at a department clinic. We investigated: (1) the timing of challenges, (2) the effects of different types of challenges, and (3) the consequences of challenges in the first and last 10 sessions of psychotherapy to examine how the use of challenges changed over the course of therapy. We used consensual qualitative research applied to cases (CQR-C) as our methodological approach with a team of two professors and five doctoral students. We used a standard protocol to record our observations about the antecedents (e.g., content, manner, behavior, collaboration), events (e.g., type, manner, helpfulness), and consequences (e.g., content, manner, behavior, collaboration) of each consensually identified challenge. The responses (core ideas) across domains (antecedents, events, and consequences) were cross-analyzed for consistent themes across the sessions. Preliminary findings for the first ten sessions suggest that antecedents involved rumination and story-telling; challenges mostly involved pointing out discrepancies; consequences involved the client progressively being able to make productive use of the challenges over time. Findings from this study will contribute to our understanding of how challenges can be used effectively in psychodynamic therapy.

A Comparison of Open and Closed Questions in Psychodynamic Psychotherapy

Eva Freitas, University of Maryland, College Park, USA; Clara Edith Hill, United States; Dennis M. Jr Kivlighan, University of Maryland, College Park, USA

Although open questions have been thought to be more effective than closed questions at facilitating client exploration (Hill, 2020), minimal research has been conducted to assess this assumption. Furthermore, it is clear when examining open and closed questions in therapy sessions that there are many different subtypes of each, which has not been taken into account in previous research. In the present study, we sought to examine the immediate outcomes (amount of client speech, a linguistic analysis of client speech, and client involvement) of closed questions for facts and open questions for thoughts or feelings in early sessions of psychodynamic psychotherapy. All questions and the 30 seconds preceding and following them in the intake and first session of about 80 client-therapist pairs were transcribed in this study. We then retained only those questions that were at least 3 minutes apart from other questions, and that could be clearly categorized as closed questions for facts, open questions for thoughts, and open questions for feelings. The 30 seconds preceding and following the three types of questions will be coded for amount of client speech, linguistic analysis, and client involvement). Preliminary analyses suggest that there are indeed many subtypes of closed and open questions. Furthermore, closed questions for facts were used more in intake sessions whereas open questions were used more in first sessions. Finally, it appears that the three types indeed have different outcomes, but these results will be tested in the analyses.

Therapist skills associated with client emotional expression in psychodynamic psychotherapy

Morgan Anvari, University of Maryland, College Park, USA; Vardaan Dua, University of Maryland, College Park, USA; Jose Lima Rosas, University of Maryland, College Park, USA; Clara Edith Hill, United States; Dennis M. Jr Kivlighan, University of Maryland, College Park, USA

We aimed to determine whether four therapist skills (restatements, reflections of feelings, open questions focused on thoughts or feelings) were differentially associated with emotional expression, given the importance of exploring feelings at a deep level in psychodynamic psychotherapy. Study 1: We examined the antecedent and subsequent client emotional expression (using observer ratings on the Client Emotional Arousal Scale) for each of the four skills for 36 clients paired with 22 therapists in psychodynamic psychotherapy. We also observed the relationship between the results and client attachment style. Therapists employed differing skills based on how much emotion clients were expressing, such that therapists gave more paraphrases when clients exhibited high emotional arousal, but more open questions when clients exhibited low emotional arousal. Regardless of attachment style, subsequent emotional expression was highest when therapists used open questions for feelings and moderate when therapists used reflections of feelings or open questions for thoughts. Subsequent client emotional expression was lowest when therapists used restatements with clients who were low in attachment avoidance, and at about the same level as other skills for clients who were high in attachment avoidance. Clients expressed emotions differentially depending on antecedent client emotional expression, therapist skills used, and client avoidant attachment style. This study is in press, but the data have not been presented before. Study 2: We are halfway through data collection for a follow-up study using less restrictive inclusion selection criteria for the skills and a different and hopefully better outcome variable.

Productive Silence is Golden: Predicting Changes in Client Collaboration from Process during Silence and Client Attachment Style in Psychodynamic Psychotherapy

Ethan Cuttler, University of Maryland, College Park, USA; Clara Edith Hill, United States; Dennis M. Jr Kivlighan, University of Maryland, College Park, USA

Though it commonly occurs, little is known about the effectiveness of silence in psychotherapy. Hoping to expand on Hill et al. (in press), Daniel (2011), and Daniel et al. (2018), we investigated the process and outcome of the first silence event for each of the cases of 86 clients nested within 26 doctoral student therapists in individual psychodynamic psychotherapy. Utilizing a team of trained undergraduate and graduate student coders, we identified the antecedent and subsequent client collaboration using the Use of Therapist's Interventions Scale (Allen, Gabbard, Newsom, & Coyne, 1990), as well as therapist and client behaviors during silence events using the Strength of Connection Scale (Bartels et al., 2016) and the Pausing Inventory Categorization System (Levitt, 1998, 2001a, 2001b, 2002), respectively. We found that client collaboration increased from before to after silence events if therapists and clients were productive during silence events (therapists were connectional or invitational and clients were emotional or expressive). Furthermore, subsequent client collaboration was higher when productive therapist silence occurred with clients who were lower rather than higher in attachment anxiety. In contrast, subsequent client collaboration was higher when productive client silence occurred with clients who were higher rather than lower in attachment anxiety. These results suggest that type of silence and client attachment styles are important factors in the immediate outcomes of silence events.

Discussant: Myrna Friedlander, University at Albany/SUNY, USA

Panel

Qualitative

Organizer: Jochem

Willemsen, UCLouvain

Synthesizing qualitative research

A sizeable body of scientific literature has been generated that uses qualitative methods to collect and analyse data in the field of psychotherapy. In order to utilise this body of literature for the development of theory, practice and policy, different methods are used to synthesize and integrate qualitative studies. Qualitative meta-analysis is a method developed in social and health sciences for synthesizing insights derived from qualitative studies. In this panel, three strategies to synthesize findings from qualitative studies in the field of psychotherapy will be discussed. The first presentation will focus on meta-analysis of primary qualitative studies. After a brief introduction to the new APA standards for reporting qualitative meta-analysis, findings of an omnibus meta-analysis on the literature on therapists' experiences in psychotherapy will be presented. The second presentation will demonstrate the method of theoretical synthesis, in which a guiding theory enables the aggregation and integration of various primary qualitative studies. This strategy will be illustrated with a review guided by the assimilation model. The third presentation will discuss the

potential and limits of using case studies as primary material in a qualitative meta-analysis. A tool for the evaluation of the evidential quality of case studies will be presented and demonstrated. The panel will end with a critical reflection on the value of synthesizing qualitative research in the field of psychotherapy.

A New Agenda for Research on Personalizing Therapy: Findings from an Omnibus Qualitative Meta-analysis of Therapists' Experience

Heidi Levitt, University of Massachusetts Boston; Bediha Ipekci, University of Massachusetts Boston; Zenobia Morrill, University of Massachusetts Boston; Javier L. Rizo, University of Massachusetts Boston

Aim: Qualitative meta-analyses are a relatively new method for psychotherapy researchers. This presentation briefly will orient the audience to key elements of the American Psychological Association (APA) standards for reporting qualitative meta-analysis (Levitt et al. 2018), now in the 7th edition of the APA publication manual, but will focus upon findings from an omnibus meta-analysis on the literature on therapists' experiences in psychotherapy. **Methods:** Using a grounded theory meta-method, we reviewed 140 studies that ranged in qualitative method and topic, incorporating consensus procedures. Inclusion criteria included a focus on adult individual psychotherapy based in therapists' descriptions, and English-language articles. **Results:** Findings will focus on three of the six clusters in the analysis. In describing the first cluster, we present an understanding of the therapy relationship that seeks to expand the focus of the field from a concentration on the alliance (as defined by goals, tasks and bond) toward an emphasis on those elements of the relationship that therapists perceive as actively transformative. Our second set of findings considers how therapists can support client agency, providing specific direction that can be instrumental for both clinical practice and training. Finally, the third cluster focuses on therapists' own self-development and the processes by which therapists report seeking to develop a rich internal world that, in turn, influences the therapy process. **Discussion:** We consider how this conceptualization can further responsiveness in psychotherapy training and practice. In addition, our presentation discusses recommendations for researchers by highlighting the methods and inquiry approaches that are commonly used.

Theoretical synthesis of qualitative research results

William B. Stiles, Miami University and Appalachian State University, USA

Aims: Like all reviewing methods, theoretical synthesis aims for aggregation and generalization. Reviewers aim to pull together a body of work to permit statements of broader relevance and greater confidence than is achieved in isolated studies. The puzzle is how to do this in the case of qualitative research, where rich observations are not restricted to a few specified variables. **Method:** A guiding theory offers a vehicle for aggregation and integration. The range of generality is specified by the theory itself. As in primary theory-building research, qualitative research observations are framed in theoretical terms and the fit with existing theory is assessed. Confidence in the theory is then adjusted depending on whether or not the observations fit the theory, and the theory itself is adjusted (modified, elaborated, expanded) to fit unexpected observations, an operation called abduction. This is how observations are integrated in natural sciences that have a Kuhnian paradigm. **Results:** A review guided by the assimilation model, a theory of psychological change, offers an illustration. Results of studies dealing with how work with a therapist advances the therapeutic process, therapeutic collaboration, client ambivalence, therapist errors, and setbacks in the treatment process can be understood (synthesized) using the theoretical concept of the therapeutic zone of proximal development. **Discussion:** In contrast to the meta-analytic strategies used in fact-gathering research (qualitative or quantitative), theoretical synthesis can integrate distinctive or rare observations as well as common observations. It can thus accommodate the richness and range characteristic of clinical observations of psychotherapy.

Generating knowledge from case studies: presentation of the Case Study Evaluation-tool (CSE) and a worked example

Greta Kaluzeviciute, University of Essex, UK; Jochem Willemsen, UCLouvain

Aim: The aim of this presentation is to discuss the potential and the limitations of qualitative meta-analysis as a method to synthesize knowledge from published case studies. Case studies contain rich, contextualized knowledge about therapy processes. Synthesizing this knowledge through qualitative meta-analysis holds the promise of developing generalisable knowledge from case studies. However, one of the challenges of this approach is the varying evidential quality of case studies. **Method:** The Case Study Evaluation-tool (CSE) is developed on the basis of existing tools for the assessment of primary qualitative research in the context of a qualitative meta-analysis. The tool is applied to published psychotherapy cases from the Single Case Archive. **Results:** A first version of the CSE-tool will be presented, as well as its application in a qualitative

meta-analysis of published case studies on therapist interventions and therapeutic alliance building in psychoanalytic psychotherapy. The first results of this study will be presented as a means to demonstrate the utility of the tool. Discussion: The CSE-tool fills a gap in the field of psychotherapy case study research by providing a framework and method to evaluate the evidential quality of a single (clinical or systematic) case study in relation to a specific research question. Qualitative meta-analysis of case studies can provide practice-level theories that are both evidence-based and close to clinical practice.

Panel
Alliance

Going beyond the alliance-outcome association: Advancements in research to further understand alliance effects on psychotherapy outcome

The alliance-outcome relationship is well established with several meta-analyses positioning alliance as a robust predictor of psychotherapy outcome. In this panel, we will present studies that go beyond this association, trying to further understand the concept by applying new methods and perspectives to analyze it. In the first paper, Flückiger et al. will present a multivariate meta-analysis analyzing alliance effects, adjusting for patients' characteristics and simultaneous processes, and an individual patient data meta-analysis investigating session-by-session within-patient effects. The results suggest moderate alliance-outcome correlations when adjusting for intake characteristics and contemporaneous processes, and significant reciprocal within-patient effects between alliance and symptoms. In the second paper, Gómez Penedo et al. will present a study analyzing the moderator effects of baseline interpersonal problems on the within-patient alliance effects on outcome. The results suggest that patients with submissive interpersonal problems benefit more from an improvement in the therapeutic alliance over the course of treatment. In the third paper, Solomonov et al. will present a study, within an objective neurobiological paradigm, analyzing neural processing of social rewards changes over the course of treatment, and their effects on alliance and outcome. In the last paper, Falkenström et al. will present the re-analysis of within- and between-patient alliance-outcome predictions using the Copula method, a promising statistical procedure utilizing predictors' skewness to adjust for possible unobserved confounders of observed associations. This study thus represents a valuable methodological advancement in estimating alliance effects on observational research. Sigal Zilcha-Mano is going to be the discussant of the panel.

Is the alliance an epiphenomenon of intake characteristics and alternative processes? Answers from three meta-analyses in transdiagnostic, process-based therapy.

Christoph Flückiger, University of Zurich, Switzerland; A.C. Del Re, Navy Health Research Center; Julian Rubel, University of Giessen, Germany; Adam Horvath, Simon Fraser University; Bruce Wampold, University of Wisconsin, Madison, USA

Objective: Even though the alliance is widely recognized to robustly predict posttreatment outcomes, there is a lasting debate whether alliance is an epiphenomenon of intake characteristics and/or early symptoms reduction or not. This research aims to synthesize the evidence bearing on this issue. Methods: We applied a multivariate meta-analysis that compares within-study partial correlations that adjust a) for intake and b) for simultaneous processes with 0-order alliance-outcome correlations ($k = 35$ and 24 respectively). Furthermore, a two-step individual participant data meta-analytic approach investigated standardized session-by-session within-patient coefficients ($k = 17$). Results: We found moderate alliance-outcome correlations with or without adjustments for intake and simultaneous processes (.22 (It) r (It) .31). Moreover, we identified significant reciprocal within-patient effects between alliance and symptoms within the first seven psychotherapy sessions across transdiagnostic patient populations. Conclusion: The findings provide empirical evidence for the assumption that the alliance is not an epiphenomenon of treatment symptoms. Results suggest that alliance is positively related to outcome above and beyond some salient patients' intake characteristics as well as treatment processes. The alliance is the best evidence-based process-based factor in transdiagnostic psychotherapy in US and worldwide.

Interpersonal agency as predictor of the within-patient alliance effect on depression severity

Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; Anna Babl, University of Bern, Switzerland; Tobias Krieger, University of Bern, Switzerland; Erkki Heinonen, University of Oslo, Norway; Christoph Flückiger, University of Zurich, Switzerland; Rocio Manubens, Universidad de Buenos Aires, Argentina; Martin grosse Holtforth, University of Bern, Switzerland

Aim. Several studies have reported significant within-patient effects of the therapeutic alliance on outcome. However, it remains uncertain whether there are specific patient groups for whom an improved alliance might be particularly beneficial. The relational nature of the alliance makes patients' interpersonal problems a promising candidate for examining such differential effects. This study aims to analyze (i) between- and within-patient effects of the alliance on depression severity, (ii) the effects of patients' baseline

interpersonal problems on the within-patient alliance-outcome association, and (iii) whether within-patient effects of the alliance remain significant when adjusting for patients' initial interpersonal problems. Methods. A sample of 141 patients with depression, undergoing outpatient psychotherapy completed the Inventory of Interpersonal Problems at baseline as well as a brief version of the Working Alliance Inventory and the Well-Being Index (as a proxy of depression severity) session-by-session. Results. Multilevel models revealed both significant between- and within-patient effects of the alliance on improvements in depression severity. Patients' problems related to agency had a significant effect on the within-patient effect of alliance, with submissive patients benefiting more from an improved therapeutic alliance. Finally, the between- and within-patient effects of the alliance remained significant when adjusting for the patients' agentic interpersonal problems and treatment condition. Conclusions. The results provide evidence which types of patients would particularly benefit from an improved therapeutic alliance. For patients suffering from low interpersonal agency and reporting problems with submissiveness, an enhanced alliance during the therapeutic process might improve treatment outcome.

Integration of a neuroscience approach to mechanisms of change research: development of a neurobiological paradigm of the quality of the working alliance and processing of social rewards

Nili Solomonov, Weill Cornell Medical College, New York, USA; Jennifer N. Bress, Weill Cornell Medical College; Lindsay Victoria, Weill Cornell Medical College; Christoph Flückiger, University of Zurich, Switzerland; Faith Gunning, Weill Cornell Medical College; George S. Alexopoulos, Weill Cornell Medical College

Integration of neuroscience tools and techniques can advance our capacity to measure engagement of mechanisms of action in psychotherapy using objective measures. This line of inquiry is especially promising in the case of the working alliance, given that most available evidence is derived from therapist and patient self-reports. EEG and fMRI studies in major depression show that depressed adults and older adults exhibit deficits in neural circuitries responsible for processing of monetary and social rewards. Within the therapeutic context, the dyadic interaction with a therapist is often a socially rewarding experience, particularly when the collaboration is experienced as positive and trustful. Thus, a positive dyadic alliance could be associated with increased social reward processing in patients, and facilitate reduction in depressive symptoms. We developed an objective neurobiological paradigm aimed to evaluate changes in social reward processing over the course of psychotherapy for depression. We will examine whether (a) neural processing of social rewards changes over the course of treatment; (b) improvement in social reward processing predicts subsequent reduction in depression severity and vice versa; and (c) change in social reward processing is associated with change in the quality of the working alliance measured each session during treatment. Results will be presented and discussed at the SPR meeting.

Using Copulas to adjust for unobserved confounding in Psychotherapy Research

Fredrik Falkenström, Linköping University, Stockholm, Sweden; Cameron McIntosh, Employment and Social Development Canada, Ottawa, Canada; Sungho Park, W. P. Carey School of Business, Arizona State University, USA

Objectives: Psychotherapy researchers, especially when studying mechanisms of change, often have to work with observational data. With such data, the risk for 'third variable' confounding is paramount. Various methods have been proposed to control for such bias, but few of them have been used in Psychotherapy Research. One of the more promising methods is the Copula method, which utilizes distributional assumptions of the predictor (which should be skewed) and confounder/dependent variables (should be normal). Method: A simulation study on the impact of variable distributions, sample size and effect size, to correctly recover population parameters will be presented. In addition, prior research findings on within- and between-person alliance-outcome predictions will be reanalyzed using the Copula method. Results: Simulations show that the Copula method works well when skewness in the predictor is relatively large (around 1), even with fairly small samples (e.g. N = 100). A larger sample size can to some extent compensate for smaller skewness. Larger effects of unobserved confounders also require larger sample size and/or more skewed predictors. Alliance-outcome data will be analyzed during the Spring of 2020 and presented at the conference. Discussion: An easy-to-use method for adjusting for unobserved confounding would be of enormous value for psychotherapy researchers. The Copula method has hitherto been used mostly in business and economics, but should find its place in psychotherapy research. A limitation of this simulation study is that combined effects of deviations from distributional assumptions in predictors, confounders, and outcome variable has not been tested.

Discussant: Sigal Zilcha-Mano, University of Haifa, Israel

Panel

*Evidence-based
psychotherapies*

Organizer: Elena Goldstein,
University of Pennsylvania,
Philadelphia, USA

The Feasibility of Evaluating the Effectiveness of Behavioral Activation for Depression in a Community Mental Health Clinic

Depression and other mood disorders are the most common mental disorders for patients seen in community mental health centers (CMHCs). Existing studies of treatments for major depressive disorder (MDD) in CMHC settings have found considerably less success than found in efficacy studies. The challenge of successfully treating depression in the CMHC setting is likely influenced by the extensive medical and psychiatric comorbidity, poverty, and trauma that are common in the patient population in CMHCs, as well as the minimal training in evidence-based psychotherapies and high turnover among therapists working in such settings. Behavioral activation (BA) is an evidence-based psychotherapeutic intervention for MDD that is a good candidate for improving usual care outcomes in the CMHC setting. We report in this panel data on the feasibility of conducting a randomized trial evaluating the effectiveness of BA for MDD in the CMHC setting. In addition to feasibility outcomes, we describe change in mechanism measures for BA, development of new BA fidelity measures, and an evaluation of deficits in reward processing as a predictor of who benefits from BA in the CMHC context.

Feasibility and Depressive Symptom Outcomes for Behavioral Activation in a CMHC Setting

Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA

Aim: We examined the feasibility of conducting a randomized trial examining the effectiveness of behavioral activation (BA) as a treatment for major depressive disorder (MDD) in a community mental health center (CMHC). **Methods:** Following adaptation of a BA manual and training of BA therapists, 80 patients seeking treatment at a CMHC were randomized, with a 3:1 randomization rate to BA to treatment as usual (TAU). **Results:** Feasibility assessments indicated that only one eligible patient refused randomization and that, of patients that attended at least one session, the median number of sessions was six for the BA group and eight for the TAU group. Of three post-baseline monthly assessments, 71.3% (171/240) were successfully obtained. On average, patients in the BA condition completed homework assignments 83.9% of the time. Depressive symptoms improved significantly among patients who received BA and attended at least one treatment session. **Discussion:** BA is a promising treatment to disseminate to the CMHC setting and it is feasible to conduct an RCT in such a setting, although significant challenges need to be addressed.

Reconfirming Change in BA Mechanism Measures in a CMHC Setting

Elena Goldstein, University of Pennsylvania, Philadelphia, USA

Aim: There is substantial evidence for the mechanism of action of BA in terms of increased activities, increased reward value of activities, and decreased avoidance of activities. We present here on whether change in such mechanism measures is apparent in the context of BA delivered by CMHC therapists within a highly comorbid, low-income, and traumatized sample of patients with major depressive disorder presenting for treatment at a CMHC. **Methods:** In addition to depressive symptom measures, two mechanism measures -- the Behavioral Activation for Depression Scale (BADs) and the Reward Probability Index (RPI) -- were administered at baseline and months 1, 2, and 3 post-baseline for 60 patients randomly assigned to BA. **Results:** For patients who received at least one session of BA, there was a significant linear change in BADs and RPI total scores over time. The partial correlation (controlling for initial levels) of change in the BADs total score from baseline to month 3 in relation to change in depressive symptoms from baseline to month 3 was $-.53$ ($p<.001$); for the RPI it was $-.43$ ($p=.004$). **Discussion:** This study provides preliminary data supportive of the mechanism of BA within a CMHC setting.

Development of New BA Treatment Quality Measures

Mary Beth Connolly Gibbons, University of Pennsylvania, Philadelphia, USA

Aim: The goal of this presentation is to report on the development of new patient and therapist assessments of BA quality that are reliable, feasible, and acceptable in a community mental health setting. **Methods:** An initial pool of 123 items were generated through a literature review and expert consultation related to the BA treatment manual. Experts reviewing the items for content and wording reduced the list to 47 items. Focus groups then gathered stakeholder information on the item pool and obtained perspectives on the challenges to eventual implementation of the pragmatic quality assessments. Four advanced graduate students were recruited to conduct expert ratings using the revised 35 items applied to tapes of cases from our BA feasibility trial. Items predictive of change in depressive symptoms and change in BA mechanism measures were retained for the final set of scales. **Results:** A final scale of 10 items was created. The scale

had good internal consistency ($\alpha=.84$). Ratings of session 3 predicted change in the Behavioral Activation for Depression Scale from baseline to month 1 ($r=.43$, $p=.002$). Patient-report and therapist-report versions were created from these 10 items to provide a feasible way of obtaining information on BA quality in the CMHC. Discussion: New scales for assessing BA quality that are feasible and acceptable for use in a CMHC context will allow studies to be done more efficiently and support the dissemination of this important intervention in the community

Do Patients with Deficits in Reward Processing Benefit Most from BA?

Catherine King, University of Pennsylvania, Philadelphia, USA

Aim: The goal of this presentation is to present data on the hypothesis that behavioral activation (BA) is particularly effective for patients who have baseline deficits in reward processing. **Methods:** Patients assigned to BA as part of the feasibility trial were included to test our hypothesis. Deficits in reward processing were measured at baseline using a performance task: the Effort-Expenditure for Rewards Task (EEfRT). Depressive symptoms were measured with the Hamilton Rating Scale for Depression (HAM-D), administered at baseline and monthly assessments for 3 months. **Results:** For the 54 BA patients who had a useable EEfRT score at baseline, there was a significant relationship of deficits in rewards processing as measured by the EEfRT and linear change in the HAM-D total score from baseline to month 3 ($p=.007$, $d=.68$). We examined this effect descriptively by dividing EEfRT scores at the median and examining adjusted month 3 HAM-D change scores. For those with deficits in reward processing, a mean adjusted change in HAM-D total scores of 6.2 points was evident by month 3. For patients without a relative amount of deficits in reward processing, the adjusted change in HAM-D total score points was 3.0 points by month 3. **Discussion:** Patients with deficits in reward processing benefit most from BA. This suggests a compensation model in which BA effectively targets deficits theoretically relevant to the mechanism of BA.

Panel

Therapist effects

Organizer: Barry Farber,
Teachers College, Columbia
University

The Nature and Significance of Psychotherapists' Courage

The primary aim of this panel is to demonstrate how research about the concept of courage can contribute new and useable knowledge to therapists who are committed to individualizing the clinical strategies they use with each patient. Three complementary studies conducted in different cultures, using different methodologies, and with different samples of therapists will be presented. Taken together, their findings support Geller's theoretically-derived conviction that there is clinical value in distinguishing between the courage to risk physical harm (bravery), take psychological risks (boldness), and endure painful experiential states (fortitude). Geller and Farber's paper describes the properties of these forms of courage and presents the results of a survey that revealed that beginning therapists agree that different therapeutic interventions (e.g., discussing problems in the therapeutic relationship) require different levels and types of courage. Neufeld's paper reviews her interview-based (CQR) study of experienced therapists, in which nearly all participants recalled and described moments when they felt challenged to call upon courage when navigating their own fears, anxieties, and vulnerabilities, as well as in the service of their development and growth. Lastly, Kimura and Iwakabe's grounded theory analysis of semi-structured interviews with experienced Japanese therapists emphasized the important role courage plays when therapists contemplate revealing their own psychological wounds to their patients. We hope that participants will take from this panel the belief that their experience and expression of courage is an integral aspect of the success and failure of psychotherapy. David Orlinsky serves as discussant for this set of papers

A Tripartite Model of Courage and the Education of Psychotherapists

Jesse Geller, Teachers College, Columbia University; Barry Farber, Teachers College, Columbia University

The primary aim of this paper is to demonstrate the clinical utility and pedagogic value of incorporating the concept of courage in the learning and practice of psychotherapy. As a basis for understanding the complex nature of this concept, we propose a typology that distinguishes three forms of courage--bravery (i.e., the felt readiness to face and deal with threats that endanger one's sense of physical safety), boldness (the courage to take psychological risks), and fortitude (that form of courage that enables individuals to risk enduring painful experiential states, including anxiety). The concept of courage in psychotherapy has not been subject to systematic investigation nor been integrated into any major theory of psychotherapy. Our preliminary empirical work in this area drew upon the responses of 146 student therapists to items on a newly-developed instrument (Therapists' Attitudes Toward Courage Survey; TACS). Participants were requested to assess the degree of courage they believed was necessary order to deal with each of 30 common clinical situations. Analyses indicated that the following situations were seen as requiring the

greatest degree of courage: threats of suicide, bearing witness to suffering, tolerating a client's negative feelings, using techniques that conflict with those of a supervisor, acknowledging mistakes to a client, and dealing with a client's erotic feelings. We believe therapists would be better prepared equipped to deal with the novel, ambiguous, and conflict-laden aspects of doing therapy if they were helped to integrate a science-based understanding of the concept of courage into their clinical decision making.

Psychodynamic Therapists' Perceptions of Therapist Courage

Lena Neufeld, Long Island University

The purpose of the study was to investigate seasoned psychotherapists' subjective experience, understanding, and expression of courage in the psychotherapy room. Experienced psychotherapists, who have been practicing between 20 - 44 years, were asked to answer the following questions: How would you define courage? Prior to this interview, have you thought about courage in the context of the psychotherapist? Do you believe courage is required of the psychotherapist? If so, in what ways? What do you believe the most courageous thing you have ever done in the treatment room? How has the courage changed over the course of your career? The findings overwhelmingly suggest that courage is a vital and complex part of psychodynamic treatment. Almost all participants described moments when they felt challenged to call upon courage when navigating their own fear and anxiety, discomfort and distress, pain and vulnerability, as well as development and growth. Whereas the manifestations of courage dramatically varied, four primary themes emerged from the data: courage is required to handle countertransference; to confront patient distress and hostility; to ensure psychic survival (e.g., to be able to persevere and have faith in the process); and to confront issues of death, physical violence, and psychosis.

Therapeutic courage in Japanese psychotherapists: Therapists' self-disclosure of their own past psychological wounds

Yuka Kimura, Ochanomizu University; Shigeru Iwakabe, Ochanomizu University

The goal of this study was to investigate psychotherapists' courage in revealing their past psychological wounds to their clients. Semi-structured interviews are currently being conducted with experienced psychotherapists in Japan. Interview transcripts are being analyzed using the grounded theory approach, with categories from our previous study with 5 therapists used to guide the analysis. Results to date suggest that the courage experienced by experienced Japanese therapists at the time of disclosing their own psychological wounds was a significant existential moment--a means to move and to be moved toward expressing one's deepest respect for another human being. These therapists also emphasized the importance of contemplation----that self-disclosure of such private material and feelings needs to be well thought out and planned. Thus, self-disclosure of a therapist's own psychological wounds is perceived as a challenging course of action that requires courage as well as significant thought and planning.

Panel

Change process

Organizer: Alberta Pos, York University, Canada

Emotional processes predicting treatment change in BPD and in long term resilience in major depression.

Loris Grandjean will present the role of emotional arousal in the treatment of borderline personality disorder (BPD). His first talk will be entitled "Change in Emotional Arousal in Clients with Borderline Personality Disorder during a Brief Treatment on emotional processes that predict improvement in clients with BPD." Paper 1 will report on self report and observer-rated arousal measures. Following this, Amanda Piccirilli will present emotional expressive differences that predict long-term follow-up in the treatment of depression in her talk "Comparing Emotional Processing that predicts long term improvement after Receiving Emotion-focused versus Client -centered Experiential Therapy". She will report on measures of emotional processing using the Classification of Affective Meaning States (CAMS) made on client's emotion episodes. Finally Alberta Pos will present a talk on the emotional processes that predict resolution of self-critical depression using Experiential treatment of depression. Two higher order self-critical subtypes will be compared on emotional processing that predicted good long-term outcomes. She will also report on measures of emotional processing using the Classification of Affective Meaning States (CAMS) made on client's emotion episodes.

Change in Emotional Arousal in Clients with Borderline Personality Disorder during a Brief Treatment on emotional processes that predict improvement in clients with BPD

Loris Grandjean, ; Ueli Kramer, University of Lausanne, Switzerland

Background: Emotional arousal, which is part of emotional processing (Greenberg & Pascual-Leone, 2006), can be described as "a phasic increase in some excitatory process -- usually in behaviour or physiological

activity" (Fowls in Sander & Scherer, 2014, p. 50). It is a combination of postural, gestural, facial and vocal expressive displays and changes in the somatic and autonomic nervous system including endocrine and immune bodily responses following a stimulus (Hamm, Schupp, & Weike, 2003). Methods: Participants were a sample of fifty clients diagnosed with a Borderline Personality Disorder (BPD) randomly assigned to a 4-month brief psychiatric treatment (n=25) or to a 4-month treatment as usual (TAU, n=25). During treatment, participants underwent three psychological assessments (intake, 2 months, and discharge). We evaluated emotional arousal via both self-report (Self-Assessment Manikin; SAM; Bradley & Lang, 1994) and observer-ratings (Client Emotional Arousal Scale-III; Warwar & Greenberg, 1999a) on valid scales and explored its change during the brief treatment. The main outcome measure was the Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD; Zanarini, 2003) whereas secondary outcomes measures include the Outcome Questionnaire-45 (OQ-45; Lambert et al., 2004), the Borderline Symptom List (BSL-23, Bohus et al., 2009) and the Difficulties in Emotion Regulation Scale (DERS, Gratz & Roemer, 2004). Results: We assessed symptoms and arousal at all-time points and examined whether change on these measures related to initial symptom change (as measured with the ZAN-BPD). Preliminary results will be presented related to our hypothesis that emotional arousal demonstrates a 'sweet spot' (neither too high nor too low) leading to client therapeutic change. Discussion: In the treatment of clients with BPD, optimal emotional arousal best predicts therapeutic change. Under and over-regulation of emotion can prove unhelpful. Fully understanding the role of emotional arousal in the treatment of BPD will deepen our theoretical conceptualization of this disorder and improve our outcomes for treating this disorder.

Comparing Emotional Processing that predicts long term improvement after Receiving Emotion-focused versus Client -centered Experiential Therapy

Amanda Piccirilli, York University, Canada; Alberta Pos, York University, Canada

Introduction. It is known that psychotherapies are effective for treating major depressive disorder (MDD), but patients often relapse. The overarching goal of this research is to establish which of two empirically supported treatments is the most effective for providing long-term MDD outcomes. Method. We compared emotional processing in emotion-focused therapy (EFT) and client-centered (CCT) therapies to test current assumptions concerning emotional processing predicting long-term outcome for MDD. Using the Categorization of Affective Meaning States (CAMS), we examined emotional processing that occurred in a sample of 55 clients. We used THEME time sequential analyses of these emotion sequences to identify differences in patterns of emotion change consistent with long-term outcome for both therapies. Results. Analysis is still in progress but preliminary results indicate therapy and outcome groups differ in their patterns of emotion sequences. Those who received EFT and also had good long-term outcomes have sequences of hurt/grief, assertive anger, and fear/shame followed by need expression whereas those with poor long-term outcomes had sequences of relief followed by un-codable emotion states. Those who received CCT and also had good long-term outcomes had sequences of fear/shame, whereas those who had poor long-term outcomes had sequences of global distress and rejecting anger. Discussion. Our findings suggest that there are differences in emotion change between therapy and outcome groups. The facilitation of emotion in EFT may contribute to more productive emotion states, whereas clients who receive CCT may be "stuck" in their unproductive emotion states, thus leading to worse outcomes.

Emotional Change Processes Predicting Long-term Resolution of Self-critical Subtypes Of Depression During Experiential Treatment

Alberta Pos, York University, Canada; Bryan Choi, York University, Canada

The current study explored emotional processing predicting long-term outcome within subtypes of self-critical depression. Subtypes were based on qualitatively established themes of self-criticism found by Kagan (2003). Kagan's four subtypes of self-criticism were: (1) compare and despair; (2) too sensitive/needy; (3) internalized 'shoulds'/unacceptable feelings; and (4) unworthy/not good enough. These were validated and extended using a confirmatory reflexive thematic analysis (Braun & Clarke, 2006) on the same original sample of depressed clients (n = 42). Kagan's classification system was reliably applied by new coders. Emotion-focused therapy (EFT) theory successfully extended Kagan's self-critical subtypes into two higher-order categories of self-criticism: (1) 'Socially Inadequate' (SI) self-criticism which combined Kagan's first three self-critical themes, and (2) 'Core Worthlessness' (CW) self-criticism that retained Kagan's fourth theme. These two higher order self-critical subgroups were then examined for differences in working phase emotional processing (WP-EP) occurring during clients' emotion episodes. THEME 6.0 (Magnusson, 2000) then examined differences in discrete emotion states and higher order emotion scheme categories. These were operationalized by the Classification of Affective Meaning States (CAMS; Pascual-Leone & Greenberg, 2005). Consistent with EFT theory, WP-EP differences were found. SI clients expressed less fear/shame, while CW clients expressed the opposite. Higher-order self-critical subgroups did not differ on 18-month post-treatment outcome measures. Both higher-order self-critical subgroups had non-depressed clients at

18-month follow-up who had expressed more sequences involving, primary adaptive emotions as well as reductions in 'stuck' secondary emotions. Long-term non-depressed 'Socially Inadequate' self-critical clients expressed less rejecting anger and more hurt/grief and self-soothing. Long-term non-depressed 'Core Worthlessness' self-critical clients expressed more primary maladaptive emotions and needs. Clinical applications, limitations, and future directions of this research are discussed.

Panel

Therapist effects

Organizer: Michael Constantino, University of Massachusetts

Who works for whom? Understanding and harnessing therapist effects in naturalistic mental health care

There is robust evidence that psychotherapists differ from one another in their average general effectiveness. Moreover, within their own practice, therapists possess relative strengths and weaknesses in treating different types of mental health problems. Thus, understanding therapists' "track records" of effectiveness, both relative to other providers and to their own personal performance, holds promise for personalizing and tailoring mental health care. The goal of this panel is to highlight empirical developments in this area based on a recently completed randomized controlled trial in community-based treatment. This trial, the first of its kind, compared the efficacy of a novel Match System that assigns patients to empirically well-suited providers (based on track records determined with a multidimensional outcomes tool) vs. therapist assignment-as-usual. In the first paper, Constantino will present on the trial's primary outcomes and their implications for personalized, actuarially based matching. In the second paper, Boswell will present on patient-level moderators of the match effect; that is, do some patients benefit more or less from the scientific Match System? Understanding such moderating effects can help amplify mental health care precision even further. In the third paper, Coyne will present a secondary analysis of the trial data that examines the discrepancies between therapists' self-perceptions of efficacy and their objective efficacy, and how such discrepancies influence between- and within-therapist differences in their patients' outcomes. Finally, Connolly Gibbons will provide expert discussion of these talks prior to open exchange among the audience and presenters.

Enhancing mental health care by matching patients to providers' empirically derived strengths

Michael Constantino, University of Massachusetts; James F. Boswell, University at Albany/SUNY, USA; Alice Coyne, University of Massachusetts, Amherst; David Kraus, Outcome Referrals, Inc.

Aims. Psychotherapists possess relative strengths and weaknesses in treating different mental health (MH) problems. Thus, understanding therapists' objective efficacy profiles holds promise for helping patients access empirically well-suited providers. Yet, such data are rarely used in treatment decision making, largely leaving to chance the probability of patients seeing an effective therapist for their concerns. Hence, the humbling no-change and deterioration rates in psychotherapy may partly owe to a lack of precision care at treatment's outset. Addressing this gap, we developed a personalized Match System based on provider "track records" determined with a multidimensional outcomes tool -- the Treatment Outcome Package (TOP). Specifically, patients are assigned to therapists with previously established strengths in treating their primary problems (e.g., depression, anxiety). To test the causal efficacy of the Match, we conducted a controlled trial within a large community MH care system in Ohio. **Method.** 218 adult outpatients were randomly assigned to the Match condition or case assignment-as-usual (typically based on pragmatic considerations). Therapists were 48 community providers, and treatment was unmanipulated. Patients completed the TOP and other outcome measures repeatedly through termination or up to 16 weeks. **Results.** As predicted, patients assigned to empirically well-matched clinicians had significantly better outcomes than patients assigned as usual ($d = .49$). **Discussion.** This trial establishes an evidence-based method of precision care that requires minimal shifts within a care system; that is, MH care can be improved not necessarily by changing what therapists do, but instead who they see in a manner that plays to their objective strengths.

Patient-level moderators of evidence-based patient-therapist matching in community psychotherapy

James F. Boswell, University at Albany/SUNY, USA; Michael Constantino, University of Massachusetts; Alice Coyne, University of Massachusetts, Amherst; David Kraus, Outcome Referrals, Inc.

Aims. The process of referring/assigning a given patient to a uniquely well-suited psychotherapist remains a key decisional dilemma in mental health care (MHC). A recently completed randomized controlled trial compared a personalized patient-clinician Match System based on provider "track record" information to case assignment-as-usual in a network of community mental health centers (Constantino, Boswell, & Kraus, 2020). Between-condition tests showed that patients assigned to empirically well-matched clinicians had significantly better outcomes than patients assigned as usual. Within the context of this RCT, the aim of this study is to examine moderators of this between-condition effect on treatment outcome. **Method.** 218 adult

outpatients were randomized to one of 48 psychotherapists. Patients completed a series of baseline measures, as well the Treatment Outcome Package (a multidimensional outcomes instrument) repeatedly through termination or up to 16 weeks. We tested the following moderators: (a) identified minority status; (b) initial severity; and (c) case complexity. Associations were tested as patient-level interactions in three-level hierarchical linear models. Results. The moderator effect was statistically significant and clinically meaningful in each model. Namely, the match condition-outcome effect was more pronounced for patients who identified as racial/ethnic minorities, had higher severity of problems at baseline, and presented with greater complexity. Discussion: The magnitude of the match effect on outcome varies as a function of specific patient characteristics, indicating that an empirical match system is particularly important for subgroups of patients in MHC systems.

Within- and between-therapist differences in subjective effectiveness as a determinant of multilevel-therapist differences in objective effectiveness

Alice Coyne, University of Massachusetts, Amherst; Michael Constantino, University of Massachusetts; James F. Boswell, University at Albany/SUNY, USA; Felicia Romano, University of Massachusetts; Kimberlee Trudeau, Outcome Referrals, Inc.; David Kraus, Outcome Referrals, Inc.

Aims. Most psychotherapists report being more effective than the average clinician. Despite these self-perceptions, objective outcome measurement indicates clear differences between therapists in effectively treating their average case. Moreover, outcome measurement indicates that within their own caseloads, therapists possess relative strengths and weaknesses depending on patients' presenting problems. Despite these between- and within-therapist effects, it remains unclear whether therapists' awareness of such differences predict their actual effectiveness. Addressing this gap, this study will examine whether (a) within-therapist differences in their perceptions of their domain-specific strengths and weaknesses relates to their objective domain-specific strengths and weaknesses, and (b) between-therapist differences in their perceptions of their general effectiveness relates to their objective general (across-domain) effectiveness. **Method.** Data derive from the baseline phase of a naturalistic trial that tested a patient-therapist Match System. Specifically, we drew on existing pre- and posttreatment outcome data (assessed via the Treatment Outcome Package; TOP) from 1,363 patients treated by 50 therapists. As a multidimensional tool, the TOP includes 12 clinical scales assessing symptoms (e.g., panic), role functioning (e.g., work performance), and social functioning (e.g., interpersonal conflict). Therapists also rated their own perceived effectiveness across the 12 problem domains in multiple ways -- in general, relative to other similarly trained and experienced therapists, and relative to themselves (rank ordered). **Results.** We will use multilevel structural equation modeling to simultaneously test the within- and between-therapist associations between their subjective and objective effectiveness. **Discussion:** Results will speak to the ability of self-perception accuracy to determine multilevel therapist effects.

Discussant: Mary Beth Connolly Gibbons, University of Pennsylvania, Philadelphia, USA

Panel

Change process

Organizer: George Silberschatz, University of California, San Francisco, USA

Research on Control-Mastery Theory

Control-mastery theory, developed by Sampson and Weiss and empirically investigated by the San Francisco Psychotherapy Research Group, is a transdiagnostic model of how psychopathology develops and how psychotherapy works. The theory does not privilege on therapeutic technique over another. Rather, the emphasis is on the degree to which therapists correctly understand the patient's particular problems and needs. Interventions that are guided by such understanding are helpful and lead to a productive therapeutic process and positive treatment outcomes. Recent research on control-mastery theory is the focus of this panel. The first presentation (Curtis) focuses on research studies on the reliability of the formulation method --the procedure for assessing the patient's particular problems and needs. The second (Kadur), presents new research on the effects of therapists passing or failing patient tests (the extent to which interventions correctly address the patient's specific problems) using the Helping Skills System developed by Hill. The final presentation (McCollum) will review a variety of recently developed patient measures that have opened new areas of research for testing control-mastery hypotheses.

Research on formulating the patient's problems and goals

John Curtis, University of California, San Francisco, USA

For more than 45 years the San Francisco Psychotherapy Research Group has tested the broad hypothesis that when a therapist intervenes in accord with a formulation that accurately identifies the conflicts and needs of a patient, the patient will show improvement immediately in the session and ultimately at therapy outcome. Failure to respond in accord with such a formulation will lead to stagnation or decline. This

approach to psychotherapy is case-specific and requires that interventions be tailored to the individual needs of the patient. Moreover, this approach does not privilege particular therapeutic techniques or interventions--again suggesting that whatever techniques or interventions are employed be determined by the unique needs of the patient. To test our ideas, we have for the most part adopted a research strategy of repeated single-case studies. For these studies, we have first developed a unique formulation of each case and then used that formulation to rate the "accuracy" of the therapist's interventions--defined as compatibility with the formulation. We then determine the relationship between the accuracy of the therapist's interventions and immediate changes in the process of the therapy and ultimate therapy outcome. The first step in this strategy was to develop a reliable method for formulating individual cases. In this presentation, I will review the development of our formulation method (The Plan Formulation Method) and then give an overview of its application to studies of the process and outcome of psychotherapy

Tests of the patient and therapist's statements in psychotherapy

Jennifer Kadur, University of Klagenfurt, Austria

BackgroundAlready in 1936 Rosenzweig postulated that psychotherapeutic change is not only based on therapeutic technique, but also on overall common factors. Common factors imply "empathy, warmth and the therapeutic relationship" (Lambert & Dean, 2001, p. 357). A theory of psychotherapy that focusses rather on relational issues is the Control-Mastery Theory (CMT; Weiss, Sampson, & The Mount Zion Psychotherapy Research Group, 1986). According to CMT improvement in patients depends on the extent to which the therapist acts in a way that disconfirms the patient's pathogenic beliefs (Rappoport, 1996). One way to take a closer look at this therapeutic relationship, is to analyze the concrete interaction between the therapist and his patient in psychotherapy sessions and to find out what happens in the therapeutic process. The aim of this study is to find out whether there is an association between the concepts of CMT and the statements of the therapist after the patient's test situations. MethodTwelve patients of the Munich Psychotherapy Study (Huber, Zimmermann, Henrich, & Klug, 2012) will be examined for test situations according to CMT. Therapist statements after these test situations are then coded using the "Helping Skills System" (HSS; Hill, 2014), a measurement that encodes the verbal utterances of a therapist. Statistical analyses are performed to identify correlations between passed and failed tests and the therapist's behaviour. Results and discussionResults of this study will be presented and discussed on the 51th International Annual Meeting of the SPR in Amherst. ReferencesHill, C. E. (2014). *Helping skills: Facilitating exploration, insight, and action* (Fourth edition). Washington, D.C: American Psychological Association. Huber, D., Zimmermann, J., Henrich, G., & Klug, G. (2012). Comparison of cognitive-behaviour therapy with psychoanalytic and psychodynamic therapy for depressed patients - a three-year follow-up study. *Zeitschrift Fuer Psychosomatische Medizin Und Psychotherapie*, 58(3), 299--316. Lambert, M., & Dean, B. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy*, 38(4), 357-361. Rappoport, A. (1996). The structure of psychotherapy: Control-mastery theory's diagnostic plan formulation. *Psychotherapy: Theory, Research, Practice, Training*, 33(1), 1--10. Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry*, 6(3), 412--415. Retrieved from <http://dx.doi.org/10.1111/j.1939-0025.1936.tb05248.x> Weiss, J., Sampson, H., & The Mount Zion Psychotherapy Research Group. (1986). *The psychoanalytic process: Theory, clinical observations, and empirical research*. New York, N.Y.: Guilford Press.

Objectively Measuring the Patient's Perspective

James McCollum, San Francisco Psychotherapy Research Group

Many approaches exist to capture the thoughts and feelings of patients in psychotherapy. The research method most frequently employed by the San Francisco Psychotherapy Research Group has relied on analyzing the verbatim content of therapy sessions using trained clinical judges. This presentation will discuss new research on several recently developed measures to capture patients' perspectives directly through rating scales. The measures discussed here include the Personal Beliefs Scale, Patient Experience of Attunement Questionnaire, and the Problems in Therapy Scale. These scales provide empirical measures of components of the Control Mastery Theory of the therapeutic process. These measures are designed to be used in both research and clinical practice. The presentation will discuss the development and ongoing research using these scales, as well as potential clinical applications in diagnosis, treatment planning, and monitoring outcomes of therapy.

Panel

Methods

Organizer: Dana Atzil-Slonim, Bar Ilan University

Using Machine learning approaches to advance psychotherapy research

This panel will focus on the possibilities of using Machine Learning (ML) approaches to advance psychotherapy research. The presentations in this panel will demonstrate how different ML approaches allow learning statistical functions from multidimensional data sets to make generalizable predictions about

psychotherapy processes and outcome. The first presentation, by Björn Bennemann from Trier University, will present a study that used ML algorithms to predict dropout from psychotherapy. The second presentation, by Carl-Johan Uckelstam, from Linköping University, Sweden, will present a study that used advanced pattern recognition on data collected from clients and therapists to predict psychotherapy dropout. The third presentation, by Natalie Shapira from Bar-Ilan University, Israel, will present a study that used ML algorithms to predict clients' emotional fluctuations in psychotherapy. The fourth presentation, by Dana Atzil-Slonim from Bar-Ilan University, Israel, will present a study that used topic modelling with textual data to predict process and outcome in psychotherapy. These papers and the discussion that will follow them, by Jaime Delgado from the University of Sheffield UK, are expected to shed light on the potential as well as the main challenges in using computational automatic methods to analyze psychotherapy data.

Predicting dropout in outpatient psychotherapy with machine learning algorithms

Björn Bennemann, Universität Trier, Germany; Wolfgang Lutz, Universität Trier, Germany

Aim: Dropout is a known problem in the psychotherapeutic process and has important implications for the patient and the healthcare system. Therefore, it is important to identify the factors associated with dropout as well as the patients who are at risk of premature termination. **Method:** Data from 2301 patients treated by 181 therapists at the University of Trier's outpatient center were analyzed. Additionally, 185 patients who dropped out during the two intake sessions before being assigned to regular therapist were included in the analyses. To predict dropout, data were divided into a training and a test sample. Random allocation of cases to training and test samples was carried out multiple times to ensure that results were independent of subsample characteristics. With the help of various machine learn algorithms and the R package caret, a model was created using the training data, which provided dropout probabilities. In the test sample, models were evaluated in terms of specificity and sensitivity, brier-score, and accuracy. Afterwards, the models were compared. The model that performed best on average and whose performance was least likely to deviate from the average was selected. **Results and Discussion:** A model created by an ensemble of random forest and a boosting algorithm delivered the best prediction results. Furthermore, large differences between the models generated by different machine learning algorithms were found, indicating that different algorithms are not equally suited to these kinds of predictions.

Prediction of Psychotherapy Dropout by Client and Therapist Information Collected at the Start of Treatment: A machine Learning Approach

Carl-Johan Uckelstam, Linköping University, Stockholm, Sweden; Fredrik Falkenström, Linköping University, Stockholm, Sweden

Background: Better understanding of how to detect clients who are likely to drop out of treatment is important for the development of personalized interventions to reduce such terminations and to assist clinicians in detecting these clients as early as possible. To enhance this knowledge, it might be necessary to explore variables, and apply statistical methods, that differ from what is usually applied in the field of psychotherapy research. For example, analysis of all items that make up a self-report questionnaire, as in contrast to just summary scores, could reveal important information about client's risk of dropping out of treatment. In general, this type of data -- although readily available to researchers -- has been ignored in the current literature. To this end, Machine Learning and Supervised Learning may have great potential. **Aim:** The study aims to extend the literature on factors related to premature termination by investigating a novel approach of using advanced pattern recognition on data collected from clients and therapists to predict psychotherapy dropout. **Method:** High dimensional data from clients and therapists from different university counseling centres will be analysed in an exploratory way by commonly used procedures for machine learning. **Results:** Data will be analysed during the spring of 2020 and presented at the conference. **Discussion:** Findings could enhance knowledge of predictors related to psychotherapy dropout which might help to personalize psychotherapy interventions to prevent such terminations.

Predicting empathic accuracy in psychotherapy with machine learning algorithms

Natalie Shapira, Bar-Ilan University, Israel; Yoav Goldberg, Bar-Ilan University, Israel; Dana Atzil-Slonim, Bar Ilan University

Therapists' empathic accuracy (EA) toward their clients' fluctuating emotions is a crucial clinical skill that underlies many therapeutic interventions. Previous studies have shown that therapists are not always accurate in detecting their clients' emotions. We suggest a machine learning algorithm that can be used to assist clinicians by predicting clients' emotions based on the textual content of the session. **Method:** Transcriptions of 867 (729 for training, 138 for testing) psychotherapy sessions from a sample of 69 clients treated by 62 therapists were analyzed. After each session, clients self-reported their emotional state and therapists reported their perception of the clients' emotional state. **Results:** The results demonstrate higher

accuracy of the algorithms compared to therapists in predicting the clients' emotions. Cross validation was used to increase generalizability of the models. Conclusion: The results will be discussed in the context of human-computer interaction and the possibility that computers will support and enhance human therapeutic skills.

Using topic models to predict process and outcome in psychotherapy

Dana Atzil-Slonim, Bar Ilan University; Daniel Juravski, Bar-Ilan University, Israel; Natalie Shapira, Bar-Ilan University, Israel; Yoav Goldberg, Bar-Ilan University, Israel

The remarkable potential of computerized Natural Language Processing (NLP) techniques to automatically analyze the text within psychotherapy sessions and generate useful information about the therapy process and outcome has been recently highlighted as a promising way to scale up psychotherapy research. In the current study, our goals were to examine: (1) the ability of topic modeling to automatically infer what topics were discussed in psychotherapy, (2) which topics are most predictive of session level labels of ruptures occurrence and clients' functioning, (3) how these topics change throughout good and poor outcome cases. Method: Transcripts of 873 psychotherapy sessions from a sample of 58 clients treated by 52 therapists were analyzed. Prior to each session, clients self-reported their distress level. At the end of each session, therapists reported the extent to which a rupture occurred. We used the Latent Dirichlet Allocation (LDA) model to extract topics. Sparse Multinomial Logistic Regression model was used to select the most effective topics which best predict the labels. Cross validation was used to increase generalizability of the models. Finally, we used the sessions' topics' distribution to explore how the topics change throughout good and poor psychotherapy cases. Results: Session-based processing yielded a meaningful list of semantic topics. The topic models predicted the labels with 65%-75% accuracy. The most effective predictable topics have shown a different pattern of change in the good versus the poor outcome cases. Conclusion: topic models allow using the rich linguistic data within sessions to predict psychotherapy process and outcome.

Panel

Process and outcome

Organizer: Antonio Pascual-Leone, University of Windsor, Ontario, Canada

Patterns in client emotion as a predictor of outcome: Emotional processing across psychotherapy and experimental paradigms.

Background: The panel presents studies that examine moment-by-moment observable processes of emotion. They are formulated using Pascual-Leone and Greenberg's (2007) sequential model of emotional processing, which elaborates a theory of emotional change from emotion focused therapy. However, these studies do not examine emotion focused therapy but rather apply theory from that approach to both experimental designs and to psychotherapy processes in psychodynamic as well as in attachment-based family therapy. Contributions: The panel begins with a study on the role of contempt in samples of experiential therapy for depression, psychodynamic treatment for BPD, and healthy controls. The second study examines mechanisms of productive vs. unproductive anger experiences using an experimental design with both clinical and non-clinical populations. The third study uses an on-line experimental design modeled after principals of emotion focused therapy to explore the sequential role of anger or sadness, while also considering the context of presenting concerns about unfinished business. The final study examines emotional sequences at the broadest level in working with depressed and suicidal adolescents being treated with attachment-based family therapy. It empirically demonstrates chains of emotion, being linked together in the course of a psychotherapy session, showing these sequences to be a predictor of symptom change. Conclusions: Together this panel of studies successfully demonstrate emotion focused theory being fruitfully explored from other treatment perspectives, and supports the generalizability of Pascual-Leone and Greenberg's model. The studies also demonstrate process-based findings that are immediately applicable to clinical work. Future applications will also be discussed.

Evaluation of expressed verbal and non-verbal self-contempt in psychotherapy with a Likert scale: A validation study

Hélène Beuchat, Institute of Psychotherapy, Lausanne, Switzerland; Loris Grandjean, ; Jean-Nicolas Despland, Institute of Psychotherapy, Lausanne, Switzerland; Antonio Pascual-Leone, University of Windsor, Ontario, Canada; Chantal Martin-Sölch, University of Fribourg, Switzerland; Ueli Kramer, University of Lausanne, Switzerland

Background: Self-Contempt is a frequent clinical phenomenon, associated with a number of psychological problems such as less self-resilience, more contempt, sadness and shame. It was also shown that it interferes with productive emotional processing. A measure of self-contempt was developed by Kramer and Pascual-Leone (2016) from the Classification of Affective-Meaning States (CAMS) (Pascual-Leone & Greenberg, 2005), in a self-critical task named two chair dialogue (Greenberg, 1979). This measure, that

does not take count of gradual intensity, has been used in a few research studies. Objectives: We assume that the intensity of self-contempt expressed in psychotherapy sessions are related with symptom intensity and inversely related with the therapeutic alliance. We also assume that patients with BPD express more self-contempt than patients with major depression and healthy controls. We assume that the validation coefficients of the improved version are sufficient. Methods: Video-taped clinical interviews will be analyzed in order to develop the 5 points of the scale and determine the quoting criteria. This first explorative phase of this validation study focuses on defining the 5 Likert points on a sample of N=60 participants divided in 3 groups; (group 1 n= 20 BPD undergoing experiential two-chair dialogues, group 2 n=20 Depression undergoing psychodynamic psychotherapy and group 3 n=20 Healthy Control undergoing experiential two-chair dialogues). Results: This study presents the first results of the observer-rating based analysis of video-taped interviews using the expressed self-contempt 5 point Likert scale. We compare the three groups described above between themselves. Discriminant validity is determined with regard to self-esteem. Reliability of the instrument is analyzed using an inter-rater method and construct validity is measured. Discussion: Self-contempt conceptualized as an affective process holds a promising role for understanding emotional processing in psychotherapy. A valid and reliable measure of self-contempt is an important and useful tool to clinicians and therapists.

Resolution of lingering anger following interpersonal grievances: Examining mechanisms of change in rumination, reappraisal, and identification of unmet needs

Michael Strating, University of Windsor, Ontario, Canada; Antonio Pascual-Leone, University of Windsor, Ontario, Canada

Background: Differentiating between different kinds of anger, Pascual-Leone and Greenberg's (2007) sequential model of emotional processing suggests that destructive rejecting anger can be transformed into more adaptive assertive anger through the identification and exploration of unmet needs. However, this specific pathway has yet to be demonstrated experimentally. Objective: The purpose of the current study is to examine intervention-specific change mechanisms involved in the resolution of lingering and problematic feelings of anger in response to an autobiographical interpersonal grievance. Method: Using an experimental therapy analogue design with both non-clinical and clinical samples, the current study compares the effectiveness of single-session anger rumination (control), cognitive reappraisal, and needs identification interventions for reducing unresolved anger and unforgiveness, as well as promoting useful psychological processes related to self-awareness and a sense of direction. Results: Findings from this study speak to the mechanisms by which different anger resolution interventions work and have implications for reducing destructive forms of anger and aggression while promoting constructive expressions of assertiveness in clinical practice. Discussion: Implications for clinical practice in identifying and working with productive anger are discussed.

Title: Are Emotions Influenced by their Sequence? An Experimental Study of Emotional Processing

Stephanie Nardone, University of Windsor, Ontario, Canada

Background: Research from a range of treatment approaches has indicated that the order in which a given emotion occurs can be a productive process that predicts treatment outcomes. However, it is unclear if the optimal pattern of emotion is relative to presenting concerns. Objective: The present study examined whether resolution of lingering anger and sadness about an interpersonal interaction depends on the sequence in which anger and sadness are experienced. Method: Within a total sample of 104 participants, two groups were identified based on presenting emotional concern: individuals with predominantly lingering anger about an interpersonal interaction (n = 26), and individuals with predominantly lingering sadness about an interpersonal interaction (n = 56). Participants completed a written emotional processing intervention in one of two randomly assigned conditions (i.e., anger-before-sadness condition or sadness-before-anger condition), which differed only by the order in which participants were guided to feel anger and sadness. Results: Regardless of whether participants presented with lingering anger or sadness, they experienced a greater decline in the desire to hold a grudge when they were guided to feel sadness first and anger second (d = .59), as opposed to anger first and sadness second (d = .31). Moreover, individuals who presented with lingering anger reported that the intervention was more useful when sadness preceded anger, as opposed to the inverse sequence (d = .94). However, for individuals with lingering sadness, the reported usefulness of the intervention did not depend on the temporal sequence of anger and sadness. Discussion: These findings underscore the importance of the temporal sequence of emotions in resolving distress and they suggest optimal practices for meaningfully working through anger.

Emotional processing in attachment-based family therapy for depressed and suicidal adolescents

Chen Lifshitz, Ben Gurion University, Beer Sheva, Israel; Guy S. Diamond, Ben Gurion University, Beer Sheva, Israel; Roger Kobak, Ben Gurion University, Beer Sheva, Israel; Gary M. Diamond, Ben Gurion University, Beer Sheva, Israel

Background: Adolescents' emotional processing is considered an essential element for change in attachment-based family therapy (ABFT). Such processing helps adolescents to both make sense of their experience and to effectively communicate their feelings and unmet needs to parents in the context of conjoint corrective attachment episodes. Objective: This study examined emotional processing, and its link to treatment outcome, among 39 depressed and suicidal adolescents receiving ABFT. Method: video from psychotherapy sessions were coded for client emotion and using Pascual-Leone and Greenberg's (2005) and related to treatment outcome. Results: Findings showed that across outcome groups, adolescents successfully transitioned from secondary maladaptive global distress to primary maladaptive shame, from secondary maladaptive rejecting anger to primary adaptive assertive anger, and from primary adaptive assertive anger to primary adaptive grief/hurt. Adolescents with poor outcome expressed more secondary maladaptive global distress and showed a tendency to revert back to global distress at the end of individual sessions, compared to adolescents who responded well to treatment. In contrast, good responders uniquely exhibited an increase in the expression of primary adaptive assertive anger, from early individual sessions to later conjoint sessions. Theoretical and clinical implications are discussed. Discussion: This study contributes empirical support for specific theories of emotional processing and has moment-by-moment clinical implications for working with depressed and suicidal adolescents.

Panel

Relationship factors

Organizer: Orya Tishby,
Hebrew University,
Jerusalem, Israel

The role of countertransference in therapy process

Countertransference is a ubiquitous phenomenon: therapists walk into the consulting room, bringing with them their unique ways of relating to others, their strengths and vulnerabilities. In a paper summarizing the 3rd APA task force on evidence based relationships and responsiveness, Norcross and Lambert (2018) write: "Multiple and converging sources of evidence indicate that the person of the psychotherapist is inextricably intertwined with the outcome of psychotherapy" (p. 307). Moreover, CT management is listed in the conclusions of the Task Force as "probably effective", which is a step forward compared to the 2011 report, which listed countertransference management as "promising, but insufficient research to judge". Although it originated in psychoanalysis, countertransference is currently considered a trans-theoretical construct. CT is central to understanding the therapeutic relationship, the patient's inner world, and therapy process. However, CT operates out of awareness, and may at times be overwhelming. Thus, it must first be identified and processed, before it can be put to use. In this panel we present 3 papers on countertransference and therapy process. Jeff Hayes will present a study on trainees' CT reactions, their perceived causes and consequences, and trainees' attempts to manage these reactions. Maayan Abargil assessed the impact of CT on clients' experience of therapist attunement and responsiveness. Orya Tishby's paper will focus on the relationship between therapists' feelings before the session (using the Feeling Word Checklist), rupture types (using the 3RS), repair interventions, changes in clients' difficulties in emotion regulation (using the DERS) and outcome.

"Thinking it through": Trainees' reflections on the causes and consequences of their countertransference

Jeffrey Hayes, Penn State; Claire Cartwright, University of Auckland, New Zealand

Understanding and managing countertransference (CT) reactions tends to be challenging for experienced therapists and can be far more so for trainees. This study aimed to advance current understanding of trainees' CT reactions, their perceived causes and consequences, and trainees' attempts to manage these reactions. Nineteen clinical and counseling psychology doctoral students received a half-day training on CT and completed weekly, online log entries describing their CT experiences with a current client. A total of 93 log entries were analyzed using thematic analyses. Most trainees perceived their CT as originating from formative experiences, self-doubts, and other personal qualities. They reported CT reactions being triggered by client characteristics and behaviors. Trainees described a wide range of CT manifestations that were mainly emotional and behavioral. They perceived primarily negative, but at times positive or minimal, effects of CT on clients or therapy. Attempts to manage CT took the form of mindfulness, self-talk, and use of supervision. The potential for using online logs to manage CT through deliberate, reflective practice is discussed, as are implications for training and research.

Countertransference and therapists' capacity for emotion detection -- their effects on clients' experience of attunement, and outcome.

Maayan Abargil, Hebrew University, Jerusalem, Israel

Aim: The patient's experience of attunement and responsiveness has been found to predict successful therapy (Elliott, Bohart, Watson, & Reenberg, 2011; Snyder & Silberschatz, 2017). Moreover, therapists perceive their attunement to the patient as critical to the effectiveness of the therapy (Castonguay et al., 2010). Therefore, it is important to understand which therapist characteristics are related to both the patient's experience of attunement and to the therapist's capability to be attuned. Method: The data analysis will be based on 20 clients who completed 15 or 16 sessions of Supportive-Expressive Therapy (Luborsky, 1984). Therapists' and patients' experience of attunement was assessed using the PEAR Scale (Silberschatz, 2009). Therapist empathy was assessed with an emotion detection task the JeFEE; (Yitzhak et al., 2017). Therapist emotion regulation was measured with the DERS (Gratz & Roemer, 2004). Countertransference was assessed using the CCRT (Luborsky, 1977) and therapists' awareness of their countertransference was assessed using a semi-structured interview developed for this study. The OQ-45 (Lambert et al., 1996) were administered before and after each session. The relationship between therapists' success in emotion detection, emotion regulation, flexibility and awareness of countertransference and patients' symptom reduction and experience of attunement was analyzed using mixed models. Results: research is still in progress

Therapists' feelings, types of rupture and repair, and changes in patients' emotion regulation

Orya Tishby, Hebrew University, Jerusalem, Israel

There is a growing body of research which shows that ruptures that are repaired lead to successful outcome, whereas ruptures that are not repaired lead to poor outcome (Eubanks, Muran & Safran, 2018). However, studies on the therapist's contribution to the rupture and to its resolution are lacking. Safran & Muran (2000) described the therapist's stance in the course of a rupture: "In order to be attuned to rupture markers and apply resolution techniques, therapists need to cultivate a stance of ongoing self-awareness of their subjective reactions as a vital source of information and to remain affectively attuned to the subtle interpersonal shifts that occur in the course of treatment". In this study, 40 therapists filled the Feeling Word Checklist before and after each session in Supportive Expressive Therapy (16 sessions). Rupture types (confrontation and withdrawal) and resolution strategies were coded on the 3RS (Eubanks, Muran & Safran, 2015), for sessions 3, 4 & 5. I will present results which show the associations between therapists' feelings, rupture types and resolution strategies, and consequent changes in patients' capacity for emotion regulation using the Difficulty in Emotion Regulation Scale (Gratz & Roemer, 2004). Discussion will focus on therapists' contribution to the rupture/repair process in the early phase of treatment, and to changes in patients' capacity for emotion regulation in this phase.

Discussant: Charles Gelso, University of Maryland, College Park, USA

Panel

Process and outcome

Organizer: Barry Farber,
Teachers College, Columbia
University

Client and Therapist deception: The nature and functions of "not quite the whole truth"

In recent years, truth and deception have become prominent national and global issues. Psychotherapy researchers have also turned their attention to the ways in which truth and deception are enacted in the clinical setting. The papers in this panel report on recent research on this topic. Jackson's paper, based on a large-scale survey of therapist dishonesty, notes that most therapists acknowledge having been dishonest with their clients about their feelings of frustration and/or their own physical or mental state in session. Newman's paper, based on her analysis of nearly 300 therapists' responses to open-ended questions, indicates that most therapists justify their occasional dishonesty in terms of therapeutic tact (i.e., the truth would be harmful to the patient or the relationship) and that most have no regrets for these actions. Lastly, Patmore's paper focuses on the difficulty of truthful disclosures in psychotherapy among one specific client population: those suffering from eating disorders. Several themes emerged among her sample as primary motives for nondisclosure, including shame, avoidance of unwanted interventions, and a desire to maintain therapeutic focus on other issues of greater perceived importance. Taken together, these papers attest to the essential truth of Levine's "default-to-truth" theory (i.e., why it's so difficult for individuals to accurately detect dishonesty) even in the often-vigilant atmosphere of psychotherapy. Importantly, too, these papers will address the implications of client and therapist dishonesty for the process and outcome of psychotherapy and for the training of psychotherapists. Clara Hill serves as the discussant for this set of papers.

The nature of Therapist Dishonesty

Devlin Jackson, Teachers College, Columbia University

Honest communication between therapist and client is foundational to good psychotherapy. However, while past research has focused on client honesty, the topic of therapist honesty remains almost entirely untouched. This paper reviews the extant literature on this topic, including the related issue of "therapeutic tact," and presents the results of a large scale, international survey of therapists regarding their perceptions of the topics about which they are most likely to be less-than-completely-honest---either by concealment of information or overt dissembling. These results suggest that therapists are most frequently dishonest about their feelings of frustration vis a vis clients and/or their own physical or mental state in session. The clinical and training implications of these findings will be discussed.

Therapists' perceptions of the reasons for and consequences of less-than honest communication

Mandy Newman, Columbia University, New York, USA; Mandy Newman, Columbia University, New York, USA

The primary aim of this study was to assess the perceptions of therapists (N = 341) regarding the nature and consequences of therapist dishonesty--an infrequently written about or studied clinical phenomenon. A qualitative analysis was conducted of responses to open-text questions focused on therapists' reasons for dissembling, the feelings they experienced when this occurred, the perceived immediate consequences of their dishonesty, later consequences, and whether they would handle this situation differently today. Results indicated that "treatment strategy" (i.e., the truth would be harmful to the patient or the relationship) was seen as the primary motive for therapist dissembling, that most therapists felt negatively about the event, that there were no perceived immediate or distal consequences, and that most therapists would not handle the event differently. The clinical implications of therapist concealment and dissembling are discussed.

Secrets and lies of Eating Disordered Clients

Jacqueline Patmore, Teachers College, Columbia University; Brianna Meddaoui, Teachers College, Columbia University; Maya Citron, Teachers College, Columbia University; Helen Feldman, Teachers College, Columbia University; James Smythe, Teachers College, Columbia University; Courtney Sinclair, Teachers College, Columbia University; Stephanie Ng, Teachers College, Columbia University

Client disclosure is a critical component of treatment effectiveness. Given that eating disorders have the highest mortality rate of any mental illness, the consequences of clients withholding clinically-relevant symptoms could be dire. As part of a large-scale survey, a community-based sample of 45 individuals in therapy provided open-text responses to questions about their motivations for concealing and/or lying about eating and body-image concerns and how this affected therapy. Several major themes emerged as motivations for nondisclosure, including shame, avoidance of unwanted interventions, and a desire to maintain therapeutic focus on other issues of greater perceived importance. Those respondents who stated that their dishonesty had no effect on their progress tended to be skeptical of the ability of therapy to help with their eating disorder; they also noted that they wanted to impose some degree of control over the therapeutic dynamic. The findings are consistent with the literature examining the significant role of shame in therapeutic nondisclosure and offer new insights into the ways that client nondisclosure serves as a means to avoid unwanted treatment for eating pathology and handle perceptions of treatment or provider ineffectiveness. Moreover, nondisclosure may also serve a facilitative function for shifting therapeutic discussions to matters of greater perceived importance. By understanding the difficulties of client disclosure around eating disorders and the functions nondisclosure serves, providers can better serve a population vulnerable to treatment disengagement and mitigate associated severe health consequences.

Panel

Client effects

Organizer: Arthur C. Bohart,
Santa Clara University

Personalizing Psychotherapy: Aligning with the client

The common thread in the three papers is a focus on responding to clients in terms of their own goals, agency, and creativity. Clients have their own intentions and future goals, their own values about what change in psychotherapy is, and actively and creatively contribute to achieve their own self-healing. Oddli and colleagues report on a qualitative analysis of transcripts on how therapists orient themselves around a shared sense of the possible or preferred futures available to the client on an ongoing basis. Four themes were identified. A core finding was that therapists aligned with clients' directionality in a forward-driven, gradually evolving process. Morrill, Levitt, Minami, and Grabowski report on a confirmatory factor analysis of a new measure, The Clients' Experiences of Therapy Scale. The scale measures something distinct from symptom reduction because it identifies the central in-session dynamics that clients have identified as

facilitating of change. It is especially useful in offering therapists feedback as it identifies relational and intervention processes that therapists can discuss with clients and tailor to their specific needs. Bohart will draw implications, from his research review on the client as active self-healer, for personalizing therapy by working with the client as an active, creative agent. Stiles will bring his expertise on responsiveness to reflect upon the presentations and raise issues for discussion. The central implication is the need for a focus on moment-by-moment responsiveness that is informed by findings on personalization and that supports client agency in an ongoing manner.

Centering Client Perspectives in Psychotherapy Outcome Assessment: A Confirmatory Factor Analysis of the Clients' Experiences in Therapy Scale (CETS)

Zenobia Morrill, University of Massachusetts Boston; Heidi Levitt, University of Massachusetts Boston; Takuya Minami, University of Massachusetts Boston; Lauren Grabowski, University of Massachusetts Boston

Aim: Researchers typically have used symptom-focused measures to evaluate psychotherapy outcome. This method of assessment understands symptom reduction as a proxy for the quality of therapy from a medical perspective, rather than centralizes changes that are important from a client perspective. This presentation introduces a new measure, the Clients' Experiences of Therapy (CETS) that was developed to capture meaningful psychotherapy outcomes as experienced by clients. **Method:** The CETS is based upon findings from a large meta-analysis of qualitative research on clients' experiences in psychotherapy (Levitt, Pomerville, & Surace, 2016). Exploratory factor analyses had demonstrated strong test-retest reliability and inter-item consistency resulting in a 15-item measure with five subscales. Confirmatory analyses now have corroborated these findings, examining 368 client-participants. **Results:** Five subscales were confirmed: 1) Pattern Identification, (2) Disconnection/Disengagement from Therapist, (3) Therapist Responsiveness, (4) Client Agency, and (5) Transformative Acceptance/Safety. When compared with other outcome measures, the CETS has been shown to measure a distinct construct from symptoms reduction. **Discussion:** The CETS grounding in qualitative research underlies its strong construct validity in addition to its psychometric qualities. It is especially useful in offering feedback for therapists because it identifies the central in-session dynamics that clients have identified as facilitating of change. This measure can allow therapists to tailor their interventions and relationships to client specific needs. The five subscales demonstrate promise for predicting client dropout as well as holding across varying demographic groups and psychotherapy orientations making it a suitable tool for implementation in a diversity of treatment settings.

Future orientation in successful therapies. Therapists align with clients' directionality

Hanne Weie Oddli, University of Oslo, Norway

Aim: In order to better understand how therapists facilitate client goal attainment in therapy, we wanted to explore how therapists and clients orient their therapeutic work around a shared sense of the possible or preferred futures available to the client. To maximize our chances of observing such activities, we analyzed therapists' future-oriented actions in good outcome cases in which clients rated agreement on the goal factor (WAI-SR) to be high. **Methods:** We selected clients who were within the clinical range (OQ-45.2) at pretreatment, who demonstrated reliable change at the end of treatment, and who recorded high WAI client goals scores early in treatment. We conducted qualitative analyses of the transcripts of the initial three sessions and client post-treatment interviews followed by a "next level analysis" to identify themes across the two separate sets of findings. **Results:** Four themes that expressed a future-orientedness were identified: 1) picking up explicit and implicit intentions; 2) using linguistic devices, such as meta-communication, action language and hedging; 3) using evocative interventions 4) nudging the client into practicing change. A core finding was that Therapists aligned with clients' directionality in a forward-driven, gradually evolving process. **Discussion:** Conceptual and clinical implications for psychotherapy practice are discussed.

Personal-izing Psychotherapy From the Perspective of the Client as an Active Self Healer

Arthur C. Bohart, Santa Clara University

Aim. Research has supported the idea of the client as a potentially active, creative agentic force in the therapy process (Bohart & Wade, 2013). I will draw implications from this research for personalizing psychotherapy on a moment to moment basis. **Method.** A brief review of research findings supporting the concept of the client as an active self-healer will be given. Clients actively co-manage the therapy relationship and process. What they perceive as helpful is often different from what therapists think is helpful. Clients' theories of change influence how they see what they are receiving, and how they react to, process, and assimilate it to their pre-existing goals and schemas. Clients can be and often are creative "intervenors" in their own right. **Results.** The implication is that personalizing therapy by statically matching what the therapist does to client characteristics, beliefs, and culture, etc., is not enough. Therapists need to

be constantly personalizing by responding in an ongoing way to the emerging context between themselves and the client. By sensitively responding in the moment therapists can promote client agency and draw on their creativity and create ongoing creative collaborativity. Finally, research suggests that personalizing therapy in the sense of responding to the personhood of the client, to the unique person you are working with, is itself a core "healing" element, over and above its value for increasing useful client participation. Personalizing depends heavily on appropriate therapist responsiveness. Discussion. Implications for practice and future research will be discussed.

Discussant: William B. Stiles, Miami University and Appalachian State University, USA

Panel

Relationship factors

Organizer: Simon B. Goldberg, University of Wisconsin, Madison, USA

Novel methods for bottling old wine: Biological and statistical innovations for studying interpersonal processes in psychotherapy

It has been argued that psychotherapy is, in essence, an interpersonal activity. For over a hundred years, scientists and clinicians have worked to understand and augment the therapeutic effects of the social interactions that occur within psychotherapy. This work has yielded diverse theoretical models and methodological tools for understanding psychotherapy, aimed at capturing features ranging from therapists' adherence to a treatment manual to the working alliance. While progress has been made, it is possible that reliance on the traditional tools of psychotherapy research (e.g., self-report questionnaires, labor-intensive clinician- and observer-rated measures) has limited progress and impact on clinical practice. Human interaction is complex and may require equally complex tools to be understood. The current panel introduces three contemporary methods aimed at capturing interpersonal aspects of psychotherapy: nonverbal synchrony, oxytocin synchrony, and machine learning-based assessment of interpersonal skill. These methods move beyond traditional self-report paradigms, taking advantage of recent advances in biology and statistics. The first paper explores a behavioral proxy for relationship quality -- nonverbal synchrony -- manipulated through administration of oxytocin during clinical interviews. The second paper examines patient-therapist oxytocin synchrony as a predictor of reductions in depressive symptoms over the course of psychotherapy and as a mediator linking baseline social impairment and symptom reduction. The third paper evaluates an algorithm to automate assessment of therapists' interpersonal skills (Facilitative Interpersonal Skills task) using machine learning. These methods are new, with room for improvement, but also great promise to ultimately support the personalizing of psychotherapy to its participants and moments.

Nonverbal synchrony in borderline personality disorder: Effects of oxytocin and placebo on the coordination of movements in clinical interviews

Fabian Ramseyer, University of Bern, Switzerland

Background: Interpersonal dysfunction is a central feature of Borderline Personality Disorder (BPD), and the neuropeptide oxytocin (OT) has been shown to impact patients' behavior in numerous ways. Method: In a double-blind placebo-controlled study, the effect of intranasal OT (inOT) on the coordination of movement was explored in patients with BPD and in healthy controls during two clinical interviews. Results: Intranasal oxytocin (inOT) attenuated nonverbal synchrony -- a proxy for relationship quality -- in patients with Borderline Personality disorder (BPD), while it increased nonverbal synchrony in healthy controls (CTL). Furthermore, an association between self-reported childhood trauma and lower synchrony in BPD was most evident for patient's imitative behavior: Under inOT, patients with high scores of childhood trauma refrained from imitating their interview partners. Conclusion: Available models such as rejection sensitivity and social salience suggest that inOT may alter the way patients with BPD assess social situations, and this alteration is expressed by changes in nonverbal coordination. The automated assessment of nonverbal synchrony could provide important additional information regarding psychopathology in the interpersonal domain, which could be used for subsequent therapeutic encounters. The fact that inOT had a differential effect in the two groups speaks to the prognostic potential of this unobtrusive measure of interpersonal functioning.

Oxytocin synchrony between patients and therapists as a mechanism underlying effective psychotherapy for depression

Sigal Zilcha-Mano, University of Haifa, Israel; Pavel Goldstein, University of Colorado, Boulder; Tohar Dolev-Amit, University of Haifa, Israel; Simone Shamay-Tsoory, University of Haifa, Israel

Background: Oxytocin (OT) synchrony has been suggested as a key mechanism by which bonds are formed and strengthened in various species, including those between mother and infant and between romantic partners. It is unknown whether such biological synchrony also plays a role in effective psychotherapy, where it may underlie the adverse effect of social impairment on the efficacy of treatment of depression.

Method: 292 OT saliva samples were collected from 19 patient-therapist dyads on a fixed schedule over a 16-session ongoing randomized controlled trial for psychotherapy for depression. Biological synchrony was operationalized as the correlation between changes occurring repeatedly over treatment in patient and therapist OT levels pre- to post-session. Results: OT synchrony between patients and therapists was found to be associated with effective treatment. The findings support the proposed mediation model: (a) poorer social functioning at baseline predicted lower levels of patient-therapist synchrony in OT changes from pre- to post-session over the course of treatment; (b) lower levels of therapist-patient OT synchrony, in turn, predicted less reduction in depressive symptoms as a result of treatment; and (c) based on quasi-Bayesian Monte Carlo simulations, the levels of therapist-patient synchrony significantly mediated the association between social impairment and reduction in depressive symptoms. Findings were replicated using robust inferential methods and using different methods of evaluating treatment outcome. Conclusion: The findings suggest that OT synchrony between patient and therapist may be a biological mechanism by which impaired interpersonal functioning undermines treatment outcome.

Can a computer detect interpersonal skills? Using machine learning to scale up the Facilitative Interpersonal Skills task

Simon B. Goldberg, University of Wisconsin, Madison, USA; Michael Tanana, University of Utah, Salt Lake City, USA; Zac Imel, University of Utah, Salt Lake City, USA; David Atkins, University of Washington, Seattle; Clara Edith Hill, United States; Timothy Anderson, Ohio University, Athens, USA

Background: Therapist interpersonal skills are foundational to the practice of psychotherapy. However, assessment is labor intensive and infrequent. The current study evaluated if machine learning (ML) tools can automatically assess therapist interpersonal skills. Method: Data were drawn from a previous study in which 164 undergraduate students completed the Facilitative Interpersonal Skills (FIS) performance task. This task involves responding to a series of video vignettes depicting interpersonally challenging moments in psychotherapy. Trained raters scored the responses. We used a term frequency-inverse document frequency ML model to predict FIS scores. Results: ML models predicted FIS total and item-level scores above chance ($\rho = .27-.53$, $p < .001$), achieving 31-60% of human reliability. Models explained 13-24% of the variance in FIS total and item-level scores on a held out set of data (R^2), with the exception of the two items most reliant on vocal cues (verbal fluency, emotional expression), for which models explained $\leq 1\%$ of variance. Conclusion: ML may be a promising approach for automating assessment of constructs like interpersonal skill previously coded by humans. ML may perform best when the standardized stimuli limit the "space" of potential responses (vs. naturalistic psychotherapy) and when models have access to the same data available to raters (i.e., transcripts).

Discussant: Wolfgang Lutz, Universität Trier, Germany

Panel

Therapist effects

Organizer: Michael Barkham, University of Sheffield, UK

The impact of therapist effects: Improving patient outcomes and therapists' wellbeing

The topic of therapist effects (TEs) has shown that therapists vary substantially in their outcomes both in randomized controlled trials and practice-based settings (Johns et al., 2019). Both these contexts provide opportunities for advancing our understanding of the phenomenon of therapist effects and their impact on the course of therapy and patient outcomes. Drawing on high-quality international datasets, we address the following questions: What is the differential TE when the same therapists deliver therapy in a trial setting as well as in a routine care setting? Can we utilize TEs and match therapists to patients to maximize the best outcome in each setting? (Paper 1) Do some therapists yield higher rates of sudden gains (brief definition? sudden symptom improvements) in their patients, a finding that is predictive of better patient outcome? (Paper 2). Finally, we look at the therapist themselves: What are the personal and situational factors that signal therapists who become more burdened and what action can be taken to help the emotionally burdened psychotherapist? (Paper 3). This international panel addresses these questions with three presentations focusing on: (1) the context and potential matching of patients to therapists in trials and routine practice; (2) the process of therapy and the impact of TEs on the phenomenon of patient sudden gains; and (3) a focus on therapists themselves and their emotional burden. The panel will conclude with a directed audience Discussion.

Disentangling therapist effects in trials and in routine practice settings

Dave Saxon, University of Sheffield, UK; Jaime Delgado, University of Sheffield, UK; Julian Rubel, University of Giessen, Germany; Gillian E. Hardy, University of Sheffield, UK; Michael Barkham, University of Sheffield, UK

RCTs often show less variability smaller therapist effects than practice-based studies. Trials have fewer therapists but have greater control of patient variables and therapist adherence to a treatment protocol

than in routine practice. Greater variability between therapists has also been found where the patient sample has more severe or complex problems. This finding supports the idea that matching patients to therapists could improve outcomes. Currently, studies to identify patient factors, or combinations of factors, which may be associated with differential therapist outcomes are limited. Using patient data from an RCT embedded within a large clinic, the objective was to compare therapist effects in the trial patient sample with a non-trial patient sample of similar patients seen routinely by the same therapists. Factors identifying subgroups of patients who benefitted most and least when assigned to particular therapists were also compared. Methods: The setting was a large primary care psychological therapy service delivering mainly cognitive-behavioral therapy (CBT) and person-centred experiential therapy (PCET). Over 10,000 patients received therapy of whom 510 entered an RCT and were randomized to either CBT or PCET. Forty-six therapists saw both trial and non-trial patients. Multilevel modeling and Machine Learning were used to model the variability between therapists and identify patient subgroups that responded differently to specific therapists. Results & Discussion: The results are discussed in the context of the efficacy vs. effectiveness debate and will also consider the implications for matching patients to therapists in routine delivery in order to yield the best outcome for patients.

The impact of therapist effects on sudden gains: Are some therapists better at creating sudden symptom improvements than others?

Anne-Katharina Deisenhofer, Universität Trier, Germany; Björn Bennemann, Universität Trier, Germany; Idan M Aderka, University of Haifa, Israel; Wolfgang Lutz, Universität Trier, Germany

Objective: Changes during psychotherapy are usually not linear and often include sudden symptom improvements, called sudden gains (SG). Whereas SGs have been found to consistently predict positive treatment outcomes, it remains unclear why some patients experience SG and others do not. A growing body of research attests that the "therapist" variable explains a meaningful amount of variance in patients' outcomes. In fact, therapist effects (TE) have been found for treatment outcome, treatment length, and drop-out. As therapists are an important factor for treatment outcome and SG are also associated with outcome, it would not be surprising to find that therapists are accountable for inter-individual differences in their patients' likelihood to experience SG. Methods: The analyses are based on a large sample of approximately 1800 patients receiving individual psychotherapy from 130 therapists at a university outpatient clinic. TEs were investigated using two level hierarchical logistic regression analyses with a binary dependent variable that classifies the patients' therapeutic experience into two categories: SG vs. no SG. Results & Discussion: Results are discussed in the context of the question as to whether SG reflect natural symptom fluctuations rather than important therapeutic breakthroughs.

The emotionally burdened psychotherapist: Personal and situational factors

Helene Nissen-Lie, University of Oslo, Norway; David E. Orlinsky, University of Chicago, USA; Michael Helge Rønnestad, University of Oslo, Norway

Objective: Previous research has suggested that the psychotherapists' personal experiences of burdens and distress can affect their professional functioning to the extent that their patients make less progress in therapy (Delgadillo et al., 2018; Nissen-Lie et al., 2013). Thus, to identify appropriate measures for self-care, it is important to investigate the personal characteristics (e.g., personality factors; attachment style) and life circumstances (work and private stressors) that tend to make therapists feel emotionally burdened. Method: Using multiple regression we analyzed a large international data set of psychotherapists (N=12,036), with their responses to a scale of Personal Burdens (PB) as our dependent variable and 5 sets of predictor variables: (1) age, gender, marital and parental status; (2) childhood family functioning, care, and trauma or abuse; (3) dimensions of self in personal relationships; (4) current work satisfaction; and (5) current life stressors (financial and health worries, relationship dissatisfaction). In a subsample (N= 1,250) which had also responded to measures of attachment avoidance and anxiety, we included these dimensions (step 6) in the model. Results: The total model explained about 25-29% of the variability in Personal Burdens. The most salient predictors were: younger age, early trauma, a demanding and/or reclusive personal self, low work satisfaction, and an anxious attachment style. Conclusions: Both personality-related and past and current life circumstances characterized the emotionally burdened psychotherapist. Implications for the self-care and support of psychotherapists are suggested.

Discussant: Jeffrey Hayes, Penn State

Panel

*Evidence-based
psychotherapies*

Organizer: Victor Enrique
Gómez, Universidad de
Chile, Santiago

Primary health care: model, therapists competences, and intervention experiences in Chile

Panel aim at generating a critical review regarding the Chilean public health care model, considering different research experiences dealing with structured interventions for depression, chronic diseases and anxiety symptoms. It has been described in the literature that all these diseases have a high prevalence and care burden in the Chilean population, being an important public health problem, since depression, diabetes and hypertension are the 3 most recurrent pathologies treated by the national health plan (AUGE), generating high costs for the system and patients. There are strengths and weaknesses in the training of Chilean therapists, at the undergraduate and postgraduate level. The weaknesses include that there are important competences that should be trained from the initial training of each therapist, which are often perceived as lacking by the patients receiving care. Results of different psychotherapeutic proposals that have been implemented in the system are also considered, like a patients with postpartum depression; adolescent depression; remote telepsychiatry in moderate depressions; and depression with comorbidity with chronic diseases. Finally, recent results of a structured computerized intervention for patients with depression and chronic diseases are presented, generating a discussion regarding strengths and weaknesses typical of the Chilean primary health care model, in addition to generating proposals for improvements for the training of therapists, and results obtained in the primary health system.

A Chilean Transtheoretical Model of Psychotherapeutic Competences to treat depression in Primary Care setting

Ana Karina Zuñiga, Pontificia Universidad Católica de Chile, Santiago; Guillermo De la Parra, Pontificia Universidad Católica de Chile, Santiago

Background: There is a high number of patients with depressive symptoms who ask for help in Primary Care, and many of them prefer psychotherapeutic care instead of only pharmacological treatment. Chile has seen a low level of competences in psychologists and physicians to treat this disorder. Therefore, it is necessary explore which psychotherapeutic competences could be transtheoretical or more suitable to real practice. Aim: To explore psychotherapeutic competencies to train psychologists to manage depression from patients' expectations of psychological care, along with expectations from psychotherapists and academics as well. Methods: 40 in-depth semi-structured interviews were analysed. The analysis was carried out by four coders, one auditor and two independent supervisors, using Grounded Theory, in an iterative process of open, axial, and selective coding utilizing the Atlas Ti.8. Results: There is a strong overlap among patients' expectations and the psychotherapists and academic perspectives about which are the competences needed to treat depression in a PC setting. The set of competences was organized in 6 levels: Technical, Personal, and Interpersonal Competencies, Knowledge and Attitude. Discussion: The findings suggest reconsidering the role of the psychologist in PC. Developing therapeutic competences sensitive to depressive patients' expectations may help them to achieve an authentic helping relationship. We highlight the bridge among patients, psychologists and academic perspectives to propose psychosocial interventions that are personalized.

Psychosocial interventions in primary care: Intervention proposals in primary care, critical review 2000-2019

Graciela Rojas, Universidad de Chile, Santiago

Background: In the 90's, a Mental Health Reform was implemented in Chile. This reform prioritized the development of community mental health services throughout the country. WHO encouraged the development of a mental health component in primary care. Chile chose this development model to meet the needs of mental health services. This proposal consists of a psycho-education group guided by trained health professionals, not necessarily medics. For patients with severe depression, general practitioners provided pharmacological treatment. There is a structured and systematic monitoring of the patients, and psychiatric consultants for general practitioners. Aim: Compare the effectiveness of a staggered program with the usual treatment of depression of low-income women in the PHC in Santiago. Methods: Review of 5 interventions carried out in Chile at the primary care level between 2000 and 2019. Results: The work will be presented in terms of design, implementation of interventions, results obtained, and associated improvements. Discussion: brief interventions in psychotherapy are essential to provide coverage and access to a large part of the population. It is important that these interventions can be tested and transferred in terms of experience to the people involved in setting public health policies in the country, solving access barriers and compliance with the usual treatments.

Chilean Results about A Computerized Collaborative Psychotherapeutic Intervention for Depression and Chronic Illness Patients in a Primary Care Setting

Victor Enrique Gómez, Universidad de Chile, Santiago; Graciela Rojas, Universidad de Chile, Santiago

Background: Chronic diseases and depression have high prevalence, comorbidity and multimorbidity rates. In Chile, these alterations are treated separately in health systems, not considering their interdependence. At the level of primary care, a proposal of 8-session multicomponent psychosocial intervention was generated, focused on tackling depression and chronic diseases in a dual manner, through elements of: psychoeducation, cognitive behavioral therapy, computational assistance, and motivational interview. This intervention was carried out in primary care centers in the city of Santiago, between the months of December and May of 2019 and 2020 respectively. Aim: To determine symptomatic changes, and process change in a short-structured psychotherapy, after participating in the program: "I take care of myself and I feel better". In addition, indicators of feasibility, quality of life and psychotherapeutic change will be compared. Methods: In 40 psychotherapy processes, measured with PHQ9, CGI, SF36, OQ45 and Hgc and PA. Results: In progress. At the moment, we only have the pilot study results (N=13). The results of the pilot can also be presented; however, the idea is to present the progress of the controlled clinical trial. Discussion: the role of primary and public care is important in addressing the most prevalent pathologies in our health system. Better training and specific programs are required to improve results of the usual treatment offered by the centers and current public health policies offered in the country.

Panel

Process and outcome

Organizer: Brien Goodwin,
University of Massachusetts
Amherst

Participant characteristics and processes as predictors of change in community mental health care

To a certain degree, we know how psychotherapy influences patient change in the context of controlled treatment environments (e.g., manualized treatments for specific disorders). However, we know much less about how psychotherapy works in the uncontrolled, naturalistic context in which most psychosocial interventions are delivered (e.g., community mental health care). Focused on this "real world" setting, the goal of this panel is to present original, multimethod research that examines the prediction of treatment process and outcomes from various patient and dyadic variables, as well as what patients most value in seeking and receiving psychotherapy. All four studies draw on the same dataset from a community-based psychotherapy trial of people with diverse psychopathology receiving a multiplicity of psychotherapeutic treatments. In the first paper, Goodwin will present findings from a study that investigates patient existential isolation as a correlate of baseline mental health problems and a risk factor for poor treatment outcomes. In the second paper, Gaines will present results of a study examining patient-therapist outcome expectation convergence as a predictor of subsequent treatment outcomes. In the third paper, Muir will present results of a study that tests a within-patient mediational pathway from alliance change to subsequent changes in general interpersonal functioning to subsequent symptomatic outcome. Finally, Schwartzman will present qualitative data resulting from patient interviews regarding their experiences seeking and receiving mental health care, and their perceptions of using provider performance track records in therapist selection. To allot ample time for audience-presenter exchange, no formal discussant will be assigned.

Existential isolation as a correlate of mental health problems and risk factor for poor treatment outcomes

Brien J. Goodwin, University of Massachusetts Amherst; Michael Constantino, University of Massachusetts; James F. Boswell, University at Albany/SUNY, USA; David Kraus, Outcome Referrals, Inc.

Aim: Research consistently associates interpersonal isolation with maladaptive psychological outcomes. Comparatively, existential isolation (EI), or the subjective feeling of aloneness in one's experience, has received far less empirical attention. However, the limited research that exists indicates that higher EI correlates with greater severity of mental health concerns and overall psychological distress, and with more negative beliefs about psychotherapy (Constantino et al., 2019). However, these investigations have been conducted with non-clinical samples, with no studies examining the EI-outcome association in the context of

current psychotherapy. Addressing these gaps, this study seeks to replicate and extend prior EI research in the context of people with various clinically significant mental health problems receiving a variety of community-based psychosocial treatments. Specifically, similar to findings with non-clinical samples, we hypothesize that EI will correlate with greater symptom severity and more negative prospective treatment-related beliefs. Furthermore, we will explore for the first time whether EI is a risk factor for poorer therapy outcomes. Methods: Data will derive from a naturalistic RCT comparing the efficacy of matching patients (N = 218) to therapists (N = 48) algorithmically vs. case assignment-as-usual. Patients rated their treatment-related beliefs at baseline, and EI and mental health outcomes repeatedly during treatment. Results: We will

conduct bivariate and partial correlations to examine the associations between EI and baseline clinical distress and treatment beliefs. We will use multilevel modelling to examine EI as a predictor of symptom change. Discussion: Research and practice implications at the intersection of social and clinical psychology will be discussed.

Patient-therapist expectancy convergence and outcome in naturalistic psychotherapy

Averi N. Gaines, University of Massachusetts Amherst; Michael Constantino, University of Massachusetts; Alice Coyne, University of Massachusetts, Amherst; James F. Boswell, University at Albany/SUNY, USA; David Kraus, Outcome Referrals, Inc.

Aim: Research on close relationships demonstrates that dyadic convergence, or two people becoming more concordant in their experiences or beliefs over time, is both commonplace and associated with positive relational outcomes. As psychotherapy is a close relationship, patient-therapist convergence processes may bear on treatment-specific outcomes. To date, research on relational convergence in psychotherapy is sparse, with most focused on experiences of the therapeutic alliance. Indeed, patient-therapist convergence on alliance perspectives not only increases over time, but it also associates with better outcomes in different treatments for different conditions. Although such work points to alliance convergence as an evidence-based pantheoretical and pandiagnostic factor, no research has examined belief convergence during therapy. Addressing this gap, this study focuses on patient-therapist convergence in outcome expectation (OE), a belief variable with robust evidence as a correlate of change. Specifically, we predict that (1) OE convergence will occur over treatment, and (2) greater convergence will associate with more adaptive symptoms/functioning at posttreatment, above and beyond individual OE ratings. Methods: Data will derive from a naturalistic trial that tested the efficacy of a patient-therapist match intervention (N = 218 patients treated by 48 therapists). Patients and therapists rated their respective OE (i.e., percent of expected patient improvement), and patients rated their symptom/functional outcomes at posttreatment. Results: For a subsample of dyads (~138) for which the OE measures were completed at least twice, we will use dyadic multilevel modeling to examine the OE convergence-posttreatment outcome association. Discussion: Empirical and clinical implications of the findings will be discussed.

Interpersonal change as a mediator of the within- and between-patient alliance-outcome association in naturalistic psychotherapy

Heather J. Muir, University of Massachusetts Amherst; Michael Constantino, University of Massachusetts; Alice Coyne, University of Massachusetts, Amherst; James F. Boswell, University at Albany/SUNY, USA; David Kraus, Outcome Referrals, Inc.

Though research shows that higher quality therapeutic alliance correlates with patient improvement, there are different possible explanations for this finding. It could be that within-patient shifts in alliance promote such improvement; alternatively, between-patient differences in their average alliance may also, or instead, promote change. Although both alliance-outcome associations have been empirically supported, few studies have examined the mechanisms underlying them. Theoretically, within-patient alliance shifts could reflect a changing relationship intended to be ameliorative -- i.e., a corrective interpersonal experience that fosters changes in other relational abilities (putative mechanism) that may, in turn, decrease symptomatology. In contrast, between-patient alliance differences could reflect preexisting variability in general relationship-fostering abilities that may catalyze other therapy ingredients to affect change, though such ingredients would not necessarily be interpersonal. To date, only one study has tested the elements of this theory. As expected, in cognitive-behavioral therapies for generalized anxiety disorder, changes in interpersonal problems mediated the within-, but not between-, patient alliance-outcome association (Coyne et al., 2019). As this result was restricted to a homogenous sample receiving specific protocol-driven treatments, this study will replicate these analyses with more diverse patients receiving naturalistic psychotherapy. Data will derive from a RCT (N = 218) testing the efficacy of an empirical patient-therapist match algorithm vs. case assignment-as-usual. Patients completed measures of alliance, interpersonal problems, and mental health outcomes throughout treatment. Multilevel structural equation modeling will be used to test the aforementioned indirect pathways. Findings will contribute to the limited literature on mechanisms of the within- and between-person alliance-outcome associations.

A qualitative analysis of patient attitudes regarding innovative methods for mental healthcare provider decision-making

Carly M. Schwartzman, University of Albany, State University of New York; Adela Scharff, SUNY at Albany, USA; Averi N. Gaines, University of Massachusetts Amherst; Heather J. Muir, University of Massachusetts Amherst; Brittany R. King, University of Albany, State University of New York; James F. Boswell, University at Albany/SUNY, USA; Michael Constantino, University of Massachusetts

Aims: Mental healthcare is devoting more attention and resources to routine outcome monitoring (ROM) as a measure of quality of services and service providers. By tracking changes in patient symptoms, functioning, quality of life, and more, "track records" of provider performance in treating specific problem areas can be established. A randomized controlled trial (Constantino et al., 2020) aimed to investigate the efficacy of scientifically matching patients to therapists with a successful track record in treating similar problems compared with patients assigned to therapists as usual. Following study completion, a subsample of patients volunteered to participate in a semi-structured, qualitative phone interview to elucidate attitudes regarding the use of therapist track records in clinical decision-making. Method: Study personnel conducted qualitative interviews with eight study patients (75% women) to elucidate information about the patient experience of seeking a mental healthcare provider, factors valued in a therapist, completing weekly ROM measures, and perceived advantages and disadvantages of the use of track records in provider selection processes. Participants also disclosed opinions regarding how and by whom track record information should be disseminated and utilized. Results: Interviews have been transcribed and are in the process of being analyzed using Consensual Qualitative Research coding procedures (Hill, 2012). Discussion: These results will be presented and discussed in the context of their implications, including patient preferences on how to be responsive to study findings, how to best implement patient-therapist matching strategies in other mental healthcare facilities, and how to influence mental healthcare policy on a broader scale.

Panel

Change process

Organizer: George

Silberschatz, University of California, San Francisco, USA

How to personalize psychotherapy? Three distinct approaches

Adapting treatments to meet patients' particular problems and needs has received considerable attention in healthcare generally and in psychotherapy research and practice. In this panel three experienced researchers and psychotherapy scholars present their views on how to optimize therapy for specific patients. The first presentation by John Norcross reviews evidence-based methods for tailoring therapist interventions to individual patients. Next, Henny Westra describes how training therapists to carefully observe within-session micro processes gives therapists the tools for personalizing treatment. The third presentation by George Silberschatz argues for using reliable case formulations that identify the patient's specific adverse life experiences and pathogenic beliefs derived from them as a guide for personalized interventions. Finally, Franz Caspar will discuss the three presentations.

A New Psychotherapy for Each Patient: Personalizing to Reactance Level, Stage of Change, and Treatment Preferences

John Norcross, University of Scranton, USA

Psychotherapy will maximize its effectiveness by targeting the most powerful sources of change: the therapeutic relationship, the individual patient, and their mutual fit. This presentation reviews the meta-analytic research and clinical practices on three evidence-based methods (reactance level, stage of change, treatment preferences) for adapting/tailoring psychological treatments to individual clients and their singular contexts. These can be reliably assessed and rapidly applied in session to fit the entire patient. An Interdivisional APA Task Force recently concluded that these transdiagnostic matches demonstrably accelerate the therapy process, reduce dropouts, and improve psychotherapy outcomes.

Training Therapists to Personalize Therapy on a Moment-by-Moment Basis

Henny Westra, York University, Canada

Expertise in psychotherapy does not inevitably improve with experience (Goldberg et al., 2016). Moreover, therapist capacity to predict outcomes is poor given the complex array of interacting variables in counselling encounters (Tracey et al., 2015) but such predictive ability is key to skill development. In psychotherapy training, there has been a nearly exclusive emphasis on intervention, but not nearly enough on observation. Yet as Binder and Strupp (1997) noted "there is a generic skill that we believe to be crucial to managing the therapeutic process and that involves what Schon (1987) calls reflection-in-action, the ability to observe process as one is participating in it and to improvise effective strategies while one is in the midst of acting". In particular, therapists are not systematically or widely trained to selectively observe and monitor empirically supported process variables identified by process researchers as differentiating ultimate client outcomes (i.e., to know what to look for). I argue for a complementary, transtheoretical and transdiagnostic focus in training on learning to identify and monitor therapy process in real time. This could potentially increase therapist attunement, flexibility, and appropriate responsivity to changing context in the moment. Also, learning to watch therapy as a process expert does, could potentially also provide coveted feedback for skill development and ultimately improve patient outcomes.

The Patient Plan Formulation as a guide for personalizing therapist interventions

George Silberschatz, University of California, San Francisco, USA

Two female patients of the same age, race, education, and diagnosis ask their therapist for guidance about what they should focus on in session. The therapist could rely on preferred techniques (e.g., interpretation, exploration of feelings, transference) as a guide to responding, and any given technique may or may not be helpful. But armed with a reliable case formulation for each patient the therapist would have more precise understanding of what the request for guidance meant for each patient, and this understanding would allow a more individualized and responsive intervention. I will review research showing that personalized interventions based on case-formulations predict productive in-session processes as well as effective treatment outcomes. Implications of the research for expanding personalized psychotherapy will be discussed.

Discussant: Franz Caspar, University of Bern, Switzerland

Panel

Treatment process and outcome

Organizer: Tomáš Řiháček,
Masaryk University, Faculty
of Social Studies

Negative effects of psychotherapy

Adverse and unwanted effects of psychotherapy remain an under-researched area to this day. Yet, to understand the psychotherapy process in its complexity and to reduce the level of deterioration, it is necessary to investigate these phenomena systematically. This panel consists of four studies that address this issue from multiple perspectives. Three of them investigate negative effects using multiple samples (some of them large-scale) from different countries, addressing the problem from both the clients' and the therapists' perspective. The authors strive to explore how often these effects occur in practice and how they are related to outcome. The last one -- a single-case study of a client who completed a series of treatments and reported many negative effects -- brings us a deeper insight into the role that a client and a therapist can play in the co-creation of these negative effects. Discussant: Louis G. Castonguay, Department of Psychology, Penn State University

No pain, no gain? Adverse and unwanted events among patients undergoing psychological treatment for fibromyalgia or exhaustion disorder

Alexander Rozentel, Karolinska Institutet; Marie-Louise Henning Ottergård, Stockholm Spine Center; Jakob Clason-Vandeleur, Uppsala University

Adverse and unwanted events constitute situations or incidents in treatment that are perceived as negative by patients. Usually explored by self-report measures, prior research has showed that such issues as novel symptoms, deterioration, interpersonal difficulties, and stigma are common and need to be monitored and reported. However, most investigations in the field have involved patients with depression and anxiety disorders, but not more chronic conditions. In two separate studies adverse and unwanted events were explored among patients with fibromyalgia or exhaustion disorder undergoing acceptance and commitment therapy or cognitive behavior therapy, both taking place in specialist care units. As for fibromyalgia, the Negative Effects Questionnaire (NEQ) was distributed during and after treatment in order to understand whether responses changed over time. In addition, the results were correlated with outcomes on pain-related measures to examine the relationship between adverse and unwanted events occurring in treatment and the benefits of the interventions. Approximately 60 patients will have been included and analyzed at the time of the conference. Regarding exhaustion disorder, the NEQ was administered after treatment to over 600 patients and explored in relation to stress-related measures to determine possible sub-groups. Overall, the two studies make several important contributions to the field by focusing on conditions that involve psychiatric and somatic problems and that are more long-term. Furthermore, using several measurement points and clustering techniques, the methodological approaches are new and make an attempt to better comprehend the characteristics of adverse and unwanted events.

Negative Effects of psychotherapy (and psychotherapists) -- First results of several surveys

Bernhard Strauss, Friedrich-Schiller-Universität Jena, Germany; Dominique Schwartze, Institute of Psychosocial Medicine and Psychotherapy, University Hospital Jena, Germany; Romina Gawlytta, Institute of Psychosocial Medicine and Psychotherapy, University Hospital Jena, Germany

Recently, we made some progress in conceptualizing negative and side effects of psychotherapy, e.g. by differentiating unwanted effects and adverse treatment effects including a differential attribution to the treatment itself, the therapist's behaviour or other factors. It is still unclear how often negative effects occur and how much impairment these effects cause. The presentation will describe first results of different surveys that were initiated by our research group. First, an online survey of patients was initiated (with 165

patients fully responding to a comprehensive questionnaire) to examine the occurrence of boundary violations in the context of psychotherapy from a patient's perspective and the resulting burden. Second, a sample of therapists (n=600) were surveyed online related to their views of negative effects, boundary violations etc. Finally, we initiated a representative pilot study of the German population resulting in data from 244 individuals (selected from a huge representative sample of approx. 6000 individuals) who experienced psychotherapy and were extensively asked about their view of the treatments. The latter survey will probably be continued with a larger sample.

Negative effects of group therapy: Data from a multisite study

Tomáš Řiháček, Masaryk University, Faculty of Social Studies; Martina Pourová, Masaryk University; Michal Čevelíček, Masaryk University; Jan R. Boehnke, University of Dundee

Growing attention has been paid to negative effects of psychotherapeutic interventions. Yet not much is known about their relationship to treatment outcome. Do they pose an obstacle to successful treatment, or is some level of inconvenience necessary to get better? The aim of this study is to assess the prevalence of the negative effects, as well as their relationship to outcome variables, in group psychotherapy setting. The sample will consist of approximately 200 Czech clients suffering from common mental disorders. Data on the therapeutic process and outcome are being collected at seven clinical sites and negative effects are assessed by the Negative Effects Questionnaire (NEQ) at treatment completion. The analysis will be focused on the relationships between several areas of negative effects (as defined by the NEQ dimensions) and outcome variables (depression, anxiety, well-being, and somatic symptoms).

Client's complaints after seeing five psychotherapists: A case study

Zbyněk Vybíral, Masaryk University; Luboš Chvála, Masaryk University

We will briefly describe a unique case of Mr. L who saw five therapists with whom he has attended eight psychological treatments altogether. A series of in-depth interviews were conducted to explore his copious negative experiences and complaints. The data were analyzed using Interpretative Phenomenological Analysis. The results offer an insight into how these negative effects echo the patient's basic issues that brought him to psychotherapy, resonating with Arkowitz and Lilienfeld's thought that "people who seek psychotherapy for conditions that cause them serious distress often thwart the very help they seek." However, we strived to carefully analyze how both the patient and his therapists could have contributed to the development of these negative experiences and ponder some implications for the therapeutic practice.

Panel

Alliance

Organizer: Giorgio Tasca,
University of Ottawa,
Canada

Therapeutic Alliance Ruptures and Repairs in Group Therapy and Group Supervision

This panel of four empirical papers explores the concept of alliance rupture and repair in a group context. Whereas there is growing research and clinical literature on alliance rupture and repair in individual psychotherapy, there is almost no research and very little theoretical writing on the role of alliance ruptures and repairs in small groups (psychotherapy, supervision, and training groups). A complicating factor is that groups embody multiple levels of relationships and interactions thus making theory development and research challenging. The first paper by Burlingame and Lundgreen presents the results of two meta-analyses that point to the need for a deeper and more nuanced understanding of therapeutic relationships in group therapy. The second paper by Tasca and colleagues is an empirical case study focused on coding alliance ruptures and repairs embedded in the complex set of relational interactions that occur in group therapy. The third paper by Minges and colleagues look at the differing experiences of safety, cohesion, and supervisory alliance in two group supervisions for alliance focused training and for cognitive-behavioral therapy. The fourth paper by Lo Coco and colleagues uses response surface analysis to study ruptures in group therapy defined as discrepancies in how group members view their group relationships relative to other group members. The panel Discussant, Catherine Eubanks, will explore the role of alliance ruptures and repair in the group context, and highlight possible future developments in research and theory for group therapy and group supervision.

Therapeutic Relationship Ruptures in Group Therapy: Using the Group Questionnaire to Define Ruptures and Explore Repair

Gary Burlingame, Brigham Young University, Provo, USA; Rachel Lundgreen, Brigham Young University, Provo, USA

This paper begins by summarizing findings from two recent (2018 & 2019) meta-analyses that tested two of the most common relationship constructs in the group literature--cohesion and alliance. The findings lead to a discussion on similarities and differences in these two constructs ability to predict outcome in group

treatment. A brief presentation on an empirically derived measure of therapeutic relationship--Group Questionnaire (GQ)--follows along with how it operationalizes relationship rupture using items from commonly used relationship measures--alliance, cohesion, empathy and group climate. Findings from a recent randomized clinical trial on rupture are reviewed with particular attention on those that appear to be responsive to repair versus those that are more resistant. We end by presenting preliminary findings on similarities and differences in cohesion, alliance and climate predictive relationship with outcome using data from 69 therapy groups offered in three university counseling centers. Findings are compared to recent research along with clinical considerations.

Is the Rupture Resolution Rating System (3RS) Useful to Code Group Therapy Interactions? An Empirical Case Study

Giorgio Tasca, University of Ottawa, Canada; Camille Garceau, University of Ottawa, Canada; Livia Chyurlia, University of Ottawa, Canada; Danielle Baldwin, University of Ottawa, Canada; Tali Boritz, Centre for Addiction and Mental Health; Paul L. Hewitt, University of British Columbia, Vancouver, Canada; David Kealy, University of British Columbia, Vancouver, Canada; Ingrid Sochting, University of British Columbia, Vancouver, Canada; Samuel F. Mikail,

OBJECTIVE: Despite the known association between alliance ruptures and outcomes in individual therapy, there is almost no research on the topic in group therapy. Group therapy is inherently more complex such that interactions occur at multiple relational levels including: member-to-member, member-to-therapist, and member-to-group. Ruptures may occur at any of these levels, and therapists or group members may initiate repair strategies. We used an evidence-based case study to evaluate for the utility of the Rupture Resolution Rating System (3RS) in group therapy. **METHOD:** Interactions of 8 members with perfectionism and two therapists in a middle session of group therapy were coded with the 3RS, as were the relational level of the group interactions, and the actor and target of rupture or repair behaviors. Perfectionism outcomes were assessed pre- and post-treatment. **RESULTS:** Members' perfectionism showed clinically meaningful improvement pre- to post-treatment. The coded group therapy session was marked by both withdrawal and confrontation ruptures at each relational level of the group, with half of all ruptures occurring between members. Therapists initiated most of the repair strategies, but members initiated about one third of repairs. **CONCLUSIONS:** The 3RS is useful to code ruptures and repair strategies in a group context. Modifications were necessary so that the relational level of group interactions and the target of the behavior (member, therapist, group) were concurrently coded. This concurrent coding strategy makes use of the richness of 3RS coding, accounts for the complexity of group therapy interactions, and may be useful to inform clinical practice and research.

Finding the Balance: Alliance, Group Cohesion, and Session Impact in AFT and CBT Group Supervision

Mary Minges, Adelphi University, New York, USA; Adelya A. Urmanche, Adelphi University, New York, USA; Catherine Eubanks, Yeshiva University; Bernard Gorman, Adelphi University, New York, USA; J. Christopher Muran, Adelphi University, New York, USA

Aim: To explore the relation between the experience of safety in group supervision, the supervisory alliance, supervision impact (depth, smoothness), and supervisory group cohesion in two group supervision modalities, alliance focused training (AFT) and CBT. AFT actively focuses on alliance ruptures and negative process. This study aims to determine if there is a difference in the above variables, or their relation to one another, between AFT and CBT, a supervision model that does not actively focus on alliance ruptures and negative process. **Method:** Participants were clinical psychology interns, and advanced-level psychology externs and psychiatry residents training at a large metropolitan medical center in New York City who reported on their group supervision experience, CBT (N = 38) or AFT (N = 45). After completion of their training participants reported on group safety, depth and smoothness (Session Evaluation Questionnaire; Stiles et al., 1994), supervisory alliance (Working Alliance Inventory-Short; Tracey and Kokotovic, 1989), and group cohesion (Group Climate Questionnaire; MacKenzie, 1983). A mixed model, general linear models, and correlation analyses were used to explore differences between groups and relationships between variables. **Results:** There were no differences between reports of alliance for trainees in AFT and CBT group supervision, both groups reported high alliances with their supervisors. Trainees in CBT reported significantly higher experiences of safety and smoothness in supervision, while trainees in AFT reported significantly more intergroup conflict, greater group engagement and a deeper supervision experience. **Discussion:** Results suggest that while supervision safety and smoothness are important, a certain level of discomfort and risk-taking may facilitate a more engaging and meaningful learning experience. As overall alliance scores are high, we can hope this suggests both trainees in CBT and AFT had positive training experiences in which they felt they were developing as therapists. However, the AFT group found their

experience of training deeper, and more engaging than those in CBT -- pointing to the importance of specifically targeting negotiating the therapeutic alliance as meaningful for trainees.

Bond and Work Ruptures in Group Counseling

Gianluca Lo Coco, University of Palermo, Italy; Salvatore Gullo, University of Palermo, Italy; Dennis M. Jr Kivlighan, University of Maryland, College Park, USA; Cecilia Giordano, University of Palermo, Italy; Maria Di Blasi, University of Palermo, Italy; Francesca Giannone, University of Palermo, Italy

Objective: To explore the immediate effects of interpersonal ruptures, defined as negative discrepancies in how group members view their: (a) bonds/work in a session and their average bonds/work across all sessions, (b) bonds/work in a session and group-as-a-whole bonds/work, and (c) the member's average bonds/work across all sessions and group-as-a-whole bonds/work. Method: 232 counseling students (199 women and 33 men, average = 22.78, SD = 3.51) participated in one of thirteen, 10-session, interpersonal growth groups. Group members completed the Group Questionnaire and a checklist of intimacy enhancing interpersonal behaviors, at the end of each session. Three-level (members within groups and sessions within members), polynomial regressions and response surface analyses were used to examine discrepancies in ratings of bonds/work. Results: Bond discrepancies were unrelated to intimate behaviors in a session. However, as the negative discrepancy increased, between the group member's average work and the member's work in a session, intimate behaviors decreased. Also as the negative discrepancy between group-as-a-whole's work and group member's work in a session increased, intimate behaviors decreased. Conclusions: The findings show that member-to-session ruptures and group-to-session ruptures have a negative effect on group member's task engagement and need to be recognized and addressed by the group leader.

Discussant: Catherine F. Eubanks, Yeshiva University

Panel

Organizer: Tali Boritz, Centre for Addiction and Mental Health

Relational Processes in Psychotherapy for Borderline Personality Disorder

Borderline personality disorder (BPD) is associated with significant impairment in interpersonal relationships. As a result, problems often arise in the formation of the therapeutic alliance that impact engagement with the therapy and therapist. An important direction for enhancing our understanding of how to build and maintain good alliance in BPD is through in-depth and multi-perspective research on relational processes. The aim of this panel is to bring together researchers examining relational processes in BPD through three different lens. The first paper will report on attachment-related behaviours in a sample of disorganized and unresolved patients with BPD. The second paper will examine the relationship between the therapeutic alliance and outcome in BPD, including the impact of client-therapist congruence in their alliance ratings. The third paper will look at alliance rupture and repair processes in early treatment in dialectical behaviour therapy. Discussant: Dr. Ken Levy. Keywords: attachment, alliance, process, outcome, measurement, borderline personality disorder, dialectical behavior therapy

Forty-four unresolved/disorganized patients and their behavior in psychotherapy

Alessandro Talia, Heidelberg University, Germany

Despite the recent emphasis on disorganized and unresolved attachment as risk factors for developing personality disorder, there is no empirically-based account of how these patients behave in psychotherapy. To date, it is not clear whether disorganized and unresolved patients would behave in any distinctive way when compared to non-disorganized, non-unresolved patients. Aim: In the current study, we present analyses, based on therapy sessions transcribed verbatim, of the in-session communication and behavior of unresolved patients. Methods: Our sample included forty-four patients who had been independently classified as unresolved or "cannot classify" on the Adult Attachment Interview (AAI), matched for age, gender, and symptom level with forty-four patients who had not received these AAI classifications. For each patient, we analyzed one or more sessions transcribed verbatim; all patients were interviewed with the AAI and the SCID-II before treatment. Results: In this sample, we found the unresolved/disorganized patients to display several types of controlling behavior with the therapist, tell more frightening and frightened narratives, and present with affect that seemed incoherent in distinctive ways. Discussion: Our results will be discussed in light of their clinical and research implications.

An examination of the relationship between therapeutic alliance and symptom improvement in dialectical behaviour therapy for borderline personality disorder

Lillian Krantz, Ryerson University; Leslie Atkinson, Ryerson University; Shelley McMMain, Centre for Addiction and Mental Health

Dialectical Behavior Therapy (DBT) is an effective treatment for borderline personality disorder (BPD), a disorder characterized by severe emotion dysregulation. Forging a strong therapeutic alliance during DBT is believed to facilitate the learning of emotion regulation capacities. Although alliance is a dyadic process that encompasses both client and therapist perceptions, research has primarily examined the impact of client-perceived alliance on symptom improvement. Research on alliance and outcome is needed that considers both client and therapist perspectives and captures the experience of the dyad. The current research investigates the relationship between therapeutic alliance and symptom improvement throughout treatment from three perspectives: perception of alliance by I) client and II) therapist, and III) the degree to which client and therapist agree on alliance. It is hypothesized that better alliance scores as viewed by I) the client and II) the therapist, as well as III) higher agreement between therapists' and clients' alliance scores, will be associated with greater symptom improvement. Participants are 240 suicidal individuals with BPD enrolled in a single-blinded randomized clinical trial comparing 6 and 12 months of DBT. Valid and reliable measures were used to assess alliance (i.e., Working Alliance Inventory) and symptom improvement (e.g., Borderline Symptom List 23). Both alliance and symptom severity data from baseline, 3 months, and 6 months will be used in the proposed analysis. Hypotheses will be tested with a mixed effect model appropriated for data with a three-level nested structure (Time (It) Participants (It) Therapists) that specifies individual subjects and therapists as random effects.

Working with alliance ruptures in dialectical behaviour therapy for borderline personality disorder: A theory building case study

Tali Boritz, Centre for Addiction and Mental Health; Sonya Varma, York University, Canada; Chrissy Macaulay, York University, Canada

This study examined alliance rupture and repair processes in dialectical behaviour therapy (DBT) for borderline personality disorder (BPD). The objective of this theory-building case study was to investigate the alliance formation process in early treatment sessions. Method: This good outcome client underwent one year of dialectical behaviour therapy (DBT) within the context of a randomized controlled trial. The first four sessions were coded using the Rupture and Resolution Coding System (3RS), an observational coding system for identifying client markers of alliance ruptures and therapist-initiated resolution strategies. Segments within sessions that included the presence of both rupture and repair markers were then further analyzed. Open coding was used to generate themes related to rupture-resolution strategies in DBT for BPD. Results: The results indicate that therapist resolution strategies targeting experiential non-avoidance, linking ruptures to shared formulation, and validation were most effective in shifting ruptures. Discussion: The results will be discussed with regard to the alliance rupture and resolution model and the dialectical synthesis model in DBT.

Discussant: Kenneth Levy, Penn State University, University Park, USA

Panel

Treatment process and outcome

Organizer: Rebecca Janis, Penn State University, University Park, USA

Trans-diagnostic client variables

Psychotherapy has been shown to be generally effective for the average client, but it is less readily understood how therapeutic effectiveness differs by various client characteristics. This panel presents research on client predictors of various therapeutic outcomes. The first paper examines client moderators of the effectiveness of routine outcome monitoring feedback in improving client symptom change across domains. The second paper focuses on one specific symptom domain, sleep, and examines whether outcomes in that domain are improved if sleep is identified by the treating therapist as an area of concern. The third paper also examines one specific client characteristic, engagement in Cognitive Behavioral Skills, and its relationship to change in wellbeing and symptom improvement during treatment. The final paper approaches outcome from a different perspective, evaluating how several machine learning methods perform in using client characteristics to predict client drop out from treatment.

Effectiveness Routine Outcome Monitoring Feedback and Client Moderators

Rebecca Janis, Penn State University, University Park, USA; Louis Castonguay, Penn State University, University Park, USA; Jeffrey Hayes, Penn State; Benjamin Locke, Penn State University, University Park, USA

Aim: Although psychotherapy is effective for a majority of people, there is a subset of people who fail to

improve over the course of therapy, with some percentage actually worsening. Routine outcome monitoring (ROM) feedback has been shown to improve treatment, especially for clients who otherwise would have had a negative outcome. The current study evaluates the effects of a ROM feedback system and client moderators of its effect. Methods and results: University counseling center data will be used to evaluate the effectiveness of a multidimensional feedback system developed for the Counseling Center Assessment of Psychological Symptoms (CCAPS) on several client outcomes: deterioration, pre-post change, and rate of change. Additionally, client moderators of this effect will be evaluated to determine whether feedback is more effective for certain types of clients. Discussion: Clinical implications are discussed.

Client's sleep difficulty: A trans-diagnostic issue to be assessed and treated in clinical routine

Natalie Pottschmidt, Penn State University, University Park, USA; Louis Castonguay, Penn State University, University Park, USA; Dever Carney, Penn State University, University Park, USA; Rebecca Janis, Penn State University, University Park, USA; Benjamin Locke, Penn State University, University Park, USA

Aim: Sleep difficulty is a transdiagnostic feature associated with a wide range of negative physical and mental health outcomes. The impact of sleep problems, however, may not be fully recognized and addressed in some populations and/or clinical settings. For example, college campus culture in the United States has normalized poor sleep health for students, which may impact the reporting and assessment of sleep difficulty, as well as the focus of treatment in university counseling centers (UCCs). Given these considerations, it is important to determine whether sleep concerns are being properly addressed during treatment in UCCs. The current study will investigate the concordance between clients' and clinicians' ratings of sleep concerns as part of clinical routine when presenting for treatment, whether sleep concerns are improved during therapy, and any impact of sleep problem concordance on symptom outcomes. Method: Data were collected through the Center for Collegiate Mental Health (CCMH), a practice-research network comprised of over 600 college counseling centers in the United States, over the course of two academic years (2017-2019). Analyses will use the Clinician Index of Client Concerns (CLICC) to form two groups of clients: those who were identified by a clinician as presenting with sleep concerns and those who were not. Using the Counseling Center Assessment of Psychological Symptoms (CCAPS), a self-report scale, we will assess change in psychological symptoms over the course of treatment. Results: At the time of submission, preliminary analyses are not available.

Exploring the interrelationships between patient's level of wellbeing, symptoms, and their level of engagement in CBT

Kathleen Camacho, University of Western Australia, Crawley; Andrew Page, University of Western Australia; Geoff Hooke, University of Western Australia, Australia

Engagement in Cognitive Behavioural Therapy skills (ECBTSkills) is believed to be a mechanism of therapeutic change in treatment. While research has shown that higher ECBTSkills is associated with a greater reduction in symptoms, research has yet to explore the role of ECBTSkills on patients' wellbeing. In this study, we examine the relationships between the patients' wellbeing, symptoms and ECBTSkills. A sample of 584 patients in a two-week CBT treatment completed session to session measures of wellbeing, symptoms, and ECBTSkills. Results indicated that ECBTSkills has a differential role in the changes in wellbeing compared to symptoms. Suggesting that greater outcomes may need CBT skills which focuses on the patients' wellbeing and symptoms at different stages of treatment.

Dropout prediction using machine learning algorithms in a stepped care system (IAPT)

Julia Giesemann, Universität Trier, Germany; Jaime Delgado, University of Sheffield, UK; Wolfgang Lutz, Universität Trier, Germany

Objective. Dropout of psychological interventions is a prevalent occurrence in psychotherapy. It is associated with large health, societal, and economic costs as well as high costs for individual patients, resulting in poorer treatment outcomes and higher hospitalization rates. With the collection of increasingly large datasets, machine learning (ML) algorithms are now able to be applied in psychotherapy research. In naturalistic settings, unbalanced data (i.e. a disproportionate ratio of observations between classes) is the norm. In ML classification, this leads to a biased model, as algorithms may gain the best overall accuracy by classifying all cases into the larger group. Resampling methods can be applied to the training sample to balance the classes' ratio. Method. A large dataset containing over 70,000 cases from IAPT in the UK, was split into a training and a test sample for cross-validation. Variable selection was applied to the training sample using lasso regression and resampling methods. Several ML algorithms were trained on the training sample and examined in the test sample. Algorithms' performance and the impact of resampling methods on the prediction of dropout were compared for low and high intensity therapy. Results. Algorithms differed

in their performance. Balanced accuracy, specificity and the number of correctly identified dropout cases improved noticeably while overall accuracy, the AUC, and Brier score remained approximately equal. Conclusion. Resampling methods are effective tools when dealing with unbalanced data in ML. Balanced accuracy or confusion matrices should be included when reporting results of classification problems.

Panel

Practice-training-research networks

Organizer: Louis Castonguay,
Penn State University,
University Park, USA

Bringing clinicians and researchers together: Integrating research on and clinical implementation of principles of change

One strategy to foster the improvement of psychotherapy is to develop new collaborations between practitioners and researchers. The goal of the current panel is to present the fruits of a partnership aimed at offering an alternative to the traditional and unidirectional dissemination of research, whereby clinicians are passive recipients, or consumers, of scientific findings. With the aim of creating a new pathway of evidence-based practice, this partnership attempt to move the field beyond the metaphor of a "bridge," which typically limits collaboration to the exportation and importation of knowledge to and from different settings. In contrast, rather than connecting science and practice as if they stand on different banks of a river, this panel strives to confound the two activities in order to create a new unified landscape of knowledge and action. It does so by bringing together researchers and clinicians together, with the dual tasks of (1) delineating empirically based principles of change that have been linked to client's improvement (or lack of thereof), and (2) illustrating how experienced therapists from different theoretical orientations implement such principles in their clinical practice with cases of varying complexity and presentation. Furthermore, the panel will engage researchers and clinicians in exchanges about theoretical convergences, clinical helpfulness, and future research directions regarding these principles of change.

Revisiting empirically based principles of change

Louis Castonguay, Penn State University, University Park, USA; Michael Constantino, University of Massachusetts Amherst; Larry Beutler, Palo Alto University

The first presentation will describe the overarching goal of a new pathway of collaboration between researchers and clinicians through the presentation of, and discussion about, unique and complementary types of knowledge. The first type of knowledge, provided by researchers, was a list of empirically based principles of change that could serve to improve the efficacy and efficiency of psychotherapy. The second type of knowledge, delivered by practitioners, were descriptions of how these principles are implemented in day-to-day clinical practice. Exchanges of perspectives between clinicians and researchers were then presented to better understand the place and helpfulness of the principles across different treatment approaches, as well as to generate suggestions about possible combinations of principles and future research. The first talk of the panel will also present the list of principles that resulted from an extensive review of empirical literature and that were organized within the 5 clusters or categories:*

- Prognostic principles, which tell us about types of clients that are more or less likely to benefit from treatment.*

- Moderating principles, which inform us about how to adjust our interventions to maximize efficacy based on certain client characteristics and prognostic factors.*
- Process principles, which describe ways of client being, feeling, or acting in sessions that either facilitate or interfere with change.*

- Relationship principles, which describe elements of the client-therapist relationship that either facilitate or interfere with change.*
- Intervention principles, which describe therapist behaviors and strategies that either facilitate or interfere with change.

Implementing principles of change in clinical routine: A cognitive behavioral perspective

Benjamin Johnson, RICBT Cognitive Behavioral Therapy and Coaching

As a participant in a new partnership between clinicians and researchers, the author will first describe his reaction to a list of empirically based principles of change, as well as his task of demonstrating how he implements such principles in his clinical practice. Based on three cases of depression, he will provide examples of such implementation within his cognitive behavior therapy perspective. He will then discuss some implications of the empirically based principles of change, especially regarding the therapist effects and training. At the end of the panel, he will also engage in a discussion with practitioner and researcher colleagues about of the convergences and divergences the implementation of principles, as well as their respective experience in working together on the book project.

Implementing principles of change in clinical routine: A psychoanalytic perspective

Eva Papiasvili, Columbia University, New York, USA

As an experienced psychoanalytic clinician and supervisor, the author will describe how she implements some of empirically based principles of change with specific cases of anxiety disorders (with or without

comorbid substance abuse and personality disorder). Like her cognitive behavioral therapist colleague on this panel, she will also describe her initial reaction to being invited to join a new partnership between researchers and practitioners, both in terms of her view of principles of change and the task of describing their clinical use. After describing implications of principles of change toward the improvement of the effectiveness and training of therapists, she will join a discussion about points of commonality and complementarity across diverse theoretical orientations, as well as the experience of clinicians and researchers regarding the process and outcome of their collaborative venture.

Panel

Relationship factors

Organizer: João Tiago Oliveira, Universidade do Minho, Braga, Portugal

Interpersonal processes and resistance: How to overcome ambivalence toward change in psychotherapy

Patients often express the desire for change while, at the same time, they present subtler and/or more explicit actions on the opposite way. Usually, this emerges from the patient's balance between the acceptance of current condition on one hand, and desire for change on the other hand. When this intrapsychic tension emerges in psychotherapy it usually leads to moments of stuckness. In these moments, psychological symptoms tend to intensify, motivation to change and engagement with therapy tends to decrease, increasing the risk of poor outcomes. In fact, resolving ambivalence -- intrapersonal tension - is one way of reducing resistance in therapy -- interpersonal tension - once all moments of impasse have the potential to increase resistance to others' suggestions or demands. Considering that approximately 50% of patients experience no change in therapy and almost 20% of patients abandon therapy prematurely, the study of factors that interfere with the process of change and how the therapist could manage them it's one of the most important current demands in psychotherapy research. In this panel we present the interpersonal processes in psychotherapy with resistant-ambivalent patients. In the first paper the authors explore the associations between patient's ambivalence and interpersonal complementarity. In the second paper the relationship between client ambivalence and alliance ruptures is discussed. In the third paper the authors present data about therapists trained on management of resistance. Finally, in the fourth presentation the authors present data on the alliance negotiation between- and within-patient effects on clinical severity in the initial phase of therapy.

"Deal with it!" - Ambivalence toward Change and Patient-Therapist Interpersonal Complementarity

João Tiago Oliveira, Universidade do Minho, Braga, Portugal; Rui Braga, Universidade do Minho, Braga, Portugal; Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; Kevin Pereira, Universidade do Minho, Braga, Portugal; Divo Faustino, Universidade do Minho, Braga, Portugal; Martin grosse Holtforth, University of Bern, Switzerland; Miguel Gonçalves, Universidade do Minho, Braga, Portugal

Ambivalence toward change is an important dimension of patient's engagement and a relevant process in both poor- and good-outcome cases. In session, it should be successfully managed by the therapist otherwise ambivalence can result in resistance/reactance to therapist's interventions. Research suggests that when not overcome, these interpersonal tensions that emerge from the dyadic patient-therapist interaction usually lead to poor-outcomes. Considering the importance of therapist's ability to identify and to deal with patient's internal conflicts, empirical studies on interpersonal complementarity could give important clues to the intervention with ambivalent-resistant patients. Aim: In this study we explore the associations between patient's ambivalence and interpersonal complementarity. Method: The Interpersonal Transactions Scale-8 and the Ambivalence Coding System were used to analyze all sessions (n=27) of two single-cases --a sudden-gainer and a dropout patient. The patients, from the same therapist, presenting the same diagnosis and treated with the Unified Protocol for emotional disorders, filled in the Ambivalence in Psychotherapy Questionnaire and the Outcome Questionnaire-10.2 at the beginning of each session. Results: Cross-correlations and visual inspection of variables evolution suggested a negative association between patient's dominance and ambivalence throughout sessions in good-outcome case. Dropout case presented low levels of agency and high levels of hostility across sessions. The therapist presented roughly the same interpersonal pattern in the two cases resulting in lower Reciprocity and Correspondence in dropout case. Discussion: Results will be discussed in light of the need of interpersonal adjustment from therapist with patients presenting challenging profiles and high levels of ambivalence toward change.

Ambivalence and Alliance Ruptures in Treatment for Addictive Disorders: Comparing Mindfulness and Motivational Interviewing

Adelya A. Urmanche, Adelphi University, New York, USA; João Tiago Oliveira, Universidade do Minho, Braga, Portugal; Miguel Gonçalves, Universidade do Minho, Braga, Portugal; Catherine Eubanks, Yeshiva University; J. Christopher Muran, Adelphi University, New York, USA

Aims: Both client ambivalence and the therapeutic alliance have been shown to have an impact on the therapeutic process. Within addiction treatment, the relationship between the two concepts has been shown to be influenced by the content of the session (specifically, active substance use). The goal of this

study is to further explore the relationship between client ambivalence and alliance ruptures, comparing an addiction psychotherapy modality that explicitly targets client ambivalence (Motivational Interviewing) and one that does not (mindfulness-based psychotherapy). Methods: The analyses are conducted on 6 single-session demonstration videos available through the American Psychological Association (APA). Three sessions feature William R. Miller conducting Motivational Interviewing, and three sessions feature G. Alan Marlatt conducting mindfulness-based psychotherapy. The 6 patients are all men presenting with an addictive disorder. Client ambivalence is measured using the Ambivalence Coding System (ACS) and alliance ruptures are measured using the Rupture Resolution Rating System (3RS). Results: Descriptive and process analyses will be conducted analyzing the two coding schemes and their respective conceptual lenses. Findings will compare and the relationship between ambivalence and alliance ruptures in two different psychotherapy approaches, adding to the scant literature on the intersection of content and process in treatment for addictive disorders.

Evaluating Therapist Responsivity to Markers of Resistance in Cognitive Behavioural Therapy (CBT) and Motivational Interviewing Integrated with CBT

Kimberley M. Hara, York University, Canada; Henny Westra, York University, Canada; Alice Coyne, University of Massachusetts, Amherst; Michael Constantino, University of Massachusetts Amherst, USA; Martin M. Antony, Ryerson University, Toronto, Canada; Nikoo Norouzian, York University, Canada; Brien J. Goodwin, University of Massachusetts Amherst

Introduction: Despite therapist supportive, rather than directive, strategies being increasingly indicated as a means of effectively managing client resistance, little research has systematically examined how therapists responsively navigate resistance (Westra & Norouzian, 2018). In the context of Cognitive-Behavioural Therapy (CBT) for Generalized Anxiety Disorder (GAD; Westra et al., 2016), the present study examined (1) whether therapist management of resistance differs between therapists trained in CBT integrated with Motivational Interviewing (MI-CBT; training centered on the responsive management of resistance) and therapists trained in CBT-alone, and (2) the impact of specific therapist behaviours differentiating therapy groups during resistance on client worry outcomes at posttreatment and one-year posttreatment. Method: An adapted version of the Client Resistance Code (Westra et al., 2009) was used to identify episodes of client resistance and specific moments of disagreement (N = 60) were rated for therapist behaviour using the Structural Analysis of Social Behavior (Benjamin, 1974). Results: Path analysis models demonstrated that MI-CBT therapists exhibited significantly more affiliative and fewer hostile behaviours during disagreement episodes than therapists trained in CBT-alone. Increased therapist affiliation and hostility each mediated client one-year posttreatment worry outcomes, such that increased therapist affiliation was associated with improved outcomes, and increased hostility with poorer outcomes at one-year. Implications: This study underscores the value of training therapists in the responsive detection and management of resistance and supports the systematic integration of MI with more action-oriented treatment approaches. Findings have significant capacity to improve clinical decision-making, therapist effectiveness, and the efficacy of CBT for GAD.

Predicting clinical severity by the levels and fluctuations of the alliance negotiation early in treatment

Nicolas Alalu, Universidad de Buenos Aires, Argentina; Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; Malenka Areas, Universidad de Belgrano, Buenos Aires, Argentina; Andres Russos, Universidad de Belgrano, Buenos Aires, Argentina

Aims: In this paper, we analyzed the alliance negotiation between- and within-patient effects on clinical severity in the initial phase of therapy. Methods: Ninety-five patients presenting emotional disorders (i.e., anxiety and depression) completed both the Outcome Questionnaire.45 (OQ.45) and the Alliance Negotiation Scale (ANS) at the end of each of the first four sessions of a cognitive-integrative naturalistic therapy. For data analysis, we ran multilevel models disaggregating trait- and state-like patient effects of alliance negotiation. Results: We found both significant between-patient effects, $\gamma_{01} = -0.22$, $SE = 0.08$, $t(96) = -2.76$, p (It) $.01$, and within-patient effects of alliance negotiation, $\gamma_{10} = -0.12$, $SE = 0.04$, $t(61) = -3.50$, p (It) $.001$. During the first four sessions, patients with a greater level of alliance negotiation had a lower severity, while in a session with higher alliance negotiation patients tended to report lower severity. A cross-level interaction showed no significant interactive effects of the between-and within-patient components of alliance negotiation, $\gamma_{11} = -0.03$, $SE = 0.06$, $t(91) = -0.47$, p (It) $.64$. Discussion: These results recall the importance for therapists to monitor the alliance negotiation and to try to develop a good negotiable stance with the patient towards therapy goals and tasks whilst adequately addressing relational strains at the initial phases of treatment. Specifically, the significant within-patient alliance effects implies an approximation to establishing a causal relationship between the alliance negotiation and early treatment outcome.

Discussant: Catherine F. Eubanks, Yeshiva University

Panel

Personality

Organizer: Yogev Kivity, Bar Ilan University

Personality Pathology: Findings and Implications for the Process and Outcome of Psychotherapy

Personality disorders (PDs) are prevalent and severe conditions. Individuals with PDs experience significant impairments in multiple life domains, tend to have high rates of comorbidity with other psychological disorders and require a substantial amount of mental health services, including specialized psychotherapeutic approaches (Ansell et al., 2007; Penner-Goeke et al., 2015; Soeteman et al., 2008). The current panel includes studies on the role of personality pathology in the process and outcome of psychotherapy. First, David Kealy will present a study that examined associations between attachment dysfunction and externalization in predicting the therapeutic alliance as well as subsequent treatment outcome of an 18-week integrative group treatment program for personality dysfunction. Then, John Ogrodniczuk will present a study from the same treatment program that examined whether emotional suppression has a moderating effect on the association between avoidant personality symptoms and treatment outcome. Next, Yogev Kivity will present a study on changes in borderline personality features during psychotherapy at a university-based clinic as well as the moderating role these features play in treatment process and outcome. The panel will conclude with a discussion led by Kenneth N. Levy. These lines of research may ultimately promote a better understanding of the process and outcome of psychotherapy for individuals with personality pathology in an effort to reduce the burden of mental health experienced by this population.

Attachment and externalization: Associations with alliance and outcome in integrative group treatment for personality dysfunction

David Kealy, University of British Columbia, Vancouver, Canada; John Ogrodniczuk, University of British Columbia, Vancouver, Canada; Anthony Joyce, University of Alberta, Edmonton, Canada

The relative security or insecurity of patients' attachment can shape their experience of the alliance in psychotherapy. Patients' defensive functioning may also have implications for the alliance; individuals who rely on externalizing defenses tend to blame others and behave impulsively, which may limit their use of therapeutic relationships. The interaction of attachment insecurity and externalization may be particularly salient in group treatment for personality dysfunction, involving intense interpersonal interactions for the purpose of social learning and insight development. Using data from a naturalistic study (N = 77) of an 18-week integrative group treatment program, the present study examined associations----including interactions----between dimensions of attachment dysfunction and externalization in predicting patients' experiences of the therapeutic alliance, as well as subsequent treatment outcome as mediated by the alliance (i.e., moderated mediation). Externalization was a significant moderator of the 'rejected/rejecting' attachment dimension; patients with greater attachment dysfunction and higher externalizing defenses experienced stronger alliance in group treatment. Furthermore, significant moderated mediation was found regarding improvement in psychiatric symptoms. Thus, patients with high levels of both disordered attachment and externalization experienced stronger therapeutic alliance early in treatment, which in turn contributed to positive change in psychiatric symptoms through the course of therapy. While preliminary, the findings suggest that attention to either attachment or defensive functioning alone may be insufficient in considering who will form a positive alliance and benefit from therapy, with implications for patient selection, group composition, and tailoring interventions to patient personality features.

Investigating the interactive effect of avoidant personality disorder symptoms and emotional suppression on the outcome of a psychodynamically-oriented day treatment program

John Ogrodniczuk, University of British Columbia, Vancouver, Canada; David Kealy, University of British Columbia, Vancouver, Canada; Anthony Joyce, University of Alberta, Edmonton, Canada

Avoidant personality disorder (AVPD) is a relatively common disorder that is associated with significant distress, impairment, and disability. Furthermore, patients with AVPD are generally regarded as having a poor prognosis for treatment. However, few studies have investigated possible contributing factors to the limited responsiveness to treatment that is often experienced by patients with AVPD. Previous research has identified various maladaptive strategies of affect regulation associated with AVPD, notably emotional suppression, as a way of shielding one's self from negative emotions by downregulating one's emotional responses to stressful situations. Thus, it is conceivable that the presence of emotional suppression among individuals with AVPD may exacerbate the avoidant tendencies already present among these patients, thus further complicating the therapeutic process. Using data from a naturalistic study (N = 34) of an 18-week, group-based day treatment program for patients with significant personality dysfunction, we examined whether there was a compound effect of avoidant personality disorder symptoms and emotional suppression on treatment outcome. The findings revealed a significant moderating effect of emotional

suppression on the association between avoidant personality symptoms and treatment outcome. Specifically, the outcome for patients with more severe avoidant personality disorder symptoms was particularly poor when they engaged in high levels of emotional suppression. Though based on a small sample, the findings suggest that attending to either avoidant personality symptoms or emotional suppression alone may be insufficient for considering who will benefit from a comprehensive group therapy for patients with personality dysfunction.

The Role of Comorbid Borderline Personality Features in the Process and Outcome of Psychotherapy at a University-based Clinic

Yogev Kivity, Bar Ilan University; Rotem Moshe, Bar Ilan University; Yari Gvion, Bar Ilan University; Dana Atzil-Slonim, Bar Ilan University

Aim: A growing body of literature suggests that comorbid personality pathology may have a detrimental effect on the outcome of psychotherapy for various disorders (Keefe et al., 2018; Porter & Chambless, 2015). However, little is known about changes in personality pathology during psychotherapies that target other disorders and whether these changes are related to changes in other outcome measures (Keefe et al., 2018). The current study examined the role of borderline personality (BP) pathology in outpatient psychotherapy. We examined whether: a) BP traits predict worse treatment outcome and higher instability in outcome and affect; b) BP subsides from pre- to post-treatments; c) changes in BP are related to changes in other outcome measures. **Methods:** Patients (n = 344) received yearlong, weekly psychotherapy at a university outpatient clinic. Self-reports of symptomatic distress (Outcome Rating Scale; Miller et al., 2003) and emotional experience (Profile of Mood States; McNair et al., 1992) were collected weekly. Self-reported personality pathology was measured at pre- and post-treatment using the Personality Inventory for DSM--5 Brief Version (PID--5-BF; APA, 2013). BP pathology was operationalized as scores on eight BP-related PID-5-BF items. **Results:** Data analysis is underway and will be carried out using multi-level models. We expect BP to predict worse and less stable outcome. Furthermore, we expect pre-post decreases in BP and that larger decreases would be related to better outcome. **Discussion:** The findings are expected to promote a better understanding of the role of BP in the process and outcome of psychotherapy for other disorders.

Discussant: Kenneth Levy, Penn State University, University Park, USA

Panel

Organizer: John Christopher Perry, McGill University, Montreal, Canada

Who gets talked about in psychotherapy? I. The Relationship Episode Rating System (RERS) and changes in defensive functioning

The conceptual lineage of defense mechanisms began with Sigmund Freud's 1894 paper. A rich theoretical tradition subsequently developed positing differential relationships between certain defenses and symptom disorders, specifically depression. Left open, is the question of whether an individual uses defenses differently in different relationships. This first of two Panels will focus on defenses, while a second, companion panel will examine coping, cognitive errors and attachment. We present a new method to examine whether changes in these fundamental personality mechanisms occur equally across all relationship vignettes or more in some than others, and whether this affects depression outcomes. Dr. Perry will set out the argument for the studying fundamental mechanisms of personality functioning in psychotherapy process and outcome research. He will then present the results of the study in which adults with acute recurrent major depression (N=30) were treated with antidepressive medications and randomized to up to 18-months of either CBT, Dynamic, or Supportive psychotherapies. Defenses were rated on 5 therapy sessions over the course of treatment, and on both Dynamic and RAP interviews at intake and 18-months and subsequent follow-up over 3.5 years. Isabelle Leduc-Cummings will present on the Relationship Episode Rating System (RERS) a new method to identify who or what is being talked about in psychotherapy sessions or other types of external interviews. Derived from Luborsky's idea of the Relationship Episode (RE), has been systematized. Megan Knoll will then examine how defenses change across psychotherapy sessions within specific object/self vignettes and how this affects depression.

Fundamental personality mechanisms: change in defenses, depression and functioning over treatment in recurrent major depression

John Christopher Perry, McGill University, Montreal, Canada

Objective. A characteristic of a fundamental mechanism of personality functioning is that it should be evident in a wide variety of situations, possibly even in other primate species. Defenses are fundamental mechanisms that underlie basic personality functioning, affecting both symptom disorders and adaptation. However, we do not know the degree to which change in defenses is similar comparing psychotherapy sessions with external interviews. This report examines that. **Methods.** Adults with acute recurrent major

depression (N=30) were treated with antidepressive medications and randomized to up to 18-months of either CBT, Dynamic, or Supportive psychotherapies. Symptom and functioning measures were gathered through periodic interviews. We rated 5 therapy sessions over the course of treatment, and both Dynamic and RAP interviews at intake and 18-months. Interviews were blinded and rated using the Defense Mechanism Rating Scales. The Hamilton Rating Scale for Depression was assessed monthly and the BDI-2 every six months. Results. The sample showed a highly significant reduction in depressive symptoms. Overall Defensive Functioning improved significantly, from levels associated with depression to the low-neurotic range in external interviews. Session data were more complicated. So-called depressive defenses were more highly correlated with improved HRSD-17 scores, than BDI. External interviews were better predictors than in-session data. Conclusion. While 18 months of treatment was associated with moderate to large improvements, most individuals did not attain healthy defensive functioning, also reflected in their levels of symptoms and psychosocial adaptation. We will discuss the implications of the data source for examining defenses.

The Relationship Episode Rating System (RERS): A Description of Relationship Episodes in Interviews and Psychotherapy Sessions

Isabelle Leduc-Cummings, McGill University, Montreal, Canada

Aim. Relationship episodes (REs) are "client narratives describing interactions with others" (Hamilton & Kivlighan, 2009), originally defined as part of the Core Conflictual Relationship Theme (CCRT) method. The identification of REs has been used to examine transference, patterns, and outcomes in psychotherapy (Crits-Christoph, Cooper, & Luborsky, 1988; Luborsky, Crits-Christoph, & Mellon, 1986). However, no method has been developed to systematically identify and describe REs in psychotherapy sessions. The present study will introduce such a method and examine the most prevalent characteristics of REs.
Method. We developed a manual and rating form (the Relationship Episode Rating System (RERS)) to identify and code REs. 150 audio-recorded and transcribed therapy sessions and 100 interviews (dynamic interviews, relationship episode paradigm (RAP) interviews) from 30 clients were divided into REs. Each was coded for the following elements: object type (e.g., relative), object subtype (e.g., mother, father), gender, recency (past, present, future), and reality (reality, dream, fantasy).
Results. The method produced acceptable to good reliability. On average, therapy sessions contained eight REs, interviews contained four. We will present the most prevalent characteristics of REs, patterns and changes over time, and differences between approaches (CBT, psychodynamic, supportive), diagnosis, and data type (therapy sessions, interviews).
Discussion. REs provide a natural basis for segmenting sessions into coherent stories. They appear to be a potentially useful unit of analysis for research, such as to look at how elements of the therapy shift within/between objects. REs are a fundamental aspect of speech that can be examined in and outside of therapy.

Defensive Functioning Across Relationship Episodes

Megan Knoll, McGill University, Montreal, Canada

Aim. Research examining defensive functioning in psychotherapy has demonstrated that defense mechanisms may be an important mediator between psychological treatment and outcome (Perry & Bond, 2012). However, defenses manifest in different contexts and it may be that an individual's defensive functioning changes depending on the context. One way to account for context is to use the concept of relationship episodes (RE; Luborsky, Barber, & Crits-Christoph, 1990). The aim of this paper is to examine individuals' defensive functioning across relationship episodes. This will shed light on how defensive functioning is specific to relationships and how this may be associated with treatment process and outcome.
Method. Thirty patients were treated with CBT, dynamic or supportive psychotherapy for depression for up to 1.5 years culminating in 150 therapy sessions and 100 interviews. Sessions and interviews were audio recorded and transcribed. They were rated for defenses using the Defense Mechanisms Rating Scale (5th edition; Perry, 1990) and subsequently divided into separate relationship episodes using the Relationship Episode Rating System (RERS). Each relationship episode was defined by characteristics of the object, recency, and reality. Defensive functioning was characterized and compared across common relationship episode categories. Change in defensive functioning and its relationship to outcome was also examined.
Results. Change in depressive defenses within REs about the self was predictive of depression at a 4.5 year follow up.
Discussion. This study has implications for how defensive functioning can be used to understand and predict treatment outcome. Clinical, research, and theoretical implications will be discussed.

Panel

Organizer: John Christopher Perry, McGill University, Montreal, Canada

Who gets talked about in psychotherapy? II. The Relationship Episode Rating System (RERS) and changes in coping, cognitive errors and attachment patterns and depression

This is the second of two conceptually related panels which study change in fundamental mechanisms of personality functioning in the same treated study sample, as related to the different objects identified in sessions, using the Relationship Episode Rating System (RERS). The conceptual lineage of defense mechanisms began with Sigmund Freud's 1894 paper. By the 1960's, researchers began to distinguish conscious coping from the more unconscious defense mechanisms. Thereafter, the empirical literatures developed in parallel. Beck then introduced a third phenomenon, cognitive errors in conscious thinking. A theoretical tradition developed positing differential relationships between certain coping mechanisms and cognitive errors, and symptom disorders, specifically depression. Left open, is the question of whether these phenomena show up differently in different relationships and whether this parallels attachment patterns. This second of two Panels will examine coping, cognitive errors and attachment. These presentations utilize the RERS, a new method to examine whether changes in these putative mechanisms of personality functioning occur across all objects/self, or only specific types, based on identifying who is being talked about in therapy. How this affects depression will be presented. Dr. Starrs will present how conscious coping changes across psychotherapy sessions by object type and how this relates to change in depression. Bryan Butler will examine how cognitive errors (CE's) also change across psychotherapy sessions by object type, and how this relates to change in depression. Daniel Spina will examine changes in attachment patterns in therapy sessions and whether these change differentially by type of therapy (CBT, Dynamic, Supportive).

Coping Action Patterns within Relationship Episodes: A Contextual Micro-Level

Claire J Starrs, SUNY Potsdam, New York, USA; John Christopher Perry, McGill University, Montreal, Canada; Megan Knoll, McGill University, Montreal, Canada; Isabelle Leduc-Cummings, McGill University, Montreal, Canada; Élyse Beaudet, Concordia University

Aim. Coping has been shown to improve with psychotherapy and to be related to decreases in depression and enhanced interpersonal functioning (Starrs & Perry, 2018). Coping, by definition, occurs in response to stressors, thus it is directly impacted by context, and therefore may vary depending on the characteristics of the context (e.g., relationship with the other, gender of the other, etc.). This paper seeks to assess coping functioning at a contextual micro-level, by examining coping patterns within relationship episodes (Luborsky, Barber, & Crits-Christoph, 1990). **Method.** Thirty patients with major depression received treatment including medication and psychotherapy for up to 1.5 years; 150 therapy sessions and 100 interviews were transcribed for a larger project. Each transcript was divided into relationship episodes (RE) using the Relationship Episode Rating System (RERS, Perry, Knoll & Leduc-Cummings, 2018). REs were defined by object (type, subtype, sex), recency (past, present, future), and reality (reality, dream, fantasy) features. Coping patterns were identified using the Coping Action Patterns method (CAP, Perry, Drapeau, & Dunkley, updated 2014). **Results.** This paper will explore how coping differs across RE categories, and potential differences in therapy sessions versus interviews. Additionally, we will compare changes in coping functioning across RE categories, and we will determine amongst which RE categories coping functioning is predictive of outcome. **Conclusions** This study will allow us to understand how context influences coping functioning at a micro-level, as well as how coping influences treatment outcome. Clinical, research, and theoretical implications will be discussed.

Cognitive Errors and Relationship Episodes: An Exploration and Description

Bryan Butler, McGill University, Montreal, Canada; Claire J Starrs, SUNY Potsdam, New York, USA; Élyse Beaudet, Concordia University; John Christopher Perry, McGill University, Montreal, Canada

Aim: Decreases in cognitive errors (CEs) have been shown to be associated with recovery from depression following psychotherapy (Blake, Dobson, Sheptycki, & Drapeau, 2016). However, to the best of our knowledge, CEs have not been examined in relation to the context in which they occur. A possible method of examining CE context is through the identification of relationship episodes (REs) (Crits-Christoph, Cooper, & Luborsky, 1988; Luborsky, Crits-Christoph, & Mellon, 1986). The aim of this study is to investigate the occurrence of CEs by type and valence within REs. **Method:** 150 audio-recorded and transcribed therapy sessions and 100 interviews from 30 patients receiving treatment including medication and psychotherapy, were rated for CEs using the Cognitive Errors Rating Scale (CERS; Drapeau, Perry, & Dunkley, 2008). Next, transcripts were divided into individual REs using the Relationship Episode Rating System (RERS). Each RE was defined by the following characteristics: object (type, subtype, sex), recency (past, present, future), and reality (reality, dream, fantasy). Cognitive errors were coded by type and valence within REs. **Results:** This paper will explore how CEs differ across REs. Additionally, we will compare changes in CEs across REs, and we will determine among which RE categories CE changes are predictive of therapy outcome. **Discussion:** This study will allow us to understand how context influences CEs and how changes in CEs influence treatment outcome. Clinical, research, and theoretical implications will be discussed.

Changes in attachment security during psychotherapy for depression

Daniel Scott Spina, Ferkauf Graduate School of Psychology, Yeshiva University; Vera Békés, Yeshiva University; Katie Aafjes-van Doorn, Yeshiva University, New York, USA; Jordan Bate, Yeshiva University, New York, USA; Claire J Starrs, SUNY Potsdam, New York, USA; John Christopher Perry, McGill University, Montreal, Canada

Differences in adult attachment security are significantly related to psychopathology, the therapeutic alliance and psychotherapy outcome. Individuals with insecure attachment function less optimally over the course of various types of treatment including CBT and psychodynamic therapy. Insecure attachment predicts depressive symptoms in adulthood, and improvement in attachment during psychotherapy is a potential moderator of treatment outcome. In the present study we aim to assess changes in attachment security during psychotherapy for patients with Major Depressive Disorder using a novel method, the Patient Attachment Coding System (PACS; Talia, et al., 2014). The PACS is an observer-rater method that allows to code for identifying attachment classifications in therapy transcripts, and it has been shown to have excellent internal, external, and construct validity with the Adult Attachment Interview (Talia et al., 2014, 2017). Transcribed sessions of Psychodynamic (n = 10), Cognitive-Behavior (n = 10), and Supportive (n = 10) psychotherapies are being coded using the PACS to assess improvement in attachment security between the beginning and end of each therapy. We hypothesize that (1) attachment security will improve across therapy modalities, and that (2) the improvement will be more definite in psychodynamic therapy due to its focus on relational issues. Clinical implications regarding attachment security as potential mechanism of change in psychotherapy for depression, as well as directions for future research will be discussed.

Panel

Treatment process and outcome

Organizer: Andrew C Page, University of Western Australia, Australia

Personalizing Psychotherapy for Clients at Risk: Assessment, Client Experience, and Treatment

Personalizing psychotherapy is not only about identifying effective treatments and psychotherapy processes, but it involves identifying and managing clients who are at risk. Adverse outcomes can come in many varieties and the present symposium will consider various facets of risk. Suicidal risk is a key issue and talks will examine the impact of suicidality upon both the therapeutic processes such as alliance, and upon the client, showing the reciprocal relationship between perceived burdensomeness and self-harm during treatment. The symposium will also cast a wider frame of reference to consider the science-practice gap in high risk criminal justice and how treatments to manage risky behaviours can be delivered in a timely manner. Together the series of talks bring an international perspective to the multidimensional issue of risk, with each talk pointing to how psychotherapy can be personalized more effectively for each client.

The effects of baseline suicidality on alliance through client moderators: a petition for predictive utility

Katherine Davis, Penn State University, University Park, USA; Louis Castonguay, Penn State University, University Park, USA; Rebecca Janis, Penn State University, University Park, USA; Dever Carney, Penn State University, University Park, USA; Jeffrey Hayes, Penn State; Benjamin Locke, Penn State University, University Park, USA

Objective. Psychotherapy process and outcome research has established that the therapeutic alliance accounts for a significant amount of variance in psychotherapy outcome. But for which clients does protecting the alliance matter the most? Uncertainty remains surrounding which pre-treatment client characteristics are associated with vulnerability for a weaker alliance. It may be that for clients experiencing suicidal ideation, the alliance is an especially important therapeutic ingredient, although these same clients may also struggle to form a strong therapeutic bond, perhaps due to increased social withdrawal and isolation. The present study will explore these direct and indirect effects by examining whether a) the endorsement of baseline suicidality predicts early alliance and b) client marginalized identity status moderates this association. **Method.** Data for these analyses was collected in a university counseling center. Multiple linear regressions will examine the relationships between presenting suicidality and alliance. This relationship will be examined alongside the moderating effects racial, gender, and sexual orientation. **Conclusions.** These findings may shed light on clients whose therapists might place more emphasis on building a strong therapeutic relationship early in treatment. **Keywords:** therapeutic alliance, client moderators, suicidality, social withdrawal, psychotherapy outcome, collegiate mental health

A vicious cycle between perceived burdensomeness and self-harm: Implications for psychotherapy

Priyanjali Mithal, University of Western Australia, Australia; Andrew C Page, University of Western Australia, Australia; Geoff Hooke, University of Western Australia, Australia; Michael Kyron, University of Western Australia, Australia

Objective: To identify time-lagged relationships between interpersonal factors and self-harm in psychiatric patients. Method: Using cross-lagged panel modelling, patients (N=3740) in a Perth psychiatric hospital were assessed daily over three consecutive days for levels of perceived burdensomeness and thwarted belongingness. Self-harm incidents were logged by clinical staff. Results: Perceived burdensomeness on the previous day predicted self-harm. Furthermore, self-harm predicted heightened perceived burdensomeness and thwarted belongingness the next day. Conclusion: There appears to be a vicious cycle between perceived burdensomeness and self-harm. This finding has implications for psychotherapy and can be used to design targeted interventions for suicide.

Addressing the science-practice gap in high-risk criminal justice system involved youth through implementation science and community based participatory research

Soo Jeong Youn, Massachusetts General Hospital / Harvard Medical School; David Zepeda, Boston University; Lillian Blanchard, Massachusetts General Hospital; Juliana Ison, Massachusetts General Hospital; Anna Bartuska, Massachusetts General Hospital; Derri Shtasel, Massachusetts General Hospital / Harvard Medical School; Luana Marques, Massachusetts General Hospital / Harvard Medical School

It takes 17-20 years for evidence-based practice (EBP) to reach routine practice, and this science-practice gap is 10-years larger in mental health and for at-risk populations. Establishing effectiveness of an EBP is not enough for uptake. To address this gap, implementation science and community based participatory research (CBPR) provide a systematic method of implementation and evaluation. Using a CBPR partnership as an example, this presentation describes how IS was used to address contextual factors to facilitate the adoption of a cognitive behavioral theory (CBT) skills curriculum to address the significant mental health needs of high-risk youth involved in the criminal justice system. The 10-skill modular CBT curriculum was iteratively developed using formative evaluation to be flexibly delivered by paraprofessionals, and it was found to be feasible and acceptable. Data from 1116 high-risk young men collected as part of routine programming at the community organization were analyzed using log-linear and logistic regression models. Youth that practiced all 10 different CBT skills had 67.4% more total days enrolled compared to those that didn't practice any CBT skills. In terms of job obtainment, participants who practiced all 10 CBT skills had 260.4% increased odds of obtaining a job compared to those who didn't practice CBT. Compared to those that didn't practice any CBT, participants who practiced more than 5 CBT skills did not differ in their odds of new criminal charges despite increased elevated risk factors. Future directions of innovative methods to address the access to care problem in high-risk populations is discussed.

Relative effectiveness of a brief transdiagnostic Dialectical Behavior Therapy

Lillian Seow, University of Western Australia, Australia; Khan Collins, University of Western Australia, Australia; Geoff Hooke, University of Western Australia, Australia; Andrew C Page, University of Western Australia, Australia

Briefer versions of Dialectical Behavior Therapy (DBT) may enhance patient outcomes in diverse service settings. This study examined the effectiveness of two DBT-informed treatments for diagnostically heterogeneous groups: 5-day group training in DBT skills (DBT-5) and a 12-week DBT program (DBT-12). Depression, anxiety, stress, borderline symptoms, self-esteem and general mental wellbeing were measured at pre-and post-treatment in a sample of inpatients and outpatients (N=142). Rates of clinically significant change on these measures were calculated and effect sizes benchmarked against prior DBT outcome studies. Readmission rates were used to measure treatment response maintenance. DBT-5 and DBT-12 were comparably effective. Effect sizes (Cohen's d's=0.32--1.36) were within range of prior DBT outcome studies. One to two thirds of patients were classified as improved or recovered at post-treatment. Readmission rates were low (5--6.8%). Brief DBT-informed treatments may offer a fast reduction in symptoms and quicker return to functioning.

Panel

Treatment process and outcome

Organizer: Ueli Kramer, University of Lausanne, Switzerland

Individualizing treatments for personality disorders : empirical perspectives

Offering the right treatment for each client remains a challenge for mental health services, and in particular when it comes to complex presentations such as personality disorders. The present panel summarizes new methods, and develops further established ones, to answer the question of how to tailor psychotherapy to clients with personality disorders. The first presentation addresses the question of dosage in dialectical behavior therapy: how long and how intense must effective therapy be in order to treat borderline

personality disorder? The second presentation uses the core conflictual relationship theme in predicting the client's response to treatment. Which CCRT slows down the client's evolution? The third presentation compares two effective treatments (general psychiatric management and dialectical behavior therapy) for borderline personality disorder and asks which moderator is key for each treatment's success. Which client's profile responds best to DBT vs GPM? The final presentation uses information of case formulations in order to develop a model of dyadic prediction of the therapeutic alliance in borderline personality disorder. Which case's features predict the best alliance-match?

Briefer Dialectical Behaviour Therapy- DBT (6 months) vs Standard 12 Months DBT for Borderline Personality Disorder: A Randomized Non-inferiority Trial

Shelley McMain, Centre for Addiction and Mental Health; Alexander Chapman, Simon Fraser University, Vancouver, Canada; Janice R. Kuo, Ryerson University; Tim Guimond, University of Toronto, Canada; David L. Streiner, University of Toronto, Canada; Katherine L. Dixon-Gordon, University of Massachusetts; Wanrudee Isaranuwatjai, St Michael's Hospital

Introduction: Although 12-months of Dialectical Behavior Therapy (DBT) is an evidence-based psychosocial treatment for individuals diagnosed with borderline personality disorder (BPD), its length is a deterrent to its adoption in many health-care settings. There are no data on the optimal length of psychotherapy for BPD. A briefer version of DBT has not been directly compared with recommended one-year length of DBT for BPD. **Objectives:** This presentation presents the results of a two-site, single-blinded, randomized trial which compared the clinical and cost effectiveness of 6 versus 12 months of DBT for suicidal individuals with BPD. **Methods:** Participants diagnosed with BPD were randomly assigned to 6 or 12 months of standard DBT. The primary outcome was the total number of suicidal or non-suicidal self-injurious episodes. Secondary outcomes were healthcare utilization, psychiatric and emotional symptoms, general and social functioning, and health status. Blinded assessments were conducted at baseline and 3-month intervals until 24 months. **Results:** For the 240 participants, improvements on suicide and self-harm behaviour were similar. At one-year follow-up, participants in both study arms achieved significant and similar improvement across all primary and secondary outcomes. There were no significant differences in drop-out rates between groups (6 months =25%; 12 months= 35%). **Conclusion:** A briefer version of DBT was not inferior to standard one-year DBT for BPD. The findings suggest that 6 months of DBT is an efficacious and efficient treatment for BPD and may address barriers to BPD treatment for patients.

Evidence for using core conflictual relationship themes in personalising treatment

Brin Grenyer, University of Wollongong, Australia; Ely Marceau, University of Wollongong, Australia

Background: The core conflictual relationship theme (CCRT) is a psychotherapy method that can contribute to case formulation and thus guide psychotherapy interventions. The CCRT has its bases in psychoanalytic understandings of transference, the great discovery of Freud that each person has a 'sterotype plate' or relationship schema or pattern that is used to predict, understand and respond to interpersonal interactions, including with the therapist. **Method:** We synthesised the CCRT literature related to personality disorder treatment, including a deep dive into the CCRTs of 20 patients with depression and personality disorder. **Results:** The characteristic CCRT patterns of patients predicted their response to treatment. Specific patterns of CCRTs were found to be particularly difficult and slowed treatment progress. **Discussion:** We speculate that although the 'conscious' alliance was reported to be positive, 'unconscious' CCRT patterns being enacted inside and outside of treatment differentially created ongoing challenges. We conclude with recommendations for individualising therapy for people with personality disorders informed by their characteristic CCRT.

Treatment selection in borderline personality disorder between dialectical behavior therapy and psychodynamic psychiatric management

Jack Keefe, Weill Cornell Medical College, New York, USA; Thomas T. Kim, University of Pennsylvania, Philadelphia, USA; David L. Streiner, University of Toronto, Canada; Paul S. Links, McMaster University; Shelley McMain, Centre for Addiction and Mental Health

Introduction: No evidence-based therapy for borderline personality disorder exhibits a clear superiority. However, BPD is highly heterogeneous, and different patients may specifically benefit from the interventions of a particular treatment. **Methods:** From a randomized trial comparing a year of dialectical behavior therapy to general psychiatric management for BPD, long-term (2-year-post) outcome data and patient baseline variables (n =156) were used to examine individual and combined patient-level moderators of differential treatment response. A two-step bootstrapped and partially cross-validated moderator identification process was employed for 20 baseline variables. For identified moderators, 10-fold bootstrapped cross-validated models estimated response to each therapy, and long-term outcomes were

compared for patients randomized to their model-predicted optimal versus non-optimal treatment. Results: Significant moderators surviving the two-step process included psychiatric symptom severity, BPD impulsivity symptoms (both GPM(gt)DBT), dependent personality traits, childhood emotional abuse, and social adjustment (all DBT(gt)GPM). Patients randomized to their model-predicted optimal treatment had significantly better long-term outcomes ($d = 0.36$, $p = 0.028$), especially if the model had a relatively stronger (top 60%) prediction for that patient ($d = 0.61$, $p = 0.004$). Among patients with a stronger prediction, this advantage held even when applying a very conservative statistical check ($d = 0.46$, $p = 0.043$). Discussion: Patient characteristics influence the degree to which they respond to two treatments for BPD. Combining information from multiple moderators may help inform providers and patients as to which treatment is the most likely to lead to long-term symptom relief. Further research on personalized medicine in BPD is needed.

Using Case Formulation for developing a Model of Dyadic Prediction of the Therapeutic Alliance in Treatment for Borderline Personality Disorder: A Dynamic Network Analysis

Ueli Kramer, University of Lausanne, Switzerland; Mehdi Gholam, University of Lausanne, Switzerland; Franz Caspar, University of Bern, Switzerland

Case formulation is a central tool for psychotherapist to work effectively with individual cases. They are still under-utilized in psychotherapy research, because of high complexity when dealing with idiographic data, and inadequacy of earlier methodologies. Current developments enable to explore dynamic changes over time in central variables, such as the therapeutic alliance, in relationship with patterns detected in case formulations of individual patients. The present study includes $N = 60$ patients with borderline personality disorder (BPD) undergoing a brief treatment, using an individualized treatment component (vs standard treatment). For each patient, a Plan Analysis was performed on the basis of the intake interview, which were synthesized in ideographically informed scores of interactional agreeableness. Lagged session-by-session prediction of the therapeutic alliance progression of the course of treatment were computed, as a function of agreeableness, and of individualization of treatment. The results show positive links between session-by-session lagged assessment of the alliance by the same perspective (either patient or therapist), and negative predictions between lagged cross-perspectives (patient-therapist and therapist-patient) in particular for the individualized treatment (but not for the standard one). Low agreeableness was associated with negatively valenced links between both perspectives (but not high agreeableness). These results are discussed as important feature to understand relationship struggles in the beginning of therapy for BPD. Session-by-session negative links between patient and therapist perspectives speak to an interactional intensity between patient and therapist, which may be described as a dynamic "push and pull" dance, which may be of particular interest in patients with BPD undergoing treatment. This pattern was particularly strong in individualized treatments facing patients with low agreeableness.

Panel

Treatment process and outcome

Organizer: Erkki Heinonen, University of Oslo, Norway

Look at yourself! Self-related processes and mechanisms of psychotherapeutic outcome in depression

How does one recover from depression in psychotherapy? Various proposals exist on how change occurs (or fails to occur). Across these diverging ideas, the patient's relationship to him- or herself is a common theme. What varies is the emphasis on what in that relationship should change. This panel hence looks at how various self-related constructs predict psychotherapeutic outcome. The data comes from a randomized trial of standard cognitive-behavioral therapy vs. an exposure-based cognitive therapy that integrates emotion-focused elements into CBT. In the first paper, Krieger et al. present on how patients' negative self-esteem, assessed at the end of treatment, predicts depressive symptoms over a 1-year follow-up. In the second paper, going into the actual process of therapy, grosse Holtforth et al. examine how cognitive restructuring in therapy affects both patients' sense of self-efficacy and the severity of their depression. Finally, Heinonen et al. discuss how patients' differences in self-compassion affect their outcomes -- and whether self-compassion seems more important for some patients than others. Implications for further research and clinical practice will be discussed. The discussant will be Alice Coyne.

Discrepant negative self-associations as risk factors for depressive deterioration after outpatient psychotherapy

Tobias Krieger, University of Bern, Switzerland; Marie Koditek, University of Bern, Switzerland; Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; Martin grosse Holtforth, University of Bern, Switzerland

Aim: This paper examines the discrepancy between implicit and explicit negative self-associations (NSA) after cognitive-behavioral psychotherapy for depression as a predictor of long-term outcome. Methods: One

hundred and twenty patients completed an Implicit-Association Test relating the self with depressive attributes and a self-report questionnaire with identical item content, at the end of time-limited outpatient depression psychotherapy. At post-treatment and at 3-, 6-, and 12-month follow-up, patients completed the BDI-II. We used different strategies to operationalized implicit and explicit NSA discrepancies and three-level hierarchical linear models to analyze the effects. Results: We found significant interactive effects of discrepancy between implicit and explicit NSA and the direction of the discrepancy on long-term outcome. In patients with a greater explicit than implicit NSA (a damaged self-esteem pattern) a greater absolute discrepancy was associated with worse long-term outcome in terms of depressive symptoms at the end of follow-up and rate of change during follow-up. Consistently, with an alternative method, we found that a damaged self-esteem discrepancy pattern was associated with worse estimated depression scores at the end of follow-up. Discussion: Our results support the notion that a discrepancy between implicit and explicit NSA may pose a risk factor for deterioration after psychotherapy for depression.

Cognitive restructuring and self-efficacy as change processes and mechanisms in cognitive therapies for depression

Martin grosse Holtforth, University of Bern, Switzerland; Tobias Krieger, University of Bern, Switzerland; Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina

Aim: This study aimed to analyze cognitive restructuring and self-efficacy respectively as putative patient change processes and mechanisms associated with long-term outcome in two cognitive-behavioral therapies for depression (i.e., exposure-based cognitive therapy [EBCT] and cognitive-behavioral therapy [CBT]). **Methods:** We drew on a randomized controlled trial where 149 patients were randomly assigned to either EBCT or CBT, with the treatments showing comparable efficacy at 12-month follow-up (grosse Holtforth et al., 2019). Based on Doss's (2004) four-step model of psychotherapy change and using sequential multilevel structural equation models, we tested cognitive restructuring (measured during acute treatment) as a theory-based change process and self-efficacy (measured during 12-month follow-up) as a change mechanism in both treatments. Long-term outcome was measured at the end of 12-month follow-up based on the Beck Depression Inventory. **Results:** Patients in the CBT condition tended to have a greater increase in cognitive restructuring during treatment than patients in EBCT, although the effect only approached significance. A greater increase in cognitive restructuring during treatment was significantly related to a greater level of self-efficacy during the follow-up period that was in terms significantly associated to lower depressive severity at the end of 12-month follow-up controlling for baseline severity. However, the indirect effect of treatment by cognitive restructuring and self-efficacy on outcome was not significant. **Discussion:** Results suggest that therapists might capitalize on cognitive restructuring (by using general CBT techniques included in both treatments) during therapy to improve long-term depression outcome through treatment-common mechanisms after treatment ends (e.g., greater self-efficacy).

Pre-treatment interpersonal problems as moderators of between- and within-patient effects of self-compassion on treatment outcome in depression

Erkki Heinonen, University of Oslo, Norway; Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; Jari Lipsanen, University of Helsinki; Tobias Krieger, University of Bern, Switzerland; Martin grosse Holtforth, University of Bern, Switzerland

Aim: A lack of self-compassion is associated with depression, and its increases in turn with greater psychotherapeutic outcomes. However, little is yet known of whether self-compassion and its increases matter especially for certain groups of depressed patients, such as those suffering from particular interpersonal problems. **Methods:** 149 depressed adult outpatients were randomized to standard (CBT) or integrative (with emotion-focused components) cognitive-behavioral (EBCT-R) therapy, lasting a maximum of 22 sessions. Interpersonal problems were patient-rated at baseline with questionnaire. Self-compassion and treatment outcome -- i.e., depressive symptoms and global psychiatric symptoms -- were also patient-rated with questionnaires at baseline, after 7th and 14th sessions, and at post-treatment. Hierarchical linear models were used. **Results:** Both between- and within-patient effects of self-compassion on treatment outcome were observed; and further, seen to be moderated by interpersonal problems. Higher self-compassion or in-treatment increases in self-compassion attenuated the negative impact of total interpersonal problems on outcome prognosis. Finally, specific interactions of self-compassion with certain domains of interpersonal problems, but not others, were observed. **Discussion:** A patient's greater self-compassion, relative to other patients, may be a protective or treatment-facilitating factor that suggests likely better therapy outcomes. However, increases in self-compassion may also be especially important for patients suffering from certain interpersonal problems. Implications for research and practice are discussed.

Discussant: Alice Coyne, University of Massachusetts, Amherst

Panel

Adolescents

Organizer: Björn Philips,
Stockholm University,
Sweden

Growing evidence for psychodynamic therapy for adolescent depression

Adolescent depression is a common disorder and a major cause for illness, disability and increased risk for psychiatric morbidity in adulthood. Until now, the psychotherapeutic orientation with most empirical support for adolescent depression is cognitive behavioral therapy (CBT) but a large proportion of young patients do not improve from CBT. More psychotherapeutic options are therefore needed, especially if the goal is to personalize treatment to each patient and provide effective psychotherapy for all depressed teenagers. Growing evidence suggest that psychodynamic therapy (PDT) is also an effective treatment for adolescent depression, and PDT could constitute a viable option to CBT as the two treatments are clearly different in terms of theoretical base and treatment principles. More knowledge is needed on which types of PDT are effective for adolescent depression and how the treatments are experienced by the patients. This panel will present findings from three randomized controlled trials involving PDT for adolescent depression. The first presentation will report findings from the IMPACT study, which demonstrated no difference in effect between PDT, CBT, and brief psychosocial intervention. This presentation will focus on secondary analyses from IMPACT. The second presentation will report findings from a trial comparing PDT with and without transference work. Patients improved in both treatments and patients' descriptions of helpful aspects are explored. The third presentation reports the findings from a trial comparing internet-based PDT with internet-based support. I-PDT showed efficacy and could be a feasible treatment option for adolescent depression.

The IMPACT study: Further learning from a randomized controlled trial of three psychotherapies in the treatment of adolescent depression.

Nick Midgley, University College, London, UK

Aim: In 2017 the primary findings of the IMPACT study were published, demonstrating the 'dodo effect' once again, i.e. equivalent clinical- and cost-effectiveness of three psychological therapies - short term psychoanalytic psychotherapy (STPP), cognitive-behavioural therapy (CBT) and a Brief Psychosocial Intervention (BPI) in the treatment of adolescent depression (Goodyer et al., 2017). However clinical trials such as this provide plenty of scope for secondary analysis, which may provide more meaningful learning for clinical practice. The aim of this presentation will be to summarise some key findings from secondary analyses of IMPACT data, with a particular focus on studies of the therapeutic process and the process of alliance rupture and repair. **Methods:** Secondary analysis of data from the IMPACT study **Results:** Findings will be presented related to the process of therapy in CBT, STPP and BPI with depressed adolescents, including a focus on shared and distinct features of therapy, and the process of alliance rupture and repair. **Discussion:** Even when clinical trials show equivalence between different treatment approaches, they still provide many opportunities to understand about key aspects of therapy, including exploration of the therapeutic process. These secondary analyses may often be able to address questions that have more immediate relevance to clinicians looking for ways to both understand what goes on in therapy, and to identify ways to improve our ability to work effectively.

How do adolescents with depression improve in psychodynamic psychotherapy with or without transference work?

Randi Ulberg, University of Oslo, Norway

Aim: Little is known about the effects of In-session exploration of the patient- therapist relationship (that is, transference work) in psychodynamic psychotherapy. The aim is to study the effects of transference work for depressed adolescents. **Methods:** 70 adolescent patients (aged 16 to 18 years) with a current diagnosis of DSM IV major depressive disorder were included in the RCT. The patients were randomized to 28 weeks with psychodynamic psychotherapy with either a moderate level of transference work or no transference work. Only the therapist were aware of the randomization. The patients were reassessed three times during therapy (week 3, 12, and 20), at post-treatment, and 1 year after treatment termination. The primary outcome measures were the independent rater rated measure Psychodynamic Functioning Scales (PFS) and the patient rated Inventory of Interpersonal Problems (IIP). A qualitative study interviewing the patients at post-treatment is nested in the RCT. **Results:** The patients improved significantly during therapy in both treatments. The qualitative study revealed that young patients emphasized four main areas as helpful; 'Exploring oneself', 'Therapist relation and characteristics', 'Focusing on everyday life', and 'Time factors'. **Discussion:** The patients valued the therapist being supportive and listening. The adolescents described that exploring themselves improved their relations to oneself and to others. The adolescents also valued the therapist's assistance with problem solving.

Internet-based psychodynamic therapy is effective for adolescent depression

Björn Philips, Stockholm University, Sweden

AimTo test the feasibility and efficacy of a recently developed internet-based psychodynamic therapy (I-PDT) for depressed adolescents.
MethodsA randomized controlled trial comparing affect-focused I-PDT with internet-based brief supportive contact (I-BSC) for adolescents aged 15-18 years with major depressive disorder ($n = 76$). The I-PDT program consisted of 8 therapist-supported self-help modules delivered over 8 weeks in a secure online platform, complemented with 30 minutes chat support weekly. Primary outcome measure for depressive symptoms was the Quick Inventory of Depressive Symptomatology in Adolescents (QIDS-A17-SR) measured weekly. Primary outcome was analyzed using multilevel modelling (MLM) and secondary outcomes were analyzed using ANCOVA.
ResultsI-PDT was superior to I-BSC with regard to change in depressive symptoms measured with QIDS-A17-SR ($p = .010$), showing a large effect size ($d = .82$). I-PDT was also superior to I-BSC with regard to anxiety symptom ($d = .78$), emotion regulation ($d = .97$), and self-compassion ($d = .65$). No serious adverse events were reported during the trial. The results for I-PDT on depression and anxiety were maintained at the follow-up six months after termination.
DiscussionThe results suggest that affect-focused I-PDT is an effective treatment for adolescent depression. As a continuation of the ERiCA project, I-PDT is now compared against internet-based cognitive behavioral therapy in a large non-inferiority trial. One important project aim is to increase knowledge about factors explaining which adolescent benefit from what treatment, thus in the future providing us with keys about how personalize treatment for depressed adolescents.

Discussant: Kenneth Levy, Penn State University, University Park, USA

Panel

Methods

Organizer: Julian Rubel,
Justus-Liebig-University
Giessen

New developments in the personalization of treatments, measurement, and feedback

The present panel presents new developments in patient-focused psychotherapy research, which is designed to provide practitioners with person-specific decision-support rules and tools. To this end, a variety of new methods and designs is described: Idiographic ecological momentary assessment, personalized feedback over the course of the treatment, and personalized pre-treatment predictions based on machine learning methods. These different approaches share the common goal to support personalized decision-making in psychotherapy. In the first talk, a systematic review of items and designs used in the context of ecological momentary assessment studies is presented. In the second talk, the development of multidimensional assessments and feedback system is described in which a number of outcome variables is simultaneously assessed during treatment, allowing therapists to determine the most meaningful measures for this particular patient. In the next talk, data from a naturalistic study in which cognitive-behavioral or psychodynamic treatments are provided is leveraged to develop a differential prediction algorithm. This algorithm estimates for each patient their probability to respond to either of these treatment alternatives enabling personalized treatment assignment. Finally, the last talk investigates the effects of providing therapists pre-treatment with information about their patients estimated dropout risk based on machine-learning methods.

A systematic review of EMA design for studying mood and anxiety disorders

Mila Hall, Justus-Liebig-University Giessen; Julian Rubel, Justus-Liebig-University Giessen

This paper will present the findings of an ongoing systematic review of ecological momentary assessment (EMA) designs used to idiographically measure the daily lives of adults with mood and anxiety symptomatology. It is common practice to alter components of EMA measures, to tailor them to suit the purposes of individual studies, but this measurement heterogeneity has not been studied directly. The present study fills this gap by examining the design of EMA for mood and anxiety symptomatology, both diagnosable and subthreshold. MEDLINE, PubMed, APA PsycNET, OpenGrey, and OSF were searched to identify 239 relevant studies. The review focuses on the content of items administered, data collection schedules (i.e., beeps per day, total number of days), response scales (i.e., Likert, sliding scale), data collection platforms (i.e., apps, email), and psychometric properties (i.e., reliability, variability) reported. Across the identified studies, over 4500 items have been extracted and are currently in the process of being qualitatively analyzed. These qualitative results will also be presented. This review constitutes a milestone in examining replicability and measurement challenges in EMA research with mood and anxiety disorders in adults.

Multivariate models for routine outcome monitoring: benefits and challenges

Andrew McAleavey, Weill-Cornell Medical College; Samuel Nordberg, Reliant Medical Group; Christian Moltu, District General Hospital of Førde, Førde, Noway

While most routine outcome monitoring systems prioritize a single outcome measure, the identification of a universally appropriate outcome may not be possible in all cases. As an alternative, multidimensional assessments track a number of outcome variables simultaneously during treatment, allowing therapists and patients to determine the most meaningful measures themselves. It also affords greater measurement precision in generating person-specific deterioration alerts, though the benefits of such a system will vary based on the presentation of individual patients. In this study we propose to demonstrate the use of such a system implemented in Norse Feedback, and will investigate the following questions: 1) Does multivariate modeling improve accuracy of out-of-sample predictions over univariate modeling? 2) Which symptom scales benefit most from multivariate modeling? Implications will be discussed in terms of this specific ROM application, as well as other applications that track multiple features simultaneously. Multivariate modeling may enable greater precision with fewer observations in diverse routine care settings. Analyses are ongoing.

Differential treatment selection in routine care: Integrating machine learning and statistical algorithms to recommend Cognitive Behavioral or Psychodynamic Therapy

Brian Schwartz, Universität Trier, Germany; Zachary Cohen, University of California, Los Angeles, USA; Julian Rubel, Justus-Liebig-University Giessen; Wolfgang Lutz, Universität Trier, Germany

Aim: While different treatment approaches for mental-health problems often show equivalent outcomes on average, algorithm-based treatment selection models are a promising approach to improve the effectiveness of psychotherapy. This study aims at developing a treatment selection algorithm using a combination of machine learning (ML) and statistical inference to recommend patients' optimal treatment based on their pre-treatment characteristics. **Method:** A disorder-heterogeneous, naturalistic sample of $N = 1,379$ outpatients treated with either CBT or PDT was analyzed. Potential predictors were selected from a pool of 47 pre-treatment characteristics including demographics and initial impairment. Based on a combination of random forest and linear regression, the differential treatment response was modeled in the training data ($n = 966$) to indicate each individual's optimal treatment. Outcomes of patients who received their optimal or non-optimal treatment were compared in independent holdout data ($n = 413$) to evaluate the personalized recommendations. **Results:** The difference in outcomes between patients treated with the optimal vs. non-optimal treatment in the training data did not remain significant in holdout data ($b = -0.043$, $p = 0.28$). However, for the 50% of patients with the largest predicted benefit of receiving the optimal treatment, the average percentage of change was 52.6% when treated with the optimal and 38.4% when treated with the non-optimal treatment ($p = 0.017$; $d = -0.33$). **Discussion:** A treatment selection algorithm based on the combination of ML and statistical inference might improve treatment outcome for some but not all outpatients and support therapists in clinical decision-making.

Effects of providing therapists with personalized predictions of dropout risk -- "Is knowing better than not knowing?"

Julian Rubel, Justus-Liebig-University Giessen; Brian Schwartz, Universität Trier, Germany; Mila Hall, Justus-Liebig-University Giessen; Wolfgang Lutz, Universität Trier, Germany

Personalized predictions have been discussed as a promising means to help therapists making more empirically based decisions in their everyday clinical practice. One element of these predictions can be patient-specific estimates of the probability with which patients will prematurely drop out of treatment. However, it is unclear how therapists react to these kinds of predictions. Two competing hypothesis are investigated in the present paper. Either therapists use this knowledge about the predicted dropout probability to prevent dropout in high-risk cases or it leads to a self-fulfilling prophecy resulting in observed dropout rates, which are more similar to the ones predicted. For the current study, we used data of 1234 patients to develop a dropout prediction algorithm. This algorithm was prospectively applied in a separate sample of about 400 patients who were randomly assigned to either a feedback or non-feedback condition. We hypothesize that the fit of the personalized predictions differs depending on whether or not therapists are aware (i.e. received feedback or not) of the predicted dropout risk. Additionally, therapists' attitude towards and usage of feedback, and the predicted probability are tested as moderators of this feedback effect. Results are discussed in the context of future implementations of psychometric feedback and prediction systems.

Panel

Internet based

Organizer: Thomas Derrick
Hull, Columbia University,
New York, USA

Scaling Personal Psychotherapy: Is it possible?

A key challenge today is to take a treatment well known to effectively help most individuals overcome and work through difficult emotional, mental, and other life challenges, namely psychotherapy, and increase its reach and accessibility. Live teletherapy whether via audio or video helps to address the challenge of geographic distance, but does little to improve the shortfall in the number of therapists available to individuals in need. One approach is to disentangle the therapists' and patients' time through asynchronous means like messaging or "texting" as it is commonly known. In this panel we present data on a very large set of patients receiving care in this medium (n = 10,718). We also describe a method for assessing the suitability of fit of therapists for delivering care through messaging.

Messaging Therapy: Clinical and Legal Considerations

Neil Leibowitz, Talkspace

Access to evidence-based care is an ongoing challenge, and information technology-mediated therapies are often sought as a solution for increasing access, reducing stigma, and improving the convenience of receiving treatment. However, providers face at least two challenges when evaluating and utilizing these technologies. The first is the translation of sound clinical care onto the technology medium. The second is that some clinical populations are difficult to reach even by internet. This presentation gives an overview of an approach that extends reach while preserving the critical relationship between therapist and patient.

Messaging Therapy: How does it work and for whom?

Thomas Derrick Hull, Columbia University, New York, USA

Many people delay seeking professional mental healthcare for a variety of reasons from stigma to inconvenience to lack of local access to poor insurance benefits. Technology is often touted as a solution for some people some of the time and comes in a variety of forms. The speaker will discuss outcomes for one approach, asynchronous messaging therapy. Patient characteristics of those who respond best, as well as opportunities for accelerating psychotherapy process research will be discussed.

Can Therapist Text-based Interpersonal Skills Predict Quality of Treatment?

Kate Foley, The New School for Social Research

Over the last several years, psychotherapeutic treatment has been extended into a variety of new media. In particular, messaging services now offer therapy to anyone with an internet connection or smartphone. This development represents evolution in the field of psychotherapy, and as these platforms continue to emerge and expand, it will be important to develop an understanding of therapist competency as represented in each new domain. Towards this end, this presentation focuses on the adaptation of traditional measurement of therapist FIS into a messaging therapy format. Development of the instrument will be discussed, including considerations of the factors that differentiate messaging therapy from traditional face-to-face delivery, and future directions will be elaborated.

Panel

Organizer: Dever Carney,
Penn State University,
University Park, USA

The effect of contextual factors on psychotherapy outcomes

A wealth of empirical evidence has demonstrated how psychotherapy outcomes are influenced by client, therapist, treatment process, and therapy factors. Of emerging importance is the examination of the role played by external, contextual factors. The goal of this panel is to explore such contextual factors at various levels of scope, including the counseling center, college campus, and surrounding neighborhoods. All of the studies utilize multilevel modeling to parse the variance in outcomes explained by the different levels of nested variables. The collegiate mental health setting represents one such context. System-wide policy decisions (such as staffing levels and treatment model) may impact client outcomes (Carney et al.). In that same collegiate setting, the characteristics of the campus or neighborhood (such as racial composition and crime rates) may influence the effectiveness of psychotherapy, especially for racial and ethnic minorities with historical mental health disparities (Owen et al.). Research extended beyond the college setting examines the role of socioeconomic deprivation, the organization providing treatment, and the neighborhood where a patient lives in order to understand more about how outcomes are systematically affected (Firth). This panel will provide international perspectives on how understanding the role of contextual factors can have implications for higher education, counseling centers, health disparities. The presenters will also discuss methodological and statistical challenges to conducting this kind of research.

How counseling center Clinical Load Index and clinical treatment model affect psychotherapy outcomes

Dever Carney, Penn State University, University Park, USA; Louis Castonguay, Penn State University, University Park, USA; Rebecca Janis, Penn State University, University Park, USA; Brett Scofield, Penn State University, University Park, USA; Benjamin Locke, Penn State University, University Park, USA

Aim: As treatment-seeking increases in collegiate mental health settings, university counseling centers are tasked with making critical decisions to cope with the increasing demand. This includes choices about staffing levels. A new metric called the Clinical Load Index (CLI) has emerged as a means of measuring staffing levels in a standardized manner. Centers also make decisions around treatment dosage (i.e., frequency and number of sessions provided). Some move towards an "absorption model" that typically offers fewer and less frequent sessions, while others adopt a "treatment model" that typically offers more frequent, or weekly, sessions. This study will empirically evaluate how a center's CLI and clinical treatment model affect client psychotherapy outcomes. **Methods and results:** This project will use data collected from the Center for Collegiate Mental Health, a nationally representative practice-research network with over 600 college and university counseling center members. Multilevel models will examine the effect of CLI and clinical model on client symptom outcomes. Preliminary results are not available at the time of this submission. **Discussion:** This project will shed light on how staffing and treatment model decisions can impact client outcomes, and will have practical implications for system-level clinical policies.

The effect of center and neighbourhood factors on psychotherapy outcomes, access, and attendance

Nick Firth, University of Sheffield, UK; Alicia O'Cathain, University of Sheffield, UK; Michael Barkham, University of Sheffield, UK; Jaime Delgado, University of Sheffield, UK; Dave Saxon, University of Sheffield, UK; Andrew Bell, University of Sheffield, UK

A rapidly growing evidence base suggests that psychological intervention outcomes, access, and attendance systematically vary according to aspects of the context in which they are provided, over and above variability due to the characteristics of individual patients, therapists, and therapy models. In particular, this has included an increased focus on the clinical organisation/center providing care, the neighbourhood where a patient lives, and the impact of socioeconomic deprivation. Although high quality research is beginning to explore these issues, this is a complex domain. Nuanced methodological challenges confound research results and limit confidence in study conclusions. Understanding and appropriately responding to these challenges is key as the field develops. "The Bigger Picture" project is using large N practice-based multilevel modelling approaches to model this variability at multiple levels of influence, accounting for effects and explanatory factors simultaneously at the patient, therapist, neighbourhood, and center levels. The model will therefore distinguish neighbourhood effects from center effects and therapist effects. The project also aims to understand the extent to which socioeconomic indicators at each level of abstraction might explain these effects. The project uses data from the UK Improving Access to Psychological Therapies (IAPT) national initiative.

Center Effects: The role of external factors on the effectiveness of psychotherapy for racial/ethnic minorities

Jesse Owen, University of Denver; Jeremy Coleman, University of Denver; Joanna Mary Drinane, University of Utah, Salt Lake City, USA; Karen Tao, University of Utah; Zac Imel, University of Utah, Salt Lake City, USA; Bruce Wampold, University of Wisconsin, Madison, USA; Mark Kopta, University of Evansville

There are well-documented mental health disparities between racial/ethnic minorities (REM) and white individuals. These disparities also extend into psychotherapy, including psychotherapy at university/college counseling centers. However, there is less known about how campus racial/ethnic composition might affect outcomes from psychotherapy for REM and white clients. This study examined psychotherapy outcomes from 33 counseling centers and 16,011 clients. The psychotherapy outcome measure was the Behavioral Health Measure, and the campus racial/ethnic composition was coded from public available data. Three-level multilevel models were conducted (clients nested within therapists who were nested within counseling centers). The results demonstrated that REM clients had lower therapy outcomes than white clients when they were at campuses where there were more white students. Other campus and environmental factors were not associated with client outcomes, such as crime rates, location (urban/rural), financial status of the university/college, etc. Implications for higher education, counseling centers, and mental health disparities are provided.

Panel

Facilitative Interpersonal skills

Organizer: Jeanne Watson,
University of Toronto,
Canada

The challenge of responsiveness for research and practice

Responsiveness has been identified as a necessary and ubiquitous condition for relationships in general and for psychotherapy in particular. This panel will address some of the challenges that responsiveness poses for research and practice and present two pan-theoretical frameworks that have been developed to address these challenges. Hatcher's paper will focus on how the responsiveness concept poses challenges for clinicians' and researchers' relationship with their chosen treatment approach, and how this application of the concept can help understand and enhance clinical practice, training, and research. Wiseman presents attachment theory as a pan-theoretical framework for conceptualizing responsiveness. In her paper she will discuss how attachment theory can be used to guide clinicians to be more responsive and make suggestions for future research. Eubanks will present research on rupture and repair cycles in the working alliance. This work identifies markers for researchers and clinicians of moments when optimal responsiveness is necessary as well as guidelines on how clinicians might be more optimally responsive in the session to maintain productive and positive working alliances. Watson will present various ways of conceptualizing responsiveness informed by different therapeutic approaches. Specific levels and types of responsiveness will be described and markers identified to enhance responsiveness in psychotherapy. The implications for research, practice and training will be discussed.

The challenge of responsiveness for research and practice

Robert Hatcher, City University of New York, USA

The concept of responsiveness raises important questions regarding the clinician's relationship with their treatment approach and how best to help their clients. For methodological reasons, much psychotherapy research emphasizes adherence to prescribed techniques, and schools of psychotherapy have their own loyalty to prized techniques. But research tends to indicate that what may work on average may not be optimal for a given client; challenges often arise in treatment for which non-adherent, often inventive interventions prove necessary, or at least seem preferable to the therapist. A number of studies demonstrate that therapists will "do the right thing" (Stiles & Horvath) when it is called for, even if it is off-protocol in a controlled study. Although having a coherent therapeutic approach also seems to be important for treatment success, it may be that having coherent goals is more important. Thus new treatment approaches seem often to be inspired by challenges that clinicians encounter in pursuit of treatment goals -- Beck's Cognitive Therapy being a good example. Personalized treatments are a step toward optimal responsiveness, as they take many features of a client into account in selecting treatments as well as in developing new ones. Still, these new approaches must all be applied responsively for optimal client benefit. These are all examples of therapist responsiveness, a reality of clinical practice that we all might wish to acknowledge and to consider in our research and training. Interesting questions about how best to train new therapists arise from these considerations -- how best to develop responsive therapists?

Attachment theory as framework for responsiveness in psychotherapy

Hadas Wiseman, University of Haifa, Israel

Bowlby's attachment theory (Bowlby, 1969/1982, 1988) offers an especially solid framework for conceptualizing responsiveness to guide clinical practice and research. Rooted in infant--parent interaction research that empirically supports the centrality of responsiveness in infant--parent bonds (e.g., Ainsworth's strange situation; Tronick's still-face procedure) the attachment framework provides a trans-theoretical model for responsiveness to clients and moments in psychotherapy. A principal implication of attachment theory regarding the question of how therapists can enhance appropriate responsiveness involves tailoring the therapeutic relationship to clients' attachment needs. Clients with different attachment characteristics require different types of therapist responsive behavior. We have focused on studying therapist responsiveness to client attachment needs through regulating the appropriate therapeutic distance during psychotherapy. Clients meeting their therapist for the first time bring into the psychotherapy room their tendency to feel comfort, or more often, discomfort, with closeness versus distance. This tendency is closely tied to their attachment history with attachment figures and their current attachment patterns. Hence, being attuned and responsive to clients' attachment needs (internal working models of self and other) requires the therapist regulate the appropriate therapeutic distance in the therapeutic relationship. Based on Mallinckrodt et al. (2015) therapeutic distance model and Therapeutic Distance Scale (TDS) we developed an Observer version (TDS-O) to assess therapeutic distance in client-therapist narratives. Markers of lack of responsiveness and misattunement (too distant, too close) versus responsiveness and attunement as revealed in the narratives of client--therapist dyads will be illustrated; and implications for research, practice and supervision will be discussed.

Responsiveness in the alliance: Working with ruptures and repairs in psychotherapy

Catherine Eubanks, Yeshiva University

The alliance, often defined as a purposeful collaboration on the tasks and goals of therapy and the presence of an affective bond between patient and therapist (Bordin, 1979; Safran & Muran, 2000), has received extensive empirical support as a predictor of positive outcomes and a key variable in understanding the therapeutic change process (Flückiger, Del Re, Wampold, & Horvath, 2018). The alliance can be understood as co-constructed by both participants in the therapeutic dyad (Safran & Muran, 2000), and due to the mutuality inherent in the construct, responsiveness within the alliance framework should also be examined through a two-person perspective. Appropriate responsiveness is beneficial to a treatment at any stage, however, when a rupture occurs in the alliance, it becomes a crucial element for success. In fact, the process of successfully repairing a rupture not only explicitly values responsiveness, it requires it. In this presentation, we will review research relevant to responsiveness in the alliance, discuss how therapists can use interpersonal and intrapersonal rupture markers to identify ruptures, and present context-dependent rupture resolution strategies. We will also discuss cultural ruptures, and the particular importance of responsive rupture-repair when working cross-culturally.

Meeting the challenge of responsiveness

Jeanne Watson, University of Toronto, Canada; Hadas Wiseman, University of Haifa, Israel

Responsiveness is a ubiquitous and essential element of successful psychotherapy. However, while easy to recognize, it is hard to define and specify in advance. A review of different treatment approaches reveals a rich diversity of thinking that speaks to the plurality of lenses and ways of working responsively to facilitate and support clients' goals in psychotherapy. Responsiveness provides an integrative framework for moving beyond specific theoretical approaches and techniques to develop a science of relationship that can unify the field. Stiles and Horvath (2017) observed that there is a need to identify the signals to which therapists attend to be responsive and how they use this information to fit their interventions to their clients and their treatment models. In this paper we will review how responsiveness is conceptualized across different approaches, describe the lenses that guide therapist responsiveness, and specify the information as well as the specific signals or markers that therapists recognize to respond optimally. Recommendations for research, training and working with diverse populations will be discussed.

Discussant: William B. Stiles, Miami University and Appalachian State University, USA

Panel

Culture & identity

Organizer: Kevin S.

McCarthy, Chestnut Hill College

Political Events Affecting the Participants and Moments of Psychotherapy

When considering the participants and moments in psychotherapy, the present political climate and its effects on individuals must be included. The strong reactions and sharp divisions experienced as the result of political events are causing more persons to seek psychological services and to discuss politics in their therapy. Personalization of psychotherapy often involves the political, and many therapists and researchers are struggling to accommodate these changes. Three papers consider the effects of politics on the therapy setting. The first examines symptom trajectories of clients in response to ongoing political events. The second paper uses 3 case examples from different settings to hypothesize how children in therapy are affected by the political climate. The final paper examines the challenges and needs of trainees around political events emerging in therapy.

Trajectories of Symptoms in Response to Ongoing Political Events

Duangporn O'Toole, Chestnut Hill College; Holly Danial, Chestnut Hill College; Joshua V. Saks, Chestnut Hill College; Kevin S. McCarthy, Chestnut Hill College

Aim: Many persons report increased stress from recent political events and use therapy as a place to discuss their reactions. Minority persons may be particularly affected by the political climate. Responses to the 2016 US presidential election have been studied, but many ongoing political events have proved to be stressful as well. Multiple trajectories of symptoms over time are possible, including spikes following important events, habituation or sensitization to recurrent political events, or the establishment of new higher baselines for stress. **Methods:** Routine outcomes monitoring data (OQ-45) from a community training clinic were used to examine trajectories of symptoms for clients over time. Events that were likely to cause a stressful reaction were generated by consensus, and content validity was assessed by comparing this list to those published in the news media. **Results:** Accounting for person-specific change, we will assess whether symptoms appeared to change in the 2-week period following each major event. We will then create a model by removing events that do not predict symptom change in order to best describe the trajectory of change for the average patient. Finally, we will examine whether minority status changes the relations of symptoms over time by

event. Discussion: Knowing how people are affected by political events, if at all, will help modify therapy to account for these trajectories.

Psychotherapy and Other Clinical Encounters With Children in the Era of Trump

Leore Faber, City & Country School, New York City; Emma Racine, Columbia University Health, New York City; Tracy A. Prout, Yeshiva University

The current moment in psychotherapy is impacted by the political climate. There is emerging literature on the impact of the 2016 United States election on the psychotherapy process and therapeutic alliance; however, the focus of this growing body of literature has been primarily with adults. This paper details the impact of the election of Donald Trump and current political discourse on psychotherapy and focuses on how these themes arise in clinical encounters with children. These moments highlight the complexities of intersectionality, intersubjectivity, power dynamics, and self-disclosure. Presenters provide several clinical scenarios with youth drawn from the perspectives of trainees learning psychodynamic therapy, a private practitioner conducting assessments for young asylum seekers, and a school psychologist working supporting children with learning disabilities. Authors consider the fears and preoccupations that arise among children and their caregivers and the feelings that are provoked in the clinician, both in response to their clients and to the election itself. Traditional paradigms of limiting self-disclosure and maintaining the therapeutic frame are challenged by the intensely personal nature of contemporary politics. This interactive presentation explores how psychotherapy must be personalized to meet the unique needs of young people amidst a particular political era. The authors provide a conceptual presentation on the importance of attending to internal experience while also considering external political reality -- keeping in mind that psychotherapy emerged during a time of political upheaval and war, and was developed by refugees and immigrants. This conceptual framework is scaffolded by the current research on politics and self-disclosure.

Challenges and Needs for Supervision of Psychotherapy Trainees in the Changing Political Climate

Jennifer Davidtz, Nova Southeastern, Fort Lauderdale, FL; Nili Solomonov, Weill Cornell Medical College, New York, USA; Kevin S. McCarthy, Chestnut Hill College

Aim: Political events have entered the therapy setting more than ever before, resulting in greater discussion of politics among clients and therapists, which therapists may not be prepared to handle, both in terms of content and countertransference reactions. Especially vulnerable are beginning therapists who may not feel competent to add a potentially contentious issue to a situation in which they already feel out of their depth. Trainees also are likely to see the most vulnerable populations, including those most affected by changes to policy. Supervisors need to identify the challenges facing beginning therapists to help protect and support trainees, help them advance in their work and professional identity development, and benefit their clients. **Methods:** Experiences of the authors, both supervisors of trainees, will be used to generate a survey of items to assess impact of political events on students' training and the challenges and needs of trainees in the modern political era. Both qualitative and quantitative items will be included. **Results:** Descriptive statistics of supervisee needs will be presented, along with qualitative themes emerging out of episodes in therapy involving politics. **Discussion:** Ways to support trainees' development and competence in political discussions will be offered.

Panel

Alliance

Organizer: Shayne Anderson, Brigham Young University, Provo, USA

Understanding the Expanded Therapeutic Alliance in Couple Therapy

A strong therapeutic alliance is a hallmark of good therapy regardless of theoretical orientation or treatment modality. The alliance has been one of the most-studied therapeutic variables in individual psychotherapy, with remarkably consistent outcomes. We know substantially less about the alliance in couple and family therapy (CFT). Introducing additional family members into the treatment system leads to multiple alliances between the therapist and each member in the room as well as among the family members themselves. This expanded therapeutic alliance is a common factor across all approaches to CFT. A recent meta-analysis of the alliance in CFT confirms the importance of alliance-outcome relationship and points to the importance of the unique aspects of the expanded alliance (Friedlander et al., 2018). For example, the quality of the within system alliance and split alliance were highlighted as particularly meaningful predictors of outcome in couple therapy. The papers in this panel will focus on the expanded therapeutic alliance in CFT. The first paper will discuss the formation of a strong alliance in Asian families, paying particular attention to culturally attuning therapy to the client. The second presents the results of an observational study that examines how split alliances are rebalanced when working with couples. The final paper in the panel will present a valid four-item measure of the expanded therapeutic alliance that can be used to monitor the alliance. Laurie Heatherington, an expert on the alliance in CFT, has agreed to serve as the discussant for this panel.

Using Cultural Values to Establish and Maintain the Therapeutic Alliance in East Asian clients

Kevin Hynes, Purdue University Northwest

Aim: Little is known about the therapeutic alliance with East Asian clients due to the limited participation of this population in therapy and studies on therapy (U.S. Department of Health and Human Services, 2013). To address this gap, we propose the use of Asian cultural values as a means to establishing the therapeutic alliance and the need of a research plan to examine how the therapeutic alliance manifests with this population. **Methods:** The author completed a systematic review of the literature on East Asian cultural values and their connection with the goals, tasks, and bonds of the therapeutic alliance. **Results:** Asian cultural values such as emotional self-control, conformity to norms, collectivism, avoidance of shame, filial piety, and respect for hierarchy allow therapists to establish a therapeutic alliance because of their importance to East Asians and their salience to the alliance. Additionally, there is a need to examine how the alliance is measured with East Asians. When some popular therapeutic alliance measures were validated, few Asians were included in the samples (Friedlander et al., 2006; Hatcher & Gillaspay, 2006; Pinosof, Zinbarg, & Knobloch-Fedders, 2008). **Discussion:** Specific approaches and strategies can be used to establish a therapeutic alliance and systemic therapies are uniquely positioned to do so. Cultural values can be used as access points rather than barriers to treatment. We also propose a research plan to address this gap and tests assumptions of equivalence on how the therapeutic alliance may manifest with this population.

A Close Look at Split and Repaired Alliances in Couple Therapy: Behavioral Manifestations in Five Cases

Myrna Friedlander, University at Albany/SUNY, USA; Rachel Tambling, University of Connecticut; Kevin Hynes, Purdue University Northwest; Shayne Anderson, Brigham Young University, Provo, USA; Allison Megale, University at Albany/SUNY, USA; Mengfei Xu, University at Albany/SUNY, USA; Emily Karin Peterson, University at Albany/SUNY, USA

Aim: Although a recent meta-analysis found that split alliance perceptions contributed significantly to worse clinical outcomes in couple/family therapy ($d = .67$; Friedlander et al., 2018), we have limited knowledge of how split and repaired alliances are manifested behaviorally. **Method:** We identified five couple cases in which an ICC indicated a noteworthy split between the partners' scores on the Self-Therapist scale of the CTASr-SF (Pinosof et al., 2008) to determine (a) whether alliance splits could be observed in the kinds and frequencies of interactions between clients and between client(s) and therapist, and (b) in cases where perceptions of a subsequent session indicated an alliance repair, whether and how the repair session contrasted behaviorally with the split session. Two trained research teams independently identified the clients' and therapists' alliance-related behaviors in nine sessions using the System for Observing Family Therapy Alliances--observer (SOFTA-o; Friedlander et al., 2006), a pan-theoretical measure with four dimensions: Engagement in the Therapeutic Alliance, Emotional Connection with the Therapist, Safety within the Therapeutic System, and Shared Sense of Purpose within the Family. **Results:** Patterns of client and therapist SOFTA-o behaviors were observed (1) across seven split alliance sessions and (2) between the split and repaired sessions in two of the five cases. Additionally, multidimensional scaling provided a visual representation of each session's latent interpersonal structure based on interactional frequencies (who-speaks-to-whom). **Discussion:** We discuss how the common and distinct manifestations of split alliances advance our understanding of alliance recognition and repair in couple therapy.

The Intersession Alliance Scales: Brief Measures to Monitor the Expanded Therapeutic Alliance

Shayne Anderson, Brigham Young University, Provo, USA; Lee Johnson, Brigham Young University, Provo, USA

Aim: Routinely monitoring the quality of the therapeutic alliance can improve therapeutic outcomes (Anker, Duncan, & Sparks, 2009). In order to accurately monitor the alliance clinicians need a measure that balances reliability, validity, and feasibility. Current measures of the alliance are either too long to be administered weekly or do not assess the expanded therapeutic alliance that is central to couple and family therapy. The Inter-Session Alliance scales (ISA) were developed to address this issue. The ISA scales are four-item visual analog scales that measure the bond, goals/tasks, within system, and safety dimensions of the alliance. This study examines the reliability, factor structure, validity, and feasibility of the couple version of the measure (ISA-C). **Method:** 380 individuals completed the ISA-C prior to the fourth session of couple therapy as part of the Marriage and Family Therapy Practice Research Network. To examine concurrent validity, participants also completed the Couple Therapy Alliance Scale. **Results:** Results indicate that the ISA-C is reliable ($\alpha = .71$) and feasible. Average completion time was under one minute. The ISA-C overall score correlates well with the CTAS total score ($r = .69$) and individual items correlate strongly with the corresponding subscale of the CTAS. Results of an exploratory factor analysis indicate that the items load on one factor that explains 73% of the variance. **Discussion:** The ISA-C is a reliable, valid, and feasible measure of the expanded therapeutic

alliance. Clinicians can use this measure to easily and accurately assess the quality of their alliance with couples.

Panel

Change process

Organizer: Barry Farber,
Teachers College, Columbia
University

Connections and disconnections in the Therapeutic Relationship: Positive Regard and Client Resistance

In recent years, greater attention has been paid to identifying relational elements that contribute to positive therapeutic outcomes. Whereas some aspects of the therapeutic relationship (e.g., the alliance) have been consistently investigated, other aspects have been relatively neglected. In this regard, positive regard has been rarely studied in the past two decades, in part because of its assumed near-exclusive association to Carl Rogers and person-centered psychotherapy. However, nearly all therapists utilize some form of positive regard, whether viewed as validation, affirmation, or acceptance. Suzuki and Farber discuss the findings of their study of patients' perceptions of what types of positive regard are experienced as most potent and how positive regard affects therapeutic process and outcome. Ort, Mayapolous, and Farber discuss the findings of their complementary study (in progress), an investigation of therapists' perceptions of their most frequently used means of providing positive regard and factors (e.g., diagnosis) that influence their choice to be positively-regarding. As positive regard is widely viewed as contributing to the alliance and clinical effectiveness, patient resistance is viewed as inimical to these outcomes. However, resistance has typically been conceptualized as a "one-person" phenomenon, i.e., as emanating exclusively from the patient's unwillingness to engage fully in the treatment process. Horvath and Muntigl's paper convincingly show that conceptualizing resistance as a process that invariably involves the dynamics of both patient and therapist is a more comprehensive and clinically useful way of understanding this phenomenon. Bill Stiles serves as discussant for this set of papers

Clients' perceptions of the markers and consequences of the Therapist's provision of Positive Regard

Jessi Suzuki, Teachers College, Columbia University; Barry Farber, Teachers College, Columbia University

Although therapist-provided positive regard has been found to be significantly associated with positive therapeutic outcome, it has been under-researched and overlooked in favor of more clearly conceptualized variables, such as empathy and working alliance. This study, using Consensual Qualitative Research (CQR) methodology, investigated psychotherapy clients' phenomenological experience of positive regard--15 psychotherapy clients participated in semi-structured interviews eliciting the factors that contribute to their experience of positive regard in therapy and the impact of positive regard on the course of psychotherapy. While clients named a wide range of therapist behaviors and actions that served as markers of positive regard in the relationship, three constituent attitudes appeared repeatedly throughout the CQR categories, suggesting an underlying tripartite structure of positive regard: warm authenticity, flexible responsiveness, and empathic understanding. Clients viewed positive regard as a crucial ingredient of therapy, suggesting that it facilitates self-disclosure, risk-taking, personal growth, and rupture resolution. In therapeutic relationships where positive regard was lacking, clients became disengaged from treatment, and terminating without explanation was not uncommon. The substantial overlap of positive regard with the other Rogerian facilitative conditions of congruence and empathy is discussed, as are recommendations for optimizing clients' experience of positive regard.

Therapists' Perceptions of the role and consequences of Positive Regard

Daisy Ort, Teachers College, Columbia University; Gus Mayapolous, Teachers College, Columbia University; Barry Farber, Teachers College, Columbia University

Positive Regard is essentially an attitude through which therapists convey acceptance, validation, respect, and/or liking for their clients. As one of Rogers' three "necessary and sufficient" conditions for therapeutic change, positive regard has long been regarded as an important ingredient in the development of a positive therapeutic alliance. However, it remains under-researched and is largely misunderstood by many contemporary psychotherapists. This paper will present the results of an ongoing research project investigating therapists' perceptions and provision of positive regard. Our online survey will target a large sample of licensed psychotherapists from a variety of training backgrounds, theoretical orientations, clinical settings, and geographic locations (i.e., from the United States and other countries). The survey will ask participants to report the extent to which they view positive regard as an important element in psychotherapy; the factors that influence their decision about how and when to provide positive regard; the circumstances that make it more challenging to provide positive regard; the immediate and long-term effects of positive regard; the diagnostic considerations and client characteristics that influence the use of positive regard; and the role of positive regard in newer, text and internet-based interventions. A greater

awareness of the perceptions of a broad-based sample of therapists regarding the nature and effects of positive regard may ultimately lead to a greater acceptance of its appropriate role across multiple treatment orientations.

Resistance in psychotherapy as a discursive, two-person process

Adam Horvath, Simon Fraser University; Peter Muntigl, Simon Fraser University, Burnaby, Canada

Resistance is one of the oldest topics in psychotherapy (Freud, 1904/1959). The concept has been investigated both as a specific dynamic in a particular treatment (e.g., psychodynamic) and also as a more generic phenomenon referring to clients' disinclination to follow therapists' suggestions or accept formulations presented to them as valid or relevant. Parallel to these investigations, over the last few decades, there has been extensive work on topics such as alliance ruptures (e.g., Safran & Muran, 2000) and challenges to the implementation of therapeutic strategies such as chair work (Muntigl, Chubak, Horvath, & Angus, 2019). While in each instance the "reasons" hypothesized for the breakdown of collaboration are different, the actual expression of and subsequent resolution of resistance have important similarities in clinical practice. We present a complementary--and potentially clinically useful--perspective to existing research by exploring the dynamics of these different instantiations of resistance not as a unidirectional event (i.e., client resisting) but as a two-person dynamic. In this presentation we examine excerpts of clients and therapists encountering and resolving blockage (resistance) to a therapists' invitation/proposals using the theoretical and technical tools of Conversation Analysis (CA). From this perspective, we investigate resistance as a two-person discursive dynamic realized in conversation. We will highlight particular discursive similarities in how reluctance is manifested as well as the sequential use of discursive resources to move toward a consensual position.

Panel

*Evidence-based
psychotherapies*

Organizer: Franz Caspar,
University of Bern,
Switzerland

Emotion Focused Therapy (EFT) in various forms -- controlled trials on their effects and more

EFT has established itself as a neo-humanistic approach with good evidence. Part of its dissemination is that variations of its original form develop. One form of variation is the application to specific disorders -- which is exemplified by a contribution by Ladislav Timulak and his co-authors on the treatment of generalized anxiety disorder: They compare EFT with CBT, which, as they argue, does not appeal to all patients with this disorder. Another form of variation is the application to new groups along other lines than diagnosis: Nadia Ansar and her co-authors do not study the application of EFT to children with externalizing and internalizing symptoms. Rather they compare in a dismantling study the effects of two forms of Emotion Focused Skills Training (EFST; Dolhanty and Greenberg, 2007), one with an experiential component/chair work and one without. Caspar and co-authors, finally, have studied the effects of integrating some central EFT concepts and interventions into an already integrative form of CBT. Antonio Pacual Leone will discuss and comment on the three presentations, followed by general discussion.

A comparison of emotion-focused therapy and cognitive-behavioural therapy in the treatment of generalised anxiety disorder: Post-therapy outcomes.

Ladislav Timulak, Trinity College, Dublin, Ireland; Daragh Keogh, Trinity College, Dublin, Ireland; Craig Chigwedere, Trinity College, Dublin, Ireland; Charlotte Wilson, Trinity College, Dublin, Ireland; Charlotte Wilson, Trinity College, Dublin, Ireland; Fiona Ward, HSE National Counselling Service; David Hevey, Trinity College, Dublin, Ireland; Patrick Griffin, HSE National Counselling Service; Louise Jacobs, HSE National Counselling Service; Ladislav Timulak, Trinity College, Dublin, Ireland; Ladislav Timulak, Trinity College, Dublin, Ireland; Ladislav Timulak, Trinity College, Dublin, Ireland

Background: Generalized anxiety disorder (GAD) is a chronic and debilitating condition characterized by high comorbidity. Cognitive-Behavioral Therapy (CBT) is an established psychological therapy for GAD. Not all clients prefer CBT as a psychological therapy. Recently, emotion-focused therapy (EFT) was developed for GAD and was tested in an open trial with promising results. The current study is a randomized controlled trial that compares the efficacy of EFT vs. an established treatment for GAD, CBT. Method: Sixty clients presenting in a primary care psychology/counselling service were randomly assigned to two conditions: EFT and CBT. Therapy last between 16-20 sessions. The same therapists (n=10; trained in both conditions) randomly delivered both conditions. Outcomes were assessed using several measures (Generalized Anxiety Disorder-7, GAD-7; Generalised Anxiety Disorder Severity Scale, GADSS; Patient Health Questionnaire-9, PHQ-9, and the Clinical Outcome in Routine Evaluation -- Outcome Measure, CORE-OM). For the current study clients were assessed prior to, and at the end of therapy. Based on findings from the initial open EFT trial with regards the optimal length of therapy, it is proposed that. Discussion: This study will report on post-therapy outcomes (available in April 2020). It will test subject recruitment, therapist adherence to manualized treatment, and client retention rates. It will also provide estimates of comparative outcomes

that can inform power calculations for any definitive trial. Trial Registration: Controlled Trials ISRCTN Registry, ISRCTN52689081, Registered on 24.10.2017. Key words: generalised anxiety disorder, emotion-focused therapy, cognitive-behavioural therapy, primary care

Emotion focused skills training for parents: Preliminary findings from an RCT for parents of children with externalizing and internalizing symptoms

Nadia Ansar, University of Oslo, Norway; Helene Nissen-Lie, University of Oslo, Norway; Jan Reidar Stiegler, Norwegian Institute of Emotion-Focused Therapy; Robert Elliott, University of Strathclyde, Glasgow, UK

Objective: There is a need to find effective and easy-to-implement interventions to alleviate emotional problems in children. Research indicates that how parents deal with their own emotional issues play a crucial role in the development, maintenance and deterioration of emotional issues in their children. There are currently few programs targeting these mechanisms. The purpose of the present study was to investigate a parent-based intervention and its effect on the internalizing or externalizing symptoms in children were within a clinical range. Method: Emotion Focused Skills Training (EFST) (Dolhanthy and Greenberg, 2007) is a manualized parental program based on principles from Emotion Focused Therapy (Greenberg, 2010) and humanistic client-centered therapy (Elliott, 2013). Parents of 236 children aged 6-13 with externalizing/internalizing symptoms were randomly allocated to one of two conditions; one with an experiential component/chaire work and one without, which makes this study a dismantling, randomized controlled trial. Parents received 2 days' group training and 6 hours of parental supervision. Feedback regarding symptoms was obtained from parents and teachers at baseline, treatment completion and at 3, 6 and 9 months follow-up. Results: Preliminary results of multilevel modeling indicate that the children's symptoms changed significantly over time after receiving EFST in both conditions. Internalizing symptoms changed more if the parents had participated in the condition with the active experiential component (chaire work). There was no significant difference in externalizing symptoms caused by different conditions. Conclusion: Children's symptoms can be reduced with a short term accessible parental training program based on emotion focused principles.

The integration of EFT elements into Bernese TAU as a valuable enrichment for the use and treatment of emotions.

Franz Caspar, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland; Martin grosse Holtforth, University of Bern, Switzerland

The reluctance of (integratively oriented) therapists to use emotion focused interventions in a broader sense has been seen as a consequence of lower confidence of therapists in their ability to use such interventions as competently as more traditional CBT interventions. It is thus obvious to provide additional training in EFT elements, which needs, however, to be limited, as it is added to a postgraduate training already comprising more than 1800 hours. In a study ("Improve") we have tried to mimic with EFT what happens more generally when practitioners in the sense of assimilative integration try to enrich and improve their existing repertoire without being able to profit from a full training in the added approach. A training of additional 8 days plus supervision has been provided on top of the therapists' regular training. Effects and process of an experimental condition with EFT integration have been compared to a condition which also required additional training, but is closer to Bernese TAU. Pre-post and process data of 44 EFT-enriched therapies and 42 therapies without EFT will be reported and discussed, and findings in interviews with the therapists give additional insight onto the evolving processes.

Discussant: Antonio Pascual-Leone, University of Windsor, Ontario, Canada

Panel

Treatment process and outcome

Organizer: Thorsten-Christian Gablonski, University of Klagenfurt, Austria

New perspectives on inter-session experiences in psychotherapy

The concept of inter-session experiences has been hardly investigated in the field of psychotherapy research since most psychotherapy studies are focusing on processes within the therapy session (intra-session experiences). However, the amount of time that a patient is in the face-to-face setting is rather small in comparison to the rest of lifetime. "Inter-session experiences" (ISE) or "inter-session processes" describe the processing and internalization of therapy and their contents between therapy sessions and include all spontaneous and intentional thoughts, feelings, memories, and fantasies about the therapy and the therapist. Studies have shown that this kind of between-session processes are directly related to relevant psychotherapy concepts and outcome. Nevertheless, since the conceptualization by David Orlinsky & Jesse

D. Geller in 1993, there have been only a few studies on inter-session experiences. The panel "new perspectives on inter-session experiences in psychotherapy" will be about the state of research and will give insights in current projects on inter-session experiences from different areas. The panel includes presentations on the systemic inter-session experiences in couple therapies, therapeutic interventions that promote mentalizing and their impact on inter-session-processes of outpatient psychotherapy for anorexia nervosa as well as a new smartphone application framework for the assessment and controlling of inter-session experiences. Finally, Jesse D. Geller, who has conceptualized the theory of inter-session experiences will discuss the presentations.

What do Couples do Between Sessions? Systemic Intersession Processes

Kelley Quirk, Colorado State University

Intersession processes (ISPs) refers to therapy related thoughts and actions clients engage in between therapy sessions, and have been shown to be influential for outcomes (Hartmann, Orlinsky, Geller, & Zeeck, 2003; Owen, Quirk, & Hilsenroth, 2012). Importantly, these processes have been almost exclusively examined from an individual perspective, with questions remaining about systemic influences on ISPs. Namely, how do couples engage in therapy related activities between sessions, and how does this impact the therapy process and couple functioning. The current study addresses this gap, further testing a new measure of systemic-ISPs, examining partner-ISP engagement, couple-level ISP engagement, and the impact of systemic factors outside of therapy (e.g., extended family and social relationships). Results showed that greater engagement in systemic-ISPs were associated with positive therapy process variables, including higher client ratings of the systemic alliance, higher ratings of perceptions of therapy progress, and lower distress symptoms. In addition, greater engagement in systemic-ISPs were associated with couple-level dynamics, including higher ratings of commitment and positive communication. Implications are offered for couple and family practitioners on using the measure with clients to aid couple case conceptualization, and the ways in which systemic-ISP engagement may improve couple processes and facilitation of positive therapy outcomes.

Interventions that promote mentalizing and their impact on the inter-session-process in the first phase of outpatient psychotherapy for anorexia nervosa: An exploratory study

Almut Zeeck, University of Freiburg, Germany; Alexander Meier, University of Freiburg, Germany; Inga Lau, University of Freiburg, Germany; Armin Hartmann, University of Freiburg, Germany

The ability to mentalize is discussed as a possible moderator and mediator of psychotherapy outcome. Interventions that promote mentalizing are specific for Mentalization Based Treatment (MBT), but also occur in other approaches. In the treatment of anorexia nervosa (AN), it is unclear if promoting to mentalize is helpful and if so, in which treatment phase. Aim of the study was to explore the relationship between interventions that promote mentalizing and the processing of psychotherapy between sessions (ISP) in the first phase of outpatient psychotherapy for AN. Transcripts of sessions from 28 patients with AN from the ANTOP-study (Zipfel et al. 2014) were used (N=14 CBT, N=14 FPT; 50% good and 50% poor outcome). Interventions were assessed using a rating scale that is oriented on the MBT-adherence scale. The ISP was measured using the Inter-Session-Questionnaire (Orlinsky & Geller 1993). Preliminary results showed that FPT sessions comprised significantly more interventions promoting mentalizing compared to CBT ($p = 0.006$). Within therapy arms, a higher number of interventions promoting to mentalize was associated with a poor outcome. In terms of the ISP, negative recall, relationship fantasies and a higher level of ISP-emotions led to interventions that focus on mentalizing the therapeutic relationship or on affect (ISP → intervention). Mentalizing affective states led to more ISP-emotions, while mentalizing the relationship was associated with less mentalizing emotions between sessions (intervention → ISP). Therapists should be cautious with interventions that focus on mentalizing in the early treatment phase, which is in line with previous findings.

Intersession-Online: A Smartphone Application for Systematic Recording and Controlling of Intersession Experiences in Psychotherapy

Thorsten-Christian Gablonski, University of Klagenfurt, Austria; Rüdiger Pryss, University of Würzburg; Thomas Probst, Danube University Krems; Carsten Vogel, University of Würzburg; Sylke Andreas, University of Klagenfurt, Austria

Background: Mobile health technologies are particularly suitable for data collection and monitoring, as data can be recorded economically in real time. Currently, intersession experiences are not systematically assessed in psychotherapeutic practice, which could be associated with the current methodological approach. In particular, the gold standard for the assessment of intersession experiences is the Intersession-Experience-Questionnaire (IEQ). However, in practice, therapists have not enough time resources to deliver

and evaluate the questionnaire of the patients and to use the information about their intersession experiences for the psychotherapeutic process. Furthermore, in psychotherapy with weekly sessions, the questions of the questionnaire refer to a time period of seven days and thus to a higher risk of recall bias. Aim: Therefore, we have developed a smartphone application framework for systematic recording and controlling of intersession experiences. Intersession-Online, an iOS- and Android-App, offers the possibility to collect data on intersession experiences easily in real time, to provide the results to therapists in an evaluated form and, if necessary, to induce or interrupt intersession experiences with the primary aim to improve outcome of psychotherapy. Methods: 12 patients from the outpatient department of the University of Klagenfurt were asked to test and evaluate the app during a time period of four weeks. Results: The results of the alpha-testing as well as the strengths and weaknesses of Intersession-Online will be presented. Discussion: In general, the smartphone application could be a helpful, evidence-based tool for research and practice. Overall speaking, further research to investigate the efficacy of Intersession-Online is necessary.

Discussant: Jesse Geller, Teachers College, Columbia University

Panel

Therapist training and development

Organizer: Oliver Evers, Heidelberg University, Germany

50 years of psychotherapy training research: Are we there yet?

Previous reviews on psychotherapy training have repeatedly highlighted significant gaps in our knowledge about psychotherapy training. While other fields of psychotherapy research have seen a notable progress since the 1970s, training research seemed to continue to struggle with methodological issues and questions of generalizability. However, over the past decade the field of psychotherapy training has seen an increasing amount of attention, including more longitudinal research designs as well as new and innovative forms of teaching. This panel aims to summarize existing research and highlight new directions in psychotherapy training studies. We plan to highlight the existing knowledge on trainee development in training, the role of traditional training models and possible side effects of training. We also aim to address the question if some of the shortcomings noted in previous reviews are being tackled by new lines of research. Lastly, the participant perspective will be taken by a panel of trainees that will discuss if the current research appropriately reflects their experiences and needs as students.

Developing psychotherapeutic competence: What do we know from longitudinal trainee studies?

Svenja Taubner, University Hospital, Heidelberg, Germany; Paul Schröder-Pfeifer, Heidelberg University, Germany; Oliver Evers, Heidelberg University, Germany

The quality of psychotherapy training is crucial for ensuring good psychotherapeutic process and outcome. However, there is a significant lack of knowledge on the question if and how psychotherapy training can help increase trainee competence. This presentation will summarize the findings of three-year longitudinal study among 184 psychotherapy trainees. Outcomes include both the personal development and the professional development of trainees. The results will be embedded in a selective review on the current state of research on longitudinal trainee development. Conclusions will include an overall evaluation of the evidence base for current training programs as well as recommendations for the direction of future research in the field.

Research on Personal Therapy as a part of Psychotherapeutic Training -- An interim report from a systematic review

Bernhard Strauss, Friedrich-Schiller-Universität Jena, Germany; Dolinda Taeger, Friedrich-Schiller-Universität Jena, Germany

Different systems and different therapeutic approaches conceptualize the need and the format of personal therapy as a part of psychotherapeutic training in a different way. Discussions around this issue seem to become more and more controversial. This is the reason for a systematic review on this topic that is currently performed. The report will focus on different conceptualisations of personal therapy, research on its effects and effectiveness and a summary of the views of trainees within different health systems psychotherapeutic schools.

Are we wounding the healer? The role of negative experiences and deterioration in psychotherapy training

Oliver Evers, Heidelberg University, Germany; Paul Schröder-Pfeifer, Heidelberg University, Germany; Svenja Taubner, University Hospital, Heidelberg, Germany

Research on the outcomes of psychotherapy training tends to show marginal positive effects of training. However, average effect sizes can conceal significant negative processes and deterioration in subgroups of trainees. So far, most training research has either not reported deterioration or adverse events or done so in

a way that is hard to interpret. In order to summarize the current knowledge about negative processes in training, this presentation will give a narrative review of three aspects of negative trainee development: (1) The ambivalent role of negative experiences in training as an opportunity for growth as well as a risk factor for deterioration; (2) Current research on the extent and predictors of deterioration in training; (3) Recommendations for reporting deterioration in training research and needs for improvement in current training programs.

Discussants: Maayan Abargil, Hebrew University, Jerusalem, Israel Judy Gerstenblith, University of Maryland, College Park, USA Julia Holl, Heidelberg University, Germany David E. Orlinsky, University of Chicago, USA Carly M. Schwartzman, University of Albany, State University of New York Christina Soma, University of Utah

Panel

Meta-analysis

Organizer: Jenny Rosendahl,
Friedrich-Schiller-Universität
Jena, Germany

Meta-analytic estimates of group treatment efficacy and mechanisms of change: Exploring effects for schizophrenia, substance use and alliance

This panel contains four papers. The first two papers present original research on the efficacy of group treatment for 2 psychiatric disorders that are commonly treated with groups--schizophrenia and substance use. These papers follow in a programmatic line of research that has produced 10 meta-analyses testing group treatment efficacy with common psychiatric disorders. More specifically, the schizophrenia meta-analysis is focused solely on CBT group efficacy which was challenged in a recent multi-treatment meta-analysis for schizophrenia that limited studies on both methodological and assessment criteria. Despite its popularity in substance abuse treatment, the literature is silent on differential efficacy of group treatment which is explored in the second paper. The third paper presents original research estimating the predictive relationship of the therapeutic alliance between member and leader with outcome. Findings from this meta-analysis are compared with a recently published (2018) meta-analysis testing the relationship between outcome and member-member relationships or cohesion. A more nuanced discussion follows that addresses the tripartite (member-member, member-leader & member-group) complexity inherent in assessing the therapeutic relationship in group treatment. It is the second of three meta-analyses that explore the predictive relationship between all three types of group relationships and outcome. The final papers steps back and considers the meta-analytic method applied to group treatment research. Critical methodological, assessment, treatment and publication issues are raised and discussed.

Cognitive-behavioral group therapy for psychosis: A follow-up meta-analysis of counter-intuitive findings Gary Burlingame, Brigham Young University, Provo, USA

Aims: Many practice guidelines place cognitive-behavioral therapy (CBT) as the gold-standard treatment for psychotic disorders. Our previous meta-analysis on group psychotherapy for schizophrenia (Burlingame et al., under review) employed a strict set of inclusion criteria (e.g., RCT, use of 2 measures, comparison groups, etc.) limiting the number of CBT studies applied to patients presenting on the psychosis spectrum. It found no meta-analytic evidence for group CBT (GCBT) ameliorating psychotic symptoms but only included 5 studies. This meta-analysis will be less restrictive to include more interventions under a broader GCBT umbrella to extend our earlier findings. Methods: A literature search identified nearly 20 more randomized controlled trials that included in our previous analysis that evaluated some form of GCBT in treating psychosis. Three main outcomes will be assessed: schizophrenia-specific measures of psychotic symptoms, treatment-specific measures assessing treatment aims, and general measures assessing broad functioning.

A meta-analysis on the efficacy of group therapy for substance use disorder: from the evidence to the professional practice

Gianluca Lo Coco, University of Palermo, Italy

Aim: The current meta-analysis of randomized-controlled trials (RCTs) aims to provide estimates of the efficacy of group therapy for substance use disorders (SUDs) in adults. Methods: We included studies comparing group psychotherapy to no treatment control groups, individual psychotherapy, medication, self-help groups, and other active treatments applying no specific psychotherapeutic techniques for patients with SUDs. The primary outcome was abstinence, and the secondary outcomes were frequency of substance use and symptoms of substance use disorder, anxiety, depression, general psychopathology, and attrition. A comprehensive search was conducted in Medline, Web of Science, CENTRAL, and PsycINFO, complemented by a manual search. Random-effects meta-analyses were run separately for different types of control groups. Results: Thirty-three studies were included. Significant small effects of group therapy were found on abstinence compared to no treatment, individual therapy, and other treatments. Effects on substance use

frequency and SUD symptoms were not significant, but significant moderately sized effects emerged for mental state when group therapy was compared to no treatment. Discussion: The results of the present meta-analysis provide preliminary evidence that group treatment leads to improved abstinence when compared to control conditions. These results represent an effort to narrow the gap between research and practice in the SUD literature. However, the open-enrolling groups and long-term therapies are still under examined.

Alliance in Group Therapy: A Meta-Analysis

Cameron T. Alldredge, Brigham Young University, Provo, USA

Objective: Alliance is considered to be one of the oldest, most well-researched themes in psychotherapy. This article presents a brief history of alliance, its most common definitions and measures used in group treatment, and a meta-analytic review of the alliance-outcome relationship in group therapy. Method: Major databases were searched for articles published between 1969 and 2019. We conducted a random effects meta-analysis of published articles that reported the relation between alliance and treatment outcome within the group format. Results: Results from 30 studies including 3,777 patients indicate that the weighted average correlation between alliance and treatment outcome is significant $r = .19$ (p (It) $.001$), with a small effect size (corresponding to $d = 0.38$). We found the heterogeneity of effect sizes to be significant ($Q = 50.12$, $df = 29$, p (It) $.01$) and moderate ($I^2 = 42.1\%$) which warranted moderator analyses. Three variables were found to moderate the alliance-outcome association (setting of care, gender composition of the group, and reporting perspective of alliance). Conclusions: With a substantial link between alliance and outcome established, the importance of therapeutic alliance rupture and repair in group therapy is discussed and treatment guidelines are outlined.

Meta-analyses of group psychotherapy outcome studies - exercises in mega-silliness?

Jenny Rosendahl, Friedrich-Schiller-Universität Jena, Germany

In the past years, we have summarized the existing evidence on the efficacy of group psychotherapy for various mental disorders in systematic reviews and meta-analyses including more than 200 randomized-controlled trials with (gt) 17.000 patients. While meta-analysis has been widely embraced by the research community, this point of view is not universal and people have voiced numerous criticisms of meta-analysis. Besides the "classical" criticisms concerning the file drawer problem, garbage in -- garbage out, and the apples and oranges issue, a few other concerns raised, e.g., one number cannot summarize a research field, important studies are ignored, meta-analysis can disagree with randomized trials, or poorly performed meta-analyses. We discuss these critical issues plus additional concerns along our past experiences in meta-analytic research of group psychotherapy and present approaches to manage those issues.

Discussant: John Ogrodniczuk, University of British Columbia, Vancouver, Canada

Panel

Routine Outcome Monitoring

Organizer: Louise Knowles,
University of Sheffield, UK

Great Expectations-- developing a better understanding the next generation of service users

When first arriving on campus, students face a critical point in their development. They are quite suddenly plummeted into a situation where they are separated from their family and have a new level of autonomy and self-reliance. For some, they are returning to education, working alongside their studies, or studying alongside caring responsibilities. With this new environment comes the challenge of forming friendships, social networks and finding a sense of belonging. It is widely evidenced that increasing numbers of students are presenting to counselling and psychological services within higher education institutions. How current higher education services respond to the early psychological needs of students will play a significant part in what this next generation of service users expect from both the public and private practice in the future. This panel will provide examples of a range of studies currently taking place within the UK. All studies set out in this panel are being to contribute to both shaping what provision is being offered in UK institution , it is also beginning to shape national policy both within the higher education sector as well as shaping NHS provision.

Student counselling embedded in UK Higher Education: A national initiative to identify student mental health trends

Emma Louise Broglia, British Association for Counselling and Psychology; Michael Barkham, University of Sheffield, UK; Geraldine Dufour, University of Cambridge, UK; Mark Fudge, Keele university; Louise Knowles, University of Sheffield, UK; Naomi Moller, British Association For Counselling and Psychotherapy; Alan Percy, Oxford University; Gemma Ryan, British Association for Counselling and Psychotherapy; Afra Turner, Kings College London; Charlotte Williams, Birkbeck University of London

Aim: Identifying the prevalence of mental ill-health in students has been a longstanding priority and the growing concern of student mental health is widespread. The present feasibility study aimed to collate data from clinical measures administered routinely in university counselling services to identify student mental health trends in the UK. Retrospective service data from the 2017-2018 academic period were exported and collated from five UK university counselling services. Data comprised clinical outcome measures alongside demographic and contextual information (e.g. degree topic, level of study, disability). Descriptive analyses were used to explore students'

A tale of two sectors - Collaborative learning with NHS and Higher Education

Louise Knowles, University of Sheffield, UK; Emma Broglia, University of Sheffield, UK; Laura Gibbon, University College, London, UK; Kirsty Nisbet, University College, London, UK; Claire Bone, University of Sheffield, UK; Melanie Simmonds-Buckley, University of Sheffield, UK; Gillian E. Hardy, University of Sheffield, UK; Michael Barkham, University of Sheffield, UK

Seven UK Universities across the country , alongside Universities UK, Student Minds and NHS England are developing a project to understand and advance the impact of partnership working between higher education and the NHS at both a regional and national level to improve mental health support for the student population. This collaboration will facilitate the setting up of regional hubs, focused around the participating universities. Each regional hub will develop, in collaboration with its external partners, its own care pathway and operating model. A Pathways and Outcomes Evaluation (POE) team has been set up. We will present on the early findings and look at what and how data has been collected by university counselling services and NHS services, as well as other key metrics (e.g. rates of access to services; student journeys through care; outcomes from treatment etc). We will set out how this data is informing the development of a student mental health framework, commissioned from the National Collaborating Centre for Mental Health (NCCMH). We will also set out the early identification of measures and metrics for identified principles, to create an Evaluation Framework for the sector.

Feasibility of the Improving Student Life survey in a university context

Laura Gibbon, University College, London, UK; Kirsty Nisbet, University College, London, UK; Peter Fonagy, University College, London, UK; McManus McManus, NatCen; Emla Fitzsimons, University College, London, UK; Lisa Calderwood, University College, London, UK; Louise Knowles, University of Sheffield, UK; Tim Kendall, NHS England; Valerie Curran, University College, London, UK

Over the last decade in the UK, the number of students declaring a mental health difficulty to their university has increased fivefold. However, there is a lack of data on the actual prevalence of mental health problems in the student population and extant surveys have produced highly variable estimates. Methods for conducting comprehensive needs assessments are required in order to guide the improvement of mental health services for students. The Improving Student Life survey is an adaptation of the Adult Psychiatric Morbidity Survey (the UK prevalence survey) for the student population and the university context.

Panel

Therapist training and development

Organizer: Timothy Anderson, Ohio University, Athens, USA

Acquiring Helping Skills: Long-term Effects of Trainees, Trainer Effects, and the Search for Unique Predictors

This panel presents research findings from an ongoing collaborative study on predictors of trainee outcomes in Hill's Helping Skills training program with several indicators, including self-efficacy, natural helping ability and Facilitative Interpersonal Skills (FIS). Each paper in this panel expands on this program of research in unique directions. We begin presenting results of a follow-up study of these trainees, who were located five years after training. There were increases in self-reported natural helping ability and self-efficacy in using helping skills, but only for the subset of trainees who pursued further mental health education demonstrated significant. Overall, the 5-year follow-up findings demonstrate the important role that continued exposure and practice has in learning and maintaining helping skills. Another novel research problem is the identification of the role of the trainer on the learning process of helping skills. To

our knowledge, examination of trainer effects has rarely, if ever, been examined and certainly not for the training of helping skills. We gave many of the same variables to the trainers as we gave to the trainees of our original sample (e.g., FIS, helping skills self-efficacy) as well as instructional style variables. Finally, we conducted analysis of voice characteristics with the baseline and follow-up responses to the FIS task for trainees of helping skills training. Objective measures of mean and range of fundamental frequency made sense for the FIS task since it requires trainees respond to difficult therapy situations.

Helping skills training: Do students maintain their skills over a 5 year follow-up?

Clara Edith Hill, United States; Timothy Anderson, Ohio University, Athens, USA; Judy Gerstenblith, University of Maryland, College Park, USA; Justin Hillman, University of Maryland, College Park, USA; Anna Melnick, University of Maryland, College Park, USA; Caroline Gooch, Ohio University, Athens, USA

Aim: Helping skills training has been found to be effective when trainees are tested immediately after training (See Hill & Knox, 2013), but there is minimal evidence that trainees are able to maintain these skills over time. **Method:** Thirty-three students who had taken an undergraduate helping skills course were contacted after five years to track outcomes of training over time. **Results:** On average, there were no significant changes from pre-training to follow-up on self-reported empathy, self-reported natural helping ability, self-reported self-efficacy for using the skills, and a performance-based test of facilitative skills. Those 15 participants who had further mental health education, however, scored higher in self-reported natural helping ability and self-efficacy for using the skills than those 18 participants with no further mental health education (controlling for initial levels), suggesting that continued exposure to and practice using the skills may have facilitated greater self-efficacy and belief in natural abilities. Qualitative data indicated that participants typically had positive experiences and memories about the course, and most had continued to use the skills in their personal and professional relationships. **Discussion:** Implications of the data for training will be discussed.

Helping Skills Training: Prediction of Good Trainers

Lydia Ahn, University of Maryland, College Park, USA; Clara Edith Hill, United States; Judy Gerstenblith, University of Maryland, College Park, USA; Justin Hillman, University of Maryland, College Park, USA; Timothy Anderson, Ohio University, Athens, USA; Vivian Mui, University of Maryland, College Park, USA

Aim: Knox and Hill (in press) reported evidence for the effectiveness of Hill's three-stage model for helping skills training, with most effects shown for increases in self-efficacy and desired skills, and reductions in words spoken during sessions. Although evidence has also been reported for the effects of various components of training, we have found no evidence for the effects of trainers on outcomes of helping skills training. Given that therapist effects account for about 5-10% of the variance of psychotherapy outcome, we expect that there would be trainer effects. Our purpose in the present study was thus to examine whether: (1) taking a helping skills course changes students' helping skills self-efficacy, willingness to seek help, stigma towards counseling, and interpersonal abilities, and (2) whether instructors' teaching styles (authoritative, authoritarian, permissive), clinical styles, and personality (agreeableness and openness) impact students' changes in these outcomes. **Methods:** We collected self-report measures (counselor self-efficacy, psychological help seeking stigma, willingness to seek help, interpersonal abilities, perceived teaching styles) from approximately 300 students at the beginning and end of each of two semesters. Furthermore, 20 graduate student instructors completed self-report personality measures and participated in the Facilitative Interpersonal Skills (FIS) performance task (instructors responded as if they were the therapist to video clips of difficult client scenarios) at the beginning of the semester; responses coded were facilitative conditions. **Results:** We found high interrater reliability the FIS ratings. Data will be analyzed using multilevel modeling. **Discussion:** Implications for training trainers will be discussed.

Using Acoustic Characteristics to Predict Observer-Rated Facilitative Interpersonal Skills (FIS) and Helping Skills

Olivia Glasgow, Ohio University, Athens, USA; Jonnierah Smith, Ohio University, Athens, USA; Ashleigh Johnson, Ohio University, Athens, USA; Timothy Anderson, Ohio University, Athens, USA; Clara Edith Hill, United States; Glynnis Hixson, Ohio University, Athens, USA; Chao-Yang Lee, Ohio State University, Columbus, USA

Objectives: We explored the relationships of voice data and performance ratings of helpers and helping skills. Because objective measures of vocal characteristics previously have been linked to emotional arousal, we reasoned that they might also be associated with independent observer ratings of FIS and later measures of learning Helping Skills. **Method:** At the beginning of Helping Skills training, 130 female helpers provided

FIS vocal responses to simulations of difficult clients. Praat software was used and fundamental frequency (F0), and range of F0 were selected based on Bone et al. (2014). Observer ratings of FIS included 8 items, including assessments of vocal qualities such as verbal fluency and emotional expression. Helping Skills training then occurred over the course of a semester-long course. 1 to 2 months later, three general types of Helping Skills were rated (included exploratory, insight, and active forms) during practice interactions. Results. Mean F0 and Range of F0 were significantly associated with the 8 FIS ratings. In particular, voice-relevant human ratings of verbal fluency and emotional expression were highly and significantly related to mean and range of F0. There were no associations with helping skill variables. Conclusions: Positive associations of vocal pitch and observer rated skills might indicate that more emotionally activated helpers had higher skills in terms of FIS. Helping Skills measures may not have been correlated with vocal pitch because those data were collected at a more distal time (i.e., months later). More sensitive recording and coordination of voice measures to these constructs are recommended.

Discussant: Jordan Bate, Yeshiva University, New York, USA

Panel

Deliberate Practice

Organizer: Henny Westra,
York University, Canada

Testing the Efficacy of a Deliberate Practice Workshop for Identifying & Navigating Markers of Ambivalence and Resistance

Psychotherapists inevitably encounter interpersonal situations in therapy that are difficult to navigate effectively such as client noncompliance, opposition or resistance to change, failure to make progress, client hostility etc. There is mounting evidence that how therapists navigate these impasses is critical to client outcomes (e.g., Anderson et al., 2016; Aviram et al., 2016)). Deliberate practice derives from the science of expertise and involves repeatedly practicing specific skills with expert feedback. When applied to psychotherapy, one context in which deliberate practice may be particularly promising is in training therapists to navigate specific moments of resistance, criticism, etc. The present symposium brings together three presentations on a randomized controlled study to examine the impact of a deliberate practice workshop focused on identifying and navigating resistance and ambivalence markers using Motivational Interviewing strategies (MI: Miller & Rollnick, 2003). The first study presents outcome data comparing the DP workshop to a traditional workshop format focused on the same concepts but using only minimal practice/feedback. The second presentation will examine the capacity of various measures of empathy in the prediction of workshop outcomes. The third presentation will examine whether the DP workshop is associated with greater accuracy in self-assessment of skills compared to the traditional workshop. The discussant for this symposium will be James Boswell, Ph.D., author of a forthcoming book on deliberate practice.

Using Deliberate Practice in a Workshop Format to Train Therapists to Navigate Process Markers of Ambivalence and Resistance: Outcomes of a Randomized Trial

Henny Westra, York University, Canada; Nikoo Norouzian, York University, Canada; Lauren Poulin, York University, Canada; Michael Constantino, University of Massachusetts Amherst; David Allen Olson, York University, Canada; Martin M. Antony, Ryerson University, Toronto, Canada

Psychotherapy skill retention from continuing education workshops tends to decline over time. As a burgeoning training component, deliberate practice (DP) might enhance such retention. This study preliminarily tested the efficacy of a DP workshop compared to the same traditional, non-DP workshop for using motivational interviewing to address client resistance. The same presenter delivered both workshops across 2 days to 88 randomly assigned clinicians (44 per group). The DP workshop integrated repeated interaction with video and text recreations of in-session resistance with consistent feedback, contrasting good/poor responding, and modeling ideal responses. The control workshop was more didactic, with fewer opportunities for repetitive practice and feedback. We assessed self-reported skill and video vignette performance for responding to resistance at pre to postworkshop and 4-month retesting. Moreover, trainees conducted 20-minute practice interviews at postworkshop and at 4-month retesting with interviewees who were genuinely ambivalent about an issue (Ns = 78 postworkshop, 75 at retest). The workshops promoted equivalent participant satisfaction and significant increases in self-reported skills. At all postworkshop assessments, the DP vs. control group demonstrated better observer-rated performance with the video vignette responses and interviews; although skills still declined over time, the DP trainees retained their relative advantage over traditional workshop trainees. At retest, DP vs. control trainees also reported greater practice of the skills and they were rated as more empathic by interviewees. These findings support the continued investigation of DP as a means for improving therapist skill in responding to client resistance.

Evaluating Individual Differences in Clinician Characteristics as Predictors of Training Outcomes in the Context of a Deliberate Practice Training Study

Nikoo Norouzian, York University, Canada; Lauren Poulin, York University, Canada; Henny Westra, York University, Canada; Kimberley M. Hara, York University, Canada; Michael Constantino, University of Massachusetts Amherst; Martin M. Antony, Ryerson University, Toronto, Canada

In the context of motivational interviewing (MI) workshops, previous research has found that training outcomes vary as a function of clinician characteristics. For instance, younger, less experienced therapists may require less training (Martino et al., 2011). As well, measures of empathic skill are sensitive to training effects (Smith et al., 2018). However, past research is hindered by an overreliance on self-report measures of training outcomes. Further, few studies have examined whether the relationship between clinician characteristics and training outcomes are moderated by features of workshops themselves (e.g., degree of practice). In this study, 88 clinicians or student clinicians from the larger psychotherapy practice community were randomly assigned to attend an MI workshop involving either a traditional information-driven approach or a novel, deliberate practice approach (i.e., repeated practice and feedback to responding to different clinical scenarios). Afterwards, clinicians completed a 20-minute, video-taped interviews with a community volunteer struggling with ambivalence. To assess observer-rated training outcomes, these videos were coded for therapist MI skill and client resistance. Age, years of experience, and baseline empathic skill will be examined as predictors of training outcomes. As well, workshop type will be examined as a moderator to assess whether increased practice influences the relationship between clinician characteristics and training outcomes. Coding of the data has recently been completed and will be analyzed by the time of the conference. This study's implications for enhancing future training programs, such as through tailoring training to clinician characteristics, will be discussed.

Therapist accuracy of self-assessment of performance over time: Do they notice erosion of skill?

Davey Chafe, York University, Canada; Henny Westra, York University, Canada; Nancy Shekarak Ghashghaei, York University, Canada; David Allen Olson, York University, Canada

Previous psychotherapy research has shown a consistent disparity between a therapist's self-assessment of therapeutic effectiveness and client outcomes, with psychotherapists showing an overly positive assessment of their skill and competence. Furthermore, this effect has been found between therapist-rated competence and that of expert raters, with self-assessment and expert ratings of skill and effectiveness showing weak correlations. As direct feedback is often limited in psychotherapy, investigating the problematic self-assessment of skill, competence, and effectiveness is critical. This study investigates if psychotherapists are aware of skill decline over time following their participation in a well-controlled deliberate practice training study. The current study is a 1-year follow-up of a deliberate practice vs traditional training workshop in Motivational Interviewing (MI). The original study had participants complete a video vignette task and a 20-minute interview with an ambivalent volunteer post-workshop and at a 4-month follow up. Interviews were coded by expert raters assessing MI competence and resistance, and showed erosion of skill over time, especially in the traditional training group. The current study had the 88 therapists from the original study retrospectively guess their scores on interview performance over time. We hypothesize that therapists will rate their skill more favourably than expert raters at post-workshop and 4-months. We also hypothesize that participants will fail to self-identify skill decline but will continue to predict positive self-assessment and growth of skill over time. Data collection is ongoing and will be analyzed by the time of the conference. Results and implications for training will be presented and discussed.

Panel

Relationship factors

Organizer: Charles Gelso,
University of Maryland,
College Park, USA

In the here-and-now: immediacy in psychotherapy and supervision

One might assert, as gestalt therapists and many others have over decades, that all change happens in the immediate here-and-now. Because of the perceived importance of the here-and-now during therapy, many theoreticians and researchers have become interested in the topic of the therapist's use of the moment during sessions. Still, therapists' use of the moment, often termed immediacy, has been a controversial topic over the years. Despite evidence of its general effectiveness (Hill, Knox, & Pinto-Coelho, 2019), there are many questions that remain unanswered regarding its use, including when immediacy is not effective. What may be termed the who, what, when, and when questions regarding the use of immediacy are just beginning to be addressed. The presentations in this symposium seek to take us a step further in addressing these questions. The presentations focus on three topics that have been rarely studied. The use of immediacy in therapy supervision (Knox et al.), barriers to the use of immediacy (Jankauskaite et al.), and how immediacy might be used when therapists feel personally offended in treatment (Yee et al.). Two of the presentations present the results of qualitative studies, which seek to probe therapists' experiences of being offended and both supervisors' and supervisees' experience of immediacy. The third presentation (Jankauskaite et al.) involves the development of the first measure aimed at tapping what prevents

therapists from using immediacy, and examines both effective and problematic reasons. The panel presentations will be discussed by Dr. Barry Farber, internationally renowned scholar in the area of therapist self-disclosure and immediacy.

Immediacy in Supervision

Sarah Knox, Marquette University, Milwaukee, USA

AIM: We explored graduate students' positive and negative experiences of immediacy in supervision, both as supervisors and as supervisees. Although immediacy can be a powerful intervention in psychotherapy, we know little about its use and effects in supervision. Thus, we sought to begin to fill this gap in the literature. **METHOD:** This was a qualitative study, in which data arose from participants' audiotape-recorded telephone interviews with researchers. The interviews lasted approximately 45-60 minutes. Data were analyzed using CQR, consisting of the identification of domains, core ideas, and cross-analysis categories. **RESULTS:** [Data analysis is still in process] Preliminary findings suggest that most participants had received both didactic and experiential training in graduate school regarding immediacy. As supervisors, participants usually used immediacy to process the supervision relationship; as supervisees, they used immediacy selectively. When describing positive experiences of immediacy in supervision, the immediacy occurred within a supervision relationship that was largely positive, and supervisors more often than supervisees delivered the immediacy statement. Antecedents for the immediacy included a discussion of participants struggling with their clinical work; the supervisor offering an observation or guidance; or participants feeling uncomfortable, scared, or unsupported. The immediacy statement itself made the covert overt, and yielded more positive (e.g., improved the supervision relationship, provoked insight, gave participants more room to open up) than negative effects (e.g., shock/surprise). **DISCUSSION:** We shall discuss the findings in terms of how to best use immediacy during therapy supervision and the conditions under which immediacy is most and least effective.

Barriers to Using Immediacy (BUI): Scale Development and Validation

Greta Jankauskaite, University of Maryland; Justin Hillman, University of Maryland; Judy Gerstenblith, University of Maryland

AIM: Therapists can use immediacy to develop and work with the therapeutic relationship, resolve ruptures, and help clients articulate unexpressed feelings and reactions (Hill, Knox, & Pinto-Coelho, 2018). Although immediacy can be effective, it is a challenging skill to learn and implement. Trainees report using immediacy infrequently (Hill et al., 2014) and experiencing difficulties with emotion regulation and countertransference when using it (Hill et al., 2019). Although training has been shown to increase self-efficacy for immediacy use (Spangler et al., 2014; Hill et al., 2019), no study has assessed specific therapist factors that inhibit using immediacy. We aimed to address this gap by creating and validating a measure called Barriers to Using Immediacy (BUI). **METHODS:** Therapists in training (N = 185) completed an initial 45-item version of the BUI that assessed barriers on 4 theorized factors: Concerns About Client Reactions, Concerns About Therapist Reactions, Beliefs About Therapy, and Skills for Using Immediacy. The Self-Efficacy for Immediacy Scale was administered to assess convergent validity. **RESULTS:** Exploratory factor analysis with a Geomin rotation yielded a 16-item measure with 4 factors, as theorized. Cronbach's alpha for the full scale was .87. Each BUI subscale was significantly and negatively correlated with the Self-Efficacy for Using Immediacy Scale. Correlations with other variables (age, gender, theoretical orientation) will also be presented. **DISCUSSION:** Results provide preliminary support for the validity and reliability of the BUI as a measure of barriers to using immediacy. Therapist training and clinical implications will be discussed.

Managing Offenses in Psychotherapy: Yikes! What Should I Do?

Stephanie Yee, University of Maryland

AIM: Research on psychotherapy training has focused primarily on the development of foundational skills, such as providing empathy and establishing a strong therapeutic alliance (e.g. Ivey, 1971; Hill, 2004). Research has demonstrated that these skills are indeed critical for the provision of effective therapy (e.g., Elliot et al., 2011; Frank & Gunderson, 1990); however, there is a lack of research on how trainees develop more advanced skills needed for managing more challenging therapeutic encounters. In particular, trainees may struggle when clients share opinions or beliefs that run counter to their own values. In these situations, it may be difficult for trainees to maintain an empathic, nonjudgmental therapeutic stance; or to be immediate with their clients. To our knowledge, there are no studies examining how trainees handle offensive events in therapy. Thus, the purpose of this qualitative study is to investigate how trainees manage situations in which trainees felt offended by their clients during therapy. **METHOD:** Given the limited research on this topic, we are utilizing a Consensual Qualitative Research design (CQR; Hill, 2012) to explore this phenomenon. Ten doctoral student therapists in a counseling psychology doctoral program were

interviewed for this study. RESULTS: Preliminary results suggest that (a) trainees typically had experienced at least one offensive event, (b) offensive events were typically related to the trainee's sociocultural identities, (c) trainees typically felt uncertain about how to respond to these events, and (d) trainees typically wished they had handled the events more directly and more immediately. DISCUSSION: We discuss the implications for training advanced therapy skills. Our focus will be on the use of immediacy when dealing with offenses experienced by the therapist.

Discussant: Barry Farber, Teachers College, Columbia University

Panel

Methods

Organizer: Christian Moltu,
District General Hospital of
Førde, Førde, Norway

Using Interpersonal Process Recall to Study Interpersonal Encounters across Clinical Settings

Interpersonal Process Recall (IPR) is a method for getting access to rich experiential data from interpersonal encounters as a study focus, particularly apt for exploring complex and detailed processes. In IPR for clinical research, therapy sessions or clinical encounters are filmed in ordinary settings. Immediately after the session or encounter, participants meet with researchers for an IPR interview. In the IPR interview, participant and researcher watch the film together, and both can stop the film when a moment of interest to the research question comes up. At each stop-moment, the researcher implements an exploratory semi-structured interview with the participant, about his or her experiences in that particular moment. IPRs particular strength comes from its potential for stopping time and stimulating participant recall to access and vivify experiences that are implicit, pre-verbal and to some extent unapproachable for post-hoc interviews. IPR stands in high regard in- and have contributed important knowledge to psychotherapy micro-process studies, but are conducted to a lesser degree than post-hoc in-depth interview studies, perhaps due to the amount of time, resources and logistics that necessarily go into their implementation. In the present panel, we present three different applications of IPR over emotion, alliance and obesity research projects, to present and discuss the method's potential contribution

Opening up: Clients' inner struggles at the start of therapy

Gøril Solberg Kleiven, District General Hospital of Førde, Førde, Norway; Aslak Hjeltnes, University of Bergen; Christian Moltu, District General Hospital of Førde, Førde, Norway

Objective: In-session activation and processing of emotions is important in facilitating psychotherapeutic change. This project explore how clients in clinical settings experience moments where they "hold back" on emotions, either internally or in communication with the therapist. Additionally, the project will explore what situations clients find helpful in allowing for activation and processing of emotions (work in progress). Methods: Two psychotherapy sessions of clients (N = 11) were videotaped and followed by interviews. Interpersonal Process Recall (IPR) was used during the interviews to obtain in-depth descriptions of clients' immediate experiences for qualitative analysis. A follow-up interview was conducted three months later. The interviews were analyzed using thematic analysis. Results: The data revealed how and why clients intentionally and unintentionally distanced themselves from emotions. Four themes was found (a) Fearing the intensity and consequences of negative emotions; (b) Feeling incapable and "bodily stuck" when trying to express inner experiences; (c) Feeling insecure about one's worthiness and right to share inner experiences with the therapist; and (d) Struggling with feeling disloyal to loved ones. Conclusions: Using IPR to study client's experiences connected to emotion-work in psychotherapy has great promise.

Studying clinical encounters in obesity treatment

Eli Natvik, District General Hospital of Førde, Førde, Norway; Kristina Osland Lavik, District General Hospital of Førde, Førde, Norway; Christian Moltu, District General Hospital of Førde, Førde, Norway

This presentation is a reflection on using Interpersonal Process Recall (IPR) to access unspoken experiences of clinical encounters in weight management, and includes research findings. Using IPR to study patient-practitioner interaction in obesity clinics, we have adapted a method originally developed for psychology, therapy and counselling into the context of follow-up after weight loss surgery (WLS). The prevalence of mental health problems is high among people turning to WLS, and suicide rates following this treatment are alarmingly high. WLS brings patients into desired yet complex processes of change. Patients' psychological situation seems to improve in a short time span, but declines in the long term. Within two years after surgery, the weight loss ends and a difficult phase begins for patients. Current clinical guidelines stress nutritional- and weight management, whereas long-term issues and psychosocial aspects remain largely unaddressed. Weight stigma, asymmetrical power and contrasting views between patients and practitioners on the quality of aftercare, outcomes of success and priorities create tension and challenge dialogues in obesity clinics. How patients and practitioners experience and make meaning of clinical encounters is not

clear. The current study has a qualitative design, and draws theoretically on phenomenology. We interviewed 11 patients in-depth before their annual follow-up, and then filmed the clinical encounter between patient and practitioner. Immediately afterwards, we conducted individual video assisted interviews with patients and practitioners (six). Analysis is ongoing and has produced preliminary themes (a) Knowing each other at a distance, (b) Difficult feelings do not belong here (c) The discomfort of unruly bodies.

Exploring the therapeutic alliance with Interpersonal Process Recall -- Method issues

Kristina Osland Lavik, District General Hospital of Førde, Førde, Norway; Christian Moltu, District General Hospital of Førde, Førde, Norway

The five first sessions project aims to study micro-processes of alliance formation through the beginning phase of psychotherapy from both client and therapist perspectives. The data collection method Interpersonal process recall (IPR) is a qualitative interview technique that employs video recordings of interpersonal processes. It allowed in-depth experiential knowledge, beyond what can be achieved with conventional, retrospective interviews. In the presentation we will describe experiences with IPR interviews investigating the formation of the therapeutic alliance, from the perspective of clients and therapists, during the first five sessions of psychotherapy. Methodological experiences include: 1) Practicing and mastering the art of Interpersonal Process Recall; 1A) Continuous dilemmas between exploring detail vs exploring context, 1B) Facilitating first-person accounts vs being an interpretative observer in the interview situation, 1C) Studying the therapeutic relationship through a sound researcher alliance, and 1D) Investigating of dual perspectives of therapeutic processes. Furthermore, collected data from therapist and client experiences from participating in an IPR-study will also be presented and discussed. These include the themes: 2) Interpersonal Process Recall as an enlightening, self-reflective experience for therapists and 3) The therapeutic potential in Interpersonal Process Recall procedures for psychotherapy client participants.

Panel

Process and outcome

Organizer: Sylke Andreas,
University of Klagenfurt,
Austria

Therapeutic alliance, process and outcome

One of the central component of treatment outcome is the therapeutic alliance (Flückiger et al., 2018). However, studies addressing the role of specific therapeutic techniques and specific processes within the therapeutic alliance are very rare. The papers in the panel aim to examine the relationship between therapeutic alliance and process parameters regarding outcome of patients in different treatments and settings. The first paper aims to analyse the relationships between ruptures, the therapeutic relationship, intersession processes and therapeutic outcome. The second paper aims to investigate the relation between two process variables which are considered to have a crucial impact on therapeutic alliance and therapy outcome: 1.) the therapist's performance concerning the patient's unconscious tests (Weiss & Sampson, 1986) and 2.) the patient's level of reflective functioning (Bateman and Fonagy, 2019). The third paper aims to examine the interaction between technique, alliance and outcome across different therapeutic orientations and phases of psychotherapy. The paper will be discussed against the empirical findings of other studies.

The relationship between therapist's tests and alliance rupture repair regarding intersession-process, therapeutic relationship and outcome of patients in psychodynamic-oriented psychotherapy

Sylke Andreas, University of Klagenfurt, Austria; Jennifer Kadur, University of Klagenfurt, Austria; Jonas Lüdemann, University of Klagenfurt, Austria; Gabriele Lutz, Gemeinschaftskrankenhaus Herdecke; Thorsten-Christian Gablonski, University of Klagenfurt, Austria

Intersession processes capture thoughts, feelings, memories and fantasies in relation to a therapy session and the relationship between patient and therapist. It is assumed that patients internalize these relationship experiences and ideally fall back on them outside the therapy. Confrontations and misunderstandings are not only part of every human interaction, but also arise between therapist and patient. These tension situations or ruptures can threaten both the therapy outcome and the therapeutic relationship (Safran & Muran, 2006). In the present research work, six individual cases (60 sessions) of inpatient psychotherapy were used to analyse the relationships between ruptures, the therapeutic relationship, intersession processes and therapeutic outcome. The mixed-methods design was based on Brief-Symptom-Inventory (Franke & Derogatis, 2000), the Working Alliance Inventory short version (Tracey & Kokotovic, 1989) and Intersession questionnaire (Hartmann, 1997). The collected data were extended by information from the observer-based Rupture Resolution Rating System (Eubanks et al., 2015) and the test concept according to Weiss and Sampson (1986). The results of the study indicate a relationship between therapeutic relationship and selected intersessional processes. A good therapeutic relationship increased the intensity of the intersession processes. Ruptures in treatment had a negative effect on the perceived therapeutic

relationship. The results should be discussed regarding the differences of rupture repair ratings and the test concept in relation to intersession-experiences, therapeutic alliance and outcome. The second paper aimed to investigate the relation between two process variables which are considered to have a crucial impact on therapeutic alliance and therapy outcome: 1.) the therapist's performance concerning the patient's unconscious tests (Weiss & Sampson, 1986) and 2.) the patient's level of reflective functioning (Bateman and Fonagy, 2019).

The relationship between therapist's tests and reflective functioning of the patients regarding to the outcome in different psychotherapies

Lotta Hüwe, University of Klagenfurt, Austria; Jennifer Kadur, University of Klagenfurt, Austria; Sven Rabung, University of Klagenfurt; Alexandra Novak, University of Klagenfurt, Austria; Imke Grimm, International Psychoanalytic University Berlin; Dorothea Huber, International Psychoanalytic University Berlin; Günther Klug, TU München; Sylke Andreas, University of Klagenfurt, Austria

In the last few years, psychotherapy process research has turned into a central research field as interaction processes between therapist and patient seem most relevant for a successful therapy outcome. However, the process variables underlying therapeutic changes remain largely unexplored. The aim of the presented study is to investigate the relation between two process variables which are considered to have a crucial impact on therapeutic alliance and therapy outcome: 1.) the therapist's performance concerning the patient's unconscious tests (Weiss & Sampson, 1986) and 2.) the patient's level of reflective functioning (Bateman and Fonagy, 2019). It is assumed that the more tests the therapist successfully passes, the higher will be the level of reflective functioning achieved by the patient and there will be a relationship to the outcome of the therapy. Based on data of the Munich Psychotherapy Research Study (Huber et al. 2012), 20 therapies (cognitive-behavioral, psychodynamic-oriented and psychoanalytic) will be investigated. For each case, three sessions from the beginning, the middle and the end of the therapy will be analysed by the Plan Formulation Method (Curtis & Silberschatz, 1991). Furthermore, the sessions will be rated based on the Reflective Functioning Scale (Fonagy et al., 1998). In a final step, these evaluations will be correlated in order to provide insight into the link between the therapist's performance concerning the patient's unconscious tests and the patient's level of reflective functioning and success of the therapy. The results of the study will be discussed according to the Control Mastery Therapy and the Mentalization Based Psychotherapy.

The role of alliance vs technique in the treatment of depression

Sven Rabung, University of Klagenfurt; Daniela Bernhard, University of Klagenfurt, Austria; Meike Günther, University of Klagenfurt, Austria; Christina Pranjic, University of Klagenfurt, Austria; Jennifer Kadur, University of Klagenfurt, Austria; Imke Grimm, International Psychoanalytic University Berlin; Dorothea Huber, International Psychoanalytic University Berlin; Günther Klug, TU München; Sylke Andreas, University of Klagenfurt, Austria

The relation between alliance and outcome of psychotherapy has been confirmed across hundreds of studies (Flückiger et al. 2018). However, studies addressing the role of specific therapeutic techniques in this association are rare (e.g. Owen & Hilsenroth 2011). The present study aims to examine the interaction between technique, alliance and outcome across different therapeutic orientations and phases of psychotherapy. Based on data of the Munich Psychotherapy Study (Huber et al., 2012), we examine the relationship between use of psychodynamic and cognitive-behavioral techniques on the one hand and quality of the alliance on the other hand in the initial, middle and terminal sessions of psychoanalytic, psychodynamic or cognitive-behavioral therapy with changes in depressive symptoms, interpersonal problems and introject affiliation in patients suffering from major depression. Technique is rated with the Comparative Psychotherapy Process Scale (CPPS), alliance is rated with the Working Alliance Inventory (WAI) by independent observers. Outcome was assessed using BDI, IIP, and INTREX. Results on the differential association between technique, alliance and outcome across different therapeutic orientations and phases of psychotherapy will clarify process-outcome relations and may contribute to a better understanding of the interaction between specific and common factors.

Discussant: Christoph Flückiger, University of Zurich, Switzerland

Panel

Routine Outcome Monitoring
Organizer: Christian Moltu,
District General Hospital of
Førde, Førde, Noway

Contextual and clinical approaches to implementing routine outcome monitoring and clinical feedback -- bottom up stakeholder perspectives.

Implementing routine outcome monitoring to deliver measurement-based care has been reported across clinical settings to be a significant organizational challenge, despite a literature evidencing the contribution of such approaches to enhanced patient outcomes when used well. The implementation context is complex, with a multitude of relevant stakeholders: patients/clients, therapists, management and researchers. These stakeholders may use and value outcome monitoring and feedback differently depending on their roles, and thus have varied needs, experiences, and expectations for a successful implementation. Adding further complexity, uniform operationalization of mechanisms are in their infancy - making collaborative learning across clinics and systems challenging. This panel will introduce four projects or applications from different settings, to inform one important discussion in the area: What are important clinical functions of routine monitoring and feedback for different stakeholders, and how can differing perspectives on implementation processes be meaningfully integrated to inform the development of operational guidelines for measurement-based care?

Practitioner, manager, and leadership perspectives on the use of measurement-based care in mental health

Susan Douglas, Vanderbilt University, Nashville, USA; Bram Bovendeerd, University of Groningen, Netherlands; Martje van Sonsbeek, Pro Persona Research, Renkum, Netherlands; Christian Moltu, District General Hospital of Førde, Førde, Noway

Measurement-based care (MBC), or using feedback from routinely collected data to support clinical and administrative decision-making, is a key ingredient to improving mental health care. However, implementation rates for MBC are generally low and likely related to the complexity of integrating measurement into individual clinician's workflow and overall organizational processes. For organizations seeking to adopt or improve use of MBC, there is a balance to consider between the benefits of MBC for patient care and the costs associated with integrating this evidence-informed tool into practice. There is a need for research that goes beyond simple acceptability and use to better understand how contextual and organizational factors influence MBC implementation. This presentation presents results from a qualitative study of how intra- and extra-organizational characteristics influence the everyday use of MBC in clinical practice, supervision, and program improvement. Normalization Process Theory, a social practice framework commonly used to explore the diffusion of innovations in medical settings, was used to guide the collection and analysis of interview data with practitioners, middle managers, and leaders in mental health settings. Data are continuing to be collected across several countries including the Netherlands, Norway, the United Kingdom, and the United States.

Ethical and clinical dilemmas in using ROM/CFS: a qualitative study of patient perspectives

Stig Magne Solstad, District General Hospital of Førde, Førde, Norway; Gøril Solberg Kleiven, District General Hospital of Førde, Førde, Norway; Louis Castonguay, Penn State University, University Park, USA; Christian Moltu, District General Hospital of Førde, Førde, Noway

Purpose: Routine outcome monitoring (ROM) and clinical feedback systems (CFS) are becoming prevalent in mental health services, but we are facing several challenges to successful implementation. The purpose of this study is to explore these challenges from the patient perspective. Method: We report the findings from a qualitative, video assisted interview study about the experiences of 12 patients from a Norwegian outpatient clinic using ROM/CFS in psychological therapies. Results: Our analysis resulted in three pairs of opposing approaches to using ROM/CFS 1) Explicit vs. implicit use of information from the CFS, 2) Directing focus towards- vs directing focus away from therapeutic topics, 3) Giving vs receiving feedback. Participants reported a variety of helpful and hindering experiences. They had vastly differing preferences for how ROM/CFS should be used in clinical encounters, but all participants needed the information to be used in a meaningful way by their therapists. Put bluntly, the clients warned that without a form of explicit clinical use, ROM/CFS is at risk of becoming meaningless and hindering for therapy. Conclusion: Because ROM/CFS is meant to serve the needs of several groups of stakeholders in mental health services, its implementation raises ethical and clinical dilemmas. One way to resolve these dilemmas is to consider ROM/CFS as a clinical skill. ROM/CFS seems to be most effective when it is used in a flexible and sensitive manner, adapted to each patient's needs and preferences. The mastery of these skills requires clinical training and practice, and should therefore be a part of basic training for therapists. How to use and implement ROM/CFS skillfully should also be the focus of future research.

Feedback in group psychotherapy: experiences of patients and clinicians

Marjolein Koementas-de Vos, Radboud University, Nijmegen, Netherlands; Bea Tiemens, Radboud University, Nijmegen, Netherlands; Marjolein van Dijk, Gedragwetenschappelijke Dienst Epilepsiecentrum Kempenhaeghe; Kim de Jong, Leiden University, Netherlands; Cilia Witteman, Radboud University, Nijmegen, Netherlands; Annet Nugter, GGZ Noord-Holland-Noor, Netherlands

Aim: Feedback of treatment progress seems to be effective in individual psychotherapy, especially for patients who are not doing well during treatment. Results on progress feedback in group psychotherapy are mixed. It is unclear what elements of progress feedback in group settings are effective and what the underlying working mechanisms are. The aim of this study was to increase insight into helping, non-helping and potentially harmful elements of feedback in group psychotherapy from the perspective of patients and clinicians. Four aspects of using progress feedback in group psychotherapy were taken into account: the perspective of the clinician, the perspective of the patient, the collaborative act between them and the group process as a whole taking into account specific group factors such as group cohesion, group climate and social comparison. Methods: Observations through video recordings of the use of feedback in cognitive behavioral group psychotherapy (CBT-G) and interpersonal group psychotherapy (IPT-G) for patients with anxiety and depressive disorders are performed, as well as interviews with patients and clinicians. The study took place at a secondary mental health care organization in the Netherlands. A grounded theory approach was used for data-analysis. Results: Data-analysis is still ongoing. Results are presented in the SPR panel.

Implementation and ROM/CFS training as clinical skills: lessons learned from the Norse Feedback action research program

Christian Moltu, District General Hospital of Førde, Førde, Norway; John Mellor-Clark, District General Hospital of Førde, Førde, Norway; Stig Magne Solstad, District General Hospital of Førde, Førde, Norway; Andrew McAleavey, Weill-Cornell Medical College; Runar Tengel Hovland, Western Norway University of Applied Science, Førde, Norway; Samuel Nordberg, Reliant Medical Group

Norse Feedback is a system for routine outcome monitoring and measurement-based clinical feedback developed bottom up to deliver to patients' and clinicians' reported needs, and evolving iteratively through a practice-research network, an action research program, and formal grants researching organizational and clinical application. Based on a breadth of implementation experiences and research data across multiple clinical settings, a core duality is emerging between those stakeholders understanding routine measurement having administrative/empirical purposes, and stakeholders understanding routine measurement to be a clinical process seeking to engage client feedback. The presentation will summarize these experiences across different research projects, and suggests potential clinical conceptualizations to help guide future studies. These include: routine measurement supporting discrete processes of a) collaborative case conceptualization, b) establishing goals, c) consolidating change, and d) alliance work -- all of which will be discussed and illustrated with clinical video vignettes. The presentation proposes that studying discrete clinical measurement functions in addition to global uptake of measurement can be one fruitful avenue in merging clinical and implementation research approaches.

Panel

Culture

Organizer: Wonjin Sim,
Towson University

Dream Therapy with Asians

Given Asians' tendency to be emotionally restrained, Asian clients may find it difficult to discuss familial and personal issues to therapists (Kim, Atkinson, & Yang, 1999; Sim, 2012). However, dream therapy might alleviate their reluctance about disclosing their concerns to therapists and allow Asian clients to spontaneously talk about their personal problems reflected in their dreams (Hill, Tien, Sheu, Sim, Ma, Choi, & Tashiro, 2007; Sim, Hill, Chowdhury, Huang, Zaman, & Talavera, 2010; Sim, 2013; Tien, Lin, and Chen, 2006). In other words, Asian clients may find talking about their problem reflected in their dream less daunting, which may make counseling more accessible to Asian clients (Sim, 2012). However, there are very few studies examining whether dream models developed in Western culture can be applied to clients in Asian countries. In the present panel, we will present three process and outcome studies of dream work using the Hill (2004) dream model with Asian and Asian international student population. In the Hill (2004) model, clients explore salient dream images in detail in the exploration stage. In the insight stage, the meanings of the dreams are co-constructed. In the action stage, therapists help clients develop ideas for changes they can make in their lives based on their understanding of the dream. The first two studies conducted cross-cultural investigation of session outcome and themes on self, relationship, emotional responses, and coping styles discussed in dream sessions. The third study investigated Asian international students' perceptions of helpful components of dream therapy during cultural transition.

Dream Work in the US and Korea: A Cross-Cultural Investigation of Session Outcome and Self and Relationship Themes among Female College Students

Christine Ahn, Sogang University

The prevalence rates of depression and anxiety in college students show sharp increase in recent years, and the rates are higher in women when compared to men in Korea and the U.S. Given the dearth of in-depth cross-cultural investigation uncovering the similarities and differences in the nature of female college students' vulnerability, the present study explored the perception of self and interpersonal relationship manifested in dream work with US and Korean female college students. Ten American and ten Korean female college students participated in one 60-90-minute dream session using the Hill (2004) dream model and took Session Evaluation Scale and Gains from Dream Interpretation scale after the dream session. All dream session transcripts were analyzed using Consensual Qualitative Research method (Hill, 2012). Effect size analysis indicated that Session Evaluation Scale and Gains from Dream Interpretation scores were higher for the US participants compared to the Korean participants ($d = .91$ & $.71$). Themes discussed during dream sessions revealed that the US participants discussed self-acceptance, desire to control one's life, sense of competence, and conflicts within self more frequently than the Korean participants. The Korean participants discussed helpless and sensitive self-image and discrepancy between self and others' wants more frequently than the US participants. In terms of relationship, Korean participants discussed feeling criticized and controlled by family more frequently than US participants. Results indicated that there are significant cultural differences in the perceptions of self and relationship, and the Korean students seem more vulnerable to psychological distress compared to the US students.

Cross-Cultural Investigation of Emotional Responses and Coping Styles Discussed by Korean and US Female College Students During Dream Sessions

Mira An, University of Maryland, College Park, USA

Female college students reported higher overall levels of stress, greater stress for familial and social relationships and daily hassles compared to male students. However, there are lack of studies on cross-cultural differences with respect to emotional responses and coping styles to psychological distress among female college students. Hence, the present study took an in-depth look at emotional responses and coping styles discussed during dream sessions with US and Korean female college students. Ten American and ten Korean female college students participated in one 60-90-minute dream session using the Hill (2004) dream model. All dream session transcripts were analyzed using Consensual Qualitative Research method (Hill, 2012). A priori, the research team decided that the domains of the present study were emotional responses and coping styles, and research team members consensually selected all parts that include emotional responses and coping styles. Both US and Korean participants reported more negative emotional reactions than positive emotional reactions in their dreams. While the US participants reported feeling excited and motivated more frequently than the Korean participants, anxious, sad, shamed, criticized, and uncomfortable feelings were more frequently reported by the Korean participants than the US participants. Emotionally oriented coping styles including avoiding and hiding one's true emotions were more frequently reported by the Korean participants than the US participants. Results indicated that Korean female students may experience more negative emotions and more likely to rely on avoidant and repressive strategies compared to US female students, suggesting that they may be at greater risk for college adjustment.

Dream Therapy with Asian International Students During Cultural Transition

Wonjin Sim, Towson University

The present study investigated Asian international students' perceptions of dream work using the Hill (2004) dream model. Several studies have shown the effects of dream work through different outcome measures, but no studies have examined which components of dream work are helpful for Asian international students. Fourteen Asian international students who moved to the United States within one year participated in one 60 -- 90-minute dream session. Two weeks after the dream session, they were interviewed about their overall reactions to the dream session, helpful and unhelpful components of the dream session, and the influence of their dream sessions on their adjustment. The interview data was analyzed using a qualitative research method, Consensual Qualitative Research (CQR; Hill, 2012). Participants typically reported that the dream session was interesting and useful. Participants typically reported that developing ideas for changes in their lives based on their understanding of the dream was most helpful, and some found relating dream to their waking life most helpful. Participants typically did not find any part of the dream session unhelpful, but some reported that describing dream images in detail was not helpful. Participants typically reported that the dream session influenced their adjustment by encouraging them to change self (e.g., being more active), and some reported that dream session helped them to improve their family relationship and have a more positive perspective. The present study's findings

suggest that dream therapy can be a useful tool to help new international students to adjust despite the language barrier.

Discussant: Clara Hill, United States

Panel

Methods

Organizer: Kenneth L. Critchfield, James Madison University

Relational patterns in psychopathology and its treatment: Studies using SASB as a clarifying lens

This panel is organized around application of the Structural Analysis of Social Behavior (SASB; Benjamin, 1974) to topics that illuminate responsive clinical practice. The topics themselves are of direct clinical relevance. Together, they illuminate a coherent arc of thought that shows the need for in-session tailoring of therapy relative to client learning history in the context of close attachment relationships that have been internalized and form the templates for current relating with self and others. In each instance, the SASB model is used as a clarifying lens for defining and understanding relational patterns. The topics presented by each panelist include these major themes: (a) connections between early learning history and current psychopathology (Benjamin; Panizo), (b) how relational processes are implicated in specific diagnostic categories treated in the clinic (Panizo; Knobloch-Fedders), and (c) the impact of using interpersonal patterns and histories to guide therapeutic responsiveness (Knobloch-Fedders; Stucker). Time will be reserved for discussion among panelists and with the audience in order to elaborate on how the relational elements emphasized in each presentation come together to suggest the need for awareness of patient histories in order to intervene responsively in the present.

Perceived Patterns of Parenting and Psychiatric Disorders

Lorna Benjamin, University of Utah, Salt Lake City, USA; Kenneth L. Critchfield, James Madison University; Robert Mestel, HELIOS Klinik Bad Grönenbach

Freud suggested that troubled developmental experiences involving sexuality and aggression clashing with internalized social norms relate directly to adult psychiatric disturbance. Bowlby revised that perspective by identifying specific patterns of attachment between child and mother that are potentially pathogenic. Sullivan likewise focused more on interpersonal patterns than on primitive drives such as anger and sexuality when understanding and treating psychiatric disorders. Modern behaviorists are far less concerned about developmental history and focus instead on techniques to manage symptoms in the here and now. In this presentation, evidence will show that patients' remembered patterns of parenting (measured by Structural Analysis of Social Behavior, SASB) clearly are related to specific affective and personality disorders in adulthood. Canonical R between patients' views of parents' transitive behaviors as measured by SASB and profiles of ICD 10 diagnoses of affective and personality disorders were significant in a sample of over 14,000 patients. More exact analysis connecting ratings of perceived maternal behaviors to specific diagnoses by using Probit t also were significant. Findings made clinical sense. For example, patients with ICD-10 diagnoses of depression rated their mothers as more controlling than did patients with other disorders ($p < .01$). Because depressed patients typically feel overwhelmed and helpless, the finding of more perceived control during childhood in this diagnostic group makes sense. Such information is potentially useful to child rearing, in adult and child psychotherapies, and in clinical theory of disorders. Sullivan was right: interpersonal history has specific connections to adult psychiatric disorders.

Using SASB to guide the personalized treatment of personality disorder

Mariafe Panizo, James Madison University; Kenneth L. Critchfield, James Madison University; Lorna Benjamin, University of Utah, Salt Lake City, USA

The presence of personality disorder (PD) diagnosis comorbidity challenges differential diagnosis and personalized treatment. Efforts have been made to address these issues by paying attention to alternative models for diagnosing PDs. One of such models is the Structural Analysis of Social Behavior (SASB). The SASB is an attachment-based comprehensive map of interpersonal patterns and their impact on the self-concept. The SASB has been utilized to operationalize PDs as meaningful constellations of maladaptive behavioral patterns with specific attachment-based mechanisms hypothesized to be involved in their emergence. Within therapy, the SASB has been utilized to inform the case formulation, keeping track of behavioral patterns and attachment-based mechanisms of change. The current study explores the potential of the SASB for guiding the personalized treatment of PDs by testing the model's operationalization of PDs and its capacity to predict patterns of comorbidity among PDs. The study correlates hypothesized and observed patterns of comorbidity utilizing theory-driven quantitative profiles of the 11 PD categories from the DSM IV and archived clinical data. Ninety-three adults from an inpatient psychiatric hospital were interviewed utilizing the SASB-based case formulation method. Data were coded in terms of presence or absence of

relevant SASB variables. These 93 quantitative profiles were correlated to obtain a map of observed patterns of comorbidity. Similarly, a correlational matrix depicting hypothesized patterns of comorbidity among the 11 PD theory-driven quantitative profiles was calculated. A Mantel test was conducted to compare matrices representing the expected and observed patterns of comorbidity among PDs. Clinical implications will be discussed.

Generalized Anxiety Disorder, Relationship Distress, and the Interpersonal Behavior of Couples

Lynne Knobloch-Fedders, Marquette University, Milwaukee, USA; Richard Zinbarg, Northwestern University, Evanston, USA

Generalized Anxiety Disorder (GAD) is associated with a variety of interpersonal difficulties among couples (Whisman & Beach, 2010). This observational study examined the links between GAD, relationship distress, and the interpersonal behavior of couples. As part of a larger study examining N = 121 heterosexual couples were recruited as part of a larger study examining the effectiveness of Integrative Systemic Therapy (IST; Pinsof et al., 2018). Within this sample, one partner met DSM-5 (APA, 2013) criteria for GAD in n = 46 couples. At pretreatment, couples completed a five-minute videotaped discussion about the three best things in their relationship. These interactions were coded using the Structural Analysis of Social Behavior model (SASB; Benjamin, 1979; 1986; 2000). Multilevel modeling analyses were conducted using the Actor-Partner Interdependence Model (APIM; Kenny, Kashy, and Cook, 2006). Compared to couples without GAD, individuals with GAD enacted more autonomy-granting and autonomy-taking behavior, while partners of individuals with GAD exhibited more affiliation behavior. Results are used to develop interpersonal theory-based guidelines for treating GAD within couple therapy.

Differential therapist responsiveness to attachment-based mechanisms of change in Interpersonal Reconstructive Therapy.

Eliza Stucker, James Madison University; Kenneth L. Critchfield, James Madison University; Kathia Bonilla, Indiana State University; Megan Mischinski, ; Lorna Benjamin, University of Utah, Salt Lake City, USA

At the heart of Interpersonal Reconstructive Therapy (IRT: Benjamin, 2003/2006) is observation that psychopathology is linked to rules, values, and experiences internalized in close attachment relationships. The behavioral repetition of old patterns, termed "copy process" is believed to be maintained, even when maladaptive, by desires for love and acceptance from the internalized "family in the head." The treatment implication is to aid differentiation from problematic aspects of internalizations while enhancing healthy attachments in the present. In previous empirical work, the IRT case formulation has been shown to be reliable and valid (Critchfield, Benjamin, & Levenick, 2015). The session-level adherence measure is also reliable (Critchfield, Davis, Gunn, & Benjamin, 2008) and correlates well with retention in treatment, reduced symptoms and reduced rehospitalization rates (Karpiak, Critchfield, & Benjamin, 2011). For this study, data are from outpatient sessions of patients who were referred to the IRT clinic based on profile as CORDS: Comorbid, Often Rehospitalized, Dysfunctional, Suicidal. Structural Analysis of Social Behavior (SASB: Benjamin, 1979, 1996) is used to characterize the relevant relational processes. Straightforward use of sequential analysis (e.g., Bakeman & Gottman, 1997) is directed toward questions of the degree to which therapist interventions contingently encourage a differentiated and autonomous stance in relation to maladaptive rules and values of internalized loved ones. Sessions rated high for overall session adherence to IRT (n = 9) are compared to cases with low adherence (n = 10) with goal of unpacking specific therapist actions that reflect use of IRT principles and can inform individual supervision.

Panel

Culture & identity

Organizer: Joanna Drinane,
University of Utah, Salt Lake
City, USA

Personalizing the Process: Measuring Cultural Dynamics in Psychotherapy

Part and parcel to personalizing psychotherapy to its participants and its moments is the acknowledgement that the therapeutic relationship is culturally bound. Clients and therapists both present with salient cultural identities that are enacted over the course of their sessions together (Cross et al., 2017). The ability for therapists to navigate cross-cultural conversations with ease is a mechanism through which interpersonal connection can grow and through which the work of therapy can blossom (Owen et al., 2011; Owen et al., 2017). This panel will focus on the use of novel measurement techniques to further the field's understanding of valuable, yet unexplored aspects of cultural dynamics associated with psychotherapy. First, we will discuss instances in which cultural conversations (specifically those focused on religion and spirituality) can go awry and if therapists can detect them. Second, we will present methods for assessing therapist emotion dysregulation during identity discussion specific to race and racism. Third and lastly, we will cover the extent to which topics related to race, religion, and sexuality emerge for different clients. The unifying goal of these presentations will be to demonstrate the value of continuing to refine the assessment

of cultural processes (beyond cross-sectional, retrospective, self-report ratings), and the applied take-aways for clinicians and researchers alike that can emerge from doing so.

Psychotherapy trainees' ability to detect microaggressions toward a Muslim client

Stephanie Winkeljohn Black, Penn State Harrisburg

Therapist microaggressions toward clients lead to lower-quality working alliances (e.g., Constantine, 2007; Owen, Tao, & Rodolfa, 2010), which can thereby affect premature termination and client outcomes. While training programs emphasize multicultural competencies to mitigate such occurrences, programs do not typically conceptualize RSS issues as multicultural identities or include RSS in classroom training (e.g., Magaldi-Dopman, 2014). Nadal and associates have studied RSS microaggressions and emphasized the need for therapists to recognize them. However, whether therapists can identify RSS microaggressions in session is unknown. In this experimental study, graduate psychotherapy students engaged in a microdetection task, where participants (N = 182; 72.4% female, 73.9% white) were asked to identify beneficial and problematic therapeutic interventions in an audio-recorded mock-therapy session toward either a Muslim client (experimental condition) or a client with no RSS identification (control condition). In the experimental condition, the therapist expressed three microaggressions toward the client regarding their Muslim identity. A content expert in Muslim mental health reviewed the scripted microaggressive statements toward the client and approved the final script. Preliminary analyses indicate no significant differences between participants in the conditions regarding gender, race/ethnicity, or religious identity. Between-group analyses will determine whether participants endorsed differing levels of beneficial or problematic interventions based on their condition, and whether participants in the Muslim client condition were able to identify the microaggressive statements. Participants ability to identify RSS microaggressions in therapy will be discussed in terms of research design (i.e., utility of a microdetection task compared to self-reports of RSS competence) and clinical implications.

What our voices tell us: Emotion regulation and patterns of responding during cultural identity conversations

Laurice Cabrera, University of Utah, Salt Lake City, USA; Joanna Mary Drinane, University of Utah, Salt Lake City, USA

Within the context of psychotherapy, it has been long understood that some therapists are better than others. One metric that has been found to distinguish therapists is whether they differ in their effectiveness with clients with diverse identities within their caseloads. To date, nine studies across different treatment contexts have shown that disparities emerge within therapists' caseloads on the basis of race/ethnicity (see Imel and colleagues (2011), for example) and the only significant therapist level predictor of these disparities that has been identified is cultural comfort (Owen et al., 2017). The comfort and ease that a therapist displays during identity conversations can convey acceptance and openness; however, our mechanisms of studying it often rely on retrospective, self-report ratings of client experiences while in therapy and little is known about what they are actually picking up on. The present study seeks to operationalize comfort through the mechanism of vocal arousal (associated with emotion regulation). Results will be presented from a study that is in progress where therapists will be randomly assigned to intervene (responding verbally into a webcam) with one of two video recorded clients. The first condition will involve the client sharing a feeling and the second will involve the same client adding a cultural attribution to their narrative (i.e. attributing the feeling to racism). Analyses will compare between group differences in vocal arousal and within group variability in both vocal arousal and direct vs. indirect patterns of responding to the cultural content. Implications and future directions will be discussed.

What are we talking about? Multilevel models examining if sexual, racial, and religious minorities engage in more identity conversations while in psychotherapy

Joanna Mary Drinane, University of Utah, Salt Lake City, USA; Patty Kuo, University of Utah, Salt Lake City, USA; Derek Caperton, University of Utah, Salt Lake City, USA; Sarah Peregrine Lord, University of Washington, Seattle; Jake Van Epps, University of Utah, Salt Lake City, USA; Zac Imel, University of Utah, Salt Lake City, USA; David Atkins, University of Washington, Seattle

There are two major conceptual frameworks being disseminated amongst therapists and within training programs that are intended to guide cultural identity conversations in psychotherapy. The first is that of multicultural competence (MCC), which emphasizes that therapists must accrue the knowledge, skills, and awareness necessary to effectively intervene with members of different cultural groups (Sue, 1998). The second is multicultural orientation (MCO) (Owen, 2013), which describes the process between therapists and their clients and highlights "a way of being" that is characterized by humility, comfort, and the pursuit of opportunities for cultural connection. While these frameworks depict what is needed to navigate important

cultural moments, there have not been any studies to date that have focused on the extent that these moments actually occur (i.e., it is possible that many clients never discuss identity with their therapists). The present study seeks to start to fill this gap by examining 188 sessions from a university counseling center from distinct clients and at varying timepoints in therapy. The sessions were transcribed line-by-line and labeled based on client talk turns (including labels for sexual, racial, and religious identity topics)(part of a larger project funded through the NIH and NIAA under award R01/AA018673). Based on these data, we will conduct and subsequently present a series of multilevel models that assess if holding minoritized identities is associated with increased frequency of identity-related talk turns at the client level. This will be a first step in parsing apart how much and for whom is therapy culturally focused.

Panel

Methods

Organizer: Nicholas Morrison, VA Boston Healthcare System

Methodology matters: Innovations and considerations regarding methods in psychotherapy research

Psychotherapy research can only be as effective as the methods used to conduct it. Considerations regarding method in psychotherapy research exist across the spectrum of projects, including both qualitative and quantitative endeavors. If we as a field are to continue personalizing psychotherapy to its participants and moments, we must continue to refine our methods for studying phenomena in psychotherapy and address the limitations of these methods. The goal of this panel is to present empirical and theoretical perspectives on methodology in psychotherapy research. In the first paper, Morrison will present results from a methodological investigation of the consensual qualitative research (CQR) paradigm that examined similarities and differences in analytic yield based on the same stimulus set between 2 uniformly-trained research teams. In the second paper, Gioia will expand on these results by examining social reliability indices as possible determinants of similarities and differences in CQR output and highlight how CQR teams might enhance coding environments in psychotherapy research. In the third paper, Lipner will provide a systematic review of methodologies used to identify ruptures in the therapeutic alliance in the psychotherapy literature, and discuss implications for our understanding of rupture events and the methodology implemented to identify these phenomena. Finally, Disabato will review methodological tools other than study randomization for researchers to consider when generating knowledge about psychotherapy useful to therapists. With four distinct talks, and to allow time for audience-presenter exchange, no formal discussant will be assigned.

Replicability of results between two neophyte coding teams in consensual qualitative research

Nicholas Morrison, VA Boston Healthcare System; Michael Constantino, University of Massachusetts Amherst; James F. Boswell, University at Albany/SUNY, USA

Aim: To solidify further their scientific footing, qualitative approaches would ideally demonstrate that they yield replicable information about a phenomenon under study. Although consensual qualitative research (CQR; Hill, 2012) proposes a rigorous, multistep method to enhance interjudge reliability and instill confidence in the results, it remains unclear if multiple uniformly trained teams analyzing the same stimulus set would arrive at similar analytic output (i.e., replicability--a high form of trustworthiness). To this end, the present study evaluated the differences and similarities that emerged between 2 uniformly-trained CQR coding teams of neophyte judges in terms of their analytic yield based on the same stimulus set. **Methods:** Judges were uniformly trained in CQR before teams separately analyzed the same set of 12 transcripts of semi-structured interviews assessing mental health care consumers' perspectives on using provider performance information to inform their treatment decisions. Replicability was assessed quantitatively and qualitatively on output elements established by CQR; that is, domains, categories, core ideas, and exemplars. **Results:** The findings were fairly nuanced. Whereas the teams tended to perceive similar content that comprised domains, categories, and core ideas, they notably differed in their level of abstraction. Teams also remarkably differed in how representative they saw information discussed among interview participants. **Discussion:** Parallels between the only other study to examine the replicability of CQR findings will be discussed (Ladany et al., 2012). Results inform the practical utility of existing CQR findings, as well as future methods for optimizing the replicability of CQR output in psychotherapy research.

Social reliability of process between two neophyte coding teams in consensual qualitative research

Ayla Gioia, Stony Brook University, USA; Nicholas Morrison, VA Boston Healthcare System; Michael Constantino, University of Massachusetts Amherst; James F. Boswell, University at Albany/SUNY, USA

Aim: Although consensual qualitative research (CQR; Hill, 2012) proposes a rigorous, multistep method to enhance interjudge reliability and instill confidence in the results, it remains unclear if replicability of results

(or lack thereof) might be influenced by the process through which CQR judges arrive at their output (i.e., social reliability). This exploratory study employed mixed methods to evaluate social reliability between 2 teams that each consisted of 4 randomly assigned neophyte judges. Methods: Judges were uniformly trained in CQR before the teams separately analyzed 12 transcripts of semi-structured interviews assessing mental health care consumers' perspectives on using provider performance information to inform their treatment decisions. Social reliability was examined quantitatively and qualitatively by comparing the teams on objective group process and self-reported group climate. Results: The team that demonstrated higher vs. lower levels of abstraction of its output also generated more representative findings, spent more time analyzing transcripts, equitably divided time spent discussing their perspectives, evidenced fewer auditor disagreements, and reported more positive group climate than the other team. Process similarities between the teams included the judges' experiences of confusion throughout the project and interest in additional training, whereas process differences between the teams were most pronounced in the judges' experience of dominance vs. egalitarianism. Discussion: This study extends existing research by examining social reliability indices as possible determinants of similarities and differences in CQR output. Results preliminarily inform future methods for optimizing CQR process and highlight how CQR teams might enhance coding environments in psychotherapy research.

What are ruptures and how do we find them? A systematic review of alliance rupture identification methodologies

Lauren M. Lipner, Adelphi University, New York, USA; J. Christopher Muran, Adelphi University, New York, USA; Catherine Eubanks, Yeshiva University; Bernard Gorman, Adelphi University, New York, USA

Aim: Given the predictive validity of the therapeutic alliance for psychotherapy outcome, empirical attention has increased significantly in recent years to rupture phenomena, often associated with weakened alliances, premature, unilateral termination and poor outcome. Although alliance ruptures have been well-established as phenomena that merit further empirical investigation, conceptual and methodological challenges remain. The present study provides a systematic review of previous methodologies used to identify ruptures in the therapeutic alliance in the psychotherapy literature, including observer-based measures, task analytic examinations, and criterion-based and idiographic formulae applied to self-report measures. Method: The following keyword combinations were used on PsycInfo to identify articles for inclusion in the review: "alliance and rupture", "alliance and outcome", and "alliance patterns". The following inclusion criteria were applied in order to select the articles for review: studies focused on individual psychotherapy with adults, studies that include a measure of the therapeutic alliance, and studies that include alliance rupture as a primary variable of investigation using quantitative criteria. Preliminary results suggest a minimum of 29 articles met inclusion criteria for the review. Results: Ruptures were identified in 3% to 84% of dyads across studies using self-report methods included in this review, demonstrating a wide range of rupture frequency across the psychotherapy literature. Discussion: The strengths and weaknesses of each rupture identification method are summarized, and implications for our understanding of rupture events, as well as the methodology implemented to identify these phenomena, are discussed.

Beyond randomization: Methods for studying psychotherapy processes that cannot be manipulated

David Disabato, Kent State University; Nicholas Morrison, VA Boston Healthcare System

Aim: Although randomization can lead to strong causal inference, many important variables within psychotherapy cannot be manipulated, preventing the possibility of experimental designs. This presentation outlines methodological tools other than randomization that can generate knowledge about psychotherapy useful to therapists. Methods: A narrative review of the psychotherapy literature was conducted to identify patterns of research designs and their scientific contributions. Results: We identified the following methodologies: observing expert therapist behavior in session, interviewing expert therapists about their thought processes, analyzing expert therapist case conceptualizations, interviewing clients after psychotherapy, analyzing therapeutic relationship factors, psychotherapy matching based on client characteristics, prediction of change during psychotherapy, and comparison of variance component magnitudes. Discussion: We will discuss how randomization has primarily been used to manipulate type of psychotherapy (e.g., CBT vs. psychodynamic). Although important, these experimental designs capture type of psychotherapy as a singular, standardized treatment similar to a psychiatric medication. Therefore, they only offer treatment algorithms for therapists based on a client diagnosis or symptom cluster. After selecting a type of psychotherapy, therapists must rely on knowledge generated from research without randomization, much of which has a qualitative component. Purely quantitative research arguably offers too thin of a description to be helpful to the therapist when making clinical decisions in session. A combination of both qualitative and quantitative methods may offer the ideal balance of thick description and generalizability necessary to fully understand psychotherapy in a useful way.

Panel

Organizer: Sharon Ziv-Beiman, Mifrasim Institute for Psychotherapy Research and training

Research of therapeutic technique from common factor perspective: contemporary research projects

There has been skepticism regarding the utility of empirical investigations of therapeutic technique due to the failure of therapists' therapeutic approaches to meaningfully explain variance in therapy outcome (Wampold, 2015). Emerging research findings on the diverse use of technique among therapists who hold the same approach (Ablon and Jones, 2002) and on the importance of therapists' technical responsiveness (e.g., Owen & Hilsenroth, 2014; Solomonov et al., 2017) highlight the need to explore the impact of therapeutic techniques beyond the therapist's approach from a common factor perspective. Such a perspective focuses on the associations between the actual operationalized characteristics of the therapeutic technique (types of interventions, ratio between different kinds of interventions, diversity of the interventions used during a session and more) and process and outcome variables. After presenting the rationale for exploring the therapeutic technique from a common factor perspective, three research projects that have adopted this perspective will be presented and discussed. Key words: therapeutic technique, common factors, process-outcome, affect regulation, confrontation, diversity of therapeutic technique.

That didn't feel good: Effects of therapist confrontation on client emotional expression

Christina Soma, University of Utah; Shrikanth Narayanan, University of Southern California; David Atkins, University of Washington, Seattle; Zac Imel, University of Utah, Salt Lake City, USA

Though established as an effective form of mental health treatment, some patients may not respond to psychotherapy (Lambert & Ogles, 2004). Differentiated from treatments that actively cause harm to patients (e.g., Liliensfeld, 2007), there are some proscribed therapeutic behaviors housed within bona fide psychotherapies and are theorized to have negative therapeutic consequences. For example, the therapist judging or shaming a client is generally avoided across therapies (White & Miller, 2007). Different from therapeutic confrontation, judgment and shaming has been theorized to be harmful to patients in a variety of ways. Within Motivational Interviewing, for instance, judgment and shaming - coined "confrontation" - have been theorized to be elicit client defensiveness (Miller & Rollnick, 2013), and may be other consequences including the inducement of negative emotion. Social psychologists have theorized defensiveness within interpersonal communication, as a result of judgment and shaming, can indicate deeper individual painful feelings, such as shame and guilt (Stamp et al, 1992). Psychotherapy research has yet to investigate the immediate emotional consequences of therapist behaviors, like confrontations. In the current study, we will use a combination of signal and natural language processing techniques to evaluate the immediate impact of therapist confrontations on client emotional expression. We expect patients will have an increase in emotional expression after a therapist confrontation, and in particular, an increase in arousal and in increase in negatively valenced language.

A Two-Person Perspective of Patients' and Therapists' Affective States, and the Therapeutic Interventions that Predict Them

Avigail Bar Sella, University of Haifa, Israel; Ashley k. Randall, Arizona State University; Sigal Zilcha-Mano, University of Haifa, Israel; Department of Psychology, University of Haifa, Israel; Department of CISA: Counseling and Counseling Psychology, Arizona State University

Objective: Various therapeutic approaches focus on affective processes and their predictors. Most studies to date focused on intrapersonal affective processes of the patient, but recent research has started to investigate both patients' and therapists' affective processes and their interdependence. The present study aimed to examine whether (a) interdependent session affective states exist between patients and therapist from session to session, and (b) interventions implemented in the session, as reported from both patient and therapist perspectives, can predict subsequent increase in session affective states. Method: Using an actor-partner interdependence model, 70 patient-therapist dyads, across 16 short-term dynamic psychotherapy sessions for depression were examined for actor-partner effects of both patients' and therapists' affective states, and how these are affected by interventions implemented in the session. Results: Findings suggest the presence of session-to-session interdependence of affective states between patients and therapists. The more negative affective state was reported by the patient, the less subsequent negative affective state was reported by the therapist. An interdependence was found between therapeutic interventions and subsequent increases in affective state. The more process-experiential interventions were reported by the therapist, the greater subsequent increase in positive affective state was reported by the patient. The more common factor interventions were reported by the therapist, the greater subsequent increases in negative affective state were reported by the patient. Conclusions: Results are consistent with a

two-person perspective on psychotherapy, demonstrating the importance of considering the interdependent and interactive nature of both patient and therapist affective states, and the perspectives of therapeutic interventions.

Diversity of therapeutic technique - inquiring technique from common factors perspective

Sharon Ziv-Beiman, Mifrasim Institute for Psychotherapy Research and training; Roei Chen, Bar Ilan University; Asaf Leibovich, Mifrasim Institute for Psychotherapy Research and training

The presentation will focus on exploring therapeutic technique from a common factor perspective that aims to understand which characteristics of the technique promote therapeutic change beyond approach. This line of research focuses on characteristics such as combinations of interventions, number of interventions, the balance between supportive and challenging interventions, and the diversity of the therapeutic technique (the degree to which the therapist uses different interventions). We will present a research project that maps the therapeutic interventions that 23 therapists used while treating 86 clients for 12-session brief integrative psychotherapy (BIP). Meetings 1, 3, 7, and 10 were analyzed using Hill's (1988) Helping Skills System. The Shannon index (Shannon, 1948), which represents the degree of diversity of the therapeutic technique, was calculated for each session. We will describe the extent to which the session, the client, and the therapist variables explain the variance of the diversity of the therapeutic technique of the session, and will screen findings regarding the relations between the diversity of the therapeutic technique, stages of therapy, process and outcome variables.

Panel

Culture

Organizer: Ayumi Goto,
Ochanomizu University,
Tokyo, Japan

The Society for Psychotherapy Research Interest Section on Culture and Psychotherapy (SPRISCAP) Collaborative Project: Experiences of Depression Across the World.

According to The World Health Organization, the total number of people with depression was estimated to exceed 300 million, which is equivalent to 4.4% of the world's population, in 2015. It is ranked as the single largest contributor to global disability (7.5% of all years lived with disability in 2015). Depression significantly contributes to suicide deaths (800,000 per year). Approximately 350 million people of all ages suffer from depression worldwide. The risk of becoming depressed is increased by social factors such as poverty, unemployment, life events such as personal losses and difficulties in social relationships. Therefore, we may learn from studying people's experience of depression across different cultural and social groups in order to improve psychotherapy treatment on depression. The panel presents three papers on the SPRISCAP Collaborative Project on Depression. The first paper by Shigeru Iwakabe and the members of SPRISCAP presents a background and overview of this international project. The second paper by Mahaira Reinel and her collaborators will present the result from Chile and Colombia. The third paper by Ayumi Goto will present findings from Japan.

The overall design and goal of the international collaborative project

Shigeru Iwakabe, Ochanomizu University; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago; Rober Schweitzer, Queensland Institute of Technology, Brisbane, Australia; Laurie Heatherington, Williams College; Eunsun Joo, Duksung Women's University, Seoul, Republic of Korea

Aim: This is a qualitative study that describes and compares the experience of depression across different societies. Approximately 300 million people of all ages suffer from depression worldwide. The prevalence rates of depression vary across the population of the world. Cultural differences and related factors affect the expression of the disorder as well as its treatment, while some symptoms are commonly identified in all cultures. In this research, we gather the interview data from those who have gone through depression and possibly the treatment (whether psychotherapy, medication, self-help, and/or indigenous healing). The main goal of the study is to understand the experience of depression and socio-cultural factors associated with it. It will be an international project inviting many researchers from SPRISCAP. **Method:** Adults who had been depressed and had received a diagnosis of depression and/or depressive/mood disorders in the past. The study consists of qualitative interviewing about people's experience of depression. Each interview is about 90 minutes. A common interview protocol was used. **Grounded theory, thematic analysis, phenomenological analysis** are used to analyze the data. **Result:** There are some common experiences across different cultures such as interpersonal conflicts and personal failures. There are common phases that people go through toward healing and growing from experiences of depression. **Discussion:** The complex intersection of personal life events and social environment colors the nature of experiences of depression. Treatment implications as well as future directions will be discussed.

From discomfort to depression: dynamics in the constitution of the personal meaning of the depressive experience

Daniel Jose Vásquez, Pontificia Universidad Católica de Chile, Santiago; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago; Carolina Altimir, ; Diana Ocampo, ; Mahaira Reinel, Pontificia Universidad Católica de Chile, Santiago; Henry Daniel Espinosa, CES University; Camila Mesa, ; Cristian Montenegro, ; Olga Fernandez,

Objective: To understand the dynamics by which Chilean and Colombian patients give meaning to their life experience as "depressive", or under the "depression" label. **Methodology.** A qualitative methodology was used, conducting semi-structured interviews focused on understanding the experience of depression in 5 Chilean and 5 Colombian participants, who had been diagnosed with a depressive episode, recurrent depressive disorder, cyclothymia and/or dysthymia, and had received psychotherapy treatment or were in one at the time of the interview. The interviews were analyzed, recognizing the main themes referred by the participants, in order to then identify their underlying relationships and meanings. **Results:**The meaning of the experience of "depression" showed to be a process, which was decided to be named as "Subjective Construction of Depression", characterized by three landmarks: (1) "The experience of an unnamed discomfort": interviewees experienced a discomfort that worried and disconcerted them, because they did not know how to refer to it nor how to address it, which caused them to seek help. (2) "Anchoring the patient's experience in the word "depression"": after a health professional called their discomfort "depression", the interviewees began a process of elaboration during which they addressed their reactions this label brought to them, while also the word "depression" became a discursive tool that allowed naming their discomfort, channeling it into their speech and their treatment. (3) "Appropriation of the experience of depression": with the advance of the treatment, the interviewees integrated their depression experience in various ways, re-signifying their previous experiences and questioning the perspectives they previously had on the matter. **Key words:** depression, qualitative methodology, psychotherapy, experience, subjective

Experience of depression in Japan: A SPRISCAP collaborative Project

Ayumi Goto, Ochanomizu University, Tokyo, Japan; Shigeru Iwakabe, Ochanomizu University

Aim: The study explored the nature of people's experience of depression in Japan. **Method:** Semi-structured interviews were conducted with 8 adults (3 male and 5 female: Average age = 32.38, SD =10.34) who had suffered from depression and were currently recovered. Interviews were audio-recorded and transcribed. The data was analyzed using grounded theory approach. The study is currently in progress and this is an interim report. **Results:** Grounded theory analysis showed six common phases of expression of depression: 1. Relational discords reveals one's character weakness. 2. Affected by physical symptoms 3. Disconnected and alienated from others. 4. Maxing out one's limit 5. Flooded by negative emotions. 6 Coping and Learning. Depression was described as a process of a loss and recovery of sense of self. **Discussion:** Experience of depression was closely related to one's relationship to others. There is a strong sense of responsibility and duty to fill one's role in interpersonal relationships. The ruptures were experienced as devastating. The recovery process required facing a variety of negative emotions arising from such a loss. Cultural implications will be discussed. **Keywords:** depression, culture, experience, qualitative analysis, recovery process

Panel

Mentalization

Organizer: Anna Georg,
University Hospital,
Heidelberg, Germany

New research on how mentalizing relates to psychotherapy in different populations

Mentalizing or reflective functioning refers to the capacity to reflect on internal mental states of the self and others. In this panel, drawing together clinical researchers from different sites in the United States, Denmark, Germany, and Turkey, we bring together and discuss findings of four studies that investigate mentalizing as it relates to psychotherapy in different populations. This panel brings together new research on mentalizing in psychotherapy in populations that have been less investigated so far. It thus has the potential to expand but also specify the existing evidence. The studies have been conducted in psychodynamic based child psychotherapy, mentalization focused psychotherapy with children in foster care and their biological parents, psychodynamic parent-infant psychotherapy for early regulatory disorders, and psychoanalytic psychotherapy as well as cognitive behavior therapy for bulimia nervosa. We present data on reflective functioning as a predictor for the therapeutic process and success of the therapy. The studies investigate in-session reflective functioning and change in reflective functioning in the process of psychotherapy. One study investigates the impact of interventions on in-session reflective functioning. Finally, one study looks at how mentalizing processes and capacities of the parent relate to observed behavioral changes in parent-child interactions. Additionally, the studies encounter and find answers to specific questions such as comparing the change of reflective functioning in different therapies, measuring verbal reflective functioning in samples with parents and children having cognitive limitations or distinguishing between child vs. parent related reflections of a parent and how it relates to outcome of child psychotherapy.

Maternal Reflective Function and Children's Attachment-based Mental State Talk as Predictors of Outcome in Psychodynamic Child Psychotherapy

Sibel Halfon, Istanbul Bilgi University

Objective: This study aimed to investigate whether maternal reflective function, children's attachment security and mental state talk predicted changes in emotional and behavioral problems in psychodynamic child psychotherapy. **Method:** The sample included 60 Turkish children, who underwent psychodynamic treatment in a naturalistic setting. The mothers were interviewed using the Parent Development Interview (PDI), which was coded for parental reflective function (self-focused and child-focused). Children were administered an attachment based story stem task in order to collect verbal data, which was coded for attachment security and mental state talk. Problem behavior assessments were collected every month over the course of treatment for a total of 360 sessions. **Results:** Multilevel modeling analyses (MLM) indicated that child-focused parental reflective function and children's references to their own mental states predicted changes in problem behaviors. **Discussion:** Parents' mentalization about their children and children's mentalization about their own internal states could be predictors of treatment response in psychodynamic child psychotherapy.

Building Blocks: Personalizing the Delivery of Mentalization-Focused Treatment and Research Methods for Families in the Child Welfare System

Adina Goodman, Yeshiva University, New York; Jordan Bate, Yeshiva University, New York, USA

Services for families in the child welfare system are often behaviorally focused on what parents and children are "doing" and "what is happening" in their lives, rather than attuning to what is happening on the inside. Building Blocks is a mentalization-focused psychodynamic treatment for families with children in foster care or preventive services that was developed and is currently delivered at a child welfare agency in New York City. In this naturalistic setting, research measures were implemented to assess mentalization and attachment outcomes and processes within this treatment model. At intake and every 12 sessions, families complete the Parental Reflective Functioning Questionnaire (PRFQ) and Parenting Stress Index (PSI) and engage in a 10-minute freeplay-session that is video recorded and rated using the Coding Interactive Behavior (CIB) system. This presentation will report first on empirical findings from 35 dyads in Building Blocks, focusing on changes in parent-child interactive behavior over the first 12 sessions. Preliminary data on the PRFQ and the PSI will also be presented, exploring links between parents' capacities and dyadic interactions. Second, we will report on qualitative analyses from a small number of sessions in which video-feedback was used with the parent to foster mentalization. Analyses will explore mentalization-focused therapeutic techniques, in-session parent and therapist reflective functioning, and nonverbal mentalization based on Beatrice Beebe's microanalytic methods. Discussion will focus on how mentalization-focused research methods and interventions may be personalized to fit naturalistic contexts and treatment of families with complex presentations.

Does this intervention help you mentalize your baby? Exploring the dynamics of in-session reflective functioning with regard to specific interventions in parent-infant psychotherapy

Paul Schröder-Pfeifer, Heidelberg University, Germany; Lea Kornhas, University Hospital, Heidelberg, Germany; Svenja Taubner, University Hospital, Heidelberg, Germany; Anna Georg, University Hospital, Heidelberg, Germany

Aim: Focused parent-infant psychotherapy (fPIP) for the treatment of early regulatory disorders is a brief 4-session long dyadic intervention that works with parent and infant together, with the aim of improving the parent-infant relationship and promoting optimal infant development. Strengthening parents' capacity to mentalize their child and themselves in the relationship with the child is thought to be the core mechanism of change in fPIP, with specific interventions being used to foster mentalizing. **Methods:** We explored this notion by using vector autoregression, hypothesizing that a present intervention would to subsequent higher mentalizing. For this, we used in-session data from 11 fPIP complete therapies for a total of 44 sessions. In-session mentalizing is rated from transcripts in three minute segments utilizing the in-session reflective functioning scale, resulting in between 15 and 18 measurement points per session. From a total of 21 manualized interventions for fPIP, two interventions that specifically aimed at directly promoting mentalizing were chosen and coded for each 3-minute segment as present or absent. The resulting predictor along with an autoregressive term for in-session mentalizing is then used to predict the dynamic of mentalizing during the session. **Results:** Pending. **Discussion:** By investigating the impact of specific interventions on parent's mentalizing we aim to shed light onto the question of how fPIP works specifically and to contribute to process research in parent-infant psychotherapy in general. The results of the present

study can be utilized in both aiding supervision of fPIP therapies and informing the refinement of fPIP going forward.

Reflective Functioning, Therapeutic Alliance, and Outcome in Two Psychotherapies for Bulimia Nervosa
Stig Poulsen, University of Copenhagen, Denmark; Hannah Katznelson, University of Copenhagen, Denmark

Aim: Mentalization is a developmental achievement defined as the capacity to understand behavior in terms of mental states. This study investigated mentalization in psychoanalytic psychotherapy (PPT) and cognitive behavior therapy (CBT) through a secondary data analysis of findings from an RCT for bulimia nervosa (BN). It was hypothesized that the level of mentalization at baseline (measured with the Reflective Functioning Scale) would predict alliance and outcome in both treatments while increase in mentalization was only expected after PPT. Furthermore, it was investigated whether change in level of mentalization predicted symptom change. **Methods:** Seventy participants with BN were randomized to PPT or CBT. Participants were assessed at three time points with the Eating Disorder Examination and the Adult Attachment Interview (rated for Reflective Functioning (RF)). Therapy sessions were rated with the Vanderbilt Therapeutic Alliance Scale. **Results:** Higher baseline RF significantly predicted better alliance, whereas no association was observed between baseline RF and outcome. A significant interaction between time, therapy type and RF found RF improving more in PPT than in CBT. Furthermore, there was a significant association between RF change and symptom change in the PPT group. **Discussion:** The study suggests a relation between RF and psychotherapy process whereas the relation between RF and outcome is more complex. Furthermore, PPT seems to enhance mentalization, which seems related to symptomatic improvement, suggesting that mentalization might serve as a specific mechanism of change in PPT.

Discussant: Kenneth Levy, Penn State University, University Park, USA

Panel

Treatment process and outcome

Organizer: Alytia

Levendosky, Michigan State University, East Lansing, USA

Tailoring Psychotherapy based on Relational Micro and Macro Processes

This symposium explores relational process factors that influence personalization of psychotherapy. The therapeutic relationship is a well-established common factor that predicts about 30% of the variance in treatment outcomes. Yet, the therapeutic relationship is not static but constantly unfold and change momentarily within each session (i.e., micro-processes) and between sessions (i.e., macro-processes). In this symposium, we examine predictors, correlates, and outcomes of relational micro- and macro- processes using single-case quantitative/mix-methods approaches to address three overarching questions in psychotherapy process: 1) What factors predicted different trajectories of alliance rupture patterns over time? 2) What dynamic processes in moment-to-moment interactions in sessions are signals for strong alliance or alliance ruptures? 3) How do changes in alliance relate to changes in interpersonal perceptions in the sessions and changes in interpersonal functioning in daily life? Our presentations examine these questions at either moment-to-moment, micro-processes level to inform personalized in-session therapy practice, or at between-session, macro-process level to inform long-term individualized prediction of alliance and outcomes. These presentations include micro-process coding of interpersonal behavior on the orthogonal axes of warmth and dominance and alliance ruptures, as well as assessments of macro-processes in alliance, ruptures, interpersonal perceptions, transference, and ecological momentary assessment of functioning outside of therapy. The single case quantitative/mixed-method approaches in these studies will inform our understanding of critical relational processes that will help us tailor our predictions, formulations, and implementations of therapy based on individual needs.

The Process of Rupture and Repair in Therapy with Dismissively Attached Adolescents in ABFT

Sophie Cassell, Adelphi University, New York, USA; Adelya Urmanche, Adelphi University, New York, USA; Guy S. Diamond, Ben Gurion University, Beer Sheva, Israel; J. Christopher Muran, Adelphi University, New York, USA

The goal of this study is better understand the process of alliance rupture and repair within a group of dismissively attached adolescents undergoing Attachment-Based Family Therapy (ABFT) for suicidality. By utilizing an observer measure and examining the progression of the alliance over several sessions, the intention is to determine if there is a relational pattern evident within this attachment style with the hope that this information could be used to guide patient understanding and therapeutic practice. This study is a within-group mixed-methods design of alliance rupture and resolution of dismissively-attached adolescents undergoing ABFT. Four cases will be analyzed by coding Task 2 of ABFT, three sessions of therapy per case. Task 2 of the treatment was selected because this portion of the therapy is solely between the adolescent and therapist and intended for alliance building. Videotaped therapy sessions will be coded using the Rupture and Resolution Rating Scale (3RS), and the process will be charted over these sessions. Analyses will

be conducted within each case and compared between cases within the dismissive attachment style. Data will be analyzed using Hierarchical Linear Modeling to assess change over time. In addition, qualitative methods will be utilized to deepen understanding. Analyses are currently underway and will be presented at the conference. Results will be discussed with respect to their conceptual, empirical, and clinical implications. The impact of dismissive attachment and how it impacts therapy will be discussed with future directions for both research and practice in mind.

Using parameters in moment-to-moment interpersonal transactions to distinguish sessions with ruptures and with repairs

Xiaochen Luo, Stony Brook University, USA; Evan Good, Michigan State University, East Lansing, USA; Joshua Turchan, Michigan State University, East Lansing, USA; Alytia Levendosky, Michigan State University, East Lansing, USA

Repairing alliance ruptures has been shown to be critical in maintaining strong alliance and obtaining favorable therapy outcomes. Moment-to-moment interpersonal transactions between patient and therapist have been suggested as a micro-level mechanism through which the processes of rupture development and resolution unfold. However, few studies have been able to examine how the interpersonal dynamics may reflect distinct processes in rupture and repair. The current study aimed to examine this question by comparing within-dyad interpersonal dynamics in sessions with severe ruptures and sessions with rupture repair in a single case of psychodynamic therapy for personality pathology. Rupture, repair, and alliance were measured through self-report questionnaires for both the patient and the therapist after each session in a course of 42 sessions. These scores were then used to identify 6 sessions with most severe ruptures and 6 sessions with the most significant repairs. In each of the 12 sessions, patient's and therapist's interpersonal behaviors of warmth and dominance were measured every half second and were used together to create a dyadic longitudinal network of interpersonal behaviors in dynamic structural equation modeling. We examined three hypotheses as detailed below: 1) Compared with sessions with significant repair, sessions with ruptures should be less stable in structure -- thus, the autoregressive coefficients for each interpersonal behavior should be lower in sessions of ruptures; 2) Rupture sessions should have less warmth coordination - the moment-to-moment cross-correlation on warmth should be lower for sessions with ruptures; 3) rupture sessions should have more power entanglement: the moment-to-moment cross-correlation on dominance should be higher in absolute value for sessions with rupture; and 4) rupture sessions may display repetitive interpersonal patterns: the centrality of the interpersonal network should be the same among rupture sessions but not among repair sessions.

The role of in-session perceptual accuracy in the therapeutic alliance

Evan Good, Michigan State University, East Lansing, USA; Xiaochen Luo, Stony Brook University, USA; Joshua Turchan, Michigan State University, East Lansing, USA; Alytia Levendosky, Michigan State University, East Lansing, USA

The therapeutic relationship--or alliance--is widely recognized as a robust moderator of psychotherapy outcomes. From an interpersonal lens, an alliance can be conceptualized as the product of moment-to-moment interpersonal processes occurring between patient and therapist, which include the behavioral exchanges that occur between a therapeutic dyad as well as how these exchanges are perceived by each member of the dyad. Theoretically, discrepancies between actual behavior and perceived behavior within the dyad at the moment-to-moment level are likely to contribute to difficulties in alliance building. In the current study, we explore the degree to which actual and perceived behavior and their discrepancy influences patients' self-report of alliance in weekly psychotherapy, and the degree to which these influences vary between patients. We will examine weekly data from 5 therapeutic dyads over the course of an average of 35 sessions during the beginning-to-middle phase of treatment. For each patient we use moment-to-moment behavioral coding of their weekly psychotherapy sessions to operationalize the actual behavior of patient and therapist in session, and self-reported behavior and alliance following each session to operationalize perceived behavior and alliance, respectively. We will use dynamic factor-analysis models to examine the associations between actual and perceived behavior and alliance for each dyad, and examine the generalizability of these results by comparing results within and between therapeutic dyads.

Using Repeated Measures and Ecological Momentary Assessment to Examine Changes in Therapeutic Alliance, Transference, and Interpersonal Functioning

Nicole Cain, Rutgers University, Piscataway, USA

The Alternative Model for Personality Disorders in DSM-5 defines personality pathology as significant impairments in self and interpersonal functioning, and many of the evidence-based treatments for

personality disorders broadly focus on self-other dysfunction. For example, Transference-Focused Psychotherapy (TFP) for borderline personality disorder (BPD) addresses self-other difficulties by understanding and articulating the patient's mental representations of self, their mental representations of other, and their predominant affects. As such, TFP provides a unique opportunity to examine how shifts in mental representations of self and other within session are linked to changes in interpersonal functioning outside of session. This talk will present data on the case of a patient diagnosed with BPD who completed 18-months of TFP. Self-report measures of therapeutic alliance were completed at the start of treatment and then repeated every 3 months by the patient and the therapist. The therapist also completed measures assessing the type and quality of transference every 3 months. Ecological momentary assessment (EMA) methods were used to obtain data on interpersonal functioning outside of session, in the natural setting of daily life over time (at baseline, at 9-months in treatment, and at termination). Results will show notable improvement in therapeutic alliance and in the patient's perceptions of self and other over time. Importantly, changes in interpersonal functioning outside of session were preceded by shifts in alliance and transference within session. Discussion will focus on the clinical importance of using repeated assessments and EMA methods to tailor psychotherapy to address self-other dysfunction.

Discussant: Kevin S. McCarthy, Chestnut Hill College

Panel

Process and outcome

Organizer: Dennis M. Jr
Kivlighan, University of
Maryland, College Park, USA

Therapy Process Studies from the Maryland Psychotherapy Research Clinic

Abstract: We present four studies from the Maryland Psychotherapy Research Clinic and Lab; a low-fee, outpatient, community clinic providing open-ended psychodynamic/interpersonal therapy. Study 1: a Consensual Qualitative study of 11 Religious/Spiritual (R/S) Jewish therapists working with R/S Jewish clients on R/S concerns. Analyses showed that in successful cases, therapists remained non-judgmental, worked within the clients' value system, and effectively managed countertransference; whereas in unsuccessful cases, therapists lacked training in R/S issues, were unable to understand the clients' R/S concerns, and struggled with managing countertransference. Study 2: No studies have examined how development in the client attachment to therapist predicts outcomes. Linear growth curve analyses fit with hierarchical linear modeling (HLM) indicated that secure attachment to therapist increased and avoidant-fearful attachment to therapist decreased as therapy progressed. HLM results also found that when within-client secure attachment to therapist was higher, subsequent symptoms improved more. Study 3: The purpose of this study was to explore whether therapist (experience within and across clients) become more accurate in their assessment of clients' session satisfaction. Within-clients, therapists increased their ability to accurately track client-rated session satisfaction, especially in shorter treatments. Between-clients, therapists had less underestimation as they gained experience. Study 4: Explored the association between positive and negative transference and Client Attachment to Therapist (CAT). Higher initial Avoidant CAT was associated with higher initial negative transference, and a decrease in negative transference across psychotherapy. In the cross-lagged model, negative transference predicted Avoidant CAT at both the session and client level. There were no significant findings for positive transference or Preoccupied CAT across all analyses.

The Experiences of Religious/Spiritual Jewish Therapists Working with Religious/Spiritual Jewish Clients in Psychotherapy

Judy Gerstenblith, University of Maryland, College Park, USA

Approximately two-thirds of Americans prefer to work with mental health providers who can understand their R/S beliefs (Lehmann, 1993) and integrate them into psychotherapy (Rose, Westefeld, & Ansley, 2008; Vieten et al., 2013). Although clients want this integration and there are often positive health outcomes of integrating R/S identity into therapeutic work (Chamberlain & Zika, 1992; Ferriss, 2002; McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000), many therapists fail to address this identity factor. The existing research on the integration of religion and spirituality in therapy mostly takes a quantitative approach and focuses on Christian samples. Thus, the purpose of the present study was to qualitatively explore how experienced, R/S Jewish therapists work with R/S Jewish clients on R/S concerns. Eleven therapists were interviewed about a successful case and an unsuccessful case of psychotherapy. Data were analyzed using Consensual Qualitative Research (Hill, 2012; Hill, Thompson, & Williams, 1997). Preliminary results suggest that in successful cases, therapists remained non-judgmental, worked within the clients' value system, and effectively managed countertransference; clients were motivated; and there was a strong therapeutic relationship founded on a shared R/S identity. In unsuccessful cases, therapists lacked training in R/S issues, were unable to understand the clients' R/S concerns, and struggled with managing countertransference; clients presented with challenging psychopathology; and there was a weak therapeutic relationship with mutual judgment based on R/S beliefs and values. The results of this study will contribute to our understanding of how to effectively work with religious/spiritual clients in therapy.

Do Therapists Improve in their Ability to Assess Clients' Satisfaction?

Katherine Morales, University of Maryland, College Park, USA

Objective: The purpose of this study was to explore whether therapists become more accurate in their assessment of clients' session satisfaction. Specifically, we examined whether a therapists' tracking accuracy was dependent on treatment length and the client order in therapists' caseload. **Method:** We used the truth and bias model to examine changes in therapists' tracking accuracy and under/overestimation (directional bias) on therapists' judgments about clients' session satisfaction. We also examined session number (i.e., earlier or later sessions) as a moderator. Using data on 6054 sessions, nested in 284 adult clients, and nested in 41 therapists, we conducted a three-level hierarchical linear model. The therapists were doctoral student trainees providing open-ended psychodynamic individual psychotherapy. **Results:** We found that the therapists were able to accurately track client-rated session satisfaction with less underestimation as they gained experience. In longer treatments and with clients seen later in the caseload, tracking accuracy was stable and consistent. In shorter treatments and with clients earlier in their caseload, therapists exhibited greater tracking accuracy. **Conclusion:** Our results suggest that with more experience, therapists attain greater understanding of each client, and increase their general counseling skills and competence across clients. Implications for research and practice are discussed.

Transference and Client Attachment to Therapist: Changes across the Course of Psychodynamic Psychotherapy

Kathryn Kline, University of Maryland, College Park, USA

Aim: Although there are important clinical connections between transference and client attachment (Bowlby, 1983), limited empirical research exists examining their relationship across psychotherapy. This paper explores the association between positive and negative transference and Client Attachment to Therapist (CAT; Mallinckrodt et al., 1995) across the course of open-ended psychodynamic psychotherapy. **Methods:** Using multilevel growth modeling and multilevel cross-lagged panel analyses, 80 client-therapist dyads were assessed on the association between CAT and transference. Clients completed the CAT after every 8th session, and therapists assessed transference using the Therapy Session Checklist-Transference Items (Graff & Luborsky, 1977) after every session. **Results:** Client Secure CAT increased and Avoidant CAT decreased across the course of psychotherapy. In the growth model analyses, higher initial Avoidant CAT was associated with higher initial negative transference, and a decrease in negative transference across psychotherapy. In the cross-lagged model, negative transference predicted Avoidant CAT at both the session and client level. There were no significant findings for positive transference or Preoccupied CAT across all analyses. **Discussion:** Clients became more securely attached to their therapist over time, providing support for Bowlby's (1983) theory. Avoidant CAT and negative transference were significantly associated in both sets of analyses, suggesting that clients exhibiting negative transference is related to feeling insecurely attached to their therapist. Given no significant findings for Preoccupied CAT and positive transference, revisiting what these constructs assess is important. **Keywords:** Transference, client attachment, psychotherapy process

Change in Client Attachment to Therapist and Outcome

Justin Hillman, University of Maryland, College Park, USA

AIM: From an attachment perspective, effective therapy requires that therapists provide a secure base for clients to explore their concerns, revise maladaptive inner working models of self and other, and improve symptoms (Bowlby, 1988). Tailoring the therapeutic relationship to clients' individual attachment dynamics in order to help clients develop a secure attachment to their therapist has been theorized to provide a corrective emotional experience for clients (Mallinckrodt, 2010). However, no studies have examined how developments in the client attachment to therapist predict outcomes. To address this gap, we investigated whether client attachment to therapist changed over time and tested the association between within-client change in attachment to therapist and outcome. **METHOD:** Clients (N = 112), receiving open-ended, psychodynamic therapy from doctoral trainee therapists (N = 29), completed the Outcome Questionnaire-45 (Lambert et al., 1996) at intake, the Client Attachment to Therapist Scale (Mallinckrodt, Gantt, & Coble, 1995) at session 3, and then both measures every eighth session (i.e., 8, 16, 24, etc.). **RESULTS:** Linear growth curve analyses fit with hierarchical linear modeling (HLM) indicated that secure attachment to therapist increased and avoidant-fearful attachment to therapist decreased as therapy progressed. HLM results also found that when within-client secure attachment to therapist was higher, subsequent symptoms improved more. Client-level and therapist-level effects were also explored. **DISCUSSION:** Results suggest that the development of a secure attachment to therapist contributes to positive outcomes. Implications for practice and research will be discussed.

Panel

Facilitative Interpersonal skills

Organizer: Joshua David Finkelstein, The New School for Social Research

Personalizing Psychotherapy within the Facilitative Interpersonal Skills Paradigm: Training, Responsiveness, and Applicability

Panel focuses on research findings related to therapist training, responsiveness (Stiles & Harvoth, 2017), and working with high-risk patients from within the Facilitative Interpersonal Skills paradigm. These papers represent research conducted by three research teams from the United States and Norway. The Facilitative Interpersonal Skills (FIS) task is a performance-based task, developed by Anderson and colleagues (2009), which allows therapists to respond to standardized video clips of simulated patients as though they were the therapist. Responses are rated using a standardized manual which describes the eight facilitative interpersonal skills: verbal fluency, emotional expression, persuasiveness, warmth/positive regard, hopefulness, empathy, alliance bond capacity, and alliance-rupture repair responsiveness. Recent studies using the FIS Task demonstrated that FIS skills predicts psychotherapy outcome irrespective of therapist training or theoretical orientation (Anderson, et. al., 2009) and that psychotherapy patients with high FIS therapists improved a quicker rate than patients seen by low FIS therapists or waitlist control (Anderson, et. al, 2015). The first paper will discuss the results of a study aimed at understanding FIS cross-cultural applicability using the Norwegian translation of the FIS Task. A second paper will explore training in FIS skills by comparing an ordinary clinical education model with an education model which emphasizes apprenticeship. A third paper will discuss a novel variation on the FIS task which measures therapist flexibility and responsiveness to patients as the context of therapy changes. The final paper will present results of an FIS based training with an emphasis on working with high-risk patients.

Predictors of Facilitative interpersonal skills (FIS) in a cross-sectional and longitudinal sample of trainee therapists

Truls Ryum, Norwegian University of Science and Technology, Tordheim, Norway; Patrick Vogel, Norwegian University of Science and Technology, Tordheim, Norway; Heidi Brattland, Tiller Mental Health Center, St. Olavs Hospital, Trondheim, Norway

Aim: The person of the therapist has been found to be essential for treatment outcome, and Facilitative Interpersonal Skills (FIS) may be conceptualized as an integrating concept explaining between-therapist differences, as demonstrated in experimental studies using the FIS task procedure (Anderson et al., 2015; 2016). Research also suggests that the FIS task procedure is suitable for use cross-culturally (Vogel et al., 2018). The present study examined self-reported predictors of FIS (experimental task procedure) amongst trainee therapists in a clinical psychology program, utilizing a cross-sectional and a longitudinal sample of trainee therapists. Method: A Norwegian translation and adaption of the stimulus clips developed by Anderson and colleagues was used to test for trainee therapists levels of FIS. Self-report data from participating trainees, consisting of demographic data, personality/ identity, symptom measures as well as students' experience of the group climate in skills training groups, was used as predictors of FIS. Results: The paper will discuss findings examining the relationship between characteristics of trainee therapists and FIS, based on cross-sectional and longitudinal data. To what extent skills training groups contributes to the development of FIS will also be discussed, as well as cultural issues.

Preliminary results from a pilot test of a master-apprenticeship model for psychotherapist training

Katrine Høyer Holgersen, Tiller Community Mental Health Center, Division of Psychiatry, St. Olavs hospital HF, Trondheim, No; Heidi Brattland, Tiller Mental Health Center, St. Olavs Hospital, Trondheim, Norway; Truls Ryum, Norwegian University of Science and Technology, Tordheim, Norway; Patrick Vogel, Norwegian University of Science and Technology, Tordheim, Norway

Aim. It is not clear whether FIS can be taught and trained, and if so, how. This pilot study investigates an innovative approach to therapist training, in which psychology students partake in treatment sessions with experienced therapists and their patients. Method. Students at a clinical psychology program (N = 40) are randomized to the ordinary education program (control condition) or the ordinary program with the addition of an apprenticeship module (experimental condition), where they follow experienced therapists at a hospital mental health center in one weekly therapy session over 12 weeks. Outcomes are pre-post changes in FIS as well as self-reported learning experiences, social skills, mentalization, and stress. Results. Preliminary data from the self-report measures as well as experiences with the training model will be presented.

Facilitative Interpersonal Skills -- Multiple Responses: A Novel Method for Assessing Therapist Responsiveness

Joshua David Finkelstein, The New School for Social Research; Timothy Anderson, Ohio University, Athens, USA

AIM: This paper will present data from a feasibility study exploring a variant of the Facilitative Interpersonal Skills task with the goal of assessing the therapists' ability to creatively shift their approach to the work of therapy, a concept theorized to be similar that that of responsiveness. Responsiveness, as defined by Stiles, is the therapist's ability to "do the right thing, which may be different each time, providing each client with a different, individually tailored treatment." **METHOD:** We propose a variant of the FIS task which involves responding to three sets of three clips, each set representing different points in a single therapy session. Each of these clips was selected to represent differing levels of challenge to which the therapist participant will respond, two where the patient's expression of affect is more positive, collaborate, and generally oriented to the work of therapy, while the third represents the type of challenging interpersonal moments in psychotherapy upon which the original FIS was based. The original FIS will also be administered. Participants will then complete measures meant to gather information about their mood while responding to the clips (Affect Grid) and internal reactions to the simulated patient depicted in the clip (IMI-C). **RESULTS:** Within subject differences will be calculated between the traditional FIS mean score and the FIS-MR individual clip scores. We hypothesize that high-FIS therapists will demonstrate greater flexibility, defined as less variability between FIS-MR responses, than low-FIS therapists.

Facilitative Interpersonal Skills (FIS) with High-Risk Clients: Promoting the Alliance and Other Interpersonal Skills in the Treatment of Suicidal Individuals

Molly Duffy, The New School for Social Research; Ljiljana Zecevic, Lenox Hill Hospital, New York, New York, USA; Jerome Kogan, Lenox Hill Hospital, New York, New York, USA; Jordan Bate, Yeshiva University, New York, USA; Timothy Anderson, Ohio University, Athens, USA

Aim: Facilitative Interpersonal Skills (FIS) refers to a common set of abilities that characterize proficient therapists and can be predictive of patient outcome and alliance (Anderson, 2016). The FIS task is a performance task used to assess individuals' FIS scores through their responses to video clips of difficult clinical moments. This presentation will focus on research using newly developed FIS clips that portray different representations of suicidal patients. Training clinicians to respond skillfully to suicidal patients is essential in ensuring that they can provide appropriate care to their patients and potentially prevent suicide attempts or deaths. **Method:** At Lenox Hill Hospital, members of the psychology department participated in a training meant to enhance FIS skills: the Facilitative Interpersonal and Relational Skills Training (FIRST). Before and after the trainings (January 2019, September 2019), participants responded to FIS clips including the addition of the FIS clips depicting high-risk patients. In both trainings, we dedicated time to using FIS skills in response to suicidal clients. Additionally, we will pilot an adapted FIRST training in Spring 2020 that focuses specifically on working with suicidal clients. **Results:** We will evaluate the impact of the FIRST training using the FIS scores both pre and post-training. We will also compare differences in responses to the original FIS clips and the newly develop SI clips. Finally, we will use self-report measures to assess the impact of a newly developed FIRST training that focuses on suicidal clients. These results will help inform future trainings that can help support clinicians.

Panel

Treatment process and outcome

Organizer: Susan Julie Hajkowski, University of Leicester, UK

Indicators of Process and Change in Psychodynamic and Psychoanalytic Psychotherapy

This panel will consider innovative methods being developed and used to examine factors affecting treatment outcome. The panel will focus on identifying process and change mechanisms, using psychodynamic and psychoanalytic concepts applied to shorter and longer term forms of treatment. Susan Hajkowski will present a qualitative study of the evaluation of ego capacity in short-term psychodynamic psychotherapy (STPP). A four-stage interview process was used to uncover phenomenological descriptions and indicators of ego capacity based upon expert practice and understanding. A framework was developed containing five levels and four dimensions of ego capacity. This framework is a precursor to a formal measure of change, and has direct applications to technique in clinical practice. Katarzyna Cyranka will present a study of ego strength and defence mechanisms as indicators of change in group psychodynamic and individual psychoanalytic and psychodynamic psychotherapy. Established measures of ego strength and defence mechanisms are applied pre-post in a naturalistic setting. Individual case analysis indicates significant growth in ego strength and rebuilding of defence mechanisms. Change in defence mechanisms and growth in ego strength may indicate change in general personality functioning and improvement in overall outcome. Stephen Buller will present a functional extension of a naturalistic clinical trial designed to examine the effectiveness of manualised STPP in routine clinical practice. Session-by-session measures and

routine video recordings enable case tracking for process-outcome evaluation. A new rating scale developed for video observation has been utilised in identifying, coding and correlating therapist activity and interventions against change events and change mechanisms.

Ego Strength and Defence Mechanisms as Indicators of Change in Individual and Group Psychotherapy

Katarzyna Cyranka, Jagiellonian University, Kraków, Poland

Aim: Ego strength is of key importance for the experience of self-identity, self-agency, self-cohesion and self-understanding. Definitions of ego strength include an ability to maintain self-identity irrespective of mental distress, suffering, and conflicts between internal needs and external demands. Defence mechanisms are associated with and connected to ego strength. The study aimed to assess changes in ego strength and defence mechanisms in patients participating in long-term individual psychotherapy. This study builds on and confirms previous results carried out with patients undergoing short-term group psychodynamic psychotherapy (Cyranka et al, 2018). **Method:** 5 patients in long-term psychotherapy (2 psychoanalytic; 3 psychodynamic) had their ego strength and defence mechanisms measured using the Ego Strength MMPI2 scale and the Polish version of Defence Style Questionnaire (DSQ-40) at the beginning and end of treatment. An individual case analysis of the results was completed. **Results:** The results indicate significant growth in ego strength and rebuilding of defence mechanisms in the course of the psychotherapy provided. This brings interesting observations concerning the modification of the personality structure reflected by the use of these mechanisms. **Discussion:** The process of psychoanalytic and psychodynamic psychotherapy can be monitored in terms of change in ego strength and defence mechanisms, which may be a good indicator of psychotherapy outcome. Change in defence mechanisms is correlated with growth in ego strength, which can be related to general shifts in personality functioning. A similar study involving a larger group of patients is warranted: presented results are currently analysed only as case observations.

Preliminary results from a process-outcome study examining change and change mechanisms in short-term psychodynamic psychotherapy (STPP)

Stephen Buller, Psychotherapy Foundation

Aim: This study is a functional extension of a naturalistic, pre-post, case series, clinical trial of an empirically supported, evidence based, manualised STPP in routine clinical practice. Methods have been developed to utilise session-by-session data from the clinical trial to facilitate comparative process analysis, and an examination of change mechanisms with this patient population. **Methods:** A data store from a clinical trial holds session-by-session outcome measures and routine video recordings of clinical sessions. The data store is being used in this present study for process-outcome evaluation of change events and examination of process-outcome factors. In this phase of the study a new model-specific rating procedure has been used to identify and code specific therapeutic events. Case analysis progresses with detailed examination of each session through triangulation of outcome scores with event rating of video recordings. **Results:** Case analysis utilising session-by-session outcome data and close observations of routine video recordings of sessions has enabled a study of treatment process, change events and change mechanisms. The utilisation of a new rating scale for video observation shows promise in examining and identifying therapist activity and interventions in relation to change events. **Discussion:** Data from both the routine use of session-by-session outcome measures, and from routine video recording of all treatment sessions, is proving a valuable resource in applying rating tools for process-outcome analysis. Preliminary work suggests that therapist activity from within manualised STPP can show correlates with change events and change mechanisms.

The Development of a Framework for the Evaluation of Ego Capacity in Short-Term Psychodynamic Psychotherapy (STPP)

Susan Julie Hajkowski, University of Leicester, UK

Aim: The concept of 'ego capacity' plays a pivotal role in applications of Short-Term Psychodynamic Psychotherapy (STPP). Accurate evaluation of ego capacity is required to determine treatment interventions and enables accelerated treatment, by working at an optimum level of a patient's ego capacity. Theoretical underpinnings suggest change and improvement in ego capacity are expected during and at the end of treatment. There are currently no well-described definitions and approaches to the evaluation of ego capacity. This study investigated how experts evaluate ego capacity in routine practice and ways this knowledge can be transformed into a common approach to evaluation. **Methods:** A qualitative ethnographic frame was adopted utilising a four stage interview process. Adapted-Inter-Personal Process Recall interviews engaged expert informants in the micro-analysis of their own video-recorded practice. Informants were enlisted in reflexive analysis of their own data to uncover explicit and implicit processes and understandings they used in making evaluations of ego capacity in routine practice. **Results:** Informants distinguished five evaluative levels of ego capacity and described indicators for each level. Informants used four 'dimensions'

in making their evaluations which were clustered primarily around observable phenomenological indicators rather than theoretical categories. Commonality in levels and dimensions enabled the development of one 'Framework for the Evaluation of Ego Capacity'. Discussion: The framework developed provides a definition and common approach to the evaluation of ego capacity based on descriptions of observable phenomena. This framework may be used to inform clinical practice and supervision and is a precursor to a measure of ego capacity.

Discussant: Svenja Taubner, University Hospital, Heidelberg, Germany

Panel

Process and outcome

Organizer: Katie C. Lewis,
Austen Riggs Center

Assessing Change and Responding to Emerging Clinical Challenges in Long-Term Residential Treatment

Long-term residential treatment provides patients diagnosed with complex psychiatric disorders the opportunity to learn about and change problematic interpersonal patterns over time and across different domains of daily life. Building on the foundation of a case formulation derived from the initial assessment period, the ongoing task of the psychotherapist is, in part, to integrate data and insights gathered across various clinical interactions as these unfold in real time, so as to address emerging treatment challenges that best serve the patients' evolving needs and goals. More recently, the expanded use of mobile assessment approaches (e.g., ecological momentary assessment (EMA)) in clinical, research, and assessment contexts has opened further opportunities for synthesizing information about context-specific expressions of personality dynamics at the momentary level with other sources of clinical data across the treatment system. Understanding and assessing personality variance across contexts allows the therapist to have a more nuanced, personalized understanding of the conditions under which more pathological personality traits might be expressed. Each presentation on this panel will focus on important clinical moments across the long-term residential treatment of a single patient, discussing the findings of assessments from clinical treatment, psychological testing, and EMA of daily interpersonal experiences both within and outside of therapeutic contexts. We will illustrate how the therapist utilized this data and his own here-and-now experience of the patient to flexibly respond to critical moments in the treatment, and provide recommendations for how to translate this methodology to other clinical settings.

"Now I feel heard": Integrating multiple perspectives into the psychotherapy of a patient in long-term residential treatment

Seth Pitman, Austen Riggs Center

This single case presentation will focus on the long-term psychodynamic treatment of a patient presenting to residential treatment with complex psychiatric problems, including severe personality pathology. Special attention will be paid to how the initial case formulation was adjusted and re-contextualized to integrate new information based on available clinical and assessment data, fluctuations in the therapeutic relationship, and unforeseen developments that influenced the course of the treatment. Close process will be presented to highlight how the therapist used emerging clinical data to better understand the patient's experience of the here-and-now therapeutic relationship, and flexibly respond to problematic aspects of the patient's interpersonal functioning. In addition to this primary focus on the psychotherapy, the presenter will describe how the experience of systems dynamics at the residential treatment center reflected important aspects of the patients' inner world, challenges within the therapeutic relationship, and the therapist's own development in a specific moment in time.

The Value of Performance-based Data to Understand Developments in Self and Relational Functioning

Jeremy Ridenour, Austen Riggs Center

This single case presentation will explore longitudinal changes in identity, interpersonal functioning, and affect regulation using performance-based psychological testing measures (specifically, the Thematic Apperception Test and the Rorschach Test). In particular, given that the capacity for agency has frequently been identified as a significant area of impairment across diagnostic groups, developments in both the patient's subject experience of agency as well as evidence of improved efficacy in interpersonal behavior and communication will be examined, and the implications for how these shifts represent improvement in functioning over the course of treatment will be discussed. As performance-based measures are often administered as a common element of psychological testing in treatment settings, the feasibility and utility of employing similar approaches to evaluate therapeutic change in other clinical settings will be explored. The presenter will also share his experience serving as interim therapist for the patient, and how he used key findings from the testing to further the patient's understanding of this challenging moment in the treatment.

Exploring the application of research-based personality assessment and EMA in the longitudinal assessment of therapeutic change

Katie C. Lewis, Austen Riggs Center

This single case presentation will explore the use of multimethod research data evaluating personality functioning and interpersonal behaviors in illustrating change in an individual patient over the course of long-term residential treatment. Single-occasion measures assessing personality traits and social cognitive capacities will be compared to ratings of interpersonal events as these unfold in the moment across both treatment and non-treatment-related social contexts. A range of areas of functioning relevant to the primary clinical concerns for this patient will be explored, including self-reported interpersonal problems, sensitivities, and values; accuracy in recognizing facial emotion cues in interaction partners; interpersonal perceptions of dominance and warmth; and momentary fluctuations in affect and use of self-regulation strategies. Findings across these domains will be discussed in terms of areas of convergence, divergence, and integrative meaning with regards to case formulation and the patient's specific trajectory of change over the course of treatment. The potential application of these methodologies in other clinical settings and contexts will be discussed.

Discussant: Kevin Meehan, Long Island University, Brookyn

Panel

Process and outcome

Organizer: Andrzej Werbart,
Stockholm University,
Sweden

Enactments, Impasses and Stalemates in the Psychotherapy Process

Nowadays, we have an extensive empirically-anchored knowledge of the nature of and coping with ruptures in the therapeutic collaboration. However, negative sequences in the therapeutic process comprise several additional phenomena, such as different forms of enactments, impasses, and stalemates. In this panel we approach such phenomena from three different perspectives. The first study aims at an empirical investigation of associations between patient-therapist interpersonal behaviors in initial diagnostic interviews with patient psychodynamics, therapist countertransference behaviors, and the development of a therapeutic relationship. The primary theoretical interest is in enactments and countertransference behavior as well as their antecedents and consequences though. The second study explores the therapists' experiences of deadlocks and their resolution in the psychotherapy process, applying the qualitative method of Interpretative Phenomenological Analysis. The third study is based on clinical case material illustrating how a psychodynamic understanding of ruptures can be combined with progress monitoring and cognitive and behavioral techniques. Taken together, these three studies demonstrate how systematic quantitative and qualitative research, as well as clinical research, can contribute to bridging the gap between psychotherapy research and clinical practice, and between different psychotherapeutic orientations.

Patient-Therapist Interpersonal Behaviors in Diagnostic Interviews: Association with the Initial Therapy Process

Christian Sell, University of Kassel, Germany

Psychodynamic approaches have traditionally placed great weight on the diagnostic and prognostic value of initial interviews. According to concepts such as scenic understanding, much of the patient's core conflictual problems will be unconsciously and mutually enacted during these first encounters with the therapist. This study aims at an empirical investigation of this proposed association between patient-therapist interpersonal behaviors with patient psychodynamics, therapist countertransference behaviors, and the development of a therapeutic relationship. We conducted observer ratings on video recordings of N = 85 psychodynamic diagnostic interviews. A group of four raters used the Interpersonal Transaction Scales (ITS-8) to assess patient as well as therapist interpersonal behaviors according to the Interpersonal Circumplex model. Statistical analysis shall then explore the association of these interpersonal behaviors, as well as of interpersonal complementarity, with other variables relevant to the therapeutic process. These variables cover the perspective of the patient, the therapist, and the therapeutic dyad: for each patient conflicts and levels of structural integration were rated according to the Operationalized Psychodynamic Diagnosis system (OPD-2), therapist countertransference behavior was rated with the Inventory of Countertransference Behavior -- Observer (ICB-O), and alliance ruptures were assessed with the Rupture Resolution Rating System (3RS). Interrater reliabilities and internal consistencies were found to be acceptable for all instruments. All ratings were applied by different groups of raters (ITS-8, ICB-O, 3RS) or certified raters (OPD-2).

Deadlock in Psychotherapy: A Phenomenological Study of Eight Psychodynamic Therapists' Experiences

Andrzej Werbart, Stockholm University, Sweden; Emma Gråke, Stockholm University, Sweden; Fanny Klingborg, Stockholm University, Sweden

Eight experienced psychodynamic psychotherapists, both in private practice and in public mental health services, were interviewed about their experiences of deadlock in the psychotherapy process. The interview transcripts were analyzed applying the Interpretative Phenomenological Analysis (IPA). This methodological approach enabled us to study both common facets of this clinical phenomenon and lived experiences of each participant. Generally, the therapists described the deadlock as a stagnation of the therapeutic process. The therapists' experiences of this phenomenon seemed to have an intangible, uncanny quality. They experienced that the deadlock influenced the therapy process in a negative way and evoked self-doubt and questioning of their own professional role. In the deadlock situation, the therapists experienced a loss of their agency and their reflective capacity in the encounter with the patient. Deadlocks could be resolved when the therapists could give meaning to their experiences and find their way back to a constructive role in the therapeutic relationship. To conclude, the therapists need to be aware of and to talk with others about their experiences of deadlock in psychotherapy. In order to do this, we need to counteract the culture of shame and self-blame, and to disseminate the knowledge of deadlocks as natural phenomena in the therapy process that the therapists can recognize, address, and work with.

Using Psychodynamic Formulation of Ruptures to Inform Behavioral Interventions and Repair

Victoria Lemle Beckner, University of California, San Francisco, USA

Therapists who work from CBT or "third wave" behavioral approaches (ACT, DBT, FAP) often struggle with understanding and repairing ruptures that may stem from enactments or other long-standing but unconscious interpersonal processes. This may be due to the way therapists from these approaches formulate what is happening in the therapeutic relationship when things go awry: they take a client's words and actions at "face value" rather than strive to understand the client's experience as a coherent but often unconscious expression of historically developed maladaptive beliefs, feelings and behaviors. Integrating this more psychodynamic formulation has the potential to be quite helpful to CBT and behavioral therapist, and does not require that the interventions themselves be psychodynamic in nature, but rather could inform more effective behavioral interventions. Case material will be presented to illustrate how a psychodynamic understanding of rupture has been combined with progress monitoring data and cognitive and behavioral techniques to facilitate repair and growth. There will also be a broader, theoretical discussion of what these approaches can teach each other in working with therapeutic ruptures and enactments.

Discussant: Louis Castonguay, Penn State University, University Park, USA

Panel

Child & family

Organizer: Eran Bar-Kalifa,
Ben Gurion University, Beer
Sheva, Israel

Novel methods for examining dyadic emotion dynamics in couple therapy

Over the past few years, several models highlighting the reactivity of emotions to interpersonal contexts have emerged (Butler, 2017; Feldman, 2014). These models conceptualize emotion dynamics as an interpersonal system in which its subcomponents (e.g., experience, physiology, expression) interact not only within the individual but also with surrounding others. This panel involves four works highlighting the interpersonal nature of emotion dynamics in the context of couple therapy, and demonstrate novel methods for modeling such dynamics. The first talk will present electro-physiological data collected from partners during the first four sessions of couple therapy. It will exemplify how Actor-Partner-Interdependence-Models in a Dynamic Systems Modeling framework can be used to examine physiological synchrony. The second talk will illustrate the effect of emotionally focused micro-interventions on partners' emotional response. It will demonstrate that partners experience less physiological arousal and greater positive emotions during the structured signal-response intervention (i.e., helping partners to signal their needs more clearly and responding to such signals more responsively). The third talk will exemplify an innovative application of the recently developed analytic strategy of network-analysis to modeling dyadic emotion dynamics. Using data from couples who received EFT-C it will illustrate how variations in couples' emotional networks can be used to predict change in couples' satisfaction. The concluding talk will demonstrate the application of the Common-Fate-Model to examine the interdependence of partners' and their therapist's physiology. Indices of the parasympathetic and sympathetic nervous system will be used to examine whether triad shared physiological response exists during marital therapy.

Physiological Synchrony in Couple Therapy

Lee Johnson, Brigham Young University, Provo, USA; Angela Bradford, Brigham Young University, Provo, USA

Aim: Research indicates synchrony in individual therapy is related to better outcomes, however, in couple therapy, little research exists. Further, the influence of physiology in couple therapy is increasing and understanding physiology synchrony within therapy may improve couple therapy outcomes. Thus, research on synchrony will increase the understanding of differing dynamics between individual and couple therapy, while also leading to improved couple therapy outcomes. **Method:** Participants are 22 couples requesting couple therapy for varied reasons, with at least one partner reporting significant relationship distress. During the first four sessions client's and therapist's physiology (galvanic skin response - GSR; respiratory sinus arrhythmia - RSA; and pre-ejection period - PEP) were measured. Actor Partner Interdependence Models (APIM) in a Dynamic Systems Modeling framework were used to examine physiological synchrony between each participant in relation to self and others. **Results:** Results, compiled over one-minute intervals show that each person's GSR level in any one minute is related to their GSR in the next minute. Further, there were no significant partner effects--each person's GSR is not influencing others within the first 4 therapy sessions. Data for RSA and PEP are being cleaned for inclusion in the final presentation. **Discussion:** Results show the differing context in couple therapy requiring couple therapy researchers and couple therapists to think differently about synchrony. Possibilities include looking at synchrony within, across sessions, and within cases. Further, looking for specific times when synchrony is present and analyzing these moments to understand how synchrony functions in couple therapy is needed.

Signaling and Responding in Couple Relationships

Ryan Seedall, Utah State University

Although some evidence-based models exist that use emotions in treatment, little is known from a process standpoint about the role of emotionally focused micro-interventions in helping couples improve outcomes. We examined psychophysiological response and feelings towards one's partner during a structured intervention designed from attachment principles to fit a wide range of couple therapy approaches by accessing and delineating signal and response dynamics within couple relationships. Data from 63 couples were included in this study. Most of the couples were married ($n = 36$; 57.1%) and had been together between 8 months and 41 years ($M = 7.27$; $SD = 7.21$). The sample was also racially diverse (42.1% of participants identified as part of a non-white minority group). We used dyadic analysis using the Actor Partner Interdependence Model. Couples experienced less physiological change from baseline (an indicator of calming), $b = .19$, $t(31.3) = 2.22$, $p = .03$, and more positive feelings towards partner, $b = -4.74$, $t(38.1) = -5.26$, p (It) $.001$, during the signal-response intervention than when interacting as they would at home. This was especially true for those who reported high levels of disruptive conflict, $b = -7.65$, $t(62.3) = -5.51$, p (It) $.001$, or whose partner was high in attachment avoidance, $b = -7.74$, $t(41.9) = -6.24$, p (It) $.001$. We also sought to understand more about the emotional experience of partners according to the different roles associated with signaling or responding (signaling-speaking, signaling-listening, responding-speaking, responding-listening). This paper will also summarize those findings.

Using network analysis to examine partners' emotion dynamics in EFT-C

Eran Bar-Kalifa, Ben Gurion University, Beer Sheva, Israel; Ben Shahar, Hebrew University, Jerusalem, Israel; Ido Wiesel, Ben Gurion University, Beer Sheva, Israel

One key characteristic of romantic relationships is their high levels of emotional interdependence, which is often manifested as a shared dyadic emotion dynamic system (Schoebi & Randall, 2015). Consequently, to truly understand partners' emotional experience within the context of couple therapy, one should take into account the interplay between partners' emotions. In a recent work (Bar-Kalifa & Sened, 2019), we demonstrated how network analysis can be used to model dyadic emotion dynamics. In particular, this method allows (a) observing dynamics at various temporal levels (e.g., lagged-associations vs. contemporaneous-associations); (b) examining the interplay between the intrapersonal dynamics and interpersonal dynamics (e.g., the relative density of the personal vs. relational components of the network); and (c) capturing variations in couples' emotion network. In this talk, we will exemplify the application of network analysis for modeling dyadic emotion dynamics using data from 34 couples who received 10 sessions of EFT-C for unresolved emotional injury (e.g., affair). Following each session, partners reported their emotional experience (e.g., sadness, anger, anxiety) during the session. The results of this analysis illustrate that as expected, partners tend to experience emotional linkage (e.g., partners' anger was positively associated with each other). Furthermore, we will demonstrate how variations in couples' networks' local dynamics (e.g., the association between partner's sadness) and global dynamics (e.g., the density of the relational components of the network) can be used to predict change in couples' relationship satisfaction.

Examining Physiology in Marital Therapy as a Shared Experience Between Therapist and Marital Partners
Angela Bradford, Brigham Young University, Provo, USA; Lee Johnson, Brigham Young University, Provo, USA;
Justin Dyer, Brigham Young University, Provo, USA

It has been argued that therapy process research is needed to identify the mechanisms of change in therapy (Kazdin, 2007). Consequently, drawing on theories of emotional regulation and social engagement (e.g., Polyvagal Theory; Porges, 2003), clinical scholars have turned their attention to examining the role of physiological synchrony in therapy sessions. Studies have found physiological synchrony between therapists and clients (Marci et al., 2007), between co-therapists (Karvonen et al., 2016) and between couple therapy participants (Tourunen et al., 2019). However, despite the growing evidence that physiological synchrony exists in therapy and is associated with other important therapeutic processes (e.g., alliance; Bar-Kalifa et al., 2019), this work is still in its infancy and particularly so in couple therapy contexts. Furthermore, analyses in synchrony studies are bivariate in nature (e.g., examining correlations between two people), which is particularly problematic in couple therapy studies given that the interdependence of all three participants is not modeled. This study will use data from the CHAMPS study (Changing Hearts and Minds in Relationships) to examine whether therapist, wife, and husband co-regulate physiologically as a triad. Measures of parasympathetic (PNS) and sympathetic nervous system (SNS) functioning are currently being collected from 40 married couples and their therapists in the first four sessions of conjoint therapy. We will fit a series of common fate models (Galovan et al., 2015), examining whether a shared physiologic experience exists at the beginning, middle, and end of the first and fourth sessions of marital therapy. The implications to marital psychotherapy process research and practice will be discussed.

Panel

Routine Outcome Monitoring
Organizer: Dana Tzur Bitan,
Shalvata MHC

A new ROM for each country: Can we customize Routine Outcome monitoring (ROM) to National Health Care characteristics?

The implementation of Routine Outcome Monitoring (ROM) and Service Evaluation in mental health care has increased during the past decade across many countries. This movement has been inspired by both empirical motives to overcome the limitations of controlled trials, as well as by clinical needs to optimize clinical decisions of the therapists during an ongoing treatment. The beneficial effects of ROM in clinical practice has led to the suggestion that regular (e.g. session-by-session) feedback methods should become a standard of practice in mental healthcare. Nonetheless, studies assessing the effects of ROM in different public healthcare systems worldwide have produced mixed results. These findings might suggest that the local features of public mental healthcare across different countries affect the results of ROM implementation, and that these specific features may need to be considered during ROM implementation. The aim of this panel is to highlight, explore and discuss the various challenges faced by three services that implemented ROM in public treatment facilities with specialist and underprivileged patient groups. The presentations will draw on the experience and findings from three ROM implementations from Norway and Denmark, from the United Kingdom and from Israel. An important point for discussion will be whether the unique features of public mental healthcare affect the results of ROM implementation, and whether these unique features need to be addressed when tailoring ROM to public national health system. Discussant: Susan Douglas, Vanderbilt University.

Implementing ROM in Norwegian hospital mental health care

Heidi Brattland, Tiller Mental Health Center, St. Olavs Hospital, Trondheim, Norway

Background & Aim: The Norwegian government recommends the use of Routine Outcome Monitoring (ROM) in their recently released "patient pathways" or guidelines for the treatment of mental health disorders and substance abuse. Consequently, many treatment facilities in Norway are in the process of a top-down ROM implementation. However, as indicated by the mixed findings of ROM effect studies, ROM does not always work to improve treatment, particularly perhaps in highly distressed patient populations. The effect of ROM may be related to the quality of implementation. Therapists' attitudes towards and actual use of these tools with their patients will likely be influenced by cultural factors as well as features of the local health care system. **Methods:** Implementation efforts in Norwegian hospital mental health care will be reviewed with the aim of identifying characteristics of successful ROM implementation as well as facilitating and hindering factors. **Results & Discussion:** Culture, attitudes, and features of the health care system are important variables that should be assessed and taken into account when planning a ROM implementation process.

The routine outcome monitoring and treatment evaluation at the Portman Clinic: A national health psychoanalytic psychotherapy clinic for forensic patients in the UK.

Felicitas Rost, Tavistock Clinic, London, UK

Background & Aim: The Portman Clinic, part of the Tavistock and Portman National Health Service (NHS) Foundation Trust in London, UK, is an out-patient forensic psychoanalytic psychotherapy clinic for children, adolescents and adults presenting with paraphilias and/or problematic sexual behaviours, violence and criminality. Individual and group therapy is offered, mostly open-ended. The clinic effectively straddles two 'cultures': On the one hand, it identifies with the tradition of psychoanalysis, which focuses on unconscious processes and intrapsychic change. On the other hand, the NHS increasingly emphasizes accountability, monitoring and the development of an 'evidence-base' of interventions. Methods: We started to bridge these two worlds in March 2017 by introducing a comprehensive service evaluation utilising routine outcome measures (CORE, GAD-7, and PHQ-9) in conjunction with psychoanalytic relevant outcome measures (e.g. IIP, PFS, RFQ, OPD-SQ) and problem-specific measures (e.g. sexual compulsivity, pornography consumption, overt-aggression, convictions) as well as qualitative interviews to investigate private theories of problem and change formulation. Results & Discussion: Preliminary findings for 65 adult patients will be presented. Session-by-session measures and feedback methods have not been implemented and we are stressing the need to 'personalise' or tailor ROM not only to the specific patient group but also to the particular treatment or service offered. In pointing to some of the pros and cons, we will discuss the need to utilise ROM in order to investigate treatment as it happens in its natural setting.

Evaluating the effect of routine outcome monitoring (ROM) in public mental healthcare: the effect of health system characteristics in Israel

Dana Tzur Bitan, Shalvata MHC

Background & Aim: The use of periodic measurement of treatment gains, also known as routine outcome monitoring (ROM), has been discussed in recent years as potential clinical aid for improving quality of care. Studies assessing the effect of ROM and feedback have generally produced favorable outcomes, indicating that ROM has the potential to enhance psychotherapy process and outcome. Nonetheless, several studies conducted in recent years have suggested that these effects may diminish in public mental health facilities which treat severely distressed, underprivileged populations. One potential explanation to account for these differences is that public mental healthcare facilities demand tailor-made ROM implementation which specifically meets their own organizational and clinical characteristics. Methods: In this presentation, the process and outcome of the first ROM implementation in Israel will be discussed in light of the barriers and challenges of Israel's health system. Shared and unique obstacles to ROM implementation will be discussed. A retrospective analysis of the results of implementation, taking the healthcare system characteristics into account, will be presented. Results: Therapists' overload and objections, attrition, funding, level of organizational support, strict medical confidentiality policy, and many other challenges served as barriers to successful outcome of ROM implementation. Discussion: Successful implementation of ROM might entail a tailor-made procedure, which takes the local characteristics of the specific healthcare system into account.

Panel

Mentalization

Organizer: Jana Volkert,
University of Heidelberg,
Germany

"Overcoming transgenerational transmission of trauma and psychopathology through mentalization-based and attachment-orientated pre- and intervention programs"

This panel presents 3 studies of mentalization- and attachment-based prevention and intervention programs for children and adolescents with the overarching aim of overcoming transgenerational transmission of trauma and psychopathology. Study 1 presents the background, rationale and first descriptive data on a prevention program for daycare professionals to reduce emotional distress and support mentalizing capacity in daycare institutions for refugee children. Study 2 presents 12-months follow-up data of an RCT for brief focused parent-infant psychotherapy for early regulatory disorders vs. standard paediatric care in a sample of n = 154 parents and their infants. Study 3 presents data on the reliability and validity of the adherence and competence scale for mentalization-based treatment (MBT-ACS) as part of a feasibility study on MBT for adolescents with conduct disorders. The panel will be wrapped up with a discussion comparing and contrasting strengths and weaknesses of studies individually, across the 3 studies and outlining further needs for research and clinical implications to overcome transgenerational transmission of trauma and psychopathology.

START Childcare -- a mentalization-based and attachment-orientated early prevention program for daycare professionals interacting with children with traumatic refugee background

Julia Holl, Heidelberg University, Germany; Christine Bark, University of Heidelberg, Germany; Svenja Taubner, University Hospital, Heidelberg, Germany

Background Due to the worldwide refugee movements, approximately a quarter of all individuals arriving in Germany is under the age of four years old and therefore at particular risk of a psychopathological development. Considering daycare institutions as the first possibility for integrating refugees into the host society, their successful attachment to the daycare professionals is essential. At the same time, interacting with traumatized children from diverse cultural backgrounds might cause emotional distress for the daycare professionals, impair their mentalizing capacities, and lastly impede an attachment relationship. Aim We developed and implemented a mentalization-based and attachment-orientated prevention program for daycare professionals to reduce their emotional distress and support their mentalizing capacities. Method To evaluate the effectiveness of this one-day program, we use an online-based survey to assess daycare professionals' perceived emotional distress and mentalization while interacting with children and their families with traumatic refugee background. Results Preliminary cross-sectional data of associations between daycare professionals' perceived stress and mentalizing in culturally sensitive contexts with children and their families with traumatic refugee background will be presented. Discussion Training daycare professionals to respond culturally sensitive und trauma-specific to the needs of refugee families by reducing their emotional distress and strengthening their mentalizing capacities might support the children's successful attachment to daycare professionals and simultaneously prevent a potential psychopathological development of children with traumatic refugee background

12-months follow up of brief focused parent-infant psychotherapy for treating early regulatory disorders

Anna Georg, University Hospital, Heidelberg, Germany; Manfred Cierpka, University of Heidelberg, Germany; Paul Schroeder-Pfeifer, University Hospital, Heidelberg, Germany; Svenja Taubner, University Hospital, Heidelberg, Germany

Aims: Early regulatory disorders (ERD) in infancy like sleeping or feeding disorders increase the risk for emotional and behavioural problems in childhood and beyond. They are associated with higher parental burden and parent-infant relationship problems. Early interventions that reduce parental burden and strengthen parental competences in dealing with the infant, may have a preventive effect on child's development. The aim of the study is to investigate the long-term effects of brief (4 sessions) focused parent-infant psychotherapy (fPIP) for the treatment of ERD. Methods: Study design is a randomized controlled trial with a 2-arm comparison between fPIP and standard paediatric care (TAU). The initial sample consisted of N = 154 parents and their infants who at intake were between 4 and 15 months old and diagnosed with ERD. Outcomes were assessed pre- (T1) and post-treatment after a treatment period of 12 weeks (T2), and in the follow up (T3) which took place one year after end of treatment. Ninety-two parents and their infants participated in T3. Primary outcomes are the child's regulatory symptoms and externalizing and internalizing problems. Secondary outcomes are parents' psychological distress, depression, parenting stress, parental self-efficacy, and parental reflective functioning. We use ANOVAs to test our hypotheses. Results: Pending. Discussion: The results will contribute to the question of long-term treatment effects of fPIP and its preventive impact on the child's development.

"Overcoming transgenerational transmission of violence through mentalization-based treatment for adolescents with conduct disorder: findings on therapists adherence and competence"

Jana Volkert, University of Heidelberg, Germany; Sophie Hauschild, University of Heidelberg, Germany; Christian Keller, University of Heidelberg, Germany; Eva Hein, University of Heidelberg, Germany; Svenja Taubner, University Hospital, Heidelberg, Germany

Background Mentalization-based treatment for conduct disorder (MBT-CD) aims at increasing mentalizing in adolescents with CD, i.e. to increase their understanding of self and others and thereby long-term to reduce the transmission of trauma and violence. In this study, we assessed the treatment integrity of therapists in an ongoing feasibility study of MBT-CD using the MBT- Adherence and Competence Scale (MBT-ACS). Aim First, the aim of this study was to obtain a detailed profile of the reliability of the German version of the MBT-ACS for the overall scale, on item and domain level. Second, the aim was to investigate the validity of the MBT-ACS. Method Data comes from a feasibility study on MBT-CD with adolescents (11-18 years) with a diagnosis of conduct disorder. Video-recordings of n = 5 patients with 6 video recordings each (30 sessions in total; 3 sessions from beginning and 3 from end of treatment) from 5 therapists were assessed by 4 raters using the MBT-ACS. To investigate validity, MBT-ACS was compared with the Comparative Psychotherapy Scale (CPPS). Intraclass correlations (ICCs) were calculated as a measure of interrater reliability and a variance component analyses was conducted. For validity assessment product-

moment correlations and multiple regressions were calculated. Results for the overall scale a good interrater reliability was obtained, while for individual domains the interrater reliability was moderate to good. Differences between raters and therapists, respectively, explain most of the variance in ratings. Positive associations were found between MBT-ACS domains and the psychodynamic-interpersonal subscale of the CPPS. Discussion The results show that the German version of the MBT-ACS can be used as a global measure of adherence and competence for each MBT session, when using the mean score of a number of raters. The use of a differentiated profile of adherence and competence needs further research and approaches for modifications of the scale and study designs will be critically discussed.

Discussant: Alessandro Talia, Heidelberg University, Germany

Panel

Psychotherapy integration

Organizer: Jonah

Teitelbaum, Silver Hill

Hospital

Universal Mechanisms of Action of Psychotherapy: Theory, Clinical Practice, and Research

The proposed symposium will examine theorized mechanisms of action of various therapeutic orientations and techniques through the lens of a theory of universal mechanisms of psychotherapeutic change in an attempt to elucidate the nuances of individualized and integrative psychotherapeutic approaches. The first presenter (Teitelbaum) will present a theory of universal mechanisms of therapeutic action based on a broad summary of the extant literature on declarative and procedural memory and their role in the formation, activation, and modification of psychological schemas. The second presenter (Groat) will present on how the use of the Unified Protocol (UP) in an inpatient group setting can be used to further individualize treatment. The third presenter (Fineberg) will present a framework for presenting data from neuroscience and cognitive psychology research to patients as a clinical intervention. This collaborative approach utilizes the Good Psychiatric (GPM) framework as a method of conveying psychoeducational data to patients. Recent research findings in accessible language will be presented to model how these data can be introduced in the therapeutic setting. The fourth presenter (Meehan) will address the question of patients' assimilation of the experience of the therapist to more generalized interpersonal functioning by presenting a single case study of a patient in Transference-Focused Psychotherapy (TFP) using Ecological Momentary Assessment (EMA) to track changes in the patient's experience of everyday social interactions outside of therapy throughout the course of treatment. The discussant (Gerber) will synthesize findings and discuss clinical and research implications of the four presentations.

Memory Systems, Psychological Schemas, and Universal Mechanisms of Psychotherapeutic Action

Jonah Teitelbaum, Silver Hill Hospital

This paper presentation consists of three general sections: (1) a summary of the neuroscience of declarative and procedural memory, (2) the role of psychological schemas in perception, cognition, memory, personality, and interpersonal relating, and (3) a theory of universal mechanisms of psychotherapeutic change involving schema modification at different levels of abstraction. I will present a neural network model (Meeter & Murre, 2005) of memory consolidation that offers a mechanism for medial temporal lobe/neocortical linkage in which the hippocampus plays an "indexing" role. This model consists of three interacting subsystems representing the neocortex, the medial temporal lobe, and the basal forebrain, and explains declarative and procedural memory consolidation through the strengthening of neocortical connections with and without facilitation of the medial temporal lobe. Next, I will introduce the theory of perceptual symbol systems (Barsalou, 1999), which offers a theoretical framework for schema acquisition and modification. This theory posits that the neural systems subserving perception and imagery also underlie memory and conceptual knowledge. I will link the theory perceptual symbol systems with schematic theories of memory, perception, cognition, personality, and interpersonal functioning. Lastly, I will explore how the previously described memory systems and cognitive schemas underlie three universal mechanisms of change: (1) exposure and response prevention, (2) relationship modeling, and (3) co-construction of life narrative (Gerber, 2012), and how several existing theories of psychotherapeutic technique, mechanisms of change, and the theories of etiology of psychopathology which they hypothesize can be conceptualized using this framework.

Unified Protocol Group-Based Treatments Leveraging the Power of Groups and Personalizing Care

Michael Groat, Silver Hill Hospital

The use of modules of the Unified Protocol (UP) for emotional disorders in a group format and in inpatient settings may have unique advantages in caring for people with comorbid diagnoses of several emotional disorders (i.e., anxiety, depression). The creation of the UP on the basis of common psychopathological vulnerability factors (e.g., experiential avoidance, cognitive inflexibility, low levels of extraversion/positive

affect), provides clinicians a foundational treatment protocol that also opens pathways to personalization. A UP-based treatment program in a group format can facilitate rapid detection of patients' problems during a brief inpatient stay. During UP groups, clinicians observe patients' interactions with peers and how individuals respond to the various treatment modules. Temperamental (e.g., neuroticism, extraversion) and dimensional assessments of the frequency, intensity and severity of distress associated with negative emotions can be hypothesized from group interactions to create a more nuanced patient profile. Individuals manifesting difficulties in particular domains, such as emotional awareness, can be given additional and personalized support (e.g., meetings with nursing staff). Exposure to the core modules of the UP can also prepare group members for individual therapy. Given the UP's core modules of setting goals and maintaining motivation, understanding emotions, cognitive flexibility and more, individual treatment can address noted difficulties. Group therapy is also effective in reducing isolation, facilitating social support, and helping patients learn from others' experiences. This brief paper will demonstrate how the use of the UP in a group-based format provides a transdiagnostic treatment that also allows for more personalized care for individuals.

Bringing Neuroscience into the Clinic: therapeutic stance and psychoeducation for the treatment of Borderline Personality Disorder

Sarah Fineberg, Yale University School of Medicine

This talk will introduce specific strategies for using novel research data in clinical practice. The talk will be in three parts. First, I will introduce a collaborative approach to work with patients who may have Borderline Personality Disorder (BPD): Good Psychiatric Management (GPM) framework. GPM, developed by John Gunderson and colleagues at Mclean Hospital, is an accessible approach to BPD focused on evidence-based, empathic psychoeducation, and aims to grow confidence and allay provider concerns in the treatment of people with BPD. Second, I will discuss how recent research findings, especially neuroscience and cognitive psychology data, can be used in a GPM treatment to shift therapeutic stance in work with BPD patients. Third, I will discuss several recent research findings in accessible language to model how data can be introduced to the consulting room as an empowering part of psychoeducation. This talk will offer new theoretical and practical skills for the provider interested in work with BPD patients, and will invite increased collaborations from laboratory to therapist office.

Assimilation of the Therapist Experience as a Universal Mechanism in Psychotherapy -- A Case Study Using Ecological Momentary Assessment

Kevin Meehan, Long Island University, Brookyn

Psychotherapy research has traditionally posed the question of what mechanisms lead to change in treatment. A computational psychiatry model has recently been applied to psychotherapy that poses the opposite question - how is it that patients may engage a long-term treatment, and evolve within the therapeutic relationship over time, and yet not achieve change in their lives? Moutoussis and colleagues (2017) theorize that a process of "overaccomodation" may thwart the therapeutic process, in which positive therapeutic relatedness is experienced as novel and not generalizable to other relationships. By contrast, successful therapies may be distinguished by "assimilation," in which the positive experience of the therapist is generalizable and paves the way for altering one's belief about daily relationships. However, to date psychotherapy research has not captured this progression of representational change from inside to outside the therapy room. Recent technological advances allow for a more real-time evaluation of relational events via longitudinal experience sampling methods, sometimes referred to as ecological momentary assessment (EMA). A patient who completed experience samples of interpersonal interactions multiple times per day for two-week periods at 3 points during an 18-month psychotherapy will be presented. At 9- and 18- months this also included ratings of the therapist. Results are suggestive of a mechanism in psychotherapy in which shifts within the therapeutic relationship becomes the agent for shifts in self-other perceptions in daily life. Assimilation of the experience of the therapist may be a mechanism of change across a range of psychotherapeutic approaches.

Discussant: Andrew Gerber, Silver Hill Hospital

Panel

Facilitative Interpersonal skills

Organizer: Timothy Anderson, Ohio University, Athens, USA

Enhancing therapist training through process-markers, deliberate practice, and therapist interpersonal skills

We first discuss the development of the Narrative Emotion Process Model and Coding System (NEPCS; Angus, Boritz, Bryntwick, Carpenter, Macaulay & Khattra, 2017) through a series of experiments utilizing the Narrative Process Coding System (NPCS; Angus, 2012) and the Experiencing Scale (EXP; Klein et al., 1969). We then move to an investigation in which NPCS and EXP played a central role in treatment as predicted by

therapist skills and level of therapy training. Therapist skills were measured with the Facilitative Interpersonal Skills (FIS) measure, which uses difficult client process markers to systematically examine therapists' responses through controlled procedures. It was found that therapists who were low in FIS and had no therapy training displayed lower levels of reflexive narrative process and experiencing, but more external narrative process relative to all other therapists. This finding suggests that therapist training may be an important factor when combined with therapists' interpersonal abilities. Finally, we consider how such difficult client markers may be an effective focus for psychotherapy training, as well as how training may be boosted through a combination of didactic training and structured, deliberate practice in a group setting. In one such study, it was found that therapists who participated in a deliberate practice workshop experienced reduced arousal and maintained increases in feelings of positivity toward hostile or resistant clients. Altogether, it is clear that including marker-guided processes may play an important role training, especially when combined with deliberate practice, as well as identifying skilled therapists with therapist FIS.

Enhancing therapist expertise: From psychotherapy process research measures to the development of marker-based training guidelines & supervision practice

Lynne Angus, York University, Canada

While the contributions of facilitative interpersonal skills (FIS) and deliberate practice are receiving increasing attention in the psychotherapy research literature, the important question of how best to facilitate and enhance the development of therapist expertise, in the context of Clinical training programs, has yet to be fully addressed. Emerging from a series of process-outcome studies using the Narrative Process Coding System (Angus, 2012) and Experiencing Scale, this presentation will present an overview of the development of an evidence-based, marker-guided clinical model (Angus & Greenberg, 2011; Macaulay & Angus, 2018) and video-based training program (Angus & Paivio, 2016) that was implemented in a Doctoral psychotherapy practicum course, at York University. The Narrative Emotion Process model and coding system (NEPCS; Angus, Boritz, Bryntwick, Carpenter, Macaulay & Khattra, 2017) identifies 10 distinct narrative-emotion client markers that are further clustered into three subgroups -- Problem, Transition, Change -- based on NEPCS process-outcome analyses conducted in a range of clinical samples and therapy approaches. The Narrative-emotion training program provides novice therapists with an evidence-based process map to a) responsively implement marker-guided responses in early, middle, and late stage therapy sessions and b) provide a shared focus of inquiry in clinical supervision sessions. Examples will be drawn from the Clinical Psychology training program at York University and the potential benefits of developing marker-guided psychotherapy training/supervision programs, for enhanced therapist expertise and positive client outcomes, will be discussed.

Therapist FIS and training status influence in-session expressive processes

Suzannah J. Stone, Ohio University, Athens, USA; Timothy Anderson, Ohio University, Athens, USA; Lynne Angus, York University, Canada; Tao Lin, Ohio University, Athens, USA

Objectives: Therapist Facilitative Interpersonal Skills (FIS) have been found to predict positive client outcomes across several studies. However, less is known about the influence of FIS at the session level. In this study, we examined FIS through conceptually-overlapping, established process measures (i.e., experience, meaning-making, and emotion). Additionally, we aimed to investigate the role of Training Status in these processes. Methods: Forty-five clients were selected from 2,713 undergraduates using a screening and clinical interview procedure. Twenty-three therapists of trained or untrained status were assigned to 2 clients for 7 sessions, and the third session for each client was selected for further study. Coder teams made independent ratings of experiencing and narrative process from these third sessions. Computer analyses of session transcripts identified affect words. Results: Several of the process measures were positively and significantly correlated, as predicted. There was a significant interaction of FIS x Training Status. Further analysis of this interaction found that therapists who were in the low FIS and no training group displayed lower levels of reflexive narrative process and experiencing and more external narrative process relative to all other therapists. Discussion: While the influence of training on therapist behaviors in session remains unclear, this finding suggests that therapist training may be an important factor when combined with therapists' interpersonal abilities. Further research should continue to investigate the role of these abilities at the session level.

Examining the impact of a deliberate practice workshop on therapist reactivity to difficult clients

Lauren Poulin, York University, Canada; Nikoo Norouzzian, York University, Canada; Henny Westra, York University, Canada; Michael Constantino, University of Massachusetts Amherst; Martin M. Antony, Ryerson University, Toronto, Canada

Objectives: Client resistance and/or hostility often derails therapists, leading to poor treatment adherence and negative psychotherapy process. Managing feelings of reactivity in response to difficult clients is an

important training goal, however traditional information-driven training has limited efficacy in improving therapist skill. Recently it has been theorized that engaging in deliberate, repeated practice leads to improved therapist performance. This study examined whether engaging in a deliberate practice training workshop would affect therapist reactivity in response to hostile or resistant clients. Methods: 80 therapists enrolled in a workshop for learning to identify and respond to client resistance and hostility. Participants were randomly assigned to either a) a traditional information-driven workshop, or b) a deliberate practice workshop (exposure to varying clinical scenarios, with repeated practice and feedback on identifying and responding). Therapists completed a vignette task and rated their reactivity in response resistant and hostile clients pre-workshop, post-workshop, and 4 months post-workshop. Results: Therapists in the traditional workshop had no significant changes in reactivity over time. Reactivity of therapists in the deliberate practice workshop was significantly reduced post-workshop, including both reduced arousal and increased feelings of positivity. At 4-month follow-up deliberate practice therapists lost their reductions in arousal but maintained their positivity towards difficult clients. Discussion: Results suggest that engaging in deliberate practice increases therapist comfort when engaging with difficult moments and clients in therapy. Training in reducing reactivity could result in improved job satisfaction, reduce possibility of burnout, and could improve therapist empathy and attunement with difficult clients.

Discussant: Henny Westra, York University, Canada

Panel

Feedback

Organizer: Samuel Nordberg, Reliant Medical Group

Routine clinical assessment and feedback: Innovative approaches to assessments of psychotherapy process and progress

Clinical measurement and feedback offer promising methods for improving psychotherapy process and, subsequently, outcome. This panel reviews several studies examining methods for evaluating therapy-process feedback from a variety of sources: therapist, patient, and observer. Each paper discusses or directly examines the impact of process-feedback on psychotherapy outcomes such as pre-post change, alliance change, dropout, fidelity, and out-of-session work. Promising new measurement approaches are introduced and discussed.

Therapist responsiveness to patient feedback on needs in psychotherapy: Impact on alliance and treatment outcomes.

Samuel Nordberg, Reliant Medical Group; Andrew McAleavey, Weill-Cornell Medical College; Christian Moltu, District General Hospital of Førde, Førde, Noway

Aim: Clinical feedback systems (CFS) offer the promise of real-time adjustment to meet a patient's needs. While it has long been hypothesized that feedback improves psychotherapy outcomes due to adjustments made by the therapist, little is known about the process of adjusting psychotherapy to respond to feedback, and the impact adjustments may have on treatment outcomes. The current study examined patients' requests for changes to aspects of the therapy process on subsequent ratings of those process variables, ratings of the therapeutic alliance, and overall symptom-reduction. Method: Several domains of patient requests for adjustments in the therapy process were measured by the Norse Feedback clinical feedback system: focus on cognition, focus on emotions, focus on the therapeutic relationship, amount of formality/informality, use of exercises and structure. The current study will examine longitudinal data on patients in routine outpatient psychotherapy to evaluate: (1) do patients who request changes to the therapy process at time n subsequently report their requests as resolved in time $n+x$; (2) does resolution of process requests impact the therapeutic alliance, and; (3) does resolution of process requests impact the overall symptom change during the course of therapy? Results: These analyses are currently being developed and are in-process.

Therapist and patient attitudes toward client independent review of recorded psychotherapy sessions

Brittany R. King, University of Albany, State University of New York; James F. Boswell, University at Albany/SUNY, USA

Aim: Researchers and clinicians have benefited from the ability to record and review psychotherapy sessions, by both improving clinical skills and furthering understanding of psychotherapy processes. While such recordings have at times been utilized clinically in the treatment of couples and individuals with trauma, less is known about the potential benefits of client independent session review. This study evaluated and compared therapist and client attitudes toward incorporating this review practice into treatment. Method: Therapist participants ($N = 178$) included trainees and experienced clinicians. Client participants ($N = 275$) were adults in current or past psychotherapies. All participants were asked about ways in which client review of sessions could be helpful to patients (e.g., improved memory of session content,

increased processing of topics) and how it might be detrimental or difficult to incorporate (e.g., therapist and/or client anxiety, confidentiality concerns). Results: Therapist and client attitudes varied based on each question topic; comparison of descriptive statistics from both surveys indicate that clients and therapists both agree and differ on certain matters. For example, both agreed that client review could allow patients to think more deeply about therapy topics, while attitudes differed regarding its ability to improve objective self-view, with therapists rating this lower (i.e. less likely) than clients. Additional descriptive and inferential results will be presented. Discussion: Client review of sessions may be a novel avenue for patients to further engage in treatment and reflect on therapeutic topics and progress. Implications for future research and implementation in routine practice will be discussed.

Therapist interventions and skills as predictors of dropout in outpatient psychotherapy

Kaitlyn Boyle, Universität Trier, Germany; Björn Bennemann, Universität Trier, Germany; Wolfgang Lutz, Universität Trier, Germany

Aim: The current study investigated whether the inclusion of observer-rated therapist interventions and skills in early sessions of personalized CBT were able to improve the prediction of dropout beyond intake assessments alone. **Method:** A sample of N = 259 outpatients treated by N = 65 therapists at a university clinic was assessed at intake using psychometric instruments routinely applied within the Trier Treatment Navigator (TTN; Lutz et al., 2019). Further, the third session was rated by independent observers using the Inventory of Therapeutic Interventions and Skills (ITIS; Boyle et al., 2019). Variables were pre-selected for inclusion in dropout prediction models when they demonstrated significant correlations with dropout. LASSO regression was first used to build a dropout prediction model based on intake assessments alone. In a second step, significant ITIS variables were also included in the model to investigate whether dropout prediction could be improved by taking applied interventions and demonstrated skills in the early patient-therapist interaction into account. **Results:** 53 intake variables and 3 ITIS variables correlated significantly with dropout and were therefore pre-selected for inclusion in dropout prediction models. The model including both the preselected intake and ITIS variables provided the best dropout prediction and was significantly superior to the model based on intake variables alone. **Discussion:** Routinely assessing early sessions with the ITIS and integrating this information into existing dropout prediction tools (e.g. TTN) may further personalize dropout predictions to the specific dyad, improving their validity and aiding therapists to recognize and react to increased dropout risk.

Development and Validation of a Clinician Self-Report Fidelity Measure for Implementation in an Intensive Eating Disorder Treatment Setting

Jennifer Oswald, University at Albany/SUNY, USA; James F. Boswell, University at Albany/SUNY, USA; Melanie Smith, The Renfrew Center; Gayle Brooks, The Renfrew Center

Aim: Fidelity monitoring is a vital component of successful implementation of evidence-based practice in routine treatment settings. However, resource-intensiveness and low clinician buy-in pose barriers to traditional observer-report monitoring. Self-report (SR) approaches may therefore have practical utility in such settings. Using a cognitive interviewing approach with target clinicians and convergent validity analyses, this study aimed to 1) develop a SR fidelity measure of a transdiagnostic evidence-based protocol tailored for acceptability, accuracy, and ease of use within its designated setting, and 2) to assess measure validity via convergence with observer ratings. **Methods:** N = 10 clinicians at a residential eating disorders treatment center participated in cognitive interviewing to address areas of confusion, poor design, or excessive burden in an initial draft of the measure. Using the finalized measure, clinicians self-rated fidelity in daily therapy sessions for a four-month period. Bivariate correlations and mixed-model intraclass correlations were used to assess measure internal consistency and reliability as well as convergence between SR and observer ratings for a sample of N = 58 sessions. **Results:** Results will summarize adaptations to the measure based on cognitive interviewing findings (e.g. item clarification, addition of illustrative examples, increased specificity of anchors), internal consistency and reliability metrics, and convergent validity findings. **Discussion:** The unique challenges posed by routine fidelity monitoring in real-world treatment settings will be discussed along with potential solutions, e.g. clinician involvement in development of monitoring tools, use of SR monitoring as a supplement to observer ratings, and strategies for integrating monitoring into routine practice.

Panel

Change process

Organizer: Katie Aafjes-van Doorn, Yeshiva

Process and Outcome of Regulation-Focused Psychotherapy for Children (RFP-C) with Oppositional Defiant Disorder

While the empirical literature on child psychotherapy has grown in recent years (Abbass, et al, 2013; Fonagy, et al, 2016; Goodyer et al., 2017; Midgley, et al, 2017). Very few empirical studies report on the process and outcomes of psychodynamic psychotherapy for children with disruptive behavior problems (Halfon & Bulut, 2017; Laezer, 2015). Regulation Focused Psychotherapy for Children (RFP-C; Hoffman, Rice & Prout, 2016) is a novel, manualized, individual psychodynamic treatment approach for children with disruptive externalizing behaviors, including oppositional defiant disorder (ODD). RFP-C is a 20-session treatment consisting of 16 child sessions and 4 parent sessions. The efficacy of RFP-C is currently being tested as part of an ongoing RCT for children with externalizing disorders. Based on observations of the conducted treatments in the RCT, several exploratory studies have been conducted to elucidate the therapeutic process of the child and the parent sessions. Analyzing the nature of therapeutic action in RFP-C has the potential to help identify the mechanisms of change that underlie successful clinical interventions. This panel will present on the RFP-C process and outcome; the first presentation will report the initial outcome findings, the second presentation will report on the nature of the therapeutic processes (coded on the PQS and CPQ) in relation to prototypes of established child and adult treatments. The third presentation will report on the changes in reflective functioning in the parents. Together these presentations will highlight the current evidence-base for RFP-C and identify potential avenues for further research and clinical applications.

Outcomes of an RCT of Regulation-Focused Psychotherapy for Children

Tatianna Kufferath-lin, Yeshiva University; Tracy A. Prout, Yeshiva University; Timothy Rice, Mount Sinai St Luke's Hospital; Leon Hoffman, New York Psychoanalytic Institute

Aims. Regulation Focused Psychotherapy for Children (RFP-C) is a short-term, manualized intervention that targets implicit emotion regulation through intensive, psychodynamic, play therapy to decrease the child's need for disruptive behaviors. The intervention has shown promise as a cost-effective and efficacious intervention for the treatment of youth disruptive behavior problems, offering the potential to improve mental healthcare access to families. There is also preliminary evidence of greater treatment compliance and completion from an early pilot study -- this is in contrast to 40-60% no-show and attrition rates reported in many youth interventions. However, beyond numerous case reports and an initial pilot study, RFP-C has not yet been tested within a randomized controlled trial (RCT) protocol. **Methods.** Forty children with a primary diagnosis of oppositional defiant disorder (ODD) and their families participated in this randomized controlled trial of RFP-C, comparing the intervention to wait list control. Data analysis has been completed on the first 22 treatment completers. **Results.** Compared to the waitlist condition, the RFP-C intervention led to significantly greater reductions in parent-reported youth symptoms of ODD across multiple measures. Additionally, treatment compliance was extraordinarily high, with an overall 97.7% attendance rate and 91% treatment completion rate. Analysis with the full data set will be completed in March and we expect that these findings will be replicated and extended with the larger data set. **Discussion.** Findings suggest that RFP-C is an effective, scalable treatment for reducing externalizing distress in children. Discussion will also highlight the feasibility of implementing RFP-C across a wide range of treatment settings.

Psychotherapy Process for Parents in Regulation Focused Psychotherapy for Children

Yocheved (Ayden) Ferstenberg, Ferkauf Graduate School of Psychology; Tatianna Kufferath-lin, Yeshiva University; Katie Aafjes-van Doorn, Yeshiva University, New York, USA; Tracy A. Prout, Yeshiva University

Aims. Regulation Focused Psychotherapy for Children (RFP-C) is a manualized, psychodynamic treatment for children with disruptive behaviors, consisting of 16 child sessions and four parent sessions. RFP-C parent sessions are meant to provide space and support for parents to understand the subjective experience of the child and reflect on the meaning behind their children's behavior, with the help of the clinician. **Methods.** As part of an ongoing randomized control trial (RCT) of RFP-C, the present study examined psychotherapy process in parent sessions using the Psychotherapy Process Q Set. Psychotherapy process ratings were compared to existing process prototypes in various modalities. Psychotherapy processes were also examined with respect to treatment outcomes (e.g. change in parenting stress and child disruptive behaviors). **Results.** Results revealed that observer-coded psychotherapy process in RFP-C parent sessions was most similar to a cognitive-behavioral therapy prototype, had no relationship to a psychodynamic psychotherapy prototype, and was moderately correlated with both a supportive-expressive psychotherapy prototype and a reflective-functioning prototype. Adherence to reflective functioning process was related to reductions in ODD symptoms. **Discussions.** The results emphasize the potential importance of parent work in child-treatment and highlights the different aims and processes of therapeutic work parent (who seek treatment for their child) and work with children (who receive 16 out of the 20 sessions). Limitations of the study and directions for future research and clinical practice are discussed.

From Reducing Children's Disruptive Behavior to Enhancing Parental Reflective Functioning

Jennifer Isaacs, Yeshiva University; Jordan Bate, Yeshiva University, New York, USA; Tracy A. Prout, Yeshiva University; Katie Aafjes-van Doorn, Yeshiva University, New York, USA

Aim. RFP-C is currently being tested as part of an ongoing randomized controlled trial (RCT) that includes videotaped sessions. Similar to other recently published manualized child treatments, RFP-C includes 4 parent sessions, alongside the 16 child sessions. These parent sessions are specifically meant to enhance parental reflective functioning (RF) and help parents explore the meaning behind the child's behaviors. As such, there are important questions about how parents' own attachment histories and psychological capacities impact treatment and may change over the course of treatment. Methods/Results. Building on the theoretical assumptions of RFP-C, we will report on a pilot study that examines RF and attachment security in the four parent sessions for 25 patients (a total of 100 sessions). The Patient Attachment Coding System (PACS; Talia & Miller-Bottomo, 2015) is an observer-rated measure for assessing attachment security and RF in psychotherapy sessions. PACS coding is currently in progress. Applying the PACS to these data, we will report on changes in in-session RF (measured by the PACS Exploring Scale), over the course of the four parent sessions, as well as parents' attachment classifications and mean RF, as potential moderators of treatment outcomes related to both the parent and the child. Discussion. Discussion will focus on insights gained about mechanisms of change in parent sessions, and parental RF specifically, which may be applicable across orientations and help to personalize treatments for children and families, as well as in training clinicians to support the development of parental RF and attachment security.

Discussant: Leon Hoffman, New York Psychoanalytic Institute

Panel

Therapist training and development

Organizer: Jordan Bate, Yeshiva University, New York, USA

Innovating Deliberate Practice: The future of Facilitative Interpersonal Skills training

It has become increasingly clear that psychotherapy training, like therapy itself, is not one-size-fits-all. Research shows the effectiveness of therapy does not increase over time or with experience (see Miller, Hubbard & Chow, 2018 for a summary). Furthermore, evidence concerning the impact of supervision on client outcomes is mixed (Bernard & Goodyear, 2014; Rousmaniere, Swift, Babins-Wagner, Whipple, & Berzins, 2016). These findings point to a critical question; how do we improve therapist effectiveness? Personalizing training might be an answer. This panel will discuss how two paradigms in psychotherapy -- Deliberate Practice (DP) and the Facilitative Interpersonal Skills (FIS) -- may be applied to personalize therapist training. Deliberate practice for psychotherapy, introduced by Rousmaniere and colleagues, is a training approach that emphasizes repeated practice and feedback on target skills, which can be individualized to improve therapist effectiveness. The Facilitative Interpersonal Skills paradigm (FIS; Anderson et al., 2009; 2015; 2016) operationalizes relational factors that can be observed in therapists' responses to a standardized set of videos of therapeutic situations, and offers a lens to identify and provide feedback on skills. The presentations in this panel will describe novel ways these methods are being utilized to enhance therapist training, within: 1.) a clinical psychology doctorate program, where DP and FIS are implemented in a psychodynamic practicum course; 2.) a large urban hospital where facilitative interpersonal and relational training is provided in multiple departments; 3.) machine learning to assess FIS and provide individualized feedback and advance observer rating scales, such as the FIS.

Integrating Deliberate Practice into Psychodynamic Psychotherapy Training in a Doctorate Program

Jordan Bate, Yeshiva University, New York, USA; Katie Aafjes-van Doorn, Yeshiva University, New York, USA; Tracy A. Prout, Yeshiva University

Aims: There is preliminary evidence that DP improves self-efficacy in immediacy skills, the therapeutic alliance, and patient outcomes, however, there are no published studies of DP in doctorate-level training settings or psychodynamic psychotherapy. This presentation will report on the development and implementation of a DP curriculum in a clinical psychology doctorate program, and the outcomes of this training in terms of its impact on self-awareness, reflectiveness, mindfulness, and emotional processing, and observed facilitative interpersonal skills. Methods: Two forms of DP were implemented in a 30-week practicum course in psychodynamic child psychotherapy. The first set of exercises focused on development of intrapsychic skills using Rousmaniere's handbook, while the second set of exercise emphasized practicing interpersonal skills using the online platform Theravue. Self-reported and observed therapist qualities were assessed at baseline, after 15-weeks, and after 30-weeks. Results: Findings will be reported on 20 participants. We hypothesize that: 1.) students will report an increase in mindfulness, reflective functioning, and emotional processing, as well as a decrease in emotional avoidance, and affect phobia after 15 weeks of exercises; 2.) students will show improvements on the FIS performance-based measure; 3.) students will report an increased range of countertransference feelings during the course of the 30 training weeks. Discussion. We will discuss the implications of this research for clinical training and assessment of

clinical skills. Discussion will focus on key learnings about how monitoring clinical competence through DP and FIS may contribute to personalized training and improved training outcomes.

Implementation and Impact of Facilitative Interpersonal Relationships Skills Training (FIRST) in a Large Urban Hospital

Evan Henritze, The New School; Joshua Maserow, The New School; Molly Duffy, The New School for Social Research; Jordan Bate, Yeshiva University, New York, USA

Interpersonal skills are critical to the effectiveness of mental health care, across a range of modalities and disciplines. Thus, trainings to improve interpersonal skills may improve patient care and outcomes. Based on Anderson's Facilitative Interpersonal Skills (FIS) paradigm, the Facilitative Interpersonal Relationships Skills Training (FIRST) is a four-module workshop that uses the FIS task to guide the assessment and development of eight interpersonal skills. This presentation will report on the implementation of FIRST in two settings within a large urban hospital. FIRST workshops were conducted in two formats to fit the context and schedules of providers in different disciplines: 1.) within the Department of Psychiatry (group A), for staff and trainees in psychology, clinical social work, and psychiatry, and 2.) within the Department of Patient Care Management (group B), for medical social workers. Before and after the training, participants completed the FIS task, and self-report measures of empathy, mindfulness, adaptive affective functioning, and burnout. Findings will be reported from approximately 25 participants from group A (Psychiatry) and 20 participants from group B (Patient Care Management). We hypothesize that in both groups FIRST will be associated with increases in FIS scores, as well as self-reported empathy and emotion-related capacities. Discussion will focus on initial results, pedagogical challenges and successes training interpersonal skills in the hospital setting, and personalization of training for target groups.

Scaling up FIS training: Some machine learning experiments

Katie Aafjes-van Doorn, Yeshiva University, New York, USA

Facilitative Interpersonal Skills (FIS) are relevant to most psychological interventions and arguably should be taught in all basic therapy skills trainings. However, at the moment, FIS training has limited scaleability because coding and feedback to students about their responses to the stimulus clips is time consuming. Also, codings remain subjective and somewhat variable even with reliable coders. To help solve this problem, recent developments in machine learning can be applied to FIS coded-data (training algorithms on larger multi-coded datasets of responses to these brief standardized stimulus clips) and possibly generate automated FIS codings. First we will report on the development of a proof of concept where machine learning algorithms based on the analysis of the trainee's facial expression and speech patterns provide near-time feedback on some of the FIS dimensions. These advanced FIS training methods will allow a trainee to compare their responses with the average ratings as well as a designated gold standard responses. Second, we will highlight opportunities to improve process coding, such as the FIS by a) developing more detailed observable operationalizations of rating scales, and b) show exploratory machine learning analyses that identify novel observable characteristics not yet specified in the existing rating scale descriptions. Ultimately, we aim to develop a machine learning algorithm that will offer a quick and reliable clinical feedback that could be used for deliberate practice there and then, without the help of a supervisor.

Discussant: Timothy Anderson, Ohio University, Athens, USA

Panel

Facilitative Interpersonal skills

Organizer: Timothy Anderson, Ohio University, Athens, USA

"It's not what you said, but how you said it": Voice characteristics in psychotherapy

This panel presents both theory and research on client and therapist voice in psychotherapy. Wampold will present on the importance of voice by emphasizing that how you say something is more important than what you say. Wampold will discuss definitions of verbal fluency and therapist Facilitative Interpersonal Skills (FIS), including (a) cadence and comfort, (b) tone and Engagement, (c) interpersonally approaching, (d) coherence, and (f) context and culturally congruent. Anderson will elaborate and provide video examples of helpers' vocal characteristics. Research on the frequency measures of these vocal characteristics will be reviewed. Paz and colleagues examine both client and therapist voice frequency data, specifically using high resolution dyadic modeling of emotional vocal arousal (VA) dynamics within and between clients and therapists. Their study examines the role of client-therapist emotion co-regulation as a promoter of intra-personal ER capacity. Through these sophisticated analysis, their results "speak" to the question of whether the ability of the therapists to "track" their clients' VA level and "pull" their VA towards a more adaptive level may be associated with the clients' increasing capacity for (self) adaptive VA regulation. This intra- and interpersonal adjustment of VA would be particularly meaningful with depressed clients, who are the participants in their study. Soma and colleagues examine how voice fluctuates in terms of the context of

therapeutic dialogue. Specifically, these researchers examined whether therapists use different types of "voice" during session by comparing vocal qualities during session segments that contain therapeutic content versus utterances that were identified as filler conversation.

Verbal Fluency: An Ignored but Critical Therapeutic Factor

Bruce Wampold, University of Wisconsin, Madison, USA

In many domains it is well established that how you say something is more important than what you say. The same is true for therapists. Verbal Fluency, one skill in Anderson's set of Facilitative Interpersonal Skills, is an interpersonal skill that is necessary for what the therapist says to be informative, persuasive, interesting, and convincing--an ultimately therapeutic. In this presentation, the components of Verbal Fluency are discussed as well as theoretical and historical considerations. The components include (a) cadence and comfort, (b) tone and Engagement, (c) interpersonally approaching, (d) coherence, and (f) context and culturally congruent. Future directions will be discussed.

In a Therapist's Voice: Vocal Quality as a Common Characteristic of Therapist Interpersonal Abilities

Timothy Anderson, Ohio University, Athens, USA

Vocal qualities have long been speculated as important features of therapists. Anecdotally, many clients report an enduring connection and memory of the sound of their therapist's voice. Psychotherapy researchers have recognized vocal qualities of both therapists and clients as significant indicators of relational processes within sessions (e.g., Rice, 1974), but with little attention to how a therapist's vocal features may have more enduring characteristics of individual therapists' interpersonal skills. These aspects of voice are defining features of the Facilitative Interpersonal Skills (FIS) rating method, especially for ratings of "verbal fluency" and "emotional expression" and are defined in the paper session by Wampold. In this session, research results will be presented on these two aspects of FIS as well as how therapists might differ in their express frequency and range of vocal expression when facing difficult clients. Practical implications will be discussed. These features of voice and FIS will be illustrated with video examples and with recommendations for how therapists might build skills through self-observation of recordings and deliberate practice strategies.

Vocal arousal: a window into co-regulation as a mechanism of change in psychotherapy for depression

Adar Paz, Bar-Ilan University; Dana Atzil-Slonim, Bar Ilan University

Major Depressive Disorder is a highly prevalent and disabling condition. There is growing evidence that difficulties in emotion regulation (ER) underlie depression. Clinical theory suggests that emotional co-regulation - the experience of one's feelings together with an emotionally attuned other - may allow the depressed individual to develop ER capabilities. Understanding regulatory fluctuations depends on the existence of sensitive, continuous, and objectively coded measures of emotional arousal. Recent developments in voice analysis allow for high resolution dyadic modeling of emotional vocal arousal (VA) dynamics within and between clients and therapists. The present study will explore the role of client-therapist emotion co-regulation as a promoter of intra-personal ER capacity. Specifically, we aim to examine whether the ability of the therapists to "track" their clients' VA level and "pull" their VA towards a more adaptive level may be associated with the clients' increasing capacity for (self) adaptive VA regulation, consequently leading to better session and treatment outcome. Method: Forty therapy dyads (200 therapy sessions) of short-term supportive-expressive dynamic psychotherapy for depression (Luborsky et al., 1995) have been recorded. Clients completed session-by-session self-reports of their well-being (ORS), symptom severity (BDI) and emotion regulation capability (DERS). VA was automatically extracted using a state-of-the-art algorithm (Bone et al., 2014) and the client-therapist VA co-regulation was assessed using ML dynamic systems model. Results: The results will shed light on the association between client-therapist VA coregulation and the improvement of clients' emotion-regulation capacity, as well as the decrease in clients' symptom level.

Loud, but not clear: A quantitative analysis of therapist's voices during therapy

Christina Soma, University of Utah; Keith Gunnerson, University of Utah, Salt Lake City, USA; Dillon Knox, University of Southern California; Timothy Greer, University of Southern California; Alexander Young, University of Southern California; Shrikanth Narayanan, University of Southern California; David Atkins, University of Washington, Seattle; Zac Imel, University of Utah, Salt Lake City, USA

At its essence, psychotherapy is a conversation, whereby, at its most fundamental level, many interventions are derived from the therapist talking. To provide scientifically grounded treatment to clients, therapists

learn a variety of theories, interventions, and skills. However, there are variations within therapists on the delivery of treatment (Beutler et al, 2004). One such variation could be how the therapist talks (i.e., "therapist voice"). Social psychologists have studied the phenomenon of voice changes in role specific settings, such as interacting with infants (e.g., "baby talk"; Glinkoff, Can, Soderstrom, & Hirsch-Pasek, 2015), and research suggests that the voice can convey emotional arousal (Juslin & Sherrer, 2005), and can play a role in patient perception of their providers (e.g., surgeons, see Ambady et al, 2002). Psychotherapy research has begun to explore the use of therapist voice as a factor in psychotherapy (e.g., Rosenthal, Blank, & Vanicelli, 1984). We aim to understand the extent to which therapists utilize a specific type of voice during therapy, and how this changes during therapy. We compared the distributions of vocal qualities (e.g., pitch) during human-coded utterances containing therapeutic content, with utterances coded as filler conversation - that is, not containing a specific therapeutic intervention. The resulting distributions are originally defined by vocal qualities, and then a machine learning model continues to learn about these particular types of speech (i.e., style tokens; Wang et al, 2018). The comparison of the two distributions will allude how therapists' vocal features compare during therapeutic versus neutral therapy utterances.

Discussant: Dana Atzil-Slonim, Bar Ilan University

Panel

Alliance

Organizer: Catherine F.

Eubanks, Yeshiva University

Ruptures as a window into therapy process: Innovative applications of the 3RS in studies of interpersonal problems, pregnancy loss, and racial and sexual orientation microaggressions

This panel will feature four papers that apply the Rupture Resolution Rating System (3RS), an observer-based measure of alliance ruptures and repair strategies, in innovative ways. The first paper will employ 3RS coding of confrontation ruptures to examine whether positive expectations of a strong alliance act as a resilience factor in the process and outcome of patients with vindictive interpersonal problems. The second paper will apply the 3RS and the Reflective Functioning Scale to 22 sessions of psychodynamic therapy with a pregnant patient who was experiencing difficulties following repeated pregnancy losses. This study aims to see if there are associations between ruptures, repairs, and changes in Reflective Functioning. The third paper will use the 3RS to examine alliance ruptures and repairs in dyads consisting of white therapists and patients from racial minority groups. The authors will employ descriptive analysis to also examine the occurrence of racial microaggressions in these sessions, to examine the possible relation between microaggressions and alliance ruptures. The final paper will use the 3RS in combination with a measure of sexual orientation microaggressions to examine how therapists may contribute to ruptures in a sample of gay and bisexual male clients. All of these studies, by focusing on the occurrence of ruptures and attempts to repair them in relation to other process variables and client and therapist characteristics, aim to shed light on how therapists can more effectively identify and respond to rupture markers in their work with patients.

A Light at the End of the Tunnel: A Resilience Factor for Patients with Vindictive Interpersonal Problems

Tohar Dolev-Amit, University of Haifa, Israel; Catherine F. Eubanks, Yeshiva University; Sigal Zilcha-Mano, University of Haifa, Israel

Aim: Individuals high on vindictive interpersonal problems tend to experience and express anger and irritability. In treatment they have poor prognosis for alliance and outcome. We propose that positive expectations may serve as a resilience factor for these patients. In the current study we examined the ability of alliance expectations to act as a resilience factor in the process and outcome of treatment for patients with vindictive interpersonal problems. **Method:** The present study is based on a sample of 65 patients receiving short-term dynamic psychotherapy. Participants completed vindictive interpersonal problems and alliance expectations measures at intake, before meeting the therapist. All therapy sessions were videotaped and session 2 was coded for confrontation ruptures. Outcome was assessed using the improvement from intake to week 2 in the distress from interpersonal relations measure. **Results:** Our results show that in high levels of vindictive interpersonal problems, higher expected alliance was associated with less confrontation ruptures. In addition, in high levels of vindictive interpersonal problems, higher expected alliance was associated with more improvement in distress from interpersonal relations. **Discussion:** The findings demonstrate how positive expectations may function as a resilience factor to enable patients with vindictive tendencies to have positive process and outcome early in treatment.

Within Session Changes in Patient Reflective Functioning and Alliance Rupture and Repair Episodes

Rayna Markin, Villanova University; Kevin S. McCarthy, Chestnut Hill College; Shivam Gosai, Villanova University; Megan McKechnie, Villanova University

Introduction: Reflective functioning (RF) is an inherently relational variable that depends on how secure one feels allowing another person into his or her mental world and entering into another's subjective experience. Some patients, perhaps because of early negative attachment experiences, may not feel safe to experience or internalize therapist empathy or to permit the therapist to join in and to be curious together about their subjective experience, perhaps leading to alliance ruptures and difficulty repairing them. Consistent with this, low RF predicts less symptom change at outcome (Ekeblad et al., 2016) and worse therapeutic alliances (Ekeblad et al., 2016). On the other hand, increasing patient RF within a session, as therapist and patient work together to better understand one's own and the other's subjective experience of a rupture, may be a cornerstone of repairing therapeutic ruptures. The present study is an initial attempt to better understand how patient RF changes within sessions before, during, and after rupture and repair episodes. Methods: These results are based on a naturalistic case study. Twenty-two sessions of psychodynamic psychotherapy for a pregnant patient who was experiencing trauma, grief, depression, and anxiety after repeated pregnancy losses were transcribed and scored by trained raters using the 3RS for rupture and repair episodes. Separate trained raters scored patient RF using the Reflective Functioning Scale for the overall session and for each speaking turn. Five-minute segment scores were created for each 3RS subscale and for patient RF. Results: Data will be analyzed using a crosslag analysis to determine whether patient withdrawal and confrontation and therapist resolution attempts were associated with RF changes and vice versa. Sessions will then be separated by overall resolution scores and the crosslag analyses rerun to determine whether correlations between 3RS variables and RF were different dependent on success of resolution. Implications will be discussed.

When racial biases stand in our way: Toward a better understanding of the interpersonal context of racial microaggressions in early phases of CBT

Sarah Bloch-Elkouby, Beth Israel Medical Center, New York, USA; Catherine F. Eubanks, Yeshiva University; Liqiaonan M. Chen, Adelphi University, New York, USA; Andrew Lokai, Adelphi University, New York, USA; Lisa Wallner Samstag, Long Island University, Brooklyn; J. Christopher Muran, Adelphi University, New York, USA

Aim: Research on racially diverse therapy dyads suggests that White therapists frequently engage in racial microaggressions against racially diverse patients, and that left unaddressed, such microaggressions are associated with poorer alliances and elevated rates of patient-initiated premature termination. To date, the literature on microaggressions has relied on patient self-report only and it has not investigated the interpersonal dynamics leading to and/or resulting from microaggressions. The present study's aim is to address this gap and to draw on the comprehensive typology of alliance ruptures defined by Safran and Muran to investigate the phenomenon of racial microaggressions in early phases of treatment. More specifically, this study will explore the interpersonal dynamics at play between White therapists and racially diverse patients during their first two sessions of CBT. Methods: Twelve CBT dyads each involving a White therapist and a patient self-identified as belonging to a racial minority group will be selected from the Psychotherapy Research Program archival dataset at Mount Sinai Beth Israel based on video data availability. The therapy process at play during the first two therapy sessions will be explored using two qualitative methods: 1) A descriptive analysis will determine the occurrence of racial microaggressions as defined in the empirical literature; 2) The observer-based Rupture Resolution Rating System (3RS) will be used to assess the presence of alliance ruptures and their resolutions. Results and Discussion: The presence of microaggressions, their interpersonal context, and their place in the typology of alliance ruptures developed by Safran and Muran will be discussed.

Sexual orientation microaggressions and ruptures in the alliance: Impact, recognition, and repair

Joey Sergi, Yeshiva University; Catherine F. Eubanks, Yeshiva University; John E. Pachankis, Yale University

Sexual orientation microaggressions, as culturally influenced manifestations of ruptures, may be contributing to lower therapeutic alliances between therapists and their lesbian, gay, bisexual and queer (LGBQ) clients. The present study examined the relationship between therapist-committed sexual orientation microaggressions and therapeutic alliance using an archival data set of 44 gay and bisexual men (M age= 26.2 years) who participated in a cognitive behavioral treatment designed to reduce depression, anxiety, risky sexual behaviors, and substance use. We also examined the potential moderating role of the resolution of microaggressions if and when they occurred. The first session of treatment for each participant was coded using two observer based coding measures, the Rupture Resolution Rating System (3RS) and the Sexual Orientation Microaggression Scale (SOMS). Exploratory analyses utilizing the SOMS point to the

potential benefits of helping clinicians learn to identify and repair microaggressions. We also plan to explore relations between the 3RS and the SOMS, a unique combination of measures able to capture both clinician behavior and patient response to a rupture experience. Implications for clinical practice and directions for future research will be discussed.

Discussant: Catherine F. Eubanks, Yeshiva University

Panel

Depression

Organizer: Markus Wolf,
University of Zurich,
Switzerland

Optimizing psychotherapeutic treatment of common mental disorders through innovative models of care

Despite the availability of effective treatment for depressive and anxiety disorders prevalence rates for common mental disorders remain high. This situation has stimulated innovations in health service delivery and treatment strategies that aim to a) increase access and enhance effects as well as sustainability of psychotherapy through personalization, and b), exploit the potentials of novel modes of service delivery beyond acute phase treatment, e.g through the use of digital and low intensity interventions. The four studies that we present in this panel introduce innovative data-driven strategies that address these challenges from various perspectives. The first paper, presented by Birgit Watzke, explores the role that initial depression severity plays with regard to the treatment effects and pathways-of-care in patients who were enrolled in a comprehensive stepped-care model. The second paper by Ben Lorimer uses machine learning to build a model for the better prediction of depressive relapse in low-intensity CBT for depression and anxiety. Markus Wolf will present a study that used 12-month longitudinal data to assess the clinical validity of the PHQ-9 for longterm symptom monitoring in a digital disease management program for patients with recurrent depression. Finally, the paper of Markus Mössner adopts a macro perspective by using statistical simulations that test various scenarios how to increase the population effectiveness and public health impact of depression services.

Differential effectiveness of stepped care for depression: Does symptom severity matter?

Birgit Watzke, Universität Zürich; Daniela Heddaeus, University Medical Center Hamburg-Eppendorf, Germany; Maya Steinmann, University Medical Center Hamburg-Eppendorf, Germany; Martin Härter, University Medical Center Hamburg-Eppendorf, Germany; Anne Daubmann, University Medical Center Hamburg-Eppendorf, Germany; Karl Wegscheider, University Medical Center Hamburg-Eppendorf, Germany

Background: Stepped care models (SCM) including low intensity as well as conventional psychotherapeutic approaches are effective for the treatment of depressed patients. Less is known about the effectiveness in subgroups of patients with different depression severity. Methods: In a cluster RCT, a consecutive sample of depressed patients from routine primary care received SCM (intervention group) or TAU (control group). We calculated a multiple linear mixed model with group (SCM vs TAU), depression severity (PHQ-9 at baseline: mild-moderate (MMD) vs. severe depression (SD)) and their interaction as fixed effects and general practitioner as random effect (primary outcome: PHQ-9 at 12-months-follow up). Results: 569 patients in SCM and 168 patients in TAU were included; data are available for 70% (MMD: SCM und TAU), 53% (SD: TAU) und 37% (SD: SCM) of the patients after 12 months. ITT analysis applying LOCF results in a significant interaction [$p=0,036$] and a significant difference in symptom reduction for MMD in comparison to TAU (-3,9; [95% CI: -5,1 bis -2,6, p (It) 0,001; $d=0,64$] but not for SD (-1,6; [95% CI: -3,4 bis 0,2, $p = 0,093$; $d=0,27$]). In the sensitivity analyses (ITT applying MI; per protocol analysis) the interaction does not reach significance anymore: they result in significant effects for MMD as well as for SD. However, effect sizes remain larger for MMD. Discussion: The effectiveness of SCM differs for different patient groups in dependence of the initial depression severity. However, sensitivity analyses reduce this effect. Special attention is needed for this severely depressed patients in stepped care approaches.

Predicting relapse of depression and anxiety after low-intensity Cognitive Behavioural Therapy using a machine learning approach

Ben Lorimer, University of Sheffield, UK; Jaime Delgadoillo, University of Sheffield, UK; Stephen Kellett, University of Sheffield, UK; James Lawrence, Behavioural Insights Team, UK

Objective: Many patients with depression and anxiety relapse within one year of clinically effective cognitive behavioural therapy (CBT). This study applied a machine learning approach (gradient boosting) to develop prognostic algorithms for predicting relapse of depression and/or anxiety after low-intensity CBT. Methods: A cohort study identified relapse cases following low-intensity CBT for depression and/or anxiety in a stepped-care psychological service. The sample included $N=317$ recovered treatment completers who were followed-up monthly for 12 months ($n=223$ relapsed; 70% relapse rate). In each follow-up appointment, depression (PHQ-9) and anxiety (GAD-7) measures were collected. Four prognostic models were developed

to predict relapse during the follow-up period, with each model considering varying levels of patient information (e.g. Model 1 used only patient information available at baseline, while Model 4 used all patient information available at third follow-up month). Results: Each model displayed reasonable predictive power when evaluated on the test set (AUC range = 0.72-0.84; PPV range = 71.2%-75.3%; NPV range = 56.0%-74.8%). Young age, unemployment, and the presence of residual symptoms were consistently identified as important predictors of relapse. Every participant unemployed at the beginning of treatment relapsed, while 95% of participants unemployed at the end of treatment relapsed. Discussion: Our findings demonstrate the promise of using machine learning approaches for predicting relapse following CBT. The ability to predict relapse has potential in improving the targeting of relapse prevention interventions and enhancing the efficiency of psychological services.

Validating long term depression symptom monitoring in an online disease management program for recurrent depression

Markus Wolf, University of Zurich, Switzerland; Moritz Elsässer, University of Freiburg, Germany; Matthias Backenstrass, Klinikum Stuttgart

Background: Because major depressive disorder (MDD) is a condition that often takes a chronic course with a high risk for relapse, long term treatment strategies are needed that help patients sustain well-being beyond acute phase treatment. Digital interventions have been developed that allow patients to (self-)monitor their depressive symptoms based on the PHQ-9. Few evidence, however, is available about the validity of the PHQ-9 as a tool for long term symptom monitoring. Methods: The aim of the current study was to assess the longitudinal validity of the PHQ-9 as a self-monitoring tool compared to a semi-structured clinical interviews. Data are taken from the intervention arms of an RCT in which the PHQ-9 was answered fortnightly by participants (N=128) for a total duration of 12 months. In addition, two waves of blind-expert rated interviews were conducted at month 6 and 12 that used the Longitudinal Interval Follow-Up Evaluation (LIFE) to retrospectively assess the weekly severity status of MDD which served as a comparison. Results: Significant associations with a large effect sizes were found for repeated PHQ-9 symptom scores and clinical ratings across time. Stable cross-methods correspondence was supported by multilevel mixed models which showed that the effects did not change as a function of time. Discussion: The results indicate that the PHQ-9 can serve as a clinically valid indicator for long term depression monitoring in digital or blended interventions. Retrospective memory bias is discussed as a factor that might have impacted symptom evaluations derived from the two clinical sources.

How to maximize the public health impact of depression services

Markus Moessner, University Hospital, Heidelberg, Germany; Stephanie Bauer, University Hospital, Heidelberg, Germany

Background: Despite decades of psychotherapy research, the prevalence rates of depression are not decreasing. In order to impact the burden of suffering on a population level, a shift of priorities in research and care is needed. A model of how health care for depression affects the population's disease burden can stimulate discussions and provide guidance about promising strategies to maximize the public health impact of depression services. Methods: The current health care situation for depression is modeled taking into account the reach and effectiveness of prevention, treatment, and aftercare, as well as incidence rates, relapse rates, and rates for spontaneous remissions. A first-order Markov model is applied to estimate the potential of and to identify most promising approaches to reduce the disease burden on the population level. Results: Improvements of treatment utilization and the reach of prevention show the largest potential to reduce the population's disease burden. Improving the efficacy of interventions shows only limited effects. Discussion: New models of treatment delivery as well as public health approaches to prevention are critical in order to reduce the burden of suffering caused by depression. Increasing the efficacy of treatments has only limited impact.

Panel

Organizer: Steven J. Sandage, Boston University

Positive Psychology, Virtue, and Flourishing in Psychotherapy.

The field of mental healthcare in the United States largely promotes a view of the human person as "clusters of negative symptoms" and focuses predominately on reducing these negative symptoms in individuals rather than on additional pathways towards social and relational well-being. This dominant approach, based on the medical disease model of mental illness, includes certain strengths and efficiencies. However, the large body of positive psychology research since the 1990s has advanced scientific understandings of human strengths and virtues with related investigations of individual and communal flourishing. By "virtue," we mean embodied traits of character that tend to promote resilience and the integration of ethics and health toward the ultimate goals of both personal and communal flourishing (e.g., humility, forgiveness, gratitude,

compassion, and justice among others; Hill & Sandage, 2016). A goal of "flourishing" moves beyond hedonic or subjective forms of well-being, and each of the research teams in this panel are informed by eudaimonic or developmental theories of well-being characterized by relational maturity, meaningful purpose, integrity and the pursuit of virtue, and communal concern through prosocial behavior (Boettcher, Sandage, Latin, & Barlow, 2019; Waterman, 2013). To date, efforts at integrating positive psychology into psychotherapy have tended to involve the development of new "positive psychotherapies," however we will consider the possibilities (and challenges) of integrating positive psychology into mainstream psychotherapy approaches. Drawing on work from a multi-site Templeton grant, this panel will describe ways these complex topics of virtue and flourishing can be engaged in psychotherapy research and practice.

Integrating positive psychology constructs in psychotherapy: Therapist perspectives on flourishing and virtue.

Jeremy Coleman, University of Denver; Jesse Owen, University of Denver; Shannon Sauer-Zavala, University of Kentucky; Karen Tao, University of Utah; Nancy Devor, Boston University; Heidi Levitt, University of Massachusetts Boston; Cassidy Gutner, Boston University School of Medicine; Mary Zanarini, McLean Hospital; Steven J. Sandage, Boston University

The term "flourishing" means to grow or prosper and refers to a holistic, developmental sense of well-being (VanderWeele et al., 2019). There is growing interest in the principles of flourishing in psychotherapy. For instance, there are 20 studies of positive psychotherapy with results on par with other bona-fide treatments and emphasize aspects of flourishing as factors in client progress (e.g., AEDP, ACT; Fosha, 2000; Rashid & Seligman, 2018). Still, the concept of flourishing remains largely segregated from mainstream mental healthcare practice. The disease model dominance within mental healthcare employs a view of the human person as "clusters of symptoms" with the goal of treatment being the reduction of negative symptoms rather than increasing flourishing. Little is known about how mental health treatments improve clients' flourishing, as most studies have focused on symptom reduction. To address these limitations, the current study facilitated collaboration among four clinical research teams representing different clinical sites and training perspectives (e.g., CBT, Psychodynamic, Integrated). In doing so, we conducted eight focus groups utilizing a grounded theory qualitative approach to explore the processes through which flourishing is fostered in psychotherapy and the training of mental healthcare professionals.

Trajectories of Change in Well-Being During Cognitive-Behavior Therapies for Anxiety Disorders: Quantifying the Impact and Covariation with Improvements in Anxiety

Todd Farchione, Boston University; Matthew Gallagher, University of Houston; Colleen Phillips, University of Houston; Johann D'Souza, University of Houston; Angela Richardson, University of Houston; Laura Long, University of Houston; James F. Boswell, University at Albany/SUNY, USA; Elizabeth Eustis, Boston University; Stephen Allen, Boston University; David Barlow, Boston University

Despite substantial evidence supporting the efficacy of cognitive-behavioral therapy for reducing many forms of mental illness, less is known about whether CBT also promotes mental health or well-being. We will discuss results of a recent study (Gallagher et al., 2019) examining changes in well-being during different CBT treatments for anxiety disorders and how these changes relate to anxiety. In that study, 223 adults (55.6% female, Mage=31.1 yrs) were randomized to one of five CBT protocols for anxiety disorders at an outpatient clinic. Effect sizes were calculated to examine the timing and magnitude of changes in well-being as a result of CBT. Further, parallel process latent growth curve models were conducted to examine the extent to which trajectories of changes in well-being correlated with the trajectories of change in both clinician-rated and self-reported anxiety during active treatment. Results indicated that there were moderate-to-large increases in overall well-being and the three components of subjective, psychological, and social well-being, mainly during the second half of CBT, and these increases were maintained at a 6-month follow-up. Further, trajectories of change in well-being across treatment were strongly correlated with trajectories of change in clinician rated and self-reported anxiety. Together, these findings suggest that different CBT protocols for anxiety consistently produce robust and lasting changes in different domains of positive mental health and increases in well-being are strongly linked to changes in anxiety during treatment.

Humility as a Predictor of Flourishing, Functioning, and Health among Adult Community Mental health Clients.

Steven J. Sandage, Boston University; Sarah Crabtree, Boston University; Eugene Hall, Boston University; Peter Jankowski, Bethel University; Elizabeth Ruffing, Boston University

The scientific literature on humility has grown rapidly over the past decade with hundreds of studies now

available, yet very few studies have investigated humility in clinical settings. Some clinicians might question the relevance of humility to key mental health and well-being outcomes for clients, and there have been some discrepant findings on humility and well-being in non-clinical settings. The present cross-sectional study tested an emotion regulation model of humility and well-being drawing on attachment and family systems theories and research in positive psychology in a sample of Adult outpatient clients (N=147) at a community mental health clinic in the United States. Dependent variables included: (a) Eudaimonic well-being or flourishing (Mental Health Continuum -- Short Form; Lamers et al., 2011), (b) life satisfaction problems (Treatment Outcome Package/TOP; Krauss et al., 2005), (c) work functioning problems (TOP), and (d) general health (TOP). Humility was operationalized using the General Humility Scale (Hill et al., 2015), a multi-dimensional measure previously used in the same clinical context (Paine et al., 2018). Results found humility was significantly related to each outcome in predicted directions with mediator effects for emotion regulation. Findings are discussed in terms of future research (particularly further validation of clinical measures of virtue and flourishing) and clinical practice.

Panel

Therapist effects

Organizer: Kim de Jong,
Leiden University,
Netherlands

Using basic science to explain differences between therapists on facilitative interpersonal skills

In this panel, three presentations focus on opening the black box of therapists' interpersonal skills. Tao Lin will present results from undergraduate students with an interest in clinical psychology are asked to take the Facilitative Interpersonal Skills Task while their physical reaction is being measured through heart rate and skin conductance. Kim de Jong will present a similar study with experienced CBT therapists. In the third presentation, Joshua Maserow will present secondary analyses from a study on therapists taking the FIS task using facial recognition software.

Do Helpers' physiological signals during responses differ for Difficult versus Benign Simulated Clients?

Tao Lin, Ohio University, Athens, USA; Suzannah J. Stone, Ohio University, Athens, USA; Timothy Anderson, Ohio University, Athens, USA

Objectives: Therapists' facilitative interpersonal skills (FIS) are assessed by rating therapists' responses to brief video simulations of challenging clients and are predictive of therapeutic outcome. Therapists' responses to these difficult, simulated moments, could potentially be the result of other variables, such as therapist physical reactivity. This project aims to examine whether and, if so, how more difficult therapeutic situations differ from less difficult situations in terms of the helper's physiological responses while viewing and responding to these types of therapeutic situations. **Methods:** Participants were administered a modified version of the FIS task, which included a set of 4 of the original videos (difficult) and 4 additional videos that were benign, or created to be less difficult. Heart rate, skin conductance, and audio of participants were recorded at the baseline and during the task. FIS responses were recorded and rated by trained coders. **Result:** We predicted that helpers would show greater physiological responses to difficult video clips than benign ones. Compared to lower FIS helpers, higher FIS helpers will show smaller physiological responses in general. The differences between lower and higher FIS groups in terms of physiological responses will be larger when viewing difficult clips than benign ones. **Conclusion:** Identifying differences between helpers based on their physiological responses would advance the scientific understanding of why some therapists demonstrate differences in FIS and therapeutic outcomes.

Does emotion regulation moderate the Facilitative Interpersonal Skills of experienced CBT therapists?

Kim de Jong, Leiden University, Netherlands; Maarten Merckx, HSK, the Netherlands; Maartje Smit, Forta Groep, the Netherlands; Timothy Anderson, Ohio University, Athens, USA

Therapist effects seem to be more pronounced in more severe cases (Saxon & Barkham, 2012). It seems intuitive that the majority of therapists are able to help relatively 'easy' cases, but in order to effectively treat more complex cases, greater skills are needed. Therapists' interpersonal skills, in particular, have been a consistent predictor of therapist outcomes. However, it is yet unclear whether some therapists just have better skills than others, or if some therapists are just better in utilizing their skills in complex, and thus potentially more stressful, therapy situations. The current study (N=70) investigates experienced CBT therapists' interpersonal skills in benign and complex therapy situations and measures the therapists' physiological responses while they are conducting the task. Participants were asked to respond to video vignettes in real-time while imagining they were the therapist of the client in the video. In benign cases, the clients would tell the therapist about a personal situation that had been difficult for them. In complex situations, an interpersonal conflict was played out (e.g. idealizing, getting angry). Preliminary results on a smaller subsample showed that therapists did not consider the benign and complex cases to differ in

difficulty, but they did report more distress in the complex cases. Their scores on interpersonal functioning did not differ between the two groups of responses, suggesting that therapists use similar levels of interpersonal skills in the benign and complex cases, thus may indeed differ in skill level, rather than in their selective utilization of skills. No differences between conditions were found on heart rate variability and galvanic skin response.

What are the nonverbal physiological and emotional features of an individual's internal experience that are associated with high facilitative interpersonal skills?

Joshua Maserow, The New School; Evan Henritze, The New School; Timothy Anderson, Ohio University, Athens, USA; Jordan Bate, Yeshiva University, New York, USA

Facilitative interpersonal skills (FIS) are transtheoretical relational skills that help people in psychological and emotional distress change and reach greater emotional and psychological well-being (Anderson et al., 2018). Several studies show that FIS predicts the quality of the therapeutic alliance and treatment outcome in psychotherapy (Anderson et al., 2015; Anderson et al., 2016). FIS are coded using an observer-rated coding system that focuses on the quality of verbal expressions: but what of the nonverbal physiological and emotional correlates that correspond with high and low FIS performance? This presentation will outline the findings from a pilot study examining the physio-emotional profiles of clinicians with high and low FIS performance using facial analysis software. The FIS responses of 30 participants from two facilitative interpersonal and relational skills training (FIRST) studies at a large urban hospital setting (2018-2019) were analyzed using the Noldus FaceReader. FaceReader identifies basic emotions -- happiness, disgust, fear, sadness, anger, neutrality as well as contempt -- through facial feature states, gaze direction and head orientation. Correspondingly, it generates data for emotional valence, levels of arousal and heart rate variability. Three analyses will be reported. First, exploratory analyses were run in order to ascertain whether high and low performers exhibited significant differences in patterns of emotional expression, emotional valence, arousal and heart rate variability. Second, exploratory analyses were run comparing those who improved significantly in their FIS as a result of the training they participated in, and those who did not demonstrate significant change, in order to explore if the changes in FIS were associated with changes in the patterns of emotional expression, valence, arousal, and heart rate. Finally, the results of an analysis using FaceReader to detect empathic self-awareness will be reported by assessing the correspondence between self-reported empathy on the Interpersonal Reactivity Index (IRI) and the degree of affective-matching of FIS respondents with the eight simulated patient vignettes of the FIS performance task.

Panel

Process and outcome

Organizer: Ulrike Dinger,
University Hospital
Heidelberg

Longitudinal studies of therapy relationships

Therapy relationships unfold with time. The association between relationship quality and out-come may vary over the duration of psychotherapy. Accordingly, psychotherapy process re-search has moved beyond cross-sectional studies of common relationship factors to better ac-count for the complexity of relationship developments. This research shift offers multiple new perspectives. The panel brings together three unique aspects of longitudinal designs. The first study investigates the impact of time intervals on the alliance-outcome association in a sample of outpatients in dynamic long-term therapy. Bivariate continuous-time structural equation model-ing is introduced as a method for the estimation of within-person cross- and auto-effects. The second study turns to the patient-therapist agreement about the quality of the alliance. The study investigates parallel assessments of patients, and therapists' view of the alliance with response surface analyses. Both unique perspectives as well as their level of agreement are used to predict subsequent symptom improvement. As an extension of earlier response-surface models, the study tests the stability of effects across time in dynamic long-term therapies. The third study broadens the perspectives by the investigation of relationship factors in group therapy. Cohe-sion, agreement on tasks and goals as well as bond with different therapists are assessed weekly during a multimodal hospital-based psychotherapy for depression. The study examines the in-fluence of attachment styles and relationship factors on symptom improvement across time and attempts to contribute to the urgent question what works for whom. Together, the three presenta-tions illustrate the potentials for understanding of process-outcome associations that come with longitudinal designs.

Influence of patient and therapist agreement and disagreement about their alliance on symptom severity over the course of treatment: A response surface analysis

Ulrike Dinger, University Hospital Heidelberg

Objective: The alliance is dyadic in its nature with both the patient and the therapist contributing. Relatively little is known about the effects of congruence between patient and therapist percep-tion of alliance on

treatment outcome. The current study investigated how patient and therapist agreement and disagreement about the alliance predict symptom severity over the course of long-term psychotherapy. Method: We investigated $n = 361$ patients nested within $n = 102$ therapists longitudinally every fifth session across long-term treatment. Multilevel polynomial regression with response surface analysis was used to predict symptom severity five sessions later from congruence of the alliance ratings. Results: Throughout treatment, patient and therapist agreement about stronger alliances significantly predicted lower subsequent patient-reported symptom distress. Patient and therapist disagreement was a marginally significant predictor of subsequent symptom distress. There was no significant difference in the effects of alliance agreement and disagreement on symptoms across time in long-term treatment. Conclusion: Findings support the importance of alliance agreement and disagreement as predictors of subsequent patient symptom severity.

Attachment avoidance and group factors influence outcome in intensive multimodal therapy for depression

Johannes Ehrental, Heidelberg University, Germany

Background: Attachment theory has a profound impact on psychotherapy research. Reviews and meta-analyses point toward an impact of patients' attachment security on treatment process and outcome. In order to investigate attachment in psychotherapy, a longitudinal perspective is vital. Moving beyond main-effects to theory-driven interaction models, it remains largely unclear what kind of relational experiences over time are helpful for individuals with different attachment styles. Especially individuals with high attachment avoidance may be at special risk of benefiting less if their relational needs are met in a less than optimal way. Methods: In a sample of initially 44 depressed patients in an eight-week intensive inpatient or day-clinic multimodal psychotherapy treatment (Dinger et al., 2014; 2015), patient attachment was measured with the Experiences in Close Relationships -- Revised (ECR-R) questionnaire before treatment, process factors with the subscales of the Inpatient and Day-Clinic Experience Scale (IDES) during treatment. Outcome was assessed with the Beck Depression Inventory (BDI-II) at five timepoints, from admission to six months follow-up. Results: Multilevel modeling showed significant interaction effects between attachment avoidance and all the IDES subscales on the change of depression over time. In other words, higher levels of experienced bond, group cohesion, agreement on tasks, relationship with the therapeutic team, willingness to self-disclose, and lower levels of critical attitudes were associated with a better course of therapy in highly avoidant individuals. Discussion: The experience of high levels of predominantly interpersonal process factors can influence the impact of attachment avoidance on outcome, especially in group-oriented, multimodal psychotherapy settings.

Intra-individual Dynamics between Alliance and Symptom Severity: Why Time matters

Matthias Volz, Heidelberg University, Germany; Henning Schauenburg, Heidelberg University, Germany; Johannes Ehrental, Heidelberg University, Germany; Ulrike Dinger, University Hospital Heidelberg

Background: The association between alliance and therapy success is one of the most investigated process-factors in psychotherapy research. However, most published studies estimate effects for a specific time period. With this, it remains unknown how magnitude and direction of effects depend on the considered time interval, and the comparability of different studies remains limited. The current study examines the dynamic interplay between alliance and symptom severity while controlling for stable between-person differences and investigating the influence of time on the alliance -- outcome association. Method: Alliance (WAI-SR) and symptom severity (SCL-K11) were assessed every fifth session in $N = 650$ patients receiving up to 100 weekly sessions (Mode = 55; $M = 41.03$; $SD = 27.23$) of individual psychotherapy in a German outpatient clinic. Bivariate continuous-time structural equation modeling (CT-SEM) was used to estimate dynamics in within-person cross- and auto-effects. Results: CT-SEM analysis revealed significant reciprocal within-person cross-effects with a stronger effect of SCL-K11 on WAI-SR (a_{21}) than vice versa (a_{12}). Influence of both cross-lagged effects increased for longer time intervals between assessments with the highest effect for intervals of 40 sessions ($a_{21} = -.47$; $a_{12} = -.19$). Conclusions: Reciprocal within-person effects between alliance and symptom severity depend on the considered time interval. For intervals up to 40 weekly sessions, cross-effects increased. Applying CT-SEM analysis on longitudinal data of the alliance-outcome association expands conventional cross-lagged panel analyses by assessing how the relationship unfolds over time. This allows the comparison of results across studies, which are based on different time intervals.

Discussant: Nili Solomonov, Weill Cornell Medical College, New York, USA

Panel

Assessment

Organizer: Maxwell Levis,
Dartmouth College

Conflict Analysis in Practice: Evidence from inpatient, online, and psychoeducational interventions

This panel presents the benefits of Conflict Analysis (CA), a personalized psychotherapeutic assessment and intervention. CA combines wellness-based diagnostic functions with self-analytical tasks. Based on client responses, CA automatically generates detailed feedback and framework for changes. CA is based on the Formal Theory of Behavior, a theoretical model that evaluates stress/response patterns. CA guides clients to shift towards optimal stress/response dynamics. CA is available in manualized, self-guided online, and psycho-education formats. Findings suggest that CA is an efficacious therapeutic and diagnostic tool. Panel supports further exploration of CA in in-person, online, and psychoeducational contexts. Maxwell Levis, PhD, will address utilization of CA with inpatient U.S. veterans, presenting results from an ongoing RCT (n=30) study. Results suggest that patients randomized to CA experienced significant improvements in psychopathology, wellbeing, and insight when compared to those randomized to mindfulness condition. Albert Levis, MD, will introduce Conflict Analysis framework and present a clinical case-study. "Betty", a 41-year-old Caucasian woman suffered from intense conflicts in the workplace and was treated for 2-years. Presentation reviews the evolution of her conflict resolving patterns. Presentation highlights her dominant relational pattern, associated anxieties, and subsequent shift towards more moderate behavioral patterns. Theodore Canter, Noam Canter, Montgomery Singer, and Gavriel Levis will highlight CA's usage in psychoeducational contexts. They will discuss pilot implementation of CA with high school students (n=20) and present a sample case-study. Outcome measures include satisfaction surveys and qualitative feedback. Presentation demonstrates how CA aids mental health awareness and brings self-knowledge to the classroom.

Understanding Anger, Aggression, and Conflict: Usage of Conflict Analysis with Inpatient Veteran Population

Maxwell Levis, Dartmouth College

Feelings of anger, aggression, and intense conflict have been widely cited among Veterans returning from deployments in Iraq and Afghanistan. Responding to these symptoms, this randomized-control-trial compares the benefits of Conflict Analysis (CA), a personalized conflict resolution-focused intervention, and mindfulness-based-stress-reduction for Veterans receiving inpatient mental health treatment. CA is designed to help patients learn about their patterns of dealing with conflict and how to improve upon these patterns, regardless of specific diagnoses. Past research suggests that CA leads to increased motivation for change, and insight, and wellbeing. While elevated levels of conflict have broad associations with negative health outcomes, lessening conflict is associated with improved mental and physical health outcomes. Participants (n=30) were receiving care at a Veteran Health Administration (VHA) hospital in Northern New England. Participants were randomized to either CA or mindfulness-based-stress-reduction condition. Mindfulness-based interventions were selected as a comparison-control because of wide usage within VHA system. Both interventions were web-based, self-guided, and brief (completed in 2.5 hours). Study evaluated outcome scales measuring stress, anger, insight, and interpersonal conflict, before, after, and two-weeks after intervention. Participants also answered query about interventions' diagnostic and therapeutic value. Results suggest that while both interventions offered benefits, participants in CA condition experienced significantly more improvement in insight and interpersonal conflict. Participants in CA condition also rated experience as significantly more diagnostic and therapeutic than those in mindfulness-based condition. Limitations include sample size, self-report design, and other concurrent therapeutic interventions. Evidence supports expanded investigation of CA as stress-reduction resource for inpatient populations.

Demonstrating the Effectiveness of Conflict Analysis as a Clinical Tool: An extended case study

Albert J Levis, Museum of the Creative Process

In contrast to most other diagnostic measurements, Conflict Analysis (CA) personalizes the assessment process, assessing how the individual uniquely deals with conflict and creates meaning. CA focuses on the dialectical transformation of conflict to conflict resolution as a microcosm through which we can evaluate clients' interpersonal and intrapsychic patterns. CA guides individuals to initiate behavioral changes that reduce conflict intensity. This presentation showcases the treatment record of "Betty", a 41-year old Caucasian woman that was treated for 2-years. The case is analyzed by observing 33 standardized creative prompts, completed over the course of her therapy. The prompt consisted of drawing two animals and writing down their conversation. Betty consistently selected a black cat as the protagonist within her narratives. Themes addressed traumatic relationship with her mother, husband, therapist, fellow group therapy members, and reflected her difficulties and personal growth. The metaphor assessment method generated a record of Betty's interpersonal dominance and her need for leadership and mastery. Betty's dominance led to consistent difficulties with her mother and in her relationship with the therapist. The record identifies four phases of growth: trauma of sibling rivalry and maternal rejection, vindictive behavior towards her mother, reconciliation with mother, and acceptance of responsibility for her dominance. Record

establishes continuity between sessions, detecting and modifying a relational lifetime pattern. The case study clarifies dominance dynamics, accounting for psychogenesis and psychotherapeutic needs: experiencing rejection as violence and over-reacting eliciting anxiety as paranoid fears addressed by power management therapeutic interventions such as immunization to feelings of rejection by introducing tolerable rejections, welcoming episodes of anger without feeling destroyed or vindictive, being honest in needing respect and feeling hurt, tolerating stressful emotions by thinking positively, providing approval and tolerating criticism. Case presents evidence for long terms usage of CA method.

Conflict Analysis as a Psychoeducational Intervention with High School Students

Theodore Canter, Oberlin College; Montgomery Singer, Choate Rosemary Hall; Noam Canter, Bronx Science; Gavriel Levis, Burr and Burton Academy

Presentation evaluates the implementation of Conflict Analysis (CA) as a self-guided wellness-based intervention for high school students. CA is an interactive tool that bridges diagnostic frameworks and therapeutic techniques. It combines self-report questionnaires, drawing, narrative writing, and self-reflection. CA provides personalized wellness-based diagnostic information and blueprint for personal growth. Student leaders from Oberlin College, Bronx Science, Choate, and Burr and Burton co-facilitated this initiative and will be leading presentation. A brief version of CA was developed and introduced into a New England high school. This version was designed for non-clinical young adult populations. Participants were juniors and seniors. Participants (n=20) attended 1-hour group workshop and then completed 1-hour self-guided intervention. Upon completion, students completed a query addressing CA's diagnostic and therapeutic value. Participation was voluntary and students could stop at any point. Given small sample size, the study used simple descriptive statistics to evaluate measure changes over time. Qualitative data was also investigated. Presentation highlights case-study of "Magdalena", a randomly selected 18-year-old Caucasian female participant. Data suggest participants found CA to be highly accessible, personally relevant, and non-stigmatizing. Magdalena's case-study presents anxieties associated with adolescence, family conflicts, and sexual development. Intervention helped Magdalena identify her stress/response pattern, address the intensity of insecurities, and develop insight and increased motivation for change. Presentation demonstrates how CA aids mental health awareness among students and brings self-knowledge to the classroom in a meaningful and accessible format. CA's Limitations include influence of completing intervention within school, time constraints, sample size, and self-report design.

Brief Paper Session

Alliance

A Turning Point: Examining the interaction of working alliance and psychological wellbeing in a short term psychotherapy treatment

Sasha Rudenstine, City University of New York, USA

The Therapeutic Alliance Assessment Project (TAAP) is a 20-session psychotherapy research program located at a community based mental health clinic in New York City. Grounded in Alliance Focused Psychotherapy, the central elements of TAAP are (i) patients and therapists complete pre and post session questionnaires at each contact, (ii) all patients complete a comprehensive battery of measures before and after the treatment begins and is complete, and (iii) all sessions are video recorded. This paper will present the TAAP protocol as well as provide a close examination of session by session data, with a particular focus on the interaction of working alliance and change in psychological well-being as reported by the patient over the course of the 20 session treatment. In particular, the authors will introduce the idea of a turning point, an identifiable point in a treatment where there may be an interaction between the patient-therapist relationship and the patient's psychological functioning (as measured by the Outcome Questionnaire). We anticipate this presentation will lead to fruitful discussion regarding the mechanisms of change in psychotherapy as well as the multidimensionality of the psychotherapy process.

Assessing the Reciprocal Alliance-Outcome Relationship in Cognitive Behavioral Therapy of Depression

Megan Louise Whelen, Ohio State University, Columbus, USA; Samuel Thomas Murphy, Ohio State University, Columbus, USA; Daniel R Strunk, Ohio State University, Columbus, USA

Meta-analytic evidence has shown that the therapeutic alliance is a reliable predictor of treatment outcome across a variety of psychotherapies. However, many studies of this relationship have had methodological limitations. Studies that utilize recently developed analytic approaches to modeling the reciprocal relation of

alliance and outcome have several advantages in testing potential causal relations. In this study, we investigated the alliance-outcome relationship using a model (the Random Intercept Cross-Lagged Panel Model) that disaggregates within- and between-person variance while estimating the reciprocal relation between variables. We utilized this model in a data set of 191 patients. To our knowledge, this is the first study to use a reciprocal model to assess the alliance-outcome relationship in cognitive behavioral therapy for depression. We found evidence for a significant within-patient reciprocal relationship between alliance and symptom change such that symptoms predicted change in alliance and alliance predicted change in symptoms. These findings are consistent with other research demonstrating that the alliance is both cause and consequence of symptom change. Our findings were obtained in a model with a number of methodologically desirable features. Despite this significance of the alliance-outcome relation, the effect we detected was not large and much of the alliance could have been attributable to patient differences. Therefore, we suggest caution in efforts to leverage the alliance to improve clinical outcomes.

Therapeutic alliance and symptomatic changes in psychotherapeutic treatment: a naturalistic study.

Martin Etchevers, Facultad de Psicología - Universidad de Buenos Aires; Natalia Helmich,

The objective of this study is to know what is the treatment in the public hospital environment in Argentina. Another objective of the study is to know the relationship between the alliance and the results. Various studies (Barber, Crits-Cristoph and Luborsky, 1996; Gaston, Marmar, Thompson and Gallagher, 1991) found that AT explained between 36% and 57% of the variance of the outcome at the end of therapy, as well as the studies in which they have found that AT is a good predictor of therapeutic outcome (Henry and Strupp 1994; Horvath and Symonds, 1991; Orlinsky, Grawe and Parks, 1994; Martin, Garske and Davis, 2000; Horvath and Bedi, 2002; Corbella and Botella, 2004; Horvath, Del Re, Flückiger and Symonds, 2011). A descriptive exploratory study of the evolution of the patient during the treatment is carried out. The measurements are taken in the initial, third, eighth, fifteenth and thirty sessions by applying the following questionnaires: OQ-45, SCL-90 and WAI-P. Partial results will be presented on 40 cases and their corresponding results until the fifteenth session. The instruments are applied by external evaluators at the end of the sessions. The intentional sample to be constituted by 60 adults (from 18 to 65 years) consultants of the mental health area in the Public Hospital of Argentina. Our main interest is to study the treatments in the clinical context carried out in our country, given the large number of treatments that are performed and the lack of studies of their results. (Klinar Alfaro, D., Gago, P. and Modesto, A., 2018)

Brief Paper Session

Therapeutic Relationship

Armed with Awareness: Understanding the Link between Patients' Personality Pathology and Therapists' Negative Countertransference

Shannon McIntyre, Antioch University New England; Rebecca Drill, Cambridge Health Alliance/ Harvard Medical School; Jack Beinashowitz, Cambridge Health Alliance/Harvard Medical School

According to Safran and Muran (2000), successful treatment is contingent on the therapist's capacity to negotiate the therapeutic alliance. This negotiation requires the therapist's recognition of "rupture events," or negative turns in the alliance, and "rupture markers," or patient behaviors (i.e., withdrawal or confrontation) that indicate the presence of ruptures. Due to negative countertransference, therapists may lack awareness of these cues. Therapists tend to experience negative countertransference to patients with Cluster B (i.e., Borderline Personality Disorder, and Narcissistic Personality Disorder), and Cluster A pathology (i.e., Paranoid Personality Disorder, Schizotypal Personality Disorder, and Schizoid Personality Disorder) (Betan et al., 2005). As opposed to patients with Cluster B pathology, less is known about those with Cluster A pathology -- yet, such patients are most likely to drop out of treatment (Gamache et al., 2018). More can be understood about Cluster A patients, if we consider that their interpersonal style is marked by coldness (Pincus et al., 2012; Wilson et al., 2017). As such, Cluster A patients may be more likely to react to negative turns in the alliance by withdrawing from -- rather than confronting -- their therapists. Patients' withdrawal is relatively easy for therapists' to overlook, which could lead to an accumulation of unaddressed ruptures, over time. The current paper argues that this is what leads to the negative affect (Meehan et al., 2012) and countertransference (Colli et al., 2011), which are found in the treatment of Cluster A patients. This further inhibits therapists' recognition of ruptures, which in turn, precipitates patient dropout.

Language in the Therapeutic Alliance: A Text Analysis Study of Rupture and Non-Rupture Therapy Sessions

Kendra G.M. Terry, Adelphi University, New York, USA; Conor Shanahan, Adelphi University, New York, USA; Catherine Eubanks, Yeshiva University; J. Christopher Muran, Adelphi University, New York, USA

Aims: The aim of this study is to explore types of language use in rupture and non-rupture therapy sessions and to understand what constitutes linguistic differentiation across several dimensions in the therapeutic alliance. **Methods:** The current study will perform a text analysis of 40 psychotherapy sessions from the Brief Psychotherapy Program at Beth Israel Mount Sinai (N=40). Half of the sessions have been tagged as rupture sessions (n=20), each with a non-rupture counterpart of the same dyad (n=20). Sessions were tagged as rupture sessions in which the post-session patient-rated Working Alliance Inventory score fell beneath two standard deviations of the running mean across a 30-session protocol. The non-rupture sessions 1) were within three sessions of the identified rupture sessions; 2) met or exceeded the running mean across the 40-session protocol; and 3) did not exceed the upper control limit. **Results:** In this qualitative, exploratory study, we will use a text analysis machine learning software called Voyant to analyze the output of transcripts from patients and therapists. The functions we will explore include latent semantic analysis, key words in context, scatterplot analysis of terms, and topic modeling. In this way, we will approach an understanding of linguistic patterns in moments of rupture during psychotherapy. **Discussion:** Understanding the nuance of language in both patient and therapist participants both introduces cutting edge technology to the field of psychology and helps to push the field toward tailored treatment. **Key Words:** Machine learning, text analysis, language, therapeutic alliance, rupture

Predicting psychotherapy outcome using client characteristics and the working alliance

Kevin C. David, Ohio University, Athens, USA; Timothy Anderson, Ohio University, Athens, USA

Introduction: The working alliance is the most consistent predictor of outcome in psychotherapy. Pretreatment client characteristics, such as attachment style, interpersonal problems, and expectations about counseling have likewise been shown to predict outcome in psychotherapy. These three client variables have been shown to be predictive of the working alliance, which may act as a mechanism/mediator for their prediction of outcome. Further, these three client characteristics contain theoretical overlap which has not been investigated empirically in predicting outcome. **Method:** The current study assesses the predictive ability of the Revised Adult Attachment Scale (AAS), Inventory of Interpersonal Problems (64 item version; IIP), and Expectations About Counseling -- Brief Scale (EAC) on change in Outcome Questionnaire-45 (OQ-45) scores using the Working Alliance Inventory -- Short Revised (WAI) as a mediator. The sample will consist of over 300 clients utilizing a graduate outpatient training clinic housed within a medium-sized Midwestern American university. Client variables were assessed prior to intake. WAI was assessed after each session, with the second session's score used for analysis. Outcome will be assessed (via OQ-45) for both the first 7 sessions as well as through termination (varying for each client). **Planned Analyses:** Using structural equation modeling, AAS, IIP, and EAC will be used to predict outcome in psychotherapy with WAI being included as a mediator. Direct and indirect prediction of outcome will be assessed, as will mediation and a comparison of path strengths for the three client characteristics.

Rupture-resolution processes and defense change during brief psychodynamic psychotherapy for depression

Yves De Roten, Institute of Psychotherapy, Lausanne, Switzerland; Slimane Djillali, University Mouloud Mammeri of Tizi Ouzou, Algeria; Gilles Ambresin, Institute of Psychotherapy, Lausanne, Switzerland; Jean-Nicolas Despland, Institute of Psychotherapy, Lausanne, Switzerland

Aim. According to classic psychodynamic theory, defensive functioning is supposed to be stable over time, reflecting trait-like characteristics. However, changes in defensive functioning have been shown to occur in brief therapy as the result of state changes related to the patients' crises and the therapeutic process. This study will examine how rupture- and resolution of the therapeutic alliance are related to particular change in defenses during brief psychodynamic psychotherapy. **Method.** A sample of 40 cases drawn from an RCT (20 responders and 20 non responders) were coded for defenses (using the observer-rated DMRS and psychotic-DMRS scale for session 2 and the penultimate), and for alliance ruptures and resolution (using the 3RS in sessions 2, 5, 8, and 11). **Results.** Preliminary results showed an association between frequency of ruptures and intermediate defense in the early session, and decrease in withdrawal ruptures was related to a change in the level of immature and psychotic defense. **Discussion.** Findings will be discussed in terms of mechanisms of change in psychodynamic psychotherapy.

Bridging the gap & continuing to develop professionally: A study exploring the impact of continuing professional development (CPD) activity on the practice of therapists in higher education (HE) settings

Afra Turner, Kings College London

The study examined therapists experiences of CPD taken over a 12 month period and their perception of any impact to practice working with the UK student population. The aim of this research is to better understand the effect of CPD on university based therapists practice within the current climate of annual increases in demand and presentations of complexity and risk. The study used a mixed methods approach to collect both quantitative statistical data and qualitative thematic data from an online survey of 90 HE based therapists (74.4% female, 23.3% male, 2.2% other). The preliminary findings suggest there is a strong commitment to CPD activity with interest (n=73) being the significant motivating factor in choice as oppose to professional association suggestions of a formal framework for continued learning such as appraisal (n=16) or performance review (n=2) to ensure identified gaps in knowledge/skills are addressed. Similarly, learning from experience (n=55) was deemed the 'best learning forum' with research activities (n=14) being the least preferred. Qualitative data found a perceived lack of accessible quality CPD products that specifically addressed student and staff concerns. A number of practitioners made reference to fears about 'working within a brief intervention framework with increasing complexity and risk'. Others highlighted the need for more specialist training in brief work with the student population.

Psychotherapy Training Programs around the world - A description of the training institutions participating in SPRISTAD

Armin Hartmann, University of Freiburg, Germany; David E. Orlinsky, University of Chicago, USA; Erkki Heinonen, University of Oslo, Norway; Ulrike Willutzki, ; Michael Helge Rønnestad, University of Oslo, Norway; Thomas Schröder,

In the SPRISTAD study, 56 psychotherapy training programs from 12 countries are registered (Dec 2019, will be updated May 2020). The programme directors have described their institutions and the contents of their training programmes using the TPDF (training programme description form). The context of the programmes, selection of candidates, contents and didactic approach of the programmes are described and compared. The majority of the institutions are private or university based. The programs can be differentiated along common dimensions: Psychodynamic, humanistic, experiential and/or CBT orientation, and as a further category children and youth therapy. There are considerable differences between countries concerning professions of trainees and other selection criteria. What they all have in common is a strong focus on clinical diagnostics and interventions. This study gives a first and preliminary supranational insight into the organisation and content of psychotherapy training. An even larger database would be desirable, also beyond the SPRISTAD study.

Therapist-client congruence on therapeutic alliance and distress following alliance-enhancing training: A practice-research network study

Livia Chyurlia, University of Ottawa, Canada; Camille Garceau, University of Ottawa, Canada; Stephanie Baker, University of Ottawa, Canada; Sarah Laws, University of Ottawa, Canada; Nicholas Benoit, University of Ottawa, Canada; Paula Ravitz, University of Toronto, Canada; Melyn Leszcz, University of Toronto, Canada; Jon Hunter, University of Toronto, Canada; Nancy Mcquaid, University of Ottawa, Canada; Louise Balfour, Ottawa Hospital/University of Ottawa, Canada; Giorgio Tasca, University of Ottawa, Canada

BACKGROUND: Therapeutic alliance has been extensively studied, including the more specific topic of therapist and client congruence on ratings of the alliance. Our study seeks to determine whether therapist-client dyads in which the therapist received alliance-enhancing training become increasingly more congruent with clients in their ratings of the alliance and symptoms compared to therapist-client dyads in which therapists received no training (control group). **METHOD:** Approximately 50 therapists of various professions (e.g., psychologists, psychiatrists, and social workers) were recruited through a large Canadian psychotherapy practice-research network (PPRNet) and randomized to receive training to improve the therapeutic alliance or to a no-training control condition. Therapists collected data from over 100 adult client participants, and clients were nested within therapists. Therapists and clients filled out the Working Alliance Inventory and measures of anxiety and depression after each of six consecutive early sessions of psychotherapy. Congruence was quantified as difference scores between therapist and client rating of the alliance and symptoms. **RESULTS:** Data have been collected, and forthcoming analyses will use hierarchical

linear modeling. We will evaluate differences in the growth of therapist-client congruence of alliance and symptom ratings over time between those therapists receiving alliance-focused training and control therapists. **DISCUSSION:** The results have implications for the potential benefits of professional development training to improve the therapeutic alliance and the therapeutic relationship between psychotherapists and clients in real-world clinical practice.

Training masters psychology students to develop "a new therapy for each patient".

Sandra Elisabeth Stewart, Monash University, Melbourne, Australia

Aim: To evaluate a 12-week unit for masters psychology students in tailoring therapy for individual clients. **Method:** Foundational counselling and case formulation skills are combined within an integrative theoretical framework. The unit comprises 12 x 2 hour face-to-face workshops with 0.5 hours supervised skills per workshop plus 10 hours per week online training via iSAP (integrating science and practice; Baird, 2019). iSAP is an innovative platform that facilitates deliberate practice for future health professionals using authentic cases and an iterative learning cycle of investigation, critique and application. iSAP tasks for this unit support students emerging clinical judgment and responsiveness to clients through scaffolded learning and include: opening a counselling session; microskills (e.g., questions, reflections); exploration with the emerging case formulation in mind; solution-focused questions for developing a therapeutic focus; and ending a counselling session. **Participants:** Approximately 100 masters' level psychology students at a large metropolitan university in Melbourne, Australia will complete pre-post evaluations of the unit and weekly iSAP tasks. **Results:** Unit evaluation will involve self-efficacy on core competencies for psychologists (e.g., PCES; Watt et al., 2019) and counselling skills (e.g., CASES; Lent et al., 2003). Objective assessment will involve a 20-minute counselling viva and a 2000-word case conceptualisation and intervention plan assessed against national competency frameworks. iSAP tasks will be evaluated according to student engagement and perceptions of their learning. **Findings:** It is anticipated that students' self-efficacy will increase post-training and their competence will be consistent with entry-level professional against national standards. Findings will refine unit delivery.

Brief Paper Session

Interventions for Children and Adolescents

"This Is Me Fetching Water": Studying the Effectiveness of the Storytelling/Story-Acting (STSA) Play Intervention on Ugandan Preschoolers' Drawing Characteristics

Geoff Goodman, Long Island University; Valeda Dent, St. John's University

Drawings have long been used to explore the internal worlds of children, but few studies have examined how children's mental organization as reflected in their drawings might develop through group intervention. This presentation describes a play-based intervention program conducted in rural Uganda (Goodman & Dent, 2019), exploring the children's drawings to examine whether the program facilitated their visual mental organization as reflected in the formal and content characteristics of their drawings. Ugandan children ages 3 to 5 were randomly assigned to participate in either the Storytelling/Story-Acting (STSA) play-based intervention (n = 63) or a story-reading activity (n = 60) for one hour twice per week for six months. STSA was implemented to improve school readiness skills. During each session, children were asked to make one or two drawings without any instructions. A sample of the drawings (n = 263) will be analyzed using newly designed instruments incorporating Lowenfeld's (1947) stages (formal drawing characteristics) with cultural and graphic content characteristics. Implications of the findings will be discussed as well as the benefits and challenges of conducting this unique study. The use of children's drawings as an outcome measure is an especially important consideration in developing areas of the world, where evaluation materials such as standardized tests are not validated or readily available. The use of culturally appropriate outcome measures is a critical component when working with diverse populations, and this study is perhaps the only one to use Ugandan children's drawings to gain insight into intervention effectiveness using culturally sensitive instruments.

What Do We Actually Know About Alliance Building with Youth Clients?: A Systematic Review and Meta-Analysis of Therapist Behaviors Related to Alliance Building with Youth Clients

Edmund Walter Orłowski, University of South Florida, US; Ansley Bender, University of South Florida; Marc Karver, University of South Florida

Background: While the therapeutic alliance has been recognized as an integral component of treatment outcomes (Karver, De Nadai, Monahan, & Shirk, 2018; Horvath, Del Re, Fluckiger, & Symonds, 2011),

research on developing alliance with youth clients has severely lagged behind. While prior work has examined alliance building behavior in adult clients (Ackerman & Hillsenroth, 2003; Lavik, Froysa, Brattebo, McLeod, & Moltu, 2018) there has yet to be a comparable review with youth, neglecting the notable differences between adult and youth clients that may impact therapist behavior (Zack et al., 2007; DiGiuseppe et al., 1996). Aims: The present review aimed to identify those behaviors that have been found to enhance alliance with youth clients. Methods: Following PRISMA guidelines (Moher, Liberati, Tetzlaff, Altman, & PRISMA Group, 2010), 43 studies were identified and included in the present systematic review with 11 quantitative studies included in the meta-analysis. Alliance building (N=519 participants) and inhibiting (N=600 participants) behaviors were examined as predictors of alliance. Results: The project's meta-analysis indicated both alliance building and impairing behaviors were statistically significantly correlated with alliance in the expected directions. Further, results of the systematic review revealed dimensions of alliance-building which have been neglected in the literature; greater empirical attention to these behaviors may yield important new avenues for clinical practice. Discussion: While this review suggests a relationship between therapist behaviors and alliance with youth, further investigation is needed, as there remains a paucity of research in this area. Implications for future research and clinical practice will be discussed.

School-counselling in India: The perception of parents, teachers and counsellors in Bengaluru

Malaiika Pamela Fernandes, University of Manchester, UK

Background: School based counselling has become common-place in numerous countries throughout the world. Currently, such provision in India is scarce and, although some schools do offer therapeutic resources, generally school-based counselling is not well established. This paper reports the views of relevant stakeholders upon this nascent profession. Method: This study took place in the city of Bengaluru (Karnataka) in India. 15 individuals took part in semi-structured interviews that focused on their perception of accessibility of counselling within their school setting. These included five parents, five teachers and five school counsellors. The interviews were analysed using thematic analysis guided by an ecologically informed humanistic perspective. Findings: Five major themes were arrived at through the analysis of the interviews. These highlighted the way that the support the child/young person had access to was influenced by a series of ecological factors. They included those related to their family networks, school communities and the broader political situation. Conclusion: For counselling within Indian schools to become more fully integrated, the findings evidence that a systematic approach is necessary. This would include targeted education of policy makers, school staff and the communities that they come into contact with. This work provides an important step in highlighting the challenges of developing such services in India. For many children and young people access to school-based counselling is likely to be unavailable. It is important, however, to note that the individuals interviewed were not a part of Government run schools, which often cater to lower income families.

Session Prototypes as Correlates of Outcome in a Naturalistic Study of Child Mentalization-Informed Psychodynamic Play Therapy

Sibel Halfon, Istanbul Bilgi University; Geoff Goodman, Long Island University

Objective: The first aim of this study was to determine whether child mentalization-informed psychodynamic play therapy (PDT) sessions adhered to the therapeutic principles comprising this treatment model. The second aim was to assess whether adherence to the PDT and Reflective Function (RF) session prototypes was correlated with both symptom reduction and adaptive functioning after controlling for baseline scores. The third aim was to assess whether these correlations depended on symptom constellation (externalizing-only, internalizing-only, comorbid), age, or gender. Method: The sample included 95 children with externalizing and internalizing problems. 379 sessions were rated using the Child Psychotherapy Q-Set. Outcome was assessed using the Child Behavior Checklist, Teacher Rating Form, Emotion Regulation Checklist, and Children's Global Assessment Scale. Results: Sessions adhered to RF and PDT session prototypes. Adherence to RF and cognitive-behavioral therapy (CBT) session prototypes was positively correlated with adaptive functioning. Among internalizers, adherence to the PDT session prototype was negatively correlated with internalizing behavior, while among externalizers, adherence to RF and CBT session prototypes was negatively correlated with externalizing behavior and emotion negativity. Boys and girls differed on the links between session prototype adherence and emotion negativity. Discussion: Two different "trajectories of success" are proposed for treating externalizing children.

Testing Changes in Distress, Caregiving, and Empathy in Each Parent During the Collaborative Assessment of their 7-Year-Old Daughter: A Case Study Using a Time-Series Design

J. Éric Dubé, Université du Québec à Montréal; Raphaële Noël, Université du Québec à Montréal; Gabrielle Thibodeau-Laufer, Université du Québec à Montréal; Catherine Gosselin-Leclerc, Université du Québec à Montréal

We describe a psychodynamic child-centered collaborative assessment with a family employing two assessors, two assessment rooms, and a video link. The accompanied observation of the child's testing, and the results of the assessment are used to enhance parents' understanding of their child and to facilitate change. Aim: We aimed at examining whether and when each parent's levels of distress and of caregiving on the one hand, and their levels of empathy towards their child on the other hand, would be impacted by the assessment, and whether changes would prove stable 6-weeks post-intervention. Methods: We employed a daily measures time-series design with a pretreatment baseline and follow-up period. Each parent independently filled out daily either two subscales of the Caregiving Helplessness Questionnaire or the short version of the Empathy Quotient. Results: Data analysis was conducted using Simulation Modeling Analysis for Time-Series. Results of the phase effect analyses indicate that both parents showed significant change from baseline to follow-up on the three scales. The father's distress scores improved earlier on than was the case for the mother's, though both had significantly improved at follow-up. Interestingly, whereas the father's empathy scores increased significantly from baseline to intervention and follow-up, the reverse was observed for the mother. Discussion: Collaborative assessment appears to help in reducing helplessness in parents. The seemingly opposite change paths in empathy between parents highlight particular clinical stakes for each of them in this case: gaining some separateness for the mother, and feeling less alien to his child for the father.

Brief Paper Session

Couples therapy

A study of somatic experience in couple therapy: clients' experiencing and therapists' view

Sari Kailanko, University of Jyväskylä, Finland; Stephanie Wiebe, Saint Paul University, Ottawa, Canada; Giorgio Tasca, University of Ottawa, Canada; Aarno A. Laitila, University of Jyväskylä

Aim: Attachment-based couple therapies such as Emotionally Focused Couple Therapy (EFT) view emotion as being central. In this research project, we study if therapists' focus on client somatic phenomena in EFT sessions (posture, facial expressions, non-verbal reactions) is related greater clients' affective experiencing during the session. Methods: The sample included 13 therapists from EFT training sessions - each therapist treated one couple. From transcripts of one EFT session for each therapist/couple, we coded therapists' somatic interventions (i.e., verbalizing client's bodily emotional cue). We also coded clients' depth of emotional experiencing with the Experiencing Scale (EXP; Klein et al., 1969). Further, we conducted qualitative interviews of eight of these therapists' view on the effects of paying attention to clients' non-verbal cues. Interviews were coded using interpretative phenomenological analysis (IPA; Smith, 1996). Results: Longitudinal multilevel modelling demonstrated a significant linear increase in the depth of client's experiencing across time in the EFT session. Furthermore, the clients demonstrated a significant immediate increase in depth of experiencing following each therapist's somatic intervention in the couple therapy. The IPA analysis showed that all interviewed therapists pay attention to the somatic aspects of the client during EFT sessions, and believe it is an important part of the session. Discussion: These findings suggest that therapist somatic interventions are a route to deeper experiencing for the client. Further, the somatic interventions seem to have an important role in both client's experiencing and therapists' way of working.

Couple counselling outcomes in a large-scale community sample: Depression concordance and couple effects

Naomi Petra Moller, Open University; Dave Saxon, University of Sheffield, UK; Charlie Duncan, British Association for Counselling and Psychotherapy; Gemma Ryan, British Association for Counselling and Psychotherapy; Rachel Davies, Relate

Objective: A large-scale British community sample was used to investigate the effectiveness of couple counselling in reducing depression and improving couple communication as well as whether factors including therapist and service effects influence outcomes. Method: The sample consisted of 6852 individuals (3426 couples) who had completed couple counselling with a 3rd sector national UK relationship counselling organization. Outcomes were assessed in terms of depression and couple communication.

Results: Couple counselling was found to be an effective intervention. For the sample at 'caseness' at the start of therapy, the effect size for depression was $d = 1.10$ ($N = 2014$, $d = 0.40$ for the whole sample) and for couple communication $d=0.71$ ($N=3553$; $d=.34$ for the whole sample). A MLM analysis found that couple concordance on depression predicted individual outcomes and that couple effects explained 20.6% of the variability in depression outcomes and 39.9% of the variability in couple communication outcomes. Conclusions: The analysis of the biggest couple counselling sample yet published suggest that couple therapy is an effective therapy for individual depression and dyadic communication concerns and that individual outcomes are strongly impacted by couple effects and couple depression concordance.

Physiological synchrony in couples therapy: Processes and outcomes

Julia Bernards, Brigham Young University, Provo, USA; Angela Bradford, Brigham Young University, Provo, USA

Researchers have long examined dyadic physiological synchrony in psychotherapy; in this study we expand synchrony research into the triadic setting of couples therapy. Developing on a previous multi-case comparative study of two couples who significantly improved and two who declined across four sessions of couples therapy, we are examining synchrony in both the sympathetic nervous system (SNS) and parasympathetic nervous system (PNS) using the measures of skin conductance (SC) and respiratory sinus arrhythmia (RSA), respectively. Data collected in-session will examine how SNS and PNS synchrony between husband, wife and therapist relate to therapy processes and couple outcomes, as measured with pre- and post-test administrations of the Couple Satisfaction Index (CSI-16). Synchrony and the in-session processes related to synchrony are examined qualitatively and quantitatively. SNS synchrony was measured both by correlating normed SC responses (SCRs) and using concurrent SCRs of at least +1SD from each individual's session mean (events). Synchronous events were then coded for content using video recordings. Results indicated that while SNS synchrony may not in itself be a reliable indicator of outcomes in couples therapy, the processes corresponding to moments of synchrony may be. This study adds simultaneous PNS data for the same cases, offering a more robust view of the physiological processes in play in couples therapy. Mutual influences on RSA and a qualitative and quantitative investigation of instances of synchrony will be examined in relation to SNS data. We will expand on whether and how in-session physiological synchrony is related to outcomes in couples therapy.

The Effect of Daily Positive Events on the Daily Relationship Of Clinical Couples

Kayla D. Mennega, Brigham Young University, Provo, USA

Positive and adaptive processes have been historically studied to help researchers understand the impact of events in an individual's life. Likewise, positive and adaptive processes can be explored to understand the impact that such events have on couple satisfaction for both males and females. Therefore, the influence of daily positive events on daily couple relationship satisfaction in clinical couples was studied. Intensive longitudinal methods were used to collect data from 33 couples over the first four weeks of couple therapy. Random effects multilevel models were used to account for the nested nature of the data. Results show that positive events impact both male and female daily relationship satisfaction. On any given day, individuals who report positive events also show a significant impact on individual daily relationship satisfaction. Findings also suggest that females report more positive events compared to their male partners. Additionally, positive events tend to occur more frequently in the evening. Findings from the study suggest that daily positive events have a significant impact on both partners' relationship satisfaction, as well as points to times during the day when positive events are not being utilized. With such influence of positive events, it would be useful for therapists to work with clients and provide interventions and homework to notice positive events throughout the day.

The Instrumental Third Wheel: Therapist Effects in Couples Therapy at a University Counseling Center

Rick Miller, Brigham Young University, Provo, USA; Davey Erekson, Brigham Young University, Provo, USA; Shayne Anderson, Brigham Young University, Provo, USA; Adam Fisher, Brigham Young University, Provo, USA

Research regarding therapist effects in couples therapy is limited--in fact, we are aware of only a single article directly addressing this topic (see Owens, Duncan, Reese, Anker, and Sparks, 2014). In their study including 158 couples, they found that therapists accounted for 8% of the variance in psychotherapy outcome. In order to replicate and expand upon these findings, we examined session-by-session OQ-45 scores for 1,201 couples and 7,369 sessions at a university counseling center. Although we are currently in the data-analysis stage, we plan to determine the percent of the variance associated with therapists in our sample, as well as the effect of therapist training and experience on couples psychotherapy outcomes. We

also plan to examine therapist interactions with specific types of clients, and how individual outcome patterns in couples therapy interact within the dyad to predict final therapy outcome. These effects will be examined using hierarchical linear modeling, where individual OQ-45 scores are nested within dyads, which are in turn nested within therapists. To our knowledge, this is the largest scale study to date examining therapist effects in couples therapy.

Brief Paper Session

Internet Interventions

Effectiveness and cost-effectiveness of internet-delivered interventions for depression and anxiety disorders in a routine clinical setting: A Randomized Control Trial

Derek Richards, Trinity College, Dublin, Ireland; Daniel Duffy, Trinity College, Dublin, Ireland; Caroline Earley, Trinity College, Dublin, Ireland; Nora Eilert, Trinity College, Dublin, Ireland; Angel Enrique, Trinity College, Dublin, Ireland; Matthew Franklin, University of Sheffield, UK; Jorge Palacios, Trinity College, Dublin, Ireland; Ladislav Timulak, Trinity College, Dublin, Ireland

Background and aims: The utilization of internet-delivered interventions in stepped-care, collaborative care models is a potential solution for addressing treatment gaps in mental healthcare. We aimed to test the effectiveness and cost-effectiveness of supported internet-delivered interventions for depression and anxiety within a routine care setting, and to explore the maintenance of effects up to 12 months post-baseline. **Methods:** 361 participants, referred for symptoms of depression and anxiety, met the inclusion criteria and were randomly allocated to internet-delivered cognitive-behaviour programs (iCBT) for depression and anxiety (n = 241) or a waiting-list group (n = 120). Main outcomes were measures of depression (PHQ-9), anxiety (GAD-7) and functional impairment (WSAS). Health-related quality of life (EQ-5D-5L) and health-resource utilization (CSRI) were collected to measure cost-effectiveness. Diagnostic clinical interviews were administered at baseline and 3 months. **Results:** The intervention was effective in improving depression (b=-2.77, t(287)=-4.32, p<.001), anxiety (b=-2.79, t(287)=-4.54, p<.001) and functional impairment (b=-2.63, t(287)=-2.67, p=.008) compared to the waiting-list group at 8 weeks. For those in the intervention group, there was a further significant improvement from 8 weeks to 12 months in depression and anxiety symptoms. Probability of cost-effectiveness was favourable (i.e. >.50), and this probability increased to >.90 when extrapolating outcomes and costs of the control group beyond 8 weeks. **Conclusions and Relevance:** The setting and design of the trial maximize the ecological validity of the findings, and positive results on effectiveness and cost-effectiveness enhance the potential of iCBT implementation and delivery to improve clinical outcomes at scale in a cost-effective manner.

Following up Internet-Delivered Cognitive Behaviour Therapy: A recurrent, cross-sectional mixed methods exploration of the use of CBT skills across multiple follow-up timepoints

Nora Eilert, Trinity College, Dublin, Ireland; Derek Richards, Trinity College, Dublin, Ireland; Ladislav Timulak, Trinity College, Dublin, Ireland

Background: Internet-delivered Cognitive Behaviour Therapy (iCBT) has previously been found to effectively treat anxiety and depression. However, gaps in the literature remain around the durability of iCBT outcomes and mechanism of change involved. **Aims:** The study aimed to investigate how iCBT effects are maintained into follow-up by exploring one potential mediator of effect maintenance, the use of CBT-related skills. **Method:** Nested within a large pragmatic Randomised Controlled Trial, 241 intervention-group participants completed measures of anxiety, depression and functioning before and after receiving 8-weeks of clinician-supported iCBT, and at 3-, 6-, 9- and 12-month follow-up. Across follow-up timepoints, participants answered three open-ended questions about their use and experiences of CBT skills in written format. Qualitative analysis followed the descriptive/interpretive approach and was used to create a taxonomy, through which qualitative data was then coded. Descriptive and inferential statistics were used to explore changes in CBT skills usage and experiences over time and across subgroups. **Results:** Analyses revealed participants' use of a wide range of CBT skills, associated helpful and hindering experiences as well as the processes by which individuals' select, tailor and practice CBT skills. Reasons for discontinued skills usage are highlighted and associations between post-treatment skills usage and in-treatment processes explored. **Discussion:** This study represents one of few to explore individuals' use of CBT skills post-treatment, not only in the context of iCBT but CBT generally, and informs underresearched questions around the mechanisms that maintain treatment effects. Study limitations are discussed and opportunities for future research and clinical application described.

Therapeutic alliance in an online guided self-help for anorexia nervosa

Gaia Albano, University of Palermo, Italy; Dennis M. Jr Kivlighan, University of Maryland, College Park, USA; Valentina Cardi, King's College London; Janet Treasure, King's College London; Gianluca Lo Coco, University of Palermo, Italy

AimThis study examined the relative importance of patient and mentor variability in working alliance in online guided self-help (GSH) intervention for adult anorexia nervosa (AN).
MethodsThis is a secondary data analysis from a multicentric RCT testing the efficacy of an online six-week GSH intervention (RecoveryMANTRA) for patients with AN attending outpatient therapy. Ninety-nine patients (mean age=26.6) received RecoveryMANTRA and completed the Eating Disorder Questionnaire (EDE-Q) and a 2-item Visual Analogue Scale to measure working alliance (WA) with the mentor delivering online guidance, every week for six weeks. A three-level Hierarchical Linear Modeling was used to analyze the data.
ResultsAs predicted, EDE-Q scores were lower during weeks when patients reported stronger WA with their mentors ($G100 = -.04(-.06)$, $p = .039$). The within-mentor WA hypothesis was supported. Patients who reported stronger WA with a mentor, compared to the ratings provided by patients working with the same mentor, had lower EDE-Q scores ($G010 = -.11(-.18)$, $p = .018$). Contrary to our prediction, between-mentor WA was not related to EDE-Q scores ($G010 = -.02(-.10)$, $p = .758$).
DiscussionThe current study was the first to analyze the association between patients' perception of WA with mentors delivering online guidance and clinical outcomes from online GSH. Our findings suggest that it is the patient variability in the alliance that is related to outcomes, whereas the therapist variability in the alliance is not related to outcome. Further research is needed to examine what patient characteristics account for the contribution to foster alliance and improve outcome.

Therapists' experiences about alliance, communication, and program suitability in a blended online intervention to promote resilience after a natural disaster

Zhaoyi Chen, Ferkauf Graduate School of Psychology, Yeshiva University; Vera Békés, Ferkauf Graduate School of Psychology, Yeshiva University; Geneviève Belleville, Laval University, Canada; Jessica Lebel, Laval University, Canada; Marie-Christine Ouellet, Laval University, Canada; Charles Morin, Laval University, Canada; Nicolas Bergeron, Doctors of the World, Canada; Tavis Campbell, University of Calgary, Canada; Sunita Ghosh, University of Alberta, Canada; Stéphane Bouchard, Université du Québec en Outaouais, Canada; Stephane Guay, University of Montreal, Canada; Frank Macmaster, Alberta Health Services, Canada

Despite many advantages, online forms of interventions are still underutilized. One major reason lays in the shared concern about the efficiency of such programs due to doubts regarding the (1) ability to build alliance, (2) communicate emotions and feeling empathy via an online platform, as well as (3) concerns about the suitability of online therapies for certain type of clientele. Our study aimed to examine therapists' experiences with these common concerns after participating in an online, therapist-assisted intervention. The RESILIENT intervention was developed to promote resilience after a natural catastrophe in Alberta, Canada by providing survivors a 12-module program focusing on improving posttraumatic stress, insomnia, and depression symptoms. We used focus group design to collect data from participating therapists, and thematic analysis to identify common themes. We found that therapists were pleasantly surprised by the ease of developing strong alliance with their clients, and felt that the online platform did not hinder their ability to perceive the client's emotions and feel empathy towards them. At the same time, they identified unique advantages (e.g. being more at ease) and disadvantages (e.g., lack of nonverbal cues) compared to face-to-face therapy. Finally, severe symptomatology and discrepancy between client expectations and the intervention indicated low suitability between client and intervention. Client engagement in the program appeared to be an underlying theme that had a fundamental impact on alliance, communication, and ultimately, treatment efficiency. We proposed several approaches to improve such interventions, online intervention-specific knowledge and skills for clinicians, and other suggestion for improvement.

Brief Paper Session

New technologies

'Turned-on': Understanding personality sub-type differences in patients presenting with problematic online sexual behaviour

Alexandra Leigh Busse, Tavistock Clinic, London, UK; Felicitas Rost, Tavistock Clinic, London, UK; Imke Ahlers, Tavistock Clinic, London, UK; Nikolas Heim, Tavistock Clinic, London, UK

Background: The advent of virtual platforms such as social media and streaming sites has made the production and decimation of sexual materials easier than ever, with the added capability provided by smart

technology to allow access to these online platforms in any place or time. The 'always on' ability to engage in online sexual activity has created an unprecedented quandary for many mental health care professionals. Patients presenting with problematic online sexual behaviour have exponentially increased, raising questions as to how psychotherapy treatment for such individuals can be tailored in order to best address this problem. Aim: The aim of this study is to investigate whether there are defining personality differences or sub-types within a patient population identified as having problematic online sexual behaviour seen at an outpatient psychotherapy clinic in the UK. Method: Clinicians rated the Shedler-Westen Assessment Procedure (SWAP-200), a 200-item Q-sort measure that assesses personality (dys)-function, for 195 patients. Q-analysis or by-person Factor Analysis was subsequently used to detect naturally occurring clusters of underlying personality features. Results and Discussion: The study is ongoing and analysis will be completed by the time of the conference. The outcome of this study will be presented with the intention of discussing results that may help indicate future directions in understanding how personality differences amongst those experiencing problematic online sexual behaviour can help tailor psychotherapy treatment to better suit patient needs.

Do patients form an alliance with the program or the therapist in internet-based treatment? A new scale to measure the full experience of the working alliance in internet-based treatment.

Dina Zalaznik, Hebrew University, Jerusalem, Israel; Jonathan D. Huppert, Hebrew University, Jerusalem, Israel

The role of internet-based treatments (IBT) for mental disorders is growing. Programs employing human support yield better outcomes than those without support. Therapeutic alliance may be a critical element in this support. However, an examination of commonly used scales measuring the therapeutic alliance raises questions in terms of the compatibility of such scales to describe the full experience of the alliance in IBT. To address these issues, we adapted the Patients' Experience of Attunement and Responsiveness scale (Snyder & Silbershatz, 2016) to examine responsiveness and attunement regarding both therapist and program (I-PEAR). The I-PEAR scale for the patient's perspective is a self-report measure that includes two subscales. The first subscale is related to the relationship with the therapist and measures the patient's experiences of acceptance, sense of accomplishment, and helpfulness via text exchanges with the therapist. The second subscale is related to the relationship with the program and measures the patient's experience towards the program's content regarding its helpfulness and a sense of accomplishment. The I-PEAR for therapist perspective reflects two distinct dimensions: the therapist's view of how empathically attuned they are with the patient and how much the therapist thinks the patient feels the treatment is helpful. In the current study, I will present results of the I-PEAR for IBT for panic in 70 patients. Overall, results indicate that both parts of the patient I-PEAR were related to outcomes and to dropout. Results support the validity of the I-PEAR in terms of its predictive value.

Impact of digital technologies on intimate relationships and therapeutic practice with couples

Andreas Vossler, The Open University; Naomi Petra Moller, Open University

Aims: Digital technologies have transformed the ways people relate to their partners in intimate relationships, both fostering and disrupting relationships sexually and emotionally. While research on the role of digital communication has increased in the last decade, not much is known about the impact of digital technologies on intimate relationships and the experiences of relationship therapist of working with issues arising from the use of digital technologies. The lack of research means that there is little empirical basis for therapeutic work to support couples in dealing with issues arising from their digital communication. Method: This study was conducted in collaboration with the London-based couple counselling organization Tavistock Relationships (TR). Data was collected via two focus groups with eight TR couple therapists who all described their therapeutic orientation as psychodynamic/psychoanalytic. The couple therapists were recruited through TR (via emails and practitioner part of the TR). Thematic analysis was used to analyze the focus group data. Results: Generally participants' reported both aspect of digital communication that can enhance intimate relationships as well as problematic impact they experience in their practice. Themes that were identified include the use of devices to regulate closeness/distance in the relationship; the exacerbating and addictive nature of online activities and the potentially impeding effect they can have on the couples' intimacy/sexuality. Discussion: The study findings have implications for training and practice of practitioners and can help to improve the therapeutic work with partners who present issues arising from the use of digital technologies in couple therapy.

Linking Personality Functioning, Daily Situations and General Psychopathology in a Large Sample of Users of a Mental Health App

André Kerber, Freie Universität, Berlin, Germany; Johannes Ehrental, Heidelberg University, Germany; Christine Knaevelsrud, Freie Universität, Berlin, Germany; Johannes Zimmermann, Universität Kassel, Germany; Sebastian Burchert, Freie Universität, Berlin, Germany; Christine Knaevelsrud, Freie Universität, Berlin, Germany

In the ICD-11, categorical personality disorder classification will be replaced by the dimensional assessment of personality functioning and maladaptive traits. Since the introduction of the dimensional assessment of personality pathology in the DSM-5, a number of studies have established links between maladaptive personality traits and transdiagnostic variables such as emotional regulation, dysfunctional beliefs or maladaptive schemas, interpersonal problems and neuronal connectivity. From longitudinal studies on the mutual influence of life events and personality, a prospective relationship between neuroticism and negative life events is known. It can therefore be assumed that personality function has both a direct (transdiagnostic variables) and indirect (negative life events) effect on the development and course of mental disorders. Methods: In the present study, data of N = 62124 users of a mental health app were investigated. Besides a short measure of personality function, mood, emotions, negative and positive life events as well as symptoms of anxiety and affective disorders were ambulatory assessed. Based on this, longitudinal structural equation models were calculated. Results: The results show substantial associations of personality function with psychopathological distress and negative affect. In addition, personality function was able to predict negative life situations, which in turn led to an increase in psychopathological distress. Thus, both direct and indirect effects of personality function on the development and course of mental disorders could be confirmed. The use of dynamic structural equation models and the implications for psychological interventions are discussed.

Cross-regional prediction of patient response to psychotherapy in the IMPACT trial, a comparison of traditional vs machine learning model-building approaches

Colin Xu, University of Pennsylvania, Philadelphia, USA

"Developing models that can accurately predict patients' prognosis in psychotherapy is an important step towards personalized treatment. Many methods of modeling prognosis have been proposed, however, few researchers have compared the ability of these models for generalizing to data from different populations. We are conducting a study comparing the ability of machine learning algorithms to predict psychotherapy outcomes across patients from different geographical regions. The IMPACT trial is an RCT comparing brief psychosocial intervention, cognitive-behavioural therapy, and short-term psychoanalytic psychotherapy in 465 adolescents with major depression. The trial was conducted in three regions in the UK. Models will be built using baseline demographic and clinical variables to predict individual patient outcomes. Data will be divided into the three regions, with model tuning and building conducted within one region, and the final models produced by each model building approach and evaluated in the other two regions. Thus, we can compare the performance of models to make generalizable predictions across regions of the UK. Traditional (simple linear regression, multiple linear regression, and stepwise regression) model-building and supervised machine learning methods (elastic net regularization, bootstrapped stepwise regression, random forests, support vector machines, and ensemble approaches) will be evaluated. This study will be the first systematic comparison of machine-learning approaches for predicting patients' psychotherapy outcomes across regions within a country. Evaluating the cross-regional performance of model building approaches allows us to compare approaches for their ability to make generalizable predictions, and is an important step towards generating personalized treatment algorithms."

Brief Paper Session

Psychotherapy Outcome

Anxiety and personality disorder - an RCT on longterm cognitive behavioral therapy vs. psychoanalytic therapy

Henning Schauenburg, Heidelberg University, Germany; Dorothea Huber, International Psychoanalytic University Berlin; Hermann Staats, University of Potsdam; Miriam Henkel, University of Kassel; Silke Wiegand-Grefe, University Medical Center Hamburg-Eppendorf, Germany; Cord Benecke, Universität Kassel, Germany

Background: The APS study is a large randomized-controlled comparative study between behavioral therapy (CBT) and psychoanalytic therapy (PA). It is based on a long term follow up and recruitment started in 2012. It compares the therapy of patients diagnosed with panic disorder and accompanying personality disorders.

Experience shows that therapy with this group is complex and protracted. It often has the indication for a long-term psychoanalytic therapy. Evidence for the effectiveness of psychoanalysis in anxiety disorders however is limited. Among other things, the study aims to remedy this deficiency. Methods: Multi-centre randomised controlled longitudinal study, five centres. Therapies are carried out within the framework of the medical care system of the Federal Republic of Germany. Sample: 248 randomized patients, 168 started therapies. Last recruitment autumn 2017. Expected end of the last 6-year follow up is 2023. 120 therapies completed so far. Average session duration 38.8 sessions CBT, 158 sessions PA. Result: At a drop-out rate of approximately 20%, so far about two thirds of the therapies could be completed. For the first cases, 6-year follow-ups are available. Preliminary results are reported which indicate comparable efficacy in the first year of treatment. In the further course, the behavioural therapies are terminated after an average of 16 months, the PA after 26 months. The overall curve clearly shows that the shorter behavioural therapy achieves a primarily good recovery, but that the patients remain within the range of a still burdened population with regard to various symptom areas and personality traits. Patients in the significantly longer psychoanalytic therapy approach a healthy population. Discussion: This is a randomized comparative study of a difficult clinical population. The comparable efficacy of CBT and PA on acute symptoms was again demonstrated. Initial, but not yet really robust, indications of the benefit of long-term continuation of therapy were found. The study will in the future provide many opportunities to test long-term psychotherapeutic change processes and their stability.

Does skill dose matter for residential eating disorder treatment outcomes?

Adela Scharff, SUNY at Albany, USA; James F. Boswell, University at Albany/SUNY, USA; Gayle Brooks, The Renfrew Center

Aims. The Renfrew Treatment Model (RTM) for eating disorders (EDs) includes three sequential treatment stages. Engaging (E) Stage includes psychoeducation and exercises to increase motivation. In Acquiring (A) Stage, patients practice coping with difficult emotions and are introduced to exposure principles. In Transforming (T) Stage, patients engage in diverse exposures. Patient stage progression during residential treatment depends on behavioral improvement and understanding of RTM content. Due to practical limitations, patients often leave treatment before completing all RTM stages. This study aims to explore stage completion rates and associations between stage completion at residential discharge and indicators of treatment outcome. Method: From a sample of $N = 1128$ female ED patients, we will present descriptive results and results from inferential tests of stage completion as a predictor of ED, depression, and anxiety outcomes. Results: Among the patients, 29.9% discharged in E stage, 58.5% in A stage, and 11.6% in T stage. Length of stay (LOS) was associated with stage completion ($F[2,1024] = 52.10, p(t).001$). We assessed improvement in outcomes from the beginning of treatment to six-month follow-up for the three stage groups. Effect sizes (d s) for patients who left in E stage ranged from 0.56-0.73; A stage, 0.61-0.90; T stage, 0.91-1.25. For all patients, the largest effect sizes were found for ED symptoms. Discussion: Trajectories of change will also be explored with hierarchical linear modeling. Results suggest that completion of each stage of the RTM is associated with incremental benefits not explained by the number of days spent in residential treatment.

The Outcome of Humanistic-Experiential Psychotherapies: 2019 Meta-analysis Update

Robert Elliott, University of Strathclyde, Glasgow, UK; Jason Sharbanee, Edith Cowan University, Australia; Ladislav Timulak, Trinity College, Dublin, Ireland; Jeanne Watson, University of Toronto, Canada

We updated our previous reviews of outcome evidence evaluating humanistic-experiential psychotherapies (HEPs), including person-centred, emotion-focused, supportive/ nondirective, gestalt/ psychodrama and other HEPs. Beginning with a data set of nearly 30,000 possible HEP outcome studies published between 2009 and 2018, we identified 91 new outcome studies. We found the following: First, HEPs were associated with large pre-post client change, which was maintained over follow-up. Second, in controlled studies, clients in HEPs generally showed large gains relative to clients who received no therapy. Third, in comparative outcome studies, HEPs in general were equivalent in effectiveness to other therapies. Fourth, overall, CBT appeared to have a trivial advantage over HEPs. However, this effect appeared to be due to non-bona fide treatments usually labelled by researchers as supportive or nondirective, which were generally less effective than CBT. These therapies were typically delivered when there was a negative researcher allegiance and in non-bona fide versions. Unfortunately, levels of researcher allegiance in the current sample were so high it proved difficult to control for them statistically, leading to an equivocal finding in favor of CBT over person-centered therapy, in contrast to the clear equivalence finding we reported in our previous reviews. Going beyond these general conclusions, we found empirical support for the application of HEPs in six important client populations: depression, relationship/interpersonal problems, anxiety, coping with chronic medical conditions, psychosis, and self-damaging activities. Interest: humanistic-experiential psychotherapies

Trans-diagnostic versus Diagnosis-specific Cognitive Behavior Therapy for Depression and Anxiety Disorders: A Randomized Controlled Non-inferiority Trial (TRACT-RCT)

Nina Reinhold, University of Copenhagen, Denmark; Morten Hvenegaard Christensen, ; Anne Bryde Christensen, University of Copenhagen, Denmark; Anita Eskildsen, ; Carsten Hjortshøj, ; Stig Poulsen, University of Copenhagen, Denmark; Mikkel Arendt, ; Nicole Rosenberg, ; Jasmin Gryesten, ; Anja Alroe, ; Clas Winding Christensen Christensen, ; Ruth Aharoni Nielsen, ; Sidse Arnfred,

Background: The Unified Protocol for Transdiagnostic Treatment of Emotional disorders (UP) has been developed to ease access to evidence-based psychological treatments for anxiety, depression, and related emotional disorders in routine clinical practice. Application of the UP for groups needs adequate testing. **Objective:** We investigated the relative efficacy of the UP compared to diagnosis-specific cognitive-behavioral therapy (dCBT) delivered in groups for patients with anxiety or depressive disorders in Danish outpatient Mental Health Services. **Methods:** In this non-inferiority, multi-center, randomized clinical trial, patients were randomly assigned by principal diagnosis to receive 14 2-hour weekly sessions in mixed anxiety and depression UP groups or single-diagnosis dCBT groups. The primary outcome was WHO Five Well-being Index measured at end-of-treatment. The non-inferiority limit was set to 9 WHO-5 points. **Results:** 291 patients were included. We found a non-significant difference of -2.94 (95% CI: -8.10 to 2.21) WHO-5 points after treatment, which was considered a non-inferior result based on the 95% CI. Differences between conditions on other outcomes were small and non-significant. At 6-months follow-up, we found a statistically significant mean difference in WHO-5 scores (-6.42, 95%CI: -0.53 to -12.31), which indicates that inferiority of the UP to dCBT in well-being over the longer term cannot be ruled out. We found no evidence of a difference between conditions on other outcomes at end-of-treatment or 6-months follow-up. **Discussion:** To our knowledge this is the first randomized clinical trial to report on group UP compared to gold standard dCBT. Clinical implications of the results are discussed.

Psychoanalytic and cognitive-behavioral long-term therapy of chronically depressed: Symptomatic and structural outcomes

Manfred Beutel,

The naturalistic RCT aims to compare long-term outcomes of psychoanalytic and cognitive-behavioral therapy for chronically depressed patients. Patients were either assigned according to their preference or randomized to psychoanalytic (PAT) or CBT treatments. Main outcome measures are depression self-rating (BDI) and (blinded) clinician-ratings by QIDS-C. Structural changes are also assessed by the Operationalized Psychodynamic Diagnostics (OPD). A total of 252 adults met the inclusion criteria (aged 21-60 years, major depression, dysthymia, double depression for at least 24 months, [QIDS-C]) by independent, treatment-blinded clinicians. We found substantial improvement (BDI overall mean effect sizes increased from $d=1.17$ after 1 year to $d=1.83$ after 3 years). BDI remission rates increased from 34% after 1 year to 45% after 3 years., and QIDS-C remission rates rose from 39% after 1 year to 61% after 3 years. Despite different intensities of treatment (PAT mean of 234 sessions over 36 vs. 57 sessions over 15 months in CBT), we found no significant differences between treatments, nor between preferential and randomized allocation. Structural changes were comparable after 1 year (PAT, 26.3%, CBT 24.4%); after 3 years, however, these were more frequent in PAT (59.6) vs. CBT (35.6). Interestingly, the presence of structural change was strongly associated with improvement in PAT, but not in CBT. Based on participants' chronic course of depression and previous unsuccessful treatments, long-term treatments are warranted. Against the background of limitations (drop-outs in the long trial, different intensities) we discuss the significance of different assessments of long-term outcome for different treatments.

Brief Paper Session

Outcome Measurement

A Series of Meta-Analytic Tests of the Efficacy of Long-Term Psychoanalytic Psychotherapy

Christian Franz Josef Woll, Ludwig-Maximilians-Universität, Munich, Germany; Felix D. Schönbrodt, Ludwig-Maximilians-Universität, Munich, Germany

Adult patients suffering from a chronic mental disorder, more than one mental disorder, or a personality disorder might need more extended treatments. A more extended form of psychotherapy is long-term psychoanalytic psychotherapy (LTPP). Our first goal was to reproduce the most recent meta-analysis by Leichsenring, Abbass, Luyten, Hilsenroth, and Rabung (2013) who found evidence for the efficacy of LTPP in

the treatment of complex mental disorders. Our replicated effect sizes were in general slightly smaller. Second, we conducted an updated meta-analysis of randomized controlled trials comparing LTPP (lasting for at least 1 year and 40 sessions) to other forms of psychotherapy. We focused on a transparent research process according to open science standards and applied a series of elaborated meta-analytic procedures to test and control for publication bias. Our updated meta-analysis comprising 191 effect sizes from 14 eligible studies revealed small, statistically significant effect sizes at post-treatment for the outcome domains psychiatric symptoms, target problems, social functioning, and overall effectiveness (Hedges' g ranging between 0.24 and 0.35). The effect size for the domain personality functioning (0.24) was not significant ($p = .08$). No signs for publication bias could be detected. In light of a heterogeneous study set and some methodological shortcomings in the primary studies, these results should be interpreted cautiously. In conclusion, LTPP might be superior to other forms of psychotherapy in the treatment of complex mental disorders. In addition to our results presented in the paper, we will present further sensitivity and subgroup analyses.

Clinicians' Perceptions of Nomothetic and Idiographic Approaches to Routine Outcome Measurement and Clinical Feedback

Matteo Bugatti, University at Albany/SUNY, USA; James F. Boswell, University at Albany/SUNY, USA

Rates of deterioration, non-response, and attrition among psychotherapy clients are unsatisfactorily high. Patient-focused research is addressing these issues by promoting treatment personalization and clinical responsiveness. Routine outcome monitoring (ROM)-based clinical feedback has demonstrated superior utility in facilitating clinical responsiveness. However, many clinicians report reservations regarding its credibility, relevance, and usefulness, which may be a function of reliance on nomothetic measures. Idiographic measures capturing client-specific goals have the potential to overcome these obstacles. Nonetheless, little is known regarding clinicians' perceptions of the clinical utility of idiographic ROM-based clinical feedback. The present study addressed this gap in the literature by investigating whether the nature of the feedback measure (i.e., nomothetic or idiographic) affected clinicians' perceptions of feedback's credibility, relevance, and usefulness. Three hundred psychotherapists were randomized to one of three conditions presenting them with a clinical vignette and either: (a) idiographic clinical feedback, (b) nomothetic clinical feedback, or (c) a combination of (a) and (b). We plan on employing multivariate statistical procedures to compare participants' perceptions of the feedback's credibility, relevance, and usefulness across conditions, while also examining the contribution of additional clinicians' characteristics (e.g., theoretical orientation). Potential findings yielded by the present study could have a significant impact on the implementation of ROM-based clinical feedback, a readily available evidence-based strategy supporting the personalization of psychological interventions, offering evidence in support of the integration of idiographic measures.

Making routine outcome and process measurement flexible and personal

Peter Sanders, Utah Valley University; Philip Scott Richards, Center for Change of Universal Health Services, Inc.; Jason McBride, Alliance Behavioral Health

AimRoutine outcome monitoring (ROM) is a widely endorsed practice in research circles, but has not achieved widespread implementation in routine practice. One reason for this is the lack of personalization available in most systems, preventing therapists from assessing their most important process and outcome needs. The purpose of this paper will be to present research findings about the Bridges Assessment System (BAS), a software we developed to facilitate routine outcome and process monitoring in way that is appealing to clinicians. **Methods**The software was designed as a part of a multi-national project that included 20 studies performed in over 10 countries. The BAS allows treatment sites to implement a battery of client administered and therapist administered surveys, and providing reporting for any unique measures added. The BAS has a survey building interface, allowing researchers and treatment sites to add new items and measures to the system, and to have the results of these measures scored and displayed in a real-time feedback report. Additionally, measures can be scheduled to be administered at specific sessions or intervals, allowing more personalized assessments at minimal burden to clinicians, clients, and administrative staff. **Results**Results of a user experience survey, interviews of psychotherapists who have used the BAS, and treatment process and outcome data from three treatment sites will be presented.**Discussion**The research findings provide evidence concerning the usefulness of the BAS in assessing outcomes and processes in psychotherapy in a flexible and personally tailored way.

What too much method obscures about the validity of outcome measures.

Mattias Desmet, Ghent University, Belgium

To assess the outcome of psychotherapeutic treatments, psychotherapy researchers often compare pre- and post-treatment scores on self-report outcome measures. In this paper, the common assumption is challenged that pre-to-post decreasing and increasing outcome scores are indicative of successful and failed therapies, respectively. The outcome of 29 psychotherapeutic treatments is evaluated by means of quantitative analysis of pre- and post-treatment scores on commonly used outcome measures (such as the Symptom Checklist -- 90 -- R, the Inventory of Interpersonal Problems, and the General Health Questionnaire -- 12) on the one hand and consensual qualitative research on the other hand. Overall, a moderate to low convergence between qualitative and quantitative evaluations of outcome was observed. Detailed analysis of 5 cases are presented in which pre-to-post comparisons of outcome measures proved misleading. It is concluded that psychotherapy outcome research might benefit from assessment strategies that are sensitive to the singularities of individual treatments and to the complexity of the phenomenon of therapeutic outcome. Furthermore, classical psychometric evaluations of the validity of outcome measures might be supplemented with less-systematic evaluations that take into account any contingent source of information on outcome.

Brief Paper Session

Trauma and Grief

Exploring sub-types in experiencing self-harm among girls in adolescence - the punished self, the unknown self and the harmed self

Line Indrevoll Stänicke, University of Oslo, Norway

Self-harm among adolescents has increased the last years. Self-harm is associated with mental illness and the risk of suicide but there is a diversity among self-harming adolescents. Some young girls and boys quit after a few attempts, some after a few years, and others continue into adulthood. Some studies find sub-groups regarding methods of self-harm and symptoms of mental illnesses by using questionnaires. In this brief paper, I will present results from a qualitative study which aims to elucidate differences in girls' experiences of their own self-harm. Nineteen girls (13-18 years of age) in a clinical population (strategic selection) participated in personal interviews analyzed by Interpretative Phenomenological Analysis in addition to interviews on attachment, symptom diagnosis and personality disorder. Data-analysis resulted in three sub-types with essential features of different self-states and ways of acting out during self-harm: 1. The punished self -- I deserve it, 2. the unknown self -- I don't want to feel anything, and 3. the harmed self - I'm harmed, and no one cares. These three sub-types are discussed as indications of diverse capacity of affect-integration among self-harming girls, and explored as indications of emerging conflictual, undeveloped or disturbed self-representations which may contain experiences of self that need to be processed and integrated in different degrees. Although the sample is too small to generalize the results quantitatively, persons associated with sub-type #3 showed less frequent but more impulsive and extensive self-harm and reported more severe mental illnesses and suicide attempts. This knowledge may enhance self-understanding and treatment motivation among adolescents and could increase their families' and clinicians' understanding of self-harm.

Loss Narratives and their Relationship with Treatment Outcome in Prolonged Grief Disorder Patients

Tuvia Peri, Bar Ilan University; Rivka Tuval-Mashiach, Bar Ilan University; Jonathan Schler, Bar Ilan University

Aim: Prolonged grief disorder (PGD) causes significant impairment in approximately 7% of bereaved people. Although cognitive behavior therapy (CBT) has been shown to effectively treat PGD the mechanisms of change underlying it still need to be studied. The theoretical hypothesis guiding the current study is that intrusion symptoms of PGD i.e. painful yearning for deceased are related to impairment in memory processing of the loss. Consequently, this study analyzed loss narratives of PGD patients recorded before and after Narrative Reconstruction therapy (Peri et al., 2016) and their relationship with treatment outcome. Methods: 20 patients diagnosed with PGD were treated effectively with narrative reconstruction showing significant reductions on the PG-13 from before to post therapy. Spontaneous narratives recorded before therapy and after therapy were analyzed using structural analysis (Foa et al., 1995; Jelineck et al., 2010) and with Info-Gain analysis (a computerized method that detects word frequencies that differentiates texts). Results: Preliminary analysis showed significant differences between spontaneous loss narratives before therapy and after therapy. Post therapy narratives were longer, more coherent and suffered of less fragmentation and they also included more references to personal biography. Info-Gain analysis showed

significantly higher frequency of words related to uncontrolled emotions as well as more verbs before therapy and higher frequency of nouns and expressions of reflectivity in post treatment narratives. Discussion: Differences in structure and content of narratives before and after therapy may represent differences in memory organization and emotional regulation following therapy. Clinical implications of these findings will be discussed.

Physiologic, Biologic, and Psychometric Measures of In-Session Stress in Pilot Testing a Novel Treatment for PTSD Nightmares: Preliminary Results

Patricia T Spangler, Uniformed Services University; Alvi Azad, Uniformed Services University; Ann Hummel, Naval Medical Center San Diego; Lei Zhang, Uniformed Services University; Jessica Gill, National Institutes of Health; James West, Uniformed Services University; David Benedek, Uniformed Services University; Catherine Dempsey, Uniformed Services University

Post-trauma nightmares are thought to play a role in trauma memory and thus are an appropriate target for treatment development. PTSD treatments that reconsolidate trauma memory require reactivation of the memory and emotional arousal related to it, which triggers a stress response. Physiologic and biologic indicators of stress can be an effective means of investigating stress during exposure and reactivation techniques and has the potential to personalize treatment to individual patients and moments within sessions. Electrodermal activity and heart rate variability have been used to measure stress response during prolonged exposure therapy, and recent technological advances that enable capture of this data via wristband devices, such as the Empatica E4, have facilitated in-session data collection. Genetic and inflammatory markers in peripheral blood samples can also be used as indications of in-session stress. Brain-derived neurotrophic factor mediates the effect of stress on neuronal plasticity and is correlated with stress and fear memory consolidation. In addition, PTSD, insomnia, and treatment efficacy are associated with changes in the expression of pro- and anti-inflammatory cytokines. The aims of the current study include testing the methodologic feasibility of using these biomarkers as indicators of in-session stress during Nightmare Deconstruction and Reprocessing, a novel treatment for PTSD Nightmares. Participants are military service members and veterans (N = 30) with trauma-related nightmares and insomnia recruited at Walter Reed National Military Medical Center and Naval Medical Center San Diego. Preliminary results on correlation of psychometric, physiologic, and inflammatory markers of stress will be presented and discussed.

Adverse Childhood Experiences as a Moderator of the Working Alliance Outcome Relationship

Mark Lukowitsky, Albany Medical Center; Karl Vosatka, Albany Medical Center; Julie Emmond, Albany Medical College; Nicolas Biaggi, Albany Medical College; Victoria Balkoski, Albany Medical Center

Recently, researchers have investigated the mechanisms associated with the alliance-outcome relationship (e.g. Constantino et al., 2017). Understanding patient characteristics serves to increase our understanding of for whom a treatment may or may not work. Exposure to Adverse Childhood Experiences (ACEs) have been associated with multiple long-term mental health problems including depression and interpersonal functioning (Poole, 2018). Given the long-term consequences of ACEs they may represent an important patient characteristic affecting the relationship between the alliance and outcome. Using a naturalistic design, this study investigated the role of ACEs as a potential moderator of the alliance-outcome relationship in a sample of 72 patients presenting at an outpatient psychiatric training clinic. Upon intake, patients completed baseline self-report questionnaires including the ACEs Questionnaire (Felitti et al., 1998) and the Treatment Outcome Package (TOP; Kraus et al., 2005). Participants were included in this study if they subsequently completed the TOP and Working Alliance Inventory (WAI-SR; Hatcher & Gillaspay, 2006) within 5 months of the start of treatment. Consistent with previous research results suggested that the WAI predicted a reduction in depressive symptoms after controlling for baseline TOP depression scores ($R^2=.472, F(2,70)=31.31, p<.001, \beta=-.250, p<.01$). Using the PROCESS macro (Hayes & Matthew, 2009) to explore interactions revealed a significant model ($R^2=.53, F(4,67)=18.55, p<.001$) and interaction ($p<.05$) suggesting that ACEs moderated the alliance-outcome relationship and that the relationship between the WAI and outcome was significant only under conditions of low ACEs. Results will be discussed in the context of tailoring treatment for patients who have undergone adverse childhood experiences.

The relationship between retrospective memories of childhood emotional abuse and the ability to express self-compassion in an analogue emotion-focused clinical task: The moderating role of the bond with the researcher.

Ben Shahar, Hebrew University, Jerusalem, Israel; Shiri Chesner, Hebrew University, Jerusalem, Israel

Numerous studies have shown the beneficial effects of trait self-compassion in mental health and the importance of self-compassion as a change process in psychotherapy. Several therapeutic approaches, such

as compassion-focused therapy, loving-kindness meditation, and emotion-focused therapy, emphasize the development of self-compassion and self-soothing capacities as central treatment targets. However, a large number of patients are having difficulties experiencing and expressing self-compassion and even react negatively to such interventions. Therefore, it is critical to investigate why some patients can experience and express self-compassion and some do not. Thus far, all studies that have examined this process have relied on self-report questionnaires measuring self-compassion and fears of compassion as stable traits. In this study, we assessed activated self-compassion using analogue emotion-focused self-soothing task in which participants imagined their inner child in a shame-based childhood scenario and explored feelings toward the child. Findings showed that the relationship between retrospective memories of childhood emotional abuse and activated compassion toward the inner child was moderated by the degree to which participants felt comfortable and secure with the researcher who facilitated the task. Among participants who felt secure with the researcher, self-compassion was high and there was no association between childhood emotional abuse and self-compassion. Among participants who felt less secure with the researcher, more childhood emotional abuse predicted less self-compassion. These findings highlight the importance of the therapeutic relationship in fostering self-compassion and self-soothing during psychotherapy.

Trauma, Dissociation and Time Perception

Selcan Kaynak, Bilgi University; Alev Cavdar Sideris, Bilgi University

This paper will explore the links between trauma, dissociation and time perception. It will report findings of a survey which assessed traumatic and dissociative experiences and different dimensions of time perception. The study was designed as an online survey and included general (i.e. nonclinical), adult participants in Turkey. The results suggest that the new scale tested in this study promises to be an additional tool to the already used constructs which conceptualize time on a chronological line. If validated in subsequent research, the scale might have significant clinical and theoretical contributions. The second major finding is that both the average number of traumatic experiences reported and the number of participants who score high on dissociation are greater than expected for a nonclinical group. Finally, an analysis of dissociation with other variables reveal that time perception, particularly nonlinear experience of time, is the strongest predictor. The implications of these findings for future research and clinical practice will be discussed in the paper.

Brief Paper Session

Therapeutic Techniques & Models

Capitalizing on patient strengths or compensating for deficits: Preliminary analyses from a randomized controlled trial of the Unified Protocol

Matthew W Southward, University of Kentucky; Stephen Semcho, University of Kentucky; Nicole Stumpp, University of Kentucky; Destiney MacLean, University of Kentucky; Shannon Sauer-Zavala, University of Kentucky

Although time-limited, efficacious treatments for anxiety and depressive disorders exist, these treatments often require more sessions than patients in community practice typically attend. One promising way to increase the efficiency of these treatments is to teach patients cognitive and behavioral skills matched to their personalized baseline skill level. Two studies of cognitive-behavior therapies (Cheavens et al., 2012; Sauer-Zavala et al., 2019) suggest that delivering treatment skills so that patients learn skills that capitalize on their personal strengths earlier in treatment leads to more rapid symptom improvement than delivering skills that compensate for personal deficits. However, both studies relied on relatively small samples ($n_s = 42, 18$). Thus, we are seeking to replicate and extend these results. Patients with emotional disorders (i.e., depressive, anxiety, obsessive-compulsive, or trauma disorders; target $N = 60$) are being randomized to receive the UP, with skills ordered by (1) their personal strengths, (2) their personal deficits, or (3) the standard order of the UP (Barlow et al., 2018). Personal strengths and deficits are determined based on within-patient scores using previously validated measures of relevant skill domains (Sauer-Zavala et al., 2019). We will use hierarchical linear mixed modeling to compare the average rate of change in anxiety and depressive symptoms among the three conditions. We have currently enrolled 20% of our target sample ($n = 12$) and recruitment is ongoing. We hope to (a) replicate previous findings regarding treatment ordering and (b) extend these results by determining whether personalized treatment delivery also outperforms standard delivery.

Current state of the post-rationalist cognitive model, update and divergences. A systematic review of the literature between the years 1979 to 2019.

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Background: The post-rationalist cognitive model was born with the Italian neuro psychiatrist Vittorio Guidano, several decades ago being able to track its beginnings in the mid-1970s, however, already in 2019 it becomes clear that current research is distanced to some extent of the original approaches, currently finding different traditions of the model coexisting. Objective: Describe, categorize and analyze scientific articles, publications and texts associated with the post-rationalist cognitive model. Method: Through a review of the scientific literature published between 1979 and 2019, in various databases and indexed journals, in relation to the post-rationalist cognitive model for a subsequent thematic analysis. Results: The results are based on the years of publication, journals, main authors, country of origin of the study, objective, main conceptualizations, study design, characterization of the participants, measurement instruments used, main results, conclusions, limitations of the analyzed articles. Discussion: The different publications and their implications for the current and future development of the post-rationalist cognitive model, development and historical and conceptual evolution of the model and current differences in it are analyzed. KeyWords: Positionalism; State of the Art; Systematic review.

Maternal mentalizing capacity and prematurity: Effects of an intervention in NICU

Márcia Pinheiro Schaefer, Unisinos; Tagma Donelli, Universidade do Vale do Rio dos Sinos - UNISINOS

Mother-infant interactions and their impact on the formation of the psyche are studied by the Attachment Theory, highlighting the maternal mentalizing capacity as a determinant in the formation of a secure attachment. This study aimed to understand how a psychotherapeutic intervention performed with the dyad mother-infant during admission to NICU affects the maternal mentalizing capacity. It was a qualitative descriptive exploratory intervention, through a multiple case study with two phases: before and after the intervention. Two mothers and their premature babies admitted to the NICU of Maternal Child Hospital Presidente Vargas in Porto Alegre, RS, Brazil, participated in the study. The Socio-Demographic and Clinical Data Sheet and Interview Story of Mother Life comprised Phase 1. History Interview Admission was comprised of Phase 2 and was used after the intervention. Data were analyzed according to two themes: a) maternal representations of herself; b) maternal representations of the baby. There were changes in maternal mentalizing capacity, favoring the mother-baby bond and possible implementation of interventions aimed at the early relationship mother-premature baby in NICU. Keywords: Prematurity, intervention, mentalization, mother-infant interaction.

The Psychological and Somatic Effects of Integrative Breathwork Psychotherapy in Breast Cancer Patients

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Goal: Evaluation of a new form of body psychotherapy suitable for cancer patients concerning cancer-related fatigue, different cognitive abilities, and psychological mindedness. Method: Integrative Breathwork Psychotherapy (IBP) integrates training of conscious rhythmic breathing and mindfulness, followed by free verbal expression. All eligible consecutive breast cancer patients hospitalized for post-operative radiotherapy (RT) were invited to take part in the study (77 patients, IBP group - 48pts, controls- 29pts, response rate: 65%). Controls had similar treatment, age, the same psychotherapist, frequency and number of sessions including relaxation and verbal expression instead of IBP. Measurements were taken before, after ten 45-minute sessions (3 per week), two weeks later (end of RT) and 12 weeks later. Variables analyzed: WBC, lymphocyte subclasses, including Natural Killer Cells counts, prolactin and cortisol serum concentration, pO₂, pCO₂, blood pH, HADS-M with additional anger scale and Mini-Mac. Hormones and gasometry measures were also taken before the 10th session and at 30 min in the IBP group. Results: Intergroup differences after the training IBP group had lower anxiety, anger (HADS-M, p<0.05), better positive re-evaluation (Mini-Mac, p<0.05), higher blood pH and PO₂ (p<0.01), higher NKC counts (p<0.001). Intra-group changes: NKC counts increased in IBP (p<0.001) and decreased in C group, (p<0.05), all showed decreased anxiety and anxious preoccupation (Mini-Mac, p<0.05). NKC counts increased in 72% of the IBP group and 32% of the C group. During the IBP session gasometry parameters significantly changed, prolactin concentration increased (p<0.01) and cortisol decreased (p<0.001). Conclusion: The results indicate that IBP improved the psychosomatic status of breast cancer patients.

Dyadic interaction analysis: A comparative case study of a dropout and a good outcome completer

Ângela Ferreira, University of Minho; Eugénia Riberio, ; Inês Sousa, Universidade do Minho, Braga, Portugal

Background: The quality of therapeutic interaction, namely the collaborative involvement between therapist and client, is an important predictor of the therapy gains and a critical factor in client's decisions regarding the discontinuation of therapy. Aim: In the current study, our aim is to analyse the interactive processes between therapist and client, comparing the therapeutic collaboration profile over the course of two clinical cases, a dropout and a good outcome completer, both followed in CBT. Methods: The Therapeutic Collaboration Coding System has been used to micro-analyze the dyad's therapeutic collaboration. According to this system, each therapist intervention is coded as supporting or challenging and each client response is coded as validation, invalidation or ambivalence. Two judges code independently the video-taped sessions, using ANVIL program, and differences are resolved through consensus and posterior auditing. Through State-Space Grids approach and Hidden Markov Models we will analyze the interaction patterns, namely the states the dyad share at a given point in time, as well as the probability of staying in the same state or going to a different state. Results: The process of analysis is ongoing. We expect that the therapeutic collaboration profile from dropout and good outcome completer cases will be significantly different. Specifically, we expect less flexibility (or rigidity) from dropout profile (i.e. less fluctuation and dispersion and more stability regarding the states), when compared with good outcome completer profile. Discussion: Findings will be discussed in terms of their empirical, and clinical implications.

Lying about Eating Disorder Symptoms in Therapy: A Mixed-Methods Analysis of Client Motives for and Perceived Consequences of Non-disclosure

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Client disclosure is a critical component of treatment effectiveness. Given that eating disorders have the highest mortality rate of any mental illness, the consequences of clients withholding clinically-relevant symptoms could be dire. As part of a large-scale survey, a community-based sample of 45 individuals in therapy provided open text responses to questions about their motivations for concealing and/or lying about eating and body-image concerns and how this affected therapy. Several major themes emerged as motivations for nondisclosure, including shame, avoidance of unwanted interventions, and a desire to maintain therapeutic focus on other issues of greater perceived importance. Those respondents who stated that their dishonesty had no effect on their progress tended to be skeptical of the ability of therapy to help with their eating disorder; they also noted that they wanted to impose some degree of control over the therapeutic dynamic. The findings are consistent with the literature examining the significant role of shame in therapeutic nondisclosure and offer new insights into the ways that client nondisclosure serves as a means to avoid unwanted treatment for eating pathology and handle perceptions of treatment or provider ineffectiveness. Moreover, nondisclosure may also serve a facilitative function for shifting therapeutic discussions to matters of greater perceived importance. By understanding the difficulties of client disclosure around eating disorders and the functions nondisclosure serves, providers can better serve a population vulnerable to treatment disengagement and mitigate associated severe health consequences.

Narrative processes in psychoanalytic and cognitive behavioral therapy

Daniel Fesel, Goethe-University, Frankfurt, Germany

Narratives told in psychotherapy sessions provide a rich data basis for investigating therapeutic processes (Angus, 2004). What differentiates successful from unsuccessful therapies? Are there substantial differences between certain therapeutic schools and what are their specific mechanisms? We choose a narrative approach to investigate 12 treatments of female patients with a diagnosis of depression from the Munich Psychotherapy Study (Huber et al., 2012), six of which were behavioral and six were psychoanalytic treatments. We suggest four major aspects of narratives that may be under- or overdeveloped which leads to a lack of comprehensibility or appropriateness of the story (Habermas, 2015). The first aspect is the actual narrating of sequences of events in narrative clauses. The second aspect regards providing plausible

motives. In neurotic narratives these are often denied and agency is reduced in order to avoid responsibility; typically psychoanalytic interpretations aim at providing plausible motives (Schafer, 1983). The third aspect comprises the linguistic representation of subjective perspectives onto events, such as perceptions, emotions, thought and intentions, termed mentalizations by Fonagy (1998). Finally narratives may materially lack required content (completeness) and may contain internal contradictions or contradictions with common sense. In the presentation we will show cognitive-behavioral and psychoanalytic therapies can be differentiated in terms of narrative, although the symptom outcome is similar.

Brief Paper Session

Group Therapy

Focused Group-Analytic Psychotherapy. An integrative approach to change based on research.

Steinar Lorentzen, University of Oslo, Norway

Group-Analytic Psychotherapy (GA) is probably the most commonly used psychodynamic group therapy in Europe. It is based on clinical experience, but research evidence is increasing. This paper describes how results from a Randomised Clinical Trial (RCT) comparing results of short- and long-term group-analytic, manualized therapies, are used to revise the short-term therapy used in this RCT. The result is a new therapy targeting problematic relational patterns in each patient: Focused Group-Analytic Psychotherapy (FGAP). The patients are selected based on level of personality organization (PO) (normal, neurotic and high level of borderline), built on specific personality domains (identity, object relations, affect tolerance/control, maturity of defense mechanisms and moral standards) and an agreement on a circumscribed therapy focus for each patient, based on interpersonal problems/dysfunctional pattern of relationships. The selection process and main aspects of evaluation, preparation, development of treatment culture, phases in the group process and therapist interventions will be described and illustrated with clinical case and group material.

Outcome Expectations Questionnaire (OEQ) as a Predictor of Group Psychotherapy Process and Outcome

Andrew Seidman, Iowa State University; Nathaniel Wade, Iowa State University; Kent Crick, Iowa State University; Meredith Tittler, Iowa State University; Matteo Bugatti, University at Albany/SUNY, USA

The Outcome Expectations Questionnaire (OEQ; Constantino et al., 2016) is a new 10-item measure which assesses the degree to which clients believe psychotherapy will be helpful. Although findings suggest preliminary evidence for its use in individual counseling (Constantino et al., 2017), there is no known research examining its validity for group therapy. The aim of this study was to test the utility of the (OEQ) to predict group process and outcome variables. The sample includes 138 undergraduates completing 26 one-time group "try-out" sessions led by advanced doctoral students. We analyzed the predictive validity of the OEQ on four primary group processes: working alliance, therapist empathy, cohesion, and climate. Outcome was assessed using the Session Evaluation Questionnaire (Stiles et al., 1994), which measures ratings of the session for depth, smoothness, and global "good-bad." We conducted a series of multilevel regressions to account for nesting and included other predictors of engagement (self-stigma, distress disclosure tendencies). Results suggested expectations solely predicted working alliance ($y = 0.17, p(t) .01$) and perceptions of therapist empathy ($y = 0.18, p(t) .05$). Neither outcome expectations nor the other variables predicted cohesion or climate. All three outcome measures were explained only by the OEQ; expectations predicted ratings of session depth ($y = 0.15, p(t) .01$), smoothness ($y = 0.11, p(t) .05$), and global "good" ($y = 0.13, p(t) .05$). As expectations are responsive to intervention (Constantino et al., 2012), this study provides further evidence for the need for pre-group expectations assessment and discussion.

Patients experiences of cognitive behavioural group therapy for depression, panic disorder, agoraphobia and social anxiety: A narrative qualitative analysis

Anne Bryde Christensen, University of Copenhagen, Denmark

This qualitative study explored the experience of participating in cognitive behavioural group therapy for anxiety and depression in either diagnosis-specific or transdiagnostic groups. This study had two research aims 1) to explore the experience of group therapy in Danish Mental Health Services 2) to explore how system-related factors influence the experience of group therapy. 23 patients participated in semi-structured interviews post treatment. The interview guide was based on free telling about the experience, questions about common factors and questions about treatment specific factors. Each interview was condensed into a short first person narrative. The analysis found a common narrative with six elements. The elements were: How did I get here?, Being seen, heard and recognized, Shared responsibility of problems

and solutions, Tools, Limitations of this group format and Launchpad. The common narrative will be presented with citations and examples and related to relevant theory, implications and clinical utility.

Psychodynamic and systemic group treatment for women with a history of childhood sexual abuse: Five-year follow-up of a randomized controlled trial

Henriette K. Elkjaer, University of Copenhagen, Denmark; Marianne Lau, Stolpegaard Psychotherapy Centre, Denmark; Erik L. Mortensen, University of Copenhagen, Denmark; Ellids Kristensen, Department of Sexological Research, Psychiatric Centre Copenhagen, Denmark; Stig Poulsen, University of Copenhagen, Denmark

Aim: Childhood sexual abuse (CSA) is a significant trauma that may have lifelong impact. Due to the long-term negative consequences of CSA, it is crucial to find treatments with high sustained outcomes. The aim of this study was to determine the relative long-term efficacy of psychodynamic and systemic group therapy for adult women exposed to CSA. **Methods:** A prospective randomized controlled trial was conducted with outcomes assessed at pre- and post-treatment, and at one and five years post-treatment. All analyses were intention-to-treat. One hundred and six women with sequelae from childhood sexual abuse were treated with psychodynamic or systemic group therapy. Primary outcome was Global Severity Index (GSI) of SCL-90-R. Secondary outcomes included symptoms of PTSD and depression and psycho-social functioning. **Results:** Treatment was completed by 81% of participants; 64% completed the 1-year follow-up and 60% completed the 5-year follow-up. Completion rates did not differ between treatments. Significant reduction in symptoms measured on GSI and improvement of psychosocial functioning was found for both interventions at all measurement points after treatment (ES range = 0.68-1.19). However, different trajectories were observed: while outcome at end of treatment was significantly better in the systemic group, no differences in gains were observed at the 1- and 5-year follow-ups when controlling for baseline differences. **Discussion:** The findings add to the evidence base for psychodynamic and systemic group therapy, but the result also underscores the importance of taking post-treatment trajectories into account in evidence-based research, in the continued efforts to improve treatment for this population.

The benefits of group therapy for clients with depression and anxiety: Should counsellors be sending more clients to group?

Rochelle (Robbie) Babins-Wagner, University of Calgary; Amy Bender, Calgary Counselling Centre; Hailee Lewis, Calgary Counselling Centre; Angela Laughton, Calgary Counselling Centre

Abstract: The efficacy of psychotherapy in improving client outcomes has been established (Wampold & Imel, 2015). These studies have typically assessed outcomes only at first and last session, however, few studies have explored the relationship between treatment modalities such as individual and group therapy and their respective impact on outcome. The present study explored the extent to which client outcomes change after completing individual therapy alone or a combination of therapy and group. **Methods:** This study investigated the relationship between individual and group therapy outcomes, as measured by the OQ 45, for those clients who self-reported identified problems depression and anxiety. The analysis compared outcomes for those who participated in individual therapy only and those who participated in both individual therapy and group. **Results:** Data from 11,944 clients from 2008 - 2018 were included in this study. Of the participants, 11,583 participated in individual therapy only and 361 clients participated in both individual therapy and group. Outcomes for both conditions were significant with an effect size of $r = .66$ for individual counselling and $r = 1.36$ for those clients who participated in both services. Despite the strong effect size for the combined treatment, only 3% of clients across an 11-year period attended group counselling. **Discussion:** More research is needed to understand the barriers that are preventing clients from participating in group therapy for self-reported depression and anxiety and ways to personalize care for those struggling with depression and anxiety. **Keywords:** therapy, individual therapy, group therapy, treatment outcomes, practice-based evidence.

Brief Paper Session

Attachment & Mentalization

Client's attachment style as navigator of optimal use of therapist self-disclosure

Sharon Ziv-Beiman, Mifrasim Institute for Psychotherapy Research and training; Roei Chen, Bar Ilan University; Nurit Rokah, Mifrasim Institute for Psychotherapy Research and Training

Objective: We investigated whether the use of immediate and non-immediate therapist self-disclosure (ITSD and NITSD, respectively) contributed to therapeutic outcomes across brief (12-session) integrative

psychotherapy in a randomized control trial. We further investigated whether these effects of ITSD and NITSD on therapeutic outcomes were moderated by clients' attachment anxiety and avoidance dimensions. Specifically, we used a 3-way interaction (time X experiment group X attachment anxiety/avoidance) log-linear growth model to investigate the rate of change in clients' psychological functioning across treatment within each experiment group. Method: The study consisted of 17 experienced therapists conducting brief (12-session) integrative psychotherapy with 62 clients across three different experiment groups. Therapists in Group 1 were instructed to use ITSD (expressing feelings towards the patient, treatment, or the therapeutic relationship), therapists in Group 2 were instructed to use NITSD (expressing personal or factual information regarding the therapist's life), and therapists in Group 3 (control group) were instructed to refrain from using TSD at all. Results: We found that clients characterized with high attachment anxiety most benefited from the control group, showing a significant increase in their psychological functioning across treatment. However, clients characterized with low anxiety attachment most benefited from the NITSD condition, showing a significant increase in their psychological functioning across treatment. Conclusions: The findings augment the accumulative data that therapeutic technique should be personalized to the clients' variables, especially clients' attachment style. Further, they highlight the beneficial as well as the hindering impact of therapist self-disclosure as a therapeutic intervention.

Contextual deficits of mentalization

Olivier Laverdière, Université de Sherbrooke

Mentalization is defined by Fonagy (2002) as one's ability to understand his own mental states and others'. This latter conception is the basis of numerous studies that have demonstrated that mentalization is decisive for psychological and social functioning and therapeutic success. This research differs from others since it examines the intra-individual variability of mentalization, postulating that its efficiency can vary according to certain contexts rather than being a stable faculty. Several authors have suggested that mentalization is challenged when a situation that activates a conflictual experience is encountered (e.g. Lecours, 2011). Therefore, we ought to investigate the varying potential of mentalization across relational contexts. Abandonment and criticism are the contexts selected, since they represent the central and organizing issues of personality, according to Blatt (1995). We hypothesize that the level of mentalization is at its lowest when the nature of the relational context experienced matches the vulnerabilities specific to Blatt's anaclitic and introjective personality structures. Preliminary results will be presented (n=50). Community adults answered questionnaires assessing personality and went through an interview created to collect relational stories targeting feeling of abandonment, critic and happiness. The level of mentalization of each of the three contexts was assessed independently. Growth curve modeling analyses are performed with Mplus to verify the variation of the mentalization score across the three relational conditions and accordingly to personality predictors. Our study will allow us to verify the hypothesis of contextual deficits of mentalization and to specify the conditions under which they occur.

Reaching across the void: Reflective function and attachment change in couple therapy

Stephanie Amanda Wiebe, Saint Paul University, Ottawa, Canada; Sara Kriplani, Saint Paul University, Ottawa, Canada; Monica Bridge, Saint Paul University, Ottawa, Canada; Giorgio Tasca, University of Ottawa, Canada; Sue Johnson, University of Ottawa

Background: Studies have shown that attachment change is a key factor related to therapeutic change events and positive outcomes in couple therapy (Burgess Moser et al., 2016). However, not all couples in therapy achieve positive attachment change (Wiebe et al., 2017). The attachment-based concept of reflective function -- a capacity to be curious about and open to the mind-states of self and other (Fonagy, Gergely, Jurist, & Target, 2004) -- may shed light on how couples are able to achieve shifts in couple therapy, and conversely, why some may not. Method: Data from two sources will be presented, 1) A cross-sectional study examining reflective function, attachment, and relationship satisfaction in a community sample of couples, and; 2) Reflective function scores from 'best' sessions (as identified by couples) in Emotionally Focused Couple Therapy (EFT) sessions (N = 32 couples) coded by independent raters blind to the study hypotheses. Hypotheses: We hypothesize that: 1) Higher reflective function scores will be associated with lower attachment insecurity, and higher relationship satisfaction (community sample), and; 2) EFT sessions in which a 'pursuer-softening' change event occurred will show significantly higher levels of reflective function in both partners as compared to those who did not. Implications: These findings will contribute to our understanding of the relationship between attachment and reflective function in couple relationships, and the significance of reflective function in the process of couple therapy. Implications for practice will be explored.

The Impact of Attachment and Defense Mechanisms in Psychotherapy: A Pilot Study

Kathryn Graham, Adelphi University, New York, USA; Katie Aafjes-van Doorn, Yeshiva; Jacques P. Barber, Adelphi University, New York, USA

Clients with insecure attachment patterns may be less capable of connecting with a therapist and making substantial treatment gains. Individuals with panic disorder are at an increased risk of forming an anxious attachment to caregivers and close others. Studies indicate that individuals with insecure attachments function less optimally over the course of various types of treatment. Similarly, defense mechanisms serve as an individual's characteristic response to internal or external stressors. Previous analyses have determined that change in defense mechanisms over the course of treatment predicts better treatment. We hypothesize that: 1) panic disorder will be associated with an anxious/resistant attachment pattern; 2) being classified as secure or insecure will moderate treatment outcome; 3) more severe panic will be associated with less adaptive defensive functioning; 4) individuals expressing an anxious/resistant attachment pattern will express more neurotic and maladaptive defense mechanisms, particularly at the other neurotic defense level; and 5) individuals with less severe panic will be more likely to express a secure attachment pattern, which will likely be associated with increased use of the obsessional and high adaptive defense mechanism levels. Participants in this study were taken from a RCT comparing treatments for individuals diagnosed with DSM-IV panic disorder (N= 103; Milrod et al., 2015). Attachment patterns will be coded according to the Patient Attachment Coding System at an early session of treatment. Defense mechanisms were scored by a team of five raters according to the Defense Mechanism Rating Scales-Fifth Edition at an early, mid, and late session of treatment.

Brief Paper Session

Anxiety

12 and 24 month outcome from the Psychotherapy Outcome and Self-selection Effects Project (Project POSE)

Thomas Nilsson, Lund University; Martin Svensson, Lund University; Sean Perrin, Lund University; Håkan Johansson, Lund University; Gardar Viborg, Lund University; Fredrik Falkenström, Linköping University, Stockholm, Sweden; Rolf Sandell, Lund University

The Psychotherapy Outcome and Self-selection Effects Project (Project POSE) is a doubly randomized controlled preference trial carried out in southern Sweden. Inclusion started in 2011 and the last two-year follow up of the participants was completed in the spring of 2019. Two short-term psychotherapies were tested in the trial - Panic Control Treatment (PCT) and Panic-Focused Psychodynamic Psychotherapy (PFPP) with sparse contact over telephone as a control. The trial had two major aims: first, to investigate the effects of letting patients choose their treatment versus being randomized to treatment and second, to compare the treatment effects of PCT and PFPP. A total number of 221 adult subjects with a primary diagnosis of DSM-IV panic disorder (with or without Agoraphobia) were included in the trial. Patients were randomised to self-selection or random assignment of treatment (PCT or PFPP). The primary outcome measure was the Panic Disorder Severity Scale (PDSS). At follow-up after 12 and 24 months all four treatment-arms had large effects sizes but the effect of treatment was moderated by allocation. Thus, there was a disordinal interaction between allocation (randomised versus choice) and therapy type, where PFPP did significantly better in the choice condition compared to randomisation at 12 months follow-up and close to significant after 24-months, whereas PCT did better when randomised than when self-selected.

An examination of the acceptability and feasibility of non-specialist delivered psychological treatments for perinatal depression and anxiety

Dr. Daisy Radha Singla, University of Toronto, Canada; Sasha Lemberg-Pelly, University of Toronto, Canada

Background: Task-sharing has been used worldwide to improve access to health care, where non-specialist providers (NSPs)--individuals with no formal training in mental health--have been educated to effectively treat perinatal depressive and anxiety symptoms with psychological treatments. Little formative research has been conducted to determine the acceptability and feasibility of NSPs and their use of digital solutions such as telemedicine in the delivery of services. Methods: The study took place in Toronto, Canada. N=33 in-depth interviews were conducted with multiple stakeholder groups (women with lived experience, their significant others, clinicians such as psychiatrists, psychologists, obstetricians, and family doctors). Qualitative data was quantified to estimate commonly endorsed themes within and across stakeholder groups. Results: NSP-delivered psychological treatment was considered acceptable and feasible by the vast majority of participants (n=30 of 33; 90%). Nurses (61%) and midwives (42%) were the most commonly endorsed cadre of NSPs. Most stakeholders were amenable to NSP-delivered psychological treatment via

telemedicine although concerns were raised about whether a therapeutic alliance could be established remotely. Hospitals and primary care centers were the most commonly endorsed settings for integrating NSPs. There were minimal key differences between stakeholder groups across all themes; however, patients and patient advocates did emphasize the role of stigma as an important barrier to accessing psychological treatments and clinician stakeholders emphasized the importance of ensuring the NSPs were well-trained to deliver psychological treatments. Conclusions: These results can inform the scalability of NSP-delivered interventions and the design of future studies involving psychological treatments delivered by NSPs and via telemedicine delivered for women with perinatal depressive and anxiety symptoms.

Sex hormones and related polymorphisms in female anxiety disorders—Effects on exposure therapy

Susanne Fischer, University of Zurich, Switzerland; Dorothée Bentz, University of Basel

Background Exposure therapy is the gold standard treatment for anxiety disorders. However, around half of patients remain symptomatic. Research in healthy women has shown that oestradiol and progesterone impact fear extinction. These hormones may thus affect to what extent female patients with anxiety disorders profit from exposure therapy. The aim of this study was to systematically review this body of literature. An additional aim was to investigate whether patients had a predisposition towards altered concentrations of these hormones when compared to healthy controls. **Methods** PubMed and PsycINFO were searched until November 2019. Inclusion criteria were: 1) female patients with an anxiety disorder; 2) measure of oestradiol, progesterone, or any related parameter (e.g., polymorphisms); 3) laboratory or clinical study of fear extinction and/or comparison of patients with healthy controls. **Results** Ten studies were eligible: three on post-traumatic stress disorder, three on panic disorder, two on phobias, one on generalised anxiety disorder, and one on general anxiety disorders. Studies demonstrated that lower oestradiol and higher progesterone were linked with impaired fear extinction and worse exposure therapy outcomes. Moreover, when compared to controls, patients had a number of polymorphisms in oestrogen receptor genes (ESR1, ESR2), higher levels of G protein-coupled oestrogen receptor 1 (GPER) levels, polymorphisms in the progesterone receptor gene (PGR), and higher levels of progesterone. **Conclusions** Our findings suggest a predisposition towards abnormalities in sex hormones in female patients with anxiety disorders, which may affect treatment responses. Natural fluctuations of these hormones should be considered in the planning of exposure therapy.

The influence of mother-infant interaction on the intergenerational transmission of maternal anxiety disorders

Verena Lucia Labonte, Ludwig-Maximilians-Universität, Munich, Germany

Objectives: The main topic concerns the meaning of the early interaction between mother and infant and the effects of maternal anxiety disorders. Moreover, the study focuses on the intergenerational transmission of this disorder and the related possible emotional and/or behavioral impairment of the child which are important components of the fundamental research of early mother-child-psychotherapy. **Methods:** To examine the potential specificity of mother-child-interaction, the study compared a clinical group of mothers with diagnosed anxiety disorders (N=19) to a healthy control group (N=34) and their children. The interactive behavior is examined by the face-to-face-still-face-paradigm (FFSF) with 3 month and by a free play during preschool age. The analyses included a mediation model, the infant and caregiver engagement phases (ICEP) and the coding interactive behavior (CIB). **Results:** The interactions of mothers with anxiety disorder are per se not more negative than those of healthy mothers. The interactive behavior is not an exclusive mediator in the transmission of the maternal disorder. However, the stability and the severity of the disorder during the first five years influences the interaction, which can result in emotional abnormalities and behavioral problems. **Conclusion:** Maternal anxiety disorders can affect the development of children. However, due to inconsistencies in the results, one may not draw general conclusions. Further research is needed to investigate whether there is a transmission concerning a specific anxiety disorder. Nevertheless, early mother-child-interaction is one of the most important dynamic process at this early stage of a child's development and an indispensable factor in mother-child-psychotherapy.

Treatment termination and 6 month outcome from the Psychotherapy Outcome and Self-selection Effects project (POSE)

Martin Svensson, Lund University; Thomas Nilsson, Lund University; Sean Perrin, Lund University; Håkan Johansson, Lund University; Gardar Viborg, Lund University; Fredrik Falkenström, Linköping University, Stockholm, Sweden; Rolf Sandell, Lund University

The Psychotherapy Outcome and Self-selection Effects project (POSE) is a doubly randomized controlled preference trial carried out in Sweden. Two short-term psychotherapies for patients with panic disorder (PD)

were tested in the trial -- Panic Control Treatment (PCT) and Panic Focused Psychodynamic Psychotherapy (PFPP). The project had two major aims. First, to investigate the effects of letting the patients choose their treatment versus being randomized to it. Second, to compare the treatment effects of PCT and PFPP. A total number of 221 adult subjects with a primary diagnosis of DSM-IV panic disorder (with or without Agoraphobia) were included in the trial. Patients were randomized to the choice condition, random assignment of treatment, or sparse phone-contact. A range of different measures were used to assess psychiatric and work-related outcomes. The primary outcome measure was changes in panic symptom severity on the Panic Disorder Severity Scale (PDSS) at post-treatment and 6 months post-treatment. The active treatments had significant and large effects on the PDSS compared to the control condition. The main effect of allocation was close to zero at both points of time, mainly due to a disordinal interaction between allocation and type of therapy, with an effect size bordering to medium. At termination PCT was superior to PFPP but not at 6 months follow-up.

Brief Paper Session

Depression

Change in affective distress as a predictor of session-by-session change in depression in short-term dynamic psychotherapy

Linne Melsom, Modum Bad Research Institute, Vikersund, Norway; Pål Gunnar Ulvenes, Modum Bad Research Institute, Vikersund, Norway; Bruce Wampold, University of Wisconsin, Madison, USA; Mikkel Eilsen, Modum Bad Research Institute, Vikersund, Norway

Affect has been recognized as a potential mechanism of change in several studies of psychotherapy. The current study aimed to investigate session-by-session change in affective distress as a predictor of change in depressive symptoms in psychodynamic psychotherapy for depression. 200 patients with persistent depressive disorder who were admitted to an inpatient treatment program provided weekly self-reports on depressive symptoms (PHQ9) and affective distress. Therapy lasted 12 weeks and followed a clearly defined framework. The analysis used latent change scores from session to session of either affective distress or PHQ9 as predictors of subsequent latent change score in affective distress or PHQ9. The model estimated both the direct and reciprocal relationship between the latent change scores simultaneously. Preliminary analysis indicates that latent change score of both affect and depression predicts subsequent latent change scores of the other construct. However, the magnitude of the effect of affect on subsequent depressive change is substantially larger than the reciprocal relationship. The relationship identified indicates that the two constructs predicts and builds on each other. However, change in affect seems to be a stronger predictor of subsequent change of depressive symptoms, rather than the other way around. This finding supports previous findings concerning the importance of affect in psychodynamic psychotherapy, but adds to the literature by 1) using latent change scores as both predictor and outcome, and 2) estimates the direct and reciprocal relationship between the variables simultaneously.

Ecological Momentary Assessment Prior to Brief Psychodynamic Therapy for Depression: Convergent and Predictive Validities

Gal Lazarus, Bar-Ilan University; Eshkol Rafaeli, Bar-Ilan University; Dana Atzil-Slonim, Bar Ilan University

Introduction: Recent years have witnessed an explosion of interest in personalizing the treatment of various psychological problems. A highly promising avenue for such personalization makes use of Ecological Momentary Assessment (EMA) to identify possible targets for intervention at the client level. EMA based personalization, though, has yet to establish (a) adequate convergent validity with more traditional (and costly) assessment tools; (b) adequate predictive validity of clients' responses to identified psychopathological mechanisms. The present work sets out to address this gap by employing EMA prior to brief psychodynamic therapy for depression and examining the associations between EMA derived indices and (a) clinical interviews including the Relationship Anecdotes Paradigm (RAP); (b) clients' symptomatic change following therapists' employment of specific interventions. Method: Sixty-five depressed clients completed brief supportive-expressive psychodynamic therapy based on the Core Conflictual Relationship Theme method. Pre-therapy, they were interviewed using the RAP and completed brief questionnaires thrice-daily (symptoms and interpersonal events) for a period of ten days. Coders rated therapists' interventions and clients rated their symptomatic distress prior to each session. Results: Preliminary findings indicate strong associations between EMA derived indices of interpersonal functioning (i.e., distress reactivity to different types of events) and parallel RAP derived indices. Data collection is still underway for the associations between EMA derived indices and clients' responses to corresponding interventions. Discussion: The findings point to the convergence of various assessment tools which can promote treatment personalization. The integration of these tools will be discussed, as well as the need to validate their clinical utility.

From discomfort to depression: dynamics in the constitution of the personal meaning of the depressive experience

Daniel Jose Vásquez, Pontificia Universidad Católica de Chile, Santiago; Carolina Altimir, ; Diana Ocampo, ; Mahaira Reinel, Pontificia Universidad Católica de Chile, Santiago; Henry Daniel Espinosa, CES University; Camila Mesa, ; Cristian Montenegro, ; Olga Fernandez, ; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

Objective: Understand the dynamics by which Chilean and Colombian patients give meaning to their life experience as "depressive", or under the "depression" label. Methodology. Qualitative methodology was used, conducting semi-structured interviews focused on the experience of depression in 5 Chilean and 5 Colombian participants, who had been diagnosed with a depressive episode, recurrent depressive disorder, cyclothymia and/or dysthymia, and had received psychotherapy treatment or were in one at the time of the interview. Interviews were analyzed, recognizing the main themes referred by the participants, in order to then identify their underlying interactions. Results. The meaning of the experience of "depression" showed to be a process, which was decided to be named as "Subjective Construction of Depression", characterized by three landmarks: (1) "The experience of an unnamed discomfort": interviewees experienced a discomfort that worried and disconcerted them, because they did not know how to refer to it nor how to address it, which caused them to seek help. (2) "Anchoring the patient's experience in the word "depression"": after a health professional called their discomfort "depression", the interviewees began a process of elaboration during which they addressed their reactions this label brought to them, while also the word "depression" became a discursive tool that allowed naming their discomfort, channeling it into their speech and their treatment. (3) "Appropriation of the experience of depression": with the advance of the treatment, the interviewees integrated their depression experience in various ways, re-signifying their previous experiences and questioning the perspectives they previously had on the matter.

Relapse prevention for depression: using implementation intentions to support self-management after therapy

Mike Lucock, University of Huddersfield; Rachel Borthwick, SW Yorkshire Partnership NHS Trust; Jade Cupac, Sheffield Health and Social Care NHS Foundation Trust; Sarah Kendal, ; Wajid Khan, SW Yorkshire Partnership NHS Foundation Trust; David Sandford, Lancashire Care NHS Foundation Trust

Many people experience depression as a recurrent or persistent problem. In the UK access to psychological therapies has improved but a recent study showed relapse rates of 50% at one year for patients who had recovered following low intensity interventions for anxiety and depression (Ali et al, 2017). It is therefore important to develop and evaluate accessible interventions to help people to stay well after therapy, and reduce the likelihood of a relapse. This paper describes an evaluation of the Self-Management after Therapy (SMArT) intervention (Lucock et al, 2018) which incorporates implementation intentions to support self-management for patients who have been treated for depression. A mixed methods study and routine outcome data will be presented including over 80 patients which shows relapse rates significantly lower than in the Ali et al study, using the same relapse criteria of a reliable and clinically significant deterioration in a similar service. Sixteen patients and eight practitioners were interviewed and framework analysis identified seven themes which were important for effective self-management and relapse prevention: 1) "relationship with the practitioner -- feeling supported"; 2) "the SMArT sessions" - mode, content, timing, duration; 3) "support networks"; 4) "the importance of setting goals, implementing plans and routine"; 5) "changing views of recovery"; 6) "suitability for the person" and 7) "suitability for the service". These themes will be illustrated with quotes and the implications of the study for reducing relapse and supporting self-management in depression discussed.

Trajectories of change in psychotherapy for depression

Pål Gunnar Ulvenes, Modum Bad Research Institute, Vikersund, Norway; Christina Soma, University of Utah; Linne Melsom, Modum Bad Research Institute, Vikersund, Norway; Mikkel Eielsen, Modum Bad Research Institute, Vikersund, Norway; Bruce Wampold, University of Wisconsin, Madison, USA

The current study used latent class analysis to identify groups of patients with similar trajectories of change during psychotherapy for depression. Identifying trajectories of change has implications for theory, practice, and policies in psychotherapy (Owen et al., 2015). This study expands on the literature by investigating predictors of latent class membership, most notably presence of PTSD symptoms and chronicity of depression. 170 patients with persistent depressive disorder who were admitted to a inpatient treatment program provided weekly self reports on depressive symptoms (PHQ9) along with data on presence of PTSD symptoms (PCL5) at start of therapy, duration of symptoms and demographic information. The treatment

was a short-term dynamic psychotherapy lasting 12 weeks. Preliminary analysis indicates four groups of trajectories; one group that deteriorated over therapy, two groups with slow but steady improvement over time (with different starting points), and a group with rapid change. 50% of patients reported PTSD symptoms, and this was a significant predictor of trajectory of change. The trajectories of change in the sample are diverse, despite the therapy being manualized and following a clearly defined framework. Understanding what contributes to the trajectories holds potential for improving psychotherapy for persistent depression. In particular, the current study found presence of PTSD symptoms to be a significant predictor of trajectories.

Brief Paper Session

Therapist Variables

Clinical competence of Japanese psychotherapists in Personal and professional skills: A national survey.

Yuki Arakaki, Ochanomizu University, Tokyo, Japan; Tomoko Nomura, Ochanomizu University, Tokyo, Japan; Shigeru Iwakabe, Ochanomizu University

AIM: The purpose of this study was to investigate the differences in psychotherapists' awareness of their own professional skills, such as appropriate behavior as a therapist, identifying limitations in one's clinical competence, performing self-care, and building relationships with colleagues depending on years of clinical experience. **METHODS:** The participants were 672 Japanese therapists (212 men, 460 women, average ages: 37.99 years old). Participants were asked to respond to questions associated with their clinical competencies (Iwakabe, Okumura, Kanazawa & Nomura, 2018) on Survey Monkey. The sample was divided into 2 groups, "novice therapists (0 to 5 years, 62 men, 179 women, average ages: 31.22 years old)" and "mid-experienced therapists (6 to over 11 years, 150 men, 281 women, average ages: 42.31 years old)". Novice therapists were also asked to respond to questions regarding: (1) level of mastery of clinical training after completing their graduate training, (2) level of mastery of clinical skills at present and (3) level of mastery expected to acquire in future. Mid-experienced therapists were evaluating: (1) level of mastery required in the current clinical setting, (2) level of mastery in novice clinicians in the current workplace and (3) level of importance to provide on-site continuing education at the current workplace. **RESULTS:** Novice therapists experienced the importance of self-care more strongly than the mid-experienced therapists. Novice therapists underestimated the importance of learning the interpersonal behaviors at workplace such as maintaining good relationships with colleagues as well as the importance of self-care activities. **DISCUSSION:** Research and training implications will be presented.

Psychotherapists' Assessment of Truth, Candor, and Honesty: A Qualitative Assessment of Therapists' Perceptions of Motivations for Concealment and Lies

Mandy Newman, Columbia University, New York, USA

The primary aim of this study was to assess the perceptions of therapists (N = 341) regarding an event of dishonesty in psychotherapy. A qualitative analysis of open-text questions was conducted from a survey sent to over 500 therapists practicing in the US and abroad. Therapists were asked about five domains: their reasons for dissembling in session, what feelings they had experienced, the immediate consequences of dishonesty, later consequences, and whether they would handle this event differently today. Responses were first coded in grounded theory. They were then coded thematically from a codebook. Frequency results indicated that treatment strategy was the primary reason for dissembling among psychotherapists, that most therapists felt negatively about the event, that there were no perceived immediate or distal consequences, and that most therapists would not handle the event differently. Future directions involve follow-up interviews with therapists in order to further understand the phenomenon of therapist dissembling.

Listening to Supervisees: Their Evaluation of Supervision and It's Contribution to Psychotherapy Outcome

Yona Teichman, Tel Aviv University & IDC- Herzeliya; Ety Berant, IDC- Herzeliya; Geva Shenkman, IDC - Herzeliya; Guy Ramot, IDC - Herzeliya; Meir Teichman, Tel Aviv University

From its early days, training of psychotherapists has been accompanied and based on supervision. A lot has been written on general topics related to supervision however, research on this topic is only emerging. The focus in this study is on supervisees' experiences in supervision. The study was conducted at the Psychology Clinic at the Interdisciplinary Center, Herzeliya, Israel. The sample included 103 supervisees (80 were first and second year MA students, and 23 were post MA trainees). All completed anonymously, a questionnaire

relating to supervision that was constructed by Teichman, Berant, Shenkman and Ramot (2018). I shall present the Questionnaire as well as initial results regarding supervisees' evaluation of supervision contribution to psychotherapy outcome. Finally, I shall present Thematic Analysis of responses to open questions regarding contribution of supervision to outcome, and meaningful experiences in supervision. Key Words: Supervision; Psychotherapy outcome

Brief Paper Session

Complex Cases

"I have this terrible secret and fear about this side of my life becoming known" -- A qualitative study of patients' experience and conceptualisation of their paedophilic disorder.

Imke Ahlers, Tavistock Clinic, London, UK; Felicitas Rost, Tavistock Clinic, London, UK

Background: Current theories hold that paedophilia can be linked to the experience of severe developmental trauma, particularly to childhood sexual abuse. Yet, there exists a lack of research studies on its aetiology and treatment. Very little is known about the patients' own experience of their suffering. The Portman Clinic is an NHS out-patient Clinic where patients with paedophilic disorders with or without contact offences receive group or individual psychoanalytic psychotherapy treatment. The aim of this study is twofold: Firstly, to explore patients' conceptualisation of their paedophilia, and secondly to explore their sense-making of how it developed. Of particular interest is to investigate whether in the patients understanding their pathology can be linked back to their adverse developmental experiences, including neglect and sexual abuse. Method: Interpretative Phenomenological Analysis based on Smith (2008) was used to analyse the Private Theories Interviews (Werbart et al., 2006) of five patients diagnosed with an ICD-10 diagnosis of Paedophilic Disorder. The emerging themes among patients regarding their problem formulation and pathogenesis of paedophilia were compared and contrasted. Results: Analysis revealed four themes within each domain, including 'Turning a blind eye', 'The abusive or absent father and unavailable mother', 'Early development of sexual interest', 'The vicious circle of complex abuse' in the patients description of their pathogenesis. Discussion: The better understanding of the multifarious problems of paedophilia gained through giving voice to paedophilic patients' allows to better inform therapy, which in turn may help victims and perpetrators of child sexual abuse to break the cycle of abuse.

A Psychotherapist's Nightmare - Psychotherapeutic treatment for Mentally Disordered Offenders with schizophrenia

Kirstine Dichmann, University of Copenhagen, Denmark

The Danish Healthcare systems most resource demanding patient population is the mentally disordered offenders (MDO). MDO as a patient population is characterized by substance abuse, diagnoses on the schizophrenic spectrum and personality disorders. Bad compliance with psychiatric treatment, re-admission and coercion complicates the therapeutic relationship with mental health professionals. However, the therapeutic alliance is recognized as vital for successful psychiatric treatment. This project investigates Therapeutic Assessment (TA) as a short therapeutic intervention for mentally disordered offenders diagnosed with schizophrenia or schizoaffective disorder (MDO SZ). The case-study series investigates 12 MDO SZ receiving TA. TA utilizes the assessment phase as therapeutic for the patient and is known to increase the patients' willingness to cooperate, and to reduce feelings of isolation as well as increase feelings of hope, self-worth and generate a sense of personality organization. Data collection and analysis is covered through quantitative and qualitative measures. A single-case experimental design will examine the effectiveness of TA through repeated daily measures of symptomatic distress and weekly measures of therapeutic alliance. All quantitative data will be subjected to hierarchical linear modelling to analyze if TA is related to change in self-reported outcome measures. Moreover, a hermeneutic analysis of case-records will uncover the complex process of TA as therapeutic for MDO SZ. With this project we seek to find a new way of engaging MDO SZ in treatment and research a new psychotherapeutic approach for the MDO. This presentation will cover preliminary results from one of the 12 cases.

An Innovative Program for High Risk Individuals Reduces Depression, Suicide Ideation and Rehospitalizations

Robert Gregory, SUNY Upstate Medical University, Syracuse, USA

Introduction: Suicide attempts and completions in the U.S. are rising, along with utilization of psychiatric emergency rooms and hospitals. These phenomena highlight the need for more effective suicide prevention and treatment efforts. The Psychiatry High Risk Program (PHRP) was established in 2017 to address the outpatient treatment needs of suicidal youth and young adults, utilizing dynamic deconstructive psychotherapy (DDP) as the core treatment. Methods: The effectiveness of this model was evaluated for 32

consecutive referrals from an acute psychiatric hospital of patients admitted for suicidality. Chart reviews were performed to assess rehospitalization rates at 30, 90, and 180 days post-discharge, and compared to an historical control matched for age range (18-40 years) and admission to the same hospital for suicidality (TAU). Results: Patients entering PHRP received 15.6 ± 7.6 DDP sessions and 3.5 ± 2.8 psychopharmacology visits; and depression decreased from PHQ-9 = 20.8 ± 4.1 at entry to 11.9 ± 5.1 at 180 days post-discharge ($t(17) = 6.85, p = .000$). Suicide ideation (item 9 of PHQ-9) decreased from $2.03 \pm .93$ to $0.67 \pm .77$ at 180 days ($t(17) = 5.15, p = .000$). PHRP patients required 3 ER visits and no rehospitalizations. TAU patients required 14 ER visits and 20 readmissions by 180 days post-discharge ($U = 336, z = 3.60, p = .000$), averaging over 6 hospital days per patient. Conclusions: The PHRP model appears promising for reducing depression, suicide ideation, and rehospitalizations for high risk individuals.

Construction of subjective senses, image of the self and personal identity, in the different episodes of a patient who presents bipolar affective disorder and messianic delirium, and his implications for therapy: a case study.

Carlos Ernesto Castillo, Universidad Diego Portales, Santiago, Chile

Introduction: bipolar affective disorder (BD) is characterized by marked fluctuations in mood, thinking, behavior, energy and the ability to perform activities of daily living, affects the individual for months or years in stages, where calm and Normal behavior is interspersed between manic episodes and depression. BD is one of the most common, severe and persistent mental disorders. Psychological factors play an important role in the psychopathology of the disorder, there are effective therapies for BD, however, there is no exhaustive and general cognitive model for BD. Objective: describe, categorize and analyze the construction of subjective meanings of the self, as this affects the personal identity and the relationship they have at the psychological level in the BD. Method: by means of in-depth biographical interview reaching the saturation of the contents analyzed, categories are constructed, with the most recurrent perceptions of the self in the different cycles of the BD. Results: Different categories of perception of the self can be established in depressive episodes and manic episodes, and a relationship is established with the behavioral changes and form of attachment. Discussion: the construction of different senses of the self, in the different poles of the BD seems to affect how it is linked in daily activities, interpersonal links, seeming to have a function, so understanding the meaning of these contributes to generate changes in conceptions psychotherapeutic in its approach. Keywords: bipolarity, self, psychotherapy, subjective senses, constructivism, posrationalism.

The Application of Cognitive Behavioural Therapy with Individuals with Autism Spectrum Conditions: A Critical Reflection

Malaika Pamela Fernandes, University of Manchester, UK

Introduction: Psychologists working within the field of autism spectrum conditions (ASC) were slow to adopt psychotherapeutic approaches that are widely used in able populations. Individuals with an ASC are at risk of developing comorbid mental health disorders. Although anxiety is not listed as a criterion for those on the spectrum, it has been found to be as one of the common comorbidities with anxiety being the most common and it has been difficult to tease apart anxiety from ASC. Is Cognitive Behavioural Therapy (CBT) the answer to ASC? What is the most therapeutically productive approach to working with ASC? Method: This is a theory paper that adopts a review of the current literature in the field of CBT and ASC. Thus this paper critically evaluates all the current applications of CBT techniques with individuals with ASC. Results: Current literature suggests that though there are psychological interventions available for ASC, they are only being modified and implemented with children or at least they are the only ones that are being researched and articulated about. Thus leaving a vital portion of the group understudied. Discussion: The goal of this paper is to critically reflect on the application of CBT for individuals with ASC and also trying to understand ASC at a deeper reflexive level. This paper proposes the implementation of therapeutic practice with ASC from a pluralistic framework and presents some implications for future development.

Brief Paper Session

Personalizing Psychotherapy and Clinical Feedback

A Method of Individualizing Clinical-Decision Making

Jesse Geller, Teachers College, Columbia University; Barry Farber, Teachers College, Columbia University

The primary aim of this paper is to present a new approach to clinical decision-making that holds the promise of individualizing, as far as possible, what a therapist offers to each patient. We believe the goal of developing a patient-specific approach to clinical interventions can be realized by placing the following question at the center of one's theory of therapeutic techniques: What psychological functions do I need to

serve on behalf of this patient if he or she is to make constructive changes in his or her life? To serve the purposes of this project, we have developed the 78-item Therapist Functions Rating Scale (TFRS), an instrument that aims to identify and quantify therapists' perceptions of the communicative requirements of particular patients at different phases of therapy. The items on this measure reflect a representative sample of the therapeutic techniques and clinical strategies that we classify provisionally as serving multiple psychological functions (e.g., supportive, restorative, executive, expressive, educative, and cathartic). The TFRS has already been used to obtain normative data about what therapists believe borderline patients can use for reparative purposes during the initial stage of therapy. In this proposed paper, we will utilize the normative data we have obtained using the TFRS in supervision and seminars to identify ways in which therapists may learn to recognize which techniques will be most helpful for what patients at what times during the course of therapy. We believe that these and similar data have significant clinical and pedagogic implications.

How patients and clinicians experience the utility of a personalized clinical feedback system in routine practice

Runar Tengel Hovland, Western Norway University of Applied Science, Førde, Norway; John Mellor-Clark, District General Hospital of Førde, Førde, Norway; Christian Moltu, District General Hospital of Førde, Førde, Norway

Aim: We explore how a person-adaptive clinical feedback system affects its users, and how meaning and relevance are negotiated. **Method:** We conducted a ten-month case-study of the implementation and practice of Norse Feedback (NF), a personalized CFS. The data material consisted of 12 patient interviews, 22 clinician interviews, 23 field notes, and 16 archival documents. **Results:** We identified four main categories or themes: (i) patients' use of clinical feedback for enhanced awareness and insight; (ii) patients work to make clinical feedback a communication mode; (iii) patients and clinicians negotiate clinical feedback as a way to influence treatment; and (iv) clinical feedback required an interactive sense-making effort. **Conclusion:** Patients and therapists produced CFS' meaning and relevance through interpreting CFS measures to represent the unique patient experience of the patient-therapist relationship. Patients regarded it as a tool to inform therapy with important issues. Patients became more self-aware and prepared for therapy.

Personalizing Psychotherapy through Case Studies: a glance at cost - effectiveness

Elena Diana Scherb, Universidad de Flores; Maria Angelica Durao, Universidad de Flores; Bernardo Kerman, Universidad de Flores

Many researchers are focusing on what works with patients in the real world, especially when it comes to difficult patients. RCTs have shown progress whenever it is applicable; but there is a huge amount of patients that do not fit the methodology, because of the severity and complexity of their problems. In spite of that, the integrative movement has contributed enormously to improve our results with these patients. The trends that help are both integrating research and practice; overcoming theoretical barriers; but also putting an emphasis in accountability, evaluation and clinical relevance. Evidence Based Practice movement has helped in framing psychotherapy within a transtheoretic and transdiagnostic perspective, thus allowing clinicians to focus on the patient, not only on the theories, but rather integrating the knowledge to be able to make the best decision on how to intervene with this particular patient in this particular moment. We use Case Study methodology to show best practices in 5 cases, who were diagnosed with Bipolar Disorder, Severe Depression, Schizophrenia, Borderline Personality Disorder and Obsessive Compulsive Personality Disorder. The patients were treated within an integrative (Fernández Alvarez), transtheoretic and transdiagnostic perspective. Process and outcome was assessed with different types of measures (Kazdin) But what happens when we look at cost - effectiveness (Cuijpers et al) ? We will compare not only the benefits but also the costs of the effective/evidence based treatments versus TAU, projected in their prevalence and incidence, within the context of a Health Insurance Company service in Argentina

Physiological Synchronization Biofeedback to Enhance Clinical Relationship

Johann Roland Kleinbub, University of Padova, Italy; Federica Taccini, University of Padova, Italy

Effective clinician-patient relationship is a crucial factor in psychological interventions. It leads to higher patient's involvement, satisfaction, treatment adherence, and in medical care is associated to reduced anxiety and depression and better health outcomes. Most authors identify empathy among the principal mechanism underlying these findings. Learning empathy is a scarcely studied topic, and existing trainings mostly rely on behavioral and cognitive strategies that may overload and distract clinicians. Within an embodied-cognition and dynamic-systems framework, patient and therapist are involved in complex mutual

regulation processes that engages their central and peripheral nervous systems. An efficacious regulation requires a correct understanding of the other's state, which in turn can only be achieved by enacting it. Indeed, research showed that synchronization of physiological activation between patient and therapist is associated with empathy, attachment security, therapeutic alliance, and outcome, hinting toward synchronization as a biomarker of efficacious co-regulation. We present the novel idea of augmenting psychotherapy with a haptic feedback, providing therapists with sensorial information about their synchronization levels as well as unmatched peaks in patients' arousal. We hypothesize that this information could help clinicians in identifying ruptures, enhance their understanding of their patients, clinical alliance, and could provide an implicit training of affective empathy. This project represents a first concrete effort toward grounding the clinical relationship in an objective biophysical domain. The physiological synchronization biofeedback could find application in actual therapies, in the training of therapists and medical personnel, and could become a precious resource for the development of psychotherapy theory.

Brief Paper Session

Cultural diversity and treatment adaptation

Adapting psychotherapy to religious and spiritual clients: Results of a multi-national big data study

Philip Scott Richards, Center for Change of Universal Health Services, Inc.; Peter Sanders, Utah Valley University; Kawika Allen, Brigham Young University, Provo, USA; Jason McBride, Alliance Behavioral Health

Aim Religion and spirituality are key aspects of client diversity. Although there is evidence to suggest that religion and spirituality can successfully be integrated into psychotherapy, few studies have examined what types of spiritual interventions are used in routine practice, and whether they are effective. The purpose of this paper is to present findings that shed light on these questions. Method Supported by \$3.57 million in grant funds, 19 research teams across North America collaborated on a big data project. Outcome and process data from clients and psychotherapists was collected from treatment sites in 8 countries and in over 10 languages, and included members of a large variety of faith traditions. Results Over 40,000 sessions of data were collected aimed at answering the following questions: (1) What kinds of spiritual interventions do clinicians use, (2) When and with which clients do they tend to use them with, (3) How effective are these approaches in treating client problems? Using descriptive statistics and structural equation modeling, we will present findings that describe and provide global support for the effectiveness of spiritually integrated psychotherapy. We will also present the results of more fine-tuned analyses that give insight into variability in processes and outcomes among various client, therapist, and treatment type subgroups. Discussion By understanding how clinicians are integrating spirituality into psychotherapy and evaluating the efficacy of these approaches, treatment can be personalized to meet the cultural needs of individuals and groups that have been previously been neglected in psychotherapy theory, research and practice.

Educational movies to strengthen the communicative skills of professionals working with community interpreters

Mike Mösko, University Medical Center Hamburg-Eppendorf, Germany; Saskia Hanft-Robert, University Medical Center Hamburg-Eppendorf, Germany; Michael Müller, ; Lena Emch-Fassnacht, ; Christoph Breitsprecher, University Medical Center Hamburg-Eppendorf, Germany

Background Around 10% of patients have limited language proficiency of the resident country. Due to a lack of linguistic diversity of mental health care professionals many of these patients cannot communicate sufficiently. As a consequence patients are not cared for at all or for much shorter periods of time, misdiagnoses occur, or medications are not taken properly. The use of professional community interpreters is one solution to overcome these barriers. When working with community interpreters variety of communicative difficulties can occur. In order to give professionals assistance in conducting interpreting client talks, few materials in different text forms are available. Similarly, this topic is occasionally addressed in the context of employee training on cross-cultural issues. In order to significantly expand this repertoire, freely available, vivid, self-explanatory educational films have been developed, produced and evaluated. The aim of these educational movies is to strengthen the required communicative skills in the triade. Method The EU founded project is divided into four modules: needs analysis through qualitative interviews with the target group (module 1), conception of the movies (module 2), production of educational movies (module 3), mixed-method evaluation of the developed material (Module 4). Results Nine educational movies have been developed and produced so far. The extensive film material is currently being cut and finalized. The evaluation will take place in March.

Personalizing Emotionally Focused Couples Therapy for Spanish speaking countries

Martiño Rodríguez-González, Universidad de Navarra, Spain; Ragan Andrew Lybbert, Brigham Young University, Provo, USA; Shayne Anderson, Brigham Young University, Provo, USA; Samuel Jinich, San Francisco center for emotionally focused therapy; Paul S. Greenman, Université du Québec en Outaouais

Emotionally Focused Couples Therapy (EFT) has proven to be a valuable approach to couples therapy for many therapists in the USA and Canada. Multiple studies conducted in these countries have confirmed its efficacy in treating couples' relational distress. Little is known, however, about the practice and efficacy of EFT outside of this context. In the last five years the presence of EFT in the Spanish-speaking world has grown exponentially. EFT's approach to treating couples' distress resonates with the cultural values held in many Spanish-speaking countries. This presentation will synthesize the experience of 17 therapists who received training in EFT and are currently practicing in a Spanish speaking country (six different countries, including: Chile, Mexico, Spain, Costa Rica, Guatemala and Argentina). These therapists were interviewed and asked the following research questions: How does this model work in Spanish? What changes are needed to personalize this model (EFT) for couples from these cultural contexts? We will reflect on these and other issues while also presenting on how an initial randomized clinical trial to be carried out in Spanish-speaking countries aims to tackle these same questions.

Clinician Identities and Trans Competency

Hannah Schmitt, Ferkauf School of Psychology at Yeshiva University

As the overt pathology associated with transgender identity and experience recedes, mental health practitioners in various disciplines have tasked themselves with theorizing trans identity anew. Ostensibly freed from the limitation of bygone transphobic discourses, we have begun creating new knowledge about trans people, their psychologies, and their courses of treatment. Yet this proliferation of clinical categories does not resolve the overt discomfort, lurid fascination, and unspoken disgust that still linger in contemporary clinical discourse on trans identity. Contemporary mainstream resources for practitioners around competency with trans patients in therapy largely revolves around discourses of basic respect (e.g. using inclusive language) and familiarity with technical categories. This paper argues that effective trans competency asks the clinician not simply to memorize a lexicon, but to engage their own beliefs, experiences, and anxieties around gender and gendered truth. Accordingly, being a skillful practitioner with transgender clients or patients involves having reflected on the ways that trans experience may differ from or overlap with one's own experience. If the clinician's own felt and expressed experiences of gender is a component of their way of being in the world as much as any gender variant person, then one can leverage that experiential wisdom towards trans-competence, rather than conceptualizing trans competence as some external tool or skill. In this way, trans competency in psychotherapy is conceived of not merely in an outward affirmation of a patient's gender identity, but in a more profound confrontation with one's own experience of gender.

The Role of Cultural Humility in Psychodynamic Treatment: The Dyadic Perspective of Patient and Therapist

Roberta Goldman, City University of New York, USA; Sasha Rudenstine, City University of New York, USA

Cultural humility (CH) refers to a therapist's ability to be open and curious about the aspects of someone's culture they are unfamiliar with, acknowledge and attempt to remediate one's cultural biases, and assume a stance of humility (rather than superiority) about the differences between one's own culture and the cultures of others (Mosher et al., 2017). The role of CH in the therapeutic process is not yet well understood. Data from the Psychological Center collects measures of CH (the Cultural Humility Scale) every four months from therapists and patients. This scale asks respondents to list the three identities that they believe to be most salient to themselves (or their patient) and then rate the therapist on 12 items related to CH. This dyadic data prompted our research team to wonder whether, using the CHS identity items, we could understand if therapists see patients the way patients see themselves and what impact this agreement or disagreement on identity categories may have on a treatment. This paper summarizes an exploratory study about CH in a psychodynamic psychotherapy doctoral training clinic. Aims include: Measure levels of CH among Doctoral Students in a psychodynamic clinical psychology training clinic, document correspondence between how patients see themselves versus how their therapists view them, examine the patient's perceptions of their therapist's CH and compare to the therapist's perception of therapist's own CH, assess preliminary associations between CH, working alliance, and symptom change over early phase of treatment.

The experience of ethical dilemmas among psychotherapists in India: An exploratory study

Ananya Sinha, Christ (Deemed to be University), Bangalore, India; Poornima Bhola, National Institute of Mental Health and Neuro Sciences, Bangalore, India; Ahalya Raguram, National Institute of Mental Health and Neuro Sciences, Deemed University, Bangalore, India; Prabha S. Chandra, National Institute of Mental Health and Neuro Sciences, Deemed University, Bangalore, India

Aim: The practice of psychotherapy may be viewed as an ethical endeavour. This cross-sectional study aimed to explore the experiences of ethical dilemmas in the practice of psychotherapy and counselling in India. **Method:** In-depth face-to-face or Skype interviews were conducted with 28 trainees and practitioners from varied mental health disciplines; clinical psychology, psychiatry, psychiatric social work and counselling. The transcripts were analysed using thematic analysis. **Conclusions:** The findings indicated that the experience of ethical dilemmas revolved around (i) the intersection of the therapist as a person and as a professional, (ii) select characteristics of the client and (iii) varied cultural and contextual intersections and realities. Therapists described the influence of their individual definitions of a "good therapist" and their struggles between authenticity and ethicality in their therapeutic work. The narratives highlighted the emergence of therapists' personal values and beliefs in their experience of and response to ethical dilemmas. The position of the therapist vis-à-vis the social location of the client, deeply embedded cultural traditions, relational-collectivist value orientations, and societal gender-power structures were other powerful influences. The process of resolution and response to complex ethical questions was incomplete and varied and involved questioning of the existing professional ethical codes. The implications for training and continuing professional development will be discussed. **Key words:** ethics, culture, mental health practitioner, psychotherapy, counselling

Therapist experiences of countertransference in therapeutic work with borderline personality disorder

Poornima Bhola, National Institute of Mental Health and Neuro Sciences, Bangalore, India; Kanika Mehrotra, National Institute of Mental Health and Neuro Sciences, Bangalore, India

Contemporary perspectives on countertransference examine it as a pan-theoretical concept, comprising of thoughts, feelings, and behaviours expressed by therapists toward their patients. Difficult countertransferential patterns have been described in the process of therapy with borderline personality disorder. The study explores therapist experiences in the recognition and management of countertransference in therapeutic work with borderline personality disorder. In-depth interviews were conducted with six experienced psychotherapists. The findings illustrate both the challenges and the possibilities of effective countertransference management. The implications for therapist training, supervision and professional development will be discussed.

Therapist Mood and Empathy: A Multimethod Study

Harold Chui, The Chinese University of Hong Kong, China; Sarah Luk, The Chinese University of Hong Kong, China

Aim: Therapist pre-session mood has been shown to influence session quality and working alliance, but the mechanism is unclear. One possibility is the effects mood has on empathy. Therapist empathy has often been assessed using client and observer ratings, but recent advances have also operationalized empathy in terms of dyadic synchrony, such as therapist-client similarity in language style. This study examines how therapist pre-session mood may be associated with therapist empathy as measured using different methods. **Method:** At a training clinic, therapists rated their mood before sessions, and clients rated session quality and therapist empathy after sessions. Four sessions from each dyad were transcribed verbatim for language style synchrony analysis. **Results:** Preliminary analyses of 220 sessions from 20 unique dyads showed that therapist pre-session calmness was associated with higher client ratings of session quality and therapist empathy, whereas therapist pre-session negative affect was associated with lower client session quality ratings. Therapist mood was not associated with language style synchrony. Clients rated sessions better and the therapist as more empathic when they followed the therapist's language style more, but not when therapists followed the client's language style more. In addition, sessions in which clients followed the therapist's use of adverbs were associated with better session ratings. **Discussion:** The effect of therapist mood on psychotherapy process is replicated. The direction of language synchrony (i.e., who follows who) and the language elements in which synchrony occur are promising areas of research to clarify the role of synchrony in psychotherapy process and outcome.

Psychotherapy for Older Adults with Late-Life Depression: Referral Attitudes of Key Gatekeepers

Isabel Kowal Benjamin, Williams College; Laurie Heatherington, Williams College

There is evidence that late-life depression (LLD) is underrecognized and under-treated with psychotherapy. Treatment barriers may be assumptions, attitudes and stigmatizing beliefs about LLD held by those closest to the individual: primary care medical professionals, family members, and elders themselves. We studied whether the age of a target individual, the severity of symptoms, and self-reported ageism influenced emotional reactions to, and treatment recommendations for people with LLD. The study used a vignette-based experimental analogue design, varying the age (44 vs. 74) and depression severity (moderate vs. severe) of the fictive individual. Participants' ageism, their emotional reactions to, and treatment recommendations, for the fictive individual were assessed in three populations: Medical professionals (N= 77), adult laypersons prompted to respond as family members (N= 229), and older adults (≥ 65 yrs) (N= 80.) Treatment recommendations did not differ as a function of target age, symptom severity or levels ageism in the medical professional and older adult samples but did for laypersons. Hierarchical linear regressions revealed that only for laypersons did ageism moderate the three-way relationship between the age of the individual, their depression severity, and responding emotional reactions or treatment recommendations. The older individual did elicit more negative emotional reactions; medical professionals had more anger for the older individual, and older adults had less pity for the older individual. Results imply that laypersons may hold "healthist" prejudices mitigating against recommending treatment, which particularly impact older adults. Moreover, the findings suggest that medical professionals may be allies in recommending treatment to older adults.

The prevalence of post-traumatic stress disorder among medically ill children and youth compared to healthy children and youth: A systematic review

Haifa Bin haamed, University of Sheffield, UK

Abstract Relatively few studies have investigated the incidents and risk factors of post-traumatic stress disorders as a result of chronic medical illness among young individuals. This systematic review was conducted to identify the incidents and prevalence of post-medical trauma stress symptoms in children and youth. The objective: The objective of this study is to review the prevalence of post-traumatic stress symptoms among children and youth with a history of medical disorders. Also, to get insight into the association between specific medical conditions and the severity of post-traumatic stress symptoms. Method: The search were conducted and reported using the PRISMA standards. Strategy for data synthesis was Narrative synthesis. Three data bases were searched systematically to obtain the key studies - PUBMED, Scopus and PsycINFO. Article reference sections were reviewed to identify any further relevant studies. Quality for included papers was assessed. Result: 17 studies were found eligible for this review. PTSD symptoms were found higher among clinical population than healthy comparison. Also, PTSS symptoms were higher among serious diseases such as cancer and organ transplant than other diseases such as Asthma and ENT surgery. Different predictors were associated with the severity of PTSD symptoms. Conclusion: This review highlighted the need for more empirical studies to identify risk factors associated with PTSS severity which were not adequately investigated and to guide intervention program and clinical management.

Use of Cognitive Therapy Techniques is Associated with Improvement in Positive Compensatory Skills in the Treatment of Depression in a Community Mental Health Setting

Catherine King, University of Pennsylvania, Philadelphia, USA; Elena Goldstein, University of Pennsylvania, Philadelphia, USA; Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA; Mary Beth Connolly Gibbons, University of Pennsylvania, Philadelphia, USA

Although cognitive therapy (CT) is widely viewed as an efficacious and effective treatment for adult major depressive disorder (MDD), pinning down the mechanism of action of CT for MDD has been a challenge. A number of investigations have demonstrated that CT techniques are associated with symptom improvement. Few studies, however, have examined whether such CT techniques are associated with change in the underlying mechanisms of CT for MDD. A previous study of the mechanism of CT for MDD (Crits-Christoph et al., 2017) found that changes in positive compensatory skills were associated with subsequent change in depressive symptoms. The current study uses data from the Connolly Gibbons et al. (2016) non-inferiority trial to investigate whether greater use of CT techniques is related to change in positive compensatory skills. Compensatory skills were measured at baseline and months 1, 2, 4, and 5. CT

techniques were rated on session 2 or 3 for 96 patients who received CT. We found that CT adherence was significantly ($p=.004$) associated with linear change in positive compensatory skills over the course of a maximum of 16 sessions of CT. This effect was primarily driven by use of "concrete" CT techniques ($p=.003$). The results of this study support the use of CT techniques to drive improvement in a key mechanism variable.

Narrative Family Therapy may help families with complex psychiatric problems in Child and Adolescent Mental Health Services

Nina Tejs Jorring, University of Copenhagen, Denmark

Abstract Little research has been done on children and adolescents with complex psychiatric problems, and this group is seldom subject to evidence-based treatment. Equally, little research has been done on narrative therapy. Subsequently, Narrative Family Therapy (NFT) is rarely available to children and adolescents with a psychiatric disorder. NFT is a combination of child- and adolescent- psychiatric knowledge and narrative therapy, which offers the recovery-oriented practices of collaboration needed for these families and their problems. We developed a manual consisting of three elements: Therapeutic sessions, network meetings, and written documents (especially therapeutic letters after each sessions). The effect for families receiving NFT at the Centre for Child and Adolescent Mental Health of the Capital Region of Denmark was evaluated by Beck's Youth Inventory (BYI), and Parent Activation Measurement (PAM), which is a measure of how much influence parents feel they have on their child's condition. 105 patients consented to participate, and of these, full datasets were available for 48 patients (median age 13.2 years, 58.3% females). We found an increase in median BYI measures of self-concept, decrease in BYI Depression, and decreases in BYI Disruptive Behavior. Parent Activation Measurement increased. Results from this study showed statistical significant symptom reduction with a moderate effect size, across different diagnoses and co-morbidities, and positive changes for the parent's sense of personal agency. Our data suggest that Narrative Family Therapy might be a viable choice of treatment for families with complex psychiatric conditions.

Deep Poverty Among Patients Seeking Treatment in a Community Mental Health Center

Elena Goldstein, University of Pennsylvania, Philadelphia, USA; Catherine King, University of Pennsylvania, Philadelphia, USA; Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA; Mary Beth Connolly Gibbons, University of Pennsylvania, Philadelphia, USA

In 1963, President John F. Kennedy signed into law the Community Mental Health Act, altering the delivery of mental health services in the US through the establishment of comprehensive community mental health centers (CMHCs). Primarily funded through Medicaid and Medicare, these centers provide behavioral health services to low-income individuals. We present here a description of the extent and impact of extreme poverty on patients screened for a research study conducted in one of the largest outpatient CMHCs in the country. Of a total of 495 patients who screened positive for some depressive symptoms at intake at the CMHC, 340 (68.7%) were in extreme poverty (defined here as a family income of \$10,000 or less). Most striking about these individuals in deep poverty is the amount of trauma they have experienced. The median patient has experienced 20 ($M=23.3$; $SD=15.2$) traumas in their life across an average of 8.2 ($SD=4.2$) different types of traumas. Prominent among these traumas was the occurrence of sexual assaultive traumas, with 49% of patients experiencing at least one sexual assault ($M=2.9$; $SD=4.4$) and 76% experiencing at least one physical assault ($M=4.7$; $SD=4.2$). Though women had, on average, more frequent sexual assaultive traumas, these also occurred for men (means of 3.5 and 1.1 for women and men, respectively). The development of new treatments for the CMHC setting and the dissemination of existing treatments to this context need to take into account the unique set of experiences and comorbidities associated with deep poverty among patients seen in CMHCs.

The Effect of Group Psychotherapy on Defensive Functioning in Adults with Binge Eating Disorder (BED)

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BACKGROUND: Defense mechanisms are automatic psychological responses that allow individuals to manage distress or internal conflict. Maladaptive defensive functioning is particularly common in psychopathology; however, it is relatively understudied in the group treatment of binge-eating disorder (BED). **OBJECTIVE:** This study examined change in defensive functioning following Group Psychodynamic

Interpersonal Psychotherapy (GPIP) for BED compared to a waitlist control. HYPOTHESIS: Defensive functioning will improve to a greater extent at post-treatment in those who received GPIP compared to those in a waitlist control condition. METHODS: We used the Defense Mechanisms Rating Scale (DMRS) to assess defensive functioning in Adult Attachment Interviews (AAIs) administered pre- and post-treatment/waitlist for adults with BED. Participants (N = 58) were assigned to one of two conditions. Those in the treatment condition (n = 26) received 16 weeks of GPIP, whereas those in the control condition (n = 32) were waitlisted. We administered AAIs to those with BED at pre-treatment/waitlist and at 6 months post-treatment/waitlist. Seven coders were trained to use the DMRS to rate defensive functioning from AAI transcripts. Coders were blind to study condition and time-point. We calculated between condition differences pre- to post-treatment/waitlist with a repeated-measures ANOVA. RESULTS: Those who received GPIP showed significantly greater improvements in defensive functioning compared to the control group at post-treatment [$F(1, 56) = 4.747, p = .034$]. CONCLUSIONS: There was a significant difference in post-treatment defensive functioning following GPIP compared to waitlist. GPIP may be a useful modality to improve adaptive defenses for those with BED.

Effects of evocation on clinically relevant behaviors in Functional Analytic Psychotherapy

Joana Figueiredo Vartanian, Universidade de São Paulo; Claudia Kami Bastos Oshiro, Universidade de São Paulo

FAP classify client behaviors in session as CRB1s (problem) and CRB2s (improvement) and the therapist is expected to act on them in order to increase CRB2 and to reduce CRB1 by using five therapeutic rules. It has been theoretically emphasized the role of consequences provided by the therapist on behavioral change in clients, however, there are experimental evidences that such a change is the result of evocative processes in session. The goal of this investigation was to identify the effects of direct evocation by the therapist in FAP (independent variable) on client CRBs (dependent variables). A single-case experimental procedure was conducted, with design A -B1-BC1-B2-BC2 for one client, with control of the insertion of the independent variable (design A-BC1-B1-BC2- B2) to another client. Phase A was baseline, without systematic use of FAP, phases B corresponded to FAP without direct evocation and phases BC, with evocation. The sessions were coded with the FAPRS instrument by the therapist and independent coders and clients responded weekly to the Outcome Questionnaire. As results, it occurred the abrupt increase of CRB2s and decrease of CCR1s when direct evocation was inserted, the increase of CRB1 and decrease of CRB2 when it was withdrawn, as well as the replication of these phases and their effects on both clients' behaviors. These results solidify the proposal that the increase of CRB2 in FAP is also based on the existence of evocative processes and, therefore, they can be highlighted as having a relevant impact on the mechanism of change.

Construction of the Practice Difficulties Reflection Questionnaire for Trainee Group Counselor

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Aim to assess the trainee group counselors' practice difficulties and the confident in the process of unstructured short-term group which adopted interpersonal orientation to lead and set the problem solving as the primary goal, we started to develop and construct the practice difficulties reflection questionnaire for trainee group counselor (PDRQ-TGC). Three stages were designed to construct the structure, which first collected the leading difficulties through the group practice process, second according the found results to form the questionnaire dimensions and items, and third applied the tempted version on the practice for examined its validity and reliability. First, twenty-seven master level graduates in counseling program were invited to fill out the opened questionnaire paralleled with the group counseling process. Nine groups leach led by two trainee group counselors and one observer, ten sessions weekly, and each 90 min were conducted. Seven categories of the practice difficulties were found through qualitative data analysis, then excluded the last one of others, the six dimensions of PDRQ-TGC were adopted which include: Group facilitating, Interpersonal interaction enhancing, Individual member processing, Co-leadership collaboration, Theories and intervention skills applying, and Counselors' personal adjusting. Second, 27 items each indicated the situations and related detail difficulties, included in the six dimensions. Two columns were designed for reflect the practice difficulties and propose the expectations toward furthermore practice. Third, the correlation of trainees' competencies measurement and PDRQ-TGC, also related to the effectiveness or their practice were analyzed. Discussion and recommendations for further research and practice application were proposed.

How Do Interpersonal Clusters Affect Psychotherapy Outcomes in a Depressed Sample?

Kate McMillen, Adelphi University, New York, USA; Mark Hilsenroth, Adelphi University, New York, USA

Patient interpersonal problems have been shown to relate to psychotherapy treatment process (Haggerty et al., 2015; Kuutmann & Hilsenroth, 2012; Pitman & Hilsenroth, 2016), as well as psychotherapy outcomes (Cain et al., 2012; Salzer et al., 2011; Ung et al., 2017). Past studies have identified patient interpersonal clusters that may provide further insight into these processes (Cain et al., 2010; Pitman & Hilsenroth, 2016). In the first paper of this proposed research project, McMillen & Hilsenroth (2020) will utilize the Inventory of Interpersonal Problems (IIP-C; Horowitz, Alden, Wiggins, & Pincus, 2000) to identify interpersonal clusters in a sample of patients with depression. The current study will use the identified clusters to ascertain whether they significantly differ on outcome measures following psychodynamic psychotherapy treatment. IIP-C, BSI-GSI (Brief Symptom Inventory - Global Severity Index), and PEI (Patient's Estimate of Improvement) protocols from 71 clinical outpatient cases have already been collected and are being entered into an electronic database. Analyses will be conducted using a multivariate analysis of variance (MANOVA). Clinical implications of any findings will be discussed.

Multicultural Issues in the Provision of Positive Regard

Lauren McMullen, Teachers College, Columbia University; Daisy Ort, Teachers College, Columbia University; William E. Runge, Teachers College, Columbia University; Meltem Yilmaz, Teachers College, Columbia University

Studies have consistently found therapists' use of positive regard--one of Carl Rogers' core facilitative conditions--to be associated with improved clinical outcomes and a stronger therapeutic alliance. A small body of research has also found that therapists' multicultural competencies can affect clients' perceptions of positive regard expressed by therapists. According to Wright (2019), "Therapists who are able to adopt a culturally humble attitude may be better equipped to experience and convey warmth toward clients with cultural beliefs or worldviews different from or even morally opposed to their own." However, previous research assessing the use of positive regard in relation to multicultural issues has focused exclusively on clients' perspectives. Our study investigates the impact of race, gender, and ethnicity on therapists' perceptions and provision of positive regard. Potential differences in how positive regard is conceptualized and expressed within the context of multiracial dyads will also be explored. A better understanding of the ways race, gender, and ethnicity affect therapists' provision of positive regard may help illuminate specific mechanisms by which therapists' multicultural competencies (or lack thereof) are related to clinical outcomes and the development and maintenance of positive therapeutic alliances.

Exploring the effectiveness of an online workshop for emotional intelligence in undergraduate students

Alan Kian, York University, Canada; Alberta Pos, York University, Canada

BACKGROUND This poster describes an effectiveness trial for an online workshop for increasing emotional intelligence (EI) in undergraduate students using an online video format to increase learning engagement. EI predicts competencies important in any job and is a 'hot intelligence'. Use of technology will better serve undergraduate students who 'stick around' if their attention is held by short online videos. Methods. An emotion education model piloted with small groups at York University found that difficulties with impulse control and emotional awareness were lessened, while knowledge of feeling was increased. This online version delivers EI modules to 100+ undergraduates participating in research for extra credit. Four modules focus on: 1) being aware and knowing emotion in general, of emotion categories, and the components constituting emotion, 2) perceiving and regulating types of emotion reactions, 3) understanding social and gender influences on emotion, and 4) using emotion to understand interpersonal problems. Participants will complete pre and post-measures. The measures are: the 18-item Degree of Emotional Regulation Scale 18 (Victor & Klonsky, 2016) of emotional nonacceptance, impulsivity, clarity, awareness and regulation strategies, and the Family Expressiveness Questionnaire to capture family expressive culture (FEQ, Halberstadt, 1986). Hypotheses. Students will report increased emotional awareness and acceptance, and fewer problems with regulation strategies; while cultural background and gender will moderate DERS18 responses. Significance. This study can bridge an existing gap in fields of online technology and emotional education and excitingly will test convenient and private pedagogy that can boast economic benefits for all users.

Limited Re-Parenting as a Corrective Emotional Experience in Schema Therapy: A Preliminary Task Analysis

I. Volkan Gulum, Dumlupinar University; Gonca Soygut Pekak, İstanbul Şehir Üniversitesi

Aim: This study aims to construct a process model of limited re-parenting (LR) as a corrective emotional experience in the Schema Therapy Model (STM). **Method:** A task analytical approach was obtained to achieve this aim. In line with this approach, two separate rational models were built by the researchers in the scope of the theory and their expertise and a final rational model was reached based on these initial models. Accordingly, a schema is activated, the therapist notices it and validates and facilitates client's experiences, explores the connection of the schema(s) and early toxic experiences, engages the process and tries to understand the unmet needs, responds with appropriate manner compatible with the triggered needs. In this "LR process", in the beginning, the client experience painful emotions related to schema then understands the connection of the negative feeling with the schema origins and experience his core emotional needs could be met. To preserve and maintain the effect, they evaluate the current LR related experience and focus on self-reparenting for the future. **Results:** The study sample consisted of five therapy sessions. The analysis process is still ongoing, and a rational-empirical model is going to be constructed in two months. Preliminary findings suggest that the model might include using cognitive and experiential techniques alternately as tools for LR. **Discussion:** LR at the core of the STM and it is important to tailor it in line with the client's schema(s) and related needs. Therefore, it requires certain limitations and flexibility at the same time.

Therapist Responsivity to Resistance Following Deliberate Practice Training vs Traditional Training

Nancy Shekarak Ghashghaei, York University, Canada; Henny Westra, York University, Canada; David Allen Olson, York University, Canada; Serena Shukla, York University, Canada; Alyssa A. Di Bartolomeo, York University, Canada

Research has underscored the importance of appropriate therapist contextual responsivity to early process makers of client resistance and low motivation. However, the modifiability of therapist responsiveness strategies through training remains an important empirical question yet to be studied. To this end, this study aimed to test Deliberate Practice (DP) as a novel training approach for enhancing therapist appropriate responsivity to resistance markers compared to traditional training. Eighty-eight therapists participated in a larger parent study comparing a deliberate practice workshop with a traditional workshop for motivational interviewing skills (Westra et al., 2019). Trainees each conducted a 20-minute interview with an ambivalent individual as part of the testing post-workshop and at 4-month follow-up. Given the importance of long-term skill acquisition, the follow-up interviews are being coded for moment-to-moment resistance markers (client Counter-Change Talk), and also for therapist supportive versus directive responses to these markers. We hypothesize that those receiving deliberate practice training will show more appropriate responses to resistance markers compared to their traditional training counterparts. Coding will be completed and results analyzed by the time of the conference. Implications for effective training will be discussed.

The Development and Initial Validation of the Cultural Humility and Enactment Scale in Counseling

Peitao Zhu, Syracuse University; Yanhong Liu, Syracuse University; Melissa Luke, Syracuse University; Qiu Wang, Syracuse University

The study of cultural humility (CH) in the context of counseling is at a preliminary stage. A systemic review of CH literature by Mosher, Hook, Farrell, Watkins, and Davis (2017) only located a handful of studies specific to the context of counseling (Hook et al., 2013, 2016; Owen, 2013; Owen et al., 2014; 2016, 2018); with homogenous demographic characteristics (e.g., race/ethnicity, gender, nationality). One of the important factors that may have stymied the quantitative research on humility in the clinical setting was scarcity of psychometrically sound measures (Davis & Cuthbert, 2017). The Cultural Humility Scale (CHS, Hook et al, 2015), the only existing measure on CH, demonstrated high reliability across studies but has suffered from limitations regarding its content and construct validity (Mosher et al., 2017; Worthington & Allison, 2018). The purpose of the study is to develop a client-rated, conceptually and statistically valid and reliable measure on counselor's CH that addresses some of the limitations associated with the CHS. The measure is named the Cultural Humility and Enactment Scale (CHES). Using exploratory factor analysis, the study explored the factor structure and the internal consistency reliability of the CHES. In addition, convergent, discriminant, and predictive validity was explored. A few methodological highlights, including scale format, sampling methods, and expert review, as well as the implication for clinical work and supervision will be discussed.

Understanding epistemic trust in the context of attachment styles

Shimrit Fisher, Haifa University, Israel; Peter Fonagy, University College, London, UK; Sigal Zilcha-Mano, University of Haifa, Israel

Introduction: Epistemic trust, an important component of therapeutic relationships, is defined as one's ability to trust the authenticity and personal relevance of interpersonally transmitted information. Patients with high levels of epistemic trust appear to be more likely to benefit from treatment: they are more likely to believe that what psychotherapy has to offer may be significant to them to properly navigate their way in the social world. Although much has been written about this construct, it received little empirical attention to date in psychotherapy research. The present study aims to quantify the degree of patients' epistemic trust and to examine how it is related to other measures, particularly attachment style. Method: The study combines thematic analysis of sessions with a data analysis strategy to estimate the amount of variance in epistemic trust explained by attachment. In the first step, transcripts of session 4 are searched for patients' statements that reflect an experience of epistemic trust ("I always prefer to share my feelings and hear others' opinion") or mistrust ("I don't believe that sharing is helpful"). In the second step, we use baseline attachment measures (Experiences in Close Relationships scale; lexical decision task for measuring attachment expectations) to predict the degree of epistemic trust, as generated and scaled in the first step. Data analysis: Data analysis will be completed by winter 2020. Discussion: The study has important implications for understanding the concept of epistemic trust and its potential expression during therapeutic sessions.

Positive Regard and Remote/Online Psychotherapy

Dina Al Ghabra, Teachers College, Columbia University; Yifan Gao, Teachers College, Columbia University; Katherine Donatela Manlongat, Teachers College, Columbia University; Caitlin Moore, Teachers College, Columbia University; Lauren O'Leary, Teachers College, Columbia University; Daisy Ort, Teachers College, Columbia University

Therapists often utilize the Rogerian tenets of positive regard and empathy in the service of establishing a strong therapeutic alliance; however, our current understanding of these concepts has been largely limited to the ways in which they have been implemented in face-to-face psychotherapy within the confines of a therapist's physical office. Advances in technology have led to a new wave of therapists expanding their services beyond traditional face-to-face therapy to include online or virtual complementary sessions via video conference, phone calls, email, or text messages. Whereas research has been conducted comparing the process and outcome of in-person therapy versus virtual therapy, there exists a dearth of investigations of therapists' provision of positive regard and empathy across different online modalities. As such, there is a need to understand therapists' beliefs about the facilitation and consequences of positive regard in in-person sessions compared to virtual psychotherapy sessions. Specifically, we consider factors such as the duration of the therapeutic relationship and the frequency and type of remote therapy sessions. We also consider the role that generational and overall demographic differences may play in determining therapists' perceived ability to convey positive regard through online therapy and how successfully it is received by clients.

Deliberate Practice and Client Motivational Language

Alyssa A. Di Bartolomeo, York University, Canada; Serena Shukla, York University, Canada; Henny Westra, York University, Canada; Nancy Shekarak Ghashghaei, York University, Canada; David Allen Olson, York University, Canada

Recently, a deliberate practice (DP) workshop on motivational interviewing (MI), that involved repetition with immediate feedback was found to significantly improve skill maintenance in comparison to a traditional MI workshop with less practice (Westra et al., 2019). However, client motivational language was not codified in this study. In general, MI is found to decrease resistance to change (counter-change talk) and elicit motivation for change (change talk). However, no research has explored whether DP is more efficacious with respect to client motivational language outcomes. The present study uses the parent Westra et al. study to examine this question. 88 trainees were randomly assigned to either a DP workshop or a traditional workshop. Following the training, they conducted two twenty-minute interviews with an ambivalent actor and an ambivalent community volunteer, which were video recorded. These interviews were conducted post workshop and four months later. For the purposes of this study, interviews from the four month follow up testing was analyzed, as skill development is key in examining our dependent variables. Using the MISC 1.1, interviewee language was classified as change talk, counter-change talk, or other. The coding is in progress and early results (N=20) indicate significantly lower levels of counter-change talk in the interviews of the DP trainees. Implications of DP for clinician skill and client outcomes will be discussed.

What do you think was wrong? Couple therapists' perspectives on causes of no improvement

Cristina Günther, Universitat Ramon Llull; Ruben Lillo, Universitat Ramon Llull

Several approaches to couple therapy have consistently demonstrated their effectiveness in reducing relational distress and specific disorders. However, there are still 25 to 30 percent of couples that show no benefit from couples therapy. The aim of this research is to explore couple therapists' explanations on cases of no improvement according to their own experience. Following a qualitative design, 20 couple therapists from systemic, psychodynamic, constructivist, and cognitive-behavioral orientations were interviewed. A semi-structured interview guide was developed based on two distinguishable but related areas: (1) Factors that have contributed to no improvement in their own experience as couple therapists (2) Factors that can be identified as potential threats for a successful therapeutic process. Thematic Analysis was conducted for the analysis of the verbatim transcripts in a constant peer engagement of two co-coders. Results are structured in a hierarchical map grounded in two main themes: (1) Therapists' Factors and (2) Couples' Factors. Some themes and subthemes are consistent with prior studies and results can be used as a guide for researchers to develop practice-based models that mirror practitioners' needs. Moreover, findings provide insight into challenging situations from therapists' perspectives and how these experiences can shape therapists' expectations. Implications for practice and recommendations will be described, along with limitations and suggestions to continue this line of inquiry.

What is the Relationship Between Rupture & Microaggression? --- Case studies of four Chinese patients with Caucasian therapists

Liqiaonan M. Chen, Adelphi University, New York, USA; Andrew Lokai, Adelphi University, New York, USA; Sarah Bloch-Elkouby, Beth Israel Medical Center, New York, USA; Catherine Eubanks, Yeshiva University; J. Christopher Muran, Adelphi University, New York, USA

Title: What is the Relationship Between Rupture & Microaggression? --- Case studies of four Chinese patients with Caucasian therapists
Authors: Liqiaonan M. Chen, Andrew Lokai, Sarah Bloch-Elkouby, Catherine F. Eubanks, & J. Christopher Muran
Abstract
Aims: Addressing cultural differences can be crucial in psychotherapy as it can therapeutic alliance. There has been research suggesting that therapists can engage in microaggressions against minority patients, resulting in ruptures and poor alliance. This study will draw on rupture literature to investigate Caucasian therapists' microaggressions against Chinese patients in psychotherapy. The aim of this study is to explore the relationship of microaggressions to alliance ruptures in a racially mismatched dyad in psychotherapy.
Methods: Four racially mis-matched dyads were selected for the study. Within each dyad, the therapist self-identified as European Caucasian and the patient self-identified as ethnically Chinese. All the dyads completed either Cognitive-Behavioral treatment or Brief Relational treatment and were matched in terms of gender and age. The first session of the dyads was selected in order to see early engagement in therapy. The Rupture Resolution Rating System (3RS) was used as an observer-rated measure of rupture. An observer-based coding system was derived from three validated self-report scales of microaggression and used to code microaggression. Results: Descriptive analyses will be calculated to examine the relationship between alliance ruptures and microaggressions as well as how microaggression impacts rupture. Discussion: Findings will be discussed with respect to their conceptual and clinical implications. Keywords: microaggression, rupture, mis-matched dyads, minority, Chinese

Mobile application-based interventions for chronic pain patients: A systematic review and meta-analysis of effectiveness

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Background
Chronic pain are major causes of disability in the general population. Even though there are effective treatment options available in primary and specialized care settings, these treatments do not have consistent lasting effects. As the usage of mobile devices has increased enormously during the last few years, mobile application-based treatment options are widespread. Aims
The aim of this meta-analysis was to summarize the literature on mobile application-based treatments for chronic pain patients. Method
The three electronic bibliographic databases PubMed, PsycINFO, and Web of Science were researched for studies that investigated the effectiveness of mobile application-based intervention for chronic pain on pain intensity. The primary outcome pain intensity was extracted and aggregated by random-effects models. Results
The final sample comprised twenty-two studies, with a total of 4679 individuals. Twelve of these twenty-two studies used a randomized control trial (RCT) design, while ten studies only used an observational design. For all twenty-two studies a small but significant effect ($d = -0.40$) was found when compared to baseline measures or control groups. For the RCTs this effect was still significant but slightly

smaller in reducing pain ($d = -0.26$), while for thenon-RCTs which did not employ an RCT design, a small to medium reduction of pain was found ($d = -0.54$). Conclusions Effectiveness studies on mobile application-based interventions for chronic pain patients are rare. However, there is emerging evidence that apps for the treatment of chronic pain can be helpful in reducing pain; especially in the long-term.

The father and his anorectic daughter

Elisabeth Bratt Neuberg, Linköping University, Stockholm, Sweden

Objective The aim of this study was to make a qualitative study of the comments by 12 fathers about their daughters previous to, during the time of the anorexia illness and afterwards. The study is a continuation of the study of the attachment state of mind of the anorectic women, her father and her mother, in which three groups were included. Anorectic women from an institution for eating disorder, women with dependency problems from an institution for dependency problem, and young women studying at an adult high school and the fathers in the three groups. The diagnoses were made according to DSM-IV. The women were between 18-30 years of age. The number of participants: 31 women, 30 fathers. **Method** This study was conducted with grounded theory approach, based on an open interview with the fathers about their view of and relation to their daughters and the study of the Adult Attachment Interview (AAI George et al., 1985) by Bratt Neuberg E., Andersson, G. (2017) *The Anorectic Girl and Her Father - The Interpersonal and Intrapsychic Meaning to the Girl*. **Results** The fathers differed but most expressed more matter of facts content related to their daughters. The results are preliminary, as the analysis will be ready in January 2020. **Discussion** The research implication highlights the importance of the anorectic daughter - father relation. **Category 07 Psychiatric comorbidity**

The E(f)FACTS project: The first randomized clinical trial in Emotionally Focused Therapy in Spanish Speaking Countries.

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Emotionally Focused Couples Therapy (EFT) is well-established as an effective therapy in helping couples with a variety of presenting problems. However, this research has taken place almost exclusively with English speakers in the US and Canada. Despite Spanish being the second most spoken language in the world, there is little to no research which has sought to validate the effectiveness of EFT, or therapy in general, with native Spanish speakers. This is additionally surprising as the largest minority in the US is Latinos who are projected to make up more than 1/4 of the US population by 2060. The purpose of this study is to identify the efficacy of EFT for a populous group both within and outside the US. This will be accomplished through testing for differences between a treatment group and a waitlist control group in multiple countries where Spanish is the native language. All participants (therapists, clients and waitlisted clients) will be native Spanish speakers and residents of the aforementioned countries. The study, named E(f)FACTS (Emotionally Focused Couple Therapy), is designed as a randomized clinical trial where the treatment group will receive approximately 20 sessions of EFT. Regular supervision and adherence checks will take place to ensure adherence to the EFT model. The proposed study will allow for multiple studies and analyses. Provided sufficient data has been collected, this particular (proposed) study would use preliminary data to assess for initial differences in relationship satisfaction and attachment behaviors between the treatment and group using an ANOVA.

Loneliness and Level of Disclosure in LGBTQ+ Students

Zaine A. Roberts, SUNY Potsdam; Claire J Starrs, SUNY Potsdam, New York, USA; Élyse Beaudet, Concordia University

Aim. LGBTQ+ youth have been shown to experience high distress and suicidality (Semlyen, King, Varney & Hagger-Johnson, 2016). Queer youth report higher levels of social isolation and loneliness than non-Queer youth (e.g., Martin & D'Augelli, 2003), thus contributing to their risk of psychopathology. A notable factor that may influence this relationship, is level of disclosure i.e., to what degree the individual is open about their gender identity/sexual orientation. Existing findings suggest that higher levels of disclosure are related to higher wellbeing (Kosciw, Palmer, & Kull, 2015). As such, the current study therefore seeks to examine whether a sample of LGBTQ+ students experiences loneliness and related distress, and whether level of disclosure moderates this effect. **Method.** 40 self-identified LGBTQ+ students completed 1) the UCLA Loneliness Scale (Version 3, Russell, 1996) to assess current loneliness and social isolation, 2) the Outness Inventory (Mohr & Fassinger, 2000) which measures the degree to which LGBTQ+ individuals are publicly 'out' to family, others (peers, colleagues, public) and their religious community and 3) the Centre for

Epidemiological Studies Depression (CES-D, Radloff, 1977) of current depressive symptoms. Results. Preliminary analyses suggest that higher loneliness is related to higher depressive symptoms. In addition, level of disclosure moderates this relationship, with higher levels of disclosure buffering the effect of loneliness on depressive symptoms. Conclusions. This study suggests that supporting LGBTQ+ individuals to be able to disclose their gender identity and/or orientation may be protective against depression due to loneliness.

Exploring a Person-centered Scoring Alternative for the Quality of Life Inventory

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Aim: Quality of life (QOL) is considered a person-centered indicator of functioning; however, consensus regarding quantifying QOL has not been reached. The widely used Quality of Life Inventory (QOLI) is scored by multiplying importance and satisfaction ratings for various domains, summing the products, and dividing by the number of domains marked important. Thus, scores do not quantify the percentage of domains deemed important that are rated as "satisfied" or better. The current research investigated an alternative measurement of QOLI by comparing original scoring with a modification reflecting the percentage of satisfied domains out of those considered important in terms of their respective associations with shame and self-esteem. **Method:** Participants included 325 treatment-seeking women who experienced intimate partner violence and completed the QOLI, Internalized Shame Scale (ISS), and Rosenberg Self-Esteem Scale (RSES). Two QOLI scores were derived: (1) original and (2) modification described above, each was correlated with shame and self-esteem, and correlations were compared. **Results:** Original scoring was not associated with shame or self-esteem, r range = -.06--.03, p s (gt).26. Modified scoring was significantly correlated with all scales, ISS shame r = -.60, p (lt).001; ISS self-esteem r = .59, p (lt).001; RSES self-esteem r = .56, p (lt).001. Dependent correlation comparisons revealed significant differences between original and modified associations with each scale, ISS shame, Z = -9.01, p (lt).001; ISS self-esteem, Z = 9.01, p (lt).001; RSES self-esteem, Z = 8.79, p (lt).001. **Discussion:** Modified scoring was significantly associated with shame and self-esteem, whereas original scoring was not, suggesting the percentage of satisfied out of important domains may be a differential and perhaps, more meaningful indicator of QOL.

Axis-II Cluster Type and Specific Therapeutic Interventions in Outpatient Psychotherapy

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Aim: We explored the relationship between Axis II cluster type and therapeutic interventions (psychodynamic-interpersonal [PI] and cognitive-behavioral [CB]) in 76 outpatients across two early sessions (3rd & 9th) of psychodynamic psychotherapy. **Methods:** Diagnoses were assigned after an intake session focused on assessment of presenting problems, past psychiatric and medical history, family history, developmental, social, educational and work history, historic and current relational episodes and a mental status exam including an assessment of DSM-IV symptom criteria. Independent (blind) raters also assigned diagnoses based on videotape of this session. Interrater agreement for Cluster A (κ = .75), Cluster B (κ = .92) and Cluster C (κ = .70) diagnoses was high. Interventions were coded with Comparative Psychotherapy Process Scale (CPPS) from videotapes; reliability was considered excellent (CPPS-PI = 0.86; CPPS-CB = 0.78). Stepwise binomial logistic regressions were conducted between cluster types and specific CPPS interventions. **Results:** Results demonstrated that overall use of PI techniques with presence of a Cluster A personality disorder were significantly and positively correlated (r = .312, p = .006). A stepwise logistic regression indicated that specific interventions including therapists' focus on uncomfortable feelings (B = 1.915, p = .008) and explaining rationale behind approach used (B = 1.276, p = .038) were predictive of Cluster A personality. Results remained significant when controlling for patients' baseline general symptomatology from the Brief Symptom Inventory- Global Severity Index (BSI-GSI). **Discussion:** Discussion will highlight how use of the psychodynamic treatment model, therapists' focus on patient's expression of uncomfortable feelings in the session and explaining rationale behind approach are highly relevant when working with Cluster A patients.

Video Recordings as a Tool for Empathic Skill Development Among Novice Trainees

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Review of session recordings is thought to aid in self-reflection and skill development and is regarded as a "best practice." However, empirical evidence for these assertions for trainee skills development is lacking. The aim of the current study was to compare novice trainee empathic verbal skill development and self-

awareness after students did or did not review their own recordings. Prior to training, students (N = 84) first completed a written vignette-based assessment of their empathic responding and a measure of communication confidence. All students had the same training except some of the student cohorts reviewed their practice recordings, while others did not have access to them. Students then completed a recorded role play exam. At the end of the semester, students completed the same measures from the pre-test in addition to measures of self-awareness. Two graduate students blind to condition and hypotheses rated the empathy of student written and role-play exam responses. Trainees who viewed their practice recordings were rated as more empathic in their role-play exam relative to their peers who did not have this opportunity, $d = 0.68$. The trainees who viewed their practice recordings were also more confident in their communication skills. However, differences were not observed for the written empathic responses nor for different forms of self-awareness. Altogether these findings appear to support the current practice of recording and reviewing training sessions for empathic skill development, though students may not perceive improved self-awareness related to this practice. Design and generalizability limitations and future directions are discussed.

Examining Pseudoalliance in Treatment Using Rupture-Resolution Process and Self-Report Measures: A Single Case Study

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Objectives: Pseudoalliance refers to a dynamic in therapy where a patient complies or accommodates to the therapist's perceived desires in such a way that the therapist is not able to recognize it (Safran & Muran, 2000). While therapeutic process may appear to show progression toward addressing the tasks and goals of treatment, it nevertheless propagates some self-defeating aspect of the patient's style. While there is mention of this phenomenon within alliance literature, the empirical research on its manifestation is sparse. This study has the aim of examining pseudoalliance in a single short-term psychotherapy case using empirical measures of alliance, therapeutic process, and outcome. **Methods:** A case was selected based on consistently high self-report alliance scores on the Working Alliance Inventory for both the therapist and the patient, coupled with reports of a lack of positive reliable change in symptoms and problematic friendly-submissive behavior between intake and termination. The Rupture Resolution Rating System (3RS; Eubanks, 2015) was then utilized to conduct a descriptive analysis of rupture process in sessions during the treatment. Sessions were selected throughout the treatment with particular interest toward moments where patient and therapist reports diverged. **Results:** High working alliance scores coupled with a lack of positive reliable change in symptoms and problematic friendly-submissive behavior is expected to manifest in in-session markers of withdrawal rupture. Therapist resolution behaviors will also be explored. The findings will be further expanded using qualitative analysis. **Discussion:** Findings, limitations, and future directions for empirically studying pseudoalliance are discussed.

Introducing the Alliance Indicator Checklist: A Training Tool for Recognizing Salient Client Markers

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Aims: Therapeutic responsiveness requires attunement to momentary changes in client behavior that signal a strengthening or weakening alliance. While experienced therapists readily notice fleeting shifts in the alliance, e.g., when a client is reluctant to answer a sensitive question (an indicator of poor safety) or asks if the therapist has a cold (an indicator of a positive emotional connection), novice therapists need to learn what to pay attention to in the fast-moving stream of therapeutic interaction. **Method:** In this poster, we introduce the Alliance Indicator Checklist (AIC), a tool for teaching practicum students to recognize alliance-related behavioral markers. Based on an observer measure of alliance, the AIC is a checklist of randomly ordered, positive and negative client markers along four dimensions, with different versions for individual and couple/family therapy. **Results:** In a sample of 113 military veterans seen by six therapists in individual Problem Solving Therapy, AIC scores were reliable; significantly correlated with scores on the WAI (client and therapist), client satisfaction, and quality of life changes; and varied significantly by therapist. **Discussion:** To learn to use the measure, students observe a "gold standard" recorded session while checking off specific alliance markers. Then, after filling out the AIC immediately after their own sessions based on recollections of their clients' behavior, therapists compare the tallied behaviors to the video-recorded sessions. With practice using the AIC, students can become increasingly attuned to clients' positive and negative alliance-related behaviors, the first step in learning how to develop and sustain a strong alliance.

Sexual Identity Commitment and Disclosure as Resiliency Factors in LGBTQ+ Students

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Aim. Psychological resilience refers to the process of coping with or overcoming exposure to adversity or stress (Wu et al., 2013). The experience of minority stress (Meyer, 2003) is often named as a cause for mental health disparities among LGBTQ+ youth, including higher levels of depression and suicidality (Baams, Grossman, & Russell, 2015). The aim of the current study was to test Identity Commitment and Level of Disclosure as potential LGBTQ+ specific resiliency factors. Specifically, we examined whether high levels of identity commitment and disclosure were related to high levels of life satisfaction, thriving and optimism. **Method.** 40 students identifying as LGBTQ+ were recruited. They completed 1) the Measure of Sexual Identity Exploration and Commitment Scale (MoSIEC; Worthington, Navarro, Bielstein Savoy, & Hampton, 2008) for identity commitment, 2) the Nebraska Outness Scale (NOS; Meidlinger & Hope, 2014) for degree of disclosure, 3) Satisfaction with Life Scale (SWLS, Diener, Emmons, Larson & Griffin, 1985) for general life satisfaction, 4) the Brief Inventory of Thriving (BIT, Diener, Su & Tay, 2014) for current thriving, and 4) the Life-Orientation Test-Revised (LOT-R, Carver, 2013) for optimism/pessimism. **Results.** Preliminary analyses show that in line with our hypothesis high levels of identity commitment and high levels of disclosure are positively associated with wellbeing. **Conclusions.** This study provides support for two potential protective factors in the LGBTQ+ community, specifically by demonstrating a significant relationship between identity commitment, level of disclosure and wellness. 235/250 words.

Working Alliance Inventory - Therapist - Psychometric Evaluation of Three Short Forms

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The widely-used therapist versions of the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) have been little studied. We examined the psychometric properties of two short forms (WAI-S-T; Tracey & Kokotovic, 1989; WAI-SR-T; Hatcher & Gillaspay, 2006), and used contemporary measure development techniques in an effort to construct a psychometrically stronger short version. We identified well-fitting items from the full 36-item WAI in a development sample (131 therapists, 688 patients) using multilevel Bayesian Structural Equation Modeling, accounting for therapist rater effects. We used Multilevel Item Response Theory (IRT) methods in developing a revised short form (WAI-S-T-IRT). Factor structures of the three forms were assessed using multilevel ML estimation with robust standard errors. **Results:** for the The Goal and Task dimensions showed collinearity problems so a two-factor model (Goal-Task, Bond) was tested. All three measures showed satisfactory fit; although the new version fit slightly better, differences were small. An independent sample (N = 1117) was used to confirm these results, with essentially the same results. All versions showed equality of factor structures at the within- and between-therapist levels, but no version showed strong measurement invariance (equal intercepts). **Results support continued use of current therapist short forms; differentiation of theoretical dimensions is difficult with current measures, and may not be possible with self-report forms.**

Adaptation of the Enhancing Assessment of Common Therapeutic Factors Rating Scale (ENACT) to the Argentine context

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The Enhancing Assessment of Common Therapeutic Factors Rating Scale (ENACT) is a 14-item scale that, based on a systematized role-play, allows an evaluation of basic skills that have been identified as essential in the therapeutic process. This way of evaluating therapeutic competences deepens a focus on feedback in training through a detailed and objective assessment of real practical skill, in which the performance of the student guides the course of the training. With the intention of implementing said scale in training courses in Argentina, this work details the ongoing adaptation process of the scale to the Argentine context. As a first step, advisory exchanges were maintained with the team that developed the scale in the United States. Cultural and linguistic adaptation is being carried out through a systematized process through the use of a "Translation Monitoring Form", and the joint work of different focus groups, formed by bilingual members, Spanish speakers, psychotherapy professionals, and volunteers outside the field of psychotherapy. In addition, training and selection of volunteers has begun for the next instance, which will seek to determine the reliability of the scale through a pilot test. Finally, ENACT will be used in the Psychotherapy Teaching and Training Program of the National University of Mar del Plata, complementing the evaluation of self-perceived therapeutic skills. This work will face the challenge of the systematization processes of personalized learning and training of professionals. Additionally it will enable the inclusion of the variable "competence of the therapist" in future research.

The appetitive and aversive motives of narcissism

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Aim. Narcissism has been conceptualized as: 1) a grandiose personality trait, 2) a pathological grandiose constellation, and 3) a pathological vulnerable entity. Building on prior work (Sturman, 2000), this study aimed to document the correlates of these three forms using motives derived from Murray's (1938) needs. **Method.** One hundred and eighteen French-speaking adults from the general population filled up the Narcissistic Personality inventory (Raskin & Hall, 1979), the Pathological Narcissism Inventory (Pincus et al., 2009), and the Unified Motive Scales (Schönbrodt & Gerstenberg, 2012), which tap appetitive and aversive motives. **Results.** Regression analyses revealed that 1) grandiose narcissism trait is associated with power ($\beta=.51$) and affiliation ($\beta=.28$) and negatively with aggregated fear motives ($\beta=-.21$), 2) pathological grandiosity is associated with power ($\beta=.64$) and intimacy x aggregated fears ($\beta=.20$), 3) pathological vulnerability is associated with power ($\beta=.30$), aggregated fear motives ($\beta=.55$) and intimacy x aggregated fears ($\beta=.17$). **Discussion.** 1) Beyond its relationship with power, grandiose personality trait's positive and negative relationships with affiliation and fears reflect its oft-cited "adaptive" character. 2) Pathological grandiosity's association with power was strongest, and its relationship with fears only observed in the presence of strong intimacy motives. This stresses its pathological character, as the "expression" of superiority remains unmodulated by affiliation tendencies and only partly by fears. 3) Pathological vulnerability's association was lowest with power and highest with fears, particularly so in the presence of strong intimacy motives. The association with power justifies its "narcissistic" labelling and its strong relationship with fears underlines its distinctive character.

Advantages and challenges of a blended online intervention to promote resilience after a natural disaster

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An increasing body of evidence supports the utilization of interventions provided through the internet, and particularly those that combine web-based and face-to-face modalities (blended intervention, BI). However, BIs are still underutilized due to various technical and professional concerns. In this study we aimed to learn about therapists' experiences regarding a BI. The RESILIENT program was developed to provide free mental health interventions for survivors of a natural catastrophe in Alberta, Canada. The intervention aims to promote resilience while focusing on improving posttraumatic stress, insomnia, and depression symptoms through a 12-module online program combined with video conference or phone meetings with a therapist. We collected data from the participating therapists using two focus groups, and we are using thematic analysis for analyzing the results. Our first results show that clients thought that the intervention was effective and easy to use; they especially appreciated the video conferencing component in addition to the web-based intervention. Interpersonal communication via video conference or phone entailed some challenges but also offered advantages. Certain modules and exercises were more helpful than others, and thus were more frequently utilized. At the same time, clients' needs and preferences greatly varied, which suggests that greater flexibility is needed in the content to provide more individualized treatment. Moreover, training and ongoing supervision for therapists was helpful in various aspects. Advantages and challenges of using a blended online intervention, as well as suggestions for improvements will be discussed.

Susceptibility to Emotional Contagion: Development and Validation of a new self-report Measure

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Susceptibility to Emotional Contagion (SEC) is defined as a trait-like disposition of how susceptible a person is to catch others' emotions (Bischof-Köhler, 1988; Schoenewolf, 1990). SEC has long been studied in research on mental disorders, such as depression, burnout, or borderline personality disorder; largely using self-report surveys. Existing self-report measures of SEC, however, have focused almost exclusively on the contagion of negative emotions while positive emotions have been strongly disregarded, which is surprising, given the important role of both negative and positive emotional experiences in mental disorders and their

treatment. Therefore, following a systematic review of existing measures, we developed a self-report scale to assess the SEC of positive and negative emotions separately (4 items each). In two studies, we examined its factor structure, internal validity, and reliability using EFA in Study 1 (N=209; Mage=42.5; SDage=11.2; 26% male) and CFA and correlations with health-related variables in Study 2 (N=253; Mage=40.8; SDage=12.8; 52% male; preregistered). Our results confirmed the assumed two-factor structure which showed a good fit (CFI=.986; TLI=.980; RMSEA=.050 [.000, .088]; SRMR=.039) and was superior to a single-factor solution. Each subscale demonstrated good internal consistencies (Cronbach's α =.83/.86 for positive SEC and .76/.83 for negative SEC in Study 1/2) and we found substantial significant correlations of self-reported depressivity (r =.35), anxiety (r =.49), and perceived stress (r =.41) with negative SEC, but not with positive SEC. In conclusion, our new self-report scale appears to be an internally valid, reliable, and economical measure to examine individuals' SEC of negative and positive emotions in future research.

Engaging each other -- A dual perspective narrative study of interpersonal processes in effective therapy

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Engaging each other -- A dual perspective narrative study of interpersonal processes in effective therapy
Aim: To explore how clients and therapists experience and engage in a therapeutic relationship which the client can make constructive use of. Methods: We explored eleven psychotherapy dyads in-depth using qualitative methods. Selected dyads were ones where the client experienced the therapy as helpful and useful. The data collection method was serial in-depth interviews. Therapists and clients were interviewed separately, between two and four times each, about their personal development, their views on and experiences with therapy, and about their collaboration in the concrete therapy process. Transcripts of interviews were subjected to a phenomenological-narrative qualitative analysis. Results: The analysis yielded a general narrative identified as "Engaging each other". The essential narrative is comprised of three constituents, developed from complementary stories told by clients and therapists: 1) Opening up to an encounter between humans 2) Trusting professionalism 3) Creating space for an unbearable story. Discussion: We discuss the results in light of established knowledge about the constructs working alliance, professionalism, and authenticity.

Blended Measurement: A search for solutions to some of the common problems of naturalistic routine outcomes monitoring

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Two decades of practice-based evidence generated from CORE System data in the UK have demonstrated there to be a set of problems commonly experienced by services implementing routine outcomes monitoring for service quality improvement. These include: (a) practitioners making inconsistent clinical use of outcome measurement data with their clients; (b) managers struggling to secure consistent data quality across their teams; and (c) routine outcomes monitoring data evidenced to have little consistent impact on local service efficiency and effectiveness profiles over time. In search of generalizable solutions to these common problems, the implementation teams for the CORE System in the UK and Norse Feedback in Norway have formed a learning collaborative designed to blend CORE and Norse methodologies with explicit measurement-based care objectives. Involving a total of 24 services and an anticipated 240 practitioners over an 18 month programme, the project aims to collate both experiential and empirical data from a breadth of service types representing UK practice to compare baseline CORE data profiles with blended CORE + Norse profiles with a particular emphasis on three questions. Does the computer-adapted technology of Norse generate greater clinical engagement than traditional 1st generation paper-based CORE measurement? Can data quality be improved through blending CORE and Norse measurement tools? Does Norse adaptive measurement impact on efficiency and effectiveness data relative to CORE baseline data? This poster is submitted to summarise the rationale, methodology, baseline data and implementation feedback from the first of three cohorts ahead of a planned full panel submission to SPR 2021.

Personalized interventions for chronic pain management: preliminary feasibility and effectiveness of a Mobile App for Fibromyalgia management to improve patient's quality of life

Guadalupe Molinari, CIBER of Physiopathology of Obesity and Nutrition; Aiglé Foundation; Diana Castilla, University of Valencia, Spain; Carlos Suso-Ribera, University Jaume I; Javier Fernández-Álvarez, Catholic University of Sacred Heart, Milan, Italy; Cristina Botella, University Jaume I; Rosa María Baños, University of Valencia, Spain; Azucena García-Palacios, University Jaume I

Electronic monitoring available in smartphone applications is an excellent alternative to traditional, episodic evaluation and intervention. First, pain can be measured in the moment they occur, which attenuates the

memory recalled bias. Second, obtaining a measure of pain in real time allows giving feedback when patients need it. Third, momentary data collection allows capturing the real course of pain trajectories so that interventions can be personalized. However, there is a need to further investigate the applicability of this new monitoring and intervention procedure in people's everyday lives, to integrate their use in daily routine practice. Our aim is to test a smartphone application that enables fibromyalgia patients to monitor pain and related variables, and receive empirically-based psychological interventions to improve their quality of life. We are interested in understanding how feasible it would be to implement the pain app, how adherent patients would be in using the app, and how effective it could be. Our study will advance in the personalization of the methods of evaluation and treatment of fibromyalgia through a flexible, personalized intervention, capable of adapting to the needs of each person. Moreover, it will help improve accessibility, flexibility, confidentiality, and cost-effectiveness of psychological interventions for chronic pain. And as a personalized, stand alone, affordable system can easily be implemented in different settings. Future ideas about how the design of mobile interventions could improve personalization will be discussed.

Differentiating Depressive Presentations Through the Therapeutic Alliance

Seiji Iino, Ferkauf Graduate School of Psychology, USA; Catherine Eubanks, Yeshiva University

Objective: Recent literature has indicated that depression is heterogeneous, and different forms of depression can present with different phenomenology. The following controlled case study will observe how Major Depressive Disorder (MDD) and Bipolar Disorder (BD) (type 2) present in treatment. This study will observe the types of ruptures that occur between patient and therapist as well as the effect of resolving those ruptures on the symptoms of the patient. **Method:** Archival data, in the form of videotaped sessions and self-report measures, specifically the Beck Depression Inventory 2nd edition (BDI-II), Beck Anxiety Inventory (BAI), and Outcome Questionnaire (OQ), will be used to examine the treatments of two participants. The occurrence of ruptures within the therapeutic alliance will be measured using the Rupture Repair Rating system (3RS). **Results:** There are two hypotheses for this study; first, there will be more ruptures, in particular more confrontation ruptures, in the BP patient. Second, the ability of the therapist to resolve ruptures in session will result in a general reduction of symptoms. within the therapeutic alliance will be measured using the Rupture Repair Rating system (3RS). **Conclusions:** This study will be the first to assess the presentation and differentiation of depressive disorders through ruptures in the therapeutic alliance. Clinical implications for training and research will be discussed. This study will potentially provide a model for future single- and group- studies designed to improve diagnosis and treatment for persons with depressive symptomology.

Patient's Pre-treatment Internal Representation as Predictors of Alliance Ruptures

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Aim: The Core Conflictual Relationship themes (CCRT) consists of the patients wish from interpersonal relations (W), the perceived response from others (RO) and the response of the self (RS). Previous research showed an association between patient's CCRT and the therapeutic alliance and ruptures. Yet no study to date systematically examined the association between types of pre-treatment RS and type of ruptures (withdrawal/confrontational). The current study will examine whether specific types of the RS are associated with the two types of ruptures. Specifically, more hostile representation of RS will be associated with more confrontational ruptures and more submissive representations of RS will be associated with more withdrawal ruptures. **Method:** Eighty patients with major depressive disorder receiving supportive expressive short-term dynamic psychotherapy as part of a randomized controlled trial participated in the current study. Participants completed the Central Relationship Questionnaire -- Revisited (CRQ -R) at intake to assess the RS. Ruptures from session two were coded using the Rupture Resolution Rating System (3RS). An association between the specific subscales of the RS and confrontation or withdrawal ruptures will be examined via two multiple regressions. **Results:** Analysis will be conducted using multilevel analysis during winter of 2019-2020 and presented at the SPR meeting in June 2020. **Discussion:** The study will provide a deeper perspective on the role of internal representations on ruptures during therapy sessions. This can be used in clinical practice to help the therapist identify and deal more effectively with ruptures in the alliance.

Manchester Arena: The ways in which therapists make sense of their experiences when professionally responding to a terrorist attack.

Matthew Robert Morning, Manchester University, UK

Background: On the 22nd May 2017, whilst attendees were leaving a concert at the Manchester Arena (U.K), an improvised explosive device was detonated in the foyer, killing 23 people including the man responsible

for the explosion. Terrorist attacks can have significant impact at an individual, community and national level. Therapists responding to such events, have to navigate the difficulties associated with trauma work, as well as their own distress related to the event (Freedman & Mashiach, 2018). These experiences may additionally offer sources of strength and growth for professionals (Stamm, 2002). They are all however, important sources of reflection when considering therapeutic responses to terrorism. Objectives: To explore the ways in which therapists personally responded to the Manchester Arena attacks in 2017, whilst professionally responding to help those affected. Method and Design: Qualitative research, involving semi-structured interviews of between 8 and 12 professionals working therapeutically with individuals affected by the attacks. Interviews will explore personal experiences of the attacks within the context of their subsequent therapeutic work. Interview transcripts analysed using Interpretative Phenomenological Analysis (IPA). This project is currently in-progress.

Uncovering the hidden assumptions that guide sexual communication in romantic relationships

Monica Bridge, Saint Paul University, Ottawa, Canada; Stephanie Wiebe, Saint Paul University, Ottawa ON; Sara Kriplani, Saint Paul University, Ottawa, Canada

Communication around sexual relations in committed romantic relationships is a key predictor of sexual well-being, sexual satisfaction, as well as overall relationship satisfaction. It is posited that difficulties in the sexual relationship permeate into other areas of affectional bonding creating greater emotional and physical distance in couples. The burgeoning research in the field of sexuality has demonstrated the significance of attachment styles in predicting sexual attitudes, motives, and communication. The relationship between attachment and sexual communication is further nuanced by gender, and researchers have suggested that adherence to traditional gender roles and the dominant cultural sexual script could account for these discrepancies. However, the relationship between attachment styles and cultural sexual scripts and their effects on sexual communication remains largely unexplored. The present study examines the intersect between attachment styles, cultural sexual scripts, and sexual communication in committed adult relationships. The purpose of this research was to investigate whether there was a correlation between insecure attachment styles and adherence to traditional heterosexual cultural scripts, and whether this relationship was moderated by gender. Additionally, the researchers examined the association between attachment styles and sexual communication, and whether adherence to sexual scripts was a mediating variable in this relationship. The results of this study will inform therapeutic interventions when working with couples presenting with sexual issues in therapy. This will allow psychotherapists to tailor their approach, taking into account the dominant cultural sexual scripts and attachment bonds that govern sexual communication in romantic relationships.

The role of Reflective Function and Emotion Control in Adult Attachment Relationships

Sara Kriplani, Saint Paul University, Ottawa, Canada; Stephanie Wiebe, Saint Paul University, Ottawa ON

Couple research has gained a significant amount of interest. Some research has found that greater emotional control in a couple is linked to insecure attachment styles (Feeney, 1995). Another concept that could be important to consider when looking at attachment styles in couples is reflective function, which involves a person's capacity to be curious about and open to the mind-states of others (Fonagy, Gergely, Jurist, & Target, 2004). Reflective function is a factor which, to our knowledge, has never been investigated in terms of its effects on a relationship functioning. With this in mind, the aim of the current research is to investigate the role of reflective function and of emotion control in couple relationships, specifically in relation to relationship satisfaction. We hypothesize that higher reflective function and lower emotion control will be related to higher relationship satisfaction. In order to conduct our research, we will be inviting couples to complete the following questionnaires online, which will be used to measure reflective function, emotion control and relationship satisfaction: the reflective Function Questionnaire (Fonagy et al. 2016), the Courtauld Emotional Control Scale (Feeney, 1995) and the Dyadic Adjustment Scale (Spanier, 1976). In terms of data analysis, hierarchical regression analyses will be used to determine the relationship between reflective function, emotion control and relationship satisfaction. This is an important topic of research because it will allow us to better understand what contributes to a healthy relationship functioning, and because the findings of this research could lead to some important implications for couple therapy. References Feeney, J.A. (1995). Adult attachment and emotional control. *Personal Relationships*, 2, pp. 143-159. doi: 10.1111/j.1475-6811.1995.tb00082.x Fonagy, P., Gergely, G., Jurist, E.L., & M. (2004). *Regulation, Mentalization, and the Development of the Self*. Milton Park, Abingdon: Karnac Books Ltd. Fonagy, P., Luyten, P., Moulton-Perkins, A., Lee, YW., Warren, F., Howard, S., ... Lowyck, B. (2016). Development and validation of a self-report measure of mentalizing: The Reflective Functioning Questionnaire. *PLOS ONE*, 11(7). doi: 10.1371/journal.pone.0158678 Spanier, G. B. (1976). Measuring Dyadic Adjustment: New Scales for Assessing the Quality Marriage and Similar Dyads, *Journal of Marriage and Family*, 38 (1), pp. 15-28. doi: 10.2307/350547

Patient Sex as a Moderating Factor in Therapeutic Alliance, Patient Distress, and Session Warmth during Psychotherapy

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In recent years, there is an increased focus of psychotherapy research on understanding transtheoretical moderators of treatment effectiveness. Previous research highlighted that the composition of sex in the therapeutic dyad may be one of such potential moderators for in-session behaviors, alliance, and therapy outcomes. In the current study, we explore the degree to which patient's sex, in particular, moderates the expression of in-session behavior of warmth between therapist and patient, the development of the therapeutic alliance, and reduction of patient distress in 10 therapist-patient dyads (5 female therapist-female patient, 4 female therapist-male patient). We operationalize in-session behavior using the Continuous Assessment of Interpersonal Dynamics (CAID; Lizdek et al., 2012), a moment-to-moment observational coding system for interpersonal behavior. We assessed therapeutic alliance via patient's and therapist's report and assessed patient's distress via patient report. We examine warmth of patients and therapists, therapeutic alliance, and patient's distress at four time-points in psychotherapy (sessions 3, 8, 16, and 24). Based on previous research, we hypothesize that compared to female therapist-male patient dyads, female therapist-female patient dyads will display more warm behaviors for both people, report stronger alliances, and endorse greater reductions in distress during the early portions of treatment (sessions 3 & 8) but not in the latter portions of treatment (session 16 & 24). The results of this study may help illuminate how the sex of the client and therapist influence the trajectory of early alliance development and symptom reductions.

Motivation to change is associated with psychopathology in treatment-seeking patients

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Motivation to change through psychotherapy likely varies based on psychopathology. The University of Rhode Island Change Assessment (URICA; Diclemente & Hughes, 1990) scale was designed to evaluate motivation to change according to the transtheoretical model (i.e. stages of change), but more work needs to be done to test its validity as a measure of pretreatment motivation. We investigated the relationship between psychopathology and URICA subscales and predicted that pretreatment motivation would vary based on level of psychopathology. Adult patients (N = 145) presenting for psychotherapy at a psychiatric community mental health clinic completed the URICA and the Treatment Outcome Package (TOP) which assesses 12 domains of psychopathology. Bivariate correlations between the TOP and URICA scales supported our hypothesis. Specifically, contemplation and maintenance were each positively associated with better functioning on the TOP depression score ($r = 0.313$, p (It) 0.001 and $r = 0.330$, p (It) 0.001, respectively), while the precontemplation and action subscales were not significantly related to TOP depression. Contemplation and maintenance were also positively correlated with the TOP quality of life scale ($r = .218$, $p = 0.009$ and $r = .217$, $p = 0.009$, respectively). These results suggest that the URICA tracks motivation changes across psychopathologies for individuals presenting for psychotherapy and that the contemplation and maintenance stages are most indicative of motivation to change among depressed patients and those reporting difficulties with their quality of life.

Adult psychotherapy results from the Dynamic Systems (DS) perspective: a systematic review

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This Systematic Review aims to describe the main results obtained in the research of adult psychotherapies from the DS approach, and to describe how the clinical change is understood from this perspective. Methods: A selection of 35 studies of adult patients who present any type of psychiatric diagnosis was carried out following the PRISMA declaration, and using PsycINFO (EBSCO) and ProQuest databases, between January 1990 and February 2019. The data extracted in the selected studies were those indicated in the PICOs strategy. Finally, a narrative synthesis of the analyzed studies was made in order to answer the proposed aims. Results: The selected studies were varied and account for the application of different concepts from the DS perspective in psychotherapy. Among these elements are the self-organization of the therapeutic relationship, the emerging properties arising during the process, their non-linear trajectories, the role of entropy in the change evolution, and the dynamic characteristics of pattern formation, and so on.

These concepts help the comprehensive deepening of others classical concepts of psychotherapy research (i.e. therapeutic alliance, symptomatic change, etc.). Discussion: Specifically, these results can be understood as a complementary perspective for the adult psychotherapy. These studies have presented a methodological divergence, product of the research lines variety that in these moments coexist and that from their particular paradigms they are creating methodologies to approach the psychotherapy of adults. Even so, there are also concepts shared by these lines that underlie their proposals and that can foster a unifying and complementary perspective of study.

Living in the extreme: The influence of personality disorder on the perception of the therapist's technique in short term psychodynamic treatment

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A personality disorder (PD) generally refers to an enduring way of thinking, feeling and behaving that deviates from the expectations of the culture, and causes distress or problems functioning. Nearly half of the patients diagnosed with major depressive disorder (MDD) have a comorbid PD. Current approaches in psychotherapy research emphasize the importance of tailoring the therapeutic process to individual patients with MDD, among them patients with a comorbid PD. In order to develop and improve personalized treatments for patients with MDD and a comorbid PD, it is critical to investigate the process of treatment among these patients, and how it differs from patients without a PD. In the current research we will examine what makes the therapy process unique and different depending on the patient's PD level. We will focus on the way patients and therapists perceive and experience what is happening in the therapy session. More specifically, we will investigate the way patients perceive what is thought to be an active ingredient of therapy- the therapist's use of various interventions. Based on research portraying perception biases in varying areas that concern interpersonal interaction among individuals with PD, we will examine the way those biases are manifested in therapy. That is, we are interested in the patients' report about their therapist's use of technique as predicted by patient PD level (b) therapist-reported use of technique as predicted by patient PD level and (c) agreement between patient- and therapist-reported use of technique as predicted by patient PD level.

Let Me Sleep on It: Factors Predicting Readiness to Subscribe in E-Therapy

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Introduction: While online platforms already provide millions of users with the promise of discrete, convenient, and affordable e-therapy, the added value of 24/7 access has yet to be fully established. Drawing on self-report surveys and timestamp data from 117 de-identified teletherapy transcripts, this study seeks to account for patients' readiness to subscribe to such services, as measured by the latency between first contact and subscription. Methods: These data were collected manually, and their delta values calculated in Excel. A regression analysis of latency was conducted on overall emotional state and positively- to negatively-valenced words in the week following first contact, with dummy variables season, late night initial contact (midnight to 5:59 AM), and weekend initial contact, as well as covariates age, sex, and education. The dependent variable was log-transformed in order to normalize the distribution, and outliers outside 1.5 times the interquartile range were removed from the analysis. Results: Controlling for other variables, only late-nightness had a significant influence on time to subscription ($t=2.492$, $p=0.014$). In other words, those who made first contact late at night (15% of our sample) took longer to subscribe than others, an average of 4.07 and 12.31 hours respectively. Discussion: Given that round-the-clock access remains a major selling point for subscription-based teletherapy, it is paramount that the literature shine a light on late night first-contacts. We hope to illuminate other factors underlying these patients' reluctance to commit to e-therapy (e.g. demographics, previous therapy experiences, presenting problems) in further studies.

Mindfulness-based interventions for military veterans: A systematic review and meta-analysis of randomized controlled trials

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Background: Evidence supports the use of mindfulness-based interventions for a range of psychiatric and medical conditions. Military veterans are at risk for a number of conditions (e.g., depression, PTSD, chronic

pain) for which mindfulness-based interventions may be effective. However, a variety of cultural and implementation-related considerations may impact the efficacy of mindfulness-based interventions for this population. Objectives: Systematically review and meta-analyze effects of randomized controlled trials testing mindfulness-based interventions for military veterans. Research design: A comprehensive literature search will be conducted using PsycInfo, Web of Science, Scopus, PubMed, and ClinicalTrials.gov. Bibliographies of recent reviews will be searched. Inclusion criteria will be (a) written in English; (b) participants being military veterans; (c) used a random controlled design; (d) mindfulness being the core intervention component. No restrictions will be placed on sample diagnosis or outcome measure. Estimates of effect sizes and treatment drop-out will be aggregated for appropriately homogeneous sub-groupings of studies. Potential moderators (e.g., control condition, outcome type) will be examined. Subjects: Military veterans. Measures: We anticipate including a variety of outcomes assessed across the available studies. Results: A search conducted in October 2019 produced 786 publications, which yielded 25 eligible samples. We are currently coding studies and will conduct the meta-analysis between now and May 2020. Conclusion: Based on recent comprehensive meta-analytic reviews of mindfulness-based interventions, we anticipate evidence supporting the effectiveness of these interventions for veterans. Results can inform planning future randomized controlled trials, designing dissemination and implementation studies, and assessing treatment acceptability within this population.

Childhood Trauma and the Developing Self: Examining the Roles of Attachment, Affect, and Dissociation in Psychological Functioning

Laura Ellen Captari, Mount Sinai Beth Israel; Di Liu, Adelphi University, New York, USA; Shelley Riggs, University of North Texas, Denton, USA

Childhood maltreatment by a caregiver can occur in many forms, ranging from overt abuse to more subtle neglect. In assessment and therapy contexts, covert maltreatment (e.g., emotional abuse and neglect) are often overlooked. The current investigation explored chronic emotional disengagement and frightened/helpless parental responding, which are often overlooked in the treatment literature. Amidst a primary focus on assessment and treatment of Posttraumatic Stress Disorder (PTSD), less attention has been given to understanding the impact of maltreatment on one's developing sense of self, ability to experience and regulate emotion, and internal working model (IWM) of relationships. Difficulties experiencing, regulating, and enjoying a full range of affect are common transdiagnostic features among adult survivors of child maltreatment, who frequently display emotional reactivity (e.g., mood swings, anger) and/or disengagement (e.g., numbing, dissociation). What makes the difference between patients who tend to withdraw or dissociate, those who lash out in emotional outbursts, and those who frequently alternate between these two affective poles? We summarize results of a path analysis conducted using a mixed community and college sample (N=885) considering associations between maltreatment type, contextual risk factors, and adult attachment patterns in the psychological outcomes of emotional reactivity and dissociation. Quantitative findings are then applied to a case study of long-term psychotherapy with an adult survivor of childhood maltreatment. Attention is given to common, and often subtle, markers of therapeutic rupture based on findings. Strategies are discussed for therapeutic repair in order to personalize treatment to each patient's unique needs and decrease premature dropout rates.

Matching Therapists with Clients

Tyler Mansfield, Brigham Young University, Provo, USA; Gyuyi Kang, Brigham Young University, Provo, USA; Davey Erekson, Brigham Young University, Provo, USA

In recent years, demand for mental health services on college campuses has increased dramatically (Hunt & Eisenberg, 2012), and it is in the interest of both clinics and clients to find more effective and efficient approaches. As therapist effects have consistently been found in the psychotherapy literature (Johns, Barkham, Kellet, & Saxon, 2019), and as specific therapists show different clinical strengths (Okiishi, Lambert, Nielsen, & Ogles, 2003), utilizing specific therapist strengths may be a path to better psychotherapy outcomes. In the current study, we used machine learning to create a therapist-client matching protocol for a working university counseling center using archival data from 2014-2019. Client factors at intake (e.g., gender, age, race/ethnicity, etc.) were entered in a stepwise regression for each therapist to determine which variables were more predictive for each specific therapist, and how those variables affected client outcomes. Because we hoped for this model to be useful in prospectively assigning clients, and because it is likely that some therapists generally get better outcomes than others, we standardized outcome scores to more evenly distribute clients across therapists. In other words, to avoid overloading therapists with consistently better outcomes, we eliminated variance between therapists and focused on variance within therapists, where each therapist was more likely to be assigned a client to whom they are predicted to be most helpful. The model would ultimately be able to process a future client's intake data and create a ranking of potential therapists that are most and least likely to facilitate change.

Feasibility of psychodynamic online interventions as a supplement to inpatient and outpatient psychotherapy

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Online interventions have found broad recognition as a supplement to face to face CBT. However, from psychodynamic perspectives, clinical feasibility of online interventions, lacking the immediacy of a personal therapeutic encounter, has remained a matter of debate. We have therefore developed a range of psychodynamic online interventions from therapist-guided online writing interventions (following the model of supportive-expressive therapy) to self-help approaches (teaching and practicing identification of emotions and related defenses), and evaluated them in a series of randomized controlled trials. Unlike previous trials we took care to integrate them into clinical care by offering them to chronically ill patients (mental, cardiological, chronic pain disorders, cancer) attending tertiary inpatient and outpatient treatment facilities. Even with an anonymous therapist we could show that a positive relationship may unfold contributing to a successful outcome. Participation in online self-help improved immediate outcomes and their stability following inpatient and outpatient psychotherapy, particularly in regular users. Online interventions have multiple benefits, e.g. availability, but they are often not accessed and used on a regular basis. In order to be accepted and used reliably, online interventions need to be easily accessible and targeted to the specific needs of patients (as established by qualitative pre-tests, e.g. focus groups). However, online interventions also need to be carefully integrated into clinical care in order to gain acceptance both by therapists and staff and by patients (e.g. as a regular part of the treatment plan).

Empathic Listening and Emotional Safety in Couple Therapy

Samuel Ryland, Brigham Young University, Provo, USA

Listening is a fundamental and deceptively complicated component of talk therapy that has received very little specific research attention. The work of Carl Rogers and others promotes the importance of empathic listening to create safety and process client experiences, and several models identify its importance in processing and regulating client emotions (especially in couple therapy, where empathic listening can disrupt rigid conflict cycles and model coregulation skills). Much of the dysregulation and resistance we see in therapy may be related to a perceived lack of safety caused by persistent conflict or previous trauma, explained by the unconscious processes of the autonomic nervous system and polyvagal theory. Polyvagal research also supports the relationship between empathic listening and emotional safety: demonstration of genuine interest, care, acceptance and validation are often received as evidence of safety leading to emotional connection. This study aims to further illustrate this relationship by conducting a task analysis on empathic listening behaviors in a therapy-as-usual environment. Observation of recorded video aligned with physiological measures illustrates the step-by-step processes of empathic listening and their relationship with the client's emotional safety and connection. Future research could examine the effects of empathic listening on the emotional engagement of the non-expressing partner. It is our hope that this research can lend illustration and clarity to the theoretical underpinnings of empathic listening to guide therapist interventions and training.

Teaching psychotherapy in Psychology Bachelor courses: the role of practice on the acquisition of therapeutic skills

Beatriz Corona Figueroa, Universidad Autónoma de Guadalajara, Mexico; Cielo Cristina Mejia-Montoya, Autonomous University of Guadalajara; Michelle Garcia-Rivera, Autonomous University of Guadalajara

"INTRODUCTION There is a lack of research on the teaching of psychotherapy in undergraduate courses. Although there are some publications on the evaluation of Psychology programs in all its aspects (González, 2014), few studies have deepened the competencies developed in students in undergraduate courses, given that the official training in Psychotherapy arises at the graduate level (García Vera, 2004). In countries of the Ibero-American region such as Argentina (González, 2012) Mexico, Costa Rica (Cox Alvarado, 2012) and Spain (García, Domínguez, Bujedo, Fernández and Baqué, 2006), Psychology programs are reviewed periodically but do not take into account specifically the strategies implemented in the teaching of psychotherapy, a discipline that requires precision in its teaching methods and precise search for the development of early skills. OBJECTIVE Analyze the experiences of students of the last degree of Psychology Degree on the course "Psychotherapy Seminar", theoretical-practical structure. METHODOLOGY After having taken a previous course in the theoretical aspects of different therapeutic approaches, the course was planned in a theoretical and practical way with the following approaches: Psychoanalysis, Gestalt Therapy, Brief, Intensive and Urgent Psychotherapy, Cognitive Behavioral Therapy and Brief Therapy Centered in Solutions. The students chose the approach in which they wanted to participate and by lot they

were assigned different patients to represent according to their pathology. Couples were formed and all students participated as patients and as therapists, after reviewing the theoretical and technical concepts and with constant advice and feedback from the teacher in aspects such as technical application, timing, the establishment of rapport, creativity of interventions and adaptation to the approach among many others. All practical sessions were held in the Gesell Chamber, with three sessions for each couple, simulating a small therapeutic process. In the end, votes were made in the group to nominate the best participations as therapists and patients and prizes were awarded to the most voted. 38 students, 33 women and 5 men of the last degree of the Degree in Psychology of the Autonomous University of Guadalajara participated. For the data analysis, they conducted individual interviews, where students poured their impressions on the experience of preparing for the role of therapist and for the role of patient that had been assigned to them. The topics of analysis were: In each of the roles, what elements were useful to perform it? What was your biggest discovery? What was your best experience? What was the most difficult? Something changed in you after this experience? On the course the opinion was asked about the methodology used and its usefulness for learning the contents, favorable elements of the course, elements to be improved in future courses and their opinion on the awards ceremony at the end of the course. **ESULTS** The students pointed out that the elements that had most helped them to present their role as a therapist were having reviewed the readings suggested by the teacher and having reviewed others more on their own, having reviewed some videos of psychotherapy sessions and having previously structured sessions. Having reached agreements with who your patient would be. To perform the role of patients, they also reviewed psychopathology books and the DSM 5, in addition to reviewing videos about the disorders. In some cases it helped them to remind someone to know about this pathology and try to represent their features through a good story. Regarding the course, the students considered the methodology very favorable because they were able to give meaning and usefulness to everything they had learned throughout their training as psychologists and carry it out through practice. They expressed that the teacher's attitude had been crucial for the development of the course and that the feedback was profound and of quality, for which they said they felt prepared. As for the aspects to improve, they suggested more courses with this structure throughout the career, and in some cases they showed interest in carrying out formal psychotherapy studies upon graduation. As for the awards, they considered it an extra incentive and a fun and emotional activity to close the course, recognize the good work of their classmates and experience recognition of their work. **CONCLUSIONS** It was a very satisfactory course and full of experiences for all, both for the teacher and for the students. The students showed great changes compared to the previous course, which was theoretical. They showed great skills in aspects such as timing, empathy, the application of appropriate techniques to the problem and the ability to show congruent stories and features of the pathologies represented. Great interest was observed on the part of all the students and for their participation in the feedback to the classmates it was evident the application of the knowledge for the observation of the classmates' actions. It is considered that this work shows very important elements about a somewhat forgotten aspect in psychotherapy, which is the teaching of young and training psychologists that allow to detect early skills in students and can be an element of decision to later choose a training in psychotherapy, and such a decision is crucial in the life of a psychologist."

Poster Session

Research Posters II

Differences in the Delivery of Cognitive Behavioral Therapy for Depression when Therapists Work with Minority and Non-Minority Patients

Iony D. Ezawa, Ohio State University, Columbus, USA; Daniel Strunk, Ohio State University, Columbus, USA

Aim: Cognitive behavioral therapy (CBT) is an efficacious treatment for depression, but the samples that have tested its efficacy are predominantly comprised of White individuals. There is a lack of research examining the efficacy and process of CBT for ethnic/racial minority patients. The aim of this study is to examine whether there are differences in therapeutic techniques and symptomatic outcomes in CBT between ethnic/racial non-minority and minority patients. **Methods:** Drawing data from three studies of CBT for depression, our sample consists of 253 participants (47 minorities and 206 non-minorities). Observers rated therapist adherence (to behavioral and cognitive methods) and alliance for the early sessions of each patient. Depressive symptoms were assessed at each session. We utilized mixed models, modeling therapist as a random effect. We also included propensity scores in our models to adjust for the confounding effects of pretreatment variables. **Results:** Minority and non-minority patients did not differ significantly with respect to their therapists' use of behavioral methods ($g = 0.03$) or the alliance ($g = 0.21$). However, minority patients' sessions were characterized as having significantly less cognitive methods than non-minority patients ($g = 0.29$). Consistent with previous research, cognitive methods were predictive of outcome across

all patients. Minority status did not predict dropout or change in depressive symptoms over the course of treatment. Discussion: We found therapists used less cognitive methods in working with minority vs non-minority patients. We encourage future research into specific modifications therapists make, the rationale for these modifications, and whether such modifications impact outcomes.

Demographic matching in psychotherapy: A review of the literature and implications for future research
Riley Palmer, University of Minnesota

Disparities in mental health among racial and ethnic minority groups have been well documented. One possible solution for addressing these disparities is to match therapists and clients on race/ethnicity. Research from social psychology has demonstrated that people are more likely to trust those who appear and are perceived to be similar. Matching might therefore improve the therapeutic relationship and, in turn, therapeutic outcomes. A long-standing question in psychotherapy research is whether matching clients and therapists on race and ethnicity leads to better outcomes. Meta-analytic results indicate that, although matching may be positively associated with some process variables, it is not generally associated with therapeutic outcomes. However, racial categories as they are typically measured in the literature are not conceptually meaningful, which may account for the null findings of previous research. Theory-driven explanatory variables related to racial categories should be used instead, including client preferences, ethnic identity, perceived similarity, and therapists' cultural competencies. Research up to this point has not adequately discussed or measured these variables in the context of matching clients and therapists. The proposed poster will begin to address this problem by reviewing the literature on matching and detailing how future research might remedy these shortcomings. The poster will also show how this reasoning, in which non-meaningful categories are replaced with theory-driven variables, can be applied to matching clients and therapists on other demographic variables, such as gender and sexual orientation.

Locating Pivotal Moments in Psychotherapy: A Mixed Methods Study using Computerized Language Measures and Therapist's Notes within Psychotherapy Sessions

Xinyao Zhang, Columbia University, New York, USA; Wilma Bucci, Adelphi University, New York, USA; Bernard Maskit, Stony Brook University, USA; Sean Murphy, City University of New York, USA

The present study is an application of Bucci's (1997) multiple code theory and theory of the referential process to two published psychotherapy sessions conducted by a senior clinician who made extensive comments on this material. Using computerized measures of the referential process, the study first sought to contextualize these sessions with reference to a sample of 22 treatments comprising 639 sessions held in the referential process data base (www.thereferentialprocess.org). The measures applied to the focal sessions were shown to be within the typical range of measures in the data base. To evaluate the therapist's observations, pivotal moments within the session were first located based on the measures of the referential process. Once identified, a qualitative analysis was then conducted on these pivotal moments yielding a brief summary of the contents. Finally, the summaries were compared with the therapist's comments corresponding to the same segments. Results showed that the therapeutic importance of the selected turns of speech, as indicated by the computerized measures, was generally consistent with the therapist's emphasis on these same moments in his comments. The themes of these turns of speech primarily concerned the key anecdotes in the patient's life story as well as moments indicative of psychotherapeutic change within the sessions. Implications and limitations of this method are discussed.

Investigating Expectations and Preferences for Couple Therapy among the Mainland Chinese and Taiwanese: A Measurement Invariance Study

Mengfei Xu, University at Albany/SUNY, USA; Shao Yun Tai, University at Albany/SUNY, USA; Zhixin Zhai, University at Albany/SUNY, USA; Xiao Ting Wang, University at Albany/SUNY, USA; Myrna Friedlander, University at Albany/SUNY, USA

Despite the rapid development and increasing need for mental health services in Mainland China and Taiwan, little is known about how Chinese adults view psychotherapy in general, and couple therapy in particular. This poster describes a measurement invariance study of the Expectation and Preference Scales for Couple Therapy (EPSC; Friedlander et al., 2019), which assesses outcome and role expectancies (for self and partner) and preferences for CBT, EFT, and family systems interventions. Participants were 196 adults, married or in committed relationships, who self-identified as Mainland Chinese or Taiwanese. We translated and back-translated the EPSC into Simplified and Traditional (Taiwan) Chinese along with measures of couple satisfaction, mental health seeking attitudes and intentions. Although EPSC reliabilities were modest, the confirmatory factor analysis indicated an adequate fit for the 3-factor model of expectations, $\chi^2(24) = 47.564, p(\text{lt}) .01; \text{CFI} = .916, \text{TLI} = .874, \text{RMSEA} = .071, \text{SRMR} = .063$. Outcome expectations were

positively correlated with help-seeking attitudes ($r = .35$, p (lt) $.01$) and intentions ($r = .27$, p (lt) $.01$). Couple satisfaction was positively correlated with expectations for Self ($r = .16$, p (lt) $.05$) and Partner ($r = .28$, p (lt) $.001$), but not Outcome. The forced-choice EPST items indicated an equal preference for CBT and EFT compared to family systems interventions. Measurement invariance of the 3 expectation scales will be tested by comparing our sample to Friedlander et al.'s U.S. EPST development sample. Results will be discussed in terms of their cross-cultural implications.

Use of Therapeutic Elements in School-Based Psychodynamic Play Therapy

Susan Kathleen Walker Kennedy, CATCH Collaborative Therapy for Children; Susan Elgie, CATCH Collaborative Therapy for Children

Aim: There is a growing body of research on the therapeutic process. Little of this literature has examined play therapy with children from the perspective of individual therapists. Our aims in this project were to facilitate the prominence of the therapist voice in our research and to provide a format enabling succinct session descriptions. **Methods:** Our study focused on a small program offering psychodynamic play therapy in schools in a large Canadian city. We developed a list of 11 therapeutic elements, described with examples drawn from therapists and the literature. Over the past three school years, participating therapists completed a form every fourth session. The form had a checklist of the therapeutic elements and space for a brief description of the session. We interviewed therapists each year. We developed a coding system for therapists' session descriptions and interviews using an inductive approach informed by the literature. **Results:** We will focus on the patterns of use of two therapeutic elements: Interpret child's feelings and Develop a sense of self over two years of treatment of two cases. We will align use of therapeutic elements with themes found in therapists' session descriptions. **Discussion:** Our previous results showed that there is little change in use of the elements over time when averaged over cases. However, individual cases had very different trajectories of use of the therapeutic elements. Qualitative data provided details about treatment context and demands.

Early alliance levels in relation to symptom change in Seeking Safety

Adelya A. Urmanche, Adelphi University, New York, USA; Denise Hien, Rutgers University, Piscataway, USA; Bernard Gorman, Adelphi University, New York, USA; J. Christopher Muran, Adelphi University, New York, USA

Aims: Although patients on the average tend to improve on their symptoms from before to after receiving Seeking Safety treatment, little is known about the course this improvement takes. Before and after designs are helpful in estimating the effects of psychotherapy more broadly but are ineffective in evaluating treatment as a continuous process. The aim of this study is 1) to examine the course, rate, and correlates of session-level treatment outcomes during Seeking Safety (i.e., slope of change), and 2) to examine the relationship between session-level treatment outcomes and early therapeutic alliance. **Methods:** Participants were 41 patients receiving weekly Seeking Safety treatment for comorbid post-traumatic stress disorder and alcohol use disorder. Participants were 68% women with a mean age of 41.9 ($SD = 9.26$); 56% of participants identified as Black, 24% as White, 12% as Multiethnic, and 7.3% as Hispanic/Latinx. Participants reported on their alcohol and substance use (Substance Use Inventory; SUI) and PTSD Symptoms (PTSD Scale -- Self Report; PSS-SR). The Clinical Global Impressions Scale (CGI) was used as a provider-rated measure of outcome. Therapeutic alliance was assessed by the Segmented Working Alliance Inventory Observer-Based Measure (S-WAI-O). **Results:** Multi-level modeling will be used to analyze the variables of interest and examine the course and rate of change in session-level treatment outcome, as well as examine the relationship between session-level treatment outcomes and early therapeutic alliance. **Discussion:** Findings will be discussed with respect to their conceptual, empirical, and clinical implications.

Managing ambivalence well: Validating a simplified therapist behavior monitoring system.

David Allen Olson, York University, Canada; Henny Westra, York University, Canada; Nancy Shekarak Ghashghaei, York University, Canada; Alyssa A. Di Bartolomeo, York University, Canada; Serena Shukla, York University, Canada

Process coding may hold promise as a form of clinical training. Process feedback on a moment to moment basis can offer clinicians valuable insight into areas where further skill development is needed. However, process coding using traditional measures are complex, multi-faceted and often take significant time to learn. Such measures are reliably predictive of patient outcomes and useful in process research, but may not be feasible for training practicing clinicians to monitor their interactions with ambivalent clients. It may be possible to identify behavioral correlates or markers of existing global constructs. With respect to MI, two key markers identified in the psychotherapy literature are solution-focused and supportive responses to

client ambivalence (Ribeiro et al., 2014). Solution-focused utterances can be conceptualized as directive statements contraindicated in the presence of client ambivalence with the intent to fix the client's presenting problem, while indicated supportive utterances are understood as affirming or validating statements with the intent to empathize and understand the ambivalent client. In a recent study by Westra et al. (2019), therapists were trained in one of two motivational interviewing (MI) workshops and then asked to interview an ambivalent volunteer. Interviews were coded for both global MI adherence (empathy and MI spirit) Using the dataset of this study, this study will compare the ability of easily identifiable specific therapist behaviors to more complex, multi-faceted global coding of therapist MI adherence to predict volunteer outcomes of experienced empathy and session evaluation. Implications for training and practice monitoring will be discussed.

Sex Therapy Resources for Sexual Minorities in Social Science Literature: A Content Analysis

Chelise Fox, Brigham Young University, Provo, USA; Kensington Osmond, Brigham Young University, Provo, USA; Christopher McKean Krieger, Brigham Young University, Provo, USA; Roy Bean, Brigham Young University, Provo, USA

Sexual minority individuals face disparities of treatment from clinical and medical health professionals. In particular, there is a dearth of research and training surrounding sex therapy issues for sexual minorities. Research on sexual minority groups in this area can contribute to reducing treatment disparities. Consequently, the proposed study is a content analysis of social science literature in order to gauge trends in the amount of research focused on the intersection of sexual minorities and sex therapy resources. Articles from a database search of relevant keywords were coded for several variables, including overall level of focus on sexual minorities and on sex therapy resources, study sample composition, research funding sources, and whether the article offered any clinical implications. The study aims, with its results, to suggest possible directions for social science and sex therapy research, in the hopes that future research will be better able to assist professionals in meeting the needs of an increasingly diverse population.

Representation of U.S. Minority Groups in the Marital and Family Therapy Literature Over a 20-Year Period: A Content Analysis

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Having research relevant to the needs and experiences of racial/ethnic/cultural (REC) minority groups in the social science body of literature is essential to the work of policymakers and clinical practitioners. However, the social sciences have traditionally failed to publish articles that address these needs and experiences or even report the racial and ethnic makeup of their samples. The purpose of this study is to provide an updated look at the MFT literature and how often sample participants' ethnicity is reported, how frequently studies focus on ethnic issues or specific REC minority groups, which REC minority groups receive the most attention in focused studies, which topics are examined the most often in focused studies, and how these trends have changed over time. Specifically, five journals (American Journal of Family Therapy, Family Process, Journal of Family Therapy, Journal of Marital and Family Therapy, and Contemporary Family Therapy) were selected for inclusion in the analysis and were examined from 2000-2019. Results and suggestions for future research are discussed.

Using Acoustic Characteristics to Predict Observer-Rated Facilitative Interpersonal Skills (FIS): A Five Year Follow Up

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Objectives: We analyzed the relationships of voice data and performance ratings of helpers and their helping skills. The objective measures of vocal characteristics had been linked to emotional arousal and are believed to be associated with independent observer ratings of FIS. However, it is unclear if objective vocal characteristics also change over a 5-year period. Method: A total of 33 students of the previous participants who took the undergraduate helping skills course were contacted after five years to assess their outcomes of training over time. PRAAT software was used in order to find the mean fundamental frequency (F0), and range of F0. Observer ratings of FIS we focused on were verbal fluency and emotional expression. Results:

We will look at correlations of baseline to five- year follow-up. We want to see if shifts in FIS correlate with voice quality characteristics. Conclusion: Implications for vocal qualities and therapist helping skills will be assessed.

Clients' Emotion Regulation and The Therapeutic Work on Rupture and Repair

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The current study explores changes in clients' use of two emotion-regulation strategies: cognitive reappraisal and expressive suppression in the course of supportive-expressive psychotherapy. (Luborsky, 1984; Book, 1998) for depression. Aim: 1) To examine the relationship between clients' use of these strategies and the therapeutic work on rupture and repair. 2) We also examined whether the use of cognitive reappraisal increases during therapy. Method: fifty clients, diagnosed with moderate depression and anxiety received 16 sessions of therapy. They completed weekly self-report measures on rupture and repair (Post Session Questionnaire), and the Emotion Regulation Questionnaire. The data were analyzed using hierarchical linear models. Results: Rupture tension level was related to greater use of cognitive reappraisal and to lower expressive suppression. Additionally, lower rupture-tension level predicted clients' higher use of cognitive reappraisal in the following session. Furthermore, cognitive reappraisal significantly increased during therapy while there were fluctuations in expressive suppression without significantly change during therapy. Discussion: we suggest considering emotion regulation strategies as a mechanism of change in psychodynamic therapy, which may increase our understanding of the importance of rupture and repair work.

Paralinguistic Problems: a Transdiagnostic Developmental Approach to Understanding Underlying Deficits in Schizophrenia and Dyslexia

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Developmental psychopathology explores the many correlates and contributions to psychological disorders, and consequences across the lifespan. It is thus an idiographic approach that requires understanding of the convergence of different areas of someone's characteristics and functioning and how these domains serve to influence vulnerabilities or protective factors, contributing to different unique developmental pathways and courses of illness. Identifying underlying patterns that contribute to symptomology across diagnoses allows the clinician to organize problems into individualized and contextualized psychological profiles, which informs conceptualization and directs treatment. We use this transdiagnostic developmental model to explore parallels between schizophrenia and dyslexia, making note of the auditory and visual-perceptual deficits that are implicated in the symptoms of these disorders. Through a review of the theoretical and empirical literature, we propose these underlying deficits might also lead to poor paralinguistic knowledge by limiting a nuanced understanding of auditory input and impairing appropriate visual-perceptual understanding. Further, poor paralinguistic knowledge disrupts paraverbal acuity and nonverbal relational pattern recognition, both of which are critical skills for appropriately communicating with other people. Thus, the poor paralinguistic understanding, due to underlying deficits, might contribute to the development of social communication difficulty and subsequent social maladjustment associated with both disorders. Using dyslexia and early cognitive, behavioral, and social difficulties as a potential marker of later impairment, we can address these paralinguistic concerns through direct instruction of nonverbal and paraverbal skills during early stages of the developmental problem. This might help reduce the later burden and functional impairment of both schizophrenia and dyslexia.

Psychological Intimate Partner Violence (IPV) in Couples Therapy: How Psychological IPV Impacts Safety

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There are a variety of reasons couples seek therapy services. While the problems impacting the decision to start therapy are diverse, some researchers have suggested that feeling safe in therapy and feeling safe within the relationship seeking therapy services is important to overall functioning and therapy success. Intimate Partner Violence (IPV) can impact the perception and presence of safety in relationships and therefore, the success of treatment. One common and damaging form of IPV is psychological abuse and coercive control. The purpose of this study is to examine the impact of self-reported psychological abuse and coercive control (via the Psychological Intimate Partner Violence short form - PMWI-F) on reported safety in therapy and safety in the relationship. The sample consists of 115 couples seeking therapy. Due to the dyadic nature of the data, the data was analyzed using an Actor Partner Interdependence Model (APIM). Male and female PMWI-F scores significantly predicted male self-reported safety in the couple relationship,

neither of the predictors significantly predicted male self-reported safety in the therapy. None of the predictors significantly predicted female self-reported safety in either the couple relationship or therapy. Reported levels of psychological abuse do seem to have an impact on perceptions, and likely presence, of safety. Limitations and potential explanations of why all partner and actor pathways were not significant are discussed below. Along with limitations, suggestions for future research and clinical application, when working with couples experiencing psychological abuse and coercive control in their relationship, is also explored.

Achieving Successful Resolution of Alliance Ruptures: for Whom and When?

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Objective: Contemporary theories and the empirical literature stress the importance of successful resolution of alliance ruptures for the process and outcome of treatment. Yet, little empirical work has examined what leads to successful resolutions. The aim of the present study was to examine which patients and therapists are more likely to achieve successful resolutions of ruptures, under which circumstances. Method: Sixty-five patients and their therapists completed measures assessing their trait-like pretreatment characteristics (alliance expectations and general attachment orientation), and state-like changes in treatment (alliance, therapist as an attachment figure, and psychodynamic and common factor techniques). Successful resolutions were coded using observer behavioral coding at four time points. Results: Patient contribution to successful resolutions was 9.5%; therapist contribution was 1.3%. State-like changes, but not trait-like characteristics significantly contributed to successful resolution. A holding and facilitating environment at the previous session (strong working alliance and the therapist serving as an attachment figure to a great extent), and the implementation of therapeutic techniques during the session (high levels of common factor and psychodynamic techniques) correlated significantly with successful resolutions. Conclusions: The study demonstrates the importance of state-like changes, rather than trait-like pretreatment characteristics of therapists and patients, for successful resolution of ruptures.

Client attachment to therapist, therapeutic alliance and change in adult attachment styles: A study in Algeria

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Abstract: Attachment has increasingly received attention in psychotherapy and has been used as a predictor of process and outcome. Attachment representations are hypothesized to remain stable over time; however attachment theory also recognizes that working models of self and others can be revised through interpersonal experiences which significantly deviate from the individual's early attachment figure. This study examined client attachment to the therapist and therapeutic alliance as predictors of change in adult attachment styles after brief psychotherapy. Twenty nine patient completed measures of client attachment to therapist (CATS), therapeutic alliance (HAQ-II), and Relationship Scales Questionnaire (RSQ). Results showed a significant change in adult attachment style for preoccupied and fearful styles. Besides, Secure and Preoccupied-Merger attachment to the therapist correlated positively with therapeutic alliance. Client's adult attachment was unrelated to the client attachment to the therapist and therapeutic alliance. Client attachment to therapist emerged as superior and consistent predictors of the therapeutic alliance, relative to client adult attachment styles. And therapeutic alliance evaluated by therapist emerge as superior and consistent predictor of change in client adult attachment styles after psychotherapy relative to the client attachment to therapist and therapeutic alliance evaluated by patients. Results are discussed according to Bowlby's conception of a secure base in psychotherapy, and the concept of "corrective emotional - intersubjective - experience". Cultural aspects of psychotherapy in Algeria are also discussed. Key word: Attachment to therapist, therapeutic alliance; attachment style, corrective emotional experience

Patient-Therapist Working Alliance Agreement and Therapeutic Outcomes

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This study explored the effect of divergence between patient and therapist ratings of the working alliance during early phase therapy on treatment outcome at 3 months in a sample of 33 cross-racial patient-therapist dyads from a university clinic. The study also attempted to replicate findings indicating a relationship between patient-rated working alliance and patient-rated treatment outcome within a diverse sample of cross-racial therapeutic dyads. Polynomial regression and response surface analysis were used to

measure the impact of working alliance divergence. Treatment outcome was measured as a reliable change score between Symptom Checklist 90 scores at intake and at approximately 3 months. Participants completed the Working Alliance Inventory during early phase therapy. Effect size analysis indicated findings that were consistent with the current literature. However, due to small sample size, the study was underpowered and did not reach statistical significance. Results indicated that divergence between patient and therapist ratings of the working alliance had a medium effect on treatment outcome which is consistent with current literature ($R^2 = .14$, $F(5,27) = 0.87$, $p = .516$, $f^2 = .16$). Additionally, the study found a small effect of mean patient-rated working alliance on treatment outcome ($R^2 = .03$, $F(1,31) = 0.98$, $p = .331$, $f^2 = .03$), partially replicating findings in the literature. While not significantly correlated, the study also found a small effect between patient and therapist rated working alliance ($r = .23$, $p = .201$). Future research should continue to explore the development of the working alliance in multicultural samples.

Psychotherapy and Precision Medicine: A Qualitative Examination of the Perceived Clinical Impacts of Genetics among Mental Health Clinicians

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Aim: Psychiatric disorders are increasingly emphasized as being caused by genetics in scientific literature. This is largely due to a paradigm shift in healthcare towards "precision medicine" -- a medicalized treatment approach based on genetic factors aiming to guide the selection of personalized treatments. However, there is an absence of empirically-based practices in mental healthcare aside from medication selection. Therefore, this study seeks to understand how mental health clinicians (MHC) perceive and incorporate genetic information in psychotherapy. **Methods:** A total of 16 MHCs, comprising those with ($n = 8$) and without ($n = 8$) medical training, participated in semi-structured interviews investigating the perceived clinical impacts of genetics. Transcripts of interviews were coded and analyzed according to the "grounded theory" approach of qualitative research to identify and examine central themes. **Results:** Overall, MHCs believe genetics will eventually clarify diagnoses and inform medication selection. However, MHCs without medical training said genetics engenders increased perceived severity and duration of symptoms and influences diagnostic considerations and treatment approaches. This includes reduced focus on diagnoses not indicated by genetics and an increased preference for treatments targeting symptoms (e.g., CBT) over exploring patients' perceived causes and early life experiences (e.g., psychodynamic). MHCs also reported feeling limited in their ability to improve symptoms and expressed concern genetics would diminish focus on psychosocial and environmental factors in treatment. **Discussion:** Genetic information affects MHCs' perceptions of symptoms and approaches in treatment. Further research, education, and training among MHCs are necessary to help attenuate potentially negative clinical impacts in psychotherapy.

Assessing the Western Components of Psychotherapy

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Background: Frank and Frank's (1991) contextual model conceptualizes psychotherapy as a socioculturally constructed healing practice. Based on this model, psychotherapy is a predominantly Western approach to healing, meaning individuals more accepting of Western values, beliefs, and morals should be more inclined to seek and benefit from psychotherapy. However, there is no single measure that assesses the Western components of psychotherapy. **Method:** A sample of 144 individuals from India completed six measures representing potential proxy variables to predict positive attitudes towards seeking psychotherapy: Asian values, cultural mistrust, collective self-esteem, European-American values, ethnic identity, and two dimensions of westernization (maintenance of the culture of origin and identification with the new culture being introduced). Linear regression was used to test twelve hypotheses generated (six for each of the two measures of attitude towards seeking psychotherapy) based on the model. **Results:** Out of the twelve hypotheses, only one was supported: a negative correlation between cultural mistrust and positive attitude towards seeking psychotherapy ($r = .22$, $p = (.1t) .01$, $R^2 = .048$). **Conclusion:** Although psychotherapy is largely rooted in Western principles of healing, 'westernness' remains an elusive construct. This study serves as a pilot, with the intent to develop an initial database of constructs that capture 'westernness' inherent in psychotherapy. Based on the results of this study, it may be worthwhile to assess an individual's level of mistrust of Western culture. Those with high mistrust may be better suited for a traditional healing alternative to psychotherapy, unless cultural mistrust can first be reduced significantly.

Racial Microaggressions: An Investigation of Indian Therapist and Caucasian Patient Dyads

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Aims: Microaggressions can be defined as minor, and apparently inoffensive, insults and degradations experienced by minority, disadvantaged or marginalized social groups. Microaggressions may cause or exacerbate ruptures in the therapeutic alliance, if the patient and therapist are from different ethnic backgrounds. The aim of this study was 1) To examine if racial microaggressions occur between the Indian therapists and Caucasian patient dyads who are receiving psychological treatment; 2) To explore if these microaggressions cause ruptures in the therapeutic alliance. **Methods:** Participants consisted of 4 therapy dyads, including 4 therapists of Indian ethnicity, comprising of 1 male and 3 females between the ages of 26 and 31, and 4 patients of Caucasian ethnicity, comprising of 1 male and 3 females, between the ages of 24 and 59. Pre-recorded first sessions of individual therapy of the participant dyads, which lasted 45-60 minutes, were observed and analyzed using two coding systems. The first coding system was the Rupture Resolution Rating System (3RS) that was used to code for any observable rupture. The second coding system utilized a combined coding scheme that looked at microaggressions and was based on The Racial and Ethnic Microaggressions Scale (REMS), The Racial Microaggressions Scale (RMAS) and the Racial Microaggressions in Counseling Scale (RMCS). **Results:** Exploratory descriptive analyses will be conducted to explore the connections between ruptures and microaggressions in the therapeutic alliance. **Discussion:** Findings will be discussed with respect to their conceptual, clinical and empirical implications including potential impact on the therapeutic alliance.

Verifying a task model of corrective emotional experience

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Aim: Corrective emotional experience (CEE) has drawn attention as one of the core change mechanisms of psychotherapy (Castonguay & Hill, 2012). In a previous study, we built a task model of CEE based on six events in an integrative affect-focused therapy using task analysis and identified 9 components (Nakamura & Iwakabe, 2018). The goal of this study was to verify those components of this CEE task model. **Methods:** A single case in which CEEs had played a central role in facilitating change was used. First, in order to identify sessions in which CEEs occurred, we used CEE scale which was administered after every session (Nakamura & Iwakabe, 2019). Two resolved sessions and two unresolved sessions were selected based on the subscale scores of CEE scale. Second, a pair of raters identified the two-minute periods of those sessions in which each component of the CEE model was most clearly seen. Third, another group of three raters examined whether the components of the model were present in these segments. **Results:** Inter-rater reliability varied from fair to substantial level ($k=.30\sim.64$). The components that distinguished between resolved and unresolved sessions were the experience of core painful emotions and a sense of relief. There was no difference in the components related to the relationship with the therapist between the two groups. **Discussion:** Accepting and expressing emotional pain fully may lead to the full completion of CEEs. In the future, we will add data and continue to verify the components.

Slow Rhythmic Breathing as Effective Method Supporting Psychotherapy Process of Trauma and Claustrophobia in Head and Neck Cancer Patients

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Goal: Slow rhythmic breathing (SRB) of 6 breaths per minute is known for its beneficial effects on regulating the peripheral nervous system through vagal nerve stimulation, improving oxygenation and reducing hypertension. Head and neck cancer (HNC) and its treatment very often cause facial disfigurement, fatigue, pain, speech problems, and depression. The goal of this study is to evaluate how SRB affected heavily distressed HNC patients, whose trauma could have prevented them from completing cancer treatment. **Method:** Eight HNC patients aged 54-76 undergoing radical radiotherapy or chemo-radiotherapy started psychotherapy with SRB as an adjunct bodywork intervention after they reported claustrophobia (6), depression (5) or/and anxiety (3), preventing them from starting/completing cancer treatment. Patients had 15-30 minutes of slow breathing sessions day by day followed by a free verbal expression (median=5

sessions; min 2-max 16). Results: Underlying traumas included: accidents in the coal mine (3), at the martial arts training (1), cumulative trauma of being a long-term (>10y) caregiver of ill relative (2), post-operative PTSD (1), and life-threatening abduction (1). All patients completed the cancer treatment and all reported significant clinical improvement: reduction of radiotherapy related pain (3/8pts), claustrophobia (6/6pts), and anxiety (8/8pts) after a median of 2 sessions (min 2-max 10). Four patients made significant lifestyle changes. Conclusion: SRB effectively reduced symptoms of claustrophobia, anxiety, and pain and enabled the patients to complete cancer treatment. The method proved to be an effective adjunct to psychotherapy process of traumatized HNC patients.

Development of the Real Relationship Moments (RRM) observer-rated measure

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The strength of the genuine human relationship between the client and therapist as fellow humans predicts outcome in psychotherapy (Gelso, et al, 2018, Stern, 1998). In Stern's model (1998), the moment of meeting is comprised of specific moments when this relationship becomes salient, and in Gelso's tripartite model (Gelso, et al, 2018), the Real Relationship (RR) is conceptualized as an ongoing quality of the relationship distinguished from transference and the working alliance. Although the RR is highly related to the working alliance, it also predicts unique variance in outcome (Bhatia & Gelso, 2017). However, it is unclear how this construct separately contributes to outcome. Unlike observer measures of the alliance, no observer-rated method for assessing real relationship moments has been developed yet. With the development of an observer-based measure, we intend to facilitate further study on how the unique role that a genuine human relationship contributes to psychotherapy outcome. We developed the Real Relationship Moments observer-rated measure by considering items of measures that were conceptually and empirically related, including items from RR-C and RR-T, items that correlated with RR from the Working Alliance Inventory (Gelso et al, 2005), items from the Patient Attachment Coding System (Talia, et al, 2015) and the Rupture, Repair, Resolution Scale (Eubanks, 2019). This scale will allow observer-rated assessment of psychotherapy transcripts to determine the significance of Real Relationship Moments on therapy outcome as well as potential changes throughout therapy.

Do paedophilic patients with contact offences differ in terms of their underlying personality structures from those without contact offences? A Q-methodological study.

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Background: Paedophilia is undoubtedly under-researched and therefore undertreated. A compulsion and addiction to using internet pornography, and not only watching but also fantasising and sharing sexual fantasies with others online, is becoming more prevalent with the growth of the internet. This in turn poses a further problem in classifying and diagnosing paedophilia adequately. Not all paedophilic patients commit contact offences, for some their sexual activities remain in phantasy only. It may therefore be important to distinguish between these two groups of patients and discern possible differences in their character structure and personality functioning, not only to be able to prevent risk of harm to victims but also in order to better tailor their treatment. Aim: This research project aims to investigate whether patients with and patients without contact offences differ in terms of their underlying personality structure and functioning. Methods: Patients were assessed at intake with the Shedler-Westen Assessment Procedure (SWAP-200), a 200-item clinician-rated Q-sort measure of personality disorder and personality (dys)functioning. In order to detect naturally occurring clusters of paedophilic patients, the aggregated Q-sorts of 35 patients with contact offences and 38 patients without contact offences were analysed using Q-analysis also known as by-person Factor Analysis. Results: Data analysis is currently ongoing and will be completed by the time of the conference. Findings will have important implications for the conceptualization, diagnosis, and treatment of paedophilic patients. They may point to the need of tailoring treatments according to pre-treatment features of individual personality configurations.

Comparison of Core Conflictual Relationship Themes between the Adult Attachment Interview and the Patient Therapist Relationship interview

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Aim: To compare the relationship themes of patients' interpersonal (adult attachment) and therapeutic

relationships. Method: This investigation will assess Core Conflictual Relationship Themes (CCRT) of 20 patients who completed 30 sessions of Brief Relational Therapy (BRT; Safran, 2002; Safran & Muran, 2000) as part of the Brief Psychotherapy Research Program. CCRTs were assessed in patients' Adult Attachment Interviews (AAI; George, Kaplan, & Main, 1984, 1985, 1986), conducted at intake, focusing on interpersonal relationships with early attachment figures, as well as in Patient Relationship Interviews (PRI-Ts; Safran & Muran, 2008), conducted at termination. PRI-Ts assess the patients' experiences with their therapists at termination over the course of treatment. There will be two raters completing the CCRT scoring of AAI and PRI-T narratives for inter-rater reliability. Using the CCRT cluster standard categories of 1) wishes, needs, intentions, 2) responses from others, and 3) responses to self, we will assess the relation between themes in the patient-therapist dyad and the patient-caregiver dyad. Results and Discussion: It has been suggested that therapists provide an alternative attachment figure for patients, providing a safe haven from which to explore negative affect and experiences (Mallinckrodt, 2010). Alternatively, the patient-therapist dyad has been stated to be defined by unique parameters that make it significantly different from primary attachment relationships (Farber et al., 1995). The results and discussion will be presented within this context at the SPR meeting. Keywords: Core Conflictual Relationship Themes, Adult Attachment Interview, interpersonal relationships, therapeutic relationship

Patients' Core Conflictual Relationship Themes within the Adult Attachment Interview

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Aim: To explore the association between Core Conflictual Relationship Themes (CCRT) and adult attachment patterns as captured in the Adult Attachment Interview (AAI). Method: We will explore the relation between the patients' CCRT and their attachment patterns as determined by the AAI categories of autonomous, dismissing or preoccupied (Main & Goldwyn, 1985/1991). Twenty patients who participated in Brief Relational Therapy (BRT; Safran, 2002; Safran & Muran, 2000) completed the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1984, 1985, 1986) at intake. The AAIs will be coded for individual patterns of attachment and by the Core Conflictual Relationship Theme method (CCRT; Luborsky, Popp, Luborsky, & Mark, 1994). The CCRT identifies core themes in relationship narratives by the cluster standard categories of 1) wishes, needs, intentions, 2) responses from others, and 3) responses to self. Two raters will complete the CCRT scoring of AAI narratives, and inter-rater reliability will be assessed. Results and Discussion: Attachment theory and the CCRT offer a compelling framework in order to explore the interpersonal relationships of patients participating in brief psychotherapy. The results, discussion of our findings, and the potential implications within this context will be presented at the SPR meeting. Keywords: Core Conflictual Relationship Themes, Adult Attachment Interview

Substance-Use as a Coping Mechanism in Two High-Risk Populations: Indigenous and LGBTQ+ College Students

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Aim: Substance use and abuse has been shown in both Indigenous and LGBTQ+ youth (Kirmayer, Brass, & Tait, 2000; Hughes, & Eliason, 2002). In both cases, a self-medicating model has been proposed. For Indigenous youth it has been suggested that substance use is related to high distress stemming from the ongoing negative impacts of colonialism (Kirmayer, Tait & Simpson, 2009). In LGBTQ+ youth, negative peer experiences (e.g., bullying, harassment) have been proposed as triggers for substance use (Reisner, Greytak, Parsons & Ybarra, 2015). However, few studies have examined the underlying mechanism in self-medication theory, i.e., using-to-cope (Khantzian, 1985). Furthermore, existent studies have focused on alcohol, with no studies using a wider definition of substances. Thus, the current study aims to extend previous findings by examining substance-use for coping in both Indigenous and LGBTQ+ students, and whether it relates to symptoms of distress. Method: 20 Indigenous and 40 LGBTQ+ students completed 1) a modified Drinking Motives Questionnaire-Revised (mDMQ-R, Blackwell & Conrad, 2003) adapted to include any substance, 2) the Center for Epidemiological Studies Depression (CES-D, March, 1997) for current depression, and 3) the State-Trait Anxiety Inventory (STAI, Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) for current anxiety. Results: Preliminary analyses suggest that both groups engage in substance-use to cope. Motivations include being social, managing feelings of distress, for fun and to conform to expectations. In addition, those with higher symptoms engage in more substance use. Conclusions: This study provides empirical evidence for substance use as a coping mechanism.

Integrative Clinical Decision-Making for Treatment-Seeking Patient with Binge-Eating Disorder using Patient Factors

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Integrative decision-making models help clinicians to use patient factors for individualized treatment planning. Patient factors with a strong evidence base include: functional impairment, social support and interpersonal functioning, complexity and comorbidity, coping style, level of resistance, and level of subjective distress. Patients with binge-eating disorder (BED) have not been extensively characterized relative to clinical and non-clinical samples with regard to these patient factors. We used an integrative decision-making model of these six patient domains that are related to outcomes to characterize a sample of 424 adults seeking treatment for BED. Data were collected from medical charts, a demographics questionnaire, and validated psychometric scales. We then compared these data to published data from non-clinical and other eating disorder (ED) samples. Results showed that the average patient with BED: (1) was significantly more functionally impaired compared to nonclinical norms but somewhat less impaired than other patients with EDs, (2) demonstrated clinically significant problems in social support and interpersonal functioning, (3) presented with complex comorbid pathology and high levels of chronicity, (4) used a more internalizing coping style compared to the norm and other ED samples, (5) had low levels of resistance to interventions, and (6) experienced a moderately high level of subjective distress indicating motivation for treatment. Corresponding recommendations to these findings are that the average treatment-seeking patient with BED may benefit from higher intensity treatment that is longer in duration, interpersonally-focused, directive in nature, and emphasizes self-reflection and insight.

In The Patient's Own Words: A Qualitative Study of What Patients Find Helpful in Psychodynamic Psychotherapy

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The effectiveness of psychodynamic psychotherapy has been well-established in the literature (e.g., Driessen et al., 2010; Knekt et al., 2015; Shedler, 2010; Town et al., 2012). In an attempt to understand what makes psychodynamic therapy effective, our study analyzed 100 patient responses to the following open-ended survey question: "What do you find most helpful about the treatment you are currently receiving?" The study was part of a naturalistic, longitudinal research project at a public teaching hospital. Patients had weekly psychotherapy for up to two years with therapists who were post-graduate trainees. Patients who consented to participate in the research completed surveys every 3-6 months. The authors used modified grounded theory (Glazer & Strauss, 1967) to develop and refine a codebook of 15 overarching categories based on participants' responses to this question at the 3-month follow-up. Two raters coded each patient response and we tested the reliability for each category, continuing to refine the codebook as we went along until good reliability was achieved. The most frequently endorsed category for helpful treatment factors was "talking/someone to talk to" (n = 23) followed by "wellbeing/improved biopsychosocial functioning" (n = 21) and "structure" (n = 20). Examples of other categories include "directing attention at experience" (n = 13), "therapist's actions" (n = 13), and "insight" (n = 12). Findings from this study contribute to a better understanding of what works in psychodynamic therapy from a patient's perspective. Findings will help guide future research directions.

How Effective are Online Relationship Education/Prevention Programs? A Meta-Content Review

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Due to the logistical and financial barriers that keep many distressed couples from seeking therapy, online relationship education/prevention programs provide an accessible alternative. Although a seminal study (Duncan, Steed, & Needham, 2009) found that an online program for couples was equivalent in effectiveness to traditional, face-to-face interventions, the burgeoning growth of these educational programs in the past 10 years requires a closer look. This poster will describe the results of our meta-content review of 14 studies of 6 online relationship education/prevention programs (OurRelationship, (e)PREP, RELATE + CoupleCARE, and two unnamed programs), each of which has demonstrated efficacy compared to controls in terms of improving various relationship outcomes (e.g., satisfaction, excitement, functioning, confidence, conflict management, physical and psychological aggression), and individual partners' mental health (e.g., depression, anxiety). In addition to effect sizes, we compare the quality of the studies in terms of their evidence base, methodological rigor, targeted outcomes, participant and program

characteristics (including their length, compensation, type of scheduling, use of a coach, and use of homework). Results of this review will be discussed in terms of the promise of online relationship education programs and recommendations for future effectiveness research.

A Text Analysis of Therapist Emotional Experiencing as a Result of Alliance-Focused Training (AFT)

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Aims: In a previous study, the Experiencing Scale (EXP) was applied to therapist interviews that were conducted at treatment termination and concerned the nature of the therapeutic relationship to investigate the impact of AFT on therapists' tendencies to reflect on their patient relationships in an experientially grounded fashion. These analyses showed that therapists displayed more emotional involvement and were better able to talk about their emotional experience with exposure to AFT. The current study applies techniques of textual analysis in an effort to explore the verbal mechanisms through which therapist emotional involvement and expressiveness are communicated. **Method:** In a research program designed to assess the value of Alliance Focused Training, therapists began treating patients using Cognitive Therapy and, in the context of a multiple baseline design, joined AFT supervision groups at either session 8 or 16 of a 30-session protocol. In this study, Voyant Textual Analysis software is applied to therapist interviews conducted at treatment termination to explore discourse variables correlated with emotional involvement and experiencing. **Results:** Voyant Textual Analysis will be applied to identify patterns of word complexity, choice and frequency present in therapists' verbal accounts of their experiences. Additionally, between group differences will be analyzed (AFT-Training at session 8 versus 16) on discourse in the interview (n=30) when therapists talk about their emotional experience and how differences in the discourse variables correlate with higher levels of emotional involvement and greater exposure to AFT will be explored. **Discussion:** How language is used to express emotional involvement will be discussed.

The Impact of Deliberate Practice Training on Therapist Behaviours in the Context of Ambivalence

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Traditional continuing education workshops have been shown to be insufficient in terms of skill maintenance. Research indicates however that deliberate practice (DP) training may benefit clinician skill acquisition and maintenance through expert feedback and the repetition of skills. A recent study on a DP workshop on motivational interviewing (MI) involving skill repetition and feedback found significant improvements on clinician skill maintenance compared to a traditional workshop on MI (Westra et al., 2019). These improvements were also apparent in observer-rated Motivational Interviewing Treatment Integrity (MITI) scores, where clinicians from the DP group showed significantly higher MITI scores than the traditional group. Although MITI is a reliable method in measuring clinician MI skills, coding is complex, takes a significant amount of time, and broad global scores do not provide moment-to-moment behaviours, missing crucial information in the process. The present study analyzes a new coding system which identifies specific clinician behaviours including supportive and solution-focused behaviours. The 4-month post-workshop follow-up interviews of the 88 trainees in the Westra et al. DP study (44 per group; DP and traditional workshop) are currently being coded using this therapist behaviour coding system. Analyses will examine whether DP trainees were more appropriately supportive vs solution-oriented in the context of ambivalent interviewees. Implications include benefits of DP on clinician language as well as the use of a simplified coding system for therapist language which can potentially be used by clinicians to monitor their clinical encounters for appropriate responsivity.

Therapy's Matchmaking: The congruence in pre-therapy traits and attachment between the therapist & patient.

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The aim of this study is to look for characteristics that may be identified prior to beginning therapy, which may give us a glimpse of the therapy outcomes. The study focuses on the unique and mostly randomly matched dyad in the therapeutic situation: the therapist and patient. This is an interaction between the two subjects (i.e. individuals) that develops over time to become the patient-therapist relationship. This relationship is influenced by the "baggage" that each of them brings into it. Our goal is to find out if matching (or mismatching) on specific personality traits will lead to better or worse therapy outcome. Moreover, we want to examine what type of matching increases the chance that therapy will be successful. One such trait is attachment style, which has been found to predict therapy outcome for patients. In this

study we examined patient-therapist match on attachment and its relation to outcome. Method: Data was collected from 52 patient-therapist dyads in 16 sessions of Supportive Expressive Psychotherapy. Attachment style was assessed using the Experience in Close Relationships Questionnaire (ECR; Brennan, Clark, Shaver, 1998) and a personality trait questionnaire (Big Five Inventory; BFI; John, & Srivastava, 1999). Outcome was measured on the OQ-45 (Lambert et al, 1996) at the end of each session. Results: still in progress (but will be ready for the poster).

Is a Voice-sample Worth a Thousand Words? Acoustic Markers as Diagnostic Tools of Attachment Styles

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Background: Attachment style has been shown to be related to better treatment outcome, and is commonly measured using questionnaires and interviews, which can be biased to some degree due to the subjective evaluation. Finding objective markers that could contribute to the diagnosis of the attachment style, has been the focus of much research in the past few years. To the best of our knowledge, acoustic markers, the vocal features of the speaker, have not yet been studied as markers of attachment style. Acoustic markers are inexpensive, easily operated invasive measures which suit the psychotherapy research setting. The current study will examine whether acoustic markers can identify attachment anxiety and attachment avoidance. Method: The attachment styles will be evaluated using the Experiences in Close Relationships Scale (ECR). Fifty patients with Major Depressive Disorder in short term psychodynamic therapy will be acoustically analyzed at the baseline time point. The acoustic markers will be the quantity of pauses (QP), speaking rate (SR), pitch range (F0), jitter and shimmer which both measure voice vibrations. It is hypothesized that (1) QP is positively correlated with avoidance, while the rest of the acoustic markers are negatively correlated with avoidance (2) QP is negatively correlated with anxiety, while the rest of the acoustic markers are positively correlated with anxiety. Results: Analysis will be conducted during winter of 2019-2020. Conclusions: If acoustic markers will be able to serve as an objective automated diagnostic tool of attachment styles, this can benefit clinicians in preparing a tailored personalized therapeutic plan.

Just the Two of Us: Vocal Acoustic Synchrony as a Predictor of Alliance Formation

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Aim: Through the years, various attempts have been made to predict the formation of the therapeutic alliance, one of the most consistent predictors of treatment outcome. However, limited success has been reached so far. Recently, a growing interest in psychotherapy research have been dedicated to the concept of synchrony, the co-occurrence of two phenomena. Studies support the importance of synchrony between patients and therapist to the therapeutic process. Specifically, vocal synchrony of the fundamental frequency (F0), as a non-invasively methodology suited to psychotherapy research, has been found to relate to patient-therapist interpersonal processes such as empathy and emotional bond. The current study aims to examine whether baseline F0 synchronicity between patient and therapist can predict the subsequent therapeutic alliance to be formed. Methods: F0 synchrony, measured at the beginning of the first therapy session, was calculated for 20 patient-therapist dyads, to predict the alliance to be formed across 16 short-term dynamic psychotherapy sessions for depression. F0 synchrony was analyzed through cross-correlation procedure in relation to the successive talk turns of the patient and the therapist. Therapeutic alliance was reported by the patient after each therapy session. Results: Analysis will be conducted during the winter of 2019-2020 and presented at the SPR meeting in June 2020. Discussion: Understanding which dyads may be able to form better alliance than others, through F0 synchrony between patients and therapist at the beginning of treatment, may carry important implications for preventing harmful consequences of deterioration in the alliance, such as dropout and even suicide attempts.

Do patients and therapists become synchronized in their cortisol levels throughout the course of psychotherapy for major depressive disorder?

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Background: Accumulating research points cortisol as a biomarker of therapeutic processes. Studies mainly focus on patients rather than therapists; not much is known about the synchrony and its predictors between patients and therapists in their cortisol levels. In this study, we sought to examine (a) whether patients and therapists are synchronized in their levels of cortisol just before the therapy sessions, (b) whether patients and therapists are synchronized in the changes in their cortisol levels during therapy sessions, and (c) to identify possible predictors of cortisol synchrony. Method: Patients with major depressive disorder received

16-weeks of short-term supportive-expressive treatment as part of a randomized controlled trial. Saliva samples were collected from patients and therapists before and after each session, at 4-time points (Weeks 4, 8, 12, and 16). Samples were collected 30 minutes before therapy sessions and immediately after. Patients and therapists answered self-report questionnaires regarding interpersonal aspects, patients underwent clinical interviews regarding their symptom severity. Results: Analyses suggest that patient and therapist are synchronized in their cortisol levels just before the therapeutic session ($F(1,56)=17.13$, p (It) $.001$), and in changes occurring in their cortisol levels during the therapeutic session ($F(1,56)=13.03$, p (It) $.001$). Further analyses will take place in 2020 to pinpoint predictors for synchrony. Discussion: Results indicate the patient-therapist cortisol synchrony occurs during the anticipation of the therapy session and in the amount of cortisol level change during sessions. Our ongoing analysis will attempt to target possible synchrony predictors associated with different measures of therapeutic progress and efficacy.

Differences in alliance rupture-repair identification across operational definitions

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Objectives: A variety of statistical methods for identifying and quantifying alliance rupture-repair process have been applied to patient self-report data and linked with therapy outcome, however, there is currently no one standard definition for what values or methods successfully identify clinically-significant alliance deterioration or recovery events. Likewise, previous process-outcome investigations have utilized different self-report instruments to measure the therapeutic alliance to conduct their analyses in addition to their different operational definitions. Following from this, efforts have been made in the rupture-repair literature to cull and compare different methods for detecting rupture (Eubanks-Carter, Gorman, & Muran, 2012) and have demonstrated that when these definitions are applied to the same data, substantially different patterns of rupture-repair identification appear, highlighting the risk that findings from one rupture-repair study may not readily generalize to others. Methods: The present study explores differential patterns of rupture and repair identification in the context of outcome. Patient-rated Working Alliance Inventory scores from two good outcome and two poor outcome, 12-session cases of individual psychotherapy were coded and analyzed with operational definitions of rupture and repair process employed in the therapeutic alliance literature. Results: Case rupture-repair profiles differ across methods for operationalizing significant moments of therapy process, and therefore in their observable relationship to therapy outcome. Discussion: Methods for operationalizing rupture and repair are compared to illustrate their relative strengths and weaknesses in flagging and capturing significant therapeutic process. Future directions and implications for additional research in this area will be discussed.

Comorbid health problems in a psychiatric sample are linked to interpersonal histories and personality disorder diagnosis

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The CDC states that nearly half of American adults have some chronic disease or condition (Chronic Disease Overview, 2017). These chronic conditions do not exist in a vacuum; in addition to physical discomfort they can be financially draining, difficult to navigate, and mentally challenging. Goodell, Druss, & Walker stated, "Comorbidity between mental and medical conditions is the rule rather than the exception" (2011, p. 1). However, data specific to mental illness and chronic illness is lacking. Chapman, Perry, & Strine succinctly explain, "Despite the growing recognition of the importance of both chronic disease and depressive disorders to the health of individuals and communities, research examining their interrelationship has been the subject of surprisingly little empirical review" (2005, p. 1). Interpersonal Reconstructive Therapy (IRT) is a psychosocial treatment approach designed to be helpful for psychiatric patients with severe problems, comorbid diagnoses, and repeat/chronic suicidality for whom previous treatment approaches have had little impact. IRT begins with a formulation that makes clear the links between an individual's learning history with key attachment figures and current clinical problems. As such, the IRT approach bears resemblance to D.T. Graham's (1952) "specificity hypothesis" which posits, and provides data, that a range of medical problems have specific interpersonal contexts. The present work uses chart data from a sample of 88 psychiatric inpatients who received a detailed case formulation interview and personality disorder diagnosis. Links are found between certain categories of medical disorder (especially involving pain), and aspects of personality, learning history, and current self-treatment.

Therapy and Change in Self-Concept

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The aim of this study is to examine the effect of therapy on self-concept. Self-concept refers to an "individual's beliefs about him or herself," including behavior, characteristics, and abilities (Baumeister, 1999). Positive self-concept is connected with happiness, better performance, and lower levels of emotional stress (Orkibi, Azoulay, Snir, & Regev, 2017), and since therapy serves to help individuals live happier lives, successful therapy should result in improving self-concept. Because self-concept is generally considered a more permanent state (O'Callaghan & Cunningham, 2015), it was hypothesized that self-concept would improve slightly with therapy, and would not significantly change without therapy. BYU college students (n=454), including those in therapy and not in therapy, participated in the study by taking a questionnaire four times over the space of six weeks. The questionnaire contained four scales measuring their self-concept, self-esteem, life satisfaction, and well-being. Participants also reported on their self-perception of self-concept change over the previous two weeks and gave a free response on why they thought their self-concept had or had not changed. Qualitative coding and analysis is currently in process and has not been completed, but preliminary results show that 43 of 48 participants described therapy as helpful in improving their self-concept. Quantitative analyses showed a difference in self-concept change between those who were in therapy and those who were not. A better understanding of the effect of therapy on self-concept, as well as to what individuals attribute change in self-concept, may lead to improved interventions and increased understanding of the therapeutic process.

Minding the Therapist's Business: Client Curiosity in the Therapeutic Relationship

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Recent evidence continues to corroborate the important role of the therapeutic relationship to the success of psychotherapy (e.g., Norcross & Lambert, 2018). Although less is known about the impact of client characteristics on the therapeutic relationship, one factor that could influence its development and course is a client's curiosity toward the therapist. Curiosity has been posited as a necessary prerequisite of entering and maintaining relationships (Renner, 2006; Kashdan et al., 2018). While some scholars have discussed curiosity in the clinical literature (Gelso & Carter, 1994; Ofer & Durban, 1999), few studies have expanded on clients' experiences of curiosity toward their therapists (cf. Kolmes & Taube, 2016). The aim of this Consensual Qualitative Research (CQR; Hill, 2012) study, therefore, was to explore a) clients' experience of curiosity toward their therapists, b) the impact of cultural factors on this curiosity, and c) its role in the therapeutic relationship. Ten adult psychotherapy clients were interviewed about their experiences of curiosity using a semi-structured protocol. Results indicated that most participants experienced curiosity that a) concerned the therapist's personal life, b) was triggered by therapist disclosures, and c) was motivated by concerns over the therapist's ability to relate. Moreover, this curiosity resulted in both positive and negative consequences for clients. Some participants revealed that they viewed their therapists as more human, while others disclosed feelings of shame or discomfort resulting from their curiosity. In addition, cultural factors and concerns around boundaries impacted participants' comfort in acting on their curiosity. Implications for psychotherapy are discussed.

Ethnicity as a Moderator Between Anxiety and Suicidality in a Clinical Sample

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Latinx groups experience a host of stressors all related to an increased likelihood of experiencing suicidal ideation (Fortuna et al., 2016). In comparison to non-Latinx groups, Latinx groups have lower rates of suicide deaths (6.88 versus 15.35 per 100,000) (CDC, 2017). Such data is reflective of the Latinx health paradox, the contradictory finding of better health outcomes despite known additional disadvantages (Taningco, 2007). This study elucidates the role of stressors through anxiety in the relationship between Latinx status and suicidal ideation. Through a cross-sectional design, clients from a university-based training clinic (N = 526; M age = 29.37, 51% female) completed a self-report questionnaire one week before commencement of therapy. To assess anxiety symptoms and suicidality clients completed the Psychiatric Diagnostic Screening Questionnaire (PDSQ, Zimmerman & Mattias, 2001) and the Outcome Questionnaire (OQ-45.2, Lambert et al., 1996), respectively. The moderation model of a bootstrapped sample (10,000) revealed that anxiety (β [95% CI] = .543, $t(429) = 13.402$, p (It) .001) was related to suicidality. While Latinx ethnicity was not related to suicidality (β [95% CI] = .018, $t(429) = 0.451$, $p = .652$), non-Latinx students with higher levels of anxiety

demonstrated a significant relationship with suicidality (β [95% CI] = 0.003, $t(429) = -2.989$, $p = .003$). Results suggest that ethnicity may moderate the relationship between anxiety and suicidality. Further research that explores this relationship in context of cultural and protective factors is discussed (Valdivieso-Mora et al., 2016).

How therapist' self-disclosure facilitate to develop novice therapists' professional self? : Qualitative meta-analytic approach for three studies.

Akihiro Kusaoka, Hokkaido University

Aim: It is supposed that the experiences of using therapists' self-disclosure will facilitate to develop novice therapists' professional self. However, it was very rare that qualitative studies focused on this kind of topic. In this presentation, the author tried to integrate the findings of three studies by the qualitative meta-analytic method.**Method:** The primary research was searched by electric databases, only one study was found which was written by Bottrill et al(2010). Added two primary research which were by the author (Kusaoka, 2019 and ongoing project) to this. In all, there formed eighty-seven meaning units from three primary research. In the entire analyzing process, it was focused on common subjective experiences and processes in each meaning units.**Results:** Primary findings were integrated into following five categories, namely, 1) It was difficult to determine to use self-disclosure is appropriate or not because of restrained by the "self-disclosure is a taboo" rule, 2) Self-disclosure is scary because it might become threat to self, client and entire therapy, 3) The willingness to helping the client as a sincere person was sprung up from own personal area, 4) Willingness to helping the client encouraged to step into an unknown zone, 5) Reflecting to own personality and how to utilize it in therapy led to expanded and deepened as a therapist.**Discussion:** These findings suggested that therapist self-disclosure has facilitative impacts on the developing process of novices' professional self. Some implications for training and education were discussed.

The SHARED trial: a novel six weeks, online, guided self-help intervention (RecoveryMANTRA) for patients with anorexia nervosa

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Background We developed an online, six-week guided self-help intervention, RecoveryMANTRA, to augment treatment as usual for adult outpatients with anorexia nervosa by targeting motivation to change. Study aims SHARED is a randomised and multicentre clinical trial that aims to test the acceptability and efficacy of a six-week online guided self-help (RecoveryMANTRA) for outpatients with a diagnosis of anorexia nervosa. RecoveryMANTRA includes: 1) a large collection of video-clips based on the testimonies of people who have experienced an eating disorder, 2) a workbook and 3) six sessions (via chat) with people recovered from an eating disorder or non-professionals trained in behavioural techniques and motivational interviewing.**Methods:** Participants completed a package of baseline questionnaires and were randomly assigned to one of two groups: treatment as usual (TAU) + RecoveryMANTRA or treatment as usual alone (TAU). The drop-out levels were calculated and the efficacy of the six-week intervention was assessed using linear mixed effect analyses. **Results** One hundred and eighty-seven patients completed the baseline questionnaires. The general baseline characteristics were similar in both groups. Adherence to a minimum of four of six online sessions and the percentage of patients completing the six-week questionnaires were 83%. Patients receiving RecoveryMANTRA reported greater change in motivation and alliance with the therapist at the outpatient service compared to the control group at six weeks. No significant between-group differences in eating disorders symptoms were found.**Discussion** The presented results support the feasibility of RecoveryMANTRA, an online self-help intervention for outpatients with anorexia nervosa.

Making way for a clinical feedback system in a complex healthcare setting. Building trust from the bottom-up in competition with top-down incentivized tasks

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Aim: Although substantial empirical research supports the clinical value of routine outcome measures/clinical feedback systems (ROM/CFS), translation into routine practice poses several challenges. The present case study investigated how stakeholders, clinicians, patients and clinical managers related to the implementation of the Norse Feedback (NF) in ordinary practice.**Methods:** We did an in-depth qualitative case study of the implementation of NF in a public mental-health institution. The settings were two outpatient clinics and two in-patient clinics organized under the same health trust. Data were drawn from three sources: archival sources ($n = 16$), field notes ($n = 23$), and 43 in-depth interviews with clinicians ($n = 19$), clinical managers ($n = 5$) and patients ($n = 12$). Ten of the participants were interviewed twice. The

data were coded inductively and analyzed using a stringent qualitative methodology. Results: We present the main findings from the case study as inter-related domains, highlighting relations of power and trust. Discussion: The results complement and contextualize understandings of known barriers to implementing ROM/CFS in clinical settings. We apply a socio-material perspective to discuss clinicians' responses to the Norse Feedback implementation in light of the setting's complexity, and in relation to power and trust.

The Melody of Ruptures - The Acoustic-Rupture Project

Tohar Dolev-Amit, University of Haifa, Israel; Aviv Nof, University of Haifa, Israel; Aml Asaad, University of Haifa, Israel; Amit Tchizick, University of Haifa, Israel; Sigal Zilcha-Mano, University of Haifa, Israel

Objective: Ruptures and their resolutions were found to predict outcome. There are two types of distinct ruptures, withdrawal and confrontation ruptures. In previous studies ruptures have been examined through self-report measures and observer-based coding, which are time consuming and can be biased. When looking for more automatic procedures for ruptures identification, acoustic markers are suggested. Acoustic markers are a promising approach in psychotherapy research which have been found to relate to the therapeutic relationship through empathy and emotional distress. In the present study we examined whether the types of ruptures are related to specific acoustic marker profiles. Method: Given that no study to date examined the relationship between ruptures and acoustic markers, in the present study we choose a single case study design. A patient with major depressive disorder was chosen from an ongoing randomized controlled trial (Zilcha-Mano et al., 2018). At four time points, ruptures were coded using observer behavioral coding, and neutral speech-turns were identified. Each speech-turn (rupture and neutral) was analyzed using acoustic markers (fundamental frequency (F0), pause proportion, jitter, shimmer, and articulation rate). Results: Confrontation ruptures compared to neutral speech-turns were characterized by more pause proportion and higher fundamental frequency. Withdrawal ruptures compared to neutral speech-turns were characterized by more pause proportion, higher shimmer and lower speech rate. Conclusions: This study is the first to show that ruptures can be identified through the use of acoustic markers. This methodology opens the door to employ real-time feedback on ruptures to aid clinicians with identifying them.

Development Patterns of Alliance Rupture

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Aim: Studies support the importance of rupture resolution processes in predicting treatment outcome. Whereas the rupture resolution framework highlights within patient effects, the changes in treatment (Safran & Muran, 2000), previous studies mostly examined this concept as between patient effects. Identifying trajectories in rupture episodes can shed light on how this process develops in treatment. The current study will systematically examine the development of the two types of ruptures during treatment, withdrawal ruptures and confrontation ruptures. Method: Sixty patients with major depressive disorder participated in the current study. All patients received 16 sessions of supportive expressive short-term dynamic psychotherapy as part of a randomized controlled trial. All sessions were video-taped, and sessions 2, 4, 6, 8, 10, 12 were coded using the Rupture Resolution Rating System (3RS). Cluster analysis will be used to identify distinct patterns of rupture development for both withdrawal ruptures, confrontation ruptures and the interaction between them. Result: Analysis will be conducted at the end of the winter of 2019-2020 and will be presented at the SPR meeting in June 2020. Discussion: The study will improve our understanding of rupture development during treatment and the relationship between withdrawal and confrontation ruptures.

Attitudes toward smartphone devices for mental health treatment

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This study explored predictors of attitudes (i.e., preferences and intentions) to access smartphone-based mental health treatments relative to face-to-face services. Guided by previous studies and the internet interventions model, four domains were investigated (demographics, technology factors, psychopathology, and beliefs regarding medical conditions). It was hypothesized that these four domains would be significantly associated with both intentions and preferences regarding the use of smartphone-based mental health treatments. Additionally, the study investigated the impact of psychoeducational information about smartphone-based mental health treatments on attitudes to use these treatments. It was expected that the psychoeducational intervention would lead to an increase in preference to use smartphones for mental health treatment relative to face-to-face services and an increase in intentions to use smartphone-based

mental health treatments both with and without therapist assistance in the future. One hundred and ninety-seven adults (aged 18-66+) completed an online protocol involving questions relating to the four domains, attitudes toward the use of smartphone-based mental health treatments and face-to-face services, and demographics. Results indicated that the psychoeducational intervention had no effect on participants' future intentions to use smartphone-based interventions or their preference for using smartphone-based interventions over face-to-face therapies. Additionally, regression analyses indicated that there were relatively few significant predictors of either participants' preference or intentions. The strongest predictor of preference was previous use of smartphones for mental health treatments. Living in more rural locations and believing that others are more responsible for their health uniquely predicted participants' intentions to use smartphone-based mental health treatments with and without therapist assistance. Study limitations, areas of future research, and clinical implications are discussed.

Responsiveness and Blocks to Expressed Vulnerability - between partners, in EFT-C

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Emotion-Focused Therapy for couples (EFT-C) is an experiential, humanistic, systemic model that is empirically-supported for treating couples in distress. Couples' conflict is seen as based on an ongoing maladaptive interaction cycle that covers vulnerable attachment and identity based emotions and needs. The primary therapeutic goal in EFT-C is to help each partner to reveal his/her primary emotions and needs and to help the other partner to respond with empathy and compassion (Greenberg & Goldman, 2008; Greenberg & Johnson, 1988). The primary change process in EFT-C occurs when vulnerability expressed by one partner is met with compassionate response by the other partner, which leads to a corrective experiences and restructuring of the maladaptive cycle. However, oftentimes when one partner reveals underlying vulnerable emotions, the witnessing partner reacts in a non-responsive way. Responsiveness blocks, although expected, are extremely challenging because the revealing partner takes an enormous risk opening up and is not responded to. Therefore, it is of paramount importance to understand how markers of responsiveness blocks are resolved during treatment and to explore therapist interventions that facilitate the resolution of this impasse. To this end, data from 34 couples who received 10-12 sessions of EFT-C for unresolved emotional injury (e.g., affair) will be analyzed. Using a task analytic approach, we will select at least eight events in which one partner reveals vulnerability and the other partner does not respond in an affiliative manner. Using careful observation of these segments we will identify the ingredients necessary for a resolution (e.g., affiliative responses) of these problem markers.

Efficacy of treatments for schizoid personality disorders: a systematic review of literature 2007-2018.

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Background: the schizoid personality disorder corresponds to a pattern of emotional disconnection, which, despite its low prevalence in the clinical setting, represents an emerging problem in the health sector, judicial and social, frustrating therapists in terms of its evolution, and having few effective treatments. Objective: describe, categorize and analyze treatments and their effectiveness in schizoid personality disorder. Methodology: Through a review of the scientific literature published between the years 2007 to 2018, in relation to the treatment of schizoid personality disorder Thirty-eight articles were selected for a thematic analysis. Results: Results are based on the years of publication and journals, country of origin of the study, objective, main conceptualizations, study design, characterization of participants, measurement instruments used, interventions carried out, main results, conclusions and limitations of the articles analyzed. Discussion: We conclude and analyze the implications for mindfulness-based treatments with these patients Key Words: Systematic Review, Efficacy, Personality Disorders, Schizoid, Treatment

The Effects of Dominant Behaviors Within Session on Patient Psychological Distress and Therapeutic Alliance

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The interpersonal relationship between the patient and the therapist, often operationalized as the therapeutic alliance, is common across all types of psychotherapy. Interpersonal theory conceptualizes behavior as occurring along two orthogonal axes of dominance and warmth. Previous studies have found

relationships between warm behaviors by the therapist and increased therapeutic alliance and subsequent symptom reduction. However, less is known regarding the role of dominant behaviors of patients and therapists in relation to therapeutic alliance and patient's overall psychological distress. In the current study, we examined how patient and therapist dominant behavior may be related to both therapeutic alliance and patient's overall psychological distress across early to mid-therapy in 24 therapeutic dyads. Using moment-to-moment interpersonal coding, we examined both mean levels and variability of the patient's and therapist's dominant behaviors within sessions. Self-ratings of therapeutic alliance and overall psychological distress were collected from the patient at the 8th and 16th session. The results indicated that variance in patient's dominance at the 5th and 8th session correlated with higher self-reported levels in overall distress and lower levels of therapeutic alliance reported by the patient at both the 8th and 16th session. In addition, higher mean levels of therapist's dominance and higher variance in therapist's dominance were both associated with higher psychological distress and lower therapeutic alliance reported by the patient when examining the same sessions. These results highlight the potential outcomes of dominant behaviors manifested in sessions as a correlate for lower therapeutic alliance and higher levels of patient's overall distress.

A Measure for Statement-Level Psychotherapy Intervention Coding: Development and Psychometrics

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Psychotherapy is one of the most effective and widely-implemented tools for treating mental health disorders and improving wellbeing. However, psychotherapy exists in many variants and the plurality of psychotherapy practitioners endorse using multiple intervention types in their work with clients. Despite this, there are no available tools to measure a wide variety of theory-informed interventions at the level of specific therapist behaviors. A tool for measuring multiple approaches at a therapist statement level could influence psychotherapy practice, training, and research by improving the specificity of psychotherapy process and outcome studies and allow the possibility of tracking intervention usage over time within-session. To those ends, the present study reports and evaluates the development and psychometric properties of a method for detailed behavior coding of psychotherapy interventions that can be applied in any setting. Three coders were trained in a statement-level-adapted version of a session-level measure of therapeutic interventions (Solomonov, McCarthy, Gorman, & Barber, 2018). The coders rated the same 25 university counseling center sessions (4,398 therapist talk-turns). Interventions from cognitive, behavioral, psychodynamic, person-centered, interpersonal, dialectical-behavioral, process-experiential, and common factors theories were coded. Interrater reliability analyses suggested excellent subscale agreement at the session level (ICC = .82) and moderate agreement at the statement level (kappa = .47). Other analyses explore the measure's factor structure and commonly confused items in ratings. Discussion includes the utilities of the new coding method and future applications for research and practice.

Catch me a Catch: Developing a Clinic-Focused, Client-Therapist Matching Algorithm using Machine Learning

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In recent years, demand for mental health services on college campuses has increased dramatically (Hunt & Eisenberg, 2012), and it is in the interest of both clinics and clients to find more effective and efficient approaches. As therapist effects have consistently been found in the psychotherapy literature (Johns, Barkham, Kellet, & Saxon, 2019), and as specific therapists show different clinical strengths (Okiishi, Lambert, Nielsen, & Ogles, 2003), utilizing specific therapist strengths may be a path to better psychotherapy outcomes. In the current study, we used machine learning to create a therapist-client matching protocol for a working university counseling center using archival data from 2014-2019. Client factors at intake (e.g., gender, age, race/ethnicity, etc.) were examined using machine learning algorithms for each therapist to determine which variables were more predictive for each specific therapist, and how those variables affected client outcomes. Because we hoped for this model to be useful in prospectively assigning clients, and because it is likely that some therapists generally get better outcomes than others, we standardized outcome scores to more evenly distribute clients across therapists. In other words, to avoid overloading therapists who have consistently better outcomes, we eliminated variance between therapists and focused on variance within therapists, where each therapist was more likely to be assigned a client to whom they were predicted to be most helpful. The model would ultimately be able to process a future client's intake data and create a ranking of potential therapists that are most and least likely to facilitate change.

Therapist Mindfulness in Couple Therapy: A Randomized Controlled Trial

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Research has shown the connection between a therapist's mindful presence and their ability to help clients heal by allowing therapists to be more self-aware or interoceptive and therefore better able to mobilize resources for emotion regulation (Siegel, 2010; Davis & Hayes, 2011; Teper et al., 2013). These skills are especially relevant to couple therapy where the therapist must attend to more variables within the system. More mindful therapists have also demonstrated increased empathy (Shapiro et al., 1998), compassion (Shapiro et al., 2007), and counseling skills (Newsome et al., 2006) but the impact of these qualities on client outcomes have shown mixed findings. These discrepancies suggest a need for further research of the role of therapist mindfulness on the therapy process and client outcomes. The aims of the proposed study are: (1) To determine whether practicing mindfulness enhances therapist emotion regulation process during therapy sessions; (2) To determine whether interoception is a mediator between mindfulness and a therapist's ability to self-regulate during sessions; (3) To determine whether emotion regulation during sessions is related to client outcomes. The proposed study will be a randomized controlled trial (RCT) and use a switching replication design with therapists being assigned to four mindfulness conditions. This study will use self-report scales as well as physiological measures and perception analyzers to provide a more thorough measurement of interoception, emotion regulation, and outcomes.

Why do Therapists lie? Therapists' Theoretical Orientation and their Perceptions of Motivations for Concealment and Lies

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This poster focuses on how psychodynamic, existential-humanistic, and cognitive-behavioral therapists differ in their perceptions of the nature and consequences of their own less-than-complete-honesty in session. Specifically, it compares therapists of these different theoretical orientations regarding their motivations, feelings, and regrets about concealing information from or overtly lying to their clients (e.g., about their physical and/or emotional health). Open-ended survey responses from a heterogeneous sample of 277 therapists were collected via Qualtrics and were analyzed, using grounded theory coding, by a team of clinical psychology graduate students. Frequencies of the codes are now being calculated based on orientation, and findings will be reported on group differences in perceptions of the nature and consequences of being less-than-completely honest in clinical sessions.

Parental Reflective Functioning Questionnaire (PRFQ): translation and adaptation into Brazilian Portuguese

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Studies have recognized the role of parental reflective functioning as fundamental to perceive children as individuals with their own needs, feelings and thoughts, and thus respond more effectively to child behavior. In the Brazilian context, studies on FRP are rare, and a possible cause is the lack of adequate instruments to access this concept. Luyten and colleagues developed the Parental Reflective Functioning Questionnaire (PRFQ), which offers a brief, multidimensional assessment of parental reflective functioning, it is easy to apply and was designed for parents of 0-5 year-old-children. There is a translated version of PRFQ for Portuguese from Portugal, but it is not possible to use it without proper adaptation. Thus, the aim of this paper is to present the process of cultural and semantic adaptation of PRFQ to Brazilian Portuguese. The original English questionnaire was translated into Brazilian Portuguese by two independent translators, and then back-translated into English to verify the maintenance of the meaning of the items. Finally, 30 women - mothers of children between 0 and 36 months -- responded to the Brazilian version of the PRFQ, and then to an interview to evaluate the instrument. A content analysis was undertaken to analyze the answers across five categories: Understanding the questions; Unusual or unknown expressions; Number of questions; Application time; and Suggestions. The qualitative analysis allowed us to get the final version of the PRFQ in Brazilian Portuguese, which is being made available by the authors of the original instrument for future validation studies, already under planning.

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