

SPR 2022

DENVER

JUL 6–9

SPR  SOCIETY FOR
PSYCHOTHERAPY
RESEARCH

53RD INTERNATIONAL ANNUAL MEETING

Wednesday, July 6 – Saturday, July 9, 2022
Denver, CO, USA

CONFERENCE THEME

How, when, and why do people change:
The rise of data-informed psychotherapy

Abstract Book

53rd International Annual Meeting

Wednesday, July 6 – Saturday, July 9, 2022
Denver, CO, USA

SPR  53rd International Annual Meeting
DENVER 2022
SOCIETY FOR PSYCHOTHERAPY RESEARCH

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2019-2020	Bruce Wampold	Buenos Aires, Argentina
2020-2021	Martin grosse Holtforth	Amherst, USA

Preface

Dear Colleagues,

The members of the Conference Program Planning Committee and Local Organizing Committee warmly welcome you to the 53rd International Annual Meeting of the Society for Psychotherapy Research (SPR), either in-person in Denver or online.

Denver, which is also called the Mile High City, is known for its art, culture, food, world famous breweries, music, and sports. Located in the Rocky Mountain region, urban sophistication meets outdoor adventure. This orientation transfers wonderfully to this year's SPR meeting, with the theme "How, when, and why do people change: The rise of data-informed psychotherapy".

On behalf of the Conference Program Planning Committee, we would like to thank you all for the submission of Panels, Brief Papers, Structured Discussions, Posters, and Pre-Conference Workshops. In line with the current crises in the world, this year we are experiencing the first hybrid SPR meeting, where we had to fit the excellent submissions into a program that had to accommodate different time zones of presenters around the globe. We hope that we succeeded in this task and contributed to an improved inclusiveness of the event. All pre-recorded and livestreamed sessions (livestreamed from Denver or all over the world) will be available to our global audience through the interactive online event platform myOnvent known from the last year's meeting. Our host site in Denver is at the beautiful University of Denver – 125 grassy, sun-kissed acres just minutes from downtown Denver. The conference will be held at Sturm Hall and the Community Commons.

The conference begins on Wednesday, July 6, with four Pre-Conference Workshops in the morning (09:00–12:00) and three in the afternoon (13:00–16:00). The Editors Meeting takes place at 13:00–16:00, followed by the Welcome Ceremony including the Presidential Address by Shelley McMains and the Awards Ceremony at 16:30, and the Welcome Dinner at 19:00. All times are given in Denver time zone: Mountain Daylight Time (MDT).

On Thursday, July 7, and Friday, July 8, we have four early sessions at 06:00, respectively, to ensure that international online participants can present at a time that is appropriate in their time zone. Panels, Brief Paper Sessions, Semi-Plenaries, and Structured Discussions will take place 08:30–19:15 on Thursday, 08:30–17:30 on Friday, and 08:30–16:30 on Saturday. The poster session is on Friday at 17:30–18:30. You can also explore all posters online in our virtual poster hall in myOnvent throughout the conference.

Throughout the whole conference, we will have several high-profile semi-plenaries and a large number of structured discussions, which reflect the theme of the conference excellently and which you do not want to miss. We would like to highlight just a few of them as examples:

We will have a structured discussion entitled "Future Challenges in Psychotherapy Research" on Thursday at 08:30–10:00; three semi-plenaries on Friday at 10:15–11:45 on "Using Computerized Video, Audio and Text Analyses to Advance Psychotherapy Research", "Therapist Effects: Lessons Learned, Innovative Approaches, and Future Steps", and "The Future of Feedback"; two semi-plenaries on Friday at 14:15–15:45 with the titles "The Technological Revolution in Psychotherapy Research: Novel Tools for Uncovering Processes and Bolstering Clinical Performance" and "How to Personalize Treatment to the Individual? The State of the Art and Beyond?"; two semi-plenaries on Saturday at 10:15–11:45 on "Data-Informed Psychotherapy and Underserved Populations: Questions, Challenges, and Future Directions" and on "Personalization in Psychotherapy: Going Beyond Treatment Selection"; and many more excellent panels.

Chapter Meetings will take place on Thursday during lunchtime at 12:00–13:00 (NA and UK) and at 13:00–14:00 (LA and EU).

The Past Presidents Lunch is scheduled for Friday, 12:00-13:00, while at the same time the Student Member Meeting “Coffee with Researchers” will be held online. The General Business Meeting takes place on Friday, 13:05–14:05. At 16:00–17:00, the Address by 2021 Marna Barrett Award for Excellence in Psychotherapy Winner Clara Paz will be held. The poster session is on Friday at 17:30–18:30.

On Saturday, there is the Past Editors Lunch at 12:00–13:00. Interest Section Meetings will take place at 08:30–10:00 (“Culture and Psychotherapy”), 13:15–14:45 (“Therapist Training and Development”), 15:00–16:30 (“Case Study”), and 17:00–18:30 (“Complexity Science in Psychotherapy” and “Psychotherapy Research and the Climate Crisis”). The conference ends on Saturday with the Closing Banquet, 19:00–23:30 at the Wynkoop Brewing Company, a pioneer on the American beer landscape and the first brewpub in Colorado, founded in 1988.

Coffee will be available throughout the conference with scheduled coffee/tea breaks in the mid-morning and mid-afternoon. Lunch will be available from 12:00 to 14:00 on Thursday and from 12:00 to 13:00 on Friday and Saturday.

Please visit our [Online Program Schedule](#) for more details.

We are happy to have you joining us virtually or in-person in beautiful Denver.

Wolfgang Lutz, Chair, Program Committee

Jesse Owen, Chair, Local Organizing Committee

CE Credit

SPR is pleased to offer Continuing Education (CE) credits through the Society for the Advancement of Psychotherapy – APA Division 29. The Society for the Advancement of Psychotherapy – APA Division 29 is approved by the American Psychological Association to sponsor continuing education for psychologists. The Society for the Advancement of Psychotherapy – APA Division 29 maintains responsibility for this program and its content.

CE Credit is granted to participants with documented live attendance at individual workshops, meetings, and panels (marked as CE in the program) and completed evaluation forms for those sessions. Attendance is monitored. Credit will not be granted to registrants who are more than 15 minutes late, are absent for more than 15 minutes during a session, or those who depart more than 15 minutes early from a session.

All session evaluation forms will be completed online. Credit will not be granted to registrants who do not submit a completed evaluation form. It is the responsibility of registrants to comply with these requirements. It is the responsibility of the registrants to determine whether these CE credits are valid in their state of licensure.

Registration for CE credits can be done when registering for the conference or by contacting the Executive Officer at sprexecutive@gmail.com after registering. The fee is \$60 usd.

Cancellation Policy: Full refund for a cancellation of CE purchase received prior to July 1, 2022. No refunds are given for cancellations received after July 1, 2022.

Complaint Procedure: Should you wish to file a formal complaint about the CE process, please visit the Society for the Advancement of Psychotherapy's website: <http://societyforpsychotherapy.org/> for complete instructions.

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WS02	Sturm 454	Boehnke	Selecting Predictors in Regression Models: What Can Regularized Regression...
WS03	Sturm 479	Rost	Q-Sort Methodology: An Introduction to an Innovative Tool for Psychotherapy...
WS04	Sturm 379	Schwartz	Which Treatment Benefits which Patient? Training and Testing Machine Learning...

Wednesday, July 6, 2022, 13:00–16:00 (MDT)

Code	Room	Moderator	Title
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Wednesday, July 6, 2022, 16:30–19:00 (MDT)

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MI04	Davis Auditorium	McMain	Presidential Address
MI05	Davis Auditorium	Grosse Holtforth	Awards Ceremony

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Code	Room	Moderator	Title
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Thursday, July 7, 2022, 06:00–07:30 (MDT)

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Thursday, July 7, 2022, 08:30–10:00 (MDT)

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BP06	Sturm 490	Anderson	Couple, Child, and Adolescent Treatment Concepts

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Thursday, July 7, 2022, 12:00–13:00 (MDT)

Code	Room	Moderator	Title
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Thursday, July 7, 2022, 13:00–14:00 (MDT)

Code	Room	Moderator	Title
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Thursday, July 7, 2022, 16:00–17:30 (MDT)

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PA19	Sturm 454	Gómez Penedo	Pushing the Boundaries of Treatment Personalization and Precision in Mental Health
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Code	Room	Moderator	Title
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Friday, July 8, 2022, 10:15–11:45 (MDT)

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Friday, July 8, 2022, 12:00–13:00 (MDT)

Code	Room	Moderator	Title
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Friday, July 8, 2022, 13:05–14:05 (MDT)

Code	Room	Moderator	Title
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Friday, July 8, 2022, 14:15–15:45 (MDT)

Code	Room	Moderator	Title
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Friday, July 8, 2022, 16:00–17:00 (MDT)

Code	Room	Moderator	Title
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BP21	Sturm 479	Roussos	New Developments in E-Mental Health and Virtual Reality Treatments
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BP23	Sturm 380	Babins-Wagner	Routine Outcome Monitoring and Deliberate Practice
BP24	Sturm 480	Aafjes-Van Doorn	Studying Alliance Effects
BP25	Sturm 410	Moggia	Therapeutic Relationship and Credibility

Friday, July 8, 2022, 17:30–18:30 (MDT)

Code	Room	Moderator	Title
PO01	CCOM 1600 & 1700	—	Poster Session

Saturday, July 9, 2022, 08:30–10:00 (MDT)

Code	Room	Moderator	Title
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Saturday, July 9, 2022, 10:15–11:45 (MDT)

Code	Room	Moderator	Title
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SP07	Lindsay Auditorium	Gómez Penedo & Aafjes-van Doorn	Personalization in Psychotherapy: Going Beyond Treatment Selection

Saturday, July 9, 2022, 12:00–13:00 (MDT)

Code	Room	Moderator	Title
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		—	Lunch

Saturday, July 9, 2022, 13:15–14:45 (MDT)

Code	Room	Moderator	Title
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PA49	Sturm 379	Johnson & Anderson	Routine Outcome Monitoring in Couple and Family Therapy: Findings and Updates
PA50	Sturm 380	Coyne	Highlighting the Needs, Values, and Outcomes among Racially and Ethnically...
PA51	Sturm 480	Deisenhofer	Therapist, Treatment, Clinic, Neighborhood: What Explains Outcomes in Large...
PA52	Sturm 410	Dinger	Attachment in Clinical Psychology and Psychotherapy: From Measurement to...
PA53	Sturm 424	Perry	The Role of Defense Mechanisms and Coping Strategies in the Mental Health of...
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Saturday, July 9, 2022, 15:00–16:30 (MDT)

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PA58	Sturm 380	Sandage	Positive Psychology Processes and Outcomes in Psychotherapy Research
PA59	Sturm 480	Juan	Case Formulation, Process and Outcome
PA60	Sturm 410	Schauenburg	Personality Functioning as a Key Indicator for Courses and Change of...
PA61	Sturm 424	Sonsbeek	One Step at a Time – Implementation Strategies, Results, and Future Directions of...
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Saturday, July 9, 2022, 17:00–18:30 (MDT)

Code	Room	Moderator	Title
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IS06	Sturm 454	Winter	Interest Section Meeting: Psychotherapy Research and the Climate Crisis...
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Saturday, July 9, 2022, 19:00–23:30 (MDT)

Code	Room	Moderator	Title
MI17	Wynkoop Brewery Co.	—	Closing Banquet

Schedule

Wed, Jul 6

09:00am-

12:00pm

Wed, Jul 6

09:00am-12:00pm | Sturm 453

Pre-Conference Workshop: WS01

Introducing the 3RS v2022: A Revision of the Rupture Resolution Rating System

Catherine F. Eubanks



09:00am-04:30pm | KRH Mt. View Room

EC Board Meeting



09:00am-04:30pm | KRH Mt. View Room

EC Board Meeting (continued)



01:00pm-

04:00pm

Wed, Jul 6

01:00pm-04:00pm | Sturm 453

Pre-Conference Workshop: WS05

Idiographic Research Methods

Aaron J. Fisher



01:00pm-04:00pm | Student Lounge

Meeting: MI02

Video Recordings for SPR Website

Ueli Kramer & Michal Mielimaka



04:30pm-

07:00pm

Wed, Jul 6

04:30pm-05:00pm | Davis Auditorium

Ceremony: MI03

Welcome Ceremony

Wolfgang Lutz & Jesse Owen



05:00pm-06:00pm | Davis Auditorium

Ceremony: MI04

Presidential Address

Shelley McMain



06:00pm-07:00pm | Davis Auditorium

Ceremony: MI05

Awards Ceremony

Martin grosse Holtforth



09:00am-12:00pm | Sturm 454

Pre-Conference Workshop: WS02

Selecting Predictors in Regression Models: What Can Regularized Regression Models D...

Jan R. Boehnke



09:00am-12:00pm | Sturm 479

Pre-Conference Workshop: WS03

Q-Sort Methodology: An Introduction to an Innovative Tool for Psychotherapy Research

Felicitas Rost



09:00am-12:00pm | Sturm 379

Pre-Conference Workshop: WS04

Which Treatment Benefits which Patient? Training and Testing Machine Learning...

Brian Schwartz



01:00pm-04:00pm | Sturm 454

Pre-Conference Workshop: WS06

How to Develop a Deep Understanding of Your Patient's Functioning? The Plan Analys...

Franz Caspar



01:00pm-04:00pm | Sturm 479

Pre-Conference Workshop: WS07

Introduction to Data Analysis Using R

Lynne M. Knobloch-Fedders



01:00pm-04:00pm | KRH 409

Meeting: MI01

Editors Meeting

Christoph Flückiger & Catherine F. Eubanks






07:00pm-
09:00pm
Wed, Jul 6

07:00pm-09:00pm | Cable Center

Social: MI05

Welcome Dinner

 ON SITE




06:00am-
07:30am
(Early Bird Sessions)
Thu, Jul 7

06:00am-07:30am


Brief Paper Session: BP01

Low and High Intensity Treatments

Henning Schauenburg

 ONLINE

▼ SHOW PRESENTATIONS






06:00am-07:30am


Brief Paper Session: BP02

Children, Youth, and Multi-Person Settings

Melissa De Smet

 ONLINE

▼ SHOW PRESENTATIONS






06:00am-07:30am


Brief Paper Session: BP03

Predictors of Change and Therapeutic Alliance

Miguel M. Gonçalves

 ONLINE

▼ SHOW PRESENTATIONS






06:00am-07:30am


Brief Paper Session: BP04

The Role of the Therapist

Soo Jeong Youn

 ONLINE




▼ SHOW PRESENTATIONS



08:00am-
08:30am
Thu, Jul 7

08:00am-08:30am | Sturm Patio or Davis Lobby

Light Breakfast & Coffee

 ON SITE




08:30am-
10:00am
Thu, Jul 7

08:30am-10:00am | Sturm 453


Structured Discussion: SD01

Future Challenges in Psychotherapy Research

Jacques P. Barber

 MIXED

▼ SHOW DISCUSSANTS






08:30am-10:00am | Sturm 454


Panel: PA01

Representations: Memories of One's Therapist; Memories of Past Significant...

Jesse D. Geller

 MIXED

▼ SHOW PRESENTATIONS






08:30am-10:00am | Sturm 479


Panel: PA02

What Do Clients Take Away from Psychotherapy?

Tomáš Riháček

 ON SITE

▼ SHOW PRESENTATIONS






08:30am-10:00am | Sturm 424


Panel: PA03

Personalization of Psychotherapy: Current and Future Approaches

Elisabeth Schramm

 MIXED

▼ SHOW PRESENTATIONS






08:30am-10:00am | Sturm 380


Structured Discussion: SD02

Psychodynamic Practice-Oriented Research

Santiago Juan

 ONLINE

▼ SHOW DISCUSSANTS






08:30am-10:00am | Sturm 435


Brief Paper Session: BP05

Emotional Patient Experiencing, Emotional States, and Attachment

Franz Caspar

 ON SITE

▼ SHOW PRESENTATIONS






08:30am-10:00am | Sturm 490


Brief Paper Session: BP06

Couple, Child, and Adolescent Treatment Concepts

Shayne R. Anderson

 MIXED

▼ SHOW PRESENTATIONS






08:30am-10:00am | Sturm 410


Panel: PA05

Evaluating Interpersonal Skills for Managing Ambivalence & Resistance

Henry A. Westra

 ONLINE

▼ SHOW PRESENTATIONS






08:30am-10:00am | Sturm 424


Panel: PA06

Psychotherapy in Depressive Patients with Chronic Diseases: Challenges of Remote...

Victor E. Gómez

 MIXED

▼ SHOW PRESENTATIONS

































Thu, Jul 7

10:15am-

11:45am



















Thu, Jul 7

10:15am-11:45am Sturm 453	10:15am-11:45am Sturm 454	10:15am-11:45am Sturm 479	10:15am-11:45am Sturm 379
Structured Discussion: SD03	Panel: PA07	Panel: PA08	Panel: PA09
Improving and Investigating Psychotherapy for Clients with Limited Socio-Economic...	A Randomized Controlled Trial of the Effectiveness of Feedback to Clinicians on...	Enhancing Adaptive Clinical Decision Making in Routine Practice Using Empirical Data	Individual Participant Data Meta-Analysis to Inform Treatment Selection for Depression
Louis G. Castonguay	Paul Crits-Christoph	Julian A. Rubel	Ellen Driessen
   MIXED	   ONLINE	   MIXED	   MIXED
SHOW DISCUSSANTS	SHOW PRESENTATIONS	SHOW PRESENTATIONS	SHOW PRESENTATIONS
24	1	1	1
10:15am-11:45am Sturm 380	10:15am-11:45am Sturm 480	10:15am-11:45am Sturm 410	10:15am-11:45am Sturm 424
Panel: PA10	Panel: PA11	Panel: PA12	Structured Discussion: SD04
How, When and Why Mentalizing Changes: Tracking Processes with Self-, Observer...	Negative Effects and Adverse Events in Psychotherapy – The Bad and the Ugly	A Measure for Coding Statement-Level, Multitheoretical Psychotherapy Intervention...	Remote Care in Times of COVID: Challenges, Opportunities and Limitations
Jana Volkert	Jenny Rosendahl	Derek D. Caperton & Zac E. Imel	Victor E. Gómez
   MIXED	   MIXED	   MIXED	   MIXED
SHOW PRESENTATIONS	SHOW PRESENTATIONS	SHOW PRESENTATIONS	SHOW DISCUSSANTS
1	1	1	1
10:15am-11:45am Sturm 435	10:15am-11:45am Sturm 490		
Brief Paper Session: BP07	Brief Paper Session: BP08		
Emotion and Emotion Regulation	Exposure and Patient Activation in Context		
Lorenzo Lorenzo-Luaces	Brian Schwartz		
   MIXED	   MIXED		
SHOW PRESENTATIONS	SHOW PRESENTATIONS		
1	1		

12:00pm-

01:00pm

Thu, Jul 7

12:00pm-01:00pm CCOM 1700	12:00pm-01:00pm CCOM 1600	12:00pm-01:00pm Dining Hall
Meeting: MI06	Meeting: MI07	Lunch
Chapter Meeting: North America	Chapter Meeting: United Kingdom	
James F. Boswell	Naomi P. Moller	   ON SITE
   ON SITE	   ON SITE	
12:00pm-01:00pm CCOM 1700	01:00pm-02:00pm CCOM 1600	01:00pm-02:00pm Dining Hall
Meeting: MI08	Meeting: MI09	Lunch
Chapter Meeting: Europe	Chapter Meeting: Latin America	
Ueli Kramer	Henry Daniel Espinosa Duque	   ON SITE
   ON SITE	   ON SITE	






























01:00pm-

02:00pm

Thu, Jul 7












02:15pm-03:45pm

Thu, Jul 7

02:15pm-03:45pm Sturm 453	02:15pm-03:45pm Sturm 454	02:15pm-03:45pm Sturm 479	02:15pm-03:45pm Sturm 379
Structured Discussion: SD05	Panel: PA13	Panel: PA14	Panel: PA15
Faith and Doubt in Psychotherapy and Psychotherapy Research	Promoting a Granular Understanding of Patient Needs with Intensive Data	Advances in Precision Mental Health Care	The Role of Social-Interpersonal Factors in Therapeutic Change Processes: New Ideas,...
Clara E. Hill	Aaron J. Fisher	Jaime Delgadillo	Nili Solomonov
  	  	  	  
02:15pm-03:45pm Sturm 380	02:15pm-03:45pm Sturm 480	02:15pm-03:45pm Sturm 410	02:15pm-03:45pm Sturm 424
Panel: PA16	Panel: PA17	Panel: PA18	Brief Paper Session: BP09
Practice-Based Evidence: Tracking When and How People Change	Predicting, Examining and Explaining the Complexity of Change	Who Needs Arts in Psychotherapy?	Testing Treatment Models and Services
Clara Paz	Danilo Moggia	Rinat Feniger-Schaal	Lynne M. Knobloch-Fedders
  	  	  	  
02:15pm-03:45pm Sturm 435	02:15pm-03:45pm Sturm 490		
Brief Paper Session: BP10	Brief Paper Session: BP11		
Practice-Research Networks, Processes, and Groups	New Developments in Measurement and Prediction		
Juan Martín Gómez Penedo	Kim de Jong		
  	  		

04:00pm-05:30pm

Thu, Jul 7

04:00pm-05:30pm Sturm 453	04:00pm-05:30pm Sturm 454	04:00pm-05:30pm Sturm 479	04:00pm-05:30pm Sturm 379
Structured Discussion: SD06	Panel: PA19	Structured Discussion: SD07	Panel: PA20
The Future of Psychotherapy Research: What Journal Editors Envision for the Future and...	Pushing the Boundaries of Treatment Personalization and Precision in Mental...	Time for a Sea-Change: NICE Guidelines Need a Revised Methodology OR Is it Time t...	Innovative Methods to Capture Interpersonal Dynamics within Individual and Couples...
Rayna Markin & Sigal Zilcha-Mano	Juan Martín Gómez Penedo	Felicitas Rost	Eran Bar-Kalifa
  	  	  	  
04:00pm-05:30pm Sturm 380	04:00pm-05:30pm Sturm 480	04:00pm-05:30pm Sturm 410	04:00pm-05:30pm Sturm 424
Panel: PA21	Panel: PA22	Panel: PA23	Brief Paper Session: BP12
Exploring the Therapist's Emotional Resonances and Their Role in the Process o...	The Therapists' and Patients' Relation as a Mechanism of Change	Practicing Qualitative Research in Psychotherapy: Patients and Therapist...	Maintaining Patient Connection in Difficult Situations
Sari Kailanko	Rivka Shir & Orly Tishby	Tal Ben David-Sela	Naomi P. Moller
  	  	  	  
04:00pm-05:30pm Sturm 435	04:00pm-05:30pm Sturm 490		
Brief Paper Session: BP13	Brief Paper Session: BP14		
Personalizing Psychotherapy	Therapist Effects, Treatment Outcome, and Termination		
Anne-Katharina Deisenhofer	Henry Daniel Espinosa Duque		
  	  		

05:45pm-

07:15pm

Thu, Jul 7

05:45pm-07:15pm | Sturm 453

Structured Discussion: SD08

Should we Have an Interest Section on Treatment Personalization in SPR?

Sigal Zilcha-Mano & Julian A. Rubel



05:45pm-07:15pm | Sturm 380

Panel: PA27

Patients' Interpersonal Problems and the Therapeutic Alliance: Theoretical and...

Rocio T. Manubens



05:45pm-07:15pm | Sturm 435

Brief Paper Session: BP16

New Concepts in Mentalization Based and Psychodynamic Therapy

Orya Tishby



05:45pm-07:15pm | Sturm 454

Panel: PA24

Wounded Healers: Their Sources and Resources in Psychotherapy

Hadas Wiseman



05:45pm-07:15pm | Sturm 480

Panel: PA28

Mapping Relationship Qualities Across Sessions - Neglect Conceptual Challenges...

Christoph Flickiger & William T. Hoyt



05:45pm-07:15pm | Sturm 490

Brief Paper Session: BP17

Studying Change Processes

Robert J. Lueger



05:45pm-07:15pm | Sturm 479

Panel: PA25

LGBTQ+ Psychotherapy: Mixed Methods Findings on What Works and What Doesn't

Heidi M. Levitt & Ally B. Hand



05:45pm-07:15pm | Sturm 410

Panel: PA29

New Frontiers on Alliance Rupture-Repair Research: Four Novel Ways of Using the 3R...

Rayna D. Markin



05:45pm-07:15pm | Sturm 379

Panel: PA26

Meditation as Psychological Intervention

Simon B. Goldberg



05:45pm-07:15pm | Sturm 424

Brief Paper Session: BP15

New Concepts in Emotion-Focused Therapy

Eran Bar-Kalifa



Fri, Jul 8

06:00am-

07:30am

(Early Bird Sessions)

Fri, Jul 8

06:00am-07:30am

Panel: PA30

Emotion Regulation as a Mechanism of Change in Different Psychotherapeutic...

Javier Fernández-Álvarez & Malenka Areas



06:00am-07:30am

Brief Paper Session: BP18

Investigating Change Processes

Jessica Silverman



06:00am-07:30am

Brief Paper Session: BP19

Qualitative and Quantitative Research on Psychotherapy Processes

Sylke Andreas



06:00am-07:30am

Brief Paper Session: BP20

Mental Health Services, Training, and Diversity

Emma Brogja



08:00am-

08:30am

Fri, Jul 8

08:00am-08:30am | Sturm Patio or Davis Lobby

































































Light Breakfast & Coffee



08:30am-

10:00am

Fri, Jul 8

08:30am-10:00am Sturm 453	08:30am-10:00am Sturm 454	08:30am-10:00am Sturm 479	08:30am-10:00am Sturm 379
Panel: PA31	Panel: PA32	Structured Discussion: SD09	Panel: PA33
An Evolutionary Perspective of Psychotherapy Personalization: Comparing...	Analysis of Affect Dynamics in the Service of Understanding Psychotherapy Change...	Insight as a Change Mechanism/Principle and Common Factor in Psychotherapy	Carl Rogers and Beyond: Contemporary Applications of Psychotherapists' Positive...
Zachary D. Cohen & Sigal Zilcha-Mano	Adar Paz	Russ Bailey	Barry A. Farber
                                                               			

01:05pm-

02:05pm

Fri, Jul 8

01:05pm-02:05pm | Davis Auditorium

Social: M12

SPR General Business

Shelley McMain & Wolfgang Lutz



02:15pm-

03:45pm

Fri, Jul 8

02:15pm-03:45pm | Davis Auditorium

Semi-Plenary: SP04

The Technological Revolution in

Psychotherapy Research: Novel Tools for ..

Jesse Owen



SHOW DISCUSSANTS

02:15pm-03:45pm | Lindsey Auditorium

Semi-Plenary: SP05

How to Personalize Treatment to the

Individual? The State of the Art and Beyond?

Sigal Zilcha-Mano & Zachary D. Cohen



SHOW DISCUSSANTS

04:00pm-

05:30pm

Fri, Jul 8

04:00pm-05:00pm | Davis Auditorium

Address: M13

Address by 2021 Marna Barrett Award for
Excellence in Psychotherapy Winner Clara...

Clara Paz



04:00pm-05:30pm | Sturm 454

Panel: PA39

Neurobiological Determinants of the
Therapeutic Process in Clinical Populations

Dana Tzur Bitan



04:00pm-05:30pm | Sturm 479

Brief Paper Session: BP21

New Developments in E-Mental Health and
Virtual Reality Treatments

Andrés J. Roussos



04:00pm-05:30pm | Sturm 379

Brief Paper Session: BP22

Psychological Therapy during COVID-19

Michał Mielimajka



05:30pm-

06:30pm

Fri, Jul 8

05:30pm-06:30pm | CCOM 1600 & 1700

Poster: P001


Poster Session



Sat, Jul 9

08:00am-08:30am | Sturm Patio or Davis Lobby

Light Breakfast & Coffee

 ON SITE

08:30am

Sat, Jul 9

08:30am-10:00am

Sat, Jul 9

08:30am-10:00am | Sturm 453

Structured Discussion: SD11

Challenges and Opportunities When Measuring Meaningful Therapeutic Change

Jan R. Boehnke

   SHOW DISCUSSANTS

08:30am-10:00am | Sturm 380

Panel: PA43

Recent Results from the SPRISTAD Study of Psychotherapy Training and Trainees

Armin Hartmann

  ONLINE  SHOW PRESENTATIONS

08:30am-10:00am | Sturm 435

Panel: PA46

Innovations and New Directions in Qualitative Psychotherapy Research

Nicholas R. Morrison

   SHOW DISCUSSANTS

10:15am-11:45am

Sat, Jul 9

10:15am-11:45am | Davis Auditorium

Semi-Plenary: SP06

The Future of Feedback

Kim de Jong & Andrew A. McAleavey




   SHOW DISCUSSANTS

10:15am-11:45am | Lindsay Auditorium

Semi-Plenary: SP07

Personalization in Psychotherapy: Going Beyond Treatment Selection

Juan Martín Gómez Penedo & Katie Aafjes-van Doorn

   SHOW DISCUSSANTS

12:00pm-01:00pm

Sat, Jul 9

12:00pm-01:00pm | KRH Mt. View

Social: MI14

Past Editors Lunch

Christoph Flückiger & Catherine F. Eubanks

 ON SITE

12:00pm-01:00pm | Dining Hall

Lunch




 ON SITE

08:30am-10:00am | Sturm 479

Panel: PA41

Facets of Practice-Oriented Research: The Voice of the Clients and Client Feedback

Ueli Kramer

   SHOW PRESENTATIONS

08:30am-10:00am | Sturm 410

Structured Discussion: SD12

Let's Talk About Session Limits: An Asset, a Liability, or a Necessary Evil?

David M. Erskson




   SHOW DISCUSSANTS

08:30am-10:00am | Sturm 379

Panel: PA42

What (New) Therapists Bring to the Table: Characteristics, Learning, and Intuition.

Pauline Janse

   SHOW PRESENTATIONS

08:30am-10:00am | Sturm 424

Panel: PA45

The Relationships between Therapist Technique Use and Psychotherapy Process...

Lauren M. Lipner

   SHOW PRESENTATIONS

01:15pm-

02:45pm

Sat, Jul 9

01:15pm-02:45pm | Sturm 453

Structured Discussion: SD13

The Rupture Resolution Rating System Self-Report (3RS-SR)

Catherine F. Eubanks

01:15pm-02:45pm | Sturm 380

Panel: PA50

Highlighting the Needs, Values, and Outcomes among Racially and Ethnically...

Alice E. Coyne

01:15pm-02:45pm | Sturm 435

Panel: PA54

Prompting Clients' Therapeutic Gains through Dyadic Collaborative Interactions within...

Eugénia Ribeiro

01:15pm-02:45pm | Sturm 454

Panel: PA47

Culture and Measurement in Psychotherapy Research

Jeffrey A. Hayes

01:15pm-02:45pm | Sturm 480

Panel: PA51

Therapist, Treatment, Clinic, Neighborhood: What Explains Outcomes in Large Naturalist...

Anne-Katharina Deisenhofer

01:15pm-02:45pm | Sturm 490

Meeting: IS03

Interest Section Meeting: Therapist Training and Development (SPRISTAD)

01:15pm-02:45pm | Sturm 479

Panel: PA48

The Meaning of Meaningful Change: Improving Our Understanding of Change...

Andrew A. McAleavey

01:15pm-02:45pm | Sturm 410

Panel: PA52

Attachment in Clinical Psychology and Psychotherapy: From Measurement to...

Ulrike Dinger

01:15pm-02:45pm | Sturm 379

Panel: PA49

Routine Outcome Monitoring in Couple and Family Therapy: Findings and Updates

Lee Johnson & Shayne Anderson

03:00pm-

04:30pm

Sat, Jul 9

03:00pm-04:30pm | Sturm 453

Structured Discussion: SD14

Meet the Editors of Psychotherapy Research

Christoph Flückiger & Catherine F. Eubanks

03:00pm-04:30pm | Sturm 380

Panel: PA58

Positive Psychology Processes and Outcomes in Psychotherapy Research

Steven J. Sandage

03:00pm-04:30pm | Sturm 435

Structured Discussion: SD15

Contemplative Practices in Psychotherapy: Opportunities and Limitations of Their...

Corina Aguilar-Raab

03:00pm-04:30pm | Sturm 479

Panel: PA56

Therapists' Interpersonal Skills

Kim de Jong

03:00pm-04:30pm | Sturm 410

Panel: PA60

Personality Functioning as a Key Indicator for Courses and Change of Psychopathology...

Henning Schauenburg

03:00pm-04:30pm | Sturm 379

Panel: PA57

Putting the Patient in the Driver Seat; Patients' Perceptions and Guidance of the...

Katie Aafjes-van Doorn

03:00pm-04:30pm | Sturm 424

Panel: PA61

One Step at a Time – Implementation Strategies, Results, and Future Directions of...

Maartje v. Sonsbeek

03:00pm-04:30pm | Sturm 490

Meeting: IS04

Interest Section Meeting: Case Study

05:00pm-

06:30pm

Sat, Jul 9

05:00pm-06:30pm | Sturm 453

Meeting: IS05

Interest Section Meeting: Complexity Science
in Psychotherapy



05:00pm-06:30pm | Sturm 454

Meeting: IS06

Interest Section Meeting: Psychotherapy
Research and the Climate Crisis (SPREDUCE)

Friederike Winter



05:00pm-06:30pm | Student Lounge

Meeting: M15

Video Recordings for SPR Website

Ueli Kramer & Michal Mielimajka



07:00pm-

10:00pm

Sat, Jul 9

07:00pm-10:00pm | Wynkoop Brewery Co.

Social: M16

Closing Banquet



Abstracts

Wednesday, July 6, 2022, 09:00–12:00 (MDT)

WS01

PRE-CONFERENCE WORKSHOP

ORGANIZERS & MODERATORS:

Catherine F. Eubanks
Ferkauf Graduate School of Psychology,
Yeshiva University, New York, USA

CE

WEDNESDAY, JULY 6, 2022, 09:00–12:00 (MDT) | STURM 453

Introducing the 3RS v2022: A Revision of the Rupture Resolution Rating System ⁽¹⁾

ABSTRACT:

The Rupture Resolution Rating System (3RS; Eubanks, Muran, & Safran, 2015) has become the most widely used observer-based measure of alliance ruptures and repairs and has facilitated a number of research studies demonstrating associations between patient rupture markers, therapist repair efforts, and therapy outcome (e.g., Eubanks et al, 2019). However, the process of validating and employing the 3RS has clarified the need for the 3RS to better capture the dyadic nature of rupture and repair. This workshop will introduce the revised 3RS (3RS v2022), which includes markers of patient and therapist contributions to both rupture and repair. The workshop is designed to be accessible to researchers who are new to the 3RS, as well as researchers with experience using the original 3RS. The coding system will be reviewed and opportunities to practice coding with the revised measure will be provided.

KEYWORDS: Alliance | Methods

PRESENTATION MODALITY: In Person

WS02

PRE-CONFERENCE WORKSHOP

ORGANIZERS & MODERATORS:

Jan R. Boehnke
University of Dundee, United Kingdom

WEDNESDAY, JULY 6, 2022, 09:00–12:00 (MDT) | STURM 454

Selecting Predictors in Regression Models: What Can Regularized Regression Models Do for Process-Outcome Research? ⁽²⁾

ABSTRACT:

It is a commonly encountered situation when planning studies or analyzing data that there is a substantial number of variables that are potentially predictive of a target outcome. Even in the presence of strong theoretical models and previous empirical results, it is often difficult to decide on an adequate approach to model process and outcome variables. In situations where the focus is on prediction and exploration (instead of e.g., causal modelling), 'regularization methods' provide an appropriate and flexible alternative to typical regression models. This workshop will first re-iterate how to test a regression model; and then mainly focus on the second part, exploring how to fit regularized regression models. Fitting regularized regression models (e.g., LASSO or ridge regressions) entails two processes (cross-validation and the determination of the 'penalty') which align naturally with the goals of researchers in many-predictor situations: they identify variables that are promising owing to their predictive value beyond a particular sample. Since the rationale of regularization extends to other model types, the third part of the workshop will point attendees briefly to testing many mediators in regression models; applications in structural equation models (mediators, many outcomes) and confirmatory factor analysis; and applications in item response models. Attendees will need a basic understanding of ordinary least squares regression for the first part of the workshop, but neither experience with regularized regression models nor the specific software packages (R, Stata) is required. The workshop will be based on published papers and worked examples (including syntax) will be made available.

KEYWORDS: Process and outcome | Other: Quantitative Methods

PRESENTATION MODALITY: Livestream

WS03

PRE-CONFERENCE WORKSHOP

ORGANIZERS & MODERATORS:

Felicitas Rost
Tavistock Clinic, London, UK, United
Kingdom

WEDNESDAY, JULY 6, 2022, 09:00–12:00 (MDT) | STURM 479

Q-Sort Methodology: An Introduction to an Innovative Tool for Psychotherapy Research ⁽³⁾

ABSTRACT:

This workshop will consider an innovative methodology and its applications to practice research. Q-methodology is a research tool capable of bridging the divide between clinical knowledge and the quantitative systematization of it. It was initially described by Stephenson (1935, 1953) as a data collection method, scaling technique and data analytic method to empirically study human subjectivity, i.e. values, opinions and viewpoints from a first-person perspective. It was then extended by the British tradition (e.g. Curt, 1994; Stainton Rogers, 1995; Watts & Stenner, 2005) to study shared viewpoints, thereby adopting a multi-participant design and a highly unusual form of qualitative analysis. Finally, it was adopted by Block (1961, 1971) for the use as a standardised observer-rated assessment tool. Its attractiveness stems from numerous advantages, the most salient being its aptitude to produce holistic data. For example, it provides the means for a statistically robust, reliable, and valid rating scale, whilst at the same time allowing space for clinical perspective and the possibility of a comprehensive understanding of the subject under study. It collects both quantitative and narrative data. In this workshop I will provide a brief introduction to Q-statistic and Q-methodology (person-centred) by contrasting it to R-statistic and R-methodology (variable-centred). I will then introduce the three schools and their various merits demonstrated with examples.

KEYWORDS: Methods | Quantitative & qualitative method

PRESENTATION MODALITY: Mixed

WS04

PRE-CONFERENCE WORKSHOP

ORGANIZERS & MODERATORS:

Brian Schwartz
Universität Trier, Germany

WEDNESDAY, JULY 6, 2022, 09:00–12:00 (MDT) | STURM 379

Which Treatment Benefits which Patient? Training and Testing Machine Learning-Based Treatment Selection Models ⁽⁴⁾

ABSTRACT:

Treatment selection refers to an approach for personalized assignment of patients with individual characteristics to a therapeutic approach that is appropriate for them. Statistical algorithms can support therapists in such indication decisions by estimating the treatment outcome for different treatment approaches and recommending the approach with the best prognosis, i.e. the most favorable estimated treatment outcome. However, there are many levers in the development and use of such treatment selection algorithms, which will be discussed in this workshop. The first part of the workshop will deal with different data on which treatment selection models can be based and present steps for data cleaning and preparation depending on the available data. In the second part, statistical approaches for variable selection and the development of prediction algorithms will be discussed. Different approaches to modeling differential treatment effects will be addressed. In particular, machine learning (ML) algorithms and a hybrid combination of ML and inferential statistics will be presented. In the third part, an overview of the possibilities for validating and testing the trained models will be given. Furthermore, the implementation of such models into clinical practice and training will be presented and discussed with the participants.

KEYWORDS: Methods | Other: Treatment Selection, Machine Learning, Personalized Psychotherapy

PRESENTATION MODALITY: In Person

Wednesday, July 6, 2022, 13:00–16:00 (MDT)

WS05

PRE-CONFERENCE WORKSHOP

WEDNESDAY, JULY 6, 2022, 13:00–16:00 (MDT) | STURM 453

Idiographic Research Methods ⁽⁵⁾

ABSTRACT:

ORGANIZERS & MODERATORS:

Aaron J. Fisher
University of California, Berkeley, USA

Thoughts, emotions, and behaviors are situated within individuals, and yet the majority of our research methods in psychology rely on between-subject variation. Moreover, even longitudinal methods that collect repeated measures (e.g. pre, post, 6-, and 12-month follow up), fail to encode or take advantage of the temporal nature of human experiences. Idiographic science address both of these issues by intensively, repeatedly measuring individuals over many time points and using those time points as the inputs for statistical analyses. That is, rather than estimating effects from large numbers of individuals, idiographic models estimate effects within individuals, using large numbers of observations. What's more, we can have our cake and eat it too by utilizing summary information from idiographic results as inputs in between-subject analyses. For instance, we might estimate idiographic network models of emotion, and then examine between subject differences in an important edge weight between two emotions. This workshop will provide a brief primer on idiographic methods—assumptions, requirements, data collection and preparation—followed by a series of hands-on demonstrations. Data and code will be provided. Participants should have some degree of familiarity with R and the general linear model (e.g. regression-based methods). Hands-on demonstrations will include idiographic regression models, factor analysis (often referred to as P-technique), and network analysis. Time permitting, we will explore idiographic applications of popular machine learning techniques, such as penalized regression and random forest.

KEYWORDS: Methods | Other: Idiographic science

PRESENTATION MODALITY: In Person

WS06

**PRE-CONFERENCE
WORKSHOP****ORGANIZERS & MODERATORS:**

Franz Caspar
Universität Bern, Switzerland

WEDNESDAY, JULY 6, 2022, 13:00–16:00 (MDT) | STURM 454

**How to Develop a Deep Understanding of Your Patient's
Functioning? The Plan Analysis Approach to Case
Formulation ⁽⁶⁾****ABSTRACT:**

In the late 70es, Klaus Grawe has developed "Vertical Behavior Analysis", based on the notion that dealing with patients who are difficult in the therapeutic relationship requires a sound understanding of the motives driving their problem behavior. As a theoretical basis they found Miller, Galanter and Pribram's concept of "Plans and the structure of behavior" (1960), a milestone approach of overcoming the limitations of behaviorism. Counter to the everyday use of the term "Plan", their definition includes non-conscious, self-organized instrumental functioning. In the 80es, Caspar has elaborated the approach to Plan Analysis as a comprehensive approach of case conceptualization. The focus on this approach is on – bottom up- what conscious or nonconscious purpose an intrapsychic or interpersonal behavior has (asking for the motives guiding behavior), and - top down – what strategies an individual has developed in an adaptive or maladaptive attempt of satisfying his/her needs. In this workshop, the basic procedures of developing a Plan Analysis understanding of a patient are introduced, a model of developing a responsive therapy procedure is explained, and a useful, empirically proven prescriptive procedure for custom tailoring the therapy relationship, the Motive Oriented Therapy Relationship is explained. Finally, it is discussed how research on Plan Analysis can be conducted, and how the approach can also be utilized as a research tool.

KEYWORDS: Alliance | Other: Case Formulation

PRESENTATION MODALITY: In Person

WS07

**PRE-CONFERENCE
WORKSHOP****ORGANIZERS & MODERATORS:**

Lynne M. Knobloch-Fedders
Marquette University, Milwaukee, USA

WEDNESDAY, JULY 6, 2022, 13:00–16:00 (MDT) | STURM 479

Introduction to Data Analysis Using R ⁽⁷⁾**ABSTRACT:**

R is a powerful programming language and software environment for statistical computing and graphics. It is a free, open-source, and well-developed suite of tools designed to store and manipulate data; conduct a wide variety of statistical analysis; and create publication-quality plots. R has been built on the premises of open science and collaboration, and allows users to add additional functionality by writing sets of new code called packages. To date, thousands of developers around the world have created over 18,650 R packages. As a rapidly expanding software, R can respond quickly to the development of new data

CE

analysis techniques, and can conduct analyses that are currently not executable within commercially available software (e.g., SPSS, SAS, Excel). R is freely available at www.r-project.org, and runs on a variety of platforms, including Windows, MacOS, and Linux. The R Foundation, a nonprofit organization founded by the members of the R Development Core Team, holds and administers the copyright of R software and documentation (www.r-project.org/foundation). This workshop will introduce users to the basics of R using the popular interface RStudio (www.rstudio.com). No prior knowledge of R is required. The workshop will combine lecture, discussion, and demonstrations of data analysis procedures in R. Participants should be familiar with the statistical procedures that will be demonstrated in the workshop (e.g., descriptive statistics, t tests, ANOVA, correlation, and linear regression). Participants will receive all workshop materials, including lecture slides, annotated R code, and a practice dataset for conducting analyses. Please bring your computer to this workshop.

KEYWORDS: Methods | Other: Quantitative method, Data analysis

PRESENTATION MODALITY: Mixed

MI01

MEETING

ORGANIZERS & MODERATORS:

Christoph Flückiger
University of Zurich, Switzerland

WEDNESDAY, JULY 6, 2022, 13:00–16:00 (MDT) | KRH 409

Editors Meeting ⁽⁸⁾

PRESENTATION MODALITY: In Person

MI02

MEETING

ORGANIZERS & MODERATORS:

Ueli Kramer
Institute of Psychotherapy, Lausanne,
Switzerland

Michał Mielimąka
Jagiellonian University Medical College,
Faculty of Medicine, Department of
Psychotherapy, Poland

WEDNESDAY, JULY 6, 2022, 13:00–16:00 (MDT) | STUDENT LOUNGE

Video Recordings for SPR Website ⁽⁹⁾

PRESENTATION MODALITY: In Person

Wednesday, July 6, 2022, 16:30–19:00 (MDT)

MI03

CEREMONY

ORGANIZERS & MODERATORS:

Wolfgang Lutz
Universität Trier, Germany

Jesse Owen
University of Denver, USA

WEDNESDAY, JULY 6, 2022, 16:30–19:00 (MDT) | DAVIS AUDITORIUM

Welcome Ceremony ⁽¹⁰⁾

PRESENTATION MODALITY: In Person

MI04

CEREMONY

ORGANIZERS & MODERATORS:

Shelley McMain
University of Toronto, Canada

WEDNESDAY, JULY 6, 2022, 17:00–19:00 (MDT) | DAVIS AUDITORIUM

Presidential Address ⁽¹¹⁾

PRESENTATION MODALITY: In Person

MI05

CEREMONY

ORGANIZERS & MODERATORS:

Martin grosse Holtforth
University of Bern, Switzerland

WEDNESDAY, JULY 6, 2022, 18:00–19:00 (MDT) | DAVIS AUDITORIUM

Awards Ceremony ⁽¹²⁾

PRESENTATION MODALITY: In Person

Wednesday, July 6, 2022, 19:00–21:00 (MDT)

MI06

SOCIAL

WEDNESDAY, JULY 6, 2022, 19:00–21:00 (MDT) | CABLE CENTER

Welcome Dinner ⁽¹³⁾

PRESENTATION MODALITY: In Person

Thursday, July 7, 2022, 06:00–07:30 (MDT)

BP01

BRIEF PAPER SESSION

MODERATOR:

Henning Schauenburg
Department of General Internal
Medicine and Psychosomatics,
Heidelberg University Hospital,
Germany

THURSDAY, JULY 7, 2022, 06:00–07:30 (MDT) | STURM 453

Low and High Intensity Treatments

BRIEF PAPERS:

- **Effect of Computer-Assisted Cognitive Behavior Therapy vs Usual Care on Depression in Primary Care: A Randomized Clinical Trial** ⁽¹⁴⁾

Tracy D. Eells (University of Louisville, USA), Jesse H. Wright, Jesse Owen, Becky Antle, Laura B. Bishop, Renee Girdler, Lesley M. Harris, R. B. Wright, Michael J. Wells, Rangaraj Gopalraj, Michael E. Pendleton, Shehzad Ali

PAPER ABSTRACT:

Computer-assisted cognitive-behavior therapy (CCBT) for depression has been proposed as a method for improving access to effective psychotherapy, reducing cost, and increasing the convenience and efficiency of treatment for depression. This study investigated whether clinician supported CCBT is significantly more effective than treatment as usual (TAU) in primary care patients with depression and examines the feasibility and implementation of CCBT in a primary care population with significant numbers of disadvantaged patients. 175 primary care patients from university-based clinical practices who scored 10 or above on the Patient Health Questionnaire-9 (PHQ-9) were randomly assigned to CCBT (n = 95) or TAU (n = 80) for 12 weeks of active treatment. Follow-up assessments were conducted 3- and 6-months after treatment completion. The sample of 175 patients was predominately female (84.1%) and had a high proportion of racial and ethnic minorities (40.6%). An annual income of less than US\$30,000 was reported by 61.5% of the 175 patients. An intent-to-treat analysis found that CCBT led to significantly greater improvement in PHQ-9 scores than TAU at post-treatment and at 3- and 6-month follow-up points. Post-treatment response and remission rates were also significantly higher for CCBT than TAU. Results for secondary measures also favored CCBT over TAU. CCBT was found to have significantly greater effects on depression, negative thoughts, anxiety, and quality of life than TAU in depressed primary care patients. Results suggest that CCBT for depression can be acceptable and useful in diverse primary care settings.

PRESENTATION MODALITY: Livestream

- **How Effective is a Brief Online Self-Compassion Training for Reducing Self-Criticism, Perfectionism and Social Anxiety Compared to a Stress-Reduction Training?** ⁽¹⁵⁾

Kira S. Borgdorf (University Hospital, Heidelberg, Germany), Daniel V. Holt, Corina Aguilar-Raab

PAPER ABSTRACT:

A growing body of literature suggests that online self-compassion trainings increase psychological well-being and decrease maladaptive psychological symptoms. Yet, comparisons of such trainings to active control groups are still lacking. In a randomized controlled trial (N = 200), we evaluated a six-session online self-compassion training on self-compassion, psychological health, self-criticism, perfectionism, and social anxiety in comparison to a matched active stress-reduction training. Results indicate a meaningful improvement on a range of psychological variables within the self-compassion condition in pre-post comparison (effect sizes between $d = 0.30$ and $d = 0.46$ for self-compassion, self-criticism and perfectionism, up to $d = 1.15$ for general psychological health, mixed results for social anxiety). However, the stress-reduction training achieved similar effect sizes on the same set of target variables and equivalence testing indicated few notable differences between the two treatments at four weeks follow-up assessment. The online self-compassion training showed a broad psychological effect up to par with the effects of a general stress-reduction training. This result supports self-compassion as an effective emotion-regulation strategy for addressing negative self-related beliefs and attitudes. Surprisingly, the effects of the self-compassion intervention were not specific to closely related variables such as perfectionism or negative self-criticism, instead both interventions had a similar profile of psychological effects. Future research could aim to identify the shared core mechanisms of the different training approaches and investigate the effects of matching particular training components to specific needs and preconditions of participants.

PRESENTATION MODALITY: Livestream

- **Preliminary Cost Effectiveness of Long-Term Treatments in Patients with Panic Disorder and Comorbid Personality Disorder** ⁽¹⁶⁾

Henning Schauenburg (University of Heidelberg, Germany), Cord Benecke, Miriam Henkel, Matthias Volz

PAPER ABSTRACT:

Background: Severe anxiety disorders often are long-term conditions with considerable direct and indirect costs for the individual patient and the mental health system. So not just symptomatic or personality outcome at follow-up should be reported. E. g. when, as in our case, psychoanalytic and cognitive behavioral therapy are compared, we have the issue of different number of sessions and often also different treatment durations. This is also the case in the multicentric long-term Anxiety and Personality Disorders (APD) study, where patients in the psychoanalytic arm have up to three times as many sessions as the CBT patients. We inspected, whether the higher effort in PA goes along with less costs in other aspects (medication, inpatient treatment, additional therapies after the end of study treatment etc.) of the health system. Methods: Within the context of the randomized-controlled APD study we investigated additional health care costs using the ICER criterium, i.e. incremental cost-effectiveness ratios with regard to aspects of direct and indirect costs over the first three years of follow-up (final follow-up 6 yrs.). Results: The paper will present results on descriptive data in the two arms of the APD study (PA and CBT) and will look for correlations of treatment duration and intensity with additional costs next to the outpatient study therapy. Discussion: We find hints for the importance of long-term orientation in treatments of severe anxiety disorders via negative correlations of duration and intensity of psychotherapeutic treatment with extra costs in the health care system.

PRESENTATION MODALITY: Livestream

- **The Therapeutic Relationship in Online Therapies: Exploring the Role of Alliance, Empathy and Telepresence in Patient-Therapist Dyads** ⁽¹⁷⁾

Lucia Fortunato (University of Palermo, Italy), Salvo Gullo, Gianluca Lo Coco

PAPER ABSTRACT:

Introduction. Although there is support for the effectiveness of internet-delivered psychotherapy (IP), research on its therapeutic process is still limited. The current study aims to examine whether both therapist's and patient's therapeutic alliance impact on session outcome in individual IP; and to test whether both perceived empathy and telepresence (i.e., perception of the therapist presence in the videoconference session) mediated the relationship between alliance and session outcome. Method. 100 patient-therapist dyads were recruited in an Italian online psychotherapy service and completed

the Working Alliance Inventory (WAI), the Perceived Empathy Scale (SEP), the Telepresence in Videoconference Scale (TVS). Outcome measures were the Outcome Questionnaire and the Session Impacts Scale (SIS). The therapists (mean age 33.3 ys) had different theoretical orientations and different level of expertise in online therapies. Most of patients (mean age of 31.6 ys) have been attending online therapy sessions for more than 6 months. Results. Patients' ratings of telepresence and empathic understanding were higher than therapists' ratings (57.8 ± 8.68 vs. 52.4 ± 7.47 , $p < .001$; and 36.7 ± 7.14 vs. 28.6 ± 8.12 , $p < .001$, respectively). Regression analyses showed that the relationship between patient's WAI-bond and SIS was mediated by patient's TVS (dir. eff.=0.92; ind. eff.=0.18, 95%CI 0.01-0.34; explained variance=16.1%) and SEP-A (dir. eff.=0.81; ind. eff.=0.28, 95%CI 0.07-0.50; explained variance=25.9%). Moreover, patient's TVS mediated also the relation between therapist's WAI-bond and SIS (dir. eff.=0.64; ind. eff.=0.21, 95%CI 0.01-0.41; explained variance= 24.8%). Conclusion. This study suggests the mediating role of telepresence in the relationship between alliance and outcome.

PRESENTATION MODALITY: Livestream

BP02

BRIEF PAPER SESSION

MODERATOR:

Melissa De Smet
Ghent University, Belgium

THURSDAY, JULY 7, 2022, 06:00–07:30 (MDT) | STURM 454

Children, Youth, and Multi-Person Settings

BRIEF PAPERS:

- **Focused Group Analytic Psychotherapy. An Integration of Clinical Experience and Research.** ⁽¹⁸⁾

Steinar Lorentzen (University of Oslo, Norway)

PAPER ABSTRACT:

Group analysis or Group-analytic psychotherapy (GA) is a widely used psychodynamic long-term group therapy, especially in Europe. It was initiated by S. Foulkes and built on psychoanalytic and group-analytic theories. The approach is based on clinical experience, but research evidence is increasing. Aims: To describe a new therapy, Focused Group-Analytic Psychotherapy (FGAP), a focused, time-limited (20 sessions) group-analytic psychotherapy for outpatients. Evaluation of patients and the framework of the therapy will be described in some detail. Methods: Results from a Randomized Clinical Trial (RCT) comparing outcomes of short- and long-term group-analytic, manualized therapies are integrated with relevant existing research and clinical experience, to establish FGAP. Results: Patients who profit more from FGAP (who are suitable) have the following characteristics: A circumscribed set of interpersonal problems and a 'higher' level of personality organization (normal, neurotic and high level of borderline), based on evaluation of specific personality domains (sense of identity, quality of object relations, affect tolerance/control, maturity of defense mechanisms and moral standards). The therapy is more individualized and directive, the therapist is more active, and the framework is more structured: time-limited, process with four stages, work in the here-and-now, adherence to therapy focus and greater therapist activity. Discussion: The selection process and main aspects of evaluation, preparation of patients, development of a treatment culture, phases in the group process and therapist interventions will be illustrated and discussed with clinical case and group material.

PRESENTATION MODALITY: Livestream

- **Moments of Change in Multi-Person Settings** ⁽¹⁹⁾

Nina F. Immel (Doctoral Program in Psychotherapy, Pontificia Universidad Catolica de Chile and Universidad de Chile; Millennium Institute for Research on Depression and Personality-MIDAP. Latinamerican Network of Psychotherapy Research.), Christina Hunger-Schoppe, Mariane Krause, Rebecca von Oepen, Niels Braus

PAPER ABSTRACT:

Objective: Little is known about ongoing changes within multi-person therapies, how they evolve and whether or not they are comparable to ongoing changes in dyadic settings. The objective of this study is to elaborate descriptors of ongoing change for multi-person settings and to contrast these descriptors in a set of therapy processes. Method: To gain insight into the process of ongoing change in multi-person therapy, we first interviewed 27 systemic psychotherapists about their experience and perceptions of significant moments in diverse multi-person settings (e.g. couple therapy, family therapy). Based on these interviews, we develop descriptors of ongoing change for these settings. In a second step, we apply these descriptors, together with the Generic Change Indicators (Krause et al., 2015) to explore the ongoing individual and relational changes in a set of

systemic psychotherapy processes that combine both dyadic and multi-person sessions (Hunger et al., 2019) State of the research: The interviews have already been conducted and transcribed and are currently being analyzed to derive relational change descriptors. The subsequent observation of therapy processes during which we apply the newly developed descriptors will be done between March and August 2022. The data for the observation is already available from a randomized controlled pilot trial on Cognitive Behavioral Therapy and Systemic Psychotherapy in Social Anxiety Disorders (Hunger et al., 2019; Hunger et al., 2016).

PRESENTATION MODALITY: Livestream

- **Research on Trainer Couple Therapists' Views and Experiences on Working with Somatic Experience of Emotion In-Session** ⁽²⁰⁾

Sari Kailanko (University of Jyväskylä, Finland), Stephanie A. Wiebe, Giorgio A. Tasca, Robert Allan, Aarno A. Laitila

PAPER ABSTRACT:

Aim: Attachment-based couple therapies such as Emotionally Focused Couple Therapy (EFT) view emotion as being central. In EFT, the deepening of emotional experiencing enables therapeutic change. In general, emotions are felt as somatic experience in the body. In this research project, we study therapists' focus on somatic phenomena in EFT sessions. **Methods:** We conducted qualitative in-depth interviews of eight therapists to explore their views and experiences of their own and their clients' somatic experiences of emotion in their work with couples. Transcribed interviews were analyzed using interpretative phenomenological analysis (IPA; Smith, 1996). **Results:** This research data yielded three core themes that captured expert EFT therapists' experiences of using their own and couples' somatic experiences in therapy: the importance and relevance of somatic experience of emotion in clinical work in EFT for couples, the therapists' experiences of somatic experience in their own body in clinical work, and the therapists' experiences of working with couples' somatic experience. **Discussion:** The findings suggest that therapists focus on their own and couples' somatic experiences in their work with couples, and a need to provide training to couple therapists on how to use somatic experience. All expert therapists reported paying attention to the somatic experience of emotion in couple therapy sessions and believed that it is an important part of the session.

PRESENTATION MODALITY: Livestream

BP03

BRIEF PAPER SESSION

MODERATOR:

Miguel M. Gonçalves
School of Psychology, University of
Minho, Braga, Portugal

THURSDAY, JULY 7, 2022, 06:00–07:30 (MDT) | STURM 479

Predictors of Change and Therapeutic Alliance

BRIEF PAPERS:

- **Predicting Psychotherapeutic Change of Different Profiles of Depression: Using a Machine Learning Approach** ⁽²¹⁾

Carola Figueroa (Universidad del BíoBío, Chile), Paula Dagnino, Sergio Gloger

PAPER ABSTRACT:

Depressive disorders are one of the leading health problems worldwide, and in Chile, it is 15.8%. But what is described as 'depression' is a heterogeneous construct. Heterogeneity must be considered beyond symptoms. It needs to include aspects that can grasp patients' complexity, such as childhood experiences (ACE, attachment), psychological (anaclitic, introjective, personality), and social. It is also expected, that change throughout the psychotherapy process may be different too. Therefore, this study aimed to identify and describe clusters of patients with depressive symptomatology (DS) and their relation with outcome. We report results of 243 consultants. Baseline self-reports were applied measuring the different areas mentioned before. Outcome was considered as change in symptoms, interpersonal and social role at the 8th session of psychotherapy. A machine-learning (ML) approach was applied. Unsupervised learning models were trained, and clustering was made through K-mean technique. Profiles and their respective outcomes are being evaluated. **Results:** results so far have shown three profiles: low, medium, and high complexity. As expected, patients with high complexity showed more symptomatology, low integration of personality functioning, high dependence and self-criticism, presence of adverse experiences in childhood, insecure attachment, and low quantity and satisfaction with existing social networks. Interestingly, medium complexity patients showed the presence of some subtypes of ACE and low satisfaction with social networks. Psychotherapeutic outcomes for each profile are being

analyzed. Discussion. The complete results will be presented. It is expected that these may help clinicians to provide interventions adapted to the individual patient.

PRESENTATION MODALITY: Livestream

- **The Correlation Between the Therapeutic Alliance and Outcome of Therapy Across the First Five Sessions** ⁽²²⁾

Daryl Mahon (Outcomes Matter, Ireland), Jeb Browne

PAPER ABSTRACT:

This presentation reports on the association between client rating of the therapeutic alliance and subsequent scores on an outcome measure across treatment episodes of up to five sessions. Data from the ACORN collaboration based on a measure of the therapeutic alliance, and outcome measures with a common factor referred to as a Global Distress Scale were analyzed. A total of 41,171 adult clients with intake scores in a clinical range entered treatment within a two-year period. Of these, 25,719 (70%) completed at least two assessments. Of this subset with multiple assessments, 14,134 (56%) completed treatment within five sessions. Scores on the alliance were predictive of next session scores on a Global Measure of Distress. Simply looking at the direction of change in alliance (better, same or, worse) provides the clinician with a simple way of evaluating the meaning of alliance scores. There was a trend for those who initially scored worse on the alliance scale to have larger effect sizes at the end of treatment, compared to those where the alliance was rated as perfect throughout. Perfect alliance scores at every session are not associated with the best outcomes. For alliance scores to show improvement, there must also be some variability in scores. This suggests that clinicians need to be skillful at eliciting honest feedback on the alliance, especially at the start of treatment, and do not necessarily assume that an alliance rating of perfect means clients are fully satisfied with the therapist.

PRESENTATION MODALITY: Livestream

- **Therapeutic Alliance – Implications as a Change Mechanism in Psychotherapy Research Outcomes** ⁽²³⁾

George Barbosa (Brazilian Society of Resilience - SOBRARE)

PAPER ABSTRACT:

Psychotherapy in a Resilience Approach (PAR) is a methodology that refines the patient's potential resilience strategies based on Cognitive Behavioral Therapy (CBT) that is completing its 10th year of clinical trials in 2022. This study aims to present the impacts of PAR therapists not paying attention to the relationship between them and their patients resulting in impacts on the final perceptions. Participants: a man, 47 years old – (#1 - Engineer). Another man, 46 years old (#2- Executive) and a 44-year-old woman (#3 – Executive). Methodology: Qualify keywords acquired and explore the occurrences of Development of Change in Beliefs (DCB) in the participants' speech. To robust, the perceptions of those changes worked out in the process and are effectively installed in the routine. In addition, the method seeks to emphasize the strategies for dealing with adversity. Results: Participant #3 exhibits the greatest utterances of keywords. There are 26 citations in Meaning of Life and 19 mentions in Conscious stress reactions, Empathy, and Enchanting and Maintain People, on each. In Development of Changes in Beliefs, participant #3 again stands out with 08 citations. On effective behavioral changes (Reporting BC), participant #1 reports only 01 change assimilated in Conscious stress reactions and Optimism towards life. Participant #2 reports only 01 change assimilated in Conscious stress reactions and Enchanting and Maintain People. Participant #3 refers to perceptions in Self-Control (04), Conscious stress reactions (04), Empathy (04), and Meaning of Life (06). Conclusion: Participant #3 has greater elaboration gain in her resignifications.

PRESENTATION MODALITY: Livestream

- **Write 'n' Let Go: Exploring the Role of Ambivalence toward Change in a Writing-Based Intervention** ⁽²⁴⁾

Janine C. Marinai (School of Psychology, University of Minho, Braga, Portugal), João Batista, Melissa Gouveia, João Tiago Oliveira, Miguel M. Gonçalves

PAPER ABSTRACT:

Ambivalence is a natural movement of approaching and avoiding change that may occur in a diversity of life situations. In psychotherapy, its resolution is associated with successful outcomes. This study addresses the role of ambivalence on a writing-based intervention. Aim: This program was designed to help university students deal with difficult life situations. We tested the effectiveness of combining expressive writing and resource activation instructions in improving psychological distress, rumination,

symptoms, and well-being. We also explored the potential mediating role of ambivalence toward change. Method: Students were recruited from Portuguese universities (n=172) and randomized into 2 groups. Participants in the experimental group performed four 20-minute writing tasks related to their problem, following different instructions each day. Controls were on waiting list. Psychological measures were collected at baseline, after each session, and one and two weeks after the intervention. Results: Multivariate analysis between groups identified significant reductions in ambivalence and rumination from pre to post-test, but no change in symptoms and well-being, although psychological distress assessed after each session has reduced significantly. Within-group exploratory analyses indicated that ambivalence mediated 10% of distress reduction between sessions and 13% of rumination reduction from pre to post-test. Discussion: Combined writing showed promise in improving the ambivalence and rumination involved in psychological difficulties. Dealing with ambivalence may have motivated more adaptive ways of handling internal conflicts, mediating the decrease in distress and rumination. Further confirming these results can be an aspect in favor of the widespread use of this methodology, given the low cost involved.

PRESENTATION MODALITY: Livestream

BP04

BRIEF PAPER SESSION

MODERATOR:

Soo Jeong Youn
Harvard Medical School, USA

THURSDAY, JULY 7, 2022, 06:00–07:30 (MDT) | STURM 379

The Role of the Therapist

BRIEF PAPERS:

- **Discrepancy in Client and Observer Ratings of Therapist Empathy: Exploring the Role of Therapists' Use of Sentence-Final Particles** ⁽²⁵⁾

Jonathan Lee (The Chinese University of Hong Kong, China), Harold Chui, Tan Lee, Sarah Luk, Dehua Tao, Nicolette Lee

PAPER ABSTRACT:

Aim: Correlation between client and observer ratings of session process variables tend to be modest. We investigated whether differences in ratings may be associated with therapists' linguistic features. This study explored therapists' use of sentence-final particles (SFPs), linguistic elements in Cantonese similar to intonation/prosody in English that encode speakers' attitude and emotion, in relation to clients' and observers' session ratings. Methods: Four psychotherapy sessions each from 39 therapist-client dyads were videotaped, transcribed, and analyzed. Trained observers rated therapist empathy in each session using the Therapist Empathy Scale (TES). Clients rated therapist empathy and session quality using the Barrett-Lennard Relationship Inventory (BLRI) and Session Evaluation Scale (SES) after each session. Results: As expected, there was a strong correlation between client ratings of BLRI and SES. However, there was no significant correlation between observer-rated TES and BLRI or SES. Mixed-effects regression showed significant interaction effects between SFP use and the sex of therapists on TES. Greater SFP use among male therapists was associated with lower observer-rated therapist empathy. In contrast, there were no significant effects of SFP use, or the interaction between SFP use and therapists' age or sex, on client-rated BLRI and SES. Discussion: Clients and observers may pay attention to therapists' linguistic features to varying degrees when making rating decisions. Our findings suggest that observers may focus more on therapists' language use as a marker of empathy, whereas other factors may be more important when clients make subjective judgments about therapists and sessions.

PRESENTATION MODALITY: Livestream

- **Experiences of Therapists Working with Difficult Patients in the Public Mental Health Service: A Characterization of Their Clinical Tools and Strategies** ⁽²⁶⁾

Stephanie Vaccarezza Schürmann (Pontificia Universidad Católica de Chile; Millenium Institute for Research in Depression and Personality. Chile), Candice Fischer, Paula Errázuriz, Alexandra Epstein

PAPER ABSTRACT:

The literature has described the challenges of working with difficult patients. Teams tend to polarize regarding diagnosing and treating these patients (Colson et al., 1985; Gallop & Wynn, 1987; Neill, 1979). Likewise, mental health professionals have difficulties establishing boundaries with difficult patients (Koekkoek et al., 2006), which implies that they perceive no control over their work (García et al., 2016). In turn, therapists lower

their outcome expectations when working with these patients (Bachrach et al., 1987). Also, difficult patients generate negative sensations among the therapists, like anger, irritation, frustration, fear, hopelessness, avoidance, difficulties to empathize, and feeling defeated, inefficient, and highly demanded (Høifødt & Talseth, 2006; James & Cowman, 2007). This emotional exhaustion would directly impact the quality of care provided. All these factors become even more complex due to the limitations of the public mental health service in Chile, such as work overload, scarcity of resources, inadequacy of the treatment offered, and devaluation of psychologists by other treating team members (Fischer et al., 2019). The latter could influence the negative categorization of difficult patients and the emotional impact of working with them. However, studies on this subject are scarce. This qualitative research aims to describe the experiences of therapists working with difficult patients in Chile's public mental health service, defining the clinical tools and strategies that therapists use in their work with them. The sample comprises 15 mental health professionals of the public mental health service. Semi-structured interviews were conducted, and the analysis was carried out through Grounded Theory.

PRESENTATION MODALITY: Livestream

- **What Psychotherapists Should Know: A Qualitative Inquiry into Teachers' Perception towards Referring Students for Mental Health Treatment** ⁽²⁷⁾

Yanghai Huang (The Chinese University of Hong Kong, China), Harold Chui, Sarah Luk, Koon Kan Fung

PAPER ABSTRACT:

Aim: Teachers are often considered to be gatekeepers for students' mental health because of frequent teacher-student interaction. Although teachers are expected to identify student problems and make appropriate referrals for mental health professionals (MHPs) in a timely manner, little is known about factors that teachers take into account when making referral decisions. This study aims to explore factors that hinder or facilitate teachers' referral of students for mental health treatment. **Method:** Twelve secondary school teachers in Hong Kong were interviewed about their experience referring students to MHPs. Data were analysed using consensual qualitative research. **Results:** Teachers' referral decisions were influenced by multiple factors, including problem severity, teachers' self-efficacy in handling student issues, students' willingness, stigma of mental illness/help-seeking, parental beliefs about the usefulness of referral, trust and collaboration between parents and teachers, perceived effectiveness and availability of MHPs, and quality of interaction between MHPs and teachers. **Discussion:** Our findings highlight the importance of high-quality and regular communication between MHPs and teachers throughout the referral-making process. Before and during the process, MHPs may work with teachers to help address students' hesitations toward referral, as students' reaction towards referral influences the process and outcome of therapies. After students are referred, having follow-up contact with teachers increases teachers' confidence and trust in MHPs and facilitate future referral and collaboration. Based on the qualitative findings, we propose a conceptual model of factors influencing teachers' referral decisions that may be used for future research and teacher training.

PRESENTATION MODALITY: Livestream

Thursday, July 7, 2022, 08:30–10:00 (MDT)

SD01

THURSDAY, JULY 7, 2022, 08:30–10:00 (MDT) | STURM 453

STRUCTURED DISCUSSION Future Challenges in Psychotherapy Research ⁽²⁸⁾

ORGANIZERS & MODERATORS:

Jacques P. Barber
Adelphi University, New York, USA

ABSTRACT:

Psychotherapy research is facing multifaceted challenges, including increasingly limited funding opportunities combined with high costs and complexity of research conduct, rapid advancements in methods, and recent difficulties conducting research under the long-lasting risks of COVID-19. Each one of the discussants is an expert on several but different aspects of psychotherapy research. We are all united in our intent to further the depth and breadth of psychotherapy research. Our goal is to present briefly each up to three major challenges for psychotherapy research that needs to be addressed by the field. Our goal is to invite the audience to add to what they think should be addressed in future research in psychotherapy research

DISCUSSANTS:

- Nili Solomonov (Weill Cornell Medical College, New York, USA)
- Louis G. Castonguay (Penn State, USA)
- Christoph Flückiger (University of Zurich, Switzerland)
- Paula Errázuriz (Pontificia Universidad Católica de Chile - Escuela de Psicología)
- Sigal Zilcha-Mano (Haifa University, Israel)

KEYWORDS: Evidence-based psychotherapies | Process and outcome | Relationship factors | Routine Outcome Monitoring**PRESENTATION MODALITY:** Mixed

PA01

PANEL**ORGANIZERS & MODERATORS:**

Jesse D. Geller
Teachers College, Columbia University,
NY, USA

THURSDAY, JULY 7, 2022, 08:30–10:00 (MDT) | STURM 454

Representations: Memories of One's Therapist; Memories of Past Significant Others ⁽²⁹⁾**ABSTRACT:**

The primary aim of this panel is to demonstrate the clinical, pedagogic, and research value of integrating the concept of internalization into our theorizing about the processes that mediate therapeutic (and other psychosocial) outcomes. Three complementary studies using different methodologies and different samples will be presented. Jesse Geller and Mandy Newman will present the results of a study in which 15 of Geller's former patients completed the Therapist Representation Inventory (TRI), a self-report method of investigating the form, content, and functions served by patient representations of the verbal and nonverbal aspects of therapy. Liat Segal's study (co-authored by Barry Farber and Jesse Geller) utilized the TRI to study a previously uninvestigated question: Do patients who've worked with therapists of different theoretical orientations evoke different representations of the therapeutic relationship? Results from this study's sample of 212 patients indicate that there are far more commonalities in the forms, themes, and affects associated with these representations than there are differences. The last paper, by Barry Farber and colleagues (David Roe, Shana Dickstein, Mossie Lierle, & Gus Mayopoulos) focuses on the ways in which individuals continue to evoke representations of past significant relationships and the extent to which the distress of painful representations is alleviated by psychotherapy. Taken together, these papers provide new and useful knowledge about the factors that affect the ways in which we construct and evoke representations of therapists and other significant individuals in our lives.

PAPERS IN PANEL:

- **15 Patients and One Therapist: A Study of Internalization**

Jesse D. Geller (Teachers College, Columbia University, NY, USA), Mandy Newman

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aims: To further understand the nature of clients' internalization of their therapists and their interactions; specifically, to study the convergent and divergent ways that different clients, post-termination, hold representations of a single therapist they have "shared."
Method: A sample (N = 15) of clients, all psychotherapists themselves, who have terminated treatment by the senior author at various points over the past years, will complete a modified version of the Therapist Representation Inventory II (TRI-II; Geller et al.), an instrument that assesses the forms, functions, circumstances, and affects associated with client representations of their therapist and the relationship. **Results:** As a preliminary step in the data analysis, the mean scores of each of the domains of the TRI-II will be analyzed as a function of gender, age, and time since termination. A particular focus will be on determining those aspects of internalization that are relatively constant and those that vary substantially as a function of demographic and treatment variables. **Discussion:** Findings are likely to shed light on the reasons why therapists rank their personal therapies as the first or second greatest influence on how they practice psychotherapy. Findings will also be instructive regarding the ways that representations of one's therapist do (and don't) endure over time. In addition, the results of this study are likely to foster a greater understanding of the ways in which a single individual therapist may engender disparate representations among clients and the ways in which therapists may facilitate clients' benevolent, enduring representations of their clinical work.

- **Clients' Representations of Their Psychotherapists across Different Therapeutic Orientations**

Liat S. Graber (Teachers College, Columbia University, NY, USA), Barry A. Farber, Jesse D. Geller

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: To investigate whether clients being treated by therapists adhering to different therapeutic orientations internally represent their therapists in significantly different ways. **Method:** A total of 200 individuals, primarily female and White, with a mean age of 30, who had undergone therapy in the past two years, completed the Therapist Representation Inventory II (Geller et al., 1992)—a self-report measure assessing the forms, themes, and affects associated with client representations of their therapists. Hierarchical multiple regressions, controlling for length of time in therapy, the therapeutic alliance, and multiple demographic variables, were run to assess whether different therapeutic modalities significantly correspond with differences in client representations. **Results:** Treatments with greater degrees of psychodynamic and person-centered therapies were significantly associated with clients' positive ("benign") internalization of therapists; treatments with greater degrees of psychodynamic therapy were also significantly associated with negative affect evoked in internalization. Multiple other analyses revealed no significant differences in the nature of client internalization as a function of therapeutic orientation. **Discussion:** Overall, the lack of significant findings lends support for the "common elements" argument, i.e., that seemingly disparate therapies are more alike than otherwise. Another notable finding is that benign internalization (as an overall theme of clients' internalization) and negative affect are not mutually exclusive. Results suggest too that discussion of the therapeutic relationship and in-session experience has a positive impact on client internalization of their therapists across multiple forms of therapy.

- **Representations of Past Significant Others**

Barry A. Farber (Teachers College, Columbia University, NY, USA), David Roe, Shana Dickstein, Mossie Lierle, Gus Mayopoulos

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aims: To investigate a) the ways in which individuals internalize past significant others (i.e., romantic partners); and b) the extent to which psychotherapy, among other activities, alleviates the distress of painful representations of these past relationships. **Method:** A multi-part survey (ROPSO), modelled after the Therapist Representation Inventory II, that included both close-ended (Likert-scaled) and open-ended questions, was disseminated nationally and internationally via social media and networking. An attachment status (ECR-RS) measure was also administered. **Results:** Data analysis will examine the length and seriousness of the relationship, the nature, frequency, and intensity of thoughts about this relationship, the feelings and circumstances that evoke these thoughts, the nature of efforts to attain closure on the relationship, and the extent to which and ways in which psychotherapy has facilitated closure. Analyses will also be conducted to investigate the association of several demographic variables (e.g., current age, age at onset of stated relationship, gender, ethnicity, country of origin) as well as attachment status to the ways in which prior significant relationships have been internalized, are evoked, and are brought closer to closure through psychotherapy. **Discussion:** Although studies have been conducted of the internalization process in psychotherapy—of how clients and therapists construct representations of the other—few efforts have been made to investigate the internalization of past romantic partners, the way these representations endure, and the extent to which therapy can moderate the distress of romantic break-ups. Understanding these processes may further therapists' efforts to help with this common source of client stress.

DISCUSSANT: David Orlinsky (University of Chicago, USA)

KEYWORDS: Client effects | Therapist effects | Other: Therapist Representations

PANEL**ORGANIZERS & MODERATORS:**

Tomáš Řiháček
Masaryk University, Faculty of Social
Studies, Czech Republic

What Do Clients Take Away from Psychotherapy? ⁽³⁰⁾**ABSTRACT:**

Although the effects of psychotherapy have been researched for a century, some areas remain less explored than others. This panel brings a fresh perspective on what clients take away from psychotherapy, both in the positive and the negative sense. The first two papers focus on the “dark side” of the therapeutic endeavor – the negative effects of psychotherapy. The first one provides data obtained on large client samples in Germany. The second one is based on a systematic review of the qualitative evidence regarding negative clients' experiences in psychotherapy. The third paper is a qualitative meta-analysis of outcomes reported by clients after psychotherapy – a study that has the potential to find outcomes that are not well represented in standard outcome measures. Finally, the fourth paper takes a more detailed perspective. Using network models, it searches for dynamic relationships among various types of reactions (i.e., micro-outcomes) reported by clients after each session. Together, this panel provides evidence on aspects of psychotherapy outcomes that remain relatively neglected in the literature.

PAPERS IN PANEL:

- **Estimating the Prevalence of Negative Effects and Border Violations in Psychotherapy**

Bernhard Strauss (University Hospital Jena, Germany), Romina Gawlytta,
Andrea Schleu, Dominique Frenzl

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Recently, research focusing on negative and side effects, but also harm, technical errors, and border violations, has become more intensive (maybe since psychotherapy has no more need to support its efficacy and effectiveness). The question, how common different unwanted and adverse effects of psychotherapy really are is still unanswered, mostly because studies so far relate to very different and heterogeneous samples. We tried to estimate how common negative effects (measured with the Negative Effects Questionnaire, NEQ) are in a sample of individuals undergoing psychotherapy during the last six years who were screened or filtered from national random samples. In a first sample of 244 individuals who were screened from ~ 5.5 k German citizens over 18 years old, the NEQ data were primarily focused. In a second study starting with almost 15 k individuals screened 680 (former) psychotherapy patients, we focused on NEQ data and data related to different kinds of border violations and problematic therapist behavior. The results will be discussed related to preventive steps to avoid harm in psychotherapy.

- **Clients' Negative Experiences in Psychotherapy: A Qualitative Review of the Literature**

Zbynek Vybiral (Masaryk University, Faculty of Social Studies, Czech Republic),
Benjamin M. Ogles, Barbora Urbancova, Veronika Gociekova

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Many clients experience adverse events (or unwanted side effects) when participating in psychotherapy including some who report an increase in symptoms (deterioration). Reasons for these negative effects in treatment are varied, but multiple studies also include reports of therapist misconduct from the client perspective. We present data from a systematic literature review that synthesizes patients' negative experiences in psychotherapy or psychological treatment. We aimed to aggregate their objections, complaints, subjectively expressed dissatisfactions and disappointments with psychotherapy along with other kinds of critiques. We hope to provide a complex, thematic summary of patients' views of negative experiences in psychotherapy.

- **Client-Identified Outcomes of Psychotherapy: A Qualitative Meta-Analysis**

Michaela Ladmanova (Masaryk University, Faculty of Social Studies, Czech Republic),
Tomáš Řiháček, Ladislav Timulak, Robert Elliott

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

The study investigates what types of client-identified outcomes are reported in qualitative studies on psychotherapy outcomes. Approximately 80 studies were identified through database search and additional manual search. The data related to the clients' perspective on psychotherapy outcomes will be analyzed using the descriptive-interpretative approach (Timulak & Creaner, 2021). A comprehensive classification of client-perceived psychotherapy outcomes will be provided as a result of the meta-analysis.

- **The Structure and Dynamics of Client Session Reactions: A Longitudinal Network Analysis**

Tomáš Řiháček (Masaryk University, Faculty of Social Studies, Czech Republic), Robert Elliott, Jesse Owen

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: Understanding complex relationships among various aspects of clients' session experience is essential for effective therapy. This study aimed to test the feasibility of applying longitudinal network modeling to understand the structure and dynamics of clients' session reactions. Method: Data from three samples were combined (two general outpatient samples of emotion-focused therapy (EFT) and one study comparing EFT and cognitive-behavioral therapy for trauma). One hundred and twenty-three psychotherapy clients answered the Revised Session Reactions Scale after every session. Data collected after sessions 2 to 5 (413 observations) were used to fit a lag-1 dynamic latent variable model for panel data. The temporal, contemporaneous, and between-person networks were obtained and analyzed exploratively. Data from session 1 and sessions 6+ could not be used due to the nonstationarity of model parameters and low sample size. Results: Session reactions that played the most central role in the temporal prediction of other reactions included distancing from one's thoughts, feelings, or memories and new discoveries related to the self. Both types of experience predicted, among others, the therapeutic relationship and a sense of relief. Feeling involved in therapy had a marginal role in the network. Conclusions: Longitudinal network modeling proved to be a promising approach to exploring clients' session experience and, in a broader sense, to the analysis of psychotherapy process data. It yielded innovative and clinically meaningful findings of the interrelatedness of complex session-by-session processes.

DISCUSSANT: Bruce E. Wampold (University of Wisconsin-Madison, USA)

KEYWORDS: Meta-analysis | Treatment outcome | Other: Clients experience, Negative effects

PA03

PANEL

ORGANIZERS & MODERATORS:

Elisabeth Schramm
University of Freiburg, Germany

THURSDAY, JULY 7, 2022, 08:30–10:00 (MDT) | STURM 379

Personalization of Psychotherapy: Current and Future Approaches⁽³¹⁾

ABSTRACT:

A substantial proportion of patients does not benefit adequately from current standardized treatment approaches. Recently, a trend is emerging to move away from nosology and a strictly categorical diagnostic approach as well as from therapy school or disorder specific approaches. Instead, dimensional, function-oriented, mechanistic, personalized constructs are used as specific therapy targets. This calls for personalized treatments that target core mechanisms, underlying processes and key factors, which are central to the development and maintenance of psychological disorders. Since the movement toward treatment personalization is grounded in the consideration of individual characteristics of patients and intraindividual mechanisms of psychopathology, the resulting treatment approaches are multifaceted in terms of methods, strategies and rationales. In this panel, we present different approaches for the personalization of psychotherapy: First, Stefan Hofmann introduces process-based therapy (PBT) as a radical departure from the latent disease model of the DSM and ICD. Instead, PBT focuses on how to best target and change core biopsychosocial processes in a specific situation for given goals with a given client. Next, Moritz Elsaesser and Elisabeth Schramm present first results of a modular-based, personalized procedure for the treatment of comorbidly depressed patients with a history of early trauma within a systematic treatment algorithm. Then, Anna Bevan et al. will present the findings of the HARMONIC trial. Finally, Steffen Eberhardt et al. report on data-informed treatment selection to improve outcomes for patients with PTSD and to support therapists' decision on whether to focus on alliance or problem activation at the beginning of treatment.

PAPERS IN PANEL:

- **Process-Based Therapy: A Model with Future**

Stefan G. Hofmann (University of Marburg, Germany)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Process-based therapy (PBT) is a radical departure from the latent disease model of the DSM and ICD with its absurd proliferation of the protocols-for-syndrome approach. Instead, PBT focuses on how to best target and change core biopsychosocial processes in a specific situation for given goals with a given client. This approach recognizes that psychotherapy typically involves non-linear (rather than linear), bidirectional (rather than unidirectional), and dynamic changes of many (rather than only a few) interconnected variables. Effective therapy changes the entire system toward a stable and adaptive state by enhancing context-specific variability, selection and retention of biopsychosocial processes. PBT is, therefore, grounded in evolutionary science. For therapy to be most effective, we, therefore, need to embrace a systematic, assessment-guided, and theory-based approach to understand the relationships of the various problems of a given client. Functional analysis, the foundation of behavior therapy, provides the basis to understand these relationships. PBT acknowledges the complexity, inter-relatedness, and multidimensional levels of the problems in a given client. I will illustrate how PBT is used to target key treatment processes by combining functional analysis with a dynamic and person-specific network approach.

- **Modular-Based Psychotherapy (MoBa) vs. Cognitive Behavioral Therapy (CBT) for Patients with Comorbid Depression and a History of Childhood Maltreatment**

Moritz Elsaesser (University of Freiburg, Germany), Sabine Herpertz, Elisabeth Schramm

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Background: In depression treatment, most patients do not reach response/remission with current psychotherapeutic approaches. Major reasons for non-response are interindividual heterogeneity of etiological and maintaining mechanisms and a high rate of comorbid disorders. Personalized treatments targeting comorbidities as well as transdiagnostic mechanisms and factors like early childhood maltreatment promise better outcomes. To improve psychotherapeutic treatments, the essential question is how already existing evidence-based approaches can be combined and integrated. In this sense, a Modular-Based Psychotherapy (MoBa) approach provides a treatment model of independent and flexible therapy elements within a systematic treatment algorithm to combine and integrate existing evidence-based approaches. Method: In a randomized controlled feasibility trial (RCT), N=70 outpatients with episodic or persistent major depression, comorbidities and childhood maltreatment are treated in 20 individual sessions with MoBa or standard Cognitive Behavioral Therapy (CBT) for depression. The three modules of MoBa focus on deficits associated with early childhood maltreatment: the systems of negative valence, social processes, and arousal. According to a specific questionnaire-based treatment algorithm, elements from Cognitive Behavioral Analysis System of Psychotherapy (CBASP), Mentalization-Based Psychotherapy (MBT) and/or Mindfulness (MBCT) are integrated for a personalized modular procedure. Results: As a proof of concept, this trial provides evidence for the feasibility and efficacy (post-treatment and six-month follow-up) of a modular add-on approach for patients with depression, comorbidities and a history of childhood maltreatment. Discussion: Modular-Based Psychotherapy supports the eclectic approach of most clinicians by providing them with an evidence-based treatment algorithm to combine and integrate available treatment modules systematically for personalized treatment.

- **The HARMONIC Trial: A Randomized Controlled Feasibility Trial of a Novel Transdiagnostic Modular Intervention for Comorbid Mood, Anxiety and Stressor-Related Disorders**

Anna Bevan (University of Cambridge, UK, United Kingdom), Tim Dalgleish, Melissa Black, David Johnston

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Background: Comorbidity in mental health conditions is the rule rather than the exception in outpatient psychology services, but evidence-based psychological treatment protocols typically focus on a single diagnosis. Given overlaps across diagnostic categories in both symptomatology and in the cognitive, behavioural and interpersonal factors that drive symptomatology, there is a strong rationale for developing transdiagnostic approaches to

fill the gap in effective and efficient interventions for people with comorbid presentations. Shaping Healthy Minds is a transdiagnostic, modular intervention which synthesises several evidence-based treatment techniques for anxiety, mood disorders and trauma sequelae, allowing for standardized, yet flexible, treatment delivery. Method: The HARMONIC randomized controlled feasibility trial compared Shaping Healthy Minds to psychological treatment-as-usual (N = 42). Participants met criteria for at least two comorbid mood, anxiety, obsessive-compulsive or trauma/stressor disorder diagnoses, and received up to 20 sessions of individual treatment. Co-primary outcomes were self-reported depression and anxiety symptoms, disability and functional impairment. Secondary outcomes included number of diagnoses and changes in transdiagnostic processes. Results: The trial provided evidence for the feasibility, acceptability and likely efficacy (at post-treatment and 3-month follow-up) of the intervention in preparation for a later phase fully-powered efficacy trial. We also established the feasibility of collecting demographic, cognitive and behavioural data to assess potential mediators and moderators of outcome. Discussion: This transdiagnostic, modular intervention shows promise as a treatment approach for complex and comorbid mood, anxiety and stressor-related disorders. The results of this feasibility trial will inform future large-scale trials of this approach.

- **What to Do First? Data-Informed Treatment Strategy Selection for Patients with PTSD**

Steffen T. Eberhardt (Universität Trier, Germany), Anne-Katharina Deisenhofer, Brian Schwartz, Wolfgang Lutz

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Background: Treatments for PTSD are highly effective. Still, some patients do not respond or even deteriorate. Selecting the correct strategy for the individual patient could improve outcomes, especially if empirical data inform the selection process. Thus, our objective was to examine whether data-informed treatment selection can help improve outcomes of treatments for PTSD. Methods: We analyzed a sample of 413 patients with PTSD receiving CBT. Patients were grouped by the treatment strategy most prevalent in their first ten sessions (motivational clarification, problem actuation, resource activation, mastery, alliance). A variable selection algorithm (Boruta) identified important predictors of treatment outcome for each group. Regression models were applied to predict for each patient what outcomes would be expected if they had received each strategy. Those predicted outcomes were used to determine the recommended strategy for the individual patient. Finally, we tested whether the observed outcomes of patients, who received their recommended strategy, were superior to those of patients who did not. Results: Of five tested comparisons, one comparison (problem actuation vs. therapeutic alliance) was significant: Patients who received their recommended strategy had significantly better outcomes than patients who did not ($d = 0.29$) and achieved better response rates (71.5% vs. 57.0%). The Personalized Advantage Index was $PAI = 0.3$. Discussion: Data-informed treatment selection might improve outcomes for patients with PTSD and could support therapists' decision on whether to focus on alliance or problem actuation (e.g., exposure) at the beginning of treatment. The lack of a validation sample calls for further replication efforts.

KEYWORDS: Evidence-based psychotherapies | Other: Personalized Psychotherapy, Process-Based Therapy, Modular-Based Psychotherapy, Data-informed Psychotherapy

SD02

THURSDAY, JULY 7, 2022, 08:30–10:00 (MDT) | STURM 380

STRUCTURED DISCUSSION Psychodynamic Practice-Oriented Research ⁽³²⁾

ORGANIZERS & MODERATORS:

Santiago Juan
Facultad de Psicología - Universidad de Buenos Aires, Argentina

ABSTRACT:

Empirical research and psychodynamic therapies have been difficult fields to integrate. Usually, clinicians tend to interact only with other clinicians who, in general, share the same theoretical positions. In turn, researchers produce knowledge that ends up being oriented towards other researchers, but not towards clinicians or their concrete practice with patients. The integration of evidence generated by empirical research with psychodynamic clinical postulates and procedures is still an area that needs development and deepening. In response to this problem, the paradigm of "Practice-Oriented Research" seeks to generate clinically relevant evidence, responding, through empirical procedures, to questions of clinical origin. The aim of this paradigm, therefore, is to direct empirical research towards concrete clinical problems and, at the same time, to involve clinicians in research's

questions and processes. These objectives can be met in various ways, if joint work and production spaces are generated that involve clinicians and researchers. In this sense, specific tools that allow a clinical use and, at the same time, are sufficiently systematic to be applied to empirical research, are highly relevant. In this structured discussion, four Latin American exponents of psychodynamic therapy and its research with systematic tools will address and discuss three major questions: (1) What kind of strategies can be used to foster integration between psychodynamic practice and research? (2) How can we make research relevant for clinicians and encourage therapists to use empirical findings in their clinical work? (3) How can we foster psychodynamic practice-oriented research within therapists' training and supervision process?

DISCUSSANTS:

- Guillermo de la Parra (Pontificia Universidad Católica de Chile, Santiago)
- Nicolás Bagattini (Centro Universitario UNO, Uruguay)
- Neusa Rocha (UFRGS-Universidade Federal do Rio Grande do Sul, Brazil)
- Álvaro Romero Pimienta (Asociación Psiquiátrica Mexicana, Mexico)

KEYWORDS: Evidence-based psychotherapies | Practice-training-research networks | Process and outcome | Other: Psychodynamic-practice-oriented-research

PRESENTATION MODALITY: Livestream

PA04

PANEL

ORGANIZERS & MODERATORS:

Adrian Montesano

Open University of Catalunya, Spain

THURSDAY, JULY 7, 2022, 08:30–10:00 (MDT) | STURM 480

Technological Innovations for Psychotherapy Practice and Research: A Pressing Agenda in Iberoamerican Contexts ⁽³³⁾

ABSTRACT:

Understanding how to optimize and personalize treatment for each individual has been an important challenge for the psychotherapy research community. Efforts to improve outcomes through data-informed and technology-assisted treatment personalization has become a priority in the agenda of Iberoamerican researchers for the next decade. This trend is boosted by different contextual factors. Since the pandemic outburst, the inclusion of technology means in therapy delivery has been accepted as a normal practice that has come to stay. Recent technological advances have improved the user experience and democratized access to potent technical devices that can be easily included into the therapy process. Besides, there is scarcity of monitoring systems and empirically-supported health apps validated in Spanish language, and even less are culturally-adapted. The strengthened ties between Spanish and Latinamerican SPR researchers provides an optimal framework for collaboration and development of technological innovations for psychotherapy in Spanish. In this panel, we have four experiences of using technological advances for personalizing the treatment and optimizing outcomes in iberoamerican contexts. In the first paper, the development and pilot testing of a virtual reality enhanced intervention for depressed young adults is presented. In the second paper, the authors present the implementation of data-informed and measurement-based psychological therapy within a university psychotherapy service in Ecuador. The third study assesses the feasibility and preliminary results of a stepped care eHealth app for oncologic psychosocial care. Finally, the fourth study focuses on the mechanisms of change in a transdiagnostic Internet-based treatment for emotional disorders.

PAPERS IN PANEL:

- **Personalizing Psychotherapy with Virtual Reality for a Young Woman with Depression: a Journey to the Center of the Self**

Adrian Montesano (Universitat Oberta de Catalunya, Spain), Alejandro García-Gutierrez, Guillem Feixas

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Young adults are facing an unprecedented increase of mental health problems. The dissemination of effective, personalized, and attractive psychological treatments for them is a pressing issue. In this case study we focus on the pilot testing of the virtual reality app EYME -Explore Your Meanings- as part of a treatment protocol for a young adult with depression. EYME is a virtual reality tool that generates a personalized and explorable scenario representing the person's self-identity. Such exploration is intended

to be an immersive self-transformative experience that facilitates psychotherapeutic engaging and change. **Methods:** An evidence-based case study was carried out with a 21-year old woman diagnosed with major depression. Therapy progress was tracked session-by-session with the CORE-OM. Pre and post treatment changes were measured by both, the Beck Depression Inventory-II, and the Depression Anxiety and Stress Scale. SCID-based MINI interview was used at intake and after the 10-session therapy. **Results:** Outcome and monitoring measures indicated clinically significant change according to Jacobson and Truax criteria. The participant recovered and did not meet criteria for major depression after treatment. Highlights in the therapy process showed how reconstruction of meaning associated with her self-identity seemed to be a key change mechanism. Virtual reality helped to set up therapy objectives and foster meaning reconstruction associated with her self-identity. **Discussion:** Results from this case study support the efficacy of the Virtual Reality-enhanced protocol for young adults with depression and boost further randomized clinical trial research to widen the repertoire of technology-based psychotherapeutic interventions.

- **Practice-Based Evidence in Ecuador: Routine Outcome Monitoring in Psychotherapy for Common Mental Health Problems**

Jorge Valdiviezo-Oña (Universidad de Las Américas, Ecuador), Adrian Montesano, Clara Paz

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: To systematically examine treatment progress and outcomes from the implementation of data-informed and measurement-based psychological therapy within a university psychological service in Ecuador. The MyMonitor software developed by Alejandro Garcia-Gutierrez for routine assessment will be used to collect data and observe changes throughout the psychotherapeutic processes. **Methods:** This is an exploratory and descriptive naturalistic longitudinal study. Participants will be Ecuadorian adolescents (aged 11-17 years) and adults seeking psychological care at the center. In addition, semi-structured interviews will be conducted with four co-therapists (undergraduate students who accompany the therapists conducting psychotherapy) before implementing the routine monitoring system and six months after it has been implemented. With the clients, a sociodemographic questionnaire will be used in the first session and quantitative instruments throughout therapy from the beginning to the end to collect data on psychological distress, life satisfaction, ambivalence in psychotherapy, family functioning, therapeutic alliance, and satisfaction with the treatment. Primary measures for both adolescents and adults will be questionnaires from the CORE system. **Expected Benefits:** This project is the first to propose the structuring of an automated and standardized system for routine outcome monitoring of psychotherapy in Ecuador. It aims to lay the groundwork for the consistent and widespread use of outcome systems and measures in Ecuador and Latin America and will lay the foundations for the future development of normative trajectories of change and expected recovery curves.

- **ICOnnecta't: Managing Distress after a Breast Cancer Diagnosis Through eHealth**

Joan C. Medina (Universitat Oberta de Catalunya, Spain), Aida Flix-Valle, Ana Rodríguez-Ortega, Rosa Hernández-Ribas, Maria Lleras-de-Frutos, Maria Serra-Blasco, Arnau Souto-Sampera, Cristian Ochoa-Arnedo

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: The effectiveness of psychological interventions in cancer is widely known. Unfortunately, their availability is generally restricted. ICOnnecta't is a stepped eHealth ecosystem delivered by the cross-fertilization between technology and health sciences, which has the potential to overcome this limitation. This study assessed the feasibility and preliminary results of the program after two years. **Methods:** ICOnnecta't monitors patients' distress and provides psychosocial care according to their needs. It has four levels delivered entirely online: 1) Screening, 2) Psychoeducation, 3) Peer-support, 4) Group psychotherapy. It has been implemented in a large cancer hospital, being offered to all adult women recently diagnosed with breast cancer. **Results:** In the dates covered, 234 patients have effectively used the ecosystem. After diagnosis, participants showed distress levels between mild and moderate according to the Hospital Anxiety and Depression Scale, with 22.68% in the severe range. Among the patients followed for 12 months, an average of 11.21 reports per person were collected, with 18.47% of them flagging a distress warning. Following their detection, care could be responsively provided in an average one-week interval. The overall sample remained in a good mental

health status. Discussion: IConnecta't has successfully been embedded in routine care and has shown to be as acceptable for patients as previous eHealth interventions. Distress symptoms could be easily detected and managed by the program, with short waiting times. Their follow-up uncovered a generally resilient response to the intervention. Future comparative studies must assess its effectiveness in comparison to usual care.

- **Between- and Within-Patient Effects of Affect as Mechanisms of Change in a Transdiagnostic Internet-Based Treatment for Emotional Disorders**

Amanda Díaz-García (Universidad de Zaragoza, Spain), Javier Fernández-Álvarez, Juan Martín Gómez Penedo, Alberto González-Robles, Cristina Botella

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Although compelling research demonstrates the efficacy of psychological treatments, particularly for emotional disorders (ED), few studies have shown their mechanisms of change. Affect regulation may influence psychological treatment outcomes in two ways, on the one hand, when it is generally higher or lower for some patients than for others and, on the other hand, as it changes in individual patients over time. The aim of this study is to test whether positive and negative affect (PA; NA) would operate as a mechanism of change of symptomatic improvement in a transdiagnostic internet-based protocol for ED. **Methods:** 144 diagnosed depressed or anxious patients underwent 12 or 16 modules of a transdiagnostic Internet-based protocol for ED. After completing every module, all the patients filled out the Positive and Negative Affect Schedule (PANAS), the Overall Anxiety Severity and Impairment Scale (OASIS), and the Overall Depression Severity and Impairment Scale (ODSIS). **Results:** Both high positive and low negative affect were associated with less severe depressive and anxious symptomatology during the treatment. Hierarchical linear modeling analysis showed a significant between-patient effects on anxiety and depression symptoms of both PA and NA. Significant within-patient effect of affectivity on anxiety and depression were also found. **Discussion:** The results support affectivity as mechanisms of change in psychological treatments, which may have clinical implications because targeting both NA and PA helps to reduce depression and anxiety symptomatology. This study provides evidence that NA and PA are malleable constructs that can be influenced by a transdiagnostic treatment.

DISCUSSANT: Henry Daniel Espinosa Duque (CES University, Colombia)

KEYWORDS: Treatment outcome | Other: Psychotherapy personalization, information and communication technologies, virtual reality

PA05

PANEL

ORGANIZERS & MODERATORS:

Henny A. Westra
York University, Canada

THURSDAY, JULY 7, 2022, 08:30–10:00 (MDT) | STURM 410

Evaluating Interpersonal Skills for Managing Ambivalence & Resistance⁽³⁴⁾

ABSTRACT:

Ambivalence and resistance are critical process markers in psychotherapy. Moreover, therapist variability in recognizing and managing these markers is unfortunately highly variable as explicit training in acuity for & responsivity to resistance is lacking. This symposium brings together two leading ambivalence research groups (Westra, York University; Goncalves, University of Minho). The first two speakers will present data from recently completed studies on training acuity for process markers of ambivalence and resistance. First, Olson will present the outcomes of an RCT of 300 community therapists randomly assigned to two different training conditions (either Practice Identifying Ambivalence/Resistance Markers or Practice Identifying & also Responding to These Process Markers) or a delayed training control. Secondly, Di Bartolomeo will present data examining predictors of therapist interpersonal skill performance on validated skills tests including predictors of training status (untrained, novice, or experienced therapists), humility, emotional regulation, and pre-existing empathy skills. Then there will be two intensive case studies presented. The first of these will be presented by Braga and presents the frequency of ambivalence impasses and how such impasses are resolved. The final talk will be presented by Ferreria and this talk centers on identifying and evaluating the moment-to-moment interventions which are effective in promoting ambivalence resolution. Miguel Goncalves, a prominent ambivalence researcher, will be the discussant. Taken together, these presentations will further elucidate appropriate responsivity to ambivalence and resistance markers, as well as evaluating training practices to develop these critical therapist skills.

PAPERS IN PANEL:

- **Investigating the Role of Individual Differences for Therapist Skill Performance**

Alyssa A. Di Bartolomeo (York University, Canada), David A. Olson, Henny A. Westra, Tali Boritz

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Improving psychotherapy skills training is becoming increasingly important, given research suggesting clinical experience alone is not associated with better outcomes. One reason for this finding might be that current training emphasizes knowledge rather than skill. While research highlights that experience does not equate to performance, little is known about what factors do predict performance. Given research that therapist characteristics like humility and empathy differentiate process and treatment outcomes, it is plausible that these individual differences may predict therapist skill performance above and beyond psychotherapy experience. Accordingly, this study assesses the differential contributions of psychotherapy experience relative to other therapist characteristics such as, humility and empathy in distinguishing performance on tests of interpersonal skills in managing difficult clients. Three-hundred participants with differing levels of psychotherapy experience (i.e., 100 untrained participants, 100 early career participants, and 100 experienced participants) will be enrolled. Participants will complete online questionnaires that assess previous psychotherapy experience, humility, and empathy. Participants will then complete two empirically supported virtual interpersonal skills tests, The Resistance Vignette Task (Westra et al., 2020) and The Facilitative Interpersonal Skills (Anderson et al., 2009). Data will be collected in February 2022. It is hypothesized that higher levels of humility and empathy will be more predictive of test performance compared to psychotherapy experience. Findings from this study will be used to facilitate improvements in training and ultimately, client outcomes.

- **Ambivalence Resolution in the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: An Exploratory Case Study**

Cátia Braga (School of Psychology, University of Minho, Braga, Portugal), Helena Ferreira, Inês Sousa, Miguel M. Gonçalves

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Client ambivalence toward change is a central therapeutic target in the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP). However, we do not know how clients resolve the inner impasse that characterizes ambivalence across the sessions and modules of the UP. Objectives: This exploratory single case study aimed at a) describing the frequency of observed and self-reported ambivalence across the UP sessions; b) describing the frequency of observed ambivalence resolution strategies across the UP sessions; c) evaluating the impact of distinct ambivalence resolution strategies on ambivalence measures. Method: Sixteen sessions of a recovered case treated with the UP were coded with observational measures of ambivalence and ambivalence resolution. A self-reported ambivalence outcome measure was also used. Results: Both self-reported and observed ambivalence significantly decreased; a particular type of ambivalence resolution strategy (negotiation) was significantly associated with ambivalence reduction. Conclusion: Ambivalence resolution strategies progression differed from the one found for the recovered cases of previous studies with distinct therapeutic approaches; promoting negotiation between the different parts of the client's inner conflict across the whole therapy may be valuable in dealing with client's ambivalence in the UP treatment.

- **Therapist Interventions and Ambivalence Resolution: An Exploratory Case Study**

Helena Ferreira (School of Psychology, University of Minho, Braga, Portugal), Cátia Braga, Miguel M. Gonçalves

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Ambivalence and its correlated interpersonal resistance are one of the routes to therapeutic failure and among the most frequent and challenging problems in

psychotherapy. Ambivalence refers to a conflict between opposed positions of the self: one favoring change and another favoring problematic stability. Studies on ambivalence resolution suggest that two processes are involved in the resolution of this conflict - dominance and negotiation. Dominance refers to the empowerment of the pro-change position and consequent inhibition of the problematic position. Negotiation by its turn involves the integration of the positions in conflict. Although both dominance and negotiation processes are associated with ambivalence resolution, an increased proportion of negotiation was found in previous studies in recovered cases compared with unchanged cases where negotiation was almost absent. How ambivalence is managed in the therapeutic interaction contributes for its exacerbation or its resolution. Generically, we know that brand-name interventions as Motivational Interviewing are efficacious in dealing with ambivalence and that non-directive interventions are more suitable for clients with high levels of resistance and reactance. Nonetheless, on a moment-to-moment basis, it remains unclear what interventions are effective in promoting ambivalence resolution. This study addresses this question by analyzing moment-to-moment therapeutic interventions in an exploratory case study using grounded theory and thematic analysis. Ambivalence and ambivalence resolution moments were coded with the Ambivalence Coding System and the Ambivalence Resolution Coding System, respectively. Therapist interventions (coded previously with the Therapeutic Collaboration Coding System) within ambivalence and ambivalence resolution moments were inductively analyzed. Clinical implications will be discussed.

DISCUSSANT: Miguel M. Gonçalves (School of Psychology, University of Minho, Braga, Portugal)

KEYWORDS: Process and outcome | Therapist effects | Therapist training and development

PA06

PANEL

ORGANIZERS & MODERATORS:

Víctor E. Gómez
Universidad de Chile, Santiago

THURSDAY, JULY 7, 2022, 08:30–10:00 (MDT) | STURM 424

Psychotherapy in Depressive Patients with Chronic Diseases: Challenges of Remote Care and New Approaches to New Challenges ⁽³⁵⁾

ABSTRACT:

Brief manual psychotherapies offer a reliable and valid alternative to public health problems that require the optimization of clinical resources, both economically and humanly. The experience of a psychoeducational treatment for patients with depression and chronic diseases is reviewed, which, as a result of the pandemic, required the adjustment of their work modality to remote intervention. Indicators of therapeutic change are evaluated that seek to reflect the scope of the treatment, as well as indicators of the psychotherapeutic process that show how a remote and brief intervention can be equally effective and close considering the challenges of current times. Scope, limitations and adjustments of therapy for future interventions are discussed.

PAPERS IN PANEL:

- **Brief Manualized Psychotherapy for Patients with Chronic Diseases and Depression: Discussion on the Evolution of Symptoms and Adaptation of Care Modalities in Times of Pandemic**

Graciela D. Rojas (Universidad de Chile, Santiago)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Manualized psychotherapy for patients with depression and chronic illnesses consists of 8 face-to-face sessions with a high psychoeducational content, seeking to strengthen the work from the motivational model and the therapeutic alliance. Given the pandemic, it became necessary to readapt the way of working with patients, being able to carry out the treatment remotely. Results are discussed, as well as difficulties and successes in each of the modalities carried out.

- **Indicators of Therapeutic Change in Brief Manualized Psychotherapy for Patients with Chronic Diseases and Depression: Compared Experience between Face-to-Face Patients and Remote Patients**

Víctor E. Gómez (Universidad de Chile, Santiago)

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Based on the experience of 60 cases treated with brief manual therapy for people with depression and chronic illnesses, in face-to-face and remote care modalities, differences are established in therapeutic process indicators, based on process measures such as 1) generic indicators of therapeutic change, 2) OQ-30, 3) WAI-T and WAI-P. The results show that both modalities, although they differ in how they initiate the therapeutic alliance, achieve similar results at the end of the psychotherapeutic process.

- **Therapeutic Process Indicators in Brief Manualized Psychotherapy for Patients with Chronic Diseases and Depression: Differences Between Remote and Presential Care According to the Perspective of Patients and Therapists**

Mirko Martinic (Universidad de Chile, Santiago)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Based on the experience of 60 cases of brief manualized psychotherapy for chronic illnesses and depression, the opinion of therapists and patients regarding the treatment received, its strengths and weaknesses are analyzed in order to have better possibilities of intervention depending on the modality used. The scope of the intervention and its benefits in patients are established.

DISCUSSANT: Graciela D. Rojas (Universidad de Chile, Santiago)

KEYWORDS: Evidence-based psychotherapies | Treatment process and outcome

BP05

BRIEF PAPER SESSION

MODERATOR:

Franz Caspar

University of Bern, Switzerland

THURSDAY, JULY 7, 2022, 08:30–10:00 (MDT) | STURM 435

Emotional Patient Experiencing, Emotional States, and Attachment

BRIEF PAPERS:

- **Changes in Selected Aspects of the Emotional State of Patients with Neurotic and Personality Disorders during the COVID-19 Pandemic** ⁽³⁶⁾

Michał Mielimąka (Jagiellonian University Medical College, Faculty of Medicine, Department of Psychotherapy, Poland), Joanna Mostowik, Aleksandra Wolinska, Krzysztof Rutkowski, Edyta Dembinska, Jerzy A. Sobanski, Anna Citekowska-Kisielewska, Katarzyna Klasa, Patrycja Jęda

PAPER ABSTRACT:

Introduction In this research, attention is given to selected aspects of the emotional state of patients with neurotic and personality disorders in a significantly changing social environment shaped by a varying degree of COVID-19 related restrictions. **Method** The research included 52 patients qualified to a day treatment center for psychotherapy. All patients were diagnosed with a neurotic and/or personality disorder (F4X,F60.X,F61). The data from two subgroups of patients were analyzed. The first subgroup included people who experienced a sudden change in treatment - from intensive in-person group psychotherapy to individual psychotherapy performed via telephone. The second subgroup included in-person group psychotherapy patients (with milder restrictions in-place: covering of face and nose, social distancing). **Based on the topics discussed in groups** an incomplete-sentence questionnaire was applied to gather insight into patients' emotional states. **Results** The distribution and frequency of identified emotions differ significantly in the two subgroups. The most frequently recognized emotions among patients in individual therapy via telephone included: sadness, anger, anxiety, apprehension, and helplessness. Love was most commonly identified among feelings helpful in coping with stressful events. In the second subgroup (in-person group psychotherapy with milder restrictions) a more comprehensive range of emotions was noticeable, including hope and appreciation. Anxiety and apprehension remained among the most prominent indications. **Conclusions** The COVID-19 pandemic can be characterized as challenging, especially for people diagnosed with mental disorders. The availability of in-person group psychotherapy may provide a helpful buffer, as it provides a more stable environment to experience a wider variety of emotions.

PRESENTATION MODALITY: In Person

- **Does Attachment Change Relate to Outcome in Emotionally Focused Individual Therapy?** ⁽³⁷⁾

Stephanie Wiebe (Saint Paul University, Ottawa, Canada), Sue Johnson, Robert Allan, Leanne Campbell, Paul Greenman, David Fairweather, Giorgio Tasca

PAPER ABSTRACT:

Background: Emotionally Focused Individual Therapy (EFIT; Johnson, 2019) is an attachment-based, transdiagnostic approach for the treatment of emotional disorders as formulated by Barlow et al. (2017). From an attachment theory perspective, symptoms of these disorders can be understood as the result of insecure internal working models that limit one's capacity to regulate emotion in relationships. The current study is the first to examine this theoretical underpinning of the EFIT model. Method: A sample of 44 participants meeting criteria for a depressive and/or anxiety disorder participated in an average of 15 sessions of EFIT. Attachment insecurity (ECR; Brennan, Clark, & Shaver, 1998) and symptom distress (OQ-30.2; Lambert et al., 1996) were measured after each therapy session. Attachment trajectories across sessions will be examined using multilevel modelling and will be compared based on participant recovery, reliable change, no change, or deterioration in psychological distress. Hypotheses: We hypothesize that: 1) Participants will demonstrate significant reductions in attachment insecurity across EFIT sessions; and 2) Participants demonstrating recovery or reliable change will show greater reductions in attachment insecurity as compared to participants with no change or deterioration. Implications: These findings will contribute preliminary outcome data from EFIT sessions and contribute to our understanding of attachment as a potential mechanism of change.

PRESENTATION MODALITY: In Person

- **How Can Emotional Patient Experiencing be Used for Change? Several Avenues in Responsive Psychotherapy** ⁽³⁸⁾

Franz Caspar (University of Bern, Switzerland), Annabara Stähli

PAPER ABSTRACT:

Emotions show up in the context of psychotherapy in many ways: negative emotions are related to the clinically relevant problems, positive emotions (which can be found even with very severely disturbed patients) are often related to patient, emotions come up in the therapy relationship, and, as Piaget emphasizes, emotions are related to any kind of change. Unless ways are found and used to recognize, utilize, or deal with emotions, it will be difficult to optimize psychotherapy. It is plausible that a good understanding of the patient and custom tailoring their procedure responsively to the individual patient is a precondition for an optimal way of working with emotions. In this paper several possibilities of working with emotions will be discussed, it will be illustrated how a Plan Analysis case formulation can include emotions and how interventions can be derived from such a case formulation. It will finally be illustrated how psychotherapy integration can widen the possibilities of dealing with and of using emotions. This is based on a study in which the effects on process and outcome are examined of adding EFT elements to an already integrative form of psychotherapy.

PRESENTATION MODALITY: In Person

- **Therapeutic Approaches, Preferences and Attachment Patterns Related to Outcome of Psychotherapy in Private Practice** ⁽³⁹⁾

Celia F. Jacobsen (University of Copenhagen, Denmark), Fredrik Falkenström, Jan Nielsen, Susanne Lunn, Birgit B. Mathiesen, Line R. Lauritzen, Mads Dahlgard, Katrine Søndergaard, Stig Poulsen

PAPER ABSTRACT:

Aims: This study is part of the CROP study, a naturalistic observational study conducted with psychologists in private practice. The study aims to investigate the general effect of psychotherapy delivered in the Danish practice sector and to examine whether specific therapeutic approaches (e.g. directive versus insight-oriented) are differentially effective with certain client symptom profiles, attachment patterns or therapeutic preferences. In addition, we seek to identify client and therapist characteristics associated with dropout from psychotherapy. Methods: Our main predictor and moderator studies make use of multilevel modelling on a sample of approx. 400 clients seeing approx. 50 therapists during their participation in the CROP study. Therapeutic approaches and preferences are measured using the subscales of the Psychotherapy Preferences and Experiences questionnaire (PEX), while symptom profiles, therapeutic outcomes and attachment patterns are measured with the symptom dimensions of the Brief Symptom Inventory (BSI) and the Experiences in Close Relationships Scale (ECR). For the analyses of predictors of dropout, we conduct multilevel logistic regression analyses using the baseline data of the client sample as predictor variables. Results: At the time of

submission, preliminary analyses indicate substantial therapist effects as well as reliable and clinically significant improvement among the client sample. The predictor and moderator analyses have yet to be completed and will be presented at the conference. Discussion: We will discuss the implications of our predictor, moderator, and dropout analyses on, e.g., treatment selection, planning and delivery in clinical practice.

PRESENTATION MODALITY: In Person

BP06

BRIEF PAPER SESSION

MODERATOR:

Shayne R. Anderson
Brigham Young University, Provo, USA

THURSDAY, JULY 7, 2022, 08:30–10:00 (MDT) | STURM 490

Couple, Child, and Adolescent Treatment Concepts

BRIEF PAPERS:

- **Expert Clinicians' Prototypes of an Adolescent Treatment: Common and Unique Factors Among Four Treatment Models** ⁽⁴⁰⁾

Geoff Goodman (Long Island University Post, USA), Ana Calderon, Nick Midgley

PAPER ABSTRACT:

Objective: To investigate (1) whether expert clinicians within psychodynamic therapy (PDT), mentalization-based treatment (MBT), cognitive-behavioral therapy (CBT), and interpersonal psychotherapy (IPT) agree on the essential adolescent psychotherapy processes using the Adolescent Psychotherapy Q-Set (APQ); (2) whether these four session prototypes can be empirically distinguished; and (3) whether mentalization is a shared component in expert clinicians' conceptualizations of these four treatment models. Method: Thirty-nine raters with expertise in PDT, MBT, CBT, and IPT provided ratings of the 100 APQ items to characterize a prototypical session that adheres to the principles of their treatment model. A Q-factor analysis with varimax rotation was conducted. Results: Expert clinicians reached a high level of agreement on their respective session prototypes, which loaded onto five independent factors. The PDT session prototype straddled two different factors, suggesting more variability in PDT expert clinicians' understanding of PDT process for adolescents than in the views of the expert clinicians representing the other treatment models. Mentalization process was shared among all four session prototypes; however, the correlation between the CBT and IPT session prototypes remained significant after controlling for the MBT session prototype. Conclusions: Researchers can now assess adherence to four adolescent treatments and identify change processes beyond these labels.

PRESENTATION MODALITY: Livestream

- **Relational Aggression and Sex in Marriage: An Actor-Partner Interdependence Mediation Model** ⁽⁴¹⁾

Min Xu (Brigham Young University, Provo, USA), Lee Johnson

PAPER ABSTRACT:

The majority of studies on couple aggressive behaviors have focused on more observable and overt forms (e.g., intimate partner violence), while findings on covert patterns of aggression are lacking. This study aims to explore the direct and indirect effects of two types of relational aggression (i.e., love withdrawal and social sabotage) on sexual dissatisfaction in marriage, with attachment insecurity (i.e., attachment anxiety and attachment avoidance) as the mediator. Participants were 324 married couples from a large northwestern city in the United States. Considering the non-independence of couple data, both actor and partner effects of relational aggression were estimated with weighted least square mean and variance adjusted estimator in Mplus Version 8.7. For accuracy in modeling indirect effects, we used bootstrapping ($n = 5,000$) for the bias-corrected bootstrap confidence intervals. Direct actor effects from love withdrawal were found for both partners, but direct actor effects from social sabotage were only found for husbands. Direct partner effects from love withdrawal and social sabotage were both found for wives only. Further mediation analyses indicated that both attachment anxiety and attachment avoidance mediated the relationship between two types of relational aggression (i.e., love withdrawal and social sabotage) and sexual dissatisfaction. Findings from this study demonstrate the direct and indirect positive associations between two types of relational aggression and sexual dissatisfaction in marriage, with attachment insecurity as mediators. For promoting sexual and marital quality, clinicians are encouraged to regularly assess subtle forms of aggression in couples, and help couples build attachment security in their relationship.

PRESENTATION MODALITY: In Person

- **The Efficacy of Emotionally Focused Couple Therapy Provided Via Teletherapy with Spanish-Speaking Couples** ⁽⁴²⁾

Martíño Rodríguez-González (Universidad de Navarra, Spain), Shayne Anderson, Dania Andrade, María Calatrava, Ladislav Timulak

PAPER ABSTRACT:

Teletherapy has been increasing in recent years, especially in response to the COVID-19 pandemic. Nevertheless, research regarding its efficacy and limitations remains an area to be addressed. This study examines the effectiveness of Emotionally Focused Couple Therapy (EFT) delivered remotely through online teletherapy using a quasi-experimental non-equivalent group design. This study compares three groups of couples assigned to receive in-person therapy, teletherapy, or a wait list. The three groups will be evaluated with a battery of questionnaires that will examine change in relationship functioning, reflective functioning, the alliance, and individual symptoms of depression, anxiety, and stress. Couples in the two treatment groups will be evaluated after each session, across the 10-session treatment, while couples in the control group will be evaluated every 3 weeks. The collection of data presented in this communication began in November 2021 and will be completed by May 2022. In this presentation, we will share the preliminary results of this work, which has been made possible by a Collaborative Research Award, received in June 2021. Through this pilot study, we hope to be able to explore the differences in both the process and outcome of treatment across the three conditions. Evaluating the effectiveness of EFT in the Spanish-speaking population through different treatment formats will help detect limitations and strengths of each format, with the goal of identifying potential adaptations to increase the success of EFT delivered virtually and in-person.

PRESENTATION MODALITY: In Person

- **Understanding Social Causality as a Mediator of the Relation Between Adherence to Mentalizing Principles and Autism Symptoms in the Treatment of a 6-Year-Old Boy** ⁽⁴³⁾

Geoff Goodman (Long Island University Post, USA), Andrea Youniss, Bryan Blum, Valeda Dent

PAPER ABSTRACT:

Individuals diagnosed with high-functioning autism spectrum disorder (HFASD) have been shown to manifest deficits in understanding social causality (Eurelings-Bontekoe et al., 2011); however, other research suggests that their perceptions of social causality are unimpaired (Congiu et al., 2010). The Social Cognition and Object Relations Scale, Global Rating Scale (SCORS-G; Stein & Slavin-Mulford, 2018) assesses understanding social causality (SC). It has been argued that social causality and mentalization are neighboring constructs (Goodman, 2010). The current study seeks to test whether adherence to mentalizing principles in a child psychotherapy session, assessed using the Child Psychotherapy Q-Set (CPQ) might be positively correlated with the child's SC session scores. In addition, this study tests whether both adherence to mentalizing principles and SC scores are negatively correlated with autism symptoms, assessed using the Childhood Autism Rating Scale (2nd ed.; CARS-2-HF; Schopler et al., 2010). Finally, this study tests the mediational model that SC mediates the relation between adherence to mentalizing principles and autism symptoms. We believe that higher SC scores will predict lower autism symptom scores, even after controlling for adherence to mentalizing principles, which will become nonsignificant. This study uses a single-case design with a 6-year-old boy diagnosed with HFASD who attended 52 sessions between two therapists over two years. SC will predict lower autism symptoms because the child's improved understanding of the therapist's intentions and behaviors will allow the child to view the therapist as a generally benevolent force, which would diminish the need to rely on distance-promoting autism symptoms.

PRESENTATION MODALITY: Livestream

SD03

THURSDAY, JULY 7, 2022, 10:15–11:45 (MDT) | STURM 453

STRUCTURED DISCUSSION

ORGANIZERS & MODERATORS:

Louis G. Castonguay
Penn State University, University Park,
USA

Improving and Investigating Psychotherapy for Clients with Limited Socio-Economic Resources: International Perspectives on a Globally Underserved Population ⁽⁴⁴⁾

ABSTRACT:

Increased attention has recently been given on expanding mental care services to reach populations that have yet to receive sufficient and/or effective psychological treatment. One population that has suffered from such “treatment gap” (Kazdin, 2021) are clients with limited socio-economic resources. The goal of this structured discussion is to examine how to improve and investigate efforts to reach this underserved population across different parts of the world, foster treatment utilization, as well as to deliver psychotherapy in culturally responsive and clinically competent ways. These issues will be addressed by expert clinicians and researchers from different continents.

DISCUSSANTS:

- Fredrik Falkenström (Linköping University, Stockholm, Sweden)
- Héctor Fernández-Álvarez (Aiglé Foundation, Argentina)
- Nick Firth (University of Sheffield, UK, United Kingdom)
- Beatriz Gómez (Aiglé Foundation, Argentina)
- Amber M. O'Shea (Penn State University, University Park, USA)
- Soo Jeong Youn (Harvard Medical School, USA)

KEYWORDS: Culture | Practice-training-research networks

PRESENTATION MODALITY: Mixed

PA07

THURSDAY, JULY 7, 2022, 10:15–11:45 (MDT) | STURM 454

PANEL

ORGANIZERS & MODERATORS:

Paul Crits-Christoph
University of Pennsylvania,
Philadelphia, USA

A Randomized Controlled Trial of the Effectiveness of Feedback to Clinicians on Client Trust/Respect towards Their Clinician ⁽⁴⁵⁾

ABSTRACT:

This panel reports on findings from a multisite community-based randomized trial evaluating the efficacy of feedback reports to therapists containing client evaluations of the degree of trust and respect towards their therapist. The panel will consist of four presentations: (1) an overview of the background, hypotheses, measures, procedures, client sample, therapist sample, and settings; (2) a presentation of the main effectiveness findings with primary and secondary outcomes; (3) an exploratory analysis of the impact of race/ethnicity; and (4) an evaluation of outcomes for the subgroup of clients with serious mental illnesses. Results will be discussed in the context of emerging literature on the importance of client trust and respect towards their healthcare provider.

PAPERS IN PANEL:

- **Overview of the Background and Methods for a Study Investigating the Impact of Weekly Client Trust/Respect Feedback**

Paul Crits-Christoph (University of Pennsylvania, Philadelphia, USA), Mary Beth C. Gibbons, Lang Duong, Eirini Zoupou, Jody Kashden, Jena Fisher

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: The goal of this first presentation is to present the background and methods for the randomized controlled trial that investigated the effectiveness of client feedback to therapists using trust/respect ratings. **Methods:** The study randomized clients (N=180 with at least one post-baseline assessment) to treatment-as-usual supplemented with either (1) a weekly symptom-based feedback report to the therapist, or (2) therapist received a weekly symptom-based (BASIS-24 measure) feedback report that also contained weekly scores on a measure of client trust/respect towards their therapist. The study was conducted at multiple community-based adult mental health clinics that provided either standard (typically once/week) individual psychotherapy or intensive outpatient treatment (combination of individual and group therapy, typically with multiple sessions per week). All clients seeking treatment other than those referred to primary substance abuse treatment were eligible. The primary outcome measure is the PROMIS social roles and activities functioning scale, obtained weekly for 12 weeks. Secondary

outcome measures included the BASIS-24, a new measure of trust/respect, a global rating of satisfaction with treatment, and duration of treatment. Clients continued to complete weekly assessments even if they ended treatment prior to 12 weeks. Discussion: Trust/respect is increasingly receiving attention as an important dimension of healthcare services. This trial will inform whether or not providing feedback about trust/respect to clinicians can encourage clinicians to address potential deficits in trust/respect, thereby facilitating improved outcomes.

- **Effectiveness of Feedback on Client Ratings of Trust/Respect: Primary and Secondary Outcomes**

Mary Beth C. Gibbons (University of Pennsylvania, Philadelphia, USA), Eirini Zoupou, Lang Duong, Jody Kashden, Jena Fisher, Paul Crits-Christoph

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: This paper in the panel reports on the main outcome findings of the randomized controlled trial evaluating the effectiveness of feedback to clinicians on client ratings of trust respect. **Methods:** Primary and secondary outcome measures will be analyzed using longitudinal mixed effects models examining linear change over the course of the 12 weeks of data collection. Subgroup analysis will explore whether any treatment group effects are evident particularly among clients with relatively lower initial trust/respect scores. **Results:** The client population (N=180) was approximately two-thirds women with an average age of about 35 years. Almost all clients had a family income of \$50,000 per year or less. About one-fourth of the sample was employed full-time. Clients recruited from community mental health centers received about 5 individual treatment sessions on average; clients recruited from intensive outpatient treatment programs received on average about 3 individual and 10 group sessions from their primary therapists in addition to specialized group sessions with other therapists. Analyses examining differences between the treatment groups will be presented. **Discussion:** Trust/respect improves over time in mental health treatment. If the trial is successful, the use of feedback on trust-respect may be one way to enhance treatment outcomes in community settings.

- **Does Race/Ethnicity Moderate the Outcomes in a Randomized Trial Evaluating the Effectiveness of Feedback on Client Ratings of Trust/Respect?**

Lang Duong (University of Pennsylvania, Philadelphia, USA), Eirini Zoupou, Mary Beth C. Gibbons, Jody Kashden, Jena Fisher, Paul Crits-Christoph

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: We examined the role of race/ethnicity in the context of the randomized controlled trial evaluating the effectiveness of feedback to clinicians on client ratings of trust/respect. **Methods:** We used self-report of race/ethnicity to examine its impact on baseline measures, attrition, and treatment outcome in the RCT. **Results:** In the urban community mental health center setting, approximately half of the enrolled clients were members of a minority group (primarily African American). In the intensive outpatient treatment programs, about 20% were members of a minority group. The impact of race/ethnicity on initial trust/respect towards their therapist, as well as change in trust/respect over the 12 weeks of treatment, will be examined. Further analyses will examine race/ethnicity as a predictor and moderator of change in functioning, symptoms, and treatment satisfaction. **Discussion:** The results will be discussed in the context of literature concerning reduced trust by minority groups in the healthcare system.

- **The Impact of Serious Mental Illness on the Effectiveness of Feedback on Client Ratings of Trust/Respect**

Eirini Zoupou (University of Pennsylvania, Philadelphia, USA), Lang Duong, Mary Beth C. Gibbons, Jody Kashden, Jena Fisher, Paul Crits-Christoph

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Though there is a growing literature on the effectiveness of feedback, few studies have focused on whether such feedback is effective among clients with serious mental illness (SMI), other than a limited number of studies that focused on major depressive disorder. We explored here the impact of SMI on measures of trust/respect, satisfaction with treatment, improvement in symptoms, and improvement in social functioning. We also examined whether presence/absence of a diagnosis of SMI moderated the

treatment group comparison in the randomized trial. Methods: Client clinical diagnosis was obtained from a chart review. The relation of a clinical diagnosis of presence/absence of SMI (major depressive disorder, bipolar disorder, schizophrenia/schizoaffective disorder) to baseline variables and change in outcome measures over 12 weeks was evaluated. We also examined comorbidity and severity of symptoms as moderators. Results: Rates of serious mental illness in the recruited sample were high, with about 35% receiving a clinical diagnosis of major depressive disorder and 25% receiving a diagnosis of bipolar disorder. A small number of clients received a diagnosis of schizophrenia or schizoaffective disorder. The presence/absence of these diagnoses, together and separately, in relation to changes in trust/respect, symptoms, functioning, and treatment satisfaction will be explored. Discussion: Diagnoses of SMI are relatively common in community-based intensive outpatient programs and community mental health centers. Evaluating the effectiveness of feedback-based interventions among clients with these diagnoses therefore has high clinical relevance.

KEYWORDS: Routine Outcome Monitoring | Treatment outcome

PA08

PANEL

ORGANIZERS & MODERATORS:

Julian A. Rubel
Justus Liebig University Giessen,
Germany

THURSDAY, JULY 7, 2022, 10:15–11:45 (MDT) | STURM 479

Enhancing Adaptive Clinical Decision Making in Routine Practice Using Empirical Data ⁽⁴⁶⁾

ABSTRACT:

The present panel presents new theoretical and methodological developments in the field of personalized psychotherapy research, which is designed to provide practitioners with person-specific decision-support rules and tools. To this end, the present panel focuses on the topic of personalized feedback over the course of the treatment within different settings (individual and group) and using different kinds of data-sources (psychometric self-report data and fMRI resting state data). In the first talk, the development and implementation of a new monitoring and feedback system, the Greifswald Psychotherapy Navigator System" (GPNS), will be demonstrated. In the second talk, results of a randomized trial investigating the feasibility, acceptability, and effectiveness of a Feedback Informed Group Treatment (FIGT) are presented. The third talk will explore how fMRI data obtained on an individual-client basis might be useful for assessing the neural correlates of personality-level cognitive and motivational processes. Finally, in the last talk the effects of continuous feedback on the way patient ratings are associated with therapist ratings is investigated.

PAPERS IN PANEL:

- **Bridging the Gap between Psychotherapy Research and Practice by Providing Data-Based Feedback to Psychotherapists: The Greifswald Psychotherapy Navigator System (GPNS)**

Eva-Lotta Brakemeier (University of Greifswald, Germany), Selin Demir, Janine Wirkner, Tim Kaiser

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Patient Reported Outcome Measures (PROM) are a method of intensive monitoring of progress in medical-therapeutic interventions. Recently, they were introduced in psychotherapy with the aim of using PROM information to adapt ongoing psychotherapeutic treatment. First research demonstrated the benefit of clinical feedback during psychotherapy, which improves therapeutic outcomes and especially reduces negative courses. For our large psychotherapy university outpatient clinic (treating over 600 patients per year), we have developed the "Greifswald Psychotherapy Navigator System" (GPNS), which was implemented in routine care in December 2021. Within the GPNS, we monitor the individual trajectories of symptoms, therapeutic alliance, patient motivation and intersession processes for each case and provide direct feedback to the therapists. In the talk, we will report our experience with the development and implementation, as well as first results on effectiveness. By creating practice-based evidence through the GPNS, we aim to bridge the gap between psychotherapy research and practice.

- **The Feasibility of a Feedback Informed Group Treatment (FIGT) Tool for Patients with Anxiety and Depressive Symptoms**

Marjolein M. Koementas-de Vos (GGZ Noord-Holland-Noord, Heerhugowaard, The Netherlands), Lucas C. Colleye, Bea Tiemens, Fabiana Engelsbel, Kim de Jong, M. Annet Nugter, Cilia L. Wittemann

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Objective: Feedback Informed Treatment (FIT) has positive effects on symptoms and dropout rates in individual psychotherapy settings. The use of Feedback Informed Group Treatment (FIGT) shows mixed results. The aim of this research is to explore the feasibility of a FIGT tool for group therapy. Method: Patients with anxiety or depressive disorders following interpersonal group psychotherapy (IPT-G) or cognitive behavioural group psychotherapy (CBT-G) were randomized to either Feedback (n = 104) or Treatment As Usual (TAU) (n = 92). In the Feedback condition, patients filled out weekly the Outcome-Questionnaire 45 (OQ-45) in a web based FIGT tool and both patients as well as therapists received the results directly with the instruction to discuss the results at the start of the each group session. Data on feasibility (drop out, missing posttests, attendance, percentage filled out OQ-45s and percentage feedback discussions), acceptability by patients and therapists, and preliminary data on effectiveness were collected. Results: Data-analysis is still ongoing. Results are presented in the SPR panel.

- **Using Resting-State fMRI and Cortical Network Macrostructure to Assess Change in Individual Psychotherapy Clients**

Timothy J. Strauman (Duke University, Durham, USA)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Neuroimaging has come to play an increasingly important role in the study of psychotherapy mechanisms of change. However, like other psychophysiological methods, fMRI can be challenging to use in terms of issues with reliability, replicability, and generalizability. Recent developments using so-called "resting state" fMRI data, in which the individual is not engaging in any formal task, offer an opportunity to explore how neuroimaging can be applied to individual clients as a sensitive and reliable measure of cognitive change. In particular, data analysis methods that focus on the structure, integrity, and interactions among whole-brain functional networks – sometimes called cortical network macrostructure -- already have been shown to predict vulnerability to a range of psychological disorders. In this talk, we explore how fMRI data obtained on an individual-client basis might be useful for assessing the neural correlates of personality-level cognitive and motivational processes, and particularly how changes in network macrostructure might correlate with behavioral and affective changes observed by therapist and client. We will briefly present pilot data from a previously reported study showing how network-level change was associated with different interventions for depression. Although the practicality of using fMRI for measurement of change in psychotherapy can still be challenging, these new approaches bring us closer to the possibility of a 'routine' assessment that provides reliable and valid information about cognitive change within individual clients.

- **The Influence of Psychometric Feedback on the Association of Patient and Therapist Ratings over the Course of Treatment**

Julian A. Rubel (Justus Liebig University Giessen, Germany), Brian Schwartz, Anne-Katharina Deisenhofer, Wolfgang Lutz

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Psychometric feedback and decision-support tools have shown to be helpful means to improve the outcomes of patients at risk for treatment failure. However, less is known about the mechanisms through which feedback works and why some therapists benefit more from this intervention than others. In the present study, the extent to which patient self-report scores influence therapists' ratings of their patients' functioning is investigated as a potential mediating factor of feedback effects. We expect that feedback leads to a higher association between patients' and therapists' ratings, that this effect varies between therapists, and that this variation might explain some of the heterogeneity in feedback effects. Data is used from a recent randomized controlled trial testing the effects of psychometric feedback and decision support tools. Therapist-patient dyads (N = 538) in an CBT outpatient clinic were randomized to either having access to a decision support system (intervention group, IG; n = 335) or not (treatment as usual, TAU; n = 203). The within-dyad association between patient and therapist ratings is analyzed using Dynamic Structural Equation Modeling (DSEM). Results are discussed in the context of future implementations of psychometric feedback and decision-support systems.

KEYWORDS: Practice-training-research networks | Routine Outcome Monitoring

ORGANIZERS & MODERATORS:

Ellen Driessen

Radboud University, Nijmegen,
Netherlands**Individual Participant Data Meta-Analysis to Inform Treatment Selection for Depression** ⁽⁴⁷⁾**ABSTRACT:**

People suffering from depression have different treatment options, such as antidepressant medication and various psychological therapies. We know that these treatments work. However, we do not know which treatment works best for a given person. Accurate personalized treatment selection, matching individuals with depression to the treatment they are most likely to respond to, is urgently needed to reduce the tremendous personal and societal costs of this impairing disorder. Individual participant data meta-analysis (IPDMA) is a method to examine treatment effects by combining participant-level data from multiple clinical trials. In this panel, we will argue that IPDMA can help inform treatment selection for depression, because it allows for examining moderators of treatment effect at the patient-level with increased statistical power compared to both 'conventional' meta-analyses and individual trials. To illustrate this, we will present findings from various IPDMAs examining 1) dysfunctional attitudes as a potential moderator of CBT versus antidepressant medication efficacy, 2) which participants benefit from short-term psychodynamic psychotherapy for depression, and 3) moderators for internet-based interventions for depression. Furthermore, we will present the study protocol and preliminary results of an innovative study in which IPDMA is combined with clinician and patient expert opinion to give rise to data-informed psychotherapy for depression.

PAPERS IN PANEL:

- **Dysfunctional Attitudes in Antidepressant Medication and Cognitive Behavioral Therapy for Adult Depression: A Systematic Review and Meta-Analysis of Individual Participant Data**

Ellen Driessen (Radboud University, Nijmegen, Netherlands)

PRESENTATION MODALITY: In Person**PAPER ABSTRACT:**

Aim: Dysfunctional attitudes constitute a vulnerability factor for depression that might be most effectively reduced with cognitive behavioral therapy (CBT), but evidence so far is inconclusive. We examined 1) associations between dysfunctional attitudes and various participant characteristics, 2) dysfunctional attitude change during cognitive behavioral therapy (CBT) and antidepressant medication, and 3) whether baseline dysfunctional attitudes were related to differential efficacy of these treatments on depression outcomes. **Methods:** We conducted a systematic literature search January 1st 2021. We included randomized clinical trials comparing CBT and antidepressant medication in the acute phase treatment of adults with depression and assessing the Dysfunctional Attitude Scale. Individual participant data were requested and analyzed with mixed-effects models. **Results:** Five studies totaling 734 participants met inclusion criteria. Dysfunctional attitudes at baseline were negatively associated with age, and positively associated with depression severity, education level, and anxiety disorder comorbidity. Dysfunctional attitudes decreased significantly after CBT and antidepressants ($B = -28.582$, $SE = 2.057$, $p < .001$) with no significant difference between these treatments ($B = 2.946$, $SE = 2.736$, $p = .28$). Baseline dysfunctional attitudes did not moderate CBT versus antidepressants efficacy ($B = 0.004$, $SE = 0.010$, $p = .689$). **Discussion:** Dysfunctional attitude change is not unique nor specific to CBT for depression. We found no evidence for the clinical impression that CBT might be more efficacious than antidepressants for patients with high levels of dysfunctional attitudes.

- **Efficacy and Moderators of Short-Term Psychodynamic Psychotherapy for Depression: A Systematic Review and Meta-Analysis of Individual Participant Data**

Frederik J. Wienicke (Radboud University, Nijmegen, Netherlands)

PRESENTATION MODALITY: In Person**PAPER ABSTRACT:**

Aim: Conventional meta-analyses have established the efficacy of short-

term psychodynamic psychotherapy (STPP) for depression, but it is unclear which patients benefit specifically. Individual participant data (IPD) meta-analyses can provide more precise effect estimates and identify patient-level moderators. This IPD meta-analysis examined the efficacy and moderators of STPP for depression compared to control conditions. Methods: PubMed, PsycInfo, Embase, and Cochrane Library were searched on January 1st, 2021 to identify randomized trials comparing STPP to control conditions for depressed adults. IPD were requested from identified studies and analyzed using mixed-effects models. The primary prespecified outcome was post-treatment depressive symptom level. Results: Thirteen studies were identified totaling 837 participants. IPD were obtained from 11 studies (84.6%) including 771 participants (92.1%). STPP resulted in significantly lower levels of depressive symptom than control conditions at post-treatment ($d = -0.62$, 95%CI [-0.76, -0.47], $p < .001$, $I^2 = 0\%$) and follow-up ($d = -0.21$, 95%CI [-0.38, -0.05], $p = .011$, $I^2 = 0\%$). STPP was more efficacious for participants with higher rather than lower baseline depression levels (posttreatment: $d = -0.45$, 95%CI [-0.53, -0.37], $p < .001$; follow-up: $d = -0.46$, 95%CI [-0.56, -0.36], $p < .001$). Furthermore, age of depression onset was significantly associated with STPP efficacy at post-treatment ($d = 0.02$, 95%CI [0.003, 0.04], $p = .021$), with participants with younger ages of onset benefitting most. Discussion: These results support the evidence-base of STPP for depression and indicate baseline severity and age of onset as moderators. Future large-scale trials are needed to prospectively test these moderators.

- Internet Based Interventions for Depression: Results of a Series of Individual Patient Data (Network) Meta-Analyses**

Eirini Karyotaki (Vrije Universiteit Amsterdam, Netherlands)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Depression affects hundreds of millions of people worldwide. Effective treatment may be more widely accessible at lower costs by digital treatments (e-health). Such interventions are delivered either with therapeutic guidance (guided) or purely self-guided (unguided). Given that not all patients respond to e-health, targeting the e-health interventions to those who are more likely to benefit will maximize treatment's outcomes and scalability. We thus aimed to examine predictors and moderators of treatment outcomes and adherence to e-health interventions. Further, we investigated the relative effectiveness of guided and unguided interventions. Methods: We have gathered and synthesized 14088 individual patient data (IPD) derived from 62 randomized trials on e-health interventions for depression. Based on this dataset, we have conducted a series of IPD (network) meta-analyses using either conventional IPD meta-analytic approaches (i.e., mixed models with patient nested within studies) or network meta-analytic techniques. Results: Unguided interventions are more effective and lead to significantly lower symptom deterioration rates than controls. Overall, adherence rates are low in unguided interventions, while gender, age, educational level, and comorbid anxiety symptoms are associated with treatment dropout. Guided interventions result in greater response and remission rates than controls. While guided interventions have better outcomes than unguided interventions at post-test, treatment benefits are more substantial in individuals with moderate to severe depression. Unguided interventions are associated with similar effects to guided interventions among individuals with mild/subthreshold depression symptoms. Discussion: Personalized treatment selection is possible and necessary to ensure the best allocation of e-health resources.

- Data-Informed Treatment Selection and Adaptation in Depression Using a Mixed-Method Approach: Study Protocol and Preliminary Results of the T-SAD Study**

Suzanne van Bronswijk (Maastricht University, Netherlands)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Evidence-based treatments for depression are available however, individual responses to treatment vary widely. Clinically, this results in a "trial-and-error approach" in which different consecutive treatments are offered to find the optimal regimen resulting in chronicity, long treatment trajectories, and high societal costs. This study aims to develop personalized treatment recommendations and adaptations based on prediction models to improve quality and efficiency of depression treatment. Methods: In this 7-year project we will i) combine existing datasets and expert opinion to develop prediction models that predict treatment response prior and during treatment with the incorporation of client and therapist information, ii) test this model prospectively in routine care to guide treatment selection and adaption, and iii) integrate this into a cost-effective and easy-to-

use web-based tool suited for daily clinical use. Results: This project proposes an alternative to the current “trial-and-error approach” in treatment selection and adaptation for depression. We will do this by moving from post hoc model testing with retrospective data towards the development of a prediction tool that will be tested prospectively and implemented in clinical practice. This tool will be based on a Bayesian mixed-method approach, in which existing data and expert knowledge are combined. Preliminary results on expert knowledge of clients, informal caregivers, clinicians and researchers will be presented during this talk. Discussion: Data-informed treatment selection and adaptation should actively involve end-users in all phases including model development, validation and implementation: if end-users do not embrace these new strategies from the start, innovation is impossible and unwelcome.

DISCUSSANT: Zachary D. Cohen (University of California, Los Angeles, USA)

KEYWORDS: Treatment outcome | Other: Depression, Individual participant data meta-analysis, Treatment selection

PA10

PANEL

ORGANIZERS & MODERATORS:

Jana Volkert

MSB Medical School Berlin, Germany

THURSDAY, JULY 7, 2022, 10:15–11:45 (MDT) | STURM 380

How, When and Why Mentalizing Changes: Tracking Processes with Self-, Observer-Based and Ecological Momentary Assessments ⁽⁴⁸⁾

ABSTRACT:

Mentalizing is a fundamental human capacity to consider mental states that is needed for social learning and transfer of knowledge. A number of studies suggest that mentalizing may be a common mechanism of change in psychotherapies, however, the exact underlying processes are still to be investigated and understood. This panel presents studies, which investigate mentalizing processes using different measures- including self-, observer-report and ecological momentary assessments- and in different settings- e.g., mentalization-based treatment for adolescents, for parents- as well as a metasynthesis of case studies in order to contribute to the empirical basis. The implications of the findings will be discussed with regard to clinical applications and further need for research. Lea Kasper will present a metasynthesis of psychotherapy case studies examining changes in mentalizing in the process of psychotherapy. In particular, associations between mentalizing and therapist interventions as well as patient changes in symptoms and personality functioning will be qualitatively investigated. Svenja Taubner will report findings on changes in mentalizing associated with specific therapeutic interventions from adolescents in mentalization-based treatment for conduct disorder. Yogeve Kivity will present findings from a feasibility study examining a novel method for assessing mentalizing in daily life using Ecological Momentary Assessments (EMAs) and will discuss the implications of such a method for personalizing psychotherapy and for studying treatment outcome and process. Jana Volkert will report preliminary findings from a feasibility study on a mentalization-based online group intervention for psychologically distressed parents with add-on smartphone-based daily assessments of and exercises for mentalizing and parental stress.

PAPERS IN PANEL:

- **Changes of Mentalization in Psychotherapy – A Metasynthesis.**

Lea Kasper (University of Heidelberg, Germany), Josefina Diederich, Juri Krivzov, Svenja Taubner

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Mentalization is an ability to understand own and other's behavior in terms of mental states and is seen as a change mechanism in psychotherapy. But little is known about its development during psychotherapy. To get a unique insight into the mentalization process in psychotherapy and to promote theory building we will use a metasynthesis of psychotherapy case studies. Over 250 studies will be screened (via Pubmed, PsychInfo and Single Case Archive) to find psychotherapy case studies, in which the psychotherapist describes the patient's change of mentalization during the psychotherapy. The selected case studies will then be qualitatively examined in order to gather the classification of mentalization change in the course of therapy and new conceptualizations. The connection between therapeutic interventions and mentalization in the course of therapy, but also the connection to symptom change and change in personality functioning level will be considered. Metasynthesis are important in the

qualitative research, because they can contribute to the generalizability of qualitative findings and increase their impact. The analyses are currently carried out and the results will be presented at the SPR Denver.

- **Change of Mentalization in Relation with Specific Interventions within Mentalization-Based Psychotherapy of Adolescents with Conduct Disorder – A Comparative Case Study**

Svenja Taubner (University of Heidelberg, Germany), Lisa Schraub, Sophie Hauschild, Lea Kasper

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Conduct disorder (CD) in childhood and adolescence is described as particularly challenging. It is considered difficult to treat with a poor prognosis. At the same time, its prevalence is very high at between 4-5%, making it one of the most common behavioral disorders in childhood and adolescence. Effective therapeutic measures are therefore of utmost relevance. Mentalization-based therapy for CD (MBT-CD) appears promising. Especially in CD, understanding one's own as well as others' mental states could lead to a reduction of dysfunctional behavior. Indeed, impairments in mentalizing ability were shown in adolescents with CD (Cropp, Alcandrowicz & Taubner, 2019). However, it is unknown how mentalization can be changed in CD. One goal of this study is to highlight the influence of specific therapeutic interventions on mentalizing as well as a favorable structure of interventions. This should lead to a differentiated understanding of processes within therapy sessions and therapy trajectories as well as support the development of therapy manuals. For this purpose, the therapy trajectories of three male adolescents will be examined using five therapy sessions over the course of therapy. First, the 15 videotaped sessions are transcribed, rated for Reflective Functioning (RFS; Fonagy, Target, Steele & Steele, 1998) as well as type of intervention interventions (e.g., Empathic Validation, Challenge, etc.). The blinded ratings focus on changes in mentalizing and the relation to certain interventions analysing sentence-by-sentence micro changes. The coding procedure is currently ongoing so that the results and their implications will be presented and discussed at the conference.

- **Capturing Mentalizing in Daily Life: A Feasibility Study of a Novel Assessment Method with Implications for Personalized Psychotherapy Research**

Yogev Kivity (Bar Ilan University, Israel), Noa Steinberg, Shira Menahem, Bat S. Gans, Rotem Moshe-Cohen, Leeav Sheena

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Mentalizing, the capacity to consider mental states, is a fundamental human function that is essential for social learning and self-organization. Recent findings suggest that mentalizing might be an important mechanism of change in psychodynamic psychotherapies. Nevertheless, existing methods mostly assess mentalizing in lab settings thereby neglecting the ecological aspects of mentalizing as well as short-term fluctuations over time. The current study presents preliminary findings from a novel assessment method of mentalizing in daily life that could be used for psychotherapy personalization and for the study of treatment process and outcome. **Methods:** Participants (n = 20) were interviewed using the Brief Reflective Functioning Interview (BRFI; Rudden et al., 2005) and then completed a 1-week ecological momentary assessment (EMA) consisting of six daily surveys of self-reported measures and audio-recorded descriptions of their current mental states. Narrative materials were coded using an observer-rated measure of mentalizing (Fonagy et al., 1998). **Results:** Findings showed that the method was highly feasible and acceptable for the study participants, and that data integrity was excellent. Lab-based and EMA-based mentalizing were moderately correlated ($r = .41$) suggesting some convergence but also unique variability in each construct. Additional analyses examining the associations of EMA-based mentalizing with psychopathology symptoms, emotion regulation, and other related constructs are underway using multi-level models. **Discussion:** The newly developed assessment method showed promising findings and could be used for personalizing psychotherapy and for a more ecological and nuanced examination of mechanisms of change.

- **Feasibility Study of a Mentalization-Based Online Intervention for Psychologically Distressed Parents: Lighthouse Parenting Program Online**

Jana Volkert (MSB Medical School Berlin, Germany), Svenja Taubner, Anna Georg, Julia Holl

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Background: The mentalization-based Lighthouse Parenting Program is an established intervention in both outpatient and inpatient settings. It was developed for psychologically distressed parents to reduce parental stress with the long-term goal of mitigating or preventing possible psychosocial consequences and psychopathological developments in their children by improving parents mentalizing abilities. **Objective:** The objective of this feasibility study is to examine the online adaptation of the "Lighthouse Parenting Program" with regard to compliance, acceptance, and satisfaction with the intervention as well as the adjunct scientific evaluation, and to obtain initial indications with regard to its effectiveness (e.g., reduction of parental stress, increase in mentalizing ability). **Methodology:** This is a monocentric feasibility and pilot study conducted at a treatment center in Heidelberg, Germany. N = 30 psychologically distressed parents with children aged 0 to 14 years will receive the Lighthouse Parenting Program online intervention over a period of 8 weeks. Parents complete questionnaires (e.g., on parental distress, parent-child relationship) as well as a 7-day Ecological Momentary Assessment via smartphone at the beginning of the study (T0) and at the end of the study (T1). Furthermore, patients complete daily mentalizing exercises (Ecological Momentary Interventions) on their smartphone for the duration of the intervention. **Results and Discussion:** Data collection is currently in progress. The study design, interventions and preliminary findings will be presented at the conference and discussed with regard to its implications.

DISCUSSANT: Gary Diamond (Ben Gurion University, Beer Sheva, Israel)

KEYWORDS: Change process | Mentalization

PA11

PANEL

ORGANIZERS & MODERATORS:

Jenny Rosendahl
Friedrich-Schiller-Universität Jena,
Germany

CE

THURSDAY, JULY 7, 2022, 10:15–11:45 (MDT) | STURM 480

Negative Effects and Adverse Events in Psychotherapy – The Bad and the Ugly ⁽⁴⁹⁾

ABSTRACT:

This panel contains three papers. The first paper presents evidence-based data on the frequency and characteristics of adverse events based on randomized-controlled psychotherapy trials. The second paper presents results of a population-based survey to evaluate the occurrence of a broad range of adverse effects related to meditation practice and meditation-based psychotherapies. The third paper describes original research on the frequency and timing of not-on-track alerts from archival Outcome Questionnaire (OQ) data comparing different treatment formats.

PAPERS IN PANEL:

- **Adverse Events in Psychotherapy – A Systematic Review of Randomized Controlled Trials**

Jenny Rosendahl (Friedrich-Schiller-Universität Jena, Germany), Rahel Klatte, Christoph Flückiger, Bernhard Strauss

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: Although evidence for the benefits of psychotherapy is systematic and substantial, less is known about potential harms of these treatments. Therefore, we systematically summarized international randomized controlled trials (RCTs) to compile evidence-based data on the frequency and characteristics of adverse events (AEs) in the context of psychotherapeutic treatments. **Method:** This systematic review of result publications is based on a preliminary review of harm consideration in psychotherapy study protocols published between 2007 and 2017. **Results:** On the basis of 115 study protocols 85 RCTs with 126 psychotherapy and 61 control conditions were eligible for inclusion. The sample consisted of 14,420 participants with the main diagnoses of depression, anxiety, obsessive-compulsive disorder, posttraumatic stress disorder, and/or borderline personality disorder. AEs were observed to a markedly extent in psychotherapy RCTs. For most reported AEs, the association to study treatment remained unclear. Studies with extensive AE monitoring reported considerably more AEs than others. **Conclusions:** Because the AE recording approaches of the individual studies

differed notably, the trial results can only be compared to a limited extent. Consistent with other findings, this review demonstrates that AEs can be expected to affect more than one in ten participants and serious AEs occur more often than in one in 21 participants in psychotherapy RCTs. To allow a balanced evaluation of risks and benefits of psychotherapy, systematic harm monitoring and reporting should become standard in psychotherapy RCTs.

- **Prevalence of Meditation-Related Adverse Effects in a Population-Based Sample in the United States**

Simon B. Goldberg (University of Wisconsin, Madison, USA), Sin U. Lam, Willoughby B. Britton, Richard J. Davidson

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: Meditation practice and meditation-based psychotherapies have become increasingly popular. Although psychological benefits associated with meditation are well-documented, potential risks are unclear. Method: We conducted a population-based survey to evaluate the occurrence of a broad range of meditation-related adverse effects (MRAE). Results: Nine hundred and fifty three participants completed our screening survey, 470 endorsed lifetime exposure to meditation practice, and 434 completed a follow-up survey assessing MRAE (92.3% response rate). A higher proportion than hypothesized reported occurrence of MRAE (general item = 32.3%, 1+ specific item = 50.0%) and MRAE duration ≥ 1 month (10.4%). Anxiety, traumatic re-experiencing, and emotional sensitivity were the most common MRAE. Some degree of functional impairment was reported by 10.6% of participants, with impairment lasting ≥ 1 month for 1.2%. Childhood adversity was associated with elevated risk for MRAE. Participants reporting MRAE were equally glad to have practiced meditation as those not reporting MRAE. Additional correlates of MRAE were identified in exploratory analyses. Conclusion: MRAE are common, even in a sample with relatively modest amounts of experience. Identifying individuals at elevated risk for MRAE, being transparent and realistic about the possible range of effects, and increasing trauma-sensitivity are warranted to maximize benefits and minimize risks of meditation.

- **Outcome Questionnaire-45 (OQ-45) Progress Alert Rates in Group Versus Individual Treatment: An Archival Replication**

Cameron Alldredge (Brigham Young University, Provo, USA), Gary M. Burlingame, Joseph Olsen, Jake van Epps

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

In a recent study involving routine outcome monitoring (ROM), Burlingame and colleagues (2018) found that the clients in group treatment yielded significantly more not-on-track (NOT) progress alerts during treatment compared to individual treatment. Additionally, nonequivalence was found in the timing of the first NOT alerts, with group treatment's first alerts occurring two sessions later than individual treatment. Because past research has generally demonstrated equivalence between the effects of individual and group therapy, the current study aims to determine whether these rate and timing differences are replicable. Without sufficient evidence that the NOT alerts' frequency and temporal patterns found previously are common across group therapies, we hypothesized that a new data source would show no difference between rate and timing of NOT alerts between group and individual therapy. Frequency and timing data of NOT alerts from archival Outcome Questionnaire administrations in a comparable counseling center ($N = 5,639$, $M_{age} = 25.7$, female = 58.4%, Caucasian = 78.4%) were analyzed and compared to Burlingame et al.'s (2018) results. The current study replicated the significant difference found in the rate of NOT alerts between treatment formats ($p = .007$). Additionally, the timing of NOT alerts created a more complex picture. Burlingame et al.'s (2018) results may be more common as preliminary results suggest that clients in group therapy are more likely to alert as NOT during the course of therapy when compared to clients in individual therapy. Implications of these findings are discussed.

DISCUSSANT: Tomáš Řiháček (Masaryk University, Brno, Czech Republic)

KEYWORDS: Treatment outcome | Treatment process and outcome | Other: Negative effects, Adverse events, Harm

PA12

PANEL

ORGANIZERS & MODERATORS:

Derek D. Caperton
Calgary Counselling Centre, Canada

Zac E. Imel
University of Utah, Salt Lake City, USA

THURSDAY, JULY 7, 2022, 10:15–11:45 (MDT) | STURM 410

A Measure for Coding Statement-Level, Multitheoretical Psychotherapy Interventions: Development and Applications in Psychotherapy Process Research and Natural Language Processing⁽⁵⁰⁾

ABSTRACT:

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 precise, scalable tool for measuring multiple approaches at a therapist statement level would be valuable for psychotherapy researchers, trainers, and clinic administrators. This panel features presentations discussing the creation of such a measure, its scalability, and its initial utility for describing psychotherapy processes.

PAPERS IN PANEL:

- **Development and Psychometric Properties of a Multitheoretical, Statement-Level Measure of Psychotherapy Interventions**

Derek D. Caperton (Calgary Counselling Centre, Canada), Lauren Weitzman, David C. Atkins, Zac E. Imel

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

This presentation 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. Seven coders were trained in a statement-level-adapted version of a session-level measure of therapeutic interventions (the MULTI-30; Solomonov, McCarthy, Gorman, & Barber, 2018). The coders rated 103 university counseling center sessions 270 times. Interventions from cognitive, behavioral, psychodynamic, person-centered, interpersonal, dialectical-behavioral, process-experiential, and common factors theories were coded. Initial interrater reliability analyses suggested excellent average subscale agreement at the session level (ICC = .82) and moderate agreement at the statement level (Fleiss' kappa = .47). This presentation will also discuss challenges in consistently and validly identifying psychotherapy interventions, and describe commonly confused interventions. Discussion includes the utilities of the new coding method and future applications for research and practice, some of which are described in subsequent panel presentations.

- **Do I Do What I Say or Just Do What I Do: Agreement of Therapist Skill Use with Self-Reported Theoretical Orientation**

Katherine E. Axford (University of Utah, Salt Lake City, USA), Derek D. Caperton, Lauren Weitzman, David C. Atkins, Zac E. Imel

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

The present study examined the relationship between therapist's self-report of theoretical orientation and use of specific therapy interventions in two hundred fifty psychotherapy sessions obtained from a University Counseling Center. We rated therapist use of specific skills with the MULTI-30 (Solomonov et al., 2019), a coding system evaluating use of different specific interventions. We assessed self-report of theoretical orientation with two different measures including, a list of different theoretical orientations and the Theoretical Evaluation Self-Test (TEST; Coleman, 2004). We used multilevel models to examine both the correspondence between observed and reported interventions, as well as variability in intervention use between and within sessions and therapists. In this sample, there appears to be no detectable relationship between a therapist's self-reported theoretical orientation on the TEST and observed skill use on the MULTI in a selection of their sessions. Therapists accounted for different amounts of variability in intervention use depending on the intervention subscale. In particular, therapists accounted for 34% of the variability in the performance of cognitive-behavioral interventions - indicating the use of these skills varied substantially across therapists. To a lesser degree (ICC=.19), the execution of interpersonal interventions varied across therapists. Similarly, the use of specific common factors was highly dependent on the therapist. In contrast, there was little variability between therapists in the use of process experiential or psychodynamic interventions.

- **Classifying Utterance-Level Psychotherapy Interventions Using Transformers**

Maitrey Mehta (University of Utah, Salt Lake City, USA), Derek D. Caperton, Katherine E. Axford, Lauren Weitzman, Zac E. Imel, Vivek Srikanth, David C. Atkins
PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

The creation of itemized inventories of psychotherapeutic interventions has helped to understand and evaluate approaches taken by therapists during sessions. Human-annotated evaluations such as these, however, require a considerable time commitment to complete. In contrast, Natural Language Processing (NLP) research has progressed to allow automating such tasks to a reasonable extent, yielding efficiency gains. The advent of language models based on the transformer architecture has yielded unprecedented improvements on several natural language understanding tasks. We present the therapeutic evaluation scenario as a multi-label NLP task and developed a group of transformer-based models to predict utterance-level theoretical interventions based on a 9-class orientation subscale. In this presentation, we report and analyze the results and short-comings of these models in detail.

- **Tracking Feminist-Multicultural Interventions: Development of a Counseling Processes Measure**

C. W. Ng (University of Utah, Salt Lake City, USA), Katherine E. Axford, Derek D. Caperton, Lauren Weitzman, David C. Atkins, Zac E. Imel
PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Cultural competency is an essential component of effective psychotherapy. Proponents of feminist and multicultural orientations have emphasized the use of multicultural interventions when working with culturally diverse populations. Understanding how counselors utilize multicultural interventions is an important step towards addressing significant disparities seen in historically marginalized populations. Unfortunately, current assessment measures in the cultural competency literature are limited due to their self-report design. Self-report measures are unable to assess the in-session behaviors of therapists. As noted in the literature, cultural competence self-report measures are susceptible to social desirability bias and may lack construct validity. Beyond self-report, it is unclear how therapists are utilizing their cultural competency in session. An instrument that could track culturally competent behaviors, such as multicultural interventions, would prove beneficial for a better understanding of best practices when working with culturally diverse clients. Tracking and assessing therapist behaviors could demonstrate how multicultural interventions impact important counseling processes and outcomes. Therapists who utilize this instrument could focus on improving their cultural competence. In this presentation, we report on the development of three items that track feminist-multicultural therapeutic interventions at the statement-level. We report on the results, limitations, and potential applications for behaviorally coded measurement of feminist-multicultural interventions.

DISCUSSANT: Nili Solomonov (Weill Cornell Medical College, New York, USA)

KEYWORDS: Process and outcome | Psychotherapy integration | Quantitative & qualitative method | Other: Natural Language Processing, Measure Development

SD04

STRUCTURED DISCUSSION

ORGANIZERS & MODERATORS:

Víctor E. Gómez
Universidad de Chile, Santiago

THURSDAY, JULY 7, 2022, 10:15–11:45 (MDT) | STURM 424

Remote Care in Times of COVID: Challenges, Opportunities and Limitations⁽⁵¹⁾

ABSTRACT:

The COVID19 emergency brought with it the need to adapt different types of treatment to the available platforms and tools. It is known that different diagnoses tend to respond differently to the intervention if it is remote or face-to-face. There are also different types of intervention that rely on existing information technologies for their implementation in remote care. This discussion table proposes to discuss different experiences lived during the time of pandemic and confinement related to the care of borderline, depressive patients and the forms of approach that have been observed in remote care. The objective is to openly discuss different experiences and intervention modalities, given that the literature has shown that any intervention is better than no intervention.

DISCUSSANTS:

- Fernando Parada (Universidad de Chile, Santiago)
- Nicolás Labbé (Pontificia Universidad Católica de Chile - Escuela de Psicología)
- Víctor E. Gómez (Universidad de Chile, Santiago)

KEYWORDS: Alliance | Evidence-based psychotherapies | Process and outcome | Treatment process and outcome**PRESENTATION MODALITY:** Mixed

BP07

BRIEF PAPER SESSION**MODERATOR:**

Lorenzo Lorenzo-Luaces
Indiana University, USA

THURSDAY, JULY 7, 2022, 10:15–11:45 (MDT) | STURM 435

Emotion and Emotion Regulation

BRIEF PAPERS:

- **Can Empathy be Trained? A Pilot Study on Empathy Development in Therapy** ⁽⁵²⁾

Olga Vasileva (Skillsetter Inc., Canada), Bruce E. Wampold, Kurt Shuster

PAPER ABSTRACT:

Background: Mounting evidence suggests that client outcomes can be improved by the implementation of the Common Factors Model in therapy (Wampold, 2015). One of the key components of the model is therapists' ability to execute high-level interpersonal behavioral skills (Wampold, 2017; Anderson et al., 2015). Empathy can be conceptualised as one of such fundamental skills essential for improving client outcomes (Wampold, 2019) that can be developed by systematic training and deliberate practice (Rousmaniere, 2016). Aim: Little is known about whether and how high-level interpersonal skills (such as empathy) can be purposefully learned and enhanced by training. The current submission discusses a pilot study investigating whether people can be trained in empathy by employing deliberate practice (DP). Method: Participants are assessed on their ability to provide an empathic response to a "client" before and after DP training. During the latter, participants make several attempts to create a "response" to a "client" video, as previous studies have shown such practice improves learning (Chow, Hubble & Miller, 2020; Chow et al., 2015). Additionally, since learning can be enhanced when learners' prior knowledge and implicitly held assumptions are assessed (Dolezal, Welsh, Pressley & Vincent, 2003), participants' beliefs regarding therapy and empathy are additionally assessed. Results: The tested hypothesis suggests that participants would improve their behavioral empathy skill scores from pre-test to post-test by engaging in deliberate practice. Data collection starts in March. Discussion: Study results and implications for the therapy process are discussed.

PRESENTATION MODALITY: Livestream

- **Emotion Regulation as a Mechanism of Improvement in Third Wave Guided Self-Help Cognitive Behavioral Therapy** ⁽⁵³⁾

Isabella R. Starvaggi (Indiana University, USA), Robinson De Jesús-Romero, Lorenzo Lorenzo-Luaces, Jacqueline M. Howard, Allison Peipert, John F. Buss, Colton Lind, Kassandra Botts

PAPER ABSTRACT:

Background: Cognitive behavioral therapies (CBT), including third wave CBTs, delivered via guided self-help (GSH-CBT) are effective treatments for internalizing distress. Emotion regulation is a putative mechanism of improvement in third wave CBTs but there is a need for research comparing multiple aspects of emotion regulation as mechanisms of these treatments. We present analyses of our ongoing open trial of a third wave GSH-CBT comparing cognitive reappraisal and emotional suppression as mechanisms of change. Methods: Participants (N=109) provided weekly assessments of well-being (WHO-5), internalizing distress (K6), and two aspects of emotion regulation (ERQ): cognitive reappraisal and emotional suppression. We used mixed effects regression models to assess the relationship between change in emotion regulation with subsequent change in well-being and internalizing distress. We first assessed the covariation of the ERQ subscales with the K6 and WHO5. Next, we disaggregated between- versus within-person variance in reappraisal and suppression. Results: Neither changes in reappraisal nor suppression covaried with changes in internalizing distress (p s > 0.41). By contrast, changes in reappraisal ($B=0.65$, $SE=0.27$, $p=.018$) but not suppression

($B=-0.30$, $SE=0.21$, $p=.148$) covaried with changes in well-being. At the between-person, but not the within-person level, increased reappraisal predicted greater improvement in emotional distress (between, $B=7.70$, $SE=1.70$, $p<.001$; within, $B=0.53$, $SE=1.15$, $p=.648$) and well-being (between, $B=-1.13$, $SE=0.33$, $p=.001$; within, $B=-0.26$, $SE=0.22$, $p=.244$). Suppression did not predict outcomes at the between- or within-person level. Discussion: This third-wave GSH-CBT may not work through the hypothesized mechanisms, underscoring the need to study multiple mechanisms of change.

PRESENTATION MODALITY: In Person

- **Internalizing Symptoms, Well-Being, and Emotion Regulation over a Course of a Guided Self-Help Third-Wave CBT** ⁽⁵⁴⁾

John F. Buss (Indiana University, USA), Allison Peipert, Jacqueline Howard, Robinson De Jesús-Romero, Colton Lind, Kassandra Botts, Isabella Starvaggi, Lorenzo Lorenzo-Luaces

PAPER ABSTRACT:

Background: Guided self-help CBT (GSH-CBT) is effective in reducing symptoms of depression and anxiety. We tested the efficacy of the WHO's "Doing What Matters in Times of Stress." We report on the outcomes for the trial's primary measures: internalizing symptoms (K6) and well-being (WHO-5) as well as the secondary outcomes of emotion regulation: cognitive reappraisal (ERQ-CR) and emotional suppression (ERQ-ES). Methods: Using an intent to treat approach, we used hierarchical linear models to model change over time for participants who qualified for the study ($n=107$). Outcomes were change over the 6-week GSH-CBT protocol. We benchmark our primary outcomes against the data from trial by Tol et al., 2020. Results: Over the course of GSH-CBT, internalizing distress decreased ($B=-4.39$, $SE=0.35$, $t(106)=-12.51$, $p<0.001$, $d=-1.21$, 95% CI= -1.46 - -0.96) and well-being increased ($B=12.67$, $SE=1.73$, $t(106)=7.31$, $p<0.001$, $d=0.84$, 95% CI= 0.62 – 1.06). These findings were close to the changes in K6 and WHO-5 reported by Tol et al. (2020). Cognitive reappraisal made large improvements over the course of treatment ($B=0.78$, $SE=0.09$, $t(106)=8.79$, $p<0.001$, $d=0.66$, 95% CI= 0.45 – 0.87) but the improvements in emotional suppression were more modest ($B=-0.59$, $SE=0.13$, $t(79)=-4.56$, $p<0.001$, $d=-0.41$, 95% CI= -0.61 – -0.21). Discussion: Although a controlled trial is warranted, replacing group psychoeducation for weekly guidance did not appear to reduce the effects of GSH-CBT. Interestingly, the use of emotional suppression, the target of the intervention, appeared to change less than the use of cognitive reappraisal which was not targeted by any specific module.

PRESENTATION MODALITY: In Person

- **Patterns of Engagement with Remotely Delivered Guided Self-Help CBT** ⁽⁵⁵⁾

Jacqueline Howard (Indiana University, USA), Robinson De Jesús-Romero, Allison Peipert, John Buss, Colton Lind, Kassandra Botts, Isabella Starvaggi, Lorenzo Lorenzo-Luaces

PAPER ABSTRACT:

Background: Cognitive behavioral therapy (CBT) delivered via guided self-help (GSH-CBT) can be as effective as face-to-face CBT and the COVID-19 pandemic highlighted the need to be able to deliver psychological support electronically. We report data on engagement in a fully remote trial of a transdiagnostic third-wave GSH-CBT for stress management developed by the WHO, Doing What Matters in Times of Stress. Method: We recruited from the general population and used minimal inclusion criteria (i.e., mild distress as evidenced by a score ≥ 6 on the K6) and minimal exclusion criteria (i.e., only the presence of suicidality) to mimic delivery of GSH-CBT in the "real world." Results: Recruitment was October 17, 2020, to September 21, 2021. A total of 344 individuals expressed interest. Of these, 38% did not complete the intake protocol. Of the participants who completed the intake ($n=215$), 26% were not eligible for the study. Of the participants who qualified for the study ($n=107$), 16% could not be reached to begin the GSH-CBT protocol. Of the individuals engaged in the treatment protocol ($n=90$), 20% have dropped out. Those who attended at least 3 sessions were considered completers ($n=75$). Discussion: Once individuals engage with the GSH-CBT, it is acceptable. Most failures to engage occur before individuals even have the chance to explore the intervention. Every stage of the assessment process, from initiation to retention, contributes to lower rates of GSH-CBT utilization. We offer considerations for why participants may drop out. Exclusion due to mild suicidality appears unwarranted.

PRESENTATION MODALITY: In Person

BRIEF PAPER SESSION**Exposure and Patient Activation in Context****MODERATOR:**

Brian Schwartz
Universität Trier, Germany

BRIEF PAPERS:

- **Experiential Training in Exposure and Emotion-Focused Therapy Skills: A Randomized Test** ⁽⁵⁶⁾

Jolin B. Yamin (Wayne State University, USA), Ciara Cannoy, Katey Gibbins, Shoshana Krohner, Lisa J. Rapport, Chris J. Trentacosta, Lori I. Zeman, Mark A. Lumley

PAPER ABSTRACT:

Aim: Effective exposure and emotion-focused interventions for trauma and psychological conflicts are underutilized. This study developed and tested an experiential training condition that integrated deliberate practice, live supervision, and feedback to improve therapists' skill in: a) eliciting patient disclosure of stressful experiences, and b) responding to defenses against disclosure. **Method:** Mental health trainees (N = 102) were randomized to experiential or standard training (interactive lecture) conditions, both of which were single, 1-hour individual sessions administered remotely. Participants responded to videoclips of actors portraying challenging therapy situations before and after training and at 5-week follow-up. Responses were video recorded and coded for the two skills using a structured manual. **Results:** Repeated-measures ANOVA indicated both of the skills increased from baseline to post-training for both conditions, and improvements were largely maintained at follow-up. More importantly, compared to standard training, experiential training led to greater improvements in the skill of eliciting disclosure (baseline to post-training time x condition interaction: $\eta^2 = .047$, $p = .03$), which was maintained at follow-up ($\eta^2 = .048$, $p = .03$). Experiential training also led to comparatively greater increases in the skill of responding to defenses from baseline to post-training (interaction $\eta^2 = .038$, $p = .05$), although this difference was not maintained at follow-up (interaction $\eta^2 = .012$, $p = .28$). **Discussion:** A single, brief experiential training improves mental health trainees' exposure- and emotion-focused skills compared to traditional didactic training. More extensive experiential training may strengthen and prolong such skill retention.

PRESENTATION MODALITY: In Person

- **Four Days Exposure And Reprocessing Therapy For PTSD** ⁽⁵⁷⁾

Or Duek (Yale University, USA), Charles Gordon, Ilan Harpaz-Rotem

PAPER ABSTRACT:

Post-traumatic stress disorder (PTSD) is a debilitating disorder affecting approximately 6% of the population. Current treatments have been shown to efficaciously reduce symptom burden between 30%-50%. However, due to the high intensity of treatment over a long period of time, drop-out rates are as high as 50%. Here, we tested the efficacy of a four-day exposure and processing-focused psychotherapy at reducing PTSD severity. Twenty-seven participants with chronic PTSD were randomized to two groups, one receiving a one-time infusion of ketamine in a subanesthetic dose (0.5mg/kg for 40 minutes), the other receiving midazolam. Both groups underwent four 90-120 minutes of daily psychotherapy sessions a day after infusion, followed by in-vivo exposure practice. The severity of PTSD was assessed with the PCL-5 before and at the end of treatment, and at 30 and 90 days follow-up. Brain reactivation to the trauma reminders was measured using fMRI. PTSD severity in both treatment groups decreased by 13, 16, and 15 points on the PCL-5 at the end of treatment, 30 days follow-up, and 90 days respectively, surpassing the minimum clinical difference of 7.9 points. There was no significant difference in symptom reductions between the treatment groups. However, brain reactivation to trauma stories differed between the groups, with the ketamine group showing a decline in the amygdala and hippocampus reactivation compared to the midazolam group, at the end of treatment. Our results imply comparable efficacy of this short-term intervention to standard trauma-focused psychotherapies, emphasizing its clinical usefulness as a short and effective intervention.

PRESENTATION MODALITY: In Person

- **Is Patient Activation an Important Process in Outcomes of Cognitive Behavioural Therapy and Person-Centred Experiential Therapy?** ⁽⁵⁸⁾

Sam Malins (University of Nottingham, UK, United Kingdom), Nima Moghaddam, Jeremie Clos, Kate Horton, Fred Higton, David Waldram

PAPER ABSTRACT:

Patient activation is a widely-used and researched construct in behavioural medicine that describes a patient's confidence and perceived ability to manage their health. However,

patient activation has been largely ignored in psychotherapy research and has typically been assessed using retrospective self-reports, without attention to in-session interactions. The Consultation Interactions Coding Scheme (CICS) assesses patient activation from therapist-patient in-session interactions. The CICS' ratings predict physical and mental health outcomes across therapy and longer-term after therapy. However, these results were obtained from comparatively small samples with Cognitive Behavioural Therapy (CBT) alone. Furthermore, the time-consuming rating process would likely prevent CICS use in routine practice. Therefore, this paper will present results from a current project validating findings in a larger, more representative sample, and outlining continued work to automate CICS ratings using Natural Language Processing and Machine Learning. Participants are 80 patients from the PRaCTICED trial (the largest comparison of CBT and Person-Centred Experiential Therapy [PCET] for treatment of depression) who: are identified as experiencing severe depression at baseline, completed therapy, had primary outcomes available, and consented to sessions being recorded and analysed. Anonymised transcripts from recordings of the first and second psychotherapy sessions will be rated turn-by-turn using the CICS. machine learning models will classify each CICS rating automatically, based on language features extracted. Associations between CICS scores and 6-month follow-up outcomes (PHQ-9) will be evaluated using multilevel modelling to separate therapist-level effects and controlling for age, gender, deprivation and baseline score. The clinical and research implications of results will be discussed.

PRESENTATION MODALITY: Livestream

- **To Expose or Not to Expose** ⁽⁵⁹⁾

Arielle Rubenstein (Yale University, USA), Ilan Harpaz-Rotem, Or Duek

PAPER ABSTRACT:

The initial success of exposure therapy in treating PTSD brought hope that a disorder previously considered intractable could be cured. Prolonged Exposure therapy has since been promoted as the “gold standard” for the treatment of PTSD. But effectiveness and implementation data show that exposure therapy falls short of the promise it displayed in RCTs. A large proportion of patients retain their PTSD diagnosis, and both patients and clinicians find exposure to be daunting. Meanwhile, new non-trauma-focused therapies such as Interpersonal Psychotherapy have shown promise in treating PTSD. In this paper, we aim to answer the question of whether exposure is necessary to treat PTSD. We review the roots of exposure therapy in both psychodynamic and behavioral paradigms, the proposed mechanisms of exposure and their implications for clinical practice, and the neurobiology of traumatic memory and exposure therapy. We then review non-trauma-focused treatments and their proposed mechanisms. We conclude that the specific mechanisms proposed to underlie Prolonged Exposure therapy, based on a behavioral fear-learning paradigm, have been shown not to be treatment mediators. Promising proposed mechanisms such as inhibitory learning and memory reconsolidation can inform clinical practice. Finally, therapeutic factors such as the provision of a safe relationship and increased self-efficacy may facilitate patient self-directed exposure outside of the therapy context.

PRESENTATION MODALITY: In Person

Thursday, July 7, 2022, 12:00–13:00 (MDT)

MI07

MEETING

ORGANIZERS & MODERATORS:

James F. Boswell
University at Albany, State University of
New York, USA

THURSDAY, JULY 7, 2022, 12:00–13:00 (MDT) | CCOM 1700

Chapter Meeting: North America ⁽⁶⁰⁾

PRESENTATION MODALITY: In Person

MI08

MEETING

ORGANIZERS & MODERATORS:

Naomi P. Moller
The Open University, United Kingdom

THURSDAY, JULY 7, 2022, 12:00–13:00 (MDT) | CCOM 1600

Chapter Meeting: United Kingdom ⁽⁶¹⁾

PRESENTATION MODALITY: In Person

SOCIAL

THURSDAY, JULY 7, 2022, 12:00–13:00 (MDT) | DINING HALL

Lunch ⁽⁶²⁾

PRESENTATION MODALITY: In Person

Thursday, July 7, 2022, 13:00–14:00 (MDT)

MI09

MEETING

ORGANIZERS & MODERATORS:

Ueli Kramer
University of Lausanne, Switzerland

THURSDAY, JULY 7, 2022, 13:00–14:00 (MDT) | CCOM 1700

Chapter Meeting: Europe ⁽⁶³⁾

PRESENTATION MODALITY: In Person

MI10

MEETING

ORGANIZERS & MODERATORS:

Henry Daniel Espinosa Duque
CES University, Colombia

THURSDAY, JULY 7, 2022, 13:00–14:00 (MDT) | CCOM 1600

Chapter Meeting: Latin America ⁽⁶⁴⁾

PRESENTATION MODALITY: In Person

SOCIAL

THURSDAY, JULY 7, 2022, 13:00–14:00 (MDT) | DINING HALL

Lunch ⁽⁶⁵⁾

PRESENTATION MODALITY: In Person

Thursday, July 7, 2022, 14:15–15:45 (MDT)

SD05

STRUCTURED DISCUSSION

ORGANIZERS & MODERATORS:

Clara E. Hill
University of Maryland, College Park,
USA

THURSDAY, JULY 7, 2022, 14:15–15:45 (MDT) | STURM 453

Faith and Doubt in Psychotherapy and Psychotherapy Research ⁽⁶⁶⁾

ABSTRACT:

between faith and doubt has affected our career choices. The primary aim of this discussion is to consider the benefits of embracing both faith and doubt for psychotherapy practitioners and researchers. For practitioners, a belief in what one is doing and exhibiting confidence may facilitate positive treatment outcome. Similarly, Frank and Frank (1993) suggested that the therapist's belief in treatment was of greater importance than the actual treatment. On the other hand, questioning what one does and considering other possible interventions may result in greater therapeutic flexibility and client benefit. Similarly, Lillienfeld et al.

(2014) cautioned that therapists are not valid observers of their effectiveness, given naïve realism, confirmation bias, illusory causation, and the illusion of control. Thus, appropriate doubt is potentially beneficial. For psychotherapy researchers, researcher allegiance has been associated with outcome, such that researchers often prove what they hope to prove (Munder et al., 2013). Following the scientific method, however, means having doubts about the methods and results and considering alternate explanations. And, since many of our methodological paradigms were developed for other fields (e.g., agriculture, sociology), it seems prudent to question their validity for studies of something as complex as psychotherapy. Tension between faith and doubt can be uncomfortable, particularly for those who seek “the truth.” But we suggest that a balance between faith and doubt can lead to better practice and research. Implications for training include developing a tolerance for ambiguity.

DISCUSSANTS:

- Barry Farber (Columbia University, New York, USA)
- Sarah Knox (Marquette University, Milwaukee, USA)
- Heidi Zetzer (University of California Santa Barbara, USA)
- Timothy Anderson (Ohio University, Athens, USA)
- Catherine F. Eubanks (Ferkau Graduate School of Psychology, Yeshiva University, New York, USA)

KEYWORDS: Qualitative | Therapist effects | Therapist training and development

PRESENTATION MODALITY: In Person

PA13

PANEL

ORGANIZERS & MODERATORS:

Aaron J. Fisher
University of California, Berkeley, USA

THURSDAY, JULY 7, 2022, 14:15–15:45 (MDT) | STURM 454

Promoting a Granular Understanding of Patient Needs with Intensive Data ⁽⁶⁷⁾

ABSTRACT:

The proposed panel will present three talks that utilize different forms of intensively collected data for understanding granular patient presentations. First, Michael Spitzer will present automated facial coding data collected from therapists and patients during the course of psychotherapy sessions. These data encode emotions such as joy, anger, and sadness in 10-second bins throughout the session. The data set comprises 50-minute-long videotaped therapy sessions of 87 patients undergoing 16 therapy sessions as part of a randomized controlled trial for patients diagnosed with Major Depressive Disorder. To identify patient-therapist emotional dynamics, five videotapes for each patient and therapist were coded continuously using facial recognition software (iMotion). Next, Gal Lazarus will discuss a new paradigm for using idiographic time series data to arrive at generalizable states of emotional experience. Each individual's time series is subjected to a finite mixture modeling (FMM), yielding a set of personalized profiles of distinct states. Second, an aggregated dataset of individual profiles is subjected to a second FMM yielding a set of common states. Third, states are validated against clinically-relevant variables. Finally, Aaron Fisher will present data from 200 individuals with clinically severe DSM-5 diagnoses (including GAD, MDD, SAD, and PTSD) who provided psychophysiological data during a structured clinical interview. These data were used to generate group and individual-level network models which, in turn, were used to conduct unsupervised classification of individual-level models into subgroups. Dr. Fisher will discuss the ways in which these groups reveal important differences in patient presentation.

PAPERS IN PANEL:

- **Facing Emotions: Using Automatic Coding of Facial Expression and Data-Driven Approach to Identify Patient-Therapist Emotional Dynamics in Psychotherapy**

Michael Spitzer (University of Haifa, Israel), Hadar Fisher, Julian A. Rubel, Sigal Zilcha-Mano

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aims: Emotion dynamics between the patient and the therapist have recently drawn growing attention in psychotherapy research. However, automatic coding is needed to

explore within-session dynamics in a large number of sessions or observations. Recent research draws on computer vision and machine learning to recognize emotions from video recordings of facial expressions automatically. The present study uses a data-driven approach to explore patient-therapist emotional dynamics during therapy sessions and their association with treatment outcome. Method: The data set comprises 50-minute-long videotaped therapy sessions of 87 patients undergoing 16 therapy sessions as part of a randomized controlled trial for patients diagnosed with Major Depressive Disorder. To identify patient-therapist emotional dynamics, five videotapes for each patient and therapist were coded continuously using facial recognition software (iMotion). Results: Data analysis will be completed by June 2022. Discussion: By identifying patient-therapist emotional dynamics in therapy, the expected results will shed light on an active therapeutic mechanism that plays a crucial role in mental health.

- **Delineating Discrete Generalizable States from Intraindividual Time Series: A Novel Approach to Idiographic Science**

Gal Lazarus (University of California, Berkeley, USA), Aaron J. Fisher

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aims: Modeling intraindividual time series data has been suggested as possible means to arrive at person-level indices holding unique clinical information. A key challenge of this approach has been finding generalities present across different person-level models. This talk will introduce a novel approach addressing this challenge via a delineation of discrete generalizable states. Method: Our approach involves a three-stage process: First, in the discovery stage, each individual's multivariate time series is subjected to a finite mixture modeling (FMM), yielding a set of personalized profiles of distinct states. Second, in the distillation stage, we subject an aggregated dataset of profiles to a second FMM yielding a set of common, ostensibly generalizable states. Third, in the validation stage, we examine the associations between these states and clinically-relevant variables. We implement this approach in two studies. In Study 1, 101 participants completed four daily self-report assessments of affect for one month and underwent structured clinical interviews. We examined the associations between the distilled states and clinical status, as determined by the interview. In Study 2, 738 participants completed three daily self-report assessments of affect for one month. We used unique applications of training-testing split to examine the validity of the distilled states. Results: In both studies and across different methods, the approach yielded generalizable states with good validity. Discussion: We discuss the potential of this approach to generate a novel Science of Moments, identify momentary targets for intervention, and describe its relevance for psychotherapy research.

- **Physiological Subtypes in DSM-5 Anxiety, Depressive, and Traumatic Disorders**

Aaron J. Fisher (University of California, Berkeley, USA)

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aims: Treatment personalization, the fine-tuning of interventions to match patient needs and presenting features has become a rapidly growing point of focus in clinical psychology. However, as personalization research develops, many questions remain, including what to target, what methods to use to identify targets, and how best to modify treatments to match identified targets. The sympathetic branch of the autonomic nervous system may prove to be a useful target for such personalization. Method: The present study recruited 200 psychologically healthy individuals and individuals with clinically severe DSM-5 diagnoses. During a structured clinical interview, participants provided psychophysiology data. We create network models of these data and clustered these networks into groups using unsupervised machine learning. Results: Five subgroups were identified, comprising N=22, N=25, N=26, N=61, and N=15 individuals. Group 2 emerged as a clear high-distress group, exhibiting the highest levels of distress and dysphoria as reflected in interviewer-rated and self-reported measures of depression, as well as the highest levels of self-reported anxiety and neuroticism. Group 2 exhibited a profile of physiological activity consistent with known cardiac risk, including elevated heart rate and sympathetic tone. Additionally, this group exhibited network dynamics reflective of rigid, sympathetically-mediated cardiac control, with a noted absence of parasympathetic regulation. Discussion: The proposed talk will discuss how these methods can be used to identify individuals with sympathetic dysfunction in both fear-based and distress disorders, and how treatment personalization might target well-established arousal-mitigating interventions.

DISCUSSANT: James Boswell (SUNY at Albany, USA)

KEYWORDS: Anxiety | Methods | Other: Precision, Personalization

PA14

PANEL

ORGANIZERS & MODERATORS:

Jaime Delgadillo
University of Sheffield, United Kingdom

THURSDAY, JULY 7, 2022, 14:15–15:45 (MDT) | STURM 479

Advances in Precision Mental Health Care ⁽⁶⁸⁾

ABSTRACT:

Precision medicine aims to offer “the right treatment, to the right patient, at the right time”. This aspiration is motivated by the fact that not all patients with the same condition benefit from the same type of treatment. Precision mental health care is an emerging field which seeks to understand and reduce this heterogeneity in treatment response. This research panel will walk participants through a path starting with precision diagnostics and phenotyping, through to personalized interventions. In the first presentation, Melanie Simmonds-Buckley will discuss how to identify patients with different depression subtypes using latent transition analysis. This study shows that there are five discrete depression subtypes, and that some subtypes show a differential response to cognitive behavioural therapy (CBT). The second study, presented by Björn Bennemann, compares the performance of different machine learning (ML) algorithms to predict dropout in CBT, also shedding light on the most relevant patient-features. Continuing with this theme, the study by Paulina Gonzalez Salas Duhne discusses how ML can be used to predict dropout from low intensity CBT delivered in two different modalities: individual guided self-help vs. computerized CBT. This study shows how attendance can be improved through personalized treatment selection. Finally, Arthur Nye will present a systematic review and meta-analysis of randomized controlled trials investigating the efficacy of personalized interventions relative to usual psychological care and other control groups. Ultimately, this line of work aims to push the field forward from diagnosis to phenotyping, and from standard treatments to personalized treatment plans.

PAPERS IN PANEL:

- **Depression Subtypes and Their Response to Cognitive Behavioural Therapy**

Melanie Simmonds-Buckley (University of Sheffield, United Kingdom), Ana Catarino, Jaime Delgadillo

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Background: Depression is a heterogeneous condition, with multiple possible symptom-profiles leading to the same diagnosis. Descriptive depression subtypes based on observation and theory have so far proven to have limited clinical utility. Aim: To identify depression subtypes and to examine their time-course and prognosis using data-driven methods. Methods: Latent transition analysis was applied to a large (N=8,380) multi-service sample of depressed patients treated with cognitive behavioural therapy (CBT) in outpatient clinics. Patients were classed into initial latent states based on their responses to the PHQ-9 depression questionnaire, and transition probabilities to other states during treatment were quantified. Qualitatively similar states were clustered into overarching depression subtypes and we statistically compared indices of treatment engagement and outcomes between subtypes using post hoc analyses. Results: Fourteen latent states were clustered into five depression subtypes: mild (2.7%), severe (9.8%), cognitive-affective (23.7%), somatic (21.4%) and typical (42.4%). These subtypes had high temporal stability, and the most common transitions during treatment were from severe toward milder states within the same subtype. Differential response to treatment was evident, with the highest improvement rate (63.6%) observed in the cognitive-affective subtype. Conclusions: Replicated evidence indicates that depression subtypes are temporally stable and associated with differential response to CBT.

- **Predicting Dropout in Outpatient Psychotherapy with Machine Learning Algorithms**

Björn Bennemann (Universität Trier, Germany), Brian Schwartz, Julia Giesemann, Wolfgang Lutz

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Background: About thirty percent of patients drop out of cognitive behavioral therapy (CBT), which has implications for psychiatric and psychological treatment. Findings

concerning dropout remain heterogeneous. Aims: This paper aims to compare different machine learning (ML) algorithms using nested cross-validation, evaluate their benefit in naturalistic settings, and identify the best model as well as the most important variables. Method: The data set consisted of 2543 outpatients treated with CBT. Assessment took place before session one. Twenty-one algorithms and ensembles were compared. Two parameters (Brier score, area under the curve (AUC)) were used for evaluation. Results: The best model was an ensemble that used random forest and nearest neighbor modeling. During the training process, it was significantly better than generalized linear modeling (GLM) (Brier score: $d = -2.93 [-3.95; -1.90]$; AUC: $d = 0.59 [0.33; 1.06]$). In the holdout sample, the ensemble was able to correctly identify 63.4% of cases as dropout/regular, while the GLM only identified 46.2% correctly. The most important predictors were lower education, lower scores on the Personality Style and Disorder Inventory (PSSI) compulsive scale, younger age, higher scores on the PSSI negativistic and PSSI antisocial scale as well as on the Brief Symptom Inventory (BSI) additional scale (mean of the four additional items) and BSI overall scale. Conclusions: ML improves dropout predictions. However, not all algorithms are suited to naturalistic datasets and binary events. Tree-based and boosted algorithms including a variable selection process seem well-suited, while more advanced algorithms such as neural networks do not.

- **Prediction of Early Dropout in Online Versus Face-to-Face Guided Self-Help: A Machine Learning Approach**

Paulina Gonzalez-Salas-Duhne (RDASH NHS Trust, United Kingdom), Jaime Delgadillo, Wolfgang Lutz

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Background: Early dropout is a major barrier to the adoption of effective computerized psychological interventions and is associated with poor treatment outcomes and waste of healthcare resources. Aim: To develop and evaluate a machine learning algorithm to identify subgroups of patients who are more likely to drop out early from computerized versus face-to-face brief CBT interventions. Methods: Archival routine practice records were analysed for 85,664 patients from the English National Health Service who accessed guided self-help (GSH) or computerized low-intensity CBT (cCBT). The main outcome was early dropout (≤ 3 sessions) compared to an adequate dose of treatment (≥ 4 sessions). Supervised machine learning analyses were applied in a training sample ($n = 55,529$). A targeted prescription algorithm was developed and cross-validated in a statistically independent test sample ($n = 30,135$). Sensitivity analyses were conducted using a covariate-balanced partition of the test sample, using propensity score matching. The model was evaluated using logistic regression and chi-square analyses for early dropout and recovery. Results: Patients who received the model-indicated treatment were 12% more likely to receive an adequate dose of treatment OR = 1.12 (95% CI = 1.02, 1.24), $p = .02$. In the covariate-balanced subsample, patients who received the model-indicated treatment were more than twice as likely to receive an adequate dose of treatment OR = 2.10 (95% CI = 1.65, 2.68), $p < .001$. Conclusions: Machine learning approaches have the potential to enable services to optimally match patients to the treatment modality that may maximize attendance, thus improving clinical outcomes.

- **Does Personalization Improve Outcomes in Psychological Therapy? A Systematic Review and Meta-Analysis**

Arthur Nye (University of Sheffield, United Kingdom), Jaime Delgadillo, Michael Barkham

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Background: There is growing interest in the development of personalized mental health interventions. Different types of personalization include matching subgroups of patients to different treatments, and the tailoring of treatment components for individual patients. Aim: This study aimed to evaluate the efficacy of personalized psychological interventions. Methods: This was a systematic review and meta-analysis of randomized controlled trials that compared the outcomes of personalized interventions with usual psychological care and other control groups. Studies were identified through Scopus, PsychINFO and Web of Science. Subgroup analyses were applied to investigate sources of effect size heterogeneity. The review protocol was pre-registered in the Open Science Framework. Results: Sixteen studies met inclusion criteria for the review, twelve of which provided sufficient data for inclusion in meta-analysis. A statistically significant albeit small effect size was found in favor of personalized interventions relative to controls. Conclusions: Personalized interventions have the potential to improve psychological treatment outcomes for patients with common mental disorders.

DISCUSSANT: Zachary D. Cohen (University of California, Los Angeles, USA)

KEYWORDS: Treatment outcome | Other: precision, personalized, psychotherapy

PA15

PANEL

ORGANIZERS & MODERATORS:

Nili Solomonov

Weill Cornell Medical College, New York, USA

THURSDAY, JULY 7, 2022, 14:15–15:45 (MDT) | STURM 379

The Role of Social-Interpersonal Factors in Therapeutic Change Processes: New Ideas, Methods, and Perspectives. ⁽⁶⁹⁾

ABSTRACT:

Social and interpersonal factors play a critical role in processes of therapeutic change in psychotherapy. Existing literature has shown that factors such as the therapeutic alliance, patients' social support and their interpersonal experiences in and outside of the session predict treatment benefits. This panel will present advancements in the study of social and interpersonal predictors and processes of change from new perspectives or using novel methodologies. Serena Chen will present data from a novel neurobiological social reward task, showing the patients' social network and reported quality of therapeutic alliance predicts the perceived social valence of their therapist; Greta Probst will present a paper demonstrating the change processes of patients with generalized anxiety disorder during the COVID-19 pandemic receiving cognitive-behavioral therapy. She will outline specific techniques that have been found effective for this population; Christopher Lark will present a study on the development of a novel coding system to rate the therapeutic interaction on multiple levels; Hadar Fisher will test whether therapists' oxytocin levels and patients' negative affect predicts treatment outcome in brief psychodynamic psychotherapy. Ricky Dinger will lead a discussion on findings presented and conclude with clinical implications and recommendations.

PAPERS IN PANEL:

- **Size of Social Network and Strength of Working Alliance Predict Perceived Valence of Social Rewards During Psychotherapy for Late-Life Depression**

Serena Z. Chen (Weill Cornell Medical College, New York, USA), Dustin K. Phan, Ochuwa Tisor, Krystalle Lyons, Faith Gunning, Jennifer N. Bress, Lindsay W. Victoria, Nili Solomonov

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

The current study aimed to investigate whether the size of social network and the quality of the working alliance predict perceived valence of social rewards during psychotherapy. Our group developed a novel social reward task that measures individuals' response to social rewards during psychotherapy. We hypothesized that individuals with a larger social network and a stronger therapeutic alliance would also demonstrate higher perceived social reward valence of feedback from their therapist. Forty-five older adults with major depression (75.56% female; mean age = 69.44, SD = 9.60) participated in two randomized controlled psychotherapy trials. We used our novel Social Task for Assessment of Reward (STAR), where participants received either positive or negative feedback from their therapist or an unfamiliar individual and then rated the valence of the social feedback they received. Mixed effects models showed that a stronger working alliance predicted higher perceived valence of positive feedback from the therapist. In addition, a larger social network predicted higher perceived valence of the feedback, and this relationship increased over the course of the interventions. No significant effects were found for the feedback from the unfamiliar person. Results suggest that social factors contribute to increased perceived value of positive feedback from a therapist and that this association increases during treatment. Results also suggest that the working relationship with the therapist may serve as a socially rewarding experience, providing support for STAR as an objective measure of the therapeutic alliance.

- **How Do GAD Patients Treated with Cognitive Behavioral Therapy Fare During the COVID-19 Pandemic? An 8-Year Follow-Up Study**

Greta H. Probst (University of Zurich, Switzerland), Markus Wolf, Andreea Vișlă, Christoph Flückiger

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Worldwide research suggests that the COVID-19 pandemic is associated with an increase in mental health impairment. Preexisting mental disorders, particularly generalized anxiety disorder (GAD), are assumed to increase the risk of responding with mental health impairment. The present study aims to investigate how patients with GAD treated with cognitive behavioral therapy (CBT) up to 8 years ago fared during the COVID-19 pandemic. The course of GAD symptomatology (June 2019 – December 2020) is examined by comparing different periods (pre-COVID-19, early-COVID-19, lockdown, post-lockdown), and residual depressive symptoms post-treatment are examined as its predictor. Strategies learned in therapy are descriptively analyzed for their helpfulness in dealing with worries during COVID-19. This study draws on follow-up data of 86 participants from two previously published randomized controlled trials assessing different implementations of a widely used CBT approach for outpatients with GAD (IMPLEMENT). The primary outcome was the odds ratio of a "well month" with no or minimal symptoms reported (Longitudinal Interval Follow-Up Evaluation). Mixed effects logistic regression models revealed lower odds ratios for a "well month" in the early-COVID-19 period and higher odds ratios post-lockdown compared with pre-COVID-19. Residual depressive symptoms post-treatment proved to be a significant predictor. Particularly helpful strategies were identified. The findings contribute to the knowledge about the impact of different periods of COVID-19 pandemic on GAD patients previously treated with psychotherapy and the potential impact of residual depressive symptoms. Future directions regarding interpersonal and social aspects of the differential impact associated with residual depressive symptoms are discussed.

- Integrating Three Layers of Psychotherapy Interaction Ratings to Assess Therapeutic Factors**

Christopher Lalk (Justus Liebig University Giessen, Germany), Christine Hoppen, Jana Schaffrath, Wolfgang Lutz, Julian A. Rubel

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: We describe the development of an instrument aiming to assess therapeutic factors across three levels of the therapeutic interaction: The utterance level, the interaction level and the global level. Integrating different layers seems to be better suited to analyze the complex and nonlinear structure of therapeutic interactions. Method: We searched the literature in order to assess established rating systems. Building on theoretical and empirical findings, we integrated different rating systems to address both specific and common therapeutic factors. Several coders were trained to use the coding system on a collection of third-wave CBT transcripts. Inter-rater-reliability, convergent validity, and clinical utility will be assessed. Conclusion: This analysis is an attempt to gain a more comprehensive view of the therapeutic process through a multi-level coding system.

- Therapists' Oxytocin as a Moderator of the Association Between Patients' Negative Emotions and Change in Depressive Symptoms**

Hadar Fisher (University of Haifa, Israel), Nili Solomonov, Fredrik Falkenström, Ben Shahrar, Simone Shamay-Tsoory, Sigal Zilcha-Mano

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Previous studies have found a link between oxytocin and essential skills for therapists, such as empathy and emotion recognition. Nevertheless, studies have mainly explored the role of patients' oxytocin and ignored therapists' oxytocin in psychotherapy. Many theoretical frameworks compare the therapeutic relationship to parent-infant attachment, suggesting that therapy reactivates the attachment system. Thus, conclusions on the patient-therapist interactions can be drawn from research exploring changes in caregiver oxytocin in the context of a parent-child relationship. Such studies have suggested that parental endogenous oxytocin is positively correlated with sensitive parental caregiving, including warmth, responsiveness to the child's cues, and engagement. The present study explores the hypothesis that therapists respond to patients' negative emotions with a greater release of oxytocin and that this response predicts a decrease in depressive symptoms. Method: The sample was composed of 40 patients enrolled in a randomized controlled trial of psychodynamic therapy for Major Depression Disorder. Patients' negative emotions during treatment were assessed using the negative affect subscale of the PANAS. Patients were asked to complete the PANAS after the sessions while referring to how they felt during the session. Therapists' oxytocin saliva samples were collected at eight-time points (before and after sessions 4,8,12, and 16). Treatment outcomes were measured as the Hamilton Rating Scale for Depression (HRSD). A

random intercept cross-lagged panel model (RI-CLPM) will be employed to separate between- from within-patient effects across measurement points. Results and Discussion: The expected results will shed light on active therapeutic ingredients that play a role in mental health.

DISCUSSANT: Ulrike Dinger (University of Heidelberg, Germany)

KEYWORDS: Treatment process and outcome | Other: Interpersonal factors

PA16

PANEL

ORGANIZERS & MODERATORS:

Clara Paz

Universidad de Las Américas, Ecuador

THURSDAY, JULY 7, 2022, 14:15–15:45 (MDT) | STURM 380

Practice-Based Evidence: Tracking When and How People Change ⁽⁷⁰⁾

ABSTRACT:

In psychotherapy research our general interest is to understand how and when people change when receiving psychotherapy. There are many ways to get this information, but one paradigm that ensures capturing this information from real-world practice settings is the practice-based evidence paradigm. This is a "bottom up" approach, starting from practitioners building evidence that can be used to improve their own practice, but can collect evidence for decisions at service, regional or national levels. In routine practice clients are not homogenous, rarely do services have just one intervention and routine interventions can never be radically standardized as therapists differ and adapt what they do to the many ways in which clients differ. This means that there cannot be just one model for PBE: the design must be appropriate for a specific client group, services, and intervention. The aim of this panel is to present three different forms to conduct PBE in three different countries (Ecuador, Spain and Argentina) and at different levels. We describe the different realities in each location and hence the data collection designs, the measures, the challenges faced and the implications for implementing PBE in different context and settings

PAPERS IN PANEL:

- **MarBar System: Free Software to Collect and Analyzed PBE Data**

Clara Paz (Universidad de Las Américas, Ecuador), Chris Evans

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Implementing practice-based evidence is a challenging endeavor. First, data has to be collected, which requires a good level of agreement and training, then data needs to be stored and analyzed to accomplish the objective to promote the improvement of the delivered intervention. Specialized software can help with the task to store and providing reports to psychotherapists and the service, however that software can be expensive, limiting the possibility to implement PBE in services and countries with limited resources and low investment in mental health. Recognising this I (CP) invested the money received as part of the Marna Barret's Award for Excellence in Psychotherapy to create free software aiming to help therapists and services track when and how people change. We are going to present how we developed the software, the emerging system and how it can be used by therapists and services. In addition, we will describe possible features to be developed in the future to improve the quality of the provided information. This is a work in progress and discussion in the panel will lead help shape the improvement and further development of the software.

- **ITAMITED Study**

Chris Evans (University of Roehampton, United Kingdom), Antoni Grau-Touriño, Joan Carles Medina-Alcaraz, Montse Pascual Roigé, Clara Paz

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

As the conference theme reflects, there has been an explosion of interest in "embedded change management (ECM)" in which in therapy self-report measure scores guide therapies. There is some evidence that ECM can improve allocation of resources and possibly outcomes. However, this evidence comes from populations likely to give self-report in a way that fits the aims and presumed psychometric properties of self-report measures: mainly people with mild to moderate anxiety and depression and similar problems. Hence enthusiasm for ECM may further marginalise other groups from therapies and from research into therapies. Such groups include people with problems less amenable to psychological therapies: personality and/or substance abuse problems,

psychotic experiences, people with learning/intellectual disabilities and people in the criminal justice systems. Another group are those plausibly less likely to use self-report measures easily or in a way that presumed psychometric properties of the measures are likely to apply: low or zero literacy (including only reading languages in which the measures do not exist), intellectual/learning disabilities and those with self-appraisal disorders. We report on a study (ITAMITED) exploring regular self-report on general (CORE) and specific (EAT & BITE) data from a large ($n > 900$) cohort of people starting treatment for eating disorders with a monitoring period now reaching four years. Findings illustrate that it is possible, though challenging, to collect the data vital for ECM in such services but also highlight many issues in moving from collecting and analysing the data, to implementing ECM for these services.

- **Intake Characteristics as Predictors of Change in an Integrative Naturalistic Setting**

Beatriz Gómez (Aiglé Foundation, Argentina), Javier Fernández-Álvarez, Juan Martín Gómez Penedo, Fernando García, Andrés J. Roussos, Roberto Muiños

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

An effective diagnosis has been proposed as an essential aspect of any psychotherapeutic process. However, there are few examples exploring intake diagnostic characteristics as predictors of change in integrative naturalistic settings. The aim of this presentation is to test baseline variables at the intake process and establish the predictive value of the individual trajectories of the patients. We have already recruited 150 patients undergoing an integrative psychotherapy network of psychotherapists from Buenos Aires, Argentina (Aiglé Foundation). Every therapist completed the admission form of each patient involve in this monitoring. Hierarchical models were used to account for the nested structure of the data. Different models of the evolution of clients' severity within the first 15 sessions are presented. Thereafter step-wise regressions based on forward selection strategies were used, in order to identify meaningful baseline predictors of clients' clinical evolution, derived from the systematized diagnostic process. The results indicate that motivation to change and reactance significantly predict the individual trajectories of change. Specifically in the case of motivation of change $\gamma_{10} = 1.10$, $SE = 0.46$, $CI\ 95\% [0.20, 2.02]$, $t(33) = 2.38$, $p = .017$ and reactance $\gamma_{10} = 0.80$, $SE = 0.30$, $CI\ 95\% [0.20, 1.39]$, $t(30) = 2.61$, $p = .009$. These results will be discussed in terms of their clinical implications.

DISCUSSANT: Louis G. Castonguay (Penn State University, University Park, USA)

KEYWORDS: Routine Outcome Monitoring | Other: Practice-based evidence, Change in psychotherapy

PA17

PANEL

ORGANIZERS & MODERATORS:

Danilo Moggia
Universität Trier, Germany

THURSDAY, JULY 7, 2022, 14:15–15:45 (MDT) | STURM 480

Predicting, Examining and Explaining the Complexity of Change⁽⁷¹⁾

ABSTRACT:

How psychotherapy works and how to explain and predict the complexity of change are questions that still intrigues researchers and clinicians. Does psychotherapy work through different processes or mechanisms for different approaches, disorders or patients? Do different psychotherapy approaches improve different symptoms? Can psychotherapy outcome be improved by targeting specific processes and mechanisms for the particular patient? Can these processes and mechanisms be predicted? What information do we need to predict them? We present four studies to discuss these questions. First, the differences between explanatory and predictive models of change are considered. In this regard, we present an experimental study that investigates patients and therapists' preferences on how predicted treatment outcomes might be communicated. Second, a study on the differential effects of two different psychotherapy approaches on specific social anxiety symptoms. Third, an investigation on how to personalize psychotherapy with patients' information gathered through ecological momentary assessment before treatment. Finally, a study aimed to predict the specific change mechanisms that can be targeted for the specific patient session by session. We conclude by discussing how these studies contribute to answering critical issues in psychotherapy research and how their findings can be translated to clinical practice.

PAPERS IN PANEL:

- **Prediction Versus Explanation of Treatment Outcome: Patients' and Psychologists' Preferences for Communicating the Expected Outcome of Treatment and Implications for Clinical Practice**

Bea Tiemens (Radboud University, Nijmegen, Netherlands), Loes Hilhorst, Joran Lokkerbol

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: To support decision-making in personalised mental health care, algorithms and prediction models are increasingly used. In social sciences, however, we are more used to explanatory models than predictive models. The dilemma is that models with high explanatory power do not necessarily have high predictive power, and conversely, models with high predictive power can be so complex that they are difficult to interpret. In addition, we do not know what information practitioners and clients need in order to make good use of predictions in treatment. The aim of this study was to elicit patients' and psychologists' preferences regarding how predicted treatment outcomes might be communicated. **Method:** In a discrete-choice experiment, participants were asked to choose 12-to-13 times between two ways of communicating an expected treatment outcome. The alternatives varied on four different attributes: representation, outcome, predictors, and advice. A conditional logistic regression was used to estimate participants' preferences. A total of 104 participants (68 patients and 36 psychologists) completed the questionnaire. **Results:** For both patients and psychologists, communicating specific predictors appeared to be most important. The ranking in importance of both the attributes and the attribute levels was identical for patients and psychologists. **Conclusion:** The implications for the choice and use of various models in clinical practice will be discussed.

- **Symptom-Specific Effects of Cognitive-Behavioral Therapy and Psychodynamic Therapy in Social Anxiety Disorder: A Network Intervention Analysis**

Tim Kaiser (Universität Greifswald, Germany), Jan Richter, Eva-Lotta Brakemeier, SOPHO-NET Consortium

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: Cognitive-behavioral therapy (CBT) and psychodynamic therapy (PDT) are both effective for treating social anxiety disorder (SAD). However, little is known about the effect of psychotherapy on the level of individual symptoms for different psychotherapy approaches. Network intervention analysis (NIS) is a promising method here. **Method:** This study was a secondary analysis of a randomized controlled trial (RCT) of individual psychotherapy for SAD (N = 495, 54.6% female, mean age = 35.23 years, SD = 12.18). Patients were randomized to CBT (N = 209), PDT (N = 207), or a waiting list condition (N = 79). NIS was used to investigate the symptom-specific effects of CBT and PDT during and after treatment. The network models included the individual items of the Liebowitz Social Anxiety Scale (LSAS) applied by blinded raters as well as a binary-coded treatment allocation variable. Separate models were estimated from baseline assessments, weeks 8 and 15 during treatment, respectively, as well as post-treatment. Fear and avoidance items from the LSAS were analyzed separately. **Results:** While symptom reduction was observed on most LSAS items, only a subset of items were causally affected by treatment allocation. Different, symptom-specific effects were observed depending on the treatment condition. **Conclusions:** This study is the first to observe specific differential treatment effects for CBT and PDT throughout treatment in a highly powered RCT below the level of generalizing symptom scales.

- **Let's Understand Your Daily Dynamics Before We Start: Analyzing Digitally Assessed Phenotyping Parameters to Personalize Psychotherapy**

Miriam I. Hehlmann (Universität Trier, Germany), Danilo Moggia, Brian Schwartz, Wolfgang Lutz

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Background: In clinical psychological research, Ecological Momentary Assessments (EMA) have been used recently to track a variety of patients' experiences over time in real-time and real-life situations. The present project aims to examine the temporal concatenation and the relation between the digital phenotyping (stress level, activity, and

sleep duration) and the self-reported affect parameters. In addition, it will be examined whether the dynamic patterns that are found can be a valuable tool to investigate change during psychotherapy and to personalize treatment. Methods: Patients filled out self-reports regarding positive and negative affect four times a day over a two-week time period while treated in the diagnostic phase at the outpatient clinic in Trier. Measurements of continuous stress levels (heart rate variability), activity, and sleep duration were assessed via fitness trackers (Garmin) during the same two-week period. Results: Models based on continuous time dynamic modelling were estimated on a nomothetic and idiographic level to establish the temporal effect of digital phenotyping and self-reported affect parameters on each other at the beginning of treatment. Results indicate significant cross-lagged effects between these processes. Discussion: The results demonstrate that continuous time dynamic modelling of EMA data has the potential to investigate intra- and inter-individual differences in psychological change processes over time. The gained information can be used to give feedback to therapists in order to personalize treatment. If replicated such findings could be used to support clinical decision making, for example in the context of a feedback system (e.g., Trier Treatment Navigator).

- **How Do I Work with this Patient in this Session? Predicting the Cross-Lagged Effects of Change Mechanisms on Treatment Outcome Session by Session**

Daniilo Moggia (Universität Trier, Germany), Björn Bennemann, Wolfgang Lutz
PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Background and Aim: Patient-focused research studies how to predict treatment outcome for the individual patient session by session. Patient-focused research has developed several methods to estimate expected treatment response and provide feedback to therapists through routine outcome monitoring. Nevertheless, predicting the specific psychotherapy processes or change mechanisms that need to be targeted for a particular patient have received less attention. The current study is aimed to develop a method to predict the specific change mechanisms that can be targeted for a particular patient to ensure a high probability of improvement session by session. Method: An archived dataset from a university psychotherapy clinic is analysed. Patients answered different instruments before, during and after treatment. During treatment, instruments for routine outcome monitoring and assessing general change mechanisms were administered. The sample was spitted into estimation and target subsamples. Based on patients' intake characteristics, each patient from the target subsample was paired with clusters of patients from the estimation subsample with the nearest neighbour algorithm. For each cluster, a model based on continuous-time dynamic modelling was estimated. With these models, the patterns and the cross-lagged effects of change mechanisms on treatment outcome were estimated session by session. Results and Discussion: Several models for the different patients of the target subsample were estimated. The models were compared with the target patients' actual trajectory of treatment outcome and change mechanisms. How to implement these models in clinical practice and give feedback to therapists is discussed. A prospective evaluation of these models is considered.

KEYWORDS: Change process | Process and outcome | Other: complexity dynamics, network analysis, prediction, treatment personalization

PA18
PANEL

ORGANIZERS & MODERATORS:

Rinat Feniger-Schaal
University of Haifa, Israel

THURSDAY, JULY 7, 2022, 14:15–15:45 (MDT) | STURM 410

Who Needs Arts in Psychotherapy? ⁽⁷²⁾

ABSTRACT:

Why arts in psychotherapy? In the panel we will introduce different clients groups, in different settings that exemplify the unique clinical contribution of the arts in psychotherapy. Arts inform and enrich any human encounter and as such, are a source of inspiration for the act of psychotherapy. In addition, arts can be viewed as a means of communication and exploration. Therefore, the investigation of the relationship between the arts and psychotherapy can enhance the growing interest in non-verbal and symbolic communication in psychotherapy. "Engaging with the arts can be beneficial for mental and physical health"- is a key conclusion of the latest WHO report on 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 and other hard-to-reach groups.

PAPERS IN PANEL:

- **The Joint Painting Procedure as a Relationship Assessment of Mothers and Adolescents with Intellectual Disabilities**

Tami Gavron (Tel Hai College, Israel)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aims: Visual symbolization has a unique value as a channel of expression that can capture the implicit characteristics of relationships. Creating art together goes even further because it allows the presence of implicit aspects of the relations in vivo, especially with population who struggle with verbal expression. This presentation will describe a qualitative study which is part of a larger research that examined the relationship characteristics of mothers and their adolescents with intellectual disability (ID), through the Joint Painting Procedure (JPP). **Method:** 25 Dyads were administered the JPP which includes shared painting by the parent and adolescent on the same paper and is used for evaluation and treatment in the field of parent-child psychotherapy and art therapy. The study's objectives were to better understand the unique aspects of relationships between mothers and adolescents with ID that such method allows and its potential to support their relationship. The analysis of the qualitative data which relied on narrative and phenomenological research perspectives, incorporated observational descriptions of six dyads. **Results:** The analysis yielded several themes, including the maternal conflict between the need to support the adolescents and the need to give a separate and autonomous space, the different levels of separateness that varied in accordance with the level of disability and maternal insightfulness, and the importance of the emotional presence of the mother. The presentation will focus on the uniqueness of the JPP as an expressive non-verbal tool with this population can contribute to its use in future research and in therapy.

- **The Co-Active Therapeutic Theatre Model for Patients with Eating Disorder**

Laura Wood (Lesley University, USA)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Sustained recovery from an eating disorder remains a complex treatment area for the mental health profession and the call for meaningful interventions that support mechanisms of change in the recovery process is ever present (Wilson, et al., 2007). The CoActive Therapeutic Theater (CoATT) Model, a manualized form of drama therapy, offers an arts based intervention to support clients moving from high levels of treatment to lower levels of care where the focus is on sustaining independent recovery. **Methods:** This presentation shares data from a three year grounded theory study examining the benefits of individuals who had moved from partial eating disorder hospitalization to outpatient eating disorder treatment and participated in the CoATT Model. **Results:** Four categories were identified in the way the model supported recovery, including: providing containment from relapse, fostering relationships, emotional self-regulation, and advancing psychological recovery. Additionally, six areas were identified by the participants that distinguished a theatrical process versus traditional talk therapy: the use of role and distance, the intensive nature of creating a production, public performance, use of the body, theater making as a parallel process, and providing a touchstone group experience. **Discussion:** The CoATT Model, a creative arts based process, offers a novel framework that allowed clients to co-construct art (a theatrical production) out of their illness and emerge stronger in recovery. In particular, theater may facilitate necessary group and individual experiences that talk therapy alone fails to address.

- **An Online Creative Art-Based Intervention for Older Adults**

Shoshi Keisari (University of Haifa, Israel)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aims: The Creative arts therapies (CAT) provide a creative environment for older adults to process life experiences and maintain personal growth while aging. There is a growing need to make arts therapies more accessible to the aging population, as many have limited access to these services. This need has been catalyzed by the advent of the

COVID-19. This study explored the experiences of older adults who participated in an online art-based intervention of digital photocollage. The study aimed to better understand how the specific nature of CAT can successfully be integrated into the online format. Methods: Twenty-four Italian and Israeli community-dwelling older adults aged 78 to 92 participated in this research through the Zoom application. Transcriptions of the sessions and the art products of the photocollage were qualitatively analyzed through Thematic Analysis. Results: The visual stimuli supported the participants' narratives and engaged them in more symbolic language. The creative process also engaged an embodied sensorial experience, regardless of modality. Assembling visual images and creating associations between them in the artwork of photocollage, enhanced the participants' sense of continuity, and generated a more coherent view of the self, even in the digital format. The process also involved artistic enjoyment along with close interactions with the therapists, allowing participants to process issues connected with aging and end-of-life experiences. The findings also point to the challenges of the online creative process. Discussion: The findings suggest that tele-CAT with photocollages can make creative therapeutic processes more accessible to the aging population.

DISCUSSANT: Rinat Feniger-Schaal (University of Haifa, Israel)

KEYWORDS: Psychotherapy integration | Treatment process and outcome | Other: arts, psychotherapy, assessment, process

BP09

BRIEF PAPER SESSION

MODERATOR:

Lynne M. Knobloch-Fedders
Marquette University, Milwaukee, USA

THURSDAY, JULY 7, 2022, 14:15–15:45 (MDT) | STURM 424

Testing Treatment Models and Services

BRIEF PAPERS:

- **Comparing Psychotherapeutic Treatment Rates in University Counseling Centers between American Latinx and International Latinx University Students** ⁽⁷³⁾

Jason M. Hoskin (Brigham Young University, Provo, USA), David M. Erekson, Brett Merrill

PAPER ABSTRACT:

As university counseling centers' rates increase, so does the need to provide optimal therapeutic services. Prior research has compared experiences in university counseling centers between the general Latinx population and the Anglo-American population. However, minimal research compares the experiences of International Latinx (IL) students to that of American Latinx (AL) students. Each subpopulation faces contrasting social environments, external stressors, and historical backgrounds. Despite these distinctions, there is a tendency to conflate these subpopulations for research and therapeutic practices. The purpose of this paper is to address this issue by analyzing possible differences in (1) the number of attended sessions of mental health services between the subpopulations, (2) severity levels of initial symptoms in subpopulations, and (3) possible differences in treatment improvement rates. Researchers used a nationwide dataset of student surveys from multiple university counseling centers to compare trends between AL students ($n = 13,156$) and IL students ($n = 911$). Results found that (1) there was no significant difference in attendance rates ($t(14,065) = -1.27$; $p = 0.20$), (2) AL students had statistically significant worse initial severity levels of symptoms ($t(13,887) = 7.03$; $p = 0.00$, $d = 0.24$), and (3) there was a slightly slower improvement rate for IL students in Frustration/Anger and Overall Distress ($F(14,065) = 5.69$; $p = 0.02$; partial $\eta^2 = 0.00$). We discuss the importance of understanding the different clinical presentations of IL and AL students, as well as the importance of addressing ethnic glossing in future research and clinical work.

PRESENTATION MODALITY: In Person

- **Compassion Focused Therapy Group Treatment of Perfectionism in Collegiate Musicians** ⁽⁷⁴⁾

Natalie Kirtley (Brigham Young University, Provo, USA), Erin Bailey, David Erekson, Kristin L. Hansen

PAPER ABSTRACT:

Compassion Focused Therapy (CFT) focuses on alleviating and preventing suffering using inter- and intrapersonal compassion principles (Cattani et al., 2021). It has been particularly indicated for clients high in perfectionism and self-criticism (Werner et al. 2019). We have been examining the efficacy of group based CFT in our university

counseling center and recently demonstrated the positive effect of group CFT on heart rate variability (indicating that clients receiving the treatment were able to physiologically respond better to both self-compassion and self-criticism tasks; Steffen et al., 2021). While we are beginning to understand the efficacy of group CFT in general group settings, we know less about its efficacy for specific populations and symptom presentations. In a university population, music performance majors may be among those who experience high levels of distress, as individuals in high pressure performance-focused environments appear to experience higher levels of perfectionism leading to negative performance outcomes and decreased overall wellbeing (Anshel & Mansouri, 2005; Bonneville-Roussy et al., 2020). Perfectionistic strivings (or adaptive perfectionism) tend to be associated with positive performance outcomes, while perfectionistic concerns (or maladaptive perfectionism) can impair performance and lead to fear of failure, increased neuroticism, and mental illness (Stoeber, 2012). In the current study, we use group CFT to treat individuals in music performance majors. The intervention was eight weeks of treatment, where we measured psychotherapy outcomes at each session, including symptom distress, perfectionism, and self-criticism. We are currently gathering data and will present the results and plans for future research.

PRESENTATION MODALITY: In Person

- **Empirical Examination of Long-Term and Intensive Psychoanalytic Psychotherapy for Severely Disturbed Patients** ⁽⁷⁵⁾

Refael Yonatan Leus (The College of Management Academic Studies, Rishon LeZion, Israel), Gaby Shefler, Maayan Abargil, Ron Finkerberg, Ilan Amir

PAPER ABSTRACT:

Objective: In this study we aim to examine the effectiveness and the efficiency of intensive psychoanalytic psychotherapy for severely disturbed patients. **Method:** 106 patients in six mental health centers underwent psychoanalytically oriented intensive psychotherapy. The number and the duration of psychiatric hospitalizations were examined on these patients from one year before therapy to eight years after. In addition, several outcome measurements were taken throughout the treatment in a longitudinal design. A multilevel analytic approach was applied to account for repeated measurements and missing data. **Results:** The number and length of psychiatric hospitalizations decreased significantly from the beginning of treatment until eight years after it. In two (SCL90, OQ45) of the three outcome measures along therapy a small yet significant improvement was found. No significant change was found in the BDI. The overall cumulative decrease in hospitalization days was 48.24 that equals after capitalization to 42618 NIS. The average cost of treatment after capitalization was 26770 NIS. The direct savings to the insurer stand on 15747 NIS. (Around 4,500\$) **Conclusions:** These findings support the notion that psychoanalytic psychotherapy for severely disturbed patients is both effective clinically and efficient economically.

PRESENTATION MODALITY: Livestream

- **Reach Out to Me: The Involvement of Another Person in Imagery Rescripting Interventions** ⁽⁷⁶⁾

Hila Sorka (Hebrew University, Jerusalem, Israel), Jonathan Huppert

PAPER ABSTRACT:

Imagery rescripting (IR) is a therapeutic technique that has been found effective across different psychopathologies. During IR, the patient is requested first to relive a negative past event and then to reimagine the event with an agent intervening. The classic procedure involves an invitation of the current self into the imagery. However, implications of difficulties with the implementation of protection and compassion towards oneself led to a suggestion to implement other as an agent. This study compared between invitation of the self and invitation of a support other to intervene in the imagined scenario. 40 high-trait high anxious were randomly assigned to one of the two experimental conditions (self vs other). In the 'self' condition, participants rescripted their memory with the help of their current selves whereas, in the 'other' condition participants were asked to elicit an image of a close and trusted other who intervened in their painful memory. We predict an interaction between agent (self vs. other) and attachment styles that affects outcomes: participants with more anxious attachment styles will demonstrate more difficulties in addressing their needs by themselves and therefore will benefit more from the 'other' condition. In contrast, participants with higher avoidant attachment styles will demonstrate more difficulties in relying on a trusted other and therefore will benefit more from imagining themselves as the agent. Pilot data on 9 participants supported the direction of the hypotheses, and data are now being collected on an additional 40 participants. Full results will be presented at the conference.

PRESENTATION MODALITY: In Person

BRIEF PAPER SESSION**Practice-Research Networks, Processes, and Groups****MODERATOR:**

Juan Martín Gómez Penedo
Universidad de Buenos Aires, Argentina

BRIEF PAPERS:

- **A Head Start in the Long Race: Therapists are Learning to Adapt Their Therapeutic Skills within Teletherapy** ⁽⁷⁷⁾

Tao Lin (Ohio University, Athens, USA), Suzannah J. Stone, Timothy Anderson

PAPER ABSTRACT:

Objective: During the rapid shift to telepsychology at the start of the COVID-19 pandemic, therapists encountered numerous challenges and reported their therapeutic skills as reduced in telepsychology. This study aimed to 1) examine therapists' skills in teletherapy compared to in-person therapy and whether the discrepancy between the two therapy formats has changed since the pandemic and 2) assess therapists' compliance with telepsychology guidelines. **Methods:** Using a repeated cross-sectional design, we collected data from two national samples of therapists and trainees at two time points: 440 therapists in Spring 2020 (Early Pandemic) and 345 therapists in summer 2021 (Mid-Pandemic). We compared therapists' self-rated skills in telepsychology and in-person therapy between these two time periods. **Results:** Therapists' perceived therapeutic skills in telepsychology were significantly lower than those in in-person therapy both early- and mid-pandemic. Nevertheless, there was a Time X Format interaction in that the relative differences between the two psychotherapy formats decreased in 2021. Most therapists (65.22%) self-reported compliance to all telepsychology guidelines. Therapists who were older, non-students, had more years of clinical experience, and worked in private practice were more likely to have uncompliant behavior to the telepsychology guidelines. **Conclusion:** Therapists' perceived discrepancy between their skills in telepsychology and in-person therapy was significantly reduced after one year in the pandemic, and yet the difference remained. Necessary practice of telepsychology during the pandemic may have allowed familiarity and adaption of their therapeutic skills. However, intensive and specialized training in telepsychology skills may be needed to help therapists' self-efficacy when utilizing telepsychology.

PRESENTATION MODALITY: In Person

- **The Impact of Patient Perfectionism on Group Psychotherapy Process and Outcomes** ⁽⁷⁸⁾

Chang Chen (University of British Columbia, Vancouver, Canada), Paul L. Hewitt, Carol A. Flynn, Agostino Brugnera, Martin M. Smith, Samuel Mikail, Kaja Bakken, Fei Ying, Gordon L. Flett

PAPER ABSTRACT:

Despite the known associations between patient perfectionism and therapeutic processes and outcomes in individual therapy, research on these topics in group therapy remains limited. This study aimed to analyze the effect of patient perfectionism on both therapeutic processes (e.g., patients' self-disclosure and affective expressions) and outcomes (e.g., symptomatology, interpersonal functioning) in a group treatment program for perfectionism. A total of 71 patients struggling with perfectionism participated in 12 weekly sessions of psychodynamic-relational group therapy. Each group was composed of 7 to 10 patients and was run by two doctoral-level clinical psychology trainees under the supervision of two senior clinical psychologists. Three videotaped sessions (sessions 2, 5, and 9) from each group were fully coded for patients' self-disclosure along several dimensions (e.g., amount, valence, immediacy, and depth) as well as their affective expressions. At the end of treatment, each patient completed measures assessing their levels of perfectionism, depression, anxiety, and interpersonal functioning. Ratings of treatment benefits were also provided by group members, therapists, and friends or family members of each group member. We will use multilevel modelling to examine patient perfectionism as a predictor of change in therapeutic processes (e.g., ratings of self-disclosure and affective expressions) and various indicators of treatment outcomes and benefits. Research and practice implications for therapy involving patients with perfectionism will be presented and discussed.

PRESENTATION MODALITY: Livestream

- **Training Psychology Students in the Generic Psychotherapeutic Competencies Model: A Qualitative Study on the Experience of Videofeedback-Based Supervision** ⁽⁷⁹⁾

Nelson Valdés-Sánchez (Universidad Santo Tomás, Santiago, Chile), Pedro Fuentes, Diana M. Gómez, Sandra García

PAPER ABSTRACT:

One of the lines still little developed is that related to the development of competencies in psychology students, and its impact on the future processes of intervention and training as psychotherapists. This presentation aims to show the results of a study that evaluated the effectiveness of the Clinical Supervision Model of Generic Psychotherapeutic Competencies (GPsyC) based on the video feedback technique as a pedagogical and methodological resource to develop a Competent Reflective Practice (on action, in action and for action). This model seeks to facilitate students' critical self-perception through the activation of joint reflection processes on the competencies required for the practice of their profession in future clinical situations, in which "know-how" is emphasized over "knowledge" alone. A qualitative methodology oriented to discovery was used to select a total sample of 100 students trained in the model during the last year of their promotion as psychologists, who were interviewed individually in depth (N=23) and episodically (N=77), supported by a thematic guideline that allowed guiding the conversation about the meanings attributed to their experience in each stage of the training (diagnosis, training, simulation, and supervision). Based on a Content Analysis, it was possible the emergence of different intersubjectively agreed categories, which show a very positive evaluation of the model and of the video feedback technique, considered by the students as a novel methodological strategy, with a high level of challenge and very useful to identify, give feedback, operationalize the expected competencies, and monitor different aspects of communication (verbal and nonverbal).

PRESENTATION MODALITY: In Person

- **What Kind of Patients Benefit More from Assimilation Process and Who Profits More from Accommodation? A New Proposal of Interaction between Personality Dispositions and Shape of Self-Concept Change Validated in a Study of Intensive Group Psychotherapy** ⁽⁸⁰⁾

Rafał Styła (University of Warsaw, Poland)

PAPER ABSTRACT:

Introduction: Assimilation according to Jean Piaget means that incoming information is shaped by the person's already existing cognitive schemas whereas in accommodation the new stimulus remodels the "old" cognitive structures. In the presentation four categories of personality dispositions based on two dimensions (level of self-concept clarity and functionality of the contents in the self-concept) will be introduced with the aim to hypothesise that patients with a rather healthy personality structure benefit more from assimilation process in the course of therapy (characterized by a stable self-concept clarity increase) while participants with an disintegrated self or integrated around dysfunctional content profit more from accommodation (operationalized by a "V" shape or fluctuations of self-concept clarity). Method: Correlational study in a naturalistic setting with repeated measurements (M=5.8) was conducted on the sample of 85 patients diagnosed with neurosis and personality disorders receiving intensive eclectic group psychotherapy under routine inpatient conditions (Styła, 2015). Participants filled in the Self-Concept Clarity Scale, Symptoms' Questionnaire KS-II, and Neurotic Personality Questionnaire KON-2006 at the beginning and at the end of the course of psychotherapy. The Self-Concept Clarity Scale was also administered every two weeks during psychotherapy. Results: As hypothesized, among the relatively healthiest group of patients the stable self-concept clarity increase was related to positive treatment outcome, while more disturbed patients benefited from the fluctuations and "V" shape of self-concept clarity change. Conclusions: The findings support the idea that for different personality dispositions either assimilation or accommodation process is a sign of a good treatment prognosis.

PRESENTATION MODALITY: In Person

BP11

BRIEF PAPER SESSION

MODERATOR:

Kim de Jong
Leiden University, Netherlands

THURSDAY, JULY 7, 2022, 14:15–15:45 (MDT) | STURM 490

New Developments in Measurement and Prediction

BRIEF PAPERS:

- **A Holier Hurt: Religious Injury and OQ-45 Subscale Scores** ⁽⁸¹⁾

Sarah E. Witney (Brigham Young University, Provo, USA), Stevan L. Nielsen, Dane Abegg, David Erikson

PAPER ABSTRACT:

Religion is gaining increasing attention in the field of psychotherapy. While religiosity in general is correlated with improved mental health, feeling hurt by religion (religious injury) may have an inverse effect. More than 1,300 students at a private religious university answered the Standard Dataset (SDS), the Outcome Questionnaire-45 (OQ-45), and the Religious Commitment Inventory-10 (RCI-10). Data was collected on demographics, religiosity, psychological wellness, and whether the students felt they had been hurt by religion. A one-way multivariate analysis of variance (MANOVA) revealed a statistically significant difference in total intake OQ-45 scores between the RI and NRI groups, although the effect sizes were small. Post-hoc analyses showed significant differences between groups on all three of the OQ-45 subscales; however, again, the effect sizes were small. Implications of this study include new knowledge about religious injury which may help therapists to provide more multiculturally sensitive and effective therapy to their clients. Some strengths of the study are that it adds to current knowledge on RI by showing a significant, though small, difference between RI and NRI groups in total intake OQ-45 scores. Future studies could examine more closely the relationship between each subscale and RI by implementing a longitudinal study design to compare data before and after injury occurs.

PRESENTATION MODALITY: Livestream

- **Development of a Computerized Assessment of Reflective Functioning in Psychotherapy.** ⁽⁸²⁾

Lotta Hüwe (University of Klagenfurt, Austria), Sylke Andreas

PAPER ABSTRACT:

Aim: The concept of mentalization is becoming increasingly important in both therapeutic practice and research. The gold standard for assessing reflective functioning (RF) is the Reflective Functioning Scale (RFS), but it is very time consuming. A text analysis program has been developed for the English-speaking world based on evaluations with the RFS, the Computerized Reflective Function (CRF, Fertuck et al., 2012). The goal of this project is to develop a similar program for use on German-language narratives, particularly psychotherapy transcripts. **Methods:** For the development of the German version of the CRF, therapy transcripts from the Munich Psychotherapy Study (MPS, Huber et al., 2012) will first be evaluated with the RFS. In the next step, words that occur particularly frequently in statements with either a high or low RF will be identified. These will subsequently form the basis of the CRF. **Results and Discussion:** A first progress report on the German CRF will be presented at the 53rd International Annual Meeting of the SPR in Denver.

PRESENTATION MODALITY: In Person

- **Heterogeneity in Item Content within Measures of Quality of Life Used in Studies of Depression** ⁽⁸³⁾

Allison Peipert (Indiana University, USA), Lorenzo Lorenzo-Luaces

PAPER ABSTRACT:

Quality of life (QOL) refers broadly to the assessment of well-being, life satisfaction, and psychosocial functioning. Depression is associated with lower QOL. However, the QOL literature presents varying definitions of the concept with no consensus on the best definition or conceptual model. Furthermore, as measurement-based care initiatives and patient-reported outcomes have become a standard for quality care, the number of QOL assessments has increased. It is unclear how much heterogeneity there is in the measurement of QOL across instruments. The aim of the present study was to measure the level of item content overlap of 10 measures gathered from a recent meta-analysis of QOL outcomes following psychotherapy for depression. We employed a quantitative approach to measuring content similarity based on a similar paper exploring heterogeneity among measures of depression (Fried, 2017). We used two approaches to defining content overlap: one determined content overlap as similarly worded items (e.g., "down" and "blue"), and a second defined content overlap as using the same word or root (e.g., "anxiety" and "anxious"). Item content overlap was estimated by calculating a Jaccard Index, a similarity coefficient for binary data. Both approaches yielded low levels of item content overlap ($M_1=0.14$, $sd_1=0.12$; $M_2=0.07$, $sd_2=0.08$), reflecting substantial heterogeneity among common measures of QOL used in depression. Popular measures of QOL assess different content, raising the possibility that outcomes may not be reproducible across scales. Future work should explore the relations among content assessed in measures of QOL.

PRESENTATION MODALITY: In Person

- **How Does Clients' Cardiac Vagal Regulation Contribute to Psychotherapy Process and Outcome? A Systematic Review** ⁽⁸⁴⁾

Michele Dufey (University of Chile), Tamara Bravo, Tamara Gonzalez, Valentina Ramos

PAPER ABSTRACT:

Aim: Presenting a systematic review of psychotherapy studies assessing clients' cardiac vagal regulation -a psychophysiological subsystem underlying emotional regulation and interpersonal abilities- indexed by heart rate variability (HRV). **Methods:** A search was performed in disciplinary databases using a combination of keywords focusing on psychotherapy and several HRV indexes. Inclusion criteria were articles conducted with adults and assessing HRV related to the therapy process and outcomes. **Results:** Nineteen studies were included in the qualitative review which were related with one or more of the following results: 14 studies used HRV indexes in association with therapy outcomes (i.e., anxiety and depressive symptoms, drug consumption, positive affect) either at a correlational or predictive level; four studies considered HRV regarding process measures (i.e., working alliance, client-therapist physiological synchrony); and three studies were descriptive case reports. Most of the studies show significant associations between pre-treatment HRV and therapy outcomes, as well as significant and positive changes in pre-post treatment HRV which, in turn, are predictive of symptom reduction. HRV also shows positive associations with therapeutic alliance. **Discussion:** The evidence is consistent with the assumption that assessing cardiac vagal regulation may be useful to inform about clients' psychophysiological resources based on autonomic flexibility to deal with emotional issues relevant to therapeutic work. Several considerations are outlined for planning future research regarding cardiac vagal regulation in psychotherapy. **Acknowledgments:** This presentation is funded by FONDECYT Initiation grant 11180662 from the Chilean government.

PRESENTATION MODALITY: In Person

Thursday, July 7, 2022, 16:00–17:30 (MDT)

SD06

STRUCTURED DISCUSSION

ORGANIZERS & MODERATORS:

Rayna Markin
Villanova University, USA

Sigal Zilcha-Mano
University of Haifa, Israel

THURSDAY, JULY 7, 2022, 16:00–17:30 (MDT) | STURM 453

The Future of Psychotherapy Research: What Journal Editors Envision for the Future and Pathways of Getting There

⁽⁸⁵⁾

ABSTRACT:

Although psychotherapy research has always sought to improve treatments, many important developments have occurred over the years. Psychotherapy research has progressed from the general question of which treatment is always better for all clients to the more specific question of what treatment is better for which clients?. Accordingly, a diversity of study designs, measures, and quantitative and qualitative approaches to analyzing the data have started to emerge. In this structured discussion, editors and associate editors of some of the leading journals in the field of psychotherapy research will share their vision of the future of psychotherapy research and map some of the most promising pathways for getting there. These brief glimpses into the future will provide the background for what we hope will be a lively and stimulating discussion. We see merit in giving the opportunity for editors of the various psychotherapy journals to get together and brainstorm ideas on where the field is heading, challenging of getting there, and how we can work together to deal with those challenges. The structured discussion presenters are Dennis Kivlighan, Jeff Hayes, Katie Aafjes-van Doorn, Mike Constantino, Catherine Eubanks, and Christoph Flückiger. The structured discussion moderators are Rayna Markin and Sigal Zilcha-Mano.

DISCUSSANTS:

- Dennis Kivlighan (University of Maryland, College Park, USA)
- Jeffrey A. Hayes (Penn State University, University Park, USA)
- Katie Aafjes-van Doorn (Yeshiva University- Ferkauf Graduate School of Psychology, USA)

- Michael Constantino (University of Massachusetts Amherst, USA)
- Catherine Eubanks (Ferkau Graduate School of Psychology, Yeshiva University, New York, USA)
- Christoph Flückiger (University of Zurich, Switzerland)

KEYWORDS: Process and outcome | Treatment process and outcome

PRESENTATION MODALITY: Mixed

PA19

PANEL

ORGANIZERS & MODERATORS:

Juan Martín Gómez Penedo
Universidad de Buenos Aires, Argentina

CE

THURSDAY, JULY 7, 2022, 16:00–17:30 (MDT) | STURM 454

Pushing the Boundaries of Treatment Personalization and Precision in Mental Health ⁽⁸⁶⁾

ABSTRACT:

In the last decade there has been a growing trend towards developing evidence-based criteria for psychological treatment personalization grounded on machine learning algorithms. In this panel we are going to present cutting-edge studies aiming to move forward the field of precision in mental health. First, Lutz will present a trial, where patients were randomized to receive or not a treatment grounded on a decision supporting system. The system provided baseline and adaptive recommendations to the therapists, based on individual predictions using machine learning. Results showed the relevance of prospective studies and implementation of digital supporting tools in clinical context. Second, Gómez Penedo will present the development of a machine learning algorithm based on patients' characteristics, to predict problem coping experiences (PCE) effects on cognitive-behavioral therapy outcome. The final algorithm predicted 15% of the PCE effects variance, showing the suitability of performing individual predictions of this process effects. Third, Webb will present a study using machine learning applied to baseline characteristics to identify adolescents with a greater likelihood of benefitting from app-based mindfulness training. Results showed that adolescents with elevated rumination derived greater benefit when randomly assigned to a mindfulness app relative to a mood monitoring app. Finally, Delgadillo will present a study that used machine learning to identify non-responders to psychological treatments. When excluding these non-responders from the dataset of a RCT, results showed that stratified care (i.e., matching treatment intensity to patients' complexity) was significantly more cost-effective than a stepped care approach for the treatment of depression.

PAPERS IN PANEL:

- **Data-Informed Psychological Therapy in Clinical Practice**

Wolfgang Lutz (Universität Trier, Germany), Julian A. Rubel, Steffen Eberhardt, Jana Schaffrath, Brian Schwartz

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: This talk will present the re-analysis of a prospective randomized-controlled trial (RCT) investigating the heterogeneity of patient ratings. The background of the presentation is a digital decision support and navigation system, which includes clinical strategy and adaptive recommendations for patients at risk for treatment failure. The presentation will focus on the reliability of patient ratings of main constructs and their impact on treatment effects. **Method:** The prospective randomized-controlled trial (RCT) consisted of 538 patients in the CBT outpatient clinic at the University of Trier. Patients were randomized to either have access to the decision support system (n = 335) or not (n = 203). Several main constructs have been assessed with different instruments. **Results:** The prospective evaluation showed a differential effect size when therapists followed the recommended treatment strategy in the first ten sessions. Moreover, the linear mixed models revealed therapist symptom awareness, therapist attitude and confidence as significant predictors of outcome as well as therapist-rated usefulness of feedback as a significant moderator of the feedback-outcome and the not on track-outcome associations. However, no main effects were found for feedback. Further analysis of constructs assessed twice show differential reliability of patient ratings. **Discussion:** The results demonstrate the importance of prospective studies and the high-quality implementation of digital decision support tools. Further investigations of patient characteristics, which predict the quality of measurements, are needed to improve specificity of such tools. Results will be discussed regarding Implications for implementing such systems into clinical practice and training.

- **Treatment Personalization at the Process Level Using Machine Learning: For Whom Should Psychotherapy Focus on Problem Coping?**

Juan Martín Gómez Penedo (Facultad de Psicología - Universidad de Buenos Aires, Argentina), Brian Schwartz, Julia Giesemann, Julian A. Rubel, Anne-Katharina Deisenhofer, Wolfgang Lutz

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: We aimed to develop and test an algorithm for individual patient predictions of problem coping experiences (PCE) (i.e., patients' understanding and ability to deal with their problems) effects in cognitive-behavioral therapy. **Method:** In an outpatient sample with a variety of diagnoses (n=1010), we conducted Dynamic Structural Equation Modelling to estimate within-patient cross-lagged PCE effects on outcome during the first ten sessions. In a randomly selected training sample (2/3 of the cases), we tried different machine learning algorithms (i.e., ridge regression, LASSO, elastic net, and random forest) to predict PCE effects (i.e., the degree to which PCE was a time-lagged predictor of symptoms), using baseline demographic, diagnostic, and clinically-relevant patient features. Then, we validated the best algorithm on a test sample (1/3 of the cases). **Results:** The random forest algorithm performed best, explaining 14.7% of PCE effects variance in the training set. The results remained stable in the test set, explaining 15.4% of PCE effects variance. **Conclusions:** The results show the suitability to perform individual predictions of process effects, based on patients' initial information. If the results are replicated, the algorithm might have the potential to be implemented in clinical practice by integrating it into monitoring and therapist feedback systems.

- **Which Adolescents Are Well-Suited to App-Based Mindfulness Training? A Data-Driven Approach for Personalized Recommendations**

Christian A. Webb (Harvard Medical School, USA), Caroline M. Swords, Hannah R. Lawrence, Lori M. Hilt

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: Rumination heightens risk for depression and anxiety, which increase substantially during adolescence. Smartphone apps offer a convenient and cost-effective means for adolescents to access mindfulness training, which may reduce rumination. Despite their increasing popularity, it is unclear which adolescents benefit from mindfulness apps. **Methods:** Adolescents (n = 152) with elevated trait rumination were randomly assigned to 3 weeks of app-based mindfulness training or a mood monitoring control. Multilevel models tested group differences in state rumination change, assessed via ecological momentary assessment. Baseline adolescent characteristics were submitted to elastic net regularization models to develop personalized predictions of an individual's expected outcome from the mindfulness app relative to the mood monitoring control. Finally, we translated a predictive model (developed in an external sample) for personalized recommendations of expected benefit from the mindfulness app. **Results:** Adolescents in the mindfulness app condition reported significantly greater reductions in rumination than adolescents in the control condition. Individuals predicted to have better outcomes from the mindfulness app relative to mood monitoring had significantly greater reductions in rumination if randomly assigned to the mindfulness condition. Between-condition differences in outcome were not significant for adolescents predicted to have better outcomes in the mood monitoring condition. **Conclusions:** Findings support the efficacy of a mindfulness app to reduce state rumination in adolescents, particularly among adolescents high in trait rumination. A predictive model is put forth, which could be used to objectively communicate expected mindfulness app outcomes to adolescents prior to engagement in app-based mindfulness training.

- **Improving the Precision and Cost-Effectiveness of Stratified Treatment Selection**

Jaime Delgadillo (University of Sheffield, United Kingdom), Shehzad Ali, Michael Barkham

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Stratified care involves matching patients to either low or high intensity psychological treatments, based on the assumption that patients with more complex presentations require more intensive and lengthy interventions to improve. The StratCare Trial, a large (N=951) RCT, found that stratified care was more effective than stepped care overall, but

this advantage was not significant in the more complex cases. The authors speculated that this could be explained by the influence of a subgroup of “non-responders” within the complex cases category, for whom no psychological treatment would be very effective. This study reports on an empirical test of the “non-responders” hypothesis. An algorithm to identify “non-responders” was developed using an archival clinical dataset (N=215) from a psychological treatment service that was not involved in the StratCare Trial. Next, the algorithm was applied to identify and exclude “non-responders” in the stratified care arm of the StratCare Trial dataset. A comparison of post-treatment depression (PHQ-9) symptoms and treatment costs was then performed to model the cost-effectiveness of a stratified care model that would prescribe available psychological treatments for “differential responders” and refer “non-responders” to alternative sources of support. Stratified care was more effective than stepped care for both complex and less complex cases, after excluding non-responders. Stratified care can help to improve precision of psychological assessment and the clinical and cost-effectiveness of treatment selection, by first identifying who is most likely to benefit from psychological care and by matching them appropriately to available treatment options. Ethical and economic implications will be discussed.

KEYWORDS: Client effects | Evidence-based psychotherapies | Other: Machine learning, Personalization

SD07

STRUCTURED DISCUSSION

ORGANIZERS & MODERATORS:

Felicitas Rost
Tavistock Clinic, London, UK, United Kingdom

THURSDAY, JULY 7, 2022, 16:00–17:30 (MDT) | STURM 479

Time for a Sea-Change: NICE Guidelines Need a Revised Methodology OR Is it Time to Develop an Alternative? ⁽⁸⁷⁾

ABSTRACT:

We have a social responsibility to offer therapeutic help that is safe and effective. Therefore, it is paramount that treatment guidelines are produced that can be trusted. However, researchers are often not sufficiently aware of how their findings will be used, and service-users are not aware of the limitations of the various processes and decisions in evidence production, highlighting the gap between the production and the use of evidence. Since July 2017, the SPR UK has been leading a major stakeholder and political campaign calling on the National Institute of Health and Care Excellence (NICE) to address numerous serious methodological concerns identified in the revised draft guideline for depression. The campaign led to two unprecedented further revisions of the draft guideline. Thus far, NICE has attended to some of the concerns but important others remain unaddressed. Many of the issues raised with the depression guideline are also applicable to other treatment guidelines. Whilst we need to continue to challenge guideline developers such as NICE, the time has perhaps come to develop alternative treatment guidelines. Are there ways of how we, as psychotherapy researchers, can play a more active role in these processes not only in the UK but in other countries too? What can we do in order to make treatment guidelines for psychological therapies fit for purpose? What are the particular methodological issues that we would need to address ourselves? In this structured discussion five speakers from around the globe will kick us off to a hopefully lively discussion.

DISCUSSANTS:

- Louis G. Castonguay (Penn State University, University Park, USA)
- Stig B. Poulsen (University of Copenhagen, Denmark)
- Bernhard M. Strauss (University Hospital Jena, Germany)
- Dana Tzur Bitan (Ariel University and Shalvata MHC, Israel)

KEYWORDS: Evidence-based psychotherapies | Methods | Quantitative & qualitative method | Other: treatment guidelines

PRESENTATION MODALITY: Mixed

PA20

PANEL

ORGANIZERS & MODERATORS:

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

THURSDAY, JULY 7, 2022, 16:00–17:30 (MDT) | STURM 379

Innovative Methods to Capture Interpersonal Dynamics within Individual and Couples Therapy ⁽⁸⁸⁾

ABSTRACT:

Psychotherapy is fundamentally an interpersonal endeavor, where clients and couples face

their intimate concerns collaboratively with their therapists. Traditional work has focused on clients' self-reports of the therapeutic alliance, to tap the contribution of the therapeutic relationship to treatment outcome. Recently, innovative methods have emerged (Zilcha-Mano&Ramseyer,2020), providing new avenues for objectively understanding key interpersonal processes. This panel involves four works highlighting the value of implementing such methods to understand changes in emotional dynamics within the context of psychotherapy. The first talk will present work focusing on nonverbal motion synchrony. Both beneficial and detrimental associations between motion synchrony and therapeutic process have been reported. This talk will demonstrate how considering the temporal aspect of synchrony may help clarifying these conflicting findings. In the second talk, the interplay between clients' and their therapists' in-session cortisol will be discussed. Data from psychotherapy sessions for MDD will be used to illustrate that client-therapist alignment in the stress hormone cortisol is associated with clients' emotional experience. The third talk will discuss the role of partners' facial expressions synchrony in the context of couples therapy. Using data from couples receiving EFT for couples it will illustrate how variations in couples' facial expressions synchrony, can be used to predict alleviation in relational distress. The concluding talk will illustrate the potential benefit of formal modeling and simulation to the understanding of moment-to-moment interpersonal dynamics. Specifically, it will exemplify how using methods from evolutionary game theory can provide critical insights concerning adaptive and maladaptive relational states and dynamics.

PAPERS IN PANEL:

- **Within Session Dynamics of Nonverbal Synchrony Imply the Social Function of Movement Coordination in Psychotherapy Dyads**

Fabian Ramseyer (University of Bern, Switzerland)

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Background: Nonverbal synchrony has been established as a relevant interpersonal aspect characteristic of psychotherapeutic interactions. Both beneficial as well as detrimental associations between different manifestations of synchrony and therapeutic process as well as outcome have been reported. Today, very little is known about the temporal evolution of synchrony within sessions and how varying degrees of synchrony are associated with outcome. Methods: Motion Energy Analysis was applied to N = 111 intake interviews, allowing the quantification of movement coordination in psychotherapy dyads. The temporal dynamics of nonverbal synchrony within sessions of 60-minute duration were assessed in windows of 5 minutes duration. Results: The initial five minutes of intake interviews show markedly higher amounts of synchrony in comparison to 5-minute sections later in sessions: Synchrony peaked at the beginning of intake interviews and showed a decreasing trend with time. Furthermore, patients dropping out after the intake interview were less imitated by their therapists and – contrary to normal patients – their level of synchrony peaked during the middle phase of the session. Discussion: Despite some conflicting findings in relation to nonverbal synchrony reported in psychotherapy sessions, this sample highlights the relevance of synchrony for long-term effects (drop-out versus successful termination of therapy), and it strongly suggests the social role nonverbal synchrony exerts at the level of a single session (within session effect) as well as across therapy (overall synchrony effect). Future research should pay more attention to the temporal dynamics of nonverbal synchrony at multiple levels of temporal resolution.

- **Patient and Therapist In-Session Cortisol as Predictor of Post-Session Patient Reported Affect**

Eyal Levi (University of Haifa, Israel), Susanne Fischer, Hadar Fisher, Roei Admon, Sigal Zilcha-Mano

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

The importance of the role of affect in psychotherapy for major depressive disorder (MDD) is well established, but the common use of self-reported measures may limit our understanding of its underlying mechanisms. A promising predictor of patient affect is the stress hormone cortisol. To date, no studies have studied in-session changes in cortisol in psychotherapy for MDD. We investigated whether an increase in patient cortisol over the course of a session correlated with higher negative and lower positive affect. Given previous findings on healthy individuals on the contagious nature of stress, an additional aim was to examine whether these relationships are moderated by therapist cortisol. To this end, 40 dyads (including 6 therapists) provided saliva samples before and after four

pre-specified sessions (616 samples). After each session, the patients provided retrospective reports of in-session affect. We found no association between patient cortisol and affect. However, increases in patient cortisol predicted negative affect when the therapists exhibited decreases in cortisol, and increases in patient cortisol predicted positive affect when the therapists showed increases. Our study provides initial evidence for the importance of the social context in the cortisol–affect relationship in MDD.

- **The Role of Partners' Facial Expression Synchrony in Couples Therapy**

Reut Machluf (Ben Gurion University, Beer Sheva, Israel), Ben Shahar, Eran Bar-Kalifa

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

One key characteristic of romantic relationships is their high level of emotional interdependence, which is often manifested as a shared dyadic emotion dynamic system (Schoebi & Randall, 2015). Consequently, to understand partners' emotional experience within the context of couple therapy, one should consider the interplay between partners' emotions. The current study focuses on facial expressions, one central channel through which emotions are behaviorally communicated. Facial expressions are biologically based, evolved, and universal indicators of emotions that play a vital role in interpersonal emotional communication. Recent work examined synchrony in dyads' facial expression and showed that in a positive context, such synchrony predicted affiliative feelings (Golland et al., 2019). The main aim of the current study is to test within-couple dynamical changes in couples' facial expressions in conflictual and affiliative interactional contexts. We expect such changes to be tied with improvement in couples' relational wellbeing. The sample will comprise 20 distressed couples receiving a 12-session course of EFT for couples. Before each session, couples participate in semi-structured interactions in which they are asked to discuss either conflictual or positive experiences (in alternating sessions) from the past week. During these interactions, couples' facial expressions are continuously recorded and denoted using FaceReader software which classifies facial expressions by comparing 500 key points on the target face against existing data corresponding to six basic emotions. These dynamical data will be used to examine whether variations in couples' facial expression synchrony can be used to predict treatment-related changes in couples' relationship satisfaction.

- **Cyclical Interpersonal Dynamics: A Formal Modelling Approach**

Stefan Westermann (MSH Medical School Hamburg, Germany)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim. Cyclical interpersonal dynamics are part of various models of psychopathology across psychotherapeutic approaches (e.g., 'cyclical maladaptive patterns' in psychodynamic approaches, 'negative cycles' in EFT for couples). Based on the Structural Analysis of Social Behavior (Benjamin, 1978), this theoretical study investigates conditions for interpersonal cycles to emerge by generating them with a formal modelling approach. **Methods.** Using evolutionary game theory (Gaunersdorfer, Hofbauer and Sigmund, 1991), (affiliative) interpersonal dynamics were modelled as interaction of several dyads (= 'forms of relating') within the context of a relationship. A dyad specifies one behavior for the transitive 'focus on other' (e.g. rejecting) and one for the intransitive 'focus on self' (e.g., withdrawing). The relational state of the relationship is captured by the relative frequencies of dyads. Changes of the relational state reflect interpersonal dynamics. For instance, if the dyad 'approaching|belonging' is more appetitive or less aversive than 'rejecting|belonging' – that is, if it is easier to approach than to reject the other who wants to belong –, the former dyad will occur more frequently. **Results.** Periodic orbits of relational states could be constructed. Put psychologically, interpersonal cycles emerged under conditions of friendly behavior being approach-motivated in one focus but avoidance-motivated in the other. **Discussion.** The formal model suggests that conflicting approach and avoidance motivation is a candidate for explaining cyclical interpersonal dynamics. Understood from a psychodynamic perspective, the model might appear as interaction of object relations, whereas from a CBT perspective, it appears to be a time-dependent, reciprocal reinforcement schedule of interpersonal behavior.

KEYWORDS: Alliance | Methods | Other: Interpersonal Synchrony

Exploring the Therapist's Emotional Resonances and Their Role in the Process of Change ⁽⁸⁹⁾

ABSTRACT:

Emotion is a major change factor. It has long been situated in the patient alone. This panel will explore the interactional aspect of emotions arising, and thus the importance of emotional work of the therapist to support the change process. This will be done through 3 presentations and a discussant. 1. A study of eight experienced trainer therapists' views and experiences on their own somatic experience of emotion in emotionally focused couple therapy. The aim is to describe how they report using their own somatic emotional experience in therapy sessions, when doing EFT for couples, and thereby assisting in deeper emotional experiencing for clients. 2. A study of four clinical cases – two patients suffering from binge eating, one with anorexia nervosa, and one with schizoaffective disorder. The aim is to describe the changes detected during the psychotherapy. The psychotherapist's sensitivity and the emotional resonance between the therapist and the patient play a key role in this therapeutic approach. 3. A qualitative study of interviewing 8 psychotherapists in different moments of the psychotherapeutic process. The research goal was to study the emotional impact of psychologists who work with children and adolescents who have been sexually abused, at different stages of psychotherapy. The discussant for the panel is William F. Cornell, USA., M.A., TSTA (P), a private practice of psychotherapy and consultation in Pittsburgh having a long experience in transactional analysis and body-centered psychotherapy. He has published a large number of articles, books, and acted as an editor.

PAPERS IN PANEL:

- **Therapists' Views and Experiences on Own Somatic Experience of Emotion in Therapy Session**

Sari Kailanko (University of Jyväskylä, Finland), Stephanie A. Wiebe, Giorgio A. Tasca, Robert Allan, Aarno Laitila

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Attachment-based couple therapies such as Emotionally Focused Couple Therapy (EFT) view emotion as being central. In EFT, the deepening of emotional experiencing enables therapeutic change. Arousal of emotions is often expressed and felt as somatic experience in the body. In this research project, we study therapists' focus on somatic phenomena in EFT sessions. **Method:** We conducted qualitative in-depth interviews of eight therapists to explore their views and experiences of their own and their clients' somatic experiences of emotion in their work with couples. Transcribed interviews were analyzed using interpretative phenomenological analysis (IPA; Smith, 1996). **Results:** This research data yielded three core themes that captured expert EFT therapists' experiences of using their own and couples' somatic experiences in therapy. In this panel presentation the focus is on one key theme referred to as the therapists' experiences of somatic experience in their own body in clinical work. **Discussion:** The findings suggest that therapists focus on their own and couples' somatic experiences in their work with couples. The findings also imply that there might be a need to provide training to couple therapists on how to use somatic experience. All expert therapists reported paying attention to the somatic experience of emotion during EFT sessions, and believed that it is an important part of the session.

- **Psychodynamic Psychotherapy According to Massimo Fagioli's Human Birth Theory as a Treatment for Psychosis: A Report of the Changes Detected in Four Cases**

Ludovica Costantino (Sapienza University of Rome, Italy), Angela Santoro, Vincenzo Pagano, Emanuela Rampelli, Simona De Leoni

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Mental disorders are often viewed as involving change and loss of balance and well-being. According to Massimo Fagioli, whereas body healing involves repairing the affected organs, the mind can be healed by recreating something that has been lost. Thus, treatment should promote a change in the opposite direction to that caused by the disorder, and the construction of a new internal image that can eventually lead to a new balance. Therefore, the change detected by a therapeutic process is quite different from the one induced by mental illness and should lead to definitive healing. The psychotherapist's sensitivity and the emotional resonance between therapist and patient play a key role in this treatment approach. We present four clinical cases – two patients

suffering from binge eating, one with anorexia nervosa, and one with schizoaffective disorder – to describe the changes detected during psychotherapy. Method: The patients were treated with psychodynamic psychotherapy (individual and group psychotherapy) based on the interpretation of dreams according to Fagioli's Human Birth Theory and evaluated with two psychological scores, the SCL-90 and the EDI-3. Results: During treatment the patients showed symptom reduction or disappearance, as also confirmed by the psychological scores. All recovered from the severe depression underlying their psychosis symptoms. Discussion: The positive patient outcomes seem to support the value of treating binge eating, anorexia nervosa, and schizoaffective disorder with psychodynamic psychotherapy based on Fagioli's Human Birth Theory. The research is ongoing.

- **Emotional Impact of Psychologists Working with Sexually Abused Children and Adolescents**

Claudia S. Capella (Universidad de Chile), Estrella Azócar, Camila Gomez

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Studies about the emotional impact of psychotherapists who work with children and adolescents that have been sexually abused are usually cross-sectional. Their results mainly highlight the burnout and traumatic effects of working with these cases, with few highlighting possible positive impacts. Thus, the objective of this paper is to study the emotional impact on therapists working in psychotherapy with children and adolescents who have been victims of sexual abuse, at different stages of therapy, from the therapists' viewpoint. Method: Qualitative longitudinal research was carried out, interviewing eight psychologists working with 12 different cases of children and adolescents who were sexually abused. Interviews were performed about each patient at three points (around after six months of starting therapy, after 12 months, and at the end of therapy, if therapy lasted longer than 12 months), having a total of 34 interviews, which were analyzed through narrative analysis. Results: Results about the emotional impact of psychotherapists in different areas are described: emotions and experiences at a personal/professional level, emotions concerning the patient and family, and emotions and experiences related with the institutions where therapy was carried out. Differences in the emotional impact of working with children that have been sexually abused mentioned at different stages of psychotherapy are reported. Discussion: The negative emotional impact for psychotherapists of working with these cases is discussed, as well as the positive implications and learnings of their work for them. The implications of the study results are also highlighted.

DISCUSSANT: William F. Cornell (Private practice of psychotherapy and consultation, USA)

KEYWORDS: Change process | Therapist effects

PA22

PANEL

ORGANIZERS & MODERATORS:

Rivka Shir

Hebrew University, Jerusalem, Israel

Orya Tishby

Hebrew University, Jerusalem, Israel

THURSDAY, JULY 7, 2022, 16:00–17:30 (MDT) | STURM 480

The Therapists' and Patients' Relation as a Mechanism of Change⁽⁹⁰⁾

ABSTRACT:

The relationship between the patients and therapist has been the main interest of the research in the last decades. Although it is well known that the alliance is a central component in the therapeutic process, there is still much to discover on the dyadic relational processes that are taking place in those relationships. The panel focuses on different perspectives of therapists' and patients' relationships from a dyadic and relations point of view. It examines how those mutual therapeutic relations relate to the therapy progress and outcome from three different perspectives. Rivka Shir studies how the therapists' and patients' congruence in the perceptions of the bond and therapy process affected the therapy outcomes and the patients' feelings of being helped. Omer Goren explored the self- and co-regulation of clients' and therapists' Respiratory Sinus Arrhythmia and their association with clients' improvement from pre- to post-session. Javiera Duarte is looking at a single case study that follows the change in the patients' implicit relational through moments of meeting and relational processes.

PAPERS IN PANEL:

- **It Takes Two to Tango: The Therapists' and Patients' Congruence in Alliance Perception and Outcome**

Rivka Shir (Hebrew University of Jerusalem, Israel), Orya Tishby

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: Therapists' and patients' bonds and alliances were widely interrogated in psychotherapy research over the past years. However, less is known about therapists' and patients' congruence in the perception of alliance on therapy process and outcome. The current study investigated the congruence in the therapists' and patients' perception of pre-and post-session's alliance and its relationship to the patients' reported on the next session's symptoms' improvement and their session quality rating. Method: Data was collected from 73 patient-therapist dyads on 16 sessions of dynamic short terms therapy (according to The Core Conflictual Relationships Theme, CCRT; (Lambert et al., 1996)). Therapists and patients reported therapy alliance before and after each session. Symptom change was assessed before the beginning of each session and reported on the quality of the session at the ending. We used polynomial regression and response surface analysis to analyze the dyadic data for the dyadic analysis (RSA). Results: We found that when patients' and therapists' alliance were in "agreement," higher bond scores were associated with fewer next-session symptoms. Likewise, we found that when patients' and therapists' alliance ratings at the beginning of the session were in "agreement," higher bond scores were associated with the patient's rating at the end of the session as "more helpful." Conclusions: The present study highlight the importance of the therapist's attention and attentiveness to changes in the patient in the therapeutic alliance.

- **Self- and Co-Regulation of Clients' and Therapists' Respiratory Sinus Arrhythmia**

Omer Goren (Bar-Ilan University, Ramat Gan, Israel), Adar Paz, Eran Bar-Kalifa, Dana Atzil-Slonim

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Emotion regulation processes are postulated to be at the epicenter of Major Depressive Disorder (MDD), a highly prevalent and debilitating condition. Consequently, the modification of such processes is at the core of many therapeutic interventions. Understanding these regulatory dynamics within therapy crucially depends on the existence of sensitive, continuous, and objectively codified measures of emotion intensity; The Respiratory Sinus Arrhythmia (RSA), is a well-known index of parasympathetic regulatory activity incorporating all these features. The present study examined whether RSA self- and co-regulation are associated with greater improvement from pre- to post-session in clients' functioning and whether these associations are moderated by clients' pre-session depressive symptoms. The data was based on a sample of 50 clients diagnosed with MDD who received a short-term dynamic therapy. During five pre-scheduled sessions interspersed across the therapy, clients' and therapists' RSA was continuously monitored. Each session clients also completed self-report measures to assess their depression and functioning level. The results will shed light on the ways in which clients and therapists dyadically regulate their emotions in psychotherapy sessions and how these dynamics are associated with treatment gains.

- **Change in Implicit Relational Knowing in Psychotherapy Through Moments of Meeting: A Single Case Study**

Alejandra J. Duarte (Universidad Diego Portales, Santiago, Chile), Katherine Guerrero, Alemka Tomicic

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Background: Moments of meeting, understood as emergent and affectively charged shared moments, can create a significant connection between patient and therapist, generating a novel interaction outside the regular course of therapy and broadening the implicit relational knowledge (IRK) of its participants. Aim: The objective of this work is to explore how implicit relational knowledge is expressed in the therapeutic interaction and evolves during the therapeutic process. Method: A single case study was conducted, recollecting data from the Adult Attachment Prototype Rating (AAPR) and from the observation and transcripts of the first 15 sessions of a patient with personality disorder, which were then analyzed with grounded theory through open and axial coding. Results: The AAPR is a useful instrument to envision how a patient's implicit relational knowledge

will express itself during the psychotherapy process and allows the identification of IRK segments. Also, it seems that change in the patient's implicit relational knowledge is viable, due to therapist's interventions, but mostly due to the relational processes involved in therapy. Moments of meeting influence the modification and expansion of the patient's implicit relational knowledge. Discussion: Clinical implications, such as how implicit relational knowledge becomes a shared one and the importance of the patient-therapist bond are discussed as well as methodological difficulties for research related with implicit aspects of therapy, such as how to detect and grasp these aspects of change during therapy.

DISCUSSANT: J. Christopher Muran (Adelphi University, New York, USA)

KEYWORDS: Alliance | Change process | Treatment process and outcome | Other: congruence, co-regulation, dyadic processes

PA23

PANEL

ORGANIZERS & MODERATORS:

Tal Ben David-Sela
University of Haifa, Israel

THURSDAY, JULY 7, 2022, 16:00–17:30 (MDT) | STURM 410

Practicing Qualitative Research in Psychotherapy: Patients and Therapist Perspectives on Treatment ⁽⁹¹⁾

ABSTRACT:

In recent years, a growing body of research practices a qualitative research approach in psychotherapy. The qualitative research approach contributes to better understanding patients' and therapists' experiences in treatment. These experiences may help us shed light on the mechanisms of change in treatment. The proposed panel introduces three papers focused on qualitative research methods in psychotherapy. The first presentation focused on therapist reports regarding treatments with patients who experienced loss or trauma and how they facilitate meaning-making for the patients in these treatments. The second presentation provides a deep look into methodological and reporting trends in the qualitative research literature on therapists' experiences conducting psychotherapy while reviewing 140 qualitative studies. The third presentation will qualitatively explore patients' retrospective reflections on rupture resolution episodes in terms of frequency, types, and consequences in a post-therapy interview. This paper will also quantitatively examine these reports possible relationship with patients' attachment style and treatment outcome. The discussant then will discuss the presentations.

PAPERS IN PANEL:

- **Meaning-Making in Psychotherapy after Traumatic Loss: Therapists' Perspectives**

Katie L. Rim (University of Maryland, College Park, USA), Clara E. Hill

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Individuals who experience a traumatic event can sometimes experience a "shattering" of the core assumptions they hold about themselves, the world, and/or God (Janoff-Bulman, 1992). Theoretical and empirical evidence suggest that in the aftermath of such trauma, human beings have an innate "will to meaning" (Frankl, 1984) and that successfully making meaning after trauma may be associated with positive outcomes such as higher well-being, less post-traumatic stress symptoms, and post-traumatic growth (Park & Ai, 2006). Although traumatic loss (i.e., sudden, expected, and/or violent loss) is associated with psychological distress, such as depression and complicated grief, not much is known about the process by which therapists can facilitate meaning-making for clients who have experienced a traumatic loss. In the present study, we interviewed 11 experienced therapists specializing in loss and/or trauma about their work with one client with whom they successfully facilitated meaning-making after a traumatic loss. Interviews were analyzed using Consensual Qualitative Research (CQR). Results revealed that the traumatic loss negatively impacted clients' relationships, mental health, and beliefs/religion/spirituality; therapists utilized a range of interventions to facilitate meaning-making, including interventions to help clients experience/regulate emotion and interventions to gain insight; clients made meaning in diverse ways that could be broadly categorized under meaning-as-comprehensibility and meaning-as-significance; and clients experienced positive adjustment (in mental health, relationships, etc.) through the meaning-making work. Implications for research and practice are discussed.

- **Analysis of Qualitative Methodology from Research Literature on Therapists' Experiences Conducting Psychotherapy**

Javier L. Rizo (University of Massachusetts, USA), Heidi M. Levitt, Zenobia Morrill, Bediha Ipekci

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: This study provides a deeper look into methodological and reporting trends in the qualitative research literature on therapists' experiences conducting psychotherapy. Through the use of exploratory data analysis, this study aims to validate findings from previous methodological reviews of qualitative psychotherapy research as well as identifying patterns in the use of qualitative research methods and procedures. **Methods:** We reviewed a body of 140 qualitative studies focused on therapists' experiences of psychotherapy to identify shifts in methodology. Features utilized included stated epistemological stance of researcher(s), year of publication, sample size, use of procedures to increase reflexivity and/or credibility, and other reporting characteristics (e.g., word count). The occurrence of these features was statistically analyzed to discern methodological and reporting trends and associations from the 1980s until 2016. **Results:** Trends in reporting scientific epistemology, sample sizes, and prevalence of procedural checks and rationales are described to identify shifts in how credibility is understood in the field. We compare findings from this study of literature on therapists' experiences to previously published findings focusing on research on clients' experiences to develop a sense of the field of qualitative psychotherapy research on whole. **Discussion:** We discuss our findings in terms of the epistemological approaches that researchers report in their qualitative studies and how these impact how qualitative data is collected, analyzed, and reviewed within the interdisciplinary field of psychotherapy research. From these findings, we make recommendations to qualitative psychotherapy researchers on how to enhance the epistemological coherence and methodological rigor within their research reports.

- **"Picking up the Pieces": Patients' Retrospective Reflections of Rupture Resolutions Episodes During Treatment**

Tal Ben David-Sela (University of Haifa, Israel), Liat Leibovich, Yara Khoury, Clara E. Hill, Sigal Zilcha-Mano

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Background: Contemporary theories and the empirical literature stress the importance of rupture resolution episodes for the success of the treatment process and outcome. Despite their clinical importance, little is known on patients' retrospective reflections regarding rupture resolutions episodes. **Aim:** The present study aims to qualitatively explore patients' retrospective reflections through reports on rupture resolution episodes in terms of frequency, types, and consequences in a post-therapy interview. The second purpose of the present study is to quantitatively examine these reports possible relationship with patients' attachment style and treatment outcome. **Method:** This study involved thirty-eight patients who received short-term dynamic psychotherapy as part of an ongoing randomized controlled trial (RCT) and agreed to participate in a semi-structured post-therapy interview. We used consensual qualitative research (CQR) to analyze patients' reports. **Results:** Findings indicate that most of the patients remembered and reported ruptures in the post-therapy interview. Qualitative findings suggest that rupture resolution episodes positively impacted the treatment process and outcome. Quantitative findings suggest that patients with attachment anxiety orientation were less likely to report a successful resolution. Patients that had shown less improvement in depressive symptoms were more likely to report a major rupture in the post-therapy interview. **Discussion:** Our study provides new insights regarding patients' retrospective reflections on rupture resolution episodes and their possible relationship with patients' attachment style and treatment outcome. Patients' reports highlight the importance of rupture resolution episodes in patients' experience and consolidation on the treatment experience. Future implications for research and practice are discussed.

DISCUSSANT: Clara E. Hill (University of Maryland, College Park, USA)

KEYWORDS: Qualitative | Quantitative & qualitative method

MODERATOR:

Naomi P. Moller
The Open University, United Kingdom

BRIEF PAPERS:

- **Maintaining the Therapeutic Frame Online: Therapists' Experience during COVID-19** ⁽⁹²⁾

Andreas Vossler (The Open University, Britain, United Kingdom), Naomi P. Moller, Wayne Full, Joanne Pybis, Jeannette Roddy

PAPER ABSTRACT:

Aims: The COVID-19 pandemic has prevented mental health providers, including counsellors and psychotherapists from delivering services in person. Many services had to move their practices online, working with clients through video-conferencing software and audio-only methods/telephone. The aim of this study was to explore counsellors' and psychotherapists' perceptions and experiences of this new way of working, including some of the main challenges and benefits of online therapy compared with in-person services. **Method:** Data was collected via an online survey employing open ended questions about participants' experiences of offering online therapy during COVID-19. The survey was disseminated to practitioners in the UK via the British Association for Counselling and Psychotherapy (BACP). It run during four months during the COVID-19 pandemic and was completed by 590 participants. Data was analysed using Framework Analysis. **Results:** The qualitative analysis yielded several superordinate themes but the focus in this presentation will be on the theme of the challenges of maintaining the traditional therapeutic frame. The data suggests that it can be experienced as challenging to maintain boundaries around the therapeutic frame online. This included concerns around confidentiality and disruptions during online therapy sessions as well as technical aspects affecting the ability to work consistently within the client. Other aspects of the therapeutic frame affected by the online provision appeared to be contracting and establishing ground rules with the client and managing beginnings and endings of sessions. **Discussion:** The study findings have potential implications for training and are relevant for counsellors and psychotherapists delivering services online.

PRESENTATION MODALITY: In Person

- **Preferences and Attitudes Regarding Telematic and Presential Work from the Perspective of Therapists: A Chilean Experience in Times of Pandemic** ⁽⁹³⁾

Víctor E. Gómez (Universidad de Chile, Santiago)

PAPER ABSTRACT:

In the last 2 years, a diversity of experiences has been observed in relation to the adaptation process of health professionals and systems to continue mental health treatments. The limitations of travel, the fear of contagion and advances in digital connectivity have made teletherapy today an alternative with greater potential and preferred by many therapists. However, it is true that mental health professionals perceive a series of differences between both care modalities based on their own clinical and/or professional experience. In a survey applied to clinical psychologists and psychiatrists in the country, distinctions have been addressed at the level of adherence, potential for symptomatic improvement, assessments of the strengths and weaknesses of each modality, among other aspects.

PRESENTATION MODALITY: In Person

- **Quarantine Perceived as an Imposing Ordeal: A First Look at the Meanings Attributed by the Chilean Population to the COVID-19 Pandemic** ⁽⁹⁴⁾

Francisca J. Soto (Universidad Santo Tomás, Santiago, Chile), Pedro I. Fuentes, Nelson Valdés

PAPER ABSTRACT:

The Covid-19 in Chile, as well as worldwide, brought personal, economic, and social consequences because of a deep alteration of populations' routines functioning due to the social distancing. Currently, there is a lot of quantitative research on the psychological impact produced by covid-19, however, there are limited studies that have been conducted with a qualitative methodology that allow a deeper understanding of the phenomenon from the perspective of the individuals themselves. This study set out to describe the main meanings associated with the quarantine experience of the Chilean population from the moment the quarantine was decreed, its main effects and the strategies used to cope with it. A qualitative methodology with a phenomenological approach was used to select a sample of 20 adult participants (M=7, F=13). For the selection of participants, the snowball and maximum variety strategies were used. Data production was carried out through individual in-depth interviews conducted entirely through video calls. All the interviews were transcribed and coded following the

procedures of a Content Analysis and the intersubjective agreement between coders. Results showed that this pandemic has been perceived as a terrible experience that imposes itself, with challenges in the face of a new form of normality, with radical and permanent changes in lifestyles, with protocols to avoid infecting oneself and others, and with a profound instability in social roles. However, it has also been a period that has been an opportunity to rethink oneself and to reconfigure emotional ties with family and friends.

PRESENTATION MODALITY: Livestream

- **The Impact of Audiovisual Quality When Viewing Therapists Onscreen** ⁽⁹⁵⁾

Olivia G. Glasgow (The University of Memphis, USA), Jeffrey S. Berman, Rivian K. Lewin

PAPER ABSTRACT:

The recent coronavirus pandemic is one reason for the increasing use of virtual therapy sessions conducted through video conferencing services such as Zoom. Although previous psychotherapy research has examined different treatment modalities, there is currently little evidence evaluating the possible role that video or audio quality may play during virtual therapy sessions. The present study assesses the degree to which perceptions of the psychotherapist and treatment may be affected by the audiovisual quality of recorded therapy sessions. Participants viewed videos of psychotherapy interactions that varied systematically in terms of audio and video quality and then completed ratings of empathy, therapeutic alliance, treatment credibility, and treatment expectancy. Analyses will examine whether the audio and/or video clarity of the recorded interactions influence judgments of empathy, therapeutic alliance, treatment credibility, or treatment expectancy. In addition, the role of moderators such as therapist sex, observer sex, and client presenting problem will also be explored. Findings from this research can help gauge the importance of audio and video quality in virtual therapy settings, and it can highlight the importance of future research on factors affecting treatment when using alternatives to in-person therapy.

PRESENTATION MODALITY: In Person

BP13

BRIEF PAPER SESSION

MODERATOR:

Anne-Katharina Deisenhofer
Universität Trier, Germany

THURSDAY, JULY 7, 2022, 16:00–17:30 (MDT) | STURM 435

Personalizing Psychotherapy

BRIEF PAPERS:

- **Is It Worth It to Personalize the Treatment of PTSD? – Answers by Meta-Analytic Findings** ⁽⁹⁶⁾

Philipp Herzog (University of Koblenz-Landau, Germany), Tim Kaiser

PAPER ABSTRACT:

Aim: Several evidence-based treatment options are available for the treatment of post-traumatic stress disorder (PTSD). Although their average treatment effects are in general high, many patients do not respond to these treatments or discontinue them prematurely. The aim of this meta-analysis was to determine this heterogeneity of treatment effects, which would allow a personalized treatment selection. **Methods:** A database of 66 RCTs on different treatments for PTSD was used to reliably estimate this heterogeneity of treatment effects. First, a Bayesian meta-regression of variance ratio was applied to estimate how much greater the variance in treatment outcome was for intervention groups compared to control groups. Second, based on this estimate, a subsequent simulation study was conducted to calculate the magnitude of treatment effect heterogeneity as the standard deviation of a commonly used PTSD-specific symptom scale. **Results:** All treatment options showed a heterogeneity of treatment effects. Across all treatments, the variance in outcome measures was found to be 12% [95% CrI: 8%; 17%] greater in the intervention groups than in the control groups. There were no meaningful differences between treatments in terms of heterogeneity. The probability that the treatment outcomes of two randomly drawn patients differed in a clinically meaningful way was estimated at 73%. **Discussion:** This meta-analysis was the first to provide a reliable estimate of this heterogeneity in treatment effects for treatments of PTSD. The results indicate that there is sufficient heterogeneity in treatment effects, which in turn allows to personalize treatments for PTSD and thus to optimize treatment outcomes.

PRESENTATION MODALITY: In Person

- **NLP Derived Suicide Prediction Methods: Leveraging EMR Notes to Predict Suicide Risk in a Large Veteran Sample** ⁽⁹⁷⁾

Maxwell Levis (Dartmouth College, USA)

PAPER ABSTRACT:

Background. Study evaluated whether natural language processing (NLP) could be successfully leveraged on large corpus of electronic medical record (EMR) notes to develop a suicide risk prediction model. Results suggest efficacy and implementability of NLP-derived model. Methods. We developed a matched case control sample of Veterans Health Administration (VHA) users in 2015 and 2017. Each case (all users that died by suicide in that interval, n=5029) was randomly matched with five controls (users that remained alive). A corpus of all sample EMR notes were processed using NLP approaches. Output was evaluated using machine-learning classification algorithms. Area under the curve (AUC) and risk tiers were calculated to determine models' predictive accuracy in general and for high-risk groups in particular. Results. NLP-derived models demonstrated adequate predictive accuracy (AUC = 0.77). Users that scored within top 10% of risk model accounted for up to 29% of suicide decedents. Conclusions. Study identifies method for measuring suicide risk. NLP-derived model compares positively to other leading prediction methods. Although NLP-derived model underperforms compared to REACH-VET, VHA's structured EMR prediction metric, it is important to note that, unlike REACH-VET, model did not account for known risk variables, areas that could be incorporated within future studies. In contrast to REACH-VET, which relies on extensive structured risk variables, and requires sophisticated modeling and variable weighting, NLP-derived model is highly implementable, only requiring access to text data and open-source software. Future studies will evaluate incorporating REACH-VET alongside NLP-derived model.

PRESENTATION MODALITY: In Person

- **Using Individual Networks to Identify Treatment Targets for Eating Disorder Treatment: A Proof-of-Concept Study and Initial Data** ⁽⁹⁸⁾

Cheri A. Levinson (University of Louisville, USA), Rowan A. Hunt, Ani C. Keshishian, Mackenzie L. Brown, Irina Vanzhula, Caroline Christian, Leigh C. Brosow, Brenna M. Williams

PAPER ABSTRACT:

Background: Eating disorders (EDs) are severe mental illnesses, with high morbidity, mortality, and societal burden. EDs are extremely heterogeneous, and only 50% of patients currently respond to first-line treatments. Personalized and effective treatments for EDs are drastically needed. Methods: The current study (N = 34 participants with an ED diagnosis collected throughout the United States) aimed to investigate best methods informing how to select personalized treatment targets utilizing idiographic network analysis, which could then be used for evidence based personalized treatment development. We present initial data collected via experience sampling (i.e., ecological momentary assessment) over the course of 15 days, 5 times a day (75 total measurement points) that were used to select treatment targets for a personalized treatment for EDs. Results: Overall, we found that treatment targets were highly variable, with less than 50% of individuals endorsing central symptoms related to weight and shape, consistent with current treatment response rates for treatments designed to target those symptoms. We also found that different aspects of selection methods (e.g., number of items, type of centrality measure) impacted treatment target selection. Conclusions: We discuss implications of these data, how to use idiographic network analysis to personalize treatment, and identify areas that need future research.

PRESENTATION MODALITY: In Person

- **Behavioral and Nondirective Parent Training for Children with Externalizing Disorders: First Steps Towards Personalized Treatment Recommendations** ⁽⁹⁹⁾

Christopher Hautmann (University of Cologne, Germany), Manfred Döpfner

PAPER ABSTRACT:

Aim Behavioral parent training is recommended for the treatment of children with externalizing disorders, but programs based on other theoretical foundations are available as well. A previous randomized controlled trial demonstrated that a behavioral and a nondirective parent training were equally effective for parent-rated symptoms of attention-deficit/hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD). This study aimed to develop and test algorithms for personalized treatment recommendations. Methods The analysis considered 110 parents (per-protocol sample) randomized to either a behavioral or a nondirective parent training (i.e., telephone-assisted self-help). First, conventional moderator regression analysis was applied to identify prognostic and prescriptive variables. Second, the identified variables were

combined and tested by four different algorithms (i.e., linear regression, ridge regression, k-nearest-neighbors regression, classification and regression trees) to predict the optimal treatment approach for a particular family (i.e., personal advantage index). Results The moderator analyses yielded five predictors for ADHD including one prescriptive variable (ODD) and three predictors for ODD including two prescriptive variables (single parent, ODD). In the combined analysis the linear regression models were preferred. Parents randomized to their predicted optimal intervention demonstrated a small treatment advantage for ADHD symptoms ($d = 0.35$) and a medium advantage for ODD symptoms ($d = 0.54$) compared to their non-optimal counterparts. Discussion The algorithms may be helpful to provide personalized treatment recommendations regarding behavioral and nondirective parent training. Future studies should examine the validity of the approach using prospective designs.

PRESENTATION MODALITY: In Person

BP14

BRIEF PAPER SESSION

MODERATOR:

Henry Daniel Espinosa Duque
CES University, Colombia

THURSDAY, JULY 7, 2022, 16:00–17:30 (MDT) | STURM 490

Therapist Effects, Treatment Outcome, and Termination

BRIEF PAPERS:

- **Passing Patients' Tests - but How? An Analysis of Therapists' Helping Skills in Response to Patient Testing.** ⁽¹⁰⁰⁾

Jennifer Kadur (University of Klagenfurt, Austria), Dorothea Huber, Günther Klug, Sascha Müller, Leon Wendt, Sylke Andreas

PAPER ABSTRACT:

Background 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 psychotherapy theory that focuses 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 how 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 process is to analyze the concrete interaction between the therapist and his patient in psychotherapy sessions. This study aims to determine whether there is an association between therapist's statements after the patient's test situations and passing or failing the test. **Method** Twenty-one patients of the Munich Psychotherapy Study (Huber, Zimmermann, Henrich, & Klug, 2012) will be examined for test situations according to CMT. After these test situations, therapist statements 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 behavior. **Results and discussion** Results of this study will be presented and discussed at the 53rd International Annual Meeting of the SPR in Denver.

PRESENTATION MODALITY: In Person

- **Psychotherapy Termination in Institutional Contexts from the Patient Perspective** ⁽¹⁰¹⁾

Henry Daniel Espinosa Duque (CES University, Colombia), Diana Ocampo Lopera, David Alejandro Ibarra, Julieth Zapata Restrepo

PAPER ABSTRACT:

The increase in the supply of psychotherapy services in recent decades justifies the study of the elements related to its termination. This is one of the main topics to understand achievement of therapeutic goals and adherence of patients in psychotherapy. **Aim:** to identify the factors that influence termination of psychotherapeutic processes from the patients' perspective. **Method:** a mixed research design of concurrent triangulation was used; and structured surveys inquiring and in-depth interviews about psychotherapy termination were conducted. It was carried out at the quantitative level, both descriptive and regression analyses, and at the qualitative level, data reduction, constant comparison, and triangulation of information. A total of 137 patients from two higher education centers of psychological care in Antioquia (Colombia) participated, 100 answered a survey and the remaining participants were interviewed in-depth. **Results:** Results show three dimensions that allow various conceptualizations of therapy termination: achievement of goals, causal attribution and the person who decides to terminate. Most of the patients in the study dropped out of psychotherapy without the

completion of their objectives or with a partial completion of these, due to external attributions and their own decision. Discussion: it was discussed how institutional, therapeutic, and life patient's aspects have a significant role in termination of psychotherapeutic processes. As well as the importance of considering therapists' training in relation to the characteristics of these processes and the different indicators associated with premature termination.

PRESENTATION MODALITY: In Person

- **The Revolving Door Phenomenon: Prevalence of Treatment Return in a Primary Care Psychological Therapy Service** ⁽¹⁰²⁾

Ben Lorimer (University of Sheffield, UK, United Kingdom), Stephen Kellett, Julia Giesemann, Wolfgang Lutz, Jaime Delgadillo

PAPER ABSTRACT:

Background: Whilst patients do return for further psychological treatment in routine services, there has been very limited research of this phenomenon to date. This study aimed to define the treatment return rate and explore clinical characteristics associated with those patients who return to services. Method: A large dataset (n=21029) of naturalistic and routinely collected data from a single English stepped-care Improving Access to Psychological Therapies service (2010-2015) was analyzed to assess rates of treatment return for patients with common mental health problems. Results: The return rate for at least one further treatment episode was 13.7%, and treatment returning patients accounted for 26.7% of all contacts provided by the mental health service. For those seeking further help, 58.0% remained above clinical thresholds for depression and/or anxiety at the end of their initial treatment episode, while 37.3% experienced a demonstrable relapse by the start of their second treatment episode. Discussion: There may be multiple factors influencing why patients seek additional treatment. Future research should prioritize enhancing initial treatment episode recovery rates, investigating the role played by maintenance interventions post-discharge to prevent relapse, and better measurement and definition of the characteristics of treatment returners.

PRESENTATION MODALITY: In Person

- **Trainee Attitudes toward Social Class as Predictors of Clinical Decision Making: Exploring the Effects of Classism in Psychotherapy** ⁽¹⁰³⁾

Jeremy J. Coleman (Augusta University, USA), Patton Garriott

PAPER ABSTRACT:

Therapists' characteristics have been shown to explain significant variance in treatment outcomes (Baldwin & Imel, 2013; Kim et al., 2006). Research has sought to understand the impact of care-provider implicit biases on clinical decision making (Haider et al., 2011). Indeed, established clinicians have reported making clinical decisions based on stereotypes that likely contribute to disparities in treatment outcome (Dovidio & Fiske, 2012). Attribution biases impacting the process and outcome of psychotherapy have been investigated among professional clinicians working with clients from diverse social class backgrounds (Thompson et al., 2014). The present study examined the effects of classist beliefs on trainee attitudes toward their client based on perceived social-class status, so as to determine whether classist attitudes contribute to meaningful differences in clinical decision making. A sample of graduate-level mental health trainees (n = 147) were randomly assigned to two clinical vignette conditions. Both vignette conditions included identical data regarding a hypothetical client's presenting concerns (e.g., sleep disturbance, worry, rumination, loneliness), and only differed on indicators of client socioeconomic status (SES; e.g. housing, occupation). Results indicated that participants who were randomized to the Low-SES vignette rated their client more severely on scales of psychological, social, occupational well-being, life functioning, and rated themselves as feeling less competent to successfully treat the client. Conversely, participants who were randomized to the High-SES vignette provided superior ratings on the outcome variables and expressed a greater sense of competence to treat the hypothetical client. Implications, limitations, and future directions for research and training will be discussed.

PRESENTATION MODALITY: In Person

Thursday, July 7, 2022, 17:45–19:15 (MDT)

SD08

THURSDAY, JULY 7, 2022, 17:45–19:15 (MDT) | STURM 453

STRUCTURED DISCUSSION

Should we Have an Interest Section on Treatment Personalization in SPR? ⁽¹⁰⁴⁾

ORGANIZERS & MODERATORS:

Sigal Zilcha-Mano
Haifa University, Israel

Julian A. Rubel
University of Giessen, Germany

ABSTRACT:

The Society for Psychotherapy Research has long been interested in the question of which treatment works for whom and why. Recently, a variety of developments have matured involving (a) research settings, (b) the nature of the measures collected in psychotherapy, and (c) data science approaches to statistical analysis. All these have led to new capabilities for providing more accurate and replicable answers to these questions. SPR researchers who incorporate these developments into their work have been increasingly regarding themselves as having specific expertise and interest in treatment personalization. These significant developments raise the question of whether it is right at the present time to establish an SPR interest section focused on treatment personalization. Such an interest group has advantages and disadvantages. On one hand, establishment of such a group may initiate and facilitate communication between researchers specializing in this field, and encourage joint submissions of grant applications and collaborations between different groups within SPR. On the other hand, it is possible to argue that such a group would be superfluous because it would cut across most other groups—culture and psychotherapy, therapists training and development, child and adolescence, complexity science, etc.—all of which are undergoing a process of personalization to some degree or other. The purpose of the structured discussion is to debate the pros and cons of establishing such a group and to decide accordingly. A list of potential discussants: Aaron Fisher, Christian Webb, Alice Coyne, Nili Solomonov, Katie Aafjes-van Doorn, Jaime Delgadillo, Wolfgang Lutz

DISCUSSANTS:

- Katie Aafjes-van Doorn (Yeshiva University- Ferkauf Graduate School of Psychology, USA)
- Alice E. Coyne (Case Western Reserve University, USA)
- Jaime Delgadillo (University of Sheffield, UK, United Kingdom)
- Aaron Fisher (Berkeley University, USA)
- Wolfgang Lutz (Universität Trier, Germany)
- Nili Solomonov (Weill Cornell Medical College, New York, USA)
- Christian A. Webb (Harvard Medical School, USA)
- Eva-Lotta Brakemeier (University of Greifswald, Germany)
- Jacques P. Barber (Adelphi University, New York, USA)

KEYWORDS: Treatment process and outcome | Other: Treatment Personalization

PRESENTATION MODALITY: Mixed

PA24

THURSDAY, JULY 7, 2022, 17:45–19:15 (MDT) | STURM 454

PANEL

Wounded Healers: Their Sources and Resources in Psychotherapy ⁽¹⁰⁵⁾

ORGANIZERS & MODERATORS:

Hadas Wiseman
University of Haifa, Israel

ABSTRACT:

The origins of the concept of the “wounded healer” can be traced back to the story of Chiron in Greek mythology, to shamanistic traditions, and to Jung's (1963) archetype of the wounded healer. The very motivation to become a psychotherapist has been found to often be connected to a personal history of suffering and pain (Farber, et al., 2005). To intentionally draw from one's suffering and use it in the service of the client requires therapists' awareness of and continual attention to their own wounds and journey of recovery in order to guide others through a process of recovery while recognizing the uniqueness of each person's journey. We adopt a broad definition of “woundedness” that includes physical and mental health problems, family of origin dysfunction, traumatic life experiences, microaggressions and overt discrimination due to minority group membership (Zerubavel & Wright, 2012). In this panel three different studies that examined “wounded healers” from either therapists' perspective or clients' perspective using varied methodology. Orlinsky, based on responses of 4000 therapists to two DPCCQ items assessing “care” and “trauma” during childhood, will present a scheme that identifies five types of childhood

experiences: nurtured, neglected, wounded, survived, and rescued. Patmore studied how patient knowledge of provider "lived experience" with an eating disorder facilitates positive outcomes in individual and group interventions for eating disorders. Wiseman, applying the CCRT, will present preliminary findings on second generation to the Holocaust therapists ("intergenerational wounds") treating second generation clients. Jesse Geller, our discussant will offer his insights and comments.

PAPERS IN PANEL:

- **4000 Therapists Recall Their Childhood: Trauma and Love, Neglect and Survival**

David Orlinsky (University of Chicago, USA)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Background: Since 1991, the SPR Collaborative Research Network has been collecting data about therapists of varied professions, orientations, and career levels in many countries worldwide, using the Development of Psychotherapists Common Core Questionnaire (DPCCQ) (Orlinsky & Rønnestad, 2005). Over the past two decades, two questions about therapists' childhood experiences were added: "Overall, when growing up ... How much did you experience a sense of being genuinely cared for and supported?;... How much did you experience any emotionally significant trauma or abuse?" Aim: An exploratory study of 4000 psychotherapists' assessments of their own childhoods presented here, drawn from a new book "How psychotherapists live: The personal self and private lives of professional healers" (Orlinsky, 2022). Method: Descriptive statistics delineate the central tendencies and range of therapists' responses that were used to construct a qualitative typology of childhood experiences. Results: A majority (53%) of therapists felt they received much or very much genuine care and support, but one in four (25%) felt they received even less than a moderate amount. Concurrently, less than a majority (47%) of therapists experienced no or only slight trauma or abuse when growing up; nearly a third (30%) some or a moderate; but more than one in five (22%) experienced much or very much emotionally significant trauma or abuse. Combining the scales resulted in a typology of five qualitatively distinct childhood experience patterns: Nurtured, Neglected, Survived, Wounded, and Rescued. Discussion: The utility and limitations of the findings are discussed.

- **How Patient Knowledge of Provider Lived Experience with an Eating Disorder Facilitates Positive Outcomes**

Jacqueline Patmore (Teachers College, Columbia University, NY, USA),
Lisa Ranzenhofer, Evelyn Attia, Vanessa Kalach, Serena Gu, Sarah Chiao,
Rebekah Nathan, Taylor Akason, Eamon Atri, Destini Clarizio, Palak Agrawal,
Barry Farber

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: This study assessed how individual and group interventions led by individuals recovered from an eating disorder (ED) were perceived by patients. Impressions of intervention effectiveness and provider characteristics are explored. Method: Two peer-driven program evaluations were studied. The first collected data from 103 adult female patients attending Communities of HEALing (COH) groups. Participants completed a survey regarding honesty about ED symptoms and what group facilitator attributes were most important in facilitating disclosure. The second study evaluated individual peer mentorship for ED. Participants completed a survey with open-text responses regarding impressions of the intervention and mentors. Participants (14–45 years) were either randomly paired with mentors recovered from ED or mentors with no previous ED. Results: Study one participants indicated that the main benefit of COH was that it facilitated honesty above other settings without providers recovered from ED. Other benefits included hearing about similar ED experiences and increased hope about recovery. Similarly, study two, evaluating individual peer support for ED found that patients cited that it was helpful to talk to someone in recovery who provided understanding and increased hope. In both groups, provider demographic variables were examined to see if similarities between provider and patient impacted experience, and none were significant. Increased comfort in patient disclosure and increased alliance with recovered providers were found in both studies. Discussion: Preliminary evidence showing that both individual and group peer mentorship are effective for facilitating disclosure of ED symptoms and producing increased alliance, potentially leading to better patient experiences, are discussed.

- **Shared Intergenerational Wounds: Second-Generation to the Holocaust Therapists Treating Second-Generation Patients**

Hadas Wiseman (University of Haifa, Israel), Roi Hayon

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: To intentionally draw from one's suffering and use it in the service of the patient requires therapists' awareness of and continual attention to their own wounds and journey of recovery in order to guide others through a process of recovery while recognizing the uniqueness of each person's journey (Zerubavel & Wright, 2012). To advance our knowledge about how therapists may use with their awareness of their own wounds to the benefit of their clients and avoid possible pitfalls due their woundedness, we explore the unique case of therapists' encounter with their clients that share their traumatic intergenerational trauma, both being children of Holocaust survivors ("second generation"). Methods: Twenty-two therapists second-generation to the Holocaust treating second-generation clients were interviewed using the RAP interview method (Relationship Anecdote Paradigm). Their recounted relational narratives about meaningful interactions with their parents, as well as with their clients were rated applying the Core Conflictual Relationship Theme method (CCRT; Luborsky & Crist-Christoph, 1998). In addition, these narratives were further subjected to qualitative analysis. Results: Preliminary findings drawn from the analysis of the relational narratives will demonstrate how therapists may use the shared "intergenerational wounds" to the benefit of their clients, or alternatively how their unresolved wounds and "blind spots" may lead to empathic failures and harmful effects. Discussion: Implications for clinical practice, training, and supervision will be discussed and their possible relevance for therapists treating descendants of massive social trauma and genocide in other countries and cultures, as well as other types of trauma descendants.

DISCUSSANT: Jesse Geller (Yale University, USA)

KEYWORDS: Therapist effects | Therapist training and development | Other: Trauma, Lived experience

PA25

PANEL

ORGANIZERS & MODERATORS:

Heidi M. Levitt

University of Massachusetts Boston,
USA

Ally B. Hand

University of Massachusetts Boston,
USA

CE

THURSDAY, JULY 7, 2022, 17:45–19:15 (MDT) | STURM 479

LGBTQ+ Psychotherapy: Mixed Methods Findings on What Works and What Doesn't ⁽¹⁰⁶⁾

ABSTRACT:

This panel draws together research on psychotherapy processes that have been found to be helpful with LGBTQ+ clients. The presentations focus on how and why LGBTQ+ clients change in therapy and the clinical practices that promote responsive and sensitive for this population. For LGBTQ+ clients, disclosing experiences of heterosexism to a therapist risks rejection from the therapist and the larger medical system. The first presentation uses mixed methods to examine the decisional process behind clients' disclosure of heterosexual experiences to their therapists, as well as the effects of these disclosures on therapy outcomes. Little is known about how therapist foster LGBTQ+ clients' comfort in discussing their identities and internalized stigma in treatment. The second presentation is a qualitative investigation of both therapists' and LGBTQ+ clients' experiences of generic therapy with an aim of identifying elements that are key to competent therapy. Few psychotherapies have empirical support for reducing family-generated sexual minority stressors. The third presentation is an efficacy study of attachment-based family therapy with LGBTQ+ young adults and non-accepting parents. Studies on expressive writing interventions for LGBTQ+ individuals have focused on experiences of stigma related to one minoritized identity. The fourth presentation explores how sexual minority individuals experience and cope with heterosexism in the context of other marginalized identities, such as race and gender. Within these presentations, diverse forms of treatment and experiences are examined using varied methods. Together, they have many implications for best practices for LGBTQ+ psychotherapy and the identification of promising factors and processes for future research.

PAPERS IN PANEL:

- **Why LGBTQ+ Clients Might Withhold Experiences of Heterosexism from their Therapists and the Effects of Nondisclosure on Outcome**

Ally B. Hand (University of Massachusetts Boston, USA), Heidi M. Levitt

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Background: Exposure to heterosexism contributes to the disproportionate negative mental health outcomes experienced by the LGBTQ+ community. While LGBTQ+ individuals seek out therapy at higher rates than cisgender and heterosexual populations, little is known about LGBTQ+ clients' disclosure of heterosexist experiences to their therapists. The current study is a secondary analysis of a larger study of an online expressive writing intervention designed to promote healing for LGBTQ+ individuals who have experienced heterosexism. Aim: This study will examine potential differences in participants' healing (e.g., depression symptoms, event-related stress, and perception of change) in relation to their disclosure or non-disclosure of troubling heterosexist experiences to their therapists. Clients were asked why they did or did not disclose their heterosexist experiences. Methods: The responses of 92 LGBTQ+ participants who had been in therapy will be analyzed via regression analyses to examine whether the participants' disclosure is predictive of depression, event-related distress, and self-reported progress scores, both at the end of the exercise and at two-month follow up. A thematic analysis examines the reasons for or against disclosure. Results: The qualitative examination of participants' decisions around disclosure reveal the vigilance that clients bring into therapy from across contexts in their lives. The quantitative findings examine how this vigilance relates to the varied healing outcomes. Discussion: Best practices for therapists seeking to foster a safe environment for LGBTQ+ clients to disclose their heterosexist experiences will be discussed. Implications for the use of free online interventions to promote healing for individuals will be discussed.

- **Psychotherapy with LGB People: The View of Patients and Therapists**

Alemka Tomicic (Universidad Diego Portales, Santiago, Chile), Katherine Guerrero, Fernanda Abarca, Juliana Rodríguez, Claudio Martínez Guzmán

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Background: Research suggests the need for more in-depth knowledge about specific aspects of psychotherapy with gay, lesbian, bisexual and transgender (LGBT) patients. Among others, knowledge about barriers to access to mental health services, attitudes towards psychotherapy, internalization of sexual stigma and its impact on the therapeutic alliance, and therapists' attitudes towards LGBT people and their effect on the helping relationship. Aim: To describe elements that are part of sensitive and competent psychotherapy with lesbian, gay and bisexual patients, based on the experiences of patients and therapists. Method: Qualitative interviews with 16 LGB patients and 11 psychotherapists, from different theoretical and clinical orientations, are analyzed following the Grounded Theory model and using the Generic Model of Psychotherapy. Results: Specific elements mentioned by patients and therapists related to context, constituents, consequences of psychotherapy are presented. It is focused on the patients' reference to the incorporation of their sexual orientation as a topic and on the therapists' reference to the work on the internalized stigma. Discussion: The generic and specific aspects of psychotherapy with LGB patients are discussed, as well as the competencies that psychotherapists should develop to improve psychotherapy practice with populations whose rights have been historically violated and with comparatively high negative mental health indicators.

- **Attachment-Based Family Therapy for Sexual and Gender Minority Young Adults and Their Non-Accepting Parents**

Gary M. Diamond (Ben Gurion University, Beer Sheva, Israel), Rotem Boruchovitz-Zamir, Ofir Nir-Gotlieb, Inbal Gat, Priel-Yehoshua Fitoussi, Eran Bar-Kalifa, Shira Katz

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: This pilot open trial examined the efficacy of attachment-based family therapy (ABFT) for Israeli sexual and gender minority (SGM) adults and their persistently non-accepting parents. Methods: Thirty families received up to 26 weeks of treatment, with parental rejection, parental acceptance, attachment avoidance and attachment anxiety assessed at baseline, 8-weeks, 16-weeks, 24-weeks, and 36-weeks (three months post-treatment). Results: Analyses using multilevel growth models revealed that both young adults and their parents independently reported increases in parents' acceptance of the adult child's same-sex orientation or non-cisgender identity. In addition, young adults reported decreases in parents' levels of rejection. Also, mothers, but not fathers, reported decreases in their own levels of rejection. Finally, young adults reported a decrease in attachment avoidance in their relationships with both mothers and fathers, but not a

decrease in attachment anxiety. Importantly, these treatment gains were maintained up to three months after the end of treatment. Discussion: Together, these results suggest that ABFT-SGM, a manualized, affirmative, experiential, family-based treatment may be effective in reducing long-standing parental rejection, promoting parental acceptance, and improving the quality of LGBT+ young adults' relationships with their parents. These findings are encouraging in light of the urgent need for efficacious interventions to reduce family generated minority stress and promote safer, more supportive environments for LGBT+ people (Parker et al., 2018).

- **“It Is All Rooted in Misogyny and Sexism Too:” Coping with Intersectional Stigma Through an Expressive Writing Intervention Designed to Process Experiences of Heterosexism**

Meredith Maroney (University of Calgary, Canada), Ally B. Hand, Heidi Levitt

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Expressive writing interventions have been found to help a wide range of sexual minority adults in coping with minority stress, but have focused on experiences of stigma related to one minoritized identity. Aim: The purpose of this study was to explore how sexual minority individuals cope with experiences of heterosexism in the context of other marginalized identities, informed by intersectionality theory. Methods: All participants (N=134) were part of a larger study on expressive writing interventions. This study used both qualitative and quantitative methods to examine changes in event-related stress and processing intersectional stigma through online expressive writing interventions. We used an inductive thematic analysis (Braun & Clarke, 2006) to examine how participants saw their heterosexist events as tied to marginalized identities broadly at the beginning of the study. Results: Participants most frequently identified their gender identity and/or expression (n=71), and their race or ethnicity (n=35) as being related to their heterosexist event. Several themes emerged across participants with gender and racial minority identities, including the interrelationships between forms of oppression, the impact of multiple marginalized identities, and the processes of healing. The challenge in attributing events to forms of stigma was explored too. Discussion: We will present these themes alongside event-related distress outcomes. We will conclude with a discussion which has important implications for psychotherapists and psychotherapy researchers on considerations for exploring and working through intersectional forms of oppression and privilege. These exercises can be used as homework assignments to complement ongoing psychotherapy work.

KEYWORDS: LGBT | Quantitative & qualitative method | Therapist training and development

PA26

PANEL

ORGANIZERS & MODERATORS:

Simon B. Goldberg

University of Wisconsin, Madison, USA

THURSDAY, JULY 7, 2022, 17:45–19:15 (MDT) | STURM 379

Meditation as Psychological Intervention⁽¹⁰⁷⁾

ABSTRACT:

Meditation, especially mindfulness meditation, have become mainstream in Western culture in the past several decades. These techniques are now widely used by therapists and patients to support mental health and well-being, trained through mindfulness-based interventions, meditation smartphone apps, and other means. As meditation becomes more prominent, important questions remain regarding its practice and the measurement of constructs purportedly trained through practice. This panel will explore current topics related to meditation as a psychological intervention. The first paper examines motivations for meditation practice and highlights mental health and stress reduction as key motivations. This paper clarifies how motivations change over time, which can be helpful for therapists using meditation with their patients to know. The second paper examines correlates of persistence with meditation practice, given many individuals have difficulty maintaining a meditation practice (similar to maintaining physical exercise). This study highlights features that can inform how best to support patients who may be interested in meditation but have trouble maintaining their practice. The third paper presents the development and initial validation of a novel measure of therapists' in-session mindfulness. This measure shows promising linkages with therapeutic alliance and patients' symptom change. The fourth paper examines informal practice (i.e., practice occurring in daily life) as a correlate of outcomes within the context of a meditation app intervention. This study shows that changes in informal practice track changes in psychological distress and loneliness, although the causal direction is uncertain. Key future directions for integrating meditation into mental health care will be discussed.

PAPERS IN PANEL:

- **Motivation Matters: Motivation for Meditation and its Association with Meditation Practice in a Population-Based Sample in the United States**

Zishan Jiwani (University of Wisconsin-Madison, USA), Simon B. Goldberg

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Meditation has become popular in the United States. However, there is limited research on what motivates people to initiate and sustain a meditation practice. This study investigates initial and current motivations for meditation, demographic variability in motivations, and associations with ongoing and lifetime meditation practice. A population-based survey was utilized to examine initial and current motivations and meditation practice. Of 953 participants who completed initial screening, 470 reported exposure to meditation practice and 434 (92.3%) completed a follow up assessment. The largest proportion of participants reported mental health/stress alleviation as initial motivation (n = 322, 74.19%) followed by spiritual (n = 122, 28.11%), physical health (n = 69, 15.90%), awakening/enlightenment (n = 64, 14.74%), cultural (n = 51, 11.75%) and other (n = 33, 7.6%). Comparing initial and current motivations for those with an ongoing practice, participants reported increases in all motivation categories except cultural and other motivations. The total number of motivations also significantly increased and having more motivations was associated with more frequent meditation practice. Additionally, initial mental health motivation was found to be negatively associated with current and lifetime meditation practice whereas spiritual motivation was found to be positively associated. While meditation started as a tool for spiritual attainment, findings suggest that it is predominantly used in the United States as a tool to support mental health and stress management. Findings also suggest that both type and number of motivations may matter in determining the course of practice.

- **Who Sticks with Meditation Practice? Correlates of Meditation Practice Persistence in a Population-Based Sample in the United States**

Sin U. Lam (University of Wisconsin, Madison, USA), Simon B. Goldberg

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

In the past several decades, meditation practice has gained increasing popularity in both secular and clinical settings. Despite the well-documented psychological benefits of meditation practice, limited research has yet examined the predictors associated with persistence with meditation practice (i.e., lifetime and current practice) among those with initial exposure to meditation using a population-based sample. Like other health behaviors (e.g., exercise), non-persistence may undermine the effectiveness of meditation. We examined rates and correlates of meditation practice persistence using a large, population-based sample (n = 953) in the US. To maintain consistency with the National Health Interview Survey (NHIS) definition, we define meditation as mindfulness meditation, mantra meditation, and/or spiritual meditation. Results showed that almost half of the sample (49.3%) indicated lifetime exposure to meditation and a third (35.0%) indicated practicing meditation in the past year. Among those with initial exposure to meditation, 77.0% indicated practicing meditation in the past year. Consistent with preregistered hypotheses, perceived effectiveness of meditation, having spoken with a meditation teacher, meditation-positive subjective norms, lower perceived barriers to meditation, meditation retreat attendance, and higher conscientiousness were found to be positively correlated with both lifetime and current meditation practice. The findings were unchanged after controlling for demographics and false discovery rate p-value adjustment. Findings can help understand factors that may promote persistence that can guide the delivery of meditation training.

- **Therapists' In-Session Mindfulness**

Kelley Quirk (The Colorado Center for Clinical Excellence, USA), Ben Lotstein

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

The degree to which therapists are mindful, at the trait and state level, is a potentially influential factor for psychotherapy process and outcome, however research in this area is relatively limited and convoluted. Furthermore, mindfulness may be an especially important construct to unpack within the population of therapists-in-training, given the higher potential for distraction and rumination. However, to date, there is no known measure of in-session therapist mindfulness. The current study developed a measure

with which to measure therapists' levels of in-session mindfulness (ISM), and the association with clients' ratings of the working alliance, symptom change, and therapist presence. Nineteen therapists in training, and 62 clients, completed questionnaires assessing these variables. Results showed that higher levels of therapist ISM were related to higher ratings of the alliance and higher ratings of client self-reported symptom improvement. The relationship between therapist ISM and therapist presence was not found to be significant. Exploratory factor analysis of the new measure demonstrated support for a five-factor solution matching the structure of the original measure (the Five Facet Mindfulness Questionnaire, FFMQ). Discussion is offered around uses of the new measure and areas of future research surrounding therapist ISM, especially in trainees.

- **Is Informal Practice Associated with Outcomes in App-Based Lovingkindness and Compassion Training? Evidence from Pre-Post and Daily Diary Assessments**

Qiang Xie (University of Wisconsin, Madison, USA), Kevin M. Riordan, Otto Simonsson, Matthew J. Hirshberg, Richard J. Davidson, Simon B. Goldberg

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Loving-kindness and compassion interventions may promote mental health and prosociality, but intervention mechanisms are largely unknown. Informal practice (i.e., engagement of meditative techniques outside a period of formal meditation) can in theory be flexibly applied in daily life. Although rarely studied, informal practice may be an important mechanism of these interventions. The current study investigated whether informal practice was associated with changes in psychological distress, loneliness, empathy, and implicit prosociality in an app-based loving-kindness and compassion intervention. Meditation-naïve participants with clinically elevated anxiety and/or depression ($n = 351$) engaged in a two-week meditation-based smartphone intervention. Participants completed self-report measures of psychological distress, loneliness, and empathy and a behavioral task measuring prosociality at baseline and post-intervention. Amount of informal practice, psychological distress, and loneliness was reported daily throughout the intervention. Multilevel models showed that steeper increases of daily informal practice were associated with pre-post improvements in loneliness, distress, empathy, and prosociality. In addition, daily informal practice was associated with lower same-day distress and loneliness. In lagged models, daily informal practice was not associated with changes in distress and loneliness from the current day to the next. However, higher daily distress and loneliness were associated with increases in informal practice from the current day to the next. Collectively, these findings suggest that informal practice and outcomes move together, although the causal direction is uncertain. It may be that informal practice is invoked in response to distress and loneliness. Future studies manipulating informal practice are needed.

DISCUSSANT: Jeffrey A. Hayes (Penn State University, University Park, USA)

KEYWORDS: Mindfulness | Mindfulness-based intervention | Other: Meditation

PA27

PANEL

ORGANIZERS & MODERATORS:

Rocío T. Manubens

Universidad de Buenos Aires, Argentina

THURSDAY, JULY 7, 2022, 17:45–19:15 (MDT) | STURM 380

Patients' Interpersonal Problems and the Therapeutic Alliance: Theoretical and Empirical Developments⁽¹⁰⁸⁾

ABSTRACT:

In this panel, we will aim to expand the current knowledge pertaining to the relationship between the therapeutic alliance, patients' interpersonal problems, and treatment outcome. The common thread in the three papers will be the importance of responding to patients' interpersonal and baseline characteristics to achieve a better therapeutic alliance and thus, better psychotherapy outcomes. In this line, we will start the panel with a conceptual paper, which discusses the relevance and the applicability of the Alliance-Focused Training principles to address patients' interpersonal problems in the context of suicide risk management. This will be followed by an empirical study on the development of the Epistemic Trust Rating System (ETRS), an observer-based measure assessing one's readiness to consider new information as personally relevant and generalizable). Finally, we will present an empirical study that investigates the moderating effect of interpersonal problems on the relationship between therapeutic alliance and therapy outcome. The integration of the presented findings with the current knowledge, their potential limitations, and their clinical and empirical implications will be discussed.

PAPERS IN PANEL:

- **Alliance-Focused Safety Planning and Suicide Risk Management**

Sarah Bloch-Elkouby (Icahn School of Medicine at Mount Sinai, New York, NY, USA),
Shira Barzilay

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Patients' interpersonal vulnerabilities and problems represent major distal and proximal risk factors in the etiology of suicide. These can be triggered by the interpersonal demands of therapy and safety planning and impede the development of a strong therapeutic alliance, and thus, the effectiveness of safety planning. This conceptual paper proposes that the principles put forth by the Alliance-Focused Training (AFT; Eubanks et al., 2015; Muran & Eubanks, 2020), which view the therapeutic alliance both as a precondition to therapy and as an active change mechanism, present an ideal framework for addressing patients' interpersonal challenges in the context of suicide risk management and safety planning. After discussing the relevance of AFT principles to safety planning, we will propose an approach to incorporate AFT techniques into evidence-based safety planning interventions and to monitor their impact on the therapeutic alliance and treatment outcome. Last, we will provide a brief clinical report to illustrate the principles and techniques described in the paper.

- **Building Trust: Development of the Epistemic Trust Rating Scale**

Timur Guralnik (University of Haifa, Israel), Shimrit Shimrit Fisher, Sigal Zilcha-Mano,
Peter Fonagy

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Background: Epistemic trust (ET) is defined as one's readiness to consider new information as personally relevant and generalizable. Much theoretical work that has been written on ET suggests that it plays an essential role in psychotherapy and has potentially far-reaching implications. However, little to no empirical evidence on the nature of ET and its supposed effects in psychotherapeutic process exists to date. This scarcity of evidence can be attributed mainly to the lack of valid measures for ET in the psychotherapeutic context. The current study aims to build the Epistemic Trust Rating System (ETRS), to identify high- and low-ET individuals. Method: The present study is part of an ongoing RCT at the University of Haifa, in which individuals diagnosed with Major depression receive 16 sessions of short-term psychodynamic therapy. We followed the Consensual Qualitative Research framework (CQR) and used data from videotaped therapeutic sessions to identify specific markers postulated to reflect ET. Results: We identified ET markers and categorized them into a meaningful structure that reflects the concept of ET. Preliminary analyses align with the theoretical literature and show good interrater reliability, convergent, and discriminate validity. Data analysis will be completed by June 2022. Discussion: Developing a measurement tool for ET will facilitate a better understanding of therapeutic processes, as well as support the effort to tailor therapeutic techniques to individuals and groups.

- **Interpersonal Problems as a Moderator of the Therapeutic Alliance's Effects on Outcome in an Integrative Therapy for Emotional Disorders**

Rocío T. Manubens (Universidad de Buenos Aires, Argentina), Juan Martín Gómez Penedo, Anna Babl, Thomas Berger, Martin grosse Holtforth, Franz Caspar

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

The therapeutic alliance is the most consistent predictor of outcome in psychotherapy. However, not all patients might benefit in the same way from the therapeutic alliance. Considering the relational nature of the alliance, patients' interpersonal problems might be a good candidate moderator of alliance effects on outcome. In this context, the present study aims to analyze whether interpersonal problems moderate the therapeutic alliance's effect on outcome. Grounded on previous findings, we hypothesized that patients with more problems of submissiveness will benefit the most from improvements in the alliance over the course of treatment. Methods: A sample of 104 patients with depression who were participating in outpatient psychotherapy completed the Inventory of Interpersonal Problems at baseline. Patients also completed a brief version of the Working Alliance Inventory, the Symptom Checklist-9, as well as the Brief Symptom Inventory after each of the first 24 sessions. Therapists completed the short version of the Working Alliance Inventory after each of the first 24 sessions. Results: To test our

hypothesis, we will conduct multilevel analysis, testing the between- and within-patient effects of alliance and how patients baseline interpersonal problems moderate those alliance effects. Discussion: Clinical implications of the results will be discussed along with therapist recommendations with respect to the personalization of treatment.

DISCUSSANT: J. Christopher Muran (Adelphi University, New York, USA)

KEYWORDS: Alliance | Treatment process and outcome | Other: Interpersonal Problems

PA28

PANEL

ORGANIZERS & MODERATORS:

Christoph Flückiger
University of Zurich, Switzerland

William T. Hoyt
University of Wisconsin-Madison, USA

THURSDAY, JULY 7, 2022, 17:45–19:15 (MDT) | STURM 480

Mapping Relationship Qualities Across Sessions - Neglect Conceptual Challenges and Future Directions ⁽¹⁰⁹⁾

ABSTRACT:

In the past decades one of the most active research interests in psychotherapy research was and still is the conceptualization of psychotherapy relationship qualities across disorder-specific treatments, psychotherapy orientations and professions. In quantitative approaches, these qualities usually are assessed by self-report or observer-based scales assuming that the concept qualities are stable across therapy. The present panel provides different approaches of how to get a step forward in mapping relationship qualities during therapy using qualitative and quantitative approaches. Hoyt et al. provide a systematic comparison of monotrait - heteromethod and median heterotrait - momomethod session-by-session alliance assessments in two randomized controlled trials for GAD. Flückiger et al. discuss the potential relevance of assessing interpersonal strengths in addition to problems in the therapist perception of their patients using data from the same trials. Nuñez and Krause introduce a qualitative approach in child psychotherapy investigating multiple perspectives of assessing and mapping relationship qualities from children, parents and therapists. Horvath concludes with a conceptual overview and future directions of how to bridge the gap between experiencing and assessing relationship qualities in psychotherapy across sessions.

PAPERS IN PANEL:

- **The Development of the Therapeutic Relationship as a Change Facilitator in Child Psychotherapy: A Qualitative Multiple Perspective Study of Children, Parents, and Therapists**

Mariane Krause (Catholic University of Chile), Lucia Nuñez

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: Analyse the evolving role of the child-therapist and parent-therapist relationship in child psychotherapy in change processes from the perspective of children, parents and therapists. **Methods:** two qualitative studies that integrated the perspective of children, parents, and therapists were conducted; first a retrospective study of the experience of the therapeutic relationship (N=36) and second a longitudinal study of the child-therapist and parent-therapist relationship as change facilitators (N=15). Both studies included semi-structured interviews to all participants and children's drawings. Findings from both studies were integrated in a comprehensive model. **Results:** The development of positive therapeutic relationships was gradual and required different and evolving dispositions from therapy main participants. Experiencing positive first encounters with the therapist was key to surpass possible initial reticence in children and parents and improve their motivation for psychotherapy. Later, an affective therapeutic relationship, based on joint play and child centred activities, fostered the child's openness trust with the therapist, promoting further changes in children. In more extensive positive therapeutic processes, the therapists emerged as a significant other that supported further relational changes in children. A positive parent-therapist relationship was vital for changes to further progress. **Discussion:** Specific and common aspects between participants' perspectives provided a richer understanding of the studied phenomena. Children's perspective represented a novel contribution that enriched the views of parents and therapists. Studying the therapeutic relationship from the experiences of the participants of child psychotherapy contributed to generate knowledge that represents this age group.

- **Construct Validity of Session Ratings: Examining Therapist-Patient Concordance at Three Levels of Analysis**

William T. Hoyt (University of Wisconsin-Madison, USA), Christoph Flückiger

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

In addition to measurement error, session ratings include variance due to rater and dyadic biases (Hoyt, 2000; 2002). Researchers assessing the same construct via multiple methods can improve their understanding of construct validity of scores (Schimmack, 2010) to inform decisions related to data analysis and interpretation. We examined convergent and discriminant validity of ratings of session quality and working alliance from therapists and patients (N = 91 dyads) at three levels of analysis (therapist, patient, and session). Evidence for concordance between raters was moderate to strong at all three levels (median monotrait-heteromethod $r = .32$). Evidence for discriminant validity was strongest at the session level (median heterotrait-monomethod $r = .45$) and weaker at higher levels of aggregation (median $r = .64$ at patient and therapist levels). We discuss implications of these findings for assessment, analysis, and interpretation of findings in psychotherapy research.

- **In the Interpersonal Perception of GAD Patients - The Potential Relevance of Patient Strengths**

Christoph Flückiger (University of Zurich, Switzerland), Juan Martín Gómez Penedo, Holger Brandt

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

This study aims to explore in cognitive behavioral therapy (CBT) for generalized anxiety disorder (GAD): (i) to what degree patients develop the concept of the alliance during therapy investigating within-patient factor structures, (ii) how patients interpersonal difficulties during therapy perceived from the therapist can be predicted based on patients' interpersonal problems and strengths at pre-treatment. The sample integrated 137 patients diagnosed with GAD and treated by 33 therapists up to 19 sessions of CBT. Based on patients session by session alliance ratings, results indicate that during the course of their treatment, patients evolve an integrated alliance understanding of their therapy and therapist getting a consistent and positive, one-factorial alliance concept across the multiple alliance components. On the therapist perception perspective, the therapists completed a single-item assessing patient interpersonal difficulty after every session (Flückiger et al., 2010). Multilevel models indicated that patients interpersonal strengths at baseline could buffer therapist perceiving their patients interpersonal perception. Results are discussed with respect to future directions for more balanced assessment plans in clinical populations.

DISCUSSANT: Adam O. Horvath (Simon Fraser University, Vancouver, Canada)

KEYWORDS: Alliance | Change process | Relationship factors

PA29

PANEL

ORGANIZERS & MODERATORS:

Rayna D. Markin
Villanova University, USA

THURSDAY, JULY 7, 2022, 17:45–19:15 (MDT) | STURM 410

New Frontiers on Alliance Rupture-Repair Research: Four Novel Ways of Using the 3RS in Process Research ⁽¹¹⁰⁾

ABSTRACT:

The therapeutic alliance has emerged as a consistent yet moderate predictor of therapy outcome. Recent research has focused on how the alliance is maintained over the course of therapy through examining alliance rupture and resolution events and their impact on therapy process and outcome. The development of an observer measure of alliance rupture and repair moments- The Observer-Rated Rupture Resolution Rating System (3RS)- has allowed researchers to dive deeper into the question of how alliance rupture and repair episodes impact the process and outcome of therapy from the observer perspective. The three studies included in this panel all used the 3RS to better understand how alliance rupture-repair episodes impact the therapeutic process in novel and creative ways, using different and sophisticated methodologies and statistical designs. Together, these studies provide insight into how alliance rupture-repair episodes are helpful to the outcome of therapy, for whom, and under what relational circumstances.

PAPERS IN PANEL:

- **Alliance Rupture-Repair Episodes and Client Reflective Functioning as Predictors of Symptom Severity and Session Outcome: A Micro-Process Case Study of Psychodynamic Therapy for Pregnancy after Loss**

Rayna D. Markin (Villanova University, USA), Kevin S. McCarthy

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: Recent research has focused on how the alliance is maintained over the course of therapy through examining alliance rupture and resolution events and their impact on therapy process and outcome. A case study design may provide in-depth insight into how alliance rupture and repair episodes impact the change process over the course of treatment and what client factors facilitate or hinder resolution of ruptures. The current study was a secondary data analysis of a case study involving a patient seeking psychodynamic therapy to help cope with pregnancy after perinatal loss. The relations between alliance rupture-repair episodes, symptoms, and session outcome were examined over the course of treatment and client reflective functioning was examined as a client variable that may predict the resolution of rupture episodes. **Methods:** This was an evidence-based microprocess case study of 22 prenatal sessions and one post-partum follow-up session. The client completed measures of pregnancy specific symptoms (perinatal grief, post-traumatic stress symptoms, and maternal attachment to the fetus) and of general symptoms (depression and anxiety), and session outcome at each session. Trained raters coded every session for Reflective Functioning using the RF manual and a separate set of trained raters coded each session for alliance rupture and repair episodes using The 3RS. **Results:** Data analysis is not yet complete. We will use multilevel mediation to examine the relationships between alliance rupture and repair, reflective functioning, symptoms, and session outcome. **Conclusion:** Results and clinical implications will be discussed within the context of psychotherapy for pregnancies after loss.

- **The More You Care, the More You Have to Lose: Alliance Levels Moderate Rupture Effects on Psychotherapy Outcome**

Anna Babl (University of Bern, Switzerland), Thomas Berger, Juan Martín Gómez Penedo, Martin grosse Holtforth, Franz Caspar, Catherine Eubanks

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: The therapeutic alliance is considered the most robust predictor of psychotherapy outcome. Ruptures and resolutions in the alliance have been the focus of recent alliance literature. Most previous studies investigated their between-patient effects. We used hierarchical linear models to disaggregate the between- and within-patient effects of ruptures and resolutions during treatment on symptom severity. Further, the alliance and rupture resolutions were investigated as a moderator of the rupture-resolution effects on outcome. **Methods:** The sample consisted of 56 patients diagnosed with depressive or anxiety disorders who received 25 ± 3 sessions of integrative cognitive behavioral therapy in the outpatient setting. The observer-rated Rupture Resolution Rating System (3RS) was applied to all 1st, 8th, 16th and 24th therapy sessions. Symptom severity and alliance quality were assessed using self-report questionnaires after these four sessions. **Results:** Alliance ruptures were associated with lower alliance ratings from patient- and therapist perspective over the course of treatment. In the case of a stronger therapeutic alliance, the effect of withdrawal ruptures on symptom severity was stronger. The higher the significance of rupture resolutions, the weaker the rupture effect on symptom severity tended to be. **Conclusion:** Ruptures in the alliance may be worse in the context of a strong therapeutic alliance because patient and therapist have more to lose than in the context of a low quality of their relationship. The results provide meaningful practical implications for therapist training and underline the importance of using complex statistical analyses to understand the role of alliance ruptures during therapy.

- **Does Patient-Therapist Biological Synchrony Moderate the Association of an In-Session Rupture on the Post-Session Alliance Rating**

Amit Tchizick (University of Haifa, Israel), Sigal Zilcha-Mano, Eyal Levi, Tohar Dolev-Amit

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: One of the most consistent predictors of outcome in psychotherapy is the therapeutic alliance. In-session ruptures have the potential to harm or to facilitate the alliance as rated at the end of the session. One potential moderator to determine the result of the rupture is biological synchrony between the patient and the therapist and specifically Oxytocin. The present study seeks to examine if patient-therapist biological

synchrony moderates the effect/association of an in-session rupture on the post-session alliance rating. As a part of a Randomized Control Trial (RCT) for Major Depression Disorder (MDD), the sample included 40 dyads of patient-therapist. For each dyad salivary samples have been taken at four different times before and after therapy sessions (4, 8, 12, 16). In addition, trained coders used the rupture resolution rating system to assess alliance ruptures and repairs (3RS). The Hamilton Rating Scale for Depression (HRSD) was used as the outcome measure. Preliminary findings suggest that alliance ruptures are moderately associated with patient self-report of the alliance at the end of the session. Multi-level analysis will be conducted to test the moderating effect of OT synchrony. Findings will be presented at the conference. Conclusion: Results and clinical implications will be discussed within the importance of understanding biological mechanisms that can protect or foster the therapeutic alliance.

- **Alliance Formation in Borderline Personality Disorder: Identifying How and Whether Congruence between Client- and Therapist-Rated Alliance Is Associated with Rupture-Repair Processes in Early Treatment for Recovered and Unrecovered Clients**

Tali Boritz (York University, Canada), Sonya Varma, Rachel Tennenhouse, Sophia Li, Cathy Labrish, Shelley McMain

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aims: Emotional and interpersonal instability are core features of borderline personality disorder (BPD) and contribute to challenges for therapists when navigating rupture-repair processes, particularly in early therapy sessions. Emotional and interpersonal instability may similarly impact the extent to which client and therapist perceptions of therapeutic working alliance quality are aligned. Preliminary research suggests that higher client-therapist congruence is associated with improved treatment outcomes, potentially reflecting increased therapist attunement and responsiveness to alliance ruptures. The objective of the present exploratory study was to investigate the relationship between client-therapist congruence and rupture-repair processes in early sessions of Dialectical Behaviour Therapy (DBT) for BPD. **Method:** The Rupture Resolution Rating System (3RS: Eubanks, Muran, & Safran, 2014) was applied to the first four sessions of a sample of 10 dyads (N=40 sessions) who received DBT in the context of a randomized controlled trial. Congruence was determined from scores on the Working Alliance Inventory (Horvath & Greenberg, 1989) following each of these same four sessions. **Results:** Exploratory analyses will examine the relationship between alliance congruence, and rupture-repair and outcome. We anticipate that the relationship between alliance congruence and rupture-repair processes will differ between recovered and unrecovered clients. **Discussion:** Clinical implications for navigating alliance formation in early treatment sessions with individuals with BPD will be discussed.

DISCUSSANT: Cheri Marmarosh (George Washington University, USA)

KEYWORDS: Alliance | Change process | Client effects | Process and outcome

BP15

BRIEF PAPER SESSION

MODERATOR:

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

THURSDAY, JULY 7, 2022, 17:45–19:15 (MDT) | STURM 424

New Concepts in Emotion-Focused Therapy

BRIEF PAPERS:

- **A Randomized Controlled Trial Comparing a Single Session of Emotion-Focused Two-Chair Intervention versus an Acceptance-Based Intervention for High Self-Criticism: Examining the Role of Emotional Arousal⁽¹¹¹⁾**

Ben Shahar (Hebrew University, Jerusalem, Israel)

PAPER ABSTRACT:

Objective: Self-criticism is a pervasive, transdiagnostic risk factor, and is associated with poor therapeutic alliance and poor response to treatment. However, research on treatment interventions directly designed to resolve self-criticism is scarce. The goal of this study was to examine the role of in-session activation of primary adaptive emotions (PAE; assertive anger, sadness, and self-compassion) in a brief, one-session treatment for high levels of self-criticism. **Method:** In order to examine the role of PAE, we conducted an RCT comparing the efficacy of one session of emotion-focused two-chair intervention that is directly designed to evoke PAE, with an active control, acceptance-based intervention that is more cognitive in nature and is not designed to evoke

emotions. In addition, all EFT sessions were coded to assess the amount of activation of PAE to examine the association between the amount of activation of PAE and treatment response. Findings: Data collection for this study is expected to be completed at the end of February. We expect EFT chair work to show greater efficacy, thus demonstrating the role of PAE in producing change. An association between the amount of in-session activation of PAE and outcome in the EFT group will further support their role in producing change. Discussion: Conducting single session studies provide an excellent opportunity to zoom in on specific change processes. This study might produce important findings relevant to the treatment of self-criticism.

PRESENTATION MODALITY: In Person

- **Emotional Processing in Emotion-Focused Therapy for Social Anxiety Disorder: An Intensive Analysis of a Single Case** ⁽¹¹²⁾

Ben Shahar (Hebrew University, Jerusalem, Israel), Asif Bar-Sinai, Eran Bar-Kalifa

PAPER ABSTRACT:

Objective: This study examined emotional processing in emotion-focused therapy (EFT) for social anxiety disorder (SAD). Specifically, the goal was to examine patterns of emotion transformation within and across sessions. Method: We conducted an intensive analysis of a client who responded well to a 25-session course of EFT for SAD, by observing and coding every moment of her 25 sessions. Emotional states were coded using the observer-rated Classification of Affective-Meaning States (Pascual-Leone & Greenberg, 2005), which includes 10 codes, each representing a particular emotion that might appear in therapy. Each session was divided into 30-second segments and each segment was given one code. Each session was divided into emotional episodes of continuous emotional arousal. Results: Hierarchical linear regression analysis showed that as therapy progressed, there was a significant linear reduction in the frequency of global distress, and a significant linear increase in the frequency of primary adaptive sadness and anger. Multilevel mixed models indicated that the client repeatedly progressed in a similar manner within emotional episodes, as well as progressing in the starting point of each emotional episode across the course of treatment. Discussion: These findings indicate that successful EFT treatment is based on a reduction in the frequency of secondary emotions and an increase in frequency of primary adaptive emotions. The results demonstrated the expected temporal pattern of change, within emotion episodes and the entire course of treatment, in which the client progressively advanced from secondary emotions, to primary maladaptive emotions, to primary adaptive emotions.

PRESENTATION MODALITY: In Person

- **Emotion-Focused Therapy for Clients on the Autism Spectrum: A Preliminary Study** ⁽¹¹³⁾

Anna Robinson¹ (University of Strathclyde, Glasgow, UK, United Kingdom), Robert Elliott

PAPER ABSTRACT:

People on the autism spectrum can experience difficulties in emotion processing. Challenges in affective empathy for self (emotion-regulation) and other (empathy) and cognitive empathy for self (self-reflection) and other (mental representation) often result in emotional injuries and trauma-related experiences. In this presentation, findings from three groups of emotion-focused therapy for autism spectrum are presented. Nine participants undertook three 4-person groups of a 9-week Emotion-Focused Therapy group treatment. All sessions were video recorded and Therapy session 1 (T1), Interpersonal Process Recall session 1 (T2), Therapy session 7 (T3) and IPR session 8 (T4), were independently rated using the Client Emotional Processing Scale for Autism Spectrum (CEPS-AS; Robinson & Elliott, 2016) an empathy observer measure. The repeated measures ANOVA showed that, for the 9 participants, change in overall emotional processing over sessions was statistically significant on all four dimensions and overall. Qualitative data is presented to illustrate the change process across treatment: activation, deepening and transformation of emotions, accessing of core pain and associated unmet needs, use of adaptive emotions such as empathy for self and others. Triangulation with HAT and change interview data lends support for emotion-focused therapy as an effective intervention for people on the autism spectrum. The small number of participants in the study mean that the findings have limited generalizability. However, preliminary findings are promising but replication and further research are required.

PRESENTATION MODALITY: In Person

BRIEF PAPER SESSION**MODERATOR:**

Orya Tishby

Hebrew University, Jerusalem, Israel

New Concepts in Mentalization Based and Psychodynamic Therapy**BRIEF PAPERS:**

- **A Systematic Review on Patient-Related Prognostic Factors for Differential Indication to Psychodynamic and Psychoanalytic Psychotherapies** ⁽¹¹⁴⁾

Pauline L. Herrmann (University of Klagenfurt, Austria), Levin F. Laser, Sylke Andreas

PAPER ABSTRACT:

Background: The aim of this study is to systematically review empirical studies about patient characteristics, psychological abilities or other patient-related aspects, and how they are related to outcome and dropout in psychodynamic psychotherapies. Methods: Included were trials from 2002 to 2021, assessing pre-therapy characteristics of mentally ill psychotherapy patients and correlating them to therapy outcome or dropout in at least one form of psychodynamic psychotherapy. A systematic search on the databases Ovid Medline, APA PsycInfo and APA PsychArticles was conducted on the 1st October 2021. Two independent raters screened all literature against eligibility criteria. Relevant information will be extracted from included articles and quality/risk of bias will be assessed. The findings will then be resumed and discussed. Because of the heterogeneity of data, no meta-analysis is anticipated. Results and Discussion: This study should give an overview on the predictive or mediative role of patient characteristics on therapy outcome and dropout. Results of the search will be presented and discussed at the SPR conference. Other: The review has been registered on PROSPERO (ID: CRD42021279112).

PRESENTATION MODALITY: In Person

- **An Effectiveness Study of Mentalization Based Parenting Program in Lithuania: Preliminary Findings** ⁽¹¹⁵⁾

Lina Gervinskaite-Paulaitiene (Vilnius University, Lithuania), Rasa Barkauskiene

PAPER ABSTRACT:

Mentalization theory provides a framework for understanding both secure parent-child relationships and impaired parenting and their role in child development. It is suggested that MBT interventions might have a role in preventing negative consequences of disturbed parenting for child mental health in clinical populations. However, the adaptation of MBT to families is lagging behind (Byrne et al., 2020) and research on the effectiveness of group MBT parenting interventions is still lacking. The aim of this study is to evaluate the effectiveness of the mentalization-based parenting program "Lighthouse" for burdened parents in Lithuania. Methods: Parents who have children younger than 12 years old and who themselves have or their child(ren) has mental health problems will be recruited to participate in a 12-week version of Lighthouse (Byrne & Ruggiero, 2018) parenting group program. It is planned that 50-60 parents will participate in the program. Pre (T0), post (T1) and three months follow-up (T2) assessments are planned. Outcomes will include measures of parental mentalization, family functioning, parental adjustment, stress, mental health problems in parents and children. Preliminary results from assessments at baseline (T0) and after the end of the program (T1) will be presented. This study aims to contribute to evaluating and further development of MBT interventions for parents. This project has received funding from European Social Fund (project No 09.3.3-LMT-K-712-23-0152) under grant agreement with the Research Council of Lithuania (LMTLT).

PRESENTATION MODALITY: In Person

- **Single-Session Psychodynamic Therapeutic Interview for People with Chronic Musculoskeletal Pain and Childhood Adversity: A Randomized Controlled Trial** ⁽¹¹⁶⁾

Shoshana Krohner (Wayne State University, USA), Joel Town, Ciara Cannoy, Howard Schubiner, Lisa J. Rapport, Emily Grekin, Mark A. Lumley

PAPER ABSTRACT:

The presence and severity of chronic pain is linked with childhood adversity, yet common treatments for pain do not address such experiences. We developed a therapeutic interview that targets emotional and interpersonal conflicts related to childhood adversity and tested the interview's effects on pain-related and psychological outcomes. Adults (N = 91; ages 21 to 70, M = 44.64; 87.9% women) reporting chronic musculoskeletal pain (CMP) and at least 3 adverse experiences on the 10-item ACE were recruited from

community sources. Participants completed online measures of pain-related outcomes, emotional distress, and pain attributions at baseline and 6-week follow-up. Participants were randomized to immediate interview or waitlist control (WLC) conditions. The 90-minute interview was conducted remotely via video, and the interviewer elicited disclosure of adverse experiences and relationship conflicts, linked these with pain, and encouraged the experience and expression of avoided, adaptive emotions. RM-ANOVAs produced significant condition x time interactions for pain interference ($p = .016$, $\eta^2 = 0.05$), pain-related anxiety ($p = .008$, $\eta^2 = 0.06$), and both psychological ($p < .001$, $\eta^2 = 0.15$) and brain attributions ($p = .022$, $\eta^2 = 0.05$) for pain, indicating that the interview led to greater improvements on these outcomes than WLC. Conditions did not differ on change in depression, anger, or pain severity, although pain reduced significantly in the interview condition ($p = .003$, $d = -0.33$) but not WLC ($p = .16$, $d = -0.17$). Addressing childhood adversity and emotional conflicts in an interview is beneficial for people with CMP.

PRESENTATION MODALITY: Livestream

- **The Role of Structure in Interventions Aiming to Improve Parental Mentalization** ⁽¹¹⁷⁾

Naama Gershby (Hebrew University, Jerusalem, Israel), Racheli Cohen

PAPER ABSTRACT:

There has been a surge in mentalization-based intervention with parents in the past twenty years. Despite the positive effect of improved parental mentalization on parenting practices, changing parental mentalization is a challenging therapeutic task. Part of the challenge is related to the gap between online and offline mentalization processes and in particular to parental difficulty to attend to the child's mind when being stressed, distracted or emotionally aroused. In the current presentation, we will suggest that improving parental mentalization requires changing the structure of the parent-child interaction in a fashion that creates a space for parents to observe their children and think about their minds. To demonstrate the relationship between the structure of the parent-child interaction and parental mentalization, we will present pilot results from a new online intervention with parents aiming at improving parental homework support. In this brief intervention, we taught parents to dedicate five minutes at the beginning of homework time to observe the child before offering any help. Participating parents were assigned to an intervention of a waitlist control group. Parents completed online questionnaires and a reflective functioning interview before and after the intervention or waiting period. The pilot study results showed that after two weeks of intervention, parents improved their ability to think about the child's behaviors from a mental perspective and were better able to tailor their intervention to the child's needs. We will conclude the presentation with directions for implementing these findings in psychotherapy interventions with parents.

PRESENTATION MODALITY: In Person

BP17

BRIEF PAPER SESSION

MODERATOR:

Robert J. Lueger
Wisconsin, USA

THURSDAY, JULY 7, 2022, 17:45–19:15 (MDT) | STURM 490

Studying Change Processes

BRIEF PAPERS:

- **The Impact of Therapist Attire on Perceptions of Psychotherapy** ⁽¹¹⁸⁾

Megan H. Crowley (The University of Memphis, USA), Jeffrey S. Berman,
Andrew N. Snell, Rivian K. Lewin

PAPER ABSTRACT:

There has long been speculation that the attire of a psychotherapist might influence treatment, and therapists in training are often given advice concerning how they should dress when conducting therapy. However, recommendations regarding clothing in treatment manuals vary noticeably and seem based on tradition, opinion, and inadequate (and sometimes conflicting) research evidence. The aim of this study was to assess empirically the effect of one aspect of therapist attire—the formality of what is worn—on perceptions of the therapist. Participants in the research watched videos in which rationales of an upcoming treatment were described by therapists wearing either formal or informal types of clothing. After watching each video, participants rated the therapist's level of credibility and empathy. The analysis will examine whether the formality of the therapist's attire affected these perceptions of the therapist. In addition, the role of moderator variables such as therapist sex and observer sex will be explored. Findings

from the study could have implications for recommendations concerning dress standards of psychotherapists and other mental health providers.

PRESENTATION MODALITY: Livestream

- **Therapist Responsiveness When Working with Those in Suicidal Crisis: De-Emphasizing Risk Assessment and Prioritizing the Client** ⁽¹¹⁹⁾

Daniel W. Cox (University of British Columbia, Vancouver, Canada), Tayler Colton, Katharine D. McCloskey, Johanna M. Mickelson, Halina M. Deptuck

PAPER ABSTRACT:

Risk assessment is commonly prescribed when working with suicidal clients. However, there is compelling evidence (meta-analytic and otherwise) that when clinicians conduct risk assessments, (a) they do not prevent suicides and (b) they are therapeutically less effective than they typically are. These problems with risk assessment have led to calls for models of crisis intervention that instead prioritize clients' needs. The aim of this presentation is to examine therapist responsiveness when working with clients in suicidal crisis. To do this, we will present two process studies of single-session suicidal-crisis intervention. In study one, we used client-therapist linguistic synchrony (matching on linguistically similar words)—as a marker of responsiveness. We examined the predictive association between linguistic synchrony and therapeutic bond using random-intercept cross-lagged panel modelling (N = 363). Findings supported linguistic synchrony facilitating bond—and this facilitative model was a better fit to the data than several plausible alternative models. In study two, we used client-therapist interpersonal complementarity as a marker of responsiveness. In this pilot study (N = 6), we examined the association between complementarity and client outcome using sequential analysis via multilevel modelling. Results indicated that therapists' behaviors complementing their clients at the outset of sessions was not related to client outcome. However, increasing complementarity over time was linked with client improvement. Findings from these studies support the importance of therapist responsiveness when working with clients in suicidal crisis and the usefulness of extending existing responsiveness frameworks into suicidal crisis intervention.

PRESENTATION MODALITY: In Person

- **When and Where to Look for Improvement in Psychotherapy** ⁽¹²⁰⁾

Robert J. Lueger (Wisconsin, USA)

PAPER ABSTRACT:

Two models have informed the question of when clients of change in psychotherapy. The Dose-Effect Model posits that the greatest amount of change occurs in the earlier sessions of psychotherapy. The Good-Enough Model posits that clients discontinue psychotherapy when they have achieved enough improvement. The former models improvement as log-linear (negatively accelerating), whereas the latter models improvement as linear. A further question is where to look for improvement—at the population (sample) level or the individual level. This study examined improvement of 379 outpatient psychotherapy clients with measurements obtained every three sessions using the OQ-45. Seven treatment lengths (sessions) each contained at least 20 participants. The largest percentage of improving clients for all seven groups (ranging from 34% to 44%) was in the first three sessions. Five of the six treatment length groups who continued psychotherapy beyond three sessions had their next largest amount of improvement between sessions three and six. All treatment-length groups showed the greatest percentage of improvement at the terminal session (ranging from 37% to 69% improved). The results are discussed in terms of guiding models, and in terms of the most promising intervals and the most appropriate levels (population/individual) to search for mechanisms of change that might bring about improvement.

PRESENTATION MODALITY: In Person

- **Effects of Spiritual and Religious Struggles on Psychotherapy Outcome** ⁽¹²¹⁾

Kristin L. Hansen (Brigham Young University, Provo, USA), Stevan L. Nielsen, Tyler Pedersen, David Smart

PAPER ABSTRACT:

Religion and spirituality are important in how some clients report they change in positive ways. They also present in therapy with struggles related to religion and spirituality that research shows lead to maladjustment (Pargament & Exline, 2022). Given a paucity of longitudinal studies, we used a large data set based on student clients in a university counseling center to look at change in OQ scores. The sample included 14,560 clients with symptom change data. We explored the client self-reported religious and spiritual concerns (RSC) and confusion about beliefs and values (CBV) on the PPQ checklist

given at intake on the change in OQ-45 data between the initial and last session. Distress from CBV predicted worse outcomes. RSS did not uniquely predict a change in total OQ scores when all other predictors were accounted for. An increase in session attendance was predicted by greater RSC distress at intake but not by CBV at intake. Distress from CBV predicted a greater frequency of suicidal ideation whereas RSC predicted less frequent suicidal ideation both at the end of treatment when controlling for all other predictors (initial OQ total score and initial frequency of suicidal ideation score). While distress about social relationships predicts significant distress about CBV and less improvement, it doesn't explain all the variance. CBV and RSC show a distinctive pattern related to the prediction of psychotherapy outcome based on the OQ-45 that warrants further investigation into how to best help clients with religious and spiritual struggles in psychotherapy.

PRESENTATION MODALITY: In Person

Friday, July 8, 2022, 06:00–07:30 (MDT)

PA30

PANEL

ORGANIZERS & MODERATORS:

Javier Fernández-Álvarez
Fundación Aiglé, Buenos Aires,
Argentina

Malenka Areas
Facultad de Psicología - Universidad de
Buenos Aires, Argentina

CE

FRIDAY, JULY 8, 2022, 06:00–07:30 (MDT) | STURM 453

Emotion Regulation as a Mechanism of Change in Different Psychotherapeutic Processes ⁽¹²²⁾

ABSTRACT:

Emotion regulation (ER) represents an important variable for all the main theoretical approaches, albeit with heterogeneous conceptualizations. Furthermore, the study of ER in psychotherapy research has proliferated over the last years, producing numerous findings. This panel outlines the role of ER as an overarching transdiagnostic and transtheoretical mechanism of change. The panel includes three papers that illustrates how ER can be targeted in psychotherapeutic treatments for emotional disorders. Apart from this, it also focuses on different perspectives of how ER may operate as a mechanism of change, giving different perspective in terms of research designs. First, Areas will present results from a randomized control trial where expectancies for negative mood regulation (NMRE) were studied as a mechanism of change in cognitive therapy for depression. Secondly, Fernández-Álvarez will present the moderation effect of trait-like variables (e.g., interpersonal functioning or personality pathology) on the disaggregation of between and within-patient effects of difficulties in emotion regulation on outcome in an integrative naturalistic infrastructure. Finally, Oliveira will present the interplay between ambivalence towards change and emotion regulation in the context of the unified protocol, a transdiagnostic treatment based on the improvement of emotion regulation in anxiety and depressive disorders. This panel will have James Boswell as the discussant. Discussing the role of ER as a mechanism of change is in this sense paramount to boost the integration of the field of psychotherapy.

PAPERS IN PANEL:

- **Negative Mood Regulation Expectancies as a Mechanisms of Change in Cognitive Therapy for Depression**

Malenka Areas (Facultad de Psicología - Universidad de Buenos Aires, Argentina), Juan Martín Gómez Penedo, Anna Babl, Andrés J. Roussos, Martin grosse Holtforth

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Although cognitive-behavioral therapy (CBT) has proven to be effective as a treatment for depression, a significant number of patients do not show beneficial effects (Cuijpers et al., 2018). One strategy to improve CBT for depression is the identification of outcome-relevant change mechanisms that can be targeted in treatment (Crits-Christoph, Gibbons, & Mukherjee, 2013). Considering that negative mood is an important symptom of depression and therefore particularly relevant for depression treatments, patients' ability to regulate and cope with emotions might be a particularly relevant change mechanism. The present study aims to investigate the within- and between-patient effects of negative mood regulation expectancies (NMRE) on symptom severity of

depression in two cognitive therapies for depression. In the context of a Randomized Controlled Trial, 146 patients received 22 sessions of either cognitive behavioral therapy (CBT) or exposure based cognitive therapy (EBCT). Patients completed the Beck Depression Inventory and Negative Mood Regulation Scale at baseline and treatment termination, as well as after sessions 7 and 14. For data analysis we used multilevel modelling. Results showed both significant between- and within-patient effects of NMRE on symptom severity of depression. This empirically support NMRE as a relevant mechanism of change in CBT for depression.

- **The Interplay Between Ambivalence Towards Change and Emotion Regulation**

João Tiago Oliveira (Universidade do Minho, Braga, Portugal), Juan Martín Gómez Penedo, Miguel M. Gonçalves

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

The Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders (UP) is a manualized CBT-based treatment which focuses on addressing core emotion dysregulation across psychopathology. Ambivalence towards change is a patient variable characterized by an inner tension that results in movements towards and away from change and in a subjective feeling of inability to change coupled with distress. Research has been showing that its non-resolution in psychotherapy is associated with poor-outcomes. The UP also targets the patient's ambivalence towards change - motivational interviewing/enhancement module - considering that it is indirectly related to ER. However, for the best of our knowledge, the associations between ER and patient's ambivalence are still unknown. In this study we analyze the longitudinal progression of ambivalence and ER throughout treatment in a sample of patients presenting depression, anxiety and/or obsessive-compulsive disorders. 116 patients were treated with the UP. Ambivalence towards change was assessed every single session and ER was assessed every four sessions. Multilevel models will be performed to explore the associations between ER and ambivalence. Additionally, cross-lagged models will be developed to analyze the predictive power between them. We expect that greater levels of patient's ambivalence over the course of therapy will be associated with higher difficulties in ER. We also expect that greater reductions of patient's ambivalence over the course of therapy will be associated with higher ER levels. The results will be discussed considering the clinical knowledge we have about the importance of ambivalence toward change for the psychotherapy process and outcome.

- **Trait-Like Moderators of the Within- and Between-Patient Effects of Emotion Regulation on Outcome in an Integrative Naturalistic Setting**

Javier Fernández-Álvarez (Fundación Aiglé, Buenos Aires, Argentina), Beatriz Gómez, Juan Martín Gómez Penedo

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Although there is an increasing interest in understanding under what conditions therapy works, there are still few examples exploring this line of research in naturalistic settings. In this paper, we will draw upon recent results in the same sample regarding the disaggregation of between-patient effects and within-patient effects of emotion regulation (ER) on outcome. The aim is to test whether patients' baseline trait-like characteristics moderate: a) the between patient effects of ER (i.e., how ER level are associated with clinical severity over the course of treatment); and b) the within patient effects of ER (i.e., how ER fluctuations are associated with clinical severity fluctuations over the course of treatment). We recruited 290 patients undergoing an integrative psychotherapy from a private clinical practice in Argentina. Personality pathology, interpersonal problems and trait ER were measured at the beginning of the treatment with the Dimensional Assessment of Personality Pathology (DAPP). ER and symptomatology were measured with the Outcome Questionnaire 30 (OQ-30) and the State Difficulties of Emotion Regulation Scale (DERS-S) at baseline, the first five sessions and then every two sessions until the 15th. Two-level hierarchical lineal models will be implemented in order to account for the nested nature of the data (i.e., repeated measures nested within patients). Evidence regarding either main effects of the moderator or their interactive effects with the between- and within-patient effects components of ER will represent an important finding in order to personalize the treatments. The results will be discussed in terms of implications for clinical decision-making.

DISCUSSANT: James Boswell (University at Albany, State University of New York, USA)

KEYWORDS: Change process | Integrative psychotherapy | Process and outcome

BRIEF PAPER SESSION**Investigating Change Processes****MODERATOR:**

Jessica Silverman

Ferkau Graduate School of Psychology,
Yeshiva University, New York, USA**BRIEF PAPERS:**

- **Coping Strategies and Defense Mechanisms: A Third Act Scoping Review** ⁽¹²³⁾

Jessica Silverman (Ferkau Graduate School of Psychology, Yeshiva University, New York, USA), Katie Aafjes-van Doorn

PAPER ABSTRACT:

The relationship between coping and defense mechanisms warrants attention, as these constructs have historically been conflated and difficult to distinguish theoretically and empirically. Defense mechanisms tend to be seen as temporally stable, unconscious, and related to personality functioning, whereas coping strategies are seen as flexible, conscious, and stressor dependent. However, later research has called into question these distinctions and has hypothesized similar levels of adaptiveness of both processes. We conducted a systematic scoping review of the literature to empirically examine differences between coping and defense mechanisms, as well as the relationship between these mechanisms. A total of 35 empirical studies were identified, consisting of 23 cross-sectional and 12 longitudinal studies in psychiatric, medical and community samples. The cross-sectional studies reported positive associations between immature defense styles and avoidant coping mechanisms. Longitudinal studies demonstrated inconsistencies in stability of these mechanisms; both coping and defense mechanisms were observed to be stable over time for some, and variable over time in others. Patients who identified stimuli as threatening utilized more maladaptive defenses, leading to less adaptive coping strategies, whereas appraisal of stimuli as a challenge led to more adaptive usage. Studies suggest that defenses can become more adaptive with therapeutic intervention, but research on change in the use of coping mechanisms in therapy is less clear. Future directions are discussed, with an emphasis on observer-rated assessment of coping strategies and defense mechanisms as well as on longitudinal research to improve evaluation of these constructs and their relationship over time.

PRESENTATION MODALITY: Livestream

- **Discourse Analysis Web Platform Using Machine Learning Techniques to Analyse Patient and Therapist Speech Acts** ⁽¹²⁴⁾

Elena Stein Sparvieri (Asociación Argentina de Salud Mental (AASM))

PAPER ABSTRACT:

Scientific ways to improve psychotherapy clinical practice imply the use of advanced research methods and designs to explore psychological diagnostic and problematic or pathological categories. The aim of our presentation is to show a web platform which proposes the wishes implied in both the patient's and therapist's (or couple's) speech acts, in discourse, during the session. Our method, based on the Freudian perspective DLA speech act grid, consisted firstly in creating a database containing words and phrases expressing the different DLA speech act categories. Secondly, we enlarged our database, through NLP text normalization techniques and synonym search engines. Then, we applied machine learning unsupervised classification models, with the purpose of designing an automatic coding system for the wishes underlying speech acts in discourse, during therapy. This task is proving more feasible for speech acts with meanings that are obvious in the words used than for speech acts which entail more complex meanings. Despite this difficulty that needs further examination, since speech acts deploy transference scenes, the web platform is proving useful for psychotherapy diagnostic and problem observation purposes

PRESENTATION MODALITY: Livestream

- **Emotion Lexicon Training: Effects on Trainee Counseling Self-Efficacy and Psychotherapy Process** ⁽¹²⁵⁾

Harold Chui (The Chinese University of Hong Kong, China), Sarah Luk, Koon Kan Fung

PAPER ABSTRACT:

Aim: Beginning therapists often struggle to explore emotions deeply with clients, possibly due to a lack of familiarity with emotion vocabulary. We tested an intervention in priming

therapists with emotion words right before sessions (i.e., emotion lexicon training) and investigated its effects on trainee counseling self-efficacy and psychotherapy process. Method: Using an experimental design, practicum trainee therapists were assigned to an experimental condition to receive lexicon training before the third, fourth, and fifth sessions with a client, or a delayed control condition to receive lexicon training before the sixth, seventh, and eighth sessions. Trainees completed the Counselor Activities Self-Efficacy Scales before the first session, after the fifth session, and after the final session, while their clients completed the Session Evaluation Scale and the Barrett-Lennard Relationship Inventory – Empathy Subscale after each session. Results: Preliminary analyses showed a significant effect of time, and an interaction effect of time by condition, on trainees' counseling self-efficacy. While all trainees' (n=23) counseling self-efficacy grew over time, those who had emotion lexicon training earlier (n=12) had more significant growth throughout practicum. No difference in client-rated therapy process variables was observed between conditions. Discussion: Pre-session emotion lexicon training appears to improve novices' counseling self-efficacy but not clients' perception of therapists or sessions. Data collection is ongoing to increase power to detect effects of training. Sessions will also be transcribed and analyzed using Linguistic Inquiry and Word Count (LIWC) to compare therapists' and clients' actual emotion word use in sessions between training conditions.

PRESENTATION MODALITY: Livestream

- **Verification of Relational Change Indicators in Couples' Therapy Described by Expert Therapists** ⁽¹²⁶⁾

Nicolás García Matte (Pontificia Universidad Católica de Chile), Diana Rivera-Ottenberger, Oriana Vilches-Álvarez

PAPER ABSTRACT:

Aim. Given the need to move towards transtheoretical perspectives in the investigation of change processes in couples' therapy (CT), the present study sought to empirically verify the 36 Relational Change Indicators (RCI) described by 14 expert therapists within the framework of an ongoing research (Rivera, Altimir and Valdés, in progress). Methods. A mixed descriptive design was used through the naturalistic observation of a single case, corresponding to 10 sessions of a joint therapy process of a Chilean heterosexual couple, with an agreed clinical discharge. The analysis was carried out by a team of three observers, who codified the RCIs following sequential stages of the Chilean Research Program in Psychotherapy and Change (2012). Each RCI was described qualitatively using the episodes of change, and the frequency and trajectory was analyzed quantitatively throughout the therapy. Results. A total of 18 RCI from the original list and 2 emerging RCI were coded. The RCI varied across early, middle, and late phases of therapy, with a greater appearance of expression of vulnerabilities, with the female patient as the principal actor of change, and a prevalent focus on the couple. Discussion. This research is a contribution to the dialogue between research and CT by offering a transtheoretical RCI list, built from the experience of therapists of different theoretical orientations, and verified in a case study. Attending this presentation, the participants will learn a new proposal to understand change from a relational and generic way that could be also used in research contexts.

PRESENTATION MODALITY: Livestream

BP19

BRIEF PAPER SESSION

MODERATOR:

Sylke Andreas
University of Klagenfurt, Austria

FRIDAY, JULY 8, 2022, 06:00–07:30 (MDT) | STURM 479

Qualitative and Quantitative Research on Psychotherapy Processes

BRIEF PAPERS:

- **A Qualitative Meta-Analysis of Similarities and Differences of Subjective Experiences of Using Therapists' Self-Disclosure between Novice Therapists and Experienced Therapists** ⁽¹²⁷⁾

Akihiro Kusaoka (Hokkaido University, Japan)

PAPER ABSTRACT:

Aim: The author presented a qualitative meta-analysis of novice therapists' subjective experiences of using therapists' self-disclosure (TSD) and professional development at SPR meeting last year (Kusaoka, 2021). It was suggested that TSD has facilitative impacts on the developing process of novices' professional self. In this study, it was added experienced therapists' subjective experiences of TSD study (Takabatake, 2016)

and re-analyzing these primary studies to find new understandings of subjective experiences of TSD and professional development. Method: The qualitative meta-analysis (Levitt, 2018) was applied. All of the meaning units were compared with every other unit to identify the similarity and differences of findings and integrated similar meaning units into meta-categories. Results: Meaning units were integrated into seven meta-categories from the primary studies, however, some units did not integrate because these presented unique experiences within the specific professional development phase. In the novice phase, therapists had felt their development by obtaining new intervention skills and advancing as professionals. In the experienced phase, therapists were focused on attuning appropriate contents and timing to use TSD. Discussion: It was found two common experiences between novices and experienced therapists. The first, TSD was motivated by their willingness to help the client, and the second is strong anxiety and fear of using TSD. In contrast, the unintegrated findings in each developmental phase suggested shifting focus from internal to external of the therapists self. This shifting of focus is one of the indices of professional development that was facilitated. Certain implications for education and training were discussed.

PRESENTATION MODALITY: Livestream

- **The Development and Validation of a Self-Report Questionnaire for Measuring the Amount of Bantering Experienced in Psychotherapy** ⁽¹²⁸⁾

Adrian B. Brooks (University of Klagenfurt, Austria), Sylke Andreas

PAPER ABSTRACT:

Research into the use of banter in psychotherapy has become increasingly valuable over the last few years. Bantering can be understood as the friendly teasing of someone, directly or indirectly (Brooks, Herrmann, & Andreas, 2020), in which mock impoliteness serves to increase social bonding (Haugh & Bousfield, 2012). Furthermore, certain types of teasing communication are explicitly defined as hostile in the therapeutic context when defining banter. Namely, short negatively-toned messages that pick on someone, biting hostile remarks, sarcasm in the form of clever belittling comments in the guise of humour, or cynicism in which insults are less disguised than sarcasm are not understood as bantering in the scope of this research. Method: Participants will fill out the Klagenfurt Bantering Questionnaire (KBQ) and the Humor Styles Questionnaire (Martin, Puhlik-Doris, Larsen, Gray, & Weir, 2003). Both will be included even though the KBQ measures the reported amount of bantering in psychotherapy (a low versus a high experience of banter regarding psychotherapy), and the HSQ measures the participant's style of humour (Affiliative humor, Self-enhancing humor, Aggressive humor, and Self-defeating humor). Nevertheless, we would expect some correlation between the bantering level and humour styles. Finally, psychometric properties will be tested by confirmatory factor analysis (CFA) to assess the reliability and convergent validity. Finally, the practicality of the KBQ will be examined. In particular, to discuss its ability to make in-session bantering visible without too much effort and in a reasonable amount of time (i.e. without trying the patient's patience).

PRESENTATION MODALITY: Livestream

- **Theoretical and Practical Implications of the Incorporation of Mentalization Theory in the Expanded Post-Rationalist Model** ⁽¹²⁹⁾

Carlos E. Castillo (Center for Postrationalist Studies, Chile)

PAPER ABSTRACT:

Background: the post-rationalist cognitive model developed by Vittorio Guidano emerged in the late 1970s, created for severe disorders that did not respond to the theories of the time (personality disorders), whose postulates in the light of research in psychotherapy and affective neuroscience, it can be said that it was very advanced for its date of development, despite this, and the prompt death of the author, further advances were limited. In this context one of his disciples Juan Balbi takes the model, makes a review of it incorporating compatible theories to expand the effectiveness of the model, it is here where the theory of mentalization developed by Peter Fonagy and his work is incorporated and modified in an ontological framework. group. Objectives: review changes and implications of this in the post-rationalist model, as well as the theory of mentalization from an ontological perspective. Methodology: theoretical and comparative review. Discussion: the revision of the theory of mentalization, rereading it from an ontological perspective, generates important changes for this model, which can be seen as conflicting within the different lines of research. Conclusion: The incorporation and revision of the theory of mentalization generates a theoretical and practical change in the expanded post-rationalist cognitive model, which implies the use of different techniques, in addition to improving the efficacy in the treatment of personality disorders as it was

developed in a beginning and may be relevant in the context of current psychotherapies, as well as his review of mentalization theory.

PRESENTATION MODALITY: Livestream

BP20

BRIEF PAPER SESSION

MODERATOR:

Björn Bennemann
Universität Trier, Germany

FRIDAY, JULY 8, 2022, 06:00–07:30 (MDT) | STURM 379

Mental Health Services, Training, and Diversity

BRIEF PAPERS:

- **Developing a Counselling and Psychotherapy Competency Framework for Addictions: A Systematic Literature Review and Thematic Analysis** ⁽¹³⁰⁾

Wayne Full (British Association for Counselling and Psychotherapy, United Kingdom), George Salaminios, Joanne Pybis, Traci Postings, Faisal Mahmood

PAPER ABSTRACT:

Aim: To undertake a systematic review of the evidence, aiming to inform the development of a competency framework on counselling and psychotherapy for addictions. **Methods:** Using the EBSCO database, we reviewed English language papers from the last 20 years that described: (1) counselling/psychotherapy knowledge, skills and training related specifically to therapeutic practice with individual clients with substance, alcohol, sex and/or gambling addictions; and (2) any therapeutic interventions for treating these types of clients across a range of professional settings. Studies were excluded if they described: (1) food-related addictions; (2) pharmacological interventions; (3) interventions focused on children and young people, families, couples or groups; and (4) online/digitally mediated approaches. **Results:** From an initial 11,128 papers, 58 were identified as relevant. These were analyzed thematically and five main domains of competency emerged: (1) addiction specific-knowledge; (2) assessment and treatment planning; (3) addiction-specific training, supervision and professional practice; (4) a client-led perspective; and (5) use of specific therapeutic competencies. **Discussion:** The review provides an evidence base, from which competencies for initiating and facilitating safe and effective therapeutic practice with clients suffering with addictions could be drawn. Therapists working with addictions would benefit from gaining knowledge of different addictions models, the pre-treatment phase, relapse prevention, and the recovery process. An effective therapeutic model would adopt a trauma-informed approach fostering safety and collaboration, focus on cravings/urges, address underlying emotional issues linked to shame/guilt and grief, and encourage the use of specific therapist skills and techniques, including empathy, reflective-listening, motivational interviewing, coping skills development and goal-setting.

PRESENTATION MODALITY: Livestream

- **Referrals to High Intensity Interventions in Statutory Mental Health Services: Level Playing Field or Rigged Game?** ⁽¹³¹⁾

Charlie Duncan (British Association for Counselling and Psychotherapy, United Kingdom), Emma L. Broglia, David Saxon

PAPER ABSTRACT:

Aim: Research indicates that particular demographic groups receiving psychological interventions are at risk of poorer outcomes, such as clients from ethnic minority groups and those experiencing higher levels of social deprivation (e.g., Amati, 2020; Assari, 2017). Despite research suggesting that different psychological therapies are broadly equivalent in terms of outcomes (e.g., Barkham et al., 2021; Pybis et al., 2017), this does not consider how demographic factors and referral sources – and the intersectionality of these factors – may impact on which type of therapy a client is allocated to, and hence whether certain modalities of therapy are disadvantaged in terms of prospective outcomes from the outset. The present study considers these questions in the context of data collected through England's Improving Access to Psychological Therapies (IAPT) programme. **Methods:** Routine data were available from approximately 50,000 clients who participated in at least two sessions of Person-Centred Experiential-Counselling for Depression (PCE-CfD), Cognitive Behaviour Therapy (CBT) or another High Intensity Therapy (HIT) between 2015 and 2018 in IAPT services in England. Data analysis is currently underway, but it is assumed that appropriate parametric and non-parametric testing will be utilised to analyse the data. **Results:** Data analysis is currently underway and findings will be available by the time of the conference. **Discussion:** Identifying inequalities in allocations to different therapeutic modalities may help us to understand more about 'what works for who', as well as the extent to which outcomes can be fairly compared across different therapeutic modalities.

PRESENTATION MODALITY: Livestream

- **Systematic Review: How Discrimination Affects Mental Health of Racialized/Ethnocultural Minorities in Germany** ⁽¹³²⁾

Felix Brauner (Psychologische Hochschule Berlin, Germany), Timo Storck

PAPER ABSTRACT:

Aims: International meta-analyses show that experiences of racism-based discrimination are associated with impaired mental health (De Freitas et al. 2018; Paradies et al. 2015). The EPA Policy Paper about racism and mental health calls for consideration of influences at the structural, institutional, interpersonal and internalized levels, with regard to mediating/moderating factors and various psychopathological symptoms (Schouler-Ocak et al. 2021). The presented trial aims for such an analysis focusing on Germany. In the Brief Paper, we present preliminary results. **Methods:** Following previous transnational systematic reviews, specific search terms and eligibility criteria were defined. We systematically searched psychological/medical databases (Medline, PsycINFO, Web of Science, PSYINDEX) and additional sources ("grey"/unpublished literature) for relevant studies. A study protocol is published in advance (following PRISMA guidelines). **Results:** In most of the studies, there are significant (negative) effects of racism-based discrimination on mental health (with depression as most severe effect). In multiple linear regression models, discrimination remains a stable effect, even when controlling for other influencing factors. In (few) longitudinal or quasi-experimental studies, it has been shown that discrimination can have causal influences on neural stress circuits and psychopathological symptoms. Various variables mediate the discrimination-health link as moderators/mediators (e.g. style of acculturation, coping strategies, value orientation, nation of origin). **Discussion:** As possible risk of bias, it is evident that in the samples found some racialized/ethnocultural minorities are underrepresented (e.g. "Afrodeutsche"). Internalized aspects of racism are not sufficiently taken into account. Future research should more systematically consider aspects of intersectionality (e.g. class, sexual orientation).

PRESENTATION MODALITY: Livestream

- **Towards a Standard Minimum Dataset for Counselling Services Embedded in Higher and Further Education: Part of the SCORE Project** ⁽¹³³⁾

Jenny E. O'Donnell (British Association for Counselling and Psychotherapy, United Kingdom), Emma Broglia

PAPER ABSTRACT:

Aim: An exploration of the views of counsellors in the university and college sector about which data is important to collect to develop a national standard minimum dataset to provide evidence for the usefulness of counselling in the sector. This is part of the wider Student Counselling Outcomes Research and Evaluation (SCORE) initiative that is pooling clinical outcome data to improve datasets and evidence for counselling in this sector. **Methodology:** Semi-structured focus groups were held with university and college counselling staff including counsellors, service leaders and mental health advisors. They explored elements of data for inclusion in a minimum dataset, data collection practices, service and sector level barriers to collecting data. Two researchers performed content analysis involving identifying fields for inclusion in the minimum dataset. Thematic analysis identified contextual issues surrounding collecting data. **Results:** Ten focus groups (between three and seven participants) were conducted with 41 participants across 26 universities and colleges with counsellors, service leaders and mental health advisors. Content analysis identified information categories for inclusion in the minimum dataset based on student characteristics, demographics, clinical assessment and service evaluation. Thematic analysis explored culture for using data, improving data collection practices, regular service evaluation to respond to changing needs, and sharing best practice. **Conclusions:** This research will inform development of a standard minimum dataset as part of the SCORE study. This will help enable the creation of a uniform dataset across university and college counselling services, increasing evidence for the sector which may allow greater funding and service provision.

PRESENTATION MODALITY: Livestream

Friday, July 8, 2022, 08:30–10:00 (MDT)

PA31

PANEL

ORGANIZERS & MODERATORS:

Zachary D. Cohen

University of California, Los Angeles,
USA

Sigal Zilcha-Mano

University of Haifa, Israel

FRIDAY, JULY 8, 2022, 08:30–10:00 (MDT) | STURM 453

An Evolutionary Perspective of Psychotherapy Personalization: Comparing Theory-Driven, Data-Informed, and Data-Driven Approaches ⁽¹³⁴⁾

ABSTRACT:

The new field of precision mental health shares a long history with psychotherapy personalization, with roots going back to Gordon Paul's 1967 call for better understanding of what works for whom. The evolution towards powerful, evidence-based psychotherapy personalization began with observational and theoretical models. The proliferation of advanced statistical methods and increased availability of data have set the stage for studies that will provide data-driven answers to Paul's question. Empirical evidence of differential response provided a foundation for data-informed personalization, which, over time, has begun to evolve into data-driven, optimized treatment personalization. In this symposium, speakers will present work spanning this evolutionary spectrum. First, Fredrik Falkenström will present exploratory analyses of an RCT of two treatments for panic disorder (Personal Control Therapy and Panic-Focused Psychodynamic Psychotherapy), analyzing theoretically-based moderators using multilevel growth curve modeling. Next, Sigal Zilcha-Mano will present results from a pre-registered RCT designed to test a priori identified moderators (i.e., attachment orientation) of supportive therapy versus supportive-expressive therapy for depression. Third, Zachary Cohen will share insights from a pilot implementation of UCLA's STAND Program, a data-informed stratified system of care in which therapy is tailored based on users' profiles (e.g., symptoms, chronotype) and preferences. He will also describe challenges for psychotherapy personalization related to therapeutic contexts that are transdiagnostic, modular, and/or digital. Finally, Nili Solomonov will describe a data-driven investigation of four RCTs of late-life depression in which data-driven unsupervised hierarchical clustering and bipartite network modeling were used to identify subtypes of patients with differential response to treatment.

PAPERS IN PANEL:

- **Bipartite Network of Clinical Subtypes Predicts Differential Response to Psychotherapies for Late-Life Depression**

Nili Solomonov (Weill Cornell Medical College, New York, USA), Jihui Lee, Samprit Benarjee, Serena Z. Chen, Faith M. Gunning, Patrick J. Raue, Patricia A. Areán, George S. Alexopoulos

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: We aimed to compare response to psychotherapies of clinical subtypes of late-life depression, identified by a bipartite network approach. Identifying which patients benefit most from which interventions could guide development of personalized psychotherapies. **Method:** 630 depressed older adults participated in four randomized controlled trials. First, we conducted a data-driven unsupervised hierarchical clustering of HAM-D items to detect clusters of depressive symptoms. Second, we constructed a machine learning bipartite network to identify subtypes of patients based on clusters of depressive symptoms, domains of social, physical, and behavioral disability, social support, cognitive impairment, age, and education. Finally, we examined whether subtype membership predicted differential treatment response. **Results:** The bipartite network identified four clinical subtypes: 1) socially connected individuals; 2) disabled individuals with low education; 3) older, individuals with severe emotional and ideational symptoms of depression and reduced activities; and 4) individuals with suicidal ideation, motoric abnormalities, somatic/paranoid symptoms receiving assistance by others. Subtype 1 showed a superior response, regardless of intervention type. Subtype 3 showed the poorest response. Patients in Subtype 2 benefited earlier from Problem Solving Therapy (PST) compared to Active Control (treatment as usual or case management), while patients in Subtype 1 benefited earlier from the Active Control compared to PST. **Conclusions:** Individuals who felt socially supported and had large social networks had the greatest benefit, with superior response to PST. Older, severely depressed individuals with reduced activities benefited most from conditions with psychosocial services, suggesting they may not respond to psychosocial interventions alone require a comprehensive treatment approach.

- **Data-Informed Personalization of Psychological Therapies: Lessons from the UCLA STAND Program**

Zachary D. Cohen (University of California, Los Angeles, USA), Nelson B. Freimer, Michelle G. Craske

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

The UCLA Screening and Treatment of Anxiety and Depression (STAND) Program uses precision and personalized approaches to provide individuals with the appropriate level of care (stratification) and the right treatment (treatment selection), tailored to their individual needs (treatment personalization), and at the right time (just-in-time adaptive interventions [JITAI]). Decisions for triaging and adapting level of care are based on presenting symptom severity and ongoing assessment (respectively). The system includes STAND Digital Therapy, a coach-supported program comprising a suite of evidence-based online therapy modules and smartphone tools to help prevent the onset of mental health problems, and to help individuals struggling with depression, worry, panic, social anxiety, trauma, and sleep dysregulation. Treatment is selected and tailored based on individuals presenting profiles (e.g., symptoms, comorbidity, chronotype), and assessment and feedback are personalized to help users draw insights into the dynamic relationship between technique/tool use and symptom change. In this talk, findings from an ongoing community college pilot (N>150) will be presented, focusing on opportunities and challenges for personalization related to digital mental health. The role of measurement-based care and feedback systems in developing precision approaches will be discussed, along with complexities related to generating data-driven systems for transdiagnostic and modular psychological therapies.

- **Moderators of Panic Disorder Treatment Outcome**

Fredrik Falkenström (Linnaeus University, Sweden), Rolf Sandell, Martin Svensson, Thomas Nilsson, Sean Perrin, Håkan Johansson

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: Panic disorder is associated with high rates of comorbidity, increased risk of morbidity and mortality, heavy family burden, diminished work capacity, and increased healthcare utilization. In a recent trial comparing cognitive-behavioral to psychodynamic therapy for panic disorder, the number of patients achieving clinically significant improvement was around 50-60%, indicating room for improvement. Information on which treatment works best for which patients would be important for personalizing treatment allocation, potentially increasing the number of patients who are helped by treatment. **Methods:** Data on 107 patients who were randomized to Personal Control Therapy (PCT; Craske & Barlow, 2007) or Panic-Focused Psychodynamic Psychotherapy (Milrod et al., 1997) will be used. Theoretically based predictors include the Psychotherapy Preferences and Experiences Questionnaire (PEX; Sandell et al., 2011) and the Learning Style Inventory - II (LSI-II; Marke & Cesarec, 2007). We will also explore the Health-Relevant Personality Traits Inventory (HP5i; Gustavsson et al., 2002), and demographic, diagnostic, and relational variables, as potential moderators or predictors. Outcome will be measured using the first principal component of the Panic Disorder Severity Scale (Shear et al., 1997), Sheehan Disability Scale (Sheehan, 1983), Montgomery-Asberg Depression Rating Scale (Montgomery & Åsberg, 1979), and Clinical Outcomes in Routine Evaluation – Outcome Measure (Evans et al., 2002). Data will be analyzed using multilevel growth curve modeling. **Results:** Data will be analyzed during the first months of 2022, to be presented at the SPR meeting in Denver. **Discussion:** Results will be important for the personalization of psychotherapy for panic disorder.

- **A Randomized Controlled Trial for Identifying the Most Suitable Treatment for Depression Based on Patients' Attachment Orientation**

Sigal Zilcha-Mano (University of Haifa, Israel), Pavel Goldstein, Tohar Dolev-Amit, Tal Ben David-Sela, Jacques P. Barber

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Objective: Many active treatments exist for major depressive disorder (MDD), but little is known about their differential effects for various subpopulations of patients to guide precision medicine. This is the first randomized controlled trial (RCT) designed to identify differential treatment effects based on patients' attachment orientations. We tested an a priori preregistered hypothesis of the potential moderating effect of patients' attachment

orientation on the outcome of supportive vs. supportive expressive therapies. Methods: The RCT was conducted between 2015 and 2021. Individuals with MDD were randomly assigned to 16-week supportive therapy (ST) or supportive-expressive therapy (SET). The predefined primary outcome measure was the Hamilton Rating Scale for Depression. Hypotheses were formulated and preregistered before data collection. Results: One hundred patients with MDD were enrolled, 57% women, average age 31.2 (SD=8.25). Data were analyzed using the intention-to-treat approach. Our hypothesis that attachment anxiety is a significant moderator of treatment outcome was supported ($B=-0.09$, $p=.016$): patients with higher levels of attachment anxiety showed greater treatment efficacy following SET than ST. Although the hypothesis regarding a potential moderating effect of avoidant attachment was not supported, sensitivity analyses revealed that individuals with disorganized attachment orientation (higher scores on both anxious and avoidant attachment) benefited more from SET than from ST ($B=-0.07$, $p=.04$). Conclusions: The findings support the clinical utility of patients' attachment orientation in selecting the most suitable treatment for individuals, and demonstrate the methodological utility of RCTs pre-designed to test theoretically-based models of personalized treatment.

DISCUSSANT: Christian Webb (Harvard Medical School, USA)

KEYWORDS: Methods | Treatment outcome | Other | Other: Treatment Personalization, Precision Mental Health, Moderators

PA32

PANEL

ORGANIZERS & MODERATORS:

Adar Paz

Bar-Ilan University, Ramat Gan, Israel

FRIDAY, JULY 8, 2022, 08:30–10:00 (MDT) | STURM 454

Analysis of Affect Dynamics in the Service of Understanding Psychotherapy Change Processes ⁽¹³⁵⁾

ABSTRACT:

During psychotherapy sessions, the affective states of clients and their therapists dynamically change, moment-to-moment. These dynamics occupy a central role both in theories of psychopathology and in models of effective psychotherapeutic change. Moreover, because psychotherapy is usually a dyadic process, the particular area of interpersonal affect dynamics has become a thriving topic of investigation for psychotherapy researchers. To study affect dynamics, high resolution (moment-to-moment) data are needed – and recent engineering advances indeed allow the collection of such data. However, this abundance of novel data forms calls for the development of new models, analytic techniques, and approaches of psychological interpretation. Our panel comprises four studies utilizing diverse analytic tools to extract insight about psychotherapy processes from several data modalities (incl. text, physiology, body movement, voice, & facial expression). Atzil-Slonim et al. present a novel approach to tracking emotional change from the spoken content of therapy sessions. Bar-Kalifa et al. analyze the synchrony between clients' and therapists' Respiratory Sinus Arrhythmia (RSA) to identify moments of productive emotional experience. Prinz et al. analyze client-therapist physiological and movement synchrony as putative predictors for treatment outcomes and process variables. Finally, Paz et al. will present a multi-modal approach for the analysis of affective states, offering a technique for the assessment of affective-flexibility and its association to outcome. Our discussant, Shri Narayanan, will comment on these diverse studies from the perspective of interdisciplinary human-centered signal processing, focusing on their potential to shed light on theories of change in psychotherapy.

PAPERS IN PANEL:

- **Revealing Verbal and Non-Verbal Moments of Change via Multi-Modal Machine Learning**

Dana Atzil-Slonim (Bar-Ilan University, Ramat Gan, Israel), Amir Eliassaf, Adar Paz, Shaked Cohen, Yoav Goldberg

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Psychotherapy is based to a great extent on verbal and nonverbal exchanges between clients and therapists, which convey information about the participants' mental states, thoughts, and feelings. Currently, to identify verbal and non-verbal signals of clients' emotional responses, researchers depend on skilled clinician coders to quantify videotaped sessions, a labor-intensive process that limits the available data and makes it difficult to generalize to real-world practice. Machine learning and natural language

processing (NLP) techniques to analyze psychotherapy data can help overcome these difficulties to discover what leads to positive (or negative) emotional change in psychotherapy. In the current study we aimed to automatically capture clients' emotional change in transcribed therapy sessions. Transcripts of 873 psychotherapy sessions from 68 clients treated by 52 therapists were analyzed. A subset of the data was manually annotated, speech turn by speech turn for clients' emotional response. A machine learning model was applied to automatically capture clients' emotional response from the clients' and the therapists' text. The results indicated that our model outperformed a strong majority baseline by a large margin and captured clients' emotional experience as they changed from moment to moment.

- **Clients' Emotional Experience as a Dynamic Context for Client-Therapist Physiological Synchrony**

Eran Bar-Kalifa (Ben Gurion University, Beer Sheva, Israel), Omer Goren, Dana Atzil-Slonim

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: Client-therapist physiological synchrony has begun to draw substantial attention in recent years. Recent theoretical accounts propose that physiological linkages should not be considered to be trait-like, stable, good/bad characteristics, but rather a dynamic pattern that depends on the situational context in which they transpire. The current study adopted a "momentary" (vs. "global") approach that computes therapist-client physiological synchrony over relatively short periods. These temporal data served to examine the interplay between the patterns of synchrony (in-phase vs. anti-phase) and clients' momentary emotional experiences (i.e., inhibited/unproductive, productive, and positive). **Synchrony** was assessed by measuring Respiratory Sinus Arrhythmia (RSA), an autonomic index that was found to be associated with interpersonal emotion regulation. **Method:** The data were drawn from a sample comprising 28 clients who underwent a 16-session supportive-expressive dynamic therapy for depression. Clients' and therapists' electrocardiography were recorded in five sessions; clients' emotional experiences were coded at the speech-turn level. Following each session, clients also completed a session evolution scale. **Results:** Client-therapist dyads had greater RSA synchrony than predicted by chance. Compared to moments of unproductive emotional experience, greater anti-phase synchrony was observed during moments of productive emotional experiences. In addition, compared to moments of unproductive emotional experience, greater in-phase and anti-phase synchrony were observed during moments of positive emotional experiences. These patterns of synchrony were associated with clients' favorable evaluations of the session. **Conclusion:** By considering the dynamic nature of synchrony, these results provide a more fine-grained picture of physiological synchrony and its potential effects on the therapy process.

- **Nonverbal Processes as Putative Mechanisms of Change in Imagery-Based Techniques**

Jessica Prinz (Universität Trier, Germany), Wolfgang Lutz, Eshkol Rafaeli

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Background: The effectiveness of imagery with and without rescripting (IR) has been demonstrated in the treatment of various psychological disorders, but the mechanisms underlying it remain unclear. While current investigations predominantly refer to intrapersonal cognitive processes, emotional, physiological, and interpersonal processes have received less attention. **Method and Analysis:** Students with test anxiety were be treated with a specially developed treatment protocol carried out over six sessions, which consists of equal parts of cognitive-behavioral and imagery-based elements. All sessions were videotaped and during the sessions, clients' and therapists' sympathetic arousal were continuously recorded. Physiological and movement synchrony served as a putative predictor for treatment outcome and of several process variables such as therapeutic relationship. **Discussion:** The expected findings are likely to contribute fundamental implications for clinical practice by unraveling the underlying mechanisms of change that take place in imagery with and without rescripting. As such, they are likely to provide further evidence for the centrality of therapists' presence to the facilitation of therapeutic outcomes.

- **Affect Dynamics in Treatment for Depression Using Complex-Systems Models**

Adar Paz (Bar-Ilan University, Ramat Gan, Israel), Eshkol Rafaeli, Eran Bar-Kalifa,

Eva Gilboa-Schechtman, Dana Atzil-Slonim

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: Emotional rigidity is postulated to be at the epicenter of Major Depressive Disorder, a highly prevalent and debilitating condition. Consequently, developing flexibility to adaptively move between affective states is at the core of many therapeutic interventions. This organization into states of affect echoes complex-systems (CS) conceptualization proposing that CS tend to converge, periodically and dynamically, into stable attractor states. Previous findings show that the attractor states rigidity is associated to higher levels of depression, whereas flexibility reflects lower symptoms levels. So far, the nuanced dynamic nature of affect-dynamics during therapy was mostly measured at long time-intervals using clients' subjective reports. Yet, the understanding of affect-dynamics crucially depends on sensitive, continuous, and objectively codified measures of affect arousal and valence, which may be economically extracted from speech and facial expressions. The current study harnesses CS models to analyze the high time-resolution affective data for classifying and calculating the flexibility of affective states (or attractor states), and examine the association to clients' symptoms levels. **Method:** Thirty therapy dyads (134 sessions) of manualized short-term psychotherapy for depression have been recorded. Affective arousal and valence were automatically extracted from the speech and facial expression. Clients' symptoms level questionnaires were collected before and after each session. **Results:** Initial results will show that a growing capacity for flexibility in clients' affective attractor states is linked to improvement in symptoms levels. These findings may shed light on the complex nature of affect dynamics in psychotherapy and specifically in treatments of individuals suffering from depression.

DISCUSSANT: Shrikanth Narayanan (University of Southern California, USA)

KEYWORDS: Change process | Methods | Process and outcome | Other: Affect Dynamics

SD09

FRIDAY, JULY 8, 2022, 08:30–10:00 (MDT) | STURM 479

STRUCTURED DISCUSSION

Insight as a Change Mechanism/Principle and Common Factor in Psychotherapy⁽¹³⁶⁾

ORGANIZERS & MODERATORS:

Russ Bailey
Utah Valley University, USA

ABSTRACT:

In this structured discussion, we introduce several perspectives on insight based on the work of the panelists. The first discussant (Ogles) will introduce the topic and briefly compare the various perspectives of insight in the literature (e.g., as a central change mechanism, a therapy process, a therapy outcome, intermediate change principle, and a common factor in therapy). The second discussant (Bailey) will introduce a Common Factors Therapy model and the use of insight as a change principle to guide therapist decision interventions. Definitions from this perspective will highlight how cognitive aspects intertwine with emotions in learning, discovery, and feedback. The third discussant (Kivity) will discuss recent findings suggesting that reflective functioning (closely related to insight) can be considered a within-session marker of emotional processing thus helping bridge between minute-by-minute choice of therapist intervention and longer term treatment outcome. The fourth discussant [Gonçalves] will discuss the role of reconceptualization innovative moments (similar to elaborated forms of insight) in therapeutic change. Studies conducted with diverse models of therapy (EFT, constructivist therapy, narrative therapy) suggest that reconceptualization may be associated with change (both pre-post, and on a session to session base), although two studies with CBT do not support this association. We would then engage all participants in a structured discussion around the definition, roles, functions of insight along with how insight occurs in therapy Learning objectives • Highlight key elements of a definition of insight from several perspectives. • Describe learning, discovery, and feedback as CF Therapy change principles to foster insight.

DISCUSSANTS:

- Benjamin M. Ogles (Brigham Young University, Provo, USA)
- Yogev Kivity (Bar-Ilan University, Ramat Gan, Israel)
- Miguel M. Gonçalves (Universidade do Minho, Braga, Portugal)

KEYWORDS: Change process | Psychotherapy integration | Treatment process and outcome

PRESENTATION MODALITY: Mixed

PA33

PANEL

ORGANIZERS & MODERATORS:

Barry A. Farber
Teachers College, Columbia University,
NY, USA

FRIDAY, JULY 8, 2022, 08:30–10:00 (MDT) | STURM 379

Carl Rogers and Beyond: Contemporary Applications of Psychotherapists' Positive Regard and Empathy⁽¹³⁷⁾

ABSTRACT:

Carl Rogers' ideas about the effective ingredients of psychotherapy have had an enormous impact on our field, especially the renewed emphasis in the past several decades on relational factors. The four papers on this panel continue efforts to develop and apply Rogers' concepts, in particular therapists' provision of positive regard and empathy. The first presentation, by Daisy Ort & Barry A. Farber, draws from the results of a large-scale study on clients' perceptions of changes in their experience of therapy as a consequence of the transition to teletherapy; their paper focuses specifically on the ways in which the conveyance of positive regard has been affected by this transition. The next paper, by Kevin David and Timothy Anderson, examine clinical cases in which therapist responses to "difficult client simulations" differ in both levels of empathy and a composite measure of Warmth, Acceptance, and Understanding; they also examine the association between these measures. In the third paper, Setareh Shayanfar and Jeanne Watson present their findings regarding changes in therapist-expressed empathy and therapist-client interpersonal patterns during alliance rupture and repair. The last paper in this panel, by Shibo Lyu, Daisy Ort, and Barry A. Farber, features a cross-cultural comparison of differences between American and Chinese therapists' perceptions of what constitutes positive regard. Taken together, the papers presented here provide new knowledge about the nature and contemporary clinical applications of Rogers' facilitative conditions.

PAPERS IN PANEL:

- **Positive Regard, Teletherapy, and the COVID-19 Pandemic**

Daisy Ort (Teachers College, Columbia University, NY, USA), Barry A. Farber

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: To investigate client perceptions of therapist-provided Positive Regard (PR) following the transition from in-person therapy to teletherapy as a result of the COVID-19 pandemic. **Method:** A sample of therapy clients ($n = 2106$) who shifted from in-person therapy to teletherapy during the COVID-19 pandemic completed a self-report survey comprised of both quantitative (Likert-type scales) and qualitative (open-ended questions) items. As part of a 42-item measure (Perceptions of Psychotherapy Process Scale), participants rated on a 5-point Likert-type scale the extent to which specific forms of therapist-provided PR had changed since shifting to teletherapy. **Results:** Results indicated that clients perceived their therapists to be significantly more positively-regarding over teletherapy during the pandemic than in in-person therapy (with the same clinician). Although many PR items were perceived as occurring with greater frequency over teletherapy (e.g., 93% of clients reported that their therapist is now about the same or more affirming, complimentary, friendly, warm, and empathic), approximately half (47%) the sample reported feeling overall less connected with their therapist.

Subsequent analyses of qualitative data will provide a more nuanced understanding of the topic. **Discussion:** Nearly two years since the onset of the COVID-19 pandemic, teletherapy remains a viable and widely utilized option for psychotherapy. A greater understanding of clients' perceptions of the changes to PR—widely recognized as an integral aspect of therapy—may facilitate therapists' ability to adjust their provision of PR to most effectively meet client needs.

- **What Lies Between Positive Regard and Empathy? An Investigation Using Facilitative Interpersonal Skills**

Kevin C. David (Ohio University, Athens, USA), Timothy Anderson

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: A common factors view of positive regard (PR) suggests that therapists' expression of this attitude may be conceptualized as more general positivity, with aspects of friendliness and interpersonal affiliation (Farber et al., in press). The Facilitative Interpersonal Skills (FIS) approach rates Warmth, Acceptance, and Understanding (WAU) as this common expression of PR. In practice, however, WAU also correlates with

other common skills, such as empathy and instilling hope. Since clients who are themselves more negative present a greater challenge to therapists' PR, we aim to use a theory-building approach by identifying exemplars of cases in which therapist responses differ in levels of WAU and empathy. Method: Items from an ongoing database of FIS responses (N = 458) were analyzed for their correlations with one another as well as the differences between individual FIS item scores. Items with large differences between WAU and Empathy items were extracted for further qualitative analysis. Results: WAU and Empathy were highly correlated ($r = .79, p < .001, d = .62$). Thirteen exemplar responses were extracted due to their large difference scores between WAU and Empathy items for further qualitative analysis. Discussion: First, we consider the implications of examining therapist positive regard from difficult client situations – specifically, the difficult client simulations from the FIS task. Second, we aim to identify meaningful distinctions to assist future research on Rogers' ideas, and potential advantages and disadvantages to therapists who, for example, express common factor level PR and yet who miss the mark on empathy.

- **An Examination of Changes in Therapist Expressed Empathy and Therapist-Client Interpersonal Patterns During Alliance Rupture, and Their Contributions to Therapeutic Outcome**

Setareh Shayanfar (University of Toronto, Canada), Jeanne Watson

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Therapist empathy is at the heart of developing a strong therapeutic alliance and facilitating change in psychotherapy. Ruptures in the therapist-client relationship present important and inevitable obstacles in the therapeutic process. Despite research exploring alliance ruptures and resolutions, few studies have investigated the interpersonal processes through which alliance ruptures are resolved. Additionally, no research has looked specifically at how changes in therapist empathy and similar interpersonal processes during alliance ruptures predict outcome. The objective of this study was to explore changes in therapist expressed empathy as well as therapist-client interpersonal patterns using observer-based measures to capture changes in ruptures, resolutions, and their relationship to treatment outcome. **Method:** The Working Alliance Inventory (WAI) was used to identify baseline, rupture, and post-rupture sessions for 24 clients. Sessions were coded on the Measure of Expressed Empathy (MEE) and the Structural Analysis of Social Behaviour (SASB). **Results:** It is predicted that (1) there will be a decrease in therapist empathy, a decrease in therapist-client positive interpersonal patterns, and an increase in negative interpersonal patterns from pre- to rupture sessions; (2) an increase in therapist empathy and positive interpersonal patterns as well as a decrease in negative interpersonal patterns will predict an increase in working alliance from rupture to post-rupture sessions; and (3) an increase in the therapist empathy and positive interpersonal patterns from rupture to post-rupture sessions and from pre- to post-rupture sessions will predict better treatment outcome. **Discussion:** Implications for clinical practice will be discussed.

- **A Cross-Cultural Comparison of Chinese and American Therapists' Perceptions of Positive Regard**

Shibo Lyu (Teachers College, Columbia University, NY, USA), Daisy Ort, Barry Farber

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: The aim of this study is to investigate the extent to which Chinese and American therapists differ in their perceptions of how they provide Positive Regard (PR), the most effective means of communicating this attitude, and their sense of the impact of PR on the process and outcome of therapy. **Method:** 250 American therapists and 74 Chinese therapists completed a web-based survey (translated to Chinese for this group) investigating multiple aspects of therapist-provided PR. **Results:** Descriptive statistics will be computed to identify patterns based on item and scale means. In addition, American and Chinese therapists' independent ratings of multiple aspects of PR will be subject to comparative analysis to assess the extent to which significant differences exist between American and Chinese therapists' perception of PR. **Discussion:** Positive Regard is one of Rogers' three primary facilitative conditions for effective therapy, an attitude that many therapists outside the humanistic tradition have adopted in the general movement toward greater emphasis on relational components of therapy. Previous studies have found that American therapists utilize a variety of statements and behaviors to convey PR, many of which extend beyond the traditional bounds of humanistic or person-centered psychotherapy. However, little is known about the way Chinese therapists perceive PR.

A better understanding of potential cultural differences in therapists' perception and provision of PR may lead to improved cultural sensitivity in clinical work across multiple theoretical orientations.

DISCUSSANT: Clara Hill (University of Maryland, College Park, USA)

KEYWORDS: Change process | Facilitative Interpersonal Skills | Relationship factors

PA34

PANEL

ORGANIZERS & MODERATORS:

Orya Tishby

Hebrew University, Jerusalem, Israel

CE

FRIDAY, JULY 8, 2022, 08:30–10:00 (MDT) | STURM 380

Broadening Our View of Countertransference: Research and Practice ⁽¹³⁸⁾

ABSTRACT:

Countertransference, which originated in psychoanalysis, is becoming a trans-theoretical concept, and an important factor in psychotherapy process. Therapists' use of countertransference can facilitate therapy process, when managed effectively, and hinder it when it is not managed. (Hayes et al., 2018). In order to use countertransference effectively, there is a need for clearer conceptualization of this phenomenon and training to identify and use it. The papers in this panel offer a broad view of countertransference, and address the above issues. Maayan Abargil's paper presents a study on the relationship between changes in CT and therapists' awareness of their CT were related to increased client working alliance and decrease in symptoms. Orya Tishby's study examined the relationships between therapists' feelings before and after sessions in Supportive Expressive therapy – and clients' experience of attunement and responsiveness. David Orlinsky introduces the concept of the "personal element" of the therapist, thus broadening the definition of CT. He describes four healer types and their relative incidence in the sample of 12,000 therapist reports accumulated over the past 30 years by the SPR Collaborative Research Network, using the Development of Psychotherapists Common Core Questionnaire (Orlinsky & Rønnestad, 2005). Finally, Hannah Levenson presents the development of deliberate practice exercises, to help graduate student trainees become more aware of their emotional responses to patients, and bring this up in supervision.

PAPERS IN PANEL:

- **Countertransference Awareness and Therapy Process**

Maayan Abargil (Hebrew University of Jerusalem, Israel)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

the APA task force on empirically supported therapy relationships, defined countertransference (CT) management (i.e., awareness and processing of CT) as a "promising" element in psychotherapy research. The current study aimed to examine how changes in therapist CT and awareness of CT relate to therapy process and outcome. The data analysis was based on 41 treatments, and we used the Core Conflictual Relationship Theme (CCRT) to measure CT. We found that changes in therapists' wishes from the relationship with the patient at the beginning of therapy were related to patients' working alliance and symptoms at the end of treatment. Changes in awareness of CT moderated the relationship between therapists' wishes from the therapy and patients' symptom. We present a case study and discuss how awareness can help the therapist to handle the challenges that arise from CT.

- **Developing Deliberate Practice Exercises on Countertransference: Video Illustrations**

Hanna Levenson (The Wright Institute, USA)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Deliberate Practice (DP) is defined as "training activities specially designed by a coach or teacher to improve specific aspects of an individual's performance through repetition and successive refinement" (Ericsson & Lehmann, 2006, pp. 278-9). Recently researchers and supervisors are exploring if and how DP can enhance psychotherapy training. Given how important countertransference is to the process and outcome of psychotherapy, this study aimed to see if DP exercises could be written focused on helping clinical graduate students (1) be more aware of their countertransference reactions to patients, and (2) be more comfortable with bringing up these reactions in

supervision. : Role-play procedures were used to simulate patient-therapist interactions and clinical prompts were written to which the trainees had to improvise appropriate responses. Pre-testing of the exercises were used to improve the instructions and exercises themselves. All pre-tests were videotaped and trainees also gave feedback regarding the usefulness of the exercises. Results: The results from analyzing the videos and feedback will be presented. In brief, findings indicate that the two DP exercises were successful in simulating clinical interactions; trainees felt that the exercises were helpful in making them more aware of their own reactions to patients; and trainees had an in vivo set of experiences that facilitated their understanding how countertransference was important to bring up in supervision. Video vignettes of the students doing the DP exercises will be shown to illustrate. Discussion: Using DP exercises for graduate training, as well as continued education will be discussed.

- **The Personal Element in Psychotherapists' Work and Their 'Healer' Type as a Form of Countertransference**

David Orlinsky (University of Chicago, USA)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Psychotherapists are motivated to engage and perform in their role as therapist vis-à-vis clients in part by a 'personal element' that reflects their individual life history, family background, intimate self-experience, beliefs and values, private life situation, and current quality of life. Recent research (Orlinsky, 2022) analyzing relevant data from about 12,000 clinicians shows the extent and ways in which this 'personal element' contributes to the therapist's experience in therapeutic practice. Four patterns of personal data and their impacts on practice were empirically delineated and defined as 'Healer' types, revealing the personal dynamisms that motivate and animate psychotherapists in their professional role, and that are expressed and conveyed, verbally and nonverbally, in their work with patients. The four types were termed Normal Caring Healers, Wounded Healers, Indifferent Healers, and Troubled Healers. Theoretically, the 'personal element' reflected in these Healer types can be viewed as a broad background form of counter-transference that may be called 'dispositional counter-transference' as distinguished from specific emotional counter-transference reactions that a therapist might have to a particular patient, or type of patients (i.e., 'reactive counter-transference'). This paper will describe characteristics of the four Healer types and their relative incidence in the sample of 12,000 therapist reports accumulated over the past 30 years by the SPR Collaborative Research Network, using the Development of Psychotherapists Common Core Questionnaire (Orlinsky & Rønnestad, 2005).

- **The Relationship Between Countertransference and Clients' Experience of Attunement and Responsiveness**

Orya Tishby (Hebrew University, Jerusalem, Israel)

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

This study focuses on the relationship between therapists' feelings (countertransference) and clients' experience of attunement and responsiveness. Responsiveness refers to the therapist's ability to flexibly adapt to their clients' needs throughout therapy. Therapists who are attuned to their own feelings, can manage their countertransference to the benefit of psychotherapy (Gelso, Hayes & Hummel, 2018) and are better attuned to therapy process (Safran & Krause, 2014). Method: The sample consisted of 40 clients and 25 therapists, in short-term Supportive Expressive therapy, (Luborsky, 1984). Therapists filled the Feeling Word Checklist -58 (Rossberg et al., 2003) before and after each session. This self-report questionnaire has 4 factors: Feeling Inadequate, Parental, Disengaged and Confident. Both clients and therapists filled the Patient's Experience of Attunement and Responsiveness Scale subscales (PEAR, Silberschatz, 2009) following each session. A Significant positive relationship was found between therapists' Parental feelings prior to the session and client's experience of therapist empathy. Feeling Parental after the session was associated with clients' overall experience of responsiveness. Therapists' feelings of Inadequacy prior to the session were negatively associated with clients' ratings on the Sensed Accomplishment and Perceived Helpfulness subscales in the PEAR questionnaire. Feeling Inadequate following the session was associated with low client ratings on these scales. When therapists felt Parental prior to the session they assessed their clients as having a positive experience of attunement. However, when therapists felt Inadequate, they assessed their clients as having a negative experience of responsiveness.

KEYWORDS: Deliberate Practice | Relationship factors | Therapist effects

PA35

PANEL

ORGANIZERS & MODERATORS:

Carly M. Schwartzman

University at Albany, State University of
New York, USA

FRIDAY, JULY 8, 2022, 08:30–10:00 (MDT) | STURM 480

Impact of Therapist, Client, and Session Processes on Alliance ⁽¹³⁹⁾

ABSTRACT:

The alliance continues to be one of the most investigated common factors in psychotherapy research, given its consistent and robust association with treatment outcome. Early research on the alliance focused on between-patient differences in the alliance-outcome association. Although these methods demonstrated the importance of the alliance in enhancing therapeutic outcomes and client satisfaction, there are limitations to this research. Therefore, the goal of this panel is to share innovative research that highlights some of these limitations and expands our knowledge of the association between alliance and therapist, client, and session processes and outcomes. In the panel's first paper, Wester will present data demonstrating the variability in time intervals between sessions/alliance measurements in a naturalistic, outpatient setting, and how the assumption of equal time intervals is problematic for certain statistical methods. He will then present an alternative continuous-time model that enables investigation of the alliance-symptom severity relation that does not rely on equally spaced intervals. In the second paper, Davis also takes a novel approach to studying alliance by examining its association with suicidality over the course of treatment, as well as whether this association varies as a function of marginalized status (e.g., racial/ethnic minority identity). In the third paper, Schwartzman will discuss therapists' multicultural facilitative interpersonal skills as they relate to alliance building in the context of a relatively new delivery modality for psychotherapy, text-only communication. Finally, our discussant will comment on these three papers in light of ongoing innovation and sophistication of research studying therapeutic alliance.

PAPERS IN PANEL:

- **In Search of Lost Time – Discrete vs. Continuous Time Models of Alliance and Symptom Severity**

Robin A. Wester (University of Giessen, Germany), Fabian Münch, Tobias Koch, Wolfgang Lutz, Julian A. Rubel

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

The alliance is the most frequently investigated change process in psychotherapy research. Starting with studies that focused on interindividual (between-patient) differences in alliance-ratings at a certain time point in treatment (e.g., after a few sessions) and their association with post-treatment symptom-severity, research has shifted to more sophisticated intraindividual (within-patient) investigations of the alliance-symptom association. Different methods like multilevel modeling, structural equation modeling or, bridging both, dynamic structural equation modeling have been used in this endeavor. They all share the assumption of equal time intervals between measurement occasions (in our case: therapy sessions), an assumption that is commonly acknowledged by authors, but seldom investigated and seldom met in naturalistic datasets. Therefore, the aim of this talk is threefold: First, using data from an outpatient clinic we will illustrate how unequally spaced therapy sessions actually are in a naturalistic setting. Second, we will demonstrate the consequences of applying common methods (like the ones mentioned above) that cannot account for variability in session intervals. Third, we will introduce a continuous-time model of alliance and symptom severity that allows for the analysis of panel data with differing time intervals between and within individuals. In addition to being suited to unequally spaced time intervals, continuous-time models enable us to investigate the question at which time interval the effect of alliance on symptom severity (and vice versa) is strongest.

- **Suicidality as a Predictor of Alliance Before and During Treatment, and the Moderating Role of Racial and Ethnic Minority Status**

Katherine A. Davis (Penn State University, University Park, USA), Louis G. Castonguay, Ryan Kilcullen, Rebecca A. Janis, Dever M. Carney, Natalie R. Pottschmidt, Brett E. Scofield, Jeffrey A. Hayes, Benjamin D. Locke, Fredrik Falkenström

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

The therapeutic alliance has emerged as a transtheoretical clinical predictor, accounting for 7.5% of variance in psychotherapy outcomes. Suicidal clients face a unique risk when it comes to alliance formation as the alliance is an inherently interpersonal construct and suicidality is greatly impacted by relational variables. Members of marginalized groups also tend to face unique disparities when it comes to mental health process and outcome, specifically in regard to alliance formation, due to a variety of interpersonal factors such as racial microaggressions. The goal of this study is to examine whether there is an association between suicidality and alliance over the course of treatment and whether that potential association varies as a function of marginalized status, including membership in a racial or ethnic minority group. The study focuses on a treatment seeking population that experiences both increasing rates of suicidality (which has risen every year of the past decade) and symptom distress. Specifically, the study involves 1099 clients who were treated by 60 therapists at a university counseling center, which operates within a large practice research network. The working alliance and suicidality were measured at every session throughout treatment. The link between baseline suicidality and working alliance at the first session will be examined as well as the moderating impact of marginalized identity on that association. Subsequently, structural equation modeling will be used to examine the within-client relationship between suicidality and alliance across treatment, as well as the moderating impact of racial and ethnic minority status on that relationship.

- **Multicultural Facilitative Interpersonal Skills in Text-Based Telepsychotherapy**

Carly M. Schwartzman (University at Albany, State University of New York, USA),
Brittany R. King, Adela Scharff, Bethany Harris, James F. Boswell

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Despite an increase in the prevalence of mental distress and disorders, the use of mental health services remains low, particularly for cultural minority populations who face significant barriers to accessing care. Telepsychotherapy via text-only communication channels has been advertised as a means to mitigate these barriers, though little to no research exists on its efficacy in treating individuals from minority identities. Furthermore, there is no research to support therapists in adapting multiculturally competent practice to text-based communication, which is essential in enhancing therapeutic alliance, outcomes, and client satisfaction. Thus, this study investigated the multicultural facilitative interpersonal skills (FIS) of therapists in text-based telepsychotherapy. Specifically, therapists completed an online survey in which they were asked to read and respond to six unique text message therapy vignettes, all of which demonstrated a culturally-related issue that may arise in therapy (e.g., a black college student at a predominantly white university who is struggling to connect with his classmates). Therapist responses were coded using the Facilitative Interpersonal Skills-Text (FIS-T) coding manual, adapted from the original FIS coding manual. Statistical analysis using multilevel modeling, in which each simulated patient had an average FIS-T score nested within therapists, demonstrated significant between and within therapist variability. The only significant predictor of therapist variability that emerged was self-reported multicultural awareness, a subscale total score from the Multicultural Counseling Knowledge and Awareness Scale-Refined (MCKAS-R; Lu, 2017). Research findings may have implications the improvement of multiculturally competent psychotherapy delivered via text.

DISCUSSANT: Alice Coyne (Case Western Reserve University, USA)

KEYWORDS: Alliance | Culture & identity | Methods | Process and outcome

PA36

PANEL

ORGANIZERS & MODERATORS:

Birgit Watzke
University of Zurich, Switzerland

Tim Kaiser
University of Greifswald, Germany

FRIDAY, JULY 8, 2022, 08:30–10:00 (MDT) | STURM 410

Intersession Processes in Psychotherapy: Recent Studies and Methodological Advances ⁽¹⁴⁰⁾

ABSTRACT:

Psychotherapy research can look back on many studies of important change processes that indicate what kind of active ingredients psychotherapy might have. However, the overwhelming majority of these studies refer to processes that take place within therapy sessions. In almost all forms of therapy, patients spend significantly more time outside the therapy room. Also, a successful psychotherapy continues to show effects after sessions.

This suggests that important change processes take place during this time. These processes, referred to in the literature as "intersession processes," could be an important key to understanding successful psychotherapy complementary to in-session processes. In this panel, four contributions address this topic from different perspectives. Using data from a newly developed clinical support tool, Selin Demir presents first results on the aspects of intersession processes that are predictive of better therapy outcomes. Gvantsa Jinashvili presents the results of a qualitative study in which she asked therapists of different approaches about facilitating and hindering factors for intersession processes. Leonie Herrmann introduces a validated short version of a questionnaire on intersession processes for high-frequency process studies. Finally, Brittany King shares the results of a study on whether viewing recordings of previous therapy sessions leads to favorable therapy processes. Armin Hartmann pioneering research on intersession processes especially in Europe will conclude by discussing the results.

PAPERS IN PANEL:

- **It's the Outside (of a Session) that Matters: Linking Intersession Processes to Outcome**

Selin Demir (University Greifswald, Germany), Tim Kaiser, Eva-Lotta Brakemeier

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: More than 90% of patients report intersession experiences, i.e., they recall representations of their psychotherapy in between sessions. This phenomenon occurs more frequently in a state of distress, implying an instrumental recall of the mental representations of psychotherapy to manage distress and/or foster well-being. There is growing evidence that both favorable and unfavorable intersession activities are related to therapeutic outcome. Our main goal in this longitudinal study is to gain further insight into the role of intersession processes in therapeutic change. **Method:** In our university's outpatient clinic, we monitor the intersession activity of every patient weekly using the Greifswald Psychotherapy Navigation System (GPNS), which also provides feedback on the progression of symptoms, therapeutic alliance, and motivational involvement. We examine the relation between the intersession processes and therapeutic outcome and individual differences in intersession activity using latent growth curve models. **Results:** Currently data are being analyzed. Preliminary results suggest that patients reporting high levels of favorable intersession processes (i.e., successful instrumental recall) in different treatment phases show greater improvements in their symptoms over the course of their treatment than patients reporting low levels. We will further explore transdiagnostic predictors of these individual differences in intersession processes. **Discussion:** Results suggest the importance of intersession activity for therapeutic change. Further research aims to adapt ongoing treatment using our GPNS for non-responders, promote favorable intersession processes, and overall reach a deeper understanding of patients experience and concepts of change.

- **A Qualitative Study Using a Generic Approach to Explore Psychotherapists' Perceptions of Intersession Processes**

Gvantsa Jinashvili (University of Zurich, Clinical Psychology and Psychotherapy Research, Switzerland), Catherine Imiger, Markus Wolf, Birgit Watzke

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Intersession processes (ISP) of psychotherapeutic treatments have been investigated primarily from the patient's perspective and within the framework of specific therapeutic approaches so far (e.g. fantasies on the therapist, homework, etc.). Research lacks evidence on therapists' perspectives across therapeutic approaches about the factors relevant for ISP. Following a generic approach this study exploratively examines therapists' perspectives of factors facilitating or hindering ISP. **Method:** A qualitative study was conducted analyzing four focus groups with N=27 psychotherapists (age: M =52.90 years (SD = 11.79), postgraduate experience: 1 - 39 years; therapeutic background: psychodynamic (4 participants), systemic (8), CBT (6), humanistic (8), other (1)). The transcriptions of tape-recorded semi-structured discussions were analyzed by two raters using the qualitative content analysis method. **Results:** Therapists mention facilitators and barriers of ISP belonging to four categories: 1) patients' factors, e.g. motivation level or ability to reflect; 2) therapists' factors, like therapists' skills (e.g. capability to detect important processes within the alliance); 3) environmental factors, e.g. social status or financial stability; 4) relational factors, e.g. trust or therapeutic alliance. Further analyses suggest that therapists assign more responsibility to patients

for ISP than to themselves. Ongoing analyses of the transcripts will refer to distal vs. proximal (e.g. essential conditions) as well as approach specific vs. generic factors of ISP. Additionally, the distinction between beneficial and hindering ISP will be taken into account. Discussion: These first results on the therapists' perspective might shape further research to select interventions tailored to patients to enhance beneficial intersession processes.

- **Validating a German Short Version of the Intersession Experience**

Questionnaire

Thorsten-Christian Gablonski (Alpen-Adria-Universität, Klagenfurt, Austria),
Pauline Herrmann, Jennifer Kador, Birgit Senft, Sylke Andreas

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: What happens in between psychotherapy sessions influences the therapy process itself. A patient's feelings and thoughts towards therapy and the therapist can vary in intensity and valence. The Intersession Experience Questionnaire (IEQ; Orlinsky, D.E., & Tarragona, M., 1986) is a widely used questionnaire to assess such intersession experiences. It has been translated into German (ISF; Hartmann, A., Orlinsky, D. E., Geller, J. D., & Zeeck, A., 2003) and other languages, but no short version is available yet. **Method:** Based on the dimensions of the IEQ, a short form (ISF-K) containing only eight items was created and validated in a German-speaking sample (N = 145) within four mental health facilities in Austria and Germany. Constructs that were similar or dissimilar to intersession experiences were used to evaluate convergent and discriminant validity. **Results:** The ISF-K reached good reliability (Cronbach's alpha = .73) which is in line with the original version in our sample. Both versions correlated at a high rate ($r(146) = .734, p < .01$). Validity was further attested by correlates of the ISF-K scores with working alliance, symptomatic burden, defense mechanisms, and overall health. **Discussion:** The ISF-K was developed in order to allow a more time efficient, yet precise assessment of patients' intersession experiences for practice and research purposes. It is easy to administer and quick to interpret. Our findings indicate, that the ISF-K is a reliable, and valid instrument

- **Reviewing Recorded Tele-Therapy Sessions for Homework: Proximal Impacts on Treatment Processes**

Brittany R. King (University at Albany, State University of New York, USA),
James Boswell

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Homework assignments are an essential component of evidence-based psychotherapies, but less research has been devoted to the impact of specific types of homework. Moreover, researchers and clinicians have benefited greatly from recording and reviewing psychotherapy sessions; however, the impact of clients reviewing their own sessions, particularly between sessions independently, is largely unknown. Survey studies indicate that clients and therapists believe this could improve client awareness, session memory, and skill-building, among others; still, no studies have routinely measured changes in such therapeutic processes over the course of treatment. This study evaluated the proximal, session-to-session changes in treatment factors and processes (e.g. insight, alliance, symptoms) as a function of reviewing, or not reviewing, audio-recorded tele-psychotherapy sessions for homework. **Method:** Five participants with anxiety or depression receiving routine outpatient psychotherapy were included. An ABAB/BABA design was used over 12 sessions for each participant, with clients reviewing (or not reviewing) in 2-session "chunks." Measures of insight, symptoms, treatment expectations, and alliance were collected weekly, as was qualitative feedback on reviewing sessions. Data will be analyzed with descriptive and non-overlapping indices statistics, and visual inspection of plots. **Results:** Data are currently being analyzed, but preliminary results suggest there may be little proximal systematic influence (positive or negative) on treatment factors as a function of review. However, qualitative feedback indicates that participants experienced positive effects of session review. **Discussion:** Client session review may be a novel avenue for patients to benefit from treatment. Implications for future research and implementation in routine practice will be discussed.

DISCUSSANT: Armin Hartmann (University of Freiburg, Germany)

KEYWORDS: Treatment process and outcome | Other: Intersession

PA37

PANEL

ORGANIZERS & MODERATORS:

Ulrike Dinger
Heinrich Heine University Düsseldorf,
Germany

CE

FRIDAY, JULY 8, 2022, 08:30–10:00 (MDT) | STURM 424

The Role of Agency Experience and Positive Therapy Process in Psychotherapy⁽¹⁴¹⁾

ABSTRACT:

The panel combines four presentations from 3 German speaking countries, which each focus on a different aspect of patients' self perception as agentic, in control as well as the degree of positive affect. The first presentations examines the agency-outcome association in psychodynamic outpatient therapy and investigates whether or not this association varies according to patient characteristics. The authors report a higher association between patient agency experiences and symptom improvement for more severely disturbed patients at baseline. The second presentation combines an assessment of anticipated behavioral control and the development of patients' degree of positive self-view over the course of a day clinic psychotherapy program. The third presentation investigates the temporal development of patient positive affect during a short term CBT. The authors assess positive affect based on session ratings as well as self-reported post-session positive affect. They report an increase in positive affect over the course of therapy as well as a meaningful association with therapists' degree of resource activation. The final presentation describes two pilot studies (both RCTs), which focus on the efficacy of a manualized Positive Psychotherapy intervention over 9 weeks. Outcome is assessed not only via symptoms, but also via positive mental health indicators (positive affect, flourishing). The results of the pilot RCTs are promising and point towards a beneficial effect of a Positive Psychotherapy intervention for mild to moderately depressed patients. Taken together, the four presentations demonstrate the importance of agency and positive psychotherapy process.

PAPERS IN PANEL:

- **Patient Variables as Moderators of the Agency–Outcome Association in Psychodynamic Psychotherapy**

Maximilian B. Orth (Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital, Germany), Christoph Nikendei, Julia Huber, Ulrike Dinger
PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Objective: This purpose of this study was to identify moderators of the agency–outcome association in psychodynamic psychotherapy. Specifically, we sought to identify pretreatment patient characteristics that may help explain why some individuals exhibit a stronger within-person relationship between agency and therapy outcome (i.e., symptoms) than others. **Method:** We applied multilevel analysis to longitudinal data from a sample of N = 511 depressed patients who received long-term psychodynamic treatment in an outpatient setting. Patient characteristics were assessed with self-report measures at baseline. Every fifth therapy session, patients completed self-reports of agency (Therapeutic Agency Inventory [TAI]) and symptoms (Symptom Checklist Short Form [SCL-K11]). **Results:** Increases in agency were associated with better outcome. The strength of the agency–outcome relationship varied as a function of pretreatment patient variables. Patients benefited more from increases in agency when they reported more severe depressive symptoms at baseline, more interpersonal problems, more adverse childhood experiences, more severe personality dysfunction, and higher dependency at baseline. Neither attachment-related anxiety nor avoidance moderated the agency–outcome association. **Conclusions:** Findings indicate that patients' experience of agency in therapy constitutes a process factor that is differentially related to outcome within-patients. Individuals with more severe depressive symptoms and generally more impaired personality functioning reap especially big gains from increases in agency over time. Results carry implications for individualized treatment planning

- **Anticipated Behavioral Control and Positive Self-View as Determinants of Early and Overall Treatment Response in Depression**

Catherine Imiger (University of Zurich, Switzerland), Meike S. Mora, Martin grosse Holtforth, Rainer Krähenmann
PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Depression is associated with a pessimistically biased future perspective and reduced self-efficacy expectations. This is relevant in psychotherapy as positive outcome expectations and patient engagement are associated with a better treatment outcome.

Preliminary results of the present study show a moderate association of anticipated behavioral control and early treatment response, but not with overall symptom change. It is possible that anticipated control is important to get into a positive cycle at treatment beginning, but that these expectations are updated in the further course of psychotherapy and other factors gain more relevance. Therefore, it is hypothesized that anticipated behavioral control is associated with early response, whereas subsequent positive experience of the self is associated with a better overall treatment outcome. A naturalistic longitudinal study with long-term depressed patients is being conducted at the day clinic for depression and anxiety at the Psychiatric University Hospital Zurich. Anticipated behavioral control is measured at treatment beginning by the Treatment Expectations Questionnaire (TEX-Q) and positive self-view by the Inpatient and Day-Clinic Experience Scale (IDES) towards the end of treatment. The short- and long-term outcome is operationalized by the Beck-Depression Inventory (BDI-II) measured weekly over the course of treatment. Results: The results of hypotheses testing will be presented. Discussion: This analysis provides an insight into short- and long-term treatment related processes of severely depressed patients. The focus on the interplay of anticipated behavioral control and patient engagement could offer a new perspective for the effective treatment of depression. Keywords: long-term depression, patient engagement, treatment expectations

- **Within- and Between-Session Analysis of Patients' Positive Affect in an Early Phase of Psychotherapy: The PACiflC-Study**

Jan Schürmann-Vengels (University of Witten/Herdecke, Germany), Christoph Flückiger, Ulrike Willutzki

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Background/Objective: According to recent findings, mental disorders are associated with both an up-regulation of negative affect and a down-regulation of positive affect (PA) as distinct processes. Observational studies of healthy samples as well as experimental designs with depressed individuals showed that PA promotes mental health. However, evidence on patients' PA-status in the process of psychotherapy is scarce. This study analyzes the development of PA within and between treatment sessions as well as possible predictors of these trajectories. Methods: Data are derived from a randomized controlled implementation trial. A preliminary sample ($n = 60$ outpatients) was analyzed in a prospective design with 12 sessions of cognitive-behavioral therapy. Baseline predictors (Psychopathology: BSI; alliance: WAI-SR; resilience: CD-RISC; demography) were measured before treatment start. Patients' PA (PANAS) was assessed after each session. Moreover, in-session PA was rated on the basis of session videos by observers using the Resource-oriented Microprocess Analysis (ROMA). Data were analyzed with multilevel modeling to address the nested data structure. Results: An increasing linear trend was found for patients' PA over the 12 sessions. The video ratings showed a significant decrease of PA within treatment sessions, $p < .001$. PA was significantly associated with resource activation within sessions, $p < .05$. Conclusion: The study gives important information about the development of PA in the course of psychotherapy. Moreover, ideas for specific starting points to foster this variable can be derived. Implications for further research and therapeutic practice will be discussed.

- **The Efficacy of Positive Psychotherapy in Individual Settings – Results from Two Pilot Studies**

Anton Laireiter (University of Vienna, Austria), Marie Nerstheimer, Teresa Pirklbauer

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Positive Psychotherapy (PPT) originates from Positive Psychology (PP) and attempts to broaden the problem-oriented focus of classical psychotherapy with regard to flourishing, strengths and resources. The paper is a report about two studies on the efficacy of a nine weeks manualized PPT intervention in individual settings to reduce symptoms of psychopathology (depression, negative affect, hopelessness, distress, general symptoms) and to promote positive mental health (flourishing, positive affect, gratitude, life satisfaction, subjective well-being, happiness) in two samples of mild to moderately clinically depressed patients. In both studies, efficacy was tested in a 2x3 controlled design with a waiting list (study 1) and an active control condition (study 2) and a one-month follow-up. In study 1 (29 females) all symptoms, as well as gratitude, flourishing, and life satisfaction, significantly improved compared with the control group and maintained over the follow-up period. Depression improved clinically significantly in 73% of participants. Happiness and positive affect did not improve significantly compared to

the control group. Evidence for an undoing effect of positive on negative emotions (Fredrickson) was not found. General symptoms at baseline moderated the effects of the intervention on gratitude, flourishing, negative affect, distress, and hopelessness after treatment. In study 2 (31 male and female patients) the outcomes were not as positive. However, the control group was an active online PP intervention here. The results of these studies are in line with previous findings and support the emerging power of the PPT approach in psychotherapy. Generalizability is limited due to small samples sizes.

DISCUSSANT: Henning Schauenburg (Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital, Germany)

KEYWORDS: Change process | Process and outcome | Other: agency, locus of control, positive affect, positive psychotherapy

SD10

STRUCTURED DISCUSSION

ORGANIZERS & MODERATORS:

Elena D. Scherb
UFLO - Universidad de Flores,
Argentina

FRIDAY, JULY 8, 2022, 08:30–10:00 (MDT) | STURM 435

Reflecting on the Impact of Case Studies Methodologies in Understanding How People Change ⁽¹⁴²⁾

ABSTRACT:

Psychotherapy is a complex interactional process. Huge progress has been achieved in identifying better treatments for particular psychological disorders, and this is supported largely by an immense body of literature. In order to follow the strict methodologies implied in these randomized controlled clinical trials (RCT), there is a need to establish many restrictions to be able to control the variables that need to be assessed. Thus, the results are generalizable but also oriented to an average, that cannot address the individual or the complexity of the interactional process. Many attempts have been made to broaden the scope of research, attending not only to external validity (efficacy) but also to ecological validity (effectiveness), including the study of non-specific variables, like the therapeutic relationship, and, more recently, the influence of diverse moderators. So traditional research methodologies are tremendously helpful for clinicians and patients in that they provide evidence based treatments. Having said this, as stated above, psychotherapy is more than the application of proved treatments, and this is because of its complex interactional intersubjective nature. So, when a therapist is in face of a patient or a clinical situation, he will always be facing a unique, singular subjective human phenomenon, that requires a personalized integration of multiple variables and decision making, including the knowledge of effective treatments but not only. Case Studies may provide insights into these complexities, utilizing adequate methodologies to make the findings generalizable. We will discuss these methodologies and findings with most prominent authors in this subject.

DISCUSSANTS:

- Arthur Bohart (Santa Clara University, USA)
- Michael Westerman (New York University, USA)
- George Barbosa (Sociedad de Resiliencia, Brazil)
- Bernardo Kerman (UFLO - Universidad de Flores, Argentina)
- Marian Durao (UFLO - Universidad de Flores, Argentina)
- Mark Beitel (Yale University, USA)
- Andrea R. Quiroga (Instituto Universitario de Salud Mental, Argentina)
- Laura Bongiardino (Universidad del Salvador, Buenos Aires, Argentina)
- Saskia I. Aufenacker (Universidad del Salvador, Buenos Aires, Argentina)

KEYWORDS: Quantitative & qualitative method | Systemic Case Studies | Treatment process and outcome

PRESENTATION MODALITY: Mixed

IS01

MEETING

FRIDAY, JULY 8, 2022, 08:30–10:00 (MDT) | STURM 490

Interest Section Meeting: Child, Adolescent, and Family Therapy Research (CAFTR) ⁽¹⁴³⁾

PRESENTATION MODALITY: In Person

Friday, July 8, 2022, 10:15–11:45 (MDT)

SP01

SEMI-PLenary

ORGANIZERS & MODERATORS:

Dana Atzil-Slonim
Bar-Ilan University, Ramat Gan, Israel

Julian A. Rubel
University of Giessen, Germany

FRIDAY, JULY 8, 2022, 10:15–11:45 (MDT) | DAVIS AUDITORIUM

Using Computerized Video, Audio and Text Analyses to Advance Psychotherapy Research ⁽¹⁴⁴⁾

ABSTRACT:

Video, audio and textual data from psychotherapy sessions provide unique insights into the process of psychotherapy. However, for years analyses of these types of data have posed enormous challenges to psychotherapy researchers. Studies capitalizing on these data are often restricted with regard to sample size, given the labor-intensive nature of the rating procedures involved. Recent developments in signal-processing, computer-vision, natural-language-processing, and machine-learning have already led to the beginning of nothing less than a revolution in mental-health research. The speed and accuracy of computer technology allow for a robust and reliable analysis of large amounts of non-verbal and verbal data, as well as the automatization of complex classification tasks. The application of these technologies to psychotherapy data will dramatically reduce the need for human coders and enable a more economical analysis of much larger datasets. These will yield additional insights into the data, leading to more reliable conclusions concerning the processes that underlie therapy gains. This semi-plenary provides an opportunity to engage with psychotherapy and machine learning experts who will present their vision of the future of computational psychotherapy research. The panelists will deal with topics such as (a) their own experiences using novel technologies to analyze psychotherapy data; (b) the main challenges researchers using these technologies can face; (c) The strategies that they have come up with to deal with these challenges and obstacles; (d) their recommendations for future studies using novel technologies to advance psychotherapy research.

DISCUSSANTS:

- Zac Imel (University of Utah, Salt Lake City, USA)
- Shrikanth Narayanan (University of Southern California, USA)
- Stefan Hofmann (Philipps-University Marburg, Germany)
- Timothy Anderson (Ohio University, Athens, USA)
- Brian Schwartz (Universität Trier, Germany)
- Markus Wolf (University of Zurich, Switzerland)

KEYWORDS: Methods | Other: Machine Learning, Voice analysis, video analysis, Natural Language Processing

PRESENTATION MODALITY: Mixed

SP02

SEMI-PLenary

ORGANIZERS & MODERATORS:

Christoph Flückiger
University of Zurich, Switzerland

Anne-Katharina Deisenhofer
Universität Trier, Germany

FRIDAY, JULY 8, 2022, 10:15–11:45 (MDT) | LINDSAY AUDITORIUM

Therapist Effects: Lessons Learned, Innovative Approaches, and Future Steps ⁽¹⁴⁵⁾

ABSTRACT:

Therapist effects have been neglected in randomized controlled trials and process-outcome research over decades in medicine, psychology and psychotherapy. In the past decade research on therapist effects is a growing field in psychotherapy research. There is a robust finding that therapist effects may explain a considerable amount of variability in process and outcome research. However, there is little systematization of how to understand therapist effects in sense of person and contextual characteristics. The semi-plenary provides a self-critical insight of lessons learned of major contributors in this research area, innovative approaches are introduced and future steps are discussed.

DISCUSSANTS:

- Paul Crits-Christoph (Penn State, USA)
- David Saxon (University of Sheffield, United Kingdom)
- Jonathan D. Huppert (Hebrew University, Jerusalem, Israel)
- Alice Coyne (University of Massachusetts Amherst, USA)
- Ulrike Willutzki (Universität Witten/Herdecke, Germany)
- Benjamin M. Ogles (Brigham Young University, Provo, USA)
- William T. Hoyt (University of Wisconsin-Madison, USA)

KEYWORDS: Psychotherapy integration | Therapist effects | Therapist training and development

PRESENTATION MODALITY: Mixed

SP03

SEMI-PLENARY**ORGANIZERS & MODERATORS:**

Catherine F. Eubanks
Ferkau Graduate School of Psychology,
Yeshiva University, New York, USA

FRIDAY, JULY 8, 2022, 10:15–11:45 (MDT) | STURM 151

Data-Informed Psychotherapy and Underserved Populations: Questions, Challenges, and Future Directions ⁽¹⁴⁶⁾**ABSTRACT:**

This semi-plenary will seek to bring together two important ideas: one is the theme of this conference, the exploration of scientific ways to improve and learn from clinical practice via “data-informed psychotherapy”; the second idea is the need to improve the quality and accessibility of mental health care for underserved populations. The panelists will examine the question of how data-informed psychotherapy can improve mental health care for underserved populations by drawing on their own experiences with research and practice. They will consider questions such as: How do we define data and psychotherapy? How can data and psychotherapy inform each other? What promising future directions can psychotherapy researchers pursue and/or support in order to improve mental health care for members of underserved communities?

DISCUSSANTS:

- Catherine F. Eubanks (Ferkau Graduate School of Psychology, Yeshiva University, New York, USA)
- Changming Duan (University of Kansas, USA)
- Javier Fernández-Álvarez (Aiglé Foundation, Argentina)
- Nick Firth (University of Sheffield, UK, United Kingdom)
- Jennifer Johnson (Michigan State University, East Lansing, USA)

KEYWORDS: Methods | Other: Data-Informed Psychotherapy, Underserved Populations

PRESENTATION MODALITY: Mixed

Friday, July 8, 2022, 12:00–13:00 (MDT)

MI11

SOCIAL**ORGANIZERS & MODERATORS:**

Shelley McMain
University of Toronto, Canada

FRIDAY, JULY 8, 2022, 12:00–13:00 (MDT) | KRH MT. VIEW

Past Presidents Lunch ⁽¹⁴⁷⁾

PRESENTATION MODALITY: In Person

MI12

SOCIAL

FRIDAY, JULY 8, 2022, 12:00–13:00 (MDT) | ONLINE VIA ZOOM

Student Member Meeting: Coffee with Researchers ⁽¹⁴⁸⁾

PRESENTATION MODALITY: In Person

SOCIAL

FRIDAY, JULY 8, 2022, 12:00–13:00 (MDT) | DINING HALL

Lunch ⁽¹⁴⁹⁾

PRESENTATION MODALITY: In Person

Friday, July 8, 2022, 13:05–14:05 (MDT)

MI13

MEETING

ORGANIZERS & MODERATORS:

Shelley McMain
University of Toronto, Canada

FRIDAY, JULY 8, 2022, 13:05–14:05 (MDT) | DAVIS AUDITORIUM

SPR General Business Meeting ⁽¹⁵⁰⁾

PRESENTATION MODALITY: In Person

Friday, July 8, 2022, 14:15–15:45 (MDT)

SP04

SEMI-PLENARY

ORGANIZERS & MODERATORS:

Jesse Owen
University of Denver, USA

FRIDAY, JULY 8, 2022, 14:15–15:45 (MDT) | DAVIS AUDITORIUM

The Technological Revolution in Psychotherapy Research: Novel Tools for Uncovering Processes and Bolstering Clinical Performance ⁽¹⁵¹⁾

ABSTRACT:

From the advent of recording techniques supporting the coding and examination of psychotherapy process and outcomes to contemporary machine learning software, technology has historically played a prominent role in the advancement of psychotherapy. The present semi-plenary will introduce the audience to cutting-edge applications of technology in psychotherapy research and clinical practice. This will include the discussion of: technological tools supporting the objective measurement of psychotherapy process, the use of machine learning for training in evidence-based psychotherapies and practices, the value of technology-platforms for promoting deliberate practice, the impact of technology-based, clinician-client matching platforms on access to care as well as psychotherapy process and outcomes, and clinician and client utilization of measurement-based care and additional clinical support tools offered by a technology-based platform. The symposium will be opened by Dr. Bugatti, who will discuss the impact of a technology-based platform for clinician-client matching on structural barriers and other aspects relevant to treatment engagement and outcomes, including client dropout, and therapist effects. Dr. Rasmussen and Dr. Newton will then present data on clinician and client use of—and experience with—measurement-based care and clinical support tools afforded by a technology-based platform. Dr. Fisher will provide an overview of the use of artificial intelligence and advanced machine learning for capturing psychotherapy process. Lastly, Dr. Wampold, will review the use of technology-based platforms for the promotion of therapist deliberate practice of interpersonal skills. The overarching goal of the semi-plenary will be to familiarize the audience with the latest technological advancements in psychotherapy research.

DISCUSSANTS:

- Matteo Bugatti (University of Denver, USA)
- Wendy Rasmussen (SonderMind Inc, USA)
- Douglas Newton (SonderMind Inc, USA)
- Hadar Fisher (University of Haifa, Israel)
- Bruce Wampold (University of Wisconsin-Madison, USA)

KEYWORDS: Deliberate Practice | Facilitative Interpersonal Skills | Therapist training and development | Treatment process and outcome

PRESENTATION MODALITY: In Person

SP05

SEMI-PLenary

ORGANIZERS & MODERATORS:

Sigal Zilcha-Mano
University of Haifa, Israel

Zachary D. Cohen
University of California, Los Angeles,
USA

FRIDAY, JULY 8, 2022, 14:15–15:45 (MDT) | LINDSAY AUDITORIUM

How to Personalize Treatment to the Individual? The State of the Art and Beyond? ⁽¹⁵²⁾

ABSTRACT:

In the last several years, tremendous progress has been made in research on personalized treatment. The progress consists of both conceptual theoretical innovations and methodological breakthroughs. In this semi-plenary, leading figures in the field of personalization will present what they see as the state of the art of personalization, and how they see the field developing over the next decade. Leading scholars spanning the spectrum of career stages will represent diverse perspectives on this issue, referring to theory-driven, data-informed, and data-driven approaches to personalization. The speakers are: Aaron Fisher, Michelle G. Newman, Mei Yi Ng, Shannon Sauer-Zavala, Bill Stiles, and Akash Wasil. We hope that this semi-plenary will stimulate a thought-provoking discussion with the audience. Semi-plenary moderators are Sigal Zilcha-Mano and Zach Cohen.

DISCUSSANTS:

- Michelle G. Newman (Penn State University, University Park, USA)
- Aaron J. Fisher (Berkeley University, USA)
- Mei Yi Ng (Florida International University, Miami, USA)
- Shannon Sauer-Zavala (University of Kentucky, USA)
- William B. Stiles (Miami University, Oxford, USA)
- Akash Wasil (University of Pennsylvania, Philadelphia, USA)

KEYWORDS: Process and outcome | Treatment process and outcome

PRESENTATION MODALITY: Mixed

Friday, July 8, 2022, 16:00–17:00 (MDT)

MI14

ADDRESS

ORGANIZERS & MODERATORS:

Clara Paz
Universidad de Las Américas, Ecuador

FRIDAY, JULY 8, 2022, 16:00–17:00 (MDT) | DAVIS AUDITORIUM

Address by 2021 Marna Barrett Award for Excellence in Psychotherapy Winner Clara Paz ⁽¹⁵³⁾

PRESENTATION MODALITY: Mixed

PA39

PANEL

ORGANIZERS & MODERATORS:

Dana Tzur Bitan
Ariel University and Shalvata MHC,
Israel

FRIDAY, JULY 8, 2022, 16:00–17:30 (MDT) | STURM 454

Neurobiological Determinants of the Therapeutic Process in Clinical Populations ⁽¹⁵⁴⁾

ABSTRACT:

A growing body of research suggests that some of the most crucial elements of psychotherapy, such as empathy, interpersonal affiliation, and trust, are inherently bounded with neurobiological processes. In this panel we aim to discuss the association between key neurobiological factors and therapy-related constructs, while focusing on individuals suffering from major depression, borderline personality disorder, and childhood trauma. Neurobiologically-modulated processes such as body temperature, oxytocin levels, and oxytocin synchrony between the patient and the therapist will be considered, while

integrating both experimental and observational approaches. The panel will open with an experimental study exploring the differential effect of physical warmth on affiliative behavior among individuals with or without childhood trauma. An observational study exploring differences in patient-therapist oxytocin synchrony among patients with major depression with or without comorbid borderline personality disorder will follow. Finally, a meta-analytic review exploring the effect of oxytocin administration on psychotherapy process and outcome in clinical ecological settings will be presented. An integrative discussion of the presented findings, potential limitations, and directions for future research will conclude the panel.

PAPERS IN PANEL:

- **Can Physical Warmth Foster More Adaptive Interpersonal Behaviour? A Comparison between Women with and without Childhood Trauma**

Rahel Federer (University of Zurich, Switzerland), Elena Heitz, Vivienne Hug, Pamela Sadler, Susanne Fischer

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Maladaptive interpersonal behaviour is a key feature of some of the most frequent mental disorders and greatly influences the formation of the therapeutic alliance. Accumulating research suggests that, for both phylogenetic and ontogenetic reasons, the human thermal system may intertwine with how individuals interact with their social environment. The aim of our experiment was to investigate whether physical warmth fosters affiliative behaviour during relationship formation and whether this effect is moderated by the presence of childhood trauma. To this end, n=31 women were randomly allocated to a warm or a neutral temperature condition (target N=86). Childhood trauma was assessed via the Childhood Trauma Questionnaire. All participants underwent the Relationship Formation Task (RFT), together with a study confederate. Interpersonal behaviour was assessed via the Continuous Assessment of Interpersonal Dynamics approach. Our preliminary analyses revealed that the participants' affiliative behaviour increased over the duration of the RFT, especially when they were listening rather than speaking. Descriptively, the physical warmth group exhibited more affiliative behaviour than the neutral control group, in particular towards the end of the RFT, when the participants were asked to share personal experiences. Women with childhood trauma did not differ from women without childhood trauma. The final results will be presented at the conference. Should we be able to confirm that physical warmth can facilitate more adaptive interpersonal behaviour during relationship formation, our findings could ultimately inform the development of novel treatments for individuals who suffer from interpersonal difficulties.

- **Are Depressed Patients Lower in Oxytocin Synchrony Levels when Suffering from Comorbid Borderline Personality Disorder?**

Galit Peysachov (University of Haifa, Israel), Manar Shehab, Simone Shamay-Tsoory, Sigal Zilcha-Mano

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: In Major Depressive Disorder (MDD), 10% to 30% of patients have co-occurring Borderline Personality Disorder (BPD). The aim of this study is to shed light on the therapeutic processes differentiating depressed patients low and high in BPD, focusing on patient-therapist Oxytocin (OT) synchrony. To achieve this aim we have 2 goals; (1) To identify in which way OT synchrony differs at baseline in depressed patients depending on the presence of BPD. (2) To examine in which way the change process of OT synchrony from pre- to post- treatment differs in depressed patients depending on the presence of BPD. **Method:** Six hundred seventy-seven OT saliva samples were collected from 40 dyads on a fixed schedule over a 16-session randomized controlled trial for psychotherapy for depression. OT synchrony was operationalized as the correlation between changes occurring repeatedly over treatment in patient-therapist OT levels pre- to post-session. BPD was assessed using the Structured Interview for DSM-VI Personality (SIDP-VI). **Results:** Analysis will be conducted during the winter of 2021-2022 and presented at the SPR meeting in July 2022. **Discussion:** To the best of our knowledge, no research to date has attempted to understand the change processes occurring in this clinical population. Most studies to date relied on self-report measures, imposing a limit, since individuals with BPD are characterized by a poor understanding of themselves. This study can potentially shed light on the therapeutic processes in treatment of depressed patients with BPD, enabling us to better tailor treatments to their

specific characteristics and needs.

- **Oxytocin Administration as Augmentation to Psychotherapy in Ecological Settings: A Systematic Review and Meta-Analysis**

Paula Tefera (Tel Aviv University, Israel), Ariella Grossman-Giron, Arianna Palmieri, Emanuele Pick, Hagai Maoz, Dana Tzur Bitan

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Oxytocin (OT) is a nine-amino acid neuropeptide associated with the formation and management of social bonds. Although its involvement in interpersonal processes such as psychotherapy has been suggested relatively early, only few well controlled studies have assessed its augmenting effects in naturalistic settings. In this review and metaanalysis, we aim to summarize the current knowledge regarding OT's role as a potential psychotherapy modulator in naturalistic settings. After excluding studies based on specific inclusion criteria, ten randomized control trials were included in the review. A total of 354 psychiatric patients were included, of which 172 participants (48.5%) were administered oxytocin before a therapy session and 182 were administered a placebo. Although analyses are preliminary, oxytocin administration has shown mixed effects, with two studies indicating a negative effect of OT on psychotherapy across measures evaluating anxiety and overall symptom improvement; two studies indicating no effect on symptom severity and social functioning outcome measures, and four studies indicating a positive effect on psychotherapy across symptom severity, mental representations of self, social cognition and empathetic accuracy. A positive effect on process measures of physiological linkage and session attendance were found for two studies. These results suggest that although OT may have a beneficial effect on psychotherapy process and outcomes, additional methodologically sound studies are needed to demonstrate its effect. Factors related to OT administration, the type of assessed outcome, and the nature of the clinical populations, should be explored as potential moderators of this effect. Limitations and directions for future research will be discussed.

- **Comparison of University Counselling Outcomes during Covid-19 to Establish Norms in the UK: The Impact of Delivering Remote Therapy**

Connie Newcombe (University of Sheffield, UK, United Kingdom), Emma Broglia, Charlotte Wright

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Research pooling UK university counselling service (UCS) data has provided opportunities for individual counselling services to compare their outcomes and evidence effectiveness. This service evaluation aimed to 1) understand how the therapeutic outcomes achieved by a UCS compared to established norms in UK UCS literature, and 2) understand if the online delivery of therapy impacted student outcomes when compared to the aforementioned norms. **Method:** Outcome measures and sessional data from 627 students who had attended the UCS in the 2020/2021 academic year was gathered. Descriptive analyses of students initial CCAPS-34 data were conducted. Paired sample t-tests were applied to interpret differences between the pre and post therapy scores. The effect size of this difference was derived. **Results:** On average, students attended 4.36 appointments. Most appointments were follow-up sessions or integrative psychotherapy. Students presented with high levels of academic distress, social anxiety, general anxiety, and depression. Initial severity of mental health concerns was lower than that reported in previous literature. Largest improvements were evidenced for depression and general anxiety and 25% of students made reliable reductions in distress. **Discussion:** Compared to existing literature, the UCS showed similar levels of improvement over therapy. Remote therapy could have increased the accessibility of the service sooner after acknowledging mental health difficulties potentially explaining the lower levels of severity at initial appointments. The delivery of remote therapy only produced results in line with norms in the UK data, highlighting the potential acceptability of online therapy for university students, but further evidence is needed.

DISCUSSANT: Fabian T. Ramseyer (Universität Bern, Switzerland)

KEYWORDS: Change process | Process and outcome | Other: neurobiology, thermoregulation, oxytocin, synchronization

BRIEF PAPER SESSION**MODERATOR:**

Andrés J. Roussos

Consejo Nacional de Investigaciones Científicas y Técnicas de Argentina (CONICET)

New Developments in E-Mental Health and Virtual Reality Treatments**BRIEF PAPERS:**

- **Anxiety and Stress Assessment. A Virtual Reality Gamified Experience** ⁽¹⁵⁵⁾

Andrés J. Roussos (Consejo Nacional de Investigaciones Científicas y Técnicas de Argentina (CONICET)), Joaquin Asiain

PAPER ABSTRACT:

Virtual Reality (VR) is the use of technological interfaces to simulate the behavior of 3D entities interacting with a user via sensorimotor channels, who feels present in a simulated digital environment. VR tools are being successfully applied in the assessment, treatment and research of mental health disorders. We are developing a VR assessment tool for anxiety and stress based on of four dimensions model, cognition, behavior, affect and physiology. VR solutions represents a controlled way of evaluating these 4 dimensions simultaneously in real time, allowing the evaluation of anxiety and stress while the patient participates in a gamified activity. We choose as a setting, a walk through a park, where a companion guides the user through different interactive activities. The system collects data, to ecologically evaluate the user's anxiety and stress state. For example, a characteristic anxiety element such as "shortness of breath" is presented as an activity in which the user is asked to interact with a threatening dog. The way of controlling the situation is regulating the breathing consciously. To generate this tool, we are following the recommendations of the VR methodological framework called VR-CORE developed by Birkhead and colleagues. We are conducting three studies for this proposed model: a) a first study focused on content development working with patients and providers through the principles of human-centered design. b) a second study dealing with early testing of feasibility, acceptability, tolerability, and initial clinical evaluation and c) a future RCT study to evaluate clinical effects.

PRESENTATION MODALITY: In Person

- **Examining an E-Mental Health Tool in Psychiatric Inpatient Care: Preliminary Results of a Pilot Randomized Controlled Trial** ⁽¹⁵⁶⁾

Gwendolyn Wälchli (University of Bern, Switzerland), Laura L. Bielinski, Thomas Berger, Franz Moggi

PAPER ABSTRACT:

The development and testing of Internet-based psychotherapy has made great strides in the last 20 years. To date, the attention of research on web-based programs has focused on treatments delivered entirely over the Internet. Less well known are mixed treatments in which Internet interventions and regular face-to-face psychotherapy sessions are combined. Even fewer web-based interventions have been investigated as an add-on to standard therapy in the acute inpatient setting. The aim of this brief paper is to give an overview of the theoretical background and design of a pilot randomized controlled trial investigating the internet-based program REMOTION in an acute psychiatric setting. REMOTION was developed with the goal of improving emotion regulation and reducing symptom severity. This is the first time that REMOTION is studied in inpatients. The study examines how the internet-based intervention REMOTION is used, how satisfied patients are with the intervention and whether REMOTION is potentially effective. Data collection is currently ongoing. The target number of participants is 60. The total participation period for the participants is 8 weeks. All participants are randomly assigned to either the intervention group or a control group (1:1). Participants in the intervention group receive immediate access to the REMOTION; participants in the control group will receive access 8 weeks later request. This design allows to test whether the intervention is potentially effective after 8 weeks compared to standard treatment. All participants will attend inpatient treatment as usual during the study. Preliminary results of the trial will be presented and discussed subsequently.

PRESENTATION MODALITY: In Person

- **Results of RCT Study Evaluating Effectiveness of Modified, Internet Delivered Mindfulness-Based Cognitive Therapy (eMBCT) for Adjustment Disorder in the Times of Covid-19 Pandemic** ⁽¹⁵⁷⁾

Pawel Holas (University of Warsaw, Poland)

PAPER ABSTRACT:

Introduction: The advent of the COVID-19 pandemic has been associated with an emergence of a variety of stressors that affected incidence of psychiatric disorders. Many

people have developed an adjustment disorder (AD) - a maladaptive reaction related to the sudden changes brought about by COVID-19 pandemic alongside to anxiety and depressive problems. Mindfulness-based cognitive therapy (MBCT) is an evidence based intervention for relapse prevention in major depression, and a treatment of depressive and anxiety problems. Little is known, however, about its effectiveness for adjustment disorder and in internet delivery. Objectives: The goal of the current research was to evaluate if a modified, month long, nonguided and web-based MBCT alleviates symptoms of AD, depression and anxiety related to COVID-19 pandemic. Methods: 438 individuals with a diagnosis of AD were randomly assigned to e-MBCT, e-progressive muscle relaxation training (e-PMR), and Waiting List (WL). Assessments with questionnaires evaluating AD (ADNM-20), depression (PHQ-9, HADS-D), and anxiety (HADS-A, GAD-7) were conducted at baseline, post-intervention, and at 1-month follow-up. Results: Significant reduction in AD symptoms following the i-MBCT group was found, whereas no change was observed in both control conditions. While a reduction of depression and anxiety was found in both active conditions, stronger alleviation was observed in e-MBCT group. Cognitive defusion was the full mediator of relationship between eMBCT intervention and symptoms reduction. Positive effects were maintained in follow-up. Conclusions: These preliminary results suggest that e-MBCT is effective intervention for AD alongside with depression anxiety symptoms related to Covid pandemic.

PRESENTATION MODALITY: In Person

- **Therapy Effectiveness in Synchronous Online vs. In-Person Marital Therapy** ⁽¹⁵⁸⁾

Angela B. Bradford (Brigham Young University, Provo, USA), Lee N. Johnson, Shayne R. Anderson, Alyssa Banford Witting

PAPER ABSTRACT:

With the onset of the COVID-19 pandemic and its associated physical distancing constraints came a sudden increase in remote therapy usage. There is research that suggests teletherapy via video and telephone are effective modalities and are generally as effective as in-person therapy (Hilty et al., 2013; Jenkins-Guarnieri et al., 2015; Osenbach et al., 2013; Varker et al., 2019). Additionally, several studies have found no significant differences in the working alliance between in-person and teletherapy (Bouchard et al., 2004; Germain et al., 2010; Himelhoch et al., 2013; Morgan et al., 2008; Morland et al., 2011, 2014; Rees & MacLaine, 2015; Stubbings et al., 2013). It is important to note, however, that the research thus far has been predominantly done with individual clients. Relational therapy is a unique context that may result in differences in effectiveness between remote and in-person therapy. There is limited evidence that online relational therapy can be effective (McCoy et al., 2013; Wrape & McGinn, 2019), but generally, there remains a question about overall effectiveness of online therapy, as well as compared to in-person therapy. The current study will use longitudinal data from multiple clinics participating in the Marriage and Family Therapy Practice Research Network to assess whether couples who attend therapy online report improvements in relationship-specific domains of functioning. It will further examine whether there are differences in outcomes between clients whose treatment was entirely online and those whose treatment was in person. Outcomes to be assessed are couple satisfaction, attachment behaviors, and therapeutic alliance.

PRESENTATION MODALITY: In Person

BP22

BRIEF PAPER SESSION

MODERATOR:

Michał Mielimaka
Jagiellonian University Medical College,
Faculty of Medicine, Department of
Psychotherapy, Poland

FRIDAY, JULY 8, 2022, 16:00–17:30 (MDT) | STURM 379

Psychological Therapy during COVID-19

BRIEF PAPERS:

- **How to Support German Families during the COVID-19 Pandemic? - Analyzing the Relationship between Depressiveness and Perceived Stress in the CoviFam-Study** ⁽¹⁵⁹⁾

Christian F. Woll (Ludwig-Maximilians-Universität, Munich, Germany), Corinna Reck, Anton Marx, Su Mevsim Küçükakyüz, Mitho Müller, Alexandra von Tettenborn, Nora Nonnenmacher, Anna-Lena Zietlow

PAPER ABSTRACT:

Objectives: The CoviFam study investigates parents' psychosocial well-being during the COVID-19 pandemic. We developed a COVID-19 questionnaire and additionally

analyzed the self-reported severity of depressive symptoms and perceived stress. Method: 666 mothers from Germany with children aged 0 to 4 years filled out an online survey including the Edinburgh Postnatal Depression Scale (EPDS) and the Perceived Stress Scale (PSS) at two measurement points during the COVID-19 pandemic (T1: time of relaxation of restrictions from May-November 2020; T2: time of lockdown in February/March 2021). We analyzed the severity of depressive symptoms and stress levels via paired t-tests and cross-lagged panel analysis across time points. Results: Depressive symptom severity and stress levels significantly differed between measurement points with higher values at T2 ($p < .000$). Effect sizes of a change in (1) depressiveness and (2) perceived stress lay in a moderate and small range, respectively ($d_1 = 0.57 [0.48, 0.65]$, $d_2 = 0.49 [0.40, 0.56]$). Considering cut-off values of the EPDS, 33.8% were at risk for depression at T1 and 55.1% at T2. Our cross-lagged panel analysis revealed large correlations within as well as small to medium auto-regressive and reciprocal predictions across time-points between depressiveness and perceived stress. Discussion: Maternal severity of depressive symptoms and perceived stress seem to have significantly worsened during the course of the COVID-19 pandemic. Psychosocial support should focus equally on reducing depressive symptoms and stress levels since both of these burdensome factors are reciprocally related. Additional analyses of children and parental sociodemographic information will be presented.

PRESENTATION MODALITY: In Person

- **Social Support of Patients with Neurotic and Personality Disorders during COVID-19 Pandemic** ⁽¹⁶⁰⁾

Michał Mielimąka (Jagiellonian University Medical College, Faculty of Medicine, Department of Psychotherapy, Poland), Joanna Mostowik, Aleksandra Wolinska, Krzysztof Rutkowski, Edyta Dembinska, Jerzy A. Sobanski, Anna Citkowska-Kisieleska, Katarzyna Klasa

PAPER ABSTRACT:

Introduction: The research aims to assess the dynamics of the impact of COVID-19 on functional and selected structural properties of social support of patients with neurotic and personality disorders. Method: 104 patients were included in the study. Social support was evaluated using Berlin Social Support Scales and Bizoni's method of social network and social support assessment. Data has been collected throughout the COVID-19 pandemic. Measurements were performed during the diagnostic and qualification for treatment and at the beginning of group psychotherapy. All patients were diagnosed with neurotic and/or personality disorders (ICD-10 F40 and F60). Results: Nuclear family members constituted a substantial part (majority) of social support networks of patients during most severe COVID-19 related restrictions (lockdown). Partial restoration of extra-family relations was observed when restrictions had subsided. Relatively high levels of perceived available social support and average levels of perceived emotional support were reported throughout the pandemic. Frequently nuclear family members became more active in social support networks with increased social restrictions levels. Although the buffering role of core family members is crucial under isolation, reintroducing extra-family relations to the support networks of patients with neurotic and personality disorders is essential. Conclusions: Among patients seeking psychotherapy treatment for neurotic and personality disorders during the COVID-19 pandemic, nuclear family members were most active in the support networks. Restoration of extra-family relations is challenging and should be addressed in therapy.

PRESENTATION MODALITY: In Person

- **Telematic Psychosocial Accompaniment for the COVID Affected and Isolated: An Argentine Experience** ⁽¹⁶¹⁾

Juan Cruz Curatti (Universidad Nacional de Mar del Plata, Argentina), Lauro Ibarra Uriburu

PAPER ABSTRACT:

Aim The COVID pandemic requires comprehensive medical care, and it strongly impacts the entire public and private system. This work communicates the experience of one of the public devices implemented in Argentina, a country that has a hybrid health system of both public and private assistance for citizens and foreigners, to face the psychological impact of the pandemic. Methods The COVID Telemedicine Center - Universities (CeTeC-U), designed by the Ministry of Health of the Province of Buenos Aires, offered a public service of humanitarian psychosocial accompaniment and support to mitigate and tend to the psychological discomfort of those who received a positive COVID diagnosis, and/or those who accompanied them throughout a series of phone calls. It was not only palliative work, but also psychological first aid, and therefore preventive of more serious conditions. The device was led by volunteer students and professionals. Results 1065

affected people were contacted, of which 800 received psychosocial accompaniment. Of the people contacted, 28% requested brief guidance calls, 69% prolonged telephone assistance that included psychological accompaniment and/or psychological first aid, and 3% assistance, support, and referral to the local mental health network. Discussion The advantages, challenges, and benefits of brief interventions through telemediated psychosocial accompaniment are contemplated, as well as the advances of an ongoing investigation that aims to quantitatively investigate the satisfaction and self-perceived effectiveness of the accompaniment by the users.

PRESENTATION MODALITY: In Person

- **The Changing Face of Therapy Delivery: Covid-19, Telehealth, and What Clients Prefer** ⁽¹⁶²⁾

David Erikson (Brigham Young University, Provo, USA), Isaac Hamm

PAPER ABSTRACT:

AIMS: With COVID-19 came a new set of social restrictions that greatly increased the use of technology to deliver remote mental health services (Payne et al., 2020). This shift to remote services allowed for continued access to treatment during the pandemic. Relatively little is known about the now broader use of teletherapy and how that has potentially shifted client preferences for in-person vs. remote mental health treatment. We are unaware of any data examining this question among college students or in a university counseling center and any studies examining differences in mental health delivery preference between individuals grouped by symptoms. The current study was designed to explore three research questions: 1. What are the general preferences for teletherapy vs. in-person therapy for university students? 2. How do service delivery preferences differ among demographic groups? 3. How do service delivery preferences differ by symptomatology? **METHODS:** We surveyed 770 individuals randomly selected from the university database, selecting 335 individuals who had attended therapy at the university counseling center within the last two years and 335 individual who had not. We administered the CCAPS, a 62-item measure of college student mental health, as well as service delivery questions adapted from previous studies. **RESULTS:** Results are still being analyzed and will address each of the three research questions noted above. **DISCUSSION:** Service delivery may have a significant impact on clinic capacity, efficiency, and potentially therapy efficacy when matched with client preferences. We discuss the implications of client service delivery preferences on post-pandemic clinic operations.

PRESENTATION MODALITY: In Person

BP23

BRIEF PAPER SESSION

MODERATOR:

Robbie Babins-Wagner
Calgary Counselling Centre, Canada

FRIDAY, JULY 8, 2022, 16:00–17:30 (MDT) | STURM 380

Routine Outcome Monitoring and Deliberate Practice

BRIEF PAPERS:

- **A Deep Learning Probability Model to Deliver Feedback-Informed, Internet-Delivered Psychotherapy for Depression and Anxiety** ⁽¹⁶³⁾

Jorge E. Palacios (SilverCloud Health, United Kingdom), Catalina Cumanasoiu, Derek Richards, Angel Enrique, Gavin Doherty, Daniel Duffy, Caroline Earley

PAPER ABSTRACT:

Aim Using machine learning (ML) to enhance feedback-informed therapy (FIT) initiatives, especially for technology-delivered interventions such as internet-delivered CBT (iCBT) which allow for collection of large amounts of clinical data, could prove beneficial to overall service performance and client outcomes. We have recently developed a prediction tool using ML that calculates, with high accuracy, the probability of whether a patient is likely to improve or not at the end of treatment. Our aim to assess both the performance and acceptability of this tool in enhancing treatment of depression and anxiety using iCBT. **Methods** The current study will utilize a randomized controlled trial design, where clinically trained supporters of the online platform within a service provider will be randomized in two groups: one group will have access to the prediction tool for all their patients within the recruitment period whilst a control group will deliver treatment to their patients as usual. Questions on acceptability, deliberate practice, and clinical decision making will be asked at 4 and 12 week follow-up, and clinical outcomes, including reliable improvement of depression and anxiety symptoms, will be assessed between the groups. **Results** Training on the use of the prediction tool and recruitment will begin in February. Results are expected in late Spring 2022 and thus preliminary

findings will be presented at the conference. Discussion This study encompasses the development, design, and implementation of a prediction tool that may prove to enhance delivery of iCBT through improved FIT and clinical decision-making within a routine clinical setting.

PRESENTATION MODALITY: In Person

- **Dynamic Suicide Topic Modeling: Deriving Population-Specific, Psychosocial, and Time-Sensitive Suicide Risk Variables from Unstructured EMR Psychotherapy Notes** ⁽¹⁶⁴⁾

Maxwell Levis (Dartmouth College, USA)

PAPER ABSTRACT:

Objective: Study deploys Dynamic Topic Modeling (DTM), a machine learning method that identifies topics within texts and then evaluates topic changes over time, on corpus of electronic medical record (EMR) psychotherapy notes. Study examines whether DTM helps distinguish between closely matched patients that did and did not die by suicide. Method: Cohort consists of United States Department of Veterans Affairs (VA) patients diagnosed with Posttraumatic Stress Disorder (PTSD) between 2004-2013. Each case (those who died by suicide during the year following diagnosis) was matched with five controls (those who remained alive) that shared psychotherapists and had similar suicide risk based on VA's suicide prediction algorithm. Cohort was restricted to patients who received psychotherapy for nine months after initial PTSD diagnoses (cases = 77, controls = 362). For cases, psychotherapy notes from diagnosis until death were examined. For controls, psychotherapy notes from diagnosis until matched case's death date were examined. A Python-based DTM algorithm was utilized. Results: Derived topics identified population-specific themes, including PTSD, psychotherapy, medication, communication, and relationships. Control topics changed significantly more over time than case topics. Topic differences highlighted engagement, expressivity, and therapeutic alliance. Conclusion: Study strengthens groundwork for deriving population-specific, psychosocial, and time-sensitive suicide risk variables.

PRESENTATION MODALITY: In Person

- **Exploring Trajectories of Symptoms in Digital Interventions for Depression and Anxiety Using Routine Outcome Monitoring Data** ⁽¹⁶⁵⁾

Catalina Cumanasoiu (SilverCloud Health, USA), Scott McNamara, Jorge Palacios, Angel Enrique

PAPER ABSTRACT:

Aim: Research suggests there is heterogeneity on treatment response for internet-delivered CBT (iCBT) users, but more work is necessary to understand these different trajectories. The aim was to identify latent trajectories of symptom change during the iCBT treatment course and to investigate the patients' characteristics and platform usage for each of these classes. Methods: This is a secondary analysis of data from a Randomized Controlled Trial designed to examine the effectiveness of guided-iCBT for anxiety and depression in the UK's Improving Access to Psychological Therapies (IAPT) program. The current study follows a longitudinal, retrospective design and includes patients from the intervention group (N=256). As part of IAPT's Routine Outcome Monitoring system, patients were prompted to complete PHQ-9 and GAD-7 after each review during treatment period. Latent class growth analysis was then used to identify underlying trajectories of symptom change across the treatment period. Results: The 5-class models were identified as the optimal ones for both PHQ-9 and GAD-7. There were similar trajectories for depression and anxiety where most patients were in one of three "improving" groups, depending on their baseline score and steepness of symptom change across treatment period. The remaining patients were in two smaller groups, one that saw minimal gains and another with consistently high scores across the treatment journey. No significant associations were found between different types of trajectories and platform usage. Discussion: Understanding differences between these trajectories could lead to a better understanding of what works best for whom in the context of digital interventions.

PRESENTATION MODALITY: In Person

- **The Mental Health Effects of the Pandemic on Children and Youth** ⁽¹⁶⁶⁾

Robbie Babins-Wagner (Calgary Counselling Centre, Canada), Angela Laughton, Derek Caperton

PAPER ABSTRACT:

Many responses to the COVID-19 pandemic resulted in both stay-at-home orders and online schooling. There has been discussion suggesting that children and youth

experienced harm to their mental health during the first wave of the COVID-19 pandemic. Two years into the pandemic, there is little debate that there were impacts on children and youth due to the many changes in their daily lives as a result of the public health measures, but it is unclear as to who was impacted by the pandemic and in what ways. This study compares the outcomes for 3 groups of children and youth who were clients at Calgary Counselling Centre and participated in online/virtual counselling during the pandemic: children ages 3-11, children and youth ages 12 – 17 and emerging adults ages 18-24. We compared both the level of distress as measured by the YOQ – SR, YOQ or OQ at the first counselling session and the outcome of counselling based on the change in either the YOQ - SR, YOQ or OQ score between the first and last counselling session for those clients who completed 2 or more sessions. The findings suggest that children, youth and emerging adults reported elevated levels of mental health distress at the start of counselling at rates significantly higher than those who participated in counselling prior to the pandemic. An analysis of the outcomes for each group suggests that the higher levels of mental health distress decreased across each of the age groups to pre-pandemic levels.

PRESENTATION MODALITY: Livestream

BP24

BRIEF PAPER SESSION

MODERATOR:

Katie Aafjes-van Doorn
Ferkau Graduate School of Psychology,
Yeshiva University, New York, USA

FRIDAY, JULY 8, 2022, 16:00–17:30 (MDT) | STURM 480

Studying Alliance Effects

BRIEF PAPERS:

- **Alliance and Outcome in Substance Use Disorders: Low Correlation or Bigger Issue?** ⁽¹⁶⁷⁾

Adelya A. Urmanche (Adelphi University, New York, USA), J. Christopher Muran

PAPER ABSTRACT:

Aims: The therapeutic alliance continues to be both one of the most investigated factors in psychotherapy and the most consistently and robustly related to positive outcomes across a broad array of treatments and diagnostic presentations. However, just as consistently, a significantly smaller alliance-outcome association is found when looking at populations with substance use disorders (SUDs). The goal of this review was to synthesize primary studies and explore this phenomenon through a narrative review of extant literature. **Methods:** Primary studies were systematically identified through the latest available meta-analysis on therapeutic alliance in adult psychotherapy, which yielded 29 studies focusing specifically on populations with SUDs. A narrative review was conducted to explore the methodology of these studies, with a targeted focus on consolidation of this work, summation, identification of omissions or gaps, as well as potential future directions of research on therapeutic alliance and SUDs. **Results:** Great variability in methodology, significant differences between SUD treatment approaches (some of which are less rooted in evidence), and limited outcome measurement may all contribute to a low alliance-outcome association with this population. A discussion of changes in the design and analysis of SUD treatment trials, as well as SUD treatment approaches at large, is warranted in order to continue to improve access to and investigate more data-informed and effective psychotherapies. **Discussion:** Results, review limitations, and recommendations for future research will be discussed in the context of clinical, training, and empirical implications.

PRESENTATION MODALITY: In Person

- **Skill Use Mediates the Within-Person Effect of the Alliance on Session-to-Session Changes in Anxiety and Depression in the Unified Protocol** ⁽¹⁶⁸⁾

Matt W. Southward (University of Kentucky, USA), Martina Fruhbauerova,
Douglas R. Terrill, Stephen A. Semcho, Nicole E. Stumpp, Shannon Sauer-Zavala

PAPER ABSTRACT:

Transdiagnostic cognitive-behavior therapies (CBTs) such as the Unified Protocol (UP) are efficacious in reducing anxiety and depression (Sakiris & Berle, 2019). Researchers have shown some evidence that more skillful application of the therapeutic strategies included in the UP predicts decreases in anxiety and depression over and above the alliance (Southward & Sauer-Zavala, 2021). However, it is possible that experiencing a stronger alliance prompts more skillful application of UP strategies, leading to these symptom reductions. To test this question, participants (N = 70; M_{age} = 33.74, 67% female, 74% white) engaged in six sessions of core UP modules during the first-stage randomization of a sequential multiple assignment randomized trial (SMART). They

completed measures of UP skill use (i.e., skill knowledge, frequency, quality, and effectiveness), anxiety (OASIS), and depression (ODSIS) before each session and a measure of the therapeutic alliance (WAI) after each session. We conducted two within-person mediation models using the MLmed macro in SPSS (Rockwood & Hayes, 2019). There was a significant indirect effect of within-person increases in the alliance on session-to-session reductions in anxiety and depression through within-person increases in UP skillfulness: $ab_{\text{anxiety}} = -.02$, $SE = .01$, $p = .03$; $ab_{\text{depression}} = -.02$, $SE = .01$, $p = .02$. These results synthesize theoretically important therapeutic processes and provide initial evidence of one path by which transdiagnostic CBTs promote reductions in anxiety and depression. Therapists may be encouraged to attend to the alliance when teaching skills to ensure patients have sufficient understanding and motivation to successfully implement their skills.

PRESENTATION MODALITY: In Person

- **The Therapeutic Alliance in the “Here and Now”: Therapist’s Mindfulness State and Its Relationship with the Psychotherapeutic Process (Working in Progress)** ⁽¹⁶⁹⁾

Mahaira C. Reinel (Doctoral Program in Psychotherapy, Pontificia Universidad Catolica de Chile and Universidad de Chile; Millennium Institute for Research on Depression and Personality-MIDAP. Latinamerican Network of Psychotherapy Research.),
Mariane Krause, Carolina Altimir

PAPER ABSTRACT:

Background: The quality of the alliance is linked to the subsequent therapeutic outcome. This result is repeated in therapy courses based on different theoretical approaches, supporting the research of shared factors (Martin et al., 2000). Some authors have centered their studies on exploring the tensions and efforts that go into the therapeutic alliance process negotiation as an interactive dyadic process (Horvath, 2016). Then, it is relevant to study the mechanisms of change that underline this negotiation, emphasizing the aspects of the therapist that contribute to a facilitative therapy relationship. The capacity of Mindfulness has become interesting by the benefits observed for the management of both relational aspects and therapeutic approach. Aim: To assess the association between the therapist’s mindfulness state, the process of the therapeutic alliance negotiation between patient and therapist, and the session’s impact on the patient. Method: Two psychotherapy processes were selected for this presentation. A total of Thirty-two sessions were assessed regarding the Therapist’s Mindfulness State (State Mindfulness Scale, SMS), the Session Evaluation Questionnaire (SEQ), and the Alliance Negotiation Scale (ANS). Results will be analyzed through Multi-level correlation and regression models to evaluate the relationship between the variables. Results: We expected that higher scores for a therapist’s “Mindfulness state” in a session will be linked to higher ratings in the Session Impact Questionnaire for the patient and with a better negotiation of the therapeutic alliance between patient and therapist. Discussion: Results will be discussed regarding the relationship between these variables, and the evolution of the therapeutic processes.

PRESENTATION MODALITY: In Person

- **Therapeutic Alliance as a Potential Modifier of Epigenetic Changes in Psychotherapy: An Exploratory Study in Adolescents with Borderline Personality Disorder** ⁽¹⁷⁰⁾

Yamil Quevedo (Universidad de Chile), Hernández Cristobal, Boon Linda, Luisa Herrera, Jimenez Juan Pablo

PAPER ABSTRACT:

Epigenetic processes are sensitive to environmental conditions and can operate as mechanisms that allow early environmental experiences to trigger phenotypic modifications without modifying the genotype. Psychotherapy could be also considered as an environmental stimulus that could modify the epigenetic profile. In order to evaluate the relationship between epigenetic changes and therapeutic alliance, 11 adolescents diagnosed with BPD were evaluated three times during 6 months of treatment. Measures of therapeutic alliance, symptomatic change and level of DNA methylation in three specific regions of FKBP5, a gene related to the regulation of the stress response were performed. Within-person analysis showed that higher scores on therapeutic bond were significantly associated with lower average DNA methylation, additionally, a significant decrease in average DNA FKBP5 methylation was observed in subjects who responded to psychotherapy. The results of this exploratory study suggests that psychotherapy and therapeutic alliance may contribute to a remodeling of the molecular mechanisms associated with the stress response in subjects with BPD.

PRESENTATION MODALITY: In Person

BRIEF PAPER SESSION**Therapeutic Relationship and Credibility****MODERATOR:**

Danilo Moggia
Universität Trier, Germany

BRIEF PAPERS:

- **Credibility of Psychotherapy Placebos: A Meta-Analysis** ⁽¹⁷¹⁾

Andrew N. Snell (The University of Memphis, USA), Jeffrey S. Berman

PAPER ABSTRACT:

Treatment credibility is one of many nonspecific factors associated with treatment outcome. In randomized controlled trials (RCTs), placebo psychotherapies lacking credibility may exaggerate the effectiveness of active treatments. Many published studies measure treatment credibility peripherally, but few have directly approached the issue of differential credibility. The present meta-analysis examines psychotherapy RCTs that include participant ratings of treatment credibility, comparing credibility and outcome ratings to estimate the prevalence of differential credibility and its association with treatment outcome. Relevant studies were identified using forward citation chaining in Elsevier's Scopus database, targeting articles citing the Credibility/Expectancy Questionnaire. Articles that are not psychotherapy RCTs, do not report between-group descriptive statistics, or use only wait-list controls were excluded. Between-group effect sizes were calculated for treatment credibility and treatment outcome, and their relationship was estimated by regression analyses. Regression analyses will be used to estimate outcome differences that would have been expected if active and placebo treatments were equally credible. Potential moderators such as participant demographics will also be explored. The results of this meta-analysis will provide information on the extent of one potential limitation to psychotherapy RCTs and also demonstrate the role that treatment credibility might play in promoting change.

PRESENTATION MODALITY: In Person

- **Is it Me, Is it You or is it Both of Us? Applying the Social Relations Model to Disentangle the Components of the Therapeutic Relationship** ⁽¹⁷²⁾

Danilo Moggia (Universität Trier, Germany), Brian Schwartz, Julian A. Rubel, Dirk Zimmermann, Britta Kästel, Wolfgang Lutz

PAPER ABSTRACT:

Objective: Even though the therapeutic alliance has been associated with treatment outcome, the evidence regarding which variability levels and alliance components contribute to treatment outcome is sparse. The study explored one specific component of the therapeutic alliance, the therapeutic relationship. On this aim, the social relations model (SRM, aimed to analyze dyadic data) was implemented to investigate the contribution of therapists and patients to the relationship and their associations (at the within and between levels) to treatment outcome. **Method:** A novel design for individual psychotherapy studies was adopted, a many-with-many block dyadic design, in which several patients interact with several therapists. Diverse hierarchical linear models were computed to study through variance partitioning the different components of the SRM and their association to treatment outcome. **Results:** All SRM components (with significant effects at therapist- and patient- within and between levels) resulted in significant contributions to the relationship. However, only components at the within- and between-therapist, and within patient levels resulted in significant associations with outcome. **Conclusion:** The therapeutic relationship is a dyadic/relational phenomenon. Our results support not only studying and offering clinical training on interpersonal therapeutic skills but also on constant monitoring and feedback of the relationship at the more idiosyncratic level.

PRESENTATION MODALITY: In Person

- **Modelling the Therapeutic Relationship Using Affect Coding and Dynamical Systems** ⁽¹⁷³⁾

Paul R. Peluso (Florida Atlantic University, USA)

PAPER ABSTRACT:

The therapeutic relationship is the cornerstone of any effective therapeutic encounter. However, little is known about the effects of specific emotional behaviors of therapists and clients on this important therapeutic factor, or how they can be modified to improve the quality of the relationship. The presenter will discuss using an affective coding

system, amount of time therapists speak and clients speak, and are used to deconstruct the therapeutic relationship into its basic emotional elements. In particular, the detection of very subtle emotional displays, often called “micro-expressions” could provide critical feedback for clinicians on patients who are experiencing serious distress that they are unwilling to disclose, or who are in a state of unrelenting despair from depression that they do not believe that counselors can help. In addition, these emotional displays can also be used to indicate the degree of cooperativeness with physician directives, comprehension of medical advice, and compliance with treatment regimens by measuring the emotional exchange between practitioners and clients. Mathematical modeling was also used in analyzing these interactions from another comprehensive perspective. Information and analysis of the impact of the emotion coding, mathematical parameters, graphical representations, and other relationship measures on clinical outcomes (reduction in specific symptoms and behaviors) will be presented. Suggestions for improving the therapeutic relationship will also be discussed. In addition, we will detail the use of software to develop automated detection systems as well as the use of machine learning to extract additional information about the therapeutic relationship.

PRESENTATION MODALITY: In Person

Friday, July 8, 2022, 17:30–18:30 (MDT)

PO01

POSTER SESSION

FRIDAY, JULY 8, 2022, 17:30–18:30 | CCOM 1600 & 1700

Posters:

- **"It Feels Like You're Not Alone": Peer Support for Bipolar Patients, a Review** ⁽¹⁷⁴⁾

Carla V. Vásquez (Universidad Diego Portales, Santiago, Chile), María V. Díaz, Francisca E. Avilés, Alejandra J. Duarte, Alemka J. Tomicic

POSTER ABSTRACT:

Aim: This scoping review aimed to systematically assess evidence regarding peer support for patients with Bipolar Disorder (BD), characterize types of interventions and support available and assess their effects and effectiveness. **Methods:** Using PRISMA guidelines, three databases (WOS, Medline Complete and PBSC) were reviewed during October, 2021, using the following keywords: Bipolar Disorder and peer support, peer specialists, or expert patient. Inclusion criteria were: articles published from 2011 to 2021; interventions designed for over 18 years old population and primary studies. Forty four articles were selected and analyzed based on the definition used for BD and peer support, type of study and intervention carried out, and type of peer training. **Results:** The acquired data shows that BD is understood as a severe mental illness. BD patients have difficulties establishing and maintaining interpersonal relationships, as well as high levels of stigma and disability. The most common interventions were group therapy and psychoeducation programs guided by trained peer supporters and health professionals, but informal peer support can occur naturally in online settings. Overall, peer support was highly valued by BD patients as part of their treatment. **Discussion:** Although psychoeducation and peer support delays and reduces the probability of relapse, some difficulties should be taken into account: high costs in initial implementation; little interest shown by mental health centers in including it as part of the treatment they provide and effects on the supporter. **Limitations:** Only articles written in English were included, and none of the articles came from Latinamerican contexts.

KEYWORDS: Severe mental illness | Other: Peer Support, Bipolar Disorder, Systematic Review

PRESENTATION MODALITY: Virtual

- **A Large Systematic Review and Meta-Analysis on Psychotherapeutic and Psychopharmacological Interventions for Posttraumatic Stress Disorder: Building an Openly Accessible Databank** ⁽¹⁷⁵⁾

Sebastian Siehl (University Medical Center Schleswig-Holstein, Kiel University,

Germany), Laura Wilhelms, Anselm Crombach, Christian Clemm von Hohenberg, Josepha Zimmer, Frauke Nees

POSTER ABSTRACT:

The literature on evidence-based intervention protocols for treating posttraumatic stress disorder (PTSD) is growing showing medium to large effect sizes for approaches such as cognitive restructuring, trauma-focused exposure or eye movement desensitization and reprocessing (EMDR) and several drugs, including selective serotonin and norepinephrine reuptake inhibitors. For researchers, practitioners as well as patients seeking treatment, keeping up to date with the evidence, can be error-prone, time consuming and challenging. In this large systematic review and meta-analysis, we aim to 1) build an openly accessible databank of randomized control trials (RCTs) on PTSD interventions (psychotherapeutic, psychopharmacological) following the recent development of community-augmented meta-analyses (CAMA) using 2) traditional as well as network-meta-analytic approaches. The study was preregistered on the International prospective register of systematic reviews (PROSPERO; CRD42020171289). We will include only RCTs with adult patients (>18 years), diagnosed with PTSD according to common classification systems (ICD, DSM). In our systematic search, we identified over 30.000 articles on PubMed, Web of Science, PsycInfo and Google Scholar and almost 50 existing reviews. In the currently ongoing screening process, we expect around 150 articles to be included for coding and quantitative analyses. A coding sheet has been adapted based on this example dataset, which can find a broader application in clinical psychology in general. We further discuss the potential of CAMA for practitioners and patients. The databank on PTSD interventions is a first step towards an open and reproducible science with the potential to accumulate and communicate evidence more efficiently.

KEYWORDS: Evidence-based psychotherapies | Meta-analysis | Other: PTSD, Community Augmented Meta-analysis, Psychopharmacology

PRESENTATION MODALITY: Virtual

- **A Mixed-Methods Investigation of Client Perceptions of Boundary Changes during the Shift from In-Person Therapy to Teletherapy** ⁽¹⁷⁶⁾

Daisy Ort (Teachers College, Columbia University, NY, USA), Jacob C. Hermann, Emily J. Hubbard, Mossie Lierle, Tanya Mehdizadeh, Paula A. Ryszkiewicz, Lily S. Steinman, Mingrui Wu, Barry Farber

POSTER ABSTRACT:

Aim: This study investigates client perceptions of boundary changes in psychotherapy following the transition from in-person therapy to teletherapy as a result of the COVID-19 pandemic. **Method:** As part of a mixed-method study, a large sample of teletherapy clients (n = 2,106) completed a self-report questionnaire assessing the extent to which specific aspects of their treatment experience changed in the transition from in-person therapy to teletherapy. One measure (Perceptions of Psychotherapy Process Scale), included items assessing the extent to which therapeutic boundaries shifted in the transition from in-person therapy to teletherapy. For example, participants were asked to rate on a 5-point Likert-type scale (1 = Much less; 3 = About the same; 5 = Much more) the extent to which their therapist shares details/information about their personal life, health, and well-being has changed in the shift from in-person therapy to teletherapy. **Results:** Results indicated that clients perceived an increase in boundary extensions over teletherapy during the pandemic, as compared to in-person therapy (with the same clinician). Regression analyses also indicated a positive relationship between increased boundary extensions and clients' engagement in the therapeutic process. **Discussion:** A better understanding of the way changes to traditional therapeutic boundaries may impact clients' perceptions of teletherapy may facilitate therapists' ability to foster greater connection and engagement with their clients over teletherapy.

KEYWORDS: Internet-based | Relationship factors

PRESENTATION MODALITY: In Person

- **An Outcome Study of Emotion Focused-Therapy for Emotional Injuries** ⁽¹⁷⁷⁾

Ayumi Noda (Ochanomizu University, Tokyo, Japan), Shigeru Iwakabe, Kaori Nakamura

POSTER ABSTRACT:

Objective: This study examined the effect of an EFT intervention on 17 clients with emotional problems related to past emotional injuries due to personal failures. **Method:**

The participants are self-referred adults who completed the 16 to 20 sessions of individual EFT treatment in private practice settings or online. Sixteen clients were Japanese, and one client was Chinese in origin but spoke Japanese fluently. The treatment was given by 8 certified clinical psychologists who completed 64 hours of training in EFT. In this study, ten outcome measures in five domains were used to capture therapeutic outcome comprehensively, including emotion regulation, experience of shame, psychological distress and psychiatric symptoms, interpersonal problems, self-compassion, flourishing in addition to subjective sense of emotional injuries. Clients completed ten outcome measures before and after the intervention. Result: The results showed a large effect size of $d > 0.82$ for nine measures except for experiences of shame. Clinically significant changes were observed in half of the clients, and only one client deteriorated significantly in half of the scales. Discussion: The results indicate that EFT is an effective intervention for emotional injuries. A large effect size for a wide range of outcome measures suggests that changes are pervasive at multiple levels of functioning: emotional, cognitive, and interpersonal. Future research needs more cases to confirm these results and triangulation from clients' subjective experiences with EFT intervention.

KEYWORDS: Treatment outcome | Other: Outcome study, Emotion-focused Therapy, Emotion

PRESENTATION MODALITY: Virtual

- **Applying the Theory of Planned Behavior to the Intention to Seek Couple Therapy: The Role of Attachment, Relationship Satisfaction, and Expectations** ⁽¹⁷⁸⁾

Allison Megale (University at Albany, State University of New York, USA),
Myrna L. Friedlander

POSTER ABSTRACT:

Aims Research has shown the negative consequences of relationship distress on mental health symptoms, such as mood disorders and anxiety (Beach & Whisman, 2012), yet many distressed couples do not seek professional help (Cicila et al., 2014). While previous literature has identified a variety of barriers to help-seeking (e.g., financial concerns, lack of childcare; Williamson et al., 2019), there is limited understanding of the psychological barriers. Consequently, the goal of the study is to examine psychological factors that contribute to an individual's intention to seek couple therapy when experiencing a relational conflict with one's romantic partner. Methods This study aims to recruit 658 adults in a committed relationship that are currently experiencing a problem or conflict in their relationship. Proposed analyses include structural equation modeling, specifically path analysis, and will also examine gender differences in the model. Results The results of this study will extend the research on intentional help-seeking for couple therapy by examining the contribution of the three Theory of Planned Behavior constructs (attitudes, subjective norms, perceived behavioral control; Azjen, 1991), attachment insecurity (Bowlby, 1969), as well as role and outcome expectations (Friedlander et al., 2019). Discussion Results will help to understand factors that encourage distressed romantic partners to seek professional help from a couple therapist and will extend the research on couple help-seeking.

KEYWORDS: Attachment & development | Other: Couples Therapy, Expectations, Theory of Planned Behavior

PRESENTATION MODALITY: Virtual

- **Asylee Perceptions of U.S. Mental Health Care and Existing Treatments for PTSD** ⁽¹⁷⁹⁾

Galen P. Cassidy (Williams College, Massachusetts, USA), Laurie Heatherington,
Jennifer McQuaid

POSTER ABSTRACT:

Those who seek asylum (asylees) have a significantly higher prevalence of psychological disorders, particularly PTSD, than the general population. In part, this is because they are likely to have gone through several traumatic experiences before and during migration and to face a prolonged uncertain status following their arrival. While meta-analyses of RCTs with asylees have found CA-CBT, EMDR, and NET to be efficacious in treating PTSD, treatment utilization among this population remains low. Researchers have identified a number of possible barriers to treatment, including the trauma-focus of most PTSD interventions, which can be difficult for severely-traumatized individuals, as revisiting their experiences can be extremely painful. It is therefore imperative to develop

PTSD interventions that are effective and accessible for asylees. We employ virtual structured interviews with U.S. asylees living with symptoms of PTSD to study treatment engagement, efficacy expectations, perceived barriers and goals for psychotherapy in a population of 40+ asylum seekers from diverse countries. We also solicited their perceptions of the efficacy and difficulty of engaging in CA-CBT, EMDR, NET, and IPT (non-trauma-focused) for PTSD by sharing brief accessible descriptions of each treatment. Data collection is ongoing and will be completed in February 2022. Our findings can be used to inform mental health care for asylees by identifying which intervention goals to emphasize and the most important barriers to treatment in need of elimination, and by narrowing the focus of those providing psychotherapy for asylees to those interventions which are perceived as credible and approachable by this population.

KEYWORDS: Culture | Evidence-based psychotherapies | Quantitative & qualitative method | Other: PTSD

PRESENTATION MODALITY: In Person

- **Autistic Adults' Perception of Bias in Their Therapeutic Alliance: A Neurodiversity Perspective on Effective Mental Health Care** ⁽¹⁸⁰⁾

Zoe C. Darazsdi (Villanova University, USA)

POSTER ABSTRACT:

Many mental health practitioners receive very little education on how to build a therapeutic alliance with autistic clients (Rivas & Hill, 2018), and often have biases towards this population (Kelly & Barnes-Holmes, 2013; Taylor, 2018). As a result, autistic adults experience insufficient mental health care (Camm-Crosbie et al., 2019). This fifteen-participant qualitative study is the first to explore autistic adults' perceptions of bias in their therapeutic alliances, its impact on their self-esteem, and generate methods of more effectively treating autistic people. Results indicate a need for mental health practitioners to examine their own anti-autistic biases, further educate themselves on the neurodiversity movement, and center equity and respect in their interactions with autistic clients. Camm-Crosbie, L., Bradley, L., Shaw, R., Baron-Cohen, S., & Cassidy, S. (2019). 'People like me don't get support': Autistic adults' experiences of support and treatment for mental health difficulties, self-injury and suicidality. *Autism*, 23(6), 1431–1441. <https://doi.org/10.1177/1362361318816053> Kelly, A., Barnes-Holmes, D. (2013). Implicit attitudes towards children with autism versus normally developing children as predictors of professional burnout and psychopathology. *Research in Developmental Disabilities*, 34(1), 17–28. <https://doi.org/10.1016/j.ridd.2012.07.018> Rivas, M., & Hill, N. R. (2018). Counselor trainees' experiences counseling disability: A phenomenological study. *Counselor Education and Supervision*, 57(2), 116–131. <https://doi.org/10.1002/ceas.12097> Taylor, C. (2018). (thesis). From bias to behavior: predicting prejudice towards autistic individuals. W & M Scholarworks. <https://scholarworks.wm.edu/honorstheses/1203>

KEYWORDS: Alliance | Client effects | Qualitative | Treatment process and outcome

PRESENTATION MODALITY: Virtual

- **Client Characteristics Predicting Change Patterns and Recovery** ⁽¹⁸¹⁾

Kristina Pidvirny (Stony Brook University, USA), Sakura Ito, Matteo Bugatti, Sin-Ying Lin, Dina Vivian

POSTER ABSTRACT:

Psychotherapy is an effective treatment approach for most mental health conditions. However, rates of suboptimal outcomes in psychotherapy remain unsatisfactorily high. Among these negative outcomes, the lack of recovery following a course of treatment (i.e., lack of achievement of sub-clinical scores) is a pervasive issue encountered across treatment settings and modalities. Measurement-based care (MBC) promises to facilitate the identification of clients at-risk for unsatisfactory outcomes. Although MBC is becoming a widespread evidence-based practice in university training clinic, there is a dearth of naturalistic research examining its use for the early identification of at-risk clients. The present study addressed this gap in the literature by examining two interrelated research questions: a) what early symptom change patterns are associated with lack of recovery upon termination? and b) what intake client characteristics predict belongingness to trajectories of change associated with lower recovery rates? Growth mixture model (GMM) was conducted using a naturalistic dataset from a sample of 253 clients who received treatment for depression at a university training clinic. A mixed-effect cubic growth model with three classes predicting recovery status at termination

was found. Client demographics, treatment length, and therapist training level did not predict class belongingness. However, clinical characteristics, including baseline symptom severity, and number of comorbidities were identified as significant predictors. These results suggest that MBC can be a useful tool for the early identification of clients at-risk for suboptimal treatment outcomes.

KEYWORDS: Evidence-based psychotherapies | Treatment outcome | Other: Measurement-based care, Trajectories of change

PRESENTATION MODALITY: Virtual

- **Client Perspectives on Psychotherapy Failure** ⁽¹⁸²⁾

Craig Miller (Marquette University, Milwaukee, USA), Sarah Knox, Robert Twidwell, Graham Knowlton

POSTER ABSTRACT:

Research demonstrates that psychotherapy is effective for many, in terms of both symptom reduction and improved functioning. But what happens when psychotherapy fails? How do clients experience treatment failure? Little empirical research has examined psychotherapy treatment failure, and none has done so from the client point of view. This study used consensual qualitative research (CQR) to begin to fill this gap in the literature by examining how clients define and experience treatment failure. Specific research questions included: (1) How did clients describe their experience of failed therapy; (2) What contributed to the failure of the therapy; (3) What could have been done differently to prevent the therapy failure; (4) How did the failure affect clients; (5) Despite the failed therapy, what, if any, benefits did the client receive during the therapy? Preliminary findings indicate that recognition of the failure occurred gradually; that the failure yielded varied negative effects (e.g., worsened symptoms, deterioration of therapy relationship); and that clients raised concerns about the therapy before the final session. Therapist actions (e.g., insensitive responses to client concerns) and inactions (e.g., not managing therapy effectively) contributed to the failure, as did clients' difficulty voicing their concerns. The failure could have been prevented had therapists managed the therapy more effectively or attended to the relationship, or had clients shared their concerns about therapy not meeting their needs. Post-termination negative effects were cognitive/affective, behavioral, and interpersonal. The failed therapy also helped clients learn what they needed from therapy. Implications for practice and research are addressed.

KEYWORDS: Qualitative | Treatment process and outcome | Other: Failed Therapy

PRESENTATION MODALITY: Virtual

- **Client Race/Ethnicity and Degree of Acculturation as Predictors of Therapeutic Alliance Development over Time** ⁽¹⁸³⁾

Sinan Payat (Case Western Reserve University, USA), Alice E. Coyne, Norah C. Feeny, Lori A. Zoellner

POSTER ABSTRACT:

Objective: Therapeutic alliance is associated with improvement, including in evidence-based treatments for posttraumatic stress disorder (PTSD; Flückiger et al., 2018). Therefore, it is important to understand which clients may have difficulty forming strong alliances. One study found that among veterans receiving PTSD treatments, People of Color (POC) experienced weaker alliances than Whites (Koo et al., 2016). However, less is known about whether and how these alliance differences evolve over time. Furthermore, most studies have operationalized racial/ethnic identity categorically, which neglects within group variability, such as degree of acculturation to Western norms. Addressing these gaps, we tested ethnicity and degree of acculturation as predictors of alliance formation over time in prolonged exposure (PE) for PTSD. We expected to find weaker overall alliance and slower alliance growth for POC and less acculturated clients (Koo et al., 2016). Method: Clients were 116 adults (65.5% White; 34.5% POC) who received 10 weeks of PE as part of a larger clinical trial (Zoellner et al., 2019). Clients self-reported alliance using the Working Alliance Inventory-Short Form (Tracey & Kokotovic, 1989), and acculturation using the Pan-Acculturation Scale (PAN; Soriano & Hough, 2000). We tested our hypotheses using multilevel modeling. Results: On average, alliance increased significantly over time. Race/ethnicity and acculturation did not predict initial alliance or alliance growth. Conclusion: Results revealed no racial/ethnic disparities in alliance development in PE for PTSD. Clinically, these findings suggest that therapists can form high quality relationships in brief, structured treatments with people of diverse ethnicities, without incorporating adjunctive alliance-focused interventions.

KEYWORDS: Alliance | Culture & identity | Evidence-based psychotherapies | Other: posttraumatic stress disorder, prolonged exposure, acculturation

PRESENTATION MODALITY: In Person

- **Clients' Perceptions of Therapist Dishonesty and the Effect on the Therapeutic Alliance** ⁽¹⁸⁴⁾

Catherine Crumb (Teachers College, Columbia University, NY, USA), Shana Dickstein, Amen Attar, Francesca Balest, Luisa Garbowit, Kaitlyn Howe, Katarina Kokkosis, Grace Myers, Sterling Nenninger, Brittany Riemer, Anibal Rodriguez, Barry Farber

POSTER ABSTRACT:

Honest communication between therapists and clients is a crucial component of psychotherapeutic work, but very little is understood about whether clients perceive their therapists as honest or dishonest in session. This study examined the prevalence, acceptability, and consequences of perceived therapist dishonesty. Data were compiled from a Qualtrics survey of 640 psychotherapy clients. Findings revealed that clients perceive their therapists as mostly honest in session; however, clients perceive their therapists to be occasionally dishonest about a variety of topics, including the therapist's frustration and the therapist's physical and emotional health. Notably, most clients indicated that it was acceptable for their therapist to be somewhat dishonest about their physical and emotional health. The results also indicated that the perceived level of overall therapist honesty impacted the therapeutic alliance. Clients who perceive their therapists as mostly honest report stronger working alliances. Lastly, our results indicated that the perceived level of therapist honesty and the clients' level of trust in their therapist were greater predictors of the strength of the working alliance, more so than the clients' own level of honesty in session and the length of time the client has been in therapy.

KEYWORDS: Relationship factors | Therapist effects | Therapist training and development | Treatment process and outcome

PRESENTATION MODALITY: Virtual

- **Co-Emotion Regulation Strategies for Parents and Children in Family Therapy** ⁽¹⁸⁵⁾

Kaelie L. Wagner (Brigham Young University, Provo, USA), Lee N. Johnson

POSTER ABSTRACT:

Aims. Research on emotion regulation mainly focuses on how individuals regulate their emotions, with studies on the co-emotion regulation between mothers and children, being less plentiful. Even fewer studies examine the process between parent and children during family therapy. This poster will synthesize literature on emotion regulation in families and recommend best strategies for family therapy. **Methods.** Articles, book chapters, and books were found using PsycINFO, JSTOR, and family studies databases using: "emotion regulation in children", "emotion regulation in children AND parents", "interpersonal emotion regulation", "interpersonal emotion regulation in therapy", "parental influences on child emotion regulation" "therapy AND emotion regulation AND children" and "interpersonal emotion regulation in children." Inclusion criteria included sources on experiential, behavioral and physiological emotion regulation in parent-child relationships or how they were addressed in therapy. **Results.** Our synthesis shows that parent-child emotion regulation is guided by attachment theory or parenting styles. Further, emotional regulation between parents and children is bi-directional, multi-faceted, and understood through experiences, behaviors, and physiology. Research on mothers' emotion regulation influencing children's is most numerous, with fewer studies on fathers' effects on children. The fewest studies address children's influence on parents' emotional regulation. Finally, clinical studies on children struggling to regulate emotions, show most treatments are individual, or parent supported, with parents and children not seen as equal influencers in emotional regulation processes. **Discussion.** Since current approaches focus less on co-emotion regulation, the authors are developing recommendations for the co-regulation of emotions in family therapy to be presented in the final poster.

KEYWORDS: Systemic interventions | Other: Interpersonal emotion regulation, Parent-child interpersonal emotion regulation, Therapy

PRESENTATION MODALITY: In Person

- **Combining Tradition with New Methods: Application of Machine Learning to Analyze Patients' Functioning in Interpersonal Relationships** ⁽¹⁸⁶⁾

Antoni D. Korczak (University of Warsaw, Poland)

POSTER ABSTRACT:

The possibilities of applying machine learning (ML) to the development of psychotherapy are recognized and appreciated more and more often. An example of application of ML is identifying factors which contribute to patients' improvement in the course of psychotherapy. Exploration of patients' functioning in interpersonal relationships is considered as one of specific healing factors in various modalities of psychotherapy. The poster will present a project of a tool based on ML techniques. The tool is designed to search psychotherapy transcripts for occurrence of exploration of patient's functioning in relationships and examine whether this factor is related to the therapeutic outcome.

KEYWORDS: Psychotherapy integration | Relationship factors | Other: Machine learning

PRESENTATION MODALITY: In Person

- **Comparing Acceptance and Commitment Therapy with Cognitive Behavioral Therapy: A Meta-Analytic Review** ⁽¹⁸⁷⁾

Rivian K. Lewin (The University of Memphis, USA), Jeffrey S. Berman, Audrey B. Garrett, Christian Dellavella, Selena D. Wood, Madolyn O. Henderson, John D. Parigger, Jerry L. Lovelace, Megan H. Crowley

POSTER ABSTRACT:

Background: Acceptance and Commitment Therapy (ACT) is a relatively new transdiagnostic "third wave" cognitive behavioral therapy (CBT) that is cast as differing from traditional CBT in several ways, with the most prominent being ACT's (a) emphasis on nonjudgmental awareness of the present moment, (b) aim to change one's interaction with cognitions rather than modify their content, and (c) goal of treating psychological flexibility rather than symptom reduction. Despite large evidence bases for both ACT and CBT, there are barriers to interpreting them due to between-study differences (e.g., length of treatment, experience level of therapists, presenting problem). Aim: The aim of the current review is to provide clarity about the relative effectiveness of ACT and CBT by examining only randomized controlled trials in which both ACT and CBT are evaluated within the same study. Method: Relevant studies were identified using three search strategies (PsycINFO, Association for Contextual Behavioral Science randomized controlled trial database, and reference lists from articles and meta-analyses). Data Analysis: A standardized measure of the relative effectiveness of the ACT compared with CBT treatment was calculated for each outcome measure reported in the identified studies. Analyses will compare these relative treatment outcomes and assess study, therapist, and client variables (e.g., therapist training, outcome type, investigator allegiance, etc.) as potential moderators. Expected Results: Although ACT and CBT may be found to perform similarly on measures of symptom reduction, ACT could be superior to CBT in terms of outcomes related to values and psychological flexibility.

KEYWORDS: Evidence-based psychotherapies | Meta-analysis | Treatment outcome

PRESENTATION MODALITY: Virtual

- **Cootherapy, Therapeutic Teams and Impact on Therapeutic Effectiveness** ⁽¹⁸⁸⁾

Maria P. Martínez (Universidad Pontificia de Comillas, Spain), Laura Bermejo-Toro, Inés Mendoza, Virginia Cagigal, Elena Gismero, Rafael Jódar

POSTER ABSTRACT:

The effectiveness of cotherapy and working with a therapeutic team in its different formats, in comparison with the practice of individual therapy (a single therapist), has little empirical research despite being a widely used practice. This research project (TERACOR Project) that has been developed at UNINPSI, a university center of clinical psychology, seeks to provide empirical evidence around the therapeutic effectiveness and patient satisfaction on the different modalities in which they receive treatment: a) cotherapy formed by a senior therapist and a trainee therapist; b) senior therapist with the addition of a therapeutic team of psychologists in training; c) a single senior therapist. The effectiveness of these therapeutic modality varieties depending on the therapeutic approach, the patient's problems, the type of patient (adult individual, couple, family, or adolescent), will be also analyzed. The design is quasi-experimental and patients will be evaluated three times: at the beginning of therapy, on week 12, and at the end of treatment. Among the variables that are evaluated, the following stand out: therapeutic

results (CORE-OM), psychopathological symptoms (SA-45) and interpersonal relationships (IIP-32), as well as the therapeutic alliance, the perceived efficacy of the treatment and their satisfaction with the modality of treatment. The preliminary results of the cases analyzed between October 2021 and May 2022 will be discussed to assess the impact of receiving treatment in co-therapy or with therapeutic teams versus being attended by a single therapist.

KEYWORDS: Client effects | Therapist effects | Therapist training and development

PRESENTATION MODALITY: Virtual

- **Designing a Brief Psychotherapy Program for Substance Use Disorders in a Tertiary Mental Health Care Facility in South India: A Qualitative Process** ⁽¹⁸⁹⁾

Rojo S. George (National Institute of Mental Health and Neuro Sciences, Bangalore, India), Gitanjali Narayanan, Arun Kandasamy

POSTER ABSTRACT:

Aim: Tertiary mental health care centres in low and middle income countries (LMIC) face challenges in providing low cost services to a large number of patients. A treatment gap of over 80% exists for individuals with substance use disorders (SUDs). Existing brief interventions primarily focus on psycho-education, skills building and managing triggers. Current literature suggests a need for more insight facilitative brief psychotherapies that address core factors such as personality pathology, treatment adherence, and therapeutic alliance. This poster describes the initial steps taken in the pilot phase to design a brief psychotherapy intervention for SUDs. **Method:** A qualitative design was used. After obtaining permission from the institutional ethics committee, focus group discussions (FGD) were conducted with three groups: Patients with a diagnosis of SUD who had undergone structured psychotherapy (n=5), experts in the field of SUDs (n=7) and psychotherapists (n=7). All participants were selected using a purposive sampling method from a tertiary care set-up. The FGDs were conducted over an online platform. The discussions were audio recorded, transcribed and subjected to qualitative analysis. **Results:** Themes centered on three factors: therapy structure; content and technique; and process of therapy. Emphasis was given to common factors over specific techniques, adopting a phase based approach, using electives and acknowledging patient and family members' explanatory models of illness. **Discussion:** Implications for adapting or developing interventions for patients with SUDs in a tertiary care facility are discussed. The role of need assessments, extensive literature review and feasibility evaluation in this process are also explored.

KEYWORDS: Personality | Psychotherapy integration | Substance abuse

PRESENTATION MODALITY: Virtual

- **Development of Therapeutic Skills in a University Teaching Context** ⁽¹⁹⁰⁾

Jana Bommer (Universität Trier, Germany), Anne-Katharina Deisenhofer, Jana Schaffrath, Steffen T. Eberhardt, Wolfgang Lutz

POSTER ABSTRACT:

Background: Instruction, modeling, practice and feedback sensu Bandura are essential elements of any learning process. In training programs instruction and modeling provide a crucial foundation. But, most important, trainees need to practice, preferably with constructive feedback, to master the skills they learn. In psychotherapist training, one promising method is working with simulated patients. This study examined the impact of an innovative teaching method for novice therapists and augmented subjective assessments with objective performance evaluations. The present study also investigated predictors of the psychotherapeutic skills after training. **Methods:** The analyses are based on a sample of 66 master psychology students that participated in case seminars for one semester. Students completed self-report and performance measures (an adapted version of the Facilitative Interpersonal Skills (FIS) task) at the beginning and the end of the semester. Each student conducted one 50-min helping session treating a simulated patient (played by a therapist in training) during the course of the semester. The videos of the FIS performance task were coded by two trained observers resulting in more than 200 coded videos. We examined the learning progress using different perspectives (trainee perceptions and behavioral codings). Furthermore, two-level hierarchical linear regression models were used to predict the psychotherapeutic skills and control for trainer effects. **Results & Discussion:** Results are discussed in the context of the question to what extent training with simulation patients

enrich psychotherapy training and foster facilitativeness (e.g., therapeutic alliance, empathy, warmth) as well as helping skills.

KEYWORDS: Therapist training and development | Other: facilitative interpersonal skills, simulated patients, helping skills training

PRESENTATION MODALITY: Virtual

- **Effects of Cognitive Remediation Therapy Versus Other Interventions on Cognition and Negative Symptoms in Schizophrenia Inpatients** ⁽¹⁹¹⁾

Magdalena Linke (University of Warsaw, Poland), Konrad S. Jankowski

POSTER ABSTRACT:

Aim Computerized cognitive remediation therapy (CCRT) has been shown to improve cognitive functions in individuals with schizophrenia beyond effects of other forms of therapy. However, very few studies have investigated its efficacy in psychiatric wards in order to assess whether this is a suitable site to start the therapy. This study evaluated CCRT efficacy among schizophrenia inpatients who received a broad range of therapeutic interventions in the psychiatric ward. **Method** A randomized controlled trial of CCRT vs active control in 66 young inpatients with a diagnosis of schizophrenia was conducted. The interventions lasted for 6 weeks and its efficacy was assessed with the composite score of the MATRICS Consensus Cognitive Battery. **Results** Both groups improved similarly in cognitive functions and psychopathological symptoms. However, the CCRT group improved more than the controls in negative symptoms. **Discussion** This result shows that providing a drill and practice cognitive remediation to inpatients does not produce benefits for cognitive functioning substantially greater than other forms of therapy provided in a ward, but it is more efficient in reduction of negative symptoms. Our results suggest that CRT might be considered as a promising intervention for reducing the negative symptoms in schizophrenia individuals.

KEYWORDS: Medical disorders | Methods | Severe mental illness | Treatment process and outcome

PRESENTATION MODALITY: In Person

- **Effects of Positive and Negative Affect Dynamics on Early Responses to Psychotherapy for Depressed Patients** ⁽¹⁹²⁾

Eduardo Abreu (Universidad de Buenos Aires, Argentina), Juan Martín Gómez Penedo, Wolfgang Lutz, Julian A. Rubel, Beatriz Gómez, Javier Fernández-Álvarez, Fernando García, Andrés J. Roussos, Rocío T. Manubens, Roberto Muñíos

POSTER ABSTRACT:

Aim: Affect and emotional regulation are fundamental components in depression. Moreover, daily affect dynamics are considered important factors in patients' psychopathology and their response to treatment. The aim of this study is to examine the effect of the levels and early changes in positive and negative affect registered through intensive repeated measures on early responses to psychotherapy. **Methods:** A sample of 20 adult patients, diagnosed with at least a mild depression through the Patient Health Questionnaire (PHQ-9; Löwe et al., 2002) took part in this study. Twice a day, patients completed the Positive and Negative Affect Schedule (PANAS; Watson et al., 1988) in the context of an Ecological Momentary Assessment. To assess psychotherapy outcomes, patients completed the Outcome Questionnaire 45.2 (OQ-45.2; Lambert et al., 1996) at the beginning of treatment and then after session five. For data analysis we will use hierarchical lineal models (to derivate estimations of affect levels and rates of change) and multiple regression models (to determine the effect of those predictors on early changes). **Results:** Better early responses are expected to be associated with higher initial levels and increases of positive affect and lower initial levels and reductions in negative affect. **Discussion:** An in-depth knowledge of affect dynamics and its link with therapy outcomes would allow the development of predictive models that provide initial information to therapists regarding the prognosis of patients. This information could make an important contribution to the clinicians' decision-making process regarding treatment personalization.

KEYWORDS: Routine Outcome Monitoring | Treatment outcome | Other: Depression, Treatment personalization

PRESENTATION MODALITY: Virtual

- **Emotion, Emotion Regulation & Couple Therapy** ⁽¹⁹³⁾

Min Xu (Brigham Young University, Provo, USA), Lee Johnson

POSTER ABSTRACT:

In treating couples, emotion is always present, even if the therapist is using a strictly behavioral approach. While emotion and emotion regulation in couples are becoming more recognized, the true value and power of emotions have not been fully integrated into couple therapy. To facilitate clinical work and research, this poster reviews literature evaluating the multi-componential nature of emotion and emotion regulation. We conducted a search for articles and books using databases and journals: Journal of Family Process, Journal of Marriage and Family Therapy, Journal of Couple and Relationship Therapy, Emotion Review, and Psychology and Behavioral Sciences Collection. Further, we reviewed three modern emotion-centered approaches: Emotion-Focused therapy, Emotionally Focused Therapy, and Gottman Couple Therapy. The synthesis of literature and research shows a consensus among clinicians and researchers in that partners' emotion and emotion regulation have direct connections with their relationship satisfaction and personal wellbeing (both mental and physical). However, little is known about the contributing factors. Moreover, frequently used emotion-centered modalities offer interventions that have advanced couple therapy outcomes, but almost solely focus on cognitive aspects of emotion, while the physiological, neurological, and cultural components of emotion are missing. Furthermore, we need measurements that are designed to account for the interdependence and reciprocating impacts of emotion and emotion regulation in couples. To help distressed couples, we need to better use emotion, because emotion is what governs relationships. Couple therapy needs to integrate related findings from various fields to develop a modern framework, which implicates emotion and emotion regulation systemically.

KEYWORDS: Change process | Systemic interventions | Other: Emotion regulation, couple therapy, emotion in couples

PRESENTATION MODALITY: In Person

- **Emotional Coherence and Its Association with Psychotherapy Outcome** ⁽¹⁹⁴⁾

Shira Haimovitz (Bar-Ilan University, Ramat Gan, Israel), Adar Paz, Amir Eliassaf, Natalie Shapira, Yogev Kivity, Dana Atzil-Slonim

POSTER ABSTRACT:

Objective: Coherence between emotional expression and emotional experience is considered important in creating therapeutic change (Greenberg, 2012). So far, clients' emotional states were predominately measured by self-reports. These measures provide valuable information about clients' subjective emotional experience but may overlook other aspects of emotions, which can be found in the way emotions are verbally expressed. In the current study, we applied computerized text analytic techniques to capture clients' emotional expression as well as self-reports to capture clients' subjective emotional experience and examined the coherence between these two emotional aspects. We also examined whether emotional coherence increased throughout the course of therapy and its association with treatment outcome. Method: Transcripts of 792 treatment sessions, from 63 clients treated by 52 therapists were analyzed. The session proportion of words associated with either negative or positive emotion was automatically extracted using computerized text analysis. At the end of each session, clients reported their experience of emotions. Results: A significant positive association was found between emotional expression and emotional experience in negative emotions. Emotional coherence between expression and experience of negative emotions increased throughout therapy. However, no such link was found for positively valenced emotions. Further analysis will examine whether emotional coherence is associated with treatment success. Conclusion: Our result may shed light on the idea that a fuller experience and expression of emotion may contribute to successful treatments.

KEYWORDS: Treatment process and outcome | Other: Emotions in psychotherapy, Natural language processing, Text analysis

PRESENTATION MODALITY: Virtual

- **Emotional Maltreatment and Self-Criticism: The Impact of Childhood Emotional Abuse and Neglect on Perceived Criticism in Partners Seeking Couples Therapy** ⁽¹⁹⁵⁾

AnnaLisa W. Carr (Brigham Young University, Provo, USA), Lee N. Johnson, Shayne R. Anderson

POSTER ABSTRACT:

Childhood emotional maltreatment is under-reported, under-studied, and associated with insecure attachment styles, which impact romantic relationships in adulthood. This study investigates the impact of childhood emotional maltreatment on later romantic relationships in a clinical sample of heterosexual couples seeking couple therapy (N = 121 couples). Main findings were estimated with an APIM, showing significant actor and partner effects. Actor effects include higher female anxiety attachment and avoidance attachment predictive of females feeling more criticized by their partner and female anxiety attachment predicted females feeling more critical towards their partner. Male attachment avoidance and racial identity predicted males feeling more criticized by their partner and male attachment avoidance predicted males feeling more critical towards their partner. Partner effects include male childhood emotional abuse impact predicted females feeling more criticized. Females' attachment anxiety predicted males feeling more criticized. Female childhood emotional abuse frequency was predictive of males feeling more critical towards their partner and female childhood emotional abuse impact was predictive of males feeling less critical towards their partner. Conclusions and possible explanations for these findings are given and discussed in further detail.

KEYWORDS: Process and outcome | Relationship factors | Systemic interventions

PRESENTATION MODALITY: In Person

- **Evaluation of Explicit Mentalization in Psychologists and Psychotherapists Who Care for People with Self-Injurious Behavior** ⁽¹⁹⁶⁾

Arturo G. Lozano (Universidad de Guadalajara, México, Mexico), Mariana Valle, Ricardo Audiffred

POSTER ABSTRACT:

Numerous and relevant are the studies associated with mentalization; as well as innovative the applications in the field of mental health and psychological clinic. Mentalization-Based Treatment (MBT) has shown efficacy as one of the psychotherapeutic models endorsed by the American Psychological Association (APA) for treating people with Borderline Disorder or Emotional Instability. The aforementioned is no small matter, it is a transcendent aspect in mental health care and psychological functionality, particularly, to develop and evaluate therapeutic abilities in clinicians. Objective: To evaluate through the MindScape test the recognition and interpretation of emotions in psychologists and psychotherapists, identifying which profiles explicitly and effectively mentalize. Method: Exploratory research using MindSpate, a computer-assisted test, composed of 3 subtests: 1) facial expressions of emotions, 2) expression of emotions through body postures, and 3) a self-evaluation of the results obtained. This instrument is applied among psychologists and psychotherapists of different psychological orientation who attend to people with self-injurious behavior with or without suicidal risk and different diagnoses. Outcomes: Preliminary outcomes refer that the gender and clinical experience of psychologists and psychotherapists is associated with greater and more explicit mentalization ability. Discussion: The study adds data to research related to the evaluation and measurement of different dimensions of mentalization, such as: Mentalization Scale (MentS), Reflective Functioning Scale (RFS), the Reading the Mind in the Eyes Test, among others. MindSpate, on the other hand, is simple to apply, although a little spread and used to evaluate or develop mentalization abilities among professionals.

KEYWORDS: Facilitative Interpersonal Skills | Mentalization

PRESENTATION MODALITY: In Person

- **Facilitative Interpersonal Skills: A Review of Psychometric Characteristics and Findings** ⁽¹⁹⁷⁾

Joshua J. Allen (Brigham Young University, Provo, USA), Audrey L. Parker, Benjamin M. Ogles

POSTER ABSTRACT:

Psychotherapy research indicates that variance in client outcomes among therapists is more pronounced than the variance among therapeutic orientations. As a result, a significant line of research has developed, particularly in the past 3 decades to identify characteristics of therapists that contribute to those differences. One especially promising and replicated finding involves therapists' differences in facilitative interpersonal skills (FIS) observed using a performance task method (Anderson et. al., 2009). Being rooted in clinical observations, common factors theory, and applied research, FIS takes an

empirically supported approach towards identifying and measuring therapist interpersonal skills critical for improving psychotherapeutic outcomes. This paper reviews both the psychometric characteristics of the FIS rating system across studies along with exploring every published peer-reviewed article using the method. Limitation of the current research and recommendations for training of helpers are proposed.

KEYWORDS: Facilitative Interpersonal Skills | Therapist effects | Therapist training and development

PRESENTATION MODALITY: In Person

- **Facing Change: Using Computerized Facial Expression Analysis to Examine Emotional Inertia in the Treatment of Depression** ⁽¹⁹⁸⁾

Ido Yehezkel (Bar-Ilan University, Ramat Gan, Israel), Adar Paz, Eran Bar-Kalifa, Dana Atzil-Slonim

POSTER ABSTRACT:

Background: Recent evidence suggest that depressed individuals tend to reside in an emotional state for longer periods, that is, to have higher emotional inertia compared to people without depression. Consequently, helping depressed clients to develop a more flexible emotional experience is at the core of many therapeutic interventions. So far, the nuanced dynamic nature of emotional processes during therapy was mostly measured at discrete time-intervals using clients' subjective reports. Because emotions tend to fluctuate and change from moment to moment, the understanding of emotional processes in the treatment of depression depends on the existence of sensitive, continuous, and objectively codified measures of emotional expression. Facial expression is a primary channel of emotion expression containing all these features. **Aims:** in the current study we employed time-intensive automatic measures of clients' facial expression as well as self-reports to examine (a) whether clients who tend to have greater emotional inertia experience higher levels of depressive symptoms, and (b) whether decrease in emotional inertia from session to session is associated with improvement in depressive symptoms. **Method:** Data were drawn from 62 clients who underwent a 16-session supportive-expressive dynamic therapy for depression. All sessions were videotaped, and 5 sessions were analyzed using the FaceReader, an automated facial expression analysis software. Client also reported their depressive symptoms at the beginning of each session. **Results:** Our findings have the potential to expand the understanding of core emotional processes, impact assessment, and guide treatments of clients who suffer from depression.

KEYWORDS: Psychoanalysis | Other: depression, facial expression, emotion inertia

PRESENTATION MODALITY: Virtual

- **Factors of Psychotherapy Treatment Effectiveness** ⁽¹⁹⁹⁾

Maia Kalandarishvili (Patriarchate of Georgia St. King Tamar University, Tbilisi Georgia), Ketevan Gagnidze-McCormick, Tinatin Pansulaia, Magda Machavariani

POSTER ABSTRACT:

Research objectives The objectives of the presented research are: 1) Identification of the psychological factors determining an effective psycho-therapeutic treatment from the position of both the therapist and the client attitudes 2) Quantitative and qualitative assessment of the importance of the identified factors 3) Comparison of the therapist and the client attitudes regarding factors determining an effective psycho-therapeutic treatment for optimization of the therapeutic process between a therapist and a client **Research method:** To conduct the present research, we used four questionnaires developed by us. A total of 331 test subjects participants **Results and Conclusions:** 1. . The developed questionnaire is characterized by a high statistical reliability. (Chronbach's $\alpha = 0.850$, $F = 59.4$ $P = 0.000$) 2. According to the degree of importance in the effective management of the psycho-therapeutic process, 6 groups of factors were identified: from particularly and very important factors (trust in the psychotherapist, client involvement in the therapy process ...) to insignificant factors (sex and age of the psychotherapist) 3. Significant differences were identified between the attitudes of therapists and clients groups, while there are no large differences between individual therapist and client groups and their respective control groups. This result gives us reason to conclude that presently more strong and similar attitudes are formed within the professional (psychotherapist, psych-consultant) and nonprofessional (clients, non-clients) groups about the effectiveness of the psycho-therapeutic process than between the psychotherapist-client groups. The awereness of these differenses will help in the more optimization of the psycho-therapeutic process between psychotherapist and client

KEYWORDS: Quantitative & qualitative method | Relationship factors

PRESENTATION MODALITY: In Person

- **Feedback Systems into Routine Practice: The Therapists' Perspective** ⁽²⁰⁰⁾

Agnese Ronchi Salamea (Universidad de Buenos Aires, Argentina), Santiago Juan, Agustina Farah, Rocío T. Manubens, Martin grosse Holtforth, Juan Martín Gómez Penedo

POSTER ABSTRACT:

INTRODUCTION: In recent years, the use of feedback systems in psychotherapy has generated relevant lines of Practice-Oriented Research (POR), providing relevant information to therapists to enhance decision-making processes and evidence that can be shared with their patients. Nevertheless, the feedback systems might have particular features that could hinder or facilitate their implementation in clinical practice. In this context, studying the perspective of therapists included in feedback systems might foster better designs and implementations of these research strategies to produce an impact on psychotherapy processes and outcome. **AIMS & METHODS:** The present study explored the perspectives of 13 therapists from Buenos Aires, Argentina, included in a routine practice feedback system. Each therapist answered questions regarding her/his participation in the study and the perceived usefulness of the obtained information. Consensual Qualitative Research (CQR) methodology was used to analyze the data. **RESULTS & DISCUSSION:** Four thematic domains were generated: (1) Perceived characteristics of the information provided, (2) Perspectives on sharing registered information with the patient, (3) Match between information registered and clinical judgment of the therapist, and (4) Suggestions about the feedback system design. For each domain, we generated core ideas and ultimately categories, rating their frequency across the sample. Implications for POR agenda are discussed, emphasizing the need for a qualitative approach to feedback systems' users.

KEYWORDS: Qualitative | Other: Feedback systems, Therapists' perspectives, CQR

PRESENTATION MODALITY: Virtual

- **For Whom and When Psychotherapy Works: The Prognostic Role of Emotion Regulation Dynamics** ⁽²⁰¹⁾

Avigail Bar-Sella (University of Haifa, Israel), Galit Peysachov, Aviv Nof, Brian R. Baucom, Dan Sayda, Sigal Zilcha-Mano

POSTER ABSTRACT:

Aim: Given the moderate efficiency rates of the existing treatments for depression, the present study aimed at identifying individuals with poorer prognosis based on their emotional dynamics, as early as the first session of treatment. Intra- and interpersonal emotion regulation dynamics were examined as potential prognostic variables, assessing whether (a) patients within dyads with less regulated emotional dynamics, will show less reduction of symptoms throughout treatment, and (b) whether this association will be weaker in treatments focusing on changing maladaptive emotional dynamics (supportive-expressive vs. supportive treatment). **Methods:** First-session's emotion regulation dynamics were assessed using fundamental frequencies of the patient's and therapist's voices in a sample of 52 patient-therapist dyads. Symptomatic change was assessed by well-trained evaluators across 16 sessions of psychodynamic treatment. Emotion regulation dynamics were calculated using idiographic analysis of the actor-partner interdependence model. **Results:** Findings suggest that patients who show less regulated intrapersonal dynamics during the first session, show less reduction of symptoms throughout treatment. Findings further suggest that this association is mitigated when patients receive supportive-expressive-, as opposed to supportive- treatment. **Discussion:** The findings highlight the importance of examining the prognostic value of emotion regulation dynamics as early as the first session and suggest that treatments that focus on the patient's maladaptive emotional dynamics in interpersonal contacts are important for patients with such poorer prognosis.

KEYWORDS: Process and outcome | Other: Emotion regulation dynamics, Prognosis, Personalized treatments, Depression

PRESENTATION MODALITY: Virtual

- **From a Cross-Disorder Approach, Resource-Oriented Learning through and with the Body** ⁽²⁰²⁾

Nadine Kühberger (SFU Vienna, Austria)

POSTER ABSTRACT:

Sometimes, people who are mentally ill and have a variety of bodily or cognitive illnesses, as well as self-care issues, auto-aggression, aggression toward others, impulsivity and unhappy obsessions are thought of "untreatable." I had the opportunity to watch and test treatments that might help those improve their general well-being. I started from the stance of art therapy and stepwise added embodiment techniques. A literature study, an expert interview with a body-oriented art therapist, an art therapy project, and processes from my work at a care and support center over the years were utilised in my research. Therapy and neurology research is constantly expanding. Impaired individuals's psychological structures are like that of ordinarily gifted people in principle, and broad psychological discoveries should apply in general (Senckel, 2015). In special education the symptom bearer, the person with behavioral problems, can change his or her behavior – but they need help from outside (Theunissen, 2008). To reliably remember new things, they must be embodied (Tschacher et al., 2014). Creative therapy may offer new ways to facilitate just that (Fancourt & Finn, 2019). A sharp distinction between disorders can be dissolved and a cross-disorder approach can be taken (Cohn, 1988; De Roeck, 1985; Müschenich, 2019; Riffer et al., 2019; Rogers, 2013). I realized that at the core of our being, humans want to be good and strive to feel good. Sometimes we lack knowledge to deal with our "beings" – one's own feelings, thoughts, experiences, hurts, actions as well as our own body.

KEYWORDS: Alliance | Change process | Other: Embodiment, Cross-disorder approach, Disabilities, Creativity

PRESENTATION MODALITY: Virtual

- **GIMME the Reason: Exploring Dynamics of Distress Through Group Iterative Multiple Model Estimation (GIMME)** ⁽²⁰³⁾

Stephan Bartholdy (University of Greifswald, Germany), Leonie Kaven, Jiyoung Song, Tim Kaiser

POSTER ABSTRACT:

Aim: The temporal and structural nature of distress has not yet been exhaustively fathomed – especially regarding the dynamics of distress at the individual and group levels. This study aims at developing group- and individual-level network models of symptom and affective states determining the current presence or absence of distress. Using Group Iterative Multiple Model Estimation (GIMME), high-density ecological momentary assessment (EMA) data will be used to explore person-specific aspects of distress and its determinants. **Methods:** A sample of 22 students with subclinical levels of depression and/or anxiety, not receiving any treatment, rated their current affective states, symptoms, interpersonal interactions, avoidance behavior, sleep, and the presence or absence of distress. The sampling rate was eight prompts per day – i.e. every two hours – over two weeks. **Results:** Data are currently being analyzed. Preliminary results suggest strong positive associations of distress with internalizing symptoms and negative affect; and moderate negative associations with positive affect. The high density of stationary assessments allows for analysis of idiographic networks of symptoms and affective states leading to distress. **Discussion:** The resulting models of symptom and affective states may inform the understanding and treatment of distress. Limitations may include the dichotomous measurement of distress and a relatively small, subclinical sample. However, these limitations may be mitigated by the intensive sampling and the chosen GIMME approach, allowing for individual- and group-level analysis of dynamics of distress.

KEYWORDS: Methods | Routine Outcome Monitoring | Other: distress, individual psychopathology, group iterative model estimation

PRESENTATION MODALITY: Virtual

- **Group Therapy for Chronic Pain: A Meta-Analysis** ⁽²⁰⁴⁾

Cameron Allredge (Brigham Young University, Provo, USA), Gary Burlingame, Jenny Rosendahl, Isabel Ellertson

POSTER ABSTRACT:

Chronic non-cancer pain is common and frequently interferes with people's regular functioning and reduces quality of life. Though pharmacological approaches are used most frequently to treat pain-related issues, the side effects of these medications often lead to other problems. Group therapy has been used and studied for decades in treating pain though its general efficacy in this is not clear. **Objectives:** To determine group therapy's efficacy for patients with pain-related issues and whether the effects are

moderated by study, patient, leader, or group characteristics. Method: Potential articles were selected from searches completed via PsycINFO, MEDLINE (Ovid), Web of Science, and CENTRAL. Studies that met all eligibility requirements were included in the analysis. A random-effects meta-analysis was conducted, and potential moderators were analyzed. Results: We analyzed 57 studies representing 8,933 patients in group therapy which produced a significant, small effect ($g = 0.28$) on a reduction of pain intensity. Various secondary outcomes such as frequency, interference, physical functioning, catastrophizing, self-efficacy, anxiety, depression, and quality of life were also found to improve significantly. Four significant moderating variables were found to include pain measure used, gender composition of groups, number of sessions, and presence of pain diagnosis. Discussion: Results are discussed and compared to those of past meta-analyses regarding both chronic pain and group therapy. Implications for practice and research are provided.

KEYWORDS: Meta-analysis | Other | Other: Chronic Pain, Fibromyalgia, Group Therapy

PRESENTATION MODALITY: Virtual

- **Here's Looking at You, Kid! The Importance of Eye Contact in Video-Based Communication** ⁽²⁰⁵⁾

Sven Rabung (University of Klagenfurt, Austria), Florian Klopprogge, Lena Eversberg, Sylke Andreas, Mathias Lux

POSTER ABSTRACT:

During the Corona pandemic, psychotherapy was often no longer available in presence. However, video-based psychotherapy is perceived as an adequate alternative only to a limited extent. To test whether the possibility to establish eye contact could have a positive impact on the perception of the virtual therapy situation, $N=42$ students were randomly assigned to a conventional videoconferencing condition (webcam above the screen) vs. a modified condition (webcam "behind" the screen at eye level of the counterpart). After a 50-minute adversarial discussion (reflecting the format and emotional content of a therapy session), the quality of the relationship with the counterpart and the experienced presence in the video-mediated interaction were assessed. Relationship quality and telepresence did not differ significantly between conditions, but showed to be associated with pre-existing media literacy. Whether possible setting effects were overlaid by sample characteristics (high familiarity with video-based communication) or, in some cases, considerable technical problems during study implementation will be examined in a follow-up study.

KEYWORDS: Internet-based | Relationship factors

PRESENTATION MODALITY: In Person

- **Accept with One Eye Open and the Other Closed: Thematic Analysis of the Subjective Experiences of Parents with Transgender Adolescents** ⁽²⁰⁶⁾

Christian Spuler (Universidad Diego Portales, Santiago, Chile)

POSTER ABSTRACT:

BACKGROUND: The effects of parental acceptance and rejection behaviors toward transgender adolescent sons and daughters have been extensively studied. Beyond acceptance and rejection, it is necessary to explore other more complex responses that challenge the relational world of transgender parents and adolescents. **METHOD:** This focused study is in the framework of doctoral research carried out by this researcher on family therapy interactional pattern in families with transgender adolescents. The qualitative study presented here is the preliminar result of an in-depth analysis of two (2) family interviews (father and mother) using the Thematic Analysis as a methodological axis. **RESULT:** Four (4) central themes are described around the experiences of having a transgender son or daughter. 1) I accept with one eye open and the other closed. 2) The mess of pronouns is beyond me. 3) I love him/her but I don't understand. 4) I did everything I could. **CONCLUSION:** The analysis of the four (4) emergent themes in the research shows certain parental ambiguities which constitute and construct unexpressed narratives and which are transformed into parental positions that could distort the process of parental accompaniment in the gender transitions of their transgender adolescent sons or daughters. It is important to delve deeper into this phenomenon because the implications in the therapeutic processes and especially in the development of the family climate may be an important key to consider.

KEYWORDS: Adolescents | Child & family | Qualitative | Transgender

PRESENTATION MODALITY: Virtual

- **Implementation of a Novel Consultation-Liaison Intervention in Primary Care (CoLiPri) for Patients with Common Mental Disorders – A Formative Evaluation** ⁽²⁰⁷⁾

Mariia Merzhvynska (University of Zurich, Switzerland), Markus Wolf, Birgit Watzke

POSTER ABSTRACT:

Aim: Many individuals suffering from anxiety or depression do not receive adequate treatment, which results in impaired health, increases the risk for chronification, and causes high costs for the health system. The main reasons for insufficient care are poor early detection, inadequate treatment selection and long wait lists for specialist treatment. To overcome these problems, we have developed and implemented a novel consultation-liaison service, which supports primary care practices in the early identification, diagnosis and treatment of patients with depression and anxiety. The service offers up to four sessions conducted by a psychotherapist, which, i.a., aim to foster patient motivation and provide psycho-education to facilitate treatment initiation. The aim of the current study is to evaluate the implementation process, particularly the utilisation and treatment recommendations, of the Service. **Method:** This study is conducted in Switzerland as part of the large cluster-randomized CoLiPri trial (NCT0423385). To evaluate the implementation process we followed a mixed-methods approach and assessed clinical information in a consecutive sample of 19 patients referred by their general practitioners to the Service. **Results:** Data analyses show that patients referred to the Service are severely distressed with a validated diagnosis of a depression or anxiety. In most cases (76%) the clinical assessments were followed by an evidence-based treatment recommendation. **Discussion:** The evaluation indicates that the Service fits well with its' aims, i.e. patients were identified at an early stage of their current problems, and most patients showed substantial symptom distress with a clear need for further treatment.

KEYWORDS: Anxiety | Other: primary care, depression, anxiety, consultation-liaison

PRESENTATION MODALITY: Virtual

- **Indexing Clinically Significant Change of PTSD Symptoms to Quality of Life and Functioning** ⁽²⁰⁸⁾

Natasha Benfer (VA Boston Healthcare System, USA), Luke Rusowicz-Orazem, Benjamin Darnell, Keren Lehavot, Brett Litz

POSTER ABSTRACT:

Measurement-based care entails repeated assessments of targets to guide decision-making, requiring benchmarks for clinically significant change (CSC). The most common statistical method of determining CSC is Jacobson and Truax's (1991; J&T), which involves determining the statistical significance of individual change scores, factoring measurement-error (the reliable change index; RCI) and establishing an endpoint status that is no longer dysfunctional (typically defined as 2SD below the mean of the sample). Then, at any cross-section, individuals can be categorized as: deteriorated (worsening that exceeds the RCI), unchanged (not meeting the RCI), improved (RCI), or recovered (RCI and scores indicating no longer dysfunctional). There are few criterion-related validations of the J&T method. We examined the association between a local cohort method of deriving J&T categories (using the 2SD difference for functional status and a local internal consistency for measurement-error for the RCI) and a concurrent criterion indicator of quality of life and functioning (QoL). We also examined results using a RCI threshold (which used a norm-referenced test-retest reliability coefficient) and functional value that have recently been put forth as suggested markers of CSC (Marx et al., 2021). Participants were 91 women Veterans who were treated in a trial for PTSD treatment. Using baseline and posttreatment PTSD checklist for DSM-5 (Weathers et al., 2013; PCL-5) scores, the local model accounted for 20.3% of variance in QoL and the alternative approach accounted for 29.8%. This finding supports the criterion-related validity of the J&T method and a potential that recently suggested thresholds may be more valid.

KEYWORDS: Change process | Routine Outcome Monitoring | Other: Clinically Significant Change, Posttraumatic Stress Disorder

PRESENTATION MODALITY: In Person

- **Intentions and Interventions in Jails: Therapists Methods for Addressing Ruptures and the Impact on Client-Rated MCO** ⁽²⁰⁹⁾

Sabina Musliu (University of Denver, USA), Emma Freetly Porter, Brittney Frankson, Courtney Agorsor, Jesse Owen

POSTER ABSTRACT:

The therapeutic alliance is a robust predictor in therapy, especially with those in detention facilities (Flückiger et al., 2018; Huffman, 2006). Moreover, alliance ruptures are considered significant moments in treatment because studies show that repairing them is associated with increased alliance, decreased dropout, and positive treatment outcomes (Eubanks-Carter et al., 2010; Eubanks et al., 2018; Humer et al., 2021). Given that alliance ruptures are relatively common, understanding how therapists address them is crucial, especially if their therapeutic intention is to repair ruptures in alliance. Additionally, therapists' intentions are linked to the interventions used (Stockton et al., 2004), which have been associated with clinical issues discussed in the session (Jackson, 2020). Therefore, this study aims to identify correlational patterns between therapists' intentions when addressing ruptures in correctional treatment setting, topics discussed, and interventions used, and client-rated measures of therapists' multicultural orientation (MCO – i.e., cultural humility, cultural comfort, cultural opportunities; see Owen, 2013; Hook et al., 2017). In total, 138 clients were treated by 21 therapists at a local jail. After every therapy session, therapists completed an in-depth process measure, the Clinically Adaptive Therapist Session Checklist (CA-TSC; Richards et al., 2014). At session three, clients were asked to rate therapists' level of cultural humility based on the Cultural Humility Scale (Hook et al., 2013) and cultural opportunities based on the Cultural (Missed) Opportunities Scale (Owen et al., 2016). All data have been collected and the final data analysis is expected to be complete prior to presenting at SPR 2022.

KEYWORDS: Alliance | Other: Jails, Therapeutic intention, MCO, Interventions

PRESENTATION MODALITY: Virtual

• **Is Level of Personality Functioning Associated with Therapeutic Alliance and Outcome?** ⁽²¹⁰⁾

Katrine Søndergaard (University of Copenhagen, Denmark), Fredrik Falkenström, Celia F. Jacobsen, Susanne Lunn, Jan Nielsen, Birgit B. Mathiesen, Line R. Lauritzen, Mads Dahlgaard, Stig B. Poulsen

POSTER ABSTRACT:

AIM: Patients with personality disorders often benefit poorly from psychotherapy, compared to other patient groups. Previous research suggests that the overall severity of personality pathology is strongly associated with the patient's current and prospective dysfunction and is also related to therapeutic alliance and outcome. The Level of Personality Functioning Scale (LPFS) assesses the level of severity in personality functioning on two dimensions, self- and interpersonal functioning. To the best of our knowledge, no studies have used LPFS to analyze the relationship between severity of personality functioning and alliance/outcome. The aim of this study is to examine whether LPF is related to the therapeutic alliance during the first three sessions, whether LPF and the therapeutic alliance is associated with therapeutic outcome, and whether therapeutic alliance mediates the association between LPF and outcome. **METHODS:** 427 clients volunteered to participate in a naturalistic study. All clients underwent psychotherapy with a psychologist in the private practice in Denmark. Before the first session, clients completed the LPFS-Brief Form 2.0, and once a week clients completed the Symptom Check List-11 (SCL-11). The alliance was measured after each session by the Session Alliance Inventory (SAI) for clients and the Working Alliance Inventory (WAI) for therapists. The data will be analyzed using linear mixed model and subsequently a mediation model to investigate the association between LPF, alliance and outcome. **RESULTS:** The results of this study will be presented at the conference. **DISCUSSION:** The results of the study will be examined, and limitations and future research will be discussed.

KEYWORDS: Alliance | Treatment outcome | Other: personality psychopathology

PRESENTATION MODALITY: In Person

• **Feeling Understood: Existential Isolation Mediates the Impact of the Therapeutic Relationship on Psychological Distress and Suicidality in Men** ⁽²¹¹⁾

Quinn K. Storey (University of British Columbia, Vancouver, Canada), David Kealy, Simon M. Rice, John L. Oliffe, Zac E. Seidler, John S. Ogradniczuk

POSTER ABSTRACT:

Aim: The therapeutic alliance has emerged as one of the most important components of successful treatment outcomes, regardless of the specific form of therapy. Research has now turned its attention to better understanding how the alliance contributes to patient improvement. Humanistic/existential theory contends that a strong therapy relationship can help reduce a patient's sense of existential isolation (i.e., a sense of not feeling understood by others). Research suggests that existential isolation might be especially problematic for men, potentially increasing their risk for suicidality. An additional consideration is whether the impact of the alliance extends beyond treatment termination, which few studies have addressed. The present study investigated existential isolation as a mediator of the association between strength of the therapy relationship and psychological distress and suicidality among men. The study focused specifically on men who had previously been in therapy, investigating the potential lasting impact of the alliance following termination of therapy. **Methods:** A total of 204 Canadian men who had previously attended psychotherapy (but were not currently in therapy) participated in a cross-sectional survey, completing measures of quality of their most recent therapy relationship, existential isolation, depression and anxiety symptoms, and suicidality. Regression with mediation analysis was conducted. **Results:** Both mediation models emerged as significant, indicating a significant indirect effect for quality of the therapy relationship on symptoms of anxiety/depression and suicidality through existential isolation. **Discussion:** The findings revealed that a good therapy relationship lessens existential isolation and in turn reduces distress and suicidality for men beyond treatment termination.

KEYWORDS: Alliance | Relationship factors | Treatment outcome

PRESENTATION MODALITY: Virtual

- **Main Challenges Faced by Health Professionals during the COVID-19 Pandemic: A Qualitative Approach in Chile** ⁽²¹²⁾

Nelson Valdés-Sánchez (Universidad Santo Tomás, Santiago, Chile), Valeria Capurro

POSTER ABSTRACT:

The pandemic due to COVID-19 has forced health professionals around the world to face great, important, and sudden challenges. To date, a great deal of research has been conducted on the psychological impact of COVID-19, but few studies have been carried out using a qualitative. To delve deeper into the meanings, behaviors and affects experienced by the real heroes of this pandemic, a study was conducted to describe the impact and main challenges faced by health professionals during COVID-19 in Santiago, Chile. A qualitative methodology was used to understand in depth the consequences and challenges that the pandemic had for health professionals. Ten participants (physicians, nurses, assistants, and psychologists) who remained working in different public and private medical centers were selected based on the snowball and maximum variety strategies. Data production was carried out through individual in-depth interviews via video calls around the different topics: meanings attributed to quarantine, physical, emotional, social, family and work consequences, changes in routines, coping strategies and self-perception of the role of the health professional. The emerging results of the Content Analysis showed that they had to adapt to extreme protective measures inside hospitals, as well as to isolate themselves inside their homes. Even for some of them it is still an experience of permanent challenges that implies building new limits to adapt and to work faithful to the values learned during the exercise of their profession (commitment, wisdom, hope and empathy).

KEYWORDS: Qualitative | Other: quarantine, healthcare professionals, covid-19, psychological impact

PRESENTATION MODALITY: In Person

- **Matching the Process Rationale to Client Expectations** ⁽²¹³⁾

Grace A. Pegel (University of Minnesota Duluth, USA), Catherine M. Reich, Jeffrey S. Berman, Olivia G. Glasgow

POSTER ABSTRACT:

Aim: Incorporating client expectations and preferences into practice may increase client engagement and therapeutic success. The therapists' delivery of a treatment rationale may illuminate whether a client's expectations and preferences are well matched with the therapists' plan. Research in other areas suggests that agreement to a plan may be influenced by providing a rationale for why it is beneficial. Research regarding client preferences has focused on the rationale for an entire treatment package rather than specific elements of it, such as the reason for why change will occur. This study tested whether treatment perceptions are altered as a result of specifically explaining the

mechanism of change for why the therapy will work as part of the treatment rationale. We further examine whether perceptions are altered when the mechanism matches participant expectations or not. Method: In this experiment, participants completed measures of their expectations and preferences for change mechanisms—emotion, action, cognition, or support—for treatment of social anxiety. Then, participants viewed a video of a therapist describing exposure therapy and were randomized to either observe a rationale that included an explanation of the change mechanism that matched their expectations, was contrary, or did not include an explicit mechanism. Participants then completed measures for their perceptions of the therapist and the therapeutic relationship, treatment credibility, attendance expectations, and outcome expectations. Results: Planned analyses include ANOVAs comparing differences between participant perceptions in the matching, non-matching, and control groups. Discussion: Implications for assessing client expectations and therapist presentation of treatment rationales will be discussed.

KEYWORDS: Facilitative Interpersonal Skills | Other: Therapy expectations, Treatment rationale, Client factors

PRESENTATION MODALITY: In Person

- **Measuring the Effect of Borrowed Techniques on Psychotherapy Outcome: A Cross-Classified Random Effects Meta-Analysis of Psychotherapy Process Q-Sort Studies** ⁽²¹⁴⁾

Daniel S. Spina (Penn State University, University Park, USA), Emaan Ali, Kenneth N. Levy

POSTER ABSTRACT:

Treatment adherence represents the degree to which a patient and therapist engage in processes that are prescribed by a particular theory or manual and avoid processes which the theory or manual discourages (Waltz et al., 1993). Consistent with theory, several studies have found that adherence to prescribed psychotherapy techniques lead to better outcome. However, findings from a meta-analysis did not found a significant relationship between treatment adherence and outcome (Webb et al., 2011). One reason for this result may be that therapists use “borrowed” techniques or processes, techniques that are divergent from therapists’ declared theory or manual and are associated with outcome. Jones (1985) developed the Psychotherapy Q-Set (PQS), a pan-theoretical measure of psychotherapy processes that allows for the measurement of borrowed techniques (or processes) (Ablon & Jones, 1998; 2002, Ablon et al., 2006). They even found that borrowed processes occur in randomized-controlled trials, where there is much attention paid to treatment fidelity (Ablon & Jones, 1998; Ablon et al., 2006). To examine the effect of borrowed psychotherapy processes on outcome, we conducted a cross-classified random effects meta-analysis (Fernández-Castilla et al., 2019) on adherence-outcome effect sizes in PQS studies. Our systematic review yielded 74 effect sizes relating adherence to psychotherapy outcome. Results indicated that adherence to prototypical treatment processes had a small effect on outcome, $r = .22$, $p = .002$, 95%CI [.09,.36] that was not moderated by treatment modality, use of a manual, nor whether the effect size reflected borrowed processes. Implications for training and psychotherapy practice will be discussed.

KEYWORDS: Evidence-based psychotherapies | Meta-analysis | Process and outcome | Other: Treatment adherence

PRESENTATION MODALITY: In Person

- **Mental Health Apps: What Are the Main Factors Concerning their Scalability? A Case Study** ⁽²¹⁵⁾

Santina Piazzese Spratte (Universidad de Belgrano, Buenos Aires, Argentina), Andrés J. Roussos

POSTER ABSTRACT:

Technology has grown exponentially during the last few years, expanding not only within itself, but reaching many disciplines that were traditionally outside of its boundaries. One of these being mental health. There is a wide variety of ways in which we can associate mental health and technology. This paper focuses mainly on mobile applications, and most specifically their scalability. Most available mental health apps do not scale. They reach a point in which the app is discontinued or its potential users do not adopt it. Failure among mental health apps can not be pinned down to a single reason. Instead, it often happens because of a series of problems involving a multiplicity of aspects that may but not always include clinical validation. This project aims to understand the

fundamental factors concerning its scalability, focusing on four pillars concerning mental health apps: technical, ethical, clinical, and financial aspects. The investigation consists of a case study about Calma, a Latin American app developed by Dr. Federico Daray based on DBT treatment for suicide prevention. It carries out different methodologies. Qualitative methods include interviews with the developers and usability tests (n=10), while quantitative cover a user experience scale (n=12 PhD students), and an analysis of the app's store reviews by users). Given the wide range of aspects involved in an app's scalability, this design takes into account concepts from diverse backgrounds, such as clinical psychology, technology, economy, legal and public health policies.

KEYWORDS: Internet-based | Other: Technology, Mental health apps, Digital Interventions

PRESENTATION MODALITY: Virtual

- **Mental Health Trainees' Experience of Attending Personal Psychotherapy While in Graduate School: A Consensual Qualitative Research Study** ⁽²¹⁶⁾

Craig Miller (Marquette University, Milwaukee, USA), Sarah Knox

POSTER ABSTRACT:

Purpose: While broad support exists for mental health trainees to engage in personal psychotherapy (Edwards, 2018; Norcross, 2005; Yalom, 2013), minimal literature has explored trainees' experience of receiving psychotherapy while in training. This study sought to fill this gap by exploring how trainees perceived their experience of personal psychotherapy during training, as well as how this experience was viewed by their graduate programs. Method: Using consensual qualitative research (CQR; Hill, 2012), this study explored trainees' (N = 11) perspectives on how they were affected by attending personal psychotherapy. Results: Participants reported predominantly positive experiences attending personal psychotherapy while in training, including personal benefits, such as addressing stressors related to participants' graduate training; academic benefits, such as gaining first-hand experiences of psychotherapy; and clinical benefits, such as deepened empathy for their own clients. Further, participants viewed their academic program as supportive of their personal psychotherapy. Participants also reported some adverse effects of personal psychotherapy, such as alliance ruptures with their psychotherapists. Conclusion: Given high rates of trainee use of personal psychotherapy (Byrne & Shufelt, 2014; Conteh et al., 2018; Digiuni et al., 2013), it is important to understand trainees' perspectives on the experience of attending personal psychotherapy while undergoing training. This study calls attention to the academic and clinical benefits of trainees' psychotherapy, the need to address potential adverse effects, and the need for training programs to consider the messages they send regarding psychotherapy for trainees. Limitations and implications for training, practice, and research are addressed.

KEYWORDS: Qualitative | Therapist training and development

PRESENTATION MODALITY: Virtual

- **Microaggression Detection in Psychotherapy: A Comparison of Lay Individuals vs Therapists** ⁽²¹⁷⁾

Brittney Frankson (University of Denver, USA), Sabina Musliu, Courtney Agorsor, Lena Blum, Matteo Bugatti, Dietrich Hays, Amy Hudson, Hannah Norling, Joanna Drinane, Jesse Owen

POSTER ABSTRACT:

Microaggressions are common in therapy (Hook et al., 2016). Prior studies found that racial/ethnic microaggressions experienced by clients in therapy have been associated with negative working alliances and therapeutic outcomes (Constantine, 2007; Owen et al., 2015; Hook et al., 2016). In an observer study, Owen et al. (2018) found that only a small proportion of therapists were able to accurately detect microaggressions within a counseling session. If therapists seem to struggle identifying microaggressions in therapy, then would the same apply to non-therapist? To address this question, the present study will compare a non-therapist sample to a therapist sample for recognition of microaggression comments during a therapy session. We will also compare their ratings of the therapist's multicultural orientation (MCO - i.e., cultural humility, cultural comfort, cultural opportunities; Hook et al., 2017). Based on previous findings, we predict that the detection of instances of microaggression will be associated with higher negative therapist ratings on MCO. We also anticipate that the non-therapists will detect fewer microaggressions than the therapist sample. The non-therapist sample includes 550

participants who were randomly assigned to (1) a therapy video vignette with three racial/ethnic microaggressions or a therapy video vignette with no microaggressions. The non-therapist sample was predominantly female (87%), Caucasian (69%), and heterosexual (90%). The mean age was 20.2 years old. These results will be compared to Owen et al. (2015) and Drinane et al. (under review) therapist samples. Authors expect for final data analysis to be complete prior to presenting at SPR 2022

KEYWORDS: Culture | Other: Multicultural Orientation, Non-therapists, Microaggressions, Psychotherapy

PRESENTATION MODALITY: In Person

- **Mindfulness in Psychotherapy Research: A Scoping Review** ⁽²¹⁸⁾

Mahaira C. Reinel (Doctoral Program in Psychotherapy, Pontificia Universidad Catolica de Chile and Universidad de Chile; Millennium Institute for Research on Depression and Personality-MIDAP. Latinamerican Network of Psychotherapy Research.), Yamil Quevedo, Josefa Mayo, Nicolas Jara, Mariane Krause, Carolina Altimir

POSTER ABSTRACT:

Introduction: The growing research in Mindfulness has been focused on its study as a dispositional tendency, a trait, and a technique. At the same time, the literature associated with its benefits on different physical and mental health problems has been associated with the analysis of the effects of interventions based on it (outcome research). However, the integration of Mindfulness and how it has been conceptualized in psychotherapeutic process research and as a facilitating factor for therapists has been less well documented. Method: A literature review was conducted to systematize the existing evidence about the inclusion of Mindfulness in psychotherapy research, its definition, and characteristics during the last 11 years. Articles published in 4 electronic databases (PsycInfo, Web of Science, PubMed, and Scopus) were searched. Results (in progress): A total of 1510 articles were extracted. After the removal of duplicates, 1198 articles are under eligibility review, of which 76 studies have been included so far. At the congress, the total number of studies chosen with a review of their characteristics will be presented. Discussion: The main systematized characteristics of the publications will be discussed in the light of psychotherapeutic process research, the study of common factors and variables related to psychotherapists.

KEYWORDS: Mindfulness | Other: Scoping Review

PRESENTATION MODALITY: In Person

- **Nine Affective Change Processes in Accelerated Experiential Dynamic Psychotherapy (AEDP): Latent Class Analysis (Study I)** ⁽²¹⁹⁾

Ayako Nakashita (Ochanomizu University, Tokyo, Japan), Kaori Nakamura, Akie Nakayama, Shigeru Iwakabe, Diana Fosha, Jennifer Edlin, Andrew J. Joseph, Nathan C. Thoma

POSTER ABSTRACT:

Aim: Although findings from psychotherapy research often show the importance of common factors, interest remains high to investigate therapy specific factors and processes. This study investigated interventions that uniquely characterize AEDP. Methods: The data come from an ongoing AEDP Practice-Research Network Study Phase II. After each session, the therapist filled out a scale called the Magnificent 9+1 Affective Change Processes Scale which records the most frequently used interventions. Nine interventions are: (1) Transference detection, (2) Undoing aloneness, (3) Moment-to-moment tracking experiential focus on the body, (4) Affirmative work with defenses, (5) Processing emotional experience, (6) Dyadic affect regulation (when accessing difficult potentially overwhelming emotional experiences), (7) Metaprocessing, (8) Privileging/Celebrating the emergence of the positive & new, (9) Deepening & expanding core state. This study conducted a latent class analysis of nine interventions on 124 sessions of 25 cases which the therapists had evaluated as very characteristic AEDP sessions. Results: Six latent classes were obtained (SSBIC = 1287.138; BLRT = 13.706, $p > .05$; Entropy = .923). These classes represented a composite of therapist interventions addressing different classes of emotions such as core affects, transformational affects, and secondary emotional distress. Discussion: Each of six classes corresponded to prototypical change processes in AEDP, which are associated to distinct states of transformation as theorized in phenomenology of affective transformation (Fosha, 2009). In the following Study II, we will examine the relationship between these latent classes and patients' session evaluation.

KEYWORDS: Change process | Other: Therapist intervention, AEDP

PRESENTATION MODALITY: In Person

- **Nine Affective Change Processes in Accelerated Experiential Dynamic Psychotherapy (AEDP): Patients' Experience Based on Session Evaluation Questionnaire (Study II)** ⁽²²⁰⁾

Akie Nakayama (Ochanomizu University, Tokyo, Japan), Kaori Nakamura, Ayako Nakashita, Shigeru Iwakabe, Diana Fosha, Jennifer Edlin, Andrew J. Joseph, Nathan C. Thoma

POSTER ABSTRACT:

Aim: In Study I, a latent class analysis of AEDP's nine interventions resulted in 6 latent classes. This study investigated the relationship between these latent classes and patients' session evaluation. **Methods:** As in Study I, the data come from the ongoing AEDP Practice-Research Network Study Phase II. We selected 124 sessions out of 25 cases which the therapists evaluated as representative of AEDP. After each session, the patients responded to the Session Evaluation Questionnaire (SEQ; Stiles et al, 2002) consisting of four subscales: Depth, Smoothness, Positivity, and Arousal. A latent class analysis of nine interventions with SEQ subscales as distal outcomes was tested. SEQ subscale scores were centered on each patient mean. **Results:** Six latent classes were clearly differentiated by patients' SEQ ratings. Depth ratings were high for sessions in which successful processing of painful emotional experience occurred and its change processes and associated positive emotions were also processed relationally with their therapists. When defense work is central, patients' experience of session tended to be low in positivity. **Discussion:** Patient's experienced session depth was associated with emotional processing, while positivity was associated with the work with defense and maladaptive and distressing emotions. The next step is to examine in-session process recording of these sessions.

KEYWORDS: Change process | Other: Therapist intervention, AEDP

PRESENTATION MODALITY: In Person

- **Patients' Baseline Levels of Anxiety and Depression as Predictor of Early Change in Psychotherapy** ⁽²²¹⁾

Manuel Meglio (Universidad de Belgrano, Buenos Aires, Argentina), Rocío T. Manubens, Roberto Muiños, Martin grosse Holtforth, Juan Martín Gómez Penedo

POSTER ABSTRACT:

Aims: Early responses are a robust predictor of psychotherapy outcome. Their monitoring can provide relevant information for personalized treatment. This pilot study aims to analyze trajectories of early change in patients' severity and to determine if patients' initial levels of anxiety and depression predict such changes. **Methods:** A convenience sample of 40 patients (treated by 13 therapists) completed measures of anxiety (GAD-7) and depression (PHQ-9) at the beginning of therapy and an outcome measure (HSCL-11) before each of the first five sessions of treatment. Two-level hierarchical linear models (repeated measures nested within patients) were used for the analysis. **Results:** The severity trajectory model with the best fit was a linear evolution model, $\chi^2(1) = 29$, $p < .001$. However, no improvement of fit was observed when including a quadratic term, $\chi^2(3) = 2.85$, $p = .42$. Results showed that patients tended to reduce 0.09 severity units in HSCL-11 session-by-session. When including initial levels of depression and anxiety, the model fit improved: $\chi^2(4) = 46.87$, $p < .001$. There was a significant effect of baseline depression levels on clinical severity levels at the fifth treatment session, $\gamma_{02} = 0.74$, $ES = 0.15$, 95% [0.46, 1.03], $t(83) = 5.09$, $p < .001$. However, no significant effects were found on the session-by-session rate of change. **Discussion:** Clinical implications for treatment personalization and potential future lines of research will be discussed.

KEYWORDS: Anxiety | Other: Early Responses, Hierarchical Linear Models, Depression

PRESENTATION MODALITY: Virtual

- **Perception of Efficacy and Change in Online Psychotherapy** ⁽²²²⁾

Danae Barragan (Universidad de Guadalajara, México, Mexico), Arturo G. Lozano

POSTER ABSTRACT:

The psychotherapeutic practice has mutated to different formats that offer greater accessibility to the emerging needs of society, such is the case of psychotherapy through digital video conferencing tools or Online Psychotherapy. **Objective:** This research aims

to identify the perception of efficacy and change in the experience of patients who carry out an online psychotherapeutic process in contrast to their previous experience(s) of face-to-face psychotherapy, systematizing the resulting characterizations. Method: In this mixed methodology study, semi-structured interviews were applied where questions were asked about the experience of 25 adults whose therapeutic process is carried out in the online modality in at least 15 therapy sessions and who, in the last five years, have also received psychotherapy face-to-face individual A guide questionnaire was constructed, based on the "Generic Change Indicators" instrument (Krause; De la Parra et al.; 2006). For the results on patient experience, the "Word Clouds" application was used, obtaining semantic or word clouds, systematizing the experiences online psychotherapy. Outcomes: The results obtained show that among the most valued aspects of online psychotherapy by patients is the practicality of the service, since 20 of the 25 of the participants affirm that the lack of physical space allows them to adapt their psychotherapeutic process to the needs of your daily life in terms of time and resources. Discussion: The research participants consider that online psychotherapy is as effective as face-to-face psychotherapy. These results also suggest generalizable elements that allow users to measure the effectiveness of the process.

KEYWORDS: Client effects | Internet-based

PRESENTATION MODALITY: In Person

- **Personality Risk Profiles and Alcohol, Cannabis and Tobacco Use – A Panel Network Approach** ⁽²²³⁾

René Freichel (University of Amsterdam, Netherlands)

POSTER ABSTRACT:

Four personality profiles (anxiety-sensitivity, hopelessness, impulsivity, sensation-seeking) have repeatedly been associated with adolescent substance use. However, a mechanistic account is lacking and the role that these risk profiles may play throughout adolescence remains largely unknown. Using a large longitudinal dataset (N > 2200), our study replicated a recently found link between network constellations of personality indicators and adolescent substance use. The findings of our study suggest age- and substance-specific effects of personality indicators. We show that a sensation-seeking indicator (attitude towards transgression) is associated with alcohol, tobacco, and cannabis use throughout adolescence however alcohol abuse was shown to be associated with an impulsivity indicator at late adolescence only. We internally replicated the predictive effects of both sensation-seeking and impulsivity dimensions using mixed-effects models and SURPS dimensions network models. Finally, using network and panel data models in parallel we provided insights into the contemporaneous, temporal, and between-subjects associations among personality indicators and alcohol use disorder symptoms.

KEYWORDS: Adolescents | Methods | Personality | Substance abuse

PRESENTATION MODALITY: In Person

- **Positive Emotion in Accelerated Experiential Dynamic Psychotherapy (AEDP): A Factor Analytic Study** ⁽²²⁴⁾

Kaori Nakamura (Ochanomizu University, Tokyo, Japan), Shigeru Iwakabe, Diana Fosha, Jennifer Edlin, Andrew J. Joseph, Nathan C. Thoma

POSTER ABSTRACT:

Aim: AEDP is an integrative affect-oriented therapy emphasizing the role of positive emotions in client's change process. This study investigated types of positive emotions which patients experienced in AEDP session. Methods: The data come from AEDP Practice-Research Network Study, in which 63 clients conducted 16 sessions with 35 therapists (Iwakabe et., 2020). The patients responded to process questionnaires after each session. The AEDP Emotional Experience Scale asked how much of each 30 emotions they felt as a result of the session: there were 15 items of positive and negative emotions in a five-point scale. Four other measures such as Session Evaluation Questionnaire (SEQ) were also used. Results: As a result of multi-level confirmatory factor analysis, positive emotions were divided into three factors (CFI = .911, RMSEA = .062, SRMRwithin = .045, SRMRbetween = .053): Enlivenment (6 items, α = .82; e.g., "I feel excited/interested/motivated"), Positive Relational Emotions (6 items, α = .85; e.g., "I feel connected"), Peacefulness (3 items, α = .70; e.g., "I feel satisfied/content"). The multi-level correlation analysis showed that Arousal, a subscale of SEQ, had a significant positive correlation with Enlivenment (r = .263, p < .001) and Positive Relational Emotions (r = .108, p = .009) but not Peacefulness (r = -.019, p = .713) in within level.

Discussion: The study differentiated three types of positive emotions in AEDP, which may have different roles in emotional change processes. In the future, we will examine the relationship between these positive emotions and session and therapy outcomes.

KEYWORDS: Change process | Other: Positive emotion, AEDP

PRESENTATION MODALITY: Virtual

- **Predicting Client Non-Engagement in a Text-Based Suicide Hotline Using Natural Language Processing** ⁽²²⁵⁾

Xinyao Zhang (University of Utah, Salt Lake City, USA), Mattia Medina-Grespan, Brent Kious, Vivek Srikumar, Zac E. Imel

POSTER ABSTRACT:

Crisis hotlines offer immediate support for people in crisis. Surprisingly, studies on the process of crisis hotline interactions are relatively rare (Zalsman et al., 2016). One of the reasons might be the difficulty in collecting and rating client, therapist, and clinical progress information in this type of service. One way to accommodate this limitation is to use information available in newly emerging text-based services that have logged de-identified messages for quality assurance purposes. Researchers can use natural language processing to extract clinically relevant information and predict key outcomes like client engagement/non-engagement (Dearing et al., 2005; Gillis et al., 2016). The present study utilized natural language processing to predict client non-engagement using the first three messages between therapists and clients. The dataset was collected from a local text-based crisis hotline with 40,537 conversations or 930,538 messages. Client non-engagement was defined by the length of the conversation in terms of number of messages. Conversations with less than six messages were coded as “non-engaged.” TF-IDF and support vector machine (SVM) were used to train the predicting model. After hyperparameter tuning, our current model yielded a recall score of 0.46, a precision score of 0.50, and an F1 score of 0.48. The model exhibited 27% improvement from uninformed guessing (base rate = 0.21). However, given that the model can correctly predict only half of the labels, further improvement is needed. Next steps of the project are discussed.

KEYWORDS: Process and outcome | Other: Crisis hotline, Machine learning, Engagement

PRESENTATION MODALITY: In Person

- **Predicting Dropout from Psychological Treatment Using Different Machine Learning Algorithms, Resampling Methods and Sample Sizes** ⁽²²⁶⁾

Julia Giesemann (Universität Trier, Germany), Jaime Delgadillo, Brian Schwartz, Björn Bennemann, Wolfgang Lutz

POSTER ABSTRACT:

Dropout from psychotherapy is associated with poor treatment outcome and high health, societal and economic costs. Recently, machine learning (ML) algorithms have been tested in psychotherapy outcome research. Dropout predictions are usually limited by imbalanced datasets, which can be addressed by resampling methods. Moreover, an algorithm’s predictive power depends on sample size. This paper aims to improve dropout prediction by comparing ML algorithms, sample sizes and resampling methods. Method: Twenty ML algorithms were examined in twelve subsamples (drawn from a sample of N = 49,602) using four resampling methods in comparison to the absence of resampling and to each other. Prediction accuracy was evaluated in an independent holdout dataset using the F₁-Measure. Results: Resampling methods improved the performance of ML algorithms and down-sampling can be recommended, as it is the fastest method and as accurate as the other methods. For the highest mean F₁-Score of .51 a minimum sample size of N = 300 was necessary. No specific algorithm or algorithm group can be recommended. Conclusion: Resampling methods could improve the accuracy of predicting dropout in psychotherapy. Down-sampling is recommended as it is the least computationally taxing method. The training sample should contain at least 300 cases.

KEYWORDS: Methods | Other: dropout prediction, machine learning, supervised learning, sample size

PRESENTATION MODALITY: Virtual

- **Psychology-Psychotherapy for the Children & Families** ⁽²²⁷⁾

Sudharani Basangari-Kaspret (In the Practice, Austria)

POSTER ABSTRACT:

Title: Counselling-Psychotherapy for Children and Families Research Questions: How useful are multiple methods for the children and Families in the psychotherapy-Counselling? (For example, Psychodrama-Monodrama and Yoga therapy and other techniques. Moreover, planned to note due to their explorative outcome as results. To look at how multiple methods for clients are helpful). Objective: The study's aim was to show how multiple methods for clients are helpful. (The client's problems worked out in single psychotherapy- Counselling setting with various techniques and explored due to the outcome as their feedback: Children and Families). Preferred evidence-based Model: Psychodrama-Monodrama Technics and Yoga-Therapy: Meditation, Relaxation, Scenario Analyzation, Imaginations journey. Treatment duration: 10 to 14 Weeks: January 2021 to February 2022. Sample: Case studies randomly selected: Children and their Families. Data Collection: From the praxis. Measures Used to Collect Data: Psychodrama-Monodrama Setting tools. E.g., Roll play, armchairs, buttons, dolls/puppets/figures, and other things. The Indian Yoga therapy tools. E.g., Relaxation, Pranayama, and Meditation, Music, etc. paper pencils, Imaginations & Snare understanding.

KEYWORDS: Child & family | Culture & identity | Relationship factors | Systemic Case Studies

PRESENTATION MODALITY: Virtual

- **Relationship between Patient-Therapist Interaction, Reflective Functioning and Outcome of Patients with Depression in Different Psychotherapeutic Approaches** ⁽²²⁸⁾

Sylke Andreas (Alpen-Adria-Universität, Klagenfurt, Austria), Lotta Hüwe, Pauline Herrmann, Sven Rabung, Dorothea Huber, Günther Klug, Jennifer Kadur

POSTER ABSTRACT:

Psychotherapy process research is becoming increasingly important because the interaction between therapists and patients is crucial for the success of therapy. The connection between the therapeutic alliance and the outcome of psychotherapy has been confirmed in hundreds of studies (Flückiger et al. 2018). However, studies that focus on the importance of specific therapeutic techniques, specific patient characteristics or specific patient-therapist interactions for this relationship are rare. The present study aims to investigate the influence of two promising constructs, namely patients' reflective functioning (Bateman & Fonagy, 2019) and therapists' handling of patients' unconscious tests (Weiss & Sampson, 1986) and their interaction, while controlling for associations with already established efficacy factors in the shape of therapeutic alliance and treatment technique (e.g. Owen & Hilsenroth 2011). In the context of the Munich Psychotherapy Study (Huber et al., 2012), patients treated with analytical, psychodynamic or cognitive-behavioural therapy are examined. For each case, sessions from the initial, middle and final phases of therapy are analysed. The patients' level of reflective functioning will be assessed based on the Reflective Functioning Scale (Fonagy et al., 1998). The therapist's handling of the patients' unconscious tests will be analysed using the Plan Formulation Method (Curtis & Silberschatz, 1991). Treatment outcome was assessed with the BDI, SCL, IIP and INTREX, among others (cf. Huber et al., 2012). In a final step, the various process and outcome measures are correlated to shed light on the relationship between therapist-patient interaction and the success of therapy.

KEYWORDS: Mentalization | Treatment process and outcome

PRESENTATION MODALITY: In Person

- **Responding to Difficult Client Moments: How Countertransference Feelings Relate to Interpersonal Skill** ⁽²²⁹⁾

Eva Antebi-Lerman (Ohio University, Athens, USA), Timothy Anderson

POSTER ABSTRACT:

Aims: The Facilitative Interpersonal Skills (FIS) measure has predicted psychotherapy outcomes, but there is relatively little research on how psychological states during the task predict interpersonal skills. It is assumed that the difficulty of the FIS task influences therapist responsiveness and yields unique information about therapist abilities. Initial research indicated that post-clip positive affect predicted observer-rated FIS and that anxiety predicted self-rated FIS. In the present study, we explore helpers' reactions to the FIS task using a countertransference framework. Methods: We sampled undergraduate

students interested in the helping profession. Following each FIS clip, we recorded participants in the experimental group responding to the simulated client as if they were their therapist, and then participants filled out the Feeling Word Checklist-24 (FWC-24). After that, they self-rated the skill from their responses globally. Those in the control group watched the clips and completed the FWC-24, without providing a FIS response. All participants provided baseline feeling ratings. Results: Findings will indicate the degree of variation in feeling ratings between helpers who responded to the given FIS videos, and those who watched them without responding. Additionally, associations between helper reported feeling ratings and observer ratings of skill will be reported. Discussion: Results from this design will allow us to understand how therapist skill correlates with emotional reactions to difficult client situations and gain insight into the influence that providing a response has on emotional reaction.

KEYWORDS: Facilitative Interpersonal Skills | Therapist effects

PRESENTATION MODALITY: In Person

- **Rupture Detection in Psychotherapy Using Human Action Recognition** ⁽²³⁰⁾

Tohar Dolev-Amit (University of Haifa, Israel), Muhammad Zbeedat, Tal Ben David-Sela, Ilan Shimshoni, Hagit Hel-Or, Sigal Zilcha-Mano

POSTER ABSTRACT:

Aim: Alliance ruptures are an integral part of treatment and have the potential to either undermine treatment or enhance it. The most common method, which is the gold standard for identifying ruptures, is through observational methods. However, it is labor intensive, with a long training and coding process. In the current study we aim to identify whether ruptures are related to specific gaze direction and facial expression profiles. This will be done using a computerized software allow for the coding of many patients, and will be done immediately, and automatically enabling real-time feedback on ruptures for therapists. **Method:** Observational coding using the Rupture Resolution Rating System was collected in a randomized controlled trial. In addition, we used Human Action Recognition techniques, and specifically Gaze Detection and Gaze Behavior Recognition. Facial expression will be analyzed through facial landmark detection, and facial action units' recognition. In order to develop the algorithm that will enable automatic coding of ruptures, the human action recognition data and the rupture resolution data will be used to train ML algorithms to automatically predict points and types of ruptures in the treatment, N-cross validation and leave-one-out methods will be used to evaluate the trained system. **Results:** The level of accuracy of the model will be examined and results will be presented at the upcoming SPR meeting in July. **Discussion:** The current study, using new methods for automatic identification of ruptures, can potentially help therapists resolve ruptures more efficiently, reducing the negative effects of unresolved ruptures.

KEYWORDS: Alliance | Other: Ruptures and Resolutions, Machine Learning

PRESENTATION MODALITY: Virtual

- **Still Experiencing Pandemia - An Exploration of the Psychosocial Impact of Changes in Lifestyle and Wellbeing during 2020 and 2021 in Argentina** ⁽²³¹⁾

Elena Scherb (UFLO - Universidad de Flores, Argentina), Bernardo Kerman

POSTER ABSTRACT:

AIM The aim of the present study is to explore on the psychosocial impact in lifestyle during COVID - 19 Pandemia, exploring socio-demographic variables, changes in lifestyle, risk behaviors, coping strategies, belief systems, fears, anguish and hopes, anxiety, depression, and the level of General Well-being. **METHODS** Administration of an online survey during 2020, 2021 and 2022, containing open and closed questions, and two measures to evaluate General Well-being, Anxiety and Depression, both validated and standardized in Argentina, namely the Remoralization Scale and the BDI II. This is a longitudinal study, for data analysis, quantitative methods were utilized to study frequencies and correlations, and qualitative methods to analyze response categories to open questions. **RESULTS** Preliminary results were presented in SPR 2021, N=1020 subjects, regarding differences in anxiety and depression between different populations between people working in the health care systems versus not working in the health care system and weight gain issues. **DISCUSSION** One of the surprising conclusions of the first survey, was the difference in belief systems regarding attitudes towards the vaccines, the sanitary measures and conspiratory theories in General Population.

Therefore, and after the vaccines started to roll out, we conducted a 2nd and slightly modified survey, in order to address changes in the way people experience Pandemia, and particularly the relationship between different belief systems, depression, anxiety and wellbeing. Argentina has a relatively high percentage of vaccinated people and positive attitude towards vaccines. How is it related to other aspects? Preliminary results of this ongoing study are presented

KEYWORDS: Culture | Other: psychosocial impact, wellbeing

PRESENTATION MODALITY: Virtual

- **The Ability of Rupture-Resolutions to Mediate the Association between Epistemic Trust and Treatment Outcome** ⁽²³²⁾

Michael Spitzer (Haifa University, Israel), Shimrit Fisher, Sigal Zilcha-Mano

POSTER ABSTRACT:

Aims Epistemic Trust (ET) is the willingness to consider interpersonally transmitted social knowledge as authentic, personally relevant, and, therefore, as generalizable. ET has yielded much theoretical attention but only a few empirical findings. Theoretical conceptualization suggests that ET supports treatment outcome through its importance to the therapeutic alliance. The present study explores the associations between ET, Rupture-Resolutions in the therapeutic alliance, and treatment outcome. We hypothesize that Rupture-Resolutions will mediate the correlation between ET and treatment outcome. Method The present study is part of a RCT in which individuals diagnosed with Major Depressive Disorder received short-term psychodynamic therapy for 16 sessions. ET is assessed by a coding system developed by our research team. Rupture-Resolutions are assessed by the 3RS coding system. Treatment outcome is assessed by the Hamilton rating system for depression (HRSD). We will examine a mediation model where ET at the fourth session predicts Rupture-Resolutions at the fourth session that predicts HRSD delta from the fourth session to the sixteenth session. Results Data analysis will be completed by June 2022. Preliminary results suggest that ET correlates with Treatment outcome. Discussion This study stands to contribute to our empirical understanding of Epistemic Trust's effect on treatment outcome. Moreover, this study will shed further light on the determinants of effective psychotherapy.

KEYWORDS: Change process | Client effects | Facilitative Interpersonal Skills | Treatment process and outcome

PRESENTATION MODALITY: In Person

- **The Association Between Adult Attachment Style and the Therapeutic Alliance: A Meta-Analytic Study** ⁽²³³⁾

Rachel Blansfield (Penn State University, University Park, USA), Kenneth N. Levy, Haruka Notsu, Daniel S. Spina

POSTER ABSTRACT:

Aim: To conduct a meta-analysis to determine the association between adult attachment style and the therapeutic alliance. The foundations of attachment theory and the results of previous meta-analyses found that insecure attachment styles were associated with poorer ratings of the client-therapist therapeutic alliance. Methods: Inclusion criteria included outpatient, individual adult therapies. We included studies that used the Experiences in Close Relationship Scale and the Working Alliance Inventory to measure attachment and alliance, respectively. A random-effects model will be used to determine the mean product-moment correlation (r) for 16 studies. Each study was coded for potential moderators including gender, age, and ethnicity of clients and therapist s. Results: A comprehensive literature search building on Bernecker et al., 2013 was conducted using PsycINFO and Dissertation Abstracts which yielded 792 studies published between July 8, 2012 and July 19, 2020. Reliable review of abstracts identified 65 articles reviewed and coded by trained coders resulting in 16 suitable studies. Preliminary results showed that the mean weighted r for avoidance and alliance was $-.16$, 95% CI $[-.23, -.09]$, and the mean weighted r for anxiety and alliance was $-.19$, 95% CI $[-.27, -.12]$. Discussion: The results of the meta-analysis will be discussed from an attachment perspective as it illuminates the therapeutic alliance. Furthermore, the implications for future research and clinical applications will be discussed.

KEYWORDS: Alliance | Attachment & development | Evidence-based psychotherapies

PRESENTATION MODALITY: In Person

- **The Development and Initial Validation of Scores on the Client Curiosity About Therapists (C-CAT) Scale** ⁽²³⁴⁾

Jazmin M. Gonzalez (New Mexico State University, USA), Andres E. Perez-Rojas

POSTER ABSTRACT:

Aim Clients are curious about their therapists, and recent evidence suggests that such curiosity may impact the client-therapist relationship (González, Pérez-Rojas, Darby, & Marks, 2020; Kolmes & Taube, 2016). However, no known studies have examined the phenomenon quantitatively due in part, we believe, to the lack of a viable measure of curiosity specific to psychotherapy. Thus, the aim of this quantitative study is to develop and validate the Client Curiosity About Therapists (C-CAT) scale, a client-rated measure of the degree to which clients are curious about their therapists. Methods Participants (n = 675) were recruited through Amazon Mechanical Turk (MTurk) and consisted of adult psychotherapy clients in the United States. An initial pool of 51 items was generated and sent to 4 expert reviewers who provided feedback on the items' validity. Based on their feedback, we eliminated 8 items and revised 11 for a total of 43 items in the pool. Results Data analysis is currently underway, and includes exploratory and confirmatory factor analyses, as well as item-response theory analyses. Convergent and concurrent validity will be assessed using scores on measures of social curiosity, the real relationship, and client attachment to the therapist. Discussion The development of a measure of clients' degree of curiosity about their therapists will help researchers further evaluate the impact of curiosity on the therapeutic relationship and treatment outcomes. The scale may also be used to examine the differing effects of client curiosity on aspects of the therapeutic relationship in initial versus latter phases of therapy.

KEYWORDS: Client effects | Process and outcome | Other: therapeutic relationship, curiosity

PRESENTATION MODALITY: In Person

- **The Effectiveness of Psychotherapy in Jails: A Benchmark Comparison** ⁽²³⁵⁾

Courtney F. Agorsor (University of Denver, USA), Jesse Owen, Jeremy Coleman, Jeff Reese, Cirleen DeBlaere, Don E. Davis, Sree Sinha, Jennifer Gafford

POSTER ABSTRACT:

Individuals with mental health disorders are over-represented in the criminal correctional system (Prins & Draper, 2009). With this mental health need it is imperative to examine the type and quality of services provided in jails (Abramsky & Fellner, 2003; Morgan et al., 2012). Previous research examining evidence-based interventions for inmates with mental health disorders showed they were effective in reducing symptoms of distress, improving coping mechanisms, and institutional adjustment (Morgan et al., 2012). Additionally, a meta-analysis of RCTs comparing the effectiveness of various treatments for inmates with anxiety and depression found Cognitive Behavioral Therapy and mindfulness-based therapies moderately effective in reducing symptoms (Yoon & Fazel, 2017). There is less information about treatments outside of RCTs and within the jail system. Additionally, little is known about how therapists integrate interventions like Religion/Spirituality (R/S) psychotherapy with inmates. Accordingly, we examined the effectiveness of psychotherapy in jail settings through benchmarking methodological approach and descriptively examined R/S interventions. Client participants were inmates from two jails. The majority identifying as Male (73.9%) and racial minorities (70.9%). Client completed the CORE-10 (Barkham et al., 2013) and the CAMOS (Sanders et al., 2018) to track symptomology. Data on R/S interventions was collected from therapists each session. Benchmarking analyses showed treatment was comparable to RCTs for symptoms but not relational outcomes or spiritual outcomes. The most common R/S interventions were Listening to Spiritual issues, Affirming trust in God, Discussing hope and Discussing forgiveness. Implications for future research and clinical practice will be provided in the poster.

KEYWORDS: Evidence-based psychotherapies | Treatment outcome | Other: Benchmarking, religious and spiritual-oriented psychotherapy

PRESENTATION MODALITY: Virtual

- **The Effects of Switching to Video Therapy on the Therapeutic Alliance** ⁽²³⁶⁾

Susanne Edelbluth (Universität Trier, Germany), Brian Schwartz, Wolfgang Lutz

POSTER ABSTRACT:

Background: Many psychotherapies had to switch from face-to-face (f2f) contact to video

therapy (VT) due to the COVID-19 pandemic. However, the impact of this forced switch to VT on the therapeutic process is unclear. The present study aims to assess the impact of switching treatment setting on the therapeutic alliance. Methods: A total of N = 454 patients with mood or anxiety disorders treated with integrative CBT in an outpatient clinic in Germany are examined. The intervention group (IG) consists of n = 227 patients, who switched treatment setting, and the control group (CG) consists of n = 227 nearest neighbour cases from archival data. Patients and therapists rated common factors at the end of each session. Longitudinal piecewise multilevel models are fitted and the last three f2f and up to the first six VT sessions are included in the analyses. Results: There is no rupture in the therapeutic alliance due to the switch to VT for both patients and therapists. However, therapists assess the therapeutic alliance lower for both f2f and VT. The IG and CG report no difference in their assessment of therapeutic alliance among both patients and therapists. Discussion: The results are discussed in the context of VT and the therapeutic process, highlighting the importance of alternative remote forms of treatment rather than pausing treatment in times of pandemic.

KEYWORDS: Internet-based | Other: COVID-19, videotherapy, mood and anxiety disorders, common factors

PRESENTATION MODALITY: Virtual

- **The Experience of Mental Health Workers Working in the Public Health Services in Chile** ⁽²³⁷⁾

Alexandra A. Epstein (Pontificia Universidad Catolica de Chile, Millennium Institute for Research on Depression and Personality-MIDAP, Latinamerican Network of Psychotherapy Research.), Stephanie Vaccarezza Schürmann, Candice Fischer

POSTER ABSTRACT:

The world has been experiencing an important mental health burden for the past years. Around one tenth of the population is estimated to have a mental disorder and this number is on the rise since the COVID-19 pandemic. In Chile, the prevalence of mental health disorders is also very high and new evidence suggests that up to 56% of the population have developed mental health issues during the pandemic. However, there is a major problem regarding the gap between the amount of mental health treatments that are needed versus those that are actually provided, especially when it comes to public mental health services in Chile. There is also a substantial lack of funding in public mental health that further burdens the system. These are only some of the challenges of the public mental health system in Chile and to address them policy changes are required, especially those concerning human resources. In this context, it is important to understand the experience of public mental healthcare workers regarding the challenges they face and some possible advantages. To fulfill this objective, 15 public health workers, that included psychologists and psychiatrists, were interviewed through semi-structured interviews. This investigation is still in course, where the data is currently being analyzed. The final results shall be described in March of 2022.

KEYWORDS: Therapist effects | Other: Public healthcare, Mental health workers, challenges, advantages

PRESENTATION MODALITY: Virtual

- **The Experience of the Therapeutic Bond between LGBT+ Patients and Therapists in Psychotherapy** ⁽²³⁸⁾

Jesús Vidal-Rojas (Pontificia Universidad Católica de Chile), Claudio Martinez, Alemka Tomicic

POSTER ABSTRACT:

LGBT+ people are more likely to have mental health problems as a result of prejudice and discrimination. In psychotherapy, they seek to co-construct a bond of acceptance with their therapist, but often encounter therapists who are poorly trained and who explicit or implicitly express prejudice and discrimination against them. Currently, there is little research on psychotherapy with people of sexual and gender diversity, specifically on the creation of the bond with their therapists. Aim: To describe the experience that LGBT+ patients and therapists who have treated LGBT+ patients in psychotherapy have had regarding the formation of the psychotherapeutic bond. Method: A qualitative secondary source design will be implemented, using the Grounded Theory approach in coding focused on categories described by Orlinsky, Ronnestad & Willutzki (2004) in their review of the Generic Model, specifically, in the categories of therapeutic bonding. A total of 12 interviews were analyzed, 8 LGBT people and 4 therapists who have treated patients from this community. Results: Therapists focus their work on sexuality, coming

out and affirmative interventions, but make beginner's mistakes if they have no training. They mention that there is a need to connect with "the other world", LGBT+, in order to enhance trust with the patients. In addition, they seek to be aware of their prejudices. Patients seek to be understood, to discover and validate themselves, but they feel that therapists do not listen to them, do not give them confidence and even generate fear.

KEYWORDS: Alliance | LGBT

PRESENTATION MODALITY: Virtual

- **The Impact of Social Distancing Due to COVID-19 on Chilean University Students' Academic Performance, Social-Affective Bonds, and Psychological Well-Being** ⁽²³⁹⁾

Sofía M. Sandoval (Universidad Santo Tomás, Santiago, Chile), Pedro I. Fuentes, Nelson Valdés

POSTER ABSTRACT:

Since the COVID-19 pandemic was declared, Chilean higher education students have had to face academic responsibilities from a different work that generated consequences in different areas due to social distancing. To date, a large amount of quantitative research has been conducted on the psychological impact due to COVID-19, however, few studies have been conducted with a qualitative methodology that would allow generating new knowledge about this phenomenon from the perspective of the individuals themselves. A study was conducted with the objective to describe the psychological consequences due to the pandemic confinement faced by higher education Chilean students during COVID-19. A qualitative methodology was used to select a sample of 62 students based on the maximum variety strategy. Data production was carried out through individual in-depth interviews supported by an interview to explore different topics (meanings attributed to quarantine, physical, emotional, social, family and work consequences, changes in routines and effective coping strategies). The emerging results of the Content Analysis showed that students at the beginning perceived positively the social distancing and tele-education, however, the feelings of displeasure increased progressively (overwhelming feelings, tiredness, demotivation, frustration, uncertainty, and hopelessness) which ended up causing less respect for the health strategies. The large amount of time spent in front of screens and the lack of face-to-face social interaction ended up increasing the levels of stress, anxiety and depression that already existed before the pandemic. They had to face difficulties related to the online modality, with the permanent feeling of perceiving themselves as less productive.

KEYWORDS: Culture | Methods

PRESENTATION MODALITY: Virtual

- **The Influence of Testimonial Vignettes on Willingness to Use Teletherapy** ⁽²⁴⁰⁾

Nigel Jaffe (Williams College, Massachusetts, USA), Stephanie Jarvi Steele

POSTER ABSTRACT:

Social distancing measures have prompted a shift toward video-, phone-, and text-messaging-therapy, options which were not nearly as widely used prior to the pandemic despite increased accessibility (Backhaus et al., 2012) and convenience (Petersen et al., 2020). Now that it seems teletherapy is here to stay, important questions remain about users' attitudes toward virtual counseling (Hadler et al., 2021). Specifically, two questions remain understudied: Firstly, what factors make users more or less likely to use teletherapy? And secondly, how acceptable and suitable do potential clients find teletherapy for addressing high-risk behaviors (e.g., self-injurious thoughts and behaviors [SITBs], disordered eating, or substance use)? This study will randomize participants to one of two vignette conditions that describe a hypothetical person's experience using teletherapy. The vignettes differ in that one describes a positive experience, emphasizing accessibility, convenience, and a strong relationship with the therapist; the other describes a negative experience, emphasizing privacy concerns, technical difficulties, and a weaker relationship with the therapist. After reading the vignettes, participants will indicate attitudes toward seeking help via teletherapy. They will indicate willingness to seek help for hypothetical general mental health concerns, as well as for a hypothetical mental health crisis (e.g., urges to engage in SITBs). Between-group analyses on these measures will reveal whether narratives describing others' experiences in therapy can change participants' willingness to use teletherapy, and whether participants are as likely to prospectively endorse teletherapy for crisis situations as for less serious mental health problems. Data collection will begin February 2022.

KEYWORDS: Internet-based | Other: Teletherapy, Accessibility, Attitudes

PRESENTATION MODALITY: In Person

- **The Perceived Corrective Experience of Teachers in Consultation Process Provided by School Counselors** ⁽²⁴¹⁾

Su-Fen Tu (Chung Yuan Christian University, Taiwan), Hsueh-Wen Hsu

POSTER ABSTRACT:

This study aimed to explore the perceived corrective experience of teachers during the process of teacher consultation provided by school counselors. The participants were 13 teachers (10 females and 3 males), all troubled by EBD students, have received 5 sessions' consultation provided by school counselors during 12 weeks period. During consultation period, teachers were interviewed 3-4 times in the beginning, middle, and final stage of consultation to explore their perception of corrective experience in the dynamic process between them and school counselors. By using theme analysis, three major themes of corrective experiences were generated. The three corrective experience themes in teacher consultations were: a) emotional – teachers felt corrected emotionally on perceiving non-judgmental understanding, positive support, unconditioning attention, and hope-injecting from counselors; b) relational – when counselors pointed out their relational patterns with students/others or provided validation for their positive relations with students; and c) corrective experience regarding to “client problem”- teachers felt corrected when they learned clients' need and wants in their problem behaviors and dedicated guidance strategies from counselors. A theoretical process from corrective experience to action in teachers was further proposed. The process included four stages that integrated external behaviors and internal corrective experience, illustrating as 1) receiving counselor's feedbacks (insights activated); 2) positive action with students (corrective experience with students); 3) positive results with students (positive self-respect); and 4) continuing consultation (trust in counselors). The four stages occurred recursively in the process of consultation that facilitated teachers' changes in their guidance work with students.

KEYWORDS: Psychotherapy integration | Qualitative | Systemic interventions

PRESENTATION MODALITY: Virtual

- **The Relationship between Microaggressions and Rupture--- Case Studies of Four Indian and White Dyads** ⁽²⁴²⁾

Liqiaonan Chen (Adelphi University, New York, USA), Andrew D. Lokai, Catherine F. Eubanks, J. Christopher Muran

POSTER ABSTRACT:

Aims: There is evidence that microaggressions can have harmful effects on racial and ethnic minorities and it is not a rare occurrence in psychotherapy. Research also suggests that building an alliance and repairing ruptures are ways to address microaggressions in therapy. Current literature on microaggressions in psychotherapy relied heavily on self-report measures and has not investigated the relationship between ruptures and microaggressions in a qualitative way. This study aims to investigate such relationship by analyzing observed racial microaggressions in racially mismatched dyads. The occurrence of racial microaggressions and alliance ruptures will be explored both quantitatively and qualitatively. **Methods:** Four racially mismatched dyads were identified from archival data. Two of the dyads were consisted of therapists who identified as White and patients who identified as ethnically Indian. The other two dyads consisted of therapists who identified as ethnically Indian and patients who identified as White. The first four sessions of each dyad were selected for analyses because research suggests early session alliance is correlated with optimal treatment outcome. Video recordings of the sessions will be coded for racial microaggressions using a combined measure derived from three other measures and ruptures will be coded using the Rupture Resolution Rating System (3RS). Descriptive and exploratory analyses of microaggressions, ruptures, as well as resolution strategies will be presented. **Results and Discussion:** Findings will be discussed with respect to their empirical and clinical implications. Methodological limitations and future research directions will also be discussed.

KEYWORDS: Alliance | Culture | Other: racial microaggressions, ruptures and repair

PRESENTATION MODALITY: Virtual

- **The Relationship between Therapists' Exposure to Diversity and Effectiveness with Racial and Ethnic Minority Clients** ⁽²⁴³⁾

Fanghui Zhao (Penn State University, University Park, USA), Jeffrey A. Hayes

POSTER ABSTRACT:

Literature shows that therapists differ in their effectiveness working with racial-ethnic minority (REM) clients (Drinane et al., 2016; Hayes et al., 2015; Imel et al., 2011; Owen et al., 2012). This difference might result from the discomfort that some therapists experience when working with clients from another cultural background due to different family beliefs and messages, societal and environmental influences, and personal life experience (Stampley & Slaght, 2004). Cultural comfort has been found to be inversely related to client dropout and directly related to therapy outcomes (Bartholomew et al., 2020; Owen et al., 2017). One way to improve therapist cultural comfort is through interacting with outgroup members, as suggested by Intergroup Contact Theory (Allport, 1954). Intergroup contact can reduce prejudice and those interventions based on intergroup contact theory could improve ethnic-related attitudes, with effects sustained over time (Lemmer & Wagner, 2015). Therefore, working in a racially diverse area may give therapists opportunities to interact with people from different racial backgrounds, foster positive attitudes for other racial groups, correct prior negative stereotypes, cultivate openness for different cultural values and beliefs, and create greater cultural comfort in working with clients from another cultural background. Current study aims to examine the relationship between therapists' exposure to diversity and effectiveness with REM clients. It is hypothesized that therapists with greater exposure to diversity will produce better treatment outcomes for REM clients. Multilevel modeling analysis on three national datasets (CCMH, IPEDS, Census Tract 2020) will be used to answer the research question.

KEYWORDS: Culture | Therapist effects

PRESENTATION MODALITY: Virtual

- **The Role of Clients' Attachment and Cardiac Vagal Regulation in Early Stages of Psychotherapy** ⁽²⁴⁴⁾

Michele Dufey (University of Chile), Tamara Gonzalez, Tamara Bravo, Ana Maria Fernandez

POSTER ABSTRACT:

Aim: Determining the role of attachment and cardiac vagal regulation on early clients' clinical status and working alliance in psychotherapy. **Methods:** 55 clients completed the Experiences in Close Relationships scale (ECR) to assess attachment orientation and several clinical measures (the Symptom Checklist -90- Revised, the Outcome Questionnaire-45, and the Satisfaction with Life Scale) at therapy intake. After that, a two-minute electrocardiogram was recorded in a resting condition followed by an emotional induction task to obtain two cardiovagal indexes: baseline heart rate variability (HRV) and HRV reactivity, respectively. After the third therapy session, participants completed the Working Alliance Inventory (WAI) to assess early working alliance. **Results:** Separated regression analyses showed that both baseline HRV ($\beta = -.353$, $p = .008$) and HRV reactivity ($\beta = -.386$, $p = .004$) significantly moderated a predictive effect of attachment avoidance on clinical status, and a similar tendency was observed when attachment anxiety was included as a predictor of clinical status (baseline HRV: $\beta = -.253$, $p = .054$; HRV reactivity: $\beta = -.261$, $p = .056$). Finally, baseline HRV ($\beta = -.329$, $p = .024$) and HRV reactivity ($\beta = -.294$, $p = .047$) negatively predicted WAI scores. **Discussion:** Findings support the buffering role of cardiac vagal regulation on clients' distress depending on their attachment insecurity levels at therapy intake. An inverse predictive effect of cardiac vagal regulation on early working alliance needs to be further studied. **Acknowledgments:** This study is funded by FONDECYT Initiation grant 11180662 from the Chilean government.

KEYWORDS: Alliance | Other: attachment anxiety, attachment avoidance, cardiac vagal regulation, clients' distress

PRESENTATION MODALITY: In Person

- **The WAI and OQ-ASC: How Do these Alliance Measures Relate?** ⁽²⁴⁵⁾

Samuel C. Podell (Adelphi University, New York, USA), J. Christopher Muran, Catherine F. Eubanks

POSTER ABSTRACT:

Aims: The current study aims to assess the relationship among the items in two alliance measures, The Working Alliance Inventory (WAI) and Outcome Questionnaire –

Assessment for Signal Clients (OQ-ASC) assess the strength of the therapeutic alliance in a therapeutic dyad. While both commonly used, there is little research on the agreement between the two measures. Methods: Using Amazon Mechanical Turk (MTurk), the WAI and OQ-ASC will be administered to a sample of individuals > 200 who are currently in individual psychotherapy. Additional attention check and validity items will be added to the MTurk questionnaire to help avoid erroneous responses. Analysis: As part of a psychometric study, a principal components analysis with oblique rotation will be conducted and item-factor loadings and inter-item correlations will be examined.

KEYWORDS: Alliance | Other: Therapeutic alliance, Working Alliance Inventory, Outcome Questionnaire - Assessment for Signal Clients

PRESENTATION MODALITY: In Person

- **Therapist Flexibility During Alliance Ruptures: What Interventions Do Therapists Use When Responding to Ruptures?** ⁽²⁴⁶⁾

Brittany R. King (Mount Sinai Beth Israel, USA), Lauren M. Lipner, Catherine F. Eubanks, J. Christopher Muran

POSTER ABSTRACT:

Aim: Ruptures in the therapeutic alliance are common in treatment and associated with poorer outcomes and early termination if unaddressed; yet, rupture resolution and repair is predictive of treatment retention and positive outcomes. Therapist flexibility in intervention use during ruptures is likely particularly important, as research suggests that continuing with “treatment as usual” may further worsen the alliance. Less is known about the specific techniques used by therapists when responding to ruptures, particularly ones which lead to resolution and positive outcomes (e.g. treatment retention). Using a sample of treatment completers and premature terminators, this study will evaluate the extent to which therapists employ interventions (from a range of theoretical approaches) in a way that is flexible and responsive to ruptures. Method: This study sample includes 32 unique dyads - 16 therapists each having one client who completed treatment and one who terminated early (i.e. 16 completers, 16 non-completers). Four sessions per therapist (i.e. two per patient) will be coded at 5-minute intervals for alliance rupture markers using the Rupture Resolution Rating Scale (3RS), and therapist intervention use using the Multitheoretical List of Therapeutic Interventions 30 (MuLTI-30). Results: Data are currently being analyzed and results will be described during the presentation. Discussion: Understanding therapists’ interventions use in response to ruptures may help identify strategies that lead to successful repair, treatment retention, and outcomes.

KEYWORDS: Alliance | Other: Rupture, flexibility

PRESENTATION MODALITY: Virtual

- **A Text Analysis of Therapist Emotional Experiencing as a Result of Alliance-Focused Training (AFT) – A Presentation Additional Findings** ⁽²⁴⁷⁾

Stephanie Soultanian (Adelphi University, New York, USA), Catherine Eubanks, J. Christopher Muran

POSTER ABSTRACT:

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.

KEYWORDS: Alliance | Quantitative & qualitative method

PRESENTATION MODALITY: Virtual

- **Two's Company, Three's A Crowd? An Empirical Exploration of the Occurrence and Impact of Split Alliances in Couples Therapy** ⁽²⁴⁸⁾

Lena Blum (University of Denver, USA), Jasmine R. Davis, Sabina Musliu, Jesse Owen

POSTER ABSTRACT:

Therapeutic alliance's role in successful therapy outcomes is well established for both individual and couple modalities (Fluckiger et al., 2018; Friedlander et al., 2018). In couple therapy, split alliance is when individuals experience their alliance with the therapist differently than that of their partners. Split alliances have been associated with poorer outcomes; however, this research is limited (Friedlander et al., 2018). This study investigates the impact of split alliance scores on individual symptom reduction and relationship satisfaction scores. There were 21 couples who were mainly white and straight. Couples completed the Couples Satisfaction Index (CSI-4) (Funk & Rogge, 2007), Schwartz Outcome Scale-10 (SOS-10) (Blais et al., 1999), and the Couple Therapy Alliance Scale Revised (CTAS-r SF) subscales including; the therapist and the patient (i.e. Self-alliance), the therapist and the partner (Other-alliance), and the therapist and the couple (Group-alliance) (Pinsof et al., 2008). We examined split alliances within the first five sessions of treatment as to not confound the results with the general outcome of treatment. Preliminary findings support that not experiencing a split in alliance is associated with increased overall wellbeing and increased relationship satisfaction. Results show 9 of the 21 couples experienced a split in the Self-alliance, 8 of the 21 couples experienced a split in Other-alliance, and 7 of the 21 couples experienced a split in the Group-alliance. Further analyses will be presented related to correlates with split alliances. All data has been collected and final analyses will be completed by SPR.

KEYWORDS: Alliance | Other: Couples therapy, Psychotherapy outcomes, Split alliance

PRESENTATION MODALITY: In Person

- **Validation and Application of the Nonverbal Behavior Analyzer (NOVA): An Automated Tool to Assess Nonverbal Emotional Expressions in Psychotherapy** ⁽²⁴⁹⁾

Patrick Terhürne (Universität Trier, Germany), Brian Schwartz, Tobias Baur, Elisabeth André, Wolfgang Lutz

POSTER ABSTRACT:

Background: With the help of AI continuous video based emotion recognition can now be applied resource-efficiently and non-invasively in naturalistic psychotherapeutic settings. In this study, we integrated the Nonverbal Behaviour Analyzer (NOVA) software into psychotherapy research and examined the extent to which emotions detected with NOVA are related to subjective emotion ratings, established process variables, and patient symptom burden. Methods: The sample consisted of 128 patients with one session each, who were treated with integrative cognitive behavioral therapy. Mean values for arousal and valence for each session were examined in different two-level models for their relationship with subjective emotion ratings (PANAS), Interpersonal Experience, Coping Experience, and Affective Experience (Session Report), as well as the patient's symptom burden (HSCL-11) at the same and subsequent session. Results: The patient's self-assessed level of anger correlated significantly with the automatically measured level of arousal. Furthermore, higher arousal was related to higher perceived interpersonal experience. In addition, a significant quadratic relationship was found between patients' automated measured arousal and Affective Experience. Furthermore, we found a significant quadratic predictive effect of valence for symptom burden in the following session. Discussion: The present study demonstrated a potential application of the NOVA software and its contribution to expanding our understanding of mental processes and their correlates. It shows that automated emotion elicitation using NOVA can extend and refine existing prediction methods. Limitations such as disregarding interpersonal emotional events are discussed.

KEYWORDS: Process and outcome | Other: automated emotion recognition, video analysis, prediction

PRESENTATION MODALITY: Virtual

- **What Is Therapeutic Change and How Do We Measure It? Validating the Formal Theory through Using the Conflict Analysis Battery** ⁽²⁵⁰⁾

Albert Levis (Museum of the Creative Process, USA), Maxwell Levis

POSTER ABSTRACT:

Formal Theory (FT) identifies the unconscious via studying the structure of the creative process as a scientific conflict resolution periodic phenomenon, the unit of the social sciences. The unconscious has a homeostatic function, catharsis, identical to photosynthesis, as the transformation of unpleasant psychic energy into personal attitudinal growth. The unconscious is thus defined as a scientific moral order phenomenon, binding art and science, biology and sociology, psychology and morality. The homeostatic function consists in energy and attitude transformation abiding by two scientific phenomena: the Simple Harmonic Motion and Klein's set theory. Conflict, a normative deviation, as an energetic load, is transformed to normative compliance through three emotional pendulum oscillations, as a six-role syndromal process, guided by three formal operations, the equilibrical principles restoring balance within any symbolic system. The principles transform passivity to activity, antagonism to cooperation and alienation to mutual respect. The formal operations lead to four types of conflict resolution, dominance, subordinacy and their attitudinal, cooperative, antagonistic variations. Evidence validating the theory is found in completing the Conflict Analysis Battery self-assessment. It identifies the relational modalities with an inventory and reconstructs the syndrome of six emotions through twelve metaphor creation tasks. Completing the battery takes four hours to identify one's conflict resolving pattern and generate insights about one's syndrome, providing evidence demonstrating the unconscious as a scientific conflict resolution phenomenon, the integrative paradigm, the software of the unconscious, revamping psychology into the Moral Science. Therapeutic change, an emotional dialectic, is facilitated and recorded by the self-assessment.

KEYWORDS: Change process | Integrative psychotherapy | Personality | Process and outcome

PRESENTATION MODALITY: Virtual

- **When Do People Change during Psychotherapy – Is the Increased Intensity of Symptoms a Failure or a Sign of Recovery? In Search of Indicators** ⁽²⁵¹⁾

Patrycja Jęda (Jagiellonian University Medical College, Faculty of Medicine, Department of Psychotherapy, Poland), Krzysztof Rutkowski, Michał Mielimąka

POSTER ABSTRACT:

Background Research based on the EBM principles provides psychotherapists with an increasing amount of reliable information regarding the psychotherapeutic processes. The dynamics of symptoms is among the most intriguing phenomena. In this research, we investigated the associations between the dynamics of headaches throughout psychotherapy and personality characteristic. Methods The retrospective observational study was conducted among 244 patients treated with group psychotherapy for neurotic, somatoform, and personality disorders. The intensity of symptoms was measured with the Symptoms Checklist "O". Personality functioning was assessed with the Minnesota Multiphasic Personality Inventory - 2 and the Neurotic Personality Questionnaire KON-2006. Demographic data was collected with the Biography Questionnaire. Results During psychotherapy, headaches have either subsided, or their intensity had decreased in 78% of patients. The change correlated with global symptoms level ($p < .01$). Interestingly, some patients temporarily develop headaches during treatment, which hypothetically might be an expression of insight work. In 38 patients, headaches occurred after psychotherapy. The analysis of variance revealed that in this group, personality dysfunctions such as "sense of lack of control", "imagination, indulging in fiction", "irrationality" and "sense of being overloaded" were significantly more common. However, "asthenia" and "feeling of being dependent on the environment" were less frequent. Further research, including correlations between changes of personality traits and reported symptoms, will be presented. Conclusions For most patients in intensive, short-term, psychodynamically oriented psychotherapy, the intensity and presence of symptoms, including headaches, significantly changes throughout treatment. Further research is recommended to understand better the complex associations between symptoms dynamics and personality functioning.

KEYWORDS: Change process | Personality | Treatment process and outcome | Other: Personality disorder

PRESENTATION MODALITY: Virtual

Saturday, July 9, 2022, 08:30–10:00 (MDT)

SD11

SATURDAY, JULY 9, 2022, 08:30–10:00 (MDT) | STURM 453

STRUCTURED DISCUSSION

Challenges and Opportunities When Measuring Meaningful Therapeutic Change ⁽²⁵²⁾

ORGANIZERS & MODERATORS:

Jan R. Boehnke
University of Dundee, United Kingdom

ABSTRACT:

Investigating how, when, and why people change during psychotherapy requires operationalizations of (meaningful) change. Its pivotal role leads to continued innovation in how 'change' is conceptualized. Such innovation requires refinement of the philosophical and methodological foundations of psychotherapy research and this discussion addresses four critical areas. The first panelist proposes, based on the example of the therapeutic relationship, that we need to consider a variety of data sources when assessing change in the dynamic interaction between therapist and patient, such as self-reports, observer-rated systems, computerized text-analytic methods, vocal tone, speech, physiological responses, and movement analyses. The second panelist focuses on philosophical and statistical concerns and proposes that change indices do not live up to the epistemological goals that are pursued with them, leading to substantial contradictions when triangulating results from different levels of analysis (e.g., nomothetic vs. ideographic). The third panelist proposes that it is clinically vital to understand the idiosyncratic meaning-making involved when respondents interpret and respond to psychometric instruments rather than dismissing it as an unimportant individual factor. The fourth panelist proposes that such idiosyncratic processes are at work when people fill out psychometric instruments, but that these are likely to make within-person analysis simpler and future approaches should focus more on leveraging this strength. While addressing closely interlinked areas, the perspectives and solutions presented by the panelists differ substantially and conflict in several points. The panelists encourage critical reflection and invite the audience to explore what they believe are vital philosophical and methodological assumptions for data-informed psychotherapy.

DISCUSSANTS:

- Katie Aafjes-van Doorn (Yeshiva University, USA)
- Andrew A. McAleavey (Helse Førde, Norway)
- Femke L. Truijens (Erasmus University Rotterdam, Netherlands)

KEYWORDS: Practice-training-research networks | Quantitative & qualitative method | Routine Outcome Monitoring | Treatment process and outcome

PRESENTATION MODALITY: Mixed

PA40

SATURDAY, JULY 9, 2022, 08:30–10:00 (MDT) | STURM 454

PANEL

The Therapeutic Relationship in Treatment of BPD ⁽²⁵³⁾

ORGANIZERS & MODERATORS:

Kenneth N. Levy
Penn State University, University Park,
USA

ABSTRACT:

Numerous individual studies and meta-analyses have consistently found a positive relation between the therapeutic relationship and psychotherapy outcome across theoretical orientations and patient characteristics. On the other hand, clinicians and researchers have repeatedly discussed the special challenges in establishing a strong therapeutic relationship with clients with borderline personality disorder (BPD) and whether these challenges are related to specific deficits in the disorder as well as attenuated outcomes. Acknowledging these difficulties, this panel presents three studies that investigate the role of therapeutic relationship in the treatment of BPD. Dr. Tracy Clouthier will present a study that examines

working alliance ruptures in a sample of community mental health patients with and without BPD, and how the ruptures were associated with treatment outcomes. Similarly focusing on the difficulty in establishing a stable working alliance, Haruka Notsu will present a study that examines the fluctuation of the alliance during a short-term treatment for BPD with and without a relation-focused approach. Lastly, Dan Spina will explore whether a patient's level of reflective functioning predicts the level of genuine and non-distorted perceptions in the relationship, also known as the real relationship (RR), and whether therapists also contribute to the RR in treatment for BPD. The panel will be moderated by Dr. Kenneth Levy. The discussion will be organized by Dr. Jeffery Hayes.

PAPERS IN PANEL:

- **Detection of Alliance Ruptures in a Sample of Outpatients at a Community Mental Health Center: Examining the Role of BPD Diagnosis and Associations with Outcome**

Tracy L. Clouthier (Hutchings Psychiatric Center, USA), Kenneth N. Levy

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Given the association between alliance and outcome in psychotherapy, it is important to understand factors that may contribute to an increased risk of alliance rupture. The interpersonal dysfunction and affective instability characteristic of borderline personality disorder (BPD) may have a particularly strong impact on the alliance (Hirsh et al., 2012; Levy et al., 2010). We aimed to examine alliance ruptures in a sample of community mental health patients with and without a diagnosis of BPD and how it relates to outcome. **Method:** A sample of over 40 outpatients was recruited from the Penn State Psychological Clinic. Patients were reliably diagnosed using structured interviews. Patients completed the Brief Alliance Inventory (BAI; Mallinckrodt & Tekie, 2016) after each session for up to 30 sessions, in addition to completing the Treatment Outcome Package (TOP; Kraus, Seligman, & Jordan, 2005) prior to each session. **Results:** Criterion-based and control chart methods will be applied to alliance data. We will examine how each of these methods perform in our sample, and whether a diagnosis of BPD relates to the number of ruptures detected. We will also examine the association between alliance ruptures detected using these methods and outcome. **Discussion:** Results will be discussed in terms of their implications for clinical practice, detection of alliance ruptures, and future research directions.

- **Stable Instability: The Relation Between Unstable Working Alliance and Treatment Outcome in Borderline Personality Disorder**

Haruka Notsu (Penn State University, University Park, USA), Yogev Kivity, Kenneth N. Levy, Stéphane Kolly, Ueli Kramer

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: The aim of the current study is to examine the stability of working alliance and its association with treatment outcome in a short, generalist treatment for borderline personality disorder (BPD) with and without a relationship focused case formulation. **Method:** Data were drawn from a study of a short-term intervention for BPD. Sixty clients diagnosed with BPD were randomized to 10-sessions of Good Psychiatric Management (GPM) or GPM combined with Motive-Oriented Therapeutic Relationship (MOTR). Squared successive differences were calculated for client- and therapist-rated alliance as a measure of instability. Multilevel models were used to test within- and between- client association of alliance instability and treatment outcomes. **Results:** The alliance did not become more stable over time. Average alliance instability was associated with lower initial self-esteem in GPM with MOTR but not in GPM. However, alliance instability was not associated with treatment outcome at the within- or between- person level. **Conclusion:** The findings may suggest that greater alliance stability is associated with higher levels of self-esteem when treatment is combined with a relationship-focused case formulation. Future studies are needed to replicate the results and further understand the role of stability in the development of the working alliance.

- **The Real Relationship and Reflective Functioning in Treatment for Borderline Personality Disorder**

Daniel S. Spina (Penn State University, University Park, USA), Kenneth N. Levy, Rachel H. Wasserman, Joseph E. Beeney, John F. Clarkin

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: Current research suggests that reflective functioning and attachment representations (Levy et al., 2006), as well as techniques such as clarification and confrontation in Transference-focused therapy (Kivity et al., 2019), are important treatment-specific mechanisms of change. Relatively less is known about how these unique mechanisms impact the quality of the therapeutic relationship. Our aim in the current study was to investigate whether a patient's level of reflective functioning predicts a greater degree of genuine and realistic elements in the therapeutic relationship in treatment for BPD, relational elements that are characteristic of the "real relationship" (RR; Gelso & Carter, 1994). In addition, we investigated whether TFP contains greater RR by mid-treatment when compared to Dialectical Behavior Therapy (DBT) and supportive treatment (SPT). Method: Early, and middle videotaped psychotherapy sessions from the Clarkin et al. (2007) randomized controlled trial comparing TFP, DBT and SPT for BPD were coded with the Psychotherapy Process Q-set (PQS). Psychotherapy process characteristic of the RR was measured by session adherence to an expert consensus prototype within the PQS (Spina et al., in prep). Multilevel models, which accounted for the nested nature of the data were used in the data analysis. Results: Greater baseline RF predicted better RR in treatment for BPD irrespective of treatment cell, $\gamma_{01} = .04$, quasi- $R^2 = .26$, $p = .05$. In addition, RR did not significantly change from early to mid-treatment, irrespective of treatment cell, $p = .48$. Discussion: Findings will be discussed in terms of implications for research and clinical practice.

DISCUSSANT: Jeffrey A. Hayes (Penn State University, University Park, USA)

KEYWORDS: Alliance | Treatment process and outcome | Other | Other: Real Relationship, Borderline Personality Disorder

PA41

PANEL

ORGANIZERS & MODERATORS:

Ueli Kramer
Institute of Psychotherapy, Lausanne,
Switzerland

SATURDAY, JULY 9, 2022, 08:30–10:00 (MDT) | STURM 479

Facets of Practice-Oriented Research: The Voice of the Clients and Client Feedback ⁽²⁵⁴⁾

ABSTRACT:

Practice-oriented research (POR) grounds evidence in everyday practice of psychotherapy. What has been largely overlooked in psychotherapy trials is the voice of the client on changes, as much as the effects of feedback information to clients on observed changes. Both facets of practice-oriented research are grounded in the notion of the client as catalyst of symptom change across treatment. The first presentation will focus on the effect of client feedback in an exploratory randomized controlled trial. The second presentation will focus on a culturally diverse context and bring the client's voices on psychotherapy change center-stage. The final presentation will use the change interview and focus on the client's representation of effects of emotion-focused therapeutic work. A discussion concludes the symposium.

PAPERS IN PANEL:

- **Therapist Characteristics and Patient Perspectives on the Administering and Effect of Systematic Client Feedback, Preliminary Results of a Cluster Randomised Trial**

Bram Bovendeerd (University of Groningen, Netherlands), Kim de Jong, Erik de Groot, Mirjam Moerbeek, Anton Hafkenscheid, Jos de Keijser

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Background Therapist characteristics and patient perspectives can affect treatment outcome in general, but could also influence the administering and effect of systematic client feedback (SCF). The current study explores the effect of patient perspectives and therapist characteristics (feedback orientation, regulatory focus, self-efficacy, attitude towards feedback, and perceived feedback validity) on the use and effect of SCF. Method The data of therapists ($n = 12$) and patients ($n = 504$) of two outpatient centres offering brief psychological treatment were analysed when SCF, based on the Partners for Change Outcome Management System (PCOMS), was added to treatment as usual (TAU). The effect on the use of SCF was analysed using logistic regression, the influence on the added value of SCF was assessed using a three-level multilevel analysis. Regular use of SCF ($>25\%$) and the Outcome Questionnaire (OQ-45) were

used as outcome variables. DSM-classification, sex, and age of each patient were included as covariates. In addition, four patients were interviewed on their perspective on the use of SCF. Presentation In this presentation the preliminary results of the effects of therapist characteristics and patient perspectives on the administering and use of SCF will be presented.

- **Japanese Clients' Perspectives of Change Processes in Emotion-Focused Therapy: Therapeutic Relationship, In-Session Change, and Outside-Session Changes**

Shigeru Iwakabe (Ochanomizu University, Tokyo, Japan), Kaori Nakamura, Ayumi Noda, Wakako Yamazaki

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Introduction Emotion-focused therapy (EFT) is an evidence-based integrative therapy whose research has mainly conducted in north American and European countries. The present study examined clients' experiences in emotion-focused therapy in Japan. **Method** Semi-structured interviews were conducted with 19 Japanese adult clients who completed a 16-session treatment by trained EFT therapists for unresolved emotional conflicts due to past failures. They were interviewed for 60 to 90 minutes about their experiences of therapeutic relationship, in-session processes, and changes that occurred in their everyday life. The interview data was analyzed using grounded theory approach. **Results** The clients valued safety in the therapeutic relationship, which provided them a consistent emotional environment in which they confronted difficult and painful emotions. The increased presence and responsiveness at critical moments in therapy when painful emotions were strong provided extra support that they needed. Experiences of in-session change process involved identifying core emotional issues, gaining emotional awareness and understanding, and transforming painful emotions. Outside sessions, clients benefited from an increased sense of affirmation, improved relationships, and enhanced emotional competence. Clients also encountered difficulties in connecting with their therapist, getting started with experiential work, and a sense of stagnation. **Discussion** Although it is often reported that Asian clients prefer and do well in more structured therapeutic approaches, the Japanese clients in this study found this kind of work helpful. Some difficulties were experienced mostly when these techniques were introduced first. Clinical and research implications will be presented.

- **Client's Perceived Changes after Emotion-Focused Therapy: A Qualitative Study**

Ueli Kramer (Institute of Psychotherapy, Lausanne, Switzerland), Julie Petignat, Marielle Sutter, Catalina Woldarsky, Chantal Martin Soelch, Martin grosse Holtforth

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Emotion-Focused Therapy (EFT) has demonstrated effectiveness for the treatment of depression, anxiety, and trauma-related symptoms, among others. Beyond these objective effects, it remains unclear what the perceived changes of individuals are which may be due to their undergoing EFT. The present qualitative study aims to analyze the subjective experience of the clients by identifying the helpful and non-helpful factors of EFT and the perceived changes. **Method:** We conducted 4 semi-structured interviews based on client change interview and added questions regarding the therapeutic relationship and EFT-specific therapeutic tasks. The data is currently being analyzed using thematic analysis. **Results:** Clients reported about "accepting and dealing with emotions" as the main change. As helpful aspects of the therapy, we identified "therapists' attitudes" and "chair-work", and for non-helpful aspects of EFT the "lack of proposed therapeutic tools" and "lack of body exercises" were identified. We will discuss these results with regard to its potential relevance for the development of emotion-focused therapy.

DISCUSSANT: William B. Stiles (Miami University, OH, USA)

KEYWORDS: Practice-training-research networks | Process and outcome | Quantitative & qualitative method

PANEL**ORGANIZERS & MODERATORS:**

Pauline Janse

Pro Persona Research, Netherlands

What (New) Therapists Bring to the Table: Characteristics, Learning, and Intuition ⁽²⁵⁵⁾**ABSTRACT:**

Therapists differ in their effectiveness (Baldwin & Imel, 2013; Johns et al., 2019) and gaining more insight on how to improve therapists' performances can help to prevent patients from not benefitting enough from treatment. Although most people intuitively assume that improvement comes with practice and feedback in an ongoing learning process, to date, little is understood about the factors that influence the acquisition and maintenance of performance skills of psychotherapists (Chow et al., 2015). This symposium will bring together an panel of researchers that will present the results of three studies aimed at identifying the effects of therapists training and learning activities and how they respond to feedback on their patients progress. The first study, presented by Jana Schaffrath, shows that students therapeutic skills improve using an innovative teaching method and show which student characteristics predict student's competence. The second study, presented by Pauline Janse, investigated whether the time spent on learning activities predicted treatment outcomes. The third study, presented by Mila Hall, explores therapists' intuitive reactions towards this feedback, including if/how they would want to use it.

PAPERS IN PANEL:

- **Future Therapists' Characteristics and Their Competence in the Work with Simulated Patients**

Jana Schaffrath (Universität Trier, Germany), Anne-Katharina Deisenhofer, Jana Bommer, Wolfgang Lutz

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: This study examined the impact of an innovative teaching method for psychology students and supplemented subjective assessments with objective evaluations of videotaped sessions. **Methods:** The sample consisted of 88 undergraduate psychology students in nine case seminars treating nine simulated patients (played by six therapists in training). Treatment integrity (adherence and skills) was measured with the Inventory of Therapeutic Interventions and Skills (ITIS) both for the student sample and for a comparison sample of 763 sessions conducted in a research and training clinic. A bootstrapping algorithm with 1,000 iterations was used to examine student characteristics (e.g. personality traits) as predictors for objective treatment integrity and subjective gain in competence. **Results:** There was a significant gain in subjectively assessed competence from before to after the seminar (pre = 2.37, SD = .68; post = 3.26, SD = .51; $t(83) = -12.509$, $p < .001$; Cohen's $d = 1.36$). Therapists in training were rated significantly higher in their skills ($M = 3.83$, $SD = .92$) than the students ($M = 2.65$, $SD = .89$; $t(849) = -11.56$, $p < .001$). To predict students' competence (rated with the ITIS), the model with the best fit included the predictors previous experience, conscientiousness, emotional stability and self-confidence in treatment ($R^2_{\text{adjusted}} = .19$, $F(4,78) = 5.896$, $p > .001$).

- **The Relationship Between Therapists' Learning Activities and Psychotherapy Outcomes: A Replication Study**

Pauline D. Janse (Pro Persona Research, Netherlands), Diana T. Bakker-Brehm, Naline Geurtzen, Agnes Scholing, Giel Hutschemaekers

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective. This study was a replication of Chow et al.'s (2015) highly cited study, the results of which showed that the most effective therapists spent on average of 2.8 times more total time on solitary learning activities (which Chow et al. regarded as an indicator of deliberate practice) in a typical work week than less effective therapists. The present study sought to replicate this finding, and it further explored the association between 25 specific activities of therapists, such as reflection and training, and clients' treatment outcome. **Method.** In this naturalistic longitudinal study, data from 2,424 outpatients who were being treated by 40 different therapists were analysed using multilevel analyses. Post-treatment scores on the OQ-45 (controlled for pre-treatment client variables) were used to measure treatment outcome. The RAPID Practice-D was used to measure therapists' learning and other activities spent with the aim of improving their therapy skills. **Results.** The results showed that the total amount of time that therapists spent on learning activities did not predict patients' treatment outcomes. Also, no specific activity that the RAPID Practice-D measured was related to patients' outcomes. **Conclusions.**

Chow et al.'s (2015) results were not replicated. The results indicate the importance of developing a measure of deliberate practice that goes beyond measuring self-estimated time that therapists spent on learning or therapy-related activities, because the current definition is too limited.

- **Therapists' Intuitive Responses to Patient Network Feedback: Pilot Data from the TheraNet Study**

Mila Hall (Justus-Liebig-University Giessen, Germany), Annika Wagner, Paloma V. Scherner, Katharina L. Michael, Julian A. Rubel

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Objective. Providing therapists with feedback about their patients has been shown to be beneficial in several ways. Network models may provide a unique and novel way to depict individual patients' symptomatology. Ecological momentary assessment data collection methods are often used, so that a patient-level, person-specific database can be established and used for the necessary calculations. TheraNet is an ongoing naturalistic randomized control trial (RCT) at an outpatient cognitive-behavioral psychotherapy training center. Within TheraNet, therapists receive feedback about individual patients, based on EMA data collected over 14 days, 4 times per day, via smartphone notification. These patient-level databases are then used to calculate network models, which then form the largest part of the feedback provided to the treating psychotherapist. In order to maximize psychotherapists' understanding of the network models, they receive a training on how to interpret the feedback. The present study aims to explore therapists' intuitive reactions towards this feedback, including if/how they would want to use it. **Method.** Didactic comprehension questions are asked throughout the training. In an effort to conduct user experience research on the feedback, the first 10 therapists' trainings were video- and audio-recorded, and then transcribed. Therapists' reactions to these prompts will be analysed using qualitative thematic analysis (Braun & Clarke, 2006). **Results.** Data analysis will be completed by June 2022. **Conclusions.** Results will be discussed within the context of implementation barriers for person-specific network models within clinical practice.

DISCUSSANT: Nikolaos Kazantzis (Cognitive Behavior Therapy Research Unit, Australia)

KEYWORDS: Therapist training and development | Treatment outcome

PA43

PANEL

ORGANIZERS & MODERATORS:

Armin Hartmann
University Hospital Freiburg, Germany

CE

SATURDAY, JULY 9, 2022, 08:30–10:00 (MDT) | STURM 380

Recent Results from the SPRISTAD Study of Psychotherapy Training and Trainees ⁽²⁵⁶⁾

ABSTRACT:

SPRISTAD is the SPR Interest Section on the Therapist Training and Development. In 2012, members of the section agreed to conduct a collaborative international multisite and longitudinal study of psychotherapy training and development of psychotherapist trainees. This was inspired partly by the review chapter on training and supervision in the sixth edition of Bergin and Garfield's Handbook of Psychotherapy and Behavior Change (Hill & Knox, 2013) and by prior collaborative research (Orlinsky & Rønnestad, 2005). A research plan and relevant measures were devised and refined through extensive consultation with colleagues and trainees over the next years (Orlinsky, Strauss, Rønnestad et al., 2015). Data collection started in 2017 and continues to the present. To date, personal background data have been collected from over 1300 trainees in 20 countries. Sequential practice experience data have been collected from over 500 trainees (t1) and nearly 400 (t2). Numbers are expected to grow as anticipated data are collected in Norway, China, Israel and elsewhere. Continuing the tradition established at prior SPR conferences, this panel reports the results of recent and ongoing research. Paper-in-panel 1 presents analyses of the content and organization of 98 training programs from 18 countries. Paper-in-panel 2 explores convergent effects of trainees' personal quality of life and clinical supervision on their current experiences of therapeutic development. Paper-in-panel 3 analyzes trainees' experiences of difficulties in practice over time and their relations to theoretical orientation.

PAPERS IN PANEL:

- **Psychotherapy Training Programs Worldwide: What Is Taught?**

Armin Hartmann (University Hospital Freiburg, Germany), Irene Messina,
David E. Orlinsky, Henriette Löffler-Stastka
PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Introduction: The SPRISTAD study has recruited psychotherapy training programs and trainees to report, via online quantitative and qualitative measures, about the content and organization of training programs and the experiences and backgrounds of trainees. This paper reports on 98 training programs from 18 countries. **Method:** A consensus group created the Training Program Description Form (TPDF), covering program organization, theoretical orientations, didactic methods, types of patients and problem areas. TPPDs were completed by program directors. Cluster analyses were computed to identify similar program subgroups based on therapy orientations taught, diagnostic methods, age and diagnostic types of targeted patients. **Results:** Programs of "pure" CBT or PD orientation have become rare (17% and 13% respectively), while most offer either specialized treatments (41%) or variants of eclectic or integrative approaches (26%). Almost all teach diagnostic clinical interviews; 22% teach clinical interviews only; 30% include standardized interviews and tests; 33% include observational methods. Exclusively Child/Youth programs are rare (7%); more train for adults exclusively (37%); a majority aim at treating all age groups (54%). Programs chairs tend to a "swiss knife" self-description of their programs, saying their teaching covers all types of pathology and problems (62%), although some exclude AD(H)S and autism (30%) or make those optional. **Discussion:** This first empirical classification finds a large variation among programs, implying that trainees may get largely different input from their programs. The relations of different program types with nation and health care systems are considered.

- **Personal Life Quality and Supportive Supervision Enhance Trainee Professional Growth**

David E. Orlinsky (University of Chicago, USA), Ulrike Willutzki, Michael H. Rønnestad, Erkki Heinonen
PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Introduction: A panel at 2021's SPR conference explored the correlates and predictors of trainees' quality of life, defined as the balance of their current life satisfaction and stress. This paper explores the impact of trainees' life quality, and the quality of their clinical supervision, on trainees' sense of ongoing professional development. Reliable scales of Currently Experienced Growth (CEG) and Currently Experienced Depletion (CED) serve as criteria for their learning and work morale (Orlinsky & Rønnestad, 2005). **Method:** Multi-item scales of CEG and CED were included in the Trainee Current Practice Reports (TCPR) that are completed at approximately six month intervals by trainees participating in the SPRISTAD study, who also completed the Trainee Background Information Form (TBIF). Data on 280 trainees' current personal life quality (balance of satisfaction and stress) were available from the TBIF, as well as ratings of their clinical supervision from the first time-point TCPR. Correlational and regression analyses were used to assess their significance as predictors of CEG and CED. **Results:** Trainee personal life quality and positive supervisory experience were each significantly correlated with CEG (positively) and with CED (negatively). MRA analysis indicated that both jointly predicted 29% of the variance in trainees' Currently Experienced Growth. **Discussion:** The influence of these (and possibly other) trainee personal and program training variables on trainee development will be discussed.

- **Psychotherapy Trainees' Difficulties in Their Practice over Time**

Ulrike Willutzki (University Witten/Herdecke, Germany), Erkki Heinonen, Irene Messina, David E. Orlinsky, Michael H. Rønnestad, Thomas Schroeder
PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Introduction: Research on therapists' difficulties with clients has shown differences between psychotherapists at different experience levels as well as theoretical orientations. In one sample of senior, primarily psychodynamic therapists, some difficulties (e.g., Professional Self-Doubt or PSD) correlated positively with outcome (Nissen-Lie et al., 2017), whereas a negative correlation between PSD and outcome was found in a sample of junior cognitive-behavioral psychotherapists (Odyniec et al., 2018). The trajectories of professional difficulties over time remain unclear, especially in association with different theoretical orientation. This new SPRISTAD longitudinal study in a sample of psychotherapy trainees explores trainees' difficulties at 3 times over a

year, and their relationship to theoretical orientation. Method: 114 trainees from 10 different countries rated their professional Difficulties in Practice when starting their therapeutic work, after 6 months, and after 12 months. Difficulties in Practice were rated on two scales assessing trainees' PSD (e.g., "Lacking in confidence that you can have a beneficial effect on a client") as well as Negative Personal Reactions (NPR) to patients (e.g., "unable to find something to like or respect in a patient"). Theoretical orientations were assessed on a set of multi-item scales used to define categories of singular and combined orientations. Results: Trainees' difficulties in their therapeutic practice declined over their first year of practice with regard to PSD and NPR. The trajectories for different theoretical orientations will be described. Discussion: Implications of the findings for training and professional development will be discussed.

KEYWORDS: Culture | Therapist training and development

PA44

PANEL

ORGANIZERS & MODERATORS:

Elena D. Scherb
UFLO - Universidad de Flores,
Argentina

SATURDAY, JULY 9, 2022, 08:30–10:00 (MDT) | STURM 480

Clinical Situations and Case Studies as Evidence of How People Change, or Don't Change ⁽²⁵⁷⁾

ABSTRACT:

Systematic Case Studies and Clinical Situations in natural contexts had been largely and are currently taken into account as evidence particularly in face of patients or clients that pose complex challenges to the clinicians and to the researcher. These cases do not fit in the requirements of traditional randomized clinical trial designs, although from an evidence based perspective we can utilize and merge the knowledge from the research field and integrate it into personalized treatments. How do we really assess process and outcome in complexity, severity and comorbidity?, Did the patient improve or is just relying in the treatment as a refuge ? Or , in combined treatments, how to identify the effect of the interaction between psychological and biological interventions and the impact of the combined therapeutic alliance between therapist, psychiatrist, and patient?What happens when there is a discrepancy in the assessment of outcomes? . For whom is the treatment working and for how long? The Pandemia in 2020 distorted the settings that we knew of, and at the same time, the demand for treatment increased dramatically, forcing us all to adapt to new formats and type of interventions. What do we do with patients with suicidal ideations that are undergoing cancer treatment and desperately need therapy to be able to cope ? In this Panel, the different presentations will address these issues through different Case Studies, applying both quantitative and qualitative measures. that will allow us to better understand how people change, particularly in challenging patients

PAPERS IN PANEL:

- **What Enabled or Hindered the Change in Psychotherapy of Head and Neck Cancer Patients Expressing Suicidal Ideations and Impulses?**

Alicja Heyda (Maria Skłodowska-Curie National Research Institute of Oncology, Gliwice Branch, Poland), Agata Bieleń, Andrzej Wygoda, Krzysztof Skłodowski

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Introduction: Head and neck cancer (HNC) patients are twice more likely to commit suicide than other cancer patients. HNC related symptoms and oncology procedures are often traumatising because they cause disfigurement, pain, speech and swallowing problems. HNC puts a strain on intimacy, finances and psychosocial functioning. Patients and methods: Three patients with advanced HNC (2 men and 1 woman aged 43, 43 and 53 respectively, treated in 2021), expressed suicidal ideations and impulses during chemo-radiotherapy treatment. All patients had limited personal resources and reported previous mental health problems (case 1- c-PTSD, PTSD, OCD, substance abuse, case 2 - c-PTSD, major depression, alcohol abuse, case 3: c-PTSD, major depression, borderline personality disorder). Two of them required immediate psychiatric consultation, were monitored in rooms with constantly closed windows. Suicidal ideations in case 1 were related to losing control over his life and increased PTSD, case 2 - bad prognosis, financial and marital struggles, case 3 –neuropathic pain and awareness of cancer recurrence. The patients maintained daily contact with the psychotherapist. Results: All patients did not commit suicide. Two patients developed good therapeutic alliance leading to gradual, steady improvement and active participation in day to day breathwork and verbal sessions. BPD patient with chronic pain relied on medication. She used the splitting mechanism, devaluing the therapist after incorporating safety

measures, therefore forming an alliance was not possible. Conclusions: Good therapeutic alliance allowed to provide effective intervention in suicidal ideation of HNC patients in crisis, contrary to personality disorder and pain.

- **How and Why Patients Change or Don't?**

Elena Scherb (UFLO - Universidad de Flores, Argentina), Bernardo Kerman

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Introduction: The Cases presented belong to a larger caseload that share the following characteristics: severe and complex disorders as in DSM 5, more than three previous treatments for the same problems with unclear results, excluding severe addiction and criminality. Patients are followed along from the beginning to the end of treatment, assessed with standardized and non - standardized measures, follow - up interviews when possible. The treatments are designed from a transdiagnostic and transtheoretical perspective, attending to case conceptualization, research informed effective treatments, taking into consideration the therapeutic alliance, patients and context's perspectives. Aim: Two Cases, one with OCPD and GAD, the other one with Bipolar Disorder and Depression, were followed along and assessed from the beginning to the end of treatment. In one case, we obtained good results, whether in the other case we did not. The aim of this presentation is to demonstrate what went wrong. Methods : This is a longitudinal study, where patients are assessed with standardized measures attending to their specific DSM 5 diagnosis, pre - post. Some sessions were video - recorded and qualitative analysis was performed, by independent raters. Follow - up interviews at 6 months after termination are analyzed too. Results: Both specific and non-specific variables and clinical appreciation of changes in life functioning were taken into account for determining success or failures in each Case. Discussion: Our research question was : How and why patients change or don't? We will be discussing around this issue with this particular two cases.

- **Switching on Remote Psychotherapy during the Covid-19 Pandemic: What Are the Mediators and Moderators Crucial in Role Playing for an Effective Treatment?**

Emanuela Atzori (FUORI PASSO Association, Italy)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

This presentation is aimed to further research into the crucial role played in effective remote psychotherapy by mediators of psychotherapeutic relationship (considered either in their specific and non-specific factors of cure) and moderators (considering patient idiographic aspects and the circumstances in which psychotherapy is delivered). This research project proposes an interpretation of results arising from a single case study regarding a patient with dual diagnosis (depression, depersonalization and eating disorder complicated with cocaine abuse). The case study was conducted in individual psychotherapy for the first year of treatment and in group psychotherapy since the second year of treatment. Group psychotherapy has been in remote modality since the beginning of the pandemic. The process-outcome assessment has been conducted in a replication series design with a qualitative and quantitative integrated method which regards convergence or divergence of data arising from the evaluation of the quality of the patient's dream activity (based on the theoretical platform of Fagioli's Human Birth Theory) and rating scales such as: SCL-90-r, TAS-20, EDI-3. At the beginning of the pandemic, according with literature, the most important issue with this dual disorder patient affected by depersonalization was the physical distance characterizing remote psychotherapy. After two years of treatment, diverging from literature regarding patients with depersonalization, results demonstrate that remote psychotherapy in this case has been successful. The case study presented constitutes, therefore, a hermeneutic effort to understand what kind of mediators and moderators have played a crucial role for these results and to formulate specific causal inferences.

- **How Case Study Methodology Can be Used to Supplement ROM**

Benjamin M. Ogles (Brigham Young University, Provo, USA), Melissa Goates-Jones, David Erikson

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Although Routine Outcome Monitoring (ROM) has been demonstrated to improve therapy efficiency and effectiveness (de Jong, et al., 2021; Lambert et al., 2018),

categorizations of improvement or deterioration using ROM measures (typically global symptoms) may not always be consistent with the lived experience of the client. A recent line of investigation examines these discrepancies and recommends supplementing ROM with additional measures or narrative interviews (e.g., Roubal et al., 2018). In this presentation we show how case study methodology can be used to supplement ROM. More specifically, we use qualitative analysis of a post-treatment interview to examine the client's perspective of discordant outcome when ROM indicated that the client deteriorated during treatment and the client reported retrospective improvement. We find that the interview provides a unique and helpful narrative perspective that supplements ROM.

KEYWORDS: Evidence-based psychotherapies | Systemic Case Studies

SD12

STRUCTURED DISCUSSION

ORGANIZERS & MODERATORS:

David M. Erekson
Brigham Young University, Provo, USA

SATURDAY, JULY 9, 2022, 08:30–10:00 (MDT) | STURM 410

Let's Talk About Session Limits: An Asset, a Liability, or a Necessary Evil? ⁽²⁵⁸⁾

ABSTRACT:

Demand for services at university counseling centers has been increasing over the last several years and described as a “crisis,” and research has indicated that the increase has not only been in demand for services, but also in symptom severity (Center for Collegiate Mental Health, 2022; Xiao et al., 2017). This increase has led to innovative approaches to service delivery, including stepped-care models and prioritizing session frequency (Bailey et al., 2021; Cornish et al., 2017; Erekson et al., 2021). It has also led, generally through pragmatic considerations, to institutionally-set limits to the number of sessions to which a client has access. Theoretically, using session limits is good for a system that has higher demand than capacity, by allowing more clients to enter a system and receive at least some treatment; limiting treatment, however, may in some cases be detrimental to the clients already receiving it. While there is some evidence that counseling centers with clear session limits have better outcomes (Coleman et al., 2019), another study indicated no differences in outcomes between centers with session limits and centers without session limits (Carney et al., 2021). We propose a discussion among SPR members on the potential benefits (higher capacity?, more focused treatment?), potential detriments (interruption of treatment?, fiduciary responsibility?) and potential solutions to the session limit conundrum.

DISCUSSANTS:

- Stevan L. Nielsen (Brigham Young University, Provo, USA)
- Natalie Kirtley (Brigham Young University, Provo, USA)
- Brodrick Brown (Brigham Young University, Provo, USA)

KEYWORDS: Treatment process and outcome | Other: Service Delivery, Counseling Center, session limits

PRESENTATION MODALITY: Mixed

PA45

PANEL

ORGANIZERS & MODERATORS:

Lauren M. Lipner
Adelphi University, New York, USA

SATURDAY, JULY 9, 2022, 08:30–10:00 (MDT) | STURM 424

The Relationships between Therapist Technique Use and Psychotherapy Process and Outcome ⁽²⁵⁹⁾

ABSTRACT:

Therapist technique use has been identified as a factor with a significant relationship with psychotherapy outcome, with several studies pointing to moderate levels of specific technique use (versus low or high technique use) being particularly predictive of positive outcome. The results of these studies have implications for therapist flexibility and responsiveness in technique use, as the techniques themselves may be only equally important to the manner and timing in which they are applied. This panel aims to explore these constructs in the contexts of both psychodynamic and cognitive-behavioral therapies, demonstrating the transtheoretical importance of such constructs. Connections will be drawn to psychotherapy process variables such as therapeutic alliance and alliance ruptures as well as psychotherapy outcome more broadly, including both successful outcomes and premature treatment termination. This panel aims to provide an in-depth look

at therapist flexibility and responsiveness as they are unfolding in the room, with the goal of informing researchers and clinicians alike of their impact on psychotherapy.

PAPERS IN PANEL:

- **All That Glitters Is Not Goldilocks: Moments in Psychotherapy Sessions with Low, Moderate, and High Levels of Psychodynamic Intervention Use**

Carla Capone (Chestnut Hill College, Philadelphia, USA), Kevin McCarthy, Jacques Barber

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

When a curvilinear relation between psychotherapy technique use and symptom improvement is demonstrated, interventions have been measured at the aggregate level in a session for each patient (e.g., the average amount of psychodynamic interventions at some timepoint in treatment). It remains unclear as to what factors are present in the sessions that might be associated with the subsequent outcomes. In a sample of patients with depression for which a curvilinear relation of techniques to outcome has been shown, sessions of psychotherapy were divided into groups based on their levels of psychodynamic interventions: low, moderate, or high. Using the recursive abstraction, meaningful moments in the therapy session were qualitatively coded and the groups compared to describe the process and climate of the sessions that may relate to eventual symptom change. Quantitative measures of interventions, alliance, alliance rupture, and session climate were in combination with qualitative descriptions. Results showed that moderate intervention usage produced both tension and depth in session, while maintaining a quality alliance; high intervention usage produced very high alliance, yet without depth or tension, a possible "pseudo-alliance;" low intervention usage often produced unresolved alliance ruptures and frustration responses. Qualitative data and results will be discussed.

- **How Does a Therapist Perform Immediately After Therapeutic Collaboration Breaks? A Comparative Study Within Manualized Cognitive-Behavioral Therapy**

Cátia Cardoso (Universidade do Minho, Braga, Portugal), Ângela Ferreira, Gyselle Melo, Eugénia Ribeiro

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

We aimed to understand how a therapist effectively adjusted her interventions immediately after therapeutic collaboration breaks within CBT. We focused on breaks that emerged from clients' signs of risk regarding the therapist's challenges to move into change. We analyzed two complete cases, recovered and unrecovered one, both followed by the same therapist and the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders. We employed an in-session, moment-to-moment, and across-time analytic lens. Through the Therapeutic Collaboration Coding System, we extracted 492 breaks. Breaks were higher in the unrecovered case, occurring more within sessions of the working and final phases. In the recovered case, they occurred more within sessions of the working phase. Immediately after its occurrence, the therapist tended to continue challenging clients even they resisted. Thus, breaks were most often non reestablished. When the therapist stepped back to accommodate her interventions to clients' immediate needs, breaks were re-established. Occasionally, the therapist insisted on challenging, and clients resisted over consecutive exchanges, mainly in the unrecovered case. The therapist tended to insist more on challenging, mainly in the unrecovered case, with both clients ending up accepting it as much as the therapist insisted on it. Our study is still in progress, however, the preliminary results regarding the highest proportion of breaks at the working and final phases, and the therapist's tendency of continuing to challenge are congruent with previous findings within a non-manualized approach. Final results and their research and clinical implications will be discussed in the meeting.

- **The Relationship Between Therapist Flexibility, Alliance Rupture Resolution, and Premature Treatment Termination**

Lauren M. Lipner (Adelphi University, New York, USA), Benjamin N. Johnson, Nili Solomonov, Catherine F. Eubanks, J. Christopher Muran, Jacques Barber

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Approximately 1 in 5 patients prematurely and unilaterally terminate from psychotherapy.

Previous explorations have revealed that this rate does not differ by treatment approach, suggesting that patients' decision to terminate is likely the culmination of many factors, including those related to psychotherapy process. While the relationships between treatment adherence, treatment flexibility, rupture repair and symptomatic improvement have been well-established, the proposed project aims to elucidate the relationships between these factors and premature termination. More specifically, this project will explore the moderating effect of therapist responsiveness to rupture on the relationship between rupture repair and treatment retention. Drawing from a larger sample of dyads participating in a psychotherapy trial, this study will spotlight therapists who worked with at least one case that prematurely terminated treatment and one case that successfully completed the 30-session psychotherapy protocol (N = 32 dyads). Two observer-based coding measures will be applied to assess for therapist technique usage and rupture repair process: one to assess for therapist technique use and one to assess rupture process. Four sessions per therapist will be selected for coding: two from the drop case (1. session preceding drop and 2. early therapy session) and two from the completer case (3. corresponding session number as drop case and 4. early therapy session) to control of therapist and patient effects (N = 64 sessions). A multilevel model framework is proposed for data analysis. Implications for the prevention of premature termination and psychotherapy training will be discussed.

DISCUSSANT: Nili Solomonov (Weill Cornell Medical College, New York, USA)

KEYWORDS: Alliance | Process and outcome

PA46

PANEL

ORGANIZERS & MODERATORS:

Nicholas R. Morrison
Westfield State University, USA

SATURDAY, JULY 9, 2022, 08:30–10:00 (MDT) | STURM 435

Innovations and New Directions in Qualitative Psychotherapy Research ⁽²⁶⁰⁾

ABSTRACT:

The unprecedented and ongoing COVID-19 pandemic has had many implications for the field of psychotherapy, including an increasing need for mental health treatment across the world and an increasing need for clinicians to provide that treatment. Given the increasing demand for services, coupled with the rise of data-informed psychotherapy, it is critical to consider innovations and new directions in psychotherapy research to meet the needs of this ever-growing population. In this vein, the goal of this panel is to present qualitative perspectives on novel directions 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 assessing mental health care consumers' perspectives on using provider performance information to inform their treatment decisions between 2 uniformly-trained research teams. In the second paper, Hamilton will present findings from a comparative phenomenological analysis of monogamous and understudied consensually non-monogamous (CNM) individuals' descriptions of romantic jealousy and will discuss implications for psychotherapy. In the third paper, Maciag will report on her work examining paraprofessionals' experiences receiving training and supervision to provide brief psychological interventions. Finally, Kim will serve as a discussant to identify and comment on salient themes across the panel.

PAPERS IN PANEL:

- **Replicability of Results Between Two Neophyte Coding Teams in Consensual Qualitative Research**

Nicholas R. Morrison (Westfield State University, USA), Michael J. Constantino, James F. Boswell

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

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.

- **A Comparative, Interpretative Phenomenological Analysis of Jealousy in Monogamous and Consensually Non-Monogamous Individuals**

Joli Hamilton (Westfield State University, USA), Nicholas R. Morrison, Ayla N. Gioia
PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: There is a paucity of research on jealousy, particularly concerning the way that individuals make meaning of their jealous experiences. Jealousy is largely conceptualized in the literature from a monogamous perspective; thus, a comparison of similarities and differences between monogamous and consensually non-monogamous (CNM) individuals' descriptions of romantic jealousy is ripe for investigation. To this end, the present study qualitatively examined the similarities and differences that emerged between a monogamous and CNM sample. Methods: We interviewed two groups (n = 5 per group) of female individuals over the age of 25 who self-reported experiences of jealousy. One group identified as CNM and the other monogamous with no history of CNM. Participants from both samples completed a brief screening survey followed by a 60-minute interview. Participants were encouraged to provide vivid detail about the bodily sensations, emotional tone, reactions, beliefs, and attitudes of their jealous experiences. Transcripts were coded and audited in the service of identifying salient themes. Results: Interviews are being analyzed with interpretive phenomenological analysis (IPA), a rigorous method that aims to make sense of people's meaning-making processes. IPA allows these specific accounts to inform a more nuanced description of the universal phenomenon of jealousy. Discussion: Findings will contribute to a better understanding of the lived experience of jealousy. Implications for mental health treatment will be considered, including strategies for patients seeking help for issues related to jealousy in their romantic relationships, and strategies for therapists to better navigate issues of jealousy with their monogamous and CNM patients.

- **Skilling up Support Workers: The Experiences of Delivering Brief Psychological Interventions**

Rachel Maciag (Cambridgeshire and Peterborough NHS Foundation Trust, United Kingdom), Emma Travers-Hill, Nicholas R. Morrison, Youngsuk Kim
PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: In response to the ever-increasing demand for access to mental health provisions both in and outside primary care settings in the United Kingdom, there have been innovative studies examining brief interventions. Services may be increasing efforts to train and supervise paraprofessionals to deliver brief, low-intensity psychological interventions. It is essential to consider paraprofessional mental health workers' experiences in acquiring and providing new interventions. This qualitative improvement project aimed to learn about mental health workers' experiences receiving training and supervision to provide brief psychological interventions. Methods: All providing mental health workers in two secondary adult mental health community teams in the east of England completed a semi-structured interview, which was transcribed and subjected to thematic analysis. Eleven staff members were interviewed. The roles of those involved in the study were paraprofessionals including Support, Time Recovery Workers, Peer Support workers, and Assistant Psychologists. The analysis followed the framework suggested by Braun and Clarke (2006). Results: Self-directed learning helped build their understanding of the interventions, and repeating procedural skills helped build their confidence. Shadowing, peer support, and availability of supervising psychologists emerged as important factors to learning. Following the skill acquisition stage, many described an increase in their comfort to work flexibly and reported being patient-

centered in their approach. Mental health workers described natural uncertainties arising with learning a new intervention, demonstrating self-reflection over their practice. Discussion: This qualitative improvement project provides evidence that recognized learning processes and models in developing therapists' skills are also applicable to non-psychologists with little experience.

DISCUSSANT: Youngsuk Kim (Massachusetts General Hospital / Harvard Medical School, USA)

KEYWORDS: Methods | Qualitative

IS02
MEETING

SATURDAY, JULY 9, 2022, 08:30–10:00 (MDT) | STURM 490

Interest Section Meeting: Culture and Psychotherapy ⁽²⁶¹⁾

PRESENTATION MODALITY: In Person

Saturday, July 9, 2022, 10:15–11:45 (MDT)

SP06
SEMI-PLENARY

ORGANIZERS & MODERATORS:

Kim de Jong
Leiden University, Netherlands

Andrew A. McAleavey
Helse Førde, Norway

SATURDAY, JULY 9, 2022, 10:15–11:45 (MDT) | DAVIS AUDITORIUM

The Future of Feedback ⁽²⁶²⁾

ABSTRACT:

In the past two decades, the use of clinical feedback systems in psychotherapy has gone from novelty to evidence-supported practice. We have seen a plethora of feedback systems develop, along with diverse approaches to measurement, clinical integration, and implementation in numerous contexts. As the field moves towards data-driven psychotherapy, we recognize a need to assess how the evidence base in feedback research should expand going forward. In this semi-plenary, a group of experts critically appraise and reflect on the ways that feedback research needs to develop going forward. Each panelist will present their view on what the field will need to continue to thrive and be relevant to patients. In the future, how will research on feedback address: 1. Measurement: What are we measuring and how are we measuring it? 2. Implementation: How are we putting feedback into practice, and what barriers will we need to overcome? 3. Mechanisms: What are the mechanisms through which feedback affects outcomes, and how will we discover them? 4. Training and clinical skills: What lessons are we imparting to trainees, at what stages, and how can individual clinicians best use feedback in clinically-sensitive ways? The discussion is intended to provide diverse views on the needs across several global contexts, and prompt the audience to consider ways their own work can improve the field of the future.

DISCUSSANTS:

- Susan Douglas (Vanderbilt University, Nashville, USA)
- Pauline D. Janse (Pro Persona Research, Netherlands)
- Melanie Simmonds-Buckley (University of Sheffield, UK, United Kingdom)
- Elizabeth H. Connors (Yale University, USA)
- Gary M. Burlingame (Brigham Young University, Provo, USA)
- Qiwu Sun (Central China Normal University)

KEYWORDS: Change process | Routine Outcome Monitoring | Therapist training and development | Treatment process and outcome

PRESENTATION MODALITY: Mixed

SP07

SEMI-PLENARY

ORGANIZERS & MODERATORS:

Juan Martín Gómez Penedo
Facultad de Psicología - Universidad de
Buenos Aires, Argentina

Katie Aafjes-van Doorn
Yeshiva University, USA

SATURDAY, JULY 9, 2022, 10:15–11:45 (MDT) | LINDSAY AUDITORIUM

Personalization in Psychotherapy: Going Beyond Treatment Selection ⁽²⁶³⁾

ABSTRACT:

In the last decade there has been a growing interest in personalized psychotherapy and precision in mental health. Currently, the most well-known and extended way of personalizing psychotherapy, is by selecting the optimal treatment depending on patients' relevant features and needs. Nevertheless, this strategy presents limitations in terms of implementation in the clinical practice both at the therapists and outpatient clinics level. Other ways of personalization include personalization of the therapy process, interventions and providers, and evidence-based matching therapists with clients. This semi-plenary will provide an opportunity for 7 invited scholars across the globe to share their research experience and ideas about different personalization alternatives from treatment selection and for an engaging discussion about the opportunities ahead. We will especially discuss how these alternatives might facilitate the implementation of evidence-based criteria for psychotherapy personalization into clinical practice.

DISCUSSANTS:

- Claudi Bockting (Amsterdam University Medical Centers, Netherlands)
- Wolfgang Lutz (Universität Trier, Germany)
- Michael J. Constantino (University of Massachusetts Amherst, USA)
- Clara Paz (Universidad de Las Américas, Ecuador)
- Lorenzo Lorenzo-Luaces (Indiana University, USA)
- Danilo Moggia (Universität Trier, Germany)
- Eva-Lotta Brakemeier (Universität Greifswald, Germany)

KEYWORDS: Evidence-based psychotherapies | Process and outcome | Other: Treatment Personalization, Precision in mental health

PRESENTATION MODALITY: Mixed

Saturday, July 9, 2022, 12:00–13:00 (MDT)

MI15

SOCIAL

ORGANIZERS & MODERATORS:

Christoph Flückiger
University of Zurich, Switzerland

SATURDAY, JULY 9, 2022, 12:00–13:00 (MDT) | KRH MT. VIEW

Past Editors Lunch ⁽²⁶⁴⁾

PRESENTATION MODALITY: In Person

SOCIAL

SATURDAY, JULY 9, 2022, 12:00–13:00 (MDT) | DINING HALL

Lunch ⁽²⁶⁵⁾

PRESENTATION MODALITY: In Person

Saturday, July 9, 2022, 13:15–14:45 (MDT)

SD13

STRUCTURED DISCUSSION

ORGANIZERS & MODERATORS:

SATURDAY, JULY 9, 2022, 13:15–14:45 (MDT) | STURM 453

The Rupture Resolution Rating System Self-Report (3RS-SR) ⁽²⁶⁶⁾

Catherine F. Eubanks
Ferkau Graduate School of Psychology,
Yeshiva University, New York, USA

ABSTRACT:

The Rupture Resolution Rating System (3RS; Eubanks, Muran, & Safran, 2015) is the most widely used observer-based measure of alliance ruptures and repairs, and a recent revision of the 3RS (3RSv2022: Eubanks & Muran, 2022) that includes markers of patient and therapist contributions to both rupture and repair shows promising value as a research tool. However, our understanding of rupture and repair cannot be complete without including the perspectives of the members of the therapeutic dyad. In this structured discussion, we will briefly present patient and therapist self-report versions of the 3RS and preliminary efforts to validate these measures. Our aim is to invite SPR members to bring their wisdom and experience to an active and engaging discussion about these measures and to collaborate with us in identifying ways to improve the measures and pilot them effectively.

DISCUSSANTS:

- Catherine F. Eubanks (Ferkau Graduate School of Psychology, Yeshiva University, New York, USA)
- J. Christopher Muran (Adelphi University, New York, USA)
- Louis G. Castonguay (Penn State University, University Park, USA)

KEYWORDS: Alliance | Methods

PRESENTATION MODALITY: In Person

PA47
PANEL

ORGANIZERS & MODERATORS:

Jeffrey A. Hayes
Penn State University, University Park,
USA

SATURDAY, JULY 9, 2022, 13:15–14:45 (MDT) | STURM 454

Culture and Measurement in Psychotherapy Research ⁽²⁶⁷⁾

ABSTRACT:

Advances in measurement have been critical to the development of knowledge in psychotherapy research. This panel features four papers based on studies involving sophisticated measurement, with a particular emphasis on measurement invariance across cultural groups (race, gender, ethnicity). The panel will demonstrate the applications of moderated nonlinear factor analysis, differential item functioning, item-response theory, and multi-group confirmatory factor analysis with instruments that measure psychological symptoms (the OQ-45 and the CCAPS-62), cultural humility, and meaning in life.

PAPERS IN PANEL:

- **The Continuing Evolution of Clinical Significance in Treatment Outcome: Applying MNLFA to a University Counseling Population**

David Erikson (Brigham Young University, Provo, USA), Benjamin M. Ogles, Joseph A. Olsen, Brick Ellis

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

While several statistical methods are available to evaluate the clinical significance of client changes occurring during treatment, the Jacobson and Truax (1991) approach has been widely used over the past 30 years. Although originally developed to investigate the meaningfulness of individual client change, some recent studies suggest the method has been reduced to an alternative for examining group differences in studies of therapy effectiveness. To return to the original purposes, Saavedra et al. (2020) presented a modernized, and more individualized, approach: moderated nonlinear factor analysis (MNLFA) applied to clinically significant change. MNLFA allows for an examination of measurement invariance and differential item functioning to better assess meaningful change in a specific client. In this study, we applied MNLFA to session-by-session OQ-45 measurements from a sample of 16,689 clients receiving outpatient treatment in a university counseling center. We examined differences by gender and race, as well as by symptom presentation. We discuss the importance of examining both invariance and differential item functioning in the context of clinically significant change in psychotherapy and encourage further integration of these approaches into routine clinical practice.

- **Toward Cultural Validity: Measurement Invariance on the CCAPS-62 Across Five Ethnic Groups**

Fanghui Zhao (Penn State, USA), Jeffrey A. Hayes, Carlo Panlilio, Puiwa Lei, Rebecca Janis, Brett Scofield

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Nearly 20 million students are enrolled in higher education in the United States, and approximately 12 percent utilize campus counseling services. The most prevalent psychological problems among these students are anxiety, depression, relationship difficulties, academic distress, and family concerns. One widely used instrument to measure psychological distress among college student clients is the Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62; Locke et al., 2011). Despite the generally strong psychometric properties of the CCAPS-62, to date very little evidence exists regarding its cultural validity. Cultural validity refers to the extent to which instruments account for the effects of ethnic, racial, gender or other similar groups on individuals' understanding of and responses to test items. When instruments do not account for cultural factors in responses, there is a risk that scores will be inaccurate, misinterpreted, or both. Culturally invalid measures of mental health may be detrimental to treatment when clinicians utilize scores for the purposes of diagnosis, treatment planning, or outcome assessment. The presentation will share findings from the cross-cultural validation of the CCAPS-62 among five ethnic groups using exploratory and confirmatory factor analyses, and we will discuss the clinical implications for researchers and practitioners.

- **Item Response Theory and Measurement Invariance of the Cultural Humility and Enactment Scale**

Peitao Zhu (Northern Illinois University, USA), Ching-chen Chen, Yanhong Liu, Melissa Luke

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

The study of cultural humility (CH) in the context of counseling is still at a preliminary stage. One of the important factors that may have stymied the quantitative research on humility in the clinical setting was scarcity of psychometrically sound measures. Thus far, there appears to be few extant CH measures, including the Cultural Humility Scale (Hook et al, 2015), Multidimensional Cultural Humility Scale (Gonzalez et al., 2021), and Cultural Humility and Enactment Scale (CHES; Zhu et al., 2021). As the most recent CH measure, the three-factor CHES showed solid content validity, demonstrated excellent internal consistency reliability, and received evidence for construct and predictive validity. In this follow-up validation study, the authors seek to develop a shortened version of the CHES that enables more efficient and practitioner-friendly measurement of CH. Moreover, we aim to test measurement invariance of the CHES among racially/ethnically diverse groups. Sample of the study included 610 participants with diverse demographic backgrounds were recruited using the Amazon Mechanical Turk. We conduct item response theory (IRT) to examine individual item performance toward developing shortened version of the CHES (CHES-S). Then, we use multi-group confirmatory factor analysis (CFA) to test measurement invariance across the sub-samples of racially/ethnically groups, gender, as well as clients with varying degree of perceived value similarity with their counselors. Implications for incorporating the CHES-S into counseling practice and counselor training as well as utilizing CHES in future research are discussed.

- **Meaning In Life Measure: Developing a Brief Version and Investigating Multilevel Measurement Invariance**

Xu Li (University of Wisconsin, Milwaukee, USA), Wonjin Sim, Clara Hill

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

The aims of this study were to develop a brief version of the Meaning in Life Measure (MILM; Hill et al., 2018) based on the five theorized aspects of meaning in life (Hill et al., 2018), and examine its multilevel psychometric properties and measurement invariance across gender groups and different continents. The dataset included 1600 longitudinal responses provided by 377 psychotherapy clients from Africa, Asia, Europe, Latin America, and North America (U.S.), who completed the MILM after certain therapy sessions intermittently to assess their MILM change. We utilized Multilevel Item Response Theory to develop the brief 5-item version (MILM-5), which showed good model fit in a multilevel confirmatory factor analysis. Moreover, MILM-5 demonstrated multilevel measurement invariance across the within- and between-person levels, suggesting that the factor structure and factor loadings were stable when comparing one respondent to another respondent, or comparing one time point to another time point within the same respondent. Further, the MILM-5 was measurement-equivalent across

gender groups, and the latent meaning in life levels of male and female groups did not significantly differ from each other. Lastly, MILM-5 failed to display equivalence across the five continents. Specifically, while configural invariance was supported, metric invariance was not, meaning that different items had different contributions to the latent MILM factor across continents. Conceptual and clinical implications regarding the concept and the measure of MILM at different levels (across time points within person, or between persons), across genders, and across continents in the international context were discussed.

DISCUSSANT: Ted Bartholomew (Scripps College, USA)

KEYWORDS: Culture | Other: Measurement

PA48

PANEL

ORGANIZERS & MODERATORS:

Andrew A. McAleavey
Helse Førde, Norway

SATURDAY, JULY 9, 2022, 13:15–14:45 (MDT) | STURM 479

The Meaning of Meaningful Change: Improving Our Understanding of Change Research in Psychotherapy ⁽²⁶⁸⁾

ABSTRACT:

Psychotherapy is marked by substantial contradictions between results found at different levels of analysis. At the population level, evidence accumulates towards average effects and expectations, sometimes without clear translation to individual cases. Simultaneously, the subjective experience of individual participants is not always summarized accurately or even efficiently, and substantial important parts of individuals' experience may be lost. Even one of the most simple-seeming questions regarding outcome - Did this patient get better? - is beset with pitfalls and threats to valid interpretation upon close examination. These papers question what it means to simplify data arising from psychotherapy, attempts to better understand, contextualize, and shape the outcomes themselves, and critically appraise the appropriateness of common methods. While each takes quite different approaches and relies on distinct data, collectively, the papers in this panel point towards a more nuanced and more complete science of psychotherapy. Ultimately, there may not be one correct way of determining whether a treatment outcome was good or bad, but many possible improvements to our systems of analysis are clearly possible.

PAPERS IN PANEL:

- **Numbers Are Words Too: An Argument for Meaningful Measurement as Precondition for Meaningful Evidence**

Femke L. Truijens (Erasmus University Rotterdam, Netherlands)

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

The Evidence-Based paradigm in mental health care emphasizes the use of the best available methods to provide a sound evidence-base for clinical practice. However, there is strikingly little consensus on what evidence is. Nonetheless, psychotherapy researchers conduct a vast amount of research in which the outcome is taken as evidence. To derive outcome, quantitative data are collected from samples of patient-participants by means of validated self-report measures. Clinical case vignettes from the Ghent Psychotherapy Study (Meganck et al., 2017) are used to exhibit that quantitative self-report data are hermeneutic in their basis. Although quantitative data are generally taken as straightforwardly comparable and trustworthy input for analysis of treatment effect, I argue that these data can yield validity issues despite being collected by validated measures. As the gold standard methodological procedure does not prevent that these validity issues become inherent to the data set, validity issues on the level of individual data collection form a threat to evidence on treatment effect. Therefore, I argue that validity of data is a precondition for evidence. For a sound psychotherapeutic evidence-base we need a proper definition of validity that is sensitive to actual data collection processes, and a theory of evidence that is clear on what should be evidenced to be useful and valid for psychological practice.

- **Improving Reliable Change Detection Using Multiple Observations: The Reliable Trend Index**

Andrew A. McAleavey (Helse Førde, Norway)

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Though the reliable change index (RCI) has been widely adopted in psychotherapy research, there are many limitations to its use. Among these, it is limited to an analysis of two observation difference scores, though it is common to have more than two observations from many patients in psychotherapy. A direct extension of the RCI, linear regression on each individual's observed scores with known measurement error in the outcome, easily accommodates more observations per person. This method – here termed the reliable trend index (RTI) – should be useful if a more complete account of change during treatment is desired. In this paper I present the underlying theory, simple technical implementation and a series of simulations regarding the use of the RTI. Compared to the RCI, the RTI is more accurate in detecting true change whenever three or more observations are available, equivalent when only two observations are available, and has proper Type I error control under all circumstances. Factors affecting accuracy and reasons for preference among these methods are discussed. Clear problems remain with the underlying theory proposing that some changes are reliable while others are not on the basis of highly questionable assumptions, but the RTI appears to be an unequivocal improvement over its two-timepoint alternative for specific applications in routine outcome monitoring.

- **Predicting Multiple Outcomes in Routine Treatment: Machine Learning and Clinical Feedback**

Hans Jacob Westbye (Helse Førde, Norway), Andrew A. McAleavey, Christian Moltu
PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Precision mental healthcare, data-driven psychotherapy and measurement-based care all propose that statistical predictions of individual patient outcomes should be used to monitor and adjust patient care. However, this is complicated in routine care settings, in which predictive models are often built on outcomes that may not be applicable to individual patients. Since different therapists and patients will track a variety of outcomes in these settings, it is important to consider ways in which multiple outcomes converge or diverge in prediction models. In this study, we analyzed data from 2700 patients in diverse treatments who completed the Norse Feedback instrument at least four times during treatment. By developing supervised machine learning models with gradient boosting decision tree algorithms (XGBoost for R) for different outcome criteria, we sought to identify ways that predictions about outcome depend on the outcome in question. The results suggest distinct predictors are important when considering distinct outcomes, implying that clinicians should consider their outcome carefully when applying predictive models, and that generic or population-level risk factors may not be the best way to conceive of likelihood of improvement in treatment. Further, predictive models can assist clinicians in identifying risk factors that could be relevant for improving treatment outcomes for the individual patients. Visualization of these risk factors' impact on outcomes could create opportunities for conversations with patients about how different behavioral health dimensions interact and enable collaboration that improves outcomes.

- **Utilizing Multidimensional Measurement to Better Understand Client Change**

Natalie R. Pottschmidt (Penn State University, University Park, USA),
Andrew A. McAleavey
PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: The determination of how, when, or why clients change in psychotherapy relies on the definition of change itself. While significant reduction in symptom severity during treatment has been considered the most important outcome for assessing the efficacy of psychotherapy, there is accumulating evidence that symptom change is incomplete. Personalized outcome measures and qualitative studies of patient response processes illuminate aspects of change that are not typically captured by applying the standard approach. The goal of the present study is to integrate these research lines by contextualizing symptom improvement with additional patient report data, critically examining how well symptom improvement captures the patient experience. **Method:** Data from over 2000 patients were collected through the routine clinical administration of the Norse Feedback (NF) system in the context of specialist inpatient and outpatient mental health services in Norway. Treatment targets are varied in this context, including substance use, depression, anxiety, and disordered eating. Guided by personalized client outcome literature and using the full multidimensional set of information available in routine practice, we attempt to quantify the proportion of clients whose outcomes may be accurately simplified to symptom change. **Results:** The study is currently ongoing, but preliminary analysis suggests that large symptom changes on focal scales may appear

equivocal in the context of other information. Available contextual information includes change in hopefulness, changes in functioning, and process indicators of therapy quality. The results suggest that identifying improvement or deterioration requires contextual information, not merely symptom change information.

DISCUSSANT: Jan R. Boehnke (University of Dundee, United Kingdom)

KEYWORDS: Change process | Methods | Quantitative & qualitative method

PA49

PANEL

ORGANIZERS & MODERATORS:

Lee Johnson

Brigham Young University, Provo, USA

Shayne Anderson

Brigham Young University, Provo, USA

CE

SATURDAY, JULY 9, 2022, 13:15–14:45 (MDT) | STURM 379

Routine Outcome Monitoring in Couple and Family Therapy: Findings and Updates ⁽²⁶⁹⁾

ABSTRACT:

Despite consistent finding that couple therapy is effective, research also shows that anywhere from one-third to one-half of couples do not benefit from therapy (Snyder, Castellani, & Whisman, 2006; Whisman & Snyder, 1997). What the field of couple therapy needs is research that analyzes data at the couple level, examines factors related to change from a large cross section of the world, and has enough participants to model change. Research such as the studies presented in this panel will provide valuable information with potential to improve couple therapy outcomes. The goal of this panel is to present findings from 4 papers that address important processes in couple and family therapy related to improving outcomes. The first paper will describe the Marriage and Family Therapy Practice Research Network (MFT-PRN) and the methods used to collect the data for all subsequent papers. The second paper examines the role of difficulties in emotional regulation on clinical couples. The third paper will focus on partitioning variance due to clients, couples, and therapists. Finally, the fourth paper is on the role of depression, anxiety, and emotional regulation on relationship outcomes. Results from these papers will provide information helpful in improving couple and family therapy processes and outcomes.

PAPERS IN PANEL:

- **Current State of the Art in Routine Outcome Monitoring for Couple and Family Therapy**

Lee Johnson (Brigham Young University, Provo, USA), Shayne Anderson

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Routine outcome monitoring (ROM) is an essential component of evidence-based practice. While there are multiple options for individual therapy, methods specifically designed for couple and family therapy are less available. This paper will describe the development and methods used by the Marriage and Family Therapy Practice Research Network (MFT-PRN). Through this system, clinicians receive instant feedback about client progress; information to aid in assessment, diagnosis, and treatment planning; and information when clients deteriorate—all while achieving better outcomes. One benefit of ROM systems is the volume of data they generate, and the diversity of data generated. Currently the MFT-PRN has data on over 6,000 clients from multiple countries, many of whom are in couple and family relationships that are available for collaborator use. With couple and family therapy researchers collaborating, we can build a large and diverse database that will allow the field of family therapy to understand the change process among diverse clients. The goal of the MFT-PRN is to improve the lives of individuals, couples, and families through research, while using the process of data collection as an intervention. As clinicians, administrators, and researchers work together as part of this network, we will be better able to accomplish this goal.

- **Difficulties in Emotion Regulation in Couple Therapy: An Actor-Partner Interdependence Model**

Min Xu (Brigham Young University, Provo, USA, China), Lee Johnson

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aims. The role of emotion regulation in individuals' overall wellbeing has been supported by researchers and clinicians in the broader mental health field. Yet, little is known about the underlying mechanism of emotion regulation in couples. In this study, we aim to explore the influences of partners' difficulties in emotion regulation on couple relationship

satisfaction. To our knowledge, this is the first study using a clinical sample to understand romantic partners' difficulties in emotion regulation. **Methods.** Participants were 167 heterosexual couples who were in therapy from 2017 through 2021. The Difficulties in Emotion Regulation Scale Short Form was used, and relationship satisfaction was measured with the Couple Relationship Scale. To account for the non-independence of data, two Actor-Partner Interdependence Models were estimated using structural equation modeling with maximum likelihood robust estimation in Mplus Version 8.7. **Results.** Using partners' overall difficulties in emotion regulation as predictors, we only found actor effects for female, and partner effects for male relationship satisfaction. With the six subscales of difficulties in emotion regulation as predictors, we found actor effects from female nonacceptance of emotional responses, and both partners' limited access to emotion regulation strategies. The results also indicated partner effects from female impulse control difficulties, and female limited access to emotion regulation strategies. **Discussion.** Considering the influences of partners' difficulties in emotion regulation on their relationship satisfaction, directly helping clients to decrease the difficulties in emotion regulation they experience could potentially advance both self and partner progresses in therapy.

• **Exploring Client, Couple, and Therapist Variability in the Association Between Outcome Expectations and Therapeutic Alliance**

Edmond Orlowski (University at Albany, State University of New York, USA),
Myrna Friedlander, Shayne Anderson, Lee Johnson

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aims: A recent meta-analysis showed that clients' outcome expectations are predictors of the therapeutic alliance in individual psychotherapy (Constantino et al., 2020). In couple therapy, however, this association is more complex, since each member of the couple anticipates the success of treatment based on their partner's attitudes as well as their own (Friedlander et al., 2018). This study was the first to investigate the variability due to couples as well as individual clients (romantic partners) and therapists in the association between outcome expectations and clients' early alliance perceptions. **Method:** Following intake procedures, 278 romantic partners seen at a university training clinic by 35 graduate student therapists completed the Outcome scale from the Expectations and Preferences Scales for Couple Therapy (Friedlander et al., 2019). Following session 3, clients completed the Couple Therapy Alliance Scale (Pinsof & Catherall, 1986). Mixed-effects multilevel modeling (MLM) was used to estimate proportions of variance in the expectations-alliance association accounted for at the client, couple, and therapist level. **Results:** The MLM analyses indicated that approximately 68.5% of the variance in the relation between outcome expectations and early alliance was due to individual clients, approximately 22.5% of variance was attributable to couples, and approximately 9% of variance was attributable to therapists. **Discussion:** Although the greatest variability was due to individual clients, our results highlight the importance of a systemic influence process in how romantic partners' anticipations of the success of couple therapy contribute to their early alliance perceptions. Practice implications and suggestions for future research will be discussed.

KEYWORDS: Routine Outcome Monitoring | Other: Couple Therapy, Family Therapy, In session processes

PA50

PANEL

ORGANIZERS & MODERATORS:

Alice E. Coyne
Case Western Reserve University, USA

CE

SATURDAY, JULY 9, 2022, 13:15–14:45 (MDT) | STURM 380

Highlighting the Needs, Values, and Outcomes among Racially and Ethnically Diverse Psychotherapy Patients⁽²⁷⁰⁾

ABSTRACT:

It is well established that racial/ethnic disparities exist in terms of access to and quality of psychotherapy. Thus, it is critical to better understand the contributing factors to and the nature of such disparities, the values that racially and ethnically diverse patients possess about psychotherapy processes and providers, and the ways in which therapists can reduce inequities. Highlighting contextual factors (e.g., whether therapy is administered in person or virtually) and therapist effects (e.g., outcome differences when working with underrepresented minority vs. white patients), this panel will include four topically relevant original studies. In the first paper, Harris will present findings from a community-based study examining whether the treatment outcomes for patients of diverse racial/ethnic backgrounds were differentially affected by pandemic-related changes to services. In the second paper,

Gaines will present findings from a survey-based study examining differences between people of color (POC) and white therapy stakeholders in their experiences with seeking and receiving psychotherapy and their attitudes toward using therapist performance information to inform these processes. In the third paper, Constantino will present findings from a delayed discounting paradigm that assesses POC's relative valuing of having therapist performance data inform the provider referral/assignment process. In the fourth paper, Coyne will present findings from a study that explores whether patients who were naturalistically matched to therapists (who possessed a historical strength in treating people with similar racial/ethnic identities) have better outcomes than naturalistically unmatched patients. With four distinct talks, and to allow time for audience-presenter exchange, there is no formal discussant.

PAPERS IN PANEL:

- **The Role of Patient Racial/Ethnic Identity in Routine Telehealth Versus Face-to-Face Depression Outcomes: A Pre-Post Cohort Analytic Study**

Bethany A. Harris (University at Albany, State University of New York, USA),
Adela Scharff, Syed Aajmain, James F. Boswell

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

The COVID-19 pandemic triggered many community mental health centers (CMHCs) to pivot to telehealth, and global studies show increases in anxiety and depression symptoms during the pandemic. While some have argued that telehealth lowers barriers to psychotherapy, others fear that providing exclusively telehealth could widen systemic racial/ethnic disparities in mental healthcare utilization and outcomes. The aim of this study is to explore differences in trajectories of change in depressive symptoms for CMHC patients as a function of racial/ethnic background and whether they were seen before the pandemic (typically in person) or during the pandemic (via telehealth). This study utilizes routinely collected data from treatment seeking adults presenting at a local CMHC (N=448). Existing data indicate patients are 54.9% male, 29.4% Black, and have a mean age of 46.6 years (SD=14.2). 44.6% of patients have a psychotic spectrum disorder, and other common diagnoses include bipolar disorder (26.6%), MDD (15.2%), and PTSD (8.9%). Patients completed the Patient Health Questionnaire (PHQ-9) routinely throughout treatment. Trajectories of change in PHQ-9 scores will be examined using mixed models with pre/post pandemic status and race/ethnicity entered as predictors of treatment outcome. Further descriptive and effect size results will be reported. The ongoing COVID-19 pandemic has resulted in a shift to telehealth services, and the impact of this change on vulnerable patient populations is largely unknown. Continued exploration of this topic may illuminate which populations have been most affected by changes to services and inform future efforts to equitably integrate telehealth as part of community mental healthcare.

- **Experiences of and Attitudes Toward Therapist Assignment as a Function of Patients' Race/Ethnicity**

Averi N. Gaines (University of Massachusetts Amherst, USA), Michael J. Constantino,
Caroline L. Stotz, James F. Boswell

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Research has compellingly established that psychotherapists differ in their general effectiveness across their caseloads (Wampold & Owen, 2021). Moreover, therapists demonstrate specific within-caseload strengths and weaknesses, both in treating different types of mental health concerns and when working with patients who have different racial/ethnic identities (Coyne, in press). Emerging research has suggested that mental health care (MHC) stakeholders would be interested in having such therapist "performance" data inform their personal referrals and assignments to therapists (e.g., Boswell et al., 2018; Constantino et al., 2021). To date, though, this patient-centered research has not examined whether patients' experiences of and attitudes toward therapist referral/assignment differ as a function of their racial/ethnic identity. Given the longstanding marginalization and other harms that drive racial/ethnic disparities in psychotherapy access and quality (e.g., Cook et al., 2017), it is plausible that people of color (POC) experience unique treatment-initiation and engagement difficulties and may endorse different attitudes about factors related to therapist selection or assignment. Addressing these questions, this study will survey (via Amazon's Mechanical Turk crowdsourcing platform) ~500 treatment-engaged or treatment-seeking adults to explore differences among POC and white stakeholders in their (a) previous difficulties

navigating MHC systems to initiate and receive psychotherapy, and (b) attitudes toward and trust in using therapist performance information to inform this process. Results will help inform how the field can leverage existing therapist differences to improve patient outcomes (see Constantino et al., 2021; Boswell et al., 2021) while prioritizing patients' identity-informed needs and values.

- **People of Color's Relative Valuing of Having Therapist Performance Data Inform the Referral/Assignment Process**

Michael J. Constantino (University of Massachusetts Amherst, USA), Averi N. Gaines, Caroline L. Stotz, James F. Boswell

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Data from patient-reported outcome measures reveal that mental health care (MHC) therapists possess effectiveness strengths and weaknesses within their own practice depending on the nature of their patients' presenting problems—a type of performance “report card” (Coyne, in press). Relatedly, MHC patients have indicated a desire to have such data inform their personal referrals and assignments to therapists (e.g., Boswell et al., 2018; Constantino et al., 2021); moreover, when such data are purposefully harnessed in this way, patients' treatment outcomes improve (e.g., Constantino et al., 2021; Boswell et al., 2021). Extending this research, there is growing evidence that therapists also have relative strengths and weaknesses in treating patients with different racial/ethnic identities (Coyne et al., in press), which may partially explain the disparities in psychotherapy quality that people of color (POC) have faced (Cook et al., 2017). Thus, additional patient-centered work is needed to understand the extent to which POC, in particular, view therapist effectiveness report card data (both in terms of what and who therapists treat) as valued inputs into treatment decision-making efforts, including how they compare to other factors that patients often find important (e.g., treatment cost, therapist demographic characteristics). To this end, the current study will use a delayed discounting paradigm to assess POC's ($n = \sim 250$) relative valuing of having therapist performance data inform the referral/assignment process. Data will be collected via Amazon's Mechanical Turk crowdsourcing platform. Findings can help inform how to better serve the MHC needs of historically marginalized individuals.

- **Harnessing Therapists' Strengths in Treating Patients with Specific Racial/Ethnic Identities: A Test of Naturalistic Matching**

Alice E. Coyne (Case Western Reserve University, USA), Michael J. Constantino, James F. Boswell, Mark R. Lukowitsky, David R. Kraus

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Growing research indicates that individual psychotherapists possess effectiveness strengths and weaknesses both in treating different mental health problems (e.g., Kraus et al., 2016) and when working with patients who have different racial/ethnic identities (e.g., Hayes et al., 2016). Although there is some evidence that patients have superior outcomes when they are matched versus unmatched to therapists' problem-specific strengths (Constantino et al., 2021), we are unaware of any research that has investigated the effect on outcome of matching to therapists' identity-based strengths. Addressing this gap, this study will explore whether patients who were naturalistically matched to therapists—with a historical strength in treating people with similar racial/ethnic identities—have better outcomes than naturalistically unmatched patients. Additionally, we will test whether this form of identity-based matching predicts improvement over and above the effects of problem-based matching. Data will derive from ~800 patients who received community-based treatment from 57 therapists with diverse theoretical orientations. Patients reported their race/ethnicity at baseline and rated their symptomatic/functional impairment on a multidimensional outcome measure at pre- and posttreatment. To account for the nesting of patients within therapists, we will use multilevel modeling to test both study aims. Therapists' effectiveness “report cards” will be generated using outcomes data from one wave of patients ($n \geq 5$ patients per therapist) and the effects of matching will be tested using data from a second wave of patients ($n \geq 5$ patients per therapist). Results may preliminarily highlight a new form of patient-therapist matching that could enhance equity in psychotherapy outcomes.

KEYWORDS: Culture & identity | Therapist effects | Other: mental health care disparities, patient values

PA51

PANEL

ORGANIZERS & MODERATORS:

Anne-Katharina Deisenhofer
Universität Trier, Germany

CE

SATURDAY, JULY 9, 2022, 13:15–14:45 (MDT) | STURM 480

Therapist, Treatment, Clinic, Neighborhood: What Explains Outcomes in Large Naturalistic Settings ⁽²⁷¹⁾

ABSTRACT:

We know that there is substantial variability in the outcomes of psychological intervention, such as clinical effectiveness and treatment dropout. Much of this variability in outcomes is understood to depend on patient factors (e.g. initial impairment). Besides this, there is a substantive evidence base showing that psychological treatment effectiveness varies systematically between therapists. This panel will extend the literature on therapist effects by also considering higher-level variables, namely the neighborhood, the clinic, and the effects of commissioning of therapy services at a regional level. Accordingly, progressing from higher to lower level units, the first presentation will be at the level of national commissioning of psychological therapies in English IAPT services. The talk will show how decisions as to what combination of therapies are offered at a regional level impact on patient outcomes. The second presentation will present findings on the interplay between clinic and neighbourhood clustering effects, socioeconomic deprivation, and dropout. The last presentation will move to the therapist level and focus on systematic differences between treatment providers regarding different forms of outcome (treatment duration, dropout and symptom severity). The different results of these studies are discussed in terms of their utility and applicability to clinical practice and services from an international perspective.

PAPERS IN PANEL:

- **Patient Choice and Treatment Options for Depression: National Commissioning of Psychological Therapies in English IAPT Services**

David Saxon (University of Sheffield, UK, United Kingdom), Michael Barkham, Emma Broglio, Charlie Duncan

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

In England, regional Clinical Commissioning Groups (CCG) decide on the amounts and types of psychological therapy provision to be available in the Improving Access to Psychological Therapy clinics for the treatment of depression in their region. Such decisions are informed by a range of factors including: evidence of the broad equivalence of outcomes for different therapy types; current NICE guidelines advocating CBT as the primary treatment for depression and anxiety; and the need for patient choice. This means that each CCG makes local decisions in response to the available information. We analysed publicly available national data from 211 CCGs and 5871 general practitioner (GP) clinics regarding the mix of therapies available in CCGs and their association with patient outcomes. Our aim was to address the question as to whether better patient outcomes are associated with a dominant (i.e., CBT) or a mixed economy of psychological therapies commissioned at a local CCG level.

- **Neighborhood and Clinic Effects (and the Role of Deprivation) on Dropout from Psychological Intervention**

Nick Firth (University of Sheffield, United Kingdom), Michael Barkham, Jaime Delgadillo, Andrew Bell, Alicia O'Cathain

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

There is a substantive evidence base showing that psychological treatment effectiveness varies systematically between therapists (a therapist effect), as well as emerging evidence for clinic/organization effects and neighborhood effects on effectiveness. Socioeconomic deprivation has been identified as a contributory factor to understanding clustering effects. In contrast, much less is known about clustering effects on treatment dropout. This is important, given dropout can be a barrier to achieving optimal effectiveness. The current project used large N practice-based multilevel modelling approaches to simultaneously estimate the size of therapist effect, neighborhood effect, and clinic effect on dropout from psychological intervention, adjusting for a range of variables. The extent to which deprivation variables were able to explain clustering effects will also be discussed. In addition, a secondary analysis explored the extent to which dropout may in turn explain clustering effects on effectiveness. The project uses data from the Improving Access to Psychological Therapies (IAPT) national program in England.

- **What Do We Know About Effective Therapists Regarding Different Forms of Outcome? Therapist Effects on Outcome, Dropout and Treatment Length**

Anne-Katharina Deisenhofer (Universität Trier, Germany), Brian Schwartz, Julian A. Rubel, Wolfgang Lutz

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: To consider the concept of therapist effects in relation to effective therapists and the natural phenomenon of variability in outcome, dropout and treatment length **Method:** Data from 24 research clinics across Germany were combined into a large data set of 7552 patients treated by 1021 therapists. Three-level hierarchical linear regression models were used to inspect the effects of therapists on outcome, dropout, and treatment duration. In addition, the relationship among the three forms of therapist effects will be examined. **Results & Conclusions:** In conclusion, therapist effects appear to have a substantial impact not only on treatment effects, but also on treatment length and drop out. The intriguing question is whether the respective effects are interrelated, such that effective therapists may be characterized by shorter therapies, fewer treatment discontinuations, and better treatment outcomes? We discuss the application of therapist-focused research into practice settings by developing and implementing prediction and clinical adaptation tools to support personalized treatments.

- **Queer in College? Sexual Orientation Disparities in Therapist Effectiveness in a Large Sample of University Counseling Center Clients**

Joanna M. Drinane (University of Utah, Salt Lake City, USA), Jeffrey A. Hayes

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Psychotherapy has been shown to be effective on a broad level (Wampold & Imel, 2015). Even though this is the case, a growing body of literature has revealed that some therapists have outcome inequities within their caseloads. These inequities have been observed on the basis of social identities including race (e.g., Imel et al., 2011) and gender measured on the binary (Owen et al., 2009). Despite the great need for further research on sexual minority populations in psychotherapy, this particular phenomenon has only been explored on the basis of sexual orientation in one published study comprised of a sample of 1,725 clients treated by 50 therapists at a university counseling center (Drinane et al., 2021). The results of multilevel models indicated that therapists varied in the extent to which their clients' symptoms and global mental health improved (as measured by the Behavioral Health Measure-20; Kopta & Lowry, 2002), and that improvement varied by client sexual orientation status. Another study by Cabrera, Drinane, Van Epps, and Weitzman (under review) replicated this finding at a different university counseling center using the depression subscale from the Counseling Center Assessment of Psychological Symptoms. The study we are proposing will include data collected by the Center for Collegiate Mental Health from over 100 counseling centers between 2015 and 2019, and will examine if variability within therapists' caseloads in client depression, distress, and dropout is associated with client sexual orientation. Results, implications, and future directions for research and training will be discussed.

DISCUSSANT: Kim de Jong (Leiden University, Netherlands)

KEYWORDS: Therapist effects | Other: Cluster effects, National commissioning of psychological therapies, Different forms of outcome

PA52

PANEL

ORGANIZERS & MODERATORS:

Ulrike Dinger
Heinrich Heine University Düsseldorf,
Germany

CE

SATURDAY, JULY 9, 2022, 13:15–14:45 (MDT) | STURM 410

Attachment in Clinical Psychology and Psychotherapy: From Measurement to Therapy Process⁽²⁷²⁾

ABSTRACT:

This panel combines presentations on attachment in psychology and psychotherapy. Beginning with a presentation on conceptual and measurement issues, the authors present a study on a large sample of panic patients and matched nonclinical participants. They investigate their differential association with measures of clinical disturbance and trauma. The second presentation examines the mediating effect of attachment styles on the association between adverse childhood experiences and depression by comparing currently depressed, recovered depressed and nonclinical participants. The findings suggest that specific forms of ACEs result in more insecure attachment styles, which negatively affect

adult mental health. The next presentations move to the domain of psychotherapy. The third paper presents a study on a large sample of psychotherapists, accounting for the phenomenon that relationship processes in therapy are influenced by both parties. Using a latent profile analysis, the authors distinguish 3 different groups of therapist, who each report typical characteristics in their way of relating to their patients. The final paper moves to a longitudinal analysis of a large inpatient sample. Weekly measurements of attachments are used to differentiate between trait and state aspects. Both aspects are related to symptom change. The findings indicate that attachment varies during a short treatment. Furthermore, both trait- as well as state aspects of attachment are associated with symptom change and therapy process. Together, the presentations cover a broad range of attachment research and uniquely complement each other. A distinguished scholar will discuss the presentations to outline their specific contributions and extract their common message.

PAPERS IN PANEL:

- **How are Clinical Scales Related to Different Attachment Measures – A Study Investigating a Clinical and a Nonclinical Sample**

Bernhard M. Strauss (University Hospital Jena, Germany), Uwe Altmann, Katja Petrowski
PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

In a study primarily designed to investigate the convergence/divergence of different attachment measures, 175 patients with panic disorder/agoraphobia and 143 matched healthy controls completed seven self-report attachment measures/ clinical self-reports and were interviewed by applying the Adult Attachment Interview (AAI), the Adult Attachment Rating (AAR) and the Adult Attachment Projective (AAP). In addition to the attachment measures, some clinical scales were used for both groups primarily to further characterize the sample: These were the Brief Symptom Index (BSI), the Beck Depression Inventory (BDI), the Impact of Event Scale (IES-R), and the Childhood Trauma questionnaire (CTQ). In a secondary analysis of the data, we wanted to investigate how these clinical scale relate to different attachment measures depending on the type measure (e.g. dimensional, categorical) and the sample. Of special interest was the question, if self-reported traumatic experience are able predict unresolved attachment states of mind that are measured by the AAI and the AAP. Results of correlational and structural question models of the data will be presented leading to recommendations for clinical studies.

- **Attachment as a Mediator of the Relationship between Adverse Childhood Experiences and Depression**

Ulrike Dinger (Heinrich Heine University Düsseldorf, Germany), Johannes C. Ehrenthal, Henning Schauenburg, Simone Jennissen
PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Objective: This study investigated the mediating effect of attachment styles on the association between adverse childhood experiences (ACEs) and adult depression.
Method: A total of N = 139 patients (n = 46 currently depressed, n = 45 recovered depressed, and n = 48 healthy controls) provided measurements of ACEs, attachment anxiety and avoidance, and symptoms of depression. Mediation analyses were conducted in structural equation models (SEM).
Results: Attachment anxiety and attachment avoidance fully mediated the association between ACEs and depression.
Conclusions: Findings suggest that childhood abuse and household dysfunction may result in more insecure attachment styles, which in turn negatively affect adult mental health. When working with depressed patients with ACEs, therapists should consider patients' attachment styles and work on their ways of relating to other people.

- **A Latent Profile Analysis of Attachment Dimensions, Reflective Functioning and Well-Being Among Psychotherapists: Are Therapists' Characteristics Associated with Their Personal Style of Therapy?**

Gianluca Lo Coco (University of Palermo, Italy), Brugnara Agostino, Compare Angelo, Gullo Salvatore, Giorgio Tasca
PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

BACKGROUND. We explored whether different types of psychotherapists could be characterized based on levels of attachment insecurity, reflective functioning and

subjective well-being. **METHOD.** In a survey, Italian psychotherapists (N = 416; mean age: 43.94 ± 10.37 years; 79.6% females) completed validated self-report questionnaires. We ran a Latent Profile Analysis on the data. The latent profiles were then compared with respect to several sociodemographic and professional variables, as well as on the self-reported personal style of the therapists. **RESULTS.** The best fitting solution was characterized by three latent profiles of psychotherapists: high attachment insecurity, low mentalizing with low well-being (Profile 1; 33 individuals, 7.9%); high attachment security, high mentalizing with high well-being (Profile 2; 240 individuals, 57.7%); and moderately insecure, average mentalizing with average well-being (Profile 3; 140 individuals, 33.7%). Therapists with higher attachment security, mentalizing and well-being (Profile 2) had a narrower attentional focus while working with patients, compared to therapists with moderate attachment insecurity, mentalizing and well-being (Profile 3). Further, therapists in Profile 2 were less over-involved with their patients compared to therapists in the other two profiles. Therapist profiles did not differ on demographic or work variables. **DISCUSSION.** Results suggest that up to 41.6% of the therapists experience moderate to high relational, reflective functioning and well-being difficulties, which in turn may impact on their attentional focus and over-involvement with patients. Interventions tailored to each of these profiles may improve therapist effectiveness by addressing these relational difficulties.

• **Attachment as a Moderator of the Relationship between Patient Self-Disclosure and Psychotherapy Outcome: Separating Within- from Between-Patient Effects**

Simone Jennissen (University Hospital Heidelberg, Germany), Matthias Volz, Henning Schauenburg, Ulrike Dinger

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Objective: This study investigated the trait- and state-like characteristics of attachment styles over the course of inpatient psychotherapy. Furthermore, we examined the moderating effects of between-person differences and within-person changes in attachment on the association between self-disclosure and symptom improvement. **Method:** A total of N = 1544 patients provided weekly measurements of self-disclosure, attachment, and symptoms for up to eight weeks of inpatient psychotherapy. **Results:** Over the course of treatment, patients' attachment styles became more secure and less fearful. Trait attachment security as well as gains in attachment security predicted better outcomes, while trait preoccupied and fearful attachment as well as increases in attachment preoccupation and anxiety predicted worse outcomes. There was a significant negative interaction between changes in self-disclosure and changes in attachment security predicting symptoms. Patients who gained attachment security and also self-disclosed more over the course of treatment had better outcomes. Lastly, trait attachment anxiety and self-disclosure interacted, such that patients with a more fearful attachment style had better outcomes when they also tended to disclose more. **Conclusions:** Findings suggest that both trait aspects as well as changes in attachment styles differentially affect how beneficial patient self-disclosures in treatment are. While becoming more secure may facilitate opening up to others and accepting others' help, generally being more fearful could be buffered by a heightened willingness to self-disclose. Therapists should take this into account when working with insecurely attached patients

DISCUSSANT: Sigal Zilcha-Mano (Haifa University, Israel)

KEYWORDS: Attachment & development | Change process | Process and outcome

PA53

PANEL

ORGANIZERS & MODERATORS:

John C. Perry
Jewish General Hospital, Montreal,
Canada

CE

SATURDAY, JULY 9, 2022, 13:15–14:45 (MDT) | STURM 424

The Role of Defense Mechanisms and Coping Strategies in the Mental Health of Treatment-Resistant Patients, LGBTQ+ Individuals, and the General Community over Time⁽²⁷³⁾

ABSTRACT:

Defense mechanisms, defined as automatic reactions to internal and external stressors or conflict, underlie a wide range of healthy and psychopathological phenomena. Individuals' choice of defense mechanisms is mostly involuntary and seen as operating out of awareness. The concept of coping strategies grew out of the defense mechanism literature, and coping is often seen as a more conscious counterpart of defense mechanisms. This

panel will examine defense mechanisms and coping strategies and their role in psychopathology and psychological distress in various contexts, in both patient and community samples. The first presentation will describe a naturalistic study of change in defense mechanisms over about five years in treatment-resistant patients. The second presentation will focus on coping strategies and their impact on distress and posttraumatic growth in an international LGBTQ+ sample during the COVID-19 pandemic. The third presentation will discuss the differential role of defense and coping strategies on distress over time during the pandemic in a community sample. Finally, the panel discussion will close with a discussion of the various study findings and their impact on current understanding of the relationship between defenses and coping, and mental health outcomes.

PAPERS IN PANEL:

- **Change in Defense Mechanisms over Long-Term Follow-Up in a Treatment Resistant Sample Entering Residential Treatment**

John C. Perry (Jewish General Hospital, Montreal, Canada), Claire J. Starrs

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective. Defenses are fundamental mechanisms that underlie basic personality functioning, affecting both symptom disorders and adaptation. Understanding the role of defenses may be particularly important among adults with treatment resistant conditions. This report examines change in defense mechanisms and other measures in a cohort of adults who entered residential care with treatment-resistant disorders. **Methods.** A total of 226 individuals entered residential treatment over an 8 year period at the Austen Riggs Center in Stockbridge, MA, staying for a mean of 2/3 year of treatment. Of these 112 had a median of 10 (range 4 to 17) dynamic and RAP (Relationship Anecdote Paradigm) interviews transcribed and rated for defense mechanisms using the observer-rated Defense Mechanisms Rating Scale. Total naturalistic follow-up was a median of 4.8 years (range 1.6 to 13.6 years), which included treatments back in patients' communities. Periodic LIFE interviews gathered other symptom and functioning measures. **Results.** We first examined the improvement in Overall Defensive Functioning and specific defense levels by duration of follow-up, along with the potential confounding effects of number of observations. Next we viewed the rate of change as a function of duration of follow-up to try to assess issues related to state vs trait change. Finally we examined changes in defenses and other variables. **Conclusion.** Naturalistic longitudinal studies present challenges and opportunities to understand how change in fundamental mechanisms of personality functioning change in relationship to other descriptive measures of symptoms and functioning.

- **Patterns of Positive and Negative Coping during a Global Pandemic in an International LGBTQ+ Sample**

Claire J. Starrs (Universite de Quebec a Montreal, Canada), John C. Perry, Vera Bekes

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim. Positive coping has been related to decreased depression and enhanced functioning, and negative strategies to increased distress and lower functioning. However, it remains unclear how the underlying types of positive/negative coping (affective, behavioral, cognitive) drive these effects. The current study sought to identify specific patterns of coping. The ongoing COVID pandemic served as the backdrop for this study, as it provides a highly stressful situation creating high coping demands. Furthermore, we focused on a sample of self-identified members of the LGBTQ+ community, as they have previous experience coping with a life-threatening virus, suggesting that they may engage in a wide array of coping strategies. **Methods.** Online survey data was collected from an international sample of LGBTQ+ participants (Time 1 N=1,920). Measures included the COVID-Fears Scale, the Coping Action Patterns Self-Report, the Patient Health Questionnaire (depression, anxiety, somatic subscales) and the Post-Traumatic Growth scale. **Results.** Sequential mediation analyses showed that the relationship between Time 1 COVID Fears and depressive and anxious, but not somatic symptoms, at 2-month follow-up, was mediated by negative cognitive, followed by negative behavioral, and finally negative affective coping. The relationship between T1 COVID Fears and 2-month post-traumatic growth was mediated by positive behavioral, followed by positive affective coping, without passing through cognitive coping. **Conclusion.** Our findings suggest that coping strategies and their relationship with outcomes are more complex than simple negative-positive dichotomies. The results

suggest that there is a specific serial causal order of coping strategies differentially impacting outcomes. Clinical and research implications will be discussed.

- **The Differential Role of Defense Mechanisms and Coping Strategies in Distress Experienced over Time During the COVID-19 Pandemic**

Vera Bekes (Yeshiva University, USA), John C. Perry, Claire J. Starrs

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: The negative mental health impact of the COVID-19 pandemic has been well-documented. Previous research has linked childhood adversity to increased distress later in life, whereas defensive and coping processes might mitigate this relationship. Our aim was to examine the impact of childhood trauma and the role of defensive and coping functioning in buffering distress during the pandemic. **Method:** An online survey early in the pandemic (n=5,300) and two months later (n=660) assessed distress (anxiety, depression, pandemic-related posttraumatic stress), defense mechanism (DMRS-30-SR; DiGiuseppe et al., 2021), coping action patterns (CAPS-SR-36; Starrs et al., 2020), and childhood adversity. **Results:** At baseline, childhood adversity was related to higher distress, whereas the use of both more adaptive defenses and coping action patterns were related to less distress. At follow-up, both overall defensive and coping functioning predicted distress after controlling for baseline distress, however, they differentially contributed to symptoms of distress. Specifically, simultaneous analysis of defenses and coping revealed defense and coping subscales driving different symptoms at follow-up. Childhood adversity was related to higher symptoms of anxiety and depression, but not posttraumatic distress, at follow-up, and the use of more adaptive defenses and coping mitigated the impact of adversity. **Conclusions:** Our results supported the impact of childhood adversity on distress during the pandemic, as well as the mitigating role of adaptive defensive and coping processes. Clinical and research implications will be discussed.

DISCUSSANT: Anna Babl (Universite de Berne, Switzerland)

KEYWORDS: LGBT | Treatment outcome | Other: Mental health, Defense mechanism, coping strategies

PA54

PANEL

ORGANIZERS & MODERATORS:

Eugénia Ribeiro
University of Minho, Portugal

SATURDAY, JULY 9, 2022, 13:15–14:45 (MDT) | STURM 435

Prompting Clients' Therapeutic Gains through Dyadic Collaborative Interactions within Cognitive-Behavioral Therapy ⁽²⁷⁴⁾

ABSTRACT:

Summary: We define Therapeutic Collaboration as a joint effort of both the therapist and client to work within the client's Therapeutic Zone of Proximal Development (TZPD). The TZPD concept is the distance between the client's actual (what brings him/her into the therapy) and potential development levels (what he/she wants to achieve at the end of the therapy). Thus, our operationalization of collaborative interactions reflects a dyadic work performed within the client's TZPD, either at his/her actual or potential levels. We have been employing the therapeutic collaboration concept to analyze in-session micro-processes that contribute to the client's gradual movement into change. We depart from the theoretical principle that clients need to be pushed into their potential levels to achieve change. Our panel is composed of three studies conducted in Cognitive-Behavioral Therapy aiming to analyze how the therapeutic collaboration, as a negotiation between the therapist and client moment-to-moment, prompts clients' therapeutic gains. The first paper is a single-case study aimed at analyzing therapeutic collaboration across time and within sessions of pre and sudden gains in a complete recovered case. The second paper characterizes the therapeutic collaboration throughout helpful events identified by clients and its association with the phase of treatment in a sample of good and poor outcome cases. The third paper is a study characterizing the therapeutic collaboration and its association with the therapeutic alliance quality rated by therapists and clients in a sample of 58 working phase sessions gathered from 19 cases.

PAPERS IN PANEL:

- **Therapeutic Collaboration and Sudden Gains in a Recovered Case Followed by Cognitive-Behavioral Therapy**

Ângela Ferreira (University of Minho, Portugal), Sara Freitas, Cátia Cardoso, Dulce Pinto, Eugénia Ribeiro

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: We aimed to analyze how the therapeutic collaboration evolved across time and within sessions of pre and sudden gains in Cognitive-Behavioral Therapy. **Method:** We analyzed a complete recovered case diagnosed with Major Depression. Its outcome was assessed using the Outcome Questionnaire-45.2. Sudden gains were measured according to the client's total scores on the Outcome Questionnaire-10.2 in sessions of pre and sudden gains. We coded all the therapeutic exchanges through the Therapeutic Collaboration Coding System, which allowed us to analyze the therapeutic collaboration. We performed a descriptive analysis of the therapeutic collaboration evolution using the State Space Grid methods. **Results:** Across the therapeutic process, the dyad tended to work collaboratively, most of all at the client's potential level. Thus, the therapist challenged the client to move further into change, and she followed her proposal. Sudden gains occurred in sessions eleven and fourteen. In pre sudden gains sessions, a non-collaborative work performed by the dyad emerged as a prominent therapeutic exchange. The therapist challenged the client to reach her potential level, although she resisted it. However, in both sudden gains sessions, the therapist's challenges and the corresponding client's validation responses emerged as the most attractive therapeutic exchanges. **Discussion:** Our results reinforce that to promote clients' improvement, they need to be pushed into a potential developmental zone and suggest that it may be important to push them momentarily above what they tolerate to foster their change.

- **Therapeutic Collaboration in Helpful Events in Cognitive-Behavioral Therapy**

Vânia Silva (University of Minho, Portugal), Eugénia Ribeiro, Augusta S. Barbosa, Cátia Cardoso, Ângela Ferreira, Nuno Pires

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: The quality and strength of the collaborative relationship between therapist and client have been widely associated with positive outcomes, showing that the therapeutic collaboration facilitates the client's change. Research about helpful events, in turn, allows us to understand what specific aspects in therapy facilitate a client's change in psychotherapy. Thus, the present study aims to characterize the therapeutic collaboration in the events identified as helpful in Cognitive-Behavioral Therapy. **Methods:** The therapeutic exchanges between the therapist and the client were analyzed through the Therapeutic Collaboration Coding System. Information on significant events was collected through the Helpful Aspects of Therapy questionnaire. Under analysis is a sample of 72 Helpful Aspects of Therapy identified by clients gathered from four good and four poor outcome cases diagnosed with depression. **Results:** The process of analysis is ongoing. First, we will calculate the frequencies of the therapeutic exchanges that characterize therapeutic collaboration within helpful events. After that, we will perform an association analysis between the more frequent therapeutic exchanges and the therapy phase in which they occurred. We expect that in the helpful events, the therapeutic dyad work mainly within the clients' Therapeutic Zone of Proximal Development (TZPD), with therapists supporting their problems (more in early phases) and challenging clients to move forward in their TZPD (more in working phases). **Discussion:** We will discuss the therapeutic collaboration's role in the client's change process.

- **How Does In-Session Therapeutic Collaboration Explain Therapeutic Alliance Evolution?**

Eugénia Ribeiro (University of Minho, Portugal), Adam Horvath, William B. Stiles, Inês Sousa, Ângela Ferreira, Cátia Cardoso, Gysele Melo

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: We aimed to identify which in-session therapeutic exchanges explain more the therapeutic alliance at session level, both from the client and therapist's perspective. **Methods:** We analyzed 8816 interactions of 57 intermediate therapeutic sessions in 19 cognitive-behavior therapy cases. We used the Therapeutic Collaboration Coding System (TCCS) to code therapeutic exchanges between therapists and clients. The Working Alliance Inventory-Short Revised evaluated the quality of therapeutic alliance in both perspectives. Hierarchical mixed models with random effects were adjusted, considering variability between and within individuals to deal with the correlation between

measurements of the same individual. First, we studied the evolution of therapeutic alliances throughout the sessions. Second, we used adjusted models for the WAI-T and WAI-C using as explanatory variables the proportion of each type of therapeutic exchange. Results: The adjusted models for WAI-T show that a higher proportion of therapeutic exchanges characterized by challenging interventions followed by client responses of disinterest decrease the WAI ($b=-70.38$, $p=0.0435$). In addition, the adjusted models for WAI-C shows that WAI-C decrease with a higher proportion of therapeutic exchanges characterized by the intervention of supporting clients problems followed by client responses of safety ($b=-10.52$, $P=0.0392$), but increases with a higher proportion of the same therapist interventions followed by client's response of tolerable risk ($b=2.09$, $p=0.0432$). Furthermore, WAI-C increases with higher proportions of therapeutic exchanges characterized by interventions of supporting innovation or challenge followed by clients' responses of tolerable risk ($b=156.91$, $p=0.003$, and $b=35.21$, $p=0.0092$, respectively). Discussion: We will discuss the clinical implications of the results.

DISCUSSANT: Julian A. Rubel (University of Giessen, Germany)

KEYWORDS: Alliance | Change process | Other: Collaborative interactions

IS03
MEETING

SATURDAY, JULY 9, 2022, 13:15–14:45 (MDT) | STURM 490

Interest Section Meeting: Therapist Training and Development (SPRISTAD) ⁽²⁷⁵⁾

PRESENTATION MODALITY: In Person

Saturday, July 9, 2022, 15:00–16:30 (MDT)

SD14

STRUCTURED DISCUSSION

ORGANIZERS & MODERATORS:

Christoph Flückiger
University of Zurich, Switzerland

Catherine F. Eubanks
Ferkau School of Psychology at
Yeshiva University, USA

SATURDAY, JULY 9, 2022, 15:00–16:30 (MDT) | STURM 453

Meet the Editors of Psychotherapy Research ⁽²⁷⁶⁾

ABSTRACT:

The goal of the journal is to provide an international peer-review platform for innovative projects in the field of psychotherapy research (<https://www.tandfonline.com/journals/tps20>). This meeting provides a roundtable to engage with the journal's editorial team. Early career researchers can ask questions about implicit guidelines during the submission process. There is also space for strategic discussion and future challenges for the journal.

DISCUSSANTS:

- Eugénia Ribeiro (University of Minho, Portugal)
- Hanne W. Oddli (University Hospital Oslo, Norway)
- Fredrik Falkenström (Linköping University, Stockholm, Sweden)
- Jaime Delgadillo (University of Sheffield, United Kingdom)
- Andrew A. McLeavey (Weill Cornell Medical College, New York, USA)
- Juan Martín Gómez Penedo (Universidad de Buenos Aires, Argentina)

KEYWORDS: Evidence-based psychotherapies | Process and outcome | Publishing

PRESENTATION MODALITY: Mixed

PA55
PANEL

ORGANIZERS & MODERATORS:

SATURDAY, JULY 9, 2022, 15:00–16:30 (MDT) | STURM 454

Character Strengths in Psychotherapy ⁽²⁷⁷⁾

ABSTRACT:

This symposium will present four papers that examine the role of character strength (e.g., humility, forgiveness, gratitude) in psychotherapy. Our review of the literature shows that intervention research on flourishing, virtue, and character strengths has occurred in “parts” rather than an integrated model and has largely occurred in contexts outside of mental healthcare (Schutte & Malouff, 2018), limiting the validity of this research for clinical populations experiencing more extreme emotional suffering and complicated mental health disorders (Jankowski, Sandage, Bell, Owen, et al., 2019). To help advance the field these presentations will focus on measurement development, changes in virtues over the course of treatment, as well as therapist, including trainees, perspectives on character strengths.

PAPERS IN PANEL:

- **Developing Clinical Measures for Humility in Psychotherapy**

Don Davis (Georgia State University, USA), Elise Choe

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

In this presentation, we seek to draw on multicultural psychology to influence the study of virtues in psychotherapy. Such a partnership would address a weakness of the positive psychology movement (e.g., Christopher & Hickinbottom, 2008; Frawley, 2015). We consider positive relationship processes that occur when clinicians develop skills to earn trust, even when cultural barriers might make a relationship prone to difficult dynamics. Values are not just unavoidable but integral to the process of psychotherapy and forming a strong working alliance (Wampold, 2015). In Study 1, we recruited undergraduates to complete a survey. They completed the 14 items of the Practicing Cultural Humility Scale. We then conducted exploratory factor analysis, which resulted in a one-factor scale with 6 items. We then used CFA and based on results dropped an additional 2 items. In Study 2, we had another sample complete the PCH and other items. It also showed initial evidence of construct validity, being correlated moderately with intellectual humility, and weakly with dispositional gratitude. In Study 3, we gave to another undergraduate sample and estimated evidence of four-week temporal stability ($r = .60$). Finally, in Study 4, we used the PCH for theory testing. We found that the practice of cultural humility as reported by clients correlated with their own ratings of working alliance and improvement in therapy. We also found a predicted interaction effect in which clients who viewed their therapist as more humble showed a stronger relationship between their own practice of cultural humility and alliance.

- **Cultural Humility and Flourishing: Positive Implications of Increasing Virtues Within a Clinical Population**

Elise Choe (Boston University, USA), Peter Jankowski, Steven J. Sandage, Laura Captari, Sarah Crabtree

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Psychotherapy research has started to shift towards examining client factors to better understand change and clinician effectiveness. Some have framed these client factors as virtues or “qualities of human character and excellence which enhance the capacity to live well” (Sandage & Hill, 2001, p.243). One virtue that has gained increasing attention is humility, which Jankowski et al. (2021) suggested “may catalyze therapeutic change” (p. 6). Humility has been conceptualized as a part of mentalization, which is a necessary component for reflection, self-awareness, and insight, all things necessary for change. A specific type of humility, cultural humility, however, has not been closely examined within clients. Cultural humility is a relational virtue that addresses an individual’s ability to be open towards cultural differences between themselves and others. Originally conceptualized as a critical factor for therapists, cultural humility has also been found to be helpful in buffering diverse relational dynamics (e.g., student and teacher, individuals with different beliefs). In this study, we examine client change in cultural humility and well-being using a person-centered analysis. We also examine the influences of differentiation as a predictor of change and compare subgroups on levels of symptoms. Using a group-based trajectory modeling, we examined client changes across multiple domains. Results suggested that a subgroup of clients had significant increases in cultural humility while also experiencing significant increases in well-being. Further analyses found that clients with higher levels of initial differentiation were more likely to see positive increases in well-being, which also led to decrease in symptoms.

- **A Discourse Analysis of Cultural Humility with Practicum-Level Counselors-in-Training**

Peitao Zhu (Northern Illinois University, USA), Dana Isawi, Melissa Luke
PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Cultural humility (CH) is an emerging theoretical construct in multicultural and cross-cultural counseling. A growing body of empirical literature has since further substantiated that CH contributes meaningfully to a variety of therapeutic processes and outcomes. However, a significant gap in the literature is that no study has concretely described how CH is enacted within therapeutic exchanges on a sociolinguistic level. Using the interactional sociolinguistic form of discourse analysis (IS-DA), we sought to explore the sociolinguistic markers and strategies along four dimensions associated with CH: (a) cultural attunement; (b) cultural teachability; (c) lack of cultural arrogance; and (d) relational orientation. Our participants included six pairs of cross-racial counseling dyads who were engaged in counseling at the training center with which the researchers affiliated. In consultation with counselors-in-training (CITs), we identified from each counseling dyad two sessions in which cultural issues were most centrally described. We analyzed the transcripts by identifying discursive patterns and strategies and explore how they played a part in shaping the therapeutic exchanges. In addition, we also conducted follow-up interviews with all six CITs to elicit additional accounts (e.g., internal processes) that were not apparent in the transcripts. Our analyses of all the session and interview transcripts yielded a range of sociolinguistic markers and strategies that may be associated with CH, such as framing, labeling, lowering position of self, intentional use of pronouns, repetition, use of tentative language etc. We discussed clinical and research implications, as well as implications for the training of mental health professionals.

- **Therapists' Character Strengths in Preventing Burnout & Promoting Flourishing**

Karen Tao (University of Utah, Salt Lake City, USA), Jesse Owen
PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

In December 2021, over 1300 psychotherapists participated in a survey focused on current perspectives on the state of mental health care in the United States. Several main themes from this survey included significantly longer waitlists, higher levels of pandemic related distress among children and couples, and therapist burnout. Concomitantly, our country faces an unprecedented number of health care provider resignations due to burnout and the lack of institutional support; a system that sacrifices provider health for patient health and financial gain is confronted with an ethical reckoning. This crisis is unlikely to remediate any time soon, highlighting a need for mechanisms to help providers and health care systems recognize early signs of burnout and indicators of when providers are flourishing. The purpose of this presentation is to share preliminary findings from a national study on therapist flourishing in which 1000 + psychotherapy sessions were analyzed to identify statements and interactions between therapist and client which capture demonstrations of one pathway to human flourishing – relational virtues. Using machine learning technology, sessions were recorded and coded for instances in which relational virtues such as humility (e.g., open-ended questions; low judgment), gratitude (e.g., positive emotion and thinking), and empathy (e.g., complex reflections of feeling) are present. Participating therapists completed weekly self-report measures on these virtues, in which we compared self-report to their coded transcripts. Beyond our preliminary findings, we will discuss implications of technological advances like machine learning to assess aspects of therapy to predict the embodiment of flourishing via relational virtues.

KEYWORDS: Integrative psychotherapy | Therapist effects | Other: Character Strengths, Positive Psychology

PA56
PANEL

ORGANIZERS & MODERATORS:

Kim de Jong
Leiden University, Netherlands

SATURDAY, JULY 9, 2022, 15:00–16:30 (MDT) | STURM 479

Therapists' Interpersonal Skills ⁽²⁷⁸⁾

ABSTRACT:

Extensive research on change in psychotherapy aimed at differentiating factors that may play a role in symptom change and treatment outcome. Some studies suggest that the therapist as the provider of the treatment and the facilitator of the relationship might be important; maybe even more important than the treatment or the relationship. While this so-called therapist effect is well-studied and established as a reliable factor predicting

treatment outcome, little is known about the specific characteristics a successful therapist inherits. In terms of therapist characteristics, interpersonal skills seem to be the most reliable predictor of patient outcome, however, research in this field is still sparse. These skills are mostly measured via the Facilitative Interpersonal Skills (FIS) task or the Therapy-Related Interpersonal Behaviour (TRIB) scale. Three studies on therapists' interpersonal skills assessed with these two measures are presented and discussed in this panel. In the first study (Schwartz et al.), therapy-relevant interpersonal skills of therapists were examined, which were assessed via the TRIB. Linear mixed models were used to analyze the effects of these skills on different measures of therapy outcome in an outpatient sample. The second study (van Thiel et al.) examined whether an extensive FIS scoring leads to more differentiation in measuring therapists' interpersonal skills and whether the nature of the stimulus clips affected therapist responses. Applying the FIS to experienced CBT therapists, the third study (de Jong) compared therapists' performance in challenging and benign therapy situations and examined to what extent this was associated with patient treatment outcomes.

PAPERS IN PANEL:

- **Therapists' Interpersonal Skills and Their Effect on Treatment Outcome**

Brian Schwartz (Universität Trier, Germany), Wolfgang Lutz, Lea Fischer, Henning Schöttke

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Background and aim: Despite evidence-based and effective psychotherapeutic treatment approaches, patients differ in their therapy outcome. A significant and well-established factor influencing treatment outcome is the therapist. However, not much is known about the characteristics of successful therapists that distinguish them from less successful colleagues. Interpersonal skills represent one of the most promising therapist factors so far. This study therefore aimed to investigate the influence of interpersonal skills on symptom-specific and non-specific outcome. Methods: Data from a university outpatient clinic were analyzed. Interpersonal skills were assessed before treatment onset with the Therapy-Related Interpersonal Behaviors (TRIB). The TRIB contains a group discussion on a thought-provoking video about therapeutic situations, which is then rated on nine therapy-related interpersonal skills by trained raters. Outcome was assessed using symptom-specific and non-specific measures. Linear mixed models were conducted to examine the association between interpersonal skills and treatment outcome, accounting for the nested data structure. Prediction models containing all potential predictors were compared to models containing all covariates except for TRIB to calculate the incremental effect of therapist interpersonal skills beyond patient baseline characteristics. Results and discussion: A significant effect of interpersonal skills on treatment outcome was shown on the symptom-specific measure. Higher interpersonal abilities were associated with better treatment outcome. However, variability in this effect was dependent on the outcome measure applied. The transfer of the results to clinical practice and its integration into clinical training is discussed against the background of optimizing psychotherapeutic effects.

- **Facilitative Interpersonal Skills Test: A Study on an Extended Scoring Set and Therapist Response Dimensions**

Sabine van Thiel (Tilburg University, Netherlands), Kim de Jong, Kirsten Misset, Margot C. Joosen, Jac v. Klink, Arno van Dam

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Objective: The aim of the present study is to investigate whether an extensive FIS scoring leads to more differentiation in measuring therapists' interpersonal skills and behavior. Furthermore we investigate whether therapist' responses are subjective to the nature of the client stimulus clips. Additionally we investigate whether therapists differ in their interpersonal responses. Method: Eighty-nine therapists were exposed to seven challenging Dutch FIS clips. Therapist's responses are recorded by video and thereafter scored on the extended FIS scoring. Results: Inter-rater agreement was moderate. Results show that three dimensions of interpersonal skills are measured with the extensive scoring set. These dimensions have shown to be sensitive to changes in client behaviour. Dimensions appear to be correlated, indicating that if a therapists shows behaviour on one dimension, he/she is also likely to show behaviour on the other dimensions. Conclusions: Results provide support that this extended scoring can be used in further research on responsiveness or in the training or development

psychotherapists.

- **Do Therapists' Interpersonal Skills in Challenging and Benign Therapy Situations Predict Treatment Outcomes in Experienced CBT Therapists?**

Kim de Jong (Leiden University, Netherlands)

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Background: Therapists' facilitative interpersonal skills (FIS) has been found to be predictive of differences between therapists in treatment outcomes. For this study, we compare experienced CBT therapists' performance in challenging and benign therapy situations and assess to what extent this predicts treatment outcomes of their patients. We hypothesize that therapists' FIS scores in the challenging therapy situation are a better predictor of treatment outcome than in benign therapy situations. Methods: Experienced CBT therapists (n=93) participated in a study to investigate therapists' physiological response to the FIS task, which measures therapists' use of common relational skills (e.g. empathy) by rating therapist responses to video vignettes. CBT was offered in a manualized format. Results: Preliminary analyses showed that the FIS score for challenging therapy situations was not predictive of treatment outcomes, but individual domains of the FIS were (i.e., cognitive empathy). We hypothesize that therapists with lower HRV and higher skin conductance obtain higher scores on the FIS task. Discussion: CBT typically has a strong focus on techniques as opposed to therapists' relational skills. This study suggests that interpersonal skills might still differentiate between therapists in treatment outcomes. More research is needed to better understand what skills CBT therapists need in order to provide the best possible therapy for their clients.

DISCUSSANT: Timothy Anderson (Ohio University, Athens, USA)

KEYWORDS: Facilitative Interpersonal Skills | Treatment process and outcome

PA57

PANEL

ORGANIZERS & MODERATORS:

Katie Aafjes-van Doorn

Ferkauf Graduate School of Psychology,
Yeshiva University, New York, USA

SATURDAY, JULY 9, 2022, 15:00–16:30 (MDT) | STURM 379

Putting the Patient in the Driver Seat: Patients' Perceptions and Guidance of the Treatment Process ⁽²⁷⁹⁾

ABSTRACT:

The therapy relationship is seen as a crucial element in understanding how people change in psychotherapy. However, relatively little attention has been directed to how patients work to create an optimal therapeutic relationship and advance their treatment goals. This panel addresses patient-driven processes in psychotherapy; the patient's effort to correct the therapist's mistakes, which control-mastery theory terms patients coaching their therapists, and what Bohart described as clients' "self-healing capacities". The first presentation focuses on patients' perceptions of problematic therapists' behaviors and how this might inform treatment. The second presentation reports on a survey study about patients' efforts to coach the therapist in how to help the patient in the best way possible. The third presentation builds on this concept of patients' coaching, by reporting on the development of a coding manual of identifying moments the patient coaches the therapist in-session. The fourth presentation extends this by comparing the coaching construct to other in-session patient-driven micro processes such as rupture-repair.

PAPERS IN PANEL:

- **Pathogenic Schemas and Patients' Problematic Impressions of Therapist Behaviors**

George Silberschatz (University of California, San Francisco, USA), James McCollum

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim. We will present preliminary data on the Problematic impressions of therapy scale (PITS) developed by Len Horowitz and the San Francisco Psychotherapy Research Group. The PITS asks patient if they have experienced a particular therapist behavior, and if they have to rate how distressing that behavior was. The psychotherapies of patients with a specific type of interpersonal problem or pathogenic schema can be significantly undermined by particular types of therapist behaviors. The kinds of behaviors that cause distress, adversely affect the therapeutic relationship, and lead to

poor treatment outcomes will vary from patient to patient. Methods. Self-report data of patients' therapy experiences will be evaluated to assess the interaction between pathogenic schemas and the types of problematic therapist behaviors that are distressing and disruptive. Results & Discussion. Consider for example two patients (A and B) who seek treatment for different reasons. They both circle "Yes" to "My Th made it difficult for me to disagree with him/her". Suppose that Patient A had a pathogenic schema that assertiveness is dangerous and therefore had considerable difficulty behaving assertively. The therapist's over-control might work at odds with the patient's attempts to become more assertive, causing significant distress for Patient A and high distress scores on both of these items. Patient B had a different pathogenic schema – namely, being close to others is dangerous and therefore has difficulties in forming close relationships with other people. Patient B may be highly sensitive to these therapist-behaviors.

- **Do Patients Coach Their Therapists? A Qualitative Survey**

David Kealy (University of British Columbia, Vancouver, Canada)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Aim: Therapist responsiveness has been identified as a critical aspect of psychotherapy. Several authors have observed that patients provide important cues to influence therapists' responsiveness. Patients may alert the therapist to issues they want to focus on, redirect the therapist whose interventions are off-track, and influence the therapist regarding the kind of therapy relationship they need. These communications have been conceptualized within Control-Mastery Theory as coaching. Given limited empirical data on patient coaching, this study was aimed at obtaining descriptive accounts of coaching communications from individuals who have received psychotherapy. **Methods:** Adults residing in the UK who identified as having mental health concerns were recruited through Prolific.co. The sample consisted of 248 adults who had previously received counselling or psychotherapy. Open ended questions were used to inquire about whether participants had engaged in coaching behaviour toward their therapist, including descriptions of coaching incidents and therapists' responses. Participants were invited to respond descriptively in an open text format. **Results:** Preliminary analysis identified responses that endorsed coaching communication by participants toward their therapists. Thematic analysis was then employed to interpret themes from qualitative descriptions of coaching. Themes indicated that participants' coaching communications included attempts to focus the therapist on key concerns, to better understand the patient, and to modify the therapist's responsiveness. Participants indicated mixed therapist receptivity to coaching, with some experiencing improvement in the therapy relationship while others experiencing negative reactions from therapists. **Discussion:** These preliminary findings suggest that patients' coaching communications may provide important cues for improving therapist responsiveness.

- **Identifying Patient Coaching: Directions for Future Research**

James McCollum (SFPRG, USA)

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: According to Control-Mastery Theory, patients enter therapy with a plan, conscious or unconscious, for how to work in psychotherapy. This plan may include expectations about therapy or the therapist, as well as experiences or material the patient believes may be helpful to explore. **Methods:** This presentation will discuss ongoing research into patient coaching and the development of a manual for observer coding of patient coaching in psychotherapy transcripts or videos. **Results & Discussion:** Patients may coach their therapists to orient them to critical aspects of this plan, to change a therapy that is not working for them, or to encourage the therapist in ways that are helping. Patient coaching can be reliably identified by independent judges from psychotherapy transcripts, and preliminary results show that therapist responsiveness to patient coaching is related to psychotherapy outcome (Bugas et al., 2021; Kealy et al., 2021).

- **Convergence of Relational Microprocesses in Psychotherapy from Different Theoretical Lenses? An Examination of Patient's Coaching, Therapist's Responsiveness, and Rupture Repair**

Xiaochen Luo (Santa Clara University, USA)

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Objectives: The expected or perceived challenges in the therapeutic relationship have thus been a focus of multiple frameworks focusing on processes. For example, the rupture-repair framework operationalized the disruptions of therapeutic relationship as alliance ruptures and emphasized the role of therapist to initiate repair, whereas the control-mastery theory highlighted the role of patients in coaching therapists to avoid these expected or predicted challenges. However, to what extent these theories capture similar relational processes at moment-to-moment level is unknown. This study sought to examine the convergence of capturing critical relational processes using these two frameworks. **Methods:** Transcripts of psychotherapy sessions for a single case in short-term psychodynamic therapy were used to rate moment-to-moment interactions by independent trained coders. The updated rupture-repair rating system (3RS) will be used to assess alliance ruptures based on both patients' markers and therapists' markers. The coaching rating system was developed and used to rate the degree of patient coaching and therapist's responsiveness to coaching. Qualitative and quantitative analyses will be conducted to examine the co-occurrence in time between patient's rupture expressions in the rupture-repair framework and patient's coaching efforts based on control-mastery theory, as well as between therapist's rupture expressions and therapist's responsiveness to coaching. **Results and Discussions:** We expect to see a moderate positive correlation between patient's rupture expressions and patient's coaching efforts, and a moderate negative correlations between therapist's rupture expressions and therapist's responsiveness to coaching, indicating a shared view between frameworks of seeing negative expressions of patients as opportunities for relational repair.

DISCUSSANT: Katie Aafjes-van Doorn (Ferkau Graduate School of Psychology, Yeshiva University, New York, USA)

KEYWORDS: Alliance | Change process

PA58
PANEL

ORGANIZERS & MODERATORS:

Steven J. Sandage
Boston University, USA

SATURDAY, JULY 9, 2022, 15:00–16:30 (MDT) | STURM 380

Positive Psychology Processes and Outcomes in Psychotherapy Research ⁽²⁸⁰⁾

ABSTRACT:

Over the past three decades, the field of positive psychology has generated large bodies of research on strengths, virtues, and well-being. However, a review of psychotherapy and intervention studies has shown positive psychological processes and outcomes have been largely conducted outside mental health treatment contexts (Jankowski et al., 2020). This panel session will start with a brief framing of these issues around the potential benefit of dual factor (symptom alleviation and well-being enhancement) psychotherapy research that explicitly engages positive psychological factors as part of investigations of established treatment approaches in a variety of mental health settings (inpatient and outpatient). Four presentations by panelists will describe positive psychological factors in psychotherapy research using (a) a diverse set of quantitative, qualitative, and mixed method approaches, (b) differing theoretical orientations to treatment. Eustis et al. will present initial findings from their adaptation of cognitive-behavioral therapy (Unified Protocol) for anxiety and depression to add a focus on positive affect, savoring, hope, and well-being. Marmarosh et al. will describe results from a trial of a spiritually-integrated group therapy treatment integrated with Dialectical Behavior Therapy for Borderline Personality Disorder in an inpatient setting. Captari et al. will report findings from a qualitative interview study on strengths, virtues, and flourishing in psychotherapy with patients at a psychodynamic community mental health center. Crabtree et al. will summarize findings and diversity implications from two clinical studies investigating dual factor approaches to positive mental health using person-centered analyses with patients in long-term outpatient treatment.

PAPERS IN PANEL:

- **Development and Pilot Testing of an Online Version of the Unified Protocol that Targets Positive Affect Regulation: Preliminary Exploration of Positive Affect and Related Variables**

Elizabeth H. Eustis (Boston University, USA), Maya Nauphal, Brittany Jaso, Daniella Spencer-Laitt, Lauren Woodard, Todd J. Farchione, David H. Barlow
PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Most cognitive-behavioral therapies (CBTs) for anxiety and depression target negative

affect (NA; Quoidbach et al., 2015), yet difficulties in positive affect (PA) regulation are also prevalent across these disorders (Carl et al., 2014). Recently, there has been increased attention to addressing the full range of affect within CBTs (e.g., Craske et al., 2019). In response, we developed an online version of the Unified Protocol (UP; Barlow et al., 2017), an empirically supported transdiagnostic CBT, that includes the standard UP modules and targets both NA and PA regulation (the UP+). Throughout the program participants are encouraged to apply the core UP skills to experiences with both NA and PA (e.g., identify the function of positive emotions, develop emotion exposures targeting positive emotions) in addition to exercises that target PA more directly (e.g., savoring). We will present data on PA, savoring, hope, and wellbeing from an initial pilot study of the UP+ with participants with anxiety and depressive disorders (N=5) that was used to inform a large ongoing RCT. At the group level, change on these variables was not significant, though effect sizes indicated these non-significant pre- to post-treatment differences ranged in magnitude from small to large (ESs: .21-.93). Given the small sample, we will present each participant's scores on these measures across time points. We will also report on open-ended feedback related to the PA content in the program. This online program has the potential to address difficulties in the regulation of both NA and PA in an easily scalable format.

- Integrating Spirituality and Psychotherapy for Patients with Borderline Personality Disorder**

Cheri Marmarosh (George Washington University, USA), Suzanne Hollman, David Rosmarin

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Despite a proliferation of effective psychotherapeutic treatments for Borderline Personality Disorder (BPD) – including Dialectical Behavioral Treatment (DBT), Transference Focused Therapy, Mentalization Based Therapy, and Good Psychiatric Management – little attention is given to how patients' spiritual identities influence the course or outcomes of treatment. Existing theory and research suggest that spiritual struggles can increase distress, suffering, and even self-injury and suicidality in the context of depression, anxiety, alcohol/substance misuse, and other disorders, which are common among patients with BPD (Exline, Pargament & Jones, 2013). Conversely, faith and religion may also be a resource to help patients struggling with mental health concerns (Koenig et al., 2012; Rosmarin & Koenig, 2020). In concert with these trends, Rosmarin and colleagues (2019) developed Spiritual Psychotherapy for Inpatient, Residential & Intensive Treatment (SPIRIT) and completed an initial open trial of this group psychotherapy approach with 1,443 acute psychiatric patients, provided by a cadre of 22 clinicians. They found that clinically, and religiously, diverse patients reported benefit from SPIRIT overall. In a follow up study, it was identified that clinicians who utilized DBT in providing SPIRIT were more effective than others (Rosmarin et al., 2021). Using data from a subset of 82 patients with BPD from the SPIRIT open trial, we will present how positive and negative facets of spirituality/religion relate to common BPD-related risk factors (e.g., suicidal ideation/behaviors, self-injury, alcohol/substance misuse, dysphoria). We will also evaluate the extent to which BPD patients respond to SPIRIT, and how such response compares to patients without BPD.

- What Does Flourishing Mean to You?: A Practice-Based Qualitative Study of Client Perspectives**

Laura E. Captari (Boston University, USA), Sarah A. Crabtree, Steven J. Sandage, Kristen Hydinger

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Psychotherapeutic approaches often place a primary focus on reducing distress, while neglecting clients' emotional, spiritual, and social well-being. Positive psychology offers tremendous potential to vitalize and enrich clinical practice; however, this body of research remains largely segregated from routine mental healthcare, leaving clients with the common experience of feeling reduced to a cluster of symptoms. Much remains unknown about how—and in what ways—clients may find a focus on virtues, strengths, and flourishing relevant to their therapeutic goals and change process. To address this gap, we conducted in-depth qualitative interviews (n = 15) with adult clients currently in psychotherapy at an outpatient community clinic specializing in contemporary relational and psychodynamic approaches. This presentation synthesizes key themes emerging from clients' narratives about what it means to them to flourish amidst struggle, as well as cultural, spiritual, and relational contexts that contribute to their understanding of

flourishing. Furthermore, we report on clients' perspectives about the potential relevance of gratitude, forgiveness, and humility to their change process in treatment, and more specifically, within the therapeutic dyad. These findings highlight the relevance of relational virtues in establishing the therapeutic alliance and repairing ruptures, as well as explicating potential pitfalls and misapplications of positive psychology that could stymie clinical progress. We will discuss multiple pathways to integration reported by clients, ranging from an treatment overt focus to a more implicit, embodied relational process. Drawing on dual-process models of clinical change, this presentation will explicate clinical implications of these findings and discuss future research directions.

- **Dual-Factors Models of Mental Healthcare: The Benefits of Person-Centered Methods in Psychotherapy Research**

Sarah A. Crabtree (Boston University, USA), Steven J. Sandage, Laura E. Captari, Peter J. Jankowski

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Mental healthcare has long aimed to reduce symptoms, but dual-factor models of positive mental health additionally promote well-being. While often inversely related, symptoms and well-being are related but distinct constructs that can relate within individual persons in a variety of ways, and there is increasing attention to these possible configurations among positive psychology and psychotherapy researchers. However, many studies continue to use variable-centered analytic strategies or single-method research designs that less fully capture these complex relationships and their intersections with risk or protective factors and client resources. Person-centered analytic strategies and triangulating multiples forms of data are promising methodological approaches that more effectively approximate the diversity of psychotherapy clients' experiences. In this presentation, we will review two recent practice-based, clinical studies to illuminate the benefits of such approaches. Each study used latent profile analysis (LPA) to identify distinct client subgroups on indicators of symptoms and well-being; 5-class solutions best fit the data in each analysis. The first study, conducted with a sample of emerging adults, further employed latent transition analysis (LTA) to track group membership over time and identify predictors of change. The second, a cross-sectional study conducted with psychotherapy clients in the early months of the COVID-19 pandemic, integrated clients' concurrent qualitative responses about the pandemic's effects into the interpretation of the various client subgroups. These studies' results offered nuanced, textured narratives about client functioning, and we will discuss how their methods illuminate possible pathways to further advancing knowledge about the diversity of psychotherapy clients' experiences.

KEYWORDS: Quantitative & qualitative method | Treatment process and outcome | Other: Positive Psychology

PA59

PANEL

ORGANIZERS & MODERATORS:

Santiago Juan
Universidad de Buenos Aires, Argentina

CE

SATURDAY, JULY 9, 2022, 15:00–16:30 (MDT) | STURM 480

Case Formulation, Process and Outcome ⁽²⁸¹⁾

ABSTRACT:

This panel will present three studies about case formulation and its links with psychotherapy process and outcome. Presentations will show different case formulation strategies that are associated to specific treatment's variables. The panel will consider as learning objectives: (1) to highlight case formulation as a core competence in psychotherapy, related to treatment's process and outcome, (2) to deepen the knowledge of different case formulation strategies in terms of clinical and research tools for psychotherapy, (3) to better understand the possibilities of practice-oriented research (POR). In this context, Dr. Santiago Juan and colleagues from Argentina will present a time-series single-case psychodynamic research, that explored the impact of (1) Operationalized Psychodynamic Diagnosis System (OPD-2) therapeutic foci's level of presence and (2) therapist's adherence to psychodynamic interventions, on therapy outcome; in a single-case of a long-term focused psychodynamic psychotherapy (54 sessions). Dr. Christian Sell and colleagues from Germany will explore the stage-process model of alliance ruptures on a patient with somatic symptom disorder, treated with 83 sessions of psychodynamic therapy, after an initial case formulation based on OPD-2. Dr. Kenneth Critchfield and colleagues from The United States will outline a program of research, based on Interpersonal Reconstructive Therapy (IRT) case formulation, to extend current findings to discover moderating features and contextual variables that predict resilience against the tendency to internalize maladaptive

interpersonal lessons when present in close attachment relationships. Finally, as an expert and reference in the field, Dr. Ueli Kramer will be the panel's discussant.

PAPERS IN PANEL:

- **The Impact of Psychodynamic Case Formulation and Therapist's Adherence on Outcome: A Single Case's Time-Series Analysis**

Santiago Juan (Universidad de Buenos Aires, Argentina), Roberto Muiños, Zoé Dzugala, Nahuel Lavanga, Juan Martín Gómez Penedo

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

INTRODUCTION: Case formulation is a core competence in psychotherapy. It conforms systematic ways of understanding what is happening to the patient, why it is happening, how to help her/him, and how to evaluate change throughout the process. Previous research in psychodynamic therapy has shown that those therapists who are able to formulate their cases in a structured way tend to have better clinical outcomes. In this regard, specific case formulation's strategies that foster psychodynamic practice-oriented research are highly relevant. **AIMS & METHODS:** Proposing a time-series single-case psychodynamic research, this study explored the impact of (1) therapeutic foci's level of presence and (2) therapist's adherence to psychodynamic interventions, on therapy outcome; in a single-case of a long-term focused psychodynamic psychotherapy (54 therapy's sessions). After each session, the Outcome Questionnaire (OQ.45.2) and the Comparative Psychotherapy Process Scale (CPPS) was completed by patient. In turn, after each session, the Comparative Psychotherapy Process Scale (CPPS) was completed by treating therapist. Two external judges established a psychodynamic profile with five therapeutic foci for the case, using Operationalized Psychodynamic Diagnosis (OPD-2). Each focus' level of presence was measured by judges, using the Level of Presence of Foci (LPF), rated each session. **RESULTS & DISCUSSION:** results show preliminary evidence of the interaction between case formulation, therapist's adherence, and outcome. Implications for psychodynamic practice-oriented research that employ systematic tools such as OPD-2 are discussed, together with the contributions of time-series analysis to better understand how patients can benefit from psychodynamic treatments.

- **What Goes into Repairing Alliance Ruptures Successfully? A Systematic Case Study Using Observer-Rated Measures**

Dorothea Huber (International Psychoanalytic University, Berlin, Germany), Günther Klug, Christian Sell

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

The theoretical view on the therapeutic alliance has proceeded from a static perspective to a more dynamic view. This dynamic view of the alliance involves a focus on ruptures in the alliance and on the therapeutic processes involved in repairing them. Meta-analyses indicate a relationship between successful rupture resolution and positive outcome. Much remains unclear, however, as to how these repair processes work on a micro-level and as to why some resolution attempts are successful while others are not. Research suggested a stage-process model of alliance rupture resolution. The model encompasses two pathways as ingredients of successful resolution processes: first, the "experiencing pathway" involves the exploration of thoughts and feelings associated with the rupture; second, the "avoidance pathway" involves understanding defensive patterns associated with the rupture. We here aim to empirically explore the stage-process model of alliance ruptures by means of systematic case-based research. After an initial case formulation based on the Operationalized Psychodynamic Diagnosis System (OPD), a patient with somatic symptom disorder has been treated with 83 sessions of psychodynamic therapy. In addition to outcome data, we rated the therapy sessions with the Rupture Resolution Rating System (to assess ruptures and their resolution), the Experiencing Scale (for the experiencing pathway), and the Defense Mechanisms Rating Scales Q-sort (for the avoidance pathway). Correlation and time-lagged correlation analyses are then used to test whether high experiencing and mature levels of defense are associated with more successful resolution processes across the therapeutic process. Implications for treatment planning and case formulation are discussed.

- **Becoming Resilient to Maladaptive Attachment Patterns: Implications of Findings from Copy Process Research**

Kenneth Critchfield (Ferkau Graduate School of Psychology, Yeshiva University, New York, USA), Christina Glusac

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

In Interpersonal Reconstructive Therapy (IRT) a case formulation (CF) guides intervention choices by clarifying links between presenting symptoms and learning in close relationships. The IRT CF is based on copy process theory, which asserts that behavioral evidence of internalized relationships takes three primary forms: Identification, Recapitulation, and Introjection. The Structural Analysis of Social Behavior allows precise operationalization of pattern repetition using the dimensions of Interpersonal Focus, Affiliation, and Interdependence. A series of studies based on SASB have found that copy process patterns are near ubiquitous in clinical and normal samples, with the primary difference between those sample types being whether generally secure versus disrupted patterns of relating are copied. Our presentation will provide an overview of copy process research to date with a special focus on the phenomenon of “resilience,” meaning instances in which problem patterns are present in attachment relationships but are not repeated later on. Our focus will also include evidence related to therapeutic processes that promote resilience through a process of differentiation from problematic figures so that the motivation to repeat their ways is addressed and relinquished. We will outline a program of research to extend current findings to discover moderating features and contextual variables that predict resilience against the tendency to internalize maladaptive interpersonal lessons when present in close attachment relationships. Findings will be discussed relative to their implications for case formulation research more generally in terms of both formulation content and application in psychotherapy.

DISCUSSANT: Ueli Kramer (Institute of Psychotherapy, Lausanne, Switzerland)

KEYWORDS: Treatment process and outcome | Other: Case Formulation, OPD-2, IRT

PA60

PANEL**ORGANIZERS & MODERATORS:**

Henning Schauenburg
University Hospital, Heidelberg,
Germany

SATURDAY, JULY 9, 2022, 15:00–16:30 (MDT) | STURM 410

Personality Functioning as a Key Indicator for Courses and Change of Psychopathology: Results from Clinical and Non-Clinical Samples ⁽²⁸²⁾**ABSTRACT:**

Since the introduction of the dimensional assessment of personality functioning (PF) in DSM-5 and ICD-11, a number of studies have established links between lower levels of PF and transdiagnostic variables such as symptom load, emotional dysregulation and interpersonal problems. Impairment in personality functioning has been therefore suggested as a meaningful indicator for general PD severity and may even play a central role for general psychopathology. This view builds on longstanding research on borderline personality organization, object relations theory and the concept of mentalizing which all center around the assumption that social and emotional information processing abilities are central for mental health. However, much less is known about the role of personality functioning for changes in mental health over time. In our panel, we therefore would like to empirically shed light on the complex relations between PF and mental health from a longitudinal perspective, considering both natural courses as well as change of psychopathology through psychotherapeutic treatment. First, Eva Klein will present how courses of depression symptoms over ten years can be predicted by levels of personality functioning. In a second talk, André Kerber will show prospective dynamic associations between personality functioning, daily situations, mood and depression symptoms in ambulatory assessed data of users of a mental health app. The third talk by Matthias Volz will focus on the predictivity of pre-treatment personality functioning with regard to change in symptom severity in a long-term psychotherapy setting. The panel will be chaired by Henning Schauenburg and discussed by Johannes Ehrenthal.

PAPERS IN PANEL:

- **Personality Functioning Determines Severity and Course of Depression Symptoms Across the Life Span – Evidence from a Longitudinal Population Sample over Ten Years**

Eva M. Klein (Johannes Gutenberg-Universität Mainz, Germany), Christoph Kasinger, Mareike Ernst, Markus Zenger, Yves Stoebel-Richter, Hendrik Berth

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Background: The recent revision of the classification of personality pathology in DSM-5 and ICD-11 has led to a renewed interest in personality functioning. Its posited role as a significant vulnerability factor for the development of psychopathology contrasts the paucity of empirical research that explores its relevance for mental health from a life span perspective. Therefore, this longitudinal study aimed to disentangle between- and within-person predictors of depression symptoms, including personality functioning. Method: We used data from five waves of a population-based cohort study, spanning the years 2002-2012. The sample included N=212 participants (age in 2002: M=28.9, SD=0.45). Depression symptoms were assessed using the HADS (Hospital Anxiety and Depression Scale). Personality functioning was measured using the OPD-SQS (Operationalized Psychodynamic Diagnosis System – Structure Questionnaire Short) at one measurement point. Results: Participants with stronger impairment in personality functioning consistently reported higher depressive symptoms over ten years compared to participants with higher levels of personality functioning. Analysis of a General Linear Model revealed, that the largest portion of between-subject effects was explained by the different levels of personality functioning ($\eta^2=.14$). Furthermore, personality functioning was a risk factor for an exacerbation of depressive symptoms. Conclusion: The results of the current study provide strong evidence for including assessments of personality functioning in non-clinical samples to deepen the understanding of related long-term mental health burden in the population. Clinical implications are discussed.

- **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 Ehrenthal, Sophia Heinzmann, Sebastian Burchert, Johannes Zimmermann, Christine Knaevelsrud
PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Background: While the benefit of using mental health apps still needs to be clarified, particularly apps with tracking features offer unprecedented possibilities to research intra- and interpersonal dynamics of personality and psychopathology. Since the introduction of the dimensional assessments of personality functioning (PF) in DSM-5 and ICD-11, a number of studies have established links between maladaptive personality functioning and transdiagnostic variables such as emotional regulation, dysfunctional beliefs, maladaptive schemas or interpersonal problems. 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 = 11,488 users of a mental health app were investigated over a period of one year. Besides a short measure of personality function, mood, daily situations as well as symptoms of depression were ambulatory assessed. Results: Dynamic structural equation models show substantial prospective associations of personality function with negative mood, negative life events and depressive episodes. In addition, personality function was able to predict maladaptive within-person dynamics between mood and daily situations. Conclusion: Both direct and indirect effects of personality function on the development and course of depression could be confirmed. Assessments of PF could therefore inform decisions concerning duration and centrality of of process-based interactional experiences, such as dialectical-behavioral, schema- or transference-focused therapy in the treatment of depression.

- **Levels of Personality Functioning and Treatment Outcome in Anxiety Disorders with Comorbid Personality Disorders**

Matthias Volz (Universität Kassel, Germany), Henning Schauenburg, Miriam Henkel, Cord Benecke, Johannes Ehrenthal
PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Background: Personality functioning is a core aspect of dimensional models of personality disorders in the DSM-5 Alternative Model of Personality Disorders as well as the upcoming ICD-11. While the construct is firmly established in research on psychopathology, studies in the context of psychotherapy, especially longer-term treatments, are comparably rare. Methods: Within the context of the multicentric longitudinal Anxiety and Personality Disorders (APD) study, which investigates patients with panic disorder and/or agoraphobia with comorbid personality disorder, a sub-sample of n = 77 patients of the study center Heidelberg was included for the analyses.

Personality functioning was assessed at baseline with the OPD-Structure Questionnaire (OPD-SQ) while general symptom-load was assessed in yearly intervals over three years using the global severity index of the SCL-90R (GSI). Linear mixed models were used to assess the influence of personality influence on longitudinal symptom load. Results: OPD-SQ values predicted GSI values at the respective time-points, even when controlling for several covariates. Further results will be presented on interaction effects as well as impact and change of sub-dimensions of personality functioning. Conclusion: Personality functioning is a relevant variable in psychopathology over time in longer-term psychotherapy. Further research is needed on mechanisms of change for personality functioning.

DISCUSSANT: Johannes Ehrental (Universität zu Köln, Germany)

KEYWORDS: Change process | Personality | Treatment process and outcome

PA61

PANEL

ORGANIZERS & MODERATORS:

Maartje v. Sonsbeek
Pro Persona Research, Netherlands

SATURDAY, JULY 9, 2022, 15:00–16:30 (MDT) | STURM 424

One Step at a Time – Implementation Strategies, Results, and Future Directions of Measurement-Based Care ⁽²⁸³⁾

ABSTRACT:

Measurement-based care, or the routine administration of measures, with clinician review of the feedback, discussion of the feedback with the client, and collaborative reevaluation of the treatment plan according to the feedback, can help to improve treatments. Although the effect of MBC in adult mental health care has been studied extensively, research concerning the effect of MBC in youth mental health care is scarce. Additionally, there are numerous implementation obstacles and actual use by mental health care providers is low. This panel aims to highlight research on MBC within youth mental health care. We first focus on the development of and preliminary experiences with a measurement feedback systems in a school based mental health intervention. Then we shift to the systematic identification and pilot testing of six implementation strategies to overcome MBC implementation obstacles in school mental health treatment. Lastly, we identify and describe efforts to overcome implementation obstacles in youth in general mental health care. We conclude with hypotheses and future directions to improve implementation and make mental health care providers proud of MBC.

PAPERS IN PANEL:

- **The MittEcho System: Developing and Testing a Measurement Feedback System (MFS) for the Prevention of Child Mental Health Problems in Schools**
Ida Mari Haug (UIT the Arctic University of Norway), Merete Saus, Marte Rye, The ECHO project group, Simon-Peter Neumer, Joshua Patras

PRESENTATION MODALITY: Livestream

PAPER ABSTRACT:

Measurement-based care (MBC) where one utilizes measurement feedback systems (MFS) to incorporate user or client feedback into mental health practice seems a promising method for increasing the effectiveness of treatment. Also among children and young this is an increasingly common practice within specialized care in Norway. However, less is known how this practice works in school based, indicated interventions in community first-line services for young people's mental health. Furthermore, several MFS already exists for use in clinical contexts, yet they may not meet the needs of the first line mental health services in the community or the children they meet. The MittEcho system is a newly developed tool for supporting MBC and can be adapted to different contexts and needs. Although the interventionists are trained in the use of MittEcho, little is known about their experiences using MBC in general, and the MittEcho system in particular. The present talk will therefore present preliminary results and experiences implementing a newly developed MFS in a school based mental health intervention in Norway. Interventionists' experiences implementing and using the MittEcho system are explored in semi-structured interviews, and their experiences and views on using this system in this context will be discussed. MFS, such as the MittEcho system, enable service providers to monitor and adapt interventions to better fit the needs of individuals over time. It is important that interventionists understand the utility of these tools to use them effectively.

- **Identifying and Testing Implementation Strategies to Promote Measurement Feedback System Uptake in Schools**

Elizabeth H. Connors (Yale University, USA)

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Schools are the most common setting for children and adolescents in the United States to receive mental health treatment. Although schools offer unparalleled access to treatment, there are unique barriers to implementing evidence-based practices and care quality is highly variable. Measurement-based care (MBC) offers tremendous opportunity to improve school mental health treatment quality for youth of all ages and presenting concerns. Measurement feedback systems (MFS) enable the clinician and patient to easily complete and immediately view results of patient-reported outcome data. Measurement feedback systems are particularly valuable in schools which often lack data systems. However, effective implementation strategies to promote measurement feedback system uptake in schools are not well known. This presentation will include results from two studies to 1) systematically identify and 2) pilot test implementation strategies to promote measurement-based care, including use of a measurement feedback system, in school mental health treatment. Study 1 used a modified Delphi technique with a national sample of N=52 stakeholders to identify the most feasible and important implementation strategies in the school mental health context. Study 2 pilot tested these strategies with N=10 practicing school mental health clinicians in two school districts to increase attitudes toward and use of a measurement feedback system with N=50 students. Qualitative feedback collected during monthly consultation expands quantitative findings to understand the unique measurement-based care barriers (e.g., limited clinician accountability for treatment goal setting or progress documentation) and value (e.g., sharing progress data in student intervention team meetings, parent engagement) in schools.

- **Feedback from Measurement-Based Care, the Stethoscope of the Mental Health Care Clinician?**

Maartje v. Sonsbeek (Pro Persona Research, Netherlands), Bea Tiemens, Giel Hutschemaekers, Jan Willem Veerman, Ad Vermulst

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

The stethoscope is the symbol of healthcare professionals and is worn with pride. Although feedback from measurement-based care (MBC) could be seen as the stethoscope of mental health care clinicians, clinicians do not seem to use it structurally or show it with pride. Correspondingly, implementation of feedback from MBC is challenging. First, we present the results of our efforts to improve the utility and use of feedback from MBC, by investigating the potential effective components of feedback from MBC in youth mental health care in the Netherlands. Second, we present the results of our study to overcome obstacles during the implementation of feedback from MBC. Last, we discuss hypothesis to move from challenges with implementing feedback from MBC to a sense of indispensability of feedback from MBC, proudly promoting the use of feedback from MBC, and ultimately seeing feedback from MBC as the symbol of the mental health care clinician.

- **OntrakHealth: Using AI-Infused Services to Deliver a Precision Mental Health System**

Leonard Bickman (Ontrak, Inc, USA)

PRESENTATION MODALITY: In Person

PAPER ABSTRACT:

Aim: To describe how a private sector company is using AI to augment mental health treatment. OntrakHealth focuses on individuals who have diagnosed and undiagnosed mental health problems comorbid with other medical issues. Eligible patients typically underuse mental health services but over-utilize other expensive medical care and are difficult for health plans to engage. OntrakHealth locates these individuals for health plans, recruits them into their service program and aims to reduce the costs to health plans while improving the patient's mental health. **Methods:** This is a system change project in which the system is being infused into every aspect of the patients' services journey. AI is being used to identify among thousands of patients those that will most likely engage in services, benefit from those services, and reduce unnecessary costs. After eligible patients are identified, AI is used to match both the type of appeal used in recruitment and the recruiter to maximize agreement to participate. A similar AI approach is used to match the patient to the optimal coach, who can provide 52 weeks of

services and a licensed mental health provider. The recordings of the evidence-based treatments are monitored for fidelity and sentiment and feedback is provided to coaches and providers to improve performance. Results: The studies are in progress and results will be described at the conference. Discussion: The use of AI to improve the efficiency and effectiveness of services in a private sector company offers the unusual opportunity to implement a fully integrated AI end-to-end system

KEYWORDS: Routine Outcome Monitoring | Other: measurement-based care, youth, school, implementation

SD15

STRUCTURED DISCUSSION

ORGANIZERS & MODERATORS:

Corina Aguilar-Raab
Heidelberg University, Germany

SATURDAY, JULY 9, 2022, 15:00–16:30 (MDT) | STURM 435

Contemplative Practices in Psychotherapy: Opportunities and Limitations of Their Application as Self-Care for Therapists and as Therapeutic Interventions in Different Therapy Approaches ⁽²⁸⁴⁾

ABSTRACT:

Contemplative practices in the context of psychotherapy are becoming increasingly popular: (1) These involve, on the one hand, secular mindfulness- or compassion-based group-programs that are usually disorder-specific. (2) On the other hand, contemplative practices are also occasionally used in the context of regular individual psychotherapy, i.e., individual exercises, such as breathing mindfulness, are specifically applied during a therapy session. Overall, the literature on efficacy suggests average mean effect sizes; current research endeavors are directed toward working mechanisms. (3) In addition, contemplative practices are also used by therapists for self-care without being explicitly incorporated into the therapeutic process. Often, then, the mediating effect is discussed in terms of strengthening the therapeutic alliance. The ability to react to subtle nuances of (critical) turning points in therapy in a determined manner can possibly be supported by such forms of self-reflexive practices. Empirical evidence to date is still in its infancy, but suggests not only positive effects on well-being of therapists, but also indirect positive effects on therapeutic outcome. In this structured discussion, we will present major findings referring to the three domains outlined above (contemplative programs, single application, self-care practice) and address critical limitations of the use of contemplative psychotherapeutic programs, such as those currently being highlighted in relation to meditation-related adverse effects. We will illustrate and discuss the application in the therapeutic process by means of a case study. Finally, we will encourage participants to engage in a lively discussion about the benefits and limitations of applications across therapy approaches.

DISCUSSANTS:

- Friederike Winter (Heidelberg University, Germany)
- Sebastián Medeiros (Pontificia Universidad Católica de Chile - Departamento de Psiquiatría)

KEYWORDS: Mindfulness-based intervention | Process and outcome | Psychotherapy integration | Other: Contemplative Practices, Compassion-based intervention, self-care of therapists

PRESENTATION MODALITY: Livestream

IS04

MEETING

SATURDAY, JULY 9, 2022, 15:00–16:30 (MDT) | STURM 490

Interest Section Meeting: Case Study ⁽²⁸⁵⁾

PRESENTATION MODALITY: In Person

Saturday, July 9, 2022, 17:00–18:30 (MDT)

IS05

MEETING

SATURDAY, JULY 9, 2022, 17:00–18:30 (MDT) | STURM 453

Interest Section Meeting: Complexity Science in Psychotherapy ⁽²⁸⁶⁾

PRESENTATION MODALITY: In Person

IS06

MEETING

SATURDAY, JULY 9, 2022, 17:00–18:30 (MDT) | STURM 454

Interest Section Meeting: Psychotherapy Research and the Climate Crisis (SPREDUCE) ⁽²⁸⁷⁾

ORGANIZERS & MODERATORS:

Friederike Winter
Heidelberg University, Germany

PRESENTATION MODALITY: Livestream

MI16

MEETING

SATURDAY, JULY 9, 2022, 17:00–18:30 (MDT) | STUDENT LOUNGE

Video Recordings for SPR Website ⁽²⁸⁸⁾

ORGANIZERS & MODERATORS:

Ueli Kramer
Institute of Psychotherapy, Lausanne,
Switzerland

Michał Mielimąka
Jagiellonian University Medical College,
Faculty of Medicine, Department of
Psychotherapy, Poland

PRESENTATION MODALITY: In Person

Saturday, July 9, 2022, 19:00–23:30 (MDT)

MI17

SOCIAL

SATURDAY, JULY 9, 2022, 19:00–23:30 (MDT) | WYNKOOP BREWERY CO.

Closing Banquet ⁽²⁸⁹⁾

PRESENTATION MODALITY: In Person

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