



# SPR 54th International Annual Meeting - Book Of Abstracts

Trinity College, Dublin, Ireland

Wed, June 21 - Sat, June 24, 2023

## **Conference Theme**

Rephrasing the social representation of  
Psychotherapy: An engagement with Public  
Mental Health

|                                       |                          |                          |
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# Book of Abstracts: Wednesday 21st

Wednesday, June 21st, 2023, **9:00 - 12:00 (IST)**

Pre-Conference Workshop

## **Assessment and intervention using EYME-Explore Your Meanings as a transdiagnostic immersive (VR) platform to increase self-awareness and reflective function**

Wednesday, June 21st, 9:00-12:00 - **Room: Emmet Theatre**

*Organizers & Moderators:* Guillem Feixas (Universitat Autònoma de Barcelona)

### **ABSTRACT:**

Self-schemas and sense of personal identity are key targets of psychological interventions of different orientations. However, the exploration and study of self and identity have proved to be elusive and methodologically complex. For three decades, we have been using the repertory grid technique (RGT), a complex assessment method both qualitative and quantitative in itself. Recently, we created EYME-Explore Your Meanings, a technological tool that overcomes all the barriers to RGT administration and analysis while providing a significant advance in its therapeutic potential. EYME begins with an automated interview eliciting the patient's views of self and others expressed in a data matrix which permits the computation of self-discrepancy and other measures of cognitive structure as well as cognitive conflicts in the construction of self and others. The multivariate analysis yields a 3D representation of the patient's schemas as applied to self and significant others. Then, with the use of a VR headset, patients have an immersive experience to reflect on the position of their self, ideal self, and significant others mapped according to their meaning system, and explore possibilities for change. EYME is devised as a coadjuvant tool for the psychotherapy process. It provides a pathway for self-exploration and self-discovery in which therapists can guide their patients to the full exploration of their potential growth.

In this workshop, after demonstrating EYME with participant volunteers, we will discuss how best to empirically study its outcomes and how to validate the clinical procedure described.

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Pre-Conference Workshop **CE**

## **Psychotherapy Skills that Work**

Wednesday, June 21st, 9:00-12:00 - **Room: Davis Theatre**

*Organizers & Moderators:* Clara E Hill (University of Maryland at College Park), John C Norcross (University of Scranton), Elizabeth N Williams (St Mary's College of Maryland), Robert Elliott (University of Strathclyde), Tohar Dolev-Amit (University of Haifa), Paul Peluso (Florida Atlantic University), Sarah Knox (Marquette University), Heidi Levitt (University of Massachusetts Boston), Dana Atzil-Slonim (Bar-Ilan University), Truls Ryum (Norwegian University of Science and Technology)

### **ABSTRACT:**

The morning pre-convention workshop will include eight presentations on psychotherapist skills that can be used across theoretical orientations: questions, empathic reflections, interpretations, advice/suggestions/recommendations, between session homework, paradoxical interventions, silence, and dyadic synchrony. For the most part, these skills involve micro-processes used by therapists within sessions to help clients make specific changes. Presenters will define the skill; provide a clinical description; and present the evidence for the immediate in-session, intermediate (post-session), and distal (end of treatment) outcomes (when enough evidence is available for each of these). The introduction will be 5 minutes, and then each presenter will have 15 minutes to present with five minutes for specific questions, and 15 minutes for general questions (conclusions will be saved for the semi-plenary).

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Pre-Conference Workshop

## **Insights into Patients' Everyday Life: Integrating EMA in Psychotherapy Contexts**

Wednesday, June 21st, 9:00-12:00 - **Room: Swift Theatre**

*Organizers & Moderators:* Mila Hall (Osnabrück University), Miriam I. Hehlmann (University of Trier), Javier Fernández Alvarez (Universität Bern)

### **ABSTRACT:**

Internet-based psychodynamic therapy (IPDT) and internet-based cognitive behavioural therapy (ICBT) are treatments that have shown effectiveness for adolescent depression. Internet-based treatments will probably have increased importance in future public mental health, as evidence of their effectiveness is growing. These treatments are accessible for a wider range of people because they are not restrained by geographical distance. Adolescents are often familiar with text-based communication via internet and some

troubled teenagers even prefer remote treatment format rather than face-to-face psychotherapy.

The two research groups represented in this panel have contributed to the evidence-base on IPDT and ICBT for adolescent depression. A recently published randomized controlled trial showed that IPDT is non-inferior to ICBT, with satisfactory rates for remission and response. These findings call for further analyses of important research questions for both treatments. What are the change mechanisms in these treatments? What works for whom? What contributed to the development of adolescent depression? How do adolescents experience the internet-based treatment?

The panel presents results from studies addressing the questions above. The first presentation will report the findings on adolescents' own ideas about the background to their depression. The second presentation will report results whether alliance predicts outcome in depressive symptoms session by session in IPDT and ICBT for adolescent depression, and whether this relationship is mediated by emotion regulation. The third presentation will report the results on predictors and moderators for IPDT and ICBT for adolescent depression. The fourth presentation will report findings on depressed adolescents' experiences and expectations of IPDT.

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#### Pre-Conference Workshop

### **Using the Mental Health Information Reporting Assistant (MHIRA) to evaluate and monitor patients during psychotherapy and other psychosocial interventions.**

**Wednesday, June 21st, 9:00-12:00 - Room: UI Chadhain**

*Organizers & Moderators:* Alex Behn (Pontificia Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality (MIDAP)), Marianne Cottin (Universidad Finis Terrae | Millennium Institute for Research in Depression and Personality (MIDAP)), Cristóbal Hernández (Universidad Adolfo Ibáñez | Millennium Institute for Research in Depression and Personality (MIDAP))

#### **ABSTRACT:**

"Electronic health records are a very useful tool for organizing patient files and are mostly used for administrative purposes. Evidence-based assessments can help structure clinical practice and support sound clinical decision-making before and during psychotherapy. However, often the workload associated with the use of psychometric instruments is high and special software can facilitate this process.

MHIRA (<https://mhira.app>) was developed to facilitate the use of evidence-based assessments to inform clinical practice minimizing the additional burden on clinicians. The software was developed together with clinicians from low- and middle-income countries and it is freely available as open source. As such, this workshop aims to introduce attendees to evidence based assessment in clinical practice and their technological implementation in an open source environment.

In this workshop, evidence-based assessment will be presented together with their implementation in MHIRA, a free and open source software.

The workshop will provide hands-on training on:

- Evidence-based assessment in clinical practice.
- Creating instruments in the 'xlsform' format (<https://xlsform.org>)
- Creating patient files.
- Planning and scheduling assessments for intakes and outcome monitoring.
- Generating automatic reports and clinical recommendations.

Our current experience shows that clinicians have different attitudes toward electronic tools in clinical practice. Therefore, the final part of the workshop will be an open discussion on benefits, barriers, and risks in the usage of such tools.

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Pre-Conference Workshop **CE**

## **Studying defense mechanisms using the Defense Mechanisms Rating Scale (DMRS) Family of measures: the observer-rated DMRS and DMRS-Q-Sort, and the self-report DMRS-SR-30: a hands-on learning experience.**

**Wednesday, June 21st, 9:00-12:00 - Room: Classroom 3074**

*Organizers & Moderators:* John Christopher Perry (Jewish General Hospital and McGill University), Mariagrazia Di Giuseppe (University of Rome Tor Vergata)

### **ABSTRACT:**

Defenses are automatic responses to stress and conflict, which underlie many psychological phenomena. Recent decades have seen a growing clinical interest and empirical study of defenses in psychopathology, psychotherapy, and epidemiology research. Defenses are arranged in a hierarchy related to their general level of adaptiveness, change in predictable ways over treatment, and serve as moment-to-moment change indicators in process research. Presently they can be studied using a related set of instruments, each of which is adaptable to specific clinical and research setting circumstances.

This workshop will introduce participants to the DMRS and its family of assessments. In the morning, Dr Perry will describe the features of the Defense Mechanism Rating Scales, the defense hierarchy of 7 levels, and demonstrate how to identify each of the 30 defenses using transcript material. In this process he will also give examples of how therapist responding to defenses can affect defensive functioning for better or worse.

In the afternoon Dr. Di Giuseppe will first introduce participants to the DMRS-Q-Sort, an observer-rated computerized assessment that can be used by coders with a modest amount of training. After this, Dr. Di Giuseppe will describe the DMRS-SR-30, a 30 item self-report inventory derived from the DMRS and DMRS-Q-Sort that requires less than 15 minutes to complete. It has been extensively studied in survey and clinical research and validated in various languages.

Participants will be given access to all instruments, related research articles, and programs for scoring.

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#### Pre-Conference Workshop

## Climate Crisis and Mental Health – How to Navigate Related Conflicts in our Clinical Practice?

Wednesday, June 21st, 9:00-12:00 - Room: Virtual

*Organizers & Moderators:* Friederike Winter (University Hospital Heidelberg)

Clara Paz (Universidad de Las Américas)

### **ABSTRACT:**

Reflecting on the climate crisis and allowing oneself to experience all related upcoming emotions can feel overwhelming and raise conflict in daily life. These emotions can come up explicitly or more implicitly in our clinical work. Activists try to bring and keep the climate crisis on the political agenda and underline the intersection of current crises. Their activism can make negative emotions more prominent and foster intra- & interpersonal conflicts. In our workshop, we would like to provide an overview of climate-crisis related emotions and conflicts that can be seen in our clinical practice. We would like to discuss with participants and our speaker, Kristina Eichel, how we can best take these up in therapy or counselling, since we, as therapists, are “in the same boat”. The climate crisis is a shared social reality for patients and therapists alike. How can we help patients and clients to cope with these conflicts without denying our own vulnerability? How can we strengthen resilience for those who engage in activism?

Furthermore, we will address our own roles as actors in a social system. Are we neutral observers to the individual effect of the climate crisis or are we active participants in societal change? In case of the latter, what is our societal contribution in and beyond



therapy? Together we will practice aspects of social mindfulness and discuss examples of professional activism. Case examples from participants are very welcome and we ask for a short email from you in advance.

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#### Pre-Conference Workshop

### **Studying session-by-session change in naturalistic therapy: An example using Rational Emotive Behavior Therapy plus scriptures**

Wednesday, June 21st, 9:00-12:00 - **Room: Virtual**

*Organizers & Moderators:* Stevan Lars Nielsen (Brigham Young University)

#### **ABSTRACT:**

Despite Albert Ellis's infamy as a critic of religion, Rational Emotive Behavior Therapists (REBTers) have studied and recommended use of religious and spiritual techniques (RSTs) in REBT for more than 50 years. Supported by a grant from the Templeton Foundation we were able to isolate outcomes from inclusion of scripture as an RST in REBT conducted with observant Latter-day Saint clients at our counseling center at Brigham Young University (BYU). Prior to intake we gathered demographic information, client ratings of their religious commitment, religious concerns, religious conflicts or stressors, and symptoms. Pretreatment symptoms were measured using the 45-item Outcome Questionnaire (OQ-45; Lambert et al., 2004), 10-item Clinical Outcomes in Routine Evaluation (CORE-10; Barkham et al., 2012), and Clinically Adaptive Multidimensional Outcome Survey (CAMOS; Sanders et al., 2017). We then gathered session-by-session symptom measures (OQ-45s, CORE-10s, and CAMOSes) and session-by-session coding by therapists of the theoretical orientation used, topics discussed, and interventions attempted. Analysis of results is still underway, but we have determined that after controlling for pretreatment OQ-45 scores, client ratings of religiosity and religious distress, each use of a Latter-day Saint scripture as an RST coded by therapists yielded a 1.34 point reduction in follow-up OQ-45 scores. The Training Director from the Albert Ellis Institute for REBT will present an overview of REBT theory and its history as a religion accommodative therapy. The principle investigator for the BYU Templeton research described above will describe the mechanics of measuring and coding REBT interventions and use of scriptures as REBT RSIs.

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#### Pre-Conference Workshop

### **Wisdom psychology and wisdom psychotherapy**

Wednesday, June 21st, 9:00-12:00 - **Room: Virtual**

*Organizers & Moderators:* Michael Linden (Charité University Medicine Berlin)

**ABSTRACT:**

Wisdom is a psychological capacity which helps to cope with „unsolvable“ problems and dilemmas in life, for example when going to be married or death of a beloved one, but also when making a decision whether to buy expensive bio-orange juice or a cheap no-name product. There are several subdimensions of wisdom like change of perspective, empathy, perception and acceptance of emotions, serenity and humor, knowledge of facts and procedures, contextualism, value relativism, uncertainty tolerance, long-term perspective, self distance and relativization of oneself, relativization of aspirations, forgiveness and forgetting the past.

Wisdom can help patients who are confronted with difficult situations in life. „Wisdom psychotherapy“ translates wisdom psychology into clinical psychology. Psychotherapy in general, and cognitive behavior therapy in particular provides ways to train such competencies. Additionally the method of „unsolvable life problems“ has been developed as specific therapeutic intervention. There is first evidence from scientific trials and clinical experience that this approach can increase wisdom capacities and help patients to overcome hurting experiences.

The workshop will give an introduction in wisdom psychology, and explain treatment strategies of wisdom psychotherapy. Goal is to inform psychotherapists how wisdom psychology can be used in the treatment of their patients.

[Linden M (2023) Embitterment, Posttraumatic Embitterment Disorder, and Wisdom Therapy. Hogrefe, Bern]

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**Pre-Conference Workshop**

**Attachment as common core in psychotherapy**

**Wednesday, June 21st, 9:00-12:00 - Room: Virtual**

*Organizers & Moderators:* Lisa Firestone (The Glendon Association)

**ABSTRACT:**

Loneliness, disconnection and trauma are serious problems contributing to negative mental health outcomes. In our post pandemic society these problems have been on the rise. This workshop will focus on the impact attachment-based psychotherapy interventions can have in addressing these pressing issues.

This workshop will draw upon the best evidence-based practices for improving mental health by exploring and transforming attachment orientations through creating and writing a coherent narrative. This process 1} helps alleviate loneliness, by improving one's ability to

create fulfilling connections to others, more internal security, and facilitating resolution of unresolved trauma. The tools provided in this workshop will help to bring to conscious awareness elements of traumas, that are not fully resolved. Research in interpersonal neurobiology demonstrates that when individuals write a coherent narrative, they actually rewire their brain to feel more secure within themselves and their relationships.

Exercises derived from the Adult Attachment Interview will be provided that help identify attachment adaptations and how they impact one's ability to form connections. Exercises for surfacing unresolved traumas and their triggers will be presented, as well as methods for resolving traumas and developing healthier strategies for regulating emotion. Participants will do the exercises to experience them and become more comfortable using them. Specific behavioral exercises and suggestions for activities will also be provided for repair based on each form of insecure attachment. The workshop will end with a discussion about how best to empirically validate the methodology of writing a coherent narrative for developing "earned" secure attachment.

**Wednesday, June 21st, 2023, 13:00 - 16:00 (IST)**

Pre-Conference Workshop

**CE**

## **Psychotherapy Methods that Work**

**Wednesday, June 21st, 13:00-16:00 - Room: Davis Theatre**

*Organizers & Moderators:* John C Norcross (University of Scranton), Clara E Hill (University of Maryland at College Park), Joshua K Swift (Idaho State University), Filippo Aschieri (Universita Cattolica del Sacro Cuore), Patricia T Spangler (United States Uniformed Health Services), Christoph Flückiger (University of Kassel), Iony Ezawa (University of Southern California), Kim de Jong (Leiden University), Antonio Pascual-Leone (University of Windsor), Jan Kamhpuis (University of Amsterdam)

### **ABSTRACT:**

The afternoon pre-convention workshop will include eight presentations on psychotherapist methods that can be used across theoretical orientations: role induction, collaborative assessment methods, dream work, strengths-based methods, cognitive restructuring, routine outcome monitoring, emotions-regulation, and chairwork. For the most part, these methods involve a number of skills presented as kind of a mini-package within sessions to accomplish a specific goal. Presenters will define the method; provide a clinical description; and then present the evidence for the immediate in-session, intermediate (post-session), and distal (end of treatment) outcomes (when enough evidence is available for each of these). The introduction will be 5 minutes, and then each presenter will have 15 minutes to

present with five minutes for specific questions, and 15 minutes for general questions (conclusions will be saved for the semi-plenary).

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#### Pre-Conference Workshop

## **Assessing Therapists' Nonverbal Coordination in Child Psychotherapy: Introducing a New Coding System for Research and Supervision**

**Wednesday, June 21st, 13:00-16:00 - Room: Swift Theatre**

*Organizers & Moderators:* Zeynep Catay (New School for Social Research), Sibel Halfon (Istanbul Bilgi University)

### **ABSTRACT:**

Nonverbal attunement is an essential component of early parent-child interactions contributing to self-regulation and various facets of socio-emotional development. Several studies point to the significance of nonverbal attunement and synchrony in adult psychotherapy. Despite the central role of body movement in child psychotherapy, there are no comprehensive yet practical tools to evaluate this dimension in the psychotherapy process. This workshop will introduce a new research and clinical tool titled Psychotherapist's Nonverbal Coordination Coding System, developed out of a collaborative research project between Istanbul Bilgi University and the New School at New York City. It is a video-based observation and rating system that evaluates how therapists coordinate their full-body movement qualities, use of space as well as their facial and vocal qualities to coordinate with the child. Gaining experience in this method enhances clinicians' abilities to observe, describe, evaluate and respond to nonverbal bodily communication within the session.

This coding system also provides a research tool to study the specific connections between verbal and nonverbal layers of therapeutic interaction and how each relates to process and outcome.

During the workshop, participants will practice aspects of the rating system using videotapes from the Mentalization Based Treatment for Children (MBT-C) RCT currently underway at Istanbul Bilgi University. Moreover, preliminary findings from this research project studying the relationship between therapist nonverbal coordination and children's symbolic play, affect regulation in the sessions and psychotherapy outcome will be presented. This tool's use in clinical supervision will also be elucidated with examples from a single case study.

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Pre-Conference Workshop **CE**

## **A Psychotherapy Case Formulation Method For More Personalized and Effective Clinical Practice, Research, and Training**

Wednesday, June 21st, 13:00-16:00 - **Room: UI Chadhain**

*Organizers & Moderators:* George Silberschatz (University of California SF), David Kealy (University of British Columbia), John Curtis (University of California SF)

### **ABSTRACT:**

The San Francisco Psychotherapy Research Group has employed a method for developing reliable case formulations, which has been used in research on the process and outcome of psychotherapy and in training psychotherapists. This personalized formulation approach has been applied to brief treatments as well as to longer-term therapies with children and adults. While initially developed to study psychodynamic psychotherapy, it has been used to formulate cognitive-behavioral, interpersonal, and family therapies. The approach does not focus on particular techniques or brands of therapy; rather, the emphasis is on more transtheoretical change processes. In addition to its research applications, it can be employed by the individual practitioner and as a tool for teaching. In this workshop, participants will learn the fundamental principles and methods of case formulation that have been developed by the SFPRG. New measures and templates developed to guide and inform the formulation process will be presented. In addition, procedures for developing and measuring reliability of formulations for research will be explicated. Psychotherapy transcripts and video excerpts will be employed to illustrate the formulation process. Participants will also be encouraged to apply the method and measures to their own cases. We will discuss how such personalized case formulations can facilitate more efficient and more effective treatments for a wide variety of patients.

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Pre-Conference Workshop

## **Clinician-delivered Algorithmically-Tailored Need-focused Single Session Interventions (CATAN-SSI): Overview and demonstration**

Wednesday, June 21st, 13:00-16:00 - **Room: Virtual**

*Organizers & Moderators:* Eshkol Rafaeli (Bar-Ilan University), Gal Lazarus (KU Leuven)

### **ABSTRACT:**

The well-documented treatment gap has led to various attempts of precision mental health, treatment personalization or treatment tailoring. But what should personalization be based

on? In past decades, diagnoses were the focus, and diagnosis-specific treatment protocols proliferated. With the acknowledgement of comorbidity and transdiagnostic similarities as rules rather than exceptions came the move towards transdiagnostic treatments – which, though quite powerful, are, in many ways, less tailored or precise. More recent clinical science developments eschew diagnoses, but retain the notion that symptoms are key. Yet this choice too may be constraining, as it remains focused on a descriptive surface level, and fails to pursue any process- or mechanism-oriented intervention targets (cf. Hofmann & Hayes, 2019).

This workshop presents an alternative personalization approach which goes beyond diagnoses or symptoms to attend to the dynamics of frustrated vs. fulfilled basic psychological needs and to the roles they play in the instigation of distress or behavioral impairment. Based on established integrative formulations of psychological needs (namely, Dweck, 2017; Young et al., 2003), we developed six need-focused single-session clinician-administered intervention modules. Our ongoing bi-national (US-Israel) project, CATAN-SSI, examines algorithmic tailoring of modules to treatment-seeking individuals based on pre-treatment data. In the workshop, we will provide an overview of this research project, demonstrate one module, and leave time to discuss the design and analysis considerations that guide the project, and in particular, our proposed analyses for examining change mechanisms

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#### Pre-Conference Workshop

### **Indian Traditional Methods for psychological problems, their effectiveness and to provide self-protection to everyone**

**Wednesday, June 21st, 13:00-16:00 - Room: Virtual**

*Organizers & Moderators:* Dr. Sudharani Basangari-Kaspret

#### **ABSTRACT:**

It explains effective Indian Traditional Methods and Techniques which were very effectively shown in the results of the clients, which are practicable for themselves. Even it protects from stress to balance everyone. In this workshop the exercises are managed in a certain way, so that the participants can learn and practice.

And Yoga Therapy helps for all levels of problems. It consists of wide variety of body types. Nowadays, Yoga is trendy around the world for a healthy life. The life balance is essential for everyone: With Asanas to balance mental, physical, and intellectual health etc. (see also

Fraweley, 2012). A version of a Streams of Yoga: Bhakti, Raja, Karma, and Jana. It is like an ocean. Psychiatrists also recommend mental illness Yoga and Relaxation technique for anti depressions (see, for example, Hüll, 2011 p. 152 ff.). With physical exercises, meditation can reduce stress and protects against mental and physical illnesses (De Mello & Nayak, 2015).

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### Pre-Conference Workshop

## Resilience Training for Mental Health Practitioners

Wednesday, June 21st, 13:00-16:00 - Room: Virtual

Organizers & Moderators: Ananya Sinha (Director, TherapHeal)

### ABSTRACT:

"It costs to care for others. Skovholt, Grier, and Hanson (2001) underlines the occupational hazard for members of a "high touch" profession, such as therapists, counselors, nurses, teachers, and social workers. Counselor burnout has been well documented (Lee, Cho, Kissinger, & Ogle, 2010). Burnout is described as a state of mental and emotional depletion coupled with physical exhaustion (Osborn, 2004) that results from high work demands and low job satisfaction (Lee et al., 2010).

This workshop will help mental health practitioners to help build resilience and to provide respite from the demands of their work.

Learning outcomes:

- Familiarised with the relation between burnout, vicarious trauma and resilience
- Familiarised with characteristics of highly resilient therapists
- Assessment of one's level of anxiety (resilience and burnout) using self-assessment tests
- Familiarised with the procedures and useful techniques of resilience-building
- Familiarised with ethical implications of burnout
- Familiarised with the techniques of managing burnout

An interactive and participative training framework will be used, including both individual and group-based activities, to familiarize participants with methods of addressing burnout and building resilience as a mental health practitioner. The workshop will use examples and case vignettes which will allow for both global/universal and local/contextual perspectives; along with videos, questionnaires, activity sheets and experiential exercises like buzz group activity, role play and facilitated group discussion. Additional resource materials and self-directed learning assignments will be provided to support continued professional development after the workshop. Region-specific information resource materials will also be provided.

Audience: Clinical Psychologists, counselors, mental health trainees

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#### Pre-Conference Workshop

### **When caring for others don't forget about yourself.**

### **Psychotherapists' self-care: research and practice.**

Wednesday, June 21st, 13:00 - 16:00 - **Room: Virtual**

*Organizers & Moderators:* Ana Nunes da Silva (Faculdade de Psicologia da Universidade de Lisboa)

#### **ABSTRACT:**

Considering this year call for submissions, what better focus than to think of the mental health and wellbeing of the psychotherapist. Regardless of the model used, since psychotherapy is a profession in which we work with human beings based on our own human being, and where a dimension of suffering is almost always present, the well-being of the psychotherapist can affect the practice of psychotherapy. If, on the one hand, there are several associated benefits, on the other, the motivations and characteristics that make us choose a profession in the helping relationship can, in themselves, also constitute risk factors. Given the importance of good clinical practice combined with the bidirectional character of the psychotherapeutic process, the various risks associated with the profession and the subsequent consequences manifested, it becomes essential to find strategies that allow a balance between the psychotherapist's personal and professional life.

The first part of this workshop will focus on sharing some results on the research on self-care, with psychotherapists and novice trainees. Some models and self-care measures will be presented. The concept of self-care in psychotherapists will be addressed, self-care as an ethical imperative, approaches to self-care and the main characteristics of strategies considered effective in the psychotherapeutic context, in an environment intended for personal and professional reflection. Also, the need for specific training on self-care strategies will be discussed.

The second part intends to be of a more experiential nature focusing on exploring self-care practices for psychotherapists and researchers of the audience.

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**Wednesday, June 21st, 2023, 17:00 - 17:45 (IST)**

#### Ceremony

### **Welcome Ceremony**

Wednesday, June 21st, 17:00-17:45 - **Room: Exam Hall**

*Organizers & Moderators:* Andrés Roussos (Universidad de Buenos Aires, CONICET),  
Ladislav Timulak (Trinity College)  
Welcome Words: Neville Cox, Registrar, Trinity College

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**Wednesday, June 21st, 2023, 17:45 - 18:45 (IST)**

Ceremony

**Presidential Address**

Wednesday, June 21st, 17:45-18:45 - **Room: Exam Hall**

*Organizers & Moderators:* Wolfgang Lutz (University of Trier)

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**Wednesday, June 21st, 2023, 18:45 - 19:30 (IST)**

Ceremony

**Awards Ceremony**

Wednesday, June 21st, 18:45-19:30 - **Room: Exam Hall**

*Organizers & Moderators:* Shelley McMain (University of Toronto)

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**Wednesday, June 21st, 2023, 19:30 - 22:00 (IST)**

Social

**Welcome Reception**

Wednesday, June 21st, 19:30-22:00 - **Room: East Dining Hall**

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**Book of Abstracts: Thursday 22nd**

**Thursday, June 22nd, 2023, 8:30 - 09:30 (IST)**

Panel

**Digital Mental Health: New Methods Aimed at Optimizing  
Treatments**

Thursday, June 22nd, 8.30-9.30 - **Room: JM Synge**



*Organizers & Moderators:* Thomas Berger (University of Bern)

*Discussants:* Markus Moessner (University of Heidelberg)

**ABSTRACT:**

During the last 20 years, many controlled trials have shown the efficacy of internet-delivered treatments for a wide range of clinical problems. However, there is room for improvement. This panel presents three papers on using new digital methods ultimately aimed at optimizing treatment outcomes.

The first study by Dajana Šipka uses a factorial design to identify the active ingredients of a multi-component internet-based cognitive-behavioral treatment for social anxiety disorder. Factorial experiments are still rare in traditional psychotherapy research. With the advent of internet-based treatments, the possibility of realizing factorial designs has improved because treatment components can be delivered standardized and controlled.

Another method that has gained importance in recent years is ecological momentary assessment (EMA). EMA provides benefits for the collection of real-time contextual data. EMA is still hardly used in psychotherapy because of challenges such as balancing information value with participant burden. The second presentation by Louisa Jagmetti et al. presents a study on developing an EMA of inter-session processes in psychotherapy for depression.

Another challenge of Internet-based interventions is to tailor them to patients' individual characteristics and needs. In the third presentation, Jeannette Brodbeck et al. will present the first results of a randomized controlled trial comparing the efficacy of a standardized and a self-tailored online self-help intervention for coping with grief after the loss of a spouse. Finally, Markus Moessner from the University of Heidelberg will discuss the presented papers.

- **Paper: Which cognitive-behavioral components work best in an internet-based treatment for Social Anxiety Disorder: preliminary results from a factorial trial**

**Main author:** Dajana Šipka (University of Bern)

*Co-authors:* Rodrigo Lopes, Jan Philipp Klein, Tobias Krieger, Thomas Berger

**ABSTRACT:**

Several controlled trials have demonstrated the efficacy of internet-based cognitive-behavioral treatment (CBT) for Social Anxiety Disorder (SAD). However, little is known about how these treatments work and what their active ingredients might be. The current study uses a factorial design to understand the main and interaction effects of four treatment components (i.e., psychoeducation, cognitive restructuring, attention training, and exposure) on treatment outcome. The randomized full factorial trial includes four experimental factors (treatment components), each evaluated at two levels (presence vs. absence), resulting in 16 conditions. A total of 464 adults with a primary diagnosis of SAD are randomized into one of the conditions. The primary outcome is symptoms of SAD at eight weeks (post-assessment). Secondary outcomes include symptoms of SAD at six

months (follow-up), depression and anxiety, quality of life, and adverse effects. This talk will present preliminary results on the main and interaction effects of CBT components on treatment outcomes and thus discuss hypotheses on which combinations of the four CBT components work on symptoms of SAD and other outcomes.

- **Paper: Developing an ecological momentary assessment tool for inter-session processes in psychotherapy recipients: Considerations of feasibility, acceptability and validity from a pilot study**

**Main author:** *Louisa Jagmetti (University of Zurich)*

**Co-authors:** *Marie Drüge, Thomas Munder, Birgit Witzke*

**ABSTRACT:**

**Introduction:** Ecological momentary assessment (EMA) provides well documented benefits for the collection of real-time, contextually valuable data while overcoming certain limitations of traditionally employed, retrospective techniques. Previous EMA studies underscore the significance and challenges of EMA-development to yield accurate and valid data, particularly while balancing information value with participant burden. The present study aimed to address these issues during development of an EMA of symptoms, impactful life experiences and inter-session processes for psychotherapy recipients with depression.

**Method:** This pilot study consisted of two phases, both utilising cognitive interviews with psychotherapy recipients (N = 10). Phase one assessed participants' understanding and interpretation of each item in the tool, phase two experiences with content and design after completing the EMA tool for one week (time-sampling design with two randomised, daily prompts via smartphone). Participants' interview responses were summarised thematically and aggregated (cognitive interviewing analysis framework) after each phase to improve the tool.

**Results:** EMA content and design were refined, including item wording, item distribution (particularly explicitly negative items) and interface-design (such as anchorage of response sliders) to produce the final 17-item tool. Participant reports suggest item understanding and tool acceptance with a 96% completion rate in phase two.

**Discussion:** Conducting a two-phase pilot study using cognitive interviewing addressed certain challenges in the EMA design process to generate a tool improved in feasibility, acceptance and validity. Limitations, the importance of thorough psychometric property testing and the need for systematic recommendations regarding EMA tool development for specific contexts such as psychotherapy-process-monitoring will be discussed.

- **Paper: SOLENA – Comparison of a standardized and a self-tailored delivery format of an online intervention for coping with grief after the loss of a spouse.**

**Main author:** *Jeannette Brodbeck (University of Applied Sciences and Arts Northwestern Switzerland)*

**Co-authors:** *Sarah Madörin, Sofia Jacinto, Bettina Mooser, Tobias Krieger, Thomas Berger*

**ABSTRACT:**

Online self-help interventions for coping with prolonged grief have established their efficacy. The aim of this study is to compare the efficacy of a standardised and a self-tailored delivery

format of the online self-help program SOLENA for supporting the grief process of older adults who recently lost their partner. At least 85 mourners will take part in a three-arm randomised controlled trial consisting of a standardised arm, a self-tailored arm, and a waitlist control group. Primary outcome is grief and secondary outcomes are depression and loneliness. Moderators include time since loss and age, potential mediators are working alliance, matching of needs and provided content, as well as gains in self-esteem, mastery experiences and insight. By December 22, 36 participants have been included in the trial. Average time since loss are six months. First results will be presented on the overall efficacy and the comparison of the standardised and self-tailored delivery format. Findings will extend the existing knowledge by a) examining whether the efficacy of online grief interventions can be increased by providing a self-tailored version, in which the users can choose the content which is relevant for them and which best fits their current needs; and b) by including mourners who recently lost their spouse and analysing time since loss as a moderator for treatment outcome.

#### Panel

### **Affective regulation, reflective functioning and interventions focused on structural personality deficits during moments of rupture and repair attempts**

**Thursday, June 22nd, 8.30-9:30 - Room: Emmet Theatre**

*Organizers & Moderators:* Carolina Altimir (Universidad Alberto Hurtado | Millenium Institute for Research in Depression and Personality)

*Discussants:* Carolina Altimir (Universidad Alberto Hurtado | Millenium Institute of Research on Depression and Personality), Cecilia De la Cerda (Universidad de Playa Ancha | Millenium Institute for Research on Depression and Personality), Elyna Gomez-Barris (Pontificia Universidad Católica de Chile | Millenium Institute of Research on Depression and Personality)

#### **ABSTRACT:**

Background: There is increasing consensus for the need to deliver effective psychotherapies that respond to patients' specific psychopathological configurations, presenting problems, and sociocultural contexts. This is of relevance in Latin American countries, where mental health services have high care demands and limited resources. A focus on transdiagnostic and person-centered approaches to understanding psychopathology and personality can contribute to formulating clinical interventions adequate to patients' particular needs. An approach that integrates the understanding of different domains of psychological functioning can contribute to more precise clinical formulations that consider the particularities of psychotherapeutic processes with patients of different levels of functioning.

**Aim:** To articulate three domains of psychological functioning in the understanding of a brief psychodynamic therapy process of a patient with a low level of structural integration. The deployment of the domains of affective regulation, reflective functioning, and interventions focused on structural personality deficits during moments of rupture and repair attempts will be analyzed. A comparison will be made between the domains observed as therapy takes place and therapist's retrospective account of the process.

**Method:** All ruptures and repair attempts identified throughout the therapeutic process, as well as therapist's retrospective review of session events, will be analyzed, using qualitative and quantitative methods, based on the domain of interest: affect regulation, reflective function, and interventions focused on structural deficits.

**Results:** Findings will contribute to the discussion about the usefulness of integrating transdiagnostic clinical concepts for the better understanding and treatment of patients with particular psychopathological characteristics and needs in high-demand settings.

- **Paper: Patient-therapist facial-affective regulation and therapist's retrospective account of his interventions within ruptures and resolutions of the alliance in a brief psychodynamic psychotherapy.**

**Main author:** *Pedro Arévalo (Pontificia Universidad Católica de Chile)*

**Co-authors:** *Carolina Altimir, Cecilia De LaCerde, Elyna Gomez-Barris*

**ABSTRACT:**

**Background:** Ruptures and repair attempts are significant in-session events where patient and therapist's characteristic patterns of functioning are displayed. Within this process, both patient and therapist deploy their respective mechanisms of self and interactive affect regulation, influencing therapist's interventions and attempts at addressing ruptures and patient's responses to them. This, in turn, is associated with the patient's psychopathological status and level of psychological functioning.

**Aim:** To identify patient and therapist's facial markers of affect regulation within ruptures and resolution strategies in a brief psychodynamic therapy of a client with low level of structural integration; and establish associations with the therapist's subjective experience during these events, reconstructed retrospectively.

**Method:** All 17 videotaped sessions of a brief psychodynamic therapy with a female adult patient and male therapist were subjected to the Rupture Resolution Rating System. Ten ruptures and 12 resolution strategies were identified and both participants' facial-affective behavior within these events was coded with FACS. Statistical nested analysis was carried out to establish associations between participants' facial-affective behavior and rupture-resolution strategies events. After therapy termination, videotaped events were reviewed by the therapist using Interpersonal Process Recall interviews and their transcripts were analyzed using Grounded Theory

**Results:** Therapist's experience of ruptures and resolution strategies, and the consequent interventions, show coherence with participants' facial expression of affect regulation, as well as with patient's structural level of functioning.

**Discussion:** Results are discussed based on the integration with the observed mentalizing interactions and therapist's interventions oriented towards patient structural functioning."

- **Paper: Relationship between the quality of patient and therapist's reflective function during rupture and resolution strategy events and the quality of therapist's mentalization during retrospective interviews, in a brief psychodynamic psychotherapy.**

**Main author:** *Cecilia De LaCerde (Universidad de Playa Ancha | Millenium Institute of Research on Depression and Personality (MIDAP))*

**Co-authors:** *Carolina Altimir, Elyna Gomez-Barris*

**ABSTRACT:**

**Background:** During moments of the therapeutic process with greater emotional intensity, such as impasses between therapist and patient, fluctuations in the reflective capacity of both have been observed. It is hypothesized that as arousal increases, mentalizing capacity decreases and other implicit and non-verbal regulation strategies are used.

**Aim:** To understand the relationship between the reflective capacity of patient and therapist and the process of affect regulation expressed through facial behavior during alliance ruptures and their attempts at resolution. Complementary, to compare the therapist's reflective functioning during such episodes (FR in situ) with the reflective functioning evidenced in later interviews (retrospective FR).

**Method:** The design used was cross-sectional, with the aim of identifying reflective functioning manifestations for patients and therapists in the psychotherapeutic interaction and in the retrospective therapist interviews. All segments were transcribed and the Reflective Functioning Scale was applied to them.

**Results:** The main results are presented, as well as those related to the different mentalizing moments of the therapist. The relationships with the facial characteristics of affect regulation observed in session are discussed.

**Discussion:** This study applies an observation of mentalizing procedurally, emphasizing its role in interactive regulation that allows the patient and the therapist to think together, considering their own mental states and those of the other, particularly in episodes of rupture of the therapeutic alliance and attempts at resolution. In relation to the therapist's RF in the retrospective interviews, the importance of elaborating emotionally intense moments in a subsequent and accompanied manner is evident.

- **Paper: Interventions focusing on structural personality functioning deficits within events of rupture and resolution**

**Main author:** *Natalia Hanckes (Pontificia Universidad Católica de Chile)*

**Co-authors:** *Elyna Gomez-Barris, Nelson Valdés, Carolina Altimir, Cecilia De LaCerde, Catalina Barriga*

**ABSTRACT:**

In the field of personality psychopathology, the need to focus on structural deficits at the base of difficult areas of functioning beyond categorical diagnosis has become increasingly relevant. This approach requires flexible therapeutic tools adapted to the structural deficit profiles of patients. The Operational System of Clinical Tools Based on Structure-Oriented Psychotherapy is a system of psychotherapeutic tools of theoretical and empirical origin (Therapeutic Principles, Guidelines, and Interventions) to work focally with patients with

different severity profiles of structural deficits. This approach allows the flexibility required when working in mental health services with high care pressure and scarce resources, as is the case in Latin America and, at a micro level, when therapeutic processes become more complex, such as in events of rupture of the therapeutic alliance in ""difficult"" patients.

Aim: To identify and characterize, in a psychotherapy process interventions focusing on structure, in moments of rupture and resolution and in a retrospective interview with the therapist.

Method: Seventeen audio-videotaped psychotherapy sessions were observed, events of rupture and resolution were delimited and interventions with a focus on structure were identified for their characterization. In addition, therapeutic guidelines were identified in retrospective interviews with the therapist.

Results: Different guidelines and interventions with a focus on structure during rupture and resolution events were identified and characterized

Discussion: Results are discussed, relating the characteristics of the guidelines and structure-focused interventions identified to the adaptations that may be required for impasse resolution techniques in complex patients, and the mentalizing interactions of patient and therapist."

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## Panel

### Emotional change in psychotherapy

Thursday, June 22nd, 8.30-9:30 - Room: Davis Theatre

Organizers & Moderators: Ueli Kramer (University of Lausanne)

Discussants: Ladislav Timulak (Trinity College)

#### ABSTRACT:

Changes in emotions may be observed in a variety of psychotherapies, but are specifically targeted in treatments that focus on emotion. The present symposium brings together a variety of emotion-focused approaches and studies facets of change as process and outcome of psychotherapy. The first presentation will focus on emotional changes in family treatments focused on emotion. The second presentation will discuss parent-young adult interaction in a minority context, in relationship with reflective functioning, and the third presentation will show effectiveness of emotion-focused therapy in real-world environments.

- **Paper: Emotion Focused Skills Training for parents of children with mental health problems is effective, but how does it work?**

*Main author: Nadia Ansar (University of Oslo)*

*Co-authors: Helene A. Nissen Lie, Jan Reidar Stiegler*

#### ABSTRACT:



Objective: Emotion-Focused Skills Training (EFST) is a short-term, transdiagnostic parental intervention based on humanistic and emotion-focused principles. While studies have demonstrated the efficacy of EFST in alleviating child mental health symptoms, the mechanisms by which this happens is less clear. Thus, the present study investigates whether program participation leads to improvements in the parents' own mental health, emotion regulation, and self-efficacy, and whether improvements in parent outcomes mediates the effects on children's mental health. Methods: A sample of 313 parents (Mage=40.5, 75.1% mothers, 95.8% Caucasian) of 236 children with mental health difficulties within the clinical range (N=236, ages 6–13, 60.6% boys) and their teachers (N=113, 82% female) were included. All parents received two-days group training and six hours of individual supervision. Participants were assessed at baseline, post-intervention, and 4-, 8- and 12-months follow-up. Analyses were conducted using multilevel growth curve modeling and cross-lagged panel models. Results: Parents' mental health, emotion regulation, and self-efficacy improved significantly over time with large effects (drange0.6–1.1,  $ps<.001$ ), with fathers benefitting more than mothers in terms of emotion regulation and self-efficacy ( $ps<.05$ ). Indirect effects of child symptoms on parental mental health, emotion regulation, and self-efficacy were found, with strongest associations from child symptoms at post-intervention to parent outcomes at 1 year's follow-up ( $\beta$ range0.30–0.59,  $ps<.05$ ). Additionally, bidirectional associations were observed between children's mental health symptoms and parental self-efficacy ( $\beta$ range0.13–0.30,  $ps<.05$ ). Conclusion: This study provides support for the effect of EFST on parent outcomes and the reciprocal relationship between children's mental health and parental change.

- **Paper: Emotional arousal and reflective functioning**

**Main author: Yotam Strifler (Ben-Gurion University of the Negev)**

*Co-authors: Gary M. Diamond*

**ABSTRACT:**

"Introduction: Reflective functioning, or the ability to consider another's mental states, including thoughts and feelings, is essential to forming and maintaining good interpersonal relationships. In this study, we examined the impact of parents' emotional arousal of negative emotions on their ability to reflect on their young adult's experience of rejection in the context of attachment-based family therapy (ABFT) for sexual and gender minorities and their nonaccepting parents.

Methods: Videotapes from six cases of ABFT were coded for parents' reflective functioning regarding their young adult's experience of nonacceptance and for level of parents' emotional arousal. Parents' reflectivity and emotional arousal were independently measured at 30 second intervals, using an adapted version of the Reflective Functioning Scale and Client Emotional Arousal Scale.

Results: 300 segments of 30 seconds each received scores for both reflective functioning and emotional arousal. We found that both parental reflectivity and emotional arousal can reliably be measured at the level of 30-second intervals, with an ICC of .7. Hierarchal linear modeling was used to estimate the Fluctuation of Reflective functioning scores as a function of Emotional. We found a significant curvilinear association between RF and EA.

Discussion: Our findings suggest that moderate levels of emotional arousal predicted higher levels of parents' reflective functioning than high or low levels of emotional arousal. It is suggested that when parents were emotionally engaged but somewhat regulated (moderately aroused), they were better at reflecting about their young adult's experience of feeling rejected than when they were highly aroused or under aroused.

- **Paper: The Swiss/German Practitioner-Researcher Network Study on Emotion-Focused Therapy (EFT): Design and first results**

**Main author: José Luis Blanco Machinea (University of Lausanne)**

*Co-authors: Ines Culina, Catalina Woldarsky Meneses, Marielle Sutter, Lars Auszra, Imke Herrmann, Martin grosse Holtforth, Julian Rubel, Ueli Kramer*

**ABSTRACT:**

Background: Emotion-Focused Therapy (EFT) has proven its efficacy in several controlled studies, but despite the evidence focusing on outcome and process in the context of EFT, only a few studies have been conducted exploring its effectiveness in routine clinical practice. The aim of the current research is to demonstrate clinical effectiveness of EFT in a naturalistic setting. Method: A Practitioner-Researcher Network (PRN; Castonguay et al., 2013) has been established. Participants are treatment-seeking individuals. Currently, N = 69 participants and N = 25 therapists have been included, N = 40 participants have completed the assessment and recruitment is still ongoing; the study treatment comprises 20 sessions. Primary outcome is the CORE-OM (Barkham et al., 2010), a self-report questionnaire measuring symptom distress sent after the first and last session of therapy, as well as at follow-up. Additionally, after each therapy session, participants receive the brief CORE-OM and a brief version of the Bern post-session assessment (Altenstein et al., unpublished). Secondary outcome include the Beck Depression Inventory-II (BDI-II, Beck et al., 1996), the Inventory of Interpersonal Problems (IIP-32, Horowitz et al., 1987) and the Social Adjustment Scale (WSAS; Mundt et al., 2002). Results: First results include a significant decrease in BDI-II scores in pre-post effects. Additionally, we will analyze session-by-session changes and the results of this analysis will be presented. Discussion: The main implications of the study's naturalistic design are the contribution to the further improvement of EFT effectiveness as well as the opportunity to identify new central processes explaining therapeutic change.

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**Panel**

## **Culture sensitive psychotherapy training in Israel and In Korea**

**Thursday, June 22nd, 8.30-9:30 - Room: Swift Theatre**

*Organizers & Moderators: Gaby Shefler (Achva Academic College, Hebrew University of Jerusalem)*

*Discussants: Clara Hill (University of Maryland)*

**ABSTRACT:**

Culture sensitive psychology has several meanings. On one hand it reflects the trend of nonwestern culture minorities and cultures to adopt [psychotherapy and psychotherapy training

On the other hand, it means also presenting psychotherapy, identified with western cultures to different cultures, for the benefit of communities and individuals.

These two meanings will be presented in the pane:

From Israel, a multi-cultural country with several cultures including conflicts between themselves, we will present a program for multi-cultural, cultural sensitive training program for clinical psychologists, and from Korea, where western psychotherapy is introduced to the local culture, by representatives that studied abroad and come back to Korea to inseminate their knowledge.

Prof. Clara Hill generously agree to discuss the presentation and will share with us her understanding and insights .

- **Paper: Culture sensitive clinical psychology training program in Achva Academic College Israel**

*Main author: Gaby Shefler (Achva Academic College, Hebrew University of Jerusalem)*

*Co-authors: Nehama Hacoheh, Wissam Maree, Jonathan Guez*

**ABSTRACT:**

Israel is multi-cultural society. Due to demographic changes, political conditions and migration, cultural minorities grew up to substantial groups in the Israeli society.

Ultraorthodox Jews, (with many sub groups) Arabs, (in big variety: Muslims, Christians, Bedouins, Druze and Cherquesians), Ethiopian and Russians Jews.

All these different groups share a common factor: mental health issues and psychotherapy in specific are unaccepted in these groups in spite of their growing needs, and their integration with the general western society.

Our program for culture sensitive clinical psychology aims to increase the number of students from these groups in order to increase the number of clinical psychologists from these different cultural groups.

In the first part of the presentation, we will present the program, its uniqueness and challenges in achieving our goals.

In the second part we will present preliminary results of our follow-up qualitative study. Ten of our graduates were interviewed and asked how they conceptualized cultural sensitivity, their own perception of the program and the cultural perspective on themselves as well as on their colleagues. We also aim to evaluate their cultural diversity awareness, and locate prejudices and biases they experienced during their professional development whether towards them from other students, professors or their own patients, and vis-versa, they towards others.

- **Paper: A CQR-M Study on the Experience of 'Counseling Practice Based on Counselors, Clients, and Observers' of undergraduate Students in Counseling psychology practice class**

**Main author: Heejin Kim (Duksung Women's University, Seoul)**

*Co-authors: Ye-jin Ryu, You-Jung Kim, Eun-sol Ko, Eunsun Joo*

**ABSTRACT:**

With the growing demand for counseling psychologists in Korea, there is a growing awareness for the need of systematic training courses in the undergraduate programs to provide professional counseling. The experience of counseling practice is important in that counseling is a practical study. As one of the representative practices, 'counselor-client-observer role play' promote dynamic introspection that can develop counseling capability, confidence, and empathy skills through free feedback from colleagues. This study attempts to vividly analyze students' introspection experiences on the 'counselor-client-observer role play' practice through their self-reports. The participants of this study were 12 undergraduate students in psychology program at a women's university in Seoul, who took counseling psychology practice class. The participants teamed up in groups of three and took turns serving as counselors, clients, and observers. A total of 10 sessions were conducted once a week from September to December, 2022 and the introspection self-report for each session was prepared from the counselor's point of view. The collected introspection reports are analyzed as CQR-M. The research team expects that the 'counselor-client-observer practice', to help in obtaining active peer feedback, check one's attitude and skills as a counselor, and promote 'personal and professional introspection'. In particular, the objective perspective brought by the role-playing method with observers is expected to aid in the promotion of introspection. Based on the results we aim to propose a systematic counseling practice direction for the efficient training of undergraduate students majoring in counseling psychology.

- **Paper: Using Felt sense for training novice counselors in Korea**

**Main author: Junhee Cho (Duksung Women's University, Seoul)**

*Co-authors: Eunsun Joo*

**ABSTRACT:**

A recent study of novice counselors, Peace(2020), focused on "felt sense" as a way to help novice counselors stay therapeutically present in North America. Based on Peace(2022) study, this study explores the felt sense experience of Korean novice counselors and how they use felt information in counseling sessions. Participants includes nine individuals with either less than three years of counseling or are in masters degree programs in psychology. Participants were interviewed twice about felt sense experience and completed a journal of felt sense experiences. The data were analyzed using phenomenological methods. The researchers read raw data repeatedly to avoid biases associated with researcher's perception and used the hermeneutic circle methodology. Results show that Korean novice counselor contacted the "concern about relationships with client" and it led to "bodily instinctive responses", "resistance and hesitation in experiencing felt sense", "ethical consideration that prioritizes the client's interests", "an encounter with real self" and "deeper understanding about the therapeutic process". This study and Peace(2020) study share a common finding that novice counselors seem to relate their felt sense to clinical intuition and relational barometer through understanding innate instincts and body awareness. In contrast, this study differs from Peace(2020) study in that the relational context in felt sense

and consideration of Korean ethics are emphasized. Finally, the limitations and implications for Korean counselor education and how to use felt sense in counseling sessions were discussed.

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## Panel

### **Research contributions to psychotherapy with trans\* and gender nonconforming people (TGNC)**

Thursday, June 22nd, 8.30-9:30 - Room: UI Chadhain

*Organizers & Moderators:* Claudio Martinez (Universidad Diego Portales)

*Discussants:* Heidi Levitt (University of Massachusetts Boston)

#### **ABSTRACT:**

The practice of psychotherapy with trans\* and gender nonconforming (TGNC) patients is thought to be a space that is sensitive to the processes of gender affirmation. These processes are part of their life trajectories and involve their relationship with themselves, their bodies and their families. From this perspective, psychotherapy with TGNC patients regards specific goals and approaches that have been called as a cultural competence. In order to think in the development of a cultural competent psychotherapy with these patients, this panel gather three qualitative researches that constitutes approaches to this enterprise. The first one by means qualitative interviews with eight TGNC patients describes different aspects that should be considered when doing competent psychotherapy. The second, presents a study about bodily experience of TGNC people using art-based technique that could be applied in psychotherapy with this population. And the third by means the observation of two family therapy processes shows the way in which therapy contributes to change some interactional patterns that sustain rejecting and ambivalent behaviors from parents to their TGNC adolescents offsprings.

- **Paper: Psychotherapy experiences of TGNC patients: A qualitative study.**

*Main author: Alemka Tomicic (Universidad Diego Portales and Millennium Institute for Research in Depression and Personality)*

*Co-authors: Claudio Martinez, Katherine Guerrero, Fernanda Abarca*

#### **ABSTRACT:**

Background: Research suggests the need for deeper knowledge about specific aspects of psychotherapy with trans and gender nonconforming (TGNC) patients. Among others, knowledge about barriers to access to psychotherapeutic care, attitudes towards psychotherapy, the inclusion of the bodily dimension, therapists' attitudes and their effect on the supportive relationship.

Aim: To describe aspects that are part of sensitive and competent psychotherapies with TGNC patients, based on the experiences of patients who are or have attended psychotherapy.

Method: Qualitative interviews with eight TGNC patients who have attended or are attending psychotherapy are analyzed using the coding processes proposed by Grounded Theory and using the dimensions of the Generic Model of Psychotherapy as foci of analysis.

Results: Specific aspects mentioned by patients related to the social context, the psychotherapeutic process and the consequences of psychotherapy in their lives are presented. The patients' reference to gender identity and the bodily dimension in the therapeutic conversation is focused on.

Discussion: The generic and specific aspects of conducting psychotherapy with TGNC patients and the competencies that psychotherapists should develop to improve psychotherapeutic practice with this population are discussed.

- **Paper: Application of the Body-Mapping Technique for the Psychological Understanding of the Body Experience of Trans and Gender Nonconforming (TGNC) People.**

**Main author:** *Claudio Martinez (Universidad Diego Portales and Millenium Institute for Research in Depression and Personality)*

**Co-authors:** *Maria Isabel Gaete, Mariana Castillo-Hermosilla, Felipe Concha, Isidora Paiva-Mack, Alemka Tomicic, Francisca Avilés*

**ABSTRACT:**

TGNC people suffer a double trauma in the development of their gender identity: gender trauma, due to body discordance, and everyday trauma due to rejection and violence. The traumatic effects of stigmatization and discrimination have been widely studied, but not those related to body discordance. Specifically, the difficulty to articulate with words this discordance hinders the affirmation of a nuclear aspect in TGNC people and of significant clinical relevance.

Aim: The purpose of the study is to understand the bodily experience of TGNC people, from a phenomenological perspective and beyond the aesthetic or biological aspects, using the body mapping technique to explore the implicit and pre-reflexive bodily cues of the experience of discordance between the felt body and the objective body that opens a space to which words do not have easy access.

Method: A Body Mapping protocol, specially designed for trans population, was applied to seven male trans persons. Qualitative data were analyzed from an epistemological framework based on body phenomenology and using art-based research tools.

Results: Results are presented on the experiences of body discordance that integrate perceptual aspects with aspects of the intercorporeal aesthetic resonance of the researchers as participant observers.

Discussion: We discuss the contribution of the body-mapping technique in facilitating the expression of body discordance experiences in TGNC individuals and its usefulness as a tool to support traditional psychotherapeutic work with this population.

- **Paper: Family Therapy and Interactional Patterns in Families with Transgender youth**

**Main author:** *Christian Spuler (Universidad Diego Portales and Millenium Institute for Research in Depression and Personality)*

*Co-authors: Alemka Tomicic*

**ABSTRACT:**

**BACKGROUND:** Fathers and mothers are important in the lives of transgender adolescents and their transition process. This mean into behaviors of acceptance (love and care), rejection (unconcern and violence) and negative neutrality (ambivalence) that impact positively or negatively on their mental health. Family therapy research has neglected the production of complex knowledge, for example, the study of interactional patterns that support behaviors of rejection, parental acceptance and negative neutrality and their effects on the overall dynamics of the family. **AIM:** To describe family therapy with transgender adolescents and its contribution to the transformation of interactional patterns that sustain rejecting and negative neutrality behaviors and the promotion of interactional patterns that sustain affirmative behaviors between parents and transgender adolescents. **METHOD:** Qualitative research design informed by Grounded Theory contemplated the study in two family therapy processes. Both were videotaped and transcribed in their entirety. After the development of an Observational Matrix of Interactional Patterns (MPI) used as a guide in the treatment of the audiovisual material, the treatment of the textual data was carried out via coding (open, axial and selective). Data were triangulated with external researchers. **RESULTS:** We preliminarily identified interactional patterns underlying behaviors of rejection, acceptance and negative neutrality towards transgender sons and daughters that are organized in different explanatory categories and in different moments of family therapy sessions.

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**Panel**

## **Experiences of Transitioning to Teletherapy**

**Thursday, June 22nd, 8.30-9:30 - Room: Classroom 3106**

*Organizers & Moderators:* Barbara Vivino (The Psychotherapy Group)

*Discussants:* Vera Bekes (Yeshiva University)

**ABSTRACT:**

The use of telepsychotherapy and telesupervision increased suddenly during the pandemic, however, there is growing evidence that it is here to stay - likely alongside in-person services. This panel explores the experience of transitioning to teletherapy for therapists and patients and the impact of this transition on therapists' needs. Specifically, this group of papers will focus on therapists' needs before and during the pandemic; patients' long-term experiences of transitions to telepsychotherapy and back to the office; and a description and analysis of how the pandemic influenced therapists' clinical practices and their relationships with patients using a combined quantitative and qualitative approach. Implications for practice, training and research will be explored.

- **Paper: Survey of Therapist Needs Prior to COVID-19 and During COVID-19**  
*Main author: Barbara Vivino (Independent Practice, Berkeley, CA)*



*Co-authors: Patricia Spangler, Barbara J Thompson, Clara E Hill*

**ABSTRACT:**

The COVID-19 pandemic profoundly affected how therapists conduct psychotherapy. Most psychotherapists transitioned from in-person to telehealth sessions in compliance with CDC recommendations to implement physical distancing guidelines. This study was a cross-sectional survey of psychotherapists' perceived needs, what resources they accessed to meet those needs, how they accessed them, and what barriers they encountered prior to the COVID 19 pandemic and during the pandemic. A survey was conducted of practicing psychotherapists in the United States during the months of August 2020 to February 2021, with the majority of respondents completing the survey in August 2020. In this sample of 162 mental health professionals, 68% started providing telehealth for the first time, and 65% changed to telehealth only.

Results indicated that therapists' perceived needs significantly increased during the pandemic from their perceived needs prior to the pandemic. Therapists reported feeling more emotionally drained by their clients and struggled more with balancing professional and personal demands. Older and more experienced therapists indicated less negative emotional experiences, less need for resources, less use of resources, and less barriers to accessing resources suggesting that they were more able to meet their needs both before and during the pandemic as compared to younger less experienced therapists. Qualitative analysis of responses to what long-term effects the participants believed the pandemic would have on how their practice indicated that most believed they would continue to provide teletherapy.

- **Paper: "It turned into something else": Patients' long-term experiences of transitions to telepsychotherapy during the Covid-19 pandemic**

**Main author: Camila Von Below (Stockholm University)**

*Co-authors: Jenny Bergsten, Bjorn Philips, Andrzej Werbart*

**ABSTRACT:**

The shift from in-person therapy to telepsychotherapy during the Covid-19 pandemic was unprepared, sudden, and inevitable. This study explored patients' long-term experiences of transitions to telepsychotherapy and back to the office. Eleven patients participated (nine women and two men, aged 28 to 59, six in psychodynamic psychotherapy, five in CBT). Treatments switched between in-person and video/telephone. Inductive thematic analysis of interview transcripts made us conclude that the patients experienced (1) the process was slower in telepsychotherapy. Interventions were difficult to understand and lost impact. Routines surrounding the therapy sessions were lost. Conversations were less serious and lost direction. Also (2) the understanding was restrained when some of the non-verbal communication was lost and (3) the emotional relationship was altered. Remote therapy was perceived as something else than regular therapy, and once back in the therapy room the patients felt therapy started anew. Despite this, (4) Telepsychotherapy also gave the patients an opportunity for taking therapy with them into their everyday life. In the long run remote psychotherapy was seen as a good-enough alternative when needed. Our results indicate that format alterations have an impact on which interventions can be implemented, which encourages therapists to reflect on their role and interventions.

- **Paper: The impact of the use of Information and Communication Technologies (ICT) on psychotherapy practices and the relationship of therapists and patients**

**Main author: Mariane Krause (P. Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality)**

**Co-authors: H. Daniel Espinosa, Javier Fernández-Álvarez**

**ABSTRACT:**

"Background: The pandemic restricted face-to-face therapy and therefore fostered the delivery of therapy through Information and Communication Technologies (ICT). In order to assess these changes, the aim of this paper is to describe and analyze how the pandemic by Covid-19 has influenced therapists' clinical practices and their relationship with patients through research results that combined quantitative and qualitative methods.

Method: The quantitative study included an online survey with 3,097 participants; while for the qualitative study interviews were conducted with 20 therapists. Participants were psychotherapists of all theoretical orientations from Spain and Latin America.

Results: Both studies showed that the increased use of ICT during the pandemic had a positive impact on psychotherapists' attitudes towards technologies; influenced their practices, favoring flexibility in the therapy setting and techniques; and changed some aspects of their relationship with the patients.

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**Panel**

## **Theoretical, Empirical, and Clinical Applications of Epistemic Trust in psychotherapy**

**Thursday, June 22nd, 8:30-9:30 - Room: Classroom 3074**

**Organizers & Moderators:** Shimrit Fisher (University of Haifa)

**Discussants:** Chloe Campbell (University College London)

**ABSTRACT:**

The concept of epistemic trust (ET) has recently inspired clinicians and researchers in psychology. Increasing efforts are being made toward its theoretical depiction, empirical implementation, and clinical application. The present panel aims to examine ET from the variety of these prisms. The first presentation investigates whether the Adult Attachment Interview (AAI) can be used to capture a speaker's ability to foster epistemic trust in listeners using the narrative coherence index. This study investigates whether narrative coherence in the AAI is associated with coherence in an employment interview, which would show that the ability to foster ET is generalized and not attachment-specific. The second presentation investigates linguistic markers of ET in the therapeutic context. Through the use of linguistic features, ET in the therapeutic setting may be indirectly identified and monitored. This study suggests that the implementation of ET as a common factor may direct our future ability to personalize therapeutic interventions. The third presentation investigates the construct of ET in adolescents. This study suggests exploring

the association between different epistemic stances as measured by the self-report ETMCQ and mental functioning dimensions to reveal the importance of ET in the comprehension of adolescent mental health. The fourth presentation examines how epistemic mistrust is resolved and how epistemic trust is established using a post hoc analysis of successful versus unsuccessful cases of adolescents psychotherapy. Dr. Chloe Campbell will discuss theoretical, empirical, and clinical results regarding the centrality of ET as a path to meet the needs of vulnerable populations effectively and efficiently.

- **Paper: Attachment and Epistemic trust: An Empirical Rapprochement**

**Main author: Alessandro Talia (University of Cambridge)**

*Co-authors: Svenja Taubner*

**ABSTRACT:**

The concept of epistemic trust is attracting growing interest among clinicians and researchers in psychotherapy and clinical psychology. Increasing efforts are being made towards its empirical study. The study presented in this paper aims to test the idea that adult attachment measures such as the Adult Attachment Interview (AAI) can be used to assess epistemic trust. The AAI was initially introduced to measure an individual's ability to coherently represent their attachment relationships, on the assumption that this ability would reflect their attachment security. Yet, a more coherent speaker is also a speaker who is more able to convince his or her audience – e.g. the interviewer – and thus generate greater epistemic trust in them. At least in the case of an autobiographical interview about attachment, attachment security seems thus to reflect a greater capacity to generate epistemic trust in listeners, which may be expected to be associated with an individual's capacity to develop epistemic trust in themselves. We will interview a cohort of 90 mothers with the AAI and an interview about their work experiences. The current study aims to test two hypotheses: 1) that attachment security (measured with the AAI) will be related to their ability to generate epistemic trust in others, as measured based on a speaker's tendency to provide specific examples and feelings when speaking about their employment experience; and 2) that attachment security will be associated with speaker's epistemic trust, as measured with the Epistemic Trust, Mistrust and Credulity Questionnaire (ETMCQ).

- **Paper: I Take Your Word for it: Linguistic Markers of Epistemic Trust in Psychotherapy**

**Main author: Yara Khoury (University of Haifa)**

*Co-authors: Shimrit Fisher, Sigal Zilcha-Mano*

**ABSTRACT:**

Aim: Epistemic trust (ET) is one's openness to receiving relevant and generalizable knowledge from others. ET has been suggested as pertinent to all kinds of therapies in general and in psychodynamic therapy in particular. However, little is known about how it manifests in therapy within the patients verbatim. Linguistic analysis is a promising method that may enable to locate of repeated patterns in a text in a defined and objective manner. Leveraging linguistic features may offer the additional ability to indirectly monitor ET in the therapeutic setting. The present study aims to explore whether patients with high versus low levels of ET differ in linguistic indicators.

**Method:** This study is a part of a larger randomized controlled trial (RCT) in which individuals diagnosed with MDD received 16 sessions of short-term psychodynamic therapy. ET level of One-hundred patients will be assessed using the Epistemic Trust Rating System (ETRS), an observer-based measurement in the therapeutic context. Text analysis will be conducted in session number four by ATLAS.ti, a computer-assisted qualitative data analysis software (CAQDAS).

**Results:** The therapeutic sessions were already conducted and transcribed verbatim. The analysis will be finalized in Winter 2023. A multi-level analysis will be implemented to differentiate between those with high vs. low levels of ET.

**Conclusions:** The study has the potential to shed light on specific linguistic indicators of low vs. high levels of ET. Linguistic analysis of patients' verbatim may offer relevant information for how patients may navigate their social environment through the prism of ET.

- **Paper: Adolescents and the urge to learn from others: Validation of Epistemic Trust Mistrust and Credulity Questionnaire for Adolescents**

**Main author:** *Alberto Milesi (University of Milano-Bicocca)*

**Co-authors:** *Marianna Liotti, Francesca Locati, Laura Parolin*

**ABSTRACT:**

Epistemic Trust (ET), defined as the individual's openness to socially transmitted knowledge, is a construct that has recently gained attention both from academics and clinicians. Due to the interpersonal nature of the concept, its relevance is evident in adolescence, when individuals deeply need to understand all the changes they are going through and try to catch information from several sources. ET has been also investigated for its possible role in the development of psychopathology when disrupted, and consequentially its reparation has been proposed as a key factor in therapeutic change. Building on these considerations, the necessity to assess it becomes urgent.

This study aimed at validating the Italian version of the Epistemic Trust Mistrust and Credulity Questionnaire (ETMCQ) in a sample of adolescents. A first group of 662 participants completed the questionnaire, while a smaller group of 417 completed a self-report tests battery, including measures regarding interpersonal trust, mentalizing abilities, emotional dysregulation, and psychopathology. Data were collected online via Qualtrics. We aimed at testing the factorial structure of the questionnaire, already validated in Italian for adults, and investigate the convergent validity through the associations between epistemic stances and the abovementioned psychological dimensions. The ETMCQ version for adolescents showed good psychometric properties, regarding both reliability and validity. Moreover, interesting associations between different epistemic stances and mental functioning dimensions revealed the importance of such construct in the comprehension of adolescent mental health.

- **Paper: Resolving Epistemic Mistrust and Building Epistemic Trust in Psychotherapy for Depressed Adolescents.**

**Main author:** *Elizabeth Li (University College London/Anna Freud National Centre for Children and Families)*

*Co-authors: Nick Midgley, Chloe Campbell, Patrick Luyten*

**ABSTRACT:**

Depressed adolescents with a stance of epistemic mistrust struggle to trust others as a source of knowledge about the world and tend to adopt negative appraisal mechanisms as a default in social communication. Although a 'three communication system' theory of establishing epistemic trust in psychotherapy has been delineated, no empirical study has yet examined the theory. The present study aims to address the gap by exploring how epistemic mistrust is resolved and how epistemic trust is established within psychotherapy. This study is based on a post hoc analysis of psychotherapy data collected for a broader purpose. A purposive sample of six depressed adolescents (5 females; Mage = 16.58, SD = 1.17) who entered treatment with indications of epistemic mistrust was selected based on availability of audiotapes and treatment outcomes (successful cases versus unsuccessful cases). Using task analysis of a total of 66 audiotaped sessions, a synthesised rational-empirical model of the resolution of epistemic mistrust and the growth of epistemic trust in psychotherapy was developed. The findings provide empirical evidence for the three communication system theory and provide detail of the processes at work, in both therapist and patient, that reflect these three systems. This study highlights the importance of a window of opportunity at the early stage of treatment, the interactive nature of the moves towards a resolution, and the role of positive extra-therapeutic factors in resolving epistemic mistrust. Future research should examine our preliminary model in a broader sample of cases and include operationalization of each stage.

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**Panel**

**Predictors, moderators, and mediators of treatment outcome in psychotherapy with adolescents and young people**

**Thursday, June 22nd, 8.30-9:30 - Room: Classroom 3051**

*Organizers & Moderators:* Eleni Vousoura (National and Kapodistrian University of Athens), Stig Bernt Poulsen (University of Copenhagen)

*Discussants:* Stig Bernt Poulsen (University of Copenhagen)

**ABSTRACT:**

Over the past decades, significant progress has been made in the field of psychotherapy research with adolescents and young people (AYP) – a once neglected research field. A review of the evidence base of psychotherapeutic interventions for AYP supports the efficacy of several psychotherapy treatments for a variety of mental health problems. Yet, we still know very little about the conditions under which these interventions are effective and why. Understanding the factors that influence treatment outcomes, the predictors and moderators of treatment outcome, is crucial for practicing precision medicine and guiding the development and testing of new treatment approaches, while elucidating on the treatment mediators can help identify mechanisms of change through which treatments might achieve their effects. The aim of this panel is to present current research evidence on predictors, moderators, and mediators of treatment outcome in psychotherapy with AYP.

The first two presentations will report findings from COST Action TREATme – a large, pan-European collaborative project investigating predictors and moderators of psychotherapy treatment outcomes in AYP. Prevendar and colleagues will synthesize the existing literature on psychological variables that act as predictors and moderators of outcome, while Karain and colleagues will provide a synthesis of family variables. The third presentation by Areas and colleagues will investigate the role of interpersonal functioning in the etiology and maintenance of depression in adolescents based on preliminary findings from a study with 30 adolescent patients with depression diagnoses who underwent integrative CBT psychotherapy.

- **Paper: Psychological predictors and moderators of treatment outcome of psychotherapeutic interventions for young people with mental disorders: A systematic review**

**Main author:** *Tamara Prevendar (Sigmund Freud University)*

**Co-authors:** *Anna Celia Faye Jacobsen, Vera Gergov, Eleni Voursoura, Erminio F. Antares Spadaro, Randi Ulberg, Hanne-Sofie Johnsen Dahl, Clemence Feller, Iliana Liakea, Rosemarie Sacco, Nigel Camilleri, Alexia Karain, Branka Millic, Ioana R. Podina, Elena Poznyak, Andrea Saliba, Sandra Torres, Bogdan Tulbure, Stig Poulsen*

**ABSTRACT:**

**Background:** Evidence shows that psychotherapeutic interventions are effective in the treatment of most mental disorders, yet, there is limited evidence base for the types of psychological factors that may influence psychotherapy outcome among adolescents and young people (YAP). The aim of this systematic review is to synthesize current evidence on psychological variables that function as predictors and moderators of treatment outcome of psychotherapeutic interventions for AYP with mental disorders.

**Methods:** The study is part of the 'TREATme' consortium. Eligible studies were clinical outcome studies on psychotherapeutic interventions targeted for young people (aged 12-30 years) within 10 diagnostic groups identified through PubMed and PsycINFO databases. Searches were formed following the PICOS strategy and studies were selected according to the PRISMA guidelines. The Mixed Methods Appraisal Tool was used to assess risk of bias for the included studies.

**Results:** The search yielded 17,359 articles. Of the 4,112 articles eligible for full text screening, a total of 70 articles were identified, containing 145 psychological predictors and/or moderators: cognitive distortion (n=35), emotional functioning (n=30), cognitive functioning (n=21), treatment motivation and expectations (n=17), interpersonal functioning (n=14), personality traits (n=13), self-esteem (n=7), coping (n=5), and ethnic identity/acculturation (n=3). The summarized results will be presented.

**Discussion:** This large-scale systematic review explores patient-related psychological characteristics associated with the effectiveness of different psychotherapeutic treatments for a wide range of mental disorders in AYP. The presentation will strengthen the evidence base on predictors and moderators of treatment outcome of psychotherapeutic interventions for AYP with mental disorders.

- **Paper: Family predictors and moderators of treatment outcome for psychotherapeutic interventions for young people with mental disorders: A systematic review.**

**Main author: Alexia Karain (American College of Greece)**

*Co-authors: Rosemarie Sacco, Clemence Feller, Simona A. Pascal, Elena Poznyak, Vera Gergov, Stig Poulsen, Erminio Fransesco Antares Spadaro, Nigel Camilleri, Anna Celia Jacobsen, Hanne-Sofie Johnsen Dahl, Iliana Liakea, Branka Millic, Ioana R. Podina, Tamara Prevendar, Andrea Saliba, Sandra Torres, Bogdan Tulbure, Randi Ulberg, Eleni Voursoura*

**ABSTRACT:**

**Background:** The aim of this systematic review is to present existing evidence on the predictive and moderating role of family variables on the outcome of psychotherapeutic interventions for treating young people with mental disorders.

**Methods:** This study is part of a large-scale systematic review of clinical outcome studies on psychotherapeutic interventions targeted for young people (aged 12-30 years) within 10 diagnostic groups. Eligible studies were identified through PubMed and PsycINFO databases; searches were formed following the PICOS strategy, and studies were selected according to the PRISMA guidelines. Risk of bias for the included studies was assessed by the Mixed Methods Appraisal Tool.

**Results:** The search yielded 17,359 articles. Through the title and abstract screening, 4,112 articles were eligible for full text screening. We found a total of 163 articles containing family predictors and/or moderators of psychotherapeutic outcome for youth mental disorders. Of those, 47 reported family communication style as predictor/moderator, 43 family environment, 23 on family functioning, 16 parental psychopathology, 13 family relations, 10 family culture, 9 parental emotions and 2 reported other family predictors. The summarized results will be presented in the conference.

**Discussion:** This systematic review will strengthen the evidence base on patient related variables concerning the effectiveness of mental health interventions for young people. To our knowledge this is the first systematic review to explore family predictors and moderators of treatment outcome of psychotherapeutic interventions across a wide range of mental disorders and treatment modalities in young people.

- **Paper: Interpersonal factors: Predicting change in psychotherapy with depressed adolescents**

**Main author: Malenka Areas (Universidad de Buenos Aires)**

*Co-authors: Juan Martín Gómez Penedo, Andrés Roussos*

**ABSTRACT:**

Depression rates in adolescence are internationally increasing. Although disorders such as anxiety have higher prevalence, depressive disorders often cause greater distress and impairment in day-to-day living. Despite the fact that several treatments have been shown to be effective, there is a substantial variation in how adolescents respond to treatment. This has led to a growing recognition of the importance of studying mechanisms of change. As an example, interpersonal functioning has proven to play a fundamental role in depression by acting as an etiological and maintenance factor of the pathology. In the past years, research has found a relationship between change in a patient's interpersonal style, therapeutic

alliance and psychotherapeutic outcome. However, the literature has been mainly focused on adult patients, which does not benefit age groups such as children or adolescents. To shed light on this crucial area of research, we aim to conduct a pilot study (in the context of a larger doctoral project) analyzing the relationship between the already-mentioned variables and psychotherapy outcomes in adolescents with depression. This pilot study includes 30 adolescent patients with depression diagnoses undergoing integrative CBT psychotherapy. Multilevel analysis will be conducted to estimate levels of change and the role of interpersonal variables as predictors of change. Results may help to reach a better understanding of the relationship between interpersonal factors and change mechanisms in psychotherapy with adolescents. And to enhance treatment personalization in this targeted population.

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## Panel

# Cross-Cultural Applications of Dynamic Deconstructive Psychotherapy

Thursday, June 22nd, 8.30-9:30 - Room: Classroom 3071

*Organizers & Moderators:* Robert Gregory (SUNY Upstate Medical University)

Dana Tzur Bitan (Ariel University)

*Discussants:* Yogev Kivity (Bar Ilan University)

## ABSTRACT:

Dynamic Deconstructive psychotherapy (DDP) is a therapeutic approach aimed to address the underlying vulnerabilities of serious conditions, such as borderline personality disorder, chronic depression, substance use disorders, and suicidality, in order to provide transformative healing leading to recovery. The therapeutic approach combines elements of translational neuroscience, object relations theory, and deconstruction philosophy and involves weekly individual sessions. During these sessions, clients recount recent emotion-laden experiences, explore emotions and reactions, reflect upon their experiences in increasingly integrative, complex, and realistic ways, and learn to develop close and authentic relationships, and work towards self-acceptance and self-compassion. Although DDP has substantial empirical support, it is not widely known or used among psychotherapists as compared to other empirically supported therapies. The aim of the current panel is to introduce DDP and discusses its application in clinical settings across three continents and diverse cultures. The panel will open with an introductory lecture by the developer of the treatment approach, Dr. Robert Gregory, who will introduce the treatment and present the findings from a naturalistic study of DDP among suicidal adolescents in the United States. Dr. Centeno-Gándara's lecture will follow, with an illustrative case study involving the DDP treatment of schizotypal personality disorder in Mexico. A third presentation by Ms. Omer Sedoff will discuss the cultural barriers and challenges encountered by a public psychiatric hospital in Israel attempting to train staff



and implement DDP. The panel will close with questions from the audience and integrative discussion, led by Dr. Yogev Kivity.

- **Paper: Dynamic Deconstructive Psychotherapy for Suicidal Adolescents**

**Main author: Robert Gregory (SUNY Upstate Medical University)**

**ABSTRACT:**

Introduction: Dynamic deconstructive psychotherapy (DDP) is a treatment model originally developed and tested in adults with borderline personality disorder, and recently successfully extended to the treatment of suicidal adults with or without personality disorders. In this lecture, findings from a study extending the application of DDP to suicidal adolescents will be presented, while examining the naturalistic outcomes of DDP in this population.

Method: The sample included 43 consecutive adolescents treated at the Psychiatry High Risk Program, an outpatient specialty program in the US which targets youth at high risk for suicide and uses weekly DDP as its core required treatment. Age range was 13-17, with mean of  $15.84 \pm 1.19$  years. The primary outcome was the change over 6 months in a combined suicide ideation score that adds item 9 of the PHQ-9 to C-SSRS ideation scores.

Results: 27 clients (63%) completed at least 6 months of treatment with DDP. In the intent-to-treat sample, suicide ideation substantially decreased over 6 months ( $Z = 3.42$ ,  $p < .001$ ,  $d = 1.60$  CI .99-2.21). On secondary outcomes, suicide attempts decreased by 86%, self-harm by 89%, emergency room visits by 69%, and hospitalizations by 70% over 6 months of treatment.

Conclusions: Adolescent suicide is a global public health concern. DDP appears to be a promising treatment for adolescent suicide prevention. Further research is indicated directly comparing DDP to other treatments for suicidal adolescents and to conduct a cost effectiveness analysis."

- **Paper: Schizotypal Personality Disorder Treated with Dynamic Deconstructive Psychotherapy: A Case Report**

**Main author: Luis A Centeno-Gándara (Private Practice)**

**ABSTRACT:**

In this presentation an illustration of the first case report of a patient with schizotypal personality disorder (SPD) treated with an evidence-based psychotherapy for personality disorders will be discussed. The patient was a 21-year-old man referred to treatment because of suicidal behavior. He was assessed through Kernberg's Structural Interview and self-report questionnaires. He presented suicidal ideation and behavior, homicidal ideation, hetero-aggressive behavior, auditory pseudo-hallucinations that conveyed hatred toward himself and others and commands to kill himself and others, ideas of reference, depersonalization, feeling the self as dead, among other manifestations. According to the DSM-5, the patient met categorical diagnostic criteria for SPD, borderline personality disorder (BPD), and major depressive disorder. His psychodynamics were consistent with a schizoid-schizotypal personality style. According to the AMPD of DMS-5, he had extreme impairment in the four dimensions of personality functioning. The patient was treated with Dynamic Deconstructive Psychotherapy (DDP) for 9 months before he dropped out

treatment. The presentation will demonstrate the negotiation of the first two stages of recovery of DDP; vignettes will be provided to illustrate how the treatment unfolded through these stages and the main DDP techniques utilized. Clinically significant change was achieved on self-injurious behavior, hetero-aggression, and unhealthy alcohol use; clinically significant and reliable change was attained on borderline symptoms, self-esteem, primitive defenses, reality check, and alexithymia. These findings demonstrate that DDP may be a suitable treatment for SPD comorbid with BPD. Particular attention must be paid to patients' ambivalence toward recovery to prevent dropouts.

- **Paper: Challenges of Cross-cultural implementation of Dynamic Deconstructive Psychotherapy for patients with borderline personality disorder**

**Main author: Omer Sedoff (Ariel University)**

*Co-authors: Shani Shalev, Roni Netser, Amit Saad, Dana Tzur Bitan, Robert Gregory*

**ABSTRACT:**

One of the most challenging endeavors in public mental health is the effective implementation of empirically supported psychotherapeutic interventions. In cross-cultural implementation, these challenges are also affected by differences between supervisors and therapists in their cultural beliefs, values, and ways of living. In this study we aim to assess the challenges of cross-cultural implementation of a psychodynamically oriented therapeutic approach, as delivered in the ecological settings of a public mental health hospital in Israel. Specifically, we aim to summarize the challenges and barriers to effective cross-cultural implementation of Dynamic Deconstructive Psychotherapy (DDP) for patients with borderline personality disorder, a manual-based treatment recently implemented in Shalvata Mental Health Center in Israel. Therapists engaging in the implementation of the treatment approach will be interviewed for their experience in the utilization, training and delivery of DDP within the facilities of the hospital, as well as for their experience in receiving supervision by the developer of the treatment approach from the US. Analysis of common themes will be performed in order to derive practical conclusions aimed at advancing future cross-cultural implementations in the public mental health domain.

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**Panel**

**Advances in couple and family therapy: outcomes, alliance and relational flourishing**

**Thursday, June 22nd, 8.30-9:30 - Room: Classroom 3126**

*Organizers & Moderators: Adrian Montesano (Open University of Catalonia)*

*Discussants: Guillem Feixas (Universitat de Barcelona)*

**ABSTRACT:**

The social representation of couple and family therapy is associated with their usefulness for reducing relationship distress and enhancing family relationships quality. However, couple and family therapies, both as a stand-alone interventions and in conjunction with

other treatment formats, have also garnered considerable empirical support for their effectiveness in addressing individual emotional and physical health problems, as well as for human flourishing. Our panel is intended to help in the evolution of the social and professional representation of couple and family therapy as independent, well-established forms of psychotherapy with their own distinct body of research and practice. In the first paper, a meta-analytic approach is used to review systemic therapy on adults with depressive disorders, as an illustration of the efficacy of systemic therapy in the most pressing global mental health problem. The second and third papers share their focus on the therapeutic alliance, and its relationship to outcome in two different treatment modalities: integrative brief systemic therapy and emotionally-focused couple therapy. Finally, the fourth study focuses on the development and pilot testing of a brief systemic-narrative intervention for couples flourishing. Authors' discussions will focus on recent trends in the field, the expansion of specific treatments for specific problems and diverse populations, as well as new opportunities for reshaping the social representation of couple and family therapy and its potential to improve public mental health and relational wellbeing.

- **Paper: Efficacy of systemic therapy on adults with depressive disorders: A meta-analysis**

*Main author: Andreas Vossler (The Open University)*

*Co-authors: Liz Forbat, Martin Pinquart*

**ABSTRACT:**

The aim of this meta-analysis is to evaluate the efficacy of systemic therapy approaches on adult clients with depressive disorders. The illness-specific systematic review considers studies with a focus on depression that were included in Pinquart et al.'s (2016) meta-analysis on the efficacy of systemic therapy on psychiatric disorders in adulthood, as well as new studies published since 2014. The results of the meta-analysis will contribute to the growing research base on the efficacy of systemic therapy approaches. Through systematic searches in relevant electronic databases and cross-referencing 16 new studies (conducted in eight different countries/three different continents) were identified that report results of randomised controlled trials (RCTs) comparing systemic psychotherapy for adults with a depressive disorder with an untreated control group or alternative treatment. The relevant information from these RCTs, together with the data from 9 depression-focussed studies from Pinquart et al.'s (2016) meta-analysis, was coded by two researchers. A random-effects model was employed to compute weighted mean effect sizes separately for each type of comparison (alternative treatments, control group with no alternative treatment/waiting list) on the outcome variables (e.g. decrease in depressive symptoms, drop-out rates). The procedures to analyse the coded data from the 25 RCTs are currently in progress. The results from the analysis will be available in January 2023. The meta-analytic findings will provide useful implications for both counsellors working with clients who are experiencing depressive symptoms and for researchers' continued examination of systemically oriented psychotherapy approaches for depression.

- **Paper: The alliance-outcome relationship in integrative brief systemic therapy**

**Main author:** *Yves de Roten (University Hospital Center and University of Lausanne)*

**Co-authors:** *Suzanne Badan, Joëlle Darwiche*

**ABSTRACT:**

An RCT showed that Integrative Brief Systemic Intervention (IBSI) – a therapy that combines therapeutic work on the marital and coparenting relationships for parent couples – required fewer sessions than marital therapy to be effective. The aim of this study is to examine the therapeutic alliance as a specific mechanism of change in IBSI through coparenting work. A total of 101 parent couples were randomly assigned to IBSI (n = 51) or to brief systemic therapy (n = 50). Both treatments were 6-session interventions and lasted about 6 months. Couples completed questionnaires on Individual (overall symptomatology, OQ-45), marital (quality of the marital relationship, DAS) and coparenting (coparenting support, PAM) functioning and therapeutic alliance (WAI-SR), after each therapy session. Results using linear mixed-effect models showed that mean alliance and alliance at each session were not related to pre-post changes in individual, marital or coparenting functioning. On the contrary, longitudinal model looking at the evolution of alliance and outcome after each session showed that OQ [-2.07, 95% CI: -2.55 to -1.58,  $p < .001$ ], DAS (0.99, 95% CI: 0.73 to 1.24,  $p < .001$ ) and PAM (.12, 95% CI: 0.07 to 0.16,  $p < .001$ ) were all three related to the alliance. Finally, there was no difference between treatment groups. These results tend to confirm the importance of the alliance as a mechanism for session-by-session change in marital therapy for parent couples. The distinct roles of state-like and trait-like components of alliance in marital therapy will be discussed.

- **Paper: Therapeutic alliance and dyadic adjustment in Emotionally-Focused Couple Therapy in Spanish speaking countries**

**Main author:** *Maria Pilar Martínez (Comillas Pontifical University)*

**Co-authors:** *Shayne Anderson, Martiño Rodríguez-González, Alessandra Sambuceti, Dania Andrade, María Caltrava, Paul S Greenman*

**ABSTRACT:**

Therapeutic alliance is an understudied variable in the Emotionally Focused Couple Therapy model (EFT: Johnson, 2020), especially in Spanish-speaking countries. However, the evidence that alliance is very relevant for therapeutic outcomes is very consistent. Studying this association in the EFT model will allow us to understand whether, as in other models of therapy, alliance is related to change in therapy and, as a result, improves partner satisfaction.

The data used for this study come from a randomized clinical trial called E(f)FECTS (Emotionally FocusEd Couple Therapy in Spanish - NCT04277325), a multi-center, multi-country study (Spain, Costa Rica, Mexico, Argentina and Guatemala) that aims to evaluate the efficacy of EFT in Spanish-speaking cultural contexts.

The goal of this communication is to study how the therapeutic alliance and dyadic adjustment are related during a therapeutic intervention using EFT, and the changes of both variables over the course of therapy. As for the hypotheses of the study, we believe that, firstly, the alliance (measured with WAI-CO) will improve throughout the treatment. Secondly,

there will be a significant improvement in the dyadic adjustment scores (measured with DAS-32) at the end of the sessions compared to the beginning. Finally, at the end of the treatment sessions, participants with higher therapeutic alliance scores will also show higher scores in dyadic adjustment than will participants with lower therapeutic alliance scores. We will explore whether there is a differential relationship between partners' perception of the alliance and dyadic adjustment."

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## Panel

### Group Psychotherapy Research

Thursday, June 22nd, 8.30-9:30 - Room: Classroom 4050a

*Organizers & Moderators:* Hannah Bischof (Bertha von Suttner Privatuniversität St. Pölten), Bernhard Strauss (University Hospital Jena, Institute of Psychosocial Medicine, Psychotherapy & Psychooncology)

*Discussants:* Gary M. Burlingame (Brigham Young University)

#### **ABSTRACT:**

This panel brings together researchers from different countries to discuss their work on group psychotherapy. The first paper presents an international collaborative project on the dissemination of evidence-based information on group psychotherapy through the development of a website. The website, based on Division 12 of the American Psychological Association, will provide an overview of evidence-based group treatment approaches for various mental disorders as well as treatment manuals and related materials. The second paper presents a naturalistic longitudinal study on the effectiveness of outpatient group psychotherapy, with the aim of closing the research gap on the effectiveness of different approaches to group therapy and the dose-response relationship. The third paper is a qualitative study on the implementation of an outcome measure in psychotherapy groups in an outpatient clinic, exploring the challenges and successes of using such a measure in this setting. Together, these papers provide a comprehensive look at current research on group psychotherapy and its implementation in clinical settings.

- **Paper: An international project to disseminate evidence-based information for group psychotherapy**

*Main author:* **María Berenice** (Institute for Psychosocial Medicine, Psychotherapy and Psychooncology, Jena University Hospital)

*Co-authors:* Gary M. Burlingame, Romina Gawlytta, Jenny Rosendahl, Bernhard Strauss

#### **ABSTRACT:**

There is striking evidence on the effectiveness of group psychotherapy that has been summarized in several systematic reviews and meta-analyses (e.g. Burlingame & Strauss,

2021). Although group treatment has proven to be equal to individual psychotherapy for numerous mental disorders, it is still relatively rarely provided in clinical practice compared to individual psychotherapy. One of the main reasons is that for practitioners high-quality studies are difficult to identify given the large number of publications. Moreover, access to the literature is often cost-intensive. This, in turn, may lead to reduced motivation among practitioners to provide psychotherapeutic treatment in a group setting, thus not realizing the full potential of this treatment format for people with mental disorders. We have established an international collaborative project on the dissemination of evidence-based information on group psychotherapy including researchers from the US, Germany, Italy, and Canada. Aim of this project is to develop a website based on a concept of Division 12 of the American Psychological Association, which will provide both, a comprehensive overview of evidence-based group treatment approaches for various mental disorders as well as relevant treatment manuals and related materials in a practice-oriented short form. This could serve as an important step to close the gap between the state-of-the-art research on group treatments and the current implementation of group therapy in clinical practice. In this presentation, we will introduce the project, report its current status, and give an outlook on future actions to disseminate evidence-based group therapy.

- **Paper: A Naturalistic Longitudinal Study on the Effectiveness of Outpatient Group Psychotherapy in more than 30 Therapy Groups**

**Main author:** *Hannah Bischof (Bertha von Suttner Privatuniversität St. Pölten)*

**Co-authors:** *Aglaja Przyborski, Bernhard Strauss*

**ABSTRACT:**

"Intensive research in recent decades has shown that group psychotherapy is as effective as individual therapy. However, most studies have focused on short-term therapeutic settings, behavioral therapy orientations, and groups of patients that were very homogeneous in terms of diagnosis. There is still a lack of empirical evidence on the effectiveness of humanistic, systemic, or psychoanalytic-psychodynamic group therapy. There is also little evidence on the dose-response relationship in group therapy, which can be used over a long period of time (several years).

To address these questions, a naturalistic longitudinal study is being conducted at a psychotherapeutic outpatient clinic fully funded by the Austrian health insurance for up to four years. The study involves outpatient group therapy with systemic, humanistic, and psychoanalytic-psychodynamic orientations. Since the end of 2021, an established outcome measure (OQ-45.2) has been used monthly in over 30 therapy groups (n=400). The results can be used to answer questions about the effectiveness of group therapy (RCI and clinically relevant changes) and to make statements about the dose-response relationship of therapy units used and clinical change in patients. In addition, differentiating factors such as patient, therapist, and treatment characteristics (gender, disorder, therapy method, disorder-specific composition of the group, personality structure of the patients) are being examined."

- **Paper: A Qualitative Study on the Implementation of Outcome Measurement in Group Psychotherapy**

**Main author: Aglaja Przyborski (Bertha von Suttner Privatuniversität St. Pölten)**

*Co-authors: Hannah Bischof*

**ABSTRACT:**

"The implementation of outcome measures in psychotherapeutic settings has become increasingly common in recent years, as practitioners seek to demonstrate the effectiveness of their interventions and improve the quality of care. However, little is known about the process of this implementation, how therapists deal with the change in the professional situation and how group process and the working alliance are eventually transformed in the specific setting of group psychotherapy.

The purpose of this qualitative study is to explore the implementation of the outcome measure OQ-45.2 in therapy groups at a clinic specializing in outpatient group psychotherapy (see Paper 2). The implementation of such a project has serious effects on the processes in a clinic: questions of data protection, IT and administration must be considered and observed. In addition, there are interventions in the dynamics of the therapy groups. The acceptance and motivation on the part of the therapists and the patients to take part in the project are fundamental factors for the success of the research project.

The study utilized group discussions and interviews with therapists to better understand the effects that the implementation had on the group process and the working alliance. The Documentary Method of Interpretation was used to interpret the material collected from the group discussions and interviews.

Some of the key topics that arose during the study included: how the clients understood the questions of the measure, the differing (and sometimes conflicting) requirements of psychotherapy versus research, and how therapists dealt with client's resistance."

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**Panel**

## **Treatment process and outcome in routine clinical practice during the COVID-19 pandemic**

**Thursday, June 22nd, 8.30-9:30 - Room: Classroom 4050b**

*Organizers & Moderators: Alice E. Coyne (Case Western Reserve University)*

*Discussants: Scott D. Miller (International Center for Clinical Excellence)*

**ABSTRACT:**

Although it is well-established that the onset of the COVID-19 pandemic was associated with increased mental health problems in the general population (WHO, 2022), less is known about the specific subgroups of the public that may have been most impacted by the pandemic and the associated social contact restrictions. Further, relatively little is known about the impact of the pandemic on the effectiveness of routinely delivered clinical services. Addressing these gaps, this panel includes three topically relevant original studies. In the first paper, Edelbluth will present a study that examined whether pandemic-related social contact restrictions have had a larger impact on mental health difficulties for certain subgroups of the public (e.g., individuals with pre-existing mental health problems). In the second paper, Probst will present a study that tested whether there

were differences in the mental health and treatment response of individuals presenting for routinely delivered mental health services before and during the COVID-19 pandemic. In the third study, Davis will present a study that examined whether the therapeutic alliances and treatment outcomes of individuals who received teletherapy were noninferior to individuals who received in-person psychotherapy, and whether patient characteristics moderated the effect of treatment modality (i.e., teletherapy vs. in-person services) on psychotherapy process and outcome. Finally, Miller will provide expert discussion.

- **Paper: The impact of social distancing on mental health during the COVID-19 pandemic**

**Main author:** *Susanne C. Edelbluth (University of Trier)*

**Co-authors:** *Brian Schwartz, Wolfgang Lutz*

**ABSTRACT:**

"Background and Aim: In the context of the COVID-19 pandemic, contact restrictions are used as one of the preventive strategies against virus transmission. The long-term consequences of limiting social contact on public mental health are not yet known. The present study aims to examine the effects of this pandemic on public mental health. Methods: During the first and second lockdown in Germany, patients treated with integrative CBT from an outpatient clinic, university students and individuals from the general population were surveyed. Data sample during the first lockdown included a total of  $n = 896$  and during the second lockdown a total of  $n = 866$ . Participants answered questionnaires about their depression symptoms (PHQ-9), the impact of social contact restrictions, anxiety symptoms (GAD-7), resilience, behavioral difficulties, and mental and physical health status. Elastic-net regularization was used for predictor selection. Using the selected predictors, a model was trained on the first lockdown dataset and tested on the second lockdown dataset. Results & Discussion: The results indicate that social contact restrictions have a negative impact on mental health (PHQ-9) that is mediated by age, not having own children, being afraid of corona infection, poor financial situation, less physical activity, more extremity pain, poor resilience, worsened health status, higher anxiety symptoms and having a pre-existing mental health disorder. Therefore, our study may offer important indications for both support and prevention strategies. Potential differences between the subgroups may provide further indications for clinical implications as well as future research."

- **Paper: Mental health of help-seeking outpatients pre and post COVID-19: A real-world data, multicenter study**

**Main author:** *Greta Helene Probst (University of Zurich)*

**Co-authors:** *Scott D. Miller, Susanne Bargmann, Christoph Flückiger*

**ABSTRACT:**

A great deal of research addresses the mental health implications of the COVID-19 pandemic for the general population. Little is known about the implications for mental health of help-seeking outpatients and for the effectiveness of mental health services. The present study investigated the mental health and treatment response of help-seeking outpatients before and during the COVID-19 pandemic. Routine outcome monitoring data from 3706



clients in the United States and Northern Europe was analyzed using multilevel modeling with global subjective well-being as the dependent variable. As opposed to before the pandemic, well-being scores at intake were significantly higher during the pandemic in the US sample and comparable in the EU sample, while improvement throughout treatment was smaller in both samples. Outpatients in the United States and Northern Europe benefited less from mental health services during as opposed to before the pandemic and may be a particularly vulnerable population during the pandemic.

- **Paper: Therapeutic alliance and clinical outcome in teletherapy and in-person psychotherapy: A noninferiority study**

**Main author: Katherine A. Davis (Pennsylvania State University)**

*Co-authors: Fanghui Zhao, Rebecca A. Janis, Louis G. Castonguay, Jeffrey A. Hayes, Brett E. Scofield*

**ABSTRACT:**

**Objective:** The current study aimed to inform the limited research on clinical variables in the context of teletherapy. Questions remain about comparative quality of therapeutic alliance and treatment outcome in the context of teletherapy compared to in-person treatment.

**Methods:** We utilized a cohort design and noninferiority approach to study a sample of clients reporting alliance as well as psychological distress before every session as part of routine practice at a university counseling center. A cohort of 517 clients undergoing teletherapy during the COVID-19 pandemic was compared to a cohort of 612 clients receiving in-person treatment before the pandemic. Tests of noninferiority were conducted to investigate the absence of differences between the two modalities. Client characteristics were also examined as moderators of the association between modality and alliance or outcome. **Results:** Clients receiving teletherapy showed noninferior alliance and outcome when compared to clients receiving in-person psychotherapy, although alliance also significantly differed from zero between cohorts. Significant main effects on alliance were found with regard to race and ethnicity as well as international student status. A significant interaction on clinical outcome was found between modality and current financial stress.

**Conclusions:** Study findings support the continued use of teletherapy by demonstrating commensurate process and outcome. Yet, it will be important for providers to be aware of existing mental health disparities that accompany psychotherapy – in-person and via teletherapy. Results will be discussed in terms of research and clinical implications. Future directions for researching teletherapy as a viable treatment method will also be discussed.

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**Panel**

## **Agency: Philosophical and Clinical Implications for Psychotherapy**

**Thursday, June 22nd, 8.30-9:30 - Room: Classroom 4097**

*Organizers & Moderators:* Kristin Lang Hansen (Brigham Young University)

*Discussants:* Richard N Williams (Brigham Young University)

**ABSTRACT:**

Psychology is due for a paradigm shift that has been appreciated by clinicians for decades though it has only recently been appearing as a topic in the clinical research literature (Frie et al., 2008; Gorlin & Bekes, 2021; Martin et al., 2010; Moore, 2016; Rychlak, 1994; Williams, 1992; Williams et al., 2022). An agentic perspective on human agency embraces the idea that free will – in some form – is a fundamental aspect of our nature. This, in turn, means that that very person, by virtue of being the kind of beings they are -- makes a non-trivial contribution to their cognitive, emotive, social, and moral being-in-the-world. However, in contemporary psychological theorizing, agency is often reduced to something nonagentic, or dismissed entirely because of prevailing deterministic descriptions and a lack of philosophical rigor in psychological theorizing. This panel will outline the key features of agency within and across worldviews and cultures generally and its neglect in clinical training including raising awareness of the ethical implications that arise in not acknowledging agency as a fundamental aspect of our nature (Hansen & Richards, 2012). It will provide a proposed model of human agency consistent with the psychological literature (Williams et al., 2022) and explore implications for clinical practice. Finally, it will provide insights from qualitative studies of therapist and client factors centered on the concept of agency in therapy (Greaves, 2022).

- **Paper: Ethical Psychotherapy Must Include Human Agency Cultural Competency**

*Main author: Jeffrey S. Reber (University of West Georgia)*

**ABSTRACT:**

Psychotherapy is ethically practiced when therapists and counselors “are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors” on clients and trainees, and when they “seek training in areas in which they are at risk of imposing their values onto clients” and trainees (ACA, 2014, A.4.b). Values, attitudes, and beliefs about human agency are central to every worldview and culture, including the professional cultures of psychology and psychotherapy and the personal cultures of clients, trainees, and therapists.

Assumptions about agency have direct and significant personal, cultural, and ethical implications for diagnosis, treatment, and supervision. Yet, very little education, training, and guidance in how to manage professional and personal cultural differences with regard to human agency is available to psychotherapists and counselors, and it is rarely explicitly discussed within therapy. As a result, culturally incompetent and unethical psychotherapy, with regard to human agency, is a high risk, a risk that can no longer be ignored. As an initial step toward resolving this concern, this presentation will outline the key features of agency within and across worldviews and cultures generally. It will also demonstrate how those features are commonly conceptualized by the professional culture of psychology and the personal cultures of psychotherapists and clients. Finally, some of the chief ways that these conceptualizations can create cultural conflict and values imposition—and, therefore, must be explicitly and regularly addressed and managed if psychotherapy is to be ethical—will be discussed.

- **Paper: A Needed Paradigm Shift in Psychology: The Centrality of Human Agency and its Clinical Implications**

*Main author: Kristin Lang Hansen (Brigham Young University)*

*Co-authors: Logan Packer, Richard N. Williams*

**ABSTRACT:**

Psychology is due for a paradigm shift that has been appreciated by clinicians for decades though it has only recently been appearing as a topic in the clinical research literature (Frie et al., 2008; Gorlin & Bekes, 2021; Martin et al., 2010; Moore, 2016; Rychlak, 1994; Williams et al., 1992, 2022). We contend that a clear conception of what exactly psychological agency is, is needed for the field to advance, to help bridge the research practice gap, and concomitantly for psychotherapy to be more effective than it now is. And it is thus proposed that agency should be at the center of our conception of human nature at the ontological level. Placing agency at the center has implications for understanding our embodied, situated, contextual, moral, and relational nature as well as important clinical implications. In a phenomenological sense, psychological agency deals with the clients' sense of agency often manifest as a sense of how they make choices and effect change in their own lives and thus in their influence on others' lives. In a pragmatic sense, our agentic nature can be experienced as a "capacity," or "faculty" to be used or facilitated or even enhanced through deliberate practice in a context of positive relational dynamics (i.e., motivational interviewing; Rollnick and Miller, 1995) resulting in greater mental flexibility, increased emotion regulation, greater mindfulness, greater self-compassion, and positive behavioral change. Agency and clinical implications will be discussed on an ontological, phenomenological, and pragmatic levels.

- **Paper: Recognizing Clients' Agentic Activities in the Healing Process**

*Main author: Amy Greaves (Private Practice)*

**ABSTRACT:**

Clients' compliance to researched treatment protocols for symptom remission is one framework for noticing the contributions clients make to therapy. A more complete framework accounts for the interplay of both client and therapist contributions. This presentation will discuss the results of a qualitative analysis of over 100 client sessions, illustrating the overt and covert ways that clients' agency manifests in the therapy hour. While many of the client and therapist activities overlap (e.g. problem identification, problem solving, relationship building), some forms of participation are unique to clients while others are singularly important. For instance, clients' own motivation, moralizing activities, emoting, and meaning-making endeavors are paramount to successful therapy. While therapists may inspire these endeavors, the research indicates that even when the therapist falls short, the client engages in self-righting processes. Things such as shifts in direction, times when the client does not respond as anticipated, or recovery from what seems like a mistake potentially highlight the bi-directional influence that characterizes the change process. Furthermore, the client's creative implementation of the therapist's intervention illustrates a synergy that can sometimes be overlooked. While viewing client activities through the lens that assumes their agency and their intrinsic valuing process is active, an alternate view of collaboration, resistance, pacing, passivity, and pathology emerges.

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## Panel

# Emotional change processes in psychotherapy: Mixed methods approaches

Thursday, June 22nd, 8.30-9:30 - Room: Classroom 5012

*Organizers & Moderators:* Shigeru Iwakabe (Ritsumeikan University), Ayako Nakashita (Ochanomizu University)

*Discussants:* Harold Chui (The Chinese University of Hong Kong)

### ABSTRACT:

Facilitating client in-session experience has been suggested as one of the effective therapeutic processes across a variety of psychotherapy approaches. In order to advance our understanding of the emotional change process, we need to examine client in-session behaviors and corresponding therapist interventions minutely in relation to both in-session outcomes and long-term outcomes. It is also important that we examine such emotional change processes across different therapies so that we identify common emotional change processes as well as those unique to a particular approach. The proposed panel presents four studies that examined client emotional change processes in three different therapies using respective mixed method approaches that allow the examination of both process and outcome of specific cases. The study by Igra et al. examines the emotional experience and metacognition of people with schizophrenia in metacognitive-oriented psychotherapy. The study by Özge et al. examined the in-session affective states of clients in cognitive therapy with two contrasting cases. Finally, Nakashita et al. focused on the emotional change processes in the first session of accelerated experiential dynamic psychotherapy. By examining micro-session emotional processes in three different therapies, it is anticipated that the panel will enable a differentiated understanding of emotional change processes and allow a rich discussion of methodological issues in studying client emotions in psychotherapy.

- **Paper: Emotional experience and metacognition among people with schizophrenia: Analysis of session by session and outcome of metacognitive-oriented psychotherapy**

*Main author: Libby Igra (Bar-Ilan University)*

### ABSTRACT:

"Background: Research suggests that in-session emotional experiences in psychotherapy promote both session and treatment outcomes across different clinical samples and treatment approaches. However, little is known about how this notion applies to clients with schizophrenia, who experience particular deficits related to emotional experience. To explore this question, we investigated the association between clients' emotional experience and their session outcome evaluations and metacognitive growth in a metacognitively-oriented treatment, Metacognitive Reflection and Insight Therapy (MERIT). MERIT is a

recovery-oriented treatment approach for psychosis that focuses on recapturing a coherent sense of self and personal agency by enhancing metacognitive capacity.

Method: Five-hundred-and-sixty-three sessions of 37 clients with schizophrenia who took part in an ongoing MERIT trial were analyzed. The Emotional Experience Self-Report (EE-SR) and Outcome Rating Scale (ORS) were collected on a session-by-session basis. Levels of metacognition were assessed pre- and post-treatment using the Metacognitive Assessment Scale-Abbreviated (MAS-A) coding system. We used multilevel modeling to test our session-level predictions, and linear regression analysis for treatment-level predictions.

Results: Greater emotional experience, expression, and regulation within a session were associated with better session outcome. Regarding treatment level, greater emotional experience was associated with improvement in metacognitive mastery.

Conclusions: Our findings reveal that experiencing emotions in MERIT has significant implications for clients' subjective well-being during therapy sessions and for their ability to respond to psychological challenges using metacognitive knowledge. These findings lend weight to the idea that emotional experience is a key mechanism of change in metacognitive therapy for schizophrenia."

- **Paper: In-session Affective States of Clients with Interpersonal Difficulties in Cognitive Therapy: Comparison of Two Cases.**

**Main author: Özge Yüksel (Hacettepe University)**

*Co-authors: Sait Uluç*

**ABSTRACT:**

"Introduction: Emotional expression and experiencing in psychotherapy has been proposed as a door to the change. Pascual-Leone & Greenberg (2007) suggests that experiencing certain key emotions during psychotherapy predicts good outcome, at both the session and treatment levels. The goal of this study is to contribute to understanding how in-session emotional affective states are changed and transformed in clients in cognitive therapy and compare the treatment process based on client rated measures.

Method: Both of the clients are young women with interpersonal difficulties due to the worthlessness feelings, difficulty in expressing her needs and fear of being alone. Using the case comparison method, this study considers data from an observer-rated measure of emotional processing (Classification of Affective States, Pascual -Leone & Greenberg, 2005) using video recordings of sessions. The clients' perceptions on impact of session and treatment measured by post-session and post-therapy scales.

Results: Although they both completed treatments, Client A had a more successful treatment than Client B. For Client A, depressive and anxious feelings showed a decreasing wave through the end of treatment, however Client B had a mixed pattern during the sessions.

While both had less expression of distress in early stages of therapy and more advanced meaning making states at termination phase, Client A had more in-session affective states.

Discussion: Session by session change of emotions and post-session ratings of the two cases will be discussed in detail within the scope of emotional processing theories."

- **Paper: How are clients' exploration facilitated in the first psychotherapy session?: A task analysis of client exploration following a therapist affirmation response**

**Main author: Ayako Nakashita (Ochanomizu University)**

*Co-authors: Kaori Nakamura, Wakako Yamazaki, Marina DiCorcia, Shigeru Iwakabe, Andrew J. Joseph, Liza Greville, Richard Harrison*

**ABSTRACT:**

"Objective: This study examined the client's process of exploration following therapists' affirmation response in the first session of accelerated experiential dynamic psychotherapy (AEDP). Therapist affirmation response, an immediacy response in which the therapist gives genuine prizing and valuing of the client by identifying and expressing the client's positive qualities such as resilience and strength, is believed to be essential in the first session when clients walk into therapy in a demoralized state. AEDP emphasizes its importance and conceptualizes such a therapist's intervention as 'detecting glimmers of transference' because it represents a potential for transformation and personal growth. However, little is known empirically about what follows from such an intervention. The goal of this study is to identify the specific sequence of client change following therapist affirmation.

Method: Segments involving therapist affirmation were selected from the data obtained in the ongoing AEDP practice-research network study, in which consists of 100 clients working with a total of 43 therapists. The first sessions with high post-session helpfulness were viewed by a group of researchers who identified essential client behaviors following the therapist affirmation. We focused on those sessions that were exemplary because our goal was modeling building.

Results: The investigation is underway. Affirmation often led to the client feeling recognized, which further led to a positive self-statement and deeper exploration. Therapists used metaprocessing response which facilitated further exploration.

Discussion: Implications for practice, research, and training will be discussed."

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**Panel**

## **Processes of change and ambivalence within and beyond the psychotherapy session**

**Thursday, June 22nd, 8.30-9:30 - Room: Classroom 4053**

*Organizers & Moderators: João Batista (University of Minho)*

*Discussants: João Tiago Oliveira (University of Minho, Braga, Portugal)*

**ABSTRACT:**

Studying the processes that allow clients to change, and that may hinder change is a core element of psychotherapy research. In this field, the Innovative Moments Coding System (IMCS) has proven to be an effective method to identify markers of change in psychotherapy within several modalities (e.g. cognitive-behaviour therapy, emotion-focused therapy). However, there is scarce research on the use of the IMCS to track change in other contexts. Also lacking is the study of Innovative Moments' themes - are there

different themes within recovered and unchanged clients' Innovative Moments? The initial three presentations on this panel explore these gaps: the first presentation, entitled "Inter-session and within-session Innovative Moments in low-threshold, telephone-based Cognitive-Behavioral Therapy for Depression" will address the identification of change markers within psychotherapy sessions and in inter-session. The second presentation, "Tracking innovative moments in writing interventions: an exploratory study" widens the scope of the Innovative Moments coding in a web-based autonomous writing intervention, also exploring the association of Innovative Moments with self-distancing and ambivalence towards change. The third presentation, "What themes are within change markers? A thematic analysis of the innovative moments in a sample of adolescents" explores the themes present on the Innovative Moments of a sample of adolescents, pinpointing the main contents of Innovative Moments and the differences between recovered and unchanged clients. The discussant will integrate the findings presented in the panel with his research on the role of ambivalence towards change in the change process.

- **Paper: Inter-session and within-session Innovative Moments in low-threshold, telephone-based Cognitive-Behavioral Therapy for Depression**

*Main author: Marie Drüge (University of Zurich)*

*Co-authors: Robert Staeck, Elisa Haller, Cara Seiler, Valentin Rohner, Birgit Watzke*

**ABSTRACT:**

Background: Innovative moments (IMs) as moments in psychotherapy in which the patients' problematic patterns change towards more elaborated and adaptive have been studied within sessions but are likely to happen inter-session. Studies have shown that IMs are associated with clinical change in patients with depression. In telephone-based Cognitive-Behavioral Therapy (Tel-CBT) engaging to homework predicts symptom decrease. The question arises whether IMs can be identified in TEL-CBT as inter-session or within-session IM? How are they associated to homework engagement? Methods: Sessions of ten patients with mild to moderate depression (range: 7-11 sessions = 94 sessions) undergoing Tel-CBT were qualitatively and quantitatively analyzed using the assessment of IMs, symptom severity and homework engagement for each session. Two raters used the IMCS in all transcripts to measure levels and proportion of IMs. Results: The rating of IMs was feasible and reliable, also for inter-session and within-session (Cohen's kappa for inter-session vs. within session:  $\kappa = .92$ ). There were differences in the levels of within and inter-session IM (e. g. inter-session IM: 45% at level 1, 0% at level 3). The association between treatment success and IMs and Homework engagement could not be shown in the data. Conclusion: The results have to be interpreted with caution due to the exploratory character of this study. Still, innovative moments – inter-session and within-session - can be found in Tel-CBT. As most inter-session IM have a partial reflection within the session, a continuous rating is recommended. Results are discussed and implications for research and practice are derived.

- **Paper: Tracking innovative moments in writing interventions: an exploratory study**

**Main author: Janine Marinai (University of Minho)**

*Co-authors: João Batista, Cláudia Moreira, Miguel M. Gonçalves*

**ABSTRACT:**

"Background: Innovative Moments are narrative markers of change, elaborations in the form of actions or reflections that contrast the problematic narrative. As a transtheoretical approach, the Innovative Moment Coding System (IMCS) has been used in psychotherapy, however, its applicability to social contexts, such as self-help writing interventions, was rarely explored.

Aim: This study explores the IMCS in the context of Write 'n' Let Go, an online guided writing program that led to improvements in university students' psychological distress, rumination, and ambivalence towards change. We aimed to validate whether a self-help writing intervention can produce identifiable narrative change markers and explore associations among narrative elaboration, linguistic markers, and the psychological variables.

Method: The intervention comprised four different writing tasks during a week. 160 texts from a sub-set of 40 participants of the experimental group were coded with IMCS to identify markers of narrative elaboration. The texts were further analyzed using the Linguistic Inquiry and Word Count application.

Results: Narrative change markers represented 22% of the words in participants' texts, with a higher prevalence (37%) on the task focused on resource activation. Narrative elaboration was associated with ambivalence reduction but not with rumination or distress. Higher self-distancing and lower self-immersion linguistic markers were associated with narrative elaboration.

Discussion: Further work is required to support the use of IMCS in writing interventions, however, preliminary findings indicate that narrative markers of change can be identified in autonomous writing tasks and may be used in the development of instructions fostering those sort of markers."

- **Paper: What themes are within change markers? A thematic analysis of the innovative moments in a sample of adolescents**

**Main author: João Batista(University of Minho)**

*Co-authors: Fritz Mende, Rui Braga, Sally O'Keeffe, Nick Midgley, Margarida Rangel Henriques, Miguel M. Gonçalves*

**ABSTRACT:**

"Background: Innovative moments pinpoint new and more adjusted ways of thinking, acting, feeling, and relating that emerge in clients' discourse during psychotherapy. Studies with adult clients in psychotherapy have found a greater proportion of innovative moments in recovered compared to unchanged cases.

Aims: Departing from the coding of innovative moments in a post-therapy interview, this study intends to characterize the themes present in innovative moments, as this is the first study in which the Innovative Moments was used with adolescents.

Method: Semi-structured post-treatment interviews conducted with 24 adolescents (12–18 years) who participated in a longitudinal qualitative study on the experience of taking part in a clinical trial of youth depression, were coded using the Innovative Moments Coding System. A thematic analysis identified the prominent themes in the coded innovative moments.



Results: Higher presence of innovative moments were found in recovered compared to unchanged cases. Two main themes emerged in the innovative moments, changes that occurred with therapy and attributions of changes (i.e., how the changes occurred from the perspective of the client). Recovered cases presented more IMs centered on the self (both changes that occurred and attributions of change to an internal shift) whereas unchanged cases identified more non-specific changes.

Conclusion: The meaning changes tracked through the coding of innovative moments were associated with therapeutic recovery amongst the adolescent participants of the study.

Moreover, therapeutic recovery was also associated with a higher focus on the self and more specificity in clients' representations of the change process."

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## Panel

# **A Dynamic-Systems Approach to Psychotherapy Change Processes: Current Trends in Addressing the Complex and Dynamic Nature of Psychotherapy**

Thursday, June 22nd, 8.30-9:30 - Room: Classroom 4012

*Organizers & Moderators:* Omar C. G. Gelo (University of Salento; Sigmund Freud University Vienna)

*Discussants:* Franco Orsucci (University College London; Norfolk and Suffolk NHS Foundation Trust)

## **ABSTRACT:**

"Meaningful attempts have been made in the last years to methodologically address the dynamic and complex nature of psychotherapy change processes (cf. Elliott, 2010 for a review). However, an adequate „metatheoretical, school-independent framework to explain psychotherapy change processes taking into account their dynamic and complex nature“ still seems to be lacking (Gelo & Salvatore, 2016, p. 379).

In order to overcome these limitations, a Dynamic Systems (DS) approach to psychotherapy has been proposed (cf. Gelo & Salvatore, 2016 for a review). A DS approach considers psychotherapy a complex dynamic system that changes over time according to self-organization. Thus, psychotherapy change dynamics result from the nonlinear synchronous interactions among the process components and are characterized by the autonomous nonlinear emergence of order punctuated by discontinuous transitions from one stable mode of functioning to another.

The present panel presents some current trends within a DS approach to psychotherapy change processes. Schöller and Schiepek present results on process-outcome dynamics investigated through the Synergetic Navigation System (SNS), a treatment monitoring system able to generate time-series which are then analyzed through statistical methods coherent with a DS approach. Gelo et al. present a DS approach to psychotherapeutic communication and empirically test the hypotheses of pattern formation and transformation

resulting from semantic synchronization at an intraindividual (patient and therapist) and interindividual (dyad) level. Finally, Saad et al. apply a conversation analytical tool to investigate the dynamics of psychotherapy process in terms of information entropy in psychotherapeutic dialogue."

- **Paper: Research results on process-outcome dynamics based on Synergetic-Navigation-System-based feedback**

**Main author:** *Helmut Schöller (Paracelsus Medical University Salzburg)*

**Co-authors:** *Gunter Schiepek*

**ABSTRACT:**

The Synergetic Navigation system (SNS) creates data from many patients with different diagnoses treated by different approaches in different settings. Based on this data sets including high resolution time series (daily self assessments) we can test hypotheses on change dynamics and on process-outcome relations, specifically derived from self-organization and chaos theory. Here we report on some of these results on the following: the structure of change as cascades of phase transitions, existing precursors or early warnings of phase transitions, like increased dynamic complexity or subsystem synchronization, features of (deterministic) chaos and basic unpredictability, individualized complex trajectories, and also on the results of implementing this kind of technology in mental health care systems.

- **Paper: Semantic synchronization and Treatment Outcome in Experiential Therapy for Depression**

**Main author:** *Omar C. G. Gelo (University of Salento; Sigmund Freud University Vienna)*

**Co-authors:** *Gloria Lagetto, Marcello Gallucci, Enrico Ciavolino, Johann Kleinbub, Antonio Pascual-Leone, Sergio Salvatore*

**ABSTRACT:**

"Background. We investigated semantic synchronization (SS) dynamics in terms of both semantic pattern formation and pattern transformation at a within-subjects (i.e., intraindividual; client and therapist) and between-subjects (i.e., interindividual, dyad) level. We expected different dynamics of SS in good vs poor-outcome cases.

Methods. The sample consisted of 12 (6 good-outcome vs. 6 poor-outcome) cases of experiential psychotherapy for depression. Semantic speech was assessed through computer-assisted text analysis. Entropy-based measures were used to assess SS in client and therapist (individual level) and in the dyad (interindividual level). Individual growth modeling was used to test our hypotheses for the client, the therapist, and the dyad.

Results. As expected, good-outcome therapists presented an increasing SS over time (pattern formation), which instead decreased in poor-outcome ones. They also showed the expected inverted U-shape time-course of SS (pattern transformation), while poor-outcome therapists did not. Contrary to our expectations, clients' SS dynamics did not differ between good- and poor-outcome cases. Finally, good-outcome dyads showed the expected reduction of the distance between clients' and therapists' SS over time (pattern formation),

while poor-outcome cases did not. Moreover, they presented the expected U-shaped time-course (pattern transformation) while poor-outcome dyads did not.

Conclusion: These findings suggest that treatment outcome may depend on the therapist's ability to increase his/her semantic generativity and transformativity; and on the dyad's ability to increasingly produce more similar patterns of SS between the client and the therapist.

Results are discussed with regard of research and clinical implications."

- **Paper: Talking Outside of the Box: Entropy of Patient-therapist Discourse Increases Faster in Longer Treatments of Psychodynamic Psychotherapy**

**Main author: Mor Bar (Shalvata Mental Health Center, Tel Aviv University)**

*Co-authors: Amit Saad, Shiram Abadi, Shlomo Mendlovic*

**ABSTRACT:**

"Background: Generations of clinicians described the basic aim of psychodynamic psychotherapy as the expansion of patients' (and therapists') patterns of thinking/feeling/acting. However, there are no empirical tools to evaluate whether such expansion occurred, and hence to examine its clinical benefits. We used the MATRIX – a conversation analysis tool shown to provide full codification of psychotherapy sessions, to measure the extent to which the therapeutic discourse exceeds beyond expected patterns. For that, we calculated the Information Entropy of the patient's/therapist's codes usage in each session. We hypothesize that dyads who're able to expand their patterns are more likely to adhere to therapy. Thus, an increase in entropy levels as therapy progresses would be larger for longer treatments.

Methods: Transcripts of 260 psychodynamic therapies of different lengths were coded using the MATRIX. Patients' and therapists' entropy was calculated. The median value of treatment length (27 sessions) was used to divide the dataset into short- and long-treatment groups. We applied a linear regression model to each treatment to measure the change of entropy as treatment progressed, and then used Mann-Whitney to examine the connection between entropy slopes and treatment length.

Results: As hypothesized, the slope of the session's entropy as treatment progressed was significantly higher in the long-treatment group. Patients' and therapists' mean entropy levels and their slopes along the therapy were found to significantly correlate.

Conclusion: A progression in the entropy levels of patient-therapist discourse is associated with longer therapies. The role of this parameter treatment effectiveness should be further explored."

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**Thursday, June 22nd, 2023, 10:00 - 11:00 (IST)**

**Structured Discussion**

## Psychotherapy Integration – a variety of models and their relation to psychotherapy research

Thursday, June 22nd, 10:00-11:00 - Room: J.M. Synge

Organizers & Moderators: Franz Caspar (Universität Bern)

Discussants:

- Russ Bailey (Utah Valley University)  
Catherine Eubanks (Adelphi University)  
John Norcross (University of Scranton)  
David Orlinsky (University of Chicago)  
Franz Caspar (University of Bern)  
Wolfgang Lutz (University of Trier)

### ABSTRACT:

"There is a wide variety of reasons why psychotherapy integration has become an obvious matter and a power influencing the therapeutic work for many of us. But there are many (communicating) subgroups of advocates of integration, representing overlapping perspectives such as the Generic Model, Common Factors, Psychotherapy Relationship, the Construction of Therapist action in the Moment, and more.

This discussion among colleagues with a broad range of academic age will be dedicated to presenting concepts very briefly, and then discuss in the panel and with the audience (hopefully with additional proponents of psychotherapy integration!) SPR relevant issues such as the relation of these concepts to research."

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### Panel

## The conceptual and reflective skills of analytic therapists

Thursday, June 22nd, 10:00-11:00 - Room: Emmet Theatre

Organizers & Moderators: Niccolò Fiorentino Polipo (Université Catholique de Louvain)

Discussants: Nick Midgley (University College London; Anna Freud National Centre for Children and Families)

### ABSTRACT:

There is a gap between the theories and techniques that a therapist learns during his or her training and the reality of a concrete, individual clinical case. To be able to fill this gap, it is generally understood that therapists need to mobilize certain conceptual and reflective skills (Critchfield & Knox, 2010; Robillard et al., 2021). But what do these skills consist of? In this panel, we address this question with a special (but not exclusive) focus on the conceptual and reflective skills of analytic therapists. In the first presentation, the results from a qualitative study into the conceptual skills of therapists from different orientations will be

presented. Conceptual skills will be operationalized in terms of working models, including models that are used at a general, a case-specific, and an in-session-level. In the second presentation, a model of the conceptual and reflective skills of analytic therapists will be presented. This model, empirically grounded on the study of pairs of analytic supervisors and supervisees, identifies 12 classes of conceptual and reflective skills that seem to be used by analytic therapists regardless of their school of thought. In the third presentation, the focus will be on the impact that personal therapy has on the reflective skills of therapists. The results of a qualitative meta-analysis about the way in which analytic therapists experience this impact will be reported. The panel will conclude with a general reflection on the challenges and possibilities of conducting research on the conceptual and reflective skills of practicing therapists.

- **Paper: The operators model of psychoanalytic clinical reasoning**

*Main author: Niccolò Polipo (Université Catholique de Louvain)*

*Co-authors: Jochem Willemsen*

**ABSTRACT:**

"Aim: What conceptual skills are remains largely unclear. The concept of working models serves as an operationalization of conceptual skills across different psychotherapeutic orientations. Working models can be differentiated at a general level, a case-specific level and an in-session-level. We aim to explore working models and thus a) show different aspects of conceptual skills, and b) develop a rating instrument to assess them. Both intend the advancement of psychotherapy training and a tailored teaching of conceptual skills. Method: We conduct Stimulated Recall Interviews with psychotherapists from different orientations and discuss verbatim session protocols from different stages of the same treatment. For qualitative data analysis, we use Thematic Analysis to distinguish between different aspects of working models on the three aforementioned levels. Next, we use a Nominal Group Technique to conduct expert group discussions. Thus, we arrive at a prioritization of themes that can then be assessed using Consensual Qualitative Analysis. Results: Preliminary results suggest that working models differ in terms of the balance between explicit and implicit facets, the extent to which formal terms are used to understand individual cases, and the occurrence of different levels of working models standing in contrast to each other. Further data collection and analysis is in progress to develop a rating manual.

Discussion: Conceptual skills contribute to a positive outcome in psychotherapy. The use of psychotherapists' working models as means of operationalization of conceptual skills allows a description and assessment of psychotherapists' level of professional competence, which can inform psychotherapy training across different orientations."

- **Paper: Developing reflective skills through personal psychoanalytic therapy**

*Main author: Jochem Willemsen (Université Catholique de Louvain)*

**ABSTRACT:**

"Aim: In this paper, we develop a model of the conceptual and reflective skills by which analytic therapists are able to arrive at an understanding of the clinical material. Building on

Bion's theory of functions (1962), we redefine a "function" as a condition-action sequence that analytic therapists use to respond to configurations of elements in the clinical material by executing conceptual or reflective operations. The aim of the paper is to explore what families of functions are used by analytic therapists in their everyday practice.

Methods: Pairs of analytic therapists from different schools of thought (e.g., Freudian, Lacanian, Jungian) recorded a supervision session in their naturalistic setting. Then, a retrospective interview with the supervisor was used to make explicit the conceptual and reflective process that they had gone through during the session. Data were analyzed with a bespoke method designed to identify operations, spell out their underlying function, and grouping functions into families.

Results: Twelve families of functions seem to be used by analytic therapists regardless of their school of thought. We call them the "operators" of psychoanalytic clinical reasoning. Some operators appear to be used prevalently for the purposes of case conceptualization, while others for the purposes of reflective practice.

Discussion: According to the operators model, the process of psychoanalytic clinical reasoning consists in chaining together operations using functions from different families. A specific collection of "reasoning styles" seems to be interwoven in this process. Several avenues open up for future research into the implicit knowledge of analytic therapists."

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## Panel

### Learning about risks and side effects of psychotherapy

Thursday, June 22nd, 10:00-11:00 - Room: Davis Theatre

*Organizers & Moderators:* Bernhard Strauss (University Hospital Jena, Institute of Psychosocial Medicine, Psychotherapy & Psychooncology)

*Discussants:* Jacques P. Barber (Adelphi University)

#### **ABSTRACT:**

This symposium will focus on the issue of risks and side effects in psychotherapeutic treatments from different perspectives. Whereas risks comprise any potential negative effect or event during psychotherapy including therapist errors and problematic therapist behavior, side effects in its narrow sense describe negative effects of psychotherapies that re performed "lege artis". During the last years, there has been an increase in research on risks and side effects in different treatments (modalities and settings) leading to a broader range of measures but also more data on the prevalence and nature of risks and side effects. The panel intends to continue the discussion about the issue by presenting three different studies focus on different samples with different methods. The first presentation will report about unwanted/side effects in routine treatments performed in the outpatient psychotherapy service in Germany comprising psychodynamic and cognitive behavioral approaches. The second paper takes a different perspective, i.e. estimating the prevalence of negative effects and risks (in terms of border violations) in a sample of psychotherapy patients from a representative national sample. The third presentation provides a qualitative

analysis of negative therapeutic experiences that could be classified into specific categories. The papers will be discussed by an experienced psychotherapy research leading to reflections about future research on side effects.

- **Paper: Rate, spectrum, and correlates of unwanted events and side effects in routine psychotherapy as seen by psychodynamic and cognitive behavior therapists**

**Main author:** *Michael Linden (Charité University Medicine Berlin, Department of Psychosomatic Medicine)*

**ABSTRACT:**

"When studying psychotherapy side effects, incidence and prevalence rates vary depending on the type of side effect, patient, treatment, setting, and assessment method.

Cognitive behavior therapists (n=73) and psychodynamic psychotherapists (n=67) were asked to report psychotherapy side effects in a convenience sample of recently seen patients (N= 277 case vignettes), and in reference to a checklist which asks for side effects in domains, like symptoms, course of treatment, social behavior, participation etc.. Therapists were interviewed by a research psychotherapist who tried to validate the response, after having collected comprehensive information on the patient and the ongoing treatment. This included also the distinction between unwanted events and side effects. Therapists reported an average of 1.69 (SD= 2.01, range 0 to 11) UE-domains per patient. For 170 (61.4%) of the 277 patients therapists reported at least one UE. From all UEs, 37.2% were classified as side effects, with an average of 0.63 (SD= 1.13, range 0-6) side effects per patient. This resulted in 33.2% of cases with at least one side effect. Most frequent unwanted events and side effects of all patients were "strains in family relations" (12.3% side effects, 15.5% UE), "deterioration of symptoms" (11.2% side effects, 7.6% UE), "problems in coping with the disorder" (7.2% side effects, 9% UE). Data confirm that side effects of psychotherapy are frequent. The difference between side effects and unwanted events shows the importance of such a distinction."

- **Paper: Estimating the prevalence of negative effects and border violations in psychotherapy - Differential effects**

**Main author:** *Bernhard Strauss (Universitätsklinikum Jena)*

**Co-authors:** *Romina Gawlytta, Andrea Schleu, Dominique Frenzl*

**ABSTRACT:**

"Recently, research focusing on negative and side effects, but also harm, technical errors and border violations has become more intensive (may be 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 two national random samples. In a first

sample of 244 individuals who were screened from ~ 5.5 k German citizens over 18 years old, NEQ data were primarily focused. In a second study starting with a screening among almost 15 000 individuals 680 (former) psychotherapy patients were interviewed with a focus on NEQ data and data related to different kinds of border violations and problematic therapist behavior.

Besides prevalence estimations, the paper will focus on factors of potential influence on the negative effects and experiences, e.g. treatment satisfaction, helping alliance but also demographic characteristics of the patients."

- **Paper: What do clients mind about psychotherapy? A qualitative meta-analysis of negative experiences**

**Main author: Zbynek Vybiral (Department of Psychology, Faculty of Social Studies, Masaryk University, Brno)**

*Co-authors: Tomas Rihacek, Benjamin M. Ogles*

**ABSTRACT:**

The paper is based on results of qualitative meta-analysis, which aimed to synthesize the findings of primary qualitative studies focused on what clients perceived and reported as negative events in psychotherapy. A total of 936 statements were extracted from 51 primary studies and categorized into 21 meta-categories, some of which were further divided into subcategories. The meta-categories covered clients' experiences, which fell into four broad clusters: perceptions of therapists' behaviors, perceptions of the therapeutic relationship, perceived lack of fit, and perceived poor, or negative impacts of treatment. We present clients' negative experiences of psychotherapy as a vast and heterogeneous area, the breadth of which is not captured by any single study. As we know, the meta-analysis represents the most comprehensive summary of clients' negative experiences to date.

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**Panel**

**Dealing with effective psychological interventions in the context of Health Institutions with difficult-to-treat and severe patients: the specific active ingredient of psychotherapy within the health team - Case Studies**

**Thursday, June 22nd, 10:00 - 11:00 - Room: Swift Theatre**

*Organizers & Moderators: Elena Diana Scherb (Universidad de Flores)*

*Discussants: Adrian Montesano (Universitat Oberta Catalunya)*

**ABSTRACT:**

"Psychologists have been working with other health professionals for decades in the context of Hospitals, Clinics, Health Insurance Companies, and others in different countries. While public awareness of mental health has been overgrowing in the last decade, and more intensely during and after the last Pandemic, we, as psychotherapists, need to accelerate and adapt our interventions to give response to the growing demand.



Case studies have proven to be valid empirical evidence for targeted special groups. This panel will illustrate effective psychological interventions in the context of Health Institutions with difficult-to-treat and severe patients with four Case Studies. One paper is about a successful treatment with a Bipolar patient that fell into the non-responder category with several previous treatments with unclear results in the context of a Mental Health pre-paid company. Another paper is about successful treatment with an oral cancer patient referred for psychological consultation when she expressed exhaustion and willingness to resign from further treatment. The third paper is about another successful treatment for a palate cancer patient where joint efforts of the psychotherapist, the doctor, and the team of technicians allowed to complete the cancer treatment of the patient with claustrophobia. Finally, the fourth paper deals with a case illustration where the authors propose a specifically recognized transtheoretic and transdiagnostic metacognitive intervention that is essential for optimal functioning and as a target for psychotherapy in many clinical conditions, especially for complex and difficult-to-treat cases."

- **Paper: How to deliver combined effective psychotherapy with non-responders with severe and complex disorders in the context of a Mental Health Pre-paid Insurance Company: a Case Study with a Bipolar patient.**

*Main author: Elena Diana Scherb (Universidad de Flores)*

*Co-authors: Bernardo Samuel Kerman*

**ABSTRACT:**

"In the realm of mental health teamwork, psychologists have been working with other health professionals for decades in the context of Hospitals, Clinics, Health Insurance Companies, and others. While public awareness of mental health has been overgrowing in the last decade, and more intensely during and after the last Pandemic, we, as psychotherapists, need to accelerate and adapt our interventions to give response to the growing demand. Case studies have proven to be valid empirical evidence for targeted special groups. For example, patients that have been diagnosed with Bipolar Disorders are particularly challenging because of the high rate of relapse even after adequate treatment or because they develop depressive symptoms in the long term. For these patients, even antidepressant treatment is relatively ineffective.

This paper describes the effective psychological interventions applied in the successful case of Mrs. C. This patient was diagnosed with Bipolar II and suffered from multiple problems, like severe depression, including suicidal thoughts, after several previous treatments combining psychotherapy and medications without good outcomes. Since she fell into the category of non-responders, a novel integrative cognitive-behavioral treatment with family therapy interventions was applied. We will also address the role of specific psychological interventions, teamwork, and other mediators. The whole treatment occurred in the context of a Pre-paid Mental Health insurance company, and the psychotherapist, the psychiatrist, and the family therapist worked as a team"

- **Paper: Stained Glass - from Shattering to a Beautiful View. Changing Patient Perceptions as Reinforcement for Continuing Treatment**

**Main author:** Alicja Heyda (*Maria Skłodowska-Curie National Research Institute*)

**Co-authors:** Marta Nowak- Kulpa, Marcin Zeman

**ABSTRACT:**

"Introduction

Sixty year-old woman diagnosed with advanced oral cavity cancer. Her face, after several surgeries, was marked by numerous scars. A psychological consultation was scheduled when she expressed exhaustion and willingness to resign from further treatment. Within restricted hospital conditions Ericksonian hypnosis interventions were incorporated into the therapy to strengthen the patient through the hardships of treatment and changes in her appearance. The attitude of loss was reframed to seeing her scars as a sign of strength.

Results:

The patient continued the treatment. During the postoperative period, she opted for more hypnosis sessions. While in trance, she experienced less pain, which she also learned to induce between sessions. Therapeutic metaphors were also used with soothing effect, especially the metaphor of the stained glass window was a symbol of creating a new quality from broken pieces connected by a strong bond. At a later stage of psychotherapy, she found the strength to deal with the other scars on her body and psyche. During the adjuvant treatment, she was supported daily by another therapist whose sessions focused on maintaining the inner safe haven created during the hypnotherapy and included self-compassion mindfulness. She cultivated inner freedom from external conditions.

Conclusion:

The inclusion of psychotherapy helped the patient experience relief from her pain and to keep a safe place where she could dissociate from her suffering and associate with her resources. The changes sown were nurtured in the next stage of treatment, and as a result, every breath was a victory despite her challenges"

- **Paper: Warm me up and Breathe me. When Claustrophobia and Complex Trauma Make Cancer Treatment Impossible**

**Main author:** Alicja Heyda (*Maria Skłodowska-Curie National Research Institute*)

**Co-authors:** K. Skłodowski, A. Wygoda

**ABSTRACT:**

"Introduction:

Patient and methods: The 64 years old patient was primarily diagnosed with early-stage palate cancer and had surgical treatment. Post-operative radiotherapy did not started, because of extreme claustrophobia and panic attacks during the first attempt at another hospital. The claustrophobia was related to the smothering incident at the martial arts training before the cancer onset.

Three years later, the patient was diagnosed with secondary oral cancer, was operated and needed radiotherapy again. He was determined to complete the treatment, so he agreed to start psychotherapy and breathwork retraining. The doctor and radiotherapy technicians also

offered constant emotional support and reassurance. The patient had been depressed for several years, had a history of complex relational trauma and abandonment.

Results:

The radiotherapy mask fitting went well with the assistance of the psychotherapist helping to breathe calmly and the doctor being close. The radiotherapy process started with continued psychotherapy and prescribed sedatives during the first two fractions. After two sessions that included 30 minutes of slow breathing (6 breaths per minute), the patient continued radiotherapy without sedatives. Continued psychotherapy with adequate closeness and alliance addressed his traumas and resulted in successful treatment completion, improved mood, de-traumatisation and existential re-evaluation of his life.

Conclusion:

Joined efforts of the psychotherapist, the doctor and the team of technicians allowed to complete the cancer treatment of the patient with claustrophobia. It further improved his mood and well-being for good after several years of depression."

- **Paper: Enhancing metacognitive capacities with an immersive exploration of self-identity: A case study**

**Main author: Guillem Feixas (Universitat de Barcelona)**

*Co-authors: Miguel Alabernia-Segura*

**ABSTRACT:**

"In the last two decades, metacognitive capacities (e.g., understanding mental states of self and others) have been recognized as essential for optimal functioning and also as a target for psychotherapy in many clinical conditions, especially for complex and difficult-to-treat cases. We have created a three-session immersive metacognitive training using EYME-Explore Your Meanings, a platform based on the repertory grid interview that elicits the patient's personal meanings about self and significant others displaying a virtual reality environment to be explored with the guidance of the therapist.

With a case study, we will illustrate its transformative potential by increasing self-awareness, sense of agency, and reflective function, promoting more adjusted identity narratives, and a reduction of symptomatology. These benefits might also occur in mental health conditions in which identity issues are at stake, such as psychosis, borderline personality disorders, and depression."

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Panel

CE

## **Systemic Therapist Effectiveness: Innovations in Training, Research, and Practice**

Thursday, June 22nd, 10:00-11:00 - **Room: UI Chadhain**

*Organizers & Moderators:* Laurie Heatherington (Williams College)

*Discussants:* Ben Ogles (Brigham Young University)

**ABSTRACT:**

"This panel brings together researchers on four separate projects that have each contributed innovative methods to advance the training, research, and practice of couple and family therapists. While psychotherapy research has provided critical insights into the skills and practices that distinguish effective and ineffective therapists, this literature is primarily founded on the treatment of individual adults or children. The extant literature often fails to acknowledge the increased complexity that comes when working conjointly with multiple clients. Navigating this added complexity requires therapists to have specific training in systemic approaches, a unique skill set, and a nuanced understanding of the research evidence. Each of the researchers in this panel has contributed to original advancements in the training, assessment, outcome monitoring, and deliberate practice of systemic therapy.

Each of the three papers discussed in the panel demonstrates research that focuses specifically on providers of systemic therapy and their impact on client outcomes:

-The first paper (Miller, R., Erekson, D. M., & Merrill, B.) will present therapist effects for couple therapy using data from a large university counseling center.

-The second paper (Jones, A.; Friedlander, M.; Herman, M.; Potel, M.; & Crosky, S.) will present a newly developed observational rating tool for evaluating therapists' facilitative systemic intervention skills (FSIS).

-The third paper (Blow, A. & Seedall, R.) will introduce the deliberate practice of systemic therapy skills."

- **Paper: Therapist Effects in Couple Therapy**

**Main author: Richard B. Miller (Brigham Young University)**

*Co-authors: David M. Erekson, Brett Merrill*

**ABSTRACT:**

"There is substantial evidence that there are significant therapist effects in psychotherapy. Indeed, research has consistently demonstrated that therapist effects (who conducts the therapy) are significantly greater than treatment effects (what treatment model the therapist uses). However, this robust research literature has focused on individual psychotherapy; very little is known about therapist effects in couple therapy. Consequently, research is needed in order to understand therapist effects in relational therapy. This study will examine therapist effects for couple therapy using a large clinical database, with therapy progress being the outcome variable.

Data came from a counseling center at a large university in the Western part of the United States. Over 5,000 couples are in the data set, and there are 75 therapists who had seen at least ten couple therapy cases and who will be included in the analyses. The therapists in the data set include licensed psychologists and marriage and family therapists, as well as psychology doctoral students doing their fourth-year internships. The dependent variable is the trajectory of couples' scores on the OQ45, which are assessed at the beginning of each session. Because cases are nested within therapists, multilevel modeling will be used to

assess the level of therapist effects. Therapist gender, age, experience, and professional discipline will be included as Level-1 predictor variables. In addition, level of pre-therapy relationship distress will be included as a control variable."

- **Paper: The Facilitative Systemic Intervention Skills Rating Measure**

**Main author: Adam C. Jones (Texas Woman's University)**

*Co-authors: Myrna Friedlander, Michal Herman, Molly Potel, Sarah Crosky*

**ABSTRACT:**

"Through research that has explored the practices, skills, and behaviors of highly effective therapists, researchers have begun to provide critical insights into what factors separate effective and ineffective clinicians. In an effort to research therapist skills that are predictive of improved client outcomes, one landmark study rated therapists on several facilitative interpersonal skills (FIS) and found that these skills were directly related to client outcomes (Anderson et al., 2009, 2016). Despite its important contribution to the study of therapist effectiveness, the FIS rating measure cannot adequately capture, and is not designed to capture, the added complexity that arises when working with multiple people simultaneously. This presentation presents a new tool for evaluating facilitative systemic intervention skills (FSIS) of relational therapists. Systemic therapists can be evaluated as they respond to simulated vignettes of difficult therapy scenarios. By employing a systemic conceptualization, the measure rates the effectiveness of therapists on various skills, including (but not limited to): focusing on family strengths, communicating relational empathy, navigating disparate motivations/goals, and framing client problems in relational terms. This measure has practical uses for clinical work, research, and training/supervision. This assessment measure provides new directions in advancing efforts to develop therapist training systems with empirical support."

- **Paper: Utilizing Deliberate Practice to Increase Therapist Skills in Couple and Family Therapy**

**Main author: Adrian Blow (Michigan State University)**

**ABSTRACT:**

"Deliberate practice engages therapists in training activities to improve their performance in the delivery of interventions in therapy. Through a process of operationalization of skills and then rehearsing of these skills under the direction of a coach or supervisor, therapists are able to master therapy skills, allowing them to be more effective with their clients. In systemic therapy, complex skills are required to effectively engage and intervene with couples and families. Research suggests that Deliberate Practice can significantly improve the effectiveness and efficiency of psychotherapy education and training.

In this paper, the presenters will introduce participants to deliberate practice and discuss how this process can improve therapeutic skills. They will then introduce a series of micro-skills that represent some of the core therapeutic skills that are crucial to systemic therapy. They will describe one complex family therapy skill and illustrate to the audience how to master this skill through deliberate practice: rehearsal, supervisor feedback, and self-evaluation. Using deliberate practice to enhance this skill will be illustrated by video and

an experiential exercise. Finally, presenters will discuss how supervisors can more effectively use the deliberate practice process."

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## Panel

### **How can we help mothers, fathers, and infants in the perinatal phase through psychotherapy? An important contribution to public mental health**

Thursday, June 22nd, 10:00-11:00 - Room: Classroom 3106

*Organizers & Moderators:* Agnes von Wyl (Zurich University of Applied Sciences)

*Discussants:* Anna Georg (Heidelberg University Hospital)

#### **ABSTRACT:**

"Pregnancy and early childhood (0–4 years) are phases of life that are important for healthy development of the child and for prevention of diseases, for example mental disorders. Health promotion and prevention in early childhood therefore have a potential public health impact. Perinatal and postnatal maternal (and paternal) psychopathology is a risk for the mother-child relationship and therefore for child development. Likewise, a disturbed maternal-infant relationship and/or an infant's disturbances and disorders are risk factors. Therefore, psychotherapy that works with expectant mothers or with infants and their parents can help give vulnerable children a better start in life.

In this panel, we will address various challenges of psychotherapy in pregnancy and early childhood. The presentation by Andrew Briggs focuses on fathers and the impact that the presence or absence of the father – either emotionally or physically – can have. The main question is how it is possible to make the mother-child dyad a triad that includes the father. The second study, presented by Inga Blom, deals with possible ways to treat perinatal psychological burdens effectively. Blom will show how important it is to take into account mothers' attachment history and to help mothers improve their capacity for mentalization. Finally, Agnes von Wyl will present results of study on Watch, Wait, and Wonder psychotherapy, which is based on attachment theory. Von Wyl will compare two different outcome measures for parent-child psychotherapy, mind-mindedness (the capacity to mentalize about the child) and the CARE-Index, an instrument that assesses mothers' sensitive behavior."

- **Paper: When fathers are absent**

*Main author: Andrew Briggs (NHS Child and Adolescent Psychotherapy Department)*

#### **ABSTRACT:**

This presentation discusses some of my work with families where children are under five years of age. I have been particularly interested when the father is absent through his own volition, or when being made so by the mother. This work is taken from an under-fives

service to which concerned health visitors referred. Concerns were about the infant's development and the parents' capacity to parent. Infant symptoms included; bed-wetting, defiance, refusal to eat, and sleep difficulties necessitating sleeping in the parents' bed or bedroom. The service remit offered one assessment session followed by four intervention sessions. To improve infant and child symptoms thinking had to be precise within a robust therapeutic relationship made so from the outset. This robustness was initially tested through the process of establishing whether the father's emotional withdrawal was due solely to his own experience of being parented, or because of the mother excluding him from her and childcare.

- **Paper: Finding the minds of new mothers: research on the impact of attachment, trauma and mentalization on perinatal adjustment in an urban, community setting**

*Main author: Inga Blom (Lenox Hill Hospital/Northwell Health)*

*Co-authors: Ozlem Bekar*

**ABSTRACT:**

Entry into motherhood is a developmental milestone, a transformation of mind and body defined by social, cultural, psychological, physiological and intergenerational factors. It is a moment that creates new opportunities for growth, change, and suffering. At our urban community mental health clinic, diverse women seek treatment when the perinatal period ushers in thoughts, feelings, experiences and interactions that are confusing, and at times intolerable. Our clinical research program builds on Bowlby and Fraiberg, and the elaborations of contemporaries like Fonagy, Steele and Beebe. At intake, self-report symptom inventories and Adverse Childhood Experiences (ACES) along with semi-structured narrative assessments, including the Adult Attachment Interview, clarify implicit and explicit factors that define symptoms and treatment engagement. For example, our data elaborates existing work showing specific ACES lead to specific ways of thinking and feeling; repeated measures track changes in mentalization, distress, and emerging wellbeing. Factors that determine 'good outcomes' for mother and baby are increasingly understood to include mothers' own attachment histories including ACES (trauma), and mentalizing capacity, i.e. perspective-taking on self and other, on past and present, that permits flexible engagement in the present moment, and the capacity to access supports necessary to care for oneself and a baby. Contemporary realities and the COVID19 pandemic have highlighted an urgent need for efficient and effective treatment to women experiencing perinatal mood and anxiety disorders (PMADS). Our data offer new insights into personal and systemic contributions to PMADs, and opportunities to fine-tune interventions that serve as preventative care for the next generation.

- **Paper: Is a mother's sensitive behavior or mind-mindedness more sensitive for detecting therapeutical effects in mother-child psychotherapy? A pilot study**

*Main author: Agnes von Wyl (Zurich University of Applied Sciences)*

*Co-authors: Laura Wade-Bohleber*

**ABSTRACT:**

Background: Infant problems are mostly relational. Often, they reflect the infant's separation anxiety and are therefore understandable in the context of attachment theory. Watch, Wait, and Wonder (WWW) parent-child psychotherapy is an approach based on attachment theory that actively involves the child. The aim of this pilot study is to compare two possible outcome measures for parent-child psychotherapy: mothers' sensitive behavior and mothers' mind-mindedness. Method: We recruited mothers with their infants aged 10 to 16 months. Six mothers completed 5 sessions of WWW psychotherapy. The study included baseline and post-assessment. Additionally, all sessions were videotaped. Outcomes included Edinburgh Postnatal Depression Scale, OPD Structure Questionnaire, mind-mindedness, and a mother's sensitive behavior. To assess mind-mindedness, we videotaped free play sessions and rated them with the Mind-Mindedness Coding Manual. To assess mothers' sensitive behavior, we used the CARE-Index. To analyze the data, we will evaluate the therapeutic process and compare that with each outcome measure. Findings will be presented at the conference. Discussion and recommendations will focus on the possible relevance and sensitivity of the two measures for detecting therapeutical effects in parent-child psychotherapy.

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#### Panel

## **Towards affirmative psychotherapeutic interventions and family relationships when working with sexual and gender minority patients**

Thursday, June 22nd, 10-11:00 - **Room: Classroom 3074**

*Organizers & Moderators:* Nicola Carone (University of Pavia)

*Discussants:* Gary Diamond (Ben-Gurion University of the Negev)

### **ABSTRACT:**

Sexual and gender minority (SGM) people have higher rates of mental health problems than their heterosexual and cisgender counterparts, but often report dissatisfaction with health services. Therefore, there is a clear need to provide tailored and affirmative psychotherapeutic interventions to SGM individuals to validate and advocate for their needs. Also, parents of SGM patients may need support in elaborating their own emotions related to their child's sexual and gender identity. The present symposium was designed to identify aspects contributing to affirmative psychotherapeutic interventions when working with parents of SGM patients, transgender and non-binary (TGNB) patients, and sexual minority (SM) parents. The first paper (Zisenwine & Diamond) provided a clinical map for helping Israeli non-accepting parents of SGM young adults to diminish their own emotional distress and focus on the well-being of their child and their relationship in the context of attachment-based family therapy. The second paper (Digiannantonio et al.) found positive, disorganized, and overprotective countertransferential patterns among 20 Italian psychotherapists working with TGNB patients. The third paper (Carone et al.) included 71



Italian therapists working with SM parents and showed that therapists' beliefs about SM parenting reflected in specific emotional responses, which, in turn, were associated with patients' drop-out, particularly when therapists were not trained on LGBTQ+ issues. Overall, the symposium identifies the key roles of therapists' emotional reactions and training in LGBTQ+ issues in influencing their clinical work with SGM patients, as well as emphasizes the need to involve their parents to promote rupture resolutions in the parent-SGM child.

- **Paper: From global distress, fear/shame and rejecting anger to resolution: a task analysis of therapeutic work with parents of sexual and gender minority young adults**

**Main author:** *Tamar Zisenwine (Ben-Gurion University of the Negev)*

**Co-authors:** *Gary M. Diamond*

**ABSTRACT:**

**Aim:** This study examined the process by which parents successfully shifted from high, dysregulated emotional distress and self-focus to lower, more regulated levels of distress, a focus on their child or their relationship with their child, and a commitment to repairing the relational rupture in the context of attachment-based family therapy with sexual and gender minority young adults and their nonaccepting parents (ABFT-SGM). **Methods:** A task-analytic approach was used to articulate a rational model of the change process. Next, an empirical model was developed based on clinical observation. These two models were synthesized to form the therapeutic model of a successful change process. Finally, core components of the empirical model were operationalized and suitable measures were chosen to validate the components. Sixteen cases were reliably classified as either good (i.e., shifts occurred) or poor resolvers. Next, raters watched taped sessions and chose segments best representing the core components of the model. Finally, different raters rated the components using the Classification of Affective Meaning States coding system and the Reflectivity Scale. **Results:** Good resolvers evidenced more adaptive emotions and higher reflectivity than did poor resolvers. Moreover, all good resolvers (but only one poor resolver) evidenced advanced components of the therapeutic model. More advanced components were reached only after the processing of maladaptive emotions. **Discussion:** Results validated our therapeutic model, indicating grief related to the relational rupture, assertive anger, and higher reflectivity regarding relational rupture as essential components for resolution in ABFT-SGM.

- **Paper: Therapeutic work with gender diversity: analysis of cisgender psychotherapists' countertransferential reactions with transgender and non-binary patients**

**Main author:** *Bianca Di Giannantonio (Sapienza University of Rome)*

**Co-authors:** *Marta Mirabella, Guido Giovanardi, Alexandro Fortunato, Serena Degli Angeli, Karine Milanese, Anna Maria Speranza*

**ABSTRACT:**

**Aim:** Several studies evidence that transgender and non-binary patients may elicit strong countertransferential reactions in cisgender psychotherapists. Additionally, the literature has

highlighted difficulties regarding alliances and trust in the therapeutic relationship with these patients. The present study aims to explore the countertransferential reactions of psychotherapists with different theoretical orientations and backgrounds, with transgender and non-binary patients. Specifically, the study explores the subjective experiences of clinicians during psychotherapy, their attitudes, and their knowledge regarding gender incongruence (GI). Methods: 20 psychotherapists with psychodynamic, cognitive, and systemic orientations were recruited. A semi-structured interview created ad hoc for this study was used and a Consensual Qualitative Analysis (CQR) was applied to the transcripts. The Therapist Response Questionnaire (TRQ) and the Patient Response Questionnaire (PRQ) were filled in by the therapists. Results: Different themes using the CQR emerged: 1) Specific countertransferential reactions of psychotherapists; 2) Setting-related aspects; 3) Personal and professional reflections of clinicians matured during psychotherapy; 4) Psychotherapists' knowledge regarding gender identity and GI. The TRQ evidenced positive, disorganized, or over-protective countertransferential patterns. The PRQ highlighted anxious/preoccupied behavioral patterns, positive/working alliance, and avoidant/dismissing attachment. Discussion: Very strong and poorly processed countertransferential reactions emerged both among psychotherapists who reported feeling insufficiently trained on the topic of GI and also in those who reported having an adequate level of expertise. Therefore, it is key to promote knowledge and training on GI among therapists, as well as encourage recognition of countertransference reactions to improve clinical practice with these patients.

- **Paper: Therapists' emotional reactions when working with sexual minority parents**

**Main author: Nicola Carone (University of Pavia)**

*Co-authors: Eleonora Innocenzi, Vittorio Lingiardi*

**ABSTRACT:**

Aim: Therapists are inherently a product of a heteronormative culture. Even those who consciously support sexual minority parenting are not immune to stigmatization of sexual minority parents and may thus unintentionally perpetuate biased views in their work with them. This is particularly concerning given evidence that premature termination is associated with negative outcomes. This study examined the mediating role of therapists' emotional reactions on the influence of their beliefs about sexual minority parenting on drop-out by sexual minority parents. The moderating role of training on LGBTQ+ issues was also examined. Methods: 71 white cisgender therapists (Mage = 39.50; SD = 7.84; 67.6% women; 66.2% heterosexual) of different theoretical orientations who had treated a sexual minority parent in the last year for at least three sessions and whose consultation/therapy ended (spontaneously vs. dropped out) participated. Each therapist completed the Beliefs About Families & Conception questionnaire (Carone et al., 2022) and the Therapist Response Questionnaire (Betan et al., 2005). Results: For therapists who were not trained on LGBTQ+ issues, greater negative beliefs about families and conception resulted in their patients' drop-out through lower therapists' positive responses, and greater therapists' helplessness/inadequate, parental/protective, overwhelmed/disorganized, and hostile/angry responses. No significant direct effects were identified. Discussion: Therapists need to identify and monitor their emotional reactions when working with sexual minority parents to reduce the risk of compromising retention in treatment. The results further suggest the

importance of developing competence among therapists on LGBTQ+ issues to shift from a microaggressive to an affirmative model of psychotherapeutic care.

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## Panel

### Zooming in on the rupture and repair process

Thursday, June 22nd, 10:00-11:00 - Room: Classroom 3051

*Organizers & Moderators:* Orya Tishby (Hebrew University, Jerusalem)

*Discussants:* Adam O. Horvath (Simon Fraser University)

#### **ABSTRACT:**

"Safran and Muran (2000) have argued for the value of conceptualizing both the work of building the alliance and of repairing strains in it, as involving a process of ongoing negotiation between therapist and patient. Based on psychoanalytic relational conceptualization, the rupture repair process aims to achieve ""mutual recognition"" (Benjamin, 1990), which facilitates insight and also provides patients with a new relational experience.

The papers in this panel all zoom-in on the therapeutic interaction in the rupture resolution process: Rivka Shir's paper examined how therapist-patient congruence on ruptures relates to patients' evaluation of rupture discussion and session quality. Carolina Altimir analyzed therapists' and patients' facial affective reactions in the course of rupture/resolution events. She also looked at the relationship between resolution strategies, specific facial actions and therapy outcome. Orya Tishby will present a study on the relationship between resolution strategies and changes in patient's capacity for emotion regulation, considering patients' attachment styles. Together these 3 papers shed light on the complexity of the rupture resolution process and its role in psychotherapy."

- **Paper: Do we need to feel the same? Therapist and Patient mutual recognition and Congruence on characteristics of ruptures and repair.**

**Main author:** Rivka Shir (Hebrew University Jerusalem)

#### **ABSTRACT:**

"Paper in Panel: Do we need to feel the same? Therapist and Patient mutual recognition and Congruence on characteristics of ruptures and repair.

Objective: Alliance is defined as the patients' and therapists' bond in the therapeutic process. Most therapies will experience a rupture within the therapeutic process. Ruptures and repairs in the alliance are related to better therapy outcomes (Eubanks, 2018, Muran, 2009). However, less is known about therapists' and patients' dyadic perception of rupture and repair. The current study examined the relationship between mutual recognition and characterization of the ruptures and repairs within the session by patients and therapists and the session quality and features.

Method: Data was collected from 90 patient-therapist dyads during 16 sessions of Supportive Expressive Therapy (Luborsky, 1984). Therapists and patients reported ruptures

and repairs after each session on the Post Session Questionnaire. Patients also rated session quality after each session.

Results: We found a significant relationship between patients' and therapists' mutual recognition of ruptures with interaction with rupture intensity levels and session quality rating by patients. Moreover, patients' and therapists' congruence in the rupture's intensity perception was related to patients' perception of the within session addressing the rupture. Finally, we found a significant relation between patients' and therapists' congruence in repairing the ruptures and session quality as rating by the patients.

Conclusion: Our study emphasized the important of the dyadic view, and both patients' and therapists' perception of the therapeutic processes."

- **Paper: Facial-affective markers of patient-therapist rupture-resolution processes**

**Main author:** *Carolina Altimir (Universidad Alberto Hurtado)*

**Co-authors:** *Mahaira Reinel*

**ABSTRACT:**

"Background: Ruptures are breakdowns in how patients and therapists negotiate their needs and desires that challenge the stability of the relationship and the progress of psychotherapy. They are characterized for inducing emotional distress and activating relational and self-schemas. Facial-affective markers observed in the patient, and self-perceived by therapist, may inform about underlying affective states associated to different manifestations of ruptures, and resolution attempts, thus improving therapists' ability to detect and address ruptures and decrease their negative impact.

Aims: To characterize and establish distinctions between ruptures and resolution strategies in terms of affective-facial communication between patient and therapist, and its association with therapeutic change.

Method: All 227 sessions belonging to 13 individual therapies, were analyzed by trained judges; ruptures and resolution strategies (N = 318) were identified based on the 3RS and both participants' facial-affective behavior within these events was coded with FACS.

Therapy and session outcome were assessed with OQ-45.2. Three-level nested analyses were carried out to establish associations between participants' facial-affective behavior, ruptures and resolution strategies, and outcome.

Results: Successful therapies show more proportion of withdrawal ruptures than confrontations. Participants' facial-affective behavior show differences between ruptures and resolution strategies, and patients' behavior also show differences between type of rupture. Gaze behavior plays an important regulatory function for therapists.

Discussion:

We discuss the contribution of these distinctions to systematizing facial-affective markers of different rupture configurations that can help clinicians in the identification and targeted management of these events for better treatment outcomes."

- **Paper: The relationship between rupture resolution strategies and changes in patients' capacity for emotion regulation, mediated by attachment style.**

**Main author:** *Orya Tishby (Hebrew University Jerusalem)*

**ABSTRACT:**

"Several studies have shown that treatment in which ruptures are resolved have better outcomes (Eubanks et al., 2018). However, only a few studies have examined the relationship between rupture resolution and patients' attachment styles. Eames & Roth (2000) showed that preoccupied attachment style was associated with more ruptures, whereas dismissive attachment style with less ruptures. Miller-Bottomo, Talia, Safran & Muran (2018) found that both secure and insecurely attached patients were involved in ruptures, however they differed in their ability to participate in the process of rupture resolution, and benefitted from different resolution strategies. The present study examined the relationship between therapists' use of different rupture resolution strategies and their relation to changes in patients' capacity for emotion regulation in the beginning phase of Supportive-Expressive Psychotherapy.

Method: Sessions 3-5 of 40 patients in Supportive Expressive Therapy were rated on ruptures and resolution strategies, using the Rupture Resolution Rating System (Eubanks-Carter, Muran, & Safran, 2015). Patients filled the Experience in Close Relationship Questionnaire (Brennan, Clark & Shaver, 1998) prior to beginning treatment, and the Difficulties in Emotion Regulation Scale following each session (DERS18; Victor & Klonsky, 2016). Results: Using Multi-level modeling we will examine changes in the DERS subscales in relation to use of several resolution strategies, mediated by avoidant or attachment style. Discussion: We hope to show that certain resolution strategies predict changes in some aspects of emotion regulation in the beginning phase of therapy. These changes may differ for patients with avoidant or anxious attachment styles."

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**Panel****The role of epistemological beliefs in clinical practice, psychopathology, and psychotherapy research**

Thursday, June 22nd, 10:00-11:00 - Room: Classroom 3071

*Organizers & Moderators:* Attà Negri (University of Bergamo)

*Discussants:* Omar Gelo (University of Salento)

**ABSTRACT:**

"Each scientific discipline develops implicit and explicit theories about the conditions of knowledge of its objects of inquiry; in turn, these theories guide empirical research and practical interventions in that scientific field. The investigation of these theories of knowledge is therefore of utmost importance for a proper scientific foundation of research and intervention. This is especially true for psychotherapy, whose object of study - the human subjectivity - is intangible and can be investigated only through intersubjective encounter. In other words, human subjectivity is both the object of study and the instrument of knowledge in psychotherapy research. This implies special attention to epistemological

theories in the study of psychotherapy, an aspect that has been largely neglected by empirical research in this field.

Panel presentations will address the relationship between epistemology and psychotherapy from three points of view: Tatal and De Felice will address the issue from the perspective of researchers: they will present an empirical study on the theories of change that complexity epistemology-oriented research of can develop. Norwood, Wesner, Schmidt, and Bernat will examine the interactive relationship between theoretical definitions and empirical approaches of the study of Intolerance of Uncertainty and the succeeding clinical implications and research applications. Negri, Gaj, Brugnera, and Castiglioni will explore the epistemological beliefs of psychotherapists, presenting a validation study of a new questionnaire able to investigate the epistemological assumptions guiding the theoretical choices of psychotherapists and psychotherapy researchers."

- **Paper: Fostering Second Order Change in Psychotherapy Process**

*Main author: Nihal Tatal (Ankara University)*

*Co-authors: Giulio De Felice*

**ABSTRACT:**

Classically, in the existing literature, the notions of first and second order change refer to two very different aspects of change. The former implies a change in the patient's symptoms. In the latter case there is a structural change in the patient's psychic organization. There are few studies in the literature focusing exclusively on second-order change, which is more difficult to measure. For this reason, between 100 and 200 psychotherapies were investigated in the present work through a three-step analysis. In the first step we applied an algorithm to the process of each psychotherapy to highlight the change points of each one. In the second step, to categorize change points into first and second order, we applied principal component analysis with moving time windows in the moments immediately before and after each change point. In the third step we retained only second order changes focusing on their characteristics. Clinical, empirical, and epistemological implications of the study are discussed.

- **Paper: The Uncertainties of Intolerance of Uncertainty: An Illustration of the Path of "Making Sense" from Clinical Case Study to Structural Equation Models and Back**

*Main author: Earta Norwood (University of Maryland, College Park)*

*Co-authors: Eric Wesner, Brad Schmidt, Edward Bernat*

**ABSTRACT:**

Intolerance of Uncertainty (IU) started its journey as a cognitive variable in a theoretical model of anxiety. It has been conceptualized as a dispositional characteristic and a cognitive filter; it has been studied in relation to anxiety in general and specific anxiety disorders; investigation methods have included self-report measures, computer-based tasks, and fMRI. These interpretations of IU inspired exploring its effect on attention biases and its role as a mediator in anxiety, the face validity of IU as a clinically meaningful construct inspired its exploration in clinical practice—case study poster presented at 43rd SPR (2012) and the

inclusion of IU measures in the intake questionnaires at a residential substance addiction treatment center. IU was later identified as a constituent of distress tolerance (DT), thus a transdiagnostic factor still connected to diagnoses of anxiety and depressive disorders. The introduction of the Hierarchical Taxonomy of Psychopathology (HiTOP) dimensional model of psychopathology—advocating continuous exploration and integration of existing and developing knowledge—can transform the conceptualization of IU. In the most recent study, we used structured equation modeling to construct latent models of DT. The findings indicate that IU is a constituent of DT, itself a subfactor of the internalizing spectrum, which is positively correlated with other HiTOP spectra and points to a general psychopathology or p factor. The clinical implication of this line of research echoes the assumptions of clinical practitioners, who do not restrict their conceptualizations by diagnostic criteria but rather attend to client experiences and mechanisms of pathology.

- **Paper: Epistemological Beliefs Questionnaire (EBQ): a new tool for the analysis of epistemological beliefs underpinning the psychotherapeutic interventions**

**Main author: Attà Negri (University of Bergamo)**

*Co-authors: Nicolò Gaj, Agostino Brugnera, Marco Castiglioni*

**ABSTRACT:**

The analysis of epistemological beliefs underlying psychotherapeutic interventions has been largely neglected by psychotherapy research. However, consistency between basic epistemological assumptions, theories, and techniques may contribute to the scientific basis of therapeutic interventions and ultimately to their effectiveness. To fill this gap, we developed and validated an instrument, the Epistemological Beliefs Questionnaire (EBQ), to survey the epistemological beliefs of professionals from various disciplines, including psychology. The initial version of EBQ consisted of 72 theoretically driven items divided into 4 dimensions, namely "conception of knowledge," "cognitive approach," "role of subjectivity in knowledge," and "relationship between experience of reality and knowledge." The EBQ was completed by 658 participants along with other questionnaires related to epistemological beliefs. The analyses conducted found a solution consisting of 28 items, which tapped into four oblique factors ("Intersubjective evidence of knowledge" [11 items], "Knowledge contextuality" [7 items], "Analytic approach to knowledge" [5 items], and the "Knowledge stability" [5 items]), showed an adequate fit to the data ( $\chi^2(344) = 601.668$ ; RMSEA = 0.054 [90% CI: 0.047 - 0.061]; SRMR = 0.078), revealed fair to good internal consistency (McDonald's Omega ranged from .82 to .66), and correlated with questionnaires on similar constructs we administered (Pearson's  $r$  ranged from |.19| to |.38|). The EBQ represents a first step in a systematic investigation of how epistemological assumptions guide and impact the theoretical choices of psychotherapists and psychotherapy researchers. Such an investigation can offer renewed impulse for more epistemologically and scientifically grounded research and practice.

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## Panel

# Synchronization in patient-therapist dyads and its importance for alliance and treatment outcome

Thursday, June 22nd, 10:00-11:00 - Room: Classroom 3126

Organizers & Moderators: Uwe Altmann (Medical School Berlin)

Discussants: Christoph Flückiger (University of Kassel)

### ABSTRACT:

Currently there are many micro-process studies on physiological and nonverbal synchronization in psychotherapy. In general, frequent synchronization of patient and therapist is interpreted as positive for the therapy outcome in terms of the prevalence of empathy and alliance. This panel aims to contribute to the understanding of synchronization as a mechanism for change. First, Eyal Levi will report a study on cortisol synchrony patterns and its impact on process and outcome. Lara Jenny will present a meta-analysis on the correlation between nonverbal synchrony and alliance. Simone Jennissen will report finding of a meta-analysis about nonverbal synchrony, alliance, and outcome in psychotherapy. Last, possible adjustments of therapy models will be discussed in the context of the three studies by Christoph Flückiger.

- **Paper: Cortisol synchrony patterns in psychotherapy for major depressive disorder**

**Main author: Eyal Levi (University of Haifa)**

*Co-authors: Galit Peysachov, Roee Admon, Sigal Zilcha-Mano*

### ABSTRACT:

"Introduction: While the role of cortisol in psychotherapy is already being investigated, no studies attempted to explore cortisol synchrony and its effect on treatment progress and outcome. In this study, we sought to explore (a) the existence of distinct patterns of cortisol synchrony patients and therapist dyads throughout treatment, and (b) characterize the patterns and test their associations with pre-treatment patients' characteristics, treatment progress, and treatment outcome measures.

Method: Fifty patients, and their therapists, participated in 16 weeks of short-term psychodynamic treatment for major depressive disorder. Salivary cortisol samples were collected from patients and therapists before and after each session, at 4-time points. Samples were collected 30 minutes before therapy and immediately after. Patients filled out self-report questionnaires at baseline, treatment sessions were coded on the rupture-resolution rating system, and Hamilton rating scale for depression (HRSD) scores were used as the treatment outcome measure.

Results: (a) Three patterns of synchrony have been identified: Synchronized, Unsynchronized, and Unresponsive therapist. (b) Different patterns of pre-treatment, treatment progress and outcome have been identified for each pattern. Specifically, compared to the unsynchronized and Unresponsive categories, patients in the synchronized category were significantly more anxious and dominant in their relationships and were more



prone to ruptures; received fewer repairs throughout treatment. In addition, patients in the Unsynchronized category changed the least in HRSD scores by the end of treatment. Discussion: Results are in line with existing literature on the possibly aversive role of cortisol synchrony in interpersonal interactions, and form important hypotheses for future research."

- **Paper: Therapeutic alliance and nonverbal synchronization: A three-level meta-analysis**

**Main author: Lara Jenny (Universitätsklinikum Jena)**

*Co-authors: Uwe Altmann*

**ABSTRACT:**

"Background: Current research understands the nonverbal synchronization of patient and therapist as mechanism of change due to its correlation with therapeutic alliance. However, the findings are heterogeneous. On this reason we conducted a systematic review and meta-analysis.

Methods: We included real therapies of adults, single case studies, and simulated therapies. We applied a three-level model that considers both the heterogeneity between studies and the dependency of effect sizes within a study.

Results: We found 2084 database entries (duplications excluded). The screening according to the inclusion criteria resulted in 27 papers (29 different datasets, 1331 patients). In the mixed model, 83.1% variance was explained by differences between studies and 10.1% of variance by differences in effects within studies. The meta-correlation was not significant at  $r=.19$  ( $p=.0642$ ). Among other things the synchronized behaviour modality and the age of therapist were significant moderators. Whereas facial synchrony and movement synchrony correlated with alliance ( $r=.39$  resp.  $r=.25$ ,  $p<.05$ ), prosodic synchrony and language style matching did not ( $r=-.03$  resp.  $r=.07$ ,  $p>.05$ ). The older the therapists were, the stronger was the association between alliance and synchronization.

Conclusions: The hypothesized correlation between nonverbal synchronization and alliance had to be rejected. However, under specific circumstances significant meta-correlations can be found. Future research should deepen the understanding under which conditions synchronization has positive or negative effects and integrate the findings into therapy models that incorporate the nonverbal patient-therapist communication as source of change as well as risk of worsening of therapeutic process."

- **Paper: Association between nonverbal synchrony, alliance, and outcome in psychotherapy: Systematic review and meta-analysis**

**Main author: Simone Jennissen (Heinrich-Heine University Düsseldorf)**

*Co-authors: Julia Huber, Beate Ditzen, Ulrike Dinger*

**ABSTRACT:**

"Objective: The InSync model proposes that whether patients and therapists are nonverbally "on the same wavelength" may affect both the therapeutic relationship as well as outcomes. A recent body of research on nonverbal synchrony (NVS) presents heterogeneous findings, where some studies find positive associations between NVS and better therapeutic alliances

and/or outcomes, and some find zero or negative associations. The authors conducted a meta-analysis to systematically review the association between various measures of NVS and alliances as well as NVS and outcomes.

Method: NVS was defined as the therapist's attunement to the patient or the mutual temporal coordination in changes occurring in patients and therapists during treatment in a variety of modalities such as body movements, vocal pitch, psychophysiological processes, and hormonal states. A random-effects multilevel meta-analysis was performed to assess the magnitude of the NVS-alliance and NVS-outcome relationships.

Results: Overall, there was a nonsignificant effect for the association between NVS and alliance ( $r = .07$ ) and NVS and outcome ( $r = .04$ ). There was significant heterogeneity between studies. The type of NVS was a marginally significant moderator in both cases. Movement-based NVS assessed by motion energy analysis (MEA) was associated with larger effect sizes than other measures of NVS.

Conclusions: Findings suggest a substantial amount of heterogeneity between studies on NVS that may partially be explained by the various modalities of NVS (e.g. movement synchrony, voice frequency synchrony, peripheral physiological synchrony) that are assessed."

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## Panel

# Psychodynamic Treatment of A Core Personality

## Vulnerability Factor: Perfectionism

Thursday, June 22nd, 10:00-11:00 - Room: Classroom 4050a

Organizers & Moderators: Paul L. Hewitt (University of British Columbia)

Discussants: Rayna Markin (Villanova University)

### ABSTRACT:

The importance of addressing underlying personality characteristics as core vulnerability factors in psychotherapy and psychotherapy research has been gaining broad attention. Various underlying personality factors are seen as vulnerability factors that can, ultimately, produce painful distress, dysfunction, and disorders and can also interfere with the effectiveness of treatments. Psychotherapeutic treatments that focus solely on symptoms will not effect change in these vulnerability factors (see Blatt & Zuroff, 2002; Hewitt et al., 2008, 2017) and, increasingly, research has been directed at developing, refining, and evaluating integrative psychotherapies that focus on these core vulnerabilities. In the current symposium we wish to present research on group psychotherapeutic treatment (Dynamic Relational Therapy; DRT) of one broad, multidimensional, and multi-level personality vulnerability, perfectionism, and discuss not only recent research in support of the effectiveness and efficacy of DRT but also research addressing potential mechanisms in DRT that influence in DRT outcome and process.

- **Paper: Dynamic-Relational Therapy for the Treatment of Perfectionism: Evidence of Effectiveness and Efficacy**

**Main author:** *Paul L. Hewitt (University of British Columbia)*

**Co-authors:** *David Kealy, Samuel F. Mikail, Gordon Flett*

**ABSTRACT:**

Over the past 30 years, we have focused on conceptualizing and investigating perfectionism as a broad, complex, multilevel personality style that functions as a core vulnerability factor in many forms of serious psychological, relational and physical health problems that also negatively affects treatment effectiveness. We have developed, refined, and evaluated an individual and group treatment for perfectionism that combines psychodynamic and interpersonal principles in focusing not on the symptom outcomes of perfectionism or perfectionism per se but on the relational underpinnings of perfectionism itself. In this presentation, evidence for the effectiveness and efficacy of our Dynamic-Relational Group Treatment for Perfectionism in two treatment studies will be presented. The first study assesses the effectiveness of DRT by looking at changes in perfectionism as defined and operationalized in the Comprehensive Model of Perfectionistic Behavior (Hewitt et al., 2017), namely, perfectionism traits and in relational elements of the expression of one's purported perfection. The second study uses an RCT to evaluate DRT's efficacy in treatment perfectionism. The importance of DRT as a powerful and appropriate treatment for this core personality vulnerability factor will be discussed.

- **Paper: Addressing perfectionistic cognitions in group psychotherapy: A tale of two treatments**

**Main author:** *David Kealy (University of British Columbia)*

**Co-authors:** *Paul L. Hewitt, Samuel F. Mikail, Ingrid Sochting*

**ABSTRACT:**

Perfectionism is characterized by a host of maladaptive components including dysfunctional cognitions. These often manifest as inordinate concern with mistakes, recrimination for perceived flaws, and beliefs about perfection upholding interpersonal relationships. Such cognitions are important targets in psychotherapy for individuals with perfectionism, though research demonstrating improvement through psychotherapy has been limited—particularly in comparing therapeutic approaches. The present study examined two forms of time-limited group psychotherapy for perfectionism, Dynamic Relational Therapy and Psychodynamic Supportive Therapy, with regard to changes in perfectionistic cognitions from pre-treatment to post-treatment to follow-up. Perfectionistic patients were randomized to 12 sessions of either DRT or PST. Measures assessed automatic self-recriminations, concern with mistakes, and dysfunctional perfectionistic attitudes. Multi-level modelling examined change in scores as a function of time and type of treatment. Findings indicated a significant change over time for self-recrimination and concern with mistakes. Regarding dysfunctional perfectionistic attitudes, a significant difference over time was observed in favour of dynamic-relational group therapy. Thus, while perfectionistic cognitions improved in both treatments, dynamic-relational treatment was found to facilitate greater improvement in dysfunctional perfectionistic attitudes. While direct cognitive strategies might be assumed necessary to ameliorate maladaptive cognitions, the present study indicates that

psychodynamically-oriented group therapies can effect changes in patterns of perfectionistic attitudes and beliefs. While much of the improvement in perfectionistic cognitions may be attributable to supportive aspects of group treatment, interpretive interventions—focusing on thwarted relational needs and associated affects—may be particularly useful for reducing beliefs about the necessity of perfection in social contexts.

- **Paper: Group Leader Attachment and Empathy in Outcome of Dynamic Relational Therapy for Perfectionism**

**Main author: Sabrina Ge (University of British Columbia)**

*Co-authors: Cheri Marmarosh, Paul L. Hewitt*

**ABSTRACT:**

Psychodynamically informed therapies, particularly Dynamic Relational Therapy, has been shown to be effective and efficacious for perfectionism, symptoms, and functioning outcomes. Although research has focused on how member attachment and cohesion influence outcome, few studies have explored the group leaders' attachment or observer ratings of leader empathy influence treatment process or outcome. Method: The current study relied on prior RCT data that included community-recruited, highly perfectionistic individuals randomly allocated to 12 sessions of group DRT (n = 41; 5 groups) or group PST (n = 39; 5 groups). Patients completed measures of group cohesion, symptom distress, life satisfaction, and work and social adjustment at pre-, mid-, and post-treatment. Leaders completed measures of adult attachment at the start of therapy, and they completed a measure of group cohesion after sessions. Trained raters coded video tapes of session 1 and 3 to examine different aspects of group leader empathy and group climate. Results: Analyses will explore how leader attachment and rated empathy influence leader and member group cohesion and member ratings of symptoms, perfectionism, and distress. Conclusion: Findings will provide evidence for the use of psychodynamic approaches and the importance of leader empathy when facilitating changes in perfectionism. Limitations, implications for future research, and clinical intervention will be addressed.

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Panel **CE**

## **Psychotherapy process expectations: clinical correlates, cross-cultural differences, and effects on therapeutic outcome**

**Thursday, June 22nd, 10:00-11:00 - Room: Classroom 4050b**

*Organizers & Moderators:* Dana Tzur Bitan (Ariel University) Javier Fernández Alvarez (University of Bern)

*Discussants:* Michael Constantino (University of Massachusetts at Amherst)

**ABSTRACT:**

Extensive research has demonstrated the importance of psychotherapy outcome and treatment expectations on therapeutic trajectories, processes, and therapeutic success. In

this panel we aim to discuss the relevance of individuals' view of the mechanism of change in psychotherapy as a potential component of treatment expectations, i.e., process expectations. Presentations will address personal, professional and clinical correlates of process expectations, the association between culture and process expectations, and the predictive effects of patients and therapists process expectations on therapeutic outcomes. The panel will open with an overview and initial findings from several cross-sectional studies evaluating process expectations in Israel. A cross-cultural assessment of individuals' views of what makes psychotherapy works from India and Argentina will follow. Finally, preliminary findings from a longitudinal study assessing the effects of therapists and patients baseline process expectations on therapeutic outcomes will be presented. An integrative discussion led by Prof. Michael Constantino will conclude the panel.

- **Paper: Process expectations and their manifestation across patients and therapists: A summary of findings from Israel**

*Main author: Dana Elberg (Ariel University)*

**ABSTRACT:**

Psychotherapy expectations are desires, beliefs, or anticipations related to the process and outcomes of psychotherapy. These expectations are conceptually formulated to include two types of expectations: outcome expectations, i.e., beliefs regarding therapy outcomes and efficacy, and treatment expectations, which refers to patients' beliefs about what will transpire during therapy. Although most studies focused on outcome expectations, studies demonstrate that treatment expectations account for some of the variability in treatment outcomes. Nonetheless, treatment expectations are usually studied in the context of duration, patient\therapist behavior, or the subjective experience of the therapy. Thus, not much is known about what patients and therapists perceive as the mechanism of change, i.e., what they convey as the process of change. In this study we aimed to evaluate process expectations in a sample of lay individuals and therapists in Israel, as well as potential correlates of process expectations. Findings from a cross-sectional study assessing process expectations among 600 university students and 100 therapists will be reported, and association with gender differences, origin, religiousness, perceptions of inequality and culture will be discussed. This research represents a sub-study of a collaborative research project initiated by Division 29 of the APA.

- **Paper: Cross-Cultural Differences in Therapy Process Expectations among Laypersons and Mental Health Professionals in India and Argentina**

*Main author: Pragya Sharma (Psyche in Motion)*

*Co-authors: Ganesh Kumar Mallaram*

**ABSTRACT:**

Cultural background can affect the perceptions and reactions toward illness, willingness to receive psychotherapy, expectations from therapy, and mechanisms of change. A small number of studies on clients' perspectives have had a cross-cultural focus, and most samples were limited to a single nation. Psychology has been under Western dominance, having been substantially shaped by the historical, linguistic, and sociopolitical influence of

Western cultural traditions and reflecting its cultural knowledge and practices. Current understanding of normal or abnormal is based on the personality structure of Western people, and treatment techniques have been developed in parallel with needs and problems of Western context. Thus, it is important to see how therapy expectations in India and Argentina differ from the western world model. With the exception of metro Indian cities, the concept of therapy is foreign in several parts of India. Stigma, social embarrassment, and blame are often linked to mental illnesses and the perception that those who need or seek such treatment are weak, cursed, or somehow fundamentally flawed. On the other hand, Argentina is home to more psychologists per capita than anywhere else in the world, with psychoanalysis being the norm, which produces a shared representation of what to expect from psychotherapy process. These cultural differences are likely to affect how individuals perceive the therapeutic process. In this study, we aimed to evaluate therapy process expectations in a sample of lay individuals and therapists in India and Argentina in a multi-centre cross-sectional study among 200 laypersons and 100 therapists.

- **Paper: Process expectations and their effects on psychotherapy outcomes**

**Main author: Agostino Brugnera (University of Bergamo)**

**ABSTRACT:**

The effect of patients and therapists process expectations (i.e., what they convey as the primary mechanism of change in treatment) on therapeutic outcomes is still under-investigated. In this study, we aimed to explore the predictive effects of process expectations and the congruence between therapist-patient process expectations on patients' therapeutic outcomes. Patients (N = 75) treated in a counseling center in Israel were assessed for process expectations at baseline and at three months into treatment, and their therapists (N = 17) reported on their process expectations prior to the initiation of treatment. Multilevel models were fitted to assess the predictive effects of patients and therapists baseline expectations, and their levels of congruence at intake, on therapeutic outcomes. The results indicated that patients who expected therapy to work through sharing sensitive contents openly and securely, experienced a greater symptomatic (B = -4.173, p = .026) and overall improvement (B = -16.528, p = .035) at the end of treatment. These effects were also significant when patients rated this process variable as more important than their therapists. On the other hand, patients who expected therapy to work through the exploration of unexpressed contents experienced a worsening in their interpersonal relations over time (B = 2.577, p = .009). Findings suggest that patients who expect in-depth investigation of unconscious processes may experience paradoxical effects on interpersonal functioning during the early stages of treatment, and that fostering patients' ability to share sensitive contents may constitute a potential target to improve therapy's effectiveness in clinical practice.

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**Panel**

**Psychotherapies for understudied patient populations**

Thursday, June 22nd, 10:00-11:00 - Room: Classroom 4097

*Organizers & Moderators:* Martine Daniëls (NPI Arkin), Carlinde Broeks (NPI Arkin)

*Discussants:* Rien Van (NPI Arkin)

**ABSTRACT:**

"Psychotherapies are widely offered and the body of evidence for its effectiveness for various groups of patients is growing. Despite this, many subgroups of patients are still understudied in research. Next, the impact of some disorders on general functioning or experienced burden is underestimated. It is important to shed light on these groups and overcome this gap in knowledge and improve the quality of care.

In this light, we want to present the designs and outcome data of three research groups on a variety of scientific neglected or underestimated populations. First, we will present the outcome of a qualitative study with depressed psychiatric patients on the occurrence of suicidal intrusions, a phenomenon that's widely overlooked. In the second presentation we will inform you on the design and treatment protocol of a RCT on cluster C personality disorders. This study was set up because research in the field of personality disorders has mainly excluded the cluster C and focused on borderline personality disorders. The final presentation will focus on a study of a treatment program for psychotherapeutic day-care for women with severe mental disorders during pregnancy.

There will be room for questions and discussion."

- **Paper: The relevance of suicidal intrusions as a risk marker in suicidal patients**

*Main author: Jaël van Bentum (Utrecht University)*

**ABSTRACT:**

Suicide is a global public health problem and is characterized by the complex interplay of biological, psychological, and environmental factors, and prevention requires a multidimensional approach. One underlying psychological process that may play an important role in suicidal ideation and behaviour is suicidal mental imagery. Studies showed that suicidal images (also called suicidal intrusions) are associated with more intense and longer durations of suicidal cognitions, and higher likelihood of making a suicide plan or attempt, irrespective of depressive symptom severity. Having these suicidal intrusions is an important phenomenon that is often overlooked in suicidal patients, but may have a major impact on the transition from suicidal ideation to actual suicidal behavior. The current presentation will discuss the findings of an observational, qualitative study in which we conducted 178 semi-structured interviews with depressed psychiatric outpatients about the high occurrence and various characteristics of suicidal intrusions. Findings regarding common themes about the content of suicidal intrusions, feelings of ambivalence, and associations with suicidal ideation and other risk markers (such as hopelessness and rumination) are discussed. Furthermore, we will discuss suggestions for future treatment options as reducing the severity and frequency of suicidal intrusions may be crucial in preventing the transition from suicidal ideation to actual suicidal behavior.

- **Paper: Design of a RCT on individual psychotherapy for cluster C personality disorder effect studies**

**Main author: Martine Daniëls (Arkin Mental Health Care)**

**ABSTRACT:**

"Cluster C personality disorders (avoidant, dependant, obsessive-compulsive) are highly prevalent and related to unfavourable outcome and chronicity of all common mental health disorders. Until now evidence for the optimal treatment for these patients is lacking. For patients with a cluster C personality disorder individual psychotherapy is commonly offered in clinical practice. However, due to scarcity of well-designed studies evidence for differential efficacy, setting and format is lacking. Also, very little is known on working mechanisms of these psychotherapies. Finding evidence on the differential (cost)effectiveness for this group of patients and the mechanisms of change is important to improve the quality of care for this vulnerable group of patients.

At a large centre specialized in the treatment of personality disorders in the Netherlands, the I-FORCE project started inclusion in 2020. I-FORCE investigates (cost)-effectiveness of three individual psychotherapies: schema therapy (ST), short-term psychodynamic supportive psychotherapy (SPSP), and affect phobia therapy (APT). The main research question will be if there is a difference in effectiveness between the treatment modalities on the severity of the cluster C pathology, measured with the APD-IV. Predictors and moderators, and non-specific and therapy specific mediators will be investigated as well, making use of the PAI-method.

This presentation will outline the background of the I-FORCE research design and the main differences in approach of the delivered psychotherapies included in the I-FORCE-study. Also some preliminary results will be presented about one of the potential predictors, childhood trauma."

- **Paper: Daycare treatment for women with psychiatric disorders during pregnancy**

**Main author: Carlinde Broeks (Arkin Mental Health Care)**

*Co-authors: Jasmijn de Vos*

**ABSTRACT:**

"We will present a modality of psychotherapeutic day-care treatment for women with severe mental disorders during pregnancy in The Netherlands. With a prevalence rate of 10-15%, psychiatric disorders during pregnancy and the postpartum period are prevalent. However, pregnancy-related psychopathology too often remains untreated as a result of late identification and (self-)stigma. This bears health risks for both mothers and their (unborn) children.

In clinical practice, psychiatrists, psychologist and other health care workers are faced with an estimated 5-25% of pregnant women with psychopathology who require more intensive treatment, because of co-existing psychopathology, personality disorders and diverse psychosocial problems. This population does not sufficiently profit from routine treatments. Therefore, Arkin Mental Health in Amsterdam offers intensive day-care treatment for this



heterogenous group of pregnant women with more severe mental health issues, based on principles of Mentalisation-Based Treatment.  
During the presentation we will discuss the key elements and first treatment results of our group-based multicomponent day-care facility for pregnant women."

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## Panel

### **Meaning co-construction in multi-actor therapies: Qualitative approaches to studying therapy process**

Thursday, June 22nd, 10:00-11:00 - Room: Classroom 5012

*Organizers & Moderators:* Evrinomy Avdi (Aristotle University of Thessaloniki)

*Discussants:* Eugénia Maria Ribeiro Pereira (University of Minho)

#### **ABSTRACT:**

This panel introduces different perspectives on the study of in-session therapy process, all of which centre on the premise that psychotherapy is a complex, multi-levelled and multi-modal process of intersubjective meaning construction. The three papers use different qualitative methods to examine different aspects of psychotherapy process, including the therapists' inner dialogue and experience, and detailed analysis of discursive and nonverbal interaction in the sessions. The authors suggest novel approaches to examining the interactional and constructive nature of psychotherapy process that take into account wider context and ideology, and share a focus on the important role of the alliance, in creating a relational context that fosters change. In the first paper, Hille uses Objective Hermeneutics and examines the construction of clienthood in couple therapy, with a focus on how discourses around gender are implicated in constructing different positions for the members of the couple, thus reproducing normative ideas about gender in heterosexual relationships. In the second paper, Wahlström and Kykyri focus on the interplay between the co-therapists' inner dialogues and actions in couple therapy sessions, by analysing the therapists' post-session interviews and their actual actions in the sessions, using the Stimulated Recall Interview Coding System. In the third paper, Avdi et al. present findings from a single case study of psychoanalytic parent-infant psychotherapy that examines the role that the therapist's embodied and discursive responsiveness to the emergence of strong negative affect in the session plays in facilitating change.

- **Paper: Gender-oriented responsibilities and their effects on constructing clienthood in couple therapy**

*Main author:* Julia Hille (Otto von Guericke University)

#### **ABSTRACT:**

"Background: Establishing a therapeutic alliance and defining shared goals facilitates compliance with the therapy structure. However, a shared understanding of goals and tasks by all participants in couple therapy cannot be assumed. In the process of negotiating for

mutual recognition of couple therapy as a form of interaction, people who seek therapy are constructed as clients and assigned various client-related roles. The different interpretations and problematisations of specific issues or phases of life clients seek help and support for do not always fit together. Gender categorisations influence these negotiations.

Aim: In this study, I focus on how the construction of clienthood is related to gender-oriented stereotypes.

Method: The data was collected in the Relational Mind project, a naturalistic research of couple therapy with couples who sought therapy for various reasons. Couple therapies (N=5) (transcripts of the first and last sessions) were analysed using the qualitative method of Objective Hermeneutics with reference to theories and research from counselling and social pedagogy.

Results: The man is constructed as someone who still needs to be won over for relationship issues and is more strongly oriented towards his concerns. Complementarily, the woman is constructed as working on the relationship. This orientation towards the dyad unconsciously (re)produces normative couple ideas and targets the man as less willing to change. His goals are thus more in the focus of therapy and tend to be declared as general couple goals.

Discussion: The study contributes to research on gender-oriented responsibilities in couple therapy and constructing clienthood."

- **Paper: What Stimulated Recall Interviews tell about co-therapy and meaning making in couple therapy**

**Main author: Jarl Wahlström (University of Jyväskylä)**

*Co-authors: Virpi-Liisa Kykyri*

**ABSTRACT:**

"Background: When couple therapy sessions are conducted by two co-therapists the therapists face the complex task of aligning their therapeutic agendas and alliances. These are based on the individual experiences, perceptions and meaning constructions of each therapist which can only partly be communicated in the session. Much of the constructional work stays within each therapist's private inner dialogue.

Aim: In this study we used Stimulated Recall Interviews (SRI) to access the private understandings of the therapy process and to get a picture of how communalities or differences in these are manifested in the therapeutic actions.

Method: The data was obtained from SRIs collected in the Relational Mind research project. Participants (two clients and two therapists) were individually, within one day following the therapy session, shown four episodes from the session, and asked about their thoughts, feelings, and bodily sensations during each episode. For this study the transcripts of SRIs of both therapists on one episode each from seven cases were used. The transcripts were coded with the Stimulated Recall Interview Coding System (SRI-CS) which includes two recalling categories and five commenting categories.

Results: A detailed reading and comparison of responses from four commenting categories – Commenting on the Therapeutic Process; Commenting from a Distanced Perspective; Reflecting on Self; Reflecting on the Therapeutic Process – showed different patterns of alignment between the co-therapist pairs in relation to the therapists' action in the session.

Discussion: The study contributes to research on meaning making in couple therapy and to developing collaborative practices."

- **Paper: Discursive and embodied therapist responsiveness in psychoanalytic parent-infant psychotherapy**

**Main author:** *Evrinomy Avdi (Aristotle University of Thessaloniki)*

**Co-authors:** *Keren Amiran, Tessa Baradon, Michelle Sleed, Bjorn Salomonsson*

**ABSTRACT:**

"Background: There is evidence that a key process in the intergenerational transmission of trauma is the emergence in the parent of intense negative affect, often triggered by the baby's attachment needs, which can lead to the parent responding in a fearful or hostile manner. Psychoanalytic parent-infant psychotherapy (PIIP) aims to help shift such micro-traumatic interactions as they emerge in the therapy room.

Aim: This paper aims to describe on a discursive and nonverbal level clinical process in PIIP, with a focus on the therapist's responses to the emergence of strong negative affect in a mother and baby dyad.

Method The parent-infant-therapist interaction is analysed using 'Layered Analysis', a method for examining micro-processes in psychotherapy. Videos of brief segments of parent-infant-therapist interaction in one case of PIIP are examined with a focus on verbal and nonverbal modalities, using discourse analysis enriched with detailed description of nonverbal displays, microanalysis, the Atypical Maternal Behavior Instrument for Assessment and Classification (AMBIANCE) and the clinician's narrative.

Results Analysis of this brief interaction highlights the subtle yet active way in which the therapist's verbal and embodied responsiveness facilitates the processing of mother's traumatic affect and its gradual transformation, through incremental shifts.

Discussion The presentation highlights the usefulness of combining discursive analysis with attention to the implicit, nonverbal domain of interaction when studying clinical process.

Findings with regards to therapeutic action are discussed in relation to literature on embodied responsiveness and the psychoanalytic concept of containment."

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Panel **CE**

## **Recent Advances in Couple and Family Therapy Research**

Thursday, June 22nd, 10:00-11:00 - Room: **Classroom 4053**

*Organizers & Moderators:* Shayne Anderson (Brigham Young University)

*Discussants:* Lee Johnson (Brigham Young University)

**ABSTRACT:**

While research in couple and family approaches to psychotherapy has blossomed in the past decades, a recent article on the state of the research highlighted several critical areas of growth (Harris, 2023). These include (1) a greater focus on the practice of systemic therapy around the globe, and (2) increased participation and use of data from practice research networks to provide insight into critical change processes. The papers in this

panel represent the most recent advances in couple and family therapy in addressing these two areas of growth. Two presentations will focus on the global practice of couple and family therapy. The first will present findings from the first randomized controlled trial of emotionally focused couple therapy in Spanish-speaking countries. The sample for this RCT represents couples and therapists from nearly every Spanish-speaking region of the globe. The next presentation compares the practice and clinical outcomes of couples receiving services in Turkey and the United States. The second set of presentations makes use of data from the Marriage and Family Therapy Practice Research Network (MFT-PRN, Johnson et. al, 2017) to help provide insight into the change process in systemic therapy. The first examines the role of attachment as a mediator of the relationship between emotional maltreatment in childhood and emotion regulation in couples. The second examines the role that adolescent-parent agreement on the presenting problems of therapy plays in the formation of the expanded therapeutic alliance.

- **Paper: Current attachment experience as the potential mediator between childhood emotional maltreatment and emotion regulation in couples receiving therapy**

*Main author: Min Xu (Brigham Young University)*

*Co-authors: Lee Johnson*

**ABSTRACT:**

"Emotion regulation (ER) has been proposed as a target for invention in couple therapy. However, we have little understanding of ER mechanisms in couples. This study explores associations between partners' childhood emotional maltreatment and ER dimensions, with attachment being a potential mediator. Participants were 314 heterosexual couples. ER was measured with the Difficulties in Emotion Regulation Scale Short Form, Childhood emotional maltreatment was measured by rating the frequency and impact, and attachment was measured with the Experiences in Close Relationships Questionnaire. Analysis used an Actor-Partner Interdependence Mediation Model.

Results indicated, females who experienced more childhood emotional abuse reported more difficulties accepting negative emotions, using appropriate ER strategies, and controlling impulsivity. While male higher level of childhood emotional abuse was associated with less emotional clarity for males, and fewer ER strategies for females. Direct paths for childhood emotional neglect were not significant. Through male attachment avoidance, we found significant indirect paths from male childhood emotional neglect to female lack of emotional clarity, male lack of emotional awareness, male limited regulation strategies, and male difficulties in controlling impulsivity. Through male attachment anxiety, we found significant indirect paths from male childhood emotional neglect to male nonacceptance of negative emotions, limited regulation strategies, fewer goal-directed behaviors, and higher impulsivity. Indirect paths related to female childhood emotional neglect were not significant.

Considering the results, and the mediating role of attachment, clinicians should pay particular attention to childhood emotional maltreatment and current attachment experience when working with couples who show difficulties in ER."

- **Paper: Impact of Emotionally-Focused Therapy on relationship quality and psychological health in Spanish-speaking couples. Data from RCT-E(f)FECTS project**

**Main author: Jonathan Sandberg (Brigham Young University)**

*Co-authors: Martiño Rodríguez-González, Maria Calatrava, Dania Andrade, Alessandra Sambuceti, Alfonso Osorio, Marie-France Lafontaine*

**ABSTRACT:**

"Emotionally-Focused Therapy (EFT) is an empirically validated couples therapy model proven to improve relationship quality (Beasley and Ager 2019; Wiebe and Johnson 2016; Wood et al. 2005). This model, in addition to being effective in intervening at the relational level, also seems to have the potential to have a positive impact on other areas related to psychological health. For example, we have found studies focused on evaluating the capacity of EFT as an effective treatment to intervene with some degree of success in the treatment of depressive symptoms (Alder et al. 2018; Dessaulles, Johnson, and Denton 2003; Weissman et al. 2018; Wittenborn et al. 2019). The results suggest that EFT, in addition to being effective in improving the quality of the relationship, can also contribute to the reduction of depressive symptoms.

The purpose of this presentation is to share the results of the pre and post-comparison of the dyadic adjustment and depressive symptoms in couples who received 20 sessions of EFT. These results will also be compared with the measurements of a control group that did not receive any type of intervention.

The data came from a sample of 34 couples in EFT treatment and 34 in the control group; all couples received treatment in Spanish and were drawn from Argentina, Costa Rica, Spain, Guatemala, and Mexico, and participated in the E(f)FECTS (Emotionally Focused Couple Therapy in Spanish. Clinical trial NCT04277325)."

- **Paper: A comparison of the presenting concerns and clinical outcomes of clients receiving relational therapy in the Turkey and the U.S.**

**Main author: M. Selenga Gürmen (Ozyegin University)**

*Co-authors: Shayne Anderson*

**ABSTRACT:**

"While psychotherapy is provided to couples and families across the world, very little has been done to understand the differences and similarities in the global practice of systemic therapy. Cultural differences in attitudes toward mental health treatment, the accessibility and affordability of treatment, as well as cultural values around couple and family relationships may all impact who comes to therapy, the quality of the therapeutic alliance, and therapy outcomes.

The current study will take the first steps in examining similarities and differences between families that present for relational therapy in Turkey and the United States. Data for this project comes from clinics in the two countries that participate in the Marriage and Family Therapy Practice Research Network (MFT-PRN; Johnson et al., 2017), a collaboration between clinicians and researchers around the world seeking to improve outcomes in relational therapy. We will examine similarities and differences in (1) who seeks treatment (demographic characteristics and presenting problems), (2) how clients get to therapy (e.g. referral source, pressure to attend treatment), (3) initial level of individual functioning (e.g. depression, anxiety, sleep problems), (4) initial level relational functioning (e.g. attachment quality, satisfaction, trust, intimacy), (5) quality of the therapeutic alliance, and (6) clinical outcomes. Similarities and differences will be discussed considering contextual and cultural comparisons."

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#### Panel

### **How do we research what we practice? Theory, research and practice in systemic couple and family therapy.**

Thursday, June 22nd, 10:00-11:00 - Room: Classroom 4012

*Organizers & Moderators:* Lennart Loras (Western Norway University of Applied Sciences)

*Discussants:* Jay Lebow (Northern Illinois University)

- **Paper: Does the systemic couple and family therapy field adhere to a narrow and purist understanding of what is considered as valid and useful knowledge?**

**Main author:** Lennart Loras (Western Norway University of Applied Sciences)

*Co-authors:* Terje Tilden, Kristoffer Whittaker, Jan Stokkebekk

#### **ABSTRACT:**

Research within systemic couple and family therapy (CFT) represents distinct perspectives and approaches, including multiple individuals in systems, relationships and contexts. Thus, research methodologies within this discipline need to be tailored to capture this increased complexity and variations that systemic CFT represents. A great portion of systemic CFT researchers has selected only some methodological approaches based on their own preferences. This panel addresses such a selection as problematic as it implies an unbalanced contribution to the knowledge base, while at the same time it communicates that results from other research methodologies are considered less clinically useful. Instead, this panel will suggest the need of the systemic CFT field to adhere to the common principles of Evidence Based Practice as the basis for the development of a research program that partly reflects the unique character of systemic CFT, partly more explicitly integrating systemic CFT research as a natural part under the psychotherapy research umbrella.

- **Paper: The principles of Evidence Based Practice as the guiding compass for systemic couple and family therapy and research.**

**Main author: Terje Tilden (Modum Bad Research Institute)**

*Co-authors: Lennart Lorås, Jan Stokkebekk, Kristoffer Whittaker*

**ABSTRACT:**

The systemic field—which may be the dominating direction within couple and family therapy—has a proud history of representing an antithesis to the medical model. This was undoubtedly necessary at the time. However, it seems like many systemic therapists have been stuck in the position as opponents. We experience a considerable skepticism towards nomothetic knowledge from some parts of the systemic field, such as those professionals adhering to social constructionism and collaborative dialogical practice. We find this narrow and purist understanding of what types of knowledge are regarded as valid and useful as problematic. In particular because this has impacted a large number of systemic practitioners not to acknowledge and make use of knowledge based on quantitative research. In turn this position may have unwanted consequences as it impacts on limited clinical knowledge to benefit our clients, it may contribute to maintain the counterproductive scientist – practitioner gap, and systemic practitioners' risk not to be taken seriously from other adjacent professional fields. One possible constraint and reason to end up in this unfortunate position is that parts of the systemic field value other basic assumptions underlying theory, practice and research than what is commonly applied within psychotherapy in general. For instance, it is our impression that the concept of Evidence Based Practice (EBP) is not very known and acknowledged within the systemic field. We will in this panel discuss how the systemic field would benefit largely to embrace this paradigm.

- **Paper: The need for a program of systemic family therapy research.**

**Main author: Jan Stokkebekk (Norwegian Family Counselling Services)**

*Co-authors: Kristoffer Whittaker, Lennart Lorås, Terje Tilden*

**ABSTRACT:**

Based on the principles defined in Evidence Based Practice (EBP), this contribution to the panel will explore to what degree the expressed resistance from parts of the systemic couple and family therapy (CFT) field towards EBP is justified. For instance, whether this may be reasoned by dichotomous understanding of paradigms, or whether there exist fundamental differences in theory and philosophy of science that create a gap within the systemic CFT field. A gap not only between the practitioner and the researcher, but perhaps even more comprehensive within our entire professional field. If so, one consequence may be the establishment of internal different camps that cultivate their specialized versions of therapy and research, but that do not have mutual exchange and communication. Externally this field thus risks to be perceived as fragmented, and as researchers considered, some who apply only selected parts of research methodology. At worst this implies that we could be marginalized and not taken seriously by adjacent professions, stakeholders, policy makers and bureaucrats. As will be suggested in this presentation, the better alternative is to embrace the EBP principles as this would integrate the systemic CFT field under the common psychotherapy umbrella. The EBP principles would thus contribute to bridging the gap within the systemic CFT field, as well as towards the rest of the psychotherapy community. Embracing the EBP principles would for the systemic CFT field facilitate greater exchange and collaboration between clinicians, and between clinicians and researchers within and across psychotherapy disciplines.

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Thursday, June 22nd, 2023, 11:00 - 12:00 (IST)

Structured Discussion

**Training of psychotherapy in these changing times**

Thursday, June 22nd, 11:00-12:00 - Room: JM Synge

*Organizers & Moderators:* Gaby Shefler (Achva Academic College, Israel; Hebrew University of Jerusalem, Israel)

*Discussants:*

- *Bernhard Strauss (Jena University Hospital)*  
*Gary Diamond (Ben-Gurion University of the Negev)*  
*George Silberschatz (University of California-San Francisco)*  
*Hadas Wiseman (Haifa University)*  
*Jacques Barber (Adelphi University)*  
*Mariane Krause (Pontificia Universidad Católica de Chile)*  
*Orya Tishby (Hebrew University Jerusalem)*  
*Poornima Bhola (National Institute of Mental Health and Neuro Sciences, Bangalore)*  
*Shelley McMain (University of Toronto)*

**ABSTRACT:**

"This is the third structured group discussion on the topic after Heidelberg 2021 and Rome 2022. The general goal of these discussions is to examine the changes in psychotherapy training due to changes caused in the world by global factors such as pandemic, war, climate changes etc.

First Question: What is changing in these times (2023)?

The Russia -Ukraine War

The Climate crisis

Should training institutions emphasize training in crisis interventions due to major crises around?

Covid

Did it leave a permanent impact on training? Or is it a temporal crisis?

Did it effect Issues of setting?

Second Question: The influences of psychotherapy research on training and training centers.

Do psychotherapy research projects with their strict guidelines limit or enrich the clinical experiences of trainees?

Third (optional) question: How to train distanced psychotherapy. Practice? Research?"

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## Brief Paper Session

Thursday, June 22nd, 11:00-12:00 - Room: **Emmet Theatre**

- **Paper: Comparing Perceptions of Psychotherapy When the Therapy Relationship and Outside Relationships are Discussed**

**Main author:** *Erin Solomon (The University of Memphis)*

**Co-authors:** *Jeffrey S Berman*

### **ABSTRACT:**

Researchers have recommended that psychotherapists and their clients attend to the therapy relationship. This strategy—sometimes termed immediacy or working in the here and now—is proposed to benefit the therapeutic alliance and treatment outcome. The aim of the present study was to compare perceptions of the therapeutic relationship and the treatment when the therapy interaction involved discussing the client's relationship with the therapist and when the discussion was of a client relationship with someone other than the therapist. In the study, participants were presented with an audio recording of a therapist and client discussing their relationship and another recording in which the discussion was of the client's relationship with someone else. For approximately half the participants, the relationships discussed were both of a positive nature; for the other participants, both relationships were problematic. After each audio recording, participants rated the therapeutic bond and treatment credibility. Results revealed that the effect of discussing the therapy relationship depended on the valence of the relationship discussed: When the valence was positive, participants rated the therapeutic bond and treatment credibility higher when the discussion was of the therapy relationship; when the valence was negative, the therapeutic bond and treatment credibility were rated higher when the discussion was of an outside relationship. Although these findings were from the perspective of individuals listening to a therapy interaction, they raise the possibility that focusing the therapy discussion on the therapeutic relationship may be more helpful when the relationship is positive than when it is negative.

- **Paper: Two looks in the same direction: Dyadic differences in real relationship and alliance dimensions and their links to therapeutic outcomes**

**Main author:** *Laura Inés Ferreira (Psychology Research Centre (CIP) & Department of Psychology and Educational Sciences, Universidade do Algarve)*

**Co-authors:** *Eugénia Ribeiro, Luís Janeiro*

### **ABSTRACT:**

Therapists and clients often seem to have distinct perspectives of the therapeutic process, mainly on therapeutic relationship evaluation. However, the majority of studies focus on the client's views. Recent research suggests exploring how the relational dimensions interact and contribute to outcomes according to both clients and therapists' ratings. Aim: We aimed to compare therapist and client perspectives on contemporaneous and lagged connections between dimensions of therapeutic alliance (Goals, Tasks, Bond) and real relationship (Genuineness and Realism), Emotional Experience and Symptoms. Method: A single therapist-client dyad was recruited. The client was a 23-year-old woman treated by a

psychodynamic psychotherapist. The dyad rated their therapeutic alliance, real relationship, and client's emotional experience weekly. Client also completed a measure of symptomatology. Repeated measures from each dyad member were separately analyzed with an idiographic procedure (Group Iterative Multiple Model Estimation). Results: In the client's model, a closed chain of relationships within alliance dimensions was identified. The Genuineness was shown to be crucial, positively predicting agreement on Goals and negatively predicting Symptoms. In the therapist's model, a distinct configuration was found, with several interrelationships between alliance and real relationship dimensions. Alliance dimensions were found to positively predict Genuineness which, in turn, positively predicted the client's Emotional Experience (rated by the therapist). Moreover, Emotional Experience led to lower Symptoms in the following session. Discussion: Results support different views of the therapeutic process within the dyad, providing further evidence of the importance to consider the evaluations of both clients and therapists. Implications of these findings are discussed.

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## Brief Paper Session

Thursday, June 22nd, 11:00-12:00 - Room: Davis Theatre

- **Paper: Self-Criticism, Dependency, and the Therapeutic Alliance in Short-Term Psychotherapies for Adolescent Depression**

**Main author:** *Yushi Bai (University College London; Anna Freud National Centre for Children and Families)*

**Co-authors:** *Patrick Luyten, Nick Midgley*

### **ABSTRACT:**

"Background: Studies in adults suggest that personality dimensions of both self-criticism and dependency may negatively influence the therapeutic alliance and thus, ultimately, treatment outcomes. However, few studies have replicated these findings amongst adolescents. The present study, therefore, aims to explore whether the two personality dimensions are associated with the therapeutic alliance reported by both depressed young people and therapists, and whether these associations explain the impact of personality dimensions on therapeutic outcome.

Method: Using data from the IMPACT study, 465 clinically depressed adolescents who received short-term psychotherapies were included. Participants' self-criticism and dependency were measured at baseline. The therapeutic alliance rated by participants and therapists, and participants' self-report treatment outcome (i.e., depressive symptoms) were collected during treatment at 6-, 12-, and 36-week (end of treatment). Growth curve modelling and multilevel mediation analysis were adopted in the study.

Results: Self-criticism was significantly associated with poor alliance as rated by young people, and this negative association partially explained the negative effect of self-criticism on patient-report outcome. There was also evidence for a gender incongruence effect in the therapist-rated alliance, as therapists rated the alliance as less positive for girls with high levels of self-criticism and for boys with high levels of both dependency and self-criticism.

Discussion: The current study replicates and extends previous findings in adults, suggesting that self-critical features in young people with depression seem to impede their capacity to develop a positive therapeutic alliance, which in turn negatively influences treatment outcome. The implications and limitations of these findings are discussed."

- **Paper: Criterion A of the Alternative Model for Personality Disorders predicts therapeutic alliance at three months of psychotherapy**

**Main author: Dominick Gamache (Université du Québec à Trois-Rivières)**

**Co-authors: Mélissa Deschênes, Philippe Leclerc, Véronik P. Tessier, Claudia Savard**

**ABSTRACT:**

Personality pathology is known to have an impact on the therapeutic alliance. However, data pertaining to the Alternative DSM-5 Model for Personality Disorders (AMPD) operationalization of personality pathology are scarce. Moreover, to the best of our knowledge, there are no published data on the interplay between the AMPD and the therapeutic alliance in private practice samples. Thus, the goal of this study is to document the predictive validity of Criterion A (i.e., self and interpersonal pathology) of the AMPD on the therapeutic alliance after three months of psychotherapy. A sample of 383 clients (Mage = 34.1, SD = 10.2, 64.5% female) from private practice clinics in the Province of Quebec, Canada, completed the Self and Interpersonal Functioning Scale, a validated measure of Criterion A of the AMPD, at intake. Both clients and therapists (n therapists = 39) then completed, respectively, the self-reported and informant-rated versions of the Working Alliance Inventory Short Revised (WAI-SR) after three months of psychotherapy. Results showed small to moderate correlations between the SIFS and both client- and therapist-rated alliance at three months. Multiple regression analyses showed that the four elements of the SIFS (Identity, Self-direction, Empathy, Intimacy) predicted a modest (range 3.3–8.4%), albeit significant, proportion of variance of all WAI-SR scores (except for client Agreement on tasks); for all WAI-SR scores, Intimacy best predicted the therapeutic alliance. Potential implications of those results, as well as limitations to the current study, will be discussed.

- **Paper: The Impact of Pre-Treatment Self-Criticism and Dependency on the Treatment Outcome of Psychotherapy for Adolescent Depression**

**Main author: Yushi Bai (University College London; Anna Freud National Centre for Children and Families)**

**Co-authors: Patrick Luyten, Nick Midgley**

**ABSTRACT:**

"Background: There is an urgent need to identify predictors of treatment response for adolescents with depression. While studies suggest that self-criticism, and to a lesser extent dependency, are negatively associated with treatment outcomes for adult depression, little is known in regard to the adolescent population. This study explores whether depressed adolescents' pre-treatment self-criticism and dependency influence the treatment outcomes of a range of short-term psychotherapies.

Method: Secondary analysis of data from the Improving Mood with Psychoanalytic and Cognitive Therapies (IMPACT) trial was conducted, which included 465 clinically depressed

adolescents. Participants' self-criticism and dependency were measured at baseline. Primary (i.e., depressive symptoms) and secondary outcome (i.e., general and social functioning) were measured at baseline, 6-, 12-, 36- (the treatment end), 52-, and 86-week post-randomisation. Growth curve modelling was adopted as the analytical approach. Result: The final growth model for both outcome measures was a quadratic model with random effects. Self-criticism was significantly associated with greater severity of depression and impairments in general and social functioning over time and across the treatment conditions, although there is evidence suggesting the negative effect of self-criticism slowed down as the therapy progressed. While participants with dependency showed improvement in general and social functioning during the treatment, they showed a tendency to relapse after the end of treatment. Discussion: Overall, self-criticism demonstrated a consistent disruptive effect on the treatment outcome of short-term psychotherapies, while dependency seems to yield more mixed effects. Further research is required to explore how these personality variables interact with the therapeutic process."

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## Brief Paper Session

Thursday, June 22nd, 11:00-12:00 - Room: **Swift Theatre**

- **Paper: Assessing the relationship between the sawtooth alliance pattern and outcome in Brief Relational Therapy**

**Main author: Samuel C Podell (Derner School of Psychology, Adelphi University)**

*Co-authors: Adelya Urmanche, Catherine Eubanks, John Christopher Muran, David M. Erikson*

### **ABSTRACT:**

The therapeutic alliance is one of the most robust predictors of treatment outcome, however, little research is aimed at examining the therapeutic alliance at both the within-session and between-session level. The present study aims to investigate pre-session and post-session changes in alliance to assess the alliance trajectory within and between sessions for both positive and negative outcome cases. This builds on research on the sawtooth pattern of the alliance demonstrated by Weiss et al. (2014) and others, as well as providing evidence for the presence of the sawtooth alliance pattern in an integrative relational therapy. Thirty-two cases will be identified from archival data as having completed 20-sessions of Brief Relational Therapy (BRT). These cases will have outcome data from OQ-30, pre-session alliance ratings from OQ-ASC, and post-session alliance from WAI. Linear regression will be conducted to determine outcomes based on OQ-30 scores. Pre-session OQ-ASC scores will be converted to WAI scores using a method derived from a previous study comparing the OQ-ASC and WAI agreement (Podell et al, 2022). Pre-session and post-session alliance scores will be plotted to identify the presence of the sawtooth pattern. The study will explore differences in such patterns by outcome. This study aims to build on research conducted by Weiss et al. (2014) to determine the prevalence of the sawtooth pattern and its relationship to outcome in a relational therapy modality. The present study will also provide future

directions for research investigating pre- to post-session changes and looking at these sessions with a closer lens.

- **Paper: Does Early Therapeutic Alliance Predict Symptom Change in Emotionally Focused Individual Therapy?**

**Main author:** *Stephanie Wiebe (Saint Paul University)*

**Co-authors:** *Susan Johnson, Robert Allan, Leanne Campbell, Paul Greenman, David Fairweather, Giorgio Tasca*

**ABSTRACT:**

"Background: Emotionally Focused Individual Therapy (EFIT; Johnson, 2019) is an attachment-based, transdiagnostic approach for the treatment of anxiety and depressive disorders. The therapeutic alliance is a well-known predictor of change in psychotherapy and is a core component in attachment-based models (Wallin, 2007). The current study is the first to examine early therapeutic alliance as a predictor of symptom change.

Method: A sample of 44 participants meeting criteria for a depressive and/or anxiety disorder participated in an average of 15 sessions of EFIT. General symptom distress (OQ-30.2; Lambert et al., 1996) and symptoms of depression (PROMIS Depression scale; Pilkonis et al., 2011) and anxiety (PROMIS Anxiety scale; Pilkonis et al., 2011) were measured after each therapy session. Therapeutic alliance (Horvath & Greenberg, 1989) was measured after the second session. Trajectories of symptomatic change across sessions will be examined using multilevel modelling and therapeutic alliance will be examined as a predictor of these trajectories.

Hypotheses: We hypothesize that each of the three aspects of therapeutic alliance (bond, task and goals) will significantly predict greater improvement in symptoms across all measures.

Implications: These findings will contribute to an understanding of the role of the therapeutic alliance established early in therapy in change in symptoms across the course of therapy sessions."

- **Paper: Using natural language processing of psychotherapy notes to evaluate therapeutic alliance patterns among suicide risk-matched Veterans**

**Main author:** *Maxwell Levis (Dartmouth College, Geisel School of Medicine)*

**Co-authors:** *Maxwell Levis, Joshua Levy, Gidon Kaminer*

**ABSTRACT:**

"Objective: Study deployed Dynamic Topic Modeling (DTM), a natural language processing method that identifies topics within texts and then evaluates topic changes over time, on corpus of electronic health record (EHR) psychotherapy notes. Study examined psychotherapists' alternative note writing patterns with risk-matched patients that did (cases) and did not (controls) die by suicide.

Method: Sample used United States Department of Veterans Affairs (VA) Corporate data warehouse to identify all patients that died by suicide, received psychotherapy services over the course of at least six months, and were classified as high-risk based upon VA's leading suicide risk algorithm between 2017-2018. Each case (n=218) was matched with five closely matched controls that shared high-risk-status. For cases, psychotherapy notes from

diagnosis until death were examined. For controls, psychotherapy notes from diagnosis until matched cases' death date were examined. Corpus included 13,504 case and 55,369 control notes. A Python-based DTM algorithm was utilized.

Results: Derived topics showcased growing differences between cases and controls over time. 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, and provides methodology to evaluate therapeutic alliance in large sample. Study replicates earlier DTM investigations and provides new mechanisms to evaluate alliance using big data."

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### Brief Paper Session

Thursday, June 22nd, 11:00-12:00 - Room: UI Chadhain

- **Paper: Evaluating the treatment of the black clouds of depression, in a mental space psychology paradigm**

*Main author: Lucas Derks (Society for Mental Space Psychology)*

**ABSTRACT:**

"The frequent experienced dark clouds reported by depressed clients that, cannot mention a reason for their depression, motivated a clinical study. In which 19 well trained therapist treated 47 clients following a strict experimental therapeutical protocol in one single session. Before treatment and 30 days later the same diagnostic tools for depression were used. Controls were only tested but treated 30 days later and then tested again after 30 days. Depression treatment in a single session seems hard to grasp and tends to be received with scepticism by all kinds of authorities.

The conclusion of the study was, that depression without the client knowing what it causes, is most often the result of the repression of early childhood difficulties. The dark clouds, as experienced by the clients at the moments they feel actually depressed, seem to be a neurological epiphenomenon of repression. The treatment protocol helps the client to first discover what is behind the darkness: in general something they could not cope with, most often in (early) childhood. Next they are guided to create what skills were missing. Next they were regressed in their imagination to still apply these skills and next to rewrite their life history on the basis of that. When this is completed, the therapeutic effect is tested over their remaining ability to feel depressed and the remaining experienced darkness, plus their post treatment scores on a 10 points scale for the intensity of depression and the Dutch Beck Depression Inventory.."

- **Paper: Walking the Black Dog: A Systematic Review and Meta-Analysis of Walking as an Intervention in the Context of Depression**

*Main author: Lydia Helene Rupp (Friedrich-Alexander-Universität Erlangen-Nürnberg)*

*Co-authors: Lea Rogge, Lena Schindler-Gmelch, Matthias Berking*

**ABSTRACT:**

Depression is a frequent and debilitating mental illness. Increasing prevalence rates and barriers in access to evidence-based care call for effective and adaptable low-threshold interventions. Behavioral activation is a recommended treatment for mild depression, of which walking is an easy-to-disseminate and flexible option. Therefore, we sought to assess the effect of walking interventions on depression in a systematic review and meta-analysis. A literature search was conducted in March 2022 using the databases Scopus, PubMed, Web of Science, MEDLINE, APA PsycArticles, and APA PsycInfo. We included randomized-controlled studies (RCTs) published in German or English in a peer-reviewed journal before March 4, 2022 that assessed a human sample (> 18 years), compared a walking intervention with a control group, and assessed depressive symptoms in a pre-post design using a self-report instrument. The systematic literature search yielded  $k = 10,849$  records, of which  $k = 26$  studies were included. A meta-analysis will be conducted using a random-effects model with a REML approach. Risk of Bias will be assessed using the Cochrane RoB-2 tool. Data extraction and evaluation is ongoing and results will be presented. Preliminary insights from the literature review suggest that while RCTs on walking in the context of depression exist, they vary in control condition, intervention, and sample characteristics. Only  $k = 2$  studies assessed samples with Major Depression. Thus, further data on intervention specifications and effectiveness in various subgroups is needed in order to pave the way for making the most of walking as an add-on treatment in depression.

- **Paper: Empty chair for unfinished business and complicated grief**

**Main author: José Gamoneda (Universidad Pontificia Comillas, UNINPSI)**

*Co-authors: Jódar Rafael, Ciro Caro*

**ABSTRACT:**

Although the empty chair-work for unfinished business has been established as the paradigmatic task for complicated grief by several studies (Boelen et al., 2021; Sharbanee & Greenberg, 2022), this has not been reflected in research on its efficacy. In this presentation we aim to show the results of a complicated bereavement intervention where the empty chair was established as the main technique. The intervention was structured in 3 sessions conducted through a synchronous online format (videoconference). The first session was aimed at assessing the problem of complicated grief to generate a case formulation. In the second session, the empty chair task was carried out for unfinished business with the deceased. Finally, in the third session, the process was reflected upon. The sample consisted of a total of 26 people in complicated grief (with a score higher than 25 on the Inventory of Complicated Grief; Prigerson et al., 1995). All sessions were taken as a whole, and the change in scores (general symptomatology, unresolved issues, complicated grief, psychological well-being and experiential avoidance) was assessed at time points (at one week and two months). Similarly, the change in scores was compared according to whether the session had been successful (i.e., had achieved resolution in the empty-chair task) or unsuccessful. Outcome measures results were large changes, at post-treatment and follow-up, with 44% of clients improving to non-clinical ranges. In light of these results, the relevance of the chair-work in facilitating access and elaboration of the grief experience is discussed.

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## Panel

# Examining the symptoms profiles using the PHQ-9: learnings from the International Network for the Study of Depression Heterogeneity

Thursday, June 22nd, 11:00-12:00 - Room: Classroom 3106

*Organizers & Moderators: Alex Behn (Pontificia Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality (MIDAP))*

### ABSTRACT:

Depression is the most prevalent mental health disease in the world. It affects 4,7% of the global population and has been classified as a public health problem due to its impact on quality of life, work productivity, and mortality risk. The DSM diagnostic criteria for depression have been crucial in developing research, allowing for the practical identification and categorization of MDD patients. However, the use of MDD diagnostic criteria has led to the classification of people with only some or even no symptoms in common into the same broad category, ignoring the specific presentation of their symptoms and the interactions between particular symptoms. This panel will discuss through three different studies the complexity of depression heterogeneity. The first study will present the results of an international study that seeks to understand the different depression profiles on cross-sectional samples from the United Kingdom, Germany, Austria, Ethiopia, Uganda, and Chile. This study will provide insights into why it is relevant to consider the different symptom profiles and which profiles could be more relevant. The second study will present a zoom of depression symptom profiles using network analysis to better understand the relationship between the symptoms for each profile. The third study will focus on how symptom profiles could predict treatment outcomes.

- **Paper: Exploring common symptom profiles in depression using the PHQ-9: findings from an international study with community and clinical samples from the United Kingdom, Germany, Austria, Ethiopia, Uganda, and Chile.**  
**Main author: Alex Behn (Pontificia Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality (MIDAP))**

*Co-authors: Catalina Núñez, Michael Barkham, Jaime Delgadillo, Harry Banyard, Helen Verdelli, Birgit Watzke, Thomas Probst, Elke Humer*

### ABSTRACT:

Depression is a recurrent, chronic, highly co-morbid, and debilitating common mental disorder affecting about 300 million people worldwide. It has been identified as the leading global cause of mental health-related disease burden, posing significant challenges to countries, communities, families, and individuals. Depression is also a heterogeneous clinical disorder, and evidence suggests that there may be different types of depressive presentations. To what extent are these different presentations common and stable across



countries, cultures and types of samples (e.g. treatment vs. community studies). The study compares depressive symptom profiles using the PHQ-9 drawn from treatment and community samples from the United Kingdom, Germany, Austria, Ethiopia, Uganda, and Chile. Results suggest that using the PHQ-9 only a limited number of symptomatic profiles account for a large proportion of available symptom profiles. Also, there are profiles that are more prevalent on all of the samples, provide insights into why it is relevant to consider the different symptom profiles and which profiles could be more relevant.

- **Paper: Mapping depression heterogeneity: Towards an understanding of symptom profiles using network analysis.**

**Main author:** *Catalina Núñez (Pontifical Catholic University of Chile and Millennium Institute for Depression and Personality Research)*

**Co-authors:** *Alex Behn, Paula Errázuriz*

**ABSTRACT:**

Depression is one of the most prevalent mental health problems. However, the heterogeneity of depression as a disorder has presented obstacles for research concerning its etiology, effectiveness of antidepressants, and psychotherapies' efficacy. So far, depression heterogeneity research has mainly used latent variable modeling, describing symptoms as observable variables and consequences of the latent variable. This tends to ignore the relationship between the symptoms, which might interact and reinforce each other. This study aims to describe, analyze, and compare profiles of depressive symptoms in Chilean community samples, considering the relationship between the signs. Cross-sectional measures of depression using the Public Health Questionnaire-9 (PHQ-9) were taken from community samples, taking data of people with a cut-off point over 10 on the PHQ-9 (N=2023). This data was analyzed in two steps. First, theoretical symptom profiles were determined using algorithmic analysis. Second, network analysis was carried out for the most prevalent symptom profiles to identify the centrality and covariance of symptoms within profiles. Currently/as of now, it has been found that even when there are 382 possible depression profiles, just 267 are present in the sample. Furthermore, eight profiles represent 55.6% of the profiles in the samples. Also, network analysis results show that for each profile, there are different network architectures and the relationship between symptoms. These findings indicate that even when there is heterogeneity in depression, not all depressive profiles are present in the samples. Some profiles of depressive symptoms could be more relevant from a clinical point of view.

- **Paper: Depression Symptom Heterogeneity and its Relation to Psychological Treatment Outcomes**

**Main author:** *Harry Banyard (The University of Sheffield)*

**ABSTRACT:**

Background: Some research has suggested that depression is more heterogeneous than previously thought and cannot be reduced to subtypes. The present study looks to use the Public Health Questionnaire-9 (PHQ-9) to generate symptom profiles of depression to understand its heterogeneity. Method: The study conducted a secondary analysis of an Improving Access to Psychological Therapy (IAPT) dataset. The PHQ-9 is a commonly used

tool in IAPT services to measure depression severity and track treatment outcomes. Using PHQ-9 item-level data, two-step latent cluster analyses, and Kohonen neural network analyses, empirically generated symptom profiles were created. Theoretical symptom profiles were generated to understand each possible response an individual can give to the PHQ-9. Generalised linear mixed regression and binary logistic regression models were conducted to assess whether the generated symptom profiles could predict treatment outcomes or whether a patient will be 'not on track' (NOT) during treatment. Results: The findings show 54 theoretical symptom profiles exist in the dataset, with 5 symptom profiles describing 79% of the sample's depression symptoms. No more than 12 empirically-generated symptom profiles were found. Regression analyses showed that the generated symptom profiles could not significantly predict treatment outcomes. However, some symptom profiles were able to significantly predict whether a patient will be NOT during treatment. Discussion: Results suggest that depression is heterogeneous but not as severe as previous research would state. However, the findings of this study need validating in other healthcare services and systems worldwide. Future implications of the study are discussed.

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### Brief Paper Session

Thursday, June 22nd, 11:00-12:00 - Room: Classroom 3074

- **Paper: The Relationship Between Parental Attachment and Acculturation in Religious Black Converts**

*Main author: Rosemay E Jolicoeur-Webster (Brigham Young University)*

*Co-authors: Kristin Lang Hansen*

**ABSTRACT:**

"The college years represent a phase of life where transition from late adolescence to independent functioning adults is eminent. This developmental phase may be significantly difficult for students of color, especially those who attend predominately white institutions (Love, 2008). These students wrestle with the countless changes in late adolescence, and the direct access to support systems and coping mechanisms. Such systems of support and coping and protective attachment factors unique to the Black Church are lost in predominantly white communities. The current study aims to explore the relationship between those distinctive attachment factors and acculturation experiences in religious Black Emerging Adults in a white religious college. Specifically, we seek to investigate how those who have converted make sense of their experiences of acculturation post conversion. We also seek to better understand the inter- and intra-personal catalysts of acculturation in conjunction with those protective attachment factors exclusive to Black Americans. Participants will be recruited through Facebook Groups that provide religious support. Black Latter-day Saint converts will interviewed via zoom and transcript data will be analyzed qualitatively using Interpretative Phenomenological Analysis (IPA; John Smith, 1996). Results of this study aim to expand the literature on the specific elements of attachment and acculturation in Black Americans in order to increase clinical and cultural awareness in psychotherapy process."

- **Paper: Addressing heteronormativity with young therapists: A phenomenological participatory study to raise awareness for and contribute to the societal responsibility of psychotherapy.**

**Main author: Eva Wimmer (Sigmund Freud University)**

*Co-authors: Jessica Pacher, Manfred Reisinger*

**ABSTRACT:**

As a framework for structuring societal and individual behaviour, thinking and discourses, the concept of heteronormativity is widely discussed and acknowledged. Heteronormative frameworks in the therapists' approach to talking and/or behaviour can lead to microaggressions, prejudices towards patients or limitations in the therapeutic process because certain topics cannot be addressed with these preconceptions. In our study we aim to make heteronormative preconceptions visible and useful as a learning experience for therapists in training and through that create a safe and welcoming environment for queer people in therapy. 15 group discussions were conducted with therapists in training over the course of 1,5 years. In our participative research we apply a phenomenological analysis with an adapted version of the SPPA (Vos 2021) regarding the phenomenon of heteronormativity. With this approach we identified several aspects of heteronormative framework in the group discussions and their implications for psychotherapeutic practice: (1) Sexuality is seen as heterosexuality. (2) Dichotomous frameworks apply to most of the discussions of bodies. (3) The discussants have no idea how to address their blind spots – even if they are aware of them. (4) A safe setting is needed to discuss and reflect taboo topics. Based on the findings, we try to establish guidelines as an inspiration for more awareness for heteronormativity and possibilities to think and act in new ways that can be used in therapists' training and further education.

- **Paper: Working with Sexual Minorities from Conservative Religious Backgrounds: Results from A 2-Year Longitudinal Study of Sexual Minority Mormons**

**Main author: Tyler Lefevor (Utah State University)**

**ABSTRACT:**

Therapists who work with sexual minorities (SMs) from conservative religious backgrounds must often balance affirming clients' sexual identities with understanding the importance of their religious traditions. It can be particularly unclear the long-term effects that engagement with conservative religious traditions may have for these clients. In this presentation, I present data from the first longitudinal (2 years) examination of SM Mormons (n = 132) to better understand a) how do SM Mormons change their engagement with religion over time? b) what predicts these changes? and c) what are the impacts of these changes? I first present the results of paired-samples t-tests that show that SM Mormons reported decreased orthodoxy, service attendance, and religious commitment over time. I next present the results of a latent-change score model that suggest that decreases in religious commitment over the 2 years predicted higher levels of depression and lower levels meaning in life at time 2. Finally, I present the results of two cross-lagged panel models that suggest that decreased religiousness is most strongly predicted by interpersonal religious struggles

and identity uncertainty and that religious engagement predicts subsequent decreased identity affirmation and religious doubt. These findings suggest that therapists who work with SMs from conservative religious background should attune to the paradox that SMs tend to become less religious over time (leading to fewer interpersonal religious struggles) but in doing so they may experience worse mental health.

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### Brief Paper Session

Thursday, June 22nd, 11:00-12:00 - Room: Classroom 3051

- **Paper: Psychotherapy Outcomes of Sexual Minority College Students: A comparison of religiously-affiliated and non-religiously affiliated universities across the United States**

**Main author: Elise Burton Johnson (Brigham Young University)**

*Co-authors: Davey Erekson, Melissa Jones*

**ABSTRACT:**

"Purpose: This study compares Sexual Minority (SM) college student therapy outcomes between counseling centers at religiously-affiliated and non-affiliated institutions.

Because issues facing SM are pervasive across the U.S., it is important to examine large-scale correlations between SM psychotherapy outcomes and their university's religious affiliation.

Method: Data regarding the mental health pathology of SM clients, as indicated via CCMH assessment scales (CCAPS-62 and CCAPS-34), are filtered from the CCMH database.

Although the CCMH data contains abundant information about many college students, this study is primarily interested in SM students who have self identified within the CCAPS demographic information sections. We measure outcomes by tracking SM student CCAPS subscale scores and distress indices from pretreatment to posttreatment. Pre-treatment symptoms and post-treatment outcomes are analyzed based on a reliable change index (RCI) which separates outcomes into four discrete levels based on distress index score: no change, deteriorating, reliably improved, and recovered. The scope of this CCMH data allows us to pool outcome data from many SM students across a variety of institutions.

Implications: Our findings have important implications for psychotherapy practices, policies, and research. Thus, we present a nuanced but methodically accurate representation of correlations between SM student therapy outcomes, clinician ratings, and institution. Existing research does not clarify whether SM student therapy outcomes differ between religiously-affiliated universities and non-religiously affiliated universities. Sexual minorities face unique challenges in religious university settings; results of this study should allow many institutions to continue beneficial practices but also recognize when and where changes are needed."

- **Paper: “There’s No Space”: Sexual Minority Experiences at a Religious, Conservative University**

**Main author: McKay C Ross (Brigham Young University)**

*Co-authors: Melissa Goates-Jones, Audrey Parker, David M Erekson*

**ABSTRACT:**

"Sexual Minority (SM) individuals often face minority stressors that can make their sexual identity development a complex and difficult process. This may be particularly true for SM students attending religious, conservative universities; they may encounter internal conflict between their religious and sexual identities as well as unique external challenges. We sought to better understand the experiences of these students, especially regarding their motivations for attending such a university and how they might navigate any internal conflict within the university's social and institutional contexts.

We interviewed 14 SM students attending a religious, conservative university, and we analyzed their responses using Consensual Qualitative Research methodology to better understand their experiences. Analysis revealed four domains related to the university's social and institutional context: decision process to attend (including convenience and family influences), experiences with the university's administration and institution (including the ways in which participants perceived them to contribute to SM students' internal identity conflict), helpful and harmful aspects of the university's culture, and participants' experiences with heterosexual and same-sex dating.

Our findings aligned with and expanded upon previous literature. Notably, we found that participants felt particularly limited in their identity growth and exploration by university policies and cultural expectations; however, we also found that participants greatly valued feeling supported and understood. We anticipate that these findings could benefit therapists who work with SM clients within religious contexts, enabling them to better provide valuable support and understanding. Other potential implications, limitations, and future research are also discussed."

- **Paper: Taking Religiosity Into Account in Psychotherapy**

**Main author: Brodrick Brown (Brigham Young University)**

*Co-authors: Stevan Lars Nielsen, Dane Abegg*

**ABSTRACT:**

"Religion is quite important to many people but psychologists are less likely than the general population to be religious. This could potentially lead to disconnect between society's perception of psychotherapy and the field's. Thus, it is important to not only know how religious commitment can influence clients' outcome and experience in psychotherapy, but also how the level of match between client and therapist religious commitment might impact those variables. The current study investigated how client religious commitment impacts distress, how therapist religious commitment impacts the use of religious/spiritual interventions, and whether the level of match between client and therapist religious commitment predicts client perception of therapy and/or outcome.

730 individual therapy clients at a university counseling center completed measures of religious commitment, symptom distress, and concerns about therapy throughout their course of treatment. 44 therapists also completed a measure of religious commitment in

addition to session-by-session checklists detailing what types of interventions they used. Client religious commitment was found to significantly predict lower initial distress ( $B = -0.77$ ,  $p < 0.001$ ,  $R^2 = 0.07$ ) and lower distress at the end of therapy ( $B = -0.32$ ,  $p = 0.001$ ,  $R^2 = 0.34$ ). Therapist religious commitment did not predict use of religious/spiritual interventions in therapy ( $B = 0.05$ ,  $p = 0.062$ ,  $R^2 = 0.09$ ). Finally, level of match between client and therapist religious commitment was not related to client concerns about therapy ( $B = -0.002$ ,  $p = 0.161$ ) or client outcomes ( $B = -0.014$ ,  $p = 0.120$ )."

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## Brief Paper Session

Thursday, June 22nd, 11:00-12:00 - Room: Classroom 3071

- **Paper: What Makes Personalized Treatment Work? Mechanisms of Change in Transdiagnostic Network-Informed Personalized Treatment for Eating Disorders**

*Main author: Cheri A Levinson (University of Louisville)*

*Co-authors: Lindley Slipetz, Teague Henry, Jamie-Lee Pennesi*

### **ABSTRACT:**

Eating disorders (EDs) are severe illnesses with high rates of mortality. Evidence-based ED treatments only work for 50% of individuals. Part of the reason that treatments do not work is that EDs are highly heterogeneous, signifying a need to personalize treatment. As such, idiographic (i.e., one-person) methods have been used to develop personalized treatment for EDs. We demonstrated that Transdiagnostic Network-Informed Personalized Treatment (T-NIPT-ED) for EDs was feasible, acceptable, and decreased ED and co-occurring symptoms (e.g., depression). However, it remains unknown how T-NIPT-ED works and if T-NIPT-ED intervenes effectively on the hypothesized mechanisms of change. The current study ( $N=65$ ) tested if central symptoms (i.e., hypothesized mechanism of change) assessed via 15 days (5-times a day; 75 timepoints) of ecological momentary assessment pre and post-treatment changed through treatment. We used mixed effects linear regression to test (a) if symptoms in broad categories of affect, cognitions, behavior, comorbid conditions, and physiology changed from pre to post-treatment and (b) if specific central symptoms matched to corresponding evidence-based treatment modules changed with treatment. We found that if a participant had a central symptom in an affective or behavioral category, overall affect and behaviors decreased. We also found that participants with the following central symptoms evidenced reductions in these mechanisms: shame, self-criticism, body-checking, rumination, overvaluation of weight/shape, and guilt. Our results suggest that T-NIPT-ED is effective at reducing ED affect and behaviors. Furthermore, these data suggest that several modules targeted at specific mechanisms hypothesized to maintain EDs are effective in the context of personalized treatment.

- **Paper: Facilitators and obstacles to therapeutic alliance among patients with Anorexia Nervosa: A qualitative dyadic research**

*Main author: Rivka Tuval-Mashiach (Bar-Ilan University)*

*Co-authors: Hagar Lev Ari, Eitan Gur, Michal Lotan-Wohl, Zoe Bernstein*

**ABSTRACT:**

"Studies indicate a significant challenge for therapists in forming a therapeutic alliance (TA) with patients coping with anorexia nervosa (AN). While TA is a significant predictor of treatment outcomes, and AN treatment has low success rates, little is known about factors that affect the formation of an alliance and its quality in the treatment of AN. This study aimed at examining the factors associated with alliance formation, as perceived by patient–therapist dyads throughout AN therapy.

Method: A total of 18 dyads of patients with AN and their therapists were recruited from an eating disorder unit. The semi-structured interviews focused on the TA between the therapist and patient and examined facilitators towards, and barriers to, TA formation. Data analysis followed a thematic approach.

Results: The data analysis revealed an overarching theme: the mutual wish of the patient and therapist to form a close relationship and related challenges. This theme was divided into subthemes: (1) the role of self-disclosure of affection; (2) the meaning of the therapeutic setting; (3) coping with relationship ruptures; and (4) the importance of empathic acknowledgements.

Discussion: A major barrier to TA formation between patients with AN and their therapists is patients' conflict between a need for meaningful relationships and fear of re-experiencing disappointment and pain. Self-disclosures of affection, flexible treatment setting, acknowledgement of therapists' empathic failures and ability to see things from patients' perspectives are perceived by therapists and patients to facilitate alliance formation. This study also presents practical implications derived from these themes."

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**Structured Discussion**

**Artificial Intelligence and Psychotherapy research:  
Considering the challenges, opportunities and priorities for  
future research.**

**Thursday, June 22nd, 11:00-12:00 - Room: Classroom 3126**

*Organizers & Moderators:* Terry Hanley (University of Manchester)

*Discussants:*

- *Terry Hanley (University of Manchester)*  
*Louisa Salhi (Kooth)*  
*Xia Cui (Manchester Metropolitan University)*  
*Julie Prescott (University of Law)*

**ABSTRACT:**

"Historically, the interface between technology and psychotherapy has sparked much debate within communities of therapists. In contrast, the Covid-19 pandemic acted as an unprecedented evolutionary catalyst for the growth of web-based therapeutic practices.

Such a move, whilst novel for many, was informed by the work of pioneering researchers, organisations and practitioners who had been instrumental in developing these new ways of working during the decades before the pandemic. Mediated therapy is now commonplace and arguably there are new technological horizons for the psychotherapy world to be mindful of. Notably, as the use of Artificial Intelligence (AI) gathers momentum and becomes more commonplace within the world of mental health and wellbeing, those in the psychotherapy world need to keep abreast of developments in this arena. This structured discussion includes comments from a series of researchers from different disciplines (psychotherapy research, computer science and cyberpsychology), who have scratched the surface of where AI and therapy meet to consider the challenges, opportunities and priorities for future research. Specific consideration will be placed upon the ways that AI might influence psychotherapy practice in the near and distant future, whether AI might provide a scalable solution to the increasing demand for therapeutic support, and what ethical pitfalls those working in this area need to remain mindful of."

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#### Structured Discussion

## Worldwide Experiences of Interplay between Psychotherapy Trainings and Public Mental Health Services

Thursday, June 22nd, 11:00-12:00 - Room: Classroom 4050a

*Organizers & Moderators:* Irene Messina (Universitas Mercatorum)

*Discussants:*

- *Erkki Heinonen (University of Helsinki)*  
*Henriette Löffler-Stastka (Medical University of Vienna)*  
*Ulrike Willutzki (University Witten/Herdecke)*

#### ABSTRACT:

Psychotherapy trainings may interact with public mental health services with important consequences for rephrasing the social representation of psychotherapy. The SPR Interest Section on Therapist Training and Development (SPRISTAD) has previously documented the existence of differences and similarities between training programs in different countries, but we know very little about the interplay between psychotherapy trainings and mental health services. In the present structured discussion, the discussants will briefly introduce relevant issues concerning the interplay between psychotherapy trainings and public mental health services in their countries. The audience will be encouraged to share experiences and describe peculiarities of their countries.

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## Structured Discussion

### **The shift of psychotherapy research(ers) to industry and non-traditional settings: How to do it and what does the future hold?**

Thursday, June 22nd, 11:00-12:00 - Room: **Classroom 4050b**

*Organizers & Moderators:* Soo Jeong Youn (Reliant Medical Group, OptumCare, Harvard Medical School), Nili Solomonov (Weill Cornell Medical College)

*Discussants:*

- *Samuel Nordberg (Reliant Medical Group, OptumCare)*  
*Christian Moltu (Western Norway University of Applied Sciences)*  
*Zac Imel (University of Utah)*  
*Susan Douglas (Vanderbilt University)*  
*Torrey Creed (University of Pennsylvania's Perelman School of Medicine)*

#### **ABSTRACT:**

The landscape of global mental health is rapidly evolving, requiring psychotherapy researchers to adapt to a changing climate of funding, new methods and approaches, and increased concentration of resources and knowledge outside of academia, in industry and non-traditional settings. Psychotherapy researchers can have valuable contribution to these rapid advancements in the mental health field. This structured discussion will include psychotherapy researchers who are using their knowledge, experiences and skillset in non-traditional career pathways, such as working full time in industry, consulting for industry/start ups, working part time work with industry, in public health domains, etc. Speakers will share their experiences of transitioning to non-traditional career paths, discuss their recommendations to trainees in psychotherapy research and potential new directions for psychotherapy research in years to come.

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## Brief Paper Session

Thursday, June 22nd, 11:00-12:00 - Room: **Classroom 4097**

- **Paper: Epistemic trust and other predictors of suicidal ideation among Bulgarian university students**

*Main author: Camellia Hancheva (Sofia University St. Kliment Ohridski)*

*Co-authors: Radina Stoyanova, Tsvetelina Makaveeva*

#### **ABSTRACT:**

Accumulation of changes in everyday life and challenges of relational and existential nature during and after Covid-19 pandemic resulted in general increase of psychopathological symptoms. A substantial increase in suicide rates worldwide has been observed. The

pressing concern about mental health of young people motivated this research, aiming to identify some of the risk and protective factors for suicidal ideation and ascertain the effects of epistemic trust. Bulgarian adaptations of ETMCQ, DSMVLevel1CCSM, BHS etc. were used. The sample consists of 1196 university students (77% female, 1% other) from 30 universities, age 18 to 55 ( $M = 24.17$ ;  $SD = 6.77$ ). We performed several mediation analyses using the Macro PROCESS (v. 3.5). The first mediation ( $R^2=.27$ ) established a direct effect of mistrust to suicidal ideation  $b = .11$ ,  $t(1, 1194) = 5.747$ ,  $p<.001$ , and an indirect effect through hopelessness  $b = .11$ ,  $BootSE=.011$ , 95% CI [.088 to .133]. The next mediation models established a direct effect of the adverse childhood experiences on suicidal ideation  $b = .13$ ,  $t(1, 1194) = 6.558$ ,  $p<.001$ , and an indirect effect through hopelessness ( $R^2=.28$ )  $b = .061$ ,  $BootSE = .012$ , 95% CI [.038 to .086], and through the mediating effect of mistrust ( $R^2=.13$ )  $b = .03$ ,  $BootSE = .007$ , 95% CI [.018 to .047]. Assessment of protective and risk factors and their effects on suicidal ideation is important for screening and prevention, but understanding the effect of epistemic trust is crucial for a successful implementation of online resources for self or guided help in Bulgarian socio-cultural context.

- **Paper: The Challenge of Using Challenges: Development and Validation of the Barriers to Using Challenges Measure**

**Main author: Katie Rim (University of Maryland-College Park)**

*Co-authors: Mira An, Dennis M. Kivlighan Jr., Clara E. Hill*

**ABSTRACT:**

Background: Although challenges, (defined as therapist skills that “points out maladaptive thoughts, feelings, or behaviors so that clients can become more aware”; Hill, 2020), can help promote insight, trainee therapists often struggle in using them. One methodological limitation is the lack of a measure to assess therapist barriers to using challenges, which we define as the emotional and cognitive reasons that therapists may choose not to use challenges with clients. Aim: The present study sought to address this gap in existing research by (1) developing a measure of therapists’ barriers in using challenges and (2) exploring the psychometric properties of the measure. Method: Exploratory factor analysis was conducted on the initial item pool using responses from a sample of 215 therapists and therapist trainees. Results: EFA results suggested that responses reflected a 3-factor structure. Examination and revision of the items resulted in a final 15-item measure with three subscales: (1) concerns about lack of skills, (2) concerns about negative consequences, and (3) lack of alignment with theoretical orientation. As hypothesized, scores on our measure were negatively related to scores on the Self-Efficacy for Using Challenges measure (Hill et al., 2014), and positively associated with ratings on the Barriers to Using Immediacy measure (Hillman et al., under review) and the Conflict Approach/Avoidance Subscale of the Conflict Communication Scale (Goldstein, 1999). Discussion: We will report on exploratory analyses of how specific therapist demographic variables (e.g., theoretical orientation, gender, years of training) influence the results. Implications for training and research will be discussed.

- **Paper: Pastoral care staff perceptions of the impact of school counselling on young people, the school, and integration in to the school system**

**Main author:** *Jenny O'Donnell (British Association for Counselling and Psychotherapy (BACP))*

**ABSTRACT:**

"Aim: To explore the views of pastoral care staff in secondary schools of school based counselling for young people.

Design/Methodology: This research forms part of the Effectiveness and Cost Effectiveness Trial of Humanistic Counselling in Schools (ETHOS) study, an RCT of school based counselling across 18 state funded secondary schools in London. Qualitative semi structured interviews were held with pastoral care staff in 10 schools. They explored the impact of school based counselling on the school and students. Thematic analysis followed the Braun and Clarke (2006) methodology, using NVivo qualitative data analysis software.

Results/Findings: Thematic analysis found three key themes. Theme 1 was school context and included sub-themes of rising mental health need and varying provision for mental health. Theme 2 was school staff perspectives on the impact of counselling, including sub-themes: increased openness and improvements in mood, dedicated space to open up, putting skills into practice, one size does not fit all, and role of personal connection. Theme 3 was considerations for long term success in schools, including sub-themes of integration: central to success, and stepping stone for further support.

Conclusions/implications: This research provides useful insights of pastoral care staff of secondary school based counselling in the context of delivery through an RCT. Staff perceived a positive impact for many students, however counselling was not seen as suiting everyone. Integration of the counselling service within the school was important for improving student engagement with the service and ensuring successful future service delivery within schools."

## Brief Paper Session

Thursday, June 22nd, 11:00-12:00 - Room: Classroom 5012

- **Paper: Dialectical Behaviour Therapy and the Conversational Model in the treatment of Borderline Personality Disorder: Long-term follow-up data from a Randomised Clinical Trial in a public sector mental health service in Australia**

**Main author:** *Carla J Walton (Hunter New England Mental Health Service)*

**Co-authors:** *Nick Bendit, Gregory Carter, Amanda Baker, Terry Lewin*

**ABSTRACT:**

"There have been many RCTS of psychotherapeutic treatment of Borderline Personality Disorder (BPD), but few effectiveness trials of any standardised psychotherapy for BOD and fewer trials long-term follow up data. This trial compared Dialectical Behaviour Therapy (DBT) with the Conversational Model (CM), both active psychotherapies developed specifically for treatment of BPD.

The setting was a specialist service for BPD within public sector mental health in Newcastle, Australia. Participants had a diagnosis of BPD and a minimum of 3 episodes of suicidal behaviour and/or non-suicidal self-injury in the past 12 months. They were randomised to either DBT or CM for 14 months of treatment. Assessments occurred at baseline, mid-treatment, post-treatment, 1, 2, and 5 year follow-up. Assessments included structured clinical interviews and self-report questionnaires measuring suicidal and non-suicidal self-injury, depression, and other secondary outcomes. The total sample included 162 participants. Termination from treatment was naturalistic and decided between therapist and participant. Research questions were whether treatment gains were maintained at follow-up and whether length of time in treatment was associated with outcome.

Post-treatment outcomes are published in Walton et al (2020). Participants who had been randomised to DBT attended on average 15.7 months, whilst those randomised to CM attended on average 21.4 months. There was a significant reduction over time for both non-suicidal self-injury and suicidal behaviour and depression. Secondary outcomes and treatment differences will be discussed. Discussion will focus on issues in relation to conducting a clinical trial in a 'real world' setting."

- **Paper: Temporal organization (and disorganization) of discursive voices and their association with outcomes in a case of psychotherapy of a patient diagnosed with Borderline Personality Disorder (BPD)**

**Main author: Augusto Mellado (Universidad Central de Chile)**

*Co-authors: Claudio Martínez*

**ABSTRACT:**

Voices are the expression of subjective states of patients and therapists in their discourse during psychotherapy. Some voices may be monological, keeping problems, and others dialogical, allowing for greater flexibility and reflexivity. The interaction of voices may be disorganized or organized throughout the psychotherapy. An idiographic analysis based on vector auto regression (VAR) is presented for a successful psychotherapy (OQ-45.2) of 44 sessions with a patient diagnosed with Borderline Personality Disorder (BPD) and her therapist. Through the Model of Analysis of Discursive Positioning in Psychotherapy (MAPP), different voices in the patient and therapist were identified by tracking their interactions by means of the State Space Grid (SSG), using a measure of entropy ( $H_s$ ) to assess the degree of organization and disorganization of the voices. Results suggest a better fit between sessions with lag = 1 ( $AIC = -1.062767e+01$ ), than with lag = 2 ( $AIC = -1.038825e+01$ ) or lag = 3 ( $AIC = -1.058079e+01$ ). There was temporal stability (autoregression) [ $p = 0.01$ ] and a positive trend [ $p = 0$ ] of the patient's outcomes, and a positive cross-regression between the degree of organization of voices ( $t-1$ ) and patient outcomes ( $t$ ) [ $p = 0.01$ ]. A temporal dynamic is suggested in which greater organization of patient-therapist voice interactions influences the quality of the patient's outcomes. No significant association could be established between outcomes and dialogical (o reflective) voices despite their positive synchronous correlation (lag 0). Studies at the monothetic level are needed to test an extension of this model.

- **Paper: Direction of Dependence Analysis for Pre-post Assessments using non-Gaussian Methods: A Tutorial**

**Main author:** *Tom H Rosenström (University of Helsinki)*

**Co-authors:** *Nikolai O Czajkowski, Ole Andre Solbakken, Suoma E Saarni*

**ABSTRACT:**

"Objective: We introduced methods for solving causal direction of dependence between variables observed in pre- and post-psychotherapy assessments, showing how to apply them and investigate their properties via simulations. In addition, we investigated whether changes in depressive symptoms drive changes in social and occupational functioning as suggested by the phase model of psychotherapy or vice versa, or neither.

Method: As a Gaussian (normal-distribution) model is unidentifiable here, we used an identifiable linear non-Gaussian structural vector autoregression model, conceptualizing instantaneous effects as during-psychotherapy causation and lagged effects as pre-treatment predictors of change. We tested six alternative estimators in six simulation settings that captured different real-world scenarios, and used real psychotherapy data from 1428 adult patients (Finnish Psychotherapy Quality Registry; assessments on Patient Health Questionnaire-9 and Social and Occupational Functioning Assessment Schedule).

Results: The methodology was successful in identifying causal directions in simulated data. The real-data results provided no evidence for single direction of dependence, suggesting shared or reciprocal causation.

Conclusions: A powerful new tool was presented to investigate the process of psychotherapy using observational data. Application to patient data suggested that depression symptoms and functioning may reciprocate or reflect third variables instead of one predominantly driving the other during psychotherapy."

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## Structured Discussion

# Practice-Based Research and Depth-Oriented Psychotherapy: Challenges and Opportunities

Thursday, June 22nd, 11:00-12:00 - Room: Classroom 4053

*Organizers & Moderators:* Sarah Crabtree (Boston University)

*Discussants:*

- *Steven Sandage (Boston University)*
- Elise Choe (Boston University)*
- Santiago Juan (Universidad de Buenos Aires)*
- Jorge Valdiviezo-Oña (Universidad de Las Américas)*

**ABSTRACT:**

An advantage of highly controlled research designs (e.g., randomized clinical trials) is the ability to isolate mechanisms of change, but the generalizability of findings to everyday clinical practice is often limited. Practice-based psychotherapy research offers a rich

alternative that contributes to understanding of change under treatment conditions normative for many clinicians and patients alike. However, investigating clinical processes and outcomes in naturalistic, less controlled settings can be challenging as researchers navigate factors such as clinicians' different orientations and styles, variance in patients' presenting concerns and treatment needs, and systemic dynamics that might affect integrative research-clinical efforts. This structured discussion invites dialogue about the challenges of and opportunities in practice-based research, specifically among depth-oriented psychotherapy scholars whose theoretical traditions have been historically less amenable to empirical inquiry. The discussants, all scholars in depth-oriented clinical contexts, will briefly describe their respective settings and primary research activities. The discussion will then engage the panel and attendees about distinct challenges and obstacles in conducting practice-based research on depth-oriented psychotherapy, helpful and creative solutions or strategies, and the task of meaningful research-clinical integration that values empirical rigor and sound clinical wisdom.

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### Structured Discussion

## **Barriers and facilitators to promoting routine outcome monitoring in practice: perspectives across different settings**

Thursday, June 22nd, 11:00-12:00 - Room: **Classroom 4012**

*Organizers & Moderators:* Charlie Duncan (British Association for Counselling and Psychotherapy)

*Discussants:*

- *Charlie Duncan (British Association for Counselling and Psychotherapy)*  
*Michael Barkham (The University of Sheffield)*  
*Emma Broglio (The University of Sheffield)*

### **ABSTRACT:**

An advantage of highly controlled research designs (e.g., randomized clinical trials) is the ability to isolate mechanisms of change, but the generalizability of findings to everyday clinical practice is often limited. Practice-based psychotherapy research offers a rich alternative that contributes to understanding of change under treatment conditions normative for many clinicians and patients alike. However, investigating clinical processes and outcomes in naturalistic, less controlled settings can be challenging as researchers navigate factors such as clinicians' different orientations and styles, variance in patients' presenting concerns and treatment needs, and systemic dynamics that might affect integrative research-clinical efforts. This structured discussion invites dialogue about the challenges of and opportunities in practice-based research, specifically among

depth-oriented psychotherapy scholars whose theoretical traditions have been historically less amenable to empirical inquiry. The discussants, all scholars in depth-oriented clinical contexts, will briefly describe their respective settings and primary research activities. The discussion will then engage the panel and attendees about distinct challenges and obstacles in conducting practice-based research on depth-oriented psychotherapy, helpful and creative solutions or strategies, and the task of meaningful research-clinical integration that values empirical rigor and sound clinical wisdom.

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## Thursday, June 22nd, 2023, 12:00 - 13:00 (IST)

Social

### **Lunch: Blue Colour Badge**

Thursday, June 22nd, 12:00 - 13:00 - **Room: Dining Hall**

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Social

### **Lunch: Green Colour Badge**

Thursday, June 22nd, 12:00 - 13:00 - **Room: Lower Concourse**

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Meeting

### **Chapter Meeting: Latin America**

*Organizers & Moderators:* Claudio Martinez

Thursday, June 22nd, 12:00 - 13:00 - **Room: UI Chadhain**

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Meeting

### **Chapter Meeting: Europe**

*Organizers & Moderators:* Miguel M. Gonçalves

Thursday, June 22nd, 12:00 - 13:00 - **Room: Swift Theatre**

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## Thursday, June 22nd, 2023, 13:00 - 14:00 (IST)

Social

### **Lunch: Yellow Colour Badge**

Thursday, June 22nd, 13:00 - 14:00 - **Room: Dining Hall**

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Social

## **Lunch: Pink Colour Badge**

Thursday, June 22nd, 13:00 - 14:00 - Room: **Upper Concourse**

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Meeting

## **Chapter Meeting: United Kingdom**

*Organizers & Moderators:* Naomi Moller

Thursday, June 22nd, 13:00 - 14:00 - Room: **UI Chadhain**

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Meeting

## **Chapter Meeting: North America**

*Organizers & Moderators:* James Boswell

Thursday, June 22nd, 13:00 - 14:00 - Room: **Swift Theatre**

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Thursday, June 22nd, 2023, **14:00 - 15:15 (IST)**

Panel

## **Expanding the Scope of Mentalization: Transdiagnostic and Transactional Implications for Childhood Problems, Child Abuse, and Parenting Stress**

Thursday, June 22nd, 14:00 - 15:15 - Room: **JM Synge**

*Organizers & Moderators:* Sibel Halfon (Istanbul Bilgi UNiversity)

*Discussants:* Zeynep Catay (*The New School for Social Research*)

### **ABSTRACT:**

"This panel, put together by clinical researchers from Germany, UK, Turkey and USA, brings together three studies that investigate the crucial role of mentalizing within and beyond the therapeutic context with children and at-risk parents. It will show the transdiagnostic and transactional qualities of mentalizing with different populations (children, at-risk and overburdened parents), in various contexts (individual therapy, group program and everyday life) and with several problems (common childhood problems, child maltreatment and parenting distress).



The first study will present preliminary results from a randomized controlled trial regarding the effectiveness of Mentalization-Based Treatment for Children (MBT-C). The results aim to provide an evidence base for a mentalization-based transdiagnostic treatment for school-age children and to show how promoting mentalization protect against common childhood problems. The second study is a longitudinal process outcome investigation from the Lighthouse Parenting Program (LPP) for parents involved in child protection. It investigates how improvements in parental mentalizing during treatment can reduce child abuse and enhance epistemic trust. Moreover, it takes mentalizing interventions beyond individual therapy to target the broader systemic context in a group program. Finally, a novel state-of-art assessment system in everyday life with overburdened parents will be introduced, which aims to assess parental mentalization using ambulatory assessments via smart-phones. Results will show the complex hourly relations between parenting stress, quality and intensity of emotions and parental mentalizing in everyday parent-child interactions. The discussion will highlight the transdiagnostic and transactional features of mentalizing as it relates to treatment, assessment and beyond to public mental health."

- **Paper: The Effectiveness of Mentalization-Based Treatment for Children (MBT-C)**

**Main author: Sibel Halfon (Istanbul Bilgi University)**

*Co-authors: Burcu Besiroglu, Pelinsu Bulut, Gizem İrem Aydın, Hamza Burak Koç, Onur Tulum, Şevin Özdemir, Özlem Özsoy, Bilge Sözüer, Sıla Tülü, Nick Midgley*

**ABSTRACT:**

Mentalizing, the quintessential human capacity to understand the self and others in terms of intentional mental states, is a common factor associated with recovery in a range of psychotherapies. Despite its promise, there has been a relative lag in the adaptation of mentalization-based interventions with children. Mentalization Based Therapy for Children (MBT-C; Midgley et al., 2017) is a transdiagnostic treatment that was recently developed for children between the ages of 5 to 12 years old. It aims to increase mentalization and restore epistemic trust. Parallel parental work takes place to increase parental mentalization. This study will present preliminary results regarding the effectiveness of MBT-C in a parallel group Randomized Controlled Trial (RCT) conducted in Turkey at Istanbul Bilgi University Psychotherapy Center. The sample includes 200 Turkish children between the ages of 5 to 12, who presented with internalizing, externalizing and comorbid internalizing/externalizing problems. During the study, the patients were randomized to two arms (MBT-C vs. parenting and social skills group), and the treatment's effectiveness was investigated both at short (8th and 12th weeks) and long terms (24th and 36th weeks). Multilevel modeling analyses will be conducted to assess whether MBT-C will have a superior effect in comparison to the control condition in decreasing children's problem levels. The results will provide an evidence base for a mentalization-based transdiagnostic treatment for school-age children.

- **Paper: Enhancing parental mentalizing in the Lighthouse Parenting Programme for parents with serious parenting concerns**

**Main author: Anna K. Georg (University College London-Anna Freud National Center for Children and Families)**

*Co-authors: Peter Martin, Michelle Sleet*

**ABSTRACT:**

Several programs that aim at preventing child maltreatment have been developed with however, disappointing results. The Lighthouse Parenting Programme (LPP) for parents involved in child protection processes addresses this gap. The mentalization-based group programme aims at increasing parental mentalizing (i.e., the ability to see the child's needs clearly) of which evidence shows, that it is the cornerstone of positive parent-child relationships. Improvements in parental mentalizing during treatment may predict a decrease in child abuse potential and may interact with epistemic trust, which is the trust in social communication. In this study, we examine parental mentalizing as a change process in parents who received LPP within an RCT in England. The proposed study is a comprehensive, longitudinal process outcome investigation using data and transcripts of therapy sessions from N = 30 participants selected from the parents who received LPP within the RCT. Transcripts of video recorded sessions will be coded by using the in-session Reflective Functioning Scale (in-session RF), which assesses parent's mentalizing during the sessions. Repeated measures hierarchical models will be applied to determine if observer-rated in-session RF increases during the treatment and if change in in-session RF predicts improvement in the primary endpoint (self-reported child abuse potential and social care status recorded by social services) and the secondary endpoint (self-reported epistemic trust). Better understanding the change processes that lead to a decrease in the potential for abuse will help develop more effective treatments for parents and families, with great benefits for children and society as a whole.

- **Paper: Development and evaluation of an ambulatory assessment design of parental mentalizing over time in burdened parents**

**Main author: Julia Holl (University Hospital Heidelberg)**

*Co-authors: Anna K. Georg, Jana Volkert, Svenja Taubner*

**ABSTRACT:**

A reliable and valid assessment of mentalizing involves many challenges, such as the fact that mentalizing is subject to situational and contextual factors. In particular, situationally induced heightened stress can impair the mentalizing ability. The ambulatory assessment via smart-phones has the potential to compensate for the weaknesses of questionnaire surveys and has advantages such as the reduction of retrospective bias and a higher ecological validity of the assessment. Therefore, the development and validation of an ambulatory assessment of mentalizing in everyday life under naturalistic conditions will be addressed. Using ambulatory assessment, we investigated relationships between subjectively perceived stress, quality and intensity of emotions and parental mentalizing over time in daily life in burdened parents. Specifically, we assessed and analyzed data of burdened parents' subjectively perceived stress, quality and intensity of emotions and parental mentalizing ability over time in daily life in contexts with their children. Up to this point, we collected data from 22 parents' everyday routines with e-diaries. Using an interval contingent design, we assessed stress, quality and intensity of emotions and parental mentalizing hourly referring to the last personal interaction before the beep. Results will demonstrate relationships

between parental stress, quality and intensity of emotions and parental mentalizing in contexts with their children.

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## Panel

### **Dyadic processes in the development of alliance and ruptures: affect, verbal and nonverbal behaviors**

Thursday, June 22nd, 14:00 - 15:15 - **Room: Emmet Theatre**

*Organizers & Moderators:* Orya Tishby (Hebrew University, Jerusalem)

*Discussants:* Ueli Kramer (University of Lausanne)

#### **ABSTRACT:**

The current panel expands our view of dyadic processes in the development of the alliance, the formation of ruptures and their resolution. The focus on the dyad fits with the two-person paradigm in psychotherapy (Aron, 1996), which views the therapeutic relationship as an ongoing interaction, both verbal and non-verbal. Tohar Dolev will present a study which examined the identification of ruptures through coding non-verbal synchrony between patients and therapists. Using Motion Energy Analysis, she and her team tried to identify patterns that will lead to ruptures. Maayan Levy examined the relationship between changes in therapists' affect from before sessions to following the session – and their relation to rupture types and resolution. She also examined therapists' attachment styles and their relation to ruptures and resolution. Paul Peluso applied an observational system for coding affect in relationships, adapted from Gottman's studies on couples' relationships. The study examined the relationship between patient-therapist changes in affect and changes in the alliance. Finally, Lilly Krantz employed a dyadic approach to investigate the alliance-outcome association in DBT for BPD by testing client and therapist reports of early alliance as simultaneous predictors of symptom outcome at the within- and between-therapist levels of analysis.

- **Paper: Ruptures Embodied in Motion Energy Data**

**Main author:** Tohar Dolev (University of Haifa)

*Co-authors:* Sigal Zilcha Mano

#### **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 ruptures based on nonverbal synchrony of the patient and therapist

Method: To achieve this aim, 112 therapeutic dyads were coded for ruptures, using the Rupture Resolution Rating System, and for nonverbal synchrony, using motion energy analysis (MEA). We used machine learning methods to test whether we can, based on the

motion energy of the dyad members, characterize and identify ruptures, especially those in the therapists' blindsight.

Results: The MEA data was first transformed into a sequence of letters (text) and combined into segments. Then machine learning (ML) algorithms were implemented in order to calculate the accuracy of the model. Using ML approaches to the MEA data we found a larger effect size for predicting withdrawal ruptures than confrontational ruptures.

Discussion: The current study, using new methods for identification of ruptures, can potentially help therapists resolve ruptures more efficiently, reducing the negative effects of unresolved ruptures."

- **Paper: What is the role of therapists' feelings and attachment style in the alliance rupture and repair process?**

**Main author: Maayan Levy Chajmovic (Hebrew University)**

*Co-authors: Orya Tishby*

**ABSTRACT:**

"Objective: The study's first aim is to investigate the relationship between changes in therapists' feelings (from pre-session to post-session) and ruptures and resolution in the session. The second aim is to assess whether therapists' anxious attachment style moderates these relationships.

Method: Forty patients received 16 weekly sessions of Supportive-Expressive Short-Term Psychotherapy (Luborsky, 1984). Therapists filled the Experience in Close Relationships questionnaire (Brennan, Clark & Shaver, 1998) before the beginning of the therapy. They also filled the Feeling Word Checklist - 58 (Rössberg, Hoffart, & Friis, 2003), a self-report questionnaire before and after each session. A group of 5 judges worked in pairs, rating videotaped recordings of sessions 3-5 using the Rupture Resolution Rating System (3RS; Eubanks-Carter, Muran, &., Safran, 2015). Judges rated rupture types (withdrawal and confrontation), rupture intensity and the rating of overall resolution.

Results: in progress. Data will be analyzed using multilevel modeling.

Conclusion: Clinical literature suggests that therapists should be aware of their subjective reactions, such as their feelings, since they are an important source of information about what is happening in therapy. A question that remains open is what are the internal cues and feelings that relate to the rupture and resolution process. The results of this study will contribute to a deeper understanding of the therapist's participation in the therapeutic process in short-term psychodynamic therapy."

- **Paper: Emotional expressions between therapist and client, and the therapeutic alliance: An observational investigation**

**Main author: Paul Peluso (Florida Atlantic University)**

**ABSTRACT:**

In a recent meta-analysis, Peluso and Freund (2019) found that there was a positive relationship between emotional expression for therapists and clients on both the therapeutic process and therapeutic outcomes. In addition, Fluckiger et al. (2019) replicated previous meta-analyses that affirmed the significance of the therapeutic alliance on clinical outcomes. They recommended that clinicians construct a strong alliance in an environment of warmth

and with attention paid to both verbal and nonverbal expressions of emotion. The present study was conducted in a lab that uses an observational coding system for affect in relationships originally used for couples, and adapted for use with therapists and clients (Specific Affect Coding System-SPAFF- Gottman & Coan, 1998; Baker et al., 2022). SPAFF contains a neutral affect code, six positive affect codes and thirteen negative affect codes based on both verbal and nonverbal behavior of the participants. Using previously recorded psychotherapy sessions, coders applied the SPAFF coding system for both the therapist and client. This yields a second-by-second record of the affect displayed by both participants, which can illuminate specific exchanges and interactions, and which should predict the relative strength or weakness of the therapeutic alliance. Following from Peluso and Freund's recommendation, approximately 80 recorded sessions of psychotherapy will be coded using SPAFF, along with ratings of the therapeutic alliance (WAI- Horvath & Greenberg, 1989) by both therapists and clients. Analyses of the patterns of interaction between the affect measures and the therapeutic alliance will be explored, along with implications for clinicians and researchers.

- **Paper: A multilevel examination of the relationship between therapeutic alliance and outcome in dialectical behaviour therapy for borderline personality disorder**

**Main author: Lillian Krantz (CAMH and University of Toronto)**

*Co-authors: Shelley F. McMain*

**ABSTRACT:**

"Introduction: There is a well-established relationship between working alliance and outcome in dialectical behaviour therapy (DBT) for borderline personality disorder (BPD). However, existing DBT for BPD research has largely focused on the contribution of the client, thereby neglecting the influence of the therapist and the unique client-therapist dyad.

Objective: This study employs a dyadic approach to investigate the alliance-outcome association in DBT for BPD by testing client and therapist reports of early alliance as simultaneous predictors of symptom outcome at the within- and between-therapist levels of analysis.

Methods: The study is a secondary analysis of a randomized controlled trial comparing 6 months versus 12 months of DBT for BPD. A subsample of the 240 participants enrolled in the parent study was used (n=218). Working Alliance Inventory (WAI) was used to assess alliance and symptom outcomes were assessed using the Borderline Symptom Checklist 23 (BSL) and Global Severity Index (GSI). Multilevel structural equation modelling was used to examine the association between early alliance (sessions 1-4) and posttreatment outcome.

Results: At the between-therapist level, higher quality client-rated overall alliance (total score), goal agreement, task agreement, and bond predicted lower posttreatment BSL.

However, only between-therapist differences in early client-rated goal agreement predicted posttreatment GSI. At the within-therapist level, higher client-rated bond quality was significantly associated with lower posttreatment BSL.

Conclusion: Results suggest that therapist alliance-building capacity can influence treatment outcomes. Further examination is needed to identify which therapist factors are most effective in fostering higher quality alliances, and ultimately better outcomes."

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## Panel

# **Making psychotherapy feasible for everyone: which therapy format works for whom and why?**

Thursday, June 22nd, 14:00 - 15:15 - Room: Davis Theatre

*Organizers & Moderators:* Birre B. Van den Heuvel (Arkin Mental Health Care, Amsterdam)

*Discussants:* H. Van, PhD (Arkin Mental Health Care, Amsterdam)

### **ABSTRACT:**

"Although a broad range of psychotherapies are available, not every format might be feasible for everyone. In this symposium, we will present the results of different randomised studies that focus on the effects of different therapy formats on therapy outcomes in patients with depressive and/or personality disorders (PDs). The presented studies focus on comparing the effects of different formats of psychotherapy, as well as on potential mediators and moderators.

First, Sanne Bruijniks (PhD) will present results from two follow-up studies of a randomised controlled trial (RCT) that showed that twice weekly sessions lead to more reduction in depression compared to once weekly sessions. Presented will be the findings of (1) a follow-up study that tested which patient benefits from which session frequency and, (2) a follow-up study that investigated mechanisms of change that might explain the effects of session frequency.

During the second presentation Marit Kool (MSc) will present results from a monocentre RCT comparing therapy dosage (25 vs 50 sessions in one year) using Schema Therapy and Short-term Psychodynamic Supportive Psychotherapy.

Maaïke Smits (PhD) presents in the third presentation the results of a multicentre RCT comparing the cost-effectiveness of two formats of mentalization based therapy for borderline PD that differ in intensity. Also, moderating factors will be identified and discussed.

In the final presentation, Birre van de Heuvel (MSc) will present the design of an RCT that compares the (cost)effectiveness of three formats of group psychotherapy for cluster C PDs, with a focus on potential predictors/moderators and mediators."

- **Paper: The effects of session frequency in psychotherapy for depression: which session frequency fits whom and why?**

**Main author:** Sanne Bruijniks (University of Freiburg/ Utrecht University)

### **ABSTRACT:**

Current psychological treatments for depression are only effective for half of the patients. Previous studies have indicated that increasing the session frequency has the potential to increase treatment outcomes. However, it is likely that there is not one format of

psychotherapy that fits all patients and that a higher session frequency is more beneficial for specific patients compared to others. The current presentation will present findings of secondary analyses on data of a RCT that showed that, while keeping the total number of sessions equal, twice-weekly sessions of psychotherapy (CBT and IPT) for depression led to faster and better depression outcomes compared to once-weekly sessions. First, we will present the results of a follow-up study that used a machine learning model to test whether we can predict which patient is likely to benefit from which session frequency. Results indicated that different session frequencies seem beneficial for different patients, but results were also limited in their potential to generalize to other settings. Second, we will present results of a follow-up study investigating putative mechanisms of change that might explain why a higher session frequency leads to better treatment outcomes. Our findings pointed out that interpersonal psychotherapy skills might play an important role, but the clinical significance was limited. We will discuss these limitations and suggestions for future mechanistic research.

- **Paper: Dosage effects of psychodynamic and schema therapy in depressed patients with personality disorders.**

*Main author: Marit Kool (Vrije Universiteit Amsterdam)*

**ABSTRACT:**

Depression and personality disorders (PD) often co-occur and higher psychotherapy dosage may improve treatment outcome in depression when PD complicates treatment. We present the results of the PSYDOS-trial in which we examined whether higher dosages of integrated psychotherapy (addressing both depression and PD) improved outcome in depression, by comparing 25 individual sessions (starting weekly) with 50 sessions (starting twice weekly) in one year. After 50 sessions, patients showed stronger decrease of depressive symptoms over time, higher remission rates and better personality outcomes. It is important to understand these results by looking into possible moderating or mediating factors, such as type of therapy and the therapeutic alliance. Secondary analysis on these factors will be presented.

- **Paper: The impact of treatment intensity on mentalization-based treatment for borderline personality disorder: effects, costs and predictors**

*Main author: Maaïke Smits (De Viersprong)*

**ABSTRACT:**

"Mentalization-based treatment (MBT) for borderline personality disorder (BPD) has been widely implemented and empirically validated in different treatment formats. MBT day hospital (MBT-DH) and MBT intensive outpatient (MBT-IOP) differ markedly in their treatment intensity. This raises questions on the comparative (cost-)effectiveness, especially given the context that still only a small minority of people with BPD receives state of the art treatment such as MBT. We present the results of a multicentre RCT conducted at three treatment sites in the Netherlands, aimed to compare MBT-DH and MBT-IOP in terms of (cost-)effectiveness and the identification of moderating factors. Patients in both programs showed major improvements over the course of 36 months. MBT-DH did not show superiority in terms of effectiveness compared to the lower intensive MBT-IOP program.

Subsequent cost-effectiveness analyses showed that MBT-DH is not cost-effective, as the slight additional health benefits of MBT-DH did not outweigh the substantially higher societal costs. Patients in MBT-DH and MBT-IOP showed differences in their trajectories of change, particularly in domains of interpersonal functioning. Differences in trajectories and effectiveness were further explored by investigating the impact of moderating factors such as trauma and clinical severity. Whereas the results imply that MBT-IOP will deliver most health for most BPD patients and should be considered as treatment of first choice, for some individual patients up-scaling intensity by means of a day hospital program may be necessary.

Implications for treatment selection and the optimization of treatment recourses are discussed from both a clinical and societal perspective."

- **Paper: Design of a RCT on the effectiveness of group psychotherapy for cluster C personality disorders (G-FORCE): Which format of group therapy works for whom and why?**

*Main author: Birre B. Van den Heuvel (Arkin Mental Health Care, Amsterdam)*

**ABSTRACT:**

"Cluster C personality disorders are associated with a high burden and societal disfunctioning, and unfavourable outcome and chronicity of various psychiatric disorders. In clinical practice, group therapy is widely offered, particularly from psychodynamic and schema therapeutic orientations. Evidence for the effectiveness of group therapy for these patients is still lacking.

In 2020 we started the inclusion of G-FORCE, a large monocentre RCT. The aim of the study is to compare the differential (cost-) effectiveness of three forms of group psychotherapy: psychodynamic group therapy (PG), schema focused group therapy (SFGT) and group schema therapy for cluster C (GST-C). The three different formats of group therapy differ in duration (resp. 1, 1,5 and 2 years). Primary outcome is the severity of cluster C PD symptomatology, measured by the ADP-IV, at 24 months after start of treatment.

An important feature of G-FORCE is the research on predictors/moderators. Apart from general predictors, specific variables (for example: childhood trauma; autistic traits) are selected that are expected to be potential predictors or moderators. Also, we hope to gain more knowledge about why the therapy works. We selected theory-specific working mechanisms, and general mechanisms that are important in group therapy. For this purpose, the newly developed Group Questionnaire was translated in Dutch and validated.

In this presentation the design of the G-FORCE study will be presented, with a focus on hypotheses about predictors/moderators and mediators."

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Panel **CE**

## **Measurement of clinically relevant outcomes of FIS and FIS training**



Thursday, June 22nd, 14:00 - 15:15 - **Room: Swift Theatre**

*Organizers & Moderators:* Katie Aafjes-van Doorn (Yeshiva University)

*Discussants:* Tim Anderson (Ohio University)

**ABSTRACT:**

The Facilitative Interpersonal Skills (FIS) task is designed to help therapists improve their relational therapy skills. The question arises; How can we measure therapists' outcomes on these tasks? Which outcomes are most clinically relevant? The standardized nature of these FIS clips, and their recorded responses provides the possibility of assessing therapists' verbal and non-verbal responses on a moment-to-moment basis. However, the coding of FIS clip responses is a time-intensive endeavor and automatic measures of phonetic, language and non-verbal markers might be important to scale up the FIS research into the future. This panel focuses on the work of different research teams that have grappled with these questions about measuring the outcomes of FIS tasks in the most clinically relevant ways. The first study will report on the computerized analyses of speech and language in recorded FIS responses. The second study will build on that and report on a combination of language, speech and non-verbal markers of affect and movement relevant to therapists' interactions with patients. In addition to these efforts of improving scalability, the third presentation will report on therapists' countertransference feelings in response to the FIS clips, which is arguably one of the most important feelings we need to identify and manage when interacting with our patients. Our last presentation will report on the quantitative and qualitative outcomes of an FIS training rolled out in Norway, and will explore different outcome measures that are considered for their planned RCT.

- **Paper: Phonetic and linguistic markers of skillful therapist responses**

*Main author:* **Denise Kastner (Psychologische Hochschule Berlin)**

*Co-authors:* Felix Klapprott, Liselotte Marie Steinert, Anne Neuvians, Antje Gumz

**ABSTRACT:**

"Background The Facilitative Interpersonal Skills (FIS) task is the most widely used instrument to assess interpersonal therapeutic skills. As part of a larger project on the German FIS task, we aim to investigate phonetic and linguistic markers of skillful therapist responses. To our knowledge, there is only one study on each topic so far.

Methods We conducted a cross-sectional study including psychology students and trainee psychotherapists. All participants filled out questionnaires and completed the FIS-task. Participants' FIS responses were rated independently by 3 trained raters. FIS total and subscale scores will be analyzed as dependent, and the following phonetic markers as independent variables: speech rate, synchrony in speech rate, speech time, length of pauses, reaction time, fundamental frequency (F0), range of F0, synchrony in F0 and range F0. Regarding linguistic dimensions, we will focus on affective and cognitive processes. The software tools PRAAT (v. 6.2.03) and DE-LIWC-2015 will be used.

Results Preliminary phonetic analyses in a subsample of 80 participants showed significant positive effects for the speech rate and the total speech time, and significant negative effects

of the reaction time. Synchrony in speech rate and length of pauses did not show an association with the FIS scores.

Conclusions In our talk, we will present and discuss first results of our phonetic and linguistic analyses. Our project aims to contribute to a better understanding of the phonetic and linguistic markers associated with skillful therapist responses. Such knowledge might be used for the development and refinement of evidence-based psychotherapy trainings."

- **Paper: Scaling up FIS training; Some machine learning experiments**

**Main author: Katie Aafjes-van Doorn (Yeshiva University)**

**ABSTRACT:**

"Background: Facilitative Interpersonal Skills (FIS) are relevant to most psychological interventions and arguably should be taught in all basic therapy skills trainings. However, at the moment, FIS training has limited scalability because coding and feedback to students about their responses to the stimulus clips is time consuming. Also, codings remain subjective and somewhat variable even with reliable coders.

Methods; To help solve this problem, recent developments in machine learning can be applied to FIS coded-data (training algorithms on larger multi-coded datasets of responses to these brief standardized stimulus clips) and possibly generate automated FIS codings.

Results: We will report on the development of a proof of concept where machine learning algorithms based on the analysis of the trainee's facial expression and speech patterns provide near-time feedback on some of the FIS dimensions. These advanced FIS training methods will allow a trainee to compare their responses with the average ratings as well as a designated gold standard responses.

Discussion: We will highlight opportunities to improve process coding, such as the FIS by a) developing more detailed observable operationalizations of rating scales, and b) show exploratory machine learning analyses that identify novel observable characteristics not yet specified in the existing rating scale descriptions. Ultimately, we aim to develop a machine learning algorithm that will offer a quick and reliable clinical feedback that could be used for deliberate practice there and then, without the help of a supervisor."

- **Paper: Does Training Impact Therapist Emotional Experiences While Responding to FIS Clips?**

**Main author: Eva Antebi-Lerman (Ohio University)**

*Co-authors: Timothy Anderson, Katie Aafjes-van Doorn, & Tao Lin*

**ABSTRACT:**

"Aims: Therapists' countertransference may have a negative impact on psychotherapy outcome, if not managed well. However, little is known about how therapists might become more aware and engaged with their immediate feelings and reactions to client within session. Therapists report increased difficulty in reading emotional cues and connecting emotionally with clients in tele-therapy compared to in person therapy. Tele-therapy focused trainings are needed to fill this gap. A randomized control trial is presented to evaluate if therapist emotional responses are changed following a novel, teletherapy focused Facilitative Interpersonal Relationship Skills Training (Tele-FIRST).

Methods: We administered an adaptation of the Feeling Word Checklist (FWC) immediately following each response to standardized clients from the Facilitative Interpersonal Skills (FIS) task. Pairing the FWC with the FIS allowed us to evaluate how therapists feel immediately following a single interaction. The FWC version administered is a 10-item measure that includes the following factors: confident, inadequate, and idealized. As part of an ongoing teletherapy training RCT, a target of 80 therapists are completing three assessments that involve therapists responding to FIS clips and then immediately rating feelings for each clip using the FWC.

Results: We predict that following the Tele-FIRST training, therapists will report greater feelings of confidence after responding to standardized tele-therapy clients. We will report the effects of our training on participants' feelings of confidence, inadequacy, and feelings of being idealized when responding to simulated clients.

Discussion: Changes in therapist feelings when responding to standardized clients could resemble an important training outcome."

- **Paper: A Pilot Study of the Facilitative Interpersonal Relationship Skills Training (FIRST) workshop adapted for a Norwegian University Setting: Preliminary results.**

**Main author: Steffen Fagerbakk (Norwegian University of Science and Technology)**

*Co-authors: Heidi Brattland, Patrick Vogel, Katrine Hoyer Holgerson, Truls Ryum*

**ABSTRACT:**

Background. Therapists' facilitative interpersonal skills (FIS). These are therapist skills such as empathy, warmth, presenting a convincing treatment rationale and alliance building and repairing skills, presumed to be essential for positive outcomes in psychotherapy irrespective of the specific therapeutic approach utilized. One novel feature of FIS-paradigm, however, is the utilization of a performance-based task to empirically study therapists' skills in responding to challenging interpersonal moments in psychotherapy. The main aim of the present study was to examine a Norwegian adaption of the FIRST workshop for graduate students in a clinical psychology program. The workshop consists of four modules with lectures, responsiveness reflection, modeled practice, and deliberate practice role plays. Methods. A naturalistic, single-group design was utilized. Graduate students in a clinical psychology program were recruited, and participated in two one-day FIRST workshops. All students were assessed with the FIS performance task two times before the workshop, in order to assess the stability of the scores, as well as after the workshop. Other-self report measures (personality, interpersonal problems, worry, rumination, psychic health, etc.) were assessed pre and post. Results. Quantitative and qualitative findings relating to students FIS-scores and other self-report measures will be presented. Discussion. Development of a randomized controlled trial with therapists from routine clinical practice is in progress, based on the findings from this pilot study. Design choices and issues regarding the qualitative parts in this ongoing study will be discussed.

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## Panel

# Character Strengths in Psychotherapy

Thursday, June 22nd, 14:00 - 15:15 - Room: UI Chadhain

Organizers & Moderators: Jesse Owen (University of Denver)

### ABSTRACT:

For millennia, philosophers, sages, and theologians have considered these kinds of concerns to necessitate the development of character virtues that contribute to growth in human flourishing or “the good life” (MacIntyre, 1984; VanderWeele et al., 2019). There is also now a vast contemporary scientific literature in the field of positive psychology available on various forms of well-being and flourishing and many virtues (e.g., forgiveness, gratitude, self-control, hope, humility). There are also a few specific positive psychotherapies that have been developed and tested with some encouraging results (e.g., Fava, 2016; Rashid & Seligman, 2019), and there are indications of rising levels of interest in the topics of well-being and flourishing in mental health contexts. Emerging longitudinal evidence also suggests growth in certain virtues (e.g., forgiveness) may provide key prognostic indicators of long-term treatment goals for patients with serious mental health problems over and above other common clinical indicators (Zanarini et al., 2019). However, the concepts of flourishing and virtue remain largely segregated from “everyday” or mainstream mental healthcare practice. This panel will present findings focused on new brief measurement of character strengths in psychotherapy, the association between therapists’ personal humility and client outcomes, links between therapists’ character strengths and burn-out/workplace engagement, and trajectories of change in psychotherapy based on clients’ character strengths. Implications for research and practice will be provided.

- **Paper: Predicting Therapist Burnout or Flourishing: The Importance of Gratitude, Cultural Humility, and Workplace Engagement**

*Main author: Jeremy Coleman (Augusta University)*

*Co-authors: Markessa McCoy, Jesse Owen, Karen Tao*

### ABSTRACT:

For therapists, the pressures to provide quality services and meet the rising demand for services, has been linked with experiences of distress and burnout (Thompson et al., 2014). Some contributors to burnout have been identified as perceived lack of support, prolonged and intense stress, exhaustion, resulting in job dissatisfaction, depersonalization, and worse care for patients (O’Connor et al., 2018; Yang&Hayes, 2020). Burnout has been conceptualized as being at a polar end of a continuum, with flourishing as the opposite (Yang&Hayes, 2020). Broadly, flourishing can include experiences of positive affect with a sense of vitality and effective psychosocial functioning (Hubbert&So, 2013). Flourishing among therapists has been characterized by a sense of wellbeing and thriving in the content and context of the workplace (Hersh, 2022). To better understand what predicts therapist flourishing or burnout, the current study explores therapist (n=84) ratings of relational

character virtues of humility (cultural/intellectual; RVE; Davis et al., 2019), forgiveness (TFS; Berry et al., 2005), gratitude (GQ-6; McCullough, 2013), and ratings of workplace-engagement as potential predictors of outcomes of burnout (OBI; Demerouti et al., 2003) and flourishing (FI; VanderWeele et al., 2019). Initial results ( $n=84$ ) align with prior research indicating that flourishing is negatively associated with burnout ( $r = -.666$ ,  $p < .001$ ). Multiple-linear regression procedures identified ratings of cultural humility as predictive of flourishing ( $b = .363$ ,  $p < .001$ ), and workplace-engagement ( $b = .315$ ,  $p = .010$ ). Gratitude ratings on the RVE ( $b = .359$ ,  $p = .003$ ) and GQ-6 ( $b = .250$ ,  $p = .025$ ) also predicted therapist flourishing. However, no relational virtue characteristics significantly predicted burnout. Workplace-engagement negatively predicted burnout scores ( $b = -.397$ ,  $p < .001$ ) and positively predicted flourishing ( $b = .378$ ,  $p < .001$ ).

- **Paper: Therapist personal humility as a predictor of between-therapist effectiveness differences in naturalistic psychotherapy**

**Main author: Heather Muir (University of Massachusetts Amherst)**

*Co-authors: Michael Constantino, Alice Coyne, James Boswell, David Kraus, Mark Lukowitsky, Steve Sandage*

**ABSTRACT:**

Research has consistently demonstrated between-therapist effectiveness differences. Thus, it is important to identify determinants of such differences in order to cultivate the therapist characteristics or actions that foster better patient outcomes. Although such research is relatively limited, one predictor that has emerged is professional self-doubt (PSD; a critical questioning of one's clinical skills); namely, therapists with higher versus lower PSD have been shown to achieve better average outcomes. Although seemingly counterintuitive, the benefit of PSD may make sense if, instead of simply reflecting a negative self-perception, it taps into the broader construct of professional humility—the adaptive ability to maintain a balanced and accurate view of one's strengths and weaknesses in their practice. Drawing on the positive psychology literature, it is also plausible that therapists with more versus less personal humility—one's balanced view of their general virtues and shortcomings coupled with an other-focused attitude—would be more effective in their work. Yet, we are aware of only one study that has examined this form of humility as a predictor of therapist effects. Thus, more research is needed, and this study addresses this gap in the context of naturalistic practice. Participants are 42 therapists and 588 of their patients who received treatment in 1 of 3 community mental health centers. Therapists completed a measure of personal humility, and their patients completed an outcome measure repeatedly throughout treatment. We will use multilevel modeling to test our research question. Results will be discussed in relation to their practice and training implications.

- **Paper: The Contribution of System Alliance and Virtues to Change in Psychodynamic Psychotherapy**

**Main author: Peter Jankowski (Bethel University)**

*Co-authors: Steve Sandage, Lauren Kehoe, Laura Stein, Elise Ji-Young Choe, Laura Capatari, Sarah Crabtree*

**ABSTRACT:**

The present study utilized a naturalistic, practice-based research design, involving routine, non-manualized treatment in an outpatient clinic in the Northeastern United States. We examined change in depression symptoms and well-being among patients ( $N = 259$ ;  $M_{age} = 37.70$ ,  $SD = 15.43$ ; 61.8% female; 79.2% Caucasian/White) receiving psychodynamic psychotherapy. We conducted growth mixture modeling using Bayesian estimation (Asparouhov & Muthén, 2021) and found a two-class solution as best fitting the data. Class 1 (81%) depicted a stable, plateau trajectory with low symptoms and high well-being, and class 2 (19%) depicted a growth trajectory exhibiting improved depression and gains in well-being. Longer time spent in treatment prior to the first assessment was associated with higher initial levels of depression. Class 1 reported lower forgiveness and lower gratitude at time 1. Results were consistent with prior findings documenting the effectiveness of psychodynamic treatment to promote flourishing (improved symptoms and well-being) in terms of stabilization (Owen et al., 2019) and growth (Jankowski et al., 2022). Results were also showed client levels of forgiveness and gratitude can be indicators of the potential for progress in psychodynamic treatment (McWilliams, 2021). Class 2 reported an increase in system alliance over time, which supported psychoanalytic theorizing about the clinic context or “relational ecology” as a transitional space for patients that contributes to positive outcomes (Kehoe et al., 2016; Sandage et al., 2017). Construct validation evidence supported the use of the 6-item system alliance full scale score as a measure of felt connectedness with administrative staff and clinicians.

- **Paper: Measuring Relational Virtues in Psychotherapy**

**Main author:** *Elise Choe (Boston University)*

**Co-authors:** *Don Davis, Peter Jankowski, Steve Sandage, Sarah Crabtree*

**ABSTRACT:**

Since the beginning of the positive psychology movement, scholars have explored how virtues and character strengths might contribute to well-being and flourishing. Despite the interest, virtues and positive psychology have had limited impact on psychotherapy. However, new research has started to show the power of relational virtues to promote flourishing, which has important application for psychotherapy. With new interest in examining virtues and their influence on and by psychotherapy increases, the need for clinically relevant measures has been highlighted. Yet the literature has struggled with the debate on how to define and measure virtues, especially within a clinical setting. Most measures within the literature have been used only within non-clinical settings and operationalized virtues as a trait. New measures are needed to track changes in relational virtues over time within psychotherapy. To address these concerns, we created two new measures: the Relational Virtues Engagement (RVE) measure and the Practice of Relational Virtues (PRV) measures. The RVE assesses for a general, overarching virtuousness, while the PRV succinctly assesses for specific relational virtues (i.e., forgiveness, gratitude, humility). In this presentation we will discuss the measurement development process of these two new measures of relational virtues, implications for practice, and future directions.

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## Panel

# How Can You Mend a Broken Heart?: Relationships, Loss, and Psychotherapy

Thursday, June 22nd, 14:00 - 15:15 - **Room: Classroom 3106**

*Organizers & Moderators:* Barry Farber (Teachers College, Columbia University)

*Discussants:* Laurie Heatherington (Williams College)

### ABSTRACT:

"This panel offers four papers that investigate the ways that psychotherapists can understand and mitigate the struggles of individuals and couples dealing with relational problems (e.g., loss, dissolution, infidelity). Roe et al. ("The past is never dead. It's not even past": What therapists need to understand about the internalization of past romantic relationships) report responses to a multi-part question within a large-scale study of the psychological consequences of romantic break-ups: "Looking back, what would you say [your ex] 'left you' with? What impact did this relationship have on you?" Rourke et al. ("Therapists' experience treating couples' infidelity") present results of their semi-structured interviews of therapists with experience treating infidelity. Markin ("The Alliance in psychotherapy for couples affected by pregnancy loss") discusses how the therapeutic (couples) alliance can help couples process the trauma of their losses; in particular, she provides suggestions for repairing split alliances with couples dealing with the loss of a pregnancy. In the final paper, "When sleeping with someone else and/or journaling is not enough: How psychotherapy is beneficial during the aftermath of a breakup," Farber et al., utilizing the same large-scale data set of Roe et al., discuss participants' responses to two open-ended questions: "What has helped you achieve closure in regard to this relationship?" And, for those who've been in therapy: "What aspects of therapy have been most helpful in moving toward closure?" Taken together, these papers underscore the importance of therapists' attending to relationship losses and ruptures, both within the individual and couple."

- **Paper: "The past is never dead. It's not even past": Toward an understanding of the internalization of past romantic relationships**

**Main author:** David Roe (University of Haifa)

*Co-authors:* Hilla Yaniv, Luisa Garbowit, Shana Dickstein, Mossie Lierle, Amber Wolfe, Barry A. Farber

### ABSTRACT:

"Aim: To investigate how past romantic relationships live on as part of individuals' internal world.

Method: 1897 individuals who experienced a breakup with a significant other were recruited via social media to complete a survey including Likert-scale items and open-text questions that were randomly selected for a qualitative analysis using a grounded theory approach.

This paper presents findings based on an analysis of responses to one open-text

question—"Looking back, what would you say [your ex] "left you" with? What impact, if any, did this relationship have on you (who you are) and your life?— and to the association of these responses to one Likert-scale item, ""To what extent have you gained closure on the relationship?"".

Results: Participants' coded narratives indicated that internalized representations of past romantic relationships range along a continuum from a) primarily positively-tinged representations that induce personal growth (and which are associated to greater closure); to b) mixed positive and negative representations from which valuable lessons were learned; to c) primarily painful or traumatic representations that have a negative impact on later relationships and life in general, and which are associated to less successful closure.

Discussion: Therapists often work with clients who are struggling to resolve issues related to past romantic relationships—and yet there is a paucity of research on this topic. Gaining a better understanding of the ways in which individuals' romantic relationships live on as part of their internal world can help therapists facilitate clients' movement toward acceptance and closure."

- **Paper: Psychotherapists' Experience Working with Infidelity**

**Main author: Vincent O'Rourke (Dublin City University)**

*Co-authors: Rosaleen McElvaney, Melrona Kirrane*

**ABSTRACT:**

"Aim: Research exploring therapists' experiences of working with infidelity is limited, yet infidelity is a frequent presentation, and one of the most challenging for therapists to work with in practice. The aim of this study was to construct a theoretical understanding of how therapists experienced themselves when working with infidelity.

Method: Eight experienced couple and relationship therapists were interviewed about how they experienced themselves inter-subjectively while working with presentations of infidelity. The data were analysed using a Constructivist Grounded Theory methodology.

Results: A core process was constructed from the data: "Absorbing ambivalence". Three sub-processes, "embracing ambivalence", "tuning into ambivalence", and "assimilating ambivalence" were conceptualized as constituting this core process. These processes were theorized as emergent, one leading from the other, circular and interdependent, comprising a process model of how therapists experienced working therapeutically with infidelity.

Discussion: The conceptualization of a process model has potential in helping therapists to make sense of and understand their inter-subjective experience when working with infidelity. It also offers a tool for use in reflexive supervision and in the training of therapists working with infidelity. As a result of this investigation, future research is encouraged to further explore, with the aim of understanding, the processes involved in how therapists become aware of and manage the influences of the wider sociocultural context when working with infidelity."

- **Paper: The Alliance in Psychotherapy for Couples Affected by Pregnancy Loss**

**Main author: Rayna Markin (Villanova University)**

**ABSTRACT:**



"Aim: Existing studies and clinical observation suggest that the way in which couples communicate and support one another following adverse reproductive events like pregnancy loss, predicts whether such events lead to decreased marital satisfaction and higher rates of marital problems and divorce, or, on the contrary, more positive relationships and better post-loss adjustment. Given this, clinicians need guidance on how to help couples grieve the loss of a pregnancy and how to "treat" the relationship when it is suffering as a result of the trauma of loss. Similarly, researchers need to understand the clinical issues at play to design meaningful psychotherapy studies for this client population. Accordingly, this presentation will discuss how the therapeutic (couples) alliance can be used to help couples process trauma and loss, together, with a joint sense of purpose.

Method: Through clinical vignettes, suggestions for how to identify and repair split alliances with couples grieving the loss of one or more pregnancies will be discussed.

Results: Particular attention will be given to the alliance with the partner who is typically ignored or disenfranchised after pregnancy loss, such as the male partner in heterosexual relationships and the non-carrying partner in lesbian relationships, as well as to different styles of coping with grief that often contribute to negative patterns of communication and split alliances.

Discussion: Working through split alliances in couples therapy for pregnancy loss can help the couple to support and comfort one another through this unique kind of traumatic loss."

- **Paper: When sleeping with others and journaling aren't enough: How psychotherapy can help after a breakup.**

**Main author: Barry Farber (Teachers College, Columbia University)**

*Co-authors: Mossie Lierle, Shana Dickstein, Luisa Garbowit, Hilla Yaniv, Amber Wolfe, David Roe*

**ABSTRACT:**

"Objective: To investigate the processes and activities, including psychotherapy, that help individuals heal from a breakup with a romantic partner.

Method: A sample of 1897 individuals who have experienced a breakup with a significant other completed a survey with Likert-scale items and open-ended questions about this experience. Among other items, respondents provided open-text responses regarding 1) what helped them gain some closure from the breakup; and, if applicable, 2) which aspects of psychotherapy were most helpful in this process. A grounded theory approach was used to identify themes.

Results: Actions that helped individuals gain closure from a breakup (in descending order of frequency): social support (e.g., speaking with friends and family); activities (e.g., journaling, exercising); internal processes (e.g., focusing on self-love and self-improvement); and external factors (e.g., physical distance). Therapist interventions that were viewed as most helpful in facilitating closure (in order of descending frequency): creating a safe space (e.g., normalization); increasing client self-awareness (e.g., gaining awareness about emotions/actions/patterns); shifting perspective (e.g., reframing the situation); and offering specific means for coping with distress (e.g., skills/strategies/tools).

Conclusion: Individuals engage in a variety of behaviors and processes to cope in the aftermath of a breakup, including engaging in psychotherapy. Psychotherapy is most helpful when therapists strive to normalize difficulties; furthermore, because social supports and

activities were most frequently endorsed as helpful to individuals seeking closure after a breakup, psychotherapists should consider placing greater focus on these areas to facilitate closure for individuals whose relationship has ended."

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Panel

CE

## **Contextual and Cultural Factors in Psychotherapy Process, Outcome, and Training**

Thursday, June 22nd, 14:00 - 15:15 - Room: Classroom 3074

*Organizers & Moderators:* James Boswell (University at Albany, SUNY)

*Discussants:* Nick Firth (The University of Sheffield)

### **ABSTRACT:**

Practice-oriented psychotherapy research has received increased attention in recent years (Castonguay et al., 2021). When practice-oriented research involves an engagement with public mental health and similar routine settings, it is particularly important to attend to the social, cultural, and environmental contexts in which psychotherapy is practiced. To that end, this panel will include a series of four presentations on contextual and cultural factors in psychotherapy process, outcome, and training, in the context of community-based practice-oriented research partnerships and routine mental health stakeholder experiences. In the first presentation, James Boswell will present some results from a community-based practice-research collaboration on racial/ethnic minority patient perceptions of therapist cultural comfort and alliance quality in both telebehavioral health and face-to-face psychotherapy. In the second presentation, Syed Aajmain will present preliminary results from the same community setting on the associations between unmet social determinants of health needs and other patient and clinical characteristics. In the third presentation, Ashleigh Smith will present results from a study of therapist practices and perspectives on strategies for supporting Black clients who are impacted by public anti-Black violence. In the fourth presentation, Bethany Harris will present preliminary results from a survey study exploring trainee experiences of discrimination in the supervision process, as well as typical coping strategies in the context of such experiences. Finally, Nick Firth will offer his comments and perspectives as the panel Discussant.

- **Paper: Racial-Ethnic Minority Patient Perceptions of Therapist Cultural Comfort and Alliance Quality: A Comparison of Telebehavioral Health and Face-to-Face Modalities**

*Main author:* James Boswell (University at Albany, SUNY)

*Co-authors:* Bethany Harris, Syed Aajmain, Ashleigh Smith

### **ABSTRACT:**

Objective: Telebehavioral health (TBH) has expanded, along with continued face-to-face (FtF) services. In the context of COVID-19, many psychotherapists adopted TBH. Clinician

surveys demonstrate ambivalence toward TBH; some findings indicate that clients of color espouse concerns about TBH quality. Little is known about the experience of racial/ethnic minority (REM) clients in TBH, including if disparities in FtF psychotherapy generalize, or are possibly exacerbated. This study aims to gather preliminary data on the relationships between perceived cultural comfort and the quality of the working alliance as a function of (a) treatment modality (TBH or FTF) and (b) REM status in community mental health (CMH) settings. Method: Participants will be psuedo-randomly sampled CMH patients (~N = 150) in the Northeast United States. Patients will be asked to complete a survey that includes questions about the nature and modality (TBH and/or FtF) of their care. Patients will be asked to complete the Therapist Cultural Comfort Scale (TCCS), and the Working Alliance Inventory (WAI). Results: The dependent variables will be client perceptions of therapist cultural comfort and working alliance quality. The key independent variables will be treatment modality and REM status. In addition to reporting the correlation between perceived comfort and alliance quality, we will report group differences on cultural comfort and alliance with two, two-way ANOVAs. Conclusion: The pandemic-motivated move to TBH provides an opportunity to study the relationships between key treatment factors in underrepresented populations, and to inform more equitable systems of care as they consider the future role of TBH services.

- **Paper: Social Determinants of Health as a Predictor of Patient and Clinical Characteristics in Community Mental Health Care**

**Main author: Syed Aajmain (University at Albany, SUNY)**

*Co-authors: Bethany Harris, James F Boswell*

**ABSTRACT:**

Objective: Social determinants of health (SDOH) are conditions in the social, physical, and economic environment in which people live and work that influence health risks and outcomes. These include a range of social, economic, psychosocial, and behavioral factors such as food insecurity, hazardous housing, and financial resource strain. Such factors account for variance in numerous health outcomes, including life expectancy and quality of life. Studies on university student populations also demonstrate that unmet SDOH needs are associated with poorer self-assessed general health as well as higher anxiety and depression symptom severity. However, little is known about how SDOH needs affect clinical populations in mental health care settings. Their impact on the outcome of mental health care is similarly unclear. The current study examined the association between unmet SDOH needs and other patient and clinical characteristics at a community mental health clinic. Method: This study used routinely collected data from treatment seeking adults presenting at a county community mental health clinic (N = 247). Patients completed the Patient Health Questionnaire (PHQ-9) routinely throughout treatment. The Health Leads Social Needs Screening Toolkit was also administered to collect information about SDOH. Results: Preliminary analyses indicate that 48% of patients endorsed at least one SDOH need. Planned analyses will examine social determinants as a correlate and predictor of other patient characteristics, such as demographics, and clinical characteristics, including baseline symptom severity and treatment outcome trajectories with multilevel models. Conclusion: Implications for treatment planning and patient care informed by patients' SDOH needs will be discussed.

- **Paper: Supporting Black Clients After Public Anti-Black Violence: A Preliminary Study of Therapist Practices and Perspectives**

**Main author: Ashleigh Smith (University at Albany, SUNY)**

*Co-authors: Adela Scharff, Syed Aajmain, James F Boswell*

**ABSTRACT:**

Objective: Racial trauma refers to emotional injury resulting from exposure to direct or indirect racist violence. One manifestation of anti-racism for therapists is effectively supporting Black clients coping with the impacts of anti-Black violence. This study investigated therapists' perceptions of potential interventions to support Black clients experiencing racial trauma, along with the potential influence of professional characteristics on perceptions. Method: Volunteering therapists (N = 91) completed an online survey that included a hypothetical client scenario involving a report of anti-Black violence. Therapists rated their perceptions of different intervention options: emotional expression, value-guided action, coping skills, cognitive restructuring, and self-disclosure responses; and provided ratings of perceived helpfulness, consistency with typical practice, and likelihood of using the type of intervention in the future. Results: Overall, therapists rated the emotional expression response option as the most helpful, followed by value-guided action and coping skills. Self-disclosure and cognitive restructuring were viewed as less helpful, yet non-White therapists rated the use of self-disclosure more positively than White therapists ( $d = 0.57$ ). The degree of CBT theoretical orientation endorsement was significantly and positively associated with positive perceptions of the values, cognitive restructuring, and coping therapist response options. In contrast, a stronger endorsement of psychodynamic therapy was negatively associated with perceived helpfulness of values and coping-focused therapist responses. Conclusion: Therapists view emotion-focused strategies as most helpful for addressing reported anti-Black violence with clients. However, additional research is needed to explore clients' perceptions of the degree of support and helpfulness of therapeutic responses in these contexts.

- **Paper: Psychotherapy Supervisor Discrimination Associations with Trainee Experiential Avoidance and Self-Efficacy**

**Main author: Bethany Harris (University at Albany, SUNY)**

*Co-authors: Syed Aajmain, Adela Scharff, Li Shen Chong, Ashleigh Smith, James F Boswell*

**ABSTRACT:**

Objective: Trainees from marginalized backgrounds have reported experiencing identity-based harassment or microaggressions from psychotherapy supervisors (Bautista-Biddle et al., 2021). Most of this research has been conducted qualitatively with small sample sizes and has been limited in scope (Callahan et al., 2019). The aim of this survey study is to explore the prevalence of trainee discrimination encountered in the supervision processes and potential associations with trainee experiential avoidance and perceived self-efficacy. Method: Participants will be approximately N = 100 graduate students enrolled in a psychotherapy training program who have worked with at least one client. Participants reported on discrimination events in supervision and completed the Brief Experiential Avoidance Questionnaire (BEAQ; Gámez et al., 2014) and the Counselor

Activity Self-Efficacy Scales (Lent et al., 2013). Associations will be tested with analysis of variance and regression-based models. Results: In addition to descriptive results and effect sizes, we will report the impact of supervisor discriminatory behavior and trainee experiential avoidance on trainee self-efficacy. Conclusion: These findings will illuminate the experiences of trainees both in and out of the therapy room, and how interactions with supervisors may affect trainee confidence. Moreover, these results will provide insight into the expanse of trainee discrimination experiences.

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## Panel

# The "Mindful" Therapist: Mindfulness-Informed Interventions in Psychotherapy and Self-Care Practices of Psychotherapists

Thursday, June 22nd, 14:00 - 15:15 - Room: Classroom 3051

*Organizers & Moderators:* Corina Aguilar-Raab (University Hospital Heidelberg), Friederike Winter (University Hospital Heidelberg)

*Discussants:* Corina Aguilar-Raab (University Hospital Heidelberg)

## ABSTRACT:

"Mindfulness and (self-)compassion-informed approaches are widely spread and have been examined numerous times in terms of feasibility, effectiveness and efficacy for a variety of different disorders. The focus of these studies has predominantly been on standardized programs such as MBCT, ACT, etc., while presumably mindfulness- and to some extent compassion-based aspects inform a considerable amount of clinical work in the context of mental health care in an unstandardized or implicit manner. This includes isolated techniques in the course of therapy, e.g., guided contemplative exercises. However, this can also include the therapist's own meditative practice, which can positively support both the strengthening of own therapeutic skills such as empathy as well as one's own resilience and mental health.

In this panel, we would like to address several remaining questions:

How do therapists use contemplative practices in their clinical work? Do therapists of different therapeutic approaches differ in their way and frequency of implementation?

How is therapists' own psychological functioning (attachment, self-regulation, emotional awareness, etc.) associated with their contemplative practice?

Apart from these questions, it is yet to be explored how therapists' mindfulness in the clinical work can be systematically captured at the observation level. With the increasing consideration of first-person experience in research, the question arises to what extent the contemplative practice of therapists enriches the therapeutic relational process?

In this panel, we aim to present and discuss results of recent investigations on how contemplative practices are implemented into psychotherapy directly and indirectly, and how this affects therapeutic processes."

- **Paper: Systematic Investigation of the Implementation of Mindfulness- and Compassion-Infused Psychotherapeutic Interventions in Germany**

**Main author: Corina Aguilar-Raab (University Hospital Heidelberg)**

*Co-authors: Friederike Winter*

**ABSTRACT:**

"Background: Mindfulness and compassion-infused practices are presumed to be implemented in a wide range of therapeutic approaches in various ways ranging from explicit intervention to implicitly influencing the working alliance and the therapeutic process. However, up to now it remains unclear how often and in which ways therapists use contemplative practices, especially considering possible differences in various therapeutic approaches.

Methods: In an anonymous cross-sectional online assessment, therapists of all therapeutic schools in Germany were asked to answer self-created questions on demography, clinical training, personal use of contemplative practice and implementation in clinical work (frequency, scale 1-5) as well as perceived effect on work satisfaction, therapeutic alliance and symptom reduction (agreement scale 1-5).

Results: N = 188 completed the online survey including n = 66 psychodynamic (PT), n = 99 cognitive behavioral (CBT) and n = 23 systemic therapists (ST). The overall majority reported a current contemplative practice (87.77%). All therapists similarly reported to practice before (M = 2.38, SD = 1.18) or in sessions (M = 2.91, SD = 1.11) and largely agreed that their own practice supported the therapeutic alliance, symptom reduction and contentment with work. Perceived effects on the therapeutic alliance as well work satisfaction were significantly associated with own contemplative practice. Almost no differences between therapeutic approaches were found.

Discussion: The results of frequency and dissemination of contemplative practices in the provision of psychotherapy in Germany will be compared to other countries. Its impact on psychotherapy research will be discussed."

- **Paper: Is a Mindful Therapist more Satisfied and Resilient? Self-care Practices of Psychotherapists and its Associations with Therapists Psychological Functioning**

**Main author: Friederike Winter (Heidelberg University Hospital)**

*Co-authors: Corina Aguilar-Raab*

**ABSTRACT:**

"– as explicit interventions or as an implicit part of the therapeutic process in which therapists use contemplative practices for self-care. In this study, we explored the associations of therapists' contemplative practices with trait mindfulness, self-compassion and other personality characteristics such as structural functioning.

Methods: In a cross-sectional online survey, therapists of all therapeutic schools in Germany were asked to fill out a self-created questions on the use of contemplative practices for self-care. Additionally, mindfulness, self-compassion, structural functioning etc. were assessed via self-report measures.

Results: N = 46 psychodynamic (PT), n = 89 cognitive-behavioral (CBT) and n = 22 systemic therapists (ST) completed the survey (N = 157 therapists). 64.97% reported current contemplative practice. 38.5% of CBT used it for self-care, compared to 15.4% of PT and 10.3% of ST. Groups did not differ in their perceived positive effect on their own health (M = 4.25, SD = 1.16). Concerning mindfulness, CBT reported significantly lower levels on the subscale observing compared to PT (g = .33) and ST (g = .53) as well as lower scores on the subscale non-reactivity than ST (g = .49). Yet, no group differences and overall high levels were found for other aspects of psychological functioning. Daily practice was correlated with higher structural functioning (r = .22) and in-session practice with higher self-compassion (r = .20).

Discussion: The results will be discussed with regard to burnout prevention in psychotherapists and its impact on psychotherapy outcome."

- **Paper: Mindfulness in action: A proposal for a new Mindfulness operationalization in psychotherapy process research**

**Main author: Mahaira Reinel (P. Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality)**

*Co-authors: Carolina Altimir Colao, Mariane Krause Jacob*

**ABSTRACT:**

Background: Mindfulness is understood as the ability to become aware of deliberately paying attention to the present moment without judging the experience. It has become increasingly interesting by the benefits observed for the management of both relational aspects and therapeutic approach, as well as a better capacity to pay attention in a sustained manner over time to the patients but also to therapists' own experience. Their definitions, remain linked at least in part to an individual trait or state, as well as an individual practice with little attention to "Mindfulness embodied" and its manifestation through therapist's responses, interventions, and manner of being in sessions with the patients (Mindfulness in action). Aim: Developing an observational guideline to gauge a therapist's "Mindfulness in action".

Method: An adaptation of the task analysis methodology together with Delphi methodology was used. To build a preliminary rational model of Mindfulness, 100 publications about it were reviewed, and three Mindfulness experts were interviewed to contrast these definitions and how these characteristics can possibly be observed in therapist's interventions. Results (in progress): Results indicate, as a main Mindfulness characteristic "being here/now, being curious, being loving, being an observer/introducing an observer" with the dimensions of attention, intention, attitude and experiencing. The specific verbalizations will be presented.

Discussion: The implication of Mindfulness in action and as a possible observation of it in psychotherapy process research will be discuss.

- **Paper: Sitting with other's experience: From the cushion to the couch**  
**Main author: Sebastian Medeiros (University Hospital Heidelberg)**

**ABSTRACT:**

Background: The interest of contemplative practices in psychotherapists has grown during the last decades, probably reflecting a wider recognition of its benefits and mechanisms of action both in the therapist and the therapeutic relationship. Such practices usually take the form of personal meditative and/or mind body exercises practiced outside of the consultation

room. Different lenses and levels of research are needed to explore how such practices influence the therapeutic process. Aim: To contribute in understanding the impact of the therapist's personal contemplative practice in his/her disposition and presence during the therapeutic encounter. Method: We present two clinical case studies with a particular focus on the therapist's (the author) first person experience while navigating relational difficulty. The interplay between personal meditative experience (working through difficulties during meditation) and relational dynamics is explored. Results: Personal meditative practice builds up intentional, attentional and attitudinal capacities that may be accessed during the therapeutic encounter. Among these, recalling intention, fostering safe interoception and compassionate dispositions appear as key elements from the author's perspective. Such capacities may help transform habitual forms of being with others and with own experience. Discussion: Contemplative qualities developed at an individual level (in the cushion) can be taken into the therapeutic encounter and inform therapeutic competencies (in the couch). We discuss how contemplative psychotherapy research may be nourished from first-person description of personal-to-relational trajectories of meditative insights and skills.

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#### Panel

### **Wounded healers, corrective experiences, countertransference and intergenerational healing processes**

Thursday, June 22nd, 14:00 - 15:15 - **Room: Classroom 3071**

*Organizers & Moderators:* Hadas Wiseman (University of Haifa)

*Discussants:* Shigeru Iwakabe (Ritsumeikan University in Osaka)

#### **ABSTRACT:**

"This panel brings together research on therapists' inner world experiences and "woundedness" as they relate to patients' corrective experiences, countertransference and healing processes and change. The view shared by the contributors is that therapists' awareness of their own wounds and vulnerabilities, as well as their countertransference, is pivotal in order to use them to benefit their patients and at the same time to avoid possible pitfalls.

Veler-Poleg explores the connection between therapists' inner world experiences and corrective emotional experiences that they can facilitate with their patients in Supportive-Expressive Treatment. The Wounded Healer Interview developed by Iwakabe was applied and corrective experiences of patients were derived from the Post-Therapy Interview and examined in relation to process and outcome.

Hayon examined countertransference relying on the CCRT method (Luborksy & Crist-Christoph, 1998) in the special case of therapists treating patients with ""similar wounds"" to their own, both being children of Holocaust survivors -"second generation" (SG), compared to therapists that do not have shared wounds with their patients.



Abargil, makes an important distinction between three elements of countertransference: Therapist countertransference perception, countertransference awareness, and countertransference behavior (using a new coding protocol) and examines moderation and prediction of treatment outcome

Finally, Duchin's research on the writing experiences of Holocaust survivors that have published memoirs in old age, and the reading responses of their children and grandchildren examines this form of expressive writing as a potential way for working through processes and healing intergenerational wounds

Shigeru Iwakabe our discussant will offer his insights and comments."

- **Paper: The wounded healer as a mechanism underlying corrective experiences in a Supportive- Expressive Treatment**

*Main author: Nirit Veler-Poleg (University of Haifa)*

*Co-authors: Hadas Wiseman, Shigeru Iwakabe, Sigal Zilcha-Mano*

**ABSTRACT:**

"Background. Accumulated research concludes the contributions of therapists to treatment efficacy. Little is known about therapists' experiences and inner-world contributions to treatment processes and outcomes. Emotional vulnerability and psychic woundedness shape therapists' identity and may have a role in therapists' capacity to facilitate corrective experiences with their patients. In the present study therapist's vulnerability is explored using a semi-structured interview.

Aim: to explore the connection between therapists' experiences and corrective emotional experiences they can facilitate with their patients.

Method. A therapist, within a randomized controlled trial for short-term supportive-expressive treatment for depression, was interviewed using the Wounded Healer Interview (Shigeru Iwakabe, 2022). Four patients treated by the therapist were interviewed using the Post-Therapy Interview with Client. In addition, patients' self-report measures were collected before treatment (ECR, IIP) and throughout the treatment on the process (WAI, AF) and outcome (HRSD).

After the interviews are analyzed, the identified themes will be integrated with the collected measures.

Results. The treatments were completed, and patients' measures were collected. The interviews will be analyzed during winter 2023.

Conclusions. The findings shed light on how therapists' experiences affect their ability to facilitate corrective emotional experiences for patients. Such knowledge is essential in developing therapist-tailored training programs."

- **Paper: The wounded healer: Countertransference among second-generation to the Holocaust psychotherapists treating second-generation patients**

*Main author: Roi Hayon (University of Haifa)*

*Co-authors: Hadas Wiseman*

**ABSTRACT:**

"Aim: To examine countertransference in the case of SG therapists treating patients with ""similar wounds"" to their own and compare them to therapists without Holocaust background (NSG) treating SG patients. Three types of therapeutic dyads were studied: Both therapist and patient are SG, therapist or patient are SG, both therapist and patient are NSG.

Method: Participants were 43 therapists (23 SG, 20 NSG) of dynamic psychotherapy orientation, who treat SG patients. Therapists underwent Relationship Anecdotes Paradigm (RAP) interviews, in which they recounted relational narratives about meaningful interactions with their parents and their patients. The Core Conflictual Relationship Theme (CCRT) method was applied to identify central relational themes.

Results: CCRT analysis revealed manifestations of the shared echoes of integrational trauma. Exploring different countertransference patterns suggests a connection between therapists' interpersonal patterns with their parents and countertransference with their patients. SG and NSG therapists showed different types of countertransference.

Discussion: Implications for clinical practice, training, and supervision for therapists treating descendants of massive social trauma and genocide will be discussed."

- **Paper: Countertransference Perception, Countertransference Behavior, and Treatment Outcome**

**Main author: Maayan Abargil (Hebrew University Jerusalem)**

*Co-authors: Orya Tishby*

**ABSTRACT:**

"Aim: Countertransference (CT) is a key therapeutic concept, which has been recognized as an essential component in psychotherapy, relevant to all treatments, regardless of therapist orientation. Manifestations of CT may hinder therapy progress, while management of CT may help the therapist to understand his CT and use it to promote therapy. The proposed study has three aims: (1) We will examine the relationship between therapist-perceived CT patterns and therapist CT behaviors (2) We will examine if the relationship between therapist perceived CT patterns and countertransference behaviors during psychotherapy sessions is moderated by CT awareness. (3) We will examine how the relationship between therapist perceived CT patterns and CT behaviors during psychotherapy sessions is related to treatment outcomes.

Method: The data analysis is based on 42 treatments of Supportive-Expressive Therapy (Luborsky, 1984). Perceived CT patterns were assessed using the therapists' Core Conflictual Relationship Themes (Luborsky & Crits-Christoph, 1998) with their parents and with their patients. CT behaviors during psychotherapy sessions were assessed using a new coding protocol. Therapy outcomes were measured by self-report questionnaires. Patients filled out study questionnaires before and after every session.

Results: The way the therapist perceives the patient's behavior affects the therapist's behavior during the session. More analyses are still in process.

Discussion: The findings have implications for treatment, supervision and training of therapists."

- **Paper: Intergenerational Healing Processes in Families of Holocaust Survivors**

**Main author:** *Adi Duchin (University of Haifa)*

**ABSTRACT:**

The present study explored intergenerational healing processes in families in which there was a Holocaust survivor who wrote and published a memoir. Expressive writing of the survivors-writers, alongside the reading responses to the memoirs of the second and third generations (their children and grandchildren), were examined in twelve Israeli families. All family members (n=36) underwent semi-structured interviews focused on the writing experience (survivors) and reading experiences (second and third generation). Qualitative analysis led to the identification of healing processes that are unique to each generation. For example, in some families the survivors-writers expressed a wish that the memoir will contribute to repairing relationship difficulties in the family, while the second generation were not always responsive to the survivor as hoped. The third generation appear to have their own unique view regarding the familial legacy vis-à-vis their grandparents and their parents. In the familial level two axes were identified: family cohesion surrounding the traumatic narrative and familial communication about Holocaust experiences. Mapping the families along these two axes led to the identification of three intergenerational family types: (1) High family cohesion and open communication; (2) Low family cohesion and silence; and (3) Partial cohesion and survivor-third generation open communication; "knowing-not knowing" in the second generation. Implications for psychotherapy working with families that suffered genocidal trauma, and expressive writing as a means for facilitating corrective experiences and intergenerational healing processes will be highlighted. In addition, the importance of understanding the diversity of personal experiences of a traumatic familial story will be discussed.

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**Panel**

**Utilizing psychometric network analysis for psychotherapy – opportunities and challenges**

**Thursday, June 22nd, 14:00 - 15:15 - Room: Classroom 3126**

*Organizers & Moderators:* Catherine Irniger (University of Zurich; University of Bern)

*Discussants:* Julian Rubel (Osnabrück University)

**ABSTRACT:**

"Psychometric network analysis shifts the focus from disorders as latent constructs to their constituting components. Thus, network analysis can offer an important insight into the structure of mental disorders and the interconnectedness of symptoms. Moreover, these networks can provide information how symptom clusters are connected with each other and their relationship with concomitant trans- and extra diagnostic factors. This is especially of relevance when considering the various forms of individual symptom combinations, the high rate of comorbidities, and the diverse courses of disease. Next to the contemporaneous structure, psychometric networks can also enhance the understanding of the temporal

interplay of their components. This can help to identify specific patterns in the development and maintenance of mental disorders, but also beneficial and hindering processes in psychotherapy (e.g., self-stabilizing or negative reinforcing cycles) or other contexts. Therefore, psychometric network analysis can provide important information for psychotherapeutic treatment.

This panel will provide a comprehensive insight how psychometric network analysis can inform psychotherapy. The contributions will cover specific mental disorders such as depression, but also transdiagnostic patient populations. The analyses include samples ranging from individual patients to large data sets. Moreover, different treatment settings (e.g., inpatient and day clinic care) and therapeutic approaches will be addressed. The aim of the contributions is to shed more light on the contemporaneous and temporal interplay of symptoms with each other, but also with other outcome domains, transdiagnostic components and common factors. Opportunities and challenges of using psychometric network analysis to inform and personalize psychotherapy will be discussed."

- **Paper: An idiographic network analysis of symptom progress in long-term depressed patients with different profiles of treatment expectations**

**Main author: Catherine Irrniger (University of Zurich; University of Bern)**

**Co-authors: Johannes Vetter, Martin grosse Holtforth, Rainer Krähenmann**

**ABSTRACT:**

"Background: Positive outcome expectations are an important component in psychotherapy. However, depression is typically associated with a pessimistic bias which can also affect treatment expectations. This especially applies for higher levels of depression and hopelessness. At the same time, treatment expectations tend to improve over the course of psychotherapy and the pessimistic bias seems to decrease with improvements in depression. Nevertheless, little is known how treatment expectations affect subsequent change of specific symptoms and their interaction. Thus, the aim of the present analysis was to investigate how the change of depressive symptoms over the course of psychotherapy is associated with treatment expectations and overall treatment outcome.

Methods: An idiographic network analysis with long-term depressed patients showing different profiles of treatment expectations and treatment outcome will be performed. The included patients underwent treatment in a day clinic treatment program on five days a week for approximately four months. At treatment beginning they completed different expectation measures including the Credibility Expectancy Questionnaire (CEQ), Treatment Expectation Questionnaire (TEX-Q), and the Patient Questionnaire on Therapy Expectation and Evaluation (PATHEV). Additionally, they were asked to complete weekly measures of the Beck Depression Inventory (BDI-II) and the Beck Anxiety Inventory (BAI).

Results: The results of the exploratory, idiographic network analysis will be presented.

Discussion: This analysis provides an insight how different profiles of treatment expectations are associated with subsequent change of symptoms and their interaction. This helps to identify potentially positive and negative self-reinforcing cycles and patients at risk for less favorable treatment progress."

- **Paper: Mechanisms of depression: The use of network models to delineate temporal dynamics and assign individual treatment**

**Main author: Johannes Kopf-Beck (LMU Munich; Max Planck Institute of Psychiatry Munich)**

*Co-authors: Jeanette Tamm, Samy Egli, Eleonora Montorfano, Leah Just*

**ABSTRACT:**

"Depression is driven by a variety of transdiagnostic mechanisms such as repetitive negative thinking (RNT), maladaptive emotion regulation, or activity levels. These have been shown to be critical for the change and maintenance of the disorder.

Network models have a great potential to describe diverse aspects of mental disorders and their respective linkage. These models are particularly helpful when investigating complex and heterogenous phenomena like depression.

In this talk we will focus on the application of network analyses of transdiagnostic mechanisms in depression. We aim to gain a better understanding of a) how the mechanisms relate to each other over time during the treatment and b) how their temporal dynamics could inform individual treatment planning and assignment of specific intervention techniques.

First, we will present ecological momentary assessment (EMA) and actimetry data of N = 59 depressive, highly comorbid, patients who participated in an inpatient psychotherapy RCT on the effectiveness of different psychotherapy approaches. Lagged connections between different mechanisms examined in temporal networks showed that patients benefit from physical activity in terms of improved mood levels and reduced maladaptive emotion regulation, not just momentarily, but also across days.

Second, we will give insights into our research on clinical applications of a personalized network-informed treatment allocation. We assessed EMA data of selected transdiagnostic mechanisms (i.e. RNT) before treatment and calculated personal networks. On the basis of these networks, critical mechanisms and the most promising intervention modules were recommended to therapists, providing personalized therapy at treatment start and throughout the therapeutic process."

- **Paper: Temporal dynamics of changes in symptoms, interpersonal relations and social role functioning: a network analysis of panel data from naturalistic psychotherapy**

**Main author: Tim Kaiser (Freie Universität Berlin)**

*Co-authors: David Erekson, Benjamin Ogles*

**ABSTRACT:**

"Clinical psychology continues to explore useful ways to conceptualize experiences of people with so-called mental disorders. Network models offer one way forward by examining endorsed symptoms such that relations can be determined independent of current nosological rules (i.e., DSM). To date, most network studies are characterized by two important aspects: they focus on symptoms (e.g., emotions and cognitions) and are cross-sectional. The concentration on emotions and cognitions makes sense in view of a cognitive-behavioral theory of mental distress. However, numerous other behaviors and

contextual factors can contribute to mental distress, including the way people relate to their symptoms, social interactions, and daily activities. Lastly, until temporal aspects of networks are examined, important features of designed networks such as stability, centrality, and primacy of some nodes vs. others cannot be disentangled.

Using network modeling we will examine the mutual interactions and temporal dynamics between symptoms, social interactions, behaviors, chosen activities, and well-being. Data are drawn from an effectiveness trial for transdiagnostic patients undergoing Acceptance- and Commitment Therapy. Participants were N = 138 patients, who completed a 7-day period of Ecological Momentary Assessment at the beginning and the end of therapy. Our results will shed light on the complex interactions between internal and contextual factors related to mental distress, the relationship between mental distress and well-being, and the variability within individuals. Lastly, by comparing network connectivity, symptom centrality, and changes in network structure between in- and outpatients, the effects of social context in which treatment takes place, will be addressed."

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## Panel

# Mentalization-based interventions in the child welfare system

Thursday, June 22nd, 14:00 - 15:15 - Room: Classroom 4050a

*Organizers & Moderators:* Nick Midgley (University College London/Anna Freud National Centre for Children and Families)

## ABSTRACT:

"Mentalization-based treatment was originally developed as a form of therapy, first to be used in adult services (especially for Borderline Personality Disorder), and later adapted for use with a range of clients, including children, young people and families. But given that the capacity to mentalize has been recognised as playing an important role in social and emotional development more generally, there has been a long-standing interest in considering how mentalization-based interventions can be used in public health settings more widely. Given the research showing the early impact of trauma and maltreatment on the capacity to mentalize, there is a particular interest in considering the role of mentalization-based programmes in the context of the child welfare system.

This panel will present a range of innovations being developed in the context of the child welfare system, all of which focus on supporting the capacity to mentalize – not only in children themselves, but also in those who care for them, and the wider systems around the child. The panel will also include reflections on a range of approaches to evaluating such interventions, and the challenges identified in conducting systematic evaluations in such complex settings."

- **Paper: “Talk to me like I’m a human” An interpretative phenomenological analysis of the psychotherapy experiences of young people in foster care in Ireland – Implications for fostering service development**

**Main author: Daire Gilmartin (Five Rivers)**

**ABSTRACT:**

Young people are rarely provided with the opportunity to share their experiences of psychotherapy, from their perspectives. Understanding these experiences better could inform service development both for the young person and their carers. This paper will highlight the main findings of a study involving seven young people in foster care who spoke of their experiences of psychotherapy while in foster care. Using Interpretative Phenomenological Analysis (IPA) four superordinate themes were identified: being powerless; risking relationship; opening up; and finding connection. Young people revealed complex intrapersonal and interpersonal processes where they felt disempowered, drew on their courage to gradually build trust in therapists, were able to share their innermost thoughts and feelings and established deeper connections with themselves and others. This lived experience, illustrating a journey of relational connection, aligns with recognition theory, highlighting young people’s need for authentic recognition as individuals in their totality, and for relationships that offer emotional connection and opportunities for systemic relational growth. Implications for therapeutic support services and staff/foster carer training are identified, drawing on the findings of this study and the author’s experience of using Dyadic Developmental Psychotherapy/Practice/Parenting (DDP) as a core practice model. DDP uses a relationally based framework that brings together knowledge about developmental trauma, attachment, interpersonal neurobiology and child development. This approach integrates mentalising skills into how foster carers and staff are encouraged to respond using Playfulness, Acceptance, Curiosity and Empathy (PACE). Feedback from DDP informed staff training groups and therapeutic foster carer groups will be discussed.

- **Paper: Experiences in the relationship between foster children and foster parents in specialized foster care**

**Main author: Anna-Karin Åkerman (Linköpings University)**

**ABSTRACT:**

"Various models of therapeutic or specialized foster care have been developed, but research on them is limited. This paper presents some results from a longitudinal, exploratory study analyzing treatment effects on mental health in a specialized foster care service in Sweden. The treatment model is focused on enhancing mentalizing through relational interventions. The main purpose of the project is to study how qualities in the relationship between the foster parent and the child contribute to outcome.

The purpose of the presented study is to develop and deepen understanding of foster children’s and their foster parents’ experiences of living together in this specialized foster care context. Participants were seven foster children (8–17 years old) and their foster parents. Interviews about their relationship, using a Five Minute Speech Sample, were analyzed using Thematic Analysis (TA). The TA generated three main themes: No ‘real’ family, A co-created relationship and Time. Both foster children and foster parents were found to relate to an idealized norm of what a ‘real’ family is. Appreciating the other

individual and having the mutual ambition of building a relationship can overcome challenges in the foster family constellation. Time appears to be an important and decisive factor for the relationship, as the duration of the relationship often is both unclear and uncertain. How the results can be interpreted based on the context of a specialized mentalization and relationally focused foster care model will be discussed."

- **Paper: Mentalization as the “Building Blocks” to Attachment: Examining the Application of a Mentalization-Focused Dyadic Treatment for Families in the Child Welfare System Following the COVID-19 Pandemic**

**Main author: Sarah Silverman (Yeshiva University)**

*Co-authors: Jordan Bate, Ashley Golub, Phyllis Cohen*

**ABSTRACT:**

Building Blocks is a mentalization-focused psychodynamic dyadic treatment for biological caregivers with children in the child welfare system (preventive or foster care) that was developed and is currently delivered at New Alternatives for Children, a child welfare agency in New York City that specializes in providing services to families with complex medical needs. In this naturalistic setting, research measures are implemented to assess change in parent-child interactions, parental mentalization, and parental stress, in order to evaluate attachment-related concerns and progress. At baseline and every 12 sessions, caregivers complete the Parental Reflective Functioning Questionnaire (PRFQ) and Parenting Stress Index (PSI) and engage in a 10-minute free-play session that is video recorded and rated using the Coding Interactive Behavior (CIB) system. In March 2020, the research protocols were adapted to be accessible during the COVID-19 pandemic. This presentation will report first on empirical findings of 25 dyads who completed 12 sessions of Building Blocks, since the COVID-19 pandemic. We will report on data focusing on changes in parent-child interactive behavior, parental capacity for reflective functioning and perceived parental stress over these 12 sessions. Second, the presentation will examine outcomes of the Building Blocks program collected prior to the COVID-19 pandemic and after its start. Discussion will focus on the adaption of Building Blocks due to the COVID-19 pandemic, including delivery of mentalization-focused therapeutic techniques, how to modify research methods to systematically collect naturalistic data with vulnerable populations in a non-systematic world, and on shifting representations of psychotherapy within the child welfare system.

- **Paper: The Reflective Fostering Study – update on a randomised clinical trial**

**Main author: Nick Midgley (University College London; Anna Freud National Centre for Children and Families)**

**ABSTRACT:**

"The Reflective Fostering Programme (RFP) aims to support foster carers to provide the best possible care for the children they look after. It aims to help carers look after themselves and be able to build strong, supportive relationships with the children in their care. It is offered to groups of six to ten carers and involves ten three-hour sessions run by social care staff and experienced foster carers over a period of up to 12 weeks. Its main aim is to promote 'reflective fostering'; i.e., helping foster carers to take a reflective (or mentalizing) stance towards both themselves and their foster child.



The RFP is an NIHR-funded clinical trial. The main goal of the study is to learn if the RFP assists in improving the emotional well-being of children in care aged 4–13. We are also interested in learning whether the programme reduces stress and burnout among carers (both foster carers and connected carers) and if it has an impact on placement stability. This paper will set out the background and design of the study, including the development of the RFP itself, and give an update on progress with the trial, which is due to complete in 2024. It will also discuss how the study design was adapted in the face of the COVID-19 pandemic, and how it has addressed issues related to ensuring that the study is carried out in a way that is inclusive as possible of the wide range of foster and kinship carers in the UK."

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Panel

CE

## **Searching for, finding, and revealing exceptional therapists: Complex empirical, professional, and interpersonal issues**

Thursday, June 22nd, 14:00 - 15:15 - Room: Classroom 4050b

*Organizers & Moderators:* Stevan Lars Nielsen (Brigham Young University)

*Discussants:* Helene Amundsen Nissen-Lie (University of Oslo)

- **Paper: Isolating high performing therapists: Complex techniques for messy, naturalistic data**

**Main author:** David Erikson (Brigham Young University)

### **ABSTRACT:**

Since the vivid appellation "supershrink" appeared (Ricks, 1974), psychotherapy researchers have been studying exceptional therapists. We examined a large practice archive to look for exceptional therapists: 72 professional and 334 trainee therapists, 53,941 clients, 428,980 sessions, 451,211 OQ-45s (pretreatment administrations yield more OQs than sessions). These were complex data: Cases lasted from 1 to more than 200 sessions. Sessions were separated by weeks to years. Some clients were treated by the same therapist over long cases, others were treated by different therapists for individual, couple, or group therapy. Approximately 28.6% of clients improved to a statistically and clinically significant (SCS) degree; approximately 13.5% experienced SCS deterioration. Some professionals and most trainees treated too few clients to yield measurement errors that allowed for meaningful comparisons of their outcomes. After controlling for as many of these complexities as possible, two professional therapists had outcomes that were statistically better than average and usually statistically superior to other therapist outcomes. Their clients were 45% more likely to experience SCS improvement and 11% less likely to experience SCS deterioration than other therapists' clients. They differed from each other for improvement rates, but not deterioration. We discuss techniques used to identify these therapists. An expert on the approach to therapy they endorsed will present and discusses excerpts from recordings drawn from their sessions. The therapists themselves will discuss the experience

of being identified and compared with other therapists and with each other. The panel will discuss empirical, professional, and interpersonal issues inherent to this endeavor.

- **Paper: Navigating the revelation of one's client outcomes**

*Main author: Stevan Lars Nielsen (Brigham Young University)*

**ABSTRACT:**

We searched for positive outcome patterns among therapists in a large data archive: 451,211 45-item Outcome Questionnaire scores (OQ-45s; Lambert et al., 2004) from treatment of 53,941 psychotherapy clients, who had attended 428,980 sessions provided by 72 professionals and 334 therapists-in-training. These data are messy. Most clients attended few sessions: modal case length was 1 session; median, 4 sessions; average, 7.5 sessions. Some clients attended more than 200 sessions over several years, treated by the same therapist, others attended many sessions treated different therapists, some were treated by a single therapist for individual, couple, and group therapy, some simultaneously by different therapists for individual, couple, and group therapy. Many trainees and a few professionals treated too few clients to be meaningfully compared with each other or with group averages. We tested several analytic techniques, including examination of early change, attribution of session-by-session change, multilevel modeling of therapist curves, plotting therapist change scores on caterpillar graphs, and random forest regression using machine learning to select best predictive models for different treatment combinations (e.g., outcome among women, among men, among ethnic minorities, etc.). Most clients treated by most therapists improved. Two therapists had particularly good outcomes; their clients were 45.3% more likely to improve and 11% less likely to deteriorate. One of the two did significantly better than average and better than other therapists in every comparison we attempted. We compare the information provided by each technique and discuss advantages and disadvantages for each analysis technique.

- **Paper: What is it like to have your therapy outcomes compared with the outcomes of close colleagues? It's complicated**

*Main author: Dianne L. Nielsen (Brigham Young University)*

**ABSTRACT:**

Dr. S. Nielsen first learned something about his outcomes 20 years ago as a therapist whose outcomes were examined for the article, "Waiting for supershrink: An empirical analysis of therapist effects" (Okiishi et al., 2003). Six years later his outcomes were examined with 20 other therapists by Anderson and colleagues (2009). In both studies his clients' outcomes were reported as regression coefficients on improvement slopes. Analyses were based on outcomes among clients who had three or more OQ-45 symptom scores to allow for computation of curvilinear regression solutions. Dr. Nielsen's improvement slopes were at or above the 85th percentile for degree of client improvement--good, but not the best outcomes.. Eleven years later, Dr. Erekson and colleagues (2020) conducted analyses that used all available change data, beginning with evaluation of the likelihood of sudden improvement during early therapy sessions, including the most common of measurable case length, two-session cases. Dr. Nielsen learned that upon examination of a larger clients sample his clients were those most likely to experience sudden, clinically significant

improvement from the first to the second session, from the second to the third session, and at later sessions. More varied analyses, including machine learning forest regression analyses yielded similar patterns, with Nielsen's clients improving the most of all therapists examined and better than all other aggregates therapist outcomes. This is gratifying, but raises complex interpersonal, practical, and social issues: What happens as this become common knowledge? Dr. Nielsen will discuss this.

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## Panel

### **Therapist effects: Contribution from practice-oriented research**

Thursday, June 22nd, 14:00 - 15:15 - **Room: Classroom 4097**

*Organizers & Moderators:* Anne-Katharina Deisenhofer (University of Trier)

*Discussants:* Michael Barkham (The University of Sheffield)

#### **ABSTRACT:**

We know that there is substantial variability in the outcomes of psychological intervention, such as clinical effectiveness. 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 add various perspectives from practice-based research to the literature on therapist effects. The first presentation will focus on therapist effects in private practice settings, in regard to anxiety treatments. The talk will show how therapist differences in structural aspects of engaging clients influence treatment outcome. The second talk is devoted to how therapists differ in effectiveness on different outcomes. In addition, possible client and therapist characteristics related to therapist effectiveness will be presented. The third presentation proposes the use of therapist effects (TEs) as evidence of internal validity and presents the advantages of Bayesian methods in assessing TEs. The final presentation addresses an overarching variable, institution, and presents results related to the extent to which differences across institutions affect patient outcomes and how this affects differences across therapists. The different results of these studies are discussed in terms of their utility and applicability to clinical practice and services from an international perspective.

- **Paper: The Effectiveness of Psychotherapy for Anxiety in a Research-Practice Group: The Importance of Therapist Effects & Technology Systems to Promote Outcomes**

*Main author:* Matteo Bugatti (University of Denver)

*Co-authors:* Jesse Owen, Jeff Reese, Zach Richardson, Wendy Rasmussen, Douglas Newton

#### **ABSTRACT:**

Anxiety disorders are among the most common health conditions in the US. Psychotherapy has been successful at targeting these conditions. Although anxiety treatment has been tested in numerous settings, there is less evidence of the effectiveness in private practice settings, where a large majority of anxiety treatments are provided. In the present study, we examined treatment outcomes from a sample of 2,826 clients receiving psychotherapy for anxiety disorders from private practitioners in a practice-research group. We conducted a benchmarking analysis, while also investigating additional predictors of outcomes, including access to care and comorbid clinical presentation. The entire sample displayed medium sized improvements, while clients with moderate and severe baseline presentations exhibited large sized improvements. A benchmarking analysis found these outcomes to be equivalent to those reported in active treatments from RCTs, and superior to those observed in untreated individuals. Therapists accounted for approximately 5% of the variance in outcomes. Therapists' average time from case assignment to first session across their caseload was a significant predictor of client outcomes, after controlling for individual's clients time to first session. Comorbid depressive symptoms were a significant predictor, regardless of initial anxiety severity or therapist effects. Overall, these findings underscore the effectiveness of treatment within practice-research groups as well as understanding therapist differences in structural aspects of engaging clients who experience anxiety conditions. Further discussion will be provided about disentangling client vs therapist effects, the importance of practice-research groups, as well as technology advancements to support these groups in the pursuit of public health.

- **Paper: Disentangling therapist effects: an exploration of clusters of therapists and possible associations with therapist characteristics.**

**Main author: Pauline Janse (Pro Persona Research)**

*Co-authors: Naline Geurtzen, Agathe Scappini, Giel Hutschemakers*

**ABSTRACT:**

Background. Previous research has shown that therapist effects varies greatly between studies, and in some cases can be very small. The determination of the therapist effect is often based on treatment outcome by measuring symptoms or well-being. However, other outcomes are also relevant, such as drop out from treatment. The purpose of the present observational study is to generate hypotheses about how therapists differ in effectiveness on different outcomes and whether there are potential client and therapist characteristics which are related to therapists' effectiveness. Method. Therapists (N = 68) and their clients (N= 5582) from a large mental health care facility in the Netherlands participated in the present study. A subsample of therapists (N=49) had also filled in questionnaires on learning activities and professional attitudes towards clients. Multi-level analyses were performed for the different treatment outcomes and a hierarchical cluster analysis was performed to explore whether different groups of therapists could be found based on therapists' average scores on the different treatment outcomes. Finally, differences between the clusters in client and therapists characteristics were explored. Results. Preliminary results show that the therapist effects on the different outcomes varied from small (on the OQ-45), to moderate effects (in the number of sessions). The results of the cluster analysis showed that different clusters of therapists could be found, with therapists who were effective on one, but not other outcomes. The differences between clusters will be discussed.

- **Paper: Therapist Effects as Evidence of Internal Validity: Application of Bayesian Methods to Naturalistic Health Service Use and Cost Data**

**Main author:** Refael Yonatan-Leus (*College of Management Academic Studies- Rishon Lezion*)

**Co-authors:** Rena Cooper-Kazaz

**ABSTRACT:**

**Objective:** The objective is to propose the use of therapist effects (TEs) as evidence of internal validity and to present the advantages of Bayesian methods in evaluating TE. This is while examining a case study of health cost data as outcome variables of treatment.

**Method:** Markov Chain Monte Carlo (MCMC) for multi-level modeling was employed to create credible intervals in the intraclass correlations (ICCs) and variance components for the assessment of TE on the changes in healthcare use and cost variables in a naturalistic study. The sample comprised 23 therapists and 1,384 patients. Belonging to a prolonged pharmacotherapy group and initial cost or usage levels were modeled.

**Results:** The confidence intervals for the therapist ICCs and variance components did not have a zero value for any of the outcome variables, except for the hospitalization ones. The median ICC values ranged from 0.001 to 0.009. The same result was obtained for the prolonged pharmacotherapy subsample, except for the total cost and hospitalization variables. The median values of the variables ranged from 0.003 to 0.03.

**Conclusions:** The current study demonstrates how variation in the results obtained by therapists in field studies can be an indication of a causal relationship."

- **Paper: Love Yourself as a Therapist, Doubt Yourself as an Institution?**

**Main author:** Anne-Katharina Deisenhofer (*University of Trier*)

**Co-authors:** Patrizia Odyniec, Brian Schwartz, Julian A. Rubel, Wolfgang Lutz

**ABSTRACT:**

**Theoretical background:** A neglected area of psychotherapy research concerns the extent to which differences between institutions affect patients' outcomes. The aim of this study was to examine the role of institutional and therapist differences on treatment outcomes of outpatient psychotherapy patients. **Methods:** The analysis sample comprised 2,612 patients treated by 320 therapists in 13 research and training clinics throughout Germany. The influence of therapist and institutional differences was examined using multilevel models for the following dependent variables: 1) treatment outcome, 2) treatment duration, and 3) premature treatment discontinuation. In addition, the residuals of the models were used to examine potential associations between effects related to the three forms of treatment outcomes. **Results:** A two-level model revealed significant therapist differences (TE) for the three forms of treatment outcomes (TE outcome = 7.8%; TE duration = 18.1%; TE dropout = 16.3%). Further analysis revealed that the residuals related to treatment duration and treatment dropout were negatively associated with each other. After inclusion of the third level (institutions), the observed differences between therapists decreased (37% - 89%) and significant institution effects (IE) were found (IE outcome = 6.3%; IE duration = 10.1%; IE dropout = 7.6%). **Discussion:** Differences between therapists and institutions are part of a natural phenomenon called variability and do not directly imply a need for action. However,

as soon as patient outcomes are affected, these differences should be discussed in terms of quality assurance.

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Panel **CE**

## **Opportunities and Complexities of Tele-psychotherapy and Tele-supervision: Therapeutic Experience and Processes (Panel 3)**

Thursday, June 22nd, 14:00 - 15:15 - **Room: Classroom 5012**

*Organizers & Moderators:* Barbara J. Thompson (University of Maryland, College Park, Maryland), Earta Norwood (University of Maryland, College Park, Maryland)

*Discussants:* Clara E. Hill (University of Maryland)

### **ABSTRACT:**

Providing telepsychotherapy and telesupervision increased in popularity during the first decades of 2000's and suddenly became the sole method of service provision for the vast majority of practitioners because of the pandemic. There is growing evidence that video psychotherapy and supervision is here to stay - likely alongside in-person services. Three years past the start of the pandemic, we can take advantage of a wealth of clinical experiences and insights to examine what works, what doesn't work, and what ways we might want to modify or adapt our practices (e.g., process, interventions, techniques, attitudes) to better enhance work in the video or teletherapy modality. Specifically, this group of papers will focus on an exploration of perspectives and experiences of therapists, a qualitative study on similarities and differences between video and in-person including adaptations and compensatory strategies, a qualitative study examining the phenomenon of distance and closeness in online therapy, and a survey of supervisors regarding their perceptions of tele-supervision compared to face-to-face supervision after transitioning to online supervision during COVID-19. Implications for practice, training, and research will be explored.

- **Paper: Online Supervision During COVID-19: Is it here to Stay?**

**Main author:** Sarah Hedlund (George Washington University)

*Co-authors:* Cheri Marmarosh, Stacey Dershowitz, Paul Gedo, Dylan Xingf, Katherine Marshall-Woods

### **ABSTRACT:**

One hundred and twenty-six supervisors completed a survey regarding their perceptions of tele-supervision compared to face-to-face supervision after transitioning to online supervision during COVID-19. The results revealed that most supervisors enjoyed engaging in online supervision, value it, and want to continue using it, but they have little to no training in using this modality. The findings shed light on ethical considerations, such as the

observation of therapy tapes, licensing issues with patients living out of state, supervising work with suicidal or high risk patients, and the confidentiality of online platforms. Despite these challenges, most supervisors said they would continue to do online supervision, even though they acknowledged needing to address these issues. Most supervisors valued working online and reported feeling that they were as present and helpful to their supervisee as when doing face-to-face supervision. Supervisors also reported believing that their supervisee online treatments were effective and helpful to their patients. Implications for treatment, training, ethics, and future research are addressed.

- **Paper: A qualitative exploration of therapist experiences of therapeutic processes in video-psychotherapy**

**Main author:** *Barbara J. Thompson (Private Practice)*

**Co-authors:** *Earta Norwood, Stephanie Yee, Clara E Hill*

**ABSTRACT:**

Providing psychotherapy through video conferencing methods, or video psychotherapy (VP), has grown exponentially over the past decade (Hubley et al., 2016; Jimenez-Molina et al., 2019), to include the recent pandemic-related periods of sole reliance on the medium. The aim of this study is to provide a qualitative examination of the adaptation and accommodation of the therapeutic processes and interventions to the video format as noted by experienced therapists who were providing video-psychotherapy for a minimum of one year prior to the pandemic. Using Consensual Qualitative Research, the research team analyzed interviews with 12 private practice therapists of various theoretical orientations. The interviewed therapists commented on similarities and differences in the therapeutic processes and interventions in VP vs. in-person practice (IP). Therapists noted differences, for example, in the development of the working alliance, facilitative conditions, or in how they share feedback and observations. Observed adaptations and compensatory strategies in VP included verbalizing more, increased self-disclosure, being more non-verbally expressive, and normalizing and validating around technological glitches that naturally occur in telecommunication. Interviewees additionally noted focus areas for training of new therapists and improvement of clinical practices specific to VP.

- **Paper: The body as a link in the online space - Between distance and closeness**

**Main author:** *Birgitta Schiller (Sigmund Freud University Vienna)*

**Co-authors:** *Stella Becher, Eva Wimmer, Kathrin Mörtl*

**ABSTRACT:**

"Experiences in the online setting influenced the entire psychotherapeutic field as perceptions expanded. The body connected in separate spaces through a third medium is a central factor in this matter. The physical separation is compensated by a body-focused engagement, enabling a presence in the online space. Psychotherapy can no longer escape this access in a media culture where communication happens predominantly online. However, further research on processes and dynamics is required to ensure clinical use.

In a qualitative study of the body in online therapy with psychotherapists in training at the Sigmund Freud outpatient clinic, sixteen semi-structured interviews were analyzed using Grounded Theory. Despite the modality of the therapists, findings show that in addition to the senses and body perception, the understanding of space and spatiality is essential. Further interviews with trainees in the international department and their patients will be conducted in a theoretical sampling to expand these conclusions on a broader scale.

This presentation will pay special attention to the phenomenon of distance and closeness. In contrast to in-person therapy, a state of simultaneous connectedness and yet present separation emerges in online therapy. Psychotherapists can work closely on intimate issues in different spaces, continents, time zones, and cultures. The alleged security of physical separation makes deepening access possible. On the other hand, the intrusion into private spaces is not only conducive to relationships and can also be perceived as intrusive. This ambivalence requires further reflection to establish a psychotherapeutic balance and use online therapy as a targeted intervention."

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## Panel

### **Relationships and partnerships: Core of psychotherapy research**

Thursday, June 22nd, 14:00 - 15:15 - **Room: Classroom 4053**

*Organizers & Moderators:* Soo Jeong Youn (Reliant Medical Group, OptumCare, Harvard Medical School)

#### **ABSTRACT:**

The current series of talks will highlight the importance of relationships and partnerships in psychotherapy research and across relevant endeavors. The first presentation will focus on the alliance within a therapeutic dyad, and what factors contribute to its formation. The second presentation will discuss the non-clinical relationship between a digital care navigator and the impact that it has on patients' engagement with digital therapeutics as treatments. The third presentation expands on the role of partnerships with various stakeholders in developing an implementation process to integrate evidence-based practices within routine care. Lastly, the fourth presentation focuses on how to leverage data and implementation science to integrate a digital therapeutic ecosystem within a practice research network. Together, the series of talks bring an international perspective to the idea of relationships and collaborations, and the impact that these can have in enhancing impact for patients.

- **Paper: Whose alliance is this? The state-like and trait-like components across treatment providers.**

*Main author: Michal Malka (University of Haifa)*



*Co-authors: Dan Sayda, Danilo Moggia, Uwe Altmann, Sigal Zilcha-Mano.*

**ABSTRACT:**

**Introduction :** One of the most consistent predictors of outcome in psychotherapy is the therapeutic alliance. In spite of the many findings indicating the importance of a strong alliance, little is known about the factors that influence the formation of alliance. The aim of the current study is to shed light on these factors. To achieve this aim, we disentangle the trait- and state-like characteristics of the patients; alliance, while interacting with multiple treatment providers and assessors in the context of a randomized controlled trial (RCT). We also tested which factors of alliance predict treatment outcome. **Method :** Forty patients received short-term psychotherapy treatment for Major Depressive Disorder as part of an RCT. Patients reported the strength of their alliances with three treatment team members who accompanied them throughout the treatment. These members were: the therapist, the case-manager and the interviewer. The analysis was conducted using a Social Relations Model (SRM), which allows us to observe the various dyads in which a set number of patients interact with a set number of treatment team members. Additionally, we calculated linear, hierarchical models in order to research the SRM results and their link to therapy outcomes. **Results :** Findings from the SRM analysis showed that all SRM components (with significant effects at trait- and state-like characteristics of both treatment team member and patient) resulted in significant contributions to the alliance. **Discussion:** The findings may shed light on the factors constituting the therapeutic alliance and its link to treatment outcome.

- **Paper: Implementation of a Digital Care Navigator: impacts of a warm hand-off in a digital world**

**Main author: Brittany Jaso (Reliant Medical Group, OptumCare)**

*Co-authors: Mara Eyllon, Pratha Sah, George Welch, Mariesa Pennine, Elizabeth Rogers, Lily Murillo, Heather O'Dea, Laura Orth, Georgia Hoyler, J Benjamin Barnes, Samuel Nordberg, Soo Jeong Youn*

**ABSTRACT:**

A primary challenge for any type of intervention, let alone a digital intervention, is follow-through. From patient buy-in to engagement, it is difficult for many mental health digital therapeutics to obtain and retain participants. Despite this challenge, digital therapeutics may be one of the best solutions to respond to the mental health crisis and provide evidence-based care. We created a digital care navigator (DCN) role embedded within our virtual care delivery system, which provides evidence-based digital therapeutics to patients as a frontline treatment within routine care in a large multispecialty group medical center. The DCN facilitates a warm handoff from mental health clinicians to digital therapeutics. In this mixed-methods investigation, we use key informant interview data from the DCN to describe the process, challenges and facilitators identified in the role. Secondly, we conducted an interrupted time series analysis to examine changes in therapeutic uptake following the implementation of the DCN. These revealed that the implementation of our DCN has decreased the time between referral and registration as well as increased the number of registrations over time. We will share key learnings regarding the impact a small personal touch has on patients' ability to follow-through with their prescribed digital mental health care.

- **Paper: A Community Partnership-Driven Model for the Implementation of Evidence-Based Practices in a Large Public Mental Healthcare System**

**Main author: Torrey Creed (University of Pennsylvania Perelman School of Medicine)**

**ABSTRACT:**

Efforts to increase access to evidence-based mental health practices have grown in the past decade, but challenges remain related to sustainability and quality of the care delivered in large public mental health systems. Programs that center partnerships with policy makers, payers, and community mental health providers offer a context that may support these implementation aims. An example of this kind of partnership-driven work is the Beck Community Initiative at the University of Pennsylvania. This 15-year collaboration among the Philadelphia Department of Behavioral Health and Intellectual disAbility Services, Philadelphia's central Medicaid payer, community mental health providers, and the Penn Collaborative for CBT and Implementation Science illustrates the evolution of a partner-driven implementation process with an emphasis on feasibility, sustainability, and fidelity. Partnership begins with implementation readiness strategies delivered on an organizational level, followed by workshops, consultation, competence measurement, and sustainability tools. In January 2023, more than 2000 clinicians from 102 community mental health agencies have engaged in workshops and consultation for a transdiagnostic CBT, while behavioral health technicians, nurses, case managers, and other staff learned to apply CBT principles within their scope of practice. Over the course of training, competence scores doubled (baseline  $m=20.47$ , post-consultation  $m=41.6$ ;  $M_{\text{latent change}} = 22.91$ ,  $SE = 3.53$ ,  $z = 6.48$ ,  $p < .001$ ), and 80.6% of clinicians reached gold-standard benchmarks of competence. In addition to presenting data on fidelity, sustainability, attitudes toward evidence-based practices, and other implementation outcomes, we discuss the evolution of the implementation process, as informed by the feedback of our community partners.

- **Paper: Leveraging implementation science to integrate digital therapeutics as part of routine care in a practice research network**

**Main author: Soo Jeong Youn (Reliant Medical Group, OptumCare, Harvard Medical School)**

*Co-authors: Brittany Jaso, Mara Eyllon, John Benjamin Barnes, Pratha Sah, Georgia Hoyler, Lily Murillo, Heather O'Dea, Laura Orth, Mariesa Pennine, Elizabeth Rogers, George Welch, Samuel Nordberg*

**ABSTRACT:**

The supply / demand issue in behavioral health care is a well-established fact, and the mental health toll of the COVID-19 pandemic continues to add challenges to an already taxed system. Existing healthcare models are not set up to adequately address the ever increasing mental health related needs. As such, innovative models are needed to provide patients with access to appropriate, evidence-based care within routine clinical care. This paper introduces Precision Behavioral Health (PBH) as an example of such model. PBH is an innovative, virtual care delivery system that provides a suite of evidence-based digital therapeutics to patients as a frontline treatment within routine care in a large multispecialty group medical center in the US. This paper describes the implementation of PBH within a

practice research network set up as part of an integrated behavioral health department. We will present on leveraging the RE-AIM implementation science framework and key implementation constructs, including reach, effectiveness, adoption, implementation and maintenance (Glasgow et al., 1999), to enhance the successful integration of PBH within routine care. We describe how each of these constructs were operationalized to aid data gathering for rapid evaluation and lessons learned. We discuss the benefits of these types of initiatives across multiple stakeholders including patients, providers, organizations, payers and digital therapeutic companies.

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## Panel

### **Facilitative interpersonal skills in the context of psychotherapy training**

Thursday, June 22nd, 14:00 - 15:15 - **Room: Classroom 4012**

*Organizers & Moderators:* Antje Gumz (Psychologische Hochschule Berlin)

#### **ABSTRACT:**

"The success of psychotherapy depends significantly on the person of the therapist. This therapist effect is generally well known; however, the specific factors explaining the difference between therapists need to be further explored. The concept of psychotherapists' Facilitative interpersonal skills (FIS) may be central towards a better understanding of the therapist effect. To improve interpersonal skills is thus one of the principal tasks of psychotherapy training. In this panel, we present new findings related to the assessment and development of psychotherapists' interpersonal skills in the context of psychotherapy training.

The first paper addresses factors which predict initial FIS in master psychology students and therapists in training and reports on whether working with simulated patients and deliberate practice are suitable methods to train FIS in prospective psychotherapists. The second talk presents results on the transtheoretical nature of FIS and discusses its implications for psychotherapy training and research. The third presentation critically discusses the utility of structured self-reflection for improving the therapeutic relationship in psychology students. Finally, the fourth presentation focuses on qualitative findings of psychotherapists' and students' experiences with an apprenticeship model of psychotherapy training and discusses this in relation to how possible training arenas may facilitate interpersonal skills in training of psychologists."

- **Paper: Acquisition of Facilitative Interpersonal Skills in Students and Future Therapists**

*Main author:* Jana Bommer (University of Trier)

*Co-authors:* Jana Schaffrath, Steffen Eberhardt, Wolfgang Lutz, Anne-Katharina Deisenhofer

#### **ABSTRACT:**

"Background: Practice is a central element in any learning process. Therefore, prospective psychotherapists should have the opportunity to develop therapeutic skills in practice. The present study investigates which factors influence therapeutic skills and whether working with simulated patients and deliberate practice are suitable training methods.

Methods: The analyses are based on a sample of 89 master psychology students that participated in case seminars for one semester and eight therapists in training that participated in a two-day deliberate practice workshop. Participants completed self-report and performance measures (an adapted version of the Facilitative Interpersonal Skills (FIS) task) at the beginning and the end of their courses. In the case seminars each student conducted one 50-min helping session treating a simulated patient (played by a therapist in training) during the semester. In the deliberate practice workshop, the therapists in training were able to practice responses to difficult patient statements and to improve them with the help of feedback. The videos of the FIS task were coded by two trained observers. A two-level hierarchical linear regression model was used to predict FIS and control for trainer effects. A bootstrapping algorithm was used to examine the variability of regression coefficients. Furthermore, we examined the learning progress using different perspectives (trainee perceptions and behavioral codings).

Results & Discussion: Results are discussed in the context of the question how prospective therapists develop their skills and how training with simulated patients and deliberate practice could enrich clinical training."

- **Paper: Is the FIS task really transtheoretical? A cross-sectional study on the influence of theoretical orientation**

**Main author: Fabian Franken (Psychologische Hochschule Berlin)**

*Co-authors: Denise Kästner, Bernd Janning, Carmen Martinez-Moura, Merle Longley, Antje Gumz*

**ABSTRACT:**

"Introduction: The Facilitative Interpersonal Skills (FIS) task is a video-based performance task that measures interpersonal therapeutic skills by assessing therapists' verbal responses to simulated challenging therapy situations. The FIS task is presumed to be a transtheoretical instrument (i.e., designed to measure skills unrelated to specific therapeutic schools or methods). However, to our knowledge, there is no study which systematically analysed this topic.

Method: Currently, N=109 trainee therapists (cognitive-behavioural, CBT, n=42; psychodynamic, PDT, n=67) completed the FIS-task (German version, 13 video clips) and self-report personality and sociodemographic questionnaires. Their responses were judged by three trained independent raters using the FIS manual. Differences between CBT and PDT trainees in FIS-total score, FIS-subscales (n=8), and single clips (n=13 video clips) will be tested using t-tests and regression analyses. Therapeutic experience, gender and alexithymia score will be included as covariates due to their previously found association with the FIS-total score. The theoretical orientation of raters and the interaction between participants and raters' orientation will be tested exploratory.

Results: Preliminary analyses using t-tests showed no differences between CBT ( $M=3.3$ ,  $SD=0.28$ ) and PDT ( $M=3.27$ ,  $SD=0.34$ ) therapists in FIS-total score ( $t(107)=-0.438$ ,  $p=.662$ ) and FIS-subscales ( $p=.083-.807$ ). Results of the final analyses will be presented.

Discussion: Analysing the transtheoretical assumption is highly important and well possible in the German therapy landscape due to the strict differentiation of practitioners' theoretical orientation. Our results will be discussed regarding their implications for psychotherapy training and research."

- **Paper: The Impact of Structured Self-Reflection on Alliance Skills in a University Seminar Setting**

**Main author:** *Ulrike Maaß (University Potsdam)*

**ABSTRACT:**

"Background: The therapeutic relationship is one of the most important factors for the success of psychotherapy. Accordingly, it is a central task in education to train students in this competence. However, time and human resources in teaching are usually limited to address all students and their abilities individually. For this reason, there is a need for effective training methods that students can use independently. The proposed project aims to contribute to this need by investigating the impact of self-reflection on building a sustainable therapeutic working alliance.

Methods: As part of a university seminar on the therapeutic relationship,  $N = 34$  psychology students (M.Sc.) were randomly assigned to 4 weeks of training with either video-based structured self-reflection or memory-based structured self-reflection. The training consisted of a peer role-play followed by a written reflection on one's behavior. Before and after training (pre- and post-assessment), all students completed an initial interview with a standardized patient. Independent and trained raters evaluated participants' interpersonal skills. We also analyzed the written self-reflections using qualitative methods.

Results: We will present the results of pre-post skills assessments using a repeated measures ANOVA, testing the hypothesis that video-based self-reflection lead to significantly higher interpersonal skills. In addition, we will explore the question of what typical themes are found in self-reflections.

Discussion: We will discuss the results and limitations of the study and present ideas for improving the use of self-reflections on the alliance in psychotherapy training."

- **Paper: A pilot study on an apprenticeship model in the training of students. Experiences reported from psychotherapists and first-year psychology students**

**Main author:** *Katrine Høyer Holgersen (Norwegian University of Science and Technology; St. Olav's University Hospital)*

**Co-authors:** *Heidi Brattland, Patrick A. Vogel, Nina Jakhelln Laugen, Truls Ryum*

**ABSTRACT:**

"Background. Recent didactic approaches highlight the value of student-centered and practice-oriented learning. Nevertheless, training of psychology students is often based on traditional methods that foster development of theoretical skills. Although rare in the training of psychologist, apprenticeship models are common in many craft professions, but also in

adjacent health-related educations such as nursing and medicine. This pilot study explored the learning potential and feasibility of an apprenticeship training model in the context of psychotherapy.

**Methods.** In a pragmatic mixed-methods pilot study, 10 first year students in a Master's degree clinical psychology program were randomized to participate, over 10 weekly treatment sessions, together with therapists at an outpatient community mental health center in a psychotherapy apprenticeship model. Self-report measures tapped worry or stress, and student's belief in coping for their future professional roles. Students' FIS scores were measured before and after the intervention. Weekly reflection log entries written by students were qualitatively analyzed in order to gain an in-depth understanding of the learning process. Psychotherapists' experiences with the intervention were explored in focus group interviews and analyzed with a thematic approach.

**Results.** Qualitative findings targeting psychotherapists' and students' experiences with the training model will be presented as well as the students FIS scores measured before and after intervention.

**Discussion.** Development of a full-scale multi-center randomized controlled trial with a mixed design (N = 120 students) has been conducted based on findings in the pilot. Design choices and issues regarding the qualitative parts in this ongoing study will be discussed."

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**Thursday, June 22nd, 2023, 15:15 - 16:30 (IST)**

**Panel**

**Process of change in long term EFT psychotherapy with a client with complex presentation**

**Thursday, June 22nd, 15:15 - 16:30 - Room: JM Synge**

*Organizers & Moderators:* Biljana van Rijn (Metanoia Institute)

*Discussants:* Ariana Jordan (Metanoia Institute)

**ABSTRACT:**

"The panel aims to contribute to research on long-term psychotherapy and examine its different facets, focusing on the process of change.

Long-term psychotherapy is an underresearched area in the field. It is practised widely in the private sector, but the lack of funding and research has made it increasingly difficult to access in public services. It is often focused on working with clients with complex clinical presentations and it is challenging to examine, in terms of both data collection and analysis of the materials. The case presented by this panel gave a rare opportunity for an in-depth exploration of the process of long-term EFT psychotherapy with a female client. 'Claire' engaged in four years of individual work with her therapist. She initially presented with social anxiety, with an underlying fragile process and significant suicide risk. The panel

presents four papers examining different aspects of the process of change and assimilation during long-term EFT psychotherapy with a client.

The researchers have used case study methodology to explore emotion regulation; development of meaning-bridges between the client and the therapist; clinical management of suicide risk, research strategies used to analyse the multiple sources of data, as well as report the preliminary results."

- **Paper: Building meaning bridges in long-term emotion-focused therapy: The case of Claire**

**Main author: William B Stiles (Miami University Oxford, Ohio)**

**Co-authors: Biljana van Rijn, Lia Foa, Ariana Jordan, Robert Elliott**

**ABSTRACT:**

"Objectives: Meaning bridges are signs or systems of signs that are understood similarly by the author and addressee. According to the assimilation model, they mediate communication and access between people and between internal voices. Building meaning bridges in psychotherapy can give smooth access to problematic experiences, or parts of a person, turning them into resources. Assimilated parts become modulated rather than self-defeating and emotionally distressing. We investigated the building of such meaning bridges in a case study of long-term emotion-focused therapy (EFT).

Method: 'Claire' was a white woman seen for anxiety with borderline features in 100 sessions of EFT over a four-year period. Members of the research team intensively studied recordings of sessions, session notes, standard assessment measures, and other case materials to identify salient problematic themes, critical events, development of the therapeutic relationship, and areas of therapeutic progress. Episodes showing the development of therapeutically important problematic themes were extracted and instances of signs that were used repeatedly in connection with these themes were examined to assess their use in mediating therapeutic progress.

Results: Claire made progress in assimilating problematic parts of herself, including destructively self-critical aspects and a "'can't be bothered'" state of mind that had enacted self-defeating avoidance of her work and self-care. Extracted instances will be presented and interpreted in the context of other evidence of Claire's therapeutic improvement.

Conclusion: Long-term therapy offers an opportunity for therapist and client to construct and elaborate meaning bridges over extended periods, refining them and adding to their therapeutic value."

- **Paper: Strategies for studying assimilation process in long-term EFT psychotherapy. Theory-building case study 'Claire'**

**Main author: Biljana van Rijn (Metanoia Institute)**

**Co-authors: Lia Foa, Ariana Jordan, William B Stiles, Robert Elliott**

**ABSTRACT:**

"Objectives: The aim of this theory-building case study is to address a gap in research on long-term humanistic and experiential therapies by investigating the assimilation process in long-term EFT psychotherapy. According to the assimilation theory, communication between people and between internal parts of a person, are mediated by semiotic meaning bridges.

Theoretically, building meaning bridges with problematic voices underlies therapeutic assimilation. The assimilation process has been previously investigated in short-term work of up to 16 sessions. This project aims to elucidate how assimilation takes place over an extended period of time in long-term psychotherapy and how it might lead to the development of inter and intrapersonal meaning bridges.

Method. Four years of individual EFT psychotherapy with a historical case, pseudonym 'Claire', were investigated by a team of three researchers using a theory-building case study methodology. The materials involved audio recordings, therapist's notes, change interview recordings and text and email contact between the therapist and the client.

Results: Claire initially presented with social anxiety, but as therapy unfolded, other long-term difficulties became apparent such as eating problems, self-harming and suicidality. Our research involved the lengthy process of becoming familiar with the case and our gradual understanding of the process of assimilation and change.

Conclusions: Long-term psychotherapy is frequently practised with clients with complex presentations, but is rarely investigated. In this paper, we will discuss the organization and decision-making during the research and present preliminary results"

- **Paper: Management of risk of suicide in long-term EFT psychotherapy.**  
**Theory-building case study 'Claire'**

**Main author: Lia Foa (Metanoia Institute)**

*Co-authors: Biljana van Rijn, Ariana Jordan, William W Stiles, Robert Elliott*

**ABSTRACT:**

"Objectives: The aim of this theory-building case study is to investigate the occurrence and management of suicidality over the course of long-term psychotherapy with a historical case, pseudonym 'Claire'. Using assimilation theory, this study explores links between Claire's fluctuating suicidality and her assimilation of problematic experiences.

Method. Four years of individual EFT psychotherapy with Claire were investigated by a team of three researchers using a theory-building case study methodology. The materials involved audio recordings, therapist process notes, client notes on helpful aspects of therapy, change interview recordings, and written communication between the therapist and the client.

Results: Claire presented with severe social anxiety and low suicidality. Over the course of therapy Claire's social anxiety declined, but she became more distressed and her suicidality increased, culminating in two suicide attempts nineteen months into the therapy, and a further attempt twenty-six months into the therapy. Following lengthy familiarization with the case, the researchers focused on the presence of risk and how this was managed, leading to an understanding of how the development of meaning bridges between the therapist and client may have facilitated the client's assimilation of problematic experiences.

Conclusions: Long-term psychotherapy is frequently practiced with clients with complex presentations, but is rarely investigated. In this paper, we will discuss the fluctuations of risk over the course of therapy and how risk was managed. We will highlight strategies for dealing with risk over long-term therapy and present preliminary results."



- **Paper: Emotion Regulation Work with a Long-term Client with Social Anxiety and Fragile Process: An Emotion-Focused Conversation Analysis**

**Main author: Robert Elliott (Strathclyde University)**

**ABSTRACT:**

"Objectives. States of severe emotion dysregulation provide therapeutic opportunities for clients to develop self-awareness and understanding, and at the same time must be regulated in order to maintain a safe, productive working alliance. In this presentation I present a detailed analysis of an example of EFT emotion regulation work.

Method: Claire (a pseudonym), an unmarried white Scottish woman in her thirties, was seen for social anxiety and fragile process in long-term EFT. Near the end of session 30 she experienced a panic episode, requiring the therapist (the first author) attend to the client's severe emotion dysregulation, carrying out EFT emotion regulation work. The audio-recording of this segment was transcribed using Jeffersonian transcription methods, then micro-analyzed using a combination of EFT and Conversation Analysis methods and concepts.

: In the segment, the therapist generally accepted Claire's epistemic authority by treating her as an expert on her experience of her anxiety and on her reactions to the emotion regulating activities offered. At the same time, the therapist claimed limited deontic authority by providing a wide range of process guiding, emotion regulating activities. These activities were offered and reacted to in a highly interactive, coordinated, trial-and-error process, cycling among different activities and moving toward collaborative formulation work.

Conclusion: Claire and her therapist collaborated actively to help her regulate her panic. This example has already proved to be useful for training EFT therapists in emotion regulation work. Nevertheless, more examples of emotion regulation work are needed for a task analysis of this important process."

## Panel

### Identifying mechanisms of change using novel methods to develop personalized psychotherapies

Thursday, June 22nd, 15:15 - 16:30 - Room: Emmet Theatre

*Organizers & Moderators:* Juan Martín Gómez Penedo (Universidad de Buenos Aires)

*Discussants:* John C. Norcross (University of Scranton)

**ABSTRACT:**

"Recently there has been a growing trend towards developing personalization criteria grounded on mechanisms of change. In this panel we will present cutting-edge research aiming to move forward the field of treatment personalization by identifying new mechanisms or moderators of well-established ones.

First, Zilcha-Mano will present a trial where patients were randomized to a condition in which the alliance was a specific factor versus a treatment where it was a common factor.

Results showed that treatment moderated alliance within-patient effects on outcome, favouring the condition in which the alliance was hypothesized as a specific factor. Second, Gómez Penedo will present the development of machine learning algorithms using patients' characteristics, to predict mastery versus clarification effects on outcome. The algorithms adequately predicted mechanisms effects and were stable when applying them on a held-out sample. The algorithms provided criteria for treatment recommendations at the mechanisms level.

Third, Rubel will present the main results of a trial analyzing if the use of feedback about unresolved ruptures moderates the within-patient effects of those ruptures on subsequent outcome. Result of the study might provide relevant information and clinical tools to prevent negative consequences of unresolved ruptures in psychotherapy.

Finally, Solomonov will present a study aimed to identify mechanisms of change and optimal intervention use in brief psychotherapy for anxiety and depression among healthcare workers during COVID-19. She will demonstrate how we can leverage neural-network-based natural language processing on therapists' notes to guide prediction models and develop recommendations for personalized therapy."

- **Paper: Is alliance therapeutic in itself? It depends**

*Main author: Sigal Zilcha-Mano (University of Haifa)*

*Co-authors: Tal Ben David-Sela*

**ABSTRACT:**

The alliance has been a leading player in the long-running debate on whether therapeutic change is driven by factors common across distinct treatments or by treatment-specific factors. The present study disentangled between-patients differences in alliance strength from within-patient changes to investigate whether two treatments with identical goals but based on different roles of alliance differ in the within-patient effect of alliance on outcome. Both treatments are aimed at improving the patients' interpersonal abilities, but in the supportive treatment (ST) the alliance is the main specific factor, whereas in the supportive-expressive treatment (SET) it is conceptualized as a common factor. One hundred patients were randomized to receive either ST or SET. Treatment outcome and alliance were assessed weekly. Treatment condition significantly moderated the effect of within-patient changes in the alliance (relative to its mean) on subsequent treatment outcome, so that any increases in state-like alliance predicted lower levels of subsequent depressive symptoms in ST than in SET.

- **Paper: Using Machine Learning algorithms to predict the effects of change mechanisms in psychotherapy: Towards a process level treatment personalization**

*Main author: Juan Martín Gómez Penedo (Universidad de Buenos Aires)*

*Co-authors: Julian Rubel, Manuel Meglio, Leo Bornhauser, Tobias Krieger, Anna Babl, Roberto Muiños, Andres Roussos, Jaime Delgadillo, Christoph Flückiger, Thomas Berger, Wolfgang Lutz, Martin grosse Holtforth*

**ABSTRACT:**

**Objective:** This study aimed to develop and test an algorithm to determine the individual relevance of two change processes (i.e., mastery and clarification) for outcome prediction. **Method:** We measured process and outcome variables in a naturalistic outpatient sample treated with an integrative treatment for a variety of diagnoses (n=608) during the first 10 sessions. We estimated individual within-patient effects of each therapist-evaluated process of change on patient-evaluated subsequent outcomes on a session-by-session basis. Using patients baseline characteristics, we trained machine learning algorithms on a randomly selected subsample (n= 407) to predict the effects of patients' process variables on outcome. We subsequently tested the predictive capacity of the best algorithm for each process of change on a hold-out subsample (n= 201). **Results:** We found significant within-patient effects of mastery and clarification on subsequent outcome. For mastery and clarification, the best algorithms were elastic net with parameters consistent with a LASSO solution. In the hold-out subsample, there were significant correlations between the predicted and observed relevance of mastery and clarification. Using the algorithms to create criteria for individual recommendations, we identified patients for whom mastery versus clarification were indicated. In the mastery-indicated group, a greater focus on mastery was moderately associated with better outcome, while in the clarification-indicated group a greater focus on clarification presented a smaller effect size. **Conclusions:** Results suggests the feasibility of performing individual predictions of process relevance that can be useful for therapist feedback and treatment recommendations. However, results will need to be replicated with prospective experimental designs.

- **Paper: Does feedback moderate the within-patient effects of alliance ruptures on subsequent symptoms and alliance ratings?**

**Main author:** *Julian Rubel (Osnabrück University)*

**Co-authors:** *Brian Schwartz, R. Wester, Flavio Iovoli, A. K. Deisenhofer, Wolfgang Lutz*

**ABSTRACT:**

Unresolved alliance ruptures have been shown to exert negative effects on subsequent symptom and alliance levels. In the present study, we investigate the effects of psychometric symptom and alliance (rupture) feedback on the within-patient effects of alliance ruptures. We expect alliance ruptures to have less detrimental effects if therapists receive feedback compared to when therapists do not receive any feedback about whether or not a rupture has taken place. 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-patient associations between alliance rupture occurrence and subsequent symptom/alliance ratings are analyzed using Dynamic Structural Equation Modeling (DSEM). Results are discussed in the context of future implementations of psychometric feedback and decision-support systems.

- **Paper: Developing Data-driven Personalized Psychotherapy for Pandemic Healthcare Workers using Large Natural Language Processing Models**

**Main author: Nili Solomonov (Weill Cornell Medical College)**

*Co-authors: Ellie R. Bowen, Dora Kanellopoulos, Maddy Schier, Dustin Phan, Randell Martin, Faith M. Gunning, Logan Grosenick*

**ABSTRACT:**

Healthcare workers (HCWs) face chronic and ongoing stress during the pandemic, due to high risk of infection and death from COVID-19, exposure to acute suffering, separation from family members and limited social support. There is a lack of evidence-based psychotherapies, tailored to HWC's needs and unique circumstances. The few available studies focused on a combination of non-specific interventions. Little is known about the mechanisms of action and predictors of treatment success in this vulnerable population. Recent development of neural-network-based natural language processing (NLP) models allow for precise and robust identification of predictors and mechanisms of treatment response. These methods hold promise for directly using unstructured clinicians' notes to improve clinical decision making and guide development of personalized psychotherapy models. We developed CopeNYP – a brief psychotherapy program tailored to healthcare workers' needs and circumstances. CopeNYP was effective in reducing depression and anxiety symptoms among 534 healthcare workers (Solomonov et al., World Psychiatry, 2022). In this study, we developed and validated NLP models, using clinicians' notes from the CopeNYP program. Our study aimed to identify: a) unique patient-level risk factors predicting outcome that may serve as candidate mechanisms of action; b) specific interventions that are more effective in reducing depression and anxiety. Results and findings will be presented and discussed at the SPR meeting.

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**Panel**

**A comparison of self-report measures of defense and coping mechanisms, and long-term changes with treatment in defensive functioning**

**Thursday, June 22nd, 15:15 - 16:30 - Room: Davis Theatre**

*Organizers & Moderators:* John Christopher Perry (Jewish General Hospital and McGill University)

*Discussants:* Vera Bèkès (Yeshiva University)

**ABSTRACT:**

"The conceptual lineage of defense and coping mechanisms began with Freud's 1894 paper the "Neuropsychoses of Defence." However, in the 1960's researchers began to discriminate conscious coping from the more unconscious defense mechanisms; thereafter the empirical literatures have developed in parallel. This panel brings together studies of both defense and coping mechanisms with the aim of exploring their clinical utility. The first two presentations examine a sample of patients who completed psychoanalysis. The first presentation by Rachel Baitch examines the pattern of and timing of change in defenses over the course of analysis. The related presentation by Mariagrazia Di Giuseppe further

examines the relationship of change in defenses to change in personality and general level of functioning. It further examines whether patients' defenses become more like their analysts' defensive functioning. Using a follow-along study of individuals with treatment-refractory conditions, Chris Perry examines how change in defenses over long-term follow-up (median of 4.55 years, range 1 to 13.6) is associated with patterns of therapy use, and the self-described qualities of those therapies. Finally, Claire Starrs examines the association and interaction of mature and immature defenses and positive and negative coping on the experience of COVID-related fears in a large international sample of survey respondents (N = 12, 501) during the early phase of the pandemic. Together these papers highlight the importance of the hierarchies of defenses and coping related to other important psychological phenomena and adaptation. They also offer a glimpse into what the process of change looks like over years."

- **Paper: Defense change in psychoanalytic treatments**

**Main author:** *Rachel Baitch (Yeshiva University)*

**Co-authors:** *Katie Aafjes-van Doorn, Vera Bèkès, Daniel Spina*

**ABSTRACT:**

"The purpose of this study is to examine whether patients' defensive functioning changes over long-term psychoanalytic treatment. In addition, this study aims to explore the trajectories of change in patients' defensive functioning and determine whether early defensive functioning and improvement during treatment predicts treatment outcome. We analyzed 27 psychoanalytic treatments from an existing psychoanalytic treatment dataset with identified treatment outcomes. Four early sessions and four late sessions were coded for a total of 216 session transcripts. Transcripts were coded individually by trained graduate students using the Defense Mechanisms Rating Scale Q-sort (DMRS-Q), which yields qualitative and quantitative scores for 30 defense mechanisms, seven defense levels, and overall defensive functioning (ODF). Inter-rater reliability was tested on 75 transcripts. Patients showed higher overall defensive functioning and more mature defenses later in treatment. Specifically, ODF and mature defenses decreased just before the mid-phase of treatment and increased until the end of treatment. Inversely, immature defenses increased until the mid-phase of treatment and decreased until the end of treatment. The neurotic defenses level decreased from the start to the end of treatment. Furthermore, patients with lower early ODF tended to have greater gains in Psychological Health. Repeated measures of defenses in psychoanalytic treatment are important indicators of the dynamic growth trajectory in which defensive functioning decreases until the middle of treatment and then increases until the end of treatment. Defense research studies that do not take these effects into account may misrepresent the trajectory of change in defenses over time."

- **Paper: Patient and therapist defensive functioning in psychoanalysis: Defense changes over time and in relation to treatment outcome**

**Main author:** *Mariagrazia Di Giuseppe (University of Rome Tor Vergata)*

**Co-authors:** *Katie Aafjes-van Doorn, Vera Bèkès*

**ABSTRACT:**

"Despite ample attention paid to patient' use of defense mechanisms in psychotherapy, empirical evidence on therapist in-session defense-use and its relationship to changes in patient's defensive functioning is absent. Research suggests that improvement in patient defensive functioning is associated with symptom improvement in psychoanalytic treatment. Immature and neurotic defenses are associated with greater distress, whereas the use of mature defenses is more common in people with higher psychological functioning in general. We analyzed change in defensive, personality, and mental functioning in 27 psychoanalytic treatments. 2 early and 2 late sessions per treatment have been assessed using gold standard observer-rated measures, the Defense Mechanisms Rating Scales (DMRS), the Shedler-Westen Assessment Procedure-200 (SWAP-200), and the Global Assessment Functioning (GAF), to assess defenses, personality, and psychological functioning, respectively. Therapist defensive functioning was also assessed to analyze relationships between therapist defense-use and changes in patient's defenses after treatment. Results showed strong associations between defenses, personality, and mental health in patients. A decrease in the use of immature, and especially, depressive defenses and an increase in overall defensive functioning were associated with good psychoanalytic treatment outcome. Increases in the match (similarities?) between patients' and therapists' use of individual? defense mechanisms were also associated with significant improvement in patients' overall? defensive functioning during psychoanalytic treatment. The systematic assessment of defense mechanisms in psychotherapy may offer relevant information on patient's improvement over time. More research is needed to analyze therapist contribution in promoting changes in patients' defenses over the course of treatment, and its relationship with outcomes."

- **Paper: The naturalistic course of the psychotherapies used by individuals with treatment-resistant disorders over long-term follow-up and associated change and recovery in defense mechanisms**

**Main author: John Christopher Perry (Jewish General Hospital and McGill University)**

**ABSTRACT:**

"Defenses are fundamental mechanisms that underlie personality functioning, affecting both symptoms and adaptation. They may be particularly important among adults with treatment refractory conditions. This report examines the naturalistic therapies received by patients following discharge who were admitted to the Austen Riggs Center residential treatment program for treatment-refractory disorders. Follow-up ranged from 0.6 to 13 years. We examined change and recovery in defensive functioning in relationship to treatments received. 117 individuals who entered residential treatment at the Austen Riggs Center (Stockbridge, MA, USA) stayed for a mean of 2/3 year. They had a median of 4.55 years (range 1 to 13.6) of follow-up dynamic and RAP (Relationship Anecdote Paradigm) interviews transcribed and rated for defense mechanisms using the observer-rated Defense Mechanisms Rating Scale. The Psychosocial Treatments Interview (PTI) was administered at periodic follow-along which characterized each therapy received by type (e.g., dynamic, CBT, supportive), modality (e.g., individual, group), frequency, duration of treatment, alliance and patient reaction to treatment.

With longer duration follow-along, there was a robust relationship between defense change and other improvements. Patients engaged in a surprising number of treatments, but different patterns emerged. Patient report on the therapeutic experiences over time was related to overall change and recovery in defensive and other aspects of functioning. Sustained recovery is an unlikely outcome in most time-limited RCTs, and yet it does occur with longer time-frames. Naturalistic longitudinal studies present opportunities to understand how change in fundamental mechanisms of personality functioning change in relationship to naturalistic treatments received."

- **Paper: How Defense Mechanisms and Coping Strategies Work Together to Regulate Distress in the Face of COVID-related Fears**

**Main author: Claire J Starrs (Yeshiva University)**

*Co-authors: John Christopher Perry, Vera Bèkès*

**ABSTRACT:**

"Aim. Positive coping and mature defense mechanisms have been shown to decrease distress and enhance functioning, and negative coping and immature defenses to increase distress and lower functioning. However, these adaptational processes have rarely been examined together. The COVID-19 pandemic created a global situation with high adaptational demands, in the face of similar circumstances (e.g., imposed lockdowns). Thus, the current study sought to examine how coping and defenses worked together to regulate symptoms of distress during this time.

Methods. Online survey data was collected from an international sample of adults (N=12,501). Measures included the COVID-related Fears Scale, the Defense Mechanism Rating Scale SR-30, Coping Action Patterns SR-36, and the Patient Health Questionnaire (depression, anxiety, somatic subscales).

Results. We computed mixed serial-parallel mediation models including COVID-related fears, mediated by positive and negative coping, and mature or immature defenses, predicting symptoms. All of the models were significant, as were each of the total indirect effects. Analyses revealed that mature defenses improved symptoms by reducing the impact of negative coping on depressive, anxious and somatic symptoms, but they did not provide a significant additive effect with positive coping. For coping and immature defenses, unexpectedly, immature defenses improved symptoms by lowering the impact of negative coping, whilst simultaneously worsening symptoms by cancelling the mitigating effects of positive coping.

Conclusion. Our findings suggest a more complex relationship between coping and defenses than suggested by models that examine them separately. Limitations of the current study, clinical and research implications will be discussed."

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**Panel**

**Facilitative Interpersonal Skills Across Treatment Contexts:  
Tele-, Text-, and Child Therapies**

Thursday, June 22nd, 15:15 - 16:30 - **Room: Swift Theatre**

*Organizers & Moderators:* Timothy Anderson (Ohio University)

*Discussants:* Henny Westra (York University)

**ABSTRACT:**

The Facilitative Interpersonal Skills (FIS) task initially was designed for traditional adult in-person psychotherapy and has not yet been tested within other practice environments. This panel focuses on whether these common communication skills can be measured (and taught) within different practice environments, which challenge the clarity of therapeutic communication. Specifically, the videotherapy / tele-therapy, text-based therapy, and child therapy are examined in separate presentations. Technical difficulties within videotherapy present unique challenges because disturbances in conveying therapist communications would directly cause problems for therapist FIS. The theoretical implications of FIS within tele-communications are considered. A new tele-FIS version and training was designed to address these obstacles and an RCT examines the effects of the training. Even more challenging might be the translation of interpersonal communication through a text-only medium. FIS-Text was developed and tested within a text-based therapy and research on using natural language programming to automatically score FIS-Text responses. Measure interpersonal communication in the context child therapy studies the validity of a child adaptation. The FIS-Child uses new stimulus clips within a child context and examines the need for additional ratings of common interpersonal factors within child therapy.

- **Paper: How can the model of facilitative interpersonal skills (FIS) be applied to maximize the quality of the therapeutic alliance in videotherapy? A theoretical presentation**

**Main author:** Patrick A. Vogel (Norwegian University of Science and Technology (NTNU))

**ABSTRACT:**

The challenges and opportunities videotherapy present to the development and maintenance of the therapeutic alliance will be discussed and relevant recent research findings will be briefly presented. How can the model of facilitative interpersonal skills (FIS) (Anderson and colleagues, 2009, 2016) be adapted to the medium of videotherapy? The domains of Verbal Fluency and Emotional Expression as well as Warmth, Acceptance, Understanding and Empathy can all clearly be disturbed by the technical difficulties of digitally transmitted sessions. The ability to instill Hope and Positive Expectations and the Ability to form an alliance and Repair alliance ruptures also meet special challenges in videotherapy. Concrete clinical tips that can possibly ameliorate these challenges will be presented. These will also be illustrated by clinical examples from the presenter's own experiences with videotherapy.

- **Paper: Efficacy of Tele-Facilitative Interpersonal and Relational Skills Training on Teletherapy Skills: A Randomized Controlled Trial**

**Main author:** Tao Lin (Ohio University)



*Co-authors: Eva Antebi-Lerman, Katie Aafjes-van Doorn, Timothy Anderson*

**ABSTRACT:**

Despite the increasing use of teletherapy in recent years, therapists experienced unique challenges and reported reduced confidence and competence in teletherapy compared to traditional in-person therapy. Yet, synchronous training applied to the context of teletherapy is scarce. The current study aims to develop and examine the effects of tele-facilitative interpersonal and relational skills training (tele-FIRST), a teletherapy-specific synchronous training workshop, on enhancing teletherapy competency. The tele-FIRST workshop will be conducted in small groups of 3-6 participants each with one facilitator. Beyond didactics and lectures, the tele-FIRST incorporates video simulations of teletherapy challenges for role plays and deliberate practice as well as competency evaluation. A total of 12 video clips were developed to depict the four categories of teletherapy challenges that were summarized in previous literature: technical difficulty, emotional connection, distraction, and boundary and privacy. Eighty therapists and trainees will be recruited and randomized to the tele-FIRST workshop or waitlist group. Participants will be assessed on their self-report interpersonal skills and observer-coded facilitative interpersonal skills in teletherapy at pre- and post-training and follow-up. It is hypothesized that the tele-FIRST would significantly improve therapist skills for teletherapy. This training will likely have important implications for the development of telepsychology.

- **Paper: Identifying FIS therapist rating using natural language text analysis: the FIS-Text**

*Main author: James Zech (Florida State University)*

**ABSTRACT:**

Facilitative Interpersonal Skills (FIS) are thought to be an essential aspect of therapist competence, in both face-to-face and digital contexts. Yet though several performance tasks have been developed to measure FIS in various therapeutic contexts, their administration has historically required significant time- and resource costs, thereby limiting their applicability in clinical and training contexts. But if Natural Language Processing (NLP) can be used to automatically score FIS Task performance, it would immediately allow for a much larger scope of the FIS research paradigm. In the present study, researchers developed two algorithms to automatically score therapist performance of a FIS Task for therapeutic text message communications (FIS-T). The FIS-T was administered to 978 therapists, whose responses were manually scored by a team of coders. We then tested the performance of a support vector regressor (SVR) and a transformer-based neural network (DistilBERT). The DistilBERT model outperformed SVR, realizing a prediction mean absolute error of 0.134 on a 1-5 scale. This performance provides evidence that transformer-based NLP methods can be employed to automatically score therapist FIS in a text-based therapeutic environment.

- **Paper: Expanding the FIS Paradigm to Child Psychotherapy**

*Main author: Jordan Bate (Ferkauf Graduate School of Psychology, Yeshiva University)*

**ABSTRACT:**

"Background: The impact of therapist effects as 'common factors' is an established finding in adult psychotherapy research. Studies suggest that certain therapist interpersonal skills, such as empathy, are relevant to outcomes of child therapy as well, but research on therapist effects in child treatment remains very limited. To our knowledge, this is the first study to utilize the FIS paradigm for child therapy. We will describe the development of FIS video clips with child actors, and adaptation of the FIS codes, including considerations about the relevance of codes, additional codes (e.g. playfulness), and observable indicators of these skills. We will then report results from a pilot study testing whether the FIS could be reliably rated in child therapy, and examining the relationship between therapists' FIS in child therapy and their self-reported interpersonal tendencies.

Method: The FIS-Child (FIS-C) task (7 video clips) was administered to 10 therapists with a range of experience, alongside the original adult FIS task and self-report measures of empathy, social skills, and playfulness.

Results: Findings showed adequate interrater reliability on the FIS-C. There were no significant differences between ratings of therapists on the FIS-C compared to the original FIS, although FIS-C ratings were significantly negatively correlated with social expressivity, fun seeking and spontaneity, but ratings on the original FIS were not correlated with these measures.

Discussion: We will discuss future directions for research using the FIS-C to study therapist effects that may be common factors across child therapy treatment orientations, and the implications for training and practice."

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## Panel

# Identifying vulnerable populations and implications for psychotherapeutic interventions: using the example of personality functioning, immature defense mechanisms and suicidality

Thursday, June 22nd, 15:15 - 16:30 - Room: UI Chadhain

*Organizers & Moderators:* Eva M Klein (Department of Psychosomatic Medicine and Psychotherapy, University Medical Center, Albert-Ludwigs-University Freiburg, Germany)

*Discussants:* Johannes C. Ehrenthal (University of Cologne)

## ABSTRACT:

Approaching vulnerable populations is not only of great interest to public mental health, but also essential for prevention and effective psychotherapeutic interventions. Our panel presents advanced methodical approaches to identify underserved populations using the example of impairment in personality functioning, immature defense mechanisms and suicidality. In the first talk, André Kerber will show the transdiagnostic importance of personality functioning in HiTOP underlining impairment in personality functioning as a promising diagnostic feature for screening vulnerable populations. Second, Mareike Ernst

will present an ecological momentary assessment study exploring associations of personality functioning with positive and negative affect as well as with suicidal ideation in daily life. Maxwell Levis will highlight in the third talk the priority on targeting non-high-risk suicide decedents using machine learning with the goal of better classifying and treating these patients. In the fourth talk, Sebastian Euler will suggest defense mechanisms as a transtheoretical indicator for vulnerability for treatment response by presenting an SPR-funded collaborative study, using a Generalized Linear Mixed Model (GLMM) approach to identify them as predictor and moderator of outcome. The panel will be chaired by Eva M. Klein and discussed by Johannes Ehrenthal.

- **Paper: Personality functioning as a transdiagnostic construct in HiTOP - A Bass-Ackwards analysis based on ambulatory assessed data**

*Main author: André Kerber (Freie Universität Berlin)*

*Co-authors: Phileas Heim, Ina Beintner, Johannes Ehrenthal, Johannes Zimmermann, Christine Knaevelsrud*

**ABSTRACT:**

"Background: The Hierarchical Taxonomy of Psychopathology (HiTOP) arranges phenotypes of mental disorders based on empirical covariation, providing an empirically-grounded hierarchical dimensional classification system that ranges from narrowly defined symptoms to broader patterns of psychopathology. Since the introduction of dimensional measures of personality functioning (PF) in DSM-5 and ICD-11, several studies have identified PF as transdiagnostically predictive for course and change in psychopathology. The role of PF in the HiTOP classification system has not been adequately studied. The aim of our study is to investigate to what extent the HiTOP model can be empirically replicated, where PF can be located in an exploratory hierarchical-dimensional structure of psychopathology and to what extent PF can predict future psychopathology and psychosocial functioning.

Methods: Based on data on psychopathological symptoms (e.g., listlessness) and PF (e.g., affect communication) of N= 10990 users of a mental health app (MindDoc), we computed hierarchical principal component analyses (Bass-Ackwards-method). We examined higher and lower-level factors compared to PF for their predictivity concerning future mental state and psychosocial functioning using Bifactor-S-1 models.

Results: The results largely confirm the validity of the psychopathological structure hypothesized in the HiTOP model and provide evidence for possible lower-order dimensions that are not yet part of the current model. There was an increasing overlap of variance between PF and higher-level factors and a superiority of PF in longitudinal prediction of ambulatory assessed mental state and psychosocial functioning.

Discussion: The results highlight the relevance of personality functioning as a possible higher-order and etiologically central and predictive construct."

- **Paper: How does personality functioning unfold in daily life? Associations with the level and variability of positive and negative affect and suicidal ideation in an ecological momentary assessment study**

*Main author: Mareike Ernst (Alpen-Adria Universität Klagenfurt)*

*Co-authors: Lina Krakau, Christoph Kasinger, Eva M. Klein*

**ABSTRACT:**

"In recent years, personality functioning has drawn attention as a powerful determinant of (mental) health and well-being over the lifespan. However, while the construct is well-established in clinical practice and research, there is a paucity of investigations of the implications personality functioning has for a person's mood and distress in everyday life, i.e., across situations and over time. The present work aims to harness the power of ecological momentary assessment (EMA) to ascertain the ways in which personality functioning shapes both the overall level and the variability of positive and negative affect and the occurrence as well as fluctuations of suicidal ideation over the course of more than a week.

After a baseline assessment that includes established symptom measures and the OPD-SQS capturing personality functioning, participants from the general population took part in a signal-contingent EMA study spanning 10 days. Items captured contextual variables and reports of subjective states: positive (PA) and negative affect (NA) and distinct types of distress such as suicidal ideation.

In total, 103 participants (60.2% women) completed the baseline assessment and multiple days of EMA, yielding  $M=46.82$  ( $SD=22.24$ ) single assessments per participant.

We will calculate individual participants' mean level of PA and NA as well as measures of within-person variability such as the Mean Squared Successive Difference and ascertain their associations with personality functioning. We will compare these findings to observations based on cross-sectional analyses. The results will deepen our understanding of how personality functioning shapes mental health in everyday life and inform prevention and intervention efforts."

- **Paper: Using machine learning to target non-high-risk suicide decedents: Comparing changes over time**

**Main author: Maxwell Levis (Geisel Medical School Dartmouth College)**

*Co-authors: Joshua Levy*

**ABSTRACT:**

"Objective: Most suicide-prevention psychotherapeutic interventions exclusively target high-risk patients. While these specialized interventions offer impactful benefits for this subset, most patients that die by suicide are not necessarily included within this high-risk group and thus are not served by these resources. Study targets these "non-high-risk" suicide decedents with the goal of better classifying and treating these patients.

Method: Study used VA Corporate data warehouse to identify all patients that died by suicide, received psychotherapy, and were classified as non-high-risk and high-risk between 2017-2018. Study used Dynamic Topic Modeling (DTM), a natural language processing method that identifies topics within texts and then evaluates topic changes over time, on electronic health record (EHR) psychotherapy note corpus. Study evaluated high-risk and non-high-risk suicide decedents in the year before suicide. A Python-based DTM algorithm was utilized.

Results: Less than 10% of suicide decedents were classified as high-risk. Medication topics were prominent and consistent over time in both groups. Assessment and suicide monitoring topics were prominent and consistent for high-risk patients, but not prominent for non-high-risk patients. Case management and scheduling topics were prominent and consistent for non-high-risk patients. Treatment topics increased over time for high-risk and decreased for non-high-risk patients. Group therapy topics were prominent for non-high-risk patients, although prominence declined significantly in interval immediately before suicide. Derived topics showcased alternative treatment methods that were utilized with risk groups. Study highlights the priority of focusing on non-high-risk suicide deaths and advances new mechanism to target this population."

- **Paper: Defense Mechanisms Moderate Treatment Outcome in Short versus Long Term Dialectical-Behavior Therapy for Borderline Personality Disorder**

**Main author: Sebastian Euler (University Hospital Zurich)**

*Co-authors: Anna Babl, Eliane Dommann, Esther Stalujanis, Cathy Labrish, Ueli Kramer, Shelley McMain*

**ABSTRACT:**

"Objective: We investigated whether defense mechanisms predict treatment response of dialectical behavior therapy (DBT) and whether they moderate outcome in 6 versus 12 months of treatment.

Method: We analyzed a subsample of participants of a larger multi-center, single-blind, randomized, two-arm trial for outpatients with BPD. The subsample consisted of 60 individuals who were consecutively enrolled in admissions to 6 months (n=30) vs. 12 months (n=30) of DBT. Immature defense mechanisms and overall defensive function (ODF), assessed with the observer-rated Defense Mechanism Rating Scale (DMRS), were used as moderators of self-reported self-harm, assessed every three months throughout 24 months. We conducted a Generalized Linear Mixed Model (GLMM), assuming the Generalized Poisson Distributions (GPD), with random intercept for participants.

Results: A lower ODF at treatment onset predicted lesser decreases in self-harm, irrespective of treatment length (Est.=0.73, 95% confidence interval (CI) [0.68, 0.79],  $p<.001$ ). Higher levels of major image distorting defenses (i.e., immature defenses) moderated reductions in self-harm in 6 vs. 12 months of treatment (Est.=1.13, 95% CI [1.06, 1.21],  $p<.001$ ).

Conclusion: Findings indicate that defensive functioning is associated with treatment outcome of DBT. Patients with lower defense function might thus profit from individualized treatment plans including model-overarching interventions. Major image distorting defenses (i.e., splitting, projective identification) moderated the association between length of treatment and treatment response, indicating that higher levels of certain immature defenses may require longer treatment to reduce self-harm in patients with BPD.

This study was supported by an SPR-collaborative grant to Sebastian Euler and Shelley McMain with 5000 USD."

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## Panel

# **A fit for everyone: contributions to effective and efficient psychotherapeutic treatments for underserved populations**

Thursday, June 22nd, 15:15 - 16:30 - **Room: Classroom 3106**

*Organizers & Moderators:* Jael Sierra van Bentum (Utrecht University), Sanne Bruijniks (Utrecht University)

*Discussants:* Fritz Renner (University of Freiburg)

### **ABSTRACT:**

Although evidence-based psychotherapies are available for a range of different psychiatric disorders, treatment opportunities for heterogeneous groups within and across disorders are still underserved. The present panel will combine work from different research groups at different universities, sharing one common focus: improving insight into the heterogeneity of psychiatric disorders while at the same time increasing the availability and accessibility of evidence-based treatment opportunities for these populations. In our first presentation, Jael van Bentum (MSc., Utrecht University) will present the results of a recently conducted multicenter randomized trial evaluating the addition of an intervention targeting suicidal intrusions to regular treatment in depressed patients with suicidal ideation. The second presentation will discuss important implementation barriers in the use of trauma-focused therapies for people with psychosis. Simone Burger (MSc., VU Amsterdam) will present novel data from a study investigating symptom exacerbation during trauma-focused therapy in people with PTSD and psychosis. Prevalence of symptom exacerbation and associations with therapy outcomes will be shared. In the third presentation, Max Heise (MSc., University of Freiburg) will present the first findings on the feasibility and effects of a short online intervention for individuals with depression in a community sample. The fourth presentation by Sanne Bruijniks (Ph.D., Utrecht University; University of Freiburg) will present the design of an ongoing randomized trial that investigates whether individual differences in the ability to learn from therapy moderates the effects of treatment and whether integrating a cognitive support strategy into the treatment will be most beneficial for patients with low learning capacity

- **Paper: Underserved risk markers in suicidal population. RCT for treating suicidal intrusions and ideation**

*Main author:* Jael Sierra van Bentum (University Utrecht)

### **ABSTRACT:**

Suicidal patients may experience suicidal intrusions (i.e., intrusive, uncontrollable, suicide-related mental imagery), which may be related to increased suicide risk. The current study evaluated the safety and efficacy of a brief Eye Movement Dual Task (EMDT) add-on intervention to treatment as usual (TAU) in reducing the severity and frequency of intrusive suicidal mental images and suicidal ideation. We conducted a single-blind parallel multicentre randomized trial in which adult suicidal psychiatric outpatients with elevated

levels of depression were recruited across eight mental health institutions in the Netherlands. The primary outcome was severity and frequency of suicidal intrusions at 6-weeks post-treatment and 3-months follow-up. Secondary outcomes were suicidal ideation, depressive symptoms, hopelessness, and rumination. Between Nov 27, 2018 and Sep 13, 2021, 91 patients were included and randomly assigned to EMDT+TAU (n=46) or TAU-only (n=45). Our results showed that EMDT+TAU had greater reductions in the severity and frequency of suicidal intrusions over time than TAU-alone. Moreover, EMDT+TAU patients also showed lower suicidal ideation over time. There were no significant group differences in reductions in depressive symptoms, rumination, or hopelessness over time. In conclusion, adding EMDT to the treatment of suicidal psychiatric outpatients with elevated levels of depression effectively reduces suicidal intrusions and ideation and can be executed safely.

- **Paper: The bumpy road of trauma-focused treatments: PTSD symptom exacerbation in people with psychosis**

*Main author: Simone Burger (Vrije Universiteit Amsterdam)*

**ABSTRACT:**

The relationship between PTSD and psychosis has been well established in recent years and trauma-focused therapies have been shown to be safe and effective for people with PTSD and psychosis. However, access to evidence-based therapies for this group is limited. Concern for symptom exacerbation is an important barrier to implementation of trauma-focused therapy, especially in people with a psychotic disorder. The current presentation will discuss a study on PTSD symptom exacerbation during eye movement desensitization reprocessing (EMDR) therapy and prolonged exposure (PE) in a sample of 99 participants with PTSD and psychosis. Both exacerbation during the first four sessions and between-session exacerbations over the whole course of therapy were relatively common (32.3% and 46.5% respectively), but not related to poor treatment response or an increased likelihood of treatment drop-out. It is important for both clinicians and patients to know that symptom exacerbation during trauma-focused treatment is common and not related to poor outcome. Symptom exacerbation can be part of the therapeutic process, should be acknowledged and guided, and should not be a barrier to the implementation of trauma-focused therapy in people with psychosis.

- **Paper: Web-based Imagery Behavioral Activation (WIMBA): An online intervention to increase motivation for and engagement in rewarding everyday activities for individuals with depression in a community sample**

*Main author: Max Heise (University of Freiburg)*

**ABSTRACT:**

According to behavioral models, depression is associated with decreased engagement in potentially rewarding activities leading to reduced reward experiences and a worsening of mood (Lewinsohn, 1974). One way to increase the effectiveness of existing evidence-based treatments of depression, such as Behavioural Activation (BA), could be the use of guided mental imagery, which has been shown to facilitate emotionally salient and motivation-boosting experiences of potentially rewarding activities. The current presentation

will report on design, feasibility, and first effects of the WIMBA trial, a short 4-week online-intervention based on an imagery-enhanced version of behavioral activation conducted in a community sample fulfilling diagnostic criteria of a major depressive episode. In the preregistered study (<https://osf.io/97wuf>), participants will be randomly assigned either to the imagery behavioral activation (n = 70) or the waitlist control (n = 70) condition. Primary outcomes are changes in depressive symptoms (BDI-II) and behavioral activation (BADs) from session 1 to session 4 and 2-weeks follow-up. Secondary outcomes include mental well-being and avoidance tendencies. In this presentation the study design and preliminary data of the on-going trial will be presented.

- **Paper: No treatment sticks to everyone. Adjusting treatment to individual differences in learning capacity**

**Main author: Sanne Bruijniks (University Utrecht)**

**ABSTRACT:**

Current psychological treatments for depression are only effective for half of the patients. To improve and innovate psychological treatments, a better understanding of how symptoms improve during treatment is essential. One reason for why response and remission rates are low is that some individuals with major depressive disorder (MDD) might not benefit well from the sessions due to a limited capacity to attend to, process and store the information that is provided by the therapist. Gaining insight in whether individual differences in learning capacity moderate the effects of treatment and testing whether we can increase learning capacity in those who need it to improve treatment outcomes therefore seems a promising way forward in gaining insight on what works for whom and how we can use this knowledge to improve treatment outcomes. The current presentation will present the design of an ongoing randomized trial that targets these questions in a sample of patients with MDD seen at the academic outpatient treatment center at the University of Freiburg.

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**Panel**

**Complexity Science inspired clinical methodologies:  
personalized, flexible, effective.**

**Thursday, June 22nd, 15:15 - 16:30 - Room: Classroom 3074**

**Organizers & Moderators:** Franco F Orsucci (University College London - Norfolk and Suffolk NHS Foundation Trust)

**Discussants:** Paul R Peluso (Florida Atlantic University), Joanna Baines (Norfolk and Suffolk NHS Foundation Trust), Matej Vajda (Sigmund Freud University), Giulio Defelice (Sapienza University of Rome - University of Chichester (UK))

**ABSTRACT:**

"The new theoretical models of human change based on Complexity Science include common factors of human change within a new vision beyond traditional schools.



This integrative meta-theory naturally leads to comprehending different techniques developed in traditional schools towards a new open toolbox for human change.

Facilitating the self-organization of recovery pathways can foster personalized care.

Feedback-based approaches, such as feedback-informed treatment (FIT), increase the efficacy and efficiency of therapeutic and supervisory practice

Toolbox approaches can empower interventions by combining tools developed in different schools within a comprehensive integrative stream.

New forms of data analysis strengthen the scientific evidence and facilitate reporting to commissioning bodies and the general public.

This panel will present projects, all Complexity Science inspired, engaging with mental health needs with psychotherapy research."

- **Paper: Cross-Recurrence Analysis, emotional expressions between therapist and client, and the therapeutic relationship: An observational investigation**

*Main author: Paul R Peluso (Florida Atlantic University)*

**ABSTRACT:**

Recurrence analysis is a method for analyzing periodicity ("recurrence") in single time-series data. Cross-recurrence analysis allows for two, independent streams of time-series data to be studied for areas of recurrence, or where patterns in the combined data form. It also allows for an analysis of influence of one participant on another by determining whether certain responses or behaviors of one of the persons reliably produce responses on the other. As a result, cross-recurrence quantification analysis (CRQA) is a useful tool for exploring relational dynamics in a dyad. In a recent meta-analysis, Peluso and Freund (2019) found that there was a positive relationship between emotional expression for therapists and clients on both the therapeutic process and therapeutic outcomes. However, they recommended further study, including methods like observational coding to peer into the affective exchanges within the therapeutic relationship. Using an observational coding system (Specific Affect Coding System-SPAFF- Gottman & Coan, 1998), originally used for couples, that has been adapted for use with therapists and clients (Baker et al., 2022), a data set of approximately 100 recorded videos have been coded with second-by-second affect codes for both the therapist and client. A unique subgrouping of codes has also been identified to separate out positive affect, negative affect, neutral affect, relationship facilitation behaviors, and relationship control behaviors. Analyses using CRQA will be applied to these time-series to determine if there are any significant patterns that can be isolated and related to strong therapeutic alliances or positive therapeutic outcomes.

- **Paper: IDEAS: 'Interventive, dynamic, emotion-focused assessment and skills-training'**

*Main author: Joanna Baines (Norfolk and Suffolk NHS Foundation Trust)*

*Co-authors: Isobel Salloway, Franco Orsucci*

**ABSTRACT:****"Introduction**

Significant pressures upon NHS mental health services have led to long waiting lists for assessment, lack of timely access to evidence-based interventions, and increasingly high thresholds for support. Young people presenting as emotionally overwhelmed (often conceptualised within a framework of 'Personality Disorder') face long waiting lists for assessment and further delays for appropriate support. Evidence-based psychological therapies are often in short supply and high demand with a need to explore brief, responsive therapeutic approaches for this group.

**Objectives** The current project aims to deliver a brief DBT-informed intervention for young people aged 16-25 presenting with emotional dysregulation and mild/moderate risk-taking behaviours. Programme-delivery is by clinicians with basic DBT training and is supported by co-produced workbooks/clinician guides allowing individualised treatment focusing on skills deficits identified.

**Methods or Approach** Young people aged 16-25 referred to secondary care teams are screened upon referral and/or taken from existing waiting lists. An 8-week intervention is offered immediately following screening. Outcome measures capturing symptom severity, quality of life scores, and degree of suicidality/SH are taken at three time points (start and end of intervention and at follow-up). The intervention includes an assessment and emotion-focused formulation session, six individualised DBT-informed therapy sessions, with an ending/review session.

**Results or Practice/Policy Implications** The pilot stage of the current project is ongoing. Early data supports the benefit of time-limited, responsive, evidence-based interventions for this group, demonstrated by improved quality of life scores, and reduced symptom severity (including self-harm and suicidality)."

- **Paper: Connection in dynamics of metasupervision, supervision and psychotherapy process by using synergetic navigation system method (SNS)**

**Main author: Miran Mozina (Sigmund Freud University)**

*Co-authors: Nuša Kovačević Tojnko, Tatjana Rožič, Günter Schiepek*

**ABSTRACT:**

Research aim is to monitor the dynamics of meetings and the outcome of metasupervision, supervision and psychotherapy treatments; as well the personal development of supervisors and therapists; tracking feedback from all participants; and to gain insight into the interplay of the dynamics of three different, inter- and intra-connected processes. Standardized tests were revised and modified for research purposes. Data collection is done by SNS program (Synergetic-navigation system) to monitor high-frequencies dynamic conditions (Schiepek, 2009); data analysis will be done by non-linear causality impact and timeline analysis. We are expecting, due to Duncan research results (2017) that psychotherapy process outcome is 87% connected to client's factors, similar results to supervision and metasupervision process outcome. We are expecting that connection of metasupervision, supervision and psychotherapy process will be based on client, therapist and supervisor factors. Contribution of research conclusions will be monitoring factors for the best metasupervision, supervision or psychotherapy process outcome. Research has ethical approval from Ethics Commission

of the Faculty of Psychotherapy Science and the Faculty of Psychology SFU Vienna and it is still performing.

- **Paper: Tracking Quantitative and Qualitative Aspects of Change in Psychotherapy Process**

*Main author: Giulio Defelice (Florida Atlantic University)*

*Co-authors: Nihal Tatal*

**ABSTRACT:**

The investigation of change in the psychotherapy process is one of the main themes of the existing literature. There are many studies comparing the patient's clinical situation at the beginning of therapy with that at the end of the clinical work. On the other hand, few studies propose a micro-analysis of the turning points of the psychotherapy process. For this reason, between 100 and 200 psychotherapies were investigated in the present work through a two-step analysis. In the first step we applied an algorithm to the process of each psychotherapy to highlight the change points of each one. In the second step, we applied principal component analysis with moving time windows in the moments immediately before and after each change point. The results of the analyses clarify the quantitative and qualitative aspects of change occurring in each investigated psychotherapy. Clinical and empirical implications of the study are discussed.

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**Panel**

## **Effective internet-based therapy for adolescents with depression – What makes it work**

Thursday, June 22nd, 15:15 - 16:30 - **Room: Classroom 3051**

*Organizers & Moderators:* Björn Philips (Stockholm University)

*Discussants:* Svenja Taubner (University of Heidelberg)

**ABSTRACT:**

"Internet-based psychodynamic therapy (IPDT) and internet-based cognitive behavioural therapy (ICBT) are treatments that have shown effectiveness for adolescent depression. Internet-based treatments will probably have increased importance in future public mental health, as evidence of their effectiveness is growing. These treatments are accessible for a wider range of people because they are not restrained by geographical distance. Adolescents are often familiar with text-based communication via internet and some troubled teenagers even prefer remote treatment format rather than face-to-face psychotherapy.

The two research groups represented in this panel have contributed to the evidence-base on IPDT and ICBT for adolescent depression. A recently published randomized controlled trial showed that IPDT is non-inferior to ICBT, with satisfactory rates for remission and response. These findings call for further analyses of important research questions for both treatments. What are the change mechanisms in these treatments? What works for whom.

What contributed to the development of adolescent depression? How do adolescents experience the internet-based treatment?

The panel presents results from studies addressing the questions above. The first presentation will report the findings on adolescents' own ideas about the background to their depression. The second presentation will report results whether alliance predicts outcome in depressive symptoms session by session in IPDT and ICBT for adolescent depression, and whether this relationship is mediated by emotion regulation. The third presentation will report the results on predictors and moderators for IPDT and ICBT for adolescent depression. The fourth presentation will report findings on depressed adolescents' experiences and expectations of IPDT."

- **Paper: Adolescents' ideas about the background to their depression**

*Main author: Björn Phillips (Stockholm University)*

*Co-authors: Clara Rick*

**ABSTRACT:**

"Aims: Depression is a common mental health problem among adolescents. Internet-based treatments are designed to be accessible early interventions that might prevent against future negative consequences. The aim of the present study was to explore own ideas about background and causes to one's depression among adolescents just starting in internet-based psychodynamic therapy (IPDT).

Methods: Data was collected within a non-inferiority randomized controlled trial comparing IPDT against ICBT for adolescents 15-19 years suffering from depression. Data for the present study came from the group starting in IPDT (n=136), via an open-ended question about the background the current problems. Answers from the 99 adolescents responding to this question were analyzed using inductive thematic analysis.

Results: Three themes were identified regarding background to depression, and a total of ten subthemes: 1. Problems in relationships (trouble in the family, lack of parents' attention, trouble with partner, trouble with friends), 2. Own vulnerability (other mental problems, problematic traits), 3. Adverse experiences (victim of violence, bullying, other trauma/crises, death of someone close).

Discussion To a large extent, the young persons in this study emphasized problems in relationships as an important factor contributing to their depression. In many cases, lack of good relationships and experiences of abandonment and loneliness were described, congruent with findings from research that used other methodologies to investigate risk factors for adolescent depression. A notable finding is that half of the depressed youngsters pointed to adverse events as contributing to their distress."

- **Paper: Predictors and moderators of outcome in internet-delivered psychodynamic and cognitive behavior therapy targeting adolescent major depressive disorder**

*Main author: Jakob Mechler (Stockholm University)*

*Co-authors: Karin Lindqvist*

**ABSTRACT:**

"Aim: Guided self-help based on psychodynamic principles (IPDT) has shown efficacy and tolerability in two RCTs targeting adolescent major depressive disorder (MDD) and has been found non-inferior to internet-delivered cognitive behavior therapy (ICBT). However, no previous trials have assessed whether there are baseline characteristics that predict treatment outcome in both therapies or if there are factors moderating outcomes, addressing the question of what works for whom.

Methods: Data comes from a randomized controlled non-inferiority trial comparing IPDT to ICBT, in which 272 young persons (age 15 – 19) were randomized to either IPDT or ICBT and treated for ten weeks. Therapist guidance included weekly messages and 30 minutes of synchronous chat sessions. Baseline measures such as age, comorbid symptoms of anxiety, self-compassion, attachment, personality functioning, emotion regulation will all be tested as potential predictors and moderators of outcome.

Results: Preliminary findings will be presented at the conference.

Discussion: This is the first time predictors of treatment outcome will be simultaneously assessed in both IPDT and ICBT in the treatment of adolescent MDD. Furthermore, finding potential moderators of outcome could lead to improved outcomes in terms of matching patients to the most effective treatment given their baseline characteristics. This study might therefore inform clinicians in their choice of treatment and enable better predictions of outcome in IPDT and ICBT."

- **Paper: Therapeutic alliance is calming and curing – the interplay between alliance and emotion regulation as predictors of outcome in internet-based treatments for adolescent depression**

**Main author: Karin Lindqvist (Stockholm University)**

*Co-authors: Jakob Mechler, Fredrik Falkenström, Gerhard Andersson, Per Carlbring, Björn Philips*

**ABSTRACT:**

"Aims: The present study aimed to investigate whether alliance predicted outcome in depressive symptoms session by session in two internet-based treatments for adolescent depression, and whether this relationship was mediated by emotion regulation.

Methods: 272 participants aged 15-19 years and diagnosed with depression were randomized to 10 weeks of internet-based psychodynamic or cognitive behavioral treatment. Alliance, depression symptoms and emotion regulation was rated weekly by patients, and therapists rated alliance weekly. Analyses were made using cross-lagged panel modelling.

Results: Both therapist- and patient-rated increases in alliance predicted reductions in depressive symptoms the following week. Patient rated improvements in emotion regulation predicted reductions in depression the following week. Lastly, the relationship between improvements in alliance and reduction in depression scores was mediated by emotion regulation, supporting the hypothesis that alliance influences outcome partly through emotion regulation. No differences between treatments were found.

Discussion: It seems that even in text-based treatments over the internet, alliance play an important role, partly through its influence on emotion regulation."

- **Paper: ‘I’ve started my journey to coping better’: exploring adolescent’s journey through an Internet-based Psychodynamic Therapy (I-PDT) for depression.**

**Main author: Molly MacKean (Stockholm University)**

*Co-authors: Tanya Lecchi, Rose Mortimer, Nick Midgley*

**ABSTRACT:**

"Aim: Internet-based psychodynamic interventions for adolescents show promise as a treatment option. However, little is known about adolescents' experiences or expectations of these programs. This study aimed to address this by exploring adolescents' expectation and experience of an internet-based, psychodynamic therapy (IPDT) for adolescent depression. The study is nested within the larger pilot project, called D:OTS (Depression: Online Therapy Study), which evaluated the feasibility of an English-language adaptation to IPDT. Results showed the acceptability and effectiveness of the English-language adaptation.

Methods: All participants taking part in the pilot project (N=23) were asked to participate in an interview for the purpose of this paper. All consenting were contacted and a total of fourteen adolescents took part in semi-structured interviews. Interviews were analysed using Reflexive Thematic Analysis.

Results: Five overarching and interrelated themes were identified; 'negative expectation', 'strong therapeutic relationship', 'significant commitment', 'facilitated change', and 'gained appreciation'. The prominent effect of personal characteristics was also evident whereby those who were 'highly motivated', or 'less confident' spoke most highly of their experience.

Discussion: The findings support government policies to increase availability of digitally enabled models of therapy, by highlighting adolescents' positive experiences. However, the large impact of individual characteristics and working styles on adolescents' experiences highlights that internet-based therapies are not suitable for all and calls for a range of therapies able to meet their wide-ranging needs."

## Panel

### **Ensuring no one is left behind: Therapist voices from India**

**Thursday, June 22nd, 15:15 - 16:30 - Room: Classroom 3071**

*Organizers & Moderators: Chetna Duggal (Tata Institute of Social Sciences)*

*Discussants: Chetna Duggal (Tata Institute of Social Sciences)*

**ABSTRACT:**

Psychotherapy practice in a socially diverse context presents multiple challenges. The impact of social determinants on mental health, contextual and cultural barriers to help seeking and limited availability and accessibility to mental health services further complicate matters. This panel will bring together four papers based on completed studies with an aim to spotlight diversity, equity and social justice in psychotherapy practice in the Indian context. The presentations will highlight therapist voices and perspectives on working with clients across class, caste, religion, gender/sexuality, as well as clients presenting with socio-political distress, with a special focus on working with clients from

vulnerable communities. Through the presentations the attempt will be to showcase how quality psychotherapy services and mental health care can be made accessible to underserved and vulnerable populations and the challenges and complexities in making it possible in low-middle-income-countries (LMIC). Integrating an intersectional lens, rights based perspective, community participation and engagement along with affirmative practice and advocacy in psychotherapeutic practice, training and supervision will also be discussed.

- **Paper: Locating Social Justice in Psychotherapy Practice: Perspectives and practices from the Indian context**

**Main author:** *Priyanka Mittal (Tata Institute of Social Sciences)*

**Co-authors:** *Chetna Duggal*

**ABSTRACT:**

Social identities such as religion, gender, caste, class, colour etc. shape people's position and power in a diverse social world. Within psychotherapeutic spaces, therapists often bear witness to narratives of marginalization, discrimination and oppression due to social injustice. With an aim of exploring psychotherapists' understanding of the idea of social justice and how they use the social justice lens in their practice an exploratory study with a qualitative approach to inquiry was designed. Fifteen psychotherapists with a minimum of 5 years experience of practicing in the Indian context with clients from diverse marginalised communities were interviewed. Data was analysed using constructivist grounded theory. Findings revealed how therapist's perspectives on social justice were shaped by personal and professional values and ethics, and experiences in training and practice. Working with diverse communities, facilitating accessibility to services, validating the mental health impact of social inequities and supporting clients for social action were identified as crucial by the practitioners. This paper will attempt to highlight how therapists in a LMIC context are working with individuals and marginalised communities to realise social justice and in that spotlight the challenges and triumphs. The implications in terms of linkages to equity, accessibility and availability of quality mental health services and care will be presented.

- **Paper: The Personal gets Political in Psychotherapy: Exploring the Intersection between Therapists' Political Identity and Clients' Sociopolitical Distress in Therapy**

**Main author:** *Shaheen Khan (Tata Institute of Social Sciences)*

**Co-authors:** *Chetna Duggal*

**ABSTRACT:**

Psychological distress arising from sociopolitical turmoil is increasingly being brought into psychotherapeutic spaces. Changing socio-political landscapes dotted with particular political events create vulnerabilities for specific communities, particularly those in minority. This paper will present findings from a qualitative study that was conducted to understand the status and salience of therapists' political identity and its linkages to working with clients presenting with sociopolitical distress in the Indian context. Through in-depth interviews with twelve practising therapists the paper will highlight therapist initiatives at supporting

individuals during socio-political crisis, particularly those from minority communities with limited access to mental health services. Salient findings on clients expectations from therapy and therapist interventions will be shared. The intersections of client and therapist political ideologies, personal, relational and systemic challenges noted by therapists will be presented along with therapists dilemmas in working with clients during sociopolitical crisis.

- **Paper: Contextualizing premature client discontinuation: Psychotherapists' perspectives from India**

**Main author: Jogya Chakravorty (Tata Institute of Social Sciences)**

*Co-authors: Chetna Duggal*

**ABSTRACT:**

Premature client discontinuation/dropout has been considered one of the biggest obstacles in effective delivery of mental health services, and continues to plague psychotherapeutic practice. This paper will present findings from a qualitative study that was conducted to explore the phenomenon from the perspective of therapists practising in India. In-depth interviews were conducted with therapists working in diverse settings, and the data was thematically analysed. The therapists' highlighted the role of client, therapist, alliance and process related factors in premature client discontinuation. A salient finding that emerged was the role played by familial, contextual and systemic factors in determining drop outs. Family interference, access to alternative healing and faith healing practices, stigma against mental illness, constraining gender discourses, and community marginalization were considered as crucial. In response, therapists developed contextually-relevant, specific retention strategies to reduce drop outs. The premise of shifting the conceptualisation of premature discontinuation from a dyadic to a contextual understanding will be presented along with implications of working with clients in LMICs. .

- **Paper: Therapists perspectives on critical Incidents in working with Queer Clients**

**Main author: Meghna Pradeep (Tata Institute of Social Sciences)**

*Co-authors: Chetna Duggal*

**ABSTRACT:**

The queer community in India continues to navigate the prevalent heteronormativity, marginalisation and discrimination, further leading to higher distress and poorer mental health and well-being outcomes. Despite this, there is low engagement with mental health services due to stigma, past negative experiences, fear of medical interventions, etc. A qualitative study using the grounded theory approach was designed to explore therapists' perspectives on critical Incidents that shaped the therapeutic alliance with queer clients. Critical incidents were understood as key moments and episodes linked with significant emotional response and therapeutic shift/change. In-depth interviews with therapists revealed that critical incidents could be situated at three levels; the relational level - that included processes like recentering, normalising, and the therapist's use of the own self (self-disclosure, use of boundaries); the family level, wherein interventions with the family proved useful; and at the community level, wherein reinforcing social buffers and providing support beyond the therapy room was necessary. This paper attempts to capture the unique



social context in India wherein clients are deeply embedded in the family and are also trying to break free from restraining forces despite social spaces not being open to gender/sexual minorities. Therapy then becomes linked to family and social dynamics. Recommendations for training, supervision and practice will be discussed.

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## Panel

### **Measuring in ways that matter: Leveraging content and context in outcome assessments**

Thursday, June 22nd, 15:15 - 16:30 - **Room: Classroom 3126**

*Organizers & Moderators:* Jan R. Boehnke (University of Dundee)

*Discussants:* Andrew Page (*The University of Western Australia*)

#### **ABSTRACT:**

"The presentations in this panel explore two interacting perspectives on that what we are measuring and how "matters" in application contexts: (i) how to ensure that the content of our measures matters to people using them; and (ii) how measures can be integrated into and facilitate change in real-life situations.

The first presentation demonstrates how a systematic review and working with stakeholders (here: young people & clinicians) in two stages of qualitative research supported the identification of content that is highly relevant for the target population when assessing alcohol-related quality of life. The second and third presentations explore the use of measures in real-life intervention situations: Mobile technologies do not only offer opportunities for real-life assessments, but they can deliver interventions in our daily lives. Secondary analyses of data from an effectiveness study evaluating such an ecological momentary intervention investigate putative therapeutic processes of change on micro-level. This is contrasted with a systematic review investigating study design features that are associated with people's engagement with mobile technologies for clinical purposes (here specifically ecological momentary assessment). The final presentation takes a programmatic approach to reflect on the impact of using outcome measures in research and therapeutic practice, building especially on the use of collaborative goal setting as a tool to identify what matters when measuring change.

All presentations are concerned with broadening our understanding of how measuring outcomes can matter. Since they cover different methodologies and application contexts, the panel encourages attendees to discuss what we perceive as "valid" assessments."

- **Paper: Using qualitative interviews and e-Delphi expert consensus to develop a new targeted quality of life outcome measure for young people who drink alcohol**

*Main author:* Andrew Dyer (*Queen's University Belfast*)

*Co-authors:* Jan R. Boehnke, David Curran, Paul Toner

**ABSTRACT:**

"Background: The assessment of individuals experiencing or recovering from substance-related and addictive disorders is often limited to quantity and frequency of consumption or engagement. The importance of assessing quality of life (QoL) in young people has been highlighted as well as the need for valid and reliable alcohol-related assessment measures for this population. This project aimed to develop an outcome measure to assess alcohol-related quality of life (ARQoL) in young people aged 15 to 17. Methods: Study 1 was a systematic review of QoL and health-related QoL as outcome instruments in addiction which informed an initial pool of items. Study 2 involved 18 semi-structured interviews with young people aged 15-17 who drank alcohol in the last year attending schools and non-statutory services to evaluate items and generate new content. Thematic analysis of interview transcripts identified important life domains and the impact of alcohol from the perspective of young people. A two-round e-Delphi survey was conducted for Study 3 with experts by experience (young people) and professionals (researchers and clinicians) rating items on their appropriateness and importance. Results: Mixed method analyses of the interviews (N=18; 12 female; mean age 16.7 years) and e-Delphi (N=20; 10 professionals; 10 young people) produced a pool of 55 essential items to form an item pool to assess ARQoL in young people. Discussion: The interviews and e-Delphi ensured the views of young people remained central during the development process whilst integrating professional insight. The presentation will highlight the successes and challenges of combining the two methodologies."

- **Paper: Zooming in: Micro-level processes in a compassion-focused ecological momentary intervention**

**Main author: Jessica Gugel (Central Institute of Mental Health)**

*Co-authors: Isabell Paetzold, Anita Schick, Christian Rauschenberg, Dusan Hirjak, Tobias Banaschewski, Andreas Meyer-Lindenberg, Jan R. Boehnke, Benjamin Boecking, Ulrich Reininghaus*

**ABSTRACT:**

"Background: Ecological momentary interventions (EMIs) can deliver prevention and intervention approaches to people in their everyday lives. EMIcompass is a compassion-focused EMI targeting stress reactivity (a more pronounced reaction of negative affect to minor stressors) in daily life. This EMI offers various delivery schemes, such as on-demand training, daily tasks, and tasks provided in moments of high stress or negative affect. Although offering interventions in "moments when they are needed most" is a core principle of EMIs, putative therapeutic processes of change on the micro-level remain unexplored. This study aims to examine whether completing tasks in moments of high stress or negative affect will lead to a more pronounced reduction of momentary stress, negative affect, and stress reactivity afterwards.

Methods: In a randomized controlled trial evaluating the EMIcompass intervention, momentary stress, negative affect, and stress reactivity were measured using ecological momentary assessment in N=46 youth with early mental health problems aged 14-25 years over 6 weeks. We will use multilevel analyses to examine changes in those momentary states depending on whether or not an EMI task was completed.

Discussion: Results of this study will help us understand the effects of the EMIcompass intervention on negative affect, stress, and stress reactivity at the micro-level and thus expand our knowledge of EMIs. By examining not only whether or not interventions work, but approaching the question how they work, further effective EMIs can be developed in the future."

- **Paper: Study features and response compliance in Ecological Momentary Assessment Research in Borderline Personality Disorder: A Systematic Review and Meta-analysis**

**Main author: Alex Behn (Pontificia Universidad Católica de Chile; Millennium Institute for Depression and Personality Research (MIDAP))**

*Co-authors: Antonella Davanzo, Delfine d'Huart, Süheyla Seker, Markus Moessner, Ronan Zimmermann, Klaus Schmeck, Alex Behn*

**ABSTRACT:**

"Background: Measuring and characterizing rapidly changing patterns of instability in Borderline Personality Disorder (BPD) dysfunction as they occur in a person's daily life can be challenging. Ecological Momentary Assessment (EMA) is a method that is well-suited to study variability patterns across areas of dysfunction in BPD. Compliance in EMA research is defined as the proportion of prompts answered by the participant considering all planned prompts sent. Low compliance to prompt schedules can compromise the relative advantages of using this method. This meta-analytic review aimed to investigate the relationship between study design features and participant compliance in EMA research of BPD.

Methods: Articles featuring EMA studies for BPD that reported compliance rates and included sufficient data to extract relevant design features were systematically reviewed. For studies with complete data, random-effect models were conducted to estimate the overall compliance rate and explore its association to study design features.

Results: 28 peer-reviewed EMA studies totalling 2,052 participants were included in the study. Design features (e.g., sampling strategy, average prompting frequency) showed large variability across studies. The metanalytic synthesis was restricted to 18 articles, revealing a pooled compliance rate of 79% across BPD participants. We did not find any a significant relationship between design features and compliance rates.

Discussion: Compliance rates appear to be stable across varying set-ups. We discuss possible "nonspecific factors" (e.g., monitoring compliance) of the study design that may have an impact on compliance. We also discuss the importance of unifying standards for EMA reporting."

- **Paper: Considering the impact of mental health and wellbeing outcome measures on the mechanisms of therapy and research**

**Main author: Jenna Jacob (Anna Freud)**

*Co-authors: Milos Stankovic, Inga Spuerck, Farhad Shokrane*

**ABSTRACT:**

"Background: When considering the use of outcome measures for therapeutic practice and research, priority is often given to ensuring that they are considered valid and reliable.

Outcome measures are commonly formed and chosen based on what clinicians and

researchers consider to be important to track, and little attention is given to the complexities and impact of measures on therapeutic processes. It is also crucial to have inclusivity in research, but how can we achieve that if measures are not developed and validated with diverse populations?

Methods: This presentation will primarily focus on findings from a literature review and international insight analysis with experts by experience, which explored the mechanisms of collaborative goal setting as part of therapeutic relationships. Is goal setting a facilitator of positive therapeutic relationships? How, why, for whom, and under what circumstances? Further emerging review findings on the impact of the development of standardised measures will also be shared.

Results: Key findings highlight the interpersonal impact of working on goals, through open communication and building trust. Recent emerging work from our project also highlights that standardised outcome measures can be predisposed to systematic racial bias, frequently underrepresenting cultural differences, and the experiences of people from minoritized ethnic groups.

Discussion: Attendees will be invited to reflect on a range of findings to consider the impact of measures on research and practice, particularly the underlying mechanisms of therapeutic processes, and the unique differences across clients and participants, for the meaningful use of measures of relevance for target populations."

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## Panel

### New Research on Alliance Ruptures

Thursday, June 22nd, 15:15 - 16:30 - **Room: Classroom 4050a**

*Organizers & Moderators:* Antje Gumz (Psychologische Hochschule Berlin)

#### **ABSTRACT:**

"Alliance ruptures occur frequently in psychotherapy and pose a challenge for therapists. They are, when undetected or unresolved, associated with poorer outcome or treatment discontinuation.

This panel aims to deepen our understanding of alliance ruptures. Four papers will look at the topic from various aspects.

The first paper focuses on how to identify ruptures in psychotherapy sessions. The authors investigated whether self-reported alliance dynamics can function as a measure of ruptures. Results showed significant differences between sessions where self-reported alliance indicated a rupture and randomly chosen sessions of the same treatment phase with regard to the presence, frequency, and intensity of ruptures.

The second paper deals with what is happening on a biological level during withdrawal ruptures. Findings showed that withdrawal ruptures were associated with Oxytocin incongruence (patient Oxytocin increased while therapist Oxytocin did not increase) in the context of low anxious attachment orientation.

The third paper explores the contribution of cultural factors to ruptures in the alliance. Namely, the authors used a repeated case study design approach to compare the quality of the alliance and the presence of ruptures, resolutions, and microaggressions among cross-cultural vs. White dyads who share the same White therapist.

The fourth paper addresses contributions of psychotherapists to the emergence of ruptures using a qualitative Mixed-Method-approach. The authors analyzed therapists' explicit concepts of ruptures including the role of therapists' relationships with early caregivers or significant others which were triggered during a rupture, as well as potential unconscious contributions to the enactments."

- **Paper: Can session-by-session changes in self-reported alliance scores serve as a measure of ruptures in the therapeutic alliance?**

**Main author:** *Anna Babl (Derner School of Psychology, Adelphi University)*

**Co-authors:** *Julian Rubel, Juan Martín Gómez Penedo, Thomas Berger, Martin grosse Holtforth, Catherine F. Eubanks*

**ABSTRACT:**

"Objective: During treatment the therapeutic alliance is characterized by rupture and repair episodes which in turn are associated with psychotherapy outcome. Although it would be important to have a parsimonious tool to identify ruptures in psychotherapy sessions to provide therapists with meaningful feedback about when they occur, there is little evidence establishing whether measuring self-reported alliance dynamics can function as a measure of alliance ruptures.

Methods: The sample consisted of 58 depressed patients who received 22 sessions of cognitive therapy for depression in an outpatient setting. The observer-rated Rupture Resolution Rating System (3RS) was applied to 58 sessions where the self-reported Working Alliance Inventory (WAI) filled out after each therapy session indicated a rupture in the alliance. For comparison purposes, the 3RS was also applied to 58 randomly chosen sessions of the same treatment phase (early, middle, late).

Results: Results showed significant differences between sessions where the WAI indicated a rupture and randomly chosen sessions of the same treatment phase with regard to the presence, frequency, and intensity of ruptures."

- **Paper: Biological Mechanism of Withdrawal Ruptures: Dyadic Pattern of Incongruence in Oxytocin Release**

**Main author:** *Shachaf Tal (University of Haifa)*

**Co-authors:** *Amit Tschizic, Tohar Dolev-Amit, Simone Shamay-Tsoory, Sigal Zilcha-Mano*

**ABSTRACT:**

Despite widespread clinical, theoretical, and empirical support for the importance of alliance ruptures, little is known about their underlying biological mechanisms. The overarching goal of the present study was to investigate dyadic patterns between Oxytocin (OT) change of patients and therapists (e.g., patient OT increases while therapist OT does not increase) as markers of withdrawal ruptures. Hypothesis 1 construed that OT incongruence (e.g., patient-exclusive increase in OT, without therapist increase in OT) will mark the occurrence

of withdrawal ruptures. Hypothesis 2 construed that this effect of OT incongruence will emerge only when anxious attachment orientation is low. Surface analysis was conducted on 628 saliva samples that were gathered before and after therapeutic sessions of 53 patient-and-therapist dyads enrolled in a randomized control trial treating major depression. Findings suggest that only Hypothesis 2 received empirical support, meaning it was only when anxious attachment orientation was low that there were significantly more withdrawal ruptures when patients exhibited OT increase exclusively (without a therapist OT increase). This is consistent with the literature, suggesting that in times of withdrawal ruptures, the patient and therapist are in an incongruent state. Findings suggest that this incongruence is mirrored at the biological level only when anxious attachment orientation is low. Results shed light on what may be happening on a biological level during a withdrawal rupture.

- **Paper: Exploring the impact of cultural differences on the alliance: Alliance ruptures, resolutions, and microaggressions among cross-cultural and White dyads**

**Main author:** *Sarah Bloch-Elkouby (Icahn School of Medicine at Mount Sinai)*

**Co-authors:** *Catherine F. Eubanks, J. Christopher Muran*

**ABSTRACT:**

"Objective: While the empirical literature on alliance ruptures among cross-cultural dyads is sparse, emerging research emphasizes the impact of ruptures on the process and outcome of therapy and the importance of repair. Aim of the study is to expand the field's understanding of the subtle interpersonal dynamics featured in alliance ruptures among cross-cultural dyads. Namely, this study strives to compare the quality of the alliance and the occurrence and impact of ruptures among therapy dyads in which patient and therapist both self-identify as White vs. therapy dyads in which the therapist self-identifies as White, and the patient self-identifies as BIPOC.

Methods: Three pairs of therapy dyads (three White and three cross-cultural dyads) involved in Brief Relational therapy (30 sessions) were selected from an archival database based on the following criteria: 1) Each pair included the same self-identified White therapist; 2) In each pair, dyad 1 featured a patient self-identified as White and dyad 2 featured a patient self-identified as BIPOC. The quality of the alliance, the presence of ruptures and microaggressions, and the ways in which they were addressed among the White and the cross-cultural dyads were investigated using self-report measures (i.e. the Working Alliance Inventory - WAI), observer-based measures (i.e. the Rupture Resolution Rating System-3RS and an adaptation of self-report ethnoracial microaggressions measures), and descriptive analyses.

Results and Discussion: We will report and discuss the similarities and differences within and between the paired dyads in the presence, frequency, and impact of patient- and therapist- initiated ruptures and microaggressions."

- **Paper: Doing rupture. A multi method approach to describe conscious and unconscious aspects of therapists' own contribution to enactments**

**Main author: Antje Gumz (Psychologische Hochschule Berlin)**

*Co-authors: Jelka Berger, Carmen Martinez Moura, Lilli Kalmbach, Nadia Samia Bahr, Lena Walther, Laurence Reuter*

**ABSTRACT:**

"Objective: Ruptures in the therapeutic alliance (i.e. severe breaks or subtle tensions, enactments) inevitably occur in the course of any psychotherapy. They constitute a high risk of premature treatment termination and poor therapy outcome. Though enactments are considered to be unconscious interaction patterns to which both the therapist and the patient contribute, they are generally seen as being initiated by the patient. Up to now there has been little research on therapists' contribution to the emergence of enactments. The aim of the qualitative Mixed-Method-Project is a) to describe therapists' explicit concepts of ruptures and b) to analyze implicit unconscious contributions to the enactments.

Methods: Study 1: Semi-structured interviews were conducted with 24 therapists (3 experienced, 3 inexperienced per approach: Behavioral, Systemic, Analytic, Depth psychotherapy) and analyzed using the Consensual-Qualitative-Research-Method. Study 2: Participating therapists were invited to group supervisions (four hours, four therapists per group). Roleplays were conducted which enabled therapists to sense interaction patterns and to practice finding words (metacommunicate). Supervisions were video recorded and analyzed using the Method of Depth-Hermeneutic Interpretation.

Results: Analyses of the interviews yielded six categories (e.g. How did therapists perceive patients during a rupture.; How did therapists perceive themselves.; Topics concerning therapists' relationships with early caregivers or significant others which were triggered.; Role of supervision and self-experiential work). Results of study 1 and first results of study 2 are being presented. Implications for psychotherapy training are discussed (e.g. value of work with unconscious conflicts of therapists across different therapy schools, reflective awareness acquisition)."

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**Panel**

## **Advances in personalized psychotherapy: Contributions from practice-oriented research**

**Thursday, June 22nd, 15:15 - 16:30 - Room: Classroom 4050b**

*Organizers & Moderators:* Tim Kaiser (Freie Universität Berlin)

*Discussants:* Brian Schwartz (University of Trier)

**ABSTRACT:**

"The wide variety of evidence-based treatment approaches that are equally effective makes selecting the most effective treatment for the individual patient challenging. Clinical decisions are often made idiosyncratically, limiting their replicability and transparency. Thus, researchers have set out to develop statistical methods that assist the clinician in selecting the optimal intervention strategy and adapting ongoing treatments based on data. These

methods are expected to improve the efficacy of psychotherapy, reduce dropouts and prevent adverse effects. This panel will explore recent developments in personalized psychotherapy from a wide variety of methodological angles.

First, Stephan Bartholdy will present results on therapists' perceived usefulness of two different algorithms for generating progress feedback. Next, James Tait presents the results of external validation of a treatment selection algorithm in post-traumatic stress disorder. In the third talk, Jana Schaffrath will demonstrate how data from video ratings of psychotherapy sessions to guide the treatment strategy selection in cognitive-behavioral therapy. Finally, Florian Kuhlmeier introduces a smartphone-based application that uses a treatment selection algorithm to personalize the selection of intervention modules. Wolfgang Lutz, a trailblazer in data-driven personalization, will conclude by discussing the results."

- **Paper: The Road to a Causal Interpretability of Effects in Routine Outcome Monitoring: Feasibility and Perceived Usefulness of Counterfactual Predictions in Psychotherapy**

**Main author: Stephan Bartholdy (University of Greifswald)**

*Co-authors: Eva-Lotta Brakemeier, Tim Kaiser*

**ABSTRACT:**

Routine outcome monitoring systems (ROMs) are sometimes criticized for not including tools to estimate the causal effects of psychotherapy. As a recent study by Langkaas, Wampold, & Hoffart (2018) suggested, in addition to measuring (1) observed difference, (2) detected difference, (3) predicted difference (e.g., through Expected Treatment Response Curves, ETR), and (4) attainment difference, ROMs should also include a method of monitoring (5) induced difference, i.e., the difference in symptoms that can be causally attributed to treatment. This would be possible by providing feedback based on comparing the patients' observed trajectory with a counterfactual prediction of how their symptoms would have changed if they had not received treatment. The present study builds on the recently developed approach of "synthetic waiting list" (SWL) control groups (Kaiser et al., under review), which offers a way for ROMs to monitor induced differences. A survey study will be conducted to assess the perceived feasibility, acceptability, and preferences regarding ETR-curve and counterfactual feedback formats, both from the perspectives of therapists and patients. Therapists working in routine care ( $N > 100$ ) will be recruited from public databases, and a sample of patients ( $N > 50$ ) will be recruited from the waiting list of a German outpatient clinic. An online survey will assess participants' attitudes toward different feedback formats. Potential influences on their preferences will be investigated. The results will provide an empirical basis for discussing the perceived usefulness and acceptability of different types of clinical feedback.

- **Paper: Individual treatment selection for patients with posttraumatic stress disorder: External validation of a personalized advantage index**

**Main author: James Tait (University of Sheffield)**

*Co-authors: Jaime Delgadillo, Stephen Kelleth, David Saxon, Michael Barkham*



**ABSTRACT:**

"Deisenhofer et al. (2018) predicted which of two evidence-based psychotherapies (trauma-focused CBT, Tf-CBT, or eye movement desensitization and reprocessing, EMDR) for post-traumatic stress disorder (PTSD) was most likely to benefit individual patients. Patients were treated in routine care in the UK, and demographic and sessional outcomes were collected. A genetic algorithm developed two linear regression models (i.e., one predicting response to Tf-CBT and the other response to EMDR), with baseline clinical and demographic variables as candidate predictors, and post-treatment depression severity (PHQ-9) as the outcome variable. Then, using the Personalized Advantage Index (PAI) method (DeRubeis et al., 2014), an optimal and a suboptimal treatment was predicted for each patient. Results found that 62.90% of patients receiving the model-indicated optimal treatment had a reliable reduction in PHQ-9 severity, compared to only 33.66% receiving the suboptimal treatment.

The aim of the present study is to externally validate this treatment selection model. The regression models developed by Deisenhofer et al. (2018) will therefore be applied to predict optimal and suboptimal treatments in a statistically independent sample of patients receiving trauma-focused therapies in UK services whose data was not used to train the prediction model. Prediction accuracy will be evaluated, and outcomes compared between patients who received the model-indicated optimal versus suboptimal treatments."

- **Paper: Tailoring Psychological Therapies by Early Treatment Strategy Recommendations Based on Video-Ratings**

**Main author:** *Jana Schaffrath (University of Trier)*

**Co-authors:** *Steffen T. Eberhardt, Wolfgang Lutz*

**ABSTRACT:**

"Several recent studies tested the impact of empirical decision rules on tailoring psychological therapies. Overall, these studies could show that patients benefit from treatments or clinical strategies that were recommended based on such empirical-based rules. The current study tested whether these empirical-based recommendations can be improved by defining clinical strategies with observer-based ratings of videotaped sessions instead of self-reports of archival data.

466 patients treated at a CBT-focused outpatient clinic were grouped by the treatment strategy most prevalent in their first ten sessions (motivation-oriented vs. problem-solving). The strategies were measured with a) therapists' post-session self-report about the interventions used in the session and b) ratings based on two video-recorded sessions. A variable selection algorithm will identify predictors of treatment outcomes for each group. Based on these predictors, the outcome will be predicted for each patient for both strategies. Those predicted outcomes will be used to determine the recommended strategy for the individual patient (e.g., by using the Personalized Advantage Index). We will then test whether the observed outcomes of patients receiving their recommended strategy were better than those receiving the non-optimal strategy. Finally, results will be compared between strategy ratings based on therapists' self-reports and observer-based ratings of therapy videos to examine the potential incremental effects of video ratings for personalized recommendations.

Data-informed treatment strategy selection can help therapists decide whether to focus on problem-solving or motivation-oriented techniques at the beginning of therapy. The lack of an external validation sample calls for replication efforts and prospective evaluation of the recommendations."

- **Paper: How to personalize a chatbot-based mobile app for adolescents and young adults with depression? Insights from two mixed-methods studies.**

**Main author: Florian Onur Kuhlmeier (University of Greifswald)**

*Co-authors: Ulrich Genuch, Alexander Mädche, Eva-Lotta Brakemeier, Stefan Lüttke*

**ABSTRACT:**

Chatbot-based mobile apps offer many opportunities for personalization, such as changing the chatbot's character, its language use, and treatment approaches. Following a human-centered design approach, we conducted two studies on designing a chatbot-based mobile app for adolescents and young adults with depression: A qualitative study to investigate needs and preferences and a mixed-methods prototype evaluation. Results from both studies indicated a clear desire for personalization features among participants, such as the ability to customize the chatbot's avatar and social role or choose between different support modes, such as emotional support or problem-solving. Furthermore, design preferences varied widely among users. It is, therefore, crucial to incorporate personalization features in the design of chatbot-based mobile apps to meet the needs and preferences of users and improve treatment outcomes. In this presentation, I will present the results from both studies, show ideas and implementations of personalization features, and discuss ways to evaluate these features.

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**Panel**

## **Assessment in Couple Therapy**

**Thursday, June 22nd, 15:15 - 16:30 - Room: Classroom 4097**

*Organizers & Moderators:* Nestor D. Kapusta (Medical University of Vienna) Lee Johnson (Brigham Young University)

*Discussants:* Andrew Briggs (NHS)

**ABSTRACT:**

As all modalities of psychotherapy, couple therapy should begin with an appropriate assessment of relevant domains of couple functioning. While such an assessment may be initiated more formally prior to the first therapeutic sessions or be incorporated within the initial clinical phase, couple therapists and researchers should generally agree on which information is needed for a case formulation or for a focus of couple therapy. Focusing on such identified structures allows to develop a processual understanding of outcomes which can be assessed routinely in a standardized manner or following a clinical rationale. The scope of and the domains assessed then follow usually a theoretical framework of the intended couple therapy (eg. psychodynamic, behavioral). The panel will coalesce two different approaches to couple assessment. First, the panelists present a digital routine

outcome monitoring system allowing for treatment planning and operationalized outcome measurement based on validated assessment instruments made accessible online in the Marriage and Family Therapy Practice Research Network (MFT-PRN). In the second part, the panelists present clinical conceptual frameworks for the assessment of interpersonal interactions, allowing to put the lens on psychodynamics of couples from a more processual perspective, which understands assessment as an integral part of the unfolding scene in the initial phase of therapy. We believe, that both assessment approaches, a more structured and a more processual one, have their place in clinical routine and permit to perform couple therapy research, albeit by different methodologies and with different research questions and aims, as will be explicated.

- **Paper: The Value of Routine Outcome Monitoring in Couple Therapy Assessment**

**Main author: Lee N Johnson (Brigham Young University)**

*Co-authors: Shayne R Anderson*

**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 therapy are less available. This paper will briefly 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. Since the assessment process is ongoing therapists receive information about when clients deteriorate, which is important information in the assessment process.

The bulk of this paper will describe the how a ROM system can be used to quickly gain a large amount of information related to what is occurring for a couple prior to the first session of therapy. Treatment can take a variety of courses depending on if both members agree on the level of depression, anxiety, relationship satisfaction, or expectations for therapy. We will discuss what the research findings say for each of these scenarios. ROM is further helpful as treatment continues. Ongoing treatment planning should be very different for couples where one couple is improving, and one is getting worse compared to couples where both are improving or for couples who remain chronically distressed. This paper will include data from 400 couples and will describe how these scenarios are important to assess and the relationship of these scenarios to therapy outcomes."

- **Paper: Re-instating the father in couples and family psychotherapy**

**Main author: Andrew Briggs (Consultant Child and Adolescent Psychotherapist)**

**ABSTRACT:**

Today the role of the father is potentially occupied by a diverse spectrum of adults including; the child's biological father, a replacement father (step), single mothers and a member of a same sex female or male couple. In offering psychoanalytic psychotherapy to individual parents and parental couples across this spectrum my aim is to help ameliorate where satisfactory parenting is compromised, because one or both parents are arrested in their

own oedipal development. The most common arrest is caused by being stuck in a pre-oedipal relationship with their internal mothers. This has three inter-related consequences for the parenting of their own children. Because this relationship excludes the internal father, it is behind how the role of the external father is or becomes vacant. With this role vacant there is no effective parenting to prevent a symbiosis of the remaining parent and infant/child. This symbiosis leads to the child underachieving academically and socially, as there is no alternative parent to facilitate the vital parent-child separateness - an experience that also brings the epistemically necessary experience of difference. Such an arrest is a massive denial of the human reality - that we are all born to a parental couple. The oedipal arrest's exclusion of the father is therefore implicated in serious mental ill-health (Money-Kyrle, 1968.231). This presentation draws on clinical work with parents across the spectrum which led to their development of more creative parenting as individuals and parental couples due to the reinstatement the internal father.

- **Paper: The Importance of Assessing Emotional Regulation and Ineffective Arguing in Couple therapy: A Mediation Model**

**Main author: SueYeon Lee (Brigham Young University)**

*Co-authors: Lee N Johnson, Quintin Hunt*

**ABSTRACT:**

"The role of emotional regulation has been associated with relationship satisfaction while, the underlying mechanisms mediating this relationship are less understood. This study investigates ineffective arguing as a mediator of the relationship between emotional regulation and relationship satisfaction.

Participants were 211 heterosexual, clinical couples. The Couple Relationship Scale, the Difficulties in Emotion Regulation Scale Short Form, the Ineffective Arguing Inventory were used. An Actor-Partner Interdependence Mediation Model was estimated using structural equation modeling with maximum likelihood estimation.

Direct effects from female emotional regulation to female ineffective arguing and female ineffective arguing to female relationship satisfaction were statistically significant. Direct effects from female emotional regulation to male ineffective arguing and male ineffective arguing to male relationships satisfaction were also significant. Two significant indirect effects were female ineffective arguing mediating the relationship between female difficulties in emotional regulation and female relationship satisfaction, and male ineffective arguing mediated the relationship between female difficulties in emotional regulation and male relationship satisfaction. The proportion of the indirect effect from female emotional regulation to female relationship satisfaction was 75%.

Considering the strong association between ineffective arguing and couple relationship satisfaction and the high proportion of the indirect effect, helping clients to engage in more effective way of resolving confliction could potentially increase their own relationship satisfaction. Moreover, helping female clients decrease difficulties in emotional regulation may potentially improve both self and partner's relationship satisfaction."

- **Paper: A Psychoanalytic Framework for Couple Assessment**

**Main author: Nestor D. Kapusta (Medical University of Vienna)**

**Co-authors: Yvonne Czermak, Stephan Doering**

**ABSTRACT:**

Psychoanalytic approaches to couple therapy emphasize the need to understand the dynamic patterns of interpersonal interactions, which, determined by formative experiences in previous relationships, have shaped unconscious expectations of the partner. These couple assumptions have successfully been coded by object relations theory, allowing to make explicit, what is observed and experienced in initial and following sessions with couples. Numerous conceptual researchers (eg. Dicks, Pincus and Bannister, Scharff and Scharff, Kernberg, Lanman, Hobson, Briggs, Morgan) have formulated typical domains of couple functioning important during couple assessment. For example, concepts such as mutual projective identification, capacity to sustain a third position, fathers role, capacity to love, couple fit, early caregiver relations, paranoid-schizoid vs. depressive functioning, conjugal-segregated roles, are considered to describe basic components of couple interactions, which subsequently are taken into focus and worked through in psychoanalytic couple therapy. In order to reach more agreement on these interwoven domains still further conceptual research and operationalization is necessary. However, the clinical feasibility of these concepts is already well-established based on numerous case reports and some of them are already available for clinical use and for couple relationship researchers in short operationalized forms.

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**Panel**

## **Current understanding of dyadic synchrony in psychotherapy**

**Thursday, June 22nd, 15:15 - 16:30 - Room: Classroom 5012**

**Organizers & Moderators:** Christina S. Soma (Lyssn.io), Adar Paz (Bar-Ilan University), Zac E. Imel (Lyssn.io)

**Discussants:** Dana Atzil-Slonim (Bar-Ilan University)

**ABSTRACT:**

"When clients and therapists interact, they tend to coordinate or 'synchronize' their physiology and behavior spontaneously and mutually. This panel focuses on describing the state-of-the-art synchrony literature in psychotherapy research. We aim to define synchrony and differentiate it from other similar constructs, to demonstrate novel findings regarding dyadic processes in psychotherapy, to describe situations in which synchrony may not be beneficial, and to highlight several directions for future research; directions that we believe may be critical for a fuller explanation of the role of synchrony in psychotherapy.

Our panel will begin with Zhang et al.'s broad literature review on the studies of dyadic synchrony in individual therapies, including the definitions of dyadic synchrony, the means of assessing dyadic synchrony, and finally, a review of the therapeutic evidence of

synchrony. Bar-Kalifa et al. will present a recent examination of how high-frequency variations in couples' facial expression synchrony were used to predict treatment-related changes in couples' relationship satisfaction. Paz et al. will present a multi-modal affect analysis, showing the interplay of intrapersonal (i.e., of either the client or the therapist) and interpersonal affective flexibility with psychotherapy session outcomes. Finally, Soma et al. will take us to the results, implications, challenges, and recommendations for meta-analyses of the client-therapist affective synchrony phenomena. Our discussant, Dana Atzil-Slonim, will comment on these diverse studies and suggest implications for research, training, and practice."

- **Paper: Synchrony of what? A literature review on dyadic synchrony in individual psychotherapies**

**Main author:** *Xinyao Zhang (University of Utah)*

**Co-authors:** *Christina S. Soma, Zac E. Imel, Adar Paz, Dana Atzil-Slonim*

**ABSTRACT:**

Clinical implications of dyadic synchrony between a client and a therapist can be dated back to early psychoanalytic theories (Winnicott, 1971). It is thought that synchronous interactions can deepen therapeutic bonds and offer corrective emotional experiences (Fosha, 2001). But empirical studies on dyadic synchrony started only recently with the advancement of technology to detect synchronization. We conducted a literature review on the studies of dyadic synchrony in individual therapies. Our review summarized the definitions of dyadic synchrony, the means of assessing dyadic synchrony, and a weighted box score analysis on the association of synchrony and treatment outcomes. We found that dyadic synchrony in individual therapies can be defined and assessed in many different ways, some of which showed little intercorrelation. The box score analysis showed neutral to mildly positive associations between dyadic synchrony and treatment outcomes. We discussed the research and clinical implications of the results. We suggested that more studies be conducted to 1) standardize the definition of dyadic synchrony and means of assessing it, and 2) explore the moderators/mediators that may have contributed to the mixed associations between synchrony and outcomes.

- **Paper: The role of partners' facial expression synchrony in couples therapy**

**Main author:** *Eran Bar-Kalifa (Ben-Gurion University of the Negev)*

**Co-authors:** *Reut Machluf, Ben Shahrar*

**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 40 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.

- **Paper: Multimodal analysis of intrapersonal and interpersonal affect dynamics in the treatment of depression**

**Main author: Adar Paz (Bar-Ilan University)**

*Co-authors: Eshkol Rafaeli, Eran Bar-Kalifa, Dana Atzil-Slonim*

**ABSTRACT:**

"Emotional rigidity is postulated to be at the epicenter of Major Depressive Disorder, a highly prevalent and debilitating condition. Consequently, developing flexible and adaptive movement between affective states is at the core of many therapeutic interventions. This organization into states of affect echoes conceptualizations of complex systems (CS), which tend to converge periodically and dynamically into stable attractor states. Previous findings show that the attractor states rigidity is associated with depression, whereas flexibility reflects lower symptoms. So far, the nuanced dynamic nature of affect-dynamics during therapy, both interpersonal and intrapersonal, was primarily measured at long time intervals using clients' subjective reports. Yet, understanding 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 analyzes the high-time-resolution multimodal, dyadic, affective data.

Specifically, to calculate the affective flexibility and examine whether greater session-level flexibility (of either the client, the therapist, or their interaction) will predict greater session-level outcomes.

Thirty therapy dyads (134 sessions) of manualized short-term psychotherapy for depression have been recorded. Affective arousal and valence were automatically extracted from clients' and therapists' speech and facial expressions. Clients' symptom-level questionnaires were collected before and after each session.

Initial results showed that a growing capacity for affective flexibility in clients, extracted from the vocal and facial-expression modalities, is linked to improved symptom levels. These findings may shed light on the complex nature of affect-dynamics in psychotherapy, specifically in treating individuals suffering from depression."

- **Paper: Do you feel it too? A meta-analysis comparing dyadic synchrony vs. pseudo-synchrony**

**Main author: Christina S. Soma (University of Utah)**

*Co-authors: Xinyao Zhang, Zac E. Imel, Adar Paz, Dana Atzil-Slonim*

**ABSTRACT:**

Much of therapist and client interaction during a given psychotherapy session includes a plethora of non-verbal interactions (e.g., tone, facial expressions, body language). The study of dyadic synchrony aims to understand how these non-verbal interactions may be contributing to the psychotherapy process and client symptom outcomes. We conducted a meta-analysis of 8 studies that examined whether there is more synchrony between clients and therapists than would be expected by chance. The studies were selected due to the consistency in the evaluation of whether or not synchrony was present during psychotherapy sessions, as well as the consistency in reported metrics (i.e., Cohen's  $d$ ). The total number of clients across studies was 557 (Mean = 69.63; SD = 60.10; range 12 to 175), and 174 therapists ( $M = 24.86$ ; SD = 18.62; range 8 to 57; one study did not report the number of therapists). The total number of sessions included in the meta-analysis was 1,162 ( $M = 179$ ; SD = 155.87; median 132), with the number ranging from 10 to 423 sessions. The results of the meta-analysis indicated that real client-therapist dyad pairs exhibited synchronized behavioral patterns to a much greater extent than shuffled pairs ( $d = 1.01$ , 95% CI [0.56, 1.47],  $p < 0.001$ ). We provide methodological recommendations in an attempt to standardize reporting metrics for future meta-analyses. Additionally, we hypothesize about the use of dyadic synchrony as an aspect of the therapeutic process for therapists to learn and be aware of during their sessions.

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Panel

CE

## **Spirituality, Religion, and Psychotherapy Research**

Thursday, June 22nd, 15:15 - 16:30 - **Room: Classroom 4053**

*Organizers & Moderators:* Steven J Sandage (Boston University)

**ABSTRACT:**

Research on spirituality and religion in psychotherapy has greatly expanded in recent years with well over one hundred treatment outcomes studies and a growing body of practice-based studies (Captari et al., 2018; Captari et al., 2022). Studies suggest a majority of clients would prefer to discuss spiritual or religious issues in treatment (Harris et al., 2016), however there are important diversity and intersectional considerations around spiritual and religious dynamics in psychotherapy. This panel will engage the audience with clinical research presentations on spirituality and religion in psychotherapy from four different labs. The moderator will provide a brief overview. Presenter 1 will describe qualitative results of patient feedback from a spiritual group intervention study in an inpatient hospital with particular attention to patients who felt helped by the intervention and those that did not. Presenter 2 will report on a systematic review of spirituality and religion and mental health with implications for psychotherapy research and practice. This



systematic review will highlight key clinical dimensions of spirituality and religion in relation to both suffering and well-being. Presenter 3 will share results from practice-based mixed method research on religious and spiritual concerns among psychotherapy clients at a university counseling center and the therapeutic value of attending to client concerns. Presenter 4 will explain findings on spirituality and religion as moderating factors on COVID-19 impact and therapeutic change among clients at a community mental health center using person-centered analyses in a longitudinal design. Each presentation will consider both future research directions and clinical implications.

- **Paper: Exploring Patient Feedback in Successful Spiritual Group Interventions**

**Main author:** *Cheri Marmarosh (Divine Mercy University)*

**Co-authors:** *Melanie Williams, Juliane Nguyen, Matthew Flanagan, David Rosmarin*

**ABSTRACT:**

Rosmarin and colleagues (2021) developed a successful spiritual group intervention provided to patients at McLean Hospital that helped patients with diverse mental health concerns identify their spiritual struggles and how these struggles relate to their presenting concerns. Participants included a subset of patients who either reported that the group spiritual intervention significantly helped them identify spiritual/religious struggles (n = 306) or those who reported that the intervention did not help them identify their struggles (n = 254). The qualitative feedback to open-answered questions about "what helped them" and "what could be improved" were examined. Many of the patients who provided feedback, in both groups, reported that the spiritual group intervention helped them greatly and that aspects of the group intervention were both helpful and hindering. Specifically, patients revealed enjoying the connection with other people, the openness in the groups, and talking about spirituality with other people being extremely helpful to them in the hospital. They described improvements that included members being screened, leaders preventing members from dominating, preventing members from being quiet or leaving, wanting more structure, and wanting more open discussion. Many group members requested more time, longer sessions, and more than once a week treatment, indicating the helpfulness of the spiritual intervention for patients with more severe symptoms. The findings highlight the importance of spiritual group interventions and attending to group dynamics and group processes when implementing them. Implications for future research, training, and clinical interventions are discussed.

- **Paper: A Systematic Review of the Relationships between Religion, Spirituality, and Mental Health: Implications for Clinical Practice and Applied Research**

**Main author:** *Edward Shafranske (Pepperdine University)*

**ABSTRACT:**

"In the past 20 years, over 11,000 published articles have examined the relationship between religion and spirituality (R/S) and mental health. This paper presents the findings of a systematic review of the empirical literature (synthesizing the findings of published

meta-analyses and narrative reviews) and discusses the implications of these relationships for clinical practice including the following:

1. Complex associations exist between R/S and mental health, with the preponderance of the research suggesting generally modest, positive effects. Looking specifically to psychopathology, R/S is strongly tied in both positive and negative ways to depression, suicidality, anxiety, general adaptation to life stressors and coping with trauma, etc., that require clinicians to carefully assess the role of R/S plays in either impairing or enhancing adaptation.
2. Although not universally the case, clients may hold R/S beliefs and use of R/S resources which serve as primary or adjunctive aspects of the therapeutic process. R/S involvement, meaning making, religious coping, and spiritual struggles are discussed. An overview of approaches to integrate R/S in treatment, including empirically supported religious-accommodative treatments, is presented.
3. The paper concludes with a discussion of the opportunities and challenges that are faced when conducting empirical research, particularly in measurement and a call for a more nuanced assessment of religious involvement and spirituality, which takes into consideration community consensual beliefs, affiliation and support, and experiences of positive emotion in R/S rituals and practices."

- **Paper: Religious and Spiritual Concerns in Psychotherapy Process**

**Main author: P. Scott Richards (Brigham Young University)**

*Co-authors: Kristin Hansen, Stevan Nielsen*

**ABSTRACT:**

Researchers and clinicians are increasingly developing competencies in working with religion and spirituality in psychotherapy treatment (Barnett et al., 2011; Pargament et al., 2022; Richards & Bergin, 2005; Sperry, 2012). There are many areas of consideration that have been explored and studied in the research literature. Some include religious and spiritual (r/s) assessment, God image, r/s countertransference, ethical issues, r/s client-therapist matching, religious coping, disclosures of belief, therapist-initiated discussions of r/s issues in therapy, spiritual interventions in therapy and spirituality-oriented approaches to psychotherapy, r/s resources, r/s struggles in treatment, religious related harm, and referrals to clergy. More research is needed to explore what happens when r/s concerns are raised in psychotherapy. Research shows that working with client confusion about religious beliefs leads to worse outcomes in contrast to working with r/s concerns (Hansen et al., under review). The current study, IRB approved, is examining r/s concerns in psychotherapy process at a large private religious university's counseling center. We are surveying clients about their experiences when sharing r/s concerns in therapy. Results will be analyzed qualitatively using Consensual Qualitative Research (CQR; Hill, 2012). If they consent, zoom interviews with these same clients will be conducted and analyzed using CQR to provide more in-depth information about R/S process in therapy. Routine monitoring data collected via the OQ-45 (Lambert, et al. 1996) and CAMOS (Sanders et al., 2017) and additional measures that were given pre and post treatment (e.g., RCI; Worthington et al., 2003) will also be considered.

- **Paper: The Moderating Influence of Religiousness/Spirituality on COVID-19 Impact and Change in Psychotherapy**

**Main author:** *Peter J Jankowski (Divine Mercy University)*

**Co-authors:** *Steven J Sandage, Sarah A Crabtree*

**ABSTRACT:**

The COVID-19 pandemic has spurred a global surge in empirical research examining the influence of the pandemic on individuals' mental health symptoms and well-being. Within this larger literature is a rapidly growing literature on the associations among religiousness/spirituality, COVID-19 impact, symptoms and well-being. Largely absent from this literature is a specific research focus on psychotherapy clients, and the influence of religiousness/spirituality and COVID-19 impact on change during treatment. One prominent theory in the existing literature centers on the notion that religiousness/spirituality is a coping resource for individuals during times of adversity. Yet, existing empirical findings present mixed evidence for the religious/spiritual coping hypothesis. We expanded upon these emerging research trends to examine the influence of religious/spiritual struggles, religious/spiritual commitment, religious/spiritual exploration, and COVID-19 impact ratings on psychotherapy change in a sample of adult clients ( $N = 185$ ;  $Mage = 38.06$ ;  $SD = 15.78$ ; range = 19–81; 61.1% female; 69.7% White). The results of latent trajectory analysis identified three subgroups that differed on initial levels of symptoms and well-being and the nature of change over three time points. The COVID-19 impact ratings predicted change trajectories. As more positive ratings of COVID-19 impact increased, membership in the no change trajectory was more likely relative to the deterioration trajectory at high levels of both religious/spiritual commitment and exploration. The implications emphasize the need for judicious assessment of religiousness/spirituality and COVID-19 impact before integrating religiousness/spirituality into treatment.

**Panel**

## **Psychotherapist development during and after training: four perspectives on studying change and its predictors**

**Thursday, June 22nd, 15:15 - 16:30 - Room: Classroom 4012**

**Organizers & Moderators:** *Erkki Heinonen (University of Oslo)*

**Discussants:** *Bernhard Strauss (Jena University Hospital)*

**ABSTRACT:**

While therapists have been shown to differ in their effectiveness, little knowledge still exists on how effective psychotherapists develop. Accordingly, the present panel brings together research programs with differing designs and methods, but a common aim: To shed light on the professional and personal journey of psychotherapists during their training and afterwards. In the first paper, using the large-scale SPRISTAD study data from 9 countries, Pirke et al. study how therapist trainees' self-experienced difficulties change over their first year of practice and its predictors. In the second paper, using a single-case design with video observation and interviews, Hoff and colleagues investigate how a student therapist's

relational competence develops over one therapy and supervision process, and how it is reflected in the therapist and patient's nonverbal communication. Third, de Condé presents on an ongoing doctoral study – incorporating interviews, qualitative meta-analysis, and surveys – exploring how personal and professional development of therapists are intertwined through their career. Finally, Berning et al. present on a recently initiated, randomized-controlled-design study of how deliberate practice and structured feedback improve the interpersonal competences of psychotherapist trainees.

- **Paper: Difficulties of psychotherapy trainees in their practice over time related to training elements**

**Main author:** Jan Pirke (*Universität Witten/Herdecke*)

**Co-authors:** David Orlinsky, Michael Helge Rønnestad, Ulrike Willutzki

**ABSTRACT:**

"Aim: Research on therapists' difficulties in their psychotherapeutic work has shown differences between psychotherapists in different experience groups: In a sample of senior therapists such difficulties were correlated positively with outcome (Nissen-Lie et al., 2013), whereas in a sample of junior psychotherapists a negative correlation between professional self-doubt and outcome was found (Odyniec et al., 2019). In a comparison of differently experienced therapists, Orlinsky & Rønnestad (2005) found that perceived difficulties declined with increasing work experience. Initial results from the SPRISTAD project show that patterns of difficulty are relatively stable over time. The influence of different training elements on the development of perceived difficulties in practice remains unclear.

Methods: 114 trainees from 9 different countries rated their professional difficulties in practice the beginning of their therapeutic work with patients, after 6 months, and after 12 months. Difficulties in Practice were rated on an 11-point scale from 0='never' to 10='very often', assessing trainees' professional self-doubt (e.g., "Lacking in confidence that you can have a beneficial effect on a client") resp. "trainees' personal negative reaction to patients (e.g., "Unable to have much real empathy for a client's experiences."). Group comparisons are made with respect to other training elements as theoretical seminars, self-therapy and supervision.

Results: Over the course of the first year of practice, trainees' difficulties in their therapeutic practice decrease significantly; this applies to both professional self-doubt and negative personal reactions.

Discussion: Implications of the findings for training and professional development will be discussed."

- **Paper: Nonverbal aspects of relational competence: A naturalistic, multi-method single case-study of changes in nonverbal behavior in a student therapist's training process**

**Main author:** Cecilie Hillestad Hoff (*University of Oslo*)

**Co-authors:** Hanne Weie Oddli, Hanne Strømme

**ABSTRACT:**

"Aim: To examine the development of relational competence during a psychotherapy training process and the corresponding supervision process and explore whether this development is possible to trace in the therapist's nonverbal behavior.

Method: This is a single-case study, using a multi-method approach where novel research strategies based on observations of video recordings of naturalistic therapy and supervision sessions are combined with traditional interviews. The data analysis follows the principles of reflexive thematic analysis.

Results: Preliminary results indicate marked changes in the student therapist's nonverbal behavior, manifested as a decreased verbal tempo, a more muted tone of her voice, and a more relaxed body language and posture. These changes seem to occur in parallel with similar changes in the client's nonverbal expressions. Findings from the qualitative interview suggest that the therapist was aware of the nonverbal communication between herself and her client throughout the process, but that she did not reflect on how she could use this awareness as a source of information, or as an advantage point for clinical interventions. Neither was this explicitly discussed during supervision.

Discussion: The results provide insight into aspects of the communication that go beyond what is expressed verbally. The question of how supervisors preferably should include nonverbal communication in supervision is discussed."

- **Paper: Multi-method study on the process of the therapists' personal and professional development.**

**Main author: Hubert de Condé (Université Catholique de Louvain)**

*Co-authors: Emmanuelle Zech, Jochem Willemsen*

**ABSTRACT:**

"Aim: This presentation will lay out the progress of my doctoral research project on therapists' personal and professional development (PPD) and how those aspects integrate into one another. PPD can be defined as an integration of the professional skills and personal work required to reach out to the client, generating a process of change and enabling one to face the challenges of professional life. This concept is part of the integrated perspective that equates professional skills with the personal development of the therapist, in which the development process, integrating these two facets, can be a protective factor against the negative consequences of professional challenges.

Method: The first study is based on interviews with experienced therapists. They were asked about their personal and professional development. The second study is a qualitative meta-analysis on the influence of the reflective practice on clinical practice and PPD. The third study (ongoing) is a large-scale survey on PPD in therapists.

Results: The first study revealed three themes highlighting that PPD is linked to relationship to theory, continuous training, and motivation to practice the profession of therapist. The second study showed lots of positive effects of reflexivity on PPD and clinical work. The third study might illustrate significant events reported by therapists and demonstrate if there is a connection between reflexivity and the way of being among therapists with different levels of practice.

Discussion: The outcomes of the three studies highlight the need to recognize personal development as an integral part of psychotherapists' professional development."

- **Paper: Effects of deliberate practice and feedback in psychotherapy training (DeeP)**

**Main author: Anna Berning (University of Heidelberg)**

*Co-authors: Stefan Sell, Bernhard Bernhard Strauss, Svenja Taubner*

**ABSTRACT:**

"Background: Interpersonal competences of psychotherapists seem to play an important role for the success of therapy. Therapists with high interpersonal competences show interpersonal behavioral patterns that help them manage difficult therapy situations appropriately (Anderson, 2013). One way to strengthen these competences are correspondingly focused workshops during therapy training. As previous studies have shown, training methods seem to have a major impact on actual learning success. Thereby Deliberate Practice (Ericsson & Lehmann, 1996) and Structured Feedback have shown to be promising didactic tools.

Aim: We aim to illustrate the structure of possible workshops with a focus on strengthening interpersonal skills. Thereby we include elements of the Alliance-Focused-Training (AFT; Safran & Muran, 2003), deliberate practice and structured feedback.

Methods: The underlying study uses a randomized-controlled-design with three intervention groups (Deliberate Practice, Structured Feedback, combination of both) and one control group (didactic training). Each group has to complete three workshops. In addition to a didactic introduction to interpersonal skills, the framework of all workshops is based on the core elements of AFT. The center of the workshops is the respective experimental condition. Deliberate Practice is implemented through the use of Simulation Patients (SP), through which trainees can practice how to handle complex therapy situations. Structured feedback is operationalized through the Facilitative Interpersonal Skills Rating Method (FIS; Anderson & Patterson, 2013).

Discussion: The status of the study as well as the initial findings regarding fidelity and satisfaction with the workshops will be discussed at SPR Dublin 2023."

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**Thursday, June 22nd, 2023, 17:00 - 18:00 (IST)**

**Structured Discussion**

**Large psychotherapy consortiums: How can we collaborate to make it happen?**

**Thursday, June 22nd, 17:00-18:00 - Room: JM Synge**

*Organizers & Moderators:* Sigal Zilcha-Mano (University of Haifa), Eva-Lotta Brakemeier (Greifswald)

*Discussants:*

- *Randi Ulberg (University of Oslo)*  
*Wolfgang Lutz (University of Trier)*

*Svenja Taubner (University of Heidelberg)*  
*Stig Poulsen (University of Copenhagen)*  
*Miguel M. Gonçalves (University of Minho)*

#### **ABSTRACT:**

"In recent years, psychotherapy research has advanced in answering questions of high relevance to clinical research and practice. These questions have moved away from generalizing what is true for all therapists and all patients at all times, and are now increasingly focused on the historically famous but far from answered psychotherapy question: what works for whom? Thus, specific questions such as "what are the most effective therapeutic techniques for patients with these specific characteristics in the early stages of treatment" are beginning to be answered empirically. However, such questions require large sample sizes to provide the necessary statistical power. They also require highly diverse samples to advance toward precision mental health, where patient characteristics are not random noise; rather, they are important features that allow treatment to be tailored optimally to the individual. In recent years, collaborations have emerged between various centers that have enabled large-scale research. These initiatives have often proven to be highly promising. Along with these developments, research funds began to show a growing interest in multicenter studies. Among the main funding bodies are the EU Consortiums.

The purpose of this structured discussion is to serve as a strategic thinking group to initiate ideas, plans, and decisions on how to build such consortiums within SPR, based on previous successful initiatives. To this end, researchers with extensive experience and expertise have been invited to take part in the structured discussion to share their experience of successful vs. unsuccessful processes and to discuss potential future initiatives and steps."

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#### **Structured Discussion**

### **Measurement of emotional change in psychotherapy: what can we agree on?**

**Thursday, June 22nd, 17:00-18:00 - Room: Emmet Theatre**

*Organizers & Moderators:* Ueli Kramer (University of Lausanne), Antonio Pascual-Leone (University of Windsor)

*Discussants:*

- *Gary Diamond (Ben-Gurion University of the Negev)*  
*Shigeru Iwakabe (Ritsumeikan University)*  
*Irene Messina (University Mercatorum)*

*Lynne Angus (York University)*

*Ladislav Timulak (Trinity College)*

**ABSTRACT:**

Emotional change is a key variable in the study of mechanisms explaining the effects of psychotherapy. Despite the general interest in emotional change, the articulation between the empirical basis of change in emotion and theoretical assumptions is not consistent, creating challenges when it comes to select assessment strategies. The present structured discussion aims at laying out an integrative account on how theoretical assumptions interact with different assessment strategies of emotional change, as related with psychotherapy process and outcome. We will particularly focus on recommendations for future research in the field of mechanisms of change in psychotherapy.

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**Structured Discussion**

**How routine outcomes monitoring is being adapted to facilitate responsive evidence-based clinical practice?**

Thursday, June 22nd, 17:00-18:00 - **Room: Davis Theatre**

*Organizers & Moderators:* Andrew C Page (University of Western Australia)

*Discussants:*

- *Clara Paz (Universidad de Las Américas)*  
*James F Boswell (University at Albany, SUNY)*  
*Broan Schwartz (University of Trier)*  
*Christian Moltu (Western Norway University of Applied Sciences)*

**ABSTRACT:**

Routine Outcomes Monitoring (ROM) has evolved beyond the comprehensive summary feedback of current progress mapped against some benchmark. Despite evolution and adaptation, ROM systems have remained true to the goal of use real-time data to improve clinical decision-making. The present discussion will focus on the different ways that Practice-Oriented Researchers have developed ROM principles to meet the many varied needs across different countries, health systems, and clinical services. Presenters will discuss a European Trier Treatment Navigator (focused on symptom deterioration) that is breaking new ground in addressing implementation issues and finding novel solutions, a North American inpatient-appropriate, Eating Disorder (ED) treatment mechanism focused monitoring tool (that efficiently translates the feedback to a specific patient's care experience in these complex settings), a South American ITAMITED project that monitors ED patients in several care centers and in different settings (inpatient, outpatient, day



hospital), a Scandinavian Norse Feedback project tracking problem maintaining processes alongside outcomes for collaborative continuous case (re)-formulations, and an Australian Delphi program to identify inpatients at risk of self-harm. By reflecting on the differences, the presentations will highlight common themes in the flexible and creative uses of ROM to allow sensitive, responsive evidence-based practice.

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## Structured Discussion

# Advancing psychotherapy research for clients with limited socio-economic resources by learning from each other

Thursday, June 22nd, 17:00-18:00 - Room: **Swift Theatre**

*Organizers & Moderators:* Louis G Castonguay (Penn State University)

*Discussants:*

- *Paula Errázuriz (Pontificia Universidad Católica de Chile)*  
*Fredrik Falkenström (Linnaeus University)*  
*Héctor Fernández Álvarez (Psicoterapia Grupal del Centro AIGLE)*  
*Nick Firth (The University of Sheffield)*  
*Beatriz Gomez (Psicoterapia Grupal del Centro AIGLE)*  
*Amber M O'Shea (Penn State University)*  
*Soo Jeong Youn (Reliant Medical Group, OptumCare, Harvard Medical School)*

## ABSTRACT:

Most psychotherapy researchers work in silos, within small groups of colleagues and graduate students. While few, if any, would claim to “not be open to new ideas or new ways of doing research” who has time to read? How many of us engage in regular and substantive research consultations? Even when we collaborate with others research groups, how much do we use these opportunities to learn new ways of recruiting participants, selecting designs and statistical analyses, and/or implementing research protocols? The goal of this structured discussion is to provide such an opportunity by having researchers who have conducted studies for clients with limited socio-economic resources -- in different regions of the world -- to exchange about their work. They will do so by having read some of each other publications before the structured discussion, and then by commenting on what they have retained from others ‘contributions during the discussion. Participants and members of the audience will also be encouraged to ask for guidance and/or assistance for current and future studies, as a way to actualize one pathway for fostering practice-oriented research: Work locally, collaborate globally.

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## Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - Room: UI Chadhain

- **Paper: Patient and public involvement in chronic conditions psychotherapy research: developing a patient – centered psychological intervention for people with Multiple Sclerosis**

**Main author: Evangelia (Eva) Fragkiadaki (University of the West of England)**

*Co-authors: Nikki Cotterill, Claire Rice, Jonathan Smith, Isabella Nizza*

### **ABSTRACT:**

Psychological interventions for Multiple Sclerosis (MS) mainly adhere to the principles of Cognitive Behavioural Therapy, Acceptance and Commitment Therapy and Mindfulness. Adopting these generic models for the care of people with MS places them in the position where they have to fit in the model requirements and procedures. Quantitative results have shown moderate effects for these approaches and the paucity of qualitative findings indicate the difficulties people with MS face when applying, for example, CBT techniques between sessions. The current presentation aims to outline the process of developing a psychological intervention guided by what people with MS have found helpful and how they conceptualise the impact of interventions on their experience and management of MS. The findings generated a list of themes of an integrative group psychological intervention that was then developed further based on research findings, consultation with practitioners and a Patient and Public Involvement (PPI) focus group with members of the Research Network of the UK MS Society. Preliminary results from the feasibility and acceptability study of the intervention will be presented. The concept of process-based psychological intervention development will be discussed as well as adopting idiographic methods of evaluating these interventions.

- **Paper: The Therapeutic healing power of Narratives: An exploration of lived experiences of HIV positive patients that develop comorbid Psychiatric disorders in Uganda**

**Main author: Grace Mbabazi (Metanoia Institute)**

### **ABSTRACT:**

The human immunodeficiency virus (HIV) is a significant public health problem in sub-Saharan Africa, despite advances in treatment and improvements to enhance survival. Although the use of antiretroviral therapy has made a positive impact, wider health concerns are noted in patients with HIV infection, including the impact of co-morbid conditions. The United Nations estimates around 70% of people living with HIV/AIDS reside in this region and 76% of AIDS-related deaths occurred in this region alone in 2007. Unlike well-developed countries, where medication is now readily available to prevent people from dying, sub-Saharan Africa still faces a pandemic that has already claimed more than 20 million lives (UNAIDS, 2012). The scourge wrought by HIV/AIDS is the most significant large-scale public health threat in living memory. After three decades of successful treatments, HIV infection rates in Uganda are rising again. The potential impact of co-morbid psychiatric disorders on the well-being of HIV-infected patients can be significant, influencing medication adherence, health behaviours, morbidity, and mortality. The Narrative-based literature revealed that psychiatric disorders are positively correlated with HIV infection and pose

significant risks to the quality of life. Epistemological studies recognise that individuals with HIV infection have a relatively high prevalence of psychiatric disorders. Research findings identified discrimination, stigmatisation, shame, lack of psychosocial support, open dialogue, and resilience, including broader implications for patient education, systems service design and management processes, influencing national mental health policies reviews, forming knowledge in the field of psychotherapy, guiding future practice and dissemination of new scientific treatment practice.

- **Paper: Brain-Heart Interplay after trauma-focused psychotherapy in breast cancer patients with Post-Traumatic Stress Disorder**

**Main author: Sara Carletto (Department of Clinical and Biological Sciences, University of Turin)**

*Co-authors: Francesca Malandrone, Vincenzo Catrambone, Francesco Oliva, Gaetano Valenza, Luca Ostacoli*

**ABSTRACT:**

"Background: Psychological consequences of breast cancer (BC) are significant, up to 32% of patients experience post-traumatic stress disorder (PTSD). Functional brain-heart interplay (BHI) can be used to investigate the emotional aspects of PTSD. It provides information on the functional interactions between EEG and sympathovagal dynamics. To the best of our knowledge, this is the first study to investigate changes in functional directional BHI following trauma-focused psychotherapy (EMDR) compared with supportive therapy (TAU) in BC patients with PTSD.

Methods: Thirty BC patients who met the criteria for PTSD diagnosis were enrolled. Changes in the emotional response during a script-driven imagery setting were investigated. The functional interplay between EEG and sympathovagal dynamics was quantified using the SDG model on EEG and heartbeat series, focusing on the difference between the BHI index extracted at baseline vs post-treatment.

Results: Statistically significant higher coupling in the heart-to-brain direction was found in patients following treatment with EMDR vs controls. The flow of information from the autonomic nervous system towards the central nervous system appears to be restored following EMDR-induced recovery from PTSD. A significant correlation was found between improvement in PTSD symptoms and an increase in functional BHI after EMDR.

Conclusions: Trauma-focused psychotherapy may favour a re-opening of the bottom-up flow of interoceptive information dysfunctional in PTSD patients. The application of BHI analysis to the study of PTSD can provide an innovative approach both to identify biomarkers of the disorder and to understand the changes produced by trauma-focused treatment."

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**Brief Paper Session**

**Thursday, June 22nd, 17:00-18:00 - Room: Classroom 3106**

- **Paper: Once Upon a Time: Studying the Efficacy of the Storytelling/Story-Acting (STSA) Play Intervention on Ugandan Preschoolers'**

## **Narrative Coherence, Class Rankings, and Mental State Talk in Two Rural Ugandan Community Libraries**

**Main author: Geoff Goodman (Emory University)**

*Co-authors: Valeda F. Dent, Hyewon Chung, Nehir Cantas, Michelle Fanciullo, Aysenur Toker*

### **ABSTRACT:**

This study reports on the efficacy of the Storytelling/Story-Acting (STSA) activity, a six-month play-based intervention implemented in two rural community libraries in Uganda. Children ages 3 to 5 at each library were randomly assigned to participate in either the STSA intervention (n = 63) or a story-reading activity (n = 60) for one hour twice per week for six months. First, all children were assessed on two outcomes: 1) narrative coherence assessed after six months of intervention using the Attachment Story-Completion Task and 2) class rankings by teachers collected two and four years later. Second, all caregivers told stories to their children from a wordless picture book that were coded for mental state talk (MST) at the beginning of the intervention. Third, in the STSA condition only, children's stories told during the six-month intervention were also coded for MST. We hypothesize that children in the STSA condition will have higher narrative coherence ratings and higher class rankings two and four years later than children in the story-reading condition. We also hypothesize that independent of condition, caregivers' MST ratings will be positively correlated with their children's narrative coherence ratings after six months of intervention. Finally, we also hypothesize that in the STSA condition only, caregivers' MST ratings will positively modify the trajectory of their children's MST ratings distributed over six months of STSA. Significant findings would suggest that widespread dissemination of cost-effective play-based intervention located in libraries and schools has potential to improve later school performance and transform this developing country.

- **Paper: Mindfulness practice on the Concentration and Emotional Competence of Kindergarteners**

**Main author: Wen-Hsia Min (Chung-Yuan Christian University)**

*Co-authors: Su-Fen Tu*

### **ABSTRACT:**

The subjects of the study aim to enhance the concentration and emotional competence of kindergarteners. The participants were 26 children aged 5 to 6 in a kindergarten in Taiwan. A mindful practice project that included a daily 30-minute and a 150-minute mindful/per weekly mindfulness training were conducted which also lasted for 8 weeks. The researcher used multiple methods to collect data: such as observing children's reactions in class, recording videos, using concentration and emotional competence checklist two weeks before and after the study, and interviewing kids and significant others after the end of training. The results were as below: 1) There were significantly mean difference in the improvement of the kindergarten-aged children's concentration ( $t=-10.617$ ,  $p<0.05$ ) and emotional ability ( $t=-7.09$ ,  $p<0.05$ ) after 8 weeks' mindfulness training. 2) The mindfulness exercises have improved kindergarten-aged children's interpersonal relationships and their capacity for independent thinking. 3) Found that the best way to teach kindergarteners mindfulness practice would be connecting guiding languages with kindergarteners' daily life experience.

4) A teacher who led mindfulness practice for children should endeavor to achieve the state of mindfulness and be equipped with a variety of mindfulness strategies. The mindfulness training program has proved to be a promising intervention program that increases kindergarten-aged children's attention and emotional abilities.

- **Paper: The Experience of Young People with High Levels of Self-criticism of Short-Term Psychotherapy for Depression: A Qualitative Study**

**Main author:** *Yushi Bai (University College London; Anna Freud National Centre for Children and Families)*

**Co-authors:** *Nick Midgley, Patrick Luyten, Mahika Duseja*

**ABSTRACT:**

"Background: Self-criticism is suggested to negatively influence the therapeutic alliance and outcomes in depression. Yet, it remains unclear how self-critical features are expressed clinically and might interfere with the therapeutic process. This qualitative study, therefore, aims to explore experiences of depressed adolescents with high self-criticism in short-term psychotherapies.

Method: Based on the severity of pre-treatment self-criticism, five depressed adolescents with high levels of pre-treatment self-criticism were purposively selected from the IMPACT-ME study, a qualitative study nested within a clinical trial on adolescent depression. Adolescents were interviewed using a semi-structured Experience of Therapy Interview after treatment. Interviews were analysed using Interpretative Phenomenological Analysis.

Results: Five inter-linked themes were identified: (1) participants showed strong self-critical features before the therapy, (2) they had negative expectations about their therapist as being critical, which led to a tendency for self-concealment, (3) some youths were able to begin to trust their therapist and open up but only if they felt being listened to and cared for, (4) if they were able to develop a feeling of agency through the therapy, they began to change self-beliefs and experienced improvements in functioning, (5) signs of rejection and criticism by the therapists tended to lead the young people to withdraw or drop-out.

Discussion: The present findings help understand how self-critical features are typically expressed in depressed youths and may interfere with the therapeutic process in short-term psychotherapies. Findings also point to ways in which we may help those youths to overcome their critical tendency toward themselves and others."

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### Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - **Room: Classroom 3074**

- **Paper: iCAN: Intelligent, chatbot-assisted outpatient aftercare for depression in adolescents and young adults**

**Main author:** *Hannah Streit (Friedrich-Alexander-Universität Erlangen-Nürnberg)*

**Co-authors:** *Stefan Lüttke, Christian Aljoscha Lukas, Eva-Lotta Brakemeier, Lena Beitner, Marie Meixner, Matthias Berking*

**ABSTRACT:**

"Approximately 11 % of adolescents and young adults meet diagnostic criteria for depression during their lives, and hospitalisation rates have been rising steadily. At the same time, relatively few individuals receive outpatient psychotherapeutic treatment, resulting in a lack of appropriate aftercare treatment. The iCAN-app targets this gap, offering a smartphone-based-intervention (SBI) following inpatient stay to adolescents and young adults diagnosed with depression to cover the waiting-period until the start of outpatient treatment. The SBI includes an app-based competence-training (in an individually-tailored training plan, based on cognitive-behavioral-therapy techniques) and combines an artificial-intelligence-based chatbot (offering feedback to common issues in depression), with weekly eCoaching-sessions. The intervention aims to reduce relapse rates, decrease depressive symptoms, and facilitate the transition to outpatient treatment after hospitalisation.

The 12-week iCAN-intervention is currently evaluated in a two-armed randomized-controlled-trial comparing the intervention group (routine care + iCAN) with a control group (routine care only). Remission status, depressive symptoms, and successful transition to outpatient treatment are assessed at baseline (start of SBI), and after 6 weeks, 12 weeks (end of SBI), and 3 months, respectively. In addition, weekly assessment of depressive symptoms is provided by the app.

It is expected that participants with access to the iCAN-app show a greater decrease in depressive symptoms 12 weeks and 3 months after baseline than participants who have access to routine care only. Furthermore, those participants are expected to access outpatient treatment more often and earlier, if indicated. If shown to be effective, the implementation of iCAN into routine care is intended."

- **Paper: DiscoVR: a multicenter randomised controlled trial on the effect of a virtual reality intervention on social functioning in people with a psychotic disorder**

**Main author: Gerdina Pijnenborg (University of Groningen)**

*Co-authors: Saskia Nijman, Wim Veling*

**ABSTRACT:**

"Functional deficits, that is, problems in fulfilling appropriate social roles in daily life, are very common in people with a psychotic disorder. In recent years, Virtual Reality (VR) has emerged as a potential tool to improve psychotherapy. Our research group has developed an immersive VR-SCT ('Dynamic Interactive Social Cognition Training in Virtual Reality': 'DiSCoVR').

This intervention was compared to an active VR-control condition in a multicenter RCT. Both interventions contained sixteen individual 45-60-minute on-site sessions, administered twice a week. Main study outcomes are social cognition and social functioning in daily life assessed with experience sampling.

In total, 83 participants were included in the study between April 9, 2018, and December 9, 2020. The total number of inclusions was lower than intended due to suspension of research activities as a result of the COVID-19 pandemic. From baseline to post-treatment (n=72), none of the time\*group interactions were significant, indicating an absence of treatment

effects. A significant effect of time was observed for the SERS total score ( $b=9.84$ , 95% CI=3.81-15.87,  $p=.002$ ), indicating overall improvement in self-esteem.

Contrary to our expectations, we did not find any significant treatment effects. An effect of time on self-esteem was found at post-treatment, but not follow-up, suggesting a temporary improvement in self-esteem in both groups. Adapting an established protocol to VR, utilizing the same measures of social cognition and a similar sample as previous studies, and preferably both 'conventional' psychotherapy and treatment as usual control groups, could further elucidate the merit of VR as a training method."

- **Paper: Eye-tracking as a method of therapeutic change assessment. Results of the pilot study evaluating changes in attentional biases to emotional faces following intensive group psychotherapy for anxiety disorders**

**Main author: Pawel Holas (University of Warsaw)**

*Co-authors: Izabela Krejtz, Marzena Rusanowska*

**ABSTRACT:**

"Background: Attentional bias to emotional stimuli, particularly threat cues, has been proposed as a key mechanism in the etiology and maintenance of anxiety disorders. Although the role of attentional biases in anxiety disorders is well established, very few studies assessed changes in these biases after psychotherapeutic interventions. Moreover, standard attentional bias assessment relies on manual reaction time - a method with questioned reliability.

Objectives: Therefore, in the present study we used an eye-tracking method to examine if changes in attentional biases to emotional faces occur pre-to-post psychotherapy.

Methods: Individuals with anxiety disorders (ADs,  $n=26$ ) were tested pre and post-intensive 3 months group psychotherapy with a face-in-the-crowd (FIC) task employing faces depicting angry, happy, and neutral expressions (as a crowd), while their eye movements were recorded. In addition, a group of healthy controls (HCs,  $n=53$ ) was recruited and tested with FIC to compare with the anxiety group.

Results: ADs were faster in detecting emotional faces among neutral crowd comparing to HCs and exhibited increased pupil dilation in favor of angry compared to happy faces. We found, however, that the detection time of emotional faces got longer and pupil dilation for angry faces decreased following psychotherapy.

Discussion: These findings suggest the normalization of attentional biases to emotional stimuli in anxiety disorders following group psychotherapy. Furthermore, our results point to the possibility of using eye-tracking as a method of therapeutic change assessment, which provides in addition an insight into the mechanisms underlying this change. Clearly, more studies are needed to verify this claim."

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## Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - Room: Classroom 3051

- **Paper: Trajectories and Emotional Predictors of Session Depth in Psychodynamic Adult Psychotherapy**

*Main author: Alev Cavdar (Istanbul Bilgi University)*

**ABSTRACT:**

"Objective: This study aimed at identifying the trajectory of the depth of a session as perceived by the client in open-ended psychodynamic psychotherapy with adults. Further, the client-level factors such as symptom severity and session-level factors such as the level of negative emotions felt were tested as predictors of session depth.

Method: The data was collected at a university psychotherapy training center. All volunteering clients completed pre- and post-therapy measures and evaluated each session on experience (e.g. depth, smoothness) and emotions (e.g. positive, negative, aversive). In this study, 5874 sessions of 205 clients were analyzed to identify the trajectory and 2350 sessions of 93 clients were analyzed for emotional predictors.

Results: Unconditional growth curve model via MLM demonstrated a quadratic trend of an increase during working through and a decrease toward termination defined the session depth trajectory of the average process. Session-invariant client-level predictors (e.g. symptoms) were not found to be significant. As to the session-variant emotion predictors, higher levels of positive and negative emotions in a given session were associated with higher levels of session depth. The positive emotion level was a stronger predictor of depth for the beginning and termination sessions. Higher levels of aversive emotions were associated with lower levels of session depth. The strongest negative associations of aversiveness and depth within a given session were observed for the initial sessions.

Conclusion: The observations of this study supported the literature that overall emotional arousal predicts effectiveness, while painful emotions are negatively associated with good outcomes."

- **Paper: Time-limited psychodynamic group therapy for adult patients with ADHD**

*Main author: Hanne-Sofie Johnsen Dahl (University of Oslo)*

*Co-authors: Kjetil Nordbø Jørgensen, Randi Ulberg, Anne Marie Fosse Teigen*

**ABSTRACT:**

"Adults with ADHD are usually offered psychoeducation to meet their executive difficulties related to attention, concentration, and impulsivity. Challenges with negative self-esteem, emotional regulation, and relationships are more seldom confronted. This study aimed at investigating if a group therapy designed to address emotional and relational difficulties related to ADHD may be associated with increased self-compassion, less interpersonal difficulties, and enhanced ADHD quality of life.

Time-limited psychodynamic group therapy was developed and tried out within the public mental health sector. Two therapists run 6 groups (18 sessions, 90 min each) exploring relationship experiences, within and outside the group, as well as using affects arising during the sessions. This provided the participants with an opportunity to experience and process



relational challenges in a context where everyone has the same diagnosis. The patients completed the questionnaires Self-Compassion Scale (SCS), Inventory of Interpersonal Problems (IIP-C-64), Adult ADHD Quality of Life Scale (AAQoL) before, at the end, as well as 6 months after therapy. Semi-structured interviews about the group experiences were also carried out individually by the researcher-therapist at follow-up.

Of 48 patients (age 23-40, 71% female) included, only two dropped out. The average attendance rate was high at 15.8 (88%) sessions, and 40 (83%) participants completed the follow up interview. SCS increased from before treatment to end of treatment and 6-month follow-up, as did IIP-C. Although a trend towards increased AAQoL was observed, it was not significant. This treatment may help adults with ADHD to be kinder to oneself and better off in relationships."

- **Paper: The mutuality of relational depth**

**Main author: Gina Di Malta (Open University)**

*Co-authors: Andreas Vossler, Martina Peristeri, Biljana VanRijn, Mick Cooper*

**ABSTRACT:**

"Relational depth (RD) is a state of profound contact and engagement between two people (Mearns & Cooper, 2005). It has been theorised as an integration of the Rogerian core conditions when experienced at a high level and bi-directionally. Most evidence of what relational depth is has relied on qualitative evidence of RD in clients and in therapists who reported on their individual experience of RD (Cooper, 2005; Knox, 2011). Some research suggests that there is some degree of matching between therapist and client's experiences of connection (Cooper, 2012), and clients tend to report RD more often than their therapist (Zarzycka et al., 2022). These studies suggest that therapists and clients do not always report on mutual moments of RD.

To this date, there is no research that evidences the nature of RD moments when experienced as mutually occurring in a psychotherapy dyad. This study is the first to provide evidence of the nature of relational depth moments that occur between a client and a therapist. Interviews will be conducted with 12 clients and 12 therapists who have identified the same moment of RD in a session with the Relational Depth Inventory (RDI). A thematic analysis will be carried out for the client and therapist samples to answer the question 'how do clients/therapists experience a mutual moment of RD identified by both party in the dyad'. Findings for will be compared for each sample and discussed in light of existing research (Knox, 2011; Cooper, 2005)."

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## Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - **Room: Classroom 3071**

- **Paper: Collaboration, Compassion and Creativity: Learning from parents' experience how mental health professionals can better support couples whose adult child experiences mental health difficulties**

**Main author: Rosie Hunt (University of Manchester)**

- **Paper: The Dynamic Relations Between Mentalization Techniques and Therapeutic Alliance in Psychodynamic Child Therapy: An Evidence-Based Case Study**

**Main author: Dilara Güvenç (Istanbul Bilgi University)**

*Co-authors: Sibel Halfon*

**ABSTRACT:**

The therapeutic alliance has been a predictor of success in psychotherapy treatment. In child psychotherapy, the amount of information on this construct is scarce. Objectives. The aims of the study were: (1) to analyze if the therapist affects the TA in children psychotherapy; (2) to analyze if the therapeutic alliance measured by the therapists predicts the therapeutic alliance reported by patients in children psychotherapy; (3) to analyze if the therapist's personal style (TPS) predicts the TA of children undergoing to psychotherapy. Methods. The sample was integrated by 77 children undergoing psychotherapy in Argentina and their therapist (N= 29). As measures, we used the Therapy Alliance Scale for Children (TASC) and the Therapist's Personal Style (TPS). Results. The therapist alliance showed a significant effect on the children's therapeutic alliance. No demographic variable of the therapist or the children showed to influence the therapeutic alliance. Finally, the Operative dimension of the TPS had a negative effect on children's therapeutic alliance. Conclusion. We found a positive effect of the therapist's therapeutic alliance on the child's therapeutic alliance, especially in the preference for using more spontaneous intervention techniques. We discuss the implications for the training of children psychotherapists.

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## Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - **Room: Classroom 3126**

- **Paper: Epistemic trust, attachment, reflective functioning: Exploring Couples in the E(f)FECTS Study**

**Main author: Cheri L. Marmarosh (Divine Mercy University)**

*Co-authors: María Calatrava, Suzanne N. Hollman, Maria L. Schweer-Collins, Martiño Rodriguez-Gonzalez*

**ABSTRACT:**

Using a sample of couples from the E(f)FECTS study, a Randomized Clinical Trial of Emotionally Focused Therapy across five Spanish Speaking Countries, we will explore the relationship between attachment, reflective functioning (RF), epistemic trust (ET), and couple satisfaction. Although much has been written about the importance of RF and ET in relationships, less has been done to explore shifts in these factors facilitated by couple psychotherapy and how attachment influences psychotherapy treatment response in couples. Self-report measures will be collected after the 10th treatment session, post-treatment, and 3 months post-treatment and at the same timeframe for control couples. First, we will use multilevel linear mixed-effects models to estimate the effect of treatment

condition on changes in ET, RF, and couple satisfaction across the three time-points. We hypothesize that there will be greater RF, ET, and satisfaction for treatment couples compared to waitlist couples at post-treatment and 3-months post-treatment. Second, we will investigate how attachment dimensions for individuals within the couple relate to changes in RF, ET, and couple satisfaction. Specifically, we will use actor-partner interdependence modeling to explore how the attachment of each member of the couple predicts changes in RF, ET, and satisfaction within and between individuals in the couple over time. We are currently collecting this data as part of a larger RCT ( $n = 70$  couples), and we will have the data analyzed by the conference in June, 2023. Results will be presented in full, and the clinical implications of findings will be discussed.

- **Paper: Motivational incongruence and systemic functioning in Family Constellation Group Therapy Seminars: 10 year follow-up of a randomized control trial**

**Main author: Antonia Lang (University Witten/Herdecke)**

*Co-authors: Hannah Jahn, Christina Hunger-Schoppe*

**ABSTRACT:**

The long-term efficacy of short-term psychotherapy is an important question in modern evidence-based psychotherapy research. Family constellation group therapy seminars (FCS) originate from systemic and family therapy. Their efficacy has been investigated in a randomised controlled trial (RCT), including short-term efficacy for FCS compared to a 4-month waiting group (study 1,  $n = 208$ ), medium-term efficacy for the intervention group after 8 and 12 months (study 2,  $n = 104$ ), and long-term efficacy after 5 years (study 3,  $n = 137$ ) (Weinhold et al., 2013; Hunger et al., 2014, 2015). The aim of the present study is to carry out a 10-year follow-up. From the original sample, 73 participants ( $M = 60$  years,  $SD = 9$ ; 78% female; 69% in partnership) were assessed cumulatively for the intervention and waiting groups of the original RCT. We used the Incongruence Questionnaire (K-INK) and the Experience in Social Systems Questionnaire (EXIS). The data analysis included repeated measures ANOVAs, pairwise contrast analyses and explorative post-hoc analyses. At the 10-year follow-up, there was still a significant improvement for the motivational incongruence ( $d = 0.60$ ,  $p < 0.001$ ). The positive effects on the experience in social systems did not stay stable. The results were strongly dependent on whether participants had partaken in further family constellation group therapy and/or psychotherapy. We discuss our findings considering long-term efficacy in psychotherapy, with special focus on group-therapy, and counseling. The sustainability of effects has several practical implications for the integration of FCS as a group therapy in psychotherapeutic care.

- **Paper: Psychological distress and psychological well-being in Family Constellation Group Therapy Seminars: 10 year follow-up of a randomized control trial**

**Main author: Hannah Jahn (University Witten/Herdecke)**

*Co-authors: Antonia Lang, Christina Hunger-Schoppe*

**ABSTRACT:**

"Background: Family constellation group therapy seminars (FCS) are based on systemic and family therapy. A previous randomized controlled trial (RCT) demonstrated positive effects related to a three-day FCS for psychological well-being and psychological distress: FCS short-term efficacy compared to a 4-month waiting group (study 1, n = 208), medium-term efficacy for the intervention group after 8 and 12 months (study 2, n = 104), and long-term efficacy after 5 years (study 3, n = 137) (Weinhold et al., 2013; Hunger et al., 2014, 2015). This study aimed at investigating the extended long-term efficacy after 10 years.

Methods: Of the original sample, 73 participants (M = 60 years, SD = 9; 78% female; 69% in partnership; 63% employed) were assessed after 10 years. We used the Outcome Questionnaire-45 (OQ-45) and Psychotherapy Progress Evaluation Questionnaire (FEP) to evaluate psychotherapeutic change. Analyses of variance (ANOVA) and post-hoc tests for within- and between group comparisons at baseline, 2-week, 4-month, 5-year, and 10-year follow-up served to detect effects.

Results: Improvement occurred in all measures at 2-week and 4-month follow-up, and a levelling off to baseline after 5 years. The 10-year follow-up still showed improvement in psychological distress (FEP) with medium effect ( $d = 0.54$ ), plus an impairment in psychological well-being (OQ-45) with a large effect ( $d = 2.35$ ). Post-hoc sub-group analyses will explicate differential effects.

Discussion: We discuss our findings considering long-term efficacy in psychotherapy with special focus on group-therapy and counseling. Implications for the integration of FCS group therapy into psychotherapeutic processes are proposed."

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### Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - Room: Classroom 4050a

- **Paper: Case management in college counseling centers- A pilot study**

**Main author: Anhua Yeh (Chung-Yuan Christian University)**

**ABSTRACT:**

With the increase in psychological concerns among college students, counseling centers in universities are facing overwhelming demands and case management has become the main task for college counseling centers in Taiwan. Compared to the services provided at most counseling centers in U.S. universities (Gorman et al, 2020), case managers in Taiwan need to do more networking between students, faculty, and parents as well. The present study seeks to explore case management experiences in college counseling centers. A pilot study was conducted with a focus group of 8 participants who work as case managers at college counseling centers in Taiwan. 2 focus group interviews were conducted and data were analyzed using thematic analysis. The result showed the services case managers provide, challenges of delivering services, and coping strategies. The services involve the work with clients and the work with systems. For work with clients, case managers need to evaluate the clients' risks and follow up for crisis intervention. As to working with systems, case managers need to connect a secure network for at-risk clients, which usually includes faculty, parents, and hospitals; coordinate various care for clients and make a mandated

report if it is needed. Challenges of delivering services include reluctance of students or parents to accept services, inefficient teamwork due to unclear division of labor and limited knowledge of mental health, and disagreement between members of the network. Coping strategies commonly used are peer discussion, constant communication and negotiation, and getting professional supervision. Cultural reflections and clinical implications are discussed.

- **Paper: Personal therapy for teachers? An examination of its relation to attitudes toward help-seeking and referring students**

**Main author:** *Harold Chui (The Chinese University of Hong Kong)*

**Co-authors:** *Eddie S.K. Chong, Sarah Luk, Koon Kan Fung*

**ABSTRACT:**

**Aim:** Teachers play an important role in identifying and referring students in need of mental health assistance, but their personal attitudes toward help-seeking may influence their attitudes and intention to refer students. A number of measures are available to assess help-seeking attitudes, but no measure has been developed to assess attitude toward referring others for help, which impedes research on understanding referral behaviors.

**Method:** Items related to referral were written based on qualitative findings from a previous study and adaptation of existing help-seeking measures. Secondary school teachers (N=291) participated in a survey on help-seeking stigma and history, attitudes toward referral, and the likelihood to refer students as depicted in standardized scenarios. **Results:** Exploratory factor analysis revealed four factors related to referring others for psychological help: Projected Stigma (PS), Valuing of Independent problem-solving (VI), Dedicated Action to facilitate referral (DA), and Perceived Helpfulness of mental health professionals (PH).

Experience with personal therapy was negatively associated with stigma of seeking help. Stigma of seeking help, in turn, was positively associated with PS and VI, and negatively associated with DA and PH. In addition, DA fully mediated the relation between self-stigma and the likelihood to refer students. **Discussion:** Personal therapy appeared important not only for teacher self-care but was also associated with more favorable attitude toward help-seeking, which in turn was associated with greater effort to facilitate referral and greater intention to refer students. A brief experience of psychotherapy may be included as part of teacher training for personal and professional growth.

- **Paper: 'What do experienced secondary school-based counsellors in the UK require from their clinical supervision: a Situational Analysis of practitioners descriptions of best practice'**

**Main author:** *Imogen Harries (University of South Wales)*

**ABSTRACT:**

**"Background and Aims:** Secondary school-based counselling is used widely in England, and secondary schools in Scotland, Wales and Northern Ireland have statutory funded school-based counselling. Key professional counselling and psychotherapy bodies in the UK require all therapists to receive regular supervision. The purpose of this study was to investigate what experienced secondary school-based counsellors require from their clinical supervision and gain an understanding of practitioners' experiences of best practice.

Method: 17 experienced secondary school-based counsellors and /or supervisors participated in semi-structured interviews. A constructivist Situational Analysis grounded theory methodology was used to analyse and understand data.

Findings: One core category ('A good fit') encapsulates four theoretical categories ('the supervisory relationship', 'understanding the working context', 'safeguarding', and 'the shared supervisory journey'). Threads that weave these categories together are: the containment and holding nature of supervision, safe ethical working regarding the client/therapist and supervisee/supervisor work, self-awareness on the part of both supervisee and supervisor, and the co-creation of reflective practice in supervision.

Conclusions: Experienced therapists require a depth of exploration within their supervision which requires a level of self-awareness on the part of both supervisor and supervisee. A collegial supervisory relationship allows for challenge to occur safely, and there needs to be a shared understanding of the secondary school as a working context for therapeutic practice. The study also indicates implications for supervisor training and professional development, as well as the adequate funding for practitioner supervision at all levels of experience."

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### Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - Room: Classroom 4050b

- **Paper: Therapists' therapy**

**Main author: Marit Råbu (University of Oslo)**

*Co-authors: Christian Moltu*

**ABSTRACT:**

"Background: The idea that psychotherapy is useful for those who work as therapists is the basis for requirements in several psychotherapy training programs. Empiric research is vague at best, with regard to the effect therapists' therapy has on their patients' outcomes. However, clinical discussions and qualitative studies point out personal therapy as a useful experience for therapists. The present study aimed to explore psychotherapists' experiences of the usefulness of personal therapy in a novel in-depth qualitative design.

Method: First, eight clinical psychologists working actively with patients wrote 1–2 pages each with their personal reflections on: 1) Why did I go to therapy, and what did the therapy mean to me as a person? 2) How did the therapy experience impact me as a therapist? Second, the written material was distributed among all eight participants. Third, five of the therapists took part in a whole day seminar with two extended focus group interviews, one about each question. Fourth, the participants wrote their afterthoughts to questions 1 and 2 and sent us after the seminar. All participants gave their informed consent to take part.

Results: Analyses are underway and will be finalized before the meeting. We will present core themes for a) personal objectives and gains of therapy, b) traces of personal therapy experiences in professional practice, and c) wounds and resolutions as key to the therapeutic stance.

Discussion: We will discuss these results in dialogue with the qualitative literature on therapy experiences for therapists."

- **Paper: A good psychotherapist - what do we bring with us and what do we have to train?**

**Main author: Roxane Forghani (Sigmund Freud University)**

**Co-authors: Adalet Akgün, Jutta Fiegl, Christiane Eichenberg, Elitsa Tilkidzhieva**

**ABSTRACT:**

"Recent studies show that psychotherapy outcome can be explained through various therapist variables. Sociodemographic factors (i.e. age, gender and family background, culture), work experience as well as professional competencies, such as theoretical knowledge, self-reflexion and relational abilities prove to have an important influence on the psychotherapy outcome.

In this literature review we focus on exploring what makes a good psychotherapist – what personal characteristics and abilities we bring in the psychotherapy training, are there some common factors among mental healthcare professionals, as well as which are the essential abilities and competences for a positive psychotherapy outcome. Furthermore, we try to provide a clear overview which of these factors can be enhanced and influenced during the training, as well as what are the facilitative processes that can be supported during psychotherapy training."

- **Paper: Self-care, self-compassion and psychological needs in clinical psychologists and psychotherapists**

**Main author: Ana Nunes da Silva (Faculdade de Psicologia da Universidade de Lisboa)**

**ABSTRACT:**

Several studies show that the profession of clinical psychologist and psychotherapist has several associated psychosocial risks, not only personal life stressors and life history and vulnerabilities, but also the specific challenges of the profession. The use of self-care strategies in the context of clinical psychology and psychotherapy must be seen as an ethical imperative and a practice as relevant as any therapeutic technique. In this sense, it is important to understand which variables can influence the use of self-care strategies to help develop models and training contexts that promote this practice. In this study, we intend to understand the relationship between self-care, the regulation of the satisfaction of psychological needs, psychological well-being and self-compassion in clinical psychologists, psychotherapists and clinical psychology trainees. For this purpose, an online data collection was made, through the Qualtrics platform, of a set of self-report measures. In addition to exploring which types of self-care and self-compassion strategies are more predictive of the regulation of psychological needs satisfaction, groups of participants are compared: trainees, professionals with less than 5 years of experience and professionals with more than 5 years of experience. It is also intended to propose a mediation model that relates the variables under study.

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## Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - Room: Classroom 4097

- **Paper: One Size Fits all? Systematic Review and Meta-Analysis on the Short- and Long-Term Efficacy of Transdiagnostic Treatments for Emotional Disorders**

**Main author:** *Carmen Schaeuffele (Freie Universität Berlin)*

**Co-authors:** *Carmen Schaeuffele, Laura E. Meine, Ava Schulz, Birgit Kleim*

### **ABSTRACT:**

Transdiagnostic cognitive behavioral therapies (CBT) may facilitate treatment of emotional disorders by targeting shared underlying mechanisms between disorders. In addressing a broader range of psychopathology, transdiagnostic therapies may provide more flexible treatment options, facilitate clinical training, and lower treatment costs. Transdiagnostic CBT is thus a highly relevant approach to address treatment gaps and can help disseminate evidence-based treatments. The goal of this comprehensive systematic review and meta-analysis was to investigate short- and long-term efficacy of transdiagnostic CBT for emotional disorders in individual, group, and Internet-based settings (PROSPERO CRD42019141512). We will present findings from our systematic review and meta-analysis that included 53 RCTs with 6637 participants. Our presentation will shed light on how efficacious transdiagnostic CBT is in reducing symptoms of anxiety and depression in the short and long-term in different settings. Specifically, we will highlight how transdiagnostic interventions compare to gold-standard disorder-specific interventions, treatment-as-usual, and other active treatments. We will discuss the current evidence-base of transdiagnostic treatments and the implications of our findings in light of transdiagnostic CBT's advantages as well as limitations.

- **Paper: Trans-Diagnostic Efficacy of Mindfulness-Based Programs: An Umbrella Review of Meta-Analyses of Randomized Controlled Trials**

**Main author:** *Tommaso Boldrini (University of Padua)*

**Co-authors:** *Elisa Mancinelli, Alessandra Andreani, Viola Ghiandoni, Gaia Dell'Arciprete, Ludovica Martino, Gabriele Lo Buglio, Marco Solmi*

### **ABSTRACT:**

"Aims: To comprehensively evaluate meta-analyses (MAs) of randomized controlled trials (RCTs) that investigated associations between mindfulness-based programs (MBPs) and a wide range of health outcomes – see pre-registered protocol (PROSPERO ID=CRD42019155162).

Methods: Three electronic databases (PubMed, Embase, and Cochrane Library) were systematically searched from inception to April 2022 for meta-analyses of RCTs investigating associations between mindfulness-based programs and any physical or mental health outcomes. We included 44 MAs (432 RCT), reporting on 32 mental disorders or medical conditions. Methodological quality of individual primary studies was evaluated using the AMSTAR (i.e., Assessing the Methodological Quality of Systematic Reviews) assessment. Each MA has been reanalyzed using extracted individual study comparison and applying random-effects model. Summary effect sizes and their confidence interval for each outcome



were estimated, along with prediction interval. We also calculated I<sup>2</sup>, small study effects, and excess significance that are associated with heterogeneity and bias. For each comparison, the quality of evidence has been rated using the GRADE (Grading of Recommendations, Assessment, Development and Evaluation).

Results: The quality of RCTs included by MAs is low. Among the 204 meta-analytic comparison analyzed, we found moderate evidence at post-treatment for obsessive-compulsive disorder (OCD) symptoms, depressive symptoms, and obsessive beliefs in adult clinical population with OCD.

Conclusion: MBTs should be offered to OCD patients for improving clinical conditions and comorbid depressive symptoms. There is no convincing evidence for any other clinical populations and/or outcomes. The methodological quality of future RCTs needs to be improved."

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### Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - Room: Classroom 5012

- **Paper: Mentalizing in patients with At-Risk Mental States (ARMS): A systematic review of its role in the psychotic onset**

**Main author: Francesca De Salve (Catholic University of Sacred Heart of Milan)**

**Co-authors: Chiara Rossi, Osmano Oasi**

#### **ABSTRACT:**

"Background: Prior studies have suggested that mentalization may play a critical role as a resilience factor, significantly moderating the risk of individuals with At-Risk Mental States (ARMS) from developing a psychotic disorder.

Purpose: This study aims to systematically review the literature on the role of mentalizing abilities in young adults with ARMS.

Method: PsycINFO, PubMed, Scopus, and Google Scholar were used to search for peer-reviewed, original English-language articles that evaluated the association between mentalization and psychotic risk in young adults. Cross-sectional or longitudinal studies that considered the diagnostic criteria of The Personal Assessment and Crisis Evaluation (PACE) clinic were included, while qualitative studies were excluded. After applying the PRISMA checklist and other inclusion/exclusion criteria, 10 articles were included in the review. The systematic review has been registered on Prospero (number: CRD42023397594).

Results: Early schizotypal expressions, such as strange beliefs and ideas of reference, may represent the most specific manifestations of early mentalizing aberrations and increased risk for psychosis. Furthermore, individuals with psychosis may develop rigid beliefs about others' intentions based solely on observable behavior, leading to a loss of the ability to consider alternative perspectives based on internal mental states, such as in cases where paranoid delusions arise.

Conclusion: Intact mentalization appears to be a resilience factor protecting individuals who are at high risk for psychotic spectrum disorders due to genetic, interpersonal, or social influences. Therefore, psychotherapy for individuals with ARMS should focus on increasing mentalization skills to prevent the development of psychotic disorders."

- **Paper: Clinicians' adherence and competence to Mentalization Based Treatment and changes in patients' reflective function: A one-year single case study**

**Main author: Guia Pandolfi ("Carlo Bo" University of Urbino)**

*Co-authors: Giulia Gagliardini, Serena Di Giandomenico, Antonello Colli*

**ABSTRACT:**

"Mentalization is the ability to consider self and other's behavior in terms of mental states; furthermore, it is an important indicator of the severity of psychopathology, and it is considered a moderating factor with respect to treatment outcomes (Bateman & Fonagy, 2013). Therefore, specific interventions with the aim to increase mentalization in patients are needed. Among the main process measures that determine the effectiveness of psychotherapeutic treatments, there is clinicians' adherence and competence (Collyer et al, 2020).

Our aim was to examine the relationship between clinician's adherence and competence to Mentalization Based Treatment (MBT; Bateman & Fonagy, 2019) techniques and in-session patient's mentalization. This work is a single-case process-outcome study based upon data obtained during a 1-year once-weekly MBT of an adult female (aged 26 years old) with borderline personality disorder, diagnosed with the Structured Clinical Interview for DSM-5 Personality Disorder (SCID-5- PD; First et al., 2016). Forty sessions were audio recorded, transcribed, and evaluated. Patient's reflective function was assessed using the Reflective Functioning Scale (RFS; Fonagy et al., 1998) and Mentalizing Prototype Scale (MPS; Colli & Gagliardini, Unpublished Manual), clinician's adherence and competence with the MBT-Adherence and Competence Scale (ACS; Anna Freud Centre, 2020). Results showed that the adoption of MBT techniques determined changes in the patient's mentalization, both at the micro-analytic and at the macro-analytic level."

- **Paper: Developing novice psychotherapists' reflective and relation skills: Avenues for the training of other health and education professionals?**

**Main author: Anne Plantade-Gipch (School of Practitioners Psychologists of the Paris Catholic Institute)**

**ABSTRACT:**

Supervision is recognized as an important device of psychotherapists' initial and continuous training (Bernard & Goodyear, 2019), in particular regarding the development of reflective and relational skills. The training of psychotherapists in the alliance has been specifically explored in the last 20 years (Safran et al., 2014) to develop these skills. A controlled trial will be discussed regarding the effects of alliance-focused supervision on the enhancement of reflective and relational skills of 30 novice psychologists, half of them participating in supervision and the other half included in a control group. Inspired by Safran and Muran Alliance-Focused Training, the supervision aimed to identify the patient emotional needs, and the possible relational issues occurring between the patient and the psychotherapist. The psychologists were also working on their relational posture in the therapeutic interaction. Finally, its purpose was to help them construct interventions to foster the alliance. The

interest in extending training in reflective and relational skills to other fields of health and education will also be discussed.

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### Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - Room: Classroom 4053

- **Paper: Quantitative assessment of psychotherapy outcomes to support service quality and communication with stakeholders in healthcare and research**

*Main author: Gabor Aranyi (Sigmund Freud University)*

**ABSTRACT:**

"Background. Evaluation of clinical outcomes in psychotherapy remains a priority for institutions and other stakeholders. This challenge typically involves monitoring and improving service quality, and the support of reporting and research.

Method. Drawing on data collected at a university clinic, we demonstrate therapeutic improvement across multiple therapeutic orientations and client diagnoses via quantitative analysis of psychometric data. The results inform the planning of intervention protocols, therapist training, and communication with institutional stakeholders and health insurance providers partially reimbursing therapy costs.

Findings. A case is made for a mixed outcome evaluation approach, where quantitative evaluation serves as a screening tool at the service level supporting both communication within and between institutions, as well as guiding the use of qualitative methods by pointing at cases of interest for in-depth analysis. The use of standardised psychometric methods also provides valuable metrics for regression-based approaches to advance knowledge in psychotherapy science."

- **Paper: Including therapists in public mental health care as co-researchers in psychotherapy research – a potential pathway to bridge the practitioner-researcher divide**

*Main author: Signe Hjelen Stige (Department of Clinical Psychology, University of Bergen)*

**ABSTRACT:**

The field of psychotherapy research is dedicated to developing knowledge that will improve therapy's ability to help people overcome their difficulties. Yet, the practitioner-research divide is a well-known obstacle for the implementation of the knowledge developed within psychotherapy research. This has left psychotherapy researchers frustrated by the slow pace of implementation of research-based knowledge in therapeutic practice, while practitioners often feel frustrated in that the provided research is irrelevant to the complexities of the clinical situations and decisions that they face every day. One suggested path to bridge this divide is to establish reciprocal communication between practitioners and researchers (Chambless, 2014). In this brief paper I explore this pathway by sharing and

reflecting upon experiences from included therapists in public mental as co-researchers in three different research projects; A multi-site qualitative study on adolescents coming to mental health care on other's initiative (Barca et al., 2020; Stige et al., 2021a; Stige et al., 2021b); A meta synthesis and online survey-study of detection of CSA in child and adolescent psychiatry (Stige et al., 2022); and Exploration of interest and experience with deliberate practice and virtual reality as a way to improve clinical skills (Stige et al., 2023).

- **Paper: Psychotherapy on an acute psychiatric ward, findings from a controlled study**

**Main author: Yael Cohen-Chazani (Bar-Ilan University)**

*Co-authors: Libby Igra, Ilanit Hasson-Ohayon*

**ABSTRACT:**

Psychotherapy in an inpatient setting is often not considered standard care and when provided it is rarely assessed. This study investigates the effectiveness of Metacognitive Reflection and Insight Therapy (MERIT) during hospitalization in an acute psychiatric ward. A controlled trial was conducted to assess the effects of MERIT on metacognition and psychiatric symptoms. Data from 40 inpatient women who were hospitalized were analyzed. Findings included significant interaction effects between group (intervention or control group) and time (pre and post-intervention) with regard to general metacognition score ( $F(1,38) = 19.949, p = 0.00, \eta^2 = 0.19$ ). and its domains of self-reflectivity ( $F(1,38) = 10.434, p = 0.03, \eta^2 = 0.215$ ), awareness of the other ( $F(1,38) = 7.958, P = 0.008, \eta^2 = 0.173$ ) and mastery- the ability to use reflective knowledge in adaptive ways ( $F(1,38) = 18.218, p = 0.00, \eta^2 = 0.324$ ), as well as with regard to psychiatric symptoms score {PANSS Emotional discomfort factor ( $F(1,38) = 5.959, p = 0.019, \eta^2 = 0.136$ ); CGI-I ( $T(38) = -2.191, P = 0.035$ )}. Participating in MERIT during hospitalization seems to improve one's ability to reflect and use reflective knowledge to cope with psychological challenges and to improve the level of symptomatology. These findings highlight the unique contribution of metacognitive-based psychotherapy to the recovery process during hospitalization.

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### Structured Discussion

## Research to publish or to become better psychotherapists: How are we using research results to train psychotherapists?

Thursday, June 22nd, 17:00-18:00 - Room: Classroom 4012

*Organizers & Moderators:* Nelson Valdes-Sanchez (Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality), Adelya Urmancu (Mount Sinai Beth Israel Hospital)

*Discussants:*

- Elizabeth Ochoa (Mount Sinai Beth Israel Hospital)
- João Tiago Oliveira (Universidade do Minho)

*Philippa Connolly (Mount Sinai Beth Israel Hospital)*

*Nelson Valdes-Sanchez (Millennium Institute for Research in Depression and Personality)*

*Andrea Rodriguez-Quiroga (Foundation Turning Point for Health and Sustainability)*

#### **ABSTRACT:**

The purpose of this panel discussion is to open a space for conversation to reflect on how psychotherapy research findings are being used in the training of future psychologists and psychotherapists. The panel will consist of five discussants: 1) Dr. Oliveira will refer to how the mechanisms that impede change in psychotherapy, psychotherapeutic motivation and interpersonal processes have been included in the training of psychologists; 2) Dr. Valdés will refer to the training of psychology students in basic generic psychotherapeutic competencies based on the videofeedback technique; 3) Dr. Ochoa will discuss her experience supervising psychology and psychiatry students during training, emphasizing the impact on training of the participation of clinicians, trainees and patients (non-lay persons) in research instances; 4) Dr. Rodriguez will discuss her experience training psychology students in mentalization competencies throughout the training process; and 5) Dr. Connolly will contribute to the discussion from her experience in training psychology and psychiatry residents in child trauma therapy as part of a program implemented in marginalized communities affected by justice. The discussion will be moderated by Dr. Urmache, and all discussants will have a set of minimum questions that will guide the first and second rounds of participation. Finally, attendees will be offered the opportunity to join the conversation.

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#### **Panel**

### **Mental health and psychosocial well-being in immigrants and refugees: experiences and challenges for intervention**

**Thursday, June 22nd, 17:00-18:00 - Room: Virtual**

*Organizers & Moderators:* Nicolle Alamo (Pontificia Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality (MIDAP))

#### **ABSTRACT:**

"In literature, there is considerable consensus in considering immigration as a determining social factor of health, highlighting the impact on this population's mental health and psychosocial well-being. Immigrants show higher levels of psychological problems than the general population, including higher rates of stress, anxiety, depression, and post-traumatic stress disorder (León, 2020; Lustig et al., 2004; Murray, 2007, 2010), plus feelings of loneliness, abandonment, hopelessness, hostility, the experience of new traumatic experiences and poor working conditions, among others (MINSAL, 2011). Cultural

differences challenge the understanding of mental health and psychosocial well-being, opening the possibility of a multiverse of perceptions and practices rooted in specific cultural contexts. These aspects challenge the care of health teams.

This panel discusses experiences of research and intervention in mental health and psychosocial well-being of migrants and refugees in three different countries: Germany (Europe), United States (North America) and Chile (Latin America). This exhibition is expected to generate a reflection and debate that contributes to the discussion related to interventions and public policies and to an appropriate approach to these issues, considering the significant increase and diversification of the migratory phenomenon worldwide.

It is worth mentioning the intercultural nature of the panel, which will allow comparing experiences and results in countries as different as Germany, the United States, and Chile, thus enriching the analysis and discussion expected to be generated in the audience."

- **Paper: Psychosocial counselling for refugees and their families in Mecklenburg-Vorpommern**

**Main author:** *Barbara Bräutigam (Neubrandenburg University of Applied Sciences)*

**ABSTRACT:**

In the context of this contribution, the findings of our BMBF-funded project "Psychosocial and Educational Counselling for refugees in Mecklenburg Vorpommern" (2018 – 2022) will be presented. The presentation will give a brief overview of the state of research on low-threshold psychosocial interventions and support for refugees and their families in Germany – especially in Mecklenburg Vorpommern. It will describe also the hurdles that refugees have to overcome in order to receive psychosocial support. Especially the results of a document analysis based on 103 cases will be presented with regard to the variety of topics and the experience of counselling processes from the client's perspective. The aim is to better identify and analyse successful and unsuccessful factors in the counselling processes in order to improve access and the quality of similar offers.

- **Paper: The Border is Here: Addressing Trauma and Loss in Mixed-Status and Undocumented Immigrant Families with Young Children**

**Main author:** *Carmen Rosa Noroña (Boston Medical Center)*

**ABSTRACT:**

"Anti-immigration ideology and nativism have permeated all corners of political and media discourse in the United States, making the socio-political climate the most hostile towards immigrant communities in modern history. The fear and impact of deportation is multifaceted, multi-generational, and detrimental to the health, wellbeing, and socio-economic stability of immigrant communities regardless of immigration status.

The ripple effect of immigration policy enforcement and other policy changes on young children in immigrant families is an urgent and timely topic for pediatric providers (pediatricians, mental health clinicians, front line workers). This panel presentation will be geared to these practitioners who will engage in an exploration of their values, beliefs and perceptions regarding working with immigrant families and on how these shape practice. It

will raise awareness about the historical, socio-economic-political context forcing families to leave their home countries and the implications of pre, during and post immigration traumatic stressors. It will provide an overview of the traumatic nature of threats of separation or forcible separation on the development and well-being of very young children. It will introduce the "Family Preparedness Plan," a developmentally, trauma and diversity-informed tool, to support and empower immigrant families addressing fears of separation related to immigration policy."

- **Paper: The impact of the pandemic on the psychosocial well-being of migrant children in Chile**

**Main author: M. Olaya Grau (Pontificia Universidad Católica de Chile)**

**ABSTRACT:**

"Objective: to describe the impact of the health crisis on the psychosocial well-being (mental health and social vulnerabilities) of children (6-10 years old) of migrant families, from the perspective of their responsible adults.

Method: A descriptive quantitative study was conducted using a survey developed by the Cuidemos a Nuestros Niños Project Team (2020), addressed to responsible adults, which also included some variables of the social determinants of health model.

Results: 38.6% of the families are Venezuelan, 66% of the children live in overcrowded conditions, 81% are in income poverty and 58% of the responsible adults who answered the survey do not have regularized documentation. In relation to support in care and housework, 35% do not have any type of support. Among the main concerns of the responsible adults, 60.8% indicated that the main concern they have in relation to their child is that he/she will become infected with COVID, while 22.8% indicated that their concern has to do with the time their child spends on the screen.

Conclusions: The pandemic affected the children's development process, as they were deprived of the family and school settings where the primary and secondary socialization processes take place. A correlation was observed between migratory status and the presence of symptoms, as well as between the number of symptoms and support in caregiving."

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## Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - **Room: Virtual**

- **Paper: Treatment Credibility and Psychotherapy Placebos: Potential Importance of Providing an Educational Experience**

**Main author: Andrew N Snell (The University of Memphis)**

**Co-authors: Jeffrey S Berman**

**ABSTRACT:**

Treatment credibility is a possible nonspecific factor, and randomized clinical trials (RCTs) may overestimate treatment benefits when comparison conditions lack treatment credibility. A previous meta-analysis looked at between-group differences in treatment credibility and

found (a) that psychotherapy placebo conditions were not less credible on average than active placebos and (b) that credibility differences were not reliably associated with outcome differences. The present study builds on previous findings and examines the extent to which the null findings are consistent across different placebo types. Articles citing the Credibility/Expectancy Questionnaire (N = 51), previously identified through forward citation chaining in Elsevier's Scopus database, were analyzed. Placebo groups were classified into four types: sham, distraction, education, and supportive. Between-group effect sizes were calculated for each article, and moderation analyses were conducted to examine the relationship between treatment credibility and treatment outcome for different placebo conditions. The results showed a statistically significant interaction between treatment credibility and the inclusion or exclusion of an education-oriented placebo,  $\beta = -.57$ ,  $t = 2.44$ ,  $p = .02$ . Specifically, for placebo conditions without an education component, the credibility-outcome relationship was statistically significant,  $F = 4.42$ ,  $p = .04$ , but for placebo conditions with an education component, the credibility-outcome relationship was not statistically significant,  $F = 1.58$ ,  $p = .12$ . These findings suggest a possible impact of perceptions of instructional activities on placebo credibility and may imply that an important component of psychotherapy treatment involves providing an educational experience.

- **Paper: The Effect of Therapist Credentials on Perceptions of the Psychotherapist**

**Main author:** David Mackey Waugh (*The University of Memphis*)

**Co-authors:** Jeffrey S. Berman

**ABSTRACT:**

Past research has found that the display of therapist credentials, such as diplomas on the walls of an office, can influence perceptions of the psychotherapist. However, information about therapists is now often communicated via online websites rather than just from in-person experiences. The aim of the present study was to assess whether providing credential information about therapists from an online source would have an impact on perceptions of psychotherapists comparable to when such information is conveyed in physical settings. In the study, participants viewed two emulated psychotherapist websites, one in which credential information was included and another without these credential details. After viewing each website, participants rated the perceived skills and potential effectiveness of the therapist. Analysis revealed that therapists were viewed as more credible when professional credentials were provided, and this impact of therapist credentials occurred similarly for therapists who were Black or White as well as male or female. This evidence suggests that providing credential information in online formats can serve to enhance positive expectations and views of psychotherapists.

- **Paper: Preference for a Psychotherapist Based on the Therapist's Race**

**Main author:** Sarah Alycia Shuler (*The University of Memphis*)

**Co-authors:** Jeffrey S. Berman

**ABSTRACT:**

Racial and ethnic minority groups can face barriers when pursuing psychotherapy, and racial/ethnic matching has been proposed as one solution to meet the needs of these clients.



Some research suggests that African Americans prefer a therapist of their same race, but this racial preference is not observed in other studies. The aim of the present research was to assess the potential role of therapist race on perceptions of therapists. In this study, participants viewed psychotherapist biographies that included a picture of a Black or White therapist, and they then completed ratings assessing interest in working with the therapist, perceived similarity with the therapist, perceived interpersonal skills of the therapist, expected comfort with the therapist, and likelihood of trusting the therapist. Analysis indicated that on all measures Black therapists were rated more positively both by Black and non-Black participants. However, for some perceptions of the therapist, this preference for Black therapists was stronger among Black participants than everyone else. These findings suggest that, at least for a college- age population, Black therapists seem to be preferred and viewed more positively rather than being limited to African Americans.

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### Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - Room: Virtual

- **Paper: Online Forums as a Site of Scholarly Exploration into the Mental Health Needs of Young People**

**Main author: Andrea Anastassiou (British Association for Counselling and Psychotherapy (BACP))**

#### **ABSTRACT:**

"For this generation of "digital natives" (Prensky, 2001, online and offline identities and experiences are becoming increasingly difficult to untangle and consequently researchers are starting to view the internet as an important site for investigating matters which concern young people (YP). Where mental health and wellbeing is concerned this is particularly significant as online spaces, such as e-forums, can provide anonymous platforms for YP to seek advice and share experiences and therefore might be filling an important gap of knowledge and support for this generation of youth.

From a methodological perspective there are also several advantages to sourcing online forum data. Firstly, sensitive topics, such as mental health support needs, often demand novel methodological approaches to overcome some of the inherent challenges of researching practices considered to be personal, taboo or embarrassing (Noland, 2012). Given that YP can tend to mirror adult perceptions (Adams, 1995), an unobtrusive data collection method (such as a thematic analysis of naturally occurring forum posts), can provide an insight into organic discussions free from the presence of an adult researcher. Such approaches can also lack the confines of research methods which sometimes produce contrived or polished responses (Murray and Sixsmith, 2002).

This paper will focus predominantly on the use of an online forum analysis during an investigation into the effect aggravated online practices can have on the wellbeing of YP. The ethical considerations associated with using online forum analyses to investigate sensitive topics, such as mental health, with YP will also be explored."

- **Paper: A tool to observe the phenomenology and aesthetics of primary relationships: the Dance Steps of reciprocity between caregivers and child - Pilot validity study**

**Main author: Margherita Spagnuolo Lobb (*Istituto di Gestalt HCC Italy, post-graduate School of Psychotherapy, Italian Society of Pediatric Psychology (S.I.P.Ped.)*)**

*Co-authors: Giovanna Perricone, Serena Iacono Isidoro, Maria Maddalena Di Pasqua, Susanna Marotta, Valentina Fontana, Concetta Polizzi*

**ABSTRACT:**

"The research addresses the interaction between caregiver/infant from the theoretical frame of Gestalt psychotherapy and the perspective of Pediatric Psychology. Authors have worked on the construction of an observational tool to look at the co-creation of meaningful experiences, focusing the dance of the reciprocity between caregiver and infant.

Considering the contextualization of Pediatric Psychology, this pilot study aimed to test the tool's application with caregiver-preterm infant dyads, referring to moderately preterm birth.

The study promises to define - both for preventative and psychotherapeutic interventions - specific parental competencies for the infant's neurodevelopment in the first year.

The study measured: 1. the content validity of the tool, 2. its internal reliability, 3. its ""sensitivity"" to grasp the changing of the relational dance (between 6-9-12 months of corrected age), 4. co-occurrences between the behavioral flows of the infant-caregiver dyad in the three developmental stages. 32 expert psychotherapists were involved in measuring the instrument's validity, and 13 caregiver/infant dyads were observed at 6-9-12 months.

The rating process has brought to an agreement  $\geq 0.40$  (moderate) using Fleiss' k, for 24 behaviors for the child and 24 behaviors for the caregiver. A group of 3 skilled Gestalt psychotherapists have scored the presence or the absence of behaviors related to each dance step, using video recordings during the neonatal follow-up. 42 observational units were analyzed at 6-9-12 months. Correlation between the 3 observers was analyzed using Cronbach's alpha ( $\geq 0.82$ ). According to Friedman test, the instrument is able to detect the dynamism of the relational dance."

- **Paper: Therapeutic Alliance in Mentalization-Based Treatment for Children**

**Main author: Pelinsu Bulut Özer (*FMV Isik University*)**

*Co-authors: Sibel Halfon, Z. Deniz Aktan*

**ABSTRACT:**

"Therapeutic alliance is defined as a special relationship between the therapist and the patient that includes aspects of an emotional bond as well as therapy tasks and goals (Bordin, 1979). Alliance is consistently found to be one of the main predictors of outcome, however the literature on how alliance works in child psychotherapy is scarce (Karver et al., 2018). This paper will focus on the trajectory of therapeutic alliance and its effects on outcome in Mentalization-Based Treatment for Children (MBT-C). MBT-C is a time-limited treatment approach for children that has its roots in psychodynamic therapy and attachment (Midgley et al., 2017). Mentalization processes are especially important in how alliance unravels itself in therapy: understanding the patient's mind and attuning to the patient's experience are core elements of therapeutic alliance.

This paper will investigate the alliance-outcome relationship in MBT-C as well as how alliance changes throughout therapy process. Data is drawn from a randomized controlled trial comparing MBT-C to a social skills control group. 80 children (7-12 years of age, referred with emotional/behavioral problems) who were randomized to MBT-C treatment arm were given the Therapeutic Alliance Scale for Children (TASC) on weeks 3, 11 and 15. Therapists also rated alliance through TASC on same weeks. Data will be analyzed using multilevel models. Results are anticipated that alliance will follow a quadratic (U-shaped) pattern over the course of treatment and that alliance strength and growth will predict outcome in MBT-C. Differences between child ratings and therapist ratings of alliance will be discussed."

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### Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - **Room: Virtual**

- **Paper: Effects of Teaching Palliative Psychology with Psychodrama and Arts Therapies. Austrian Perspectives**

**Main author: Michael Alexander Wieser (Alpen-Adria-Universität Klagenfurt)**

**ABSTRACT:**

The Erasmus+ project "Death Education for Palliative Psychology" (DE4PP) investigated the effects of teaching palliative psychology with psychodrama and art therapies as positive effects on students' attitudes towards life and death were suspected through the use of these forms of treatment. A total of five countries participated in this project funded by the European Commission (Austria, Israel, Italy, Poland, and Romania). In Austria, 34 students from the University of Klagenfurt completed the pilot course entitled "Palliative Psychology" generated by the project partners. Course participants filled out psychological and satisfaction questionnaires at the beginning and end of the course to measure the impact of teaching palliative psychology with psychodrama and art therapies. Likewise, the research was conducted with a control group. In addition, six randomly chosen participants in the course participated in a focus group interview at the end, which included questions about their experience of the course, the impact of art therapy and psychodrama techniques, experiences of verbal and artistic processing of death anxiety, and the meaning of life and death, representation of death and associated feelings. The results showed that processing of life and death had occurred in participants due to the course they had completed. As part of the course, creative arts and psychodrama acted as a bridge to death. Filling out satisfaction questionnaires, photovoice assignments, role reversal, and visualizing a personal social atom were seen by students as particularly effective methods for self-reflection.

- **Paper: Psychosomatic crisis intervention for municipal employees**

**Main author: Johannes Pries (Clinic and Polyclinic for Psychosomatics and Psychotherapy (University Hospital Cologne))**

*Co-authors: Gernot Lentzen*

**ABSTRACT:**

"Municipal employees are an underserved vulnerable population with high numbers of incapacity to work due to mental disorders. Therefore, the clinic and Polyclinic for Psychosomatics and Psychotherapy (University Hospital Cologne) and the city of Cologne started a pilot project in 2020 to provide quick help for employees with mental distress and mental disorders. Aims of the project are clinical diagnostics, differential indication, alleviating symptoms, maintaining or restoring work ability, reducing sick leaves, preventing chronification, enhancing quality of life, crisis intervention, short-term psychotherapy and arranging further steps to following treatments.

Referred either by a multiprofessional team for support of employees or by medical officers, patients first receive an initial interview leaning on guidelines developed in the clinic and Polyclinic for Psychosomatics and Psychotherapy. Following this, they can receive up to ten individual sessions of psychosomatic crisis intervention. Interventions are based on psychodynamic principles oriented towards the OPD Levels of Structural Integration of patients, integrating elements of psychoanalytic based reflection of transference and counter-transference with mentalization based treatment technique.

In 2022, the cooperation has been solidified due to positive resonance and constant high demands for treatment.

The present brief paper presentation gives an introduction to the project, presenting pre-post symptom reduction measured by HADS-D and subjective statements of patients on changes and meaning of the psychosomatic crisis intervention.

Further, reasons for high stress burdens with municipal employees are discussed, and the communication with the municipal referers is described.

Finally, specific challenges of the project and possible future research questions are discussed."

- **Paper: Contributing and inhibiting factors of healing from trauma from the perspective of women who have received inpatient treatment for severe trauma related symptoms including eating disorders.**

**Main author: Nehama HaCohen (Achva Academic College, Bar-Ilan University)**

*Co-authors: Inbal Shlomi-Polachek, Sharon Trommer*

**ABSTRACT:**

"This research aims to examine factors which promote and inhibit healing from trauma from the point of view of women who participated in an inpatient program specialized in treating severe trauma-related symptoms including eating disorders. At the conclusion of this presentation, it should clear what works for these women, thus refining the therapeutic, psychiatric, and rehabilitative interventions crucial for this population.

Seventeen women were interviewed regarding their experiences in a trauma specialized inpatient program. Hospitalization duration ranged between 6-16 months and the interviews

were conducted after discharge. Participants also completed extensive pre-post symptom measures.

Findings revealed that the women most valued their relationships with staff and peers and the psychoeducation they received regarding the long-term effects of abuse which allowed them to finally ""make sense"" of what they felt for years and improved their ability to communicate their needs. They also valued the structured group treatment which allowed them to process emotions with the goal of healing. Negative comments were mainly directed at the nursing staff who were perceived as rigid and sometimes even as reenacting the trauma. This can be understood by considering that the nursing staff oversees setting boundaries, thus emphasizing the inherent split between the therapeutic function of trauma processing while simultaneously preserving and encouraging the women's skills and independency.

Findings will be discussed with the intention of promoting treatments in which trauma victims are partners in their own rehabilitation. The high value placed on professionals who are understanding, caring, and supportive has implications for community treatment."

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### Brief Paper Session

Thursday, June 22nd, 17:00-18:00 - Room: Virtual

- **Paper: Clients' cardiac vagal tone as a psychophysiological predictor of therapy outcomes**

**Main author: Michele Dufey (Universidad de Chile)**

**Co-authors: Gonzalez Tamara, Ana María Fernandez**

**ABSTRACT:**

Cardiac vagal tone is a psychophysiological index of emotional regulation and interpersonal abilities, as well as an indicator of individuals' psychopathological vulnerability. This study aimed to determine the moderating role of vagal tone on the relationship between clients' attachment insecurity and distress levels in psychotherapy. Fifty-five clients (age  $M = 26.53$ ,  $SD = 7.49$ ; 70.9% female) were assessed early in therapy and at termination regarding their attachment orientation, several clinical outcomes, and vagal tone activity derived from a brief electrocardiogram and indexed by heart rate variability -HRV-. Results show that: a) at the beginning of therapy, attachment insecurity levels directly predict clients' distress, and a higher vagal tone moderates this relationship by attenuating it; b) early vagal tone is a significant predictor of therapy outcomes at the end of treatment, even when controlling for sociodemographic variables. The potential diagnostic value of vagal tone on the level of psychophysiological resources and autonomic flexibility that individuals bring to therapy is discussed, which may help to differentiate more vulnerable populations based on their autonomic resources. Acknowledgments: This study is funded by FONDECYT Initiation Grant 11180662 from the Chilean government.

- **Paper: Revealing therapy footprints: how do changes manifest over time after therapy termination? A qualitative study.**

**Main author:** *Nicole Arias (Universidad de Chile)*

*Co-authors: Michele Dufey, Rocio Cerda, Javier Rizo*

**ABSTRACT:**

The present study aims to explore the change experience after a brief, focusing-oriented therapy at termination and in a follow-up. Semi-structured interviews were carried out with eight women (ages 18 to 44) who voluntarily participated in this study after two months of therapy termination. Five of them were interviewed again from eight to 12 months later. The analysis was based on grounded theory. A total of four first-order categories and 13 second-order subcategories were obtained, showing that changes are rooted in the therapeutic space and that some are observed more immediately after termination, while others appear in the long term. A central phenomenon emerged, revealing that therapy leaves footprints that unfold throughout time in a self-propelled way. These findings contribute to understanding how clients are active agents in their transformation process and integrate therapy experiences into their lives, creating new meanings over time.

- **Paper: What is the lived experience of being a relate supervisor?**

**Main author:** *Belinda Elizabeth Ford (The Open University)*

**ABSTRACT:**

"My research into the lived experience of being a Relate supervisor will help to fill the gap which exists in the literature around supervisors' lived experience within the counselling, social work and health professions. My interest in this topic is rooted in having my own experience of the role, being myself a Relate supervisor. The literature demonstrates that supervisors firstly, experience role tension as they seek to keep in balance the three functions that they deliver - namely education, support and administration. And secondly, that they experience a power dynamic with supervisees which may result in the playing of games by both sides and/or supervisees feeling exposed and shamed, withdrawing from the relationship and failing to disclose aspects of their work. Both of these phenomena can result in ethical dilemmas.

My research comprises two stages, a qualitative online survey of Relate supervisors and an Interpretative Phenomenological Analysis (IPA) study of semi-structured interviews with Relate supervisors. The IPA study will foreground the detailed idiographic excavation of supervisors' individual lived experiences of the role. And through interpretation and as a result of my insider researcher position, it will enable a hermeneutic understanding of these narratives. By June 2023 I will have preliminary findings from both stages of the research to discuss at conference.

This research will contribute a different angle to the global debate around the role of supervision and has the potential to result in changes to training programmes and to approaches to management."

Thursday, June 22nd, 2023, 18:00 - 19:00 (IST)

Brief Paper Session

Thursday, June 22nd, 18:00-19:00 - Room: JM Synge

- **Paper: Web-based information portal on youth depression and youth mental health for children and adolescents and their parents: results from two evaluation studies**

**Main author: Lucía Iglhaut (Clinic of the Ludwig-Maximilians-University Munich)**

*Co-authors: Regine Primbs, Maartje Kloeck, Sara Kaubisch, Charlotte E. Piechaczek, Pia-Marie Keim, Chiara Koppenhöfer, Lisa Feldmann, Gerd Schulte-Körne, Ellen Greimel*

**ABSTRACT:**

"Depression is one of the most common mental disorders in adolescence. Few affected young people seek professional treatment in time due to various concerns and limited knowledge. We developed the evidence-based website "ich bin alles" (<https://www.ich-bin-alles.de/>; "I am everything") to improve depression literacy in adolescents and parents. Easy access to information may serve first psychoeducational purposes and promote help seeking. The present studies aimed to evaluate the efficacy and acceptability of this website in the target groups.

Study1 (prereg. NCT05300204) was a randomized-controlled trial with adolescents with a history of depression (n= 85) and Study2 (prereg. NCT05335564) a pre-post-follow-up study with parents of children with a history of depression (n= 33). Participants' knowledge about depression was assessed at pre- & post-intervention, a two-week (Study1) and a four-week follow-up (both studies). Between pre- and post-assessment, participants were presented selected contents from the website. At post-assessment, participants' evaluation of the layout and acceptability of the website were assessed.

The findings show that both adolescents' and parents' knowledge about depression increased significantly from pre to post. This knowledge gain was maintained to the follow-up measurement(s). Acceptability rates in both studies were high and evaluations of the website's layout were positive.

Our website is an effective and appealing means to impart knowledge about youth depression among adolescents with a history of depression and their parents. Web-based platforms may play an important role to spread mental health information and thus serve first psychoeducational purposes, facilitate help seeking and hence the way into effective treatment."

- **Paper: Using Web-Based Cognitive-Behavioral Therapy for Insomnia As a Tool To Expand Access to Care for Stigmatized Mental Health Conditions For Women Living in the Rural Appalachian United States**

**Main author: Christal Badour (University of Kentucky)**

*Co-authors: Ashley Martinez, Caitlyn Hood, Daniela Moga, Mairead Moloney*

**ABSTRACT:**

Women living in the rural and underserved Appalachian region of the Eastern United States face significant health disparities; have limited access to healthcare; and are disproportionately exposed to traumatic events. Mental health conditions and treatment seeking are stigmatized in Appalachian communities, and there is a lack of providers trained in trauma-focused mental health care in the region. Appalachian women may benefit from web-based interventions that target less stigmatized health complaints (i.e., insomnia), while simultaneously yielding benefit in associated mental health conditions including symptoms of posttraumatic stress disorder (PTSD). In this study, 37 trauma-exposed adult women aged 45+ from rural Appalachian Kentucky completed a 6-session online self-administered CBT-I intervention and completed measures of PTSD symptoms, insomnia, and depression at pre- and post-treatment. As expected, participants reported a significant reduction in PTSD symptoms from pre- to post-intervention, and this remained significant after adjusting for severity of insomnia and depression pre-treatment. Pending replication in a randomized controlled trial, web-based CBT-I may offer an adjunctive mental health treatment option that circumvents cultural stigmas and reduces PTSD symptoms for trauma-exposed Appalachian women. Women having positive experiences with web-based CBT-I may be more open to pursuing additional web-based mental health treatment.

- **Paper: One for all? Can we create therapeutic online content that can be applied by psychodynamic, systemic, and cognitive-behavioral therapists alike?**

**Main author: Friederike Fenski (Psychologische Hochschule Berlin)**

*Co-authors: Solveig Behr, Carmen Schaeuffele, Leona Hammelrath, Christine Knaevelsrud, Johanna Boettcher*

**ABSTRACT:**

Blended care combines Internet-based interventions (IBI) with face-to-face psychotherapy and merges the benefits of both settings. To ensure the uptake of blended care in routine care, IBI need to be useful for the majority of psychotherapists and patients. Therefore, we aimed to develop an IBI with a common therapeutic language and with content on various transdiagnostic topics to be integrated into routine outpatient care. We followed the Integrate, Design, Assess, and Share (IDEAS) framework to develop this intervention in a participatory manner. Our multilevel development process included expert interviews with psychodynamic (n = 20) and systemic psychotherapists (n = 9) as well as focus groups with psychotherapists of different approaches (n = 10) and patients with various mental disorders (n = 10). The final integrative and transdiagnostic intervention is currently studied in an RCT in routine care in Germany (projected n = 231 psychotherapists with n = 1152 patients). Within the talk, I will describe the development process step-by-step, outlining the specific requirements that psychotherapists with different therapeutic approaches have. I will demonstrate how we implemented these requirements in our intervention (in content, exercises, usability, language, design) and outline barriers and limitations that we faced. I will also provide an overview of the study design, experiences with recruitment and the use of the intervention in practice.

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## Panel

# Outcomes and Outcome Measurement: Are There Better Ways to Assess Psychotherapy Outcomes?

Thursday, June 22nd, 18:00-19:00 - Room: **Emmet Theatre**

*Organizers & Moderators:* Tomáš Řiháček (Masaryk University)

*Discussants:* Femke Truijens (Erasmus University Rotterdam)

### ABSTRACT:

Discovering the nature of psychotherapy change is one of the most fundamental questions in our field. Consequently, outcome assessment is at the heart of most psychotherapy research projects. Yet, the brief, cost-effective measures typically used to assess outcomes are sometimes criticized for being too simplistic, heavily symptom-oriented, and insensitive to “qualitative” shifts in clients’ frames of reference. As a result, mixed-method studies have been repeatedly found discrepancies between quantitative change scores and clients’ narrative accounts of their change experience. To do justice to the complexity of clients’ change experience, this panel explores several alternative approaches to outcome assessment, including the use of qualitative methods, Q-methodology, and direct retrospective measurement of change.

- **Paper: Discrepancies between Routine Outcome Monitoring and Client Lived Experience: Exploration using Narrative Interviews**

*Main author:* Jarom Hickenlooper (Brigham Young University)

*Co-authors:* Benjamin M. Ogles

### ABSTRACT:

Although Routine Outcome Monitoring (ROM) has proven to be effective in improving therapy efficiency and effectiveness (De Jong et al., 2021; Lambert et al., 2018), recent research investigates discrepancies between ROM categorizations of improvement and deterioration and the lived experience of the client. Researchers have found that the narratives delivered through client structured interviews can provide additional and more nuanced insight into therapy outcomes, which can complement and enhance ROM (Roubal et al., 2018; De Smet et al., 2019; Desmet et al., 2021). A recent case study used 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 (Ogles, Goates-Jones, & Erekson, 2022). This presentation will present findings from this study as well as from a current study which builds upon this research by interviewing clients who retrospectively reported no improvement or deterioration despite ROM indicating improvement. We will also present themes of therapy outcomes which correlate to findings from Levitt, Pomerville, & Surace (2016) and demonstrate how narrative interviewing can be used to complement ROM.

- **Paper: What has Changed after I Attended Therapy? A Qualitative Meta-Analysis of Therapy Outcomes as Perceived by Clients**

**Main author:** *Michaela Ladmanová (Masaryk University)*

**Co-authors:** *Tomáš Řiháček, Ladislav Timulak, Robert Elliott, Petr Mikoška, Lucia Polakovská, Klára Jonášová, Matteo Bugatti*

**ABSTRACT:**

Psychotherapy outcome is given special emphasis in both research and practice. Yet, there is a lack of clarity about what the desired outcome of therapy should be. Traditionally, it is seen as a change in symptoms that is evaluated by various – usually quantitative – instruments administered before and after therapy. Nevertheless, there might be a difference between the traditional symptomatic approach to change and the specific experience of clients that cannot always be captured by commonly used measures. This presentation will be devoted to the findings of a qualitative meta-analysis of 108 studies that focused on client-identified outcomes of therapy. The meta-analysis of clients' extensive accounts reveals more than 60 meta-categories of outcomes grouped into 13 clusters where only one represents a symptomatic change.

- **Paper: Q-Methodology: Making Measures Clinically Meaningful**

**Main author:** *Felicitas Rost (The Open University)*

**ABSTRACT:**

**Background:** Q-methodology offers unique opportunities for psychotherapy researchers. It is a data collection method, scaling technique and data analytic method capable of bridging the divide between clinical knowledge and the quantitative systematization of it. In other words: it produces holistic data - both quantitative and qualitative. The aim of this presentation is to demonstrate and discuss its merits as a viable alternative to variable-centered outcome and process measures. **Method:** Three well-established Q-sort instruments, the Shedler-Westen Assessment Procedure (SWAP), the Psychotherapy Process Q-set (PQS), the Anaclitic-Introjective Depression Assessment (AIDA), will be introduced. These measures were included in the Routine Outcome Monitoring of a public mental health forensic psychotherapy clinic, and in an RCT investigating the effectiveness of long-term psychoanalytic psychotherapy (LTPP) for treatment-resistant depression (The TADS study). **Results:** It will be shown that the SWAP serves as a rich and clinically meaningful outcome measure focusing on personality functioning as well as allows for the investigation of pattered heterogeneity in forensic patients receiving LTPP. The PQS provides a meaningful avenue to link outcome and process research. The AIDA allows for the assessment of clinically meaningful sub-dimensions of severe depression, which in turn provide theoretically meaningful moderators to investigate differential treatment effects to LTPP. **Discussion:** Q-methodology follows a person-centered approach. In contrast to more traditional measures, following a variable-centered approach and moving within R-methodology, it aims at maintaining the often-observed complexity of phenomena.

- **Direct Measurement of Change: An Alternative to the Traditional Pre-Post Assessment?**

**Main author:** *Tomáš Řiháček (Masaryk University)*

**Co-authors:** *Kateřina Macková, Hynek Cígler*

#### **ABSTRACT:**

Traditionally, change in psychotherapy is assessed by comparing clients' posttreatment status to their pretreatment status. Despite its advantages, this method (sometimes called "prospective" or "indirect") has been criticized. As clients go through psychotherapy, they may not only experience changes in their symptoms or life situation — the very perspective from which they assess their symptoms and life situation may change as well (creating a phenomenon sometimes referred to as a "response shift" in psychometrics). If the posttreatment status is assessed from a different perspective than the pretreatment status, this would render the two measurements incomparable. A possible solution, though not a flawless one, is the "retrospective" or "direct" measurement of change which relies on the clients' direct assessment of the direction and magnitude of change. This paper will focus on the psychometric analysis of the Czech version of the Questionnaire of Personal Changes (Krampen, 2010), a one-time retrospective outcome measure and its relationship to the traditional pre-post assessment of change on a sample of N = 222 clients.

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#### **Structured Discussion**

### **Patients' negative impressions of therapy may be more informative than positive appraisals**

Thursday, June 22nd, 18:00-19:00 - Room: Davis Theatre

Organizers & Moderators: George Silberschatz (University of California SF)

Discussants:

- *Erkki Heinonen (University of Oslo)*  
*João Tiago Oliveira (University of Minho . Braga . Portugal)*  
*Juan Martin Gomez Penedo (Universidad de Buenos Aires)*  
*Martin grosse Holtforth (University of Bern)*  
*Sylke Andreas (Alpen-Adria-Universität Klagenfurt)*  
*Christoph Flückiger (University of Kassel)*  
*Xiaochen Luo (Santa Clara University)*  
*Jim McCollum (San Francisco Psychotherapy Research Group)*

#### **ABSTRACT:**

There is considerable evidence in the research literature suggesting that there is an asymmetry between positive and negative experiences, and that there is substantially more "information value" in negative impressions. Len Horowitz believed that this positive-negative asymmetry has not been addressed in psychotherapy measures. Working in collaboration with Len, the San Francisco Psychotherapy Research Group developed a new measure – The Patient's Impression of Therapy Scale (PITS) -- that taps into a patient's negative reactions or experiences of their therapists. We have collected cross-sectional data on over 500 subjects with very promising psychometric results. In this session participants will discuss initiating collaborative longitudinal studies that would allow

exploration of how negative impressions of therapy can be used productively to improve treatment effectiveness.

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### Structured Discussion

## Reflections on reflectivity: Multiple perspectives on the conceptualization, assessment, and role of reflectivity in psychotherapy

Thursday, June 22nd, 18:00-19:00 - Room: **Swift Theatre**

*Organizers & Moderators:* Yogev Kivity (Bar-Ilan University) Ilanit Hasson-Ohayon (Bar-Ilan University)

*Discussants:*

- *Eva Gilboa-Schechtman (Bar Ilan University)*  
*Ilanit Hasson-Ohayon (Bar Ilan University)*  
*Yogev Kivity (Bar Ilan University)*  
*Kenneth N. Levy (Pennsylvania State University)*  
*Antonio Pascual-Leone (University of Windsor)*  
*Yotam Strifler (Ben-Gurion University of the Negev)*  
*Svenja Taubner (University of Heidelberg)*

### ABSTRACT:

"Reflectivity, the capacity to refer to and consider one's own and others' mental states, is a fundamental human function that is essential for social learning, self-organization, and self-regulation. Recent theoretical models and empirical findings suggest that reflectivity, broadly defined, might be an important mechanism of change in various psychotherapeutic approaches, and, in some cases, even a desired treatment outcome.

Given its broad application in different theoretical approaches, reflectivity might be best characterized as an umbrella term that includes, among others, concepts such as mentalizing, metacognition, and reflective functioning. Indeed, diverse definitions and assessment methods have been proposed for reflectivity, contributing to both the richness but also the ambiguity of this important concept.

The structured discussion aims at describing the concept of reflectivity as it is conceptualized, applied, and studied in diverse psychotherapeutic orientations, including the psychodynamic (Taubner, Levy, and Kivity), emotion-focused (Pascual-Leone), family/attachment-based (Strifler), cognitive-behavioral (Gilboa-Schechtman) and metacognitive- integrative-based (Hasson-Ohayon) approaches. We will focus on commonalities as well as differences between these approaches with the goal of stimulating further discussions and studies on this important topic."

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## Brief Paper Session

Thursday, June 22nd, 18:00-19:00 - Room: UI Chadhain

- **Paper: Effectiveness and mechanisms of change of internet-delivered modified Mindfulness-Based Cognitive Therapy (iMBCT) intervention for perceived stress and emotional distress: a pilot RCT study**

**Main author: Pawel Holas (University of Warsaw)**

*Co-authors: Jan Wardeszkiewicz*

### **ABSTRACT:**

"Background: MBCT was shown to be effective in depression relapse prevention and in

reduction of depression and anxiety symptoms. Less is known if abbreviated and internet delivered form of it (iMBCT) is effective for reduction of perceived stress and emotional distress and what are the mechanisms of change.

Methods: 1348 distressed individuals from the community were randomly assigned to 30-days, modified, unguided iMBCT intervention or waiting-list condition (WLC). iMBCT consists of 6 sessions, each containing guided meditations, psychoeducation recordings and materials. Perceived stress, emotional distress and process measures (self-compassion and resilience) measurements were assessed at baseline and after 30-days of the intervention.

Results: At post-test participants from iMBCT showed significant reduction in perceived stress, emotional distress and calculated separately levels of anxiety and depression.

Whereas, the participants in WLC did not change over this time in none of the measures.

Self-compassion and resilience were partial mediators of therapeutic change and the analysed statistical models explained from 59% (in case of experienced stress) to 68% (in case of emotional distress) of variables variance.

Conclusions: These results suggest that an online, unguided 30 days long MBCT program might be an effective intervention for distressed individuals and that an increase in self-compassion and resilience could be the mechanisms underlying these therapeutic changes. More studies are needed in particular in people suffering from clinical form of depression and anxiety employing active control condition and evaluation of maintenance of the gains."

- **Paper: Effectiveness of in-person versus online psychoeducational intervention with divorced/separated parents**

**Main author: Ángela Ordóñez-Carabaño (Universidad Pontificia Comillas)**

*Co-authors: M<sup>a</sup> Pilar Martínez, Virginia Cagigal, Gonzalo Aza, M<sup>a</sup> Angustias Roldán*

### **ABSTRACT:**

"The family disruption caused by parents' separation or divorce is often associated with children's socio-emotional and behavioural problems. The goal of the present study was to determine whether two different treatment modalities (online and in-person) of a psychoeducational group intervention with divorced/separated parents showed equivalent

results in reducing parents' and children's distress and improving the quality of the co-parental relationship.

The "EmPiezando" intervention consists of 7 weekly sessions (plus a follow-up session 6 months later) delivered in successive online and in-person groups between January 2020 and December 2022 in Spain. As for the in-person treatment modality, 41 separated or divorced adults participated, 10 male and 31 female; their mean age was 46.26 years old, and the average time since the separation was 3.98 years. On the other hand, in the online modality, 21 separated or divorced adults participated, 8 male and 13 female; their mean age was 45.37 years old, and the average time since the separation was 1.01 years. The eligibility criteria were that participants had at least one child, were separated or divorced, not living with the ex-partner at the time of the intervention and there was no psychopathology diagnosis. All participants responded to pre, post and 6-month follow-up assessments that measured the degree of different types of conflict and the quality of the co-parental relationship.

Statistical analyses will be conducted with SPSS v. 28 to respond to the research questions, and the main results and conclusions of both treatment modalities will be presented, comparing their effectiveness."

- **Paper: Reflective Parenting Programme in Bulgaria - Adaptation Challenges and a Pilot Feasibility Study**

**Main author: Camellia Doncheva Hancheva (Sofia University St. Kliment Ohridski)**

*Co-authors: Vessela Valkova Aravena*

**ABSTRACT:**

The Reflective Parenting Programme (RPP) is a group psychoeducational intervention to support caregivers and promote a better understanding of the parent-child relationship and interactions. It is informed by the attachment theory, mentalization and reflective functioning and aims to enhance caregivers' curiosity about their own and their children's inner world. The manualised programme has been developed in English and is delivered as eight 2-hour weekly sessions in a group format. The novelty of the approach and its sound theoretical foundation in mentalization theory determined our choice of this programme for adaptation and implementation in the Bulgarian context. Parallel to the adaptation process, a feasibility study was planned with the aim to assess whether the Bulgarian adaptation of the RPP promotes changes in the mentalizing capacity of the parents. For the feasibility study, three groups of parents of children aged 4 and 12 years were recruited - two receiving the intervention (one online and one in person) and a control group. Participants completed self-report questionnaires for parental stress (PSI-SF), parental efficacy (BPES), mentalization (MentS), level of personality functioning (LPF), parental reflective function (PRFQ), parental burnout (PBA), epistemic trust (ETQ) and children's emotional regulation (SDQ) before the intervention, immediately after the intervention and three months later. Parent Development Interview was also conducted before and three months after the intervention. The study represents the first attempt to introduce a mentalization-based parenting programme in Bulgaria. Challenges to language adaptation, cultural context and specifics of the group are discussed.

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## Brief Paper Session

Thursday, June 22nd, 18:00-19:00 - Room: Classroom 3106

- **Paper: The Efficacy of Digital Cognitive–Behavioral Interventions in Supporting the Psychological Adjustment and Sleep Quality of Pregnant Women with Sub-Clinical Symptoms: A Systematic Review and Meta-Analysis**

**Main author:** *Elisa Mancinelli (Fondazione Bruno Kessler; University of Padua)*

**Co-authors:** *Giulia Bassi, Silvia Gabrielli, Silvia Salcuni*

### **ABSTRACT:**

The bio-psycho-social changes intrinsic to pregnancy increase the risk for mental health problems during post-partum. In this regard, digital cognitive–behavioral interventions might be valuable in providing timely and easily accessible psychological support. The present meta-analysis thus investigated the overall and differential efficacy of digital “classic” vs. third-generation cognitive–behavioral intervention in reducing sub-clinical depression, anxiety, and stress symptoms among pregnant women while fostering sleep quality and quality of life. A PRISMA-guided search of randomized controlled trials (RCTs) evaluating the above-mentioned interventions was conducted. The primary outcomes were depression, anxiety, and stress symptoms, sleep quality and quality of life. Mean difference (MD) or standardized MD (SMD) were calculated; sub-group analyses were performed considering the following moderators: control group condition, theoretical background, intervention components (i.e., use of a specific intervention protocol vs. singular techniques), and type of analysis (i.e., intention-to-treat vs. per-protocol analysis). N = 7 RCTs, comprising 1873 pregnant women, were included, and highlighted significant interventions’ efficacy in reducing depression (SMD = -0.36, CI = -0.61, -0.11, k= 9) and anxiety symptoms (MD = -1.96, CI = -2.72, -1.21, k= 3) at the endpoint; the effect on depression was not maintained at follow-up. No other significant intervention effect emerged, and sub-group analyses were not significant. The interventions acceptability assessed through the odds ratio (OR) of drop-out rates was appropriate (OR = 1.68; 95% CI = 0.84, 3.35; k= 7). Overall, results were useful in highlighting the need to develop evidence-based digital prevention programs for pregnant women with sub-clinical symptoms.

- **Paper: Efficacy of a smartphone-based reappraisal training against depression and benefits of enhancing it with facial expression**

**Main author:** *Klara Capito (Friedrich-Alexander-Universität Erlangen-Nürnberg)*

**Co-authors:** *Lena Schindler-Gmelch, Stephanie Böhme, Lydia Helene Rupp, Robert Richer, Misha Sadeghi, Farnaz Rahimi, Luca Abel, Björn Eskofier, Matthias Berking*

### **ABSTRACT:**

"The Interacting Cognitive Subsystems Approach considers closely interacting alterations of cognition, facial expressions, and affect as underlying mechanisms for the development and maintenance of depression. Classical cognitive behavioral therapy (CBT) focuses on altering cognition (e.g., via cognitive reappraisal) as one central mechanism of change, which then,

in turn, influences depressive affect. While CBT is the gold-standard psychotherapeutic intervention in depression, issues of high relapse rates and therapy resistance remain. One potential way of enhancing CBT therapy effects may be by systematically integrating affective facial expressions.

Thus, the aim of our study is to evaluate the effectiveness of a smartphone-based information processing training, combining aspects of cognitive reappraisal and facial expressions to reduce depressed mood

We report on an ongoing randomized controlled trial with  $n = 128$  individuals diagnosed with depression and  $n = 128$  healthy controls. Three active groups receive a smartphone-based intervention after an induction of depressed mood. Interventions will be 1) cognitive reappraisal, 2) cognitive reappraisal enhanced by affect expressions or 3) a facial muscle training focusing on antidepressant expressions. A control group is receiving a placebo intervention for comparison.

It is expected that cognitive reappraisal enhanced by antidepressant facial expressions is more effective in reducing depressed mood than cognitive reappraisal only, and that both are more effective than the placebo condition. Furthermore, it is hypothesized that the antidepressant facial muscle training is effective compared to the placebo intervention. Preliminary data from a feasibility trial will be presented and discussed in the context of current clinical practice."

- **Paper: Systematization of tools for a clinical practice focused on structural personality functioning deficits**

**Main author:** *Elyna Gomez-Barris (Pontificia Universidad Católica de Chile; Millennium Institute for Research in Depression and Personality (MIDAP))*

**Co-authors:** *Nelson Valdés*

**ABSTRACT:**

Psychotherapists working in public health centers, must quickly resolve cases of multiple levels of severity due to the high demand for care and multiple obstacles that make long treatments unfeasible. Focal psychotherapy makes it possible to abbreviate treatments, but it is difficult to implement in patients with personality functioning difficulties. An operational system of psychotherapeutic tools focused on structural personality functioning deficits is proposed. Two qualitative studies were implemented: first, an open-coding analysis to determine and classify the therapeutic guidelines of the Manual of Structure-Oriented Psychotherapy (Rudolf, 2013) and those obtained from interviews with specialists in the Operationalized Psychodynamic Diagnosis System (OPD-2); second, a study consisting in the observation of 45 psychotherapy sessions to identify and characterize the psychotherapeutic guidelines and interventions categorized earlier and create new interventions not considered in the first study. The results of both studies were integrated. A general view of the operational system of psychotherapeutic tools is presented. The system is characterized by the presence of common factors for an effective psychotherapy and elements that typify supportive therapies, complemented with specific components for dealing with structural deficits susceptible of modularization. The clinical tools proposed are flexible enough and include the necessary components to be well received by professionals from a wide range of clinical training backgrounds. The possibilities to be implemented as an



initial focal approach within a tiered treatment system for personality problems with patients with a wide range of structural deficits of multiple levels of severity is discussed.

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## Panel

### Training competencies for therapists: current challenges and perspectives

Thursday, June 22nd, 18:00-19:00 - Room: Classroom 3074

*Organizers & Moderators:* Candice Fischer (Pontificia Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality (MIDAP))

*Discussants:* David E. Orlinsky (University of Chicago)

#### ABSTRACT:

"The field of mental health care is constantly evolving. The increasing recognition of the importance of diversity, equity, and inclusion in mental health care, the emergence and re-emergence of new technologies such as teletherapy and virtual reality, the need to address the issue of therapist burnout, and the importance of training therapists to work with clients who have complex and multi-faceted presentations, are changing the way that therapy is delivered and requires therapists to adapt to new modalities of treatment. These new challenges and perspectives highlight the need for ongoing education and professional development for therapists, in order to ensure the best possible care."

- **Paper: Project HAP: Challenges and takeaways of creating a digital training platform**

*Main author:* Sebastián Opazo (Pontificia Universidad Católica de Chile; Millennium Institute for Research in Depression and Personality (MIDAP))

*Co-authors:* Candice Fischer, Stephanie Vaccarezza Schürmann

#### ABSTRACT:

"The process of training psychotherapists involves significant challenges. This is particularly true in a reality like the Chilean professional space, where practitioners often face complex clinical cases with limited resources. Although therapists are taught extensive theoretical frameworks, few learning interventions focus on actually bridging theory and practice. Access to psychotherapy in real time, with real patients, within a learning environment is scarce, expensive, and it entails problems with confidentiality. Moreover, the available multimedia resources that illustrate clinical practice in Spanish are little to none, which leaves trainers with a narrow set of options, usually more theoretical than practical. HAP ("Applied Psychotherapeutic Skills" in Spanish) is a digital platform released in 2022 with the purpose of tackling some of these challenges. The project includes 9 full-length psychotherapy sessions with simulated patients, interviews with therapists and actors, and content modules illustrating some core psychotherapy concepts and techniques. HAP was made available through an open access website ([hap.psiconecta.org](http://hap.psiconecta.org)), where mental health professionals and students could register for free.

To evaluate HAP as a learning tool, a group of psychotherapists, psychology students, and academic professors were interviewed and surveyed concerning their experiences using the learning resources provided by the platform. In this presentation, we share the experiences and takeaways of building such a digital tool, and we summarize some preliminary findings from the conducted research."

- **Paper: Patients' profile complexities and suggested training competencies**

**Main author: Paula Dagnino (Universidad San Sebastián; Millennium Institute for Research in Depression and Personality (MIDAP))**

**ABSTRACT:**

Patients seeking psychological help present various pathologies (depression, anxiety, personality disorders). However, other dimensions beyond patients' symptoms must be considered. This is because psychological care should be personalized. This study aims to identify patient profiles for personalized psychotherapy. The results of 243 patients are presented. Baseline self-reports that include symptomatologic, psychological dimensions (personality functioning, emotional regulation, attachment), early adverse experiences and social support were applied at the beginning of the process. 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 have shown three profiles: low, medium, and high complexity. As expected, patients with high complexity showed more symptomatology, low integration of personality functioning, insecure attachment, high dysregulation, presence of adverse experiences in childhood, and low quantity and satisfaction with existing social networks. Interestingly, medium complexity patients showed the presence of some subtypes of ACE. Some of these variables stand out above others, therefore certain therapeutic focuses and particular interventions should be developed for each of the profiles. The discussion will focus on those therapeutic competencies that would favor the treatment of these specific profiles.

- **Paper: Does training in basic psychotherapeutic skills enhance the positive outcomes of role-play therapy sessions conducted by psychology students?**

**Main author: Rafal Styla (e-MPAT Lab (e-Mindfulness, Psychotherapy, and Technology Lab) at the Department of Psychology, Warsaw University)**

**ABSTRACT:**

Research on the effectiveness of skills training is limited, and many questions still need to be answered (Hill, Knox, 2013; Knox, Hill, 2021). In our project, we will analyze whether psychotherapy skills training translates into the effectiveness of psychotherapy sessions. To investigate how students develop their microskills in psychotherapy, we developed a model in which mock therapy sessions and results from questionnaires are analyzed from 5 perspectives. We assess (1) the quality of the interventions used by the therapist, (2) the objective evaluation of the behavior of the therapist, (3) the subjective perception of the therapist by the patient, (4) the effectiveness of the session and (5) effectiveness of the whole course of psychotherapy (Styla, 2022). In this presentation, the focus will be on the fourth level of the analysis leading to a question: "Does training in microskills enhance the

effectiveness of a therapy session?". We will present the results of a study conducted in a group of 33 fourth-year psychology students enrolled in specialization in psychotherapy who attended a 30-hour workshop focused on practicing basic psychotherapeutic skills (including paraphrases and clarifications). Before and after the course participants recorded two mock therapy online sessions based on clinical vignettes and filled in several questionnaires including Individual Therapy Process Questionnaire, Psychological Insight Questionnaire, and Scale for Session Assessment. Our results will be based on the analyses of transcripts conducted by competent judges and scores in the questionnaires. We finish the presentation with conclusions regarding the role of microskills in conducting effective therapy.

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### Brief Paper Session

Thursday, June 22nd, 18:00-19:00 - Room: Classroom 3051

- **Paper: Effect of Early Assessment Team for patients referred to Outpatient Mental Health Care**

**Main author:** *Camilla Angelsen Kvestad (Norwegian University of Science and Technology (NTNU))*

**Co-authors:** *Ingvild Ronneberg Holte, Solveig Klæbo Reitan, Heidi Brattland, Katrine Hoyer Holgersen*

**ABSTRACT:**

"Background: Although figures from WHO show that Norway is at the top in terms of the number of mental health workers and therapists in public sector, services face challenges due to increasing number of referrals. Many of the referred patients have complex difficulties, with mental and somatic problems in addition to social difficulties such as education/work, finances, and social support. To meet this needs a novel method of organizing the first meeting and assessment in a community mental health center (CMHC) was developed: Early Assessment Team (ET). A pilot study showed promising results, but the controlled effect has not been tested. To solve issues related to prioritization and to develop high-quality services that both consider and make use of contextual frameworks to adapt psychotherapy problems, a randomized controlled trial (RCT) was planned. Method: Patients referred to outpatient mental health care at a CMHC will be randomized to either ET or Treatment as usual. (N=588). The aim of the study is to measure effect of ET according to function, quality of life and patient satisfaction until 24 months. Discussion: The project explores an area in mental health care that demands intensive resources and will examine the effect and user satisfaction of an intervention designed to early clarify which patients will benefit from parallel or other measures than assessment and treatment in mental health care. Design choices and implementation issues in the ongoing study will be discussed in the presentation."

- **Paper: A pilot study of a novel approach for assessment and planning of treatment in outpatient mental health care - Early assessment team**

**Main author:** *Ingvild Rønneberg Holte (Norwegian University of Science and Technology (NTNU))*

*Co-authors: Camilla Angelsen Kvestad, Katrine Høyer Holgersen, Solveig Klæbo Reitan, Heidi Brattland*

**ABSTRACT:**

"Background: Referrals to specialized mental health care in Norway have increased over the last two decades. Although being a high-income country, there is a lack of resources in mental health care. Many patients have complex difficulties; with mental and somatic ailments in addition to difficulties in social conditions; education, work, finances, and social support. Giving priority to the appropriate services for all individual patients is therefore challenging. Complex individualized measures may be needed to solve the patient's challenges and to clarify if, or what kind of, psychotherapy that is suitable. To meet this, a novel method of organizing the first meeting and assessment in a community mental health center (CMHC) has been developed: Early assessment team (ET).

Method: During the first two years of ET in a Norwegian CMHC, 1,034 patients referred to the outpatient clinic, who were identified as candidates of meeting with the ET, were included in a descriptive quality assurance pilot study. Patient population, method of work, re-referrals and patient satisfaction were evaluated.

Results: Assessment by the ET was performed during 1-3 sessions in 90% of cases and two-thirds of the patients were assessed as not in need of further treatment in the outpatient clinic. Fewer than 20% of cases screened out by ET were re-referred to the CMHC within six months. Patients and the out-patient clinic expressed satisfaction with the service.

Discussion: The results indicate that intake assessment by an early assessment team may be an alternative in clinical practice, though further controlled studies are needed."

- **Paper: Interrelation of self-awareness outcomes and interpersonal skills in psychotherapy trainees**

**Main author: Elitsa Tilkidzhieva (Sigmund Freud University)**

*Co-authors: Salvatore Gullo, Victoria Scholtus, Jutta Fiegl, Omar C.G. Gelo*

**ABSTRACT:**

"Self-awareness is fundamental for growth, crucial for self-regulation, it effects largely the way we function, influences (self-) reflection, mindfulness, performance, attentiveness, and is essential for positive therapy outcomes and well-being. However, it often comes on a high emotional cost – it can results in psychological distress, negative self-perceptions and emotions, rumination, anxiety and vulnerability, essentially influencing the way we relate to oneself and others.

A growing body of research demonstrates that personal characteristics and interpersonal skills of psychotherapists represent a central aspect of the therapeutic work and comprise one of the most reliable predictors of therapy outcome. The way we relate to ourselves and others, the ability to form a genuine, authentic relationship, to be empathic, responsive and affirmative, as well as the ability to deal with criticism and rejection, is essential not only for the development of a healing therapeutic relationship and outcome but also for personal growth.

Being so central to our self-development and for the psychotherapeutic profession, we wanted to explore the interaction between these two facets. In a cross-sectional study we measured the effects self-awareness has on everyday life using the Self-awareness Outcome Questionnaire as well as the interpersonal skills of 105 psychotherapy trainee

(75% (N=79) of the participants were women, with mean age 29.71 years (SD= 10.77, Min=18, Max=71)."

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### Brief Paper Session

Thursday, June 22nd, 18:00-19:00 - Room: Classroom 3071

- **Paper: The Use of Filial Art Therapy for Enhancing Parent-Child Relationship for Parents with Intellectual Disability Children: A Pilot Study**

**Main author: Antonio Ngok-Tung Wong (National Tsing Hua University)**

*Co-authors: Kevin Yu-Kuang Hsu*

**ABSTRACT:**

Model development of supportive therapy for intellectual disability children and their families could provide potential benefits on child development, relation enhancing, and parenting empowerment. Guerney Jr (1964) introduced filial therapy, a client-centered play therapy approach, to engage parents as therapeutic agents. It provides a platform for parent-child relationship enhancement that nourish positive development (McCarley, 2011). Alternative way for installed the expressive art materials to the filial therapy idea was adopted for project development in this study. The use of art making in filial therapy offers a platform of creative expression, and parents could make use of it to empathize with their children as well as to appreciate their children's art making abilities. To introduce the use of art making in filial therapy as an effective means to enhance the relationship of parents and their ID children. Two groups of twelve pairs of mildly-moderately ID children and their parents were recruited for this study. Each group was further divided into three sub-groups: parents-only, children-only, and parent-child group to experience eight filial art therapy sessions with different purposes: parents-only group focuses on the teaching of techniques to parents, children-only group emphasized on the ID children's experience of art making process, parent-children group accentuated the collaboration between the parents and their ID children. Semi-structured interviews among the parents were conducted after the completed of all therapeutic groups. The analysis presented the filial art therapy groups empowered these parents to better communicate with their children and enhanced their parent-child relationship significantly.

- **Paper: Mental Health in Entrepreneurial Families (MAIN-ERA)**

**Main author: Johana Wichmann (University Witten/Herdecke)**

*Co-authors: Heiko Kleve, Tom Rüsen, Christina Hunger-Schoppe*

**ABSTRACT:**

Objective: According to systemic family therapy, "related individuation" (Stierlin, 2005) describes the ability of family members to separate from each other while maintaining the family bond. A well-balanced identification-differentiation in relation to the family and company is particularly difficult for members of entrepreneurial families. Negative consequences are associated with severe mental health problems, also seen in externalizing as well as internalizing psychological disorders. The aim of this study is to systematically

examine the mental health of entrepreneurial families in order to derive family therapy care needs. Methods: This study encompassed the piloting of a subsequently planned quantitative representative study. We interviewed family members of entrepreneurial families (n=10). Questions included mental health aspects, the balancing of family and company needs, the family climate, personal as well as family challenges and mental strains. All interviews will be transcribed using the software Trint and corrected handwritten. The Consensual Qualitative Research Approach (CQR; Hill & Knox, 2021) serves the analysis of the collected information. Results: The analysis allows a first hypothetical statement about the sociopsychological health of entrepreneurial families and its underlying factors. We also describe associations of individual and collective health with reference to psychological and system-related factors, with a special focus on the intertwining between the two contexts "entrepreneurial family" and "family business". Discussion: We discuss the selection of quantitative (clinical) measurement instruments for the second phase, which will serve the piloting of the representative survey.

- **Paper: Issues of trust in Dynamic Interpersonal Therapy: In Depth Analysis of two single case studies and outcome**

**Main author: Caroline Von Korff (Alpen-Adria-Universität Klagenfurt)**

*Co-authors: Sylke Andreas*

**ABSTRACT:**

"DIT (Dynamic interpersonal therapy) is a time limited short-term therapy for mood disorders consisting of sixteen weekly sessions which is focusing on identifying and working through a problematic dominant recurring unconscious affective pattern as it plays out in current relationships by developing an understanding of a patient's symptoms and affects (Lemma et al., 2011).

The two single case studies presented aim to examine the DIT therapy of two patients suffering a severe depression and anxiety disorder with regard to issues of trust, therapeutic alliance, transference work in relation to the outcome.

The sixteen sessions of two patients) treated at the Outpatient Psychotherapeutic Center of the University of Klagenfurt transcribed and examined by the Transference Work Scale (Ulberg, Amlo and Høglend, 2014), the Working Alliance Inventory (Horvath, 1981) and the Reflective Functioning Scale Insession (Talia et al, 2015 adapted from Fonagy et al., 1998) with regular follow-ups by Patient Health Questionnaire 9, PHQ-9 (Kroenke et al., 2001) and the Generalized Anxiety Disorder Scale-7, GAD-7 (Spitzer et al., 2006).

The results will be presented at the conference and will be discussed addressing the question how issues of trust and attachment behavior is unfolding and interacting in the short-term therapy setting of DIT."

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## Brief Paper Session

Thursday, June 22nd, 18:00-19:00 - Room: Classroom 3126

- **Paper: Treatment Integrity Procedures Implementation: The Emotion-Focused Therapy Landscape**

**Main author: Marina Lopes Monteiro (University of Maia & CPUP – Center of Psychology of University of Porto)**

*Co-authors: Daniela Nogueira, Robert Elliott, João Salgado, Carla Cunha*

**ABSTRACT:**

"Treatment Integrity is the degree or extent to which an intervention was implemented as planned, encompassing the therapist's adherence and competence as the main elements. Establishing the accuracy of the implementation of treatment integrity procedures is significant for the research. Although critical for drawing valid conclusions between treatment delivery and therapeutic outcome and interventions effectiveness, recent literature reviews observed that few studies included treatment integrity assessment in their research design or adequately implemented treatment integrity.

Aims: The present study aims to investigate the extent to which implementation protocol proposals were adequately addressed in prior studies in the modality of Emotion Focused Therapy (EFT). Specifically, we examined which EFT outcome studies meet the different levels of the adequacy of Perepletchikova and colleagues' framework. We also evaluated the association between the adequacy of treatment integrity assessment and therapy-related outcome effect sizes.

Method: We will describe the assessment of treatment integrity procedures in EFT-controlled studies (n=25) selected by the meta-analysis database on the effectiveness and efficacy conducted by Elliott and colleagues (2004; 2021) in humanistic and experiential psychotherapies. Two training coders assessed the adequacy level of the procedures using an adapted version of the Implementation of Treatment Integrity Procedures Scale (ITIPS-A; Goense et al., 2014).

Results: A substantial presence of EFT studies of overall treatment integrity was implemented adequately (20.91%). Significant medium-to-large effects of EFT interventions were found with the treatment integrity ( $r = 0.619$ ), indicating the specific contribution of levels of treatment integrity in positive outcomes."

- **Paper: The experience of ethical dilemmas among psychotherapists in India: An exploratory study**

**Main author: Ananya Sinha (TherapHeal)**

*Co-authors: Poornima Bhola, Ahalya Raguram, Prabha S. Chandra*

**ABSTRACT:**

"Aim: The practice of psychotherapy may be viewed as an ethical endeavour. This cross-sectional study aimed to explore the experiences of ethical dilemmas in the practice of psychotherapy and counselling in India.

Method: In- depth face-to-face or Skype interviews were conducted with 28 trainees and practitioners from varied mental health disciplines; clinical psychology, psychiatry, psychiatric social work and counselling. The transcripts were analysed using thematic analysis.

Conclusions: The findings indicated that the experience of ethical dilemmas revolved around (i) the intersection of the therapist as a person and as a professional, (ii) select characteristics of the client and (iii) varied cultural and contextual intersections and realities. Therapists described the influence of their individual definitions of a "good therapist" and their struggles between authenticity and ethicality in their therapeutic work. The narratives highlighted the emergence of therapists' personal values and beliefs in their experience of and response to ethical dilemmas. The position of the therapist vis-à-vis the social location of the client, deeply embedded cultural traditions, relational-collectivist value orientations, and societal gender-power structures were other powerful influences. The process of resolution and response to complex ethical questions was incomplete and varied and involved questioning of the existing professional ethical codes. The implications for training and continuing professional development will be discussed,"

- **Paper: Ethical practice and responsibility in online psychotherapy:  
Opportunity? Loss? Or part of a natural change?**

**Main author: Stella Becher (Sigmund Freud University)**

*Co-authors: Birgitta Schiller*

**ABSTRACT:**

The responsibility behind psychotherapeutic practice lies in acting to the best of one's knowledge and beliefs. Working ethically and morally and following the professional code of conduct for psychotherapists is fundamental. However, the "post"- pandemic view offers new frameworks and requires the adaptation of ethical guidelines to the digital settings. New opportunities for building a scientific framework in online psychotherapy arise. In a qualitative study during the pandemic, semi-structured interviews with therapists in training under supervision and clients at the Outpatient Clinic for Adults of the Sigmund Freud University Vienna were conducted. The aim of the study was to investigate the meaning of the body in online psychotherapy. The methodology of Grounded Theory was used for the evaluation. Due to the changes of the psychotherapeutic framework caused by the pandemic, the ethical conditions and practice must be adapted. Therefore, specialized training for online therapy must also be offered. The Results of the study show an evolution in the professional field of psychotherapy to digitalization. Furthermore, important aspects became visible. Those are e.g.: socio-economic relevance in digital therapy, premises and privacy, responsibility for the psychotherapeutic setting, safety in cyberspace, the service behind psychotherapy, training, and further education in advanced psychotherapy methods. Moreover, three major points of discussion have been concluded: firstly, the innocuousness of new psychotherapeutic settings, secondly the global acting of the psychotherapeutic network concerning digitalization and finally the lack of body awareness in the digital setting.

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## Brief Paper Session

Thursday, June 22nd, 18:00-19:00 - Room: Classroom 4050a

- **Paper: The internet and the symptoms we treat: A longitudinal explanation of the relationship between internet addiction, depression and anxiety.**

**Main author:** *Cristóbal Hernández (Universidad Adolfo Ibañez and Millennium Institute for Research in Depression and Personality)*

**Co-authors:** *Sergio Quevedo, Raimundo Hansen, José Antonio Garcés, Martín Ferrada*

### **ABSTRACT:**

The internet has increasingly permeated most aspects of our lives since smartphones were invented and became ubiquitous for entertainment, information, and communication. Such permeation was accompanied by a new series of behavioral problems, including a potentially addictive usage of the internet that has been associated with an increased likelihood of depression and anxiety, especially for adolescents and young adults. Different explanations have been proposed for this association, however usually supported by cross-sectional data that hinder the possibility of studying processes of change. The present study aims to address this gap by providing an intensive longitudinal explanation of the relationship between internet addiction, and symptoms of anxiety and depression by transdiagnostic (i.e., mindfulness, emotion regulation, and distress tolerance) and specific internet-related behaviors. With a sample of 98 volunteers from 14 to 25 years old, an ecological momentary assessment study was made for 10 days and 3 prompts each day. Results from a series of hierarchical growth curve models will be presented with a focus on the role of transdiagnostic factors and specific internet-related behaviors in the maintenance of both internet addiction, and anxiety and depression symptoms. Clinical implications for practitioners will also be discussed from a process-based and case formulation perspective, bridging the gap between the study of maintenance factors of psychopathology, and psychotherapy processes of change in a technologically mediated world.

- **Paper: Do Unified Protocol Modules Exert General or Unique Effects on Anxiety, Depression, and Transdiagnostic Treatment Targets?**

**Main author:** *Matthew W Southward (University of Kentucky)*

**Co-authors:** *Sean P Lane, Sara E Shroyer, Shannon Sauer-Zavala*

### **ABSTRACT:**

Several transdiagnostic cognitive-behavior therapies include multiple treatment components. However, it is unclear whether some components are more efficacious than others at reducing symptoms or whether these components uniquely influence their putative mechanism of change. Participants (N = 70; Mage = 33.74; 67.1% female, 74.3% White) with a primary anxiety or depressive disorder were randomized to one of three standard or personalized sequences of core UP modules, resulting in 41 unique sequences of modules. Using hierarchical linear modeling, we tested (a) whether the average session-to-session change in anxiety and depression differed between modules and (b) whether the average session-to-session change in the putative mechanism of each module differed between modules. All modules led to similar changes in anxiety, but Confronting Physical Sensations (interoceptive exposure skills) led to significantly less change in depression than other

modules. There were no significant differences among modules predicting putative mechanisms of change, although there was a trend for Mindful Emotion Awareness and Cognitive Flexibility to predict greater improvements in mindfulness than Understanding Emotions. Consistent with its transdiagnostic nature, UP modules may exert similar effects on anxiety and putative mechanisms of change, although interoceptive exposures may be less impactful for changing depressive symptoms and both mindfulness and cognitive change modules may promote relatively specific improvements in mindfulness compared to Understanding Emotions.

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### Brief Paper Session

Thursday, June 22nd, 18:00-19:00 - Room: Classroom 4050b

- **Paper: Good morning or good evening? Daytime as a modulator of psychotherapy response in anxiety disorders**

**Main author:** *Gianna Zorzini (University of Zurich)*

**Co-authors:** *Gianandrea Pallich, Ulrike Ehlert, Susanne Fischer*

#### **ABSTRACT:**

"Although exposure therapy is the gold standard treatment for anxiety disorders, around 50% of patients exhibit an insufficient treatment response. Different factors can modulate the efficacy of exposure therapy. Endogenous cortisol is involved in fear extinction and follows a marked diurnal cycle, with its peak in the morning and nadir in the evening. The aim of this study was to compare treatment responses in patients with anxiety disorders undergoing therapy in the morning versus evening hours.

N=24 women with spider phobia completed an exposure-based group therapy starting either at 08.00 a.m. or at 05.00 p.m. (target N=120). Fear and avoidance were measured with the Spider Phobia Questionnaire (SPQ), the Fear of Spiders Questionnaire (FSQ), and a Behavioral Approach Test (BAT) one week before the therapy, one week after the therapy, and at three months' follow-up.

Preliminary analyses revealed significant reductions in self-reported fear and avoidance behavior in the patients over time. Patients treated in the evening showed a trend for a greater reduction in self-reported fear over the course of the therapy in comparison to the patients treated in the morning. By contrast, patients treated in the morning showed a trend for a greater reduction in avoidance from before to after the therapy.

Provided these findings are confirmed in the full sample, they may indicate a differential role of cortisol in cognitive/emotional and behavioural response to exposure therapy. Future research may test whether this mechanism could be targeted to tailor psychotherapy to the needs of specific clinical subgroups."

- **Paper: Single Session Therapy improves anxiety and stress during COVID-19 lockdown.**

**Main author:** *Josee Jarry (University of Windsor)*

**Co-authors:** *Sanya Sagar, Ashley P Howard, Healey M Gardiner, Hannah A Lauzon*

#### **ABSTRACT:**

The recent COVID-19 pandemic saw an unprecedented rise in reported mental health difficulties, including general stress and anxiety, and COVID specific anxiety. Both Teletherapy and Single Session Therapy (SST) have demonstrated benefits as assessed by client satisfaction and improvement in outcome measures. The COVID-19 pandemic and its associated lockdown have highlighted the potential benefits of such therapeutic modalities. In this study, we tested an adaptation of SST delivered virtually by psychology graduate students in training to members of the community in a Southern Ontario city. The clients were 46 community members seeking help for psychological distress associated with the pandemic. The therapists were 19 psychology graduate students supervised by four registered psychologists. Clients received one to four 90-minutes virtual sessions delivered by the same therapist. Measures of general anxiety, stress, and COVID specific physiological anxiety symptoms were administered before and after delivery of the intervention. Data were collected online via Qualtrics. Paired t-tests showed a significant improvement in general anxiety ( $p < .034$ ) and stress ( $p < .030$ ), but interestingly not in COVID-19 specific physiological anxiety symptoms ( $p < .222$ ). These results suggest that general anxiety and stress occasioned or amplified by a pandemic lockdown can be alleviated by brief, virtual, therapy. However, illness specific anxiety, here mainly measured in terms physiological anxiety symptoms such as nausea and insomnia, although somewhat reduced, remained high and not significantly alleviated.

- **Paper: When relational distress and individual symptoms co-occur: Where to focus?**

**Main author: Terje Tilden (Modum Bad Research Institute, Vikersund, Norway)**

*Co-authors: Pål Ulvenes, Rune Zahl-Olsen, Asle Hoffart, Sverre Urnes Johnson, Bruce Wampold, Håland Tellefsen Åshild*

**ABSTRACT:**

In couple therapy clients often suffer from a blend of individual psychiatric symptoms as well as severe relational distress. Clinically it is thus challenging whether to focus on the symptoms, the relation, or both. Research is inconclusive on whether relational change predicts symptom change or vice versa. In this study, data collected before every therapy session were used to test whether changes in relational functioning predicted symptom distress or vice versa. The study used a multilevel modeling approach, and the variables of interest were disaggregated into within- and between-person effects. The results indicated that if an individual improved more than expected on relational functioning, this predicted more improvement than expected on individual symptoms. No significant reciprocal relationship was found between these variables. These findings suggest that relational improvement should be monitored during therapy as such change seem to facilitate individual symptoms improvement in the long run.

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## Brief Paper Session

Thursday, June 22nd, 18:00-19:00 - Room: Classroom 4097

- **Paper: Investigation of the benefits of Counseling Group based on Career Construction perspective for involuntary Inmates with Drug-Addicted history**

**Main author: Chun-Cheng Su (National Tsing Hua University)**

*Co-authors: Yu-Kuang Kevin Hsu, Yuh-Yin Wu*

### **ABSTRACT:**

Aim to develop the career facilitating group model for inmates, the project based on career construction theory was formed in preview study. Twenty-four involuntary inmates with drug-addicted history were randomly selected from detention center. Single case the group pre-post experiment and qualitative data journal writing by leaders were designed. Measurement was completed by the instruments of Beck Depression Inventory II (BDI-II), and University of Rhode Island change assessment (URICA). The results showed significant depression decreasing ( $t=2.333$ ,  $p=.023$ , effect size=0.49) and motivation elevating ( $t=2.843$ ,  $p=.009$ , effect size=0.59). Five elements in responding to involuntariness were found through the analysis of the group records and the leaders' journal: 1). Activities and games: facilitated members retelling their life stories and to invoke their life stories at different life stages, to objectify their feelings, and to represent their early recollections in a less stressful way. 2). Hands-on materials: facilitating the security and capability to explore and share. These materials eased worries and facilitated self-awareness. 3). Experts' sharing related life experiences: Helping professionals such as social workers, vocational counselors, and a NPO director with drug-addicted history were invited to share their observations and experience. These brought hopes and created the inmates' willingness to approach the resources. 4). Subgroup discussion: 24 members were separated into small groups and assigned different tasks and topics. This made them share feelings and thoughts with closer connected. 5). Meditation: 5- to 10-minute meditation as a transition of activities to brought reflections and passage into deep down stories.

- **Paper: TAR coding system for psychotherapy process research in addiction treatment**

**Main author: Saša Poljak Lukek (University of Ljubljana, Faculty of Theology)**

*Co-authors: Barbara Simonič, Tanja Valenta*

### **ABSTRACT:**

Therapeutic treatment of addiction requires a focused and goal-oriented therapeutic process. Treatment in Relational Family Therapy is tailored to the client and his/her family relationships, focusing on maintaining abstinence, transforming family balance, understanding the importance of emotional experience in relationships, integrating intrapsychic experience and the meaning of early experiences, and achieving mindful behaviour, and integrating a new way of self experience. In the course of developing the TAR coding system (In-therapy affect regulation coding system), we have developed a three-stage model of therapeutic interventions (1. identification, 2. affective awareness, 3. implementation). The three-stage model of interventions was developed based on a review of previous research on therapeutic interventions, the theoretical basis of affective regulation

according to Gross, and validation of the coding system (assessing agreement of multiple raters). In identification interventions, the therapist focuses on the present and promotes affective awareness. Interventions that promote affective awareness are predominantly focused on the past. At this stage in the therapy, all previous ways of regulating affect are identified and affective awareness or implicit relational awareness is promoted. Implementation in family therapy means transferring the new way of affective awareness to current relationships. In these interventions, the therapist is also future-focused, designing opportunities to transfer the new experience of experiencing self, others, and relationships into his or her future affective responses. The paper presents each level of therapeutic intervention using the example of addiction treatment, highlighting the starting points for further development of the coding system and the limitations of the research presented.

- **Paper: Patient's testing, reflective functioning and symptom burden in Dynamic Interpersonal Therapy: A single case analysis**

**Main author: Jennifer Kadur (University of Klagenfurt)**

*Co-authors: Caroline von Korff, Sylke Andreas*

**ABSTRACT:**

**"Background**

Dynamic Interpersonal Therapy (DIT) is a manualized, 16-session time-limited treatment modality for individuals with affective disorders, specifically depressive disorders and anxiety disorders (Lemma et al., 2011). An essential feature of DIT is the elaboration of an interpersonal affective focus as the underlying problem of the patients' symptomatology, which is intensively worked on especially in the middle phase of treatment. In a first large randomized-controlled efficacy trial by Fonagy et al. (2020), DIT was shown to be similar effective as a cognitive-behavioral approach. In order to investigate the processes during DIT in more detail, this study analyzed a single case with regard to possible tests according to Control Mastery Theory (CMT; Weiss et al., 1986), the patient's reflecting functioning (Fonagy et al., 2002), and symptom burden during the course of treatment.

**Method**

The therapy process of a patient who completed 16 sessions of outpatient DIT was examined. For each session, possible tests according to CMT were coded, patient's in-session reflective functioning was scored, and the self-assessment questionnaires Generalized Anxiety Disorder-7 (GAD-7) and Patient Health Questionnaire-9 (PHQ-9) for symptom burden were used. Statistical analyses were performed to identify interrelationships between those variables.

**Results and discussion**

Results of this single case analysis will be presented and discussed at the 54th International Annual Meeting of the SPR in Dublin."

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## Brief Paper Session

Thursday, June 22nd, 18:00-19:00 - Room: Classroom 5012

- **Paper: Systemic modelling of the roles of psychoeducation, formulation, and therapeutic exposure in promoting change**

*Main author: John Hills (Leeds Beckett University)*

### ABSTRACT:

"In theoretical models of psychotherapeutic change, the role of therapy per se is often presented at the centre – whether framed in terms of mentalization, of the reparative function of the therapeutic relationship, or cognitive-behavioural innovation, or self-actualisation. However changes in understanding, behaviours, identity or relationships may be reasonably considered to take place in the context of wider circumstantial changes such as in physical health and lifestyle, new social connections, and employment.

In contemporary dynamic systems theory, complex systems such as families, communities, and organisations are drawn into certain 'attractor' states – stable configurations or equilibria. Despite temporary disturbances, systems will usually revert to an original state of equilibrium. One practical consequence of this is that many interventions or strategies may be redundant within a system which reverts to type. Change in dynamic systems require novelty, but also the arrival at a tipping point in which the system reconfigures and settles into a different equilibrium.

In this study the author performs a secondary analysis of published case studies and other qualitative evidence reporting therapeutic change. The following research questions grounded the study: How do clients realise change within the relational systems they're embedded within? What was the role of psychotherapy in promoting change?

Through a qualitative meta-synthesis approach the study offers a systemic reappraisal of the roles of psychoeducation, formulation, and therapeutic exposure as mechanisms of action. In the subsequent discussion, the theme of decentring emerges – with a parallel observed between client decentring and the decentring of psychotherapy itself."

- **Paper: The efficacy of systemic therapy on system level: a meta-analysis**

*Main author: Niels Braus (University Witten/Herdecke)*

*Co-authors: Johanna Wichmann, Christian Frankman, Nina Immel, Christina Hunger-Schoppe*

### ABSTRACT:

"Objective: Systemic therapy has received growing recognition as an evidence-based psychotherapy approach. Previous meta-analysis focused on the efficacy of systemic therapy on symptom reduction. This meta-analysis aims for investigating how systemic therapy affects the functioning of the relevant social system (e.g. family).

Methods: This meta-analysis included randomized-controlled trials on systemic therapy with adult patients with an ICD- or DSM- diagnosis.

A total of 68 studies were identified through systematic searches in bibliographical databases (Psychinfo, Pubmed, Embase, Cochrane Central). Only 16 out of these 68 RCTs included treatment outcomes on system level and were included in a random-effects meta-analysis. Subgroup-analysis were conducted for control groups (e.g. TAU or

medication) and settings of the systemic intervention (e.g. family or couple therapy). The study quality was assessed using the Risk of Bias 2.0 scale adapted for psychotherapy. Results: The pooled pre-post effect size was medium, Hedges  $g = .32$ . Comparing only post-treatment differences increased the heterogeneity substantially, pre-post:  $I^2 = 54\%$ ; post only:  $I^2 = 67\%$ .

Subgroup analysis revealed effects for control groups ( $Q(5) = 18.92$ ;  $p = .002$ ) and for setting,  $Q(5) = 0.31$ ;  $p = .05$ . The overall study quality was problematic especially with regard to blinding of participants and staff and to incomplete outcome data.

Conclusion: This meta-analysis indicates that systemic therapy is effective on system level. The effect size on system level is comparable to effect sizes on symptom reduction found in previous meta-analysis. The results have several implications for future research on mechanism of change in systemic therapy and indications of systemic interventions in psychotherapeutic care."

- **Paper: Multi-Person Setting in Systemic Therapy: Collecting Multicentric Routine Data in German Health Care System**

**Main author: Robin Gräfenkämper (University Witten/Herdecke)**

*Co-authors: Niels Braus, Fenja Kulemann, Christina Hunger-Schoppe*

**ABSTRACT:**

"Background: In the recent German psychotherapy guideline of 2020, psychotherapy is considered - specifically in systemic therapy (ST) - with the possibility of multi-person settings (MPS). Since then, ST can be conducted with involvement of one or more significant others of index patients (G-BA, 2020). However, there is a lack of information on categories and frequencies of the current use of MPS and indication in systemic outpatient departments.

Objective: The following project focuses on a convenient designation of factors to provide data-based recommendations for MPS implementation in psychotherapy. Furthermore, it will document the use of MPS based on multicentric routine data. Data will provide the foundation for indications, process trajectories and the effectiveness of MPS.

Methods: (1) Systematic literature review to identify access and barrier factors for practical application. (2) Construction of a questionnaire based on the systematic literature review and (3) validation in standard care. Statistical analyses include exploratory and confirmatory factor analyses (PFA, CFA), determination of internal consistency ( $\alpha$ ) and retest reliability ( $r$ ). (4) Development of a dummy-code system for billing software of psychotherapeutic outpatient departments. (5) Based on the developed dummy-code system, routine data of psychotherapeutic standard care (patient code, therapist code, diagnosis, session data) and questionnaire data on system-related, psychological, and disorder-specific level of functioning (EXIS, EVOS, BAS, SCL-90, ISR, SCID-II) will be collected. Statistical analyses include repeated measures analysis of variance (MANOVAs), regression, moderation, and mediation analyses. Presentation will include the status of questionnaire validation (3) and first results of data analysis concerning dummy-codes (4)."

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## Brief Paper Session

Thursday, June 22nd, 18:00-19:15 - Room: Classroom 4053

- **Paper: Remote but together: online group supervision during COVID19 pandemic- A qualitative investigation**

**Main author: Shulamit Geller (The Academic College of Tel-Aviv Yaffo)**

*Co-authors: Yehoshua Akerman, Keren Hanetz-Gamliel*

### **ABSTRACT:**

"Aim: COVID-19 brought profound changes to higher education which shifted to online learning. Like other disciplines, psychology programs moved to online group supervision for their students' practical training. However, knowledge about how the online supervision format works is lacking. The aim of the study was to expand and deepen the understanding of psychology graduate students' experience of their online group supervision during COVID-19.

Method: In-depth qualitative interviews were conducted with 14 Israeli graduate students who terminated their practicum program and completed at least two academic semesters of online group supervision during COVID-19. The interviews focused on students' dominant experiences and challenges, and the unique group process' themes in their narratives. Data was interpreted using thematic analysis.

Results: Preliminary analysis showed that students had expressed both promoting and inhibiting participation attributes toward the online supervision group. Furthermore, the working alliance with the group supervisor had unique characteristics that were associated with students' experience of effective learning and safety. Additionally, students' experiences of their group may reflect the unique social and psychological group processes manifested during times of collective trauma.

Discussion: In the post pandemic reality, the study's findings may contribute to supervisors' knowledge of the associations between online participation and group dynamics in general, and to their ability to identify unique group processes manifested during times of collective trauma in specific. As moving from the "circle" of the in-person group to the squares of the screen requires specific knowledge, higher education institutions should prepare their teachers to teach and supervise online."

- **Paper: From trainee to therapist: microanalysis of a supervision session in Transference-Focused Psychotherapy |**

**Main author: Daniela Saralegui (SSV Research)**

*Co-authors: Verónica Steiner, Luis Valenciano*

### **ABSTRACT:**

"Within the professional training of the clinical psychologist, a fundamental task consists of reflecting, reviewing and making changes regarding their psychotherapeutic practices, for which supervision plays an essential role. The social and disciplinary relevance of clinical



supervision has motivated researchers and clinical psychologists to develop guidelines that improve supervision processes.

The TFP is an evidence-based therapy, created for the treatment of patients with severe personality disorder, and whose International Society is committed to establishing specific training modalities for its therapists. This is a qualitative-naturalistic study and seeks, through microanalysis, to describe dynamics between a TFP therapist in training and a certified supervisor, based on a video recording of a supervision session. Preliminary results of the analysis will be presented, which seeks to extend to a longitudinal investigation. It is expected to be able to distinguish characteristic and essential elements to promote the development of TFP therapists and stimulate a process of systematization of the strategies that arise in the supervision instances. Formalizing supervision methodologies with clear and rigorous objectives and interventions, largely related to the management of severe mental illnesses and complex socioeconomic and mental health care contexts, could help to identify essential elements to be transferred to the training curricula of other treatment models."

- **Paper: Therapists' and counsellors' perceptions and experiences of offering online therapy during Covid-19: implications for practice and training**

**Main author: Wayne Full (British Association for Counselling and Psychotherapy (BACP))**

*Co-authors: Naomi Moller, Andreas Vossler, Jeannette Roddy, Jo Pybis*

**ABSTRACT:**

"Aims: The Covid-19 pandemic changed the way that therapeutic interventions were delivered globally, with most practitioners moving their practices online. Our study – conducted 9 months into the pandemic - explored UK therapists' perspectives and experiences of working online with clients.

Methods: 590 clinicians responded to an online qualitative survey, allowing both a wide-angle lens on the topic, and rich and detailed data. Participants were recruited through the main UK professional bodies for psychological therapies. A Framework Analysis (FA) was conducted on the data, identifying 7 superordinate themes, with subthemes.

Results: Some therapists reported significant benefits to online working: expanded choice for clients; increased accessibility; enhanced emotional connection between client and therapist; reduced inhibition; and greater levels of client disclosure and autonomy. Conversely, therapists reported challenges in maintaining the therapeutic frame, picking up unconscious elements, accessing non-verbal information, feeling attuned to their clients' and reading clients' emotions. Technological issues could often disrupt sessions, and some clients could not always find a confidential and safe space for therapy.

Discussion: Therapists' views were highly divergent and the necessary skills and knowledge for ethical and effective online practice do not automatically transfer from in-person work.

Post-pandemic, an increase in online counselling is expected and therapists will need to learn to harness the positives and mitigate the limitations of online work. Additional training and further research are needed to identify the specific knowledge and skills required for effective and safe online therapeutic work."

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## Brief Paper Session

Thursday, June 22nd, 18:00-19:00 - Room: Classroom 4012

- **Paper: Focusing as a mechanism of change in various therapies |**

*Main author: Idit Shalev (Ariel University)*

- **Paper: Interpersonal Changes in Multiperson Settings**

*Main author: Nina Immel (P. Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality)*

*Co-authors: Mariane Krause, Paula Evers, Julia Jerusalem, Sina Baader, Ali Al-Hasani, Laura Bilstein, Niels Braus, Silvia Scholz, Robin Gräfenkämper, Christina Hunger-Schoppe*

### **ABSTRACT:**

"Objective: Research about ongoing intra-, interpersonal and systemic changes within multi-person therapies (MPT) is still limited. This study aimed to develop descriptors and a model of change for research on MPT inspired by the Generic Change Indicators (GCIs; Krause et al., 2015). Method: We interviewed 27 psychotherapists (M = 59.81 years, SD = 10.08; 7 female; 28 years of practice) with expertise in Systemic Psychotherapy (ST) about their experience and perception of change moments in MPT (e.g., couple therapy, family therapy). We used Qualitative Content Analysis (Mayring, 2014) and an iterative, inductive-deductive process to develop codes for changes in MPT. We discussed all codes for their comprehensibility and completeness. Results: We propose a circular model of Systemic Change Indicators (SCIs) incorporating five areas of change: (1) Entering a shared space; (2) Shared meaning-making; (3) Assuming good reasons and a systemic functionality of the symptom, (4) Empowering system- and self-related agency, (5) Creating new perspective and confidence in the future. SCIs differentiate between systemic or intra-interpersonal change and whether change happens intra- or extra-session. Discussion: We discuss the SCIs as a questioning of (unconscious) interaction patterns, their degree of saturation considering ST, and their relation and distinction, respectively, to the GCIs. Acknowledgment: The study is part of a doctoral thesis funded by ANID-Chile through a scholarship for doctoral studies to Nina Immel (21190778) and received support from the Society of Psychotherapy Research (SPR) through an Individual Small Research Grant awarded to NI in 2021."

- **Paper: "Unraveling shame": Therapy experiences of religious sexual minority college students**

*Main author: Audrey Parker (Brigham Young University)*

*Co-authors: Melissa Jones, David Erikson*

### **ABSTRACT:**

Sexual minority adolescents and adults experience higher rates of psychological risk factors and mental health disorders than their straight peers. As theorized by the minority stress model, this increased distress may be related to both external stressors (including discrimination and violence) and internal stressors (concealment, expectation of rejection, and internalized homonegativity). For some sexual minority individuals who also hold religious beliefs, conflict between their sexual orientation and religious beliefs may also be a

stressor. Sexual minority adolescents and adults present to therapy at higher rates than their straight counterparts, and clients seeking help with religious and sexual conflict make up some portion of this distressed group. We set out to qualitatively explore the therapy experiences of religious sexual minority college students using consensual qualitative methodology. In particular, we investigated the role therapy plays in helping clients navigate conflict between their sexual orientation and religious belief. Fourteen participants completed 60-90 minute interviews that included questions about their therapy experiences. Themes emerged representing both helpful and unhelpful aspects of group and individual therapy. Helpful group themes included "learning from others," "connecting with others," and "a supportive environment;" and unhelpful themes included "not connecting with others," and "discomfort with group content." Helpful individual therapy themes included "processing and exploration" and "a supportive environment;" and unhelpful themes included "problems with the therapist" and "problems with the therapy process." Connections to Yalom's "curative factors" and Wampold's "contextual model" are discussed, as well as special considerations when working with a religious sexual minority population.

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#### Panel

## Innovating Clinical Supervision in Naturalistic Settings: Three Methods Implemented and Compared

Thursday, June 22nd, 18:00-19:00 - Room: Virtual

*Organizers & Moderators:* Robbie Babins-Wagner (Calgary Counselling Centre), Myrna Friedlander (University at Albany (SUNY))

#### **ABSTRACT:**

Clinical supervision is essential for learning psychotherapy practice. However, it is not clear which supervision methods are most effective for new psychotherapists. Our panel will present three frameworks for supervision: Competency-based Supervision (CBS), Skill-based Supervision (SBS), and Routine Outcomes Measurement Supervision (ROM). These methods will be presented by their originators and innovators. We will also discuss the processes and lessons from implementing these approaches in a large community mental health organization. In addition, we will present initial results comparing the clinical outcomes of over 110 trainees who saw ~4,000 clients, where each trainee studied under supervisors using one of the above methods. Finally, we will summarize our findings and discuss plans for future implementation of these supervision approaches.

- **Paper: Routine Outcome Measurement Supervision: A Feedback Informed Supervision Framework**

*Main author: Cathy Keough (Calgary Counselling Centre)*

#### **ABSTRACT:**

Clinical supervision provides trainees with guidance and feedback to best serve clients in distress. Routine Outcome Measurement Supervision (ROM) extends these methods by utilizing principles from feedback-informed treatment through routine review of client progress and functioning at each session. At a large community mental health clinic in Canada, we measure client progress through a 45-item client-reported questionnaire of clinical distress (Outcome Questionnaire – 45; OQ-45.2, Burlingame, Wells, Lambert, 1999) and a 10-item measure of alliance (Session Rating Scale; SRS, Johnson, Miller & Duncan, 2000). ROM supervision provides a structure for focusing on individual client outcomes and therapy effectiveness. This structure enables supervisors to help supervisees adjust interventions based on client data, instigate role plays based on ROM core competencies, and review client progress session by session. An additional emphasis is placed on developing clinician skills to identify clients at risk of deteriorating or of leaving therapy prematurely. This paper will go into greater detail on how to implement ROM-based supervision, including lessons from its implementation in a large community based mental health organization.

- **Paper: Skill-based Supervision: A deliberate practice model based on the actions of effective therapists**

**Main author: Bruce Wampold (University of Wisconsin–Madison)**

**ABSTRACT:**

Experts in various fields are characterized by their use of deliberate practice to gradually improve their performance. The first step to using deliberate practice is to identify the skills that characterize expert performance. Based on the work of T. Anderson and others, the interpersonal skills used by therapists who produce desirable outcomes are candidates for deliberate practice. Skill-based supervision involves several components. First, based on observation of trainees' performance with clients, the supervisors identify trainee skills that need improvement. Second, the supervisor creates opportunities for the trainee to iteratively practice the identified skill, with feedback. Iterative practice involves role plays as well as the use of Skillsetter®, an electronic platform for the deliberate practice of psychotherapy skills. Third, after mastery (or adequate improvement) of a particular skill, the supervisor reviews the trainee's use of the skill in therapy, both in terms of the quality of the skills but also its appropriate use in the session. Finally, the supervisor monitors the progress of the trainee's clients to determine whether the skill focus is gradually improving outcomes. Issues in skill-based supervision are discussed.

- **Paper: Competency-Based Clinical Supervision: Training and Coaching**

**Main author: Mike Ellis (University at Albany, SUNY)**

**ABSTRACT:**

Promoted by Falender and Shafranske among others and viewed through the lens of diversity, oppression, and privilege, competency-based supervision (CBS) is a metatheoretical approach that explicitly targets the knowledge, skills, and attitudes that comprise professional competencies, informs learning strategies and evaluation procedures, and meets criterion-referenced competence standards consistent with evidence-based practices, and the systemic/local/cultural clinical context. Based on current best practices

and competencies standards for clinical supervisors and clinical supervision across disciplines (and regulations), we sought to train clinical supervisors via a series of bi-weekly 90 minute coaching sessions. The virtual coaching sessions included 45-minute presentations on a specific topic that routinely included an experiential learning component. One member of the CBS team presented recorded video segment(s) for their supervision case presentation during the second 45-minute structured supervisor supervision. The curriculum focused on specific supervisor competencies and supervision topics such multicultural diversity and identities, cross-cultural and international supervision, the supervisory relationship, professionalism, assessment/evaluation/feedback, gatekeeping and problems of professional competencies, and ethical-legal and risk management considerations, supervision theories, supervision interventions, modalities of supervision (e.g., live, group, and virtual supervision), team building, and self-awareness (e.g., sexual attraction, identities, ending relationships-termination). A unique and integral component of the CBS training and coaching was incorporating and attending to routine process monitoring (i.e., client outcomes). The evolution of the CBS training and coaching within an applied setting will be discussed along with lessons learned.

- **Paper: Implementation and Effectiveness of Three Supervision Models in a Community Mental Health Setting**

*Main author: Robbie Babins-Wagner (Calgary Counselling Centre)*

**ABSTRACT:**

"The three supervision models discussed earlier were implemented in a randomized clinical trial at Calgary Counselling Centre, a large community mental health organization in Alberta, Canada. Supervisors were randomly assigned to learn and practice each method of supervision with their trainees. This paper will discuss the process of integrating this practice-based study into a busy mental health organization, including qualitative feedback from supervisors. [DC1] We will also present results from our initial quantitative analyses. The study has run for 18 months and enrolled 20 supervisors overseeing more than 120 supervisees and 4,000 client cases (~20,000 sessions). Preliminary analyses showed that trainees in each study arm improved their client outcomes over time, and there were no differences in the clinical outcomes between clients of supervisees in each study arm. We will interpret these results in the context of implementation in naturalistic settings. This is a good spot if you'd like to add a preview of what you'll share on this front. [DC1]"

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### Brief Paper Session

Thursday, June 22nd, 18:00-19:00 - **Room: Virtual**

- **Paper: Reflective functioning, symptom improvement, and perception of therapy progress among perinatal women**

*Main author: Hally Bernstein (Lenox Hill Hospital/Northwell Health)*

*Co-authors: Ozlem Bekar, Inga Blom*

**ABSTRACT:**

There has been a significant growth in the prevalence of perinatal mood and anxiety disorders (PMADs). Despite the fact that pregnancy is common and anxiety/depression often arise for the first time during the perinatal period, PMADs remain under-researched, creating a need for informed interventions and understanding of its etiology. Attachment theory suggests that this period may be especially difficult for those who had troubling or traumatic experiences with their own caregivers, as they re-experience unresolved events by becoming mothers themselves. Reflective functioning (RF), or the ability to mentalize one's own intentions and experiences, may be a protective factor against insecure attachment, and mothers with higher RF may have a greater ability to both separate from and empathize with their babies, increasing the strength of the parent-infant bond and parent satisfaction. A capacity for mentalization may also bolster psychotherapy effectiveness, as reflecting on one's progress could increase a sense of autonomy and self-compassion. For this brief paper we propose to present on already-collected data taken from a population of 40 demographically diverse urban perinatal women who have experienced labor and delivery since the onset of the pandemic. We hypothesize that self-reported RF at intake will predict symptom improvement after several months of attachment-informed psychotherapy; we also hypothesize that higher RF will be associated with patients' reporting a greater estimation of their own improvement. We hope these results will help illuminate potential risk and protective factors for this vulnerable population, as well as how perceptions of psychotherapy progress interact with symptom reduction.

- **Paper: Perinatal Mental Health : Considerations for working therapeutically within the perinatal period**

**Main author: Mou Sultana (Vhi and Private practice)**

**ABSTRACT:**

"Proposition: Therapeutically engaging with patients and their partners or significant others within the perinatal period require certain clinical considerations and changes to the existing approach to and conceptualisation of the perinatal period. The speaker will draw from their clinical experience and 'The Becoming' Model, an integrative perinatal counselling model developed by them based on their PhD study (UCD) due to be published by Taylor & Francis Routledge in 2023. The focus will remain on the therapeutic aspects of the work.

Discussion : Three major considerations for discussion. ·Querying the functionality and benefits of the existing time frame of the perinatal period from a therapeutic perspective, ·Highlighting the importance of adopting a phenomenological approach in clinical interviews and ·Accentuating the need for an identity-based model in the conceptualisation of perinatal mental health difficulties.

Conclusion : The use of an extended time period within the therapeutic context unlike the psychiatric definition of the perinatal period will help clinicians provide better support and care. Phenomenological approach to training and an identity-based therapy-model are much needed and the Becoming Model addresses that gap."

- **Paper: Findings from the Pandemic Coping Project: The Role of Age and Need for Structure on the Effectiveness of Coping by Use of Structure**

**Main author: Olivia G Glasgow (The University of Memphis)**

*Co-authors: Jeffrey S Berman, Erin M Solomon, Rivian K Lewin, Rachel L Pace, Andrew N Snell*

**ABSTRACT:**

Social distancing measures implemented during the COVID-19 pandemic had a profound impact throughout the world. Prior research on social isolation and disease quarantine procedures underscored the potential for negative psychological consequences because of social restrictions. The current study used a randomized clinical trial design to evaluate the helpfulness of different strategies for coping with social isolation. Participants were randomly assigned to engage for a two-week period in one of seven classes of coping strategies. Previous findings from this study demonstrated that coping using structure was more effective at reducing distress than the other coping strategies. Additional analyses focusing on age have now revealed that younger participants assigned to the structure strategy experienced less distress than when they were assigned to the other strategies; on the other hand, older participants did not experience this same superior benefit when assigned to the structure strategy. Analysis also indicated that participants with a higher need for structure reported lower levels of loneliness when engaging in the structure strategy than when following any of the other strategies. In contrast, there were no reliable differences among the strategies on reported levels of loneliness for participants with a lower need for structure. This pattern of results indicates that the superiority of the coping strategy based on the use of structure depended on characteristics of the individual, with those who were younger and desiring structure benefiting the most. Such an outcome implies that advice and treatments for coping with isolation may need to be tailored to the individual.

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**Brief Paper Session**

**Thursday, June 22nd, 18:00 - 19:00 - Room: Virtual**

- **Paper: Transdiagnostic Effects of Therapist Self-Disclosure on Diverse Emotional Experiences of Clients with Emotional Disorders and Schizophrenia**

**Main author: Tal Alfi-Yogev (Bar-Ilan University)**

*Co-authors: Yogev Kivity, Dana Atzil-Slonim, Adar Paz, Ilanit Hasson-Ohayon*

**ABSTRACT:**

Objective: Despite the clinical significance of emotional diversity, also known as emodiversity, there has been limited investigation into the therapeutic interventions that can influence emodiversity. The current study examined the association between immediate therapist self-disclosure and emodiversity among two diagnostic groups who tend to experience emotional difficulties: people with schizophrenia and people with emotional disorders (i.e., depression and/or anxiety). Method: The sample comprised 74 clients (37 diagnosed with schizophrenia and 37 with emotional disorders) treated by 45 therapists in a university clinic setting. Following each session, clients self-reported their emotions and therapists completed a measure of frequency and centrality of their immediate self-disclosure during the session. Results: Longitudinal multilevel models indicated that immediate therapist self-disclosure was positively associated with clients' global

emodiversity, both at the within- and at the between-clients levels, as well as with clients' negative emodiversity at the within-clients level. Moreover, clients with emotional disorders and clients with schizophrenia did not differ in the association between immediate TSD and emodiversity. In addition, across groups, clients treated by therapists who use more immediate TSD on average showed greater increases in global emodiversity during treatment. Conclusions: The expression of therapists' subjectivity in the here and now in treatment is associated with clients' ability to experience rich and diverse emotional experiences- across different disorders.

- **Paper: The empirical and conceptual rationale for applying mentalization-based psychotherapy to the treatment of emerging psychosis**

**Main author: George Salaminios (British Association for Counselling and Psychotherapy (BACP))**

*Co-authors: Martin Debbané*

**ABSTRACT:**

Mentalization-based treatment (MBT) is a psychodynamically oriented form of psychotherapy originally developed for the treatment of borderline personality disorder. The focus of MBT is on enhancing mentalizing - the imaginative capacity to reflect on the internal mental states (i.e. thoughts, feelings) underpinning one's own and others' behaviors. Developmentally, mentalizing abilities are established through early attachment relationships in childhood and further elaborated in adolescence through the widening of interpersonal relationships and increasing social complexity. Disturbances in mentalizing abilities pertaining to the understanding of oneself and others have consistently been identified among samples of individuals suffering with psychosis. Mentalizing difficulties in psychosis have been investigated using an array of different methodologies including narrative assessments, novel experimental tasks and self-report measures. Most importantly perhaps, contemporary research suggests that disruptions in mentalizing abilities are already present, albeit at an attenuated degree, during the premorbid and prodromal stages of psychosis, prior to the first diagnosable episode of the disorder. On the basis of this evidence, we will focus on mentalizing as a key protective psychological factor that can attenuate the developmental trajectory of emerging psychosis during the critical developmental period from adolescence to young adulthood. Against this empirical background we will discuss the application of MBT as a preventative psychotherapeutic intervention to support resilience against clinical psychosis among individuals confronted with genetic and other risks for the disorder.

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### Structured Discussion

## Personality and Emotional Change! A Video-Assisted Structured Discussion in Support of a Paradigmatic Shift

Thursday, June 22nd, 18:00 - 19:00 - Room: Virtual

Organizer: Nuno Conceicao (Faculty of Psychology, University of Lisbon (CICPSI))

Moderators & Discussants:



- *Susana Vaz (Complementarity Lab)*  
*Ana Gonzalez (Complementarity Lab)*  
*Elsa Conde (Complementarity Lab)*  
*Ana Silva (Complementarity Lab)*  
*Sara Neves (Complementarity Lab)*  
*Antonio Fernandes (Complementarity Lab)*  
*Filipe Lopes (Complementarity Lab)*  
*David Schroeder (University of Zurich)*

#### **ABSTRACT:**

Habits of mind underlying personality processes are resistant to change. This structured discussion presents Zoltan Gross' (1992; 2018) upside down way of thinking about facilitating change in personality pathology and its recurrent problematic patterns. Personality here is seen as the experience of the brain engaged in the process of keeping itself in its homeostatic condition. A subtle paradigmatic shift is proposed whereby emotionality is formulated as personality process shedding light on the multi-layered function of the therapeutic dyad. It opens the door to in-session general principles of change, that of (old) habit interruption or validation (reinforcement) and that (new) habit building. The skill of using one's person as a dynamic part of the therapeutic process is not simple, yet it could better permeate current psychotherapy training systems. Depending on one's age and level of emotional skill, it is as difficult to learn as it is easily rewarding. Nuno Conceicao interviewed centenary Zoltan Gross for 40 hours, and asked the student discussants to systematically analyse and select mini video vignettes. Selection was based on challenges to their previous representations of psychotherapy aimed at facilitating change in personality pathology. Guiding their preference, was what most helped them learn about the paradigmatic shift. Based on the general principles of habit interruption and validation (reinforcement), they illustrate how to better feed the mechanisms of emotional processing and corrective experience (emotional & relational). The audience will be invited to discuss how the practice, research and training endeavors are more or less aligned with such representation of psychotherapy.

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#### **Brief Paper Session**

**Thursday, June 22nd, 18:00 - 19:00 - Room: Virtual**

- **Paper: Trainee therapists' experience of learning using a machine client: a proof-of-concept exploration of ERIC (Emotionally Responsive Interactive Client).**

**Main author: Julie Prescott (University of Law)**

**Co-authors: Lisa Ogilvie, Terry Hanley**

#### **ABSTRACT:**

The use of artificial intelligence (AI) is increasing in many areas of health care, including mental health care. This paper looks at a machine client as a learning experience for trainee therapists. ERIC (Emotionally Responsive Interactive Client) is evaluated from a sample of 28 trainee therapists in terms of his engagement as a learning tool and how he assists in therapists learning. Trainee therapists were recruited from one university from a postgraduate and an undergraduate counselling programme. Feedback from the sample is positive and all enjoyed the use of ERIC as a learning method, the triad approach replicating counselling training and utilising their counselling skills. ERIC was found to be useful to practice counselling skills, in a non-judgmental environment. Participants felt the scenarios were realistic and engaging with many feeling they were engaging with a real client/person due to ERICs' ability to express emotions. The addition of the tutor in the bot not only allowed ERIC to simulate a triad approach to teaching, but also enabled participants to reflect on their responses. ERIC is at the proof of concept phase, from the feedback presented here it is evident that he is a useful learning tool and further development of ERIC, with feedback from a larger sample is required. The authors posit that ERIC can be further enhanced and adapted to be a useful learning platform for trainee therapists as well as for students in other (healthcare related) disciplines whereby a client or patient is required.

- **Paper: Web platform to analyze and supervise the transferential and countertransferential positions of both patient and therapist**

*Main author: Elena Stein Sparvieri (Asociación Argentina de Salud Mental (AASM))*

**ABSTRACT:**

The Assisted Text Analysis (ATA) tool is an interactive web platform we're organizing that proposes the wishes underlying the transferential position of the patient and the countertransferential position of the therapist, in the discourse, during the session, simultaneously. This is accomplished in the following way: first, the researcher provides the text to analyze by inserting the units of analysis, considered as speech acts, in the platform workspace. The ATA tool then proposes the wishes underlying each speech act by considering the wishes underlying the words expressed, according to a lexical dictionary, as well as the wishes proposed by machine learning techniques. The method applied to infer the wishes is the David Liberman Algorithm (DLA), based on the Freudian perspective, which suggests wishes underlying words and speech acts by means of a lexical dictionary and a speech acts grid. The ATA is proving useful to analyze and supervise psychotherapy sessions. The supervision is done by the psychotherapist or by a group of psychotherapists, who discuss the wishes the ATA proposes as underlying components of each speech act (or transferential, countertransferential statement). Although this tool is an ongoing project, it has been in use for about three years, by a group of Spanish and Portuguese speaking psychotherapists, since it can be used in both languages.

- **Paper: A Virtual Reality Gamified Experience to assess Anxiety and Stress**

*Main author: Joaquín Asiain (Universidad de Belgrano)*

*Co-authors: Juan Cruz Curatti, Andrés J Roussos*

**ABSTRACT:**

Virtual Reality (VR) is the use of technological interfaces to simulate the behavior of 3D entities that interact in real time with a user immersed via sensorimotor channels, who

suddenly feels present in a simulated digital environment. VR components are being successfully applied in the assessment, treatment and research of mental health conditions such as anxiety disorders. The problem is that traditional assessment methods of anxiety's four dimensions are reportedly not enough for an integrative understanding of this condition's onset mechanisms. Our aim is to design an assessment model for anxiety using an immersive VR system; in this particular presentation we show how the processes of human perception and reaction are related to anxiety elicitation. A VR system offers a uniquely controlled way to achieve this, by assessing anxiety's various indicators while the patient engages in a simulated experience with narrative and gamification components: a walk in a park where a companion guides us through interactive activities while the clinician administers tests. The method aligns to the recommendations from the methodological framework called VR-CORE (Birckhead et al. 2019). This presentation focus on a single anxiogenous activity from the project, in which the participant has to take an elevator up to a tall roof to retrieve a lost cat and then come back down. Preliminary results show promising potential for the proposed anxiety assesment model.

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### Brief Paper Session

Thursday, June 22nd, 18:00 - 19:00 - **Room: Virtual**

- **Paper: Patterns of therapeutic alliance and outcome in short-term group psychotherapy among patients diagnosed with anxiety and personality disorders**

**Main author: Joanna Mostowik (Department of Psychotherapy, Jagiellonian University Medical College)**

*Co-authors: Michał Mielimąka, Krzysztof Rutkowski*

#### **ABSTRACT:**

"Background: The therapeutic alliance is one of the most significant factors influencing the results of psychotherapy. However, the therapeutic alliance is examined more frequently in individual psychotherapy than in group therapy. Research done to date presents ambiguous results on the relation between alliance patterns and outcomes. The aim of the study is to present the dynamic of the alliance that takes shape during short-term intensive group psychotherapy.

Methods: Data were obtained from 81 patients diagnosed with anxiety and personality disorders (ICD-10 groups: F4x, F60.x, and F61) treated in intensive short-term group psychotherapy combined with individual psychotherapy at the Day Center for the Treatment of Neurotic Disorders and Behavioral Syndromes at the University Hospital in Krakow. All variables were measured at the beginning and end of the treatment, while the therapeutic alliance (TAQ 36-2) was also measured in between. The patients also completed the Inventory of Personality Organization, The Experiences in Close Relationships-Relationship Structures Questionnaire, and The Reflective Functioning Questionnaire. The outcomes of the psychotherapy were measured with OQ 45.2.

Results: The analysis revealed three main patterns: U-shaped, linear growth, and linear decrease. The patterns correlate with the pretreatment level of personality organization. While none of the patterns were related to the outcomes, the general growth parameter was. Conclusions: The data obtained indicate the complex development of the therapeutic alliance during intensive, short-term group psychotherapy. The results provide useful information, deepening the understanding of patient functioning during treatment."

- **Paper: Why is Public Psychotherapy Services Access Limited? A Qualitative Inquiry**

**Main author: Lorenzo Antichi (University of Florence)**

*Co-authors: Marco Giannini*

**ABSTRACT:**

This qualitative study aimed to investigate the factors that explained limited access to psychotherapy in Italy with the dynamic system framework. We recruited 37 Italian university clinical psychology students (fifth year). The students have divided autonomously into three groups named: "Cheerleaders and Mascotte" (N = 14), "Prima Topica" (N = 12), and "Giorgio" (N = 11). We asked the following question: "What are the problems with public access to the psychotherapy service in Italy"? Each member wrote down two thoughts anonymously in silence. Next, the group categorized the thoughts until an agreement was reached. Then, every group created a system influence map (SIM) to represent which causes and effects led to having an access problem for psychotherapy. The elements had to be classified into positive (favored the next element), negative (inhibited it), or neutral. SIMs were explained to the other groups by elected leaders. Finally, we asked each member to monitor their emotions during the process and anonymously report two feelings about the group dynamics. The "Cheerleaders & Mascot" group created six categories (i.e., fund allocation, politics, stigma, slow access, lack of staff, and disinformation). Moreover, "First Topical" made five categories (i.e., prejudice and stereotype, disinformation, costs, lack of psychological competence of general physicians, bureaucratic difficulties), and "Giorgio" created four (i.e., costs, disinformation, stigma, the inadequacy of the public service). Regarding emotions, the most frequent emotions were "fear" (n = 18), "anger" (n = 12), and "surprise" (n = 12).

- **Paper: Re-Thinking the Working Alliance: Integrating Framework Consensus, Collaborative Motivation and Collaborative Action**

**Main author: Jairo Fuentres (Derner School of Psychology, Adelphi University)**

*Co-authors: Michael T Moore, Usama Bhatti*

**ABSTRACT:**

The working alliance is ubiquitous in psychotherapy research. However, it has received limited conceptual attention in many years. The current study is about the development of a measure to assess the working alliance as re-conceptualized by Fuentres et al. (2020). These authors retained the overarching emphasis of the working alliance on consensus and collaboration, but proposed three factors as integral to the alliance: therapist-client framework consensus, collaborative motivation, and collaborative action. We developed 100 items with which to assess these three factors from the perspectives of the therapist and the client. First, we provided the 100 items along with the definitions of the three factors to 12

professional contacts, so that they could judge how well the items reflected each factor. Based on their feedback we deleted and modified items and created two measures, a therapist and a client version. We then gave the respective modified measures to 168 therapists and 252 clients whose responses were used to further refine the measures and assess their psychometric properties. The results yielded two short, 6-item versions of the survey (i.e., therapist and client forms). The two forms of the measure, which we call the Psychotherapy Alliance Motivation and Action Measure (PAMAM), have strong psychometric properties and are related in theoretically predicted ways with other measures of the relationship and outcome. The PAMAM is reliable and valid and can be used as a complement to existing measures of the working alliance or as an alternative assessment of the relationship.

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## Brief Paper Session

Thursday, June 22nd, 18:00 - 19:15 - **Room: Virtual**

- **Paper: Expansion of self-identity through training in 'Psychotherapy with a Resilience Approach' (PAR)**

**Main author: George Souza Barbosa (SOBRARE – Brazilian Society of Resilience)**

### **ABSTRACT:**

The aim of this research is to demonstrate the results related to the strengthening of personal identity and the expansion of self-awareness about personal resilience, through the consolidation of quantitative results obtained in the years 2015, 2017, 2018; 2021 and 2022 related to clinical research in psychotherapy, known as 'Psychotherapy with Approach in Resilience' (PAR). PAR is based on the 3rd generation CBT model, an innovative approach that identifies intensities applied in behavioral styles developed by the person's cognitive system and offers expansion of self-identity through self-knowledge and training in the field of resilience. Expanding cognitive flexibility factors for prevention, health protection, subdividing them into eight categories called Belief Model Determinants (MBDs)." MBDs are groups of beliefs about areas of life that are essential for the organization of attitudes, decisions, behaviors, emotions and thought processes. In this timely, we are presenting as to the theme of resilience mobilizes women and men, regardless of MBDs. Participants: 8 women, 8 men. Results: Expansion of self-identity through training in PAR - Key words: Women = 513 (53%) and Men = 463 (47%). Development of Change in Beliefs (DCB) = Women = 230 (57%) and Men 173 (43%). Reporting BC: Women = 141 (56%) and Men 113 (44%). Conclusion: In this phase of the research, the female participants have obtained higher results in change production (Reporting BC). It is assumed that, by this data clipping, there is greater flexibility for the Expansion of self-identity through training in Psychotherapy with a Resilience Approach (PAR).

- **Paper: Availability of internet-based cognitive-behavioral therapy (iCBT) for depression: A systematic review**

**Main author: John F. Buss (Indiana University – Bloomington)**

**Co-authors: Joshua S. Steinberg, Gregory S. Banks, Deena Horani, Lauren A. Rutter, Akash R. Wasil, Lorenzo Lorenzo-Luaces**

**ABSTRACT:**

**Background:** We examined the availability and components of internet-based cognitive-behavioral therapies (iCBTs) for depression tested in randomized-controlled trials (RCTs).

**Objectives:** The objectives of this literature review were to determine the extent to which research-validated iCBTs were available to the public, as well as to determine their therapeutic content.

**Methods:** A literature review of randomized controlled trials for iCBTs was conducted on July 30th, 2021. In each iCBT, interventions were disaggregated into treatment modules, comporting to prior work and compared to commercially available smartphone apps.

**Results:** Our search yielded 80 studies that used 41 unique iCBTs. Of these, only six (15%) were completely available to the public, more than half were not publicly available (46%), and the remaining 39% were available but had some restrictions (e.g., those based on the user's geographical location). When comparing iCBTs to commercially available smartphone apps, we found that iCBTs were more likely to contain psychoeducation, cognitive restructuring, behavioral activation, problem-solving, and interpersonal communication components.

**Conclusions:** iCBTs contain evidence-based content but few are available to the public.

Extending beyond efficacy, attention should be paid to the barriers to disseminating iCBTs."

- **Paper: The Use of Feedback Informed Treatment (FIT) in Cognitive Behavioral Therapy in a Public Mental Health Center**

**Main author:** *Yasemin Meral (İzmir University of Economics)*

**Co-authors:** *Özge Yüksel Şengün*

**ABSTRACT:**

**Introduction:** Feedback Informed Treatment (FIT) is a method developed by Miller (2016) to increase the effectiveness of psychotherapy services by routinely receiving feedback from the client in each session. In this way, sessions become more effective and efficient for the client, and the therapeutic relationship is strengthened. The present study applied the FIT method in the psychotherapy processes conducted under supervision at the Psychology Application and Research Center (PUAM), a public mental health center at the Izmir University of Economics, in Turkey.

**Method:** Cognitive Behavioral Therapy processes were divided into three (3) groups as follows; 1) Psychologists routinely received feedback from their clients, 2) Researcher routinely received feedback from clients, and 3) no feedback was obtained from clients (control group). Before and after each session in Groups 1 and 2, the Outcome Rating Scale (Miller; 2016), Session Rating Scale (Miller; 2016), and Session Impact Scale (Stiles, 1980) were delivered to the clients to get feedback. Additionally, to measure the process and outcomes of therapy, clients' symptoms and therapeutic alliance were assessed at the beginning, middle, and end of psychotherapy by using self-rating scales.

**Results:** The study has not yet been completed. We plan to present the preliminary findings of the research.

Discussion: With the potential findings, new practices may be developed to increase the benefits of psychotherapy services in public mental health centers by reducing dropout rates, shortening sessions, and improving psychotherapy outcomes."

- **Paper: Pre-treatment predictors of a day hospital treatment response in personality disorders**

**Main author: Edyta Dembinska (Dpt. of Psychotherapy Jagiellonian University Medical College)**

*Co-authors: Krzysztof Rutkowski, Jerzy Sobanski, Michal Mielimaka, Katarzyna Klasa, Patrycja Jeda*

**ABSTRACT:**

"Background

Although psychotherapy is most effective treatment in personality disorders (PD), many patients are treatment-resistant. Identifying factors that influence treatment response is crucial to improve effectiveness of psychotherapy for PD. Some patients with PD show alterations in the hypothalamic-pituitary-adrenal (HPA) axis. As cortisol may modulate cognitive processes, those patients may achieve less favorable responses to psychotherapeutic treatment.

**Methods**

Patients (n=113) with a PD or/and neurotic disorder (ND) admitted to day hospital treatment were assessed with the Symptom Checklist "O" and MMPI-2. Pre-treatment cortisol levels were measured in three saliva samples collected in one day. Predictors included demographics, initial symptom levels, psychiatric diagnoses and initial cortisol variables. The relationship between pre-treatment predictors and outcome was analysed using logistic regression.

**Results**

Higher baseline symptom severity increased likelihood of being classified as better in general symptom distress. As for outcome in personality traits, higher Depression and Schizophrenia scales predicted reliable changes in the same symptom, higher Depression scale and being in romantic relationship in Psychasthenia scale, female gender in Depression scale. Probability of being classified as better in Depression, Psychasthenia, Schizophrenia and Social introversion scales decreased if the patient had PD or PD with ND diagnosis comparing to ND diagnosis alone. Pre-treatment cortisol measures were not identified as outcome predictors.

**Conclusions**

This study identified some pre-treatment predictors of response to day hospital short-term psychodynamic treatment for PD. Day hospital appears suitable for highly symptomatic patients with PD, but they may need longer treatment to achieve improvement in enduring personality traits."

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Thursday, June 22nd, 2023, **19:00 - 20:00 (IST)**  
**Poster Session** - Room: Lower Concourse

Poster

## **Infertility - personality and temperamental characteristics**

**Main author:** Witold Urban (*Department of Psychotherapy, Jagiellonian University Medical College*)

**Co-authors:** Krzysztof Rutkowski, Michał Mielimąka, Katarzyna Klasa, Robert Jach, Olga Kacalska-Janssen

### **ABSTRACT:**

"Infertility is defined as not being able to get pregnant after one year of unprotected sex. It is estimated to affect between 10 and 15% of reproductive-aged couples. Female factors cause 35% of all infertility cases. Conducted studies show that infertility is associated with higher rates of anxiety, greater psychological distress and lowered self-esteem.

Considering the factors mentioned above and the relatively high prevalence of infertility in general population, we can assume a strong probability of meeting infertile patient or couple in everyday psychotherapeutic practice. It is essential to highlight that patients with infertility compose a heterogeneous group and problems reported by them may differ depending on the cause of infertility.

In our study we want to compare how patients with infertility differ from patients with other endocrinological diagnoses regarding particular psychological characteristics. Moreover, we want to find out if there are any differences in psychological functioning depending on the cause of infertility.

170 patients were enrolled into the study. We collected the sample from the group of patients who were admitted to the Gynaecological Endocrinology Department for endocrinological and gynaecological evaluation. Laboratory assays and gynaecological examination were performed for all patients. Patients enrolled into the study also performed the following questionnaires: NEO-FFI, STAI, TAS-20, MSEI, TEMPS-A. At this stage of the study we are in the process of data analysis. Initial results will be presented.

This study is part of a larger project focused on psychological aspects of infertility and polycystic ovary syndrome."

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Poster

## **Vicarious trauma and responded art: a professional development workshop for psychotherapists working with survivor of trauma**



**Main author: Catherine Emmanuelle Drapeau (Université du Québec à Montréal)**

*Co-authors: Marc-Simon Drouin, Pierre Plante*

**ABSTRACT:**

"We designed a qualitative study to explore and identify outcomes of participants' experience of a workshop aiming to raise awareness of vicarious trauma (VT) and introduce the practice of response art (RA) for self-care. The workshop was designed and implemented in the winter of 2018. It was facilitated by an art therapist. Seven psychotherapists who work with refugees and asylum claimants attended the event. During the workshop, they received theoretical information about VT and RA, were initiated to the practice of RA, and offered a RA kit to take home. All participants took part in three semi-structured interviews over the two months following the workshop. The data collected from the follow-up interviews was submitted to a thematic analysis to gain an understanding of participants' experience of the workshop and of RA as well as to elucidate enduring outcomes of the workshop and post-workshop RA experiences. Results suggest the experience was pleasant and beneficial to participants. Knowledge acquisition, the normalization of one's experience of vicarious trauma, and increased and new awareness of oneself and others, to name a few, were reported by participants as outcomes of the workshop and of RA. The need for practical knowledge consolidation through follow-up workshops was also strongly advised by participants. Recommendations for professional development endeavors bridging VT and RA based on our findings are discussed."

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**Poster**

**The Therapeutic healing power of Narratives: An exploration of lived experiences of HIV positive patients that develop comorbid Psychiatric disorders in Uganda**

**Main author: Grace Mbabazi (Middlesex University)**

**ABSTRACT:**

The human immunodeficiency virus (HIV) is a significant public health problem in sub-Saharan Africa, despite advances in treatment and improvements to enhance survival. Although the use of antiretroviral therapy has made a positive impact, wider health concerns are noted in patients with HIV infection, including the impact of co-morbid conditions. The United Nations estimates around 70% of people living with HIV/AIDS reside in this region and 76% of AIDS-related deaths occurred in this region alone in 2007. Unlike well-developed countries, where medication is now readily available to prevent people from dying, sub-Saharan Africa still faces a pandemic that has already claimed more than 20 million lives (UNAIDS, 2012). The scourge wrought by HIV/AIDS is the most significant large-scale public health threat in living memory. After three decades of successful treatments, HIV infection rates in Uganda are rising again. The potential impact of

co-morbid psychiatric disorders on the well-being of HIV-infected patients can be significant, influencing medication adherence, health behaviours, morbidity, and mortality. The Narrative-based literature revealed that psychiatric disorders are positively correlated with HIV infection and pose significant risks to the quality of life. Epistemological studies recognise that individuals with HIV infection have a relatively high prevalence of psychiatric disorders. Research findings identified discrimination, stigmatisation, shame, lack of psychosocial support, open dialogue, and resilience, including broader implications for patient education, systems service design and management processes, influencing national mental health policies reviews, forming knowledge in the field of psychotherapy, guiding future practice and dissemination of new scientific treatment practice.

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Poster

## **A Bayesian Dynamic Network Analysis of Panic Disorder and Respiratory Biomarkers**

**Main author:** *Galen Patrick Cassidy (The University of Texas at Austin)*

*Co-authors: Mikael Rubin, Santiago Papini, Michael Telch*

### **ABSTRACT:**

The network theory of psychopathology is gaining popularity as a conceptualization of psychological disorders that may aid in the identification of mechanisms of therapeutic change. However, many existing networks have been limited by small samples and reliance on cross-sectional data. Here we present data from a longitudinal network analysis of a Capnometry Guided Respiratory Intervention (CGRI) for panic disorder aimed at providing patients training in correcting hyperventilation- a widely recognized risk factor for panic attacks- to construct the first large-scale ( $n = 1,080$ ), dynamic Bayesian panic disorder (PD) symptom network. Our findings offer support for cognitive models of PD, including the importance of avoidance and fear of panic as influential drivers of symptom change over the four-week course of treatment. Moreover, the association of respiration rate during treatment with downstream PD symptoms offers some support for CGRI's hypothesized mechanism of action, as well as the utility of including respiratory biomarkers in future network analyses.

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Poster

## **Hypnosis treatment outcome predictors in patients with chronic pain during psychotherapy**

**Main author:** *Anna Dominika Kaczmarek (Department of Psychotherapy, Jagiellonian University Medical College)*

*Co-authors: Michal Mielimaka, Krzysztof Rutkowski*

### **ABSTRACT:**

"Background: Chronic pain is a multidimensional, dynamic integration among physiological, psychological, and social factors that influence each other, affecting individual variability in treatment outcomes. Patients undergoing psychotherapy for anxiety and personality disorders often face chronic nociplastic pain symptoms and require multimodal management. Hypnosis is a well-established non-pharmacological pain treatment that may accompany psychotherapy.

Methods: To identify variables that have the potential to explain beneficial hypnosis effects, we used data from a randomized clinical trial on the efficacy of hypnosis in 60 patients with chronic nociplastic pain. We explored the predictive utility of the initial response (the change in pain intensity produced by the first treatment session), hypnotizability (the ability to experience suggested alterations), and pain medication use (taking analgesics during the trial).

Results: The initial response correlated positively and moderately with pain intensity decreases induced by the complete hypnosis treatment. There was only a weak association between hypnotizability and pain quality improvement. A significant interaction occurred between time and medication use for pain intensity and pain quality scores with medium to large effect sizes. Only patients not taking analgesics achieved a meaningful reduction in pain outcomes.

Discussion: The initial response to hypnosis treatment may be a positive signal for its continuation. Patients should not be disqualified from treatment based on the low hypnotizability level alone, as they can still obtain beneficial outcomes. The pain medication use is a new predictor with moderator potential, as significant decreases in pain intensity and pain quality occurred only in the absence of pharmacotherapy."

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## Poster

### **Subjective experience of a brief couple therapy: a qualitative study with Japanese couples**

**Main author: Liu Cheng (Ritsumeikan University)**

*Co-authors: Chisato Tani, Junko Shinsha, Takashi Mitamura*

#### **ABSTRACT:**

"Aim: Approximately 30% of marriages in Japan result in divorce. A substantial number of couples, though they decide to stay in their marriage, still experience relationship issues. There is a paucity of empirical studies on couple therapy in Japan. We, therefore, developed a Two-sessions Contextual Couple Therapy program (Two-CCT: Mitamura et al., 2023) for Japanese couples and have been conducting a series of research studies. This study aims to understand the subjective experience of couples in Two-CCT toward establishing the utility of Two-CCT in Japan.

Method: 5 couples who underwent Two-CCT were interviewed individually after the termination. A total of 5 heterosexual men (mean age = 37, SD =6.89) and 5 heterosexual women (mean age = 36, Sd =3.61) had a 50-minutes semi-structured interview. Almost all participants had a higher relationship satisfaction after the treatment (pre-treatment mean = 43.08, post-treatment mean = 54.33, Hedges's  $g = 1.35$ , 95%CI [0.35-2.34]). Both therapy and interview were online. The recordings of the interview were analyzed using the ground theory approach.

Results & Discussion: The analysis is ongoing. Three domains were set out: experience of the therapist and therapeutic relationship, experiences during therapy, and experiences after therapy. During therapy, participants became aware of interaction patterns with the therapist's help. They were also able to have a balanced view of their problems. Some couples reported that reflecting on the session with each other in their daily life enriched their therapeutic gains. After participating in Two-CCT, couples' perceived relationships will become more positive than before."

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## Poster

# Meanings associated with the recent HIV diagnosis in men who have sex with men in Chile and its impact on mental health

**Main author:** *Cristian Ortega (Universidad UNIACC and Universidad Diego Portales and MIDAP)*

**Co-authors:** *Victor Figueroa, Cecilia del Canto, Francisco Gonzalez*

## ABSTRACT:

"Background: The rate of people diagnosed with HIV has increased since 2012 in Chile, particularly in Men who have Sex with Men (MSM), who, upon acquiring the virus and being diagnosed, require psychological support for their particular needs.

Objective: To understand the meanings associated with the recent diagnosis of HIV in MSM and its implications for mental health.

Method: Eight men recently diagnosed with HIV were interviewed through an exploratory study, and their reports were analyzed following the steps of the Interpretive Phenomenological Analysis (IPA).

Results: The acquisition of HIV impacts the emotional well-being of MSM, which generates the deployment of adaptive or maladaptive psychological strategies for physical and mental health. The interviewees considered the diagnosis a ""coup"", with different trajectories and resolutions in how they approach their future life, ranging from the denial of the diagnosis to profound changes tending to self-care and coping with the HIV treatment and life. At the same time, psychological and peer support needs emerged in order to reveal the

acquisition of HIV and face anxieties, stigma and discrimination due to their seropositive status.

Conclusions: MSM needs specialized psychological support devices for HIV diagnosis, allowing early coping with psychological hardships, including the possibility of committing suicide. Psychological support would improve treatment adherence and, consequently, the achievement of undetectability."

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## Poster

# Moderation Effect of Adverse Childhood Experience on Attachment & Couple Satisfaction at Intake

**Main author:** *Emma Elizabeth Allen (Brigham Young University)*

**Co-authors:** *Alyssa Banford, Witting Lee Johnson*

## ABSTRACT:

**Aims.** Current literature highlights an association between experiencing adverse childhood events (ACE) and developing insecure attachment into adulthood. Further, experiencing 4 or more ACE are associated with an increase in mental health symptoms that negatively impact relationships. Therefore, this study seeks to understand if partner ACE scores moderate the effect between partner's anxious and avoidant attachment on couple satisfaction at intake.

**Methods.** Participants were clinically distressed heterosexual couples in therapy. Data were from the Marriage and Family Therapy Practice Research Network. Couples were assessed using ECR and BARE attachment measures, ACE measure for adverse childhood experiences, and CRS-S measure for couple satisfaction. Data analysis tested interaction effects using a multilevel model.

**Results.** Results indicated that the overall model was significant. In addition, males who reported an ACE score of 4 or higher with a one point increase in avoidant attachment, experienced a 1.36 decrease in their own reported couple satisfaction at intake session ( $b = -1.36, p < 0.05$ ). Additionally, both husband and wife avoidant attachment had a significant direct effect with reported couple satisfaction

**Discussion.** Avoidant attachment and higher ACE scores seem to impact reported couple satisfaction more than anxious attachment. Avoidant attachment is related to valuing independence and relational distance, thus creating less opportunities for emotional connection. ACEs are also related to further mental health symptoms and maladaptive coping skills that may impact marital satisfaction. Therefore, by addressing adverse childhood experiences and helping partners emotionally engage in therapy, couple satisfaction may improve."

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Poster

## **Reconceptualizing the Challenges of International Student Therapists in the US: From A Dialectical Perspective**

**Main author:** *Sin U Lam (University of Wisconsin–Madison)*

**Co-authors:** *Wei-Chiao Hsu, Simon B. Goldberg, Shinye Kim, Hui Xu*

### **ABSTRACT:**

"There have been an increasing number of international student therapists (IST) in American Psychological Association-accredited doctoral programs over the past two decades due to the advancement of psychotherapy training in the US. As key players in the internationalization of psychology, ISTs possess valuable strengths given their cross-cultural experiences and intersectional identities. They may promote international work, social justice advocacy, and provide cross-cultural services to culturally and linguistically diverse population worldwide.

Nevertheless, previous literature on ISTs have largely focused on their challenges while neglecting the potential they may have. Exclusive focus on challenges may perpetuate a deficit-based perspective reflecting issues of Eurocentrism and linguistics hegemony, while excessive focus on strengths may run the risk of undermining the practical challenges and stressors ISTs often face during their training. To understand ISTs' training needs more holistically and effectively, a dialectical perspective is warranted.

In this poster, we aim to provide a dialectical framework to capture the challenges, potentials, and training needs of ISTs. In particular, we 1) reconceptualize the deficit-based perspective of ISTs' professional challenges from a dialectical perspective, 2) propose a theoretical framework that underscores strengths as transferrable outcomes from potentials when training needs are met, and 3) provide recommendations for training programs and supervisors to meet the training needs of this population. By doing so, we hope to encourage educators and supervisors to recognize ISTs as assets in the profession and to increase efforts to enhance effective training environments for this valuable but vulnerable population."

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Poster

## **Measuring Therapeutic Metacommunication in Psychotherapy: The Development of an Observer-Rated Instrument**

**Main author:** *Emily K O'Connor (University of Ottawa)*

**Co-authors:** *Paula Ravitz, Jonathan Hunter, Livia Chyurlia, Stephanie Baker, Louise Balfour, Nancy Mcquaid, Clare Pain, Molyn Leszcz, Giorgio A Tasca*

**ABSTRACT:**

Metacommunication, or talking about communication, is a commonly used psychotherapeutic strategy. Psychotherapists use therapeutic metacommunication (TM) to help patients understand their interpersonal impact and to help resolve therapeutic alliance ruptures. TM is a transtheoretical strategy found throughout many psychotherapy trainings and clinical texts. Although TM is widely used and regarded as therapeutically important, there is surprisingly little research to support its use. We believe this is partly due to the absence of a measure of TM. Objectives: Develop and validate an observer-rated TM measure. Method: this work will comprise two studies. Study 1 (current work): Based on a literature review, expert consultation, and using publicly available psychotherapy transcripts, we will develop, test (interrater reliability, content validity), and refine a preliminary observer rated TM item pool. Study 2: In a previous RCT conducted by our lab (Tasca et al., in press), 117 patients were treated by 40 psychotherapists. Psychotherapists were assigned to either a training to repair alliance ruptures (including use of TM) or to a no-training condition. Using transcripts, and observer rated and patient-completed measures from this RCT, we will assess interrater reliability and predictive, convergent, and construct validity of a new TM measure. Conclusion: SPR will provide an opportunity to network with experts to gain feedback on our TM construct definition, concept map, preliminary TM Item Pool, and measure structure. Impact: A validated, reliable observer-rated TM measure will allow psychotherapy researchers to explore and gain insight into the impact of this widely used intervention on patient mental health outcomes.

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**Poster****Psychotherapy Techniques Related to Therapist Alliance  
Among Adults With Eating Disorders**

**Main author:** *Evangelina Giannopoulos (Derner School of Psychology, Adelphi University)*

**Co-authors:** *Mark Hilsenroth*

**ABSTRACT:**

The prevalence of eating disorders (ED) has persistently increased over time, especially over the course of the COVID-19 pandemic, yet research on ED treatment is scarce. This study is the first to explore the relationship between therapeutic techniques and alliance in the treatment of adults with EDs. Data was collected via an online survey from 126 licensed therapists treating an adult with an ED. Therapists had an average 15 years of clinical experience in various theoretical orientations (e.g., cognitive-behavioral = 50%, psychodynamic = 20.6%). Therapists rated the use of different cognitive-behavioral (CB), psychodynamic-interpersonal (PI), and adjunctive (AT) interventions in their treatment of, as well as their alliance with, a randomly selected patient. Patients reported on had diagnoses of anorexia (n = 54), bulimia (n = 21), binge eating (n = 24), unspecified ED (n = 9), and

other specified ED ( $n = 17$ ). There was a significant, positive correlation between therapists' reported use of CB interventions and rating of alliance ( $r(126) = .182, p = .04$ ). Further, a forward stepwise regression yielded a three-step model predicting therapist alliance ( $R = .400, R^2 = .160, F(125) = 7.73, p < .001$ ). This regression model revealed that psychoeducation (CB) and exploring uncomfortable emotions (PI) are positively, significantly related to alliance, whereas simultaneous inpatient or day treatment (AT) is negatively, significantly related to alliance. These findings highlight how specific integrative treatment interventions strengthen or weaken alliance, with implications for improved treatment of adults with EDs in a time when it is greatly needed.

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## Poster

### **Training community therapists to use mentalizing interventions during sessions: A randomized controlled trial**

**Main author: Camille Garceau (University of Ottawa)**

*Co-authors: Geoff Goodman, Paula Ravitz, Jonathan Hunter, Jonathan Hunter, Livia Chyurlia, Stephanie Baker, Louise Balfour, Nancy McQuaid, Clare Pain, Molyn Leszcz, Giorgio A Tasca*

#### **ABSTRACT:**

**BACKGROUND.** Researchers are interested in the trans-theoretical processes that promote better outcomes in patients. Although researchers have long considered fostering patient mentalizing to be a key factor in effective treatments for borderline personality disorder (Bateman & Fonagy, 2004), recent findings suggest that it may be also an important factor in successful psychotherapies for various mental health problems (Babl et al., 2021). To date, no study has examined the impact of training psychotherapists of various theoretical orientations to incorporate mentalizing-enhancing interventions in their treatment. **OBJECTIVE.** To assess if training community-based psychotherapists results in greater adherence to mentalizing-enhancing principles during sessions. **HYPOTHESIS.** Compared to those who did not receive training, psychotherapists who received the training will have sessions that are more similar to sessions that experts deem as prototypical in reflective functioning-related processes. **METHOD.** This study is part of a randomized-controlled trial in which community-based psychotherapists received training to increase their use of mentalizing interventions, while therapists in the control group did not receive training. Reliable judges will rate first session transcripts (111 sessions from 38 therapists) with the Psychotherapy Q-Sort (PQS, Jones, 2000) and correlate these ratings with the PQS reflective functioning prototype (PQS-RF; Goodman, 2013). **RESULTS.** The coding of videos and transcripts by reliable judges will begin in January 2023. We will present preliminary data from this study at the conference. **CONCLUSION.** Results from this study may suggest the feasibility of training community psychotherapists to use



mentalizing interventions as a means of improving psychotherapy processes and patient mental health outcomes.

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Poster

## **Predictive validity of Corrective Emotional Experience Scale (CEES)**

**Main author: Kaori Nakamura (Ochanomizu University)**

*Co-authors: Shigeru Iwakabe, Ayumi Noda, Wakako Yamazaki*

### **ABSTRACT:**

Aim: The CEES is a 14-item, client-rated, post-session questionnaire developed based on the micro-process analysis of CEEs in an integrative affect-focused therapy (Nakamura & Iwakabe, 2018, 2020). It consists of 4 sub-scales: positive emotional experience with the therapist, emotional transformation, new understanding, and core pain. This study examined the association between the CEES and treatment outcomes. Since CEE involves both relational and emotional experience, it was hypothesized that clients improve in interpersonal and emotional functioning in their post-treatment outcome. Methods: The data was taken from the ongoing research on emotion-focused therapy in Japan, in which 26 clients were seen for 16 sessions by 9 therapists. The clients responded to the CEES after each session. They also responded to outcome measures, Inventory Interpersonal Problems-64 and Self-Compassion Scale, at pre- and post-treatment among other scales. Regression analyses were conducted with the pre-treatment outcome measures and the sub-scales of the CEES as independent variables and the post-treatment outcome measures as the dependent variable. Results: "Emotional transformation" influenced post-treatment interpersonal problems in the direction of improvement ( $\beta = -1.01$ ,  $p = .017$ ). "Emotional transformation" influenced post-treatment self-compassion in the direction of improvement ( $\beta = 1.00$ ,  $p = .012$ ), while "core pain" influenced it in the direction of deterioration ( $\beta = -0.93$ ,  $p = .012$ ). Discussion: The predictive validity of the CEE scale was preliminarily confirmed; CEE, especially experience of emotional transformation, contributed to changes in interpersonal and emotional functioning. Future work will examine in detail how CEEs occur over the course of therapy.

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Poster

## **Efficacy of Emotion-Focused Therapy in the treatment of anxiety and depression in university students: experimental study**

**Main author: Petr Mikoska (Olomouc University Social Health Institute, Palacky University in Olomouc)**

*Co-authors: Lukas Novak, Lubor Pilarik, Tomas Bok, Martin Fulep, Ladislav Timulak*

**ABSTRACT:**

University students are a vulnerable part of the population, as this life period is risky in terms of the possible development of a range of mental illnesses and problems, especially in terms of depression and anxiety. Emotion-focused therapy (EFT) is an evidenced-based therapeutic approach whose efficacy has been successfully verified in the treatment of depression or complex trauma. It has also shown promising results in the treatment of anxiety or eating disorders. Within the study, the intervention followed the transdiagnostic model (EFT-T), which integrates EFT adaptations for various disorders (anxiety, depression, trauma etc.). EFT-T is based on a model of emotional transformation of primary maladaptive emotions (core pain) by generating self-compassion and protective anger. In this study, we examined the efficacy of EFT-T in the treatment of university students who experience anxiety or depression. The study provided information on recruitment, therapist training, intervention adherence, and client retention. Therapy was offered in a 12–16 online sessions format. 40 students were assigned to 8 certified therapists trained in EFT-T. Outcomes were assessed using several measures, with the Overall Anxiety Severity and Impairment Scale, Overall Depression Severity and Impairment Scale, and Clinical Outcomes in Routine Evaluation-Outcome Measure being the primary outcomes. Delayed-start (baseline) design with a delayed start by 4 weeks in which students were assigned to the same active treatment was used. Clients were assessed four weeks before intervention, at the start, week 20, and at 6-month follow-up. Generalized linear mixed models were used to test differences between these time points.

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**Poster**

## **Development and initial evaluation of AI facilitated CBT skills training.**

**Main author: Roisín A Slevin (Lyssn.io)**

*Co-authors: Jenny Cheng, Brian Pace, Shannon Stewart, Mike Tanana, Zac Imel, Sarah Kopelovich*

**ABSTRACT:**

"Training for mental health providers is challenging and expensive<sup>1</sup>, particularly for community mental health (CMH) agencies with substantial turn-over and highly distressed patient populations. Scalable trainings are often passive learning experiences (e.g., slides or written content with quizzes). Skill development requires repeated practice over time with performance-based feedback delivered to the learner<sup>2</sup>. Machine learning (ML) technologies can provide scalable and effective training solutions. We present initial findings from a project to develop and evaluate an artificial intelligence (AI) based training software that provides immediate Cognitive Behavioral Therapy (CBT) fidelity feedback to trainee verbal responses to simulated patient vignettes.

CBTpro consists of 28 patient vignettes across 8 modules, with didactic content to support user learning. We first developed a ML model to assess and process in real-time the fidelity of recorded verbal responses to each simulated patient vignette. We collected 3,958 responses from CBT experts and non-experts which were then rated by our in-house team using a statement level CBT fidelity tool adapted from the CTS-R3. Human inter-rater agreement was on average kappa > .80 across 7 fidelity codes, and the AI models achieved greater than 80% of human reliability. We conducted n=20 interviews with providers and completed iterative modifications based on usability data. We then conducted a two-week field-based feasibility pilot with n=21 providers. The System Usability Scale (mean=74.88, SD=11.47, benchmark=68), Acceptability of Intervention Measure (mean=4.07, SD=0.59, benchmark=4), Intervention Appropriateness Measure (mean=4.18, SD=0.61, benchmark=4), and Feasibility of Intervention Measure (mean=4.08, SD=0.57, benchmark=4) were utilized to assess implementation outcomes."

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## Poster

### **Developing a client feedback system for Japanese psychotherapists: An initial validation of two versions**

**Main author:** Midoriko Kato (*Ochanomizu University*)

**Co-authors:** Kaori Nakamura, Shigeru Iwakabe, Wakako Yamazaki

#### **ABSTRACT:**

"Aim: To explore the views of pastoral care staff in secondary schools of school based counselling for young people.

Design/Methodology: This research forms part of the Effectiveness and Cost Effectiveness Trial of Humanistic Counselling in Schools (ETHOS) study, an RCT of school based counselling across 18 state funded secondary schools in London. Qualitative semi structured interviews were held with pastoral care staff in 10 schools. They explored the impact of school based counselling on the school and students. Thematic analysis followed the Braun and Clarke (2006) methodology, using NVivo qualitative data analysis software.

Results/Findings: Thematic analysis found three key themes. Theme 1 was school context and included sub-themes of rising mental health need and varying provision for mental health. Theme 2 was school staff perspectives on the impact of counselling, including sub-themes: increased openness and improvements in mood, dedicated space to open up, putting skills into practice, one size does not fit all, and role of personal connection. Theme 3 was considerations for long term success in schools, including sub-themes of integration: central to success, and stepping stone for further support.

Conclusions/implications: This research provides useful insights of pastoral care staff of secondary school based counselling in the context of delivery through an RCT. Staff

perceived a positive impact for many students, however counselling was not seen as suiting everyone. Integration of the counselling service within the school was important for improving student engagement with the service and ensuring successful future service delivery within schools."

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## Poster

### **Deliberate Practice With Motivational Interviewing: Basic Skills Among Novice Helpers**

**Main author:** *Angel Vega (Brigham Young University)*

#### **ABSTRACT:**

Over the last several decades, questions about training and maintaining clinical skills have surfaced. For example, some researchers ask what makes some psychotherapists more effective than others (Barkham, Lutz, Lambert, & Saxon, 2017; Miller & Moyers, 2021). Although a common adage suggests that "practice makes perfect", research on psychotherapy outcomes suggests that psychotherapists do not get better with more experience (Budge et al., 2013; Norton et al., 2014). Even given formalized instruction within doctoral-level training, psychotherapists have shown little to no improvement in their ability to elicit change in their clients (Erekson et al., 2017). Although it is well established that psychotherapy can create effective outcomes (Lambert & Ogles, 2004), the challenge continues in establishing training competencies that maintain practical clinical skills that help clients positively change. In this study, we examine the effect of a workshop that incorporates deliberate practice (DP) for developing motivational interviewing (MI) skills outlined within Deliberate Practice in Motivational Interviewing (Manual et al., 2022). A DP workshop teaching reflective listening to novice helpers explores core MI skills post-intervention, such as more open-ended questions, affirmations, reflections, and summaries.

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## Poster

### **Q-Methodology for analysing clinical strategies in psychotherapies with children who have been sexually abused**

**Main author:** *Sofia A Fernandez Sanz (P. Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality)*

**Co-authors:** *Claudia M Capella, Nicolle Alamo, Marcia Olhaberry, Camila Gomez, Loreto Rodriguez, Estrella Azocar*

#### **ABSTRACT:**

Internationally, there is relevant research about the efficacy of the psychological treatment of children and adolescents who have suffered sexual abuse. However, the specific clinical techniques and strategies related to change in these treatments still need to be researched (Tichelaar et al., 2020). In Chile, clinical or technical guidelines available to professionals in community care centres are vague, which are insufficient and offer no specific procedures or interventions that should be performed in these psychotherapies, regardless of the international evidence. This leads to inconsistencies between the different psychological treatments offered to these children. Little is known about the interventions that children who have been sexually assaulted receive in community mental health treatments and whether these interventions have positive outcomes. This research aims to identify and characterize the clinical strategies used by therapists in the psychological treatments of children who have experienced sexual abuse in community settings in Chile.

Q-Methodology will be used. The sample will include three psychotherapeutic processes, where a total of 21 sessions will be rated using the Child Psychotherapy Q-Set, to identify clinical strategies. We expect to find which are the most frequently used strategies in natural settings and how these strategies change according to the stage of the therapy process (beginning, middle and end). Knowing the effective clinical strategies used by psychotherapists will contribute to identifying specific elements relevant to effectively achieving therapeutic changes and, thus, promote the future development of more precise and complete guidelines and recommendations for psychological intervention in community settings.

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## Poster

# Improving Parent–Teacher Communication Skills using Video-based Simulated Situations

**Main author:** *SUFEN TU (Chung-Yuan Christian University)*

**Co-authors:** *Yi-Fang Lee*

## ABSTRACT:

This study examined the training effect and experience of using video-based simulated situations to enhance parent–teacher communication skills. Nine female graduate students who participated in a class on parent–teacher communication and consultation practice were included. The researcher collected samples of difficult teacher–parent communication situations and created simulation videos based on them. Beginning of the class, the participants watched five videos online and wrote down words they would respond in real situation which served as pre-evaluation. Subsequently, the videos were used as training materials in class. The responses of each video were listed and sent to participants, and they were asked to name their top three responses. After two months of class instruction, five additional videos to examine the progress of the communication skill training were administered and served as post-evaluation. Furthermore, individual interviews were

conducted to obtain participants' training experience. Plus, a specialist was recruited to rate the participants' 10 videos' written responses (including pre- and post-evaluations) using 10-points scale. The result of t-test analysis showed the communication skills presented in post-evaluation was significantly improved ( $t(1,8)=12.16$ ,  $P < .00$ ). The specialist reported participants' improvement in empathy expression, acknowledge and affirming techniques, and positive perceptions of students and parents. Qualitative results indicated that using simulated videos of parent–teacher communication created learning experiences similar to real situations. Furthermore, using simulated videos helped students practice for future difficulties in parent–teacher communication. In addition, the research design that presented the top three responses facilitated students' mutual learning.

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## Poster

# **The Impact of Childhood Maltreatment and Personality Functioning on Depression and Anxiety Symptoms in Adult Patients in Psychotherapy**

**Main author: Stephanie Vaccarezza Schürmann (Pontificia Universidad Católica de Chile; Millennium Institute for Research in Depression and Personality (MIDAP))**

**Co-authors: Paula Errázuriz Arellano**

## **ABSTRACT:**

Childhood maltreatment (CM) is associated with an increased risk of physical and mental illnesses in adulthood, among which depression and anxiety stand out. Furthermore, adults with a history of CM present not only a greater risk of depression or anxiety, but also a more severe clinical course (Bruce et al., 2013; Harkness et al., 2012; Humphreys et al., 2020) and worse psychotherapeutic outcomes (Bausch et al., 2020; Klein et al., 2018; Nanni et al., 2012; Yrondi et al., 2020). Previous research has described the direct relationship between CM and psychological dysfunction in adults; however, more studies are needed regarding the explanatory mechanisms of this relationship. A study of the explanatory mechanisms by which CM impacts psychological dysfunction is necessary, and in this respect, the mediating role of personality functioning acquires great relevance and clinical utility. This project aimed to examine and describe the impact of CM and the mediator role of personality functioning on depression and anxiety symptoms in adult patients. At the same time, although there is an extensive body of research on the relationship between CM and psychological dysfunction in adulthood, this project explored whether this relationship replicates in the Latin American and Chilean contexts. The data collection was carried out in mental health outpatient centers in Santiago de Chile. The participants were adult patients who were starting individual face-to-face or remote psychotherapy. This research project contributes to a better characterization and understanding of the psychological dysfunction of adult patients with a history of CM.

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Poster

**What makes the first session of psychotherapy effective?:  
An intensive analysis of the first sessions in  
Emotion-focused Therapy for emotional injuries**

**Main author:** Junzhe Zhang (*Ritsumeikan University in Osaka*)

**Co-authors:** Fumika Nishikawa, Toki Ozaki, Shigehiro Terukina, Shigeru Iwakabe

**ABSTRACT:**

"Abstract

In psychotherapy, the initial session is often geared toward information gathering with the main goal of assessment and case simulation. Research findings nonetheless have shown that psychotherapy can be effective even during the early phases of counseling. In fact, a study by Howard et al. (1986) found that approximately 25% of clients improved their symptoms during the initial session. Therefore, in addition to gathering information during the initial session, appropriate intervention at an early phase can lead to client change. Emotion-focused Therapy (EFT) is an empirically supported psychotherapy that emphasizes the importance of client's in-session emotional experience from the first session and aims to promote emotional transformation by delving deeper into client core emotional pain. The goal of this study was to investigate both client emotional processes and related therapist methods in the first session of EFT. There have been few studies in Japan on the effectiveness of EFT in the initial session. The study of this nature is warranted as there have been few studies that focused on the initial EFT session altogether.

Method: We are analyzing data from initial sessions of EFT for Japanese clients. We are comparing high- and low-rated sessions in terms of the depth of therapy, therapeutic relationship, effectiveness of intervention, and client's emotional experience. We are also focusing on the emotions experienced in these sessions and their characteristics. The study is ongoing and we will discuss implications for EFT theory, research, practice, and training."

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Poster

**Exploratory Investigation of the Prevalence of Ruptures and  
Resolutions Between a Multiethnic Patient and White  
Therapist Across a Treatment Protocol**

**Main author:** Kaitlin M Williams (*Derner School of Psychology, Adelphi University*)

**Co-authors:** Catherine F Eubanks, Mindy Schwartz

**ABSTRACT:**

While research has shown the benefits of matching patients and therapists based on various moderators like age, sex, and gender on therapeutic outcomes, there is conflicting research on the importance of being matched along racial or ethnic lines. However, this is a crucial moderator to explore due to increasing research on mental health disparities for racial and ethnic minorities and how this could impact the therapeutic alliance. Moreover, within this group, the importance of matching for multiracial and ethnic patients is significantly under-researched, especially how a match or mismatch impacts alliance ruptures and the therapeutic relationship. Therefore, the current study aims to explore the prevalence and frequency of ruptures and repairs between a multiracial patient who rated race/ethnicity as salient and a therapist who identified as white. The study will track, code, and identify ruptures and repairs across all 20 sessions of a treatment protocol using the Rupture Resolution Rating System-Revised (3RS). Additionally, these findings will be integrated with the patient and therapist self-report data and qualitative analysis of key moments in the treatment. Finally, these multiple data points will be analyzed using frequency and descriptive tests across all 20 sessions of the treatment plan to conclude the prevalence of ruptures and draw out salient themes and trends in the dyad. Future directions will be discussed.

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## Poster

### **How treatment motivation predicts favorable outcomes in interdisciplinary multimodal pain treatment among patients with chronic primary pain**

**Main author:** *Alina Scheidegger (University Hospital Insel, Bern; University of Bern)*

**Co-authors:** *Juan Martin Gomez Penedo, Larissa Tatjana, Blättler Bischoff Nina, Martin grosse Holtforth*

#### **ABSTRACT:**

As motivation for psychological treatment at intake has been shown to predict favorable outcomes after an inpatient stay, this study aimed to further characterize the different components of psychological treatment motivation that predict favorable treatment outcomes. 294 inpatients with chronic primary pain participating in an interdisciplinary multimodal pain treatment in a tertiary psychosomatic university clinic completed a battery of psychological questionnaires at intake and discharge. Therapy motivation was assessed at intake using the scales of the FMPT-23 questionnaire, while pain intensity, pain interference, anxiety, and depression were assessed both at intake and discharge. After treatment, pain intensity, pain interference, anxiety, and depression were significantly reduced. While higher levels on the FMPT-23 scale of suffering predicted higher levels of anxiety after treatment, higher scores of hope predicted lower levels of pain interference,



anxiety, and depression after treatment. None of the scales of therapy motivation predicted pain intensity levels after treatment. Above and beyond providing symptom relief, fostering hope regarding treatment process and outcome might help clinicians treat patients with chronic primary pain more effectively.

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## Poster

# A proposal for a case conceptualization on a transtheoretical, data and feedback-informed background

**Main author:** *Birgit Weinmann-Lutz (University of Trier)*

**Co-authors:** *Anne-Katharina Deisenhofer, Wolfgang Lutz*

### ABSTRACT:

"At the beginning of every psychological treatment stands a (more or less formalized) case conceptualization and treatment planning. The poster proposes a tool for structuring biographical, pre-treatment information and current life circumstances and put together an individualized treatment plan that targets processes relevant to a specific patient's psychopathology, socio-cultural background and resources. The case conceptualization incorporates information from psychometric results, diagnostic findings, a problem and interpersonal perspective, goal formulation with the patient, structure of sessions and setting. Referring to various trans-theoretical models, six principles of therapeutic change (i.e., active ingredients that promote positive outcomes) are integrated: Behavioral processes (e.g. excesses or deficits), cognitive processes (like cognitive schemata, expectations), emotional-affective components (e.g. emotion-regulation), motivational processes (e.g. self-esteem, values) interpersonal processes (e.g. alliance ruptures, transference), systemic und sociocultural processes (family and cultural background, diversity, social network/ status). These processes are present in all psychotherapeutic orientations but are weighted differently. With the pre-structured information of the case conceptualization, it is easy to apply adequate therapeutic strategies from any background, phrase a prognosis considering motivation, ability to change, internal and external barriers of transformation and communicate with patient and other professionals alike. Practical applications are discussed like usefulness of the instrument in the context of clinical training with a focus on transtheoretical psychological therapy and improving openness to feedback.

Lutz, W., Deisenhofer, A.-K., Weinmann-Lutz, B., & Barkham, M. (in print). Data and feedback-informed clinical training and practice. In: Louis G. Castonguay and Clara E. Hill (Eds.) *Becoming better psychotherapists: Advancing training and supervision*, APA."

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## Poster

### **LGB community prejudice scale towards psychotherapy: construction and psychometric results**

**Main author:** *Jesús Vidal-Rojas (Universidad Diego Portales and Millennium Institute for Research in Depression and Personality)*

**Co-authors:** *Alemka Tomicic, Claudio Martinez, Valentina Godoy*

#### **ABSTRACT:**

Multiple research projects describe disparities in mental health access for the LGB population, specifically, the effect of internalizing sexual stigma. However, there is scant research on the impact it may have on the therapeutic process, specifically, therapist and psychotherapy bias. Aim: To describe the scale of prejudice towards psychotherapy by the LGB community in Chile and its psychometric validation results. Method: For the construction of the scale items, a systematic review of the literature and the clinical experience of the researchers was carried out. Subsequently, the Delphi methodology was applied at two levels to experts, therapists and researchers with training in sexual and gender diversity. Finally, the scale was applied to 300 people over 18 years of age and self-identified as LGB, carrying out a reliability and factor analysis. Results: The internal consistency of the instrument is acceptable. Discussion: It is concluded that the instrument is valid for measuring negative attitudes in the LGB community towards psychotherapy.

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## Poster

### **Changing Dysfunctional Beliefs and Attitudes in Insomnia Disorder with a Smartphone-based Modified Approach-Avoidance Modification Training – A Study Protocol for a Randomized Controlled Trial**

**Main author:** *Lenka Johanna Wichmann (Friedrich-Alexander-Universität Erlangen-Nürnberg)*

**Co-authors:** *Björn Eskofier, Björn Schuller*

#### **ABSTRACT:**

"Dysfunctional beliefs and attitudes have been identified as important maintaining factors in insomnia disorder. Still, there is a lack of research on cognitive interventions focused exclusively on the modification of dysfunctional beliefs and attitudes in insomnia disorder in isolation and outside the context of research on CBT for insomnia.

In this RCT, we will examine the effectiveness of a 5-session smartphone-based modified approach-avoidance modification training (mAAMT) aimed at modifying insomnia-related dysfunctional beliefs and attitudes to reduce insomnia symptoms. Participants meeting DSM-5 criteria for insomnia disorder will be included in the study and randomly assigned to

intervention (n=33) or inactive control groups (n=33). Participants will be recruited via a psychiatric outpatient clinic.

The mAAMT consists of 5 sessions spread over 2 weeks, each lasting approximately 30 minutes. Participants will train to approach 30 functional and avoid 30 dysfunctional statements on beliefs and attitudes about sleep. Stimuli were developed based on the Dysfunctional Beliefs and Attitudes about Sleep Scale and formulated and selected by an expert panel of clinical psychotherapists and researchers. Control modes for approaching and avoiding stimuli in the training will be different in each session and will include verbal expressions, breathing, and facial expressions.

Insomnia symptoms as our primary outcome will be measured with the Insomnia Severity Index, a sleep diary, and an actimeter at baseline, post-intervention, and 3-months follow-up.

This is the first study to apply an AAMT paradigm in the context of insomnia disorder. We will outline and discuss the potential of this new line of research."

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## Poster

# **Self-criticism, self-compassion and depression: the mediating effects of emotional overproduction and perseveration of negative emotions**

**Main author:** Ausiàs Cebolla (*University of València*)

**Co-authors:** Joana Vidal, Pedro Sarrión, Victor Ciudad

## **ABSTRACT:**

"Self-criticism is a transdiagnostic dimension that plays an important role in the development and maintenance of different psychological disorders. On the contrary, increased self-

compassion has been linked to lower levels of mental health symptoms. The present study proposes a possible explanatory mechanism of how self-criticism and self-compassion are linked to psychopathology. It is proposed that self-criticism causes perseveration of negative emotions and emotional overproduction, which entails a greater probability of depression. However, training in self-compassion causes a reduction in these two variables, decreasing the likelihood of psychopathology. A cross-sectional design was used. Participants (n=453) completed the Forms of Self-Criticizing/Attacking and Self-Reassuring Scale, which evaluates the levels of self-criticism; the Self Compassion Scale, which assesses the levels of self-compassion; the Emotional Reactivity Intensity and Perseveration Scale, which assesses perseveration of emotional responses; the Emotional

Overproduction Scale, which measures the tendency to experience other additional feelings during episodes of sadness; and the Brief Symptoms Inventory, which assesses the levels of depression. Path analysis was performed using R 4.1.3 and lavaan package. Model showed adequate fit (CFI=0.97; SRMR=0.035;  $\chi^2=25.65$ ,  $df=1$ ,  $p<0.001$ ). Self-criticism negatively predicts self-compassion. In turn, self-compassion predicts depression, emotional overproduction and perseveration of negative emotions. Moreover, depression is positively predicted by emotional overproduction and perseveration of negative emotions. These preliminary results support the proposed model, although this is an ongoing investigation and more complex statistical analyzes are intended to be made."

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## Poster

# **Construct the Facilitating Project of Online Encounter Group for Trainee Counselor in Mainland China: Framework Adoption of Self Relation Integration**

**Main author:** Yu-Kuang Kevin Hsu (*National Tsing Hua University*)

**Co-authors:** Cheng-Tseng Lin, Kuan-Hua Eric Lan

## **ABSTRACT:**

"The preparatory education of counselor and therapist, is one of the core stage and issues in professional development, where establishing competency through serial courses is crucial. The lack of specified academic degree in Mainland China, makes courses which combined with long-term comprehensive training urgent in this stage. Oppositely, unfinished personal issue would be manifested, addressed and proceed through narration, reflection, and redirection of self-disclosing and interpersonal feedback. Encounter-oriented growth group is usually beneficial for trainees and could be adopted by specific facilitating framework. Based on Chinese adult development philosophy, Self-Relationship Integration Framework and narrative approach were installed into the group, by emphasizing the exploration of oneself, others, profession, and even universal existentiality.

Two semi-structured encounter groups (13 and 14 participants) with twenty sessions were conducted in this study, each 90 minutes session were facilitated by one leader, total length 30 hours. Group members are trainees of systematic counselor preparation program in China. Group leaders were also conducted by a supervisor with counseling doctoral degree and years of instruction experience in the counseling graduate program in Taiwan. After group termination, post-interviews were implemented in a month, exhaustive qualitative coding presents four dimensions of the group experience, which included group-as-a-whole acculturation and impact, personal support and conflict resolution, personal dedication and change, and influenced by leader's modeling and containing."

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Poster

## **Deliberate Practice in the Skill of Evaluating Automatic Negative Thoughts**

**Main author:** *Hanni Rizk (Brigham Young University)*

**Co-authors:** *Ben Ogles*

### **ABSTRACT:**

Deliberate practice within psychotherapy training is defined by five distinct characteristics: (1) observation of one's own work (2) getting expert feedback, (3) setting small learning goals just beyond the performer's ability, (4) engaging in repetitive rehearsal/practice of specific skills, (5) assessing performance (Ericsson, 1993, as cited by Boswell & Constantino, 2022). Hill et al., (2020) observed the utility of deliberate practice in improving the skill of immediacy in a multiple case study of doctoral student therapists and clients. Currently, there are no studies that examine deliberate practice in improving the skill of Socratic questioning within Cognitive Behavioral Therapy (CBT) in doctoral student therapists. Our study, modeled after the Hill et al., (2020) study, will observe doctoral student therapists' skill and adherence to Socratic questioning using an actress in simulated automatic negative thought scenarios before and after participating in a deliberate practice workshop. The workshop will consist of an overview of Socratic questioning, roleplay, expert feedback, and behavioral rehearsal. Scenario roleplays that take place a week before and after the workshop will be related to common therapy scenarios surrounding misperceptions and negative trait attributions. Due to the limited number of graduate students in programs, a multiple case study design will be used. The estimated sample size ranges from six to ten participants. Statistical analyses will be descriptive statistics of participants pre and post-test to measure change in adherence, competency, and self-efficacy.

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Poster

## **A systematic and routinized data collection to track trainees' changes in self-perceived therapeutic skills in psychotherapy sessions: a study protocol**

**Main author:** *Giovanna Trimoldi (Universitas Mercatorum)*

**Co-authors:** *Marco Sambin, Alice Arduin, Irene Messina*

### **ABSTRACT:**

Consistent with the emerging attention to therapist factors, there is a growing interest in research on psychotherapists' development. Previous studies have focused on therapist development without detailed attention to the role of psychotherapy training in promoting such development. In this poster, we present a study protocol aimed to track trainees'

changes in self-perceived therapeutic skills during the training, based on the creation of a systematic and routinized data collection in trainees psychotherapy sessions. The data collection will consider both trainees and patients points of view. With regard to trainees point of view, trainees' self-evaluation will be collected at the end of each psychotherapy session and they will focus on self-perceived skills and difficulties collected using part of the Trainee Current Progress Report (TCPR; proposed in the context of SPRISTAD study; Orlinsky et al., 2015) and on their perceived responsiveness using the therapist's version of the Patients's Experience of Attunement and Responsiveness Scale (PEARS; Silberschatz, 2009). With regard to the patients' point of view, their perception of trainees' responsiveness will be evaluate each 4 sessions with the PEAR, beside an evaluation of their improvement assessed using the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM; Evans et al., 2002). Moreover, information on supervision will be collected (having had supervision for the specific patient and supervision quality). Preliminary data will be presented in the poster in order to discuss the study feasibility.

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## Poster

### **Minimally invasive and continuous rating of affective experience in immersive Virtual Reality**

**Main author: Francesca Malandrone (Department of Clinical and Biological Sciences, University of Turin)**

*Co-authors: Antonin Fourcade, Anthony Ciston, Pierre Gilbert Rossini, Arno Villringer, Michael Gaebler*

#### **ABSTRACT:**

"Subjective experience is crucial in affective states (AS), but common summary ratings (SR) may not capture AS changes. Continuous assessment during dynamic stimulation can provide a better understanding of AS however, a potential challenge is that self-report continuous rating (CR) may alter the experience.

The study aims to investigate if and how CR and SR are associated and to determine the best rating method (RM) to continuously rate participants' AS in VR. We compared trial-by-trial SR and CR, and different RMs of CR to identify the least invasive/distracting. We hypothesized that CR were associated with SR and the proprioceptive RM was the least invasive.

Twelve participants underwent a 1-hour VR experiment in which they experienced 3 different RMs and a baseline (without CR) condition. They were shown four 1-minute 360° videos and rated their AS twice (CR and SR) during each trial. Participants also used different RMs to indicate their position in the arousal-valence space. Data were analyzed using linear regression, ANOVA, and post-hoc t-tests.

The preferred rated RM was Visual. We found that SR was most correlated with CR mean and least correlated with CR min and no significant RM effect on invasiveness. We observed significant differences between Visual, Tactile, Proprioceptive and Baseline conditions. There were no significant differences between Visual, Tactile, Proprioceptive SR and baseline. Preliminary results suggest that SR was strongly associated with the mean CR, the different RMs were not distracting, and Visual was preferred. Future studies should use longer stimuli with more variability."

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## Poster

# Can topological methods capture major shifts and ruptures in coordinated interpersonal dynamics in psychotherapy? A pilot study

**Main author:** Xiaochen Luo (Santa Clara University)

**Co-authors:** Mengsen Zhang

## ABSTRACT:

"Patient's and therapist's behaviors are interconnected in therapy room and such interconnectivity is critical for navigating therapeutic collaborations and tensions. However, the interconnectivity in psychotherapy is often difficult to characterize quantitatively. Recent developments in dynamical systems approaches have provided new tools to characterize such interconnectivity and detect shifts at the global systems level. In this study, we utilize two of these novel methods, namely topological methods (TDA), to capture the dynamics of interconnectivity and identify major shifts in interpersonal behaviors in psychodynamic psychotherapy for personality disorders.

Sixteen psychotherapy sessions featuring challenging moments between patients and therapists from eight dyads in naturalistic long-term psychotherapy were selected and their interpersonal behaviors were coded using the continuous assessments of interpersonal dynamics (CAID) at half-second interval. Two topological methods were used to identify major transitions in the interconnectivity: the first method is topological recurrence, which computes the topological portraits of the time series in overlapping windows using persistent homology and detect major topological changes using recurrence plots. The second method is named the Temporal Mapper, which simultaneously detect states and transitions from the time series as a global network. These transitions identified by TDA algorithms were compared with the coding of alliance ruptures (tensions between patient and therapist) assessed by human coders.

We expected to see that both topological methods could identify meaningful, global shifts that is partially consistent with the alliance ruptures. This work will provide novel quantitative tool to examine the development and disruption of therapeutic relationship at the system level."

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## Poster

# Family of Origin Stress, Posttraumatic Stress, and Resource Loss for Couples During COVID-19

**Main author:** *Betsy Hughes Barrow (Brigham Young University)*

**Co-authors:** *Alyssa Banford Witting*

## ABSTRACT:

"This poster reports on a longitudinal study examining whether family of origin stress (FOOS) associates with increased resource loss over time in couples directly and through increased posttraumatic stress symptoms (PTSS) during the early months of the COVID-19 pandemic. The COVID-19 pandemic introduced unprecedented stress and loss into daily life resulting in variability in how couples may adapt. Previous research indicates that difficulty related to the pandemic may have more adverse effects for those with early childhood adversity, priming them for worse outcomes in the wake of COVID-related stress. Based on a sample of 535 heterosexual couples recruited through an online survey company, couples answered questions about their experiences with COVID-19, family of origin stress, and PTSS. Structural equation modeling was used to dyadically examine how family of origin stress (reported at the outset of pandemic related shutdowns in the US in April 2020) associated with (PTSS) 3 months later (July 2020) to, in turn, predict variation in resource losses reported 3 months later (October 2020) associated with the COVID-19 pandemic.

Results showed greater FOOS at wave 1 associated with increased PTSS at wave 2 within partners. Furthermore, higher PTSS at wave 2 in both partners associated with greater combined partner COVID related loss at wave 3.

Indirect effects suggested higher FOOS reported at wave 1 associated indirectly with higher combined COVID related loss at wave 3 through each partner's own increased PTSS."

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Poster

## **Role of Pre-Treatment Narcissism on Group Psychodynamic Treatment Outcome for Perfectionism**

**Main author:** *Sabrina Ge (University of British Columbia)*

**Co-authors:** *Paul Hewitt, Gordon Flett*

### **ABSTRACT:**

Pathological narcissism is a deleterious personality style (Pincus et al., 2009) that has been theorized to adversely impact psychotherapy outcomes. However, consistent empirical evidence for such theories is lacking. Of the few studies that have investigated pathological narcissism's impact on psychotherapy outcome, four studies found no impact of pathological narcissism on psychotherapy outcome, one study found narcissism predicted poorer outcome and yet another found narcissism predicted better outcome. These mixed findings in the literature may be attributed to several limitations in current studies. First, most studies conflate psychotherapy with other forms of treatment (e.g., pharmacotherapy, movement therapy) and many do not differentiate between different psychotherapy formats (e.g., group vs. individual). Second, studies investigating treatment outcome in terms of subjective wellbeing and work and social impairment are lacking. Thus, the present study aims to extend past research by assessing the impact of pre-treatment pathological narcissism on change in 1) work and social functioning and 2) life satisfaction in a sample of patients undergoing group psychodynamic psychotherapy for perfectionism. A total of 70 participants completed pre- and post-treatment measures of work and social functioning (Work and Social Adjustment Scale) and life satisfaction (Satisfaction with Life Scale). Patients also completed a measure of pathological narcissism at pre-treatment. Preliminary analyses suggest that higher levels of narcissism at baseline are associated with poorer treatment outcome. Further analyses will be presented. The results of this study will help to clarify and expand upon current theories on pathological narcissism's impact on treatment outcome.

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Poster

## **Association of traumatic experiences and related PTSD symptoms with perceived pain levels in women with endometriosis.**

**Main author:** *Mariagrazia Merola (Department of Neuroscience, University of Turin)*

**Co-authors:** *Ilaria Quaranta, Lorena Giovino, Giovanna Cacciato, Chiara Benedetto, Stefano Cosma, Sara Carletto*

### **ABSTRACT:**

"Endometriosis is a gynecological disease that affects approximately 6–10% of women in reproductive age. The chronic nature of the condition and the clinically damaging

implications have negative impact on women's quality of life, impairing working and social level, sexuality and mental health. Endometriosis is a variable condition in terms of clinical heterogeneity and severity, recognizing chronic pain as a common denominator. Recent studies show that ""pain catastrophizing"" is a critical factor in women with endometriosis and it is associated with higher levels of pain and symptoms related to Post Traumatic Stress Disorder (PTSD). Moreover, the correlation between chronic pain and traumatic and/or stressful life experiences has been highlighted, confirming their role in the increased risk of developing both mental and physical pathologies, including endometriosis.

The study aims at investigating the association between perceived pain, pain catastrophizing levels, traumatic and/or stressful experiences and the subsequent development of PTSD symptoms in a sample of women affected by endometriosis. The clinical assessment, through self-administered questionnaires, involves the collection of measures of anxiety, depression, stress, PTSD symptoms, levels of perceived and catastrophizing pain and the presence of stressful and/ or traumatic events, as well as assessing quality of life of women with endometriosis. Investigating the influence of stressful life events on the subjective experience of pain could further our knowledge on the role of psychosocial factors in endometriosis, in order also to provide insight into psychological interventions that may be effective in improving quality of life of women affected by this disease."

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## Poster

### **Group cohesion and positive self-view as psychotherapy process factors in inpatient treatment**

**Main author: Madita Stirner (Center for Psychosocial Medicine, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital)**

**Co-authors: Simone Jennissen, Hans-Christoph Friederich**

#### **ABSTRACT:**

This study investigates the role of positive self-view and group cohesion regarding inpatient treatment success. There is evidence for both the influence of agentic self-view (Huber et al., 2021) and therapeutic alliance (Flückiger et al., 2020) on treatment outcome in individual psychotherapy. Exploring the joint impact of agency and alliance, Jennissen et al. (2021) demonstrated that agency of outpatients predicted symptom severity above alliance. Regarding individual psychotherapy, the therapeutic relationship is formed by the dyadic interaction between patient and therapist. In inpatient treatment, however, therapeutic relationships are formed not only with one's individual psychotherapist but also in group settings. Analogue to this definition of the therapeutic relationship in individual psychotherapy, group cohesion describes the quality of interpersonal relationships to other

patients within the group. The aim of this study was to investigate cohesion and agentic self-view as well as their interplay regarding symptom development over time. For this purpose, data of N=1544 adult German inpatients was collected over an 8-week-period of inpatient psychotherapy. Patients filled in weekly questionnaires concerning positive self-view, group cohesion and symptoms. Via structural equation modelling, the development of self-view and cohesion as well as their role concerning symptom change was analysed. We explored whether agentic self-view and cohesion precede symptom change. Results indicate that both self-view and cohesion predict subsequent symptom improvement. Furthermore, there was evidence for a varying reciprocal relationship between both process factors over time. Thus, findings support the assumption that both experience of agency and connectedness are effective factors in multimodal inpatient psychotherapy.

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## Poster

### **Italian validation of the clinical outcomes in routine evaluation 10 (CORE-10): a short measure for routine outcome monitoring in clinical practice**

**Main author: Antonino La Tona (University of Bergamo)**

*Co-authors: Sofia Tagini, Agostino Brugnera, Edoardo Nicolò Aiello, Gianluca Lo Coco, Lidia Del Piccolo, Angelo Compare*

#### **ABSTRACT:**

The customization of the intervention using patient feedback is an evidence-based practice aimed at the continuous evaluation, during the course of treatment, of the patient's change at a clinical level. There are few easy-to-use tools for common assessment of psychological distress designed to be used for screening and during treatment to monitor progress. The CORE-10 is definitely one of them. Thus, the aim of the present study was to examine the psychometric properties of the Italian version of the Clinical Outcomes in Routine Evaluation - 10 (CORE-10). A sample of 548 participants (females, N = 463, 84,5%; mean age  $23.29 \pm 7.21$  years) was recruited in the study and filled out a battery of measures. The internal validity of the CORE-10 was investigated through a confirmatory factor analysis (CFA) which evidenced a good fit to the data, suggesting a unidimensional factorial structure of the measure. Further, the scale had a good internal reliability, and was significantly associated with other measures of distress, interpersonal problems, well-being, and insecure attachment. Finally, it showed excellent diagnostic accuracy, as well as intrinsic and post-test diagnostics. Given its validity and reliability, the CORE-10 may be adopted by Italian-speaking practitioners and researchers to evaluate the outcomes of mental health interventions as well as to track the session-to-session changes over time in psychological distress among patients.

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Poster

## **Effects of deliberate practice and feedback in psychotherapy training (DeeP)**

**Main author:** *Stefan Sell (Institute for Psychosocial Medicine, Psychotherapy and Psychooncology, Jena University Hospital )*

**Co-authors:** *Anna Berning, Bernhard Strauss*

### **ABSTRACT:**

"Background: Psychotherapy training is a crucial component in fostering the development of therapeutic competences in psychotherapy trainees. In particular, relational competences seem to take an important part in the later success of therapy. Previous empirical studies have shown that the training method seems to have an impact on the actual learning success. Both, Deliberate Practice (Ericsson & Lehmann, 1996) and Structured Feedback have already shown to be promising didactic tools.

Aim: The primary aim of the study is to investigate whether Deliberate Practice, Structured Feedback or a combination of both leads to an improvement of trainee's competences and subsequently a greater success of therapies.

Methods: The presented study uses a randomized-controlled-design with three intervention groups (Deliberate Practice, Structured Feedback, combination of both) and one control group (didactic training). The study will be conducted in cooperating psychotherapy training institutes throughout Germany. There will be three workshops of 5 hours each per group (time frame: 6 months). Workshop participants (trainees) and trainee's patients will both participate in the data collection. The observed variables will be collected by means of performance tasks (interpersonal skills: FIS) and self-report (working alliance: WAI-SR; interpersonal problems: IIP-32, psychopathological symptoms: PHQ-9, SCL-90-R; psychological capacities: AMQ; trainee-information: TBIF, TCPR.). Multi-level-modelling will be performed for data-analysis.

Implications: First, the study aims to create empirical evidence for the effectiveness of certain didactic methods in the psychotherapy training context. In addition, the predictive and mediating value of therapist and therapy variables will be examined for therapy success."

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Poster

## **Effectiveness of Family-based Intervention in Reducing Suicidality among Children and Young People: A Systematic Review**

**Main author: Xueqi Wu (Anna Freud National Centre for Children and Families; University College London)**

**Co-authors: Dominika Dykiert**

**ABSTRACT:**

"Background:

Globally, suicide remains the second leading cause of death and an urgent public health concern in the past decade. Current research suggests that family-level factors play a significant role in managing suicidality during adolescence. The objective is to quantitatively examine the effectiveness of family-involved interventions in reducing suicidality among children and young people. The secondary objective is to explore the impact of culture on effectiveness and to examine if current interventions embed cultural-tailored practices.

Method:

We conducted a systematic search on PsycINFO, EMBASE, and Pubmed, identifying 3124 studies. The primary outcome is the baseline-posttreatment mean difference between family-involved groups and control groups. For the secondary outcome, we perform a meta-regression to indirectly analyze the relationship between the effect size and the ratio of ethnic minority youth

Result:

We identified 11 studies containing 1100 participants. In the majority, the intervention group outperforms the control group, suggesting that family-involved intervention is more effective in reducing suicidal ideation among young people.

Conclusion:

The findings suggest that family-involved intervention predicts better outcomes than individual interventions. This review also unveils the preliminary evidence of psychotherapeutic outcomes on ethnic minority families. Moving forward, more research is needed to investigate the effectiveness of culturally-tailored family-based interventions to reduce mental health disparities."

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**Poster**

**Change processes in caregivers of children victims of sexual abuse: the view of the therapists.**

**Main author: Nicolle A. Alamo (Pontificia Universidad Católica de Chile; Millennium Institute for Research in Depression and Personality (MIDAP))**

**Co-authors: Claudia Capella, Lucía Núñez, M. Olaya Grau, Angélica Canales, Camila Muñoz, Nicolás Gabriel-Vacher**

**ABSTRACT:**

"Objective: describe the processes of change in caregivers of CSA victims who participate in psychosocial interventions from the perspective of therapists.

Method: a qualitative, descriptive and relational longitudinal study was designed. 12 Semi-structured interviews were conducted with three psychosocial teams (psychologist and social worker) who treated children between 4 and 9 years-old victims of CSA and their caregivers in specialized centers. The interviews were led at two points in the intervention -initial and mid-term-. A descriptive and process analysis of the information was carried out. Results: The main changes observed in the caregivers during the intervention, the areas where they occurred, how these changes express and evolved, and the main facilitators and obstacles of the change processes are described. Similarities and differences between the views of the psychosocial teams are also analyzed. Discussion: results are analyzed in the light of other studies. The relevance of this type of research for the training of therapists and their clinical work in cases of child sexual abuse is discussed."

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## Poster

# Emotion regulation as a mechanism of change for transdiagnostic low-intensity cognitive behavioral therapy for internalizing distress: Disaggregating within vs. between individual variability

**Main author: Robinson De Jesús-Romero (Indiana University – Bloomington)**

*Co-authors: Isabella Starvaggi, Jacqueline Howard, John F Buss, Colton M Lind ,Tennisha N Riley, Lorenzo Lorenzo-Luaces*

## ABSTRACT:

Objective: In recent years, emotion regulation strategies such as cognitive reappraisal (CR) and expressive suppression (ES) have emerged as potential transdiagnostic mechanisms of change. Functional models of emotion dysregulation hypothesize that avoidance strategies like ES maintain internalizing distress symptoms, but these models have not received close empirical scrutiny in treatment studies. The objective of this study was to test whether week-to-week within-person changes in CR and ES predicted changes in negative affect (NA) and positive affect (PA) in a guided self-help intervention. Methods: N = 141 participants were recruited for a six-week remote trial of a guided self-help transdiagnostic CBT. NA was measured with the Kessler Scale Psychological Distress Scale (K6) and PA with the World Health Organization-5 Well-being Index (WHO-5). We used the Emotion Regulation Questionnaire (ERQ) to measure CR and ES and disaggregated within- versus between-person variability using a random intercept cross-lagged panel model. Results: Participants (Mage = 40.36, SDage = 13.95, nfemale = 120, nnon-Hispanic white = 110) improved in NA, PA, CR, and ES across the trial, with the

smallest improvements in ES. At the between-person level, CR was associated with both NA ( $r = -0.22$ ,  $p = .022$ ) and PA ( $r = 0.40$ ,  $p < .001$ ). At the within-person level, week-to-week changes in CR were associated with subsequent week-to-week decreases in NA (ranging from  $\beta = -0.28$  to  $\beta = -0.55$ ). Conclusions: Our findings support the role of cognitive restructuring as a mechanism of change in transdiagnostic CBT.

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## Poster

# Nonlinear Analysis of Dyadic Mother-Infant-Interaction in the Face-to-Face-Still-Face-Paradigm – A Feasibility Study

**Main author: Anton K. G. Marx (Ludwig-Maximilians-Universität München (LMU Munich))**

*Co-authors: Mitho Müller, Christian F. J. Woll*

## ABSTRACT:

"Background: The quality of caregiver-infant interaction plays a crucial role for adaptive child development (Müller et al., 2022) and represents a central objective in parent-child-psychotherapy (Reck et al., 2022). To quantify such dyadic processes, numerous methodological approaches have been facilitated in previous research (Provenzi et al., 2018). In this presentation, we report on the feasibility of a novel methodological approach to examine dyadic interaction in the Face-to-Face-Still-Face paradigm (FFSF; Tronick et al., 1978) using nonlinear time series analysis.

Methods: We applied categorical Cross-Recurrence Quantification Analysis (CRQA; Coco & Dale, 2014) to mothers' and infants' interactional behavior coded from video recordings using the established microanalytic coding scheme Infant and Caregiver Engagement Phases (ICEP; Reck et al., 2011) in a sample of depressed and healthy mothers. The data comprises extensive time series with data points collected every 1/100 seconds resulting in approximately 36,000 data points per person. By contrasting mother-infant dyads with high cross-recurrence of positive interactional behavior vs. low cross-recurrence, we explore the method's feasibility and discuss its limitations, challenges, and possible applications in future research.

Results and Conclusions: Overall, our preliminary results provide promising support for our novel methodological approach. Based on CRQA, the dyads can be identified clearly as high vs. low cross-recurrence and the findings on dyadic cross-recurrence correspond to our previously conducted linear analyses. In conclusion, despite some limitations, this study represents the first nonlinear analysis of caregiver-infant interaction coded using the ICEP coding scheme and fosters ground for future research on dyadic interaction in clinical settings."

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Poster

## Helpful and Hindering Effects of Emotion-Focused Group Therapy in Slovak University Students

**Main author:** *Lubor Pilarik (Matej Bel University)*

*Co-authors: Petr Mikoska, Michaela Ladmanova*

### ABSTRACT:

Emotion-focused group therapy (EFGT) is a new format of individual emotion-focused work in group settings. Our study aimed to investigate the efficacy of 12 sessions of a modified version of the EFGT on the difficulties in emotion regulation, self-compassion, and life satisfaction of sixteen nonclinical psychology students and exploring helpful and hindering events of EFGT from the participants' point of view. Pre-post quantitative outcome analysis results revealed a decrease in emotion regulation difficulties and an improvement in self-compassion and subjective satisfaction with life. The qualitative analysis results of each session participants' experiences revealed that helpful and hindering events were organized around a cluster related to the students' experiences of themselves (e.g., developing self-understanding, getting in touch with oneself, and feelings of empowerment as helpful versus unpleasant self-awareness, feeling incompetent as hindering events) or a cluster related to other students in the group (e.g., sharing with others, seeing others' perspectives, normalization/identification as helpful versus self-disclosure difficulties, difficult insight into others as hindering events). The EFGT intervention demonstrated prevalence of helpful impacts and stressed some difficult processes connected with emotional awareness and disclosure to group members.

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Poster

## Exploring the complex interrelation between depressive symptoms, risk and protective factors: A holistic network approach

**Main author:** *Flavio Iovoli (Osnabrück University)*

*Co-authors: Mila Hall, Julian A. Rubel, Igor Nenadic, Benjamin Straube, Nina Alexander, Hamidreza Jamalabadi, Andreas Jansen, Frederike Stein, Katharina Brosch, Adrian Wroblewski, Florian Thomas-Odenthal, Paula Usemann, Lea Teutenberg, Julia Pfarr, Udo Dannlowski, Katharina Thiel, Kira Flinkenflügel, Susanne Meinert*

### ABSTRACT:

"Objective. Symptoms of depression seem to be interrelated in a complex and self-reinforcing way. To gain a better understanding of this complexity, the inclusion of other theoretically relevant constructs (such as risk and protective factors) offers more holistic view into the complex mechanisms underlying depression.



Method. Cross-sectional data from N = 986 depressed patients and N = 1049 healthy controls were analyzed. Participants self-reported their symptoms of depression, as well as several risk factors and protective factors. Regularized partial correlation networks were estimated for each group and compared

Results. Symptoms of depression were more strongly connected in the network of depressed patients than in healthy controls. Among the risk factors, perceived stress, the experience of negative life events, emotional neglect, and emotional abuse were the most centrally embedded in both networks. However, the centrality of risk factors did not significantly differ between the two groups. Among the protective factors, social support, personal competence, and acceptance were the most central in both networks, where the latter was significantly more strongly associated with the symptom of self-hate in depressed patients. Overall, the networks were significantly different in network invariance and global strength. Post-hoc exploration of edge invariance was performed.

Conclusion. The network analysis revealed that key symptoms of depression were more strongly connected for depressed patients than for healthy controls, and that risk and protective factors play an important role, particularly acceptance. However, longitudinal data are needed to investigate the temporal effects of risk and protective factors on the symptoms of depression."

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## Poster

# The Influence of Patient Baseline Characteristics on the Therapeutic Alliance in Psychotherapy for Adolescent Depression

**Main author: Layla Massoud (University College London; Anna Freud National Centre for Children and Families)**

**Co-authors: Antonella Cirasola**

## ABSTRACT:

Existing literature has found a significant link between the strength of the therapeutic alliance and the success of treatment outcome, highlighting the importance of the alliance. However, there is scarce and inconsistent research regarding predictors of the alliance, particularly in the adolescent population. The current study aims to investigate the influence of patient baseline characteristics on the therapeutic alliance, specifically in psychotherapy for adolescent depression. Data will be drawn from the Improving Mood with Psychoanalytic and Cognitive Therapies (IMPACT) study, a randomised control trial which evaluated three therapeutic interventions in the treatment of adolescents (11-17 years) with moderate to severe depression. Both adolescents (n=224) and therapists (n=139) rated their therapeutic alliance 6 weeks post-randomisation. Patient characteristics such as age, gender, symptom severity, depressive cognitive style and conduct disorder symptoms were

collected at baseline and will be examined as potential predictors of the alliance ratings. Data will be analysed using multiple regression. Hypothesised findings are that being young, female, presenting with more severe depressive symptoms, elevated relatedness and self-critical depressive cognitive styles and more severe conduct disorder symptoms will predict higher alliance ratings. These findings will have important practical and theoretical implications, including helping clinicians identify vulnerable patients when building alliances and addressing the gap in the literature.

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#### Poster

### **Exploring the relationship between cultivating compassion virtue and wellbeing. A systematic review**

**Main author:** Ausiàs Cebolla (*University of València*)

**Co-authors:** Pedro Sarrión, Joana Vidal, Daniel Campos, Oscar Lecuona, Ausiàs Cebolla

#### **ABSTRACT:**

Previous literature shows the efficacy of psychological interventions in improving well-being. Virtue-based treatments are designed to increase well-being through the training in specific virtue like compassion among others (forgiveness, hope, etc.). Previous systematic reviews have found how several virtuous traits such as compassion correlate positively with wellbeing. However, they have not studied how by modifying explicitly the virtue of compassion, levels of wellbeing are affected. This study attempts to overcome this limitation by analyzing the effect of a virtues-based treatments focused on compassion and its ultimately impact on wellbeing. A systematic literature search following PRISMA guidelines was performed in PubMed, Web of Science, PsycInfo and Scopus. A total of 5980 articles were found, from which after reviewing title and abstract 155 passed the inclusion criteria. We are interested only in RCTs that intervene explicitly in compassion and measure compassion and wellbeing pre and post-intervention. The final number of articles included in the study comprised 27 articles. Findings show significantly larger increases in compassion levels and well-being measures with medium to large effect sizes. This study demonstrates that virtue-based interventions may increase well-being levels by cultivating the virtue itself. For this reason future studies could explore other virtues-based treatments and their impact on well-being.

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#### Poster

### **What can be learned about psychotherapeutic experiences through measuring heart rate during psychotherapy?**

**Main author:** Tuija Aro (*University of Jyväskylä*)

**Co-authors:** Virpi-Liisa Kykyri, Markku Penttonen

**ABSTRACT:**

"Background: Embodied variables are increasingly used in studies on psychotherapy processes.

Aims: With this case-study, we aimed to gain further knowledge on the added value of measuring heart rate in understanding psychotherapeutic experiences. We studied associations between the themes of the dialogue and the client's and the therapist's parasympathetic nervous system (PNS) activation in one psychotherapy session.

Methods: Heart rate variability (HRV) was determined by calculating Root Mean Square of Successive Differences (RMSSDs) of heartbeat and used as a marker of the PNS activation. The themes of the dialogue were transcribed from audio-tape recording and their associations with the RMSSD-changes were analyzed qualitative.

Results: Client's RMSSD decreased when she talked about her will to die, lack of safety, fears, and "bad behavior". Major increase in client's RMSSD occurred as she named negative emotions (anger, guilt) and when shedding tears. Therapist's RMSSD decreased while listening to client's worries and increased as she talked. RMSSDs of both persons were high at the beginning and at the end of the session; otherwise, little immediate synchrony occurred.

Discussion: The findings indicated association between the themes and the client's PNS activation. The results suggest that expression of denied/difficult emotions and self-compassion feelings were soothing for the client, which was not observable from the dialogue. The therapist's talk was not associated with increase in client's RMSSD, although the therapist's own RMSSD increased. The findings are promising and suggest that assessing client's and therapists' HRV during sessions may deepen our understanding about soothing experiences during psychotherapeutic dialogue."

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**Poster****Rethinking the treatment of substance use in adolescents of sexual minorities: A Scoping Review**

**Main author:** *Jocelyn Scharfstein (Grupo Mentaliza treatment center)*

**Co-authors:** *Mahaira Reinel, Christian Spuler, Cyntia Carolina Saavedra*

**ABSTRACT:**

"Sexual minority (SM) youth are almost twice as likely to consume alcohol and drugs than their heterosexual peers increasing the likelihood of mental health problems, substance abuse, problems in the construction of their personality and greater risk of psychological, physical and sexual violence. Even though both literature about prevention and treatment of mental health problems in sexual minority youth and literature about substance use/abuse disorders have highlighted the importance of family support, treatment literature with SM emphasizes mainly the individual aspects of drug use, leaving out the relevance of family

relationships. Method: A scoping review is being conducted to systematize the evidence about treatment and management of substance use problems in SM adolescents. Three databases (PsycInfo, Web of Science, PubMed) were searched. Results (in progress): A total of 542 articles were extracted. After duplicates were removed, 216 papers have left under eligibility review. At the conference the total number of studies chosen and the review of their characteristics, will be resented. Discussion: The results will be discussed in terms of treatment components and the need to develop specific clinical approaches to help this population.

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## Poster

# Convergent and Divergent Validity of the Compassionate Engagement and Action Scales (CEAS) in a Clinical Sample

**Main author: Annett Körner (McGill University)**

*Co-authors: Kyla Brophy, Fiona Wolckenhaar, Mariah Lisi, Rosalie Quinn, Jack Shaver*

## ABSTRACT:

Compassion, defined as a sensitivity to the suffering of self and others with a commitment to alleviate and prevent it, has been associated with numerous positive psychological outcomes, e.g., well-being, resiliency, creativity, and improved mental health. Compassion can be understood as having cognitive, affective, and somatic or embodied components. Current research is limited by the availability of valid psychometric measures assessing compassion, particularly scales that assess the "flow of compassion," i.e., compassion for others, from others, as well as compassion for oneself. The Compassionate Engagement and Action Scales (CEAS) have been developed to address this gap. The purpose of this study is to validate the German CEAS with a clinical population. Participants have been recruited at a psychosomatic in-patient treatment centre in Germany from November 2020 to October 2022 (N = 397, data entry is ongoing). Convergent validity will be assessed through correlational analyses with measures assessing interpersonal challenges (e.g., social strain, difficulty with self-assertion), anxiety, depression, somatoform symptoms, and well-being. Results will contribute to understanding the relationship of the flow of compassion with key psychological constructs, as well as provide valid psychometric tools for use with populations experiencing mental health difficulties.

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Poster

## **Postpartum Avoidant Behavior Negatively Affects Dyadic Interaction Quality at Pre-school Age**

**Main author: Christian F. J. Woll (Ludwig-Maximilians-Universität München (LMU Munich))**

*Co-authors: Mitho Müller, Anamaria Semm, Anna-Lena Zietlow, Nora Nonnenmacher, Corinna Reck*

### **ABSTRACT:**

"Aim: Peripartum maternal anxiety disorders may adversely affect child development.

Mother-infant interaction has been shown to be substantially involved in the transmission of these effects. Hence, it is crucial to further investigate how the quality of mother-infant interaction may be influenced. Our goal was to explore how and which anxiety symptoms in the postpartum period are associated with the dyadic interaction quality at pre-school age.

Method: 93 mothers filled out the German version of the Agoraphobic Cognitions Questionnaire (ACQ), the Body Sensations Questionnaire (BSQ), and the Mobility Inventory (MI) at the children's age of 6-8 months. At the children's age of 5 years, a 15-minute mother-child interaction during a free play situation was videographed. Dyadic interaction quality was assessed applying the macroanalytic coding system Coding Interactive Behavior (CIB). We conducted exploratory correlation analyses which informed a structural equation model.

Results: Our structural equation model revealed that maternal avoidant behavior in the postpartum period negatively predicted dyadic interaction quality at pre-school age, i.e., the greater the maternal avoidant behavior (alone and accompanied by a trusted person), the less reciprocal the mother-child dyad interacted during the free-play situation. These longitudinal effects across 4.5 years remained significant even when controlled for the current symptomatology at pre-school age.

Discussion: These results strengthen the need for an early identification of anxiety symptoms in the postpartum period to possibly avoid later interactional difficulties between mothers and their children. Along with cognitions and body sensations, avoidant behavior might be particularly focused on when treating maternal anxiety disorders."

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## Poster

# Understanding how therapists personalize their case conceptualization to the unique patient

**Main author:** *Jochem Willemsen (Université Catholique de Louvain)*

**Co-authors:** *Pierre Philippot, Liselotte Cullman*

## ABSTRACT:

Case conceptualization is widely recognized as a core clinical skill for psychotherapy, but there is a lack of research on how psychotherapists acquire this skill, how they use it in therapy, and how it contributes to the therapeutic process. Recent literature shows that case conceptualization skills vary depending on which theory of psychotherapy and psychopathology therapists use (Eells, 2022) and that it is critical to include patient characteristics (such as culture and preferences) into this process to avoid misunderstanding and mistreatment. This study aims to observe how therapists from different theoretical backgrounds conceptualize their cases and how these are adapted to the uniqueness of the patient. Do they share common strategies? If not, what is different? What client characteristics are considered for the case conceptualization to personalize their therapeutic interventions? A group of 15 Belgian French-speaking therapists from psychoanalytic, cognitive-behavioral and person-centered approaches will be interviewed about their case conceptualization strategies. The participants are asked to explain their use of case conceptualization on the basis of their clinical notes from two patients they recently worked with. Qualitative data analysis (thematic analysis) will be used to identify recurrent themes in the process of case conceptualization. In the presentation of the results, we will focus in particular on the role of the therapist's theoretical framework and the influence of patient characteristics on the process of case conceptualization.

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## Poster

# Chat therapy: Unravelling intervention and change processes

**Main author:** *Fritz Mende (Center for Psychology at the University of Porto / Centro de Psicologia da Universidade do Porto)*

**Co-authors:** *Margarida Rangel Henriques*

## ABSTRACT:

"Due to the growing implementation of online mental health services using chat, although to date evidence is encouraging, there is an urgent need to determine what interventions are effectively translated into the chat environment, and to understand the intervention and change processes involved.

The poster intends to present a research project that will focus on individual, synchronous, text-based interventions using chat, and entails three main successive steps. Initially, we will carry out a scoping review on intervention and change processes within online chat interventions. Former quantitative and qualitative research has investigated the working alliance, session impact, depth and smoothness, perceived helpfulness, and preferred approaches and techniques. This step is at its onset, and we hope to present initial findings soon.

Second, we intend to conduct a series of in-depth case studies and adopt grounded theory strategies, to generate bottom-up insights into the dynamics of chat interventions.

The third step comprises a clinical trial on brief online interventions via videoconferencing vs. via chat. Resorting to postintervention and follow-up outcome measures, we aim to examine the comparative efficacy of chat interventions. Further, we plan to apply the Helping Skills System and the Innovative Moments Coding System, to deepen insight into specificities of the intervention and change processes involved. Participants will be recruited through Psic.ON, a service that provides brief cost-free online support, based at the University of Porto.

Finally, implications for clinical practice will be derived.

The project is supported by national funding from the Portuguese Foundation for Science and Technology (UIDB/00050/2020)."

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## Poster

### **Clients' perception of the change process on psychodynamic psychotherapy: A qualitative study**

***Main author: Laura Ines Ferreira (Psychology Research Centre (CIP) & Department of Psychology and Educational Sciences, Universidade do Algarve)***

***Co-authors: Sandra Guerreiro, Luís Janeiro***

#### **ABSTRACT:**

Clients' perception of their change process has been gaining increasing interest in scientific literature, as it allows to understand which factors clients consider as key components for their therapeutic change. According to one brief psychodynamic-oriented model (Affect Phobia Therapy; APT), it is the recognition of clients' maladaptive patterns and the development of an authentic relationship with the emotions that leads to treatments' success. However, research on mechanisms of change in these models is still lacking, especially with regard to clients' views of their change process. Aim: In this study, we intended to describe the psychotherapy process according to the clients' perceptions. Method: The Change Interview Protocol was applied to eight psychodynamic psychotherapy clients who have successfully finished their therapeutic process (62.5%

female; Mage = 23.88). A thematic analysis was used to examine the semi-structured interviews. Results: A total of 312 extracts were classified and grouped into two main themes: Process Experience and Therapeutic Gains. These two themes were subdivided into 10 categories and 14 subcategories, within which the categories of Therapeutic closeness, Closeness in relationships, and Emotional gains can be highlighted. Discussion: Results are consistent with previous qualitative studies, stressing the importance that clients assign to the relational aspects as crucial to their outcomes. Our main findings are discussed based on the current scientific knowledge on the change process in psychotherapy according to the clients' points of view.

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Poster

## **Psychometric Properties of the Working Alliance Inventory in Argentinean Adolescents**

**Main author: Agustina Farah (Universidad de Belgrano)**

*Co-authors: Malenka A Areas, Andrés J Roussos, Juan Martín Gómez Penedo*

### **ABSTRACT:**

Therapeutic alliance (TA) represents a central concept for research and clinical practice. Several instruments assess this construct but most of them have been developed for adults. In Argentina, there are no instruments to study TA with adolescents. This study aimed to evaluate the psychometric properties, in terms of reliability and validity, of the Working Alliance Inventory short version for patients (WAI-SF) in adolescents from Argentina. The sample of this study was non-probabilistic and included 206 Argentinean patients (between 12 and 20 years old) undergoing psychotherapy. To study the reliability of the instrument, measures of internal consistency (Cronbach's alpha) and item homogeneity (adjusted item-total correlations) were analyzed. For the study of the instrument's validity, construct validity (confirmatory factor analysis) and concurrent validity (correlations with the Alliance Negotiation Scale) were analyzed. We found evidence of adequate internal consistency and item homogeneity, as well as construct validity and concurrent validity. The factor analysis showed a good fit of the three sub-scales model. This development aims to contribute to psychotherapists, patients and researchers in Argentina by offering a valid and reliable instrument for the analysis of the therapeutic alliance in adolescents.

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Poster

## **Convergent and Divergent Validity of the Sussex-Oxford Compassion Scales for Self and Others (SOCS) in a Clinical Sample**

**Main author: Annett Körner (McGill University)**



*Co-authors: Kyla Brophy, Jaime Little, Samantha Cristallo, Romy Boivin-Ménard, Nesrine Mesli,*

**ABSTRACT:**

Compassion can be defined as a sensitivity to the suffering of self and others with a commitment to alleviate and prevent it. Compassion towards oneself and towards others has been associated with well-being and resiliency. Research on compassion has proliferated in recent years; however, existing research is limited by the availability of valid psychometric measures. Furthermore, most research on compassion has focused on self-compassion, with recent work emphasizing the need to understand the relationship between compassion for oneself as well as compassion for others. The purpose of this study is to validate the newly translated German Sussex-Oxford Compassion Scales for Self (SOCS-S) and Others (SOCS-O) with a clinical sample. Participants have been recruited at a psychosomatic in-patient treatment centre in Germany from November 2020 to October 2022 (N = 397, data entry is ongoing). Convergent validity will be assessed using Pearson correlations between the total and subscale scores of the SOCS-S and SOCS-O with measures assessing anxiety, depression, well-being, self-efficacy, and interpersonal challenges. Results will contribute to providing valid and reliable psychometric tools for use in research and clinical practice with diverse cultural and linguistic groups, including vulnerable populations.

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**Thursday, June 22nd, 2023, 19:00 - 20:00 (IST)**

**Poster Session** - [Room: Virtual](#)

**Poster**

**Religious Mismatch and the Therapeutic Alliance: A Single Case Study**

**Main author: Mindy Schwartz (Derner School of Psychology, Adelphi University )**

*Co-authors: Catherine F. Eubanks, Kaitlin Williams*

**ABSTRACT:**

Religious patients have consistently expressed a preference for religious matching with therapists, yet little research has been done to assess the actual impact of religious matching and mismatching on therapy (Dimmick et al, 2021; Dimmick et al., 2020; Walker et al., 2011; Fluckiger et al., 2018). Religious salience, beyond religious affiliation, is also a significant factor in religious matching. The current study will explore the relationship between religious mismatching and ruptures and repairs in the therapeutic alliance through an analysis of therapy sessions of a single religiously mismatched patient-therapist dyad

over an entire 20-session course of treatment. The dyad was mismatched in terms of religious identification and religious salience. Each video-recorded session will be viewed and coded using the Revised Rupture Resolution Rating System. Moments in which religion is raised will be noted and reviewed with qualitative analysis for salient themes. Patient and therapist post session questionnaires including the 12 item Working Alliance Inventory and open-ended rupture focused questions will be analyzed, with particular attention to any differences between measures of rupture and repair. Post treatment interviews with patient and therapist will be reviewed with qualitative analysis for salient themes as well. Frequency and descriptive tests will be run to assess the frequency of different types of ruptures and repairs over the course of treatment across the three measures. Frequencies of salient themes that arise during analysis of moments in which religion is raised, and the overlapping ruptures and repairs that occur around those moments will also be recorded.

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## Poster

### Defense change in psychoanalytic treatments

**Main author:** Avital Miller (Yeshiva University)

**Co-authors:** Katie Aafjes-van Doorn, Daniel Spina

#### ABSTRACT:

**Aims:** Coping mechanisms and defense mechanisms are often conflated. While cross-sectional literature has established maladaptive coping as positively correlated with immature defenses, and adaptive coping as positively correlated with mature defenses, little consistency has been demonstrated in the stability and relationship of these constructs over time. The purpose of this study is to examine the relationship between changes in coping mechanisms and defensive functioning over long-term psychoanalytic treatment. This study also aims to explore whether early defense styles/coping styles and improvement in patients predict treatment outcome. We will test three hypotheses: 1) immature defense mechanisms and negative coping mechanisms will be strongly positively correlated, as will mature defense mechanisms and positive coping mechanisms, 2) defense mechanism levels and coping mechanism levels will remain stable over the time of treatment, 3) immature and neurotic defense mechanisms, as well as negative coping mechanisms, will predict symptom level at the end phase of treatment. **Methods:** We analyzed coping mechanisms (CAPS; Perry, 2022) and defense mechanisms (DMRS-Q) in 27 psychoanalytic treatments from an existing dataset with identified treatment outcomes. For each treatment, transcripts of two early and two late sessions were coded for a total of 108 session transcripts. To ensure reliability, 1/4th of the session transcripts were coded by a second independent coder. **Results:** The coping codings are currently being finalized. **Discussion:** We will discuss the study findings and compare the two observer methods in

detail to give the reader a sense of the measurement of these constructs in analytic treatment.

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#### Poster

## **Minding my brain: Fourteen neuroscience-based principles to enhance psychotherapy responsiveness**

**Main author:** *Bruno Faustino (Escola de Psicologia e Ciências da Vida da Universidade Lusófona)*

### **ABSTRACT:**

Intersections between psychotherapy and neurosciences are at its dawn. The quest to understand the neural underpinnings of psychological processes has led several generations of scientists to explore neural correlates between mind, brain and behaviour. Neuroscience methods and research have given psychology new perspectives and insights about the structure and function of complex neural pathways that underlie human functioning (cognition, emotion, motivation, somatic reactions and interpersonal behaviour). By translating neuroscientific findings into psychotherapeutic principles of change, it is possible to promote responsiveness towards brain dysfunction that underlies patients' psychological malfunctioning. In psychotherapy, responsiveness is a core aspect of the therapeutic change process, especially to adapt psychological interventions to patients' motivational stages and preferences, coping styles, neurobehavioural modes and emotional needs. Within a transtheoretical and translational approach, contemporary neuroscientific findings are revised, discussed and used to attempt to build on 14 theoretical brain-based principles that may be applied to psychotherapy. Translating these empirical findings into practical principles, clinical strategies and tasks is expected to enhance psychotherapy responsiveness grounded on a science-based knowledge of brain functioning.

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#### Poster

## **Characteristics of patients with severe mental disorders undergoing psychotherapy associated with non-adherence in a public health hospital: a pilot study**

**Main author:** *Júlia Camargo Contessa (Graduation Program in Psychiatry and Behavioral Sciences, Universidade Federal do Rio Grande do Sul (UFRGS), Medical Faculty, Porto Alegre, Brazil)*

**Co-authors:** *Felipe Cesar de Almeida Claudino, Neusa Sica da Rocha*

### **ABSTRACT:**

"Introduction: The literature provides some insights into understanding non-adherence in psychotherapy, but the factors that exactly affect psychotherapy non-adherence at a public health hospital is still unknown.

Objective: to broaden the understanding of characteristics of structural levels of personality in patients who do not adhere to psychotherapeutic treatment.

Method: 36 adult patients with severe mental disorders who received treatment in psychodynamic psychotherapy, interpersonal psychotherapy and cognitive behavioral psychotherapy were included in this pilot study. The structural axis IV of the multiaxial instrument Manual of OPD-2-Operationalized Psychodynamic Diagnosis was applied by individual interviews.

Results: Within all the sub-items of the structural axis IV of the OPD-2, patients with a moderate level of structure predominated, regardless of the final treatment outcome (discharge, clinical referral or abandonment). There were no significant differences between these groups in regard structural levels of integration of personality.

Discussion: All patients have moderate levels of structural integration, and this result might be related to the fact that all patients were evaluated for psychotherapy indication. The sample does not contain patients with a structurally disintegrated levels of personality, as it is likely that these patients will have difficulties in remaining in the outpatient clinic, as they might need assistance at hospitalization."

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## Poster

### **Personality traits, resilience, attachment styles, and depressive symptom as predictors of Working Alliance quality in online psychotherapy: a multicenter study.**

**Main author: Igor Londero (Graduation Program in Psychiatry and Behavioral Sciences, Universidade Federal do Rio Grande do Sul (UFRGS), Medical Faculty, Porto Alegre, Brazil)**

**Co-authors: Graziella Nunes Peixoto, Neusa Sica da Rocha**

#### **ABSTRACT:**

"Objectives: Investigate whether individual characteristics personality traits, resilience, attachment styles, and depressive symptoms predict the quality of the Work Alliance in its three domains: WA-Objectives, WA-Task, and WA-Attachment in online psychotherapy in a multicenter sample of patients seen in psychiatry residency services during COVID-19.

Methods: Cross-sectional naturalistic study in two independent samples: the first composed of ""migrants"" who are subjects who started face-to-face therapy and migrated to online therapy (N=65) and the second of ""natives"" who started online therapy during the COVID-19 pandemic. The data was collected in an online form between the years 2020 and 2021.

Results: The results of the linear regression model showed that only Resilience and Personality Traits were found to be individual predictors of Work Alliance in online psychotherapy. Approximately 9.16% of the variance in WA-Task is explainable by Resilience in migrant subjects. When analyzing personality traits, in migrant subjects the results indicate that approximately 15.16% of the variation in the Working Alliance is explained by the personality traits, especially Psychoticism predicted by the WA-Attachment. In native subjects, approximately 43.40% of the variation in the WA-Attachment is explained by personality traits, especially Neuroticism, which significantly predicted the WA- Attachment.

Conclusion: the results suggest that for subjects who made the transition from face-to-face therapy to online therapy (migrants) resilience was a positive response predictor for WA-Task, while personality traits, was observed that the Psychoticism was a negative response predictor for WA-Attachment, while in native subjects, the trait Neuroticism was a positive predictor for WA-Attachment."

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## Poster

# How the initial session affected subsequent sessions in Emotion-Focused Therapy.

**Main author:** Toki Ozaki (*Ritsumeikan University in Osaka*)

**Co-authors:** Fumika Nishikawa, Junzhe Zhang, Liu Cheng, Shigeru Iwakabe

## ABSTRACT:

"Abstract

Therapists in Emotion-Focused Therapy (EFT) aim to create a strong therapeutic alliance from the beginning of treatment. The early establishment of a therapeutic alliance is also important for expediting therapy that takes place over a limited time frame. In the process of EFT, the therapist follows a "compass" of pain in order to identify the client's core emotional pain from early in therapy. There have been few studies on the influence from the initial session to subsequent sessions in EFT. Thus, this study focuses on the initial session and examine how session depth as well as productive emotional processes in the first session may relate to the trajectories of change hereafter. The goal of the study is to investigate the relationship between the first session and the following course of emotional change.

Method: The sample of 30 Japanese clients with unresolved emotional injuries who had gone through a 16-session individual treatment in EFT was used. Two groups of clients were selected. One is comprised of those whose session depth score and had corrective emotional experience based on post-session ratings after the first session. The other is comprised of those clients with low scores on these scales. Trajectories of change on the working alliance and their post-session outcomes were compared. Video verbatim transcripts were taken from the videos and analyzed using grounded theory approach. The

study is currently under way. The implications for the research and practice will be discussed."

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#### Poster

### **Heartrate variability as a biomarker for alliance ruptures – a case study.**

**Main author: Shahar Bittan (University of Haifa)**

*Co-authors: Amit Tchizick, Sigal Zilcha-Mano*

#### **ABSTRACT:**

"Objective: One of the most consistent predictors of outcome in psychotherapy is the therapeutic alliance, and rupture & repair is considered as a process in which the alliance is strengthened. Traditionally, ruptures in the alliance were measured by self-report questionnaires and third-party coders using the 3RS. However, they are not time-efficient and prone to subjectivity, leading the study to find markers such as movement synchrony and oxytocin. One promising biomarker that may predict ruptures is the Heart Rate Variability (HRV), which may indicate patients' physiological arousal during non-collaborative parts during therapy. The present study seeks to examine HRV can serve as a biomarker for alliance ruptures.

Method: As a part of a Randomized Control Trial (RCT) for Major Depression Disorder (MDD), we used a single case-study. In addition to ruptures, emotional and neutral segments were analyzed to assess difference in HRV. Trained coders used the rupture resolution rating system to assess alliance ruptures and repairs (3RS), and heart rate data were gathered with E4 wristband (Empatica).

Results: ICC (2) = .92 indicates higher reliability between judges regarding ruptures, neutral and emotional parts. A one-way ANOVA will be conducted in the spring of 2023 to compare the HRV of these groups.

Conclusion: Results and clinical implications will be discussed within the public mental health importance of exploring the underlying biological mechanisms of alliance ruptures."

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#### Poster

### **Working with clients' shame in emotion-focused therapy: A case comparison study**

**Main author: Fumika Nishikawa (Ritsumeikan University in Osaka)**

*Co-authors: Toki Ozaki, Junzhe Zhang, Shigehiro Terukina, Shigeru Iwakabe*

#### **ABSTRACT:**

"Emotion-focused therapy (EFT) aims to enhance clients' emotional regulation by helping them re-experience past painful emotional experience that they were unable to process (Greenberg, 2011). Empirical evidence has demonstrated the effectiveness of EFT in treating a variety of psychological conditions, including depression (Greenberg & Watson, 1998), complex trauma (Paivio & Nieuwenhuis, 2001), and couple conflicts (Greenberg & Goldman, 2008). Sometimes it is held that a preconception that re-experiencing past emotional pain during therapy session may risk intensifying their suffering. However, it has been shown that the experience of negative emotions in psychotherapy can have positive therapeutic effects. Additionally, clients with a strong sense of shame may have an avoidance tendency that may impede the process of EFT treatment, as they may avoid confronting their weaknesses and vulnerabilities. Therefore, this study examines the therapist's actions that alleviate or exacerbate clients' feelings of shame during the process. Furthermore, research has shown that positive emotions can counteract negative ones (Iwakabe, 2011). Thus, this study also examines how therapists elicit positive emotions and reduce clients' shame during EFT.

We conducted a systematic comparison of successful cases and unsuccessful ones. The sample consists of clients with strong feelings of shame from EFT in Japan. Both qualitative and quantitative analyses are being conducted. Scores from clinical measures completed by clients pre-and post-treatment as well as after each session were used to identify session in which the dyad worked on client's shame. The verbatim transcripts of the videos were analyzed using GTA. The study is ongoing."

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## Poster

### **Subjective experience of participants in a support group intervention conducted among students of the Faculty of Medicine at the University of Chile: A grounded theory analysis**

**Main author:** *René Francisco Sepúlveda (Universidad de Playa Ancha)*

**Co-authors:** *Byron Elias Bernales*

#### **ABSTRACT:**

"Consistent with the literature review, the students of the Faculty of Medicine of the University of Chile present high prevalences of depressive and anxious symptoms, being the main chief complaints of the students who attend the Psychology Department in the Medicine

Faculty of the University of Chile. The demand in mental health is addressed by the overloaded Psychology Department through individual counseling services.

This pilot program designed as a low intensity intervention seeks to promote mental health among students and prevent risk factors associated with social isolation and low perceived social support, assisting the Psychology Department.

This study presents the results of a qualitative analysis carried out through a grounded theory that delves into the subjective experience of the students of the Faculty of Medicine at the University of Chile who participated in the pilot program of a mental health group intervention based on Community Integrative Therapy, the Community Wellness Circles, corresponding to mutual support groups.

The outcomes confirm the importance of mental health among college students, demonstrate how the participants view the intervention as a useful tool that meets several of their needs, facilitating the development of friendship and supportive relationships within a small group that help them go through experiences of change.

This study will allow us to take another step toward more responsive interventions that meet the mental health needs of students."

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## Poster

### **Patient's capacity and dynamic aspects of the psychotherapeutic process having impact on the course and effects of treatment – a research project**

**Main author: Benita Wielgus (Department of Psychotherapy, Jagiellonian University Medical College)**

**Co-authors: Michał Mielimąka, Krzysztof Rutkowski, Edyta Dembińska, Jerzy Sobański, Katarzyna Klasa, Anna Kaczmarek, Patrycja Jęda**

#### **ABSTRACT:**

"Aim: A better understanding of common and non-specific factors can facilitate therapeutic methods best suited for the patient's capacity and changes throughout treatment. The study aims to analyse changes in selected psychological properties of patients over time in group psychotherapy with elements of individual psychotherapy and their relation to the outcome of treatment for neurotic disorders.

Method: The study is a 3-month controlled trial that aims to measure changes in selected psychological properties of patients (mindfulness, resilience, insight, working alliance) and the relations to the intensity of neurotic symptoms. The following tools are used: the Freiburg Mindfulness Inventory, the Psychological Insight Questionnaire, the Connor-Davidson Resilience Scale – Short Version, the Working Alliance Inventory – Short Version, and the "O" Symptom Questionnaire. During the 12-week-long group intervention, patients from the treatment group (TG)



are asked to fill in a set of questionnaires four times (at the beginning, two times within, and at the end of treatment). In the control group (CG), only mindfulness, resilience, and neurotic symptoms are measured. The study is conducted in the Psychotherapy Unit of the University Hospital in Krakow.

Results: The study is still pending. We predict that after 12 weeks of treatment, participants will show a significant decrease in the intensity of neurotic symptoms and an increase in mindfulness, resilience, insight, and working alliance in TG. We expect to identify mediators of treatment outcome among the tested variables in TG. We anticipate no significant changes in scores on measured variables in CG."

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## Poster

# **Clarity, Containment and Compassion. Mixed Methods research into Supervision during Doctoral research for Psychotherapists and Counselling psychologists**

**Main author: Sofie Bager-Charleson (Metanoia Institute)**

*Co-authors: Alistair Graham McBeath*

## **ABSTRACT:**

This presentation builds on our mixed methods enquiry into the experience of research supervision among supervisors and supervisees on PhD and professional programmes for psychotherapists and counselling psychologists. What makes constructive versus non-constructive, unhelpful research supervision on doctoral programmes for therapists? What might supervisors learn from supervisees' experiences of supervision, and vice versa? These questions permeated our online survey (N=226) which generated 558 comments and 10 subsequent follow-up interviews analysed guided by reflexive thematic analysis influenced by narrative research (narrative thematic enquiry). The findings showed, firstly, an unequivocal appreciation of research supervision. In the free text comments, supervisees stressed the value of research experience, empathy and containment. The interviewed supervisees valued trust and broad research knowledge with an exposure to optional approaches. Supervisors emphasised, in turn, the importance of supervisee agency and trust in their own thinking. One particularly illustrative example was when one supervisee described her supervisor as her 'telescope' – helping her to navigate and see far – whilst a supervisor chose a 'stethoscope' to describe how he regarded it his role to support each student to connect 'inwardly' and build their own relationship with research. The qualitative findings suggest thus a gap in expectations. Common features were however also notes, in terms of construing constructive research supervision as 'relational' and based 'three c's', namely clarity, containment and compassion.

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Poster

## **Personal Recovery After an Acute Suicidal Episode and the Transtheoretical Model of Change: Implications for Psychotherapy**

**Main author: Sofie Glatt (James J. Peters Veteran Affairs Medical Center)**

*Co-authors: Yaakov Wahl, Trish Tran, Yosef Sokol*

### **ABSTRACT:**

"Intro: The Transtheoretical Model of Change (TTM) is an established model outlining five stages of change within a psychotherapeutic context: pre-contemplation, contemplation, preparation, action, and maintenance. Research shows that these models benefit patients and clinicians by enhancing their understanding of complex processes and identifying optimal therapeutic support for an individual at a specific time. Although recognized as a promising approach for understanding suicidal thoughts and experiences, the TTM has not yet been applied to suicide recovery.

Method: In this study, we used a scoping review of articles describing recovery processes following a suicidal episode (N=57) and mapped studies outlining phases or stages (N=10) onto the TTM.

Results: The resulting model revealed a pattern of processes across each TTM stage of change. However, the recovery process did not fully align with the TTM stages of change beyond the contemplative stages. As a result, we developed a three-stage model of recovery that consolidates the final three TTM stages (action, maintenance, and termination) and better accommodates the specific changes found in suicide recovery: pre-contemplation, contemplation, and active growth. The first two stages align with the standard TTM model. The third stage, active growth, encompasses the three later TTM stages and represents the journey of personal recovery marked by continuous growth and progress.

Conclusions: Future research should evaluate the benefits of incorporating stages of change into suicide-focused recovery interventions to develop more effective assessments and interventions."

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## Poster

### **Psychometric properties of an online psychotherapy advantages and disadvantages instrument during the covid-19 pandemic: a multi-center study.**

**Main author: Josiane Maliuk dos Santos (Graduation Program in Psychiatry and Behavioral Sciences, Universidade Federal do Rio Grande do Sul (UFRGS), Medical Faculty, Porto Alegre, Brazil)**

**Co-authors: Marina Ribeiro de Matos, Pedro Henrico Grazziotin Portal, Neusa Sica da Rocha**

#### **ABSTRACT:**

To continue mental health treatments through the COVID-19 pandemic online psychotherapy is now offered by most teaching centers in our region. Many psychotherapists had to change their face-to-face practices to online for the first time. Objectives: Build a scale of advantages and disadvantages of online psychotherapy and test its psychometric properties from a multicentric sample of patients, therapists, and supervisors. Method: The sample consisted of 129 patients, 20 therapists, and 35 supervisors. A group of psychotherapy experts followed methodological steps to develop the instrument. Internal consistency analyzes were performed using Cronbach's Alpha, factor analysis through AFC, convergent validity through the correlation of the scale of advantages and disadvantages with the WAI-SR, and discriminant validity comparing the perception of the groups. The final scale containing 27 items divided into three domains: disadvantages, advantages, and treatment conditions. Results: Cronbach's alpha showed good internal consistency between domains (0.88, 0.85, 0.79). The measure showed discriminative ability according to the perception of patients, therapists, and supervisors in the domain of disadvantages ( $p = 0.001$ ) in the domain of advantages ( $p = 0.001$ ). The scale also showed convergent validity through significant correlations between the scale of advantages and disadvantages and the WAI-SR domains. The scale showed a good fit of data in the confirmatory factor analysis ( $X^2 = 382.35$ ;  $DF = 298$ ;  $p = .001$ ;  $CFI = 0.95$ ;  $RMSEA = 0.046$ ;  $GFI = 0.82$   $TLI = 0.93$ ). Conclusion: The instrument is considered reliable, has good psychometric properties, can help identify suitable conditions, and would be better benefited by online treatment.

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## Poster

### **Preparing Psychotherapists to Address Issues Relating to Diet Culture, Disordered Eating, and Negative Body Image**

**Main author: Minyi Li (University of Rochester)**

#### **ABSTRACT:**

We may have heard statements such as “I will look more attractive if I lose weight,” “I ate too many carbs,” “I need to exercise because I ate a lot recently,” or “staying ‘fit’ is just a matter of willpower.” Apart from those diagnosed with eating disorders (EDs), there are many adults and teenagers who report disordered eating behaviors and body image issues even though they do not meet the full criteria for ED diagnoses. When we run into these comments in therapy and daily life, how should we respond as a therapist and advocate? What can we do to collaborate with different institutions (e.g., hospitals, schools, gyms, clothing shops, and restaurants) to promote body positivity and public health? In this presentation, an educational workshop created for therapists-in-training and developed by the presenter will be shared. The workshop not only covers information on ED diagnoses, comorbidities, etiology, neurobiology, and treatments, but also addresses diet culture, weight stigma, referrals, advocacy, multicultural considerations, and so forth. Additionally, the presenter will assess the effectiveness of the workshop by administering a 5-point Likert scale to workshop participants, which will be administered before, immediately after, and three months after the workshop to determine if there are any changes in the trainees’ competence in conducting assessments, providing referrals, addressing clients’ eating/body-image concerns, acknowledging their own weight stigma and misconceptions about food, and creating an inclusive environment for clients. The poster will discuss the workshop design, research study design, and implications for different professionals.

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## Poster

### Perfectionism and Sociometric Ratings in Group Therapy

**Main author: Abigail Yuen (University of British Columbia)**

*Co-authors: Chang Chen, Paul Hewitt, Carol Flynn, Samuel Mikail Gordon*

#### **ABSTRACT:**

Theory and research suggest that interpersonal difficulties associated with perfectionism, including hypersensitivity to criticism, social withdrawal, and hostility, can translate into a social reality characterized by objective problems and disconnection (e.g., rejections and social isolation). Nevertheless, research on the impact of perfectionism on interpersonal processes in group therapeutic contexts remains scarce. As such, we aimed to investigate the effect of perfectionistic self-presentation, the interpersonal expressions of perfectionism, on group members’ sociometric (i.e., popularity) ratings. Seventy-one adult patients participated in 12 weekly sessions of psychodynamic-relational group treatment for perfectionism. Participants completed the Perfectionistic Self-Presentation Scale pre- and post-treatment, as well as sociometric ratings after Session 5 and 12 by listing the three members whom they liked the most and the least. Additionally, therapists made weekly ratings of the three group members whom they found to be most and least likable. Such differences in popularity ratings have been shown to have important consequences for group therapy outcome. It was hypothesized that group members’ sociometric ratings could

be negatively predicted by their levels of perfectionism, such that those with higher perfectionism scores would receive lower ratings by other group members and the therapists. Research and practice implications for the interpersonal processes in group treatment for perfectionism are addressed.

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## Poster

### **The impact of perfectionism on mood and stress reactions in short-term group psychotherapy**

**Main author: Quinn Storey (University of British Columbia)**

*Co-authors: Chang Chen, Paul Hewitt, Samuel Mikail, Gordon Flett*

#### **ABSTRACT:**

Perfectionism has been shown to predict negative outcomes in individual and group therapy. Nevertheless, there is a paucity of research on the impact of perfectionism on group processes. Our study aimed to explore the effect of patients' perfectionistic traits and self-presentational styles on their subjective mood ratings and stress reactions assessed by salivary cortisol over the course of group therapy. A total of 71 adult patients participated in 12 weekly sessions of psychodynamic-relational group therapy for perfectionism. Patients completed measures of perfectionism (i.e., Multidimensional Perfectionism Scale, Perfectionistic Self-Presentation Scale) pre- and post-treatment. At the start and end of each session, patients indicated their current mood (i.e., sadness/depression, tension/anxiety, and frustration/anger) using mood analogue scales. Cortisol levels were assessed by patients' saliva samples at multiple points throughout treatment. Using multilevel modelling, we aim to investigate whether changes in patient perfectionism are related to changes in their mood ratings and salivary cortisol levels over the course of treatment. Research and practice implications for effective group interventions for perfectionism are also discussed.

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## Poster

### **“Pulling together effect” in COVID-19 Pandemic: Suicide risk analysis in online psychotherapy patients**

**Main author: Cleonice Zatti (Graduation Program in Psychiatry and Behavioral Sciences, Universidade Federal do Rio Grande do Sul (UFRGS), Medical Faculty, Porto Alegre, Brazil)**

*Co-authors: Paula Garbarski, Graziella Nunes Peixoto, Neusa Sica da Rocha*

#### **ABSTRACT:**

Pulling together effect is commonly noted in worldwide crisis, when people from the same group share similar experiences, they tend to offer mutual support in social relations. During wars, this effect vanishes at the end of the conflict, and major risk of developing

mental disorders takes place. This study aims to evaluate the association between suicide risk and satisfactory social relations during the COVID-19 pandemic. An analysis of a transversal sample of a longitudinal study was performed (n=94). Analysis indicated that 41(44%) patients showed some suicidal behavior, 62(66%). Fulfillment in social relations decreased suicidal behavior by 26%(95%CI:0.61-0.89,p=0.002). When adjusted to other variables—gender, skin-color, and marital status—fulfillment in social relations had a protective effect and decreased suicidal behavior by 29%(95%CI:0.59-0.86,p<0.001). The deepening proposed in this study helps to find different factors involving the pulling together effect and generates important discussion on mental health and disease prevention during worldwide crisis.

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## Poster

### Flexibility Of Emotional Regulation in Psychotherapy

**Main author: Avigail Bar-Sella (University of Haifa)**

*Co-authors: Lin Muslah, Shendy Buyum-Kelter, Gal Sheppes, Galit Peysachov and Sigal Zilcha-Mano*

#### **ABSTRACT:**

"Aim- Effective emotion regulation is reflected in the ability to transform current emotional states into desired states by decreasing or increasing emotions depending on the context. People with major depressive disorder (MDD) are less flexible in adjusting their emotional responses using emotion regulation strategies, that required for the ability to adaptively regulate. The existing literature measured emotion regulation mainly by questionnaires that does not allow the ability to move flexibly within the emotional regulation therefore, the current study using a computer task developed in the research area of Basic Science of Emotions. The present study examines the flexibility of emotion regulation inside the therapy specifically, whether psychotherapy will improve emotional regulation flexibility among depressed individuals.

Method- Sixty-three patients diagnosed with MDD were recruited from a completed randomized-controlled trial (RCT) and an ongoing RCT. Two measures of emotion regulation flexibility were conducted pre- and post- treatment. The strategy implementation task was used, which measures the patient's ability to use two emotion regulation strategies, rumination, and distraction, in a flexible manner (increase or decrease emotions). Flexibility in the choice of regulatory strategies was measured as the degree of compatibility between the chosen strategy, the stimuli, and the desired target

Results: Analysis will be conducted during the winter for 2023

Discussion: The current study has the potential to shed light on the effects of psychotherapy on the flexibility of emotion among individuals with MDD. It may improve the understanding of how psychotherapy can reduce MDD."

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Poster

## **Client Engagement and Outcomes in Digital Psychotherapy: An Elusive Relationship?**

**Main author:** *James M Zech (Florida State University)*

**Co-authors:** *Nicole Fridling, Emily Gyongyosi*

### **ABSTRACT:**

This poster presents the results of an analysis investigating the relationship between client engagement and psychotherapy outcomes in a sample of individuals seeking mental health treatment. Client engagement—the client’s active involvement and participation in therapy—is considered a necessary condition for successful psychotherapy. However, the extent to which client engagement impacts clinical outcomes in digital therapy remains an open question in the field of psychotherapy. To address this question, the study employed a series of hierarchical linear regressions to estimate the impact of client engagement (operationalized as (1) total messages sent by the client, (2) total words sent by the client, and (3) distinct days accessing the platform) on therapy outcomes (PHQ-8) at three and twelve weeks in the context of a large online therapy provider, while controlling for demographic factors such as gender, prior experience in psychotherapy, and baseline symptoms. The three- and twelve-week samples included  $n = 10,446$  and  $n = 3,448$  individuals, respectively, who were seeking treatment for a range of emotional difficulties. Analyses found that neither distinct days on platform, total number of user messages sent, or total user words sent during the three- and twelve-week treatment periods predicted better depression outcomes. These factors raise questions about how to best measure and conceptualize client engagement in digital psychotherapy.

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Poster

## **Maternal Stress, Child Emotion Regulation, and Self-Expression in the Family**

**Main author:** *Kaelie N. Wagner (Brigham Young University)*

**Co-authors:** *Lee N. Johnson*

### **ABSTRACT:**

"Aims. Literature on child emotion regulation often discusses the influence that mothers have on their children’s ability to regulate emotion. Much less research has focused on how child experience and behavior influence parental emotion regulation. The least amount of research has examined the bi-directional relationship between maternal and child emotion regulation. This paper aims to add to the literature on the influence of children on maternal emotion regulation.

**Methods.** A structural equation model (SEM) run in Stata was used to create maternal stress as a latent variable using subscales from the Parenting Stress Index Questionnaire. Maternal stress was then used as predictions or outcomes to assess the influence of maternal stress on child behavior and vice versa. Data was collected from Brigham Young University's Project Media, an ongoing longitudinal study, and consisted of 495 parent-child dyads.

**Results.** As predicted, results showed that maternal stress had a negative impact on her child's emotional reactivity and depression but was not significantly predictive of child anxiety. Lastly, as a child's emotional reactions, depression and anxiety increased, their mother's stress also significantly increased.

**Discussion.** While we saw evidence for how maternal stress influences child experience and behavior, results also indicated that the influence of child reactivity, depression and anxiety had a greater impact on maternal stress than the other way around. This indicates that both maternal and child well-being need to be accounted for when attempting to increase well-being in either and builds foundation for a bi-directional relationship to be examined in future research."

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## Book of Abstracts: Friday 23rd

Friday, June 23rd, 2023, 8:30 - 9:30 (IST)

### Brief Paper Session

Friday, June 23rd, 8:30 - 9:30 - **Room: JM Synge**

- **Paper: Let's talk about emotions: The effect of the therapist's focus on emotion on therapeutic outcomes is mediated by the occurrence of key emotions in therapeutic sessions**

**Main author:** *Alejandro de la Traba (Universidad Pontificia Comillas)*

**Co-authors:** *Jódar Rafael, Carlos López-Cavada, Antonio Pascual-Leone*

#### **ABSTRACT:**

"Therapist responses centered around client's emotion predicts sudden gains in therapy (Singh et al., 2021). One possible responsible process is that ""talking about emotions"" may facilitate emotional processing (i.e. emotion awareness and regulation).

In this study we proposed three mediational hypothesis. We explore whether the degree to which the therapist focus on emotion generates an impact on therapeutic outcomes through: (a) the activation of emotion, (b) the activation of primary adaptive emotion, and (b) the frequency of key emotional sequences (the transition from maladaptive emotion to adaptive emotion).



A total of 19 participants (68.4% female, mean age=37.6), with high self-criticism scores, received 10-12 sessions of Emotion-Focused Therapy. The presence of different emotions was rated in 2 sessions during chair-work tasks (between sessions 6 and 12). Therapist Focus on Emotion was coded for the same sessions, during the first 10 minutes before chair-work. Self-criticism and depression were measured before treatment, post-treatment and at follow-up.

The effect of the therapist's emotional responses on depression and self-criticism at post-treatment was mediated through the time expressing primary adaptive emotions in chair-work, but not through total time expressing any emotion. Congruent with the emotion transformation theory in EFT (Greenberg, 2021), the effect of the therapist's emotional responses on Self-Criticism, at post-treatment and follow-up, was mediated through the time expressing primary adaptive emotion after maladaptive emotion. Our results suggest that focusing on emotion is good, but not enough. What kind of emotion therapists are facilitating is a key issue in the prediction of outcome."

- **Paper: Are therapist and supervisor experience levels associated with treatment response and improvements in outcomes? Findings from a randomized controlled trial of couple therapy: E(f)FECTS Project**

**Main author: Martiño Rodriguez-Gonzalez (University of Navarra)**

*Co-authors: Maria Calatrava, Jonathan G. Sandberg, Alfonso Osorio, Shayne R. Anderson*

**ABSTRACT:**

"Therapist factors (e.g., education, years of experience, or levels of supervision of their therapeutic practice) are strongly related to treatment success, regardless of treatment condition or modality. This study uses a multicenter randomized wait-list controlled design to examine the efficacy of Emotionally Focused Couple Therapy (EFT) in a Spanish-speaking sample of moderately distressed couples.

One hundred forty individuals (70 couples), in therapy with 17 therapists and under the direction of 12 supervisors in Argentina, Costa Rica, Guatemala, Mexico, and Spain are participating in this ongoing study. Couples were randomly assigned to receive 19–21 sessions of EFT or be placed on a waitlist. Couples in the waitlist group will receive an EFT-based psycho-educational program after completing the study. Both groups are being evaluated with a battery of questionnaires that examine change on a range of relational and individual mental health variables over the course of the study. Process variables, such as the therapeutic alliance, are also being routinely assessed in couples assigned to the treatment group.

In this presentation, we will compare whether the different levels of experience or certification (e.g., trainees vs. licensed clinicians) in therapists and supervisors influence the study variables, both in terms of process (e.g., therapeutic alliance) and outcomes for couples receiving therapy (attachment, dyadic adjustment, couple satisfaction, reflective functioning, differentiation of self, depression and anxiety).

This information could be used to inform future training and implementation of psychotherapeutic treatments in order to increase the odds of treatment response and efficacy."

- **Paper: Psychotherapist Cultural Humility and Client Experiences in Psychotherapy: A Meta-Analysis**

**Main author: Timothy B. Smith (Brigham Young University)**

*Co-authors: Lisa Scott*

**ABSTRACT:**

Prior research has concluded that individuals who are Black, Indigenous, or People of Color (BIPOC) are less likely to attend psychotherapy and more likely to prematurely discontinue than clients of European ancestry. Psychotherapy research has identified therapist cross-cultural skills, sometimes called multicultural competencies, that can improve the experiences of BIPOC clients. A prior meta-analysis (Smith & Trimble, 2016) found that overall psychotherapist multicultural competence improves BIPOC client evaluations of psychotherapy. Since there are many multicultural competencies, we sought to evaluate one specific aspect: therapist cultural humility. Specifically, we conducted a meta-analysis of the association between therapist cultural humility and client experiences in psychotherapy. Our literature search yielded 548 studies, of which eight met our inclusion criteria. Random effects weighted data aggregation yielded a moderately positive correlation ( $r = .39, p < .05$ ) between client perceptions of therapist cultural humility and client experiences in therapy. We found no evidence that publication bias adversely impacted the result. In a separate step, we aggregated average item-level therapist scores on the Cultural Humility Scale (CHS; Hook et al., 2013), which was 3.86 out of a maximum score of 5 ( $SE = .086$ ). That value corresponds with the rating of “mildly agree,” indicating that clients typically perceived therapists to demonstrate cultural humility. Finally, we found that data collected with the CHS demonstrated adequate reliability across studies, with an average Cronbach's alpha of .91. Overall, therapist cultural humility appears to be a construct meriting continued evaluation in the literature.

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### Brief Paper Session

Friday, June 23rd, 8:30 - 9:30 - **Room: Emmet Theatre**

- **Paper: Building resilience in vulnerable communities: A mental health initiative with mothers in rural India**

**Main author: Chetna Duggal (Tata Institute of Social Sciences)**

*Co-authors: Diana Ahluwalia, Pallavi Arora, Pragya Gopinath*

**ABSTRACT:**

The COVID-19 pandemic has significantly increased the burden of mental health issues globally, with its impact being devastating for vulnerable populations such as women living in rural poverty. Given the risks and consequences of living in socioeconomically disadvantaged contexts and poor access to mental healthcare in these areas, the Resilience Initiative for Mothers and Children aimed to: (1) empower mothers to recognize and build resilience and improve mental health, and (2) equip caregivers with specific strategies to nurture resilience in children. A 14-session program was designed and implemented over four months with 120 mothers, 35 fathers, and 30 grandmothers across six villages in

Bahraich, India. This paper will present the challenges related to program implementation in rural communities and considerations made to mitigate them through adapting program design, using creative modalities, relationship-building with the community, and involving community stakeholders. The findings of the qualitative evaluation of the program in terms of its feasibility, acceptability, and impact will also be presented. Focused group discussions and semi-structured interviews conducted with community workers, mothers, fathers, and grandmothers 1.5 months post completion, revealed that participants found the program to be contextually relevant and the content and facilitation style to be engaging. Key outcomes reported included increased self-efficacy, emotional regulation, and self-care among mothers, use of reformative disciplining strategies and closer bonds with children, and increased support within the family. The findings of this study have implications for the development and implementation of community-based mental health initiatives for those living in chronic adversity and deprivation.

- **Paper: Client assessment of therapists' broaching behaviour: guidelines for effective inclusion of ethnic-cultural topics in psychotherapy**

**Main author: Hilde Depauw (Ghent University)**

**ABSTRACT:**

Recent research shows that including ethnic-cultural topics into therapeutic conversations is important and vital for the therapy process, especially for ethnic minority identified clients as these topics are intrinsically linked to the client's values, worldviews and beliefs. Broaching - i.e. the intentional efforts to discuss ethnic-cultural topics- is therefore a crucial skill for therapists. Currently, however, many therapists are reluctant to broach, or are tactless when doing so. Additionally, little is known about how the cultural aspect of conversations in psychotherapy should be conceptualised and measured. The current study therefore explores the behavioural components that encompass broaching to construct a client-rated measure of therapists' broaching behaviour, and its relation to the therapists' multicultural orientation, clients' perceived quality of the therapeutic relationship and therapy commitment. These research questions are investigated in two samples of ethnic minority clients (UK: N=252 & USA: N=247). Findings show that broaching behaviour is a multidimensional construct which varies in terms of initiative, continuity, language use and content, resulting in five possible therapist broaching approaches: avoidant, wait-and-see, open, proactive and insensitive approach. The avoidant approach is widely used and negatively associated with outcome measures. Broaching using open exploration, even more so than proactive inquiring, is the overall most favourable approach. Taken together, the broaching measure provides new information on how and why cultural conversations contribute to ethnic minority's experiences in psychotherapy, and is a beneficial tool in culturally sensitive mental healthcare assessment.

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## Structured Discussion

### Meet the editors of Psychotherapy Research

Friday, June 23rd, 8:30 - 9:30 - **Room: Davis Theatre**

*Organizers & Moderators:* Christoph Flückiger (University of Kassel), Catherine F. Eubanks (Adelphi University)

*Discussants:*

- *Andrew McAleavey (Weill Cornell Medical College, United States)*  
*Fredrik Falkenström (Linnaeus University)*  
*Hanne Weie Oddli (University of Oslo)*  
*Jaime Delgadillo (The University of Sheffield)*  
*Juan Martín Gómez-Penedo (Universidad de Buenos Aires)*  
*Julian Rubel (University of Osnabruck)*

#### **ABSTRACT:**

This panel will provide an opportunity to meet the editors of Psychotherapy Research and discuss issues related to peer review practices, manuscript preparation, and publication policies. Students, practitioners and all interested parties are welcome to attend.

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## Brief Paper Session

Friday, June 23rd, 8:30 - 9:30 - **Room: Swift Theatre**

- **Paper: Self-compassion and difficulties with eating in a help seeking community sample**  
**Main author:** *Anders Ohnstad (Department of Clinical Psychology, University of Bergen)*  
*Co-authors: KariAnne Vrabel, Yngvild Sørebo Danielsen, Per Einar Binder, Kristina Korsnes, Selma Edvarda Hærem, Ingrid Dundas*

#### **ABSTRACT:**

"Background: Self-help organizations might be suited to administer low-threshold help for mild to moderate eating-related difficulties. Findings suggest that Mindfulness-based interventions may be effective in treating problems related to dysfunctional eating, but less is known about the processes through which change happens on a within-person level. Objectives: This prospective one-arm study aims to examine predictors of weekly changes in dysfunctional eating among 197 self-referred individuals who signed up for an 8-week, group based, low threshold, mindfulness-based intervention (Mindful Eating Conscious Living. Methods: Outcome was measured weekly using the Eating-disorder questionnaire. Self-kindness, self-judgment and mindfulness were measured using subscales from the Self-compassion Scale. A lagged panel design with Multilevel modelling was used to study the with-in person hypothesis that a higher than predicted score on self-kindness,

self-judgement, and mindfulness one week, would predict a lower score on EDE-Q the following week.

Results: The hypothesis that higher levels of self-kindness and mindfulness would predict lower levels of eating-disorder symptoms the following week, was supported. Surprisingly there was no effect of self-judgment one week on the eating disorders symptoms the following week.

Discussion: The study indicates that Mindfulness-based eating interventions might reduce disordered eating by increasing self-kindness and mindfulness. However, contrary to predictions, self-judgment one week did not predict eating disorders the next week. We discuss possible reasons for these results, for instance if mindfulness defined as the ability to tolerate thoughts and feelings without acting predict a weaker effect of self-judging thoughts on disordered eating."

- **Paper: Feedback-informed treatment in behavioural therapy for children and adolescents with externalizing and internalizing disorders: A randomized controlled trial**

**Main author: Christopher Hautmann (University Hospital Cologne)**

*Co-authors: Nina Geldermann, Felix Oswald, Jana Rausch, Manfred Döpfner*

**ABSTRACT:**

Feedback-informed treatment (FIT) is a clinical approach that involves the regular collection of feedback from patients on their progress, allowing therapists to make adjustments to the treatment plan as necessary. While FIT has shown small effect sizes for symptom improvements in adults, there is still a lack of research in children and adolescents. The available research in this age group is often limited by a lack of blinded outcome assessment and the focus on children above the age of 10. The OPTIE study aimed to address this gap by investigating the effectiveness of FIT in behavioural therapy for children aged 6 to 17 years with externalizing and internalizing disorders. The study employed a randomized parallel-group design with two treatment arms (feedback and routine) and used a multi-informant approach (blinded clinician, therapist, parent, child [ $> 10$  years], teacher) with data collection at baseline, 6-, and 12-month follow-up. A total of 294 randomized families actually received the allocated treatment. The results for the primary and secondary outcome measures, including externalizing and internalizing symptoms, quality of life, treatment duration, and drop-out rates, will be reported. The findings of the study will contribute to a better understanding of the effectiveness and usefulness of FIT in the behavioural therapy of children and adolescents.

- **Paper: Therapist's effect on children's therapeutic alliance: A naturalistic study**

**Main author: Leandro Casari (CONICET)**

*Co-authors: Malenka Areas, Juan Martin Gomez Penedo, Andrés Roussos, Mirta Ison*

## Structured Discussion

# Developing Expertise in Psychotherapy: Process Coding as Clinical Training

Friday, June 23rd, 8:30 - 9:30 - Room: UI Chadhain

Organizers & Moderators: Henry A. Westra (York University)

Discussants:

- *Lynne E. Angus (York University)*  
*Michael J. Constantino (University of Massachusetts at Amherst)*  
*Miguel M. Goncalves. (University of Minho)*  
*Christopher Muran (Adelphi University)*  
*Antonio Pascual-Leone (University of Windsor)*  
*William B. Stiles (Appalachian State University)*

## ABSTRACT:

It has been argued that expertise is not possible to acquire in psychotherapy since real time outcome information that could be used to shape skill development is unavailable. What is missing but crucial to expertise is feedback on the outcome of one's actions in real time which would enable responsive adjustments and improve outcomes. By identifying empirically validated moment-to-moment markers capable of differentiating later clinical outcomes, process researchers have uncovered the possibility of extracting prognostic information in real-time; but one must develop the requisite observational skills to harvest this important information during sessions (Westra & Di Bartolomeo, in press, American Psychologist). Given the pressing need to improve training methods, process coding training should not be restricted to research laboratories but should be exported to the clinical setting and tailored to the needs of clinicians for use in real time during therapy sessions. Thus, if focused on empirically supported process markers which have proven capable of differentiating eventual outcome, such training may hold the possibility of improving/shaping therapist interpersonal skill and thus client outcomes through ensuring productive therapy process. This panel brings together experts on responsivity and process sensitivity to discuss the implications of greater process-centered training. In particular, we envision the foci and methods of such training, as well as questions of how to translate/export process metrics to the clinical training environment. We also discuss the directions that process science as well as research on training should take to evaluate and further support a process-marker approach to clinical training.

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## Brief Paper Session

Friday, June 23rd, 8:30 - 9:30 - **Room: Classroom 3106**

- **Paper: Coming Out is "Hoping for a Life that Isn't Just Surviving:" A CQR study about sexual minority (SM) college students**

**Main author: Elise Burton Johnson (Brigham Young University)**

*Co-authors: Audrey Parker, Melissa Goates Jones*

### **ABSTRACT:**

Sexual Minority (SM) identity and orientation are derived from diverse experiences in adolescence and early adulthood. Self-defining moments such as adopting an affirming identity label, disclosing that identity to others, and beginning to initiate non-heterosexual relationships, are pivotal to the development of SM identity and an ability to venture into lived experience. SM students who attend religiously-affiliated universities confront additional challenges regarding these important milestones. We interviewed 14 SM participants, recruited through the counseling center at a religiously-affiliated university. We used the Consensual Qualitative Research (CQR) method to analyze each interview. We found three domains relating to sexual identity development: choosing a label, formative experiences, and barriers to understanding sexual identity. We also found three domains relating to coming out to others as a SM: barriers to coming out, reactions to coming out, and the process of coming out. Participants were specific that the integration of important religious identities with their emerging sexual identities was riddled with many social, structural, and internal barriers. Participants also expressed that interactions with other SM were critical to personal understanding and in determining when to come out to others. All participants asserted that a religiously-affiliated university environment adds formidable complexity to these processes. While our participants described experiences supported by previous literature, we also found new information which substantiates under-researched factors. These findings have important implications for psychotherapy treatment options, provider trainings, and therapy outcomes within campus support organizations. Study limitations and future research possibilities are also addressed.

- **Paper: Distribution of symptoms in patients seeking psychotherapy**

**Main author: Michal Mielimaka (Dpt. of Psychotherapy Jagiellonian University Medical College)**

*Co-authors: Edyta Dembińska, Jerzy A Sobański, Katarzyna Klasa, Patrycja Jęda, Anna Kaczmarek, Krzysztof Rutkowski*

### **ABSTRACT:**

"Aim: To determine the frequency, intensity, and distribution of symptoms in patients seeking specialized psychotherapy treatment.

Method: 150 consecutive patients seeking specialized psychotherapy treatment in the second half of 2022 filled in the Symptoms Checklist Questionnaire, which measures the intensity of 135 symptoms characteristic for neurotic and personality disorders. On a 4-point scale, the patient evaluated each symptom's intensity within one week before filling in the questionnaire. The scale includes the following: 0 - symptom not present; a) symptom present, but only slightly burdensome, b) moderately burdensome, c) gravely burdensome

Results: In the range of 90-99 percentile of the frequency distribution, most symptoms were associated with lowered mood, lack of optimism, low self-esteem, constant fatigue, lack of energy, and feeling of annoying internal tension. In the range of 1-10 percentile, the following symptoms were identified: excessive drinking of alcohol, loss of sensation or feeling in a part of the body, derealization, neck spasms, aphonia, agoraphobia, vomiting in stressful situations, fainting, paralysis of the arms and legs, involuntary passing of urine.

Discussion and conclusions: Most predominant symptoms of patients seeking specialized psychotherapy treatment were associated with the depressive domain. Proper differential diagnosis is needed to correctly identify the root cause of the symptoms and administer adequate treatment. Moreover, clinicians should consider that most treated psychotherapy patients suffer from depressive symptoms."

- **Paper: How therapists deal with resistance in psychotherapy: a scoping review**

**Main author: Helena Ferreira (Psychology Research Centre, School of Psychology, University of Minho)**

*Co-authors: Janine Marinai, Maria João Faria, Cátia Braga, Miguel M. Gonçalves, João Tiago Oliveira*

**ABSTRACT:**

Background: Resistance to change is one of the most frequent and challenging issues in psychotherapy. It can be conceptualized as the patient's opposition to the therapist's suggestions or demands. Substantial research shows how negatively impacts psychotherapy, being associated with poor therapy outcomes and early dropout. Given its interpersonal nature, a patient's resistance levels are strongly influenced by how it is managed within the therapeutic relationship. Therefore, it is essential to adequately deal with resistance in order to diminish the likelihood of therapeutic failure. Despite its importance, the contributions from different theoretical models result in a high heterogeneity in the literature, which is translated into a multitude of concepts, languages and approaches to the same topic, making it hard to evaluate the existing evidence. Aim: Bearing in mind that each treatment planning should consider both the levels and the types of patient's resistance, in this study we aim to review the existing literature of the interventions to manage resistance in psychotherapy. Methods: A Scoping Review will be developed following the methodological framework provided by PRISMA-ScR guidelines. Three databases (Web of Science, Scopus, APA psychARTICLES) will be searched for qualitative, quantitative and mixed methods studies. Three revisors will screen the studies and then data will be extracted and charted. Expected outcomes: We expect to classify the evidence in terms of: (1) therapeutic approaches; (2) treatment's moment; (3) moderators, and; (4) empirical support. Discussion: Results will be discussed highlighting its contributions both to research and clinical practice.

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## Ceremony

Friday, June 23rd, 8:30 - 9:30 - Room: Classroom 3074

## Address by 2022 Marna Barrett Award for Excellence in Psychotherapy Winner Kevin McCarthy

Organizers & Moderators: Kevin McCarthy

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## Brief Paper Session

Friday, June 23rd, 8:30 - 9:30 - Room: Classroom 3051

- **Paper: Maternal depressive symptoms, perceived stress, and child development in the context of the COVID-19 pandemic (CoviFam)**  
**Main author: Lea Teresa Kaubisch (Ludwig-Maximilians-Universität München (LMU Munich))**

*Co-authors: Lea Teresa Kaubisch, Su Mevsim Küçükakyüz, Christian Franz Josef Woll, Anton Karl Georg Marx, Alexandra von Tettenborn, Tobias Nolte, Anna-Lena Zietlow, Corinna Reck*

### ABSTRACT:

"Background: Maternal mental health problems have been linked to an impairment of various domains of early child development. The mental health of parents appears to have been particularly affected by the COVID-19 pandemic. Child development should be of special interest to health care providers because of the tremendous implications for future (mental) health. However, only little research exists regarding maternal mental health and its impact on early child development in the context of the COVID-19 pandemic.

Objectives: The CoviFam-project is a longitudinal, observational, online survey concerning the psychosocial well-being of parents and their children's behavioural problems during the COVID-19 pandemic. This study, as a part of CoviFam, aims to investigate the impact of maternal depressive symptoms and perceived stress on child development (language, personal-social, problem-solving, as well as internalizing and externalizing outcomes) during the COVID-19 pandemic.

Method: German mothers (N = 378) with children aged 0-6 years participated at three measurement points during the COVID-19 pandemic (T1: May-November 2020; T2: February-March 2021; T3: February-May 2022). The Edinburgh Postnatal Depression Scale (T1-T3), Perceived Stress Scale (T1-T3), Ages and Stages Questionnaires (T3), and a self-developed questionnaire concerning parent-reported internalizing and externalizing child outcomes (T1-T3) were employed.

Results: Data analysis (structural equation modeling) is currently running and is planned to be completed in March.

Discussion: Interventions aimed at reducing maternal psychological distress can lower the risk of adverse child development and health. Accordingly, the results of this study could serve as an initial indication for interventions in the aftermath of the COVID-19 pandemic."

- **Paper: The different faces of being alone: a qualitative study on care and support needs of women giving birth during the covid-19 pandemic**

**Main author: Reitske Meganck (Ghent University)**

**ABSTRACT:**

"Background: Mental health starts at the dawn of life and even before. Despite the increasing recognition of the importance of early life and the support needs of young families, mental health care is still mainly a curative endeavor that comes in only when problems are already substantial.

The effects of both faltering professional and informal care, became especially clear during the covid-19 pandemic in the last few years. In that respect, the lack of social support and loneliness is a widely investigated and recognized predictor of both mental and physical health problems.

Aim: In this study we aimed to investigate the social and professional (mental) health care and support needs and experiences of mothers who gave birth during the lockdowns in the first year of the covid-19 pandemic.

Method: 38 in-depth semi-structured interviews were conducted and analyzed with a generic approach to descriptive-interpretative qualitative research.

Results: The higher-order themes reflected how care turned to management during the pandemic which resulted in more loneliness and isolation and undetected mental health issues. Also, the lack of real-life contact with others resulted in a multidimensional experience of loneliness.

Discussion: Becoming a mother, or a parent, is a vulnerable period that requires social support and community. Where things go wrong, the presence of caretakers that relate to new mothers rather than merely conduct medically necessary interventions is essential. It is in this context that low-threshold psychotherapy and support that is both community-based and professionally embedded can play a vital role."

- **Paper: Maternal psychopathology, parental reflective functioning, and the role of bonding in parental mentalization during the COVID-19 pandemic**

**Main author: Su Mevsim Küçükakyüz (Ludwig-Maximilians-Universität München (LMU Munich))**

*Co-authors: Lea Theresa Kaubisch, Christian Franz Joseph Woll, Anton Karl Georg Marx, Andreas Stephan, Wildner, Alexandra von Tettenborn, Anna-Lena Zietlow, Tobias Nolte, Peter Fonagy, Corinna Reck*

**ABSTRACT:**

"Objectives: Parental reflective functioning (PRF) involves parents' ability to mentalize, i.e. comprehend their own and their children's thoughts and behaviours. PRF has been linked to maternal psychopathology, child outcomes and parent-child interactions, including bonding. Thus, the present study aims to explore a predictive pattern between maternal psychopathology and PRF, and the impact bonding has on this pattern during the COVID-19 pandemic.

Method: German mothers (N = 387) with index children, ages between 0-6, participated in an online study (CoviFam), across three measurement points (T1: May-November 2020; T2: February-March 2021; T3: February-May 2022). Maternal psychopathology (independent

variable/s) consists of depressive symptoms (Edinburgh Postnatal Depression Scale [EPDS]; T1-T3), and perceived stress (Perceived Stress Scale [PSS]; T1-T3). Bonding (mediator/dependent variable in multivariate multiple regression [MMR]) was assessed using the Postpartum Bonding Questionnaire (PBQ, T1-T3) and mentalizing (dependent variable) using the Parental Reflective Functioning Questionnaire (PRFQ, T3).

Results: Data analysis (mediation, SEM) is in progress. The previous empirical results associating maternal psychopathology and PRF suggest a predictive and potentially cyclical pattern. Altogether with the literature exploring the dynamic between maternal psychopathology and bonding, and PRF and attachment; the MMR investigates the overall relationship between our variables, while the mediation explores the cyclical relationship between maternal psychopathology and PRF, as mediated by bonding.

Discussion: The results may contribute to clinical interventions aiming to improve PRF. In particular, PRF might be a promising variable of improvement for early dyadic interventions targeting parent-infant dyads and a focal point of future research on parent-child interaction."

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### Structured Discussion

## Paradigm shift in psychotherapy: Is it necessary?

Friday, June 23rd, 8:30 - 9:30 - Room: Classroom 3071

*Organizers & Moderators:* Jeffrey Zimmerman (Independent Practice) Changming Duan (Practice and Organizational Consultation Services University of Kansas)

*Discussants:*

- *Changming Duan (University of Kansas)*  
*Harold Chui (The Chinese University of Hong Kong)*  
*Zachary Imel (University of Utah)*  
*Lauren Behrman (Private Practice)*

### ABSTRACT:

The western medical model as a paradigm, has dominated psychotherapy and permeated into psychotherapists' thinking, even when many would endorse a psychological rather than medical model (Cottone, 1992) openly. This is reflected in the language we use (e.g., "clinical," "patient," or "treatment") as well as how we think about and conduct therapy (e.g., focusing on clinical assessment, diagnosis, and treatment). Psychotherapy embedded in this paradigm has been transported to different parts of the world, while research has failed to show its efficacy in eliminating or even reducing mental illness (Bacon, 2018) for communities. It is time that we consider a paradigm shift to move our field forward toward health promotion, enhancing coping strategies for all, and being an effective solution, rather than an inept agent or even a stigmatizing problem that creates a barrier, for people's health globally. In this structured discussion several views regarding such a paradigm shift will be shared, including using non pathologizing paradigms (such as those used by

Traditional Chinese Medicine), making psychotherapy an intervention for public health, and using psychotherapeutic strategies in novel arenas outside the usual structured approach to psychotherapy. This structured discussion will seek the input of 4 scholars from different cultures around the world.

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#### Structured Discussion

### **The roles of biomarkers in psychotherapy research: The state-of-the-art and beyond**

Friday, June 23rd, 8:30 - 9:30 - **Room: Classroom 3126**

*Organizers & Moderators:* Sigal Zilcha-Mano (University of Haifa)

*Discussants:*

- Yuval Neria (Columbia University)
- Ilan Harpaz-Rotem (Yale University)*
- Jack Keefe (Albert Einstein College of Medicine)*
- Nili Solomonov (Weill Cornell Medical College)*
- Christian Webb (Harvard Medical School)*
- Miranda Olff (University of Amsterdam)*

#### **ABSTRACT:**

"In the past several years, there has been growing interest in integrating neuroscience into psychotherapy research. Biomarkers can be defined as "quantitative measurements that offer researchers and clinicians valuable insight into diagnosis, treatment, and prognosis for many disorders and diseases." Biosignatures are defined as collections of biomarkers that in combination have increased predictive validity.

It has been suggested that biomarkers may facilitate the identification of subgroups with specific responses to psychotherapy or medications. It has been further suggested that the identification of biomarkers and biosignatures is key to developing personalized interventions for mental health disorders.

In this structured discussion, we review the contribution of biomarkers to psychotherapy research, the state of the art in integrating neuroscience into psychotherapy research, and the most promising future directions."

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#### Structured Discussion

### **Self of the Ethicist: Ethics as Responsiveness to the Humanity of Others**

Friday, June 23rd, 8:30 - 9:30 - **Room: Classroom 4050a**

*Organizers & Moderators:* Kay Bradford (Utah State University) Jason B Whiting (Brigham Young University)

*Discussants:*

- *Sean Davis (Alliant International University)*  
*Stephen Fife (Texas Tech University)*

#### **ABSTRACT:**

In our post-covid world, the need to heal and reconnect is juxtaposed against unprecedented mental health needs. Per the SPR Conference theme, “We must ask ourselves how our actions impact on a society with dynamic and pressing problems.” This question is ethical, and ethics is ultimately relational. Enacting ethics foundationally from a strong relational stance (I-Thou; Fife et al., 2014) will help psychotherapists think, feel, and act in ways that have increasingly positive impact on societal needs (Davis et al., 2021). Here, we propose a pyramidal model of ethics with relational philosophy (i.e., ethics as a way of being) as the pyramid’s foundation; ethical principles at mid-level; and laws and codes of ethics operationalized at the top of the pyramid. We suggest a common factors view of ethics: distilling – and prioritizing – the commonalities of ethical models and codes. Common factors are mechanisms typically embedded in therapy models (D’Aniello & Fife, 2020). This ethical model is thus Aristotelian (Goodsell & Whiting, 2016): Ethics flows from characteristics such as allocentrism and generosity. This is in contrast with a Kantian (deontological) view where ethics flows from human rationality, or a utilitarian view, where benefit to the greatest number is central. In this pyramidal model, the success of any layer rests on the quality of the immediately underlying layer (Davis et al., 2021). Pragmatically, an ethical approach of seeing the humanity of others as I-Thou will facilitate our professional abilities to impact society in dynamic and positive ways.

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#### **Brief Paper Session**

**Friday, June 23rd, 8:30 - 9:30 - Room: Classroom 4050b**

- **Paper: The Brief Multidimensional Assessment Scale (BMAS)**  
*Main author: Gabor Keitner (Rhode Island Hospital/Brown University)*  
*Co-authors: Abigail Mansfield*

#### **ABSTRACT:**

It is important to assess a person's well-being beyond the absence of illness or the presence of symptoms. The Brief Multidimensional Assessment Scale (BMAS) is a 4-item measure of well-being that facilitates measurement-based practice. It takes less than one minute to complete. The BMAS assesses four areas: ability to get things done, emotional support from significant others, quality of life and purpose in life. This study tested the clinimetric and psychometric properties of the BMAS on 499 adults including those with psychiatric and medical illnesses as well as non-patients in the community. Participants completed

questionnaires as part of their standard care. The BMAS taps four discreet dimensions: ability to get things done, emotional support, quality of life and purpose in life. The BMAS demonstrated concurrent validity with established measures in each of those areas. The BMAS also discriminated between non-patient community participants and participants from different clinical settings with different illnesses. The BMAS offers a quick multidimensional measure of well-being, beyond symptoms, regardless of diagnosis or clinical setting. The BMAS can be used at each visit and to track well-being over time.

- **Paper: Introducing a revised version of the Treatment Attrition-Retention Scale adapted for private practice patients (TARS-PPP) |**

**Main author: Claudia Savard (Université Laval)**

*Co-authors: Mélissa Deschênes, Mireille Lampron, Louis-Alexandre Marcoux, Véronik P. Tessier, Annie Leroux, Dominick Gamache*

**ABSTRACT:**

In 2017, Gamache et al. introduced the Treatment Attrition-Retention Scale for Personality Disorders (TARS-PD), a 15-criteria therapist rated measure aiming to identify patients with personality disorders (PD) at risk of early dropout. Its development was based on an exhaustive literature review and consultations with PD experts. Gamache et al. (2017) reported sound psychometric properties for the TARS-PD in a sample of moderate to severe PD patients, including good predictive validity for dropout. The instrument is widely used with PD patients in the Province of Quebec, Canada, to identify negative prognostic factors that should be targeted before beginning psychotherapy. To extend its use to various settings, the TARS-PD has been adapted for private practice patients. This study aims to document the adaptation procedure and preliminary results on the psychometric properties of the Treatment Attrition-Retention Scale for private practice patients (TARS-PPP). Following an exhaustive literature review, a survey completed by 28 psychologists who used the TARS-PD, and two focus groups (n=10), a revised version was developed. One criterion was added, and others were substantively adjusted or revised. The five-factor structure from the original TARS-PD was reproduced, explaining 59% of variance, and the 16 criteria showed good internal consistency (Cronbach alpha = .84). The TARS-PPP total score also correlated significantly with relevant variables, namely antagonistic and detachment traits (positively) and with low therapeutic alliance reported by therapists. Specific personality profiles of patients with a high score on the TARS-PPP will be discussed as well as avenues for further research.

- **Paper: Parental Considerations About Their Childs' Mental Health: Validating the German Adaptation of the Parental Reflective Functioning Questionnaire.**

**Main author: Andreas Stephan Wildner (Ludwig-Maximilians-Universität München (LMU Munich))**

*Co-authors: Christian Franz Josef Woll, Su Mevsim Küçükakyüz, Tobias Nolte, Peter Fonagy, Corinna Reck*

**ABSTRACT:**

"Objectives: Parental Reflective Functioning describes the parents' ability to view their children as motivated by mental states, that is thoughts, feelings, and desires. The Parental

Reflective Functioning Questionnaire (PRFQ) is an 18 Item self-report measure with three subscales. The present study set out to validate the German translation by analyzing reliability, factor structure, and concurrent validity.

Method: A total of  $n = 378$  German mothers filled out an online questionnaire. We used Confirmatory Factor Analysis with a cross validation approach to assess model fit. Reliability was measured using Cronbach's  $\alpha$  and McDonald's  $\omega$ . Concurrent validity was assessed using correlations with other constructs such as epistemic trust, perceived stress, postpartum depressiveness, and demographic variables.

Results: The factor structure of the original validation could mostly be reproduced, with some minor modifications to the English PRFQ model being necessary. Using the first half of the sample to propose a modified model, two items had to be removed and one error covariance added. The resulting 16-item questionnaire was successfully cross-validated with the second half of the sample. Correlations analyzed to assess concurrent validity were largely in accordance with the literature. Like other versions of the PRFQ, reliability of the German translation could still be improved, since one subscale was below the reliability cutoff.

Discussion: Parental Reflective Functioning and its assessment could prove to be an important factor in prevention and treatment of child and adolescent psychopathology such as borderline personality disorder, given its implications with children's mentalizing ability, attachment security, and epistemic trust."

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## Panel

### **Assimilation of a diagnosis of serious illness and overcoming setbacks**

Friday, June 23rd, 8:30 - 9:30 - **Room: Classroom 4097**

*Organizers & Moderators:* Richard Iain Lloyd Cheston (University of the West of England)

*Discussants:* Isabel Caro Gabalda (University of Valencia)

#### **ABSTRACT:**

The assimilation model describes therapeutic change as an integration of experiences that had previously been problematic, distressing, avoided, or warded off. In the Assimilation of Problematic Voices model, created by Stiles, the self is composed of multiple voices – often construed as concerning both dominant and problematic voices. Successful therapy typically involves a dialogue between the problematic aspects of illness (for instance the aspects of a person's mortality that they find most threatening) and the existing dominant aspects of the self. Increasingly, assimilation is being used to make sense of how people adjust to life threatening illnesses – and how psychotherapists can understand and intervene to support this process. In this panel, we address how the assimilation model has been used to make sense of first cancer (Pinhel and Machado), second dementia (Cheston) and finally, how the setbacks that are an inherent part of psychotherapy can be used therapeutically to advance understanding (Caro). In each case we address how illness can be understood as a problematic experience – with therapists formulating the unique nature of the this 'problem' for the individual. All four papers set out mechanisms for

therapists to use the assimilation model to tailor their intervention to meet the specific needs of clients.

- **Paper: The Assimilation of the Problematic Experience of Breast Cancer: A comparative case study**

**Main author:** *Beatriz Almeida (University of Maia – ISMAI)*

**Co-authors:** *Ricardo Machado, Isabel Basto, Patrícia Pinheiro, Beatriz Viana, Vânia Ferreira, William B. Stiles*

**ABSTRACT:**

According to the World Health Organization, breast cancer is the worldwide most prevalent oncological disease, especially in women. The process of becoming ill and the cancer treatments are associated with numerous changes in the biopsychosocial functioning of these women, promoting the development of psychological suffering. Due to its unexpected, painful, and traumatic nature, the breast cancer can be understood as a problematic experience according to the Assimilation Model. The Assimilation Model suggests that an increase in the level of assimilation of problematic experiences is associated, in psychotherapeutic contexts, with an increase in well-being; however, such association was not investigated regarding the oncologic experiences. The current study aimed to explore, over a six-month period, the process of assimilation of the breast cancer experience and its relationship with the quality of life and clinical symptoms. Four women diagnosed with breast cancer were interviewed regarding their experience. The interviews were analyzed with the Problematic Experience Assimilation Scale to assess the level of assimilation of the breast cancer experience. The Clinical Outcome Routine Evaluation was used to assess clinical symptoms and the Functional Assessment of Cancer Therapy was used to assess the quality of life. The results suggested a relationship between higher levels of assimilation of the problematic experience of breast cancer, lower clinical symptoms and better quality of life. In all four cases the results seem to suggest that six months is a short period for observing changes in the assimilation of the breast cancer experience.

- **Paper: The influence of previous problematic experiences in breast cancer experience assimilation: a multiple case study**

**Main author:** *Ricardo Machado (University of Maia)*

**Co-authors:** *Isabel Basto, Patrícia Pinheiro, Ana Pinhel, Beatriz Viana, Beatriz Almeida, Vânia Ferreira, William B. Stiles*

**ABSTRACT:**

"Objectives: Breast cancer presents worrying rates of incidence and mortality in women. Moreover, its specific psychological and physical implications follow patients from diagnosis to disease remission which results in poor quality of life and psychosocial well-being. Thus, breast cancer experience associated with its adverse consequences can be seen as a problematic experience for most patients. The Assimilation Model of Problematic Experiences seems to explain how problematic experiences may impact psychological well-being. Specifically, it argues that psychological suffering is associated with the presence of problematic experiences which consequently cause emotional distress. Several previous studies suggest that the gradual process of assimilation of these problematic experiences



into the self seems to be associated with psychological well-being. However, little is known about the impact of previous past problematic experiences in the assimilation of current experiences. Since breast cancer diagnosis may be considered a problematic experience for patients, we intended to understand if the presence of previous problematic experiences may influence the currently assimilation process of breast cancer experience. Specifically, this study aims to compare the assimilation process of breast cancer experience in women with previous problematic experiences and women without previous problematic experiences.

Method: Semi structured interviews were applied to each patient. The interviews were analyzed with the Assimilation of Problematic Experiences Scale to assess the assimilation process of the breast cancer problematic experience. The interviews also indicated the presence or absence of previous problematic experiences.

Results: The findings of this study will be discussed."

- **Paper: Using assimilation to track changes in talk during a Living Well with Dementia (LivDem) group**

**Main author: Richard Cheston (University of the West of England)**

**ABSTRACT:**

"Background. Whilst good dementia care is typically thought of as a person-centred process, psychotherapy generally plays little role in this. One reason for this is that there are relatively few psychologists, therapists and counsellors working in dementia care. For this reason, we have developed a group based, 10-week intervention – the Living Well with Dementia (LivDem) group that is designed to delivered by non-psychologists.

Method. This paper presents results from two studies in which changes in how people talk about their dementia are tracked across LivDem groups using the assimilation model.

Results. There were important changes in how people living with dementia talked about themselves. In the initial sessions the main way in which people referred to dementia was indirectly (e.g., as "it" or "that thing that I have") and they avoided naming it. By the end of the course, many participants were more able to openly acknowledge and to name their dementia and to talk about it in a more emotionally connected and thoughtful way. A comparison of two courses suggests that where course facilitators used active listening skills to encourage discussion then this may have promoted a greater openness amongst participants in the final session.

Discussion. Using the assimilation model to frame the process by which people adjust to their dementia provides both practical and conceptual benefits. Pragmatically, it underpins and enhances the use of psychotherapeutic interventions, including LivDem. Conceptually, it provides an alternative to the dominant representation of insight within dementia as a function of neurological impairment"

- **Paper: Resolution of assimilation setbacks: The dance of strands**

**Main author: Isabel Caro Gabalda (University of Valencia)**

**ABSTRACT:**

"Aim: Theoretically, in psychotherapeutic assimilation, the usual self, composed of dominant voices (DVs) comes to terms with traces of problematic experiences, or nondominant voices

(NDVs). Previous research has suggested that clients' main problematic themes are typically composed of multiple sub-voices representing different strands of the problem. Setbacks in work on a problem usually involve a shift from a more-assimilated pre-setback strand to a less-assimilated setback strand. It is important to understand how setbacks are subsequently resolved and how assimilation levels increase again after the setback.

Methods: Alicia was diagnosed as having depression and treated with a cognitive therapy for 26 sessions. The process of assimilation of her main problematic experiences showed almost 300 setbacks of which 75 had a post-setback resolution that reached APES 4 (understanding/insight) or higher, in consecutive passages dealing with the same theme. We described what therapist and client did and how different strands appeared and evolved during the post-setback resolution.

Results: First, resolution of setbacks showed strands with new interpretations and perspectives. Second, the topic shifted when Alicia minimized strands of the DV and opened the DV to strands of NDVs (that are explored) and to therapeutic strands. Details and examples will be presented.

Discussion: Theoretical and clinical implications will be considered. What is needed to resolve a setback? Is it a consequence of persistence, of "push when it moves?", or is it the consequence of introducing or focusing on a specific strand? What does the dance of strands tell us about assimilation progress?"

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### Structured Discussion

## Psychotherapy Stimulating Ecological Awareness and Action in their Clients! Who (s)cares?

Friday, June 23rd, 8:30 - 9:30 - Room: Classroom 5012

*Organizers & Moderators:* Nuno Conceicao (Faculdade de Psicologia da Universidade de Lisboa)

*Discussants:*

- *Paul Reeve*

*Nuno Conceicao (Faculty of Psychology, University of Lisbon (CICPSI))*

### ABSTRACT:

We are currently living through a climate crisis with devastating effects. According to the literature, interaction with the environment has numerous benefits for humans, at the physical, psychological and spiritual levels. While one recognizes that a disconnect from nature results in various kinds of unease, on the other hand, there is often an implicit or even explicit duality between humans and nature, along with a predominant focus on self versus the other. By contrast, proposals of interconnection between the self and the other(s), whether human or not, the natural world and environmental sustainability that foster a greater ecological awareness are beginning to emerge. Some authors point to the idea that psychologists might have a role in fighting this crisis and, in particular, in the process of reconnecting humans and nature. Yet, there is a gap in the literature regarding

the actions that psychotherapists themselves can take to stimulate ecological awareness in their clients. The present structured discussion aims to explore the how therapists in their clinical work can seamlessly integrate intervention principles stimulating the ecological ecological dimension in their clients, without violating the ethical principles underlying their practice. Constructs like human suffering, self, other, change, well-being, among others will need to be (re)evaluated and potentially reformulated in order to facilitate that enhanced professional competence. The field has already witnessed similar expansion in the realm of cultural diversity, sexuality choice and minorities, so it might be the time to more seriously consider the ecological dimension in psychotherapeutic practice, research and training.

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### Brief Paper Session

Friday, June 23rd, 8:30 - 9:30 - **Room: Classroom 4053**

- **Paper: Natural Language Processing Study of Mental Health in Cancer Survivors on Reddit**

**Main author:** *Ioana Podina (University of Bucharest)*

**Co-authors:** *Ana-Maria Bucur, Diana Todea, Liviu A Fodor, Andreea Luca, Liviu P Dinu, Rareş Boian*

**ABSTRACT:**

This study used natural language processing to analyze text-based social media content from cancer-specific subreddits to evaluate depression and anxiety loaded contents depending on cancer survivorship status (short, transition, long-term survivors). Data was collected from 187 Reddit users who had received a cancer diagnosis, were currently undergoing treatment, or had completed treatment. Results showed that short-term cancer survivors (0 - 2 years after diagnosis) had more depression and anxiety-related content than long-term survivors ( $\geq 5$  years since diagnosis). The topic analysis also revealed that long-term survivors had more resources to share their experiences with mental health struggles and provide support to the survivor community. These findings indicate that Reddit texts are a marker of when the stressor is active and mental health issues are triggered. This sets the stage for Reddit to become a platform for mental health screening with special attention dedicated to short-term survivors.

- **Paper: The effect of Deliberate Practice on the psychotherapists' training: preliminary results**

**Main author:** *Beatriz Viana (Universidade da Maia-ISMAI)*

**Co-authors:** *Ricardo Machado, Beatriz Almeida, Vânia Ferreira, Isabel Basto, Patrícia Pinheiro*

**ABSTRACT:**

According to the APA Presidential Task Force on Evidence-Based Practice, the efficacy of psychotherapy depends both on empirically validated treatments and psychotherapists' competence. Cognitive-Behavioral Therapy (CBT) is a widely empirically validated

treatment, but few is known about how to improve the CBT therapists' skills. The Deliberate Practice (DP) may contribute to fill this gap. The DP refers to the trainees' repeated practice of specific skill/technique, while receiving immediate feedback on their performance. In other fields, the DP is useful to improve trainee's skills. Guidelines and DP protocols have been recently developed for psychotherapists' training, but the literature on its efficacy is scarce. Nevertheless, the preliminary results suggest that DP may contribute to improve the psychotherapists' skills. We aim to explore the effect of DP on the CBT psychotherapists' skills when compared with the usual supervision (TAU). Our research is focused on a CBT transdiagnostic crucial technique – the cognitive restructuring (CR). We designed a feasibility study comparing two conditions: PD vs TAU. Both groups were evaluated at pre- and post-test through a role-play, and the Counselor Activity Self-Efficacy Scales Questionnaire (CASES). Therapeutic competence was assessed through the coding of the role-play, using the Cognitive Therapy Scale-Revised. We expect that both groups improve their ability using the CR techniques (role play) and their self-efficacy as CBT therapists (CASES), being such improvement higher in the PD group. The implications of the results for the training of therapist will be discussed.

- **Paper: Episodes of meeting in psychotherapy as an intersubjective approach to change process research: Learnings of 8 years of research on moments of meeting**

**Main author: Javiera Duarte (Universidad Diego Portales and Millennium Institute for Research in Depression and Personality)**

**ABSTRACT:**

"Background: Psychotherapy is a space in which patients foster the possibility of expanding and modifying their implicit relational knowing. The latter can be achieved through episodes of meeting between patient and therapist, which allow the development of a new and shared implicit relational knowledge that impacts and changes the patient's relational styles.

Aim: This research line seeks to deepen our understanding of the main characteristics of episodes of meeting in psychotherapy and to establish the relationship of these episodes with changes in the patient's implicit relational knowledge throughout the psychotherapeutic process. Method: Patients and therapists from different therapy orientations were interviewed, and long-term psychotherapies were systematically observed. A mixed qualitative methodology that combined grounded theory, micro-phenomenology, and systematic observation was used for data analysis. Results: Episodes of meeting are a cross-emotional experience, present in different types of therapies and identified by patients and therapists. Even though they are idiosyncratic to each patient-therapist dyad, these episodes seem to have a common temporal structure and share certain characteristics e.g., they are highly non and paraverbal, affectively charged and sensorily embedded.

Conclusions: A part of therapeutic change occurs in a relational and implicit dimension. Understanding the value of episodes of meeting allows us to comprehend better the processes of change lived by our patients and to use them clinically."

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## Structured Discussion

# Data-informed Personalization and Feedback in Clinical Settings: Lessons Learned and Best Practices

Friday, June 23rd, 8:30 - 9:30 - Room: Classroom 4012

Organizers & Moderators: Mila Hall (Osnabrück University)

Discussants:

- Dr. Saskia Scholten (University of Koblenz-Landau)  
Julian Burger (University of Amsterdam)  
Dr. Marilyn L. Piccirillo (University of Washington)  
Mila Hall (Osnabrück University)

## ABSTRACT:

"Ecological momentary assessment (EMA), network analysis (NA), and single case experimental designs (SCED) are data-intensive approaches that offer much potential for guiding clinical practice. However, implementing such data-intensive methods in clinical settings and practice is often accompanied by unique challenges. For example, infrastructure to support the integration of data-intensive methods in psychotherapy often varies across clinics and training programs, as does motivation to use these methods. This structured discussion offers space for clinicians and researchers to meet and discuss best practices, share lessons learned, and collaboratively solve problems that impact the integration of data-informed personalization and feedback in psychotherapy. First, discussants will briefly share takeaways from their research: Assessment of patient motivation, attitudes, and preferences for EMA and related feedback (MLP), using case conceptualizations to inform NA and vice-versa (JB), applying NA-based pre-treatment feedback (MH), and preparing the implementation of a single case clinic (SSCH). Discussants will focus on the challenges they faced (e.g., sustaining therapist motivation), and how they dealt with (or plan to deal with) them (e.g., considering additional incentives, integrating therapist knowledge with statistical models). Second, we will invite audience members to share their respective experiences with the implementation, feasibility, and acceptance of data-informed personalization and feedback in clinical settings. Presentation slides, discussant notes, and relevant papers or protocol outlines will be uploaded to an OSF page to facilitate the sharing of relevant work. We aim to collaboratively develop sustainable and creative solutions to address the difficulties with implementing data-intensive methods into psychotherapy research."

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Friday, June 23rd, 2023, 10:00 - 11:00 (IST)

Panel **CE**

## **It's not just for research anymore: Three examples of how psychotherapy research measures can be useful tools for clinical training and supervision**

Friday, June 23rd, 10:00-11:00 - Room: JM Syngé

*Organizers & Moderators:* Catherine F. Eubanks (Adelphi University)

*Discussants:* Bernhard Strauss (Jena University Hospital)

### **ABSTRACT:**

Many psychotherapy process researchers spend significant time training coders to closely observe and identify patient and/or therapist behaviors or therapy events that have significant associations with positive processes and outcomes. The knowledge and observational skills that coders acquire are also valuable for clinicians. Hence, there may be great value in using research tools as clinical training tools. This panel will explore this way of integrating research and practice by presenting three research measures that have been used in clinical training and supervision. Hadas Wiseman will present on how she has used the Core Conflictual Relationship Theme (CCRT; Luborsky & Crits-Christoph, 1998) method to help trainees understand and work with transference-countertransference dynamics. Ken Critchfield will present how the Structural Analysis of Social Behavior (SASB; Benjamin, 1979; Benjamin, Rothweiler, & Critchfield, 2006) is used in Interpersonal Reconstructive Therapy training to help clinicians develop case formulations and identify and work toward treatment goals. Finally, Catherine Eubanks will present on how The Rupture and Resolution Rating System (3RS; Eubanks et al., 2015; Eubanks & Muran, 2022) can be used in training and supervision to help therapists recognize and work toward repairing alliance ruptures. The panel will conclude with a discussion by Bernhard Strauss.

- **Paper: Teaching trainees to apply the CCRT method can be a useful tool for understanding transference-countertransference dynamics**

**Main author:** Hadas Wiseman (University of Haifa)

### **ABSTRACT:**

"Gaining an understanding of key psychoanalytic/psychodynamic psychotherapy concepts, such as transference and countertransference, in either their classical or contemporary meanings, is often challenging, especially for novice trainees. Drawing on my research and teaching experience I have found that the Core Conflictual Relationship Theme (CCRT) method can be an especially powerful and user-friendly tool for helping trainees to learn and work with these key psychodynamic concepts.

The Core Conflictual Relationship Theme (CCRT; Luborsky & Crits-Christoph, 1998) method was developed by Lester Luborsky as a way to formulate the patient's core conflicts or central relationship patterns. A person's CCRT contains three components: Wish (what the

patient wanted or desired from the other), Response of Other (how the other reacted), and Response of Self (how the patient reacted to the reaction). The CCRT formulation is derived from narratives that patients tell about their interactions with significant others, including the therapist, in therapy sessions or in an outside of therapy interview called the RAP (Relationship Anecdote Paradigm).

In teaching the CCRT I have been following four steps: (1) Didactic: readings on the method including a focus on identifying the CCRT components. (2) Experiential in class: conducting RAP interviews with fellow-trainees and practicing CCRT coding. (3) Experiential with volunteer-therapists: Conducting RAP interviews and coding relational narratives recounted with parents and patients. (4) Analyzing and processing the material with a focus on understanding transference and countertransference.

These steps will be demonstrated and convergence and divergence with other measures and other schools of psychotherapy will be discussed."

- **Paper: Synergies between research and clinical training in Interpersonal Reconstructive Therapy**

**Main author: Kenneth L. Critchfield (Yeshiva University)**

**ABSTRACT:**

Interpersonal Reconstructive Therapy (IRT: Benjamin, 2006; 2018) was developed as a principle-based approach to the tailoring of treatment for complex cases. This tailoring occurs on the basis of a case formulation that makes sense of presenting concerns in terms of interpersonal patterns and their links to prior developmental learning with key attachment figures. Benjamin has described this work as distilling existing clinical wisdom while making it operationalizable and testable. As such, there has never been much distance in IRT between clinical practice and the need for empirical validation of idiographic and nomothetic propositions about therapeutic change. IRT comes from observations made in clinical settings using Structural Analysis of Social Behavior (SASB: Benjamin, 1979; Benjamin, Rothweiler, & Critchfield, 2006) as an interpersonal lens through which to describe and view patterns in narrative content and moment-by-moment interactions, as well as the pattern repetition possible between times, settings, and relationships. The same methods and frameworks used for empirical research are often shared transparently with patients and used actively by clinicians. They are also used in training to enhance therapist skill development. This presentation will provide an overview of the SASB model including its use to train clinicians to recognize key aspects of case formulations, to define and talk with patients about interpersonal and intrapsychic goals, and to assess their attainment through routine outcome monitoring. Ratings made by N = 40 graduate level trainees are provided to suggest that overall training with these methods enhances clinician use of evidence-based treatment principles in "difficult" sessions.

- **Paper: Learning to recognize and negotiate ruptures: The 3RS as a training tool**

**Main author: Catherine F. Eubanks (Adelphi University)**

**ABSTRACT:**

Given the evidence that unrepaired alliance ruptures are associated with poor outcome and premature dropout, and rupture-repair is associated with good outcome and better retention (Eubanks et al., 2018), the ability to recognize and repair ruptures is an important therapeutic skills. The Rupture and Resolution Rating System (3RS: Eubanks et al., 2015; Eubanks & Muran, 2022) has proven to be a useful research measure for identifying ruptures and repairs in psychotherapy sessions, including ruptures that therapists do not report (e.g., Babl et al., 2022; Eubanks et al., 2019). If coders can be trained to recognize rupture markers that therapists may be missing, then would trainee therapists benefit from learning the 3RS and practicing applying it to their own sessions? In this presentation, I will present my experiences utilizing the 3RS in clinical training and supervision and propose future directions for training and research on training.

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## Panel

### Nonverbal synchronization in depressive disorders

Friday, June 23rd, 10:00-11:00 - Room: **Emmet Theatre**

*Organizers & Moderators:* Uwe Altmann (Medical School Berlin)

*Discussants:* Martin grosse Holtforth (University of Bern)

#### **ABSTRACT:**

Depression is a common mental disorder. Accordingly, this disorder is often diagnosed and treated in psychotherapy. Studies of present panel investigate both nonverbal synchronization as diagnostic feature and as mechanism of change in depressive disorders. Uwe Altmann will report findings on the prediction of presence of major depression by imitation of emotional facial expressions and synchronization of body movements. Simone Jennissen will present a study on the dynamics of nonverbal following and leading and their correlation with depression severity. Galit Peysachov will report about how movement synchrony leads to better post-session outcomes depressive patients with and without comorbid borderline personality disorder. Martin grosse Holtforth, an expert on diagnostic and treatment of depression, will be the discussant.

- **Paper: Movement synchrony and facial synchrony as diagnostic features of major depression: A matched subjects design study**

**Main author:** Uwe Altmann (Medical School Berlin)

*Co-authors:* Julija Meier, Maria Brümmel, Lukas Aaron Knitter, Bernhard M. Strauss

#### **ABSTRACT:**

"Background: Interpersonal models of depression suggest that depressive disorder influences not only the behavior of patients, but also that of their interlocutors. Accordingly, the present study investigated whether nonverbal synchrony is a diagnostic feature for major depression.

Methods: The sample included N=15 patients with major depression and N=15 healthy controls. We used a matched subjects design and measured body movements und facial expressions during structured diagnostic interviews for somatic complaints with motion



energy analysis and OpenFace. We quantified movement synchrony and facial synchrony with time series analysis methods.

Results: Depressed subjects smiled less often and moved their heads less than healthy subjects. Expressions of sadness and frequency, duration, and speed of body movements were not predictive of the presence of depression. Moreover, depressed subjects synchronized less often their body movements and positive facial expressions with the interviewer.

Conclusions: Our study confirms interpersonal models of depression. But the generalizability of the study results is limited by the small sample size and the few interviewers."

- **Paper: Dynamics of Following and Leading: Association of Movement Synchrony and Depression Severity**

**Main author:** *Ulrike Dinger (Heinrich-Heine University Düsseldorf)*

**Co-authors:** *Anna Sandmeir, Desiree Schoenherr, Uwe Altmann, Christoph Nikendei, Henning Schauenburg, Hans-Christoph Friederich, Ulrike Dinger*

**ABSTRACT:**

"Objective: Depression negatively affects interpersonal functioning and influences nonverbal behavior. Interpersonal theories of depression suggest that depressed individuals engage in behaviors that initially provoke others' support and reassurance, but eventually lead to rejection that may also be expressed nonverbally.

Methods: This study investigated movement synchrony as a nonverbal indicator of support and rejection and its association with depression severity in a sample of depressed and healthy individuals. Semi-standardized diagnostic interview segments with N = 114 dyads were video recorded. Body movement was analyzed using Motion Energy Analysis, synchrony intervals were identified by computing windowed cross-lagged correlations. Depression severity was assessed via both self-rating (BDI-II) and clinician rating (HAM-D). Results: Both self-rated and clinician rated depression severity were negatively correlated with patient-led, but not clinician-led movement synchrony measures. The more depressed patients were, the less they initiated movement synchrony with their clinicians. These correlations remained significant after controlling for gender, age, gross body movement, and psychopharmacological medication.

Conclusion: Findings suggest that depression may negatively affect patients' active initiative in interaction situations. Automatized methods as used in this study can add valuable information in the diagnosis of depression and the assessment of associated social impairments."

- **Paper: Investigating Nonverbal Synchrony as a Mechanism Underlying Poor Prognosis of Depression in Patients With a Comorbid Borderline Personality Disorder**

**Main author:** *Galit Peysachov (University of Haifa)*

**Co-authors:** *Manar Shehab, Keren Deres-Cohen, Pavel Goldstein, Sigal Zilcha-Mano*

**ABSTRACT:**

"Aim: Patients who suffer from borderline personality disorder (BPD) and major depressive disorder (MDD) benefit less from psychotherapy, as opposed to patients with MDD without

BPD. Patients with MDD and comorbid BPD suffer from a poorer prognosis of treatment success and a more severe clinical presentation of depression. The aim of the current study is to investigate the underlying mechanisms in terms of nonverbal synchrony that lead to change in psychotherapy, that differ in this clinical population and in turn shed light on their poorer prognosis.

Method: Eighty-seven patients recruited to a randomized controlled trial received 16 50-min sessions of either supportive-expressive or supportive psychotherapy. All sessions were video-taped and analyzed for nonverbal synchrony using Motion Energy Analysis (MEA). BPD was assessed using the Structured Interview for DSM-VI Personality prior to beginning of treatment. Treatment outcome was measured using a one-item measure of session effectiveness reported by the patient after each session. Analysis was conducted using PROC MIXED with SAS software.

Results: In the first session, nonverbal synchrony was significantly lower in patients with MDD and BPD as compared to patients with MDD without BPD. However, patients with MDD and BPD synchronized more over time and "caught up" to patients with MDD without BPD. In turn, higher nonverbal synchrony predicted more effective sessions, as reported by the patients.

Discussion: The current study holds the potential to shed light on the processes that lead to successful or unsuccessful treatment for MDD in patients with BPD."

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Panel **CE**

## **Critical perspectives on causality and outcomes: Towards evidential pluralism**

Friday, June 23rd, 10:00-11:00 - **Room: Davis Theatre**

*Organizers & Moderators:* Hanne Weie Oddli (University of Oslo)

*Discussants:* Heidi M Levitt (University of Massachusetts Boston), William B Stiles (Miami University)

### **ABSTRACT:**

The aim of this panel is to invite discussions on fundamental questions of mechanisms of change and outcome in psychotherapy research. Three papers, one theoretical and two empirical, will approach the issue by conceptual and methodological discussions of causality and paradoxical outcomes. In paper 1, Oddli and colleagues discuss three broad philosophical perspectives on causality: the Humean conceptions; dispositional perspectives rooted in realism; and inferential perspectives based on Wittgensteinian language philosophy. Implications for the evaluation of research methods are discussed, and evidential pluralism is suggested as a future path for proper identification of causality in psychotherapy research. In paper 2, Cooper and colleagues assess the validity of established symptom change measures against young clients' own descriptions of the helpfulness of the treatment. Their findings suggest that almost half of the young people demonstrated paradoxical outcomes: showing reliable improvement but not describing their

therapy as particularly helpful, or describing the therapy as particularly helpful but not showing symptomatic change. In paper 3, Holbæk and colleagues report from an RCT involving treatments of complex dissociative disorder. Different approaches to measure outcome were used, and Holbæk and colleagues discuss the diverging results of various symptom outcome measures and qualitative in-depth interviews. While the symptom measures suggested little or no change, the qualitative findings suggested marked changes related to self-experience. Together, these studies suggest that our established ways of conceptualizing causality and outcomes in psychotherapy research may need revision. Heidi Levitt and Bill Stiles will join the panel as discussants to explore this issue.

- **Paper: Causality in psychotherapy research: Towards evidential pluralism**

**Main author:** *Hanne Weie Oddli (University of Oslo)*

**Co-authors:** *Erik Stänicke, Margrethe Seeger Halvorsen, Tobias Gustum Lindstad*

**ABSTRACT:**

**Aim:** Identifying causal relationships is at the heart of all scientific inquiry, and a means to evidence base practices and to guide policymaking. In order to better understand mechanisms of change and outcome in psychotherapy, and to evaluate proper designs and methods for this purpose, we discuss the relevance of various conceptualizations of causality. **Method:** This is a theoretical paper that draws on philosophical perspectives of causality. Our discussion includes 1) Humean conceptions of causality, which underpin experimental designs such as RCTs; 2) powers/dispositional perspectives of various realist perspectives, which emphasize intrinsic properties and contextual variations, and 3) inferentialist/epistemic approaches that advocate causal explanations in terms of inferences and linguistic interaction. The discussion will be illustrated by the current situation within psychotherapy research, and the APA Policy Statement on Evidence-Based Practice. **Results and Discussion:** The distinction between difference-making and causal production will be proposed as a possible means to evaluate the relevance of designs. We conclude that clarifying causal relationships is an ongoing process that requires use of various designs and methods and advocate a stance of evidential pluralism.

- **Paper: Paradoxical outcomes in counselling with young people**

**Main author:** *Mick Cooper (University of Roehampton)*

**Co-authors:** *Erik Stänicke, Hanne Weie Oddli, John Mcleod*

**ABSTRACT:**

Paradoxical outcomes refer to contrasting client results when assessed through different sources. This study analyzes the relationship between outcomes, as assessed by a standardized self-report measure, and as indicated in post-counselling interviews for young people in humanistic school counselling. Participants were 50 young people (13-16 years old) who had taken part in a trial of up to ten weeks of school-based humanistic counselling. The sample was predominantly female (88%) 40% of a minoritized ethnicity; and 56% had "very high" levels of psychological difficulties. The primary symptom change measure, at 12 and 24 week follow up, was the Young Person's CORE. Helpfulness, as experienced by the young people, was assessed on a 1-10 scale by three raters on the basis of young people's

post-counseling interviews (conducted approximately six weeks post-intervention). Inter-rater reliabilities for experienced helpfulness were .96 (McDonald's Omega). Experienced helpfulness did not correlate with the YP-CORE (r0-12 weeks = .14, r0-24 weeks = -.08) or change on other symptom measures; though it did correlate moderately with goal attainment (r0-12 weeks = .29, r0-24 weeks = .31), and largely with service satisfaction (r12 weeks = .45). Multilevel regression analysis found no association between experienced helpfulness ratings and rates of change. Categorically, 28 of the young people (56%) had a helpfulness rating corresponding with reliable YP-CORE improvement, while 22 (44%) showed paradoxical outcomes. These findings raise questions about a reliance on symptom change outcomes, given their disparity with clients' own experiences of helpfulness.

- **Paper: Paradoxical outcome in treatments of complex dissociative disorder (CDD)**

**Main author: Ingunn Holbæk (Modum Bad)**

*Co-authors: Margrethe Seeger Halvorsen, KariAnne Vrabel*

**ABSTRACT:**

**Aim:** This presentation is an example of paradoxical outcome in a sample of people with complex dissociative disorder (CDD). The present study is part of an RCT (Bækkelund et al., 2022) that compared a structured 20 week psychoeducational group treatment conjoint with individual therapy, or individual therapy alone, in a delayed-treatment design. Mixed effect models showed no immediate differences between conditions. Both groups showed significant improvements in psychosocial function, but little or no change in symptom outcome measured by PSS-SR, DES, SCL-90 and IIP. Based on these findings, one may conclude that the psychoeducational group treatment did not add any effect. The current study aimed at examining the outcomes by use of other sources and methodology. **Method:** The present study is a qualitative analysis of in-depth interviews with 26 out of 59 participants in the RCT. These qualitative data show a different story about the importance of the treatment offer. **Results:** Through interpretive analysis 2 core categories were developed. Participants experienced a movement towards "a more coherent self" and this change in self-experience contributed to a new way of relating to oneself, "sense of agency". **Discussion:** In this presentation I will discuss different theoretical and methodological ways we can understand this discrepancy. I will comment on the ongoing debate on differences between clinical and personal recovery. The qualitative data also show how increasing epistemic trust may be a fundamental factor for change but does not necessarily lead to immediate symptom change.

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**Panel**

## **Developing, Refining, and Assessing Therapeutic Relationships**

**Friday, June 23rd, 10:00-11:00 - Room: Swift Theatre**

**Organizers & Moderators:** George Silberschatz (University of California SF)

**Discussants:** Katie Aafjes-van doorn (Yeshiva University)

**ABSTRACT:**

"Decades of psychotherapy research have demonstrated the importance of the relationship between the patient and their therapist. Studies of common factors across psychotherapy interventions have indicated that the relationship is the most important factor in determining outcome that therapists have some degree of control over. The working alliance, often conceptualized as therapist and patient agreement on their bond, goals, and tasks in therapy, has been the most widely adopted construct used to study the therapeutic relationship. However, less is known about patients' experiences of negative or unhelpful aspects of the therapeutic relationship. Patients may vary in their experience of such phenomena, with individuals having unique needs and sensitivities within the therapeutic relationship. Tailoring the therapeutic relationship to the specific needs of the individual may thus be a priority and foundation for new psychotherapy practice and research initiatives.

This panel features three presentations that highlight new research on the therapeutic relationship. The first presentation describes a randomized trial of a brief relational therapy for young adults with identity distress, in which therapists' relational responses are determined using individualized case formulation. The second presentation describes the difficulties associated with positive-negative asymmetry in measurement of the therapeutic relationship. The third presentation reports on findings regarding a new measure of patients' negative experiences within the therapeutic relationship. Implications for further research and practices concerning the therapeutic relationship will be discussed."

- **Paper: The Use of Individualized Case Formulation in the Therapeutic Relationship: Brief Intervention for Young Adults with Identity Distress**

*Main author: David Kealy (University of British Columbia)*

**ABSTRACT:**

This presentation will provide an overview and preliminary outcome findings regarding a case formulation-guided relational therapy for young adults with identity distress. The program, named Potential Selves, was designed to offer accessible, virtual/online therapy to help young adults address their unique identity-related challenges. Graduate trainee clinicians provided a time-limited relational therapy informed by case formulation, based on principles of Control-Mastery Theory, to facilitate self-reflection and corrective experiences regarding various aspects of personal identity. Preliminary findings from a randomized controlled trial (RCT) currently examining the efficacy of Potential Selves will be presented. Social media was used to advertise the study to young adults aged 18 – 25. Participants who endorsed at least a moderate degree of identity distress were randomly assigned to either Potential Selves, consisting of 12 once-per-week online (facilitated with Zoom) counselling sessions, or a 12-week waitlist condition in which they could continue any existing support services. Therapists were graduate students with basic training and experience in counselling. Therapists were given rudimentary instruction in case formulation and weekly supervision with the view of promoting client self-reflection and facilitating corrective experiences in a case-specific manner. Preliminary results will focus on treatment

completion vs. dropout, and on primary outcome measurement using the Identity Distress Scale. Findings will be discussed in terms of implications for young adult mental health care and the use of individualized case formulation to guide therapeutic relationships. Moreover, possibilities and plans for further research using data from the study, particularly concerning online therapy relationships, will be highlighted.

- **Paper: The problem of positive-negative asymmetry in psychotherapy measures**

**Main author: George Silberschatz (University of California SF)**

**ABSTRACT:**

"There is considerable research evidence showing asymmetrical effects for positive and negative stimuli or experiences. Negative events elicit more emotional, cognitive, behavioral and physiological arousal than do positive events. They have a greater impact on judgement, perception, and mood than do positive events. In short, negative information is typically given far more attention and weight than positive information, and consequently a person's negative appraisals have more information value than positive ones.

The asymmetrical effects of positive and negative events have not been adequately considered in psychotherapy research. Negative psychotherapy experiences that either have actually occurred or perceived negatively are usually assessed with a "positivity bias".

Consider, for example, WAI items such as "I feel that my therapist likes me" "my therapist respects me", or "appreciates me", which are rated as "always", "very often", "fairly often", "sometimes", and "seldom". The positive-negative asymmetry research suggests that there may be little information value in such positively slanted items. More potential information could be gleaned from items such as "disapproved of me", "pressured me to accept their opinion", or "seemed to talk down to me". An overview of the positive-negative asymmetry research will be presented and its implications for assessing patients' experiences of therapy will be discussed."

- **Paper: Assessing Individualized Experiences of Patients Using the Problematic Impressions of Therapy Scale**

**Main author: Jim McCollum (San Francisco Psychotherapy Research Group)**

**ABSTRACT:**

"Although psychotherapy is effective, many patients report potential problems ranging from unhelpful judgement or disapproval from their therapist to a therapist who is overly reserved or passive. Negative experiences in therapy may cause ruptures in the therapeutic relationship and limit the patient's ability to achieve their therapeutic goals. However, a given event is not experienced equally by all patients; a given patient may experience judgment or disapproval from a therapist as more negative and distressing than another patient, who may even experience a superficially similar expression of disapproval as helpful.

In this presentation, preliminary findings using the Problematic Impressions of Therapy Scale (PITS) will be provided to examine the experience of negative events in psychotherapy. The Problematic Impressions of Therapy Scale (PITS) is a measure consisting of negative experiences a patient may have in psychotherapy such as "My therapist disapproved of something I said or did" or "My therapist seemed unable to help with my problem."

Comparing the PITS to measures of beliefs, such as the Pathogenic Beliefs Scale, suggest that one explanation for why similar negative events are experienced differently is because of the different life experiences and resulting schemata patients bring with them into therapy. For example, a patient who believes themselves to be unworthy of love and affection might experience disapproval from a therapist as more distressing than a patient who feels isolated and distrusting of others. Implications from these preliminary observations on the value of a case-specific approach to understanding patient experiences will be discussed."

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## Panel

### **Closing the gap between research and practice: Changing the care model for 300,000 patients with practice-oriented research.**

**Friday, June 23rd, 10:00-11:00 - Room: UI Chadhain**

*Organizers & Moderators:* Samuel S. Nordberg (Reliant Medical Group), Mara N. Eyllon (Reliant Medical Group), J. Ben Barnes (Reliant Medical Group)

#### **ABSTRACT:**

"Research conducted in academic settings can take years to be implemented in real world care settings if at all. Research laboratories embedded within care organizations (practice research networks; PRN) can significantly reduce the gap between evidence generation and the implementation of novel assessments, interventions, and clinical and organizational processes. This panel describes the development of the PRN embedded within the integrated behavioral health department of Reliant Medical Group, a large group medical practice in Massachusetts serving over 300,000 patients annually. Examples of research conducted in the PRN are also presented.

The panel highlights three dimensions of the practice research network. The first paper describes the development and infrastructure of a PRN within a large multi-specialty organization and the growth of the PRN over its first 3 years, as well as collaboration with clinicians and information technologists. The second paper uses exemplary studies to demonstrate how the PRN uses health records and medical claims data to conduct rigorous research and how this data has been harnessed by leadership to enact organizational and clinical change. The third paper describes the development and implementation of a clinical workflow for implementing a single session intervention for adolescent anxiety and depression in partnership with pediatric clinicians and academic collaborators. Collectively, this work demonstrates the utility of PRNs to move from siloed academic research paradigms towards a patient and provider centered research paradigm to guide relevant and efficient health care change."

- **Paper: Building a practice research network within the integrated BH department of a large medical center**

**Main author: J. Ben Barnes (Reliant Medical Group/ United Health Group)**

*Co-authors: Mara Eyllon, Brittany Jaso, Gabrielle D Peloquin, Seo Y Yoo, Soo J. Youn, Pratha Sah, Samuel S. Nordberg*

**ABSTRACT:**

"The Practice Research Network is a collaborative research enterprise based in Reliant Medical Group's integrated Behavioral Health department. Our multidisciplinary team of researchers, data scientists, and clinicians is studying scalable, evidence-based models of behavioral health care in real world settings to improve the identification of health concerns and develop innovative models of treatment and prevention. The PRN is funded by OptumLabs, the research and development arm of United Health Group.

The PRN has three major focus areas. First, in collaboration with funders from OptumLabs and other outside partners, we design and execute several large-scale clinical trials per year. Second, we conduct research using the large repositories of claims and health records available through Reliant. Third, in partnership with Reliant's behavioral health and primary care clinicians, we develop and evaluate quality improvement initiatives to improve care as well as patient and provider experience. This paper focuses on the organizational and funding structure of the PRN, how it leverages resources from both OptumLabs and Reliant's internal departments, and our growth over the first three years. We start by discussing impetus for creating the PRN and how processes and policies (e.g. staffing, data sharing and regulatory oversight) were established and refined. Finally, we conclude by considering how practice research partnerships between healthcare organizations such as Reliant and organizations such as OptumLabs create unique grounds for conducting research and may be used to promote the rapid dissemination and scaling of research and quality improvement initiatives across the organization."

- **Paper: Harnessing the power of data to enact real-time clinical and operational decision making: two examples from the field**

**Main author: Samuel Nordberg (Reliant Medical Group / United Health Group)**

*Co-authors: Mara Eyllon, Pratha Sah, Brittany Jaso, Soo Jeong Youn, J. Ben Barnes*

**ABSTRACT:**

"Data collected in electronic health records and medical claims databases can provide important signals, not only about the state of a given patient's health, but about the patient population, and organizational system. The PRN has exploited available data repositories, including health records and claims data, to guide leadership in making informed clinical and operational decisions. This presentation will explore the research-to-change process through two illustrative examples of secondary data analysis. First, we describe a study to identify the impact of the transition from in person to telemental health within the behavioral healthcare department on patient engagement in visits, in which interrupted time series analysis identified a large, significant reduction in visit cancellations.

Second, given the nationwide shortage of qualified mental health care providers, patients often do not receive appropriate or timely behavioral health care. Yet, empirical knowledge of mental health service acquisition is primarily based on self-reported surveys, which makes



action challenging. We use behavioral health referral data made in primary care and claims data from commercial, Medicaid and Medicare payers to ascertain receipt of mental health services within 6 months of the referral and examine sociodemographic disparities in service outcomes. We found that only 40% of patients with a behavioral health referral received a billed service, and this was especially pronounced for patients with referrals to psychotherapy (compared to psychiatry), Black and Hispanic patients, and pediatric patients. This presentation explores these findings and how we are leveraging them to advocate for transparency from insurers, and innovation in mental healthcare."

- **Paper: Closing the adolescent mental healthcare gap through collaboration between clinicians and researchers: protocol for a clinical workflow to refer adolescents to a single session intervention for depression and anxiety**

**Main author: Mara Eyllon (Reliant Medical Group/ United Health Group)**

*Co-authors: Michelle Dalal, Laura Jans, Ian Sotomayor, Gabrielle Peloquin, James Yon, Rochelle Fritz, Jessica L. Schleider*

**ABSTRACT:**

"Despite the growing prevalence of depression and anxiety among adolescents, fewer than half access appropriate mental health care. Single-session interventions for depression and anxiety offered in primary care are a promising approach to bridging the treatment gap. We developed a clinical workflow for primary care and behavioral health providers to refer 13–17-year-old patients with mild to moderate depression and anxiety symptoms to Project YES, a single-session intervention.

Pediatric primary care and behavioral health providers will be educated on the benefits of Project YES for adolescent anxiety and depression and trained in a workflow integrated within the Electronic Health Record System, Epic, to refer patients during well child visits and pediatric behavioral health visits. Patients with mild-moderate internalizing symptoms based on the 17-item Pediatric Symptom Checklist will be invited to use the SSI Project YES. We will examine provider uptake and perceptions of acceptability, feasibility, and appropriateness over time. We will also assess patient uptake, and satisfaction, as well as pre-post outcomes including the Mood and Feelings Questionnaire-Short, State Hope, Beck Hopelessness, Self-Hate, Perceived Control, and Perceived Change in Hopelessness and Problem-Solving scales.

SSIs such as Project YES have the potential to provide low-cost, evidence based mental health treatment to adolescents with mild-moderate depression and anxiety. If deemed feasible and acceptable, providing SSIs in primary care could significantly improve access to mental health care without taxing pediatric primary care and behavioral health providers."

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## Panel

# Performance of rupture moments in videos of psychotherapies

Friday, June 23rd, 10:00-11:00 - Room: Classroom 3106

*Organizers & Moderators:* Andreas Hamburger (International Psychoanalytic University Berlin)

*Discussants:* Jasmin Spiegel (Hebrew University Jerusalem)

### ABSTRACT:

"In current psychotherapeutic process research, the concept of ruptures is most prominently discussed constraints of the therapeutic alliance and appear in the form of alliance ruptures (Safran et al., 2011, 2014). Although a positive potential of possible therapeutic change of those rupture events have been detected early in psychotherapeutic process research (Bordin 1979), microanalytic in-session characteristics as well as possible positive outcomes have rarely been described in literature. To further enrich the existing concept of ruptures as well as to describe it empirically more precisely, an inter-disciplinary mixed methods approach was chosen including the following verbal as well as non-verbal assessments: Scenic narrative microanalysis (SNMA, Hamburger, 2017), Laban Movement Analysis (LMA, Laban, 1975; Kennedy, 2013), Performance Analysis (Leifeld, 2014, Fischer-Lichte, 2007), a Questionnaire for the identification of emergent moments (SRS Session Rating Scale, V. 3.0, Duncan et al. 2003), a verbal coding system on interactional breaks (Rupture Resolution Rating System (3RS): Eubanks, C. F., Muran, J. C., Safran, J. B. (2015) as well as heart rate as an additional psychophysiological parameter.

The aim of this panel is to answer the research questions of how figures of rupture are produced performatively in a psychotherapeutic first assessment, how ruptures can be linked back to observable (nonverbal) behavior and which unconscious processes might underlie them by combining methods of dance science, movement analysis and psychoanalysis."

- **Paper: Emergent moments and scenic understanding in psychotherapy**

**Main author:** Karolin Blattmann (International Psychoanalytic University Berlin)

### ABSTRACT:

"The qualitative research method Scenic Narrative Microanalysis (SNMA) parallelises the concepts of emergent moments as described by the Boston Change Process Study Group (BCPSG) and scenic understanding by H. Argelander/A. Lorenzer. By applying these approaches in a research setting the method aims to elucidate the developing transference-countertransference relationship in therapeutic dialogues thus contributing to further explain an essential agent in (not only) psychoanalytic psychotherapy. Trained raters first identified independently Now Moments and Moments of Meeting (BCPSG) in a video-taped therapeutic session. Concordant moments were then evaluated in a

psychoanalytic interpreting consensus session to form hypotheses about the scene that unconsciously unfolds between the interactants. This information is concomitantly used to describe the implicit relational knowing, i.e. the participants' "ways of being with" each other by drawing on the reflection of group dynamics during the consensus session. Three emergent moments were identified and discussed by the rating group. In the first identified Now Moment patient and therapist have developed a trustful relationship that allows for sharing of flashback memories, though a dissociated state without interrelational contact is also present. Through a second Now Moment in which the consensus group identified unconscious affects of shame and guilt, the session culminates in a Moment of Meeting: the therapist protects the patient from exposing her wound – literally and emotionally. Besides its contribution to a thick description, the SNMA is contrasted with other research methods to validate the identification of emergent moments and to inform the operationalisation of implicit relational knowing and therapeutic change."

- **Paper: "Doing ruptures" in the psychotherapeutic interaction**

**Main author:** *Chawwah Grünberg (International Psychoanalytic University Berlin)*

**ABSTRACT:**

"The presented psychotherapy sessions is examined for rupture moments within the framework of an individual case study. The extracted moments are microanalysed based on the Rupture Resolution Rating System (3RS, Eubanks, C. F., Muran, J. C., Safran, J. B. (2015).

In reporting the emotional moment, the patient describes feelings of fear and shame, an non-ambiguous withdrawal rupture was coded with a content/ affect split. The psychotherapist reacted by marking that she had been contextualising the client's behaviour and thus softening her previous interpretation. Thus, a resolution strategy as illustrate task wass coded. This allowed for an intensified therapeutic reflection.

The findings of this study suggest that patient and psychotherapist can be considered as active parts in the emergence of ruptures and resolutions, thus probably "doing ruptures" and "doing resolutions".

Theoretical explanations of the found rupture-repair phenomena will be related to future methodological and conceptual research questions of multimodal analyses of psychotherapeutic interaction."

- **Paper: Figures of Interruption**

**Main author:** *Veronika Heller (International Psychoanalytic University Berlin)*

**ABSTRACT:**

"The approach of dance science considers the therapy session as a social performance. The event takes its course between habits and irritations and encompasses both, the video material and the analyst.

Dance knowledge is to be found in moving bodies dealing with space and time. In collaboration with psychoanalysis, this knowledge will give a relevant contribution to the identification and hermeneutics of emergent moments as well as implicit patterns and kinesthetic meanings in the psychotherapeutic conversation. The microanalysis of the breaks with expectations provides a certain understanding of the embodied coexistence. With the methods of phenomenological movement analyses the perspective of arts will

provide an independent contribution to the specific therapy session as a representative of the social practice of psychotherapy. Based on selected passages in the video material, it is argued how the discrepancy between opening and closing, passive and active, showing and drawing attention to bodyparts form a certain kinesthetic reading of the session. The patient is presenting the body in its formability and as a material to be subjected."

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## Panel

### **Promoting mentalizing in public health interventions for families and youth**

Friday, June 23rd, 10:00-11:00 - **Room: Classroom 3074**

*Organizers & Moderators:* Melissa De Smet (Ghent University), Margaux Schoofs (Ghent University)

*Discussants:* Nick Midgley (Anna Freud National Centre of Children and Families)

#### **ABSTRACT:**

"This panel brings together public health interventions aimed at promoting mentalization of families and youth from various parts of the world. 1) Mark Dangerfield (Vidal & Barraquer University Institute of Mental Health; Ramon Llull University, Barcelona; Spain) will present how the ECID Project in Spain has radically reshaped health care practices to reach non-help seeking adolescents via the facilitation of relational experience. 2) Maddie Allman and Carla Sharp (Developmental psychopathology lab, University of Houston) provide evidence on the effectiveness of MISC, a mentalization-based behavioral intervention for vulnerable children in South-Africa. 3) Margaux Schoofs, Melissa De Smet and Reitske Meganck (Ghent University, Belgium) introduce TEJO, a Flemish mental health organization run by voluntary therapists, providing therapy to youth for free, anonymous and as fast as possible. Young patients' perspectives are consulted to understand their reasons for seeking help outside of the regular health care system.

All three presentations and projects address the most vulnerable in society, which in general are not reached by standard mental health care. Thinking outside of the box and from their perspective are centrally advocated. Nick Midgley (Anna Freud Centre; UCL) will be the discussant of this panel and adds insights from public health interventions in the UK. Together, this panel offers an international and lively discussion on research conducted in public health facilities. It will not only present scientific practice-based knowledge but offer a lively discussion on public mental health care, with relevance for policy, health care workers and clinical researchers."

- **Paper: Anonymous, costless, and immediate psychotherapy: a grounded theory study on adolescents' reasons to seek help**

*Main author: Margaux Schoofs (Ghent University)*

*Co-authors: Melissa De Smet, Reitske Meganck*

**ABSTRACT:**

"TEJO (Therapists for youth) is a mental health care organization in Flanders (Belgium), offering low threshold care for youth (age 10-21). Voluntary therapists provide short-term solution focused therapy entirely free of charge, immediate, and anonymous. Established over ten years ago it aims to counterbalance the long waiting lists in the regular mental healthcare system. In this context, we have conducted interviews with adolescents who engaged in therapy. We studied adolescents' experienced complaints and reasons for seeking help.

Method: Semi-structured interviews were conducted with n=19 adolescents and qualitatively analyzed using a grounded theory approach.

Result: Data-analysis resulted in the core category "suffering from an inextricable web of problems". Four categories ((1) slipping away, (2) existential questions and fragile identity, (3) stuck in a roller-coaster, (4) feeling alone but not wanting to be a burden) were discerned relating to the experienced suffering adolescents reported and four categories ((1) own responsibility and solutions, (2) unsafe home and unavailable caretakers, (3) where to fit in among peers, (4) societal context) were identified relating to the influencing factors. A more detailed overview of the adolescents' experience will be presented.

Discussion: Results are discussed in light of the contemporary societal challenges to provide adequate care. We discuss the role of (alternative) organizations as TEJO in the attempt to prevent and treat psychological problems in the Flemish context."

- **Paper: The ECID Project for non-help-seeking adolescents**

**Main author: Mark Dangerfield (Ramon Llull University)**

**ABSTRACT:**

"ECID is a pioneer project in Spain, the first one accepted as part of the Catalan National Health Service (2017) to work with non-help-seeking adolescents and their families: adolescents that present serious mental health problems and important difficulties to attend mainstream services. ECID is a Spanish acronym for home intervention clinical team, designed and developed at the Vidal & Barraquer Foundation (Ramon Llull University, Barcelona).

The project is based on the AMBIT model, Adaptive Mentalization-Based Integrative Treatment (Bevington et al., 2012, 2015 & 2017), and it proposed a shift in our intentions, highlighting the need for the professional to consider what we should change in our own minds, teams, institutions and healthcare network in order to facilitate the establishment of a relationship with the young person who does not expect anything good to come from a relationship with another human being, and much less from a mental health professional. Our main goal is to facilitate a relational experience that allows the development of epistemic trust (Fonagy & Allison, 2014), that can be generalized to the wider relational and social network. The main goal is to offer a relationship in which the young person can revisit the psychological developmental process that leads to a sense of agency and trust, which in turn facilitates mentalization (Malberg, 2013 & 2019). This presentation will offer a synthesis of the ECID project, with emphasis on the care model that supports it, and data from the main indicators of the outcome assessment, that confirm its effectiveness"

- **Paper: The Mediation Intervention for Sensitizing Caregivers: Evidence from South Africa and Adaptations to Families Impacted by Intimate Partner Violence**

**Main author:** *Carla Sharp (University of Houston)*

**Co-authors:** *Madeleine Allman*

**ABSTRACT:**

This presentation will introduce the Mediation Intervention for Sensitizing Caregivers (MISC). MISC is a semi-structured mentalization-based behavioral intervention which uses cognitive and emotional components to promote epistemic trust and learning in children, thus affecting both socio-emotional and cognitive outcomes. We will present our NIH funded research of MISC's impact on child mentalizing capacity as well as mental health outcomes when delivered by laypersons working with orphans and vulnerable children in South Africa. We will also present recent extensions of our work with MISC, including the current adaptation and implementation of MISC in community organization settings with African American mothers who have survived Intimate Partner Violence (IPV). Through this presentation, we will demonstrate MISC's impact on children when delivered by non-specialized laypersons and MISC's transportability across populations and contexts, thereby demonstrating its relevance for public (mental) health.

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**Panel**

## **Neuroimaging in psychotherapy research**

**Friday, June 23rd, 10:00-11:00 - Room: Classroom 3051**

**Organizers & Moderators:** Irene Messina (Universitas Mercatorum)

**Discussants:** *Roberto Viviani (University of Innsbruck)*

**ABSTRACT:**

Although the efficacy of psychotherapy has been largely demonstrated, the understanding of therapeutic change has been only partially achieved by psychotherapy research. Neuroimaging research may contribute to the clarification of mechanisms of change through the investigation of functional changes in brain structures associated with psychotherapy and neural correlates of clinically relevant phenomena. In the present panel, we propose theoretical and empirical contributions that provides new insights to the understanding of psychotherapy mechanisms on the basis of neuroimaging evidence.

- **Paper: The Psychodynamic Psychotherapy and Changes Visible in fMRI.**

**Main author:** *Krzysztof Rutkowski (Jagiellonian University)*

**Co-authors:** *Michał Mielimąka, Anna Sobczak, Tadeusz Marek, Jerzy Sobański, Patrycja Jęda*

**ABSTRACT:**

"The study aims to determine the representation in neuroimaging of mentalstate changes resulting from psychotherapy treatment. The findings of neurobiological research conducted at the Department of Psychotherapy (improvement in prolactin levels and stabilisation of

cortisol levels) corroborate the relationship and the possibility to characterise the representation of biological changes occurring during psychotherapy.

The development of neuroimaging techniques made it possible to demonstrate functional changes which were previously characterised solely by observational methods (mood or behaviour). The treatment procedure which was applied in between the first and second examination was a comprehensive psychotherapy which is a standard treatment procedure for patients with personality disorders. In the first and the final week of treatment the patients will undergo the examination by means of questionnaires and an fMRI scan.

The study will include patients of both genders with the age ranging from 18 who were diagnosed with personality disorders according to ICD-10 or neurotic disorders (F40.0 - F69). All participants gave their informed consent to be part of the study group. The number of findings is 30 patients.

The results showed In general the correlation of activity was higher in T1 comparing to T12. What suggests normalization of the brain activity. The most significant correlations in general has been shown in Thalamus, Hyppocampus, Amygdala - in the areas responsible for emotions, memory and stress response. The resting state functional MRI shows significant changes in specific brain areas after 180 hours of the Psychodynamic Psychotherapy."

- **Paper: Conceptualization of personality severity using neurobiological findings of models of emotion regulation in BPD and the gradient model of brain organization.**

**Main author: Karin Labek (Universität Innsbruck)**

*Co-authors: Irene Messina, Roberto Viviani*

**ABSTRACT:**

In current classification manuals (ICD-11, DSM-5), the diagnosis of personality pathology has been innovated by a shift toward dimensions models and the introduction of the concept of personality disorder severity (PD severity), characterized by impairments in self (identity and self-regulation/impulsivity) and interpersonal functioning (empathy and intimacy). However, theorists and clinicians have discussed BPD as the prototypical picture of PD severity. Here, we will review the functional imaging evidence on two models of the neurobiological mechanisms of BPD and discuss their applicability to PD severity and relevance to psychotherapy approaches. In the first model ("dual process model"), a possible phenotype of emotional instability of BPD has been characterized as the hyperreactivity of the amygdala to arousing stimuli, possibly linked with insufficient cognitive control. The second model refers to disorders of social communication involving inflexible and schematic representations of self and others. This model places overactivations of neural circuits involved in the mirror-neuron-system (emotional contagion) and deficits in the social-cognition-system (perspective taking) at the center of the pathology. Findings of recent connectivity and resting-state studies investigating the cortical brain organization (gradient model of brain organization) have demonstrated the relevance of the interplay of connected core networks of distributed hubs (heteromodal association areas), suggesting a role in controlling the encoding of empathic and/or poor self-other representations. The implications of these models on psychotherapy differ insofar as interventions focusing on improving PD severity might be associated with succeeded top-down control (first model)

and differential recruitment of associative cortical areas involved with handling semantic complexity.

- **Paper: Neural Correlates of Borderline Psychotherapy: a systematic review and meta-analysis**

*Main author: Irene Messina (Universitas Mercatorum)*

**ABSTRACT.**

Psychotherapy is considered the primary treatment for BPD. The history of adaptation of traditional psychotherapy approaches to the specificity of BPD patients has consisted in revisions of available therapies in the direction of more focus on the progressive refinement of the semantic representations that encode one's inner experience and human interactions. Four specific psychological treatments for BPD have been shown to be effective in reducing overall BPD severity: mentalization-based treatment, transference-focused psychotherapy, dialectical behavioural therapy and schema-focused therapy. The aim of the present systematic review and meta-analysis is to summarize neuroimaging studies on the neural correlates of such therapies. Meta-analyses were conducted with the Activation Likelihood Estimation technique, which evaluates the overlap between foci of activation across studies. Data analysis is work in progress. Early results show that neural effects of BPD therapies are located in medial prefrontal, posterior cingulate cortex and temporal areas, accounting for the involvement of a "sense-making" network in the brain.

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**Panel**

## **Therapist technique: Assessment and impact from multitheoretical perspectives**

**Friday, June 23rd, 10:00-11:00 - Room: Classroom 3071**

*Organizers & Moderators:* Lauren Lipner (Long Island University - Post Campus)

*Discussants:* Ueli Kramer (University of Lausanne)

**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 multiple theoretical perspectives, demonstrating their transtheoretical importance. The panel opens with an investigation into the assessment of technique use from a mentalization-based therapy framework. Later, 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.

- **Paper: A mentalization technique subscale for the Multitheoretical List of Therapeutic Interventions (MULTI)**

*Main author: Carla Capone (Chestnut Hill College)*

*Co-authors: Kevin McCarthy*

**ABSTRACT:**

Mentalization has been conceptualized as the ability to reflect on and understand mental states of both self and others, and how one's behavior may be a product of such.

Mentalization-based treatment (MBT) is a manualized, psychodynamically oriented therapy incorporating aspects of both attachment and cognitive theories. The overwhelming majority of instruments that evaluate mentalization interventions within sessions rely on theory or clinical judgment to assess adherence and competency to MBT, or alternatively, capture the patient's point of view of their reactions to the interventions—leaving much room on what behaviors exactly the therapist is deliberately doing. There is currently no measure that aims to look at behaviors by the therapist to specifically increase or assess mentalization within a session. The Multitheoretical List of Therapeutic Interventions (MULTI) is an instrument created to measure varying types of interventions used by clinicians within psychotherapy sessions. A subscale of the MULTI was created based on the MBT-ACS (Katerud, 2013) to assess therapist attempts at improving mentalization capabilities in jargon-free, behaviorally descriptive language. The scale was piloted on videotaped sessions for an RCT for depression.

- **Paper: All that glitters is not Goldilocks: Moments in psychotherapy with low, moderate, and high levels of psychodynamic intervention use**

*Main author: Olivia Romano (Chestnut Hill College)*

*Co-authors: Carla Capone, Kevin McCarthy, Jacques Barber*

**ABSTRACT:**

A curvilinear relation of techniques to the outcome has sometimes been shown in psychodynamic psychotherapy in which both too little and too much dynamic technique use is associated with poorer outcomes than a moderate amount. However, what “moderate” dynamic technique use looks like is undefined. In a sample of patients with depression, sessions of psychotherapy were divided into groups based on their levels of psychodynamic interventions: low, moderate, or high. Using the recursive abstraction, each 5-minute segment in the therapy sessions were qualitatively coded and 4 dimensions (direction, activity, effect, and intensity) were created to describe the changes in process and climate over the sessions. Quantitative measures of interventions, alliance, alliance rupture and session climate for each 5-minute segment were also used to augment the process descriptions. Results showed that moderate intervention usage produced both tension and depth in the session while maintaining a quality alliance. Sessions with a moderate level of intervention also were comprised of moderate levels of all four factors. Differences in the process variable profiles of the low, moderate, and high for all variables will be further discussed.

- **Paper: The impact of therapist responsiveness on alliance rupture resolution and premature treatment termination**

**Main author: Lauren Lipner (Long Island University - Post Campus)**

*Co-authors: Benjamin N. Johnson, Nili Solomonov, Adelya Urmanche, Catherine F. Eubanks, J. Christopher Muran, Jacques Barber*

**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.

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Panel **CE**

## **Using the Multicultural Orientation Framework to Address Racism in Psychotherapy and Supervision**

**Friday, June 23rd, 10:00-11:00 - Room: Classroom 3126**

*Organizers & Moderators: Andres E. Perez-Rojas (Indiana University Bloomington)*

*Discussants: Jesse Owen (University of Denver)*

**ABSTRACT:**

In recent years, various governments and organizations have called upon mental health professionals to address the public health impacts of racism and other systems of oppression on their clients or patients (e.g., Office of Minority Health and Health Equity, 2021). The Multicultural Orientation (MCO) Framework offers an empirically based model for how psychotherapists and supervisors may address this important call through their psychotherapy and supervision work (Davis et al., 2018; Owen, 2013; Wilcox et al., 2022).

Simply put, the MCO framework advocates for approaching interactions with clients and supervisors with an attitude of cultural humility, a sense of cultural comfort, and attention to cultural opportunities. The present panel includes three presentations of empirical studies into various aspects of the MCO framework. The first (Bartholomew) is a retrospective study that examines the effects of therapists engaging Black clients in conversation surrounding anti-Black racism on clients' perceptions of their therapists' cultural humility, cultural comfort, and attention to cultural opportunities; working alliance; and treatment progress. The second (Drinane & Foster) is a simulation study of whether White therapists pursue opportunities to address White clients' racial bias and whether they express cultural comfort when doing so. The final presentation (Wilcox) summarizes findings from mixed methods research on how the MCO framework can serve as a strong foundation upon which to facilitate clinical supervision that centers anti-racism and anti-oppression. The presentations and the MCO framework will be discussed by Dr. Jesse Owen, a highly prominent psychotherapy theoretician and researcher.

- **Paper: Black Clients' Experiences of Therapists' Cultural Comfort and Discussions of Anti-Black Racism**

*Main author: Theodore T. Bartholomew (Scripps College)*

**ABSTRACT:**

Anti-Black racism is often overlooked in predominantly White spaces like psychotherapy, even though such persistent racial trauma can influence the psychological health of Black people seeking treatment. Discussing anti-Black racism, according to therapists, may be more effective when they are culturally comfortable (Bartholomew et al., 2022), a construct known to predict distress reduction (Bartholomew et al., 2020). Attention to anti-Black racism with a sense of cultural humility, comfort, and openness (Multicultural Orientation; Davis et al., 2018) may be important for Black clients; however, scholars have not asked if therapists' discussing anti-Black racism is associated with greater cultural comfort. We recruited participants (N = 148) who identified as Black and were currently receiving or had received psychotherapy within the last year. We asked participants (predominantly women; Mage = 42) if they had discussed anti-Black racism with their therapists. For those who had (n = 89; 58%), we inquired who initiated these conversations. Participants completed measures of working alliance, cultural comfort, cultural humility, cultural missed opportunities, and treatment progress. Comfort, humility, and missed opportunities were significantly correlated to perceived treatment progress as expected. No significant differences for alliance, comfort, humility, or missed opportunities were found when comparing those who did versus did not discuss anti-Black racism with therapists. However, participants who discussed anti-Black racism with their therapists reported the lowest cultural comfort when therapists initiated these conversations. Findings, including our finding that comfort did not vary by group as predicted, will be discussed in relation to therapy as a predominantly White space.

- **Paper: Antiracism in action: Patterns of therapist responding and a new way of operationalizing cultural (dis)comfort**

*Main author: Joanna M. Drinane (University of Utah)*

*Co-authors: Emma Foster*

**ABSTRACT:**

Structural and interpersonal racism are fundamental causes of health inequities and disparities (Office of Minority Health and Health Equity, 2021). This truth has shaped the emerging stance of the APA that psychologists should be active participants in combatting racist ideology; however, little is known about how antiracist behaviors are exhibited in psychotherapy and if those behaviors are associated with greater levels of cultural comfort on behalf of therapists (Owen et al., 2017; Pérez-Rojas et al., 2019). This study will be the first to examine how and if white therapists pursue cultural opportunities (e.g., Owen et al., 2016) to engage with expressions of racial bias made by white clients in simulated psychotherapy interactions. Therapists will be video recorded as they respond in vivo to three video simulations of clients (two that are neutral and one that involves a racial microaggression as defined by Sue et al., 2007). Responses will then undergo a process of behavioral coding. Each will be categorized based on if it directly challenges the biased content, if it addresses the content without a challenge, if it avoids the content, or if it affirms the content. We will then examine the associations between patterns of responding and therapist cultural comfort/discomfort (measured objectively via the encoded arousal/phonetics of the vocal recordings). Estimates will be generated via the Praat speech analysis software (Boersma & Weenink; 2005). Implications for research and practice focused on the link between antiracism and multicultural orientation will be discussed.

- **Paper: Multicultural Orientation: Foundational to Addressing Systemic Oppression in Clinical Supervision**

*Main author: Melanie Wilcox (Augusta University)*

**ABSTRACT:**

Recent research has demonstrated that MCO and its pillars—cultural humility, cultural comfort, and cultural opportunities—are important not only to psychotherapy, but also clinical supervision (e.g., Cook et al., 2020; Drinane et al., 2021; King et al., 2020; Wilcox et al., 2022). In a recent survey of BIPOC supervisees (N = 116) who were receiving supervision from a White supervisor, regression analyses demonstrated that cultural humility and cultural comfort were significantly, positively related to the supervisory alliance, supervisory satisfaction, and supervisee willingness to disclose. Further, in a subsample (N = 102) that completed a racial microaggressions measure, cultural humility was found to mediate the relationships between racial microaggressions in supervision and the supervisory alliance and supervisory satisfaction. In a critical incidents analysis of qualitative responses, supervisees' (N = 103) positive critical incidents included supervisors fostering an understanding of systemic power and oppression, whereas negative critical incidents included not addressing oppression and feeling as though the onus was on the supervisee to initiate discussions of culture and oppression. As scholars have increasingly called for psychotherapeutic approaches that center not on identity but on antiracism and anti-oppression (e.g., Wilcox, 2021), I argue that the pillars of MCO serve as a strong foundation upon which to facilitate antiracist- and antioppression-centered supervision. The presenter will draw on these most recent findings on MCO in supervision and recent advances in antiracist and antioppressive approaches to address how cultural humility,

cultural comfort, and cultural opportunities can facilitate culturally- and structurally-responsive supervision and training.

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## Panel

### **New perspectives on improving long-term mental care for people with depression**

Friday, June 23rd, 10:00-11:00 - **Room: Classroom 4050a**

*Organizers & Moderators:* Hannah Savion Hesse (University of Zurich)

*Discussants:* Thomas Berger (University of Bern)

#### **ABSTRACT:**

"Depression is still one of the leading causes of disability worldwide, increasingly affecting the lives of millions of people. While the majority of patients with depression benefit from psychotherapeutic treatment, many fail to maintain their treatment gains after treatment termination in the post treatment phase or do not even receive treatment according to guidelines. Considering the chronic or recurrent course of depression and given the personal, societal, and economic impact of depression, there is a need to optimize existing health care practices by facilitating access to care and tailor treatments to individual needs of patients.

This panel gives a comprehensive overview of promising approaches to improve long-term mental care for people with depression in different treatment settings.

Firstly, Mara Söker will focus on psychopathological knowledge of recurrent depression and provides a fine-grained analysis of symptom network structures and their predictive values regarding relapse within twelve months in patients with depression.

The second presenter, Maximilian Wilhelm, conducted a simulation study to highlight the potential of strategies to reduce the burden of depression from a macro perspective and to better understand the complexity of the healthcare situation and its potential for public health.

In a third contribution, Savion Hesse will talk about psychological target mechanisms to improve motivation in patients with depression to continue with relapse preventive self-management behavior even after the end of psychotherapy.

This will be followed by Thomas Berger as a discussant."

- **Paper: Expanding our psychopathological knowledge of recurrent depression: An analysis of associated network properties**

**Main author:** Mara Sophie Söker (Center for Psychotherapy Research, Heidelberg University Hospital)

**Co-authors:** Markus Wolf, Markus Moessner, Stephanie Bauer

#### **ABSTRACT:**

"Objective: The medical model is still the dominant disease model for mental disorders. The model assumes a latent variable that causes a disorder's symptoms. Despite its merits, this

model does not allow to deduce interventions. Network models of psychopathology overcome this shortcoming, and postulate that the patterns of reciprocal relationships between symptoms constitute the pathology. This study explores symptom network structures and their predictive values in patients with recurrent depression.

Methods: Data from N=232 patients with recurrent depression that participated in a clinical trial (SUMMIT) are analyzed. Network structures of depressive symptoms at discharge assessed via PHQ-9 and BDI-II are computed, and compared between patients that experience a relapse and those who remain in remission within 12 months after inpatient treatment. Stability of network parameters is explored with bootstrapping. Group differences are tested with permutation tests.

Results: Patients suffering from recurrent depression display very dense symptom networks. Differences in network structures between patients that relapse in the twelve months after discharge and those that stay in remission will be presented. The "relapse-group" shows a more densely connected network structure. Yet, most tests fail statistical significance. Both questionnaires (PHQ-9 & BDI-II) show consistent and comparable patterns of network structures.

Discussion: The study expands our knowledge of the psychopathology of recurrent depression. Most promising network properties and network differences will be highlighted and discussed. Perspectively, knowledge about the psychopathology of mental disorders will provide a starting point for the identification of treatment targets and intervention strategies."

- **Paper: Pinpointing the potential of strategies to reduce the burden of depression: a simulation study**

**Main author: Maximilian Wilhelm (Center for Psychotherapy Research, Heidelberg University Hospital)**

*Co-authors: Markus Wolf, Markus Moessner, Stephanie Bauer*

**ABSTRACT:**

"Objective: Depressive disorders are the leading cause of disability worldwide. Despite great efforts in the recent decades, the disease burden caused by depression is not decreasing. It is therefore of utmost importance to better understand the complexity of the healthcare situation and its potential for public health.

Method: A simulation study was conducted to pinpoint the potential of different strategies to reduce the population's disease burden caused by depression. Due to large variability, psychotherapy system-specific parameters were based on the German healthcare system. The main outcome measure was defined as the proportion of months spent in depression.

Results: Currently, the healthcare system reduces the disease burden by about 9.5% (95% confidence interval [CI] = 9.2%; 9.7%). A majority (83.2%) of depression-related impairment is caused by chronic cases. However, the current healthcare system prevents only 6.5% (CI = 6.2%; 6.7%) of disease burden among chronic cases.

From a public health perspective, the greatest potential for reducing the burden of depression lies in improving the reach of services.

Discussion: The current situation is far from satisfactory. Increasing dissemination of existing treatment services is not only more promising but also more realistic than increasing their effectiveness. The large proportion of the disease burden related to chronic cases magnifies the need for innovative long-term treatment strategies. The model provides valuable basis

for discussion and decision-making by simulating the interplay between the complex nature of depression and the healthcare system."

- **Paper: Can the past predict the future? - Prediction of future depression self-management behavior through past behavior and motivation**

**Main author: Hannah Savion Hesse (University of Zurich)**

*Co-authors: Birgit Watzke, Markus Wolf*

**ABSTRACT:**

"Background: In order to prevent relapse and to facilitate the transition from therapy to daily life, depression self-management behaviors (DSMB) are elaborated and practiced in psychotherapy. Following the Health Action Process Approach (HAPA), motivational factors such as intention play an important role in the implementation and maintenance of relapse-preventive behaviors after treatment and research has indicated that past behaviors significantly attenuates the intention-behavior relationship.

Drawing on the HAPA, the aim of this study was to explore the role of past DSMB and model factors (self-efficacy expectation, outcome expectancy, perceived risk of relapse) on the implementation of DSMB six months after psychotherapy termination.

Methods: This study used longitudinal data from a multicenter RCT (N=201; 68% female; 19-75 years). Patients diagnosed with a chronic or recurrent depression who had responded and showed at least partial remission following acute-phase psychotherapy, answered standardized questionnaires on motivational factors and DSMB at treatment termination and 6-month follow-up. Structural equation modeling (SEM) is used to test the assumed relationships between past DSMB, self-efficacy expectation, outcome expectation and perceived risk of relapse on implementation of DSMB.

Results: SEM analyses showed good model fit based on the included parameters. The full model with hypothesized predictions among the model constructs regarding DSMB will be presented.

Discussion: Transferability of the model regarding the implementation of DSMB in at-risks patients at risk for relapse will be discussed under the model assumptions. The identification of clinically relevant motivational targets can inform psychotherapy and contribute to our understanding of predictors of relapse."

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**Panel**

## **Clients' judgments and beliefs on the adherence to online mental health services**

**Friday, June 23rd, 10:00-11:00 - Room: Classroom 4050b**

*Organizers & Moderators: Sofia Jacinto (University of Bern) João Braga (Catolica Lisbon School of Business and Economics)*

**ABSTRACT:**

Great efforts have been invested into developing tools that provide online mental health interventions, however little attention has been paid to the processes underlying clients'

judgments and decisions to adhere to these services. Focused on client's agency in their self-help decisions, this panel presents research exploring some of the assumptions guiding online mental health interventions strategies. Particularly, it provides evidence and a theoretical understanding of how clients' intuitions and beliefs interact with specific features of the online context. Three research papers, use different experimental paradigms that manipulate the online or offline nature of the health context and ask participants to imagine they need support to improve their health. In this setting three assumptions papers tested the assumption that: 1) the more personalized, the better; 2) the more gamified, the better; and 3) higher personal contact is always better. To better understand the impact of beliefs of mental illness and perceived risk, paper 1 examines the requirement of sharing information and clients' privacy concerns in the perceived usefulness and adherence of an online psychotherapy service. Paper 2, uses causal attribution theory to investigate the role of providing external rewards to encourage the use of a self-help intervention and how it interacts with beliefs that traits and/or symptoms are malleable. Paper 3 explores how psychological distance induced by the online context and the social identification between clients and therapists. Implications for the development of guidelines for new intervention formats and clients' new needs are discussed.

- **Paper: The more they know, the better? The role of personalization and data sharing concerns on the adherence to online psychotherapy services**

**Main author:** *Carolina Barros (Faculdade de Psicologia da Universidade de Lisboa)*

**Co-authors:** *Sofia Jacinto, João Braga*

**ABSTRACT:**

In an attempt to match face-to-face therapies, online self-help interventions aim for personalized services based on the assumption that collecting personal data will increase perceived trust and effectiveness of the service (Evans & Krueger, 2009; Wu et al., 2011). However, this general assumption neglects potential moderators of clients' perceived risk of sharing personal data with an app including the behavioral or biometric nature of the data or clients' feelings and emotional states. In two experimental studies, using a fictitious scenario of a mental health app that allows clients to find a psychotherapist, we test the hypotheses that the perceived benefits of personalization and adherence to online psychotherapy is impacted by their self-stigma on mental illness stigma and that this effect is reduced when participants are self-affirmed. Study 1 shows that privacy concerns lead to lower trust and perceived usefulness of the app, but that this effect is reduced when the service is personalized (vs. no-personalization). Study 2 tests if personalization has a lower benefit when shared data is potentially threatening for clients' self-image, such as sharing stigmatizing behaviors (e.g., anti-social behaviors; high severity of symptoms). It further tests if inducing a state of self-affirmation reduces the impact of sharing concerns in the perceived useful and adherence to personalized online interventions. The implications of requesting personal information in the development of online services are discussed.



- **Paper: Gamification for emotional change: The impact of extrinsic rewards and perceived malleability of symptoms in internet-based self-help interventions' usefulness**

**Main author:** *Sofia Jacinto (University of Bern)*

**Co-authors:** *João Braga, Carolina Barros*

**ABSTRACT:**

Most self-help and mental health online interventions face significant reduction of its use within few weeks. To overcome this issue, several mental healthcare apps have been using gamification as a strategy to encourage their clients to have a regular use (Fleming, et al., 2017). However, evidence on the benefits and processes of gamification is scarce, especially for psychological well-being. In this research, it is argued that the benefits of the reward system of a gamified mental healthcare service depend on the client's attributional beliefs, including the beliefs that traits, symptoms and mental health conditions are controllable and malleable (not stable) (Plaks et. al., 2009; Weiner, 1988). Two experimental studies, presenting fictitious scenarios, test the hypothesis that gamification using extrinsic rewards, such as points (vs. intrinsic rewards, feelings) lead to lower perceived usefulness and adherence of an app focused on reducing daily anxiety. Study 1 further suggests that social comparison leads to lower help-seeking intentions and lower perceived effectiveness than individual comparison. Study 2 tests that short-term rewards lead to higher confidence in the service and to higher self-efficacy than long-term rewards, but that this effect is impacted by salience of the belief that symptoms (seen as traits) are malleable and controllable. Implications for monitoring of clients' progress and self-check are discussed.

- **Paper: Remote care contexts: The effects of psychological distance of online contexts and social identity on help-seeking intentions**

**Main author:** *João Braga (Catolica Lisbon School of Business and Economics)*

**Co-authors:** *Olivia O'Dwyer, Sofia Jacinto*

**ABSTRACT:**

The emergence of internet-based mental health services increased access of vulnerable populations to health care services. However, the online context may have compromised the relationship between clients and therapists, which promoted the development of online solutions that try to integrate human contact. The present research explores how the psychological distance imposed by the online context may reduce social asymmetries between clients and therapists (Trope et al., 2007). Specifically, it is expected that the online context will reduce the impact of social identification (Hogg, 2003) between the client and the therapist in clients' trust, perceived empathy and legitimacy of the therapist's recommendations. This hypothesis is tested in three experimental studies that manipulate whether the contact with the healthcare provider takes place online or in-person. Study 1a shows that in online contexts clients show lower trust in the healthcare professional than in in-person contexts. Study 1b shows that among POC women, this effect interacts with the doctors identity as POC or White person, demonstrating the higher importance of social identification when the contact is in-person vs. online. Study 2 further tests whether this effect depends on the centrality of the clients' social identity and whether the effect of social distance on the judged therapists' empathy and reliability relies on the perceived asymmetry

between clients and healthcare providers. Implications for training of good practices on inclusivity are discussed in blended therapies are discussed.

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#### Panel

### **Complexity science in psychotherapy – Consequences and engagement in public mental health**

Friday, June 23rd, 10:00-11:00 - **Room: Classroom 4097**

*Organizers & Moderators:* Johannes C. Ehrenthal (University of Cologne)

*Discussants:* Guenter Schiepek (Paracelsus Medical University)

- **Paper: Commitment and compliance in using high-frequency feedback in public mental health (inpatient and outpatient settings)**  
*Main author: Yvonne Hülsner*  
*Co-authors: Rosa Michaelis, Günter Schiepek*
  - **Paper: A complexity science based adaptive delivery of psychotherapy in mental health services**  
*Main author: Franco Orsucci (University College London)*
  - **Paper: Connection in dynamics of metasupervision, supervision and psychotherapy process by using synergetic navigation system method (SNS)**  
*Main author: Nusa Kovacevic*  
*Co-authors: Tatjana Rozic, Miran Mozina.*
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#### Panel

### **Depression studies in Asia: Taiwan, Japan and Korea**

Friday, June 23rd, 10:00-11:00 - **Room: Classroom 5012**

*Organizers & Moderators:* Eunsun Joo (Duksung Women's University)

*Discussants:* Gaby Shefler (Hebrew University Jerusalem)

#### **ABSTRACT:**

This panel includes three research papers, "A qualitative study on Taiwanese people's experiences of depression: SPRISCAP Collaborative Project on depression" which is a part of The Society for Psychotherapy Research Interest Section on Culture and Psychotherapy (SPRISCAP) Collaborative Project. This study explored the experience of depression in Taiwanese people. The second paper was conducted by the same research team which is "The subjective experience of depression in Taiwanese adults the sample of Japanese adults". This research compared Taiwanese and Japanese participants' experience of depression and focused the commonalities and differences between two groups. The third

paper which is "A Study on the Depression and Related Variables of Twenties Youth in Korea -Suggestions for New Normal Psychological Support-" explored how a long-term epidemic of COVID-19 has affected the mental health of people in their 20s and the actual effects of psychological intervention in South Korea. In this panel, we will be able to learn how similarly, yet differently depression is experienced by people from three different Asian countries. The importance of cultural sensitivity in psychotherapy will be emphasized by closely examining peoples' psychological experience who are often considered to share similar cultural background. In discussion, we hope to share ideas for customized psychological support suitable for the different group and furthermore new normal environment, such as influence of COVID-19. Suggestions on changes in the mental health welfare delivery system to increase accessibility to the vulnerable segments and provide effective psychotherapy suitable for those with target characteristics will be explored.

- **Paper: A qualitative study on Taiwanese people's experiences of depression: SPRISCAP Collaborative Project on depression:**

*Main author: Ayumi Goto (Ochanomizu University)*

*Co-authors: Shigeru Iwakabe, Ling-wen Hsu*

**ABSTRACT:**

As a part of The Society for Psychotherapy Research Interest Section on Culture and Psychotherapy (SPRISCAP) Collaborative Project, this study explored the experience of depression in Taiwanese people. Our team conducted semi-structured interviews with 10 adults (4 male and 6 female: Average age = 27.2, SD =2.56) who had suffered from depression and recovered within last three years. The transcribed data was analyzed using grounded theory approach. Currently the analysis is in progress. Tentative categories include 1. "Something is wrong: Noticing manifestation of Physical symptoms" 2. Overwhelmed with the changes in life 3. Agonizing for one's life being out of control. 4. Not being understood or acknowledged by family 5. Help seeking from friends, colleagues, and medical professionals. 6. Getting to know myself and not letting myself left behind. 7. Transformation: Expanding and growing. For most of Taiwanese participants, the onset of depression was changes in the environment (school and work) including the impact of Covid-19. Their suffering was closely related to the interaction with their own family members and the stressful events that required changing their life plans. They learned about themselves by confronting their vulnerabilities in the process of recovery. Participants later went through reconstructing self-identity. Pressure from their family and relatives and changes in living situations were central to their depressive experience. Cultural implications will be discussed in relation to findings from other countries.

- **Paper: Experience of depression in Taiwanese and Japanese**

*Main author: Ling-wen Hsu (Ochanomizu University)*

*Co-authors: Shigeru Iwakabe, Ling-wen Hsu*

**ABSTRACT:**

The goal of this study was to compare subjective experience of depression in Taiwanese adults the sample of Japanese adults. Semi-structured interviews were conducted with 10

Taiwanese adults and 12 Japanese adults. Participants were depressed in the past and were at the time of interview in a full remission. The interview data was analyzed using grounded theory approach. Both Taiwanese and Japanese participants shared similar experiences. They first noticed physical and psychological symptoms, felt surprised and overwhelmed, felt loss of purpose and motivation, and sought professional help. However, Taiwanese participants disclosed their depression with their peers, and did not experience as much stigma as Japanese participants. In addition, most Taiwanese participants believed that their depression was due to external and situational factors. In contrast, the Japanese participants were more likely to blame themselves for depression and experienced shame, though they also acknowledged external factors. Taiwanese participants were very concerned how their parents would react, which might have contributed to exacerbating their depression. On the other hand, Japanese participants did not share the same concern. Finally, the Taiwanese participants appreciated mental health experts' help, while not all the Japanese participants hold positive opinions toward their professional careers. Although two societies are culturally very similar, there are some differences in their experiences. Shame was pervasive among Japanese experience of depression, while Taiwanese participants reported hopeless and dissatisfaction with their environment and discordance with their parents. Social and cultural factors influencing these two groups will be discussed in relation to psychotherapy practice.

- **Paper: A Study on the Depression and Related Variables of 20s Youth in Korea**

**Main author: Ho-won Ahn (Duksung Women's University)**

*Co-authors: Hee-jin Kim, Eunsun Joo*

**ABSTRACT:**

The long-term epidemic of COVID-19 has added to the anxiety and stress of young people in their 20s, who are performing developmental tasks on self-identity formation and career path. As such, there is a new social relations paradigm where online and offline interactions coexist, and new methods need to be considered to increase the accessibility and effectiveness of psychological support services. This study examines how COVID-19 has affected the mental health of people in their 20s and the actual effects of psychological intervention in South Korea. Participants in the study were those directly/indirectly affected by COVID-19, working in related areas, exposure risk groups or resident. Recruitment to participate was done using kiosks, tablet PCs and mobile homepages. Excluding insincere responses, a total of 163 young people in their 20s responded to the study. Results of verifying the difference between depression and related variables in 2021 and 2022, confirmed that post-traumatic stress disorder and depression self-diagnosis increased statistically significantly in 2022. Changes in psychological indicators after psychotherapy intervention will be analyzed through the paired t-test. In addition, groups will be divided into depression clinical and non-clinical groups, and psychological indicators will be analyzed using logistic regression. Based on the results, we intend to provide basic data to customized psychological support suitable for the new normal environment. Furthermore, we would like to make suggestions on changes in the mental health welfare delivery system to increase accessibility to the vulnerable segments and provide effective psychotherapy suitable for those with target characteristics

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## Panel

### **Therapeutic relationship: Contexts, moments, and challenges**

**Friday, June 23rd, 10:00-11:00 - Room: Classroom 4053**

*Organizers & Moderators:* Daniel Espinosa-Duque (Universidad CES; Millennium Institute for Research in Depression and Personality (MIDAP))

*Discussants:* Mariane Krause (Pontificia Universidad Católica de Chile | Millenium Institute of Research on Depression and Personality)

#### **ABSTRACT:**

"The therapeutic relationship has an important role in interventions and in psychotherapy research. This panel will present different studies of the psychotherapeutic process that seek to know the characteristics and elements that influence the establishment of the therapeutic relationship in different types of settings and patients.

Initially, Fernandez et al. will present a qualitative research about the characteristics of the therapeutic relationship in a postpartum depression prevention program based on text and video messages. The results show a high satisfaction in the relationship with the psychologist and the perception of having received emotional support and positive feedback.

Subsequently, Espinosa et al. will present a qualitative study on the psychotherapeutic relationship in institutional contexts. It presents some dimensions that allow understanding the elements of the therapist, the patient and the setting that facilitate the implementation of clinical interventions.

Third, Morales et al. will present a process study with relevant episodes of psychotherapy, in which they characterize the interaction between the BPD patient and the therapist. The results show different Modes of Mental Activity in the patients according to the moments of the therapy.

The presentations will emphasize the characteristics of the therapeutic relationship in different contexts and the specific challenges that the relationship has in the different settings and moments of the interventions.

Finally, Mariane Krause will discuss the clinical implications of the studies and the projection of these researches to optimize interventions."

- **Paper: Exploring the therapeutic relationship in a WhatsApp-based intervention for postpartum depression prevention**

*Main author: Olga Fernández (Universidad de Chile and Millennium Institute for Research in Depression and Personality)*

*Co-authors: Nicolle Alamo, Sofia Fernández, Francisca Pérez, M. Ignacia García, Carola Pérez, Soledad Coo*

**ABSTRACT:**

"Background: The growth of information technology and the rapid proliferation of the Internet have prompted the development of psychological interventions provided via online platforms or smartphone applications. Despite the above, some studies conducted during the pandemic showed that psychotherapists experienced some difficulty in establishing emotional and empathic communication with their patients, hindering the therapeutic relationship (TR). A therapeutic relationship may be more difficult to establish when there is only asynchronous written communication between the health professional and the user.

Aim: to elucidate whether it is possible to establish a therapeutic relationship between the facilitating psychologist and the users of a post-partum depression prevention program through text and video messages.

Method: Qualitative interviews were conducted with 12 of the 55 first-time mothers, users of Primary Health Centers in Santiago de Chile, who completed the intervention. The information was analyzed by expert coders following the procedures of the Grounded Theory.

Results: Mothers showed high appreciation and satisfaction in the relationship with the facilitating psychologist in charge of implementing the intervention. Most of the women (90%) mentioned that the messages provided them with emotional support and positive feedback, both as individuals and regarding their concerns and insecurities in their maternal role.

Discussion: Study showed postpartum women seem to perceive a strong helping-caring relationship with the facilitating psychologist through text and video messages, while never meeting face to face, and communication was asynchronous. In the future is importance to investigate the personal characteristics and emotional responsiveness of the facilitator and their written communication style."

- **Paper: Facilitators and limitations of the therapeutic relationship in institutional context from the patient's perspective**

**Main author: Daniel Espinosa-Duque (Universidad CES; Millennium Institute for Research in Depression and Personality (MIDAP))**

*Co-authors: Diana Ocampo*

**ABSTRACT:**

"Background: Psychotherapy in institutional context has significant challenges, especially due to characteristics of the patients, sessions frequency and duration, dropout rates and capacity of the services. Some of these elements can affect the therapeutic relationship, and this influences the characteristics of therapeutic process and its outcome.

Aim: Identify the factors that influence the psychotherapeutic relationship in institutional context from the patient's perspective.

Method: Forty qualitative interviews were conducted with adult psychotherapy patients at a Health Institution in Medellín, Colombia. An analysis based on Consensual Qualitative Research (CQR) was carried out, identifying domains, core ideas and analytical categories.

Results: Facilitators associated with the patients, the therapists and the conditions of the setting were identified, such as the feeling of openness, willingness, trust, flexibility,

fulfillment of expectations and motivation. These elements generated sensations of comfort, connection and trust. In addition, supported the consolidation of an available, close, and friendly bond. On the other hand, distrust, disagreement with therapeutic actions, economic limitations, institutional problems, or the sensation of superficiality of the dialogue were associated with disconnection feelings.

Discussion: Conceptualizing the factors that influence the therapeutic relationship makes it possible to identify the contextual challenges of interventions and develop strategies to improve adherence, optimize change processes, and offer more relevant interventions."

- **Paper: Patient-therapist interaction in change and stuck episodes in the psychotherapeutic process of patients with borderline personality disorder**

**Main author: Irma Morales-Reyes (Universidad UNIACC)**

*Co-authors: Pamela Foelsch, Mariane Krause*

**ABSTRACT:**

"Background: There is a consensus that borderline personality disorder (BPD) is characterized by alterations in self-identity, marked emotional dysregulation, and impulsivity, which leads to a tendency to establish difficult and chaotic interpersonal relationships, which often hinders the therapeutic process and its results.

Aim: Characterize relevant episodes of the therapeutic process based on the interaction between the patient and the therapist in patients with BPD.

Method: The first 20 treatment sessions of 3 psychoanalytically oriented psychotherapeutic processes supervised as part of a clinical study were analyzed using a methodology for the identification of relevant episodes of change (CE) and stuck (SE) in order to characterize the interaction between patient and therapist by coding the Modes of Mental Activity (MMA), establishing similarities and differences between the episodes.

Results: The results show that in the CE, the intensity and dominance of the patient's reflexive MMA is greater than that of the reactive or rational MMA, while in the SE the opposite occurs. In the therapist, the dominance of reflective MMA is higher than that of reactive and rational MMA in both types of episodes. However, the intensity of reactive MMA is higher in SE than in CE.

Discussion: The clinical implications of these results and the limitations and projections of this investigation are discussed."

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**Panel**

**Explorations in online psychotherapy: expectancy, credibility, outcome and process during and after pandemic**

**Friday, June 23rd, 10:00-11:00 - Room: Classroom 4012**

*Organizers & Moderators:* Arianna Teti (University of Palermo), Gianluca Lo Coco (University of Palermo)

*Discussants:* Omar Gelo (University of Salento; Sigmund Freud University, Wien)

**ABSTRACT:**

"Social distancing to prevent the COVID-19 forced most training centers to offer online psychotherapy (OP). Telemedicine had not been regulated in Brazil until the pandemic.

Objective: to identify patients, therapists and supervisors' perceptions (by building a scale) about the OP and its association to social support, personality dimensions; therapeutic alliance (TA) and suicide risk.

Methods: the online sample of this longitudinal naturalistic study consisted of 185 individuals, 129 patients, 20 therapists, and 35 supervisors from 5 psychotherapy training institutions in the south of Brazil.

Results: The scale of perceptions about OP showed good psychometric properties: Cronbach's alpha=0.90; differentiated patients, therapists, and supervisors in the domains of disadvantages ( $p = 0.001$ ) and advantages ( $p = 0.001$ ), and global scale ( $p = 0.001$ ); presented good fit of data in the confirmatory factor. 41 (44%) patients showed suicidal behavior, 62 (66%) considered their personal relations satisfactory or indifferent. Social relations decreased suicidal behavior in 26% (IC 95%: 0.61-0.89  $p=0.002$ ). Personality dimensions in the patients who Started face-to-face therapy and shifted to OP (N=65) explained 15.16% of the variance of the TA. Also, those who started OP (N=19), 43.40% of the variance in TA was explainable by personality dimensions.

Discussion: Our results might help to minimize negative implications of the OP and identify suitable conditions where this would have better benefit."

- **Paper: Perceptions about online psychotherapy after the shift from face to face during the COVID 19 pandemic: a multi-center study**

**Main author:** Neusa Sica Da Rocha (Hospital de Clínicas de Porto Alegre (HCPA); Universidade Federal do Rio Grande do Sul (UFRGS); I-QOL: Innovations and interventions for quality of life research group)

**Co-authors:** Igor Londero, Cleonice Zatti, Josiane Maliuk

**ABSTRACT:**

During the COVID-19 pandemic, depression prevalence has worsened, and internet-based intervention become a possible solution. Blended therapy has been suggested as a possible treatment, as it combines face-to-face sessions with online modules. The results of its effectiveness have been promising; however, little is known about the change mechanisms, namely the outcome expectation and the client's perspective on change. The present study has two aims: a) explore the predictive effect of the treatment setting and baseline client characteristics on the pretreatment treatment credibility and outcome expectations; b) analyze the client's perspective on the changes that occurred during blended therapy. For the first aim were collected 134 clients from two treatment setting blended-pilot study and from routine practice. All clients completed the Credibility/Expectancy Questionnaire (CEQ), to outcome expectation, the Patient Health Questionnaire (PHQ-9), and Beck Depression Inventory–II (BDI-II) to assess depressive symptoms at baseline. Baseline client characteristics data were also collected. In the second aim was to analyze a case study treated with blended therapy in primary health care. The client's perspective was analyzed in



the pretreatment with the CEQ, following the procedures of the blended pilot study, and the perspective of the changes was accessed through the Change Interview in a follow-up session. Throughout the process and in the follow-up sessions the client was monitored with measures of depression. This is an ongoing study. Results and clinical implications of our results will be presented and discussed at this venue.

- **Paper: Client's pretreatment outcome expectation and perspective of the change process in blended treatment.**

**Main author: Sara Silva (University of Maia; University of Porto)**

*Co-authors: João Salgado, Carla Cunha*

**ABSTRACT:**

"There is still scarce evidence regarding effectiveness of online brief psychodynamic psychotherapy conducted in public health services. This study aims to compare the effectiveness of the Dynamic Interpersonal Therapy (DIT) for anxiety and depression conducted online with the same treatment (DIT) provided in presence. Fifty patients (87.1% females, Mage=26.7±7.6) were enrolled and divided into the two study conditions: online and face-to-face treatment. Each patient attended 16 sessions of DIT in an Italian Public Health Service, provided by 14 therapists (92.9% female, age range 32-58) trained as DIT Practitioner who, in the online condition, used an ad hoc video conferencing room which also contained tools to assess outcome (pre-post change) and treatment monitoring (session-by-session changes). Outcome was assessed through patient's self-report: Clinical Outcomes in Routine Evaluation-Outcome Measures (CORE-OM), Inventory of Interpersonal Problems (IIP-32), and through clinician's assessment: Hamilton Depression and Anxiety Rating Scales (HAM-D, HAM-A). Session-by-session changes were monitoring through General Anxiety Disorder-7 (GAD-7) and Patient Health Questionnaire (PHQ-9). Preliminary results on online group show a significant reduction of symptoms at the end of therapy, as reported by patients (CORE-OM  $t=2.68$ ,  $p=.012$ ), and clinicians (HAM-D  $t=5.51$ ,  $p<.01$ ; HAM-A  $t=5.34$ ,  $p<.01$ ). Outcome monitoring shows a significant decreasing trend of anxiety (GAD-7,  $r=-.20$ ,  $p<.01$ ) and depressive symptoms (PHQ-9,  $r=-.18$ ,  $p<.01$ ) with a logarithmic shape ( $R^2=0.86$  and  $R^2=0.82$ , respectively). Further results regarding the comparison between the two study conditions will be presented.

The study provides evidence of effectiveness of DIT and the sheds light on the pattern of symptom change in brief psychodynamic therapies"

- **Paper: A longitudinal investigation of online Dynamic Interpersonal Therapy (DIT) for anxious and depressed patients in an Italian Public Health Service.**

**Main author: Arianna Teti (University of Palermo)**

*Co-authors: Simonetta Della Scala, Anna Pisterzi, Salvatore Gullo*

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Friday, June 23rd, 2023, 11:00 - 12:00 (IST)

#### Structured Discussion

### Senior psychotherapy researchers share transformative moments in their career

Friday, June 23rd, 11:00-12:00- Room: JM Synge

Organizers & Moderators: Sigal Zilcha-Mano (University of Haifa), Rayna Markin (Villanova University)

Discussants:

- Jacques Barber (Adelphi University)  
Catherine Eubanks (Adelphi University)  
Marvin Goldfried (Long Island University)  
Cheri Marmarosh (George Washington University)  
Svenja Taubner (University of Heidelberg)  
Bruce Wampold (University of Wisconsin)  
Louis Castonguay (Penn State University)

#### ABSTRACT:

"Part of what we learn during our professional development as clinical researchers is the product of a gradual learning processes of skills and knowledge. Other parts of our professional identity and development are built upon places we have been, people we have met, and processes we have gone through. Sometimes, there are also peak experiences that are engraved in our memory and have a formative effect on shaping our identity and development as clinical researchers. At times, these formative moments arrive early in our career, and others at very advanced stages. The current structured discussion will focus on the latter type of formative experiences: transformative moments. In this structured discussion, senior psychotherapy researchers will be invited to share their experience of transformative moments in their professional careers, what they learned from these moments, and how they further shaped their professional identity and development.

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#### Brief Paper Session

Friday, June 23rd, 11:00-12:00- Room: Emmet Theatre

- **Paper: Psychological variables underlying improved well-being in college students: a qualitative and quantitative analysis within a university counseling intervention**  
*Main author: Costanza Franchini (Sapienza University of Rome)*  
*Co-authors: Alexandro Fortunato, Mara Morelli, Silvia Andreassi, Maria Quintigliano, Rachele Mariani, Alessia Renzi, Anna Maria Speranza*

**ABSTRACT:**

"Aim. The mental health of university students is a topic of growing interest since different and heterogeneous expressions of psychological distress have been highlighted in this population. Several studies have shown effectiveness of university counseling in improving psychological well-being. Despite this evidence, there is still a paucity of literature on the process variables involved in counseling interventions. The present study aims to investigate the usefulness of a counseling intervention by evaluating changes in the psychological symptomatology between pre-post intervention; to explore possible differences in the linguistic measures applied to first/last session clinical reports; to verify if patients' symptoms and personality traits were associated with the linguistic characteristics of the clinical reports. Methods. 122 students who attended university counseling services were administered the PID-5-BF to assess personality traits, the BDI-II and the BAI, to assess state variables and the OQ-45 as outcome measures. The Discourse Attributes Analysis Program (DAAP) was used to evaluate the referential process (RP) as defined by Bucci's Multiple Code Theory. Results. Data analysis showed a significant reduction in patients' symptomatology in all the dimensions investigated. Significant correlations were also highlighted between students' personality traits and linguistic measures of clinical accounts, and between pre/post intervention test scores and linguistic characteristics of the first/last clinical account respectively. Discussion. Our study provided further evidence of the usefulness of counseling services in reducing psychological distress among university students. In addition to this, the analysis of the referential process in clinical reports provides an innovative contribution to the literature on university counseling."

- **Paper: The importance of child temperament as a moderator on the relationship between maternal psychopathologies and the goodness of interaction quality in the early mother-child relationship.**

**Main author: Anamaria Semm (Ludwig-Maximilians-Universität München (LMU Munich))**

*Co-authors: Mitho Müller, Christian Franz Josef Woll, Anna-Lena Zietlow, Nora Nonnenmacher, Corinna Reck*

**ABSTRACT:**

"Aim: Maternal depression symptomatology has a negative effect on early mother-infant-interaction. There are already models that assume that the negative temperament of the child has a moderating influence on this. Our goal was to explore if maternal depressiveness has a negative impact on the mother-infant-interaction and if it was moderated through the temperament of the child.

Method: 59 mother-child-dyads participated in an DFG-funded study, across five measurement points (T1:9.-12. Pregnancy week; T2: 19.-22. Pregnancy week; T3: 29. -32. Pregnancy week; T4: 4.-8. Week postpartum; T5: 12.-16. Week postpartum). Maternal depressive symptoms (independent variable) was assessed using the Edinburgh Postnatal Depression Scale [EPDS]; T2) and Child's Temperament (moderator) with the Infant Behavior Questionnaire (IBQ, T4). A 6-minute mother-child interaction with the face-to-face-still-face-paradigm (FFSF) was videographed. Interaction quality was assessed

applying the microanalytic coding system Revised Infant and Caregiver Engagement Phases (ICEP-R, T5, dependent variable). The first step was to statistically test the relationships between maternal depressiveness and interaction quality, and whether these relationships were moderated by the child's negative temperament.

Results: Higher maternal depression symptomatology was associated with poorer interaction quality, albeit only in a small subset of the sample. Interestingly, this association was moderated by low negative infantile temperament.

Discussion: The goal should be an early treatment of mothers with psychopathologies/stresses during pregnancy and the puerperium. In addition, targeted procedures should be used to support the mother, such as video intervention therapy.

Factors such as comorbidities, sample size, maternal risk factors, father's role and partnership should not be ignored."

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### Structured Discussion

## Causality in Psychotherapy Research

Friday, June 23rd, 11:00-12:00- **Room: Davis Theatre**

*Organizers & Moderators:* Fredrik Falkenström (Linnaeus University) Björn Philips (Stockholm University)

*Discussants:*

- *William B Stiles (Miami University)*  
*Robert Elliot (University of Strathclyde)*  
*Hanne Oddli (University of Oslo)*  
*Heidi Levitt (University of Massachusetts Boston)*  
*Danilo Moggia (University of Trier)*  
*Tim Kaiser (Freie Universität Berlin)*  
*Tom Rosenström (University of Helsinki)*  
*Björn Philips (Stockholm University)*  
*Fredrik Falkenström (Linnaeus University)*

### ABSTRACT:

"The scientific enterprise is largely about drawing inferences about cause-effect relationships. How feasible is this aim in psychotherapy research if one considers the complexity of the human psyche and the constant interplay between patient and therapist? How do psychotherapy researchers who accept the phenomena of intentionality, agency, and responsivity understand causality?

In mainstream psychology and psychotherapy research, it is usually taken for granted that causal inference can only be made from experimental designs. However, even within experimental designs, there are many potential threats to causal inference, e.g., failed randomization, dropout/data attrition, and various other risks for post-randomization confounding. When psychotherapy research is done on non-experimental data, researchers

tend to shy away from the notion of causality, using instead concepts like relationships, predictions, observations, etc.

Recently, progress has been made in the study of causality on observational data, so that causal inference is not a dichotomous issue (RCT = causal inference possible, non-RCT = causal inference not possible) but rather that various designs and methodologies, including quantitative and qualitative methods, may have their unique strengths and weaknesses when it comes to causal inference.

The aim of this structured discussion is to bring together psychotherapy researchers interested in the question of causality, both from epistemological and methodological perspectives. We want to explore points of convergence and divergence, and discuss future developments in the field."

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### Brief Paper Session

Friday, June 23rd, 11:00-12:00- **Room: Swift Theatre**

- **Paper: Counselling-Psychotherapy: Anxiety disorder and Trauma**

*Main author: Sudharani Basangari--Kaspret (Private Practice)*

**ABSTRACT:**

Research questions: How helpful-effectual are Yoga, Imagination technics, and according to the Moreno Play-Roll method? Objectives: to look at that technics and its impacts on psychological problems. Treatment duration: 10 to 14 Weeks. Sample: Case studies are randomly selected, and the clients were adults. Inclusive also added online Therapies cases. Data collection: From the praxis. Measures used to collect data: Yoga (Breathing-Pranayama exercises, relaxation and imagination), Meditation, according to Veda-script, imagination technics according to Redemann, and Play Roll according to Moreno. The results were very effective. Clients feel much better after 5 sessions; still, they took the sessions till ten, and a few had taken the 15 sessions—the results measured with a questionnaire (Helping Alliance Questionnaire) as feedback.

- **Paper: Online Whole Health for Rural Veterans: Conflict Analysis pilot implementation study with military Veterans**

*Main author: Maxwell Levis (Dartmouth College, Geisel School of Medicine)*

**ABSTRACT:**

"Objective: Although the United States Department of Veterans Affairs (VA) has made important efforts to expand mental health care to all Veterans, disparities in access remain between urban and rural Veterans communities. Whole Health is an emerging VA framework that may be useful in bridging these divides by lessening stigma, encouraging self-care, and expanding treatment options. Whole Health emphasizes wellbeing rather than illness, focusing on "what matters to you" rather than "what is the matter with you". Informed by this priority, we adapted Conflict Analysis, a self-guided online intervention, for Veteran Whole health purposes. Conflict Analysis is an accessible, personalized, and interactive introduction to mental health care that helps Veterans target what matters to them. Conflict

Analysis utilizes a narrative framework, coupled with personalized feedback, to help participants identify personal patterns and scaffold changes.

Method: We piloted Conflict Analysis usage with 30 rural Veterans that were not otherwise engaged in mental healthcare and monitored impact on mental health and whole health outcome variables. Pre/post/follow-up Whole Health and mental health outcome measures were evaluated.

Results: Evidence suggests that Conflict Analysis led to significant improvements in Veteran self-understanding, motivation to change, and motivation to seek additional care resources.

Conclusion: Online Whole Health in general, and Conflict Analysis in particular, may offer particular impact for rural Veterans that may have less in-person care options. Additionally, utilizing wellness-focused, rather than conventional therapeutic models, may have heightened utility for Veterans, who may be sensitive to stigma and pathology concerns."

- **Paper: Psychological Distance and Concrete vs. Abstract Processing Modes in Imagery Rescripting for Highly Anxious Individuals**

**Main author: Tal Madjar Plada (Hebrew University Jerusalem)**

*Co-authors: Hila Sorka, Jonathan D. Huppert*

**ABSTRACT:**

As Imagery Rescripting (IR) could be considered a special kind of self-reflection, this study will examine how psychological distance and abstract vs. concrete processing mode, well studied variables in reflection literature, affect emotional reactivity and trait anxiety symptoms change in the context of IR. Administering an internet-based-intervention of IR for high trait anxious individuals (N=290), we will examine psychological distance and measure processing modes' frequency over the intervention. The two main purposes of this study are to understand: 1) how psychological distance affects emotional reactivity and trait anxiety symptoms via IR, and 2) how abstract vs. concrete processing mode is related to emotional reactivity and trait anxiety symptoms in the context of IR intervention. While abstract and concrete processing modes are measured, this study manipulates psychological distance by controlling whether the participant will engage in the rescripting phase from the perspective of their current self, a perspective congruent with low psychological distance according to CLT (Trope & Liberman, 2003, 2010), or from the perspective of someone else, which increases psychological distance according to CLT. Full results will be presented at the conference.

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### **Brief Paper Session**

**Friday, June 23rd, 11:00-12:00- Room: UI Chadhain**

- **Paper: The mediating role of interpersonal emotion regulation in the association between attachment insecurity and psychopathology: implications for psychotherapy**

**Main author: Irene Messina (Universitas Mercatorum)**

*Co-authors: Pietro Spataro, Alessandro Grecucci*

**ABSTRACT:**

Unsecure attachment is predictive of psychopathology and emotion regulation is largely recognized as a mediator of such association. Despite the ability to refer to the social context to regulate emotions can be considered as a key aspect of psychopathological dynamics, most studies focused on intrapersonal forms of regulation neglecting interpersonal forms of emotion regulation. In the present study, we investigate the role of interpersonal emotion regulation (IER) as mediator of the association between attachment insecurity and psychopathology. Data were collected from 630 adults using scales assessing individual differences in the use of IER, difficulties in IER, attachment orientations, and symptoms of psychopathology. Results showed positive associations between the use of IER and anxious attachment, and negative associations with avoidant attachment. The strongest correlation was between anxious attachment and venting strategy, and hierarchical regressions showed that attachment anxiety statistically predicted psychopathology, mediated by venting. This result accounts for increasing risk of psychopathology due to a vicious cycle in which anxious-oriented individuals use venting with the aim of decreasing their negative emotions, but reach the opposite result of exacerbating negative moods.

- **Paper: Experiences of Interpersonal Process Recall as a therapeutic task in emotion-focused therapy-group for clients with autistic process**

*Main author: Anna Robinson (Strathclyde University)*

*Co-authors: Robert Elliott*

**ABSTRACT:**

Clients with autistic process can experience difficulties in emotion processing and often report unsuccessful experiences of psychotherapy. Differences in processing 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 brief paper, the findings from four emotion-focused therapy-group for autism spectrum are presented. Specifically, we demonstrate how psychotherapy can be made more accessible for clients with autistic process through the application of Interpersonal Process Recall (IPR) as a therapeutic task used to deepen self-experience and self-other empathy within group psychotherapy. We draw from the experiences of twelve clients who undertook a 9-week Emotion-Focused Therapy-group treatment. Qualitative data is presented through a thematic analysis of client experiences of IPR. We triangulate this with illustrations drawn from HAT and change interview data. The small number of participants in the study mean that the findings have limited generalizability. However, we propose Interpersonal Process Recall (IPR) as a helpful therapeutic task which goes some way to addressing accessibility of psychotherapy for clients with autistic process.

- **Paper: Tell me how I feel! Development of an algorithm to predict depression symptoms based on wearable data**

*Main author: Leona Hammelrath (Freie Universität Berlin)*

*Co-authors: Manuel Heinrich, Hannes Schenk, Paul Burggrad, Christine Knaevelsrud*

**ABSTRACT:**

In depression, timely symptom detection and treatment initiation is important to reduce the risk of future episodes. By delivering objective data in high frequency, wearables (e.g., fitness trackers and smartwatches) can contribute to alert systems detecting depression in time without the necessity to complete questionnaires. To date, drawing a clear conclusion about the usefulness of remote sensing data as symptom markers in depression is difficult, as methods and reporting vary strongly across studies. Nevertheless, consistent correlations were found for sleep quality and variability, physical activity, location, and smartphone usage. In the current study, we explore the potential of sensor data for predicting depression and compare their predictive value against questionnaires. Participants (> 500) share passively collected data covering activity (e.g., steps during the day), sleep quality (e.g., length of sleep) as well as heart rate at rest, and complete comprehensive assessments of psychopathology. State of the art machine learning models will be trained on (1) passive sensing data only or (2) a combination of passive sensing data and questionnaire items to predict depressive episodes as measured with the PHQ-8. The results will enable a realistic assessment of the incremental value of sensor data beyond questionnaires. We will present the latest results of our algorithm and critically discuss opportunities and challenges of implementing wearable technology into depression detection and treatment.

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### Structured Discussion

## Unlocking the promise of measurement-based care: What are key fidelity indicators and how can we measure them?

Friday, June 23rd, 11:00-12:00- **Room: Classroom 3106**

*Organizers & Moderators:* Amanda Jensen-Doss (University of Miami)

*Discussants:*

- *James F Boswell (University at Albany, SUNY)*  
*Kim de Jong (Leiden University)*  
*Susan Douglas (Vanderbilt University)*  
*Ruben Gabriel Martinez (Kaiser Permanente, Washington Health Research Institute)*

### ABSTRACT:

Measurement-based care (MBC) is the systematic use of assessment data to track treatment processes (e.g., alliance) and clinical outcomes, with feedback utilized to support clinical decision-making (Scott & Lewis, 2015). MBC is considered an evidence-based practice (e.g., CAAPS, 2018). Meta analyses find that MBC has small effects on client outcomes and therapy dropout, although effects vary across studies (de Jong et al., 2021). Variations in MBC fidelity (i.e., quality of MBC delivery) may explain mixed MBC



effectiveness (e.g., Bickman et al., 2016; de Jong et al., 2012), yet MBC research is limited by a lack of consensus about the key practices that comprise fidelity to MBC. Theories (Barber & Resnick, 2022; Lewis et al., 2019; Riemer & Bickman, 2011) suggest that MBC involves multiple practices, including explaining MBC rationale to clients, administering measures, viewing feedback, utilizing feedback in clinical decision-making, and discussing feedback collaboratively with clinical supervisors and clients, yet research on MBC fidelity has largely focused on administering measures and viewing feedback. Identifying key MBC fidelity indicators will increase the public health impact of MBC by identifying the practices that should be the focus of MBC implementation efforts. The purpose of this structured discussion is to engage MBC experts and audience members in discussing how to accomplish this goal. Key discussion questions will include: 1) What are the key practices that indicate fidelity to MBC? and 2) What are the most valid and pragmatic methods for monitoring fidelity to these practices in research and routine practice settings?

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### Brief Paper Session

Friday, June 23rd, 11:00-12:00- **Room: Classroom 3074**

- **Paper: Gender Dysphoria and Covid-19: How has the pandemic affected the mental health & feelings of dysphoria of TGNC individuals?**

*Main author: Eli Fenlon (IICP College)*

#### **ABSTRACT:**

"Transgender or people who do not conform to the gender binary traditionally do not feel at home with the gender assigned at birth. Incongruency with how they feel and not feeling aligned with the body they are in can cause mental health issues and distress.

The purpose of this research was to explore the mental health and feelings of dysphoria in adult transgender men during the Covid-19 pandemic and subsequent lockdown periods.

The aim was to improve upon knowledge, awareness and understanding of such a vulnerable community through their own words. Semi-structured interviews were conducted with five participants from the transgender/gender non-conforming (TGNC) community. Participants were recruited using a purposive, chain-referral approach, according to specific sampling criteria. Interpretive Phenomenological Analysis (IPA) was used as the methodological approach with three main themes emerging from the data upon analysis, anxiety, social connectedness and distress. The data findings are then discussed in relation to the existing literature reviewed with main conclusions presented. Strengths and limitations of the research are included along with recommendations for future research and practitioners."

- **Paper: Emotional dysregulation and eating symptoms in help-seeker individuals with gender dysphoria and eating disorders: The mediating role of body uneasiness**

*Main author: Marta Mirabella (Sapienza University of Rome)*

*Co-authors: Laura Muzi, Nicola Carone, Anna Franco, Michele Angelo Rugo, Micaela Riboldi, Alessia Urgese, Claudia Mazzeschi, Anna Maria Speranza*

**ABSTRACT:**

"Background: Previous evidence has shown that emotion dysregulation may be a key transdiagnostic factor in various conditions, including Eating Disorders (ED) and Gender Dysphoria (GD). Empirical literature has also highlighted a co-occurrence between these two conditions, underlining the crucial role of body uneasiness: in both ED and GD individuals, concerns over body weight, shape, and size may act as a strategy to modulate or cope with overwhelming emotions.

This study aimed at investigating whether the different components of body uneasiness have a mediating effect on the association between eating symptoms and emotional dysregulation in these two populations.

Methods: The total sample (N = 96) included 32 patients with anorexia nervosa and 32 with bulimia nervosa treated in a psychodynamic-oriented residential program, as well as 32 participants assigned female at birth with GD diagnosis attending a specialized gender service. Emotional dysregulation was assessed using the Shedler-Westen Assessment Procedure–200, and participants were asked to complete the Eating Disorder Inventory-3 and the Body Uneasiness Test.

Results: Findings showed significant indirect effects of body uneasiness dimensions in the relationship between emotional dysregulation and eating symptoms in both ED and GD samples. Specifically, in GD patients, the dimension of body avoidance emerged as a significant mediator, whereas in both ED and GD groups the dimension of depersonalization toward one's body mediated the relationship between emotional dysregulation and eating symptomatology.

Discussion: These results suggest the importance of considering bodily experiences in these two populations, as relevant targets of person-centered interventions across different mental health settings."

- **Paper: Can an approach to intensify the emotional contact between therapist and patient lead patient with persistent-depressive disorder to recovery?**

*Main author: Yuka Kudo (University College London; Anna Freud National Centre for Children and Families)*

**ABSTRACT:**

"Back ground: Nearly half of patients with depression reported a history of childhood maltreatment and many of them develop chronic depression. Such patients seem to need a trustworthy relationship to consider themselves deeply. Therefore, we developed an approach to intensify the emotional contact between therapist and patient, and which allows for its application in conjunction with other therapies that promote change. Thus, the current study will utilize both quantitative and qualitative methods to evaluate the safety, feasibility, validity, and preliminary effectiveness of the approach.

Method: We recruited outpatients diagnosed with persistent-depressive disorder at a psychiatric hospital in Japan. The structure is 50 minutes, weekly for 1 year plus once every 1-4 weeks for the following 6 months. At baseline and 18 months, all patients were evaluated for their severity of depression. Each participant was interviewed using the critical incident

(CI) technique and asked which therapist's specific attitudes enabled them to confide in the therapist.

Results: Six out of 8 participants completed the therapy. The Linear Mixed Model analysis revealed that the scores of depressive symptoms at 18 months significantly improved compared with the scores at baseline. In CI technique, we extracted 3 categories out of 10 which strongly matched with the concept of the approach. Those were "Getting involved by moving the therapist's own heart.", "Self-disclosure of the therapist" and "Representation of patient's thoughts and feelings to their family".

Discussion: The approach to intensify the emotional contact between therapist and patient could lead patient with persistent-depressive disorder to recovery."

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### Structured Discussion

## Therapist effects and complexity science in psychotherapy

Friday, June 23rd, 11:00-12:00- **Room: Classroom 3051**

*Organizers & Moderators:* Franco Orsucci (University College London - Norfolk and Suffolk NHS Foundation Trust) Wolfgang Tschacher (University of Bern)

*Discussants:*

- *Wolfgang Lutz (University of Trier)*  
*Omar Gelo (University of Salento)*  
*Giulio Defelice (Sapienza University of Rome - University of Chichester (UK))*  
*Guenter Schiepek (Paracelsus Medical University Salzburg)*  
*Sergio Salvatore (University of Salento)*

### ABSTRACT:

"According to Complexity Science, the living world – at its different levels (physical, chemical, biological, psychological, social, cultural) – is organized in complex open systems. Living complex systems are open systems because they need to exchange information and energy with their environments and, therefore, dynamically change over time — while self-organization structures complex systems in new patterns.

In recent years many scholars have reconceptualized psychotherapy from the complexity theory perspective. Psychotherapy is a complex dynamic bio-psycho-social system changing over time according to the principles of self-organization. This groundbreaking approach paves the way for novel and more sophisticated ways of driving and investigating human change.

A relevant implication is that in complex open systems, driving means a change also in the driver system. Multiple feedbacks create a multiperson field that includes the therapist and facilitate resonance, tuning, and a more effective driving of change.

Change of the driver system is explicit and validated in the physics of change in complex systems. Therefore, what are the properties of effective therapists, how therapists change

and in turn learn from their patients might be one of the main factors in effective psychotherapy.

The present structured discussion aims to provide and discuss the basic concepts of complexity theory, its theoretical and empirical applications to psychotherapy, and to increase the connections among colleagues interested in complexity theory and psychotherapy."

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### Structured Discussion

## **Student Counselling Outcomes Research and Evaluation (SCORE) Consortium: Developing and delivering evidence-based practice for university counselling and student mental health – 2023 and beyond.**

**Friday, June 23rd, 11:00-12:00- Room: Classroom 3071**

*Organizers & Moderators:* Robert Scruggs (British Association for Counselling and Psychotherapy)

*Discussants:*

- *Emma Broglia (The University of Sheffield)*  
*Jenny O'Donnell (British Association for Counselling and Psychotherapy)*

### **ABSTRACT:**

"The SCORE consortium is a practice-research network comprising UK university counselling services committed to facilitating research-informed counselling and mental health services for university students. The group aims to improve the quality and guidance of data collected in university counselling services. Core activities of the group include facilitating the adoption of Routine Outcome Measures in universities services, developing a shared routine outcomes database, and establishing a minimum data standard for the UK.

Several SCORE projects are entering next stages following an active research year in 2022. In this session, we would like to share our ideas for what is to come for SCORE, and to learn from colleagues about the challenges and facilitators to collecting routine and robust outcomes data. .

Emma Broglia will summarise SCORE's vision, recent outputs and next stages, focusing on practice-based datasets and an upcoming paper supporting university counselling services and clinicians in implementing ROMs.

Jenny O'Donnell will present the challenges and resolutions to developing a minimum dataset for university counselling services, including initial thoughts from practitioners about

important data fields and variables. What are people's views on the barriers and enablers to recording and collecting this information from clients?

Robert Scruggs introduces findings from the Counselling Impact on Academic Outcomes survey, inviting discussion on proposed changes to the survey and exploring the ethical implications of linking self-report academic data with clinical data - – could this create undue outcome expectations, or could it demonstrate the wider impact of counselling?"

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## Brief Paper Session

Friday, June 23rd, 11:00-12:00- **Room: Classroom 3126**

- **Paper: Machine learning to predict good client-clinician pairings in psychotherapy**

**Main author: Seth Peacock (Brigham Young University)**

*Co-authors: Ammon Brock, Ian Goodwin, Ryan Wood, Brodrick Brown, David Erikson, Zachary M. Boyd*

**ABSTRACT:**

Several studies have found that matching psychotherapy clients preferences to clinicians by matching on demographics such as race and gender can improve client outcomes, but demographic features are comparatively gross predictors of the quality of a client-clinician relationship. To bring more nuance to the matching process, we used highly multivariate data from the CCAPS and OQ45 surveys administered at Brigham Young University's Counseling and Psychological Services from 2012-2019, together with machine learning, to estimate complex relationships between individual client characteristics (such as demographics, distress levels, and past life experiences) and improvements in distress levels following treatment with particular therapists. This learned distribution of outcomes allowed us to estimate the possible effects of counterfactual pairings for 11,284 courses of treatment (and evaluate which clinicians might be well-suited for each individual). Based on this, with machine-optimized pairings of client to therapist, a typical additional improvement in OQ score of 5 points (relative to random client-clinician pairings) might be achieved, with roughly 30% of clients experiencing a clinically significant difference in distress levels relative to random pairings. We discuss several implications of this finding for clinical practice and use ideas from computer science to suggest possible implementation strategies to get closer to this ideal, as well as exploring challenges with this idea.

- **Paper: Estimating the prognostic value of cross-sectional network connectivity for treatment response in depression**

**Main author: Chi Tak Lee (Trinity College Dublin)**

*Co-authors: Sean W Kelley, Jorge Palacios, Derek Richards, Claire M Gillan*

**ABSTRACT:**

"Background. Tightly connected symptom networks have previously been linked to treatment resistance, but most findings come from small sample studies comparing single responder

vs. non-responder cross-sectional networks. We aimed to estimate the association between baseline network connectivity and treatment response in a large sample and benchmark its prognostic value against baseline symptom severity and variance.

Methods. N=40,518 patients receiving treatment for depression in routine care in England from 2015-2020 were analysed. Cross-sectional networks were constructed using the Patient Health Questionnaire-9 for responders and non-responders (N=20,259 each). To conduct parametric tests investigating the contribution of mean and variance to connectivity differences, networks were constructed for 160 independent subsamples of responders and non-responders (80 each, n=250 per sample)

Results. The baseline network of non-responders was more connected than responders (3.15 vs 2.70, S=0.44,  $P<.001$ ), but effects were small, requiring  $n=750$  per group to have 85% power. Parametric analyses of the 160 independent networks revealed baseline network connectivity, mean, and variance were correlated ( $r=0.20-0.58$ , all  $P<.001$ ). Both mean ( $\beta=-1.79$ ,  $SE=0.07$ ,  $P<.001$ ), and variance ( $\beta=-1.67$ ,  $SE=0.09$ ,  $P<.001$ ) had larger effect sizes for predicting response than connectivity ( $\beta=-1.35$ ,  $SE=0.12$ ,  $P<.001$ ). The association between connectivity and response disappeared when variance was accounted for ( $\beta=-0.28$ ,  $SE=0.19$ ,  $P=.14$ ). We replicated these results in patients completing a longer duration of treatment (8-12 weeks, N=22,952) and using anxiety symptom networks (N=70,620).

Conclusions. The association between baseline network connectivity and treatment response may be largely due to differences in baseline symptom variance. Future work should focus on intraindividual, not cross-sectional networks."

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### Brief Paper Session

Friday, June 23rd, 11:00-12:00- **Room: Classroom 4050a**

- **Paper: Developing BACP's work to influence UK public mental health policy: collecting data to determine priorities, approach and research strategy.**

**Main author: Clare Symons (British Association for Counselling and Psychotherapy (BACP))**

**ABSTRACT:**

"Background: The British Association for Counselling and Psychotherapy (BACP) works to raise standards, increase provision of therapy through policy campaigns, and holds a regulatory function. In addition, BACP supports research within the field by undertaking, facilitating and commissioning research that contributes to the evidence base. This brief paper will present recent work undertaken by BACP to develop a new research strategy framework by consulting with stakeholders and identifying priorities.

Methods: BACP's research team undertook a prioritization exercise involving consultation with a range of different stakeholders including: departments within BACP, particularly policy, standards and conduct; BACP members; active researchers including students and academics. Qualitative data were captured through group discussions and questionnaires and analysed thematically.

Findings: Themes were organized into an overarching priority of client-focussed research underpinned by specific research workstreams: Equality, Diversity and Inclusion (EDI); therapy within sectors; training and standards. Analysis also identified key features including: fully integrated EDI and involvement of Experts by Experience; developing, supporting and maintaining collaborative research networks and groups; developing capacity for research within the field; providing funding to systematically support BACP's research priorities.

Discussion: Although broadly successful, the previous iterative and opportunistic nature of BACP's support for research has necessarily limited the ability to effect policy change. It is hoped that a long-term strategy for offering funding will result in sustained impact and the potential to achieve greater influence within UK public mental health policy."

- **Paper: Cost structure in specialist mental healthcare: What are the main drivers of the most expensive episodes?**

*Main author: Yejin Lana Ki (University of Oslo)*

*Co-authors: Andrew Athan McAleavey, Tron Anders Moger, Christian Moltu*

**ABSTRACT:**

"Background: Despite the fact that mental disorders are among the costliest conditions to treat in Norway, little is known about the costs of specialist mental healthcare. The purpose of this article was to present a cost structure and to investigate the variables that have the greatest impact on high-cost episodes.

Methods: Patient-level cost data during 2018-2021 were analyzed (N=180,220). Cost structure was examined using two accounting approaches. A generalized linear model was used to explain major cost drivers of the 1%, 5%, and 10% most expensive episodes, adjusting for patients' demographic characteristics [gender, age], clinical factors [length of stay, admission type, care type, diagnosis, surgical intervention], and administrative information [number of planned consultations, first hospital visits, interval between two hospital episode].

Results: One percent of episodes utilized 57% of total resources. Labor costs accounted for 87% of total costs. The more expensive an episode was, the greater the ratio of the inpatient cost was. Longer LOS, ambulatory services, surgical interventions, and schizophrenia were identified as the major cost drivers. The "first hospital visit" and "a very short hospital re-visit" were associated with a cost increase, whereas "the number of planned consultations" was associated with a cost decrease.

Conclusions: Given that resources are utilized intensively at the early stage of care, improving the initial flow of hospital care can contribute to efficient resource utilization. Our study found empirical evidence that planned outpatient consultations, which in Norway is often psychotherapy processes, may be associated with a reduced health care burden in the long-term."

- **Paper: Are they "Invisible Children" in an "Invisibly Violent System"? A Qualitative Exploration of Service Providers' Experiences Working with Children Seeking International Protection in Ireland**

*Main author: Soraya Melanie Ahmid (IICP College)*

**ABSTRACT:**

This study explored Service Providers' experiences working with children seeking international protection in Ireland with the objective being to determine the impact that current processes have on these children. A review of the literature looked at; statistics, laws and policies in Ireland protecting these children, child mental health implications, challenges faced when trying to support these children and the impact on service providers in the field. The method included interviewing five participants. Semi-structured interviews explored; their experiences of working in the field, areas they found challenging and rewarding, the impact of possible cultural differences, an exploration of their passion for the work, as well as their experience of vicarious trauma or burnout. The results identified super-ordinate themes, mental health difficulties experienced, passion for the work and attunement. In conclusion, the attunement theme translated into clear recommendations including the need for a more in-depth mental health assessment of children seeking international protection from their point of entry, offering appropriate mental health supports sooner rather than later. The results also highlight the impact Direct Provision is having on the mental health of young people in the system, and the need for more specialised mental health services that could be offered, as well as the need for cultural competency training in the work. Suggestions for future research could include more in-depth studies carried out at points of entry into Ireland with the mental health professionals carrying out assessments for these children, questioning, 'What is currently being done and what more could be done?'.  

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**Structured Discussion****The Client in Psychotherapy: Representing the Client as an Expert and Important Contributor to Treatment**

Friday, June 23rd, 11:00-12:00- **Room: Classroom 4050b**

*Organizers & Moderators:* Jairo Fuertes (Adelphi University)

*Discussants:*

- *Rodney K Goodyear (University of Redlands)*  
*Joao Tiago Terra Cruz Oliveira (University of Minho . Braga . Portugal)*  
*Amy Greaves (Private Practice)*  
*Allison Hand (University of Massachusetts Boston)*  
*Heidi M Levitt (University of Massachusetts Boston)*  
*Hideko Sera (Morehouse College)*

**ABSTRACT:**

The proposed structured discussion stems from a recent book publication (by the APA, 2022) entitled "The Other Side of Psychotherapy: Understanding Clients' Experiences and Contributions in Treatment," which argues that the client, and not the therapist, is the expert and main protagonist in psychotherapy. We believe that this conceptualization reshapes how psychotherapy is conceived ("upends our thinking about the way that therapy works" Clara Hill, 2022), and can spur further thinking, research, training, and clinical practice in



the field of mental health. The chapters in the book offered fresh insights into client experiences and factors, including how they impact therapeutic processes and outcomes including the client–therapist relationship. Since this is a very recent publication, several of the chapter authors will participate in a structured discussion at SPR that will highlight the most important, salient points from each of their pieces (which differ on focus). They will point to the literature supporting their perspectives regarding the centrality of the client's experiences and contributions in psychotherapy, with the hope of stimulating reflection, debate, and more research about how and why psychotherapy is so effective, and the significant role that the client plays in treatment. The position statements and discussion will center on what is known about clients and what remains unknown and warrants further study. We also hope to generate discussion about practical guidelines for what therapists can do to capitalize on clients' knowledge, skills, and strengths and ensure that clients remain central to the process and outcome of treatment.

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### **Brief Paper Session**

**Friday, June 23rd, 11:00-12:00- Room: Classroom 4097**

- **Paper: From Encounter to Assimilation: A Qualitative Study of Pluralistic Therapists' Lived Experience of Incorporating Routine Outcome Monitoring into Their Clinical Practice**

**Main author: Mark Tolan (Institute for Integrative Counselling and Psychotherapy, Dublin)**

#### **ABSTRACT:**

"Client-therapist collaboration and shared decision-making represent key elements in approaches to counselling and psychotherapy that seek to be inclusive of client diversity. An essential aspect of effective collaboration involves client feedback to the therapist about the helpfulness of therapy and the quality of the therapeutic relationship. There exists an extensive evidence base concerning the effectiveness of using routine outcome and process measures in different contexts, in respect of their capacity to enhance client outcomes, however, it is also clear that many practitioners are unwilling to engage with such practices, or do not obtain good results if required to do so. While several studies have been published on therapist experiences of using feedback tools, little is known about the practitioner learning process in relation to these skills.

An exploratory study was carried out in which 5 therapists who used feedback measures were interviewed about what it had been like for them to become competent in relation to this aspect of their work. All informants reported that they had initially been resistant to the use of feedback measures. A crucial aspect of the process of learning to use feedback tools was support from colleagues and supervisors. Likewise, how the therapists initially encountered the measures in training had significant effects upon their future attitudes and use rate. The implications of these findings for counselling and psychotherapy training, practice and research are discussed."

- **Paper: Stakeholders' perspectives on psychotherapy: The discussion on effectiveness of care and its relationship to training issues**

**Main author: Henriette Loeffler-Stastka (Dept. of Psychoanalysis and Psychotherapy, Medical University Vienna)**

*Co-authors: Simeon Hassemer, Karl Krajic*

**ABSTRACT:**

"Background: Parallel to the ongoing SPRISTAD study, especially to the practical questions of therapeutic practice of trainees and their development, inequalities in access to psychotherapeutic treatment are being discussed e.g., in Austria, primarily focusing on social and regional dimensions, secondarily on the availability in case of chronic mental illness. Recently, a controversy has unfolded in health policy concerning planned changes in legislation and contracts. In this controversy, problem definitions like a lack of effectiveness of psychotherapeutic services as compared to need are being processed in several environments of the health care system, especially in those responsible for organizing professional trainings.

Aim: Central question for this contribution is how macro-level actors relevant for shaping psychotherapeutic care processes utilize a problem description of effectiveness of psychotherapy care facilities. We will try to answer this based on a research project investigating and comparing various professional and institutional perspectives relevant for shaping psychotherapeutic care as well as training institutions and pathways.

Method: In the framework of a qualitative study 12 expert-interviews were conducted.

Sampling was carried out aiming to include a wide range of diverse perspectives relevant for shaping the context of psychotherapy care provision. Interview transcripts were analyzed using a combination of grounded-theory and qualitative thematic analysis.

Results: Preliminary results are presented, analyzing argumentation patterns of expert perspectives. On this basis we identify enrichments of, but also shifts in the controversy from effectiveness and provision of care (is there unmet need?) towards training issues (do the psychotherapists have the competencies needed?)."

- **Paper: Follow-up Outcomes From Psychological Support Skills Training for Cancer Care Staff: Skill Acquisition, Work Engagement, Mental Wellbeing and Burnout**

**Main author: Sam Malins (Nottinghamshire Healthcare NHS Foundation Trust)**

*Co-authors: Clement Boutry, James Rathbone, Felicity Gibbons, Chloe Mays, Daniel Brooks, Nima Moghaddam, Joanna Levene*

**ABSTRACT:**

"Objective. Psychological support skills training has the potential to both improve the ability of cancer staff to help their patients and improve staff wellbeing. However, few recent studies have assessed both these outcomes or incorporated current developments in psychological skills training, such as deliberate practice: The use of iterative, corrective feedback to identify and improve individualised skills deficits. No studies have evaluated the contribution that psychological skills training could make to cancer care staff wellbeing and skills in the wake of the COVID-19 pandemic. This study aimed to evaluate staff skill acquisition and

work-related wellbeing following psychological support skills training that applied deliberate practice principles.

Method. A two-day training and monthly supervision was offered to 145 cancer care staff that focused on brief assessment and intervention skills for patients experiencing mental health problems after cancer diagnosis and treatment. Deliberate practice principles were used to focus training on skills practice and feedback over technique description.

Self-reported ability to perform key skills taught, mental wellbeing, work engagement, and burnout were assessed at baseline, 3-month and 8-month follow-up.

Results. Significant improvements in skills, mental wellbeing, burnout and work engagement were reported at eight-month follow-up. These improvements were predicted by poorer baseline mental wellbeing (skills), attendance at both training days (skills and mental wellbeing), and more positive evaluation of initial training (work engagement).

Conclusion. A two-day psychological support skills training using deliberate practice principles may support improvement in staff skill, improvement in mental wellbeing, burnout and work engagement."

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## Brief Paper Session

Friday, June 23rd, 11:00-12:00- **Room: Classroom 5012**

- **Paper: The Impact of Skillfulness and the Alliance in Predicting Session-to-Session Changes in Borderline Personality Disorder Features in a Novel Cognitive-Behavioral Treatment**

**Main author: Matthew W Southward (University of Kentucky)**

*Co-authors: Nicole E Stumpp, Stephen A Semcho, Martina Fruhbauerova, Douglas R Terrill, Shannon Sauer-Zavala*

### **ABSTRACT:**

BPD Compass is a modular, personality-based, cognitive-behavior therapy for borderline personality disorder (BPD) that has demonstrated initial efficacy in reducing BPD features (Sauer-Zavala et al., in press). However, it is unclear what the active mechanisms of this treatment are. Researchers have demonstrated that emotion regulation skill use predicts reductions in affective symptoms (Neacsiu et al., 2010) and a stronger working alliance is associated with fewer suicide attempts (Bedics et al., 2015) in dialectical behavior therapy. Thus, we examined whether within-person changes in these candidate mechanisms predicted session-to-session reductions in BPD features in BPD Compass. Participants with BPD ( $n = 75$ ;  $M_{age} = 27.5$ ;  $SD = 8.7$ ; 80% female; 91% white; 56% sexual minority) engaged in up to 18 sessions of BPD Compass delivered via telehealth. They completed measures of skillfulness (i.e., skill knowledge, frequency, quality, and effectiveness) and BPD features (ZAN-BPD) before each session and a measure of the therapeutic alliance (WAI) after each session. We conducted hierarchical linear models using proc mixed in SAS and a within-person mediation model using the MLmed macro in SPSS (Rockwood & Hayes, 2019). Within-person improvements in skillfulness,  $Bs: -.20 - -.15$ ,  $ps < .01$ , but not the alliance,  $Bs: -.03 - -.02$ ,  $ps > .30$ , predicted session-to-session reductions in BPD features.

Further, within-person improvements in skillfulness did not mediate the relations between the alliance and changes in BPD features. Although a productive working alliance may be necessary for treatment engagement, these results suggest skillfulness is an active mechanism of BPD Compass.

- **Paper: BPD Compass: Targeting the higher-order personality dimensions that underscore varied presentations of borderline personality disorder**

**Main author: Shannon Sauer-Zavala (University of Kentucky)**

*Co-authors: Matthew W. Southward, Nicole E Stumpp, Martina Fruhbauerova, Alexandra Hines*

**ABSTRACT:**

In the DSM's Alternative Model of Personality Disorders (AMPD), BPD is understood as elevations in negative affectivity, antagonism, and disinhibition. Targeting the higher-order personality mechanisms that drive an individual patient's BPD symptoms (and understanding that different patients may endorse different elevations in these mechanisms), rather than focusing on the BPD diagnosis, may provide a more efficient, personalized approach to care. BPD Compass is a novel, personality-based intervention for BPD that was developed to address BPD symptoms by directly targeting the higher-order dimensions of personality. Patients (N = 96) with BPD (confirmed by clinician-rated structured interview) participated in an RCT in which they were assigned to receive 18 sessions of BPD Compass immediately or after an 18 week wait. Results suggest that BPD Compass is associated with significant pre- to post treatment improvements in negative affectivity ( $t = 2.72$ ,  $p < .001$ ) and disinhibition ( $t = 2.23$ ,  $p < .05$ ) that were moderate ( $d = .72$  and  $d = .60$ ) in magnitude, respectively; improvements in antagonism were also moderate in magnitude ( $d = .52$ ) but did not achieve statistical significance ( $t = 1.94$ ,  $p = .07$ ). The brief, BPD Compass approach was also associated with significant reductions in BPD symptoms ( $t = 4.56$ ,  $p < .001$ ) that were large in magnitude ( $d = 1.18$ ). Within person improvements in each personality dimension was associated with subsequent session reductions in BPD symptoms. These data suggest that a treatment focused on higher-order dimensions of psychopathology is an efficacious approach to treatment for BPD symptoms.

- **Paper: Borderline Personality Disorder and High-Risk for Psychosis Research: a Scoping Review**

**Main author: Gabriele Lo Buglio (Sapienza University of Rome)**

*Co-authors: Tommaso Boldrini, Andrea Polari, Barnaby Nelson, Annalisa Tanzilli & Vittorio Lingiardi*

**ABSTRACT:**

"Introduction: People at greatest risk for developing psychosis are characterized by a high prevalence of personality disorders (Boldrini et al., 2019). This research is aimed at mapping the literature on individuals presenting with borderline personality disorder (BPD) and at-risk for psychosis state and posing relevant research questions.

Methods: Web of Science, Pubmed, and EBSO/APA PsycInfo databases were systematically searched from inception up to December 31st, 2022, including both original published research and grey literature for studies assessing at-risk for psychosis state (e.g.,

CHR-P, UHR, BS) or attenuated psychotic symptoms not meeting at-risk for psychosis inclusion criteria and BPD (e.g., employing the SCID) or subthreshold borderline personality pathology (e.g., using the SWAP). The study was conducted in accordance with the PRISMA extension guidelines for scoping reviews (Tricco et al., 2018).

Results: Most retrieved studies were conducted in Western countries and Australia and focused on BPD in high-risk for psychosis samples. Topics explored included assessment, outcomes and transition to psychosis, transdiagnostic risk identification, mental health services for youth, and stress and trauma.

Discussion: Future research should better define criteria for access to both at-risk for psychosis and personality disorders specialized clinical services. Moreover, randomized control trials aimed at evaluating need-based and psychological interventions for young CHR-P individuals with comorbid BPD are needed—in compliance with evidence-based recommendations. Finally, studies conducted with a transdiagnostic risk identification approach (Hartmann et al., 2021) could generate insight into additional early detection and intervention strategies."

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### Brief Paper Session

Friday, June 23rd, 11:00-12:00- **Room: Classroom 4012**

- **Paper: The Psychological & Physical Health Benefits of using Journal & Expressive Writing, especially for male clients.**

**Main author: Kevin Wright (British Association for Counselling and Psychotherapy (BACP))**

**ABSTRACT:**

"There is much evidence that indicates that there are positive therapeutic benefits arising from journal and expressive writing, particularly where writing is used as a pragmatic adjunct to therapy, where the length of therapeutic process can be considerably reduced by encouraging the clients to do this in their own time.

Journal and Expressive writing have been found to be an effective treatment for: PTSD and other traumatic events, especially for men; it is seen as effective as CBT for reducing symptoms of depression; facilitates the grieving process; helps to reduce the effects of compulsive worrying and rumination which contribute to depression; reduces physical symptoms, promotes better recovery from physical health problems and reduces anxiety.

Journal and expressive writing have been found to have significant effects, long term, on physical and psychological wellbeing, physiological and general functioning outcomes. As a member also of the BPS Male Psychology Section we aim, amongst other things, to find more Male friendly therapies. This paper will endeavour to Journal & Expressive Writing maybe a more Male friendly approach for a variety of presenting problems.

In this paper, it is proposed to highlight some of the research findings that indicate the benefits of writing, for whom, some of the possible limitations; the evidence that suggests what might be going on, neurologically, that makes journal and expressive writing effective therapeutic tools and suggested protocols for their use."

- **Paper: Simulated Role Play and Deliberate Practice for Basic Ethics**

**Instruction: A Pilot Study**

**Main author: Benjamin M Ogles (Brigham Young University)**

*Co-authors: Kristin L Hansen David M. Ereksen*

**ABSTRACT:**

Much has been written about various aspects of competency-based assessment and training for North American psychologists. While the general philosophy of training that extends beyond factual knowledge is widely viewed as needed (i.e., a "culture of competence"; Roberts et al., 2005), very little research has been conducted to verify that competency-based approaches to training, assessment, and accreditation result in better prepared and more effective health service psychologists. In this study, we use competency-based approaches (e.g., deliberate practice and performance in simulated therapy situations) for both assessment and training to teach first year graduate students how to handle basic ethical situations in therapy. Students responded to 8 simulated therapy situations on the first day of class and at the end of the class. In addition, they rated themselves in terms of their anxiety when handling each ethical situation and the difficulty of handling each situation. During the course, students participated in deliberate practice for handling ethical situations in therapy. Two, licensed psychologists who were blind to pre-post performance rated the student responses on both Facilitative Interpersonal Skills (FIS) and Ethical Competence. Student self-ratings indicated reduced anxiety and difficulty (effect sizes of .95 and 1.18 respectively). In addition, ratings of student performance indicated statistically improved performance in managing the situations both in terms of FIS and Ethical Competence (effect sizes .08 and .11 respectively). Although uncontrolled, the findings suggest that competency-based approaches to training and assessment may be useful as part of graduate level training in ethics. Further controlled study is warranted.

- **Paper: Innovative Moments combined writing: explorative study of on-line feasibility and change outcomes**

**Main author: Nuno Pires (Higher Institute of Social Work of Porto/CLISSIS)**

*Co-authors: Catarina Rosa, Mafalda Azevedo, Rafael Carneiro, Sara Meireles, Joana R. Silva*

**ABSTRACT:**

Aim: Expressive Writing (EW) has been presented as a low intensity intervention susceptible of positively impacting individuals physical and mental health. However, research analyzing psychological benefits from these interventions has found inconsistent results, leading to the development of a new wave of writing paradigms, combining expressive writing with positive writing. This exploratory study aimed to understand the feasibility and impact of an online delivered combined version of expressive writing (EW+ positive writing to promote innovative moments - IMs). Method: The sample consisted of 39 participants, randomly divided into three groups: Control Group (CG), Expressive Writing Group (EWG) and Combined Writing -IMs Group (CW-IMsG). All participants were assessed regarding the implementation quality of the online writing task, their subjective perception of change and self-reported psychopathological symptoms. Descriptives, chi-square and mixed ANOVA's were used to analyze the results and compare groups. Results: All writing paradigms seem susceptible of

being applied online but the CW-IMsG writing instructions were perceived as less clear and more demanding. Participants from the CW – IMsG reported a more positive impact of the writing task in their lives, when compared to the other groups. An interaction effect was found for the depression subscale, suggesting post-intervention improvements in depression for the EWG and the CW-IMsG. Discussion: These preliminary results add to former literature on combined and expressive writing, suggesting its putative potential as a useful low-intensity or self-help form of intervention, particularly for depression. Future study suggestions for the online application of writing paradigms will also be outlined.

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## Friday, June 23rd, 2023, 12:00 - 14:00 (IST)

Social

### Lunch: Blue Colour Badge

Thursday, June 22nd, 12:00 - 13:00 - Room: Lower Concourse

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Social

### Lunch: Green Colour Badge

Thursday, June 22nd, 12:00 - 13:00 - Room: Dining Hall

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Social

### Past President Lunch

*Organizers & Moderators:* Wolfgang Lutz (University of Trier)

Friday, June 23rd, 2023, 12:00 - 14:00 - Room: The 1592 Restaurant

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Social

### Lunch With Experts

*Organizers & Moderators:* Classroom 3106

Friday, June 23rd, 2023, 12:00 - 14:00 - Room: UI Chadhain

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Social

### Lunch: Yellow Colour Badge

Thursday, June 22nd, 13:00 - 14:00 - Room: Upper Concourse

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Social

### Lunch: Pink Colour Badge

Thursday, June 22nd, 13:00 - 14:00 - Room: Dining Hall

Friday, June 23rd, 2023, **14:00 - 15:30 (IST)**

Social

## General Membership

Friday, June 23rd, 2023, 14:00 - 15:30 - Room: Burke Theatre

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Friday, June 23rd, 2023, **15:30 - 17:00 (IST)**

Semi-Plenary

## Psychotherapy Skills and Methods that Work

Friday, June 23rd, 15:30-17:00 - Room: Burke Theatre

*Organizers & Moderators:* Clara E. Hill (University of Maryland at College Park)

*Discussants:*

- John C Norcross (University of Scranton)  
Louis G Castonguay (Pennsylvania State University)  
Bernhard Strauss (University of Jena)  
Beatriz Gomez (Aigle Foundation)

### ABSTRACT:

"We (Clara Hill and John Norcross) will first provide a rationale for reviewing the literature on psychotherapist skills and methods as effective components of psychotherapy in addition to client contributions, the therapeutic relationship, and placebo effects. We will then define skills and methods and give examples. Next, we define and describe the methodological advantages and disadvantages of studying immediate in-session, intermediate (post-session), and distal outcomes. And finally, we will describe different methods for reviewing the literature (e.g., quantitative meta-analyses, box scores). We will then review the evidence for the effectiveness of each skill and method, providing a summary table of the findings based on judgments made by 12 members of the Steering Committee (representing SPR, SAP, SCP, and SEPI). Finally, we will then present implications for practice and future research.

Three discussants (Castonguay, Strauss, Gomez) who have been members of the Steering Committee for this project and made judgments about effectiveness of the skills/methods will then present briefly about the need for this review, the weight of the evidence, and future directions."



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## Semi-Plenary

# Are existing gender disparities observed in health professions and research relevant for SPR too?

Friday, June 23rd, 15:30-17:00 - Room: JM Synge

Organizers & Moderators: Felicitas Rost (The Open University UK)

Discussants:

- Irene Elkin  
Shelley McMain (CAMH and University of Toronto)  
Imogen Harries (University of South Wales)  
Jaques Barber (Adelphi University)  
Chris Muran (Gordon F. Derner School of Psychology, Adelphi University)  
Johannes Ehrenthal (University of Cologne)

## ABSTRACT:

"If you are a woman in scientific research and keen on climbing the promotion ladder, chances are your path will be long. (...) While there are many challenges to building a successful research career – for many women it can prove to be a real obstacle course." (Horizon, 2022, p.1)

Despite progress in the campaign for gender equality, women still face significant barriers in healthcare and academia. Whilst 80% of psychotherapists are female, women continue to be under-represented in decision-making positions, and at the highest level. Entrenched gender stereotypes and gender biases also continue to be a problem in research, although the latest OECD survey shows that the magnitude of the gender gap varies across different areas.

What is it like in our field? Since SPR was founded, we had 51 presidents. Of those only 9 (17.6%) were women. Every year we rejoice in our colleagues' achievements during the awards ceremony. However, why are most of our recipients male? Out of 49 awards for senior distinguished research career, only 6 women (12.2%) received it. Similarly, only 14 (28.6%) of the awardees for outstanding early career achievement were women. Between 2018-2022, only 5 women received a small research grant compared to 17 men. How can we understand these gender-differences?

The discussants will focus on what efforts we can make towards understanding gender inequality in our Society, its determinants, and consequences for women within SPR and the wider profession, and what actions might be needed to advance women's equality in our field."

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## Semi-Plenary

# Step Changes in Psychotherapy Research: From Micro to Macro Levels of Impact

Friday, June 23rd, 15:30-17:00 - Room: Davis Theatre

*Organizers & Moderators:* Wolfgang Lutz (University of Trier), Michael Barkham (University of Sheffield)

*Discussants:*

- *Dana Atzil-Slonim (Bar Ilan University)*  
*Catherine F. Eubanks (Gordon F. Derner School of Psychology, Adelphi University)*  
*Miguel M. Gonçalves (University of Minho)*  
*Clara Paz (Universidad de Las Américas Ecuador)*  
*Christian A. Webb (Harvard Medical School)*

## ABSTRACT:

"The focus of this semi-plenary is on current and future step changes in psychological therapies research that the presenters consider to be both important and feasible. Hence, the aim is not to present unrealistic or unobtainable steps, but more to highlight small steps that are actionable and will be helpful or necessary in contributing to our field moving forward in different areas. In so doing, it reflects on evolving perspectives, research, and methodological developments as well as the diversity and internationality of the field of psychological therapies research.

To provide a structure and to facilitate connections, we are interested in such steps in five main domains of research: outcomes, processes of change, methodology, clinical practice, and dissemination of clinical knowledge. Each participant will identify and present their personal view of possible small steps which either are emerging or need to be addressed in the near future in one or several of these domains. Example topics are:

- Placing a greater focus on precision, granularity, and smaller effects.
- Moving from general treatment models to clinical strategies and processes
- Capturing complexity (e.g., moderators, heterogeneity)
- Applying ROM to lessen risk and treatment failures
- Making psychotherapy research more actionable in clinical practice
- Reaching out to minority groups, developing networks & building datasets"

Friday, June 23rd, 2023, 17:00 - 19:00 (IST)

**Semi-Plenary**

**What contribution can psychotherapy research and theory make to social justice and progressive social change?**

Friday, June 23rd, 17:30-19:00 - Room: Burke Theatre

*Organizers & Moderators:* Mick Cooper (University of Roehampton)

*Discussants:*

- *Heidi Levitt (University of Massachusetts Boston)*  
*Jesse Owen (University of Denver)*  
*Karen Tao (University of Utah)*

**ABSTRACT:**

We live in deeply troubled times: climate crisis; war; and racial, ethnic, transphobic, and heterosexist violence are just some of the converging global challenges we face. Enormous inequities exist between rich and poor. In this semi-plenary discussion—developing the public mental health theme of SPR 2023—we ask whether the work that psychotherapy researchers do has anything to contribute to the creation of a more socially thriving and just society and, if so, what. Our panellists come from a diversity of backgrounds and perspectives, but all have a commitment to progressive social change. They will speak on the subject of psychotherapy research's potential contribution to a more socially thriving and just society for five minutes each, followed by discussion within the panel and with audience members. Potential foci for the semi-plenary include psychotherapy research's contribution to the development of more compassionate citizens; the fostering of self-respect and assertiveness in marginalized peoples; and the development of theories of change (such as self-pluralistic approaches) that align to democratic, egalitarian principles. Means of enhancing the contribution of psychotherapy research to progressive social change will also be considered. While there is much that psychotherapy research can learn from the social justice domain; this panel specifically focuses on the converse relationship: what we can contribute to social justice and progressive social change. For members of the psychotherapy research community who hope to be able to contribute to social betterment beyond the clinical room, this semi-plenary should make for a lively and stimulating discussion.

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## Semi-Plenary

# Innovative Approaches to Exploring Processes of therapeutic change

Friday, June 23rd, 17:30-19:00 - Room: JM Synge

*Organizers & Moderators:* Sigal Zilcha-Mano (University of Haifa) Zac Imel (Utah State University)

*Discussants:*

- *Wolfgang Tschacher (University of Bern)*  
*Nili Solomonov (Weill Cornell Medical College)*  
*Sara Kopelovich (University of Washington)*  
*Anam Catarino (IESO Health)*  
*Katie Aafjes-van Doorn (Yeshiva University)*  
*Uwe Altmann (Medical School Berlin)*

## ABSTRACT:

"For decades, self-report measures, observer ratings, and interviews with patients and therapists have been the most common ways to assess the process of therapeutic change, and to quantify its efficacy and effectiveness. These methods have produced a vast body of knowledge, laying the foundation for an empirically-informed approach to psychotherapy. Despite their unquestionable merit, traditional assessments such as self-report or observer rated measures have multiple limitations, including impression management, cognitive heuristics such as anchoring, and labor intensiveness. In the last decade, we have witnessed rapid development in many fields of technology, biology, and medicine, as well as a great flourishing of computer-assisted technologies. As a result, there has been renewed interest in these and other new approaches used to capture efficiently the process and outcome of psychotherapy. In recent years, innovative approaches have been implemented to answer many, old and new questions, in psychotherapy research, creating new and exciting interdisciplinary subfields. The findings that emerged from the implementation of these approaches demonstrate their potential to deepen our understanding of therapeutic change.

In this semi-plenary, leading scholars in the field of innovative approaches to exploring processes of therapeutic change will present what they see as the state of the art in the field, and how they see the field developing over the next decade.

The speakers: Wolfgang Tschacher, Nili Solomonov, Sara Kopelovich, Ana Catarino, Katie Aafjes-van Doorn and Uwe Altmann. We hope that this semi-plenary will stimulate a thought-provoking discussion with the audience.

Semi-plenary moderators are Zac Imel and Sigal Zilcha-Mano."

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### Semi-Plenary

## From Process to Practice: Using Process-Outcome Research to Meaningfully Enhance Patient Outcomes

Friday, June 23rd, 17:30-19:00 - Room: Davis Theatre

Organizers & Moderators: Alice Coyne (Case Western Reserve University), Juan Martín Gómez Penedo (Universidad de Buenos Aires)

### Discussants:

- *Michael Constantino (University of Massachusetts at Amherst)*  
*Christoph Flückiger (University of Kassel)*  
*Lauren Lipner (Long Island University)*  
*Julian Rubel (Osnabrück University)*  
*Eva-Lotta Brakemeier (Universität Greifswald)*  
*Alex Behn (Pontificia Universidad Católica de Chile)*

### ABSTRACT:

This semi-plenary will discuss new directions for psychotherapy process-outcome research, as well as novel ideas for translating such research into impactful clinical practices that have the potential to enhance patient treatment response. Specifically, the expert discussants, Drs. Constantino, Flückiger, Lipner, Rubel, and Garay, will be asked to: (a) summarize the current state of psychotherapy process-outcome research; (b) identify the major next steps they believe could meaningfully move this research base forward; and (c) discuss methods and strategies for improving the implementation or translation of process-outcome research into direct and impactful clinical practice improvements. Each expert discussant will have the opportunity to briefly comment on the aforementioned topics. Following these comments, the moderators will invite audience members to comment and pose questions to the discussants.

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Friday, June 23rd, 2023, **19:00 - 20:00 (IST)**

**Poster Session** - Room: Lower Concourse

### Poster

## Current Ethical Dilemmas Experienced by Psychologists Who Use Social Media: A Systematic Review

Main author: Ella White (University of Manchester)

### ABSTRACT:

"Background: Despite the rise in psychologist use of social media, current ethical guidelines have not provided guidance on how to use social media. Ethical guidelines suggest psychologists apply the same ethical principles advised for their offline work when using social media, without consideration of differing potential ethical dilemmas online.

Methods: A systematic review of the current literature was conducted to explore the main ethical dilemmas encountered by psychologists who use social media. Three databases were searched comprising PsycINFO, Web of Science, and CINAHL Plus. A total of 52 studies were screened by their titles and abstracts, with a subsequent 36 studies analysed against inclusion and exclusion criteria. The remaining 14 studies were assessed using quality standards and included within the thematic synthesis.

Findings: Data analysis conceptualised 3 themes: psychologist searches risking the therapeutic relationship, psychologist defensiveness in response to client searches, and societal normalisation of social media.

Conclusion: The societal prevalence of social media use suggests it is now inevitable that psychologists will experience some form of ethical dilemma regarding social media.

Psychologists need an awareness of how online searches for clients may impact the therapeutic relationship. Risk of boundary crossings from clients online can be minimised through increased privacy settings and reflexivity on what information psychologists' self-disclose online. Ethical dilemmas on social media should be discussed in supervision, with further guidance needed for ethical use of social media as a psychologist."

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## Poster

### **No-Shows' and Outcome in Community-Based Treatment with Parent-Child Interaction Therapy**

**Main author: Christie P. Karpiak (University of Scranton)**

*Co-authors: Maria Rocha, Laura Rebolledo*

#### **ABSTRACT:**

"Community-based treatment with PCIT yields lower graduation rates than other contexts and a large group who leave treatment early but substantially improved.

'No-shows'--missed appointments after intake without cancelling--are more common in community treatment, higher in the U.S. in groups without private insurance, and potentially related to lower PCIT graduation rates.

We examined the relationship between no-shows and outcome in archival data (N=90) from a community treatment center in the U.S. northeast. Children were M=4 years, 4 months with clinical behavior problems (t-score=67). The majority (90%) did not have private insurance. No-show % of scheduled appointments after intake was calculated for each client and the Mean (28%) was high, similar to community medical practice. Continuous change scores were generated from the ECBI behavior scale. Outcome categories were

graduation (33%), reliable change (RCI) without graduation (23%), no change or graduation (40%), and reliable deterioration (4%).

No relationship was found between no-shows and amount of behavior change. Graduates had lower no-shows than other categories. We examined graduates further because their no-shows occurred without dropout. Privately-insured clients were overrepresented among graduates and had fewer no-shows. Without them, graduates had  $M=4.3$ ,  $Mdn=3$  no-shows (15% of scheduled appointments) and graduated in  $M=16.5$  sessions (compared to 9.5). No-shows are common in this setting—even clients that graduated missed sessions without cancelling. Campbell (2020) notes that practitioners working with poor clients need a flexible stance toward no-shows, a complicated position given the importance of skill development in PCIT. Progress monitoring ideally should help distinguish routine no-shows from dropout."

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## Poster

### **Psychological impact on men who have sex with men (MSM) recently diagnosed with HIV: A scoping review**

**Main author:** *Cristian Ortega (Universidad Diego Portales and Millennium Institute for Research in Depression and Personality)*

**Co-authors:** *Alemka Tomicic, Miguel Aguilera*

#### **ABSTRACT:**

"Background: The risk of acquiring HIV is 28 times higher in men who have sex with men (MSM), a group considered by UNAIDS as a key population. The literature shows that this population experiences significant psychosocial problems in terms of discrimination and stigmatization, which would add to the effect of HIV diagnosis.

Objective: To review the research carried out between 2012 and 2022 regarding the psychological impact of the recent diagnosis of HIV in MSM.

Method: A scoping review was carried out between 2012 and 2022 on the psychological impact of the recent diagnosis of HIV in MSM. 34 articles were selected with which a thematic analysis was carried out.

Results: Most of the studies were published in magazines specialized in sexuality and/or HIV-AIDS and come mainly from China and USA. They provide information regarding the epidemiology of psychiatric disorders and psychosocial changes experienced by MSM after diagnosis.

Conclusions: HIV diagnosis has mental health consequences in MSM: development of clinical and subclinical symptoms, such as depression and anxiety. In addition, the development of post-traumatic growth is reported, which will depend on psychological variables prior to contagion. Resilience, perception of illness and self-stigma related to

having sex with men and HIV are important sociocultural factors in the psychological impact. Any intervention strategy should consider social and cultural sensitivity."

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## Poster

# Expected Symptom Change Trajectories for the Early Identification of Probable Treatment Non-response in VA PTSD Specialty Care Clinics: A Proof-of-Concept

**Main author: Benjamin C Darnell (Massachusetts Veterans Epidemiology Research and Information Center, VA Boston Healthcare System )**

**Co-authors: Natasha Benfer, Maya Bina, N Vannini, Luke Ruscowicz-Orazem, Elliot Fielstein, Brett T Litz**

## ABSTRACT:

The purpose of measurement-based care (MBC) is to detect treatment non-response sufficiently early in treatment to adjust treatment plans and prevent failure or drop-out. Thus, MBC provides the infrastructure for a patient-centered approach to evidence-based care that can flexibly meet the needs of diverse patient populations. However, MBC is underutilized across the Department of Veterans Affairs (VA) post-traumatic stress disorder (PTSD) specialty clinics, likely because no actionable, empirically determined guidelines for using repeated measurement effectively are available to clinicians. With data collected as part of routine care in VA PTSD specialty clinics across the United States in the year prior to COVID-19 (n = 2182), we conducted a proof-of-concept for a method of generating session-by-session benchmarks of probable patient non-response to treatment, which can be visualized alongside individual patient data using the most common measure of PTSD symptoms used in VA clinics, the PTSD Checklist for DSM-5 (PCL-5). Using survival analysis, we first identified the probability of cases reaching clinically significant change at each session, as well as any significant moderators of treatment response. We then generated a multi-level model with initial symptom burden predicting the trajectory of PCL-5 scores across sessions. Finally, we determined the slowest changing 50% and 60% of all cases to generate benchmarks at each session for each level of the predictor(s), and then assessed the accuracy of these benchmarks at each session for classifying treatment responders and non-responders. The final models were able to accurately identify non-responders as early as the sixth session of treatment.

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Poster

## **Personality functioning and borderline personality disorder in patients referred for psychiatric consultation in an emergency service**

**Main author:** *Jazmín Pérez-Méndez (Pontificia Universidad Católica de Chile; Millennium Institute for Research in Depression and Personality (MIDAP))*

**Co-authors:** *Alex Behn, Tomás Massmann, Marianne Cottin*

### **ABSTRACT:**

"Background: In the last decade, personality disorders suffered a transformation regarding their classification and diagnosis. The personality disorder (PD) dimensional diagnosis proposed by DSM-V's Alternative Model (AMPD) and CIE-11 defines personality pathology as an impairment in self and interpersonal functioning. In this context, epidemiological data is still scarce, and no studies to date inquire the prevalence of this diagnosis in patients referred for psychiatric consultation in emergency services. Thus, the aim of this study is to describe the proportion of consultants referred to psychiatric consultation with the AMPD PD diagnosis and the severity of borderline features in this sample.

Methods: Participants were adults (+18) consulting an adult general emergency service from a Chilean public hospital in a deprived urban area. We used two self-report screening scales (LPFS-BF 2.0 and ZAN BPD) to measure personality functioning and borderline symptoms.

Results: From our total 182 participants sample, 27.5% presented personality functioning impairment. The group with a probable AMPD PD diagnosis consistently scored higher in borderline symptomatology. Additionally, the group with personality functioning difficulties presented more psychosocial impairment.

Conclusions: Our findings suggest that dimensional PD diagnosis is a highly prevalent condition among patients referred for psychiatric consultation in emergency services. These results underscore the need to gather quality epidemiological data to promote the design and implementation of appropriate emergency care interventions for this condition and to advance PD inclusion in national mental healthcare policies."

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Poster

## **Young adults with anxiety and/or depression in affect-focused group therapy**

**Main author:** *My Maria Frankl (Scandinavian Academy of Psychotherapy Development)*

**Co-authors:** *Björn Philips*

### **ABSTRACT:**

"Background: To broaden the range of evidence-based therapies and identify effective treatments for young adults, new treatments need to be put forward and tested. Affect phobia therapy (APT) is a treatment designed to help patients develop more adaptive affect regulation, through providing help with inhibitory affects as well as helping patients get in contact with and tolerate activating affects. Our project is the first to evaluate APT group therapy for young adults.

Aim: The aim of the planned trial is to evaluate the feasibility and effectiveness of APT-group therapy for young adults with symptoms of anxiety and/or depression.

Methods: In an open trial comprised of 16-18 participants aged 18-25 years, three treatment groups with six participants in each group will be included. The treatment consists of 10 sessions, 90-minutes. The targeted symptoms, anxiety, depression, emotion-dysregulation and self-compassion will be evaluated with repeated measures every week from start of therapy and at follow-up after four weeks.

Discussion: The hypothesis is that APT will reduce psychiatric symptoms related to depression and anxiety, and that affective functioning as well as self-compassion will be increased, as those are hypothesized to be mediating factors in the treatment. Further hypotheses are that most of the patients will complete the entire treatment and that no patient will experience serious adverse events due to treatment. Positive results in this study would indicate that affect phobia group for these patients should be examined further in a randomized controlled trial."

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## Poster

# Clients' Treatment and Therapist Credibility Perceptions and Post-Treatment Outcomes: Two Multilevel Meta-Analyses

**Main author:** *Guler Beril Kumpasoglu (University College London; Anna Freud National Centre for Children and Families)*

**Co-authors:** *Chloe Campbell, Peter Fonagy*

## ABSTRACT:

"Objective: Patients' perceptions of credibility have long been considered as a common factor in effective psychotherapies. However, existing reviews on the credibility–outcome relationship have been limited to considering patients' early perceptions of treatment credibility. The current study widens the focus by looking at the relationship between perceived treatment and therapist credibility and treatment outcome while considering the timing of the credibility assessment.

Method: Articles published in English peer-reviewed journals between 1960 and November 2022, that included at least one quantitative measure for both credibility and treatment outcome, and explored bona fide face-to-face therapist-delivered interventions were considered eligible. Two multilevel meta-analyses with correlated and hierarchical effect

models were conducted for treatment (N = 7) and therapist credibility (N = 23) and outcome association separately.

Results: After sensitivity analyses, the overall effect indicated a strong positive association between therapist credibility perception and treatment outcome ( $r = .36$ , 95% CI = [.11, .66],  $p < .05$ ) and a small association between treatment credibility and outcome ( $r = .07$ , 95% CI = [.01, .13],  $p < .05$ ) with no difference between initial and emergent credibility perceptions.

Conclusions: Findings revealed that clients' perceptions of higher credibility— whether in relation to the treatment or the therapist — are associated with the better therapeutic outcome regardless of the timing of the assessment of credibility. Results highlighted the importance of establishing credibility as a part of the initial relationship in clinical practice

Keywords: Treatment credibility, therapist credibility, treatment outcome, common factors, therapeutic relationship"

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## Poster

# **The Mutual Influence of Co-Leading Effects on Competencies Progress with the Counseling Group Process: An APIM Analysis**

**Main author:** *Yu-Jia Jennifer Chou (Dep. of Educational Psychology & Counseling National Tsing-Hua University)*

**Co-authors:** *Yu-Kuang Kevin Hsu, Yeng-Pin Chang*

## **ABSTRACT:**

Aim to explore the co-leadership mutual influence between the two leaders, which postulates that group leaders influenced each other and sought to reflect on different competencies. Eight components of the group leadership competency had identified by preview study for instrument development (2012) and practitioner investigation (2015), which include Facilitating Change and Action, Cohesion Facilitating, Depth Enhancing for Group, Process Leading & Facilitating, Depth Enhancing for Individual, Norm Building, Process Obstacle Breaking through, Terminating & Change Intensifying. We tested the effects of the eight competencies on mutual efficacy influence of the higher self-evaluation (HSE) leader and lower self-evaluation (LSE) co-leader in 56 groups of 10 sessions. The measures were administered right after the 1st, 4th, 8th, and 10th (final) weekly group sessions. For each of the 3 phases created by these 4-time points of assessment, we modeled the dynamics between the two leaders in a group in an actor-partner interdependence model. The results consistently revealed that the less experienced leader's self-efficacy in facilitating changes and actions positively predicted such efficacy of the HSE leader at the following time point. In the meanwhile, the LSE co-leaders self-efficacy in breaking through process obstacles was negatively predicted by the same

efficacy of the HSE leader from the prior time point while. Together, somewhat to our surprise, it seems the HSE leader in a group was able to learn from the patterned LSE co-leader and improve in group leading efficacy. By contrast, the latter appeared to be not or even negatively influenced by the former.

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## Poster

# Comparing clients' experiences of challenging processes in good and poor outcome cases of Emotion-Focused Therapy for emotional injuries

**Main author:** *Ayumi Noda (Ochanomizu University)*

**Co-authors:** *Shigeru Iwakabe, Chiharu Yamaguchi*

## ABSTRACT:

**Objective:** This study examined clients' subjective experiences, challenges experienced during therapy, and differences between good outcome and poor outcome cases in Emotion-Focused Therapy (EFT) for past emotional injuries.

**Method:** Semi-structured interviews were conducted with seventeen clients who completed 16 to 20 sessions of EFT treatments. Clients completed ten outcome measures pre and post treatment. We analyzed the interview data using a grounded theory approach, obtaining clusters and categories. Based on the outcome measures, we selected three good and three poor outcome cases from the same therapists, one good and one poor outcome case each, and investigated how frequently clusters and categories appeared in each group.

**Results:** We identified five main clusters, including therapeutic relationship, emotional change process, changes to daily life, challenges in the change process, and shifting the meaning of therapy. There were no differences in the frequency of main clusters appearing between the two groups. We found differences in subcategories within challenges in the change process: clients in the poor outcome group experienced more misalignment about therapeutic tasks. Clients in the poor outcome group struggled with processing emotions, such as expressing or staying in their emotions, and experienced a greater sense of stagnation. In contrast, clients in the good outcome group experienced more anxiety and fear regarding chair-work.

**Discussion:** Clients in the good outcome group experienced fear and anxiety about experiential tasks such as chair-work more than those in the poor outcome group, as they were engaged more emotionally than those in the good outcome group."

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Poster

## Implementing Character Strengths Interventions in Psychotherapy: A Grounded Theory Study

**Main author:** *Emily Karin Peterson (University at Albany, SUNY)*

*Co-authors: Myrna L Friedlander*

### **ABSTRACT:**

"Positive psychology has been a focus of strengths-based wellness interventions in schools and the workplace as well as clinical practice (Ciarrochi et al., 2016; Jankowski et al., 2020; Mills et al., 2016;). The primary implementation of positive psychology in psychotherapy, which involves working with character strengths (Rashid, 2015)), is thought to appeal to many clients due to the focus on capitalizing on resilience rather than on problems or deficits (Rashid & Seligman, 2018). However, research on the effective use of character strengths interventions is lacking.

This poster will describe the preliminary findings of a grounded theory study whose aim is to discover, in depth, how therapists approach psychotherapy from a strengths-based, positive psychology perspective. Specific research questions are: (a) how can a strengths-based approach be integrated with or complement more traditional approaches to psychotherapy? and (b) when, how, and with what kinds of clients are character strengths interventions most and least effective? A grounded theory approach is being used to analyze semi-structured interviews with experienced therapists from a variety of disciplines who regularly use character strengths interventions with their adult clients. This methodology was chosen to create a model of helpful practices in the use of character strengths from its introduction to clients throughout the unfolding therapeutic process."

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Poster

## Therapeutic Working Alliance in group CBT and Yoga for Generalized Anxiety

**Main author:** *Benjamin A Feldman (NYU Grossman School of Medicine/NYU Langone Health)*

*Co-authors: Kristin Szuhany, Samrachana Adhikari, Sat Bir Khalsa, Elizabeth Hoge, Eric Bui, Susanne Hoeppepner, David Rosenfield, Stefan Hofmann, Naomi M Simon*

### **ABSTRACT:**

"A recent group therapy meta-analysis found stronger working alliance-outcome relationships with interventions emphasizing interpersonal interaction, but less is known about working alliance's role in mind-body interventions. This study examined working alliance's impact on anxiety outcomes for patients with generalized anxiety disorder (GAD)

randomized to group Kundalini yoga, CBT, or stress education (SE). We hypothesized that greater working alliance at midpoint would predict lower endpoint anxiety for CBT and yoga. Of 226 randomized adults, 147 (71% women, M age=33.2±13.3) completed the Working Alliance Inventory (WAI) at midpoint and are included in analyses (yoga:n=56, CBT:n=65, SE:n=26). Interventions were delivered in groups of 3-6 facilitated by two instructors. Self-report outcomes included the Penn State Worry Questionnaire (PSWQ) and Beck Anxiety Inventory (BAI). Longitudinal mixed effects models for each outcome included covariates for midpoint WAI, intervention arm, their interaction, and baseline PSWQ/BAI. Follow-up analyses were conducted within each treatment arm. At midpoint, ANOVA found that mean(SD) WAI scores did not differ ( $p>0.05$ : CBT:65.2(10.8), yoga:63.3(12.9), SE:58.8(11.4)). Higher midpoint WAI was associated with lower BAI for yoga vs. SE (interaction estimate,  $w:-0.38, 95\%CI[-0.60, -0.15]$ ,  $p=.001$ ) and CBT vs SE ( $w:-0.29, 95\%CI[-0.52, -0.07]$ ,  $p=.012$ ). WAI did not moderate PSWQ. Within yoga, midpoint WAI predicted BAI (Estimate:-0.15,  $95\%CI[-0.27, -0.04]$ ,  $p=.010$ ) and PSWQ (Estimate:-0.29,  $95\%CI[-0.57, -0.02]$ ,  $p=.037$ ) outcomes, but not for CBT or SE. Although working alliance did not significantly differ between groups, these data suggest working alliance contributes to lower anxiety outcomes in group yoga treatment, and bears further study. More research is needed to understand how working alliance impacts yoga outcomes."

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## Poster

# An update on the Single Case Archive: Review of a multi-theoretical online database of published peer-reviewed single case studies

**Main author: Reitske Meganck (Ghent University)**

*Co-authors: Liza Notaerts*

## ABSTRACT:

Case study methods are increasingly recognized as crucial methods to enhance understanding of the complexity of psychotherapy processes and as way to bridge the science-practice gap. The Single Case Archive (SCA) was constructed to facilitate access to the existing field of case study research for academic, clinical, and educational purposes. Cases were selected through systematic screening of relevant peer-reviewed journals in the field of psychotherapy research and rigorous snowball sampling. All cases meeting inclusion criteria were inventoried using the Inventory for Basic Information in Single Cases that maps study, patient, therapist, and therapy characteristics. 3471 cases from 175 peer-reviewed journals published between 1955 and 2019 were included in the SCA database. The SCA comprises cases from different theoretical backgrounds, discussing

patients from different age categories, with different presenting problems going through a diversity of psychotherapeutic treatments that are studied using a range of methods. Cases differ strongly with respect to the amount of information that is present in the case study, and the field should pay more attention to ethical considerations like informed consent and providing relevant basic descriptive information. An online platform makes the SCA database searchable by researchers, clinicians and students. In conclusion, the SCA is a unique resource that makes case studies more easily accessible, facilitates meta-studies and reviews of case studies, and stimulates methodological developments in the field of case study research.

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## Poster

### **Increasing the reach and quality of psychotherapist training programs with e-learning - status of ongoing research**

**Main author:** *Kaperi Mikkonen (Helsinki University Hospital and University of Helsinki)*

**Co-authors:** *Suoma E. Saarni, Eeva-Eerika Helminen, Samuli I. Saarni*

#### **ABSTRACT:**

"The imbalance of the supply and demand for psychotherapy is a problem recognized globally. One solution for the problem is to widen the reach and availability of training programs with e-learning.

We present the status of our ongoing work and research of digitally assisted therapist training of evidence-based psychotherapies such as cognitive behavioural therapy and interpersonal therapy. We have created a scalable training model for national dissemination of various evidence-based practices which is based on e-learning and flipped classroom strategies. The training programs are evaluated and researched from the perspectives of knowledge acquisition, overall acceptability, and clinical results of employees in-training. During the first year of implementation, we have trained approximately 500 professionals in various evidence-based practices for mental health. The training model has been accepted by the trainees and organizations and the clinical results in treating common mental health disorders (e.g., depression and anxiety) are in alignment with the results achieved in clinical trials.

Utilizing e-learning in training evidence-based practices for mental health has enormous potential. Based on our initial experiences, it appears that most of the didactic, self-experiential and modelling elements of the training can be tackled with e-learning solutions with good results. For this reason, all the synchronous training can focus on role-play and on the training of various skills which can't be done in an asynchronous digital environment. Developing and researching new and innovative methods for therapist training is necessary to ensure that more people with mental health disorders can be offered the help they need."

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Poster

## **Unboxing the adumbration of intrapersonal and interpersonal process in the transition stage of group counseling: contradistinction of the FRAMES and IGIPS**

**Main author:** *Chun-Shing Liew (National Taiwan Normal University)*

**Co-authors:** *Chi-Chi Su, Yu-Kuang, Kevin Hsu*

### **ABSTRACT:**

Identification of group members' interaction pattern is important in understanding the group psychotherapy process. However, little has known regarding how one person interacts with another within the group, and the formation of interpersonal interaction throughout the process. The Individual Group Member Interpersonal Process Scale (IGIPS) the coding system for interpersonal behavior include disclosing and feedback, and the Fundamental repetitive and maladaptive emotion structure (FRAMES) which usually use on the individual psychotherapy analysis could also address on group analysis in preview study, both were adopted on analysed the same material for comparison. Single case study was adopted, and transcripts were generated from session 2 to session 12. Early group stage ranged from session 2 to session 6, and late group stages ranged from session 7 to session 11. Two different coding schemas were used as identify members' behavior, which based on FRAMES to identify members' intrapersonal behavior and IGIPS to identify interpersonal interaction. In early stage, members tended to felt anxious in exploring unfamiliar environment and the interaction between members were passive and distanced from other. However, as the late stage, members' patterns of interaction were become more complex and interweaved compared with early stage, and the members getting closer with each other. Our findings show the transition of members' intrapersonal and interpersonal behaviors were complex and diverse between stages. Future study should specify particular interaction patterns to understands how one's behavior change within the group process.

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Poster

## **Modules Comparison of interpersonal interaction process pattern in the different stages of counseling group: Analysis through the IGIPS system**

**Main author:** *Chi-Chi Su (National Taiwan Normal University)*

**Co-authors:** *Chun-Shing Liew, Yu-Kuang Kevin Hsu*

### **ABSTRACT:**



Although the transition of interpersonal interaction in different group stages is important for practice and supervision implement, the elaboration for the phenomenon showed still few. Main purpose of this study is to discuss the development of interpersonal interaction in three stages of group counseling through the interpersonal process coding and finding the interaction patterns for the association forming. The methodology of this study is single case study with twelve sessions of group counseling that has nine group members. This study converts the conversation into transcript, and analyzed coded-data from the third to the eleventh group meeting session. Coding schema is based on Individual Group Member Interpersonal Process Scale (IGIPS). Sequential analysis examines the development of interpersonal behaviors for the comparison on differences of interpersonal behavior transition across the group process. Major findings were as following: By comparing interpersonal behaviors in the three stages of a group, it indicated that the interpersonal behaviors of humor (H), giving advices (GA) and interpersonal sensitivity (SS) increased along with the development of the stage, while the behavior of asking questions (AQ), resistance of affect (RA) and feeling of disconnected from others (DO) gradually decreased. On the other hand, the behavioral transition rate of self-awareness to positive sentiment (SA→PS) gradually increased along with the development of the stage. At the same time, behavioral transition rate of resistance of affect to resistance of affect (RA→RA) gradually decreased.

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## Poster

# Difficulties in emotion regulation in adult children of alcoholics

**Main author: Barbara Simonič (University of Ljubljana, Faculty of Theology)**

*Co-authors: Tanja Valenta, Saša Poljak Lukek*

## ABSTRACT:

"In a family with alcoholic parents, the family dynamics change and accompanying phenomena develop that are detrimental to the child's psychosocial development, with consequences that continue into adulthood. 'Adult children of alcoholics' (ACoA) who have spent part or whole of their childhood growing up in a dysfunctional family where alcohol dependence of one or both parents was a major problem are more vulnerable to life stressors and have more adjustment difficulties. Many unresolved and repressed issues from childhood shape their functioning in adulthood, which often turns out to be emotionally and socially immature.

Our study of 229 ACoAs and 334 non-ACoAs shows that ACoAs, compared to those who did not grow up in families with alcoholism, have more difficulties in regulating emotions and experience more individual problems and fewer individual strengths. Their difficulties in emotion regulation are correlated with more difficulties in their psychosocial functioning.

The results confirm that children of alcoholic parents are more vulnerable to developing complications in adulthood due to the stressful circumstances in childhood, and therefore the need for psychotherapeutic support that takes into account the areas that are most exposed and affected in these circumstances is justified and reasonable.

The author acknowledges partial financial support from the Slovenian Research Agency (project No. J5-2570)."

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## Poster

# Hair Cortisol as a Biomarker for Trauma and Posttraumatic Stress Disorder – 10 Years of Insights and Open Questions. A Systematic Review

**Main author:** Klara Capito (*Friedrich-Alexander-Universität Erlangen-Nürnberg*)

**Co-authors:** Lena Schindler-Gmelch, Susann Steudte-Schmiedgen, Matthias Berking, Clemens Kirschbaum

## ABSTRACT:

"In the context of trauma and posttraumatic stress disorder (PTSD), cortisol is one of the most extensively studied biomarkers. In particular hair cortisol concentrations (HCC) have provided insights into long-term hormonal secretion patterns. A two-staged dysregulation model has been developed, which postulates elevated cortisol secretion during and immediately after trauma exposure that eventually reverts to hyposecretion with increasing time since trauma exposure.

In this systematic review, we re-evaluated the two-staged secretion model with regard to the accumulated diagnostic, prognostic, and intervention-related evidence of HCC in lifetime trauma exposure and PTSD.

The systematic literature search yielded 5 046 records, of which 31 studies were included. The hypothesized cortisol hypersecretion for recent/ongoing (traumatic) stress could be largely confirmed. However, for the hyposecretion assumed to occur with more temporal distance to trauma exposure, the results are less clear. This may largely be attributable to methodological limitations, as the majority of studies did not report comprehensive overviews over trauma history and confounding influences. In addition to that, data on the prognostic and intervention-related benefits of HCC remain sparse.

Over the last decade, important insights into long-term hormonal mechanisms of lifetime trauma exposure and PTSD could be gained. Thus, we conclude by integrating those in an updated cortisol secretion model for trauma/PTSD and provide recommendations for improving HCC research in the context of trauma/PTSD."

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Poster

## **Strengthening and weakening of the therapeutic bond with people from the LGBT community: the perspective of the therapeutic dyad.**

**Main author: Jesús Vidal-Rojas (Universidad Diego Portales and Millennium Institute for Research in Depression and Personality)**

*Co-authors: Alemka Tomicic, Claudio Martinez*

### **ABSTRACT:**

The therapeutic bond is a good predictor of the results and adherence in psychotherapy, independent of the modality and approach, besides being a factor that influences suicide prevention. Sexual and gender diversity patients seek to build a bond with the therapist that validates, accepts, empowers and/or affirms them, through a friendly, empathic and real relationship. However, on many occasions, the therapeutic bond can be affected by fears and defensive processes of the self towards the relationship with another, in this case a therapist. Objective: To describe the factors that favor and hinder the therapeutic bond in LGBT therapists and patients. Methodology: A qualitative design of secondary sources was applied through the grounded theory approach to coding focused on weakening and strengthening factors of the therapeutic bond. A total of 16 interviews were analyzed, 8 to LGBT people and 8 to therapists who have treated patients from this community. Results: Some strengthening factors are feeling validated, knowing oneself better, deconstructing binary and macho prejudices, the manifestation of an understanding posture of both members, validating the experience of violence, use of timing in interventions. Weakening factors are the passive role of the patient, poor communication of self-regulation processes, lack of self-discovery of their sexual orientation and gender identity on the part of patients, mistrust in the other, feeling of insecure spaces, hopelessness and despair at the lack of attention and connection with an impersonal relationship.

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Poster

## **Associations Between Discrepancies in Therapeutic Alliance Rating and Treatment Outcome in Adolescent Psychotherapy for Depression**

**Main author: Emilie Tara Hess (Anna Freud National Centre for Children and Families; University College London)**

*Co-authors: Antonella Cirasola*

### **ABSTRACT:**

"Introduction: The literature provides some insights into understanding non-adherence in psychotherapy, but the factors that exactly affect psychotherapy non-adherence at a public health hospital is still unknown.

Objective: to broaden the understanding of characteristics of structural levels of personality in patients who do not adhere to psychotherapeutic treatment.

Method: 36 adult patients with severe mental disorders who received treatment in psychodynamic psychotherapy, interpersonal psychotherapy and cognitive behavioral psychotherapy were included in this pilot study. The structural axis IV of the multiaxial instrument Manual of OPD-2-Operationalized Psychodynamic Diagnosis was applied by individual interviews.

Results: Within all the sub-items of the structural axis IV of the OPD-2, patients with a moderate level of structure predominated, regardless of the final treatment outcome (discharge, clinical referral or abandonment). There were no significant differences between these groups in regard structural levels of integration of personality.

Discussion: All patients have moderate levels of structural integration, and this result might be related to the fact that all patients were evaluated for psychotherapy indication. The sample does not contain patients with a structurally disintegrated levels of personality, as it is likely that these patients will have difficulties in remaining in the outpatient clinic, as they might need assistance at hospitalization."

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## Poster

# Relational Family Therapy and affect regulation: The case of addiction

**Main author: Saša Poljak Lukek (University of Ljubljana, Faculty of Theology)**

*Co-authors: Barbara Simonič, Tanja Valenta*

## ABSTRACT:

"Dysfunctional affect regulation and the general inability to manage emotions are often mentioned in relation to the development and maintenance of addiction. According to this, addicts use addictive behaviour to cope with difficult emotions, either because they have more negative emotional states than others do, or because they lack the internal resources to cope with these negative emotions. In the time of and even after addiction, addicts and their relatives struggle with its consequences, and to cope with these, they need help to deeply transform their patterns, relationships, inner attitudes, and way of affect regulation. Psychotherapy can play a big role here. The Relational family therapy is a theoretical and clinical psychotherapy model that integrates aspects of general systems theory with relational psychoanalytic models, including object-relational theory, self-psychology, and interpersonal analysis, as well as with contemporary insights of neurobiology and attachment theory. The relational family therapy process in the therapeutic treatment of addiction focuses on identifying and transforming the dysfunctional affect regulation

underlying addictive behaviour. The presentation will use a process action research methodology to illustrate a relational family therapy approach to working with an alcoholic client with a focus on affect regulation.

The author acknowledges partial financial support from the Slovenian Research Agency (project No. J5-2570)."

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## Poster

# Harmful use of alcohol in the light of difficulties in emotion regulation

**Main author: Tanja Valenta (Franciscan Family Institute, Ljubljana, Slovenia)**

*Co-authors: Saša Poljak Lukek, Barbara Simonič*

## ABSTRACT:

"Dysfunctions of affect regulation and the inability to manage emotions are often mentioned in relation to the development and maintenance of alcohol addiction. Lack of adequate emotional regulation is thus often considered a central theme of alcohol addiction and a primary reason for alcohol abuse. Alcoholism or other forms of addiction are unconsciously used to help addicts regulate their affect. The mechanism of affect regulation, which poses a problem for addicts, generally refers to internal processes that allow the individual to maintain emotions to a degree that is still bearable for them. Effective emotional regulation is often understood as a necessary condition for optimal social functioning, and in the case of alcoholism, it is also at least partially related to successful alcoholism treatment.

Regarding this, our study investigated the relationship between emotional regulation problems and harmful and risky drinking. The study included 507 participants. The results obtained by the Difficulties in emotion regulation scale (DERS) and Alcohol Use Disorders Identification Test (AUDIT) confirm that people who have more difficulties in emotion regulation also have higher rates of harmful and hazardous consumption of alcohol. Drinking alcohol can be understood as an attempt to regulate difficult emotional states, and different approaches to treating alcoholism (also psychotherapeutic) need to take this into account.

The author acknowledges partial financial support from the Slovenian Research Agency (project No. J5-2570)."

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## Poster

# The clinical and neurobiological signature of Mindfulness-based interventions in Anorexia Nervosa.

**Main author:** *Pierre Gilbert Rossini (Department of Clinical and Biological Sciences, University of Turin)*

**Co-authors:** *Mattia Galigani, Mariagrazia Merola, Francesca Garbarini, Luca Ostacoli*

## ABSTRACT:

Anorexia Nervosa (AN) represents a persistent disorder of food intake that alters health and psychosocial aspects, leading to high burden of disease. Also, an alteration of body image and a hypercritical attitude are central in AN psychopathology. In response to this, the Mindfulness-Based Interventions (MBI's) have been proposed as therapeutical tools for AN, able to regulate interoceptive awareness and endorsing a compassionate attitude toward the Self. Recent studies reported the concurrent reduction of alpha and increase of beta, and theta Electroencephalography (EEG) bands in AN patients. Also, MBI's have been reported to enhance high-frequency EEG power (i.e., beta and gamma), even if its effect on low-frequency EEG power (i.e., theta and delta) remains to be clarified. Moreover, it has been claimed that MBI's research should aim to identify the neural and clinical responses in distinct mindfulness practices and pathological conditions. This study aims at evaluating the neural of two audiorecorded MBI's (i.e., Self-Contact and Loving Kindness) in twenty AN patients, as compared to controls. The neurobiological evaluation included the recording of EEG before, during, and after the audio listening. The clinical assessment entailed self-administered psychological measures for emotional style, depression, anxiety, dissociation, and exposure traumatic events. A brief experience assessment has been implemented at the end of the intervention. Our results are expected to show how different MBI practices may elicit different neurobiological responses in individuals with AN, thus furthering our understanding of its psychopathology.

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## Poster

# Taiwan Play Therapists' Practical Experience in the Selections of Theoretical Orientations

**Main author:** *Ya-Ting Juang (University of Taipei)*

## ABSTRACT:

The localization of counseling psychology has evolved as important pursuits for Taiwan's researchers and practitioners, so as the play therapists. This study aimed to collect the local experience of play therapists in their selection of theory orientations in practicing. The framework of theoretical orientation adopted two dimensions: non-directive vs directive and structural vs non-structural; thus, dividing into four quadrants. The study recruited 10 senior play therapists (8 males and 2 females), over 10 years of practice experience. A

semi-structured individual in-depth online interview, each 2 to 2.5 hours, was conducted to collect participants' decision-making experience in theoretical orientation selection in practice. The results of this study were as follows: (1) Low-directive/low-structural orientation: PTs chose L/L orientation when they worked with children whose linguistic and cognitive development weren't good enough to express their thoughts and feelings, or children who suffered from trauma and presented attachment problems, or those family that selected long term play therapy; (2) Low-directed/high-structural orientation: in L/H orientation, structural activities were adopted in the process of play therapy, and served as facilitators to transform the resistance of children, or to collect specific data for clients' assessment; (3) High-directive/low-structural orientation: PTs prepared play activities for purposeful intervention according the issues of child-clients, but following children' pace; (4) High-directive /high-structural orientation: the play session was highly structured and lead by PTs. PTs designed the sessions by considering child-clients' age, cognition levels, language expression, and developmental needs for specific skills (e.g. impulse control, emotional management) in accordance with the child's issues.

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## Poster

# **Ecological momentary assessment and intervention for fibromyalgia syndrome: effects on pain interference, mood and activity levels**

**Main author: Guadalupe Molinari (International University of Valencia; CIBER of Physiopathology)**

**Co-authors: Mónica Navarro Sánchez, Rosa María Baños**

## **ABSTRACT:**

Pain complexity is best addressed from a multidimensional perspective where psychological aspects become important. But this complexity represents a challenge both for the assessment and for the treatment of this chronic condition. Electronic monitoring allows capturing the real course of pain trajectories so that interventions can be personalized. However, there is a need to further investigate the applicability of this new monitoring and intervention procedure in people's everyday lives (i.e., in real time) and in natural settings, to integrate their use in daily routine practice. Our aim is to present preliminary results from an ecological momentary assessment and intervention study with fibromyalgia patients using a single-case design with multiple baselines. Participants were randomly assigned to one of the three conditions: to record their responses daily in their natural environments for 7 9 or 11 days prior to the treatment onset. This baseline phase represents the control condition for each individual. Then, all participants received empirically based interventions through the internet for 30 days based on their daily

assessments with no therapist support. Changes in mood, activity levels and pain interference will be presented. Limitations and future lines of research will be discussed.

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## Poster

# **Cognitive-behavioral psychotherapist training program based on flipped classroom and e-learning principles**

**Main author: Eeva-Eerika Helminen (Brain Center, Department of Psychiatry, Helsinki University Hospital and University of Helsinki, Finland )**

*Co-authors: Kasper Mikkonen, Samuli I Saarni, Friberg Lisa, Suoma E Saarni*

## **ABSTRACT:**

"Psychotherapist training has traditionally been organized in small groups of free talk and reflection or lectures combined with supervision of clinical work. E-learning or activating learning methods, such as flipped classroom, have rarely been used in psychotherapist training.

We present our on-going work and research of developing a CBT psychotherapist training program based on modern e-learning and flipped classroom principles. In this project, we have created a comprehensive e-learning curriculum and a program structure for CBT psychotherapist training. The training program consists of 23 learning modules each consisting of 1) an e-learning course on the topic of the module (e.g. schema therapy) comprising theory, methodology, and self-experiential as well as modelling elements of the training 2) a one-day webinar focusing on skills training and role-play and 3) a one-day workshop of hands-on-practice of the methodology and patient-therapist interaction. This structure of the training program follows flipped classroom principles as the students come well prepared to the webinar and the workshop. For this reason, all the synchronous training can focus on skills training and role-play which can't be done in an asynchronous digital environment.

The materials to the e-learning curriculum have been developed since August 2022 by senior CBT psychotherapists. The pilot group of 24 health care workers will start their 3.5-year-long CBT psychotherapist training program following this curriculum and structure in August 2023.

This scalable and comprehensive e-learning curriculum gives a wide range of opportunities for further use in psychotherapy training programs and psychotherapy skills training for health care professionals."

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Poster

## **Systematic Review: Exploring therapeutic processes in psychotherapy with higher weight clients.**

**Main author:** *Vanessa Helen Haves (University of Manchester)*

### **ABSTRACT:**

Living in a larger body can impact negatively on mental health. However, due to common societal attitudes about weight, there may be a lack of understanding around the needs of higher-weight psychotherapy clients. The aim of this systematic review was to synthesise existing research exploring therapeutic processes when the client is of a higher weight. Databases were interrogated using key search terms. After screening, a total of six studies were identified for inclusion. Studies included perspectives of clients and therapists; providing valuable insights from 'both sides of the coin'. Findings highlighted a lack of existing research, as well some insight into the processes of therapy with higher weight clients. For clients, lived experience of weight stigma often resulted in shame, which impacted ability to discuss weight-related issues with therapists. Therapists were often conflicted over how to approach weight in therapy, and this sometimes resulted in 'getting it wrong'; for example by imposing their own agenda on clients for weight issues. This was difficult for clients and sometimes caused ruptures. Clients reported benefitting most from working on aspects such as self-esteem and acceptance in a non-judgemental supportive therapeutic relationship. They also stressed the importance of therapists being aware of the issues facing higher-weight people. The findings make sense in a context of societal weight stigma, which has often been internalised by therapists. Further research to understand the experiences of both higher weight clients and their therapists would be beneficial so the therapeutic experience of higher-weight clients can be improved.

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Poster

## **Comparison and Disparity in Ruptures Reports of Different Informants**

**Main author:** *Romi Gura (University of Haifa)*

**Co-authors:** *Shaked Berger*

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Poster

## **Precursor Application of Bion's Grid Cogitations on psychodynamic supervision**

**Main author:** *Eric Kuan Hua Lan (Dep. of Educational Psychology & Counseling National Tsing-Hua University)*

**Co-authors:** *Yen Chang*

**ABSTRACT:**

"The supervisor under training often feels lost in the supervision session and finds it difficult to apply the supervisory model into the practice site, unable to deepen and evaluate their own substantial impact on the supervisee. The grid diagram is the essence of Bion's clinical thought, and it is a novel concept to apply to psychodynamic-orientated supervision.

Through 6x8 axes with a total of 48 grids, raw materials are formed into perceivable thoughts and concrete concepts, and the process of this transformation could be easily rendered, assisting supervisees to refocus when encountering thought blockages in clinical work, reposition into a stable and evenly-suspended symbolic attitude, where the work of thinking can be restarted again.

This study presents a process of incorporating the grid into the discrimination model as a guide for novice supervisors. Sequential analyzing a 90-minute/10 supervision session video transcript of a novice supervisor and a first-year internship counseling student, event coding on key interventions and impacts are served as the observable continuous sample. Finally, qualitative feedback from the supervisee is inducted as a verification

The phenomenological restoration of the grid reduces the sense of blockage caused by the raw material and helps better capture the psychodynamic changes, and personal issues awareness under symbolic attitude. A potential tendency was observed, the more the supervisee moves towards the ideological endpoint on the grid, the more client tends to move towards the regression end and start to withstand the tension when emotions emerge, where the trade-off between the two was implicated."

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**Poster**

## **Exploring Heart Rate as a Biomarker Characterizing Patients with Borderline Personality Disorder and Major Depressive Disorder**

**Main author:** Galit Peysachov (University of Haifa)

**Co-authors:** Noa Magal, Tomer Sidi, Roei Admon, Sigal Zilcha-Mano

**ABSTRACT:**

"Aim: Patients with borderline personality disorder (BPD) and major depressive disorder (MDD) benefit less from psychotherapy, as opposed to patients with MDD without BPD. This population suffers from a poorer prognosis of treatment for MDD and more severe depressive symptoms. The current study aims to investigate the characteristics of patients with BPD and MDD that differentiate them from patients with MDD without BPD. Identifying these characteristics using physiological markers may be indicative of the need to tailor treatment to the unique characteristics of this clinical population. The current study focuses on Heart Rate (HR), which was found to be increased in patients with BPD.

Method: Ten patients recruited from an ongoing randomized controlled trial participated in the study. They received 16 50-min sessions of psychotherapy. HR data was collected during the week prior to treatment, a week at the middle of treatment and on the last week of treatment. Patients received a Fitbit charge 3 wrist-worn device and were instructed not to remove it for the duration of the week.

Results: Analysis support the validity of the data. Additional analyses are currently conducted.

Discussion: The current study holds the potential to shed light on the characteristics of patients with BPD and MDD, through identification of physiological markers. Most studies to date relied on self-report measures, imposing a limit, since individuals with BPD are characterized by a difficulty to accurately assess and report their internal states. This study can enable us to better tailor treatments to their specific characteristics and needs."

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## Poster

### **Impact of SARS-COV2 on consultation trends to a community mental health service.**

**Main author:** *Ximena Pereira (Universidad del Desarrollo)*

**Co-authors:** *Eugenio Guzman, Marcela Aravena, Cataina Abarca*

#### **ABSTRACT:**

The outbreak of the SARS-COV-2 pandemic and its variants had a significant impact on people's physical and mental health. The objective of this study was to identify the changes detected in reasons for consultation associated with the pandemic and its psychological repercussions. Child, adolescent, and adult populations attended by the Comprehensive Psychology Service (SPI for its acronym in Spanish) of Universidad del Desarrollo at Santiago, Chile, are included in the study. SPI provides low-cost psychological care open to the community. A total of 1,579 clinical records of the population consulting the service between 2017 and 2022 were reviewed and classified by reason for consultation, symptoms, and problems described by the patients. Changes in symptomatology and type of problem and its relation with age range, sex, and socioeconomic level of the consultants are analyzed. The study found effects by age group and sex but not socioeconomic status, particularly in adults and adolescents. The possible evolution of these changes in the post-pandemic period and the impact on the delivery and surveillance of psychotherapeutic processes in community services such as SPI are discussed.

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## Poster

### **Students' attitudes toward seeking psychological help, mental health, and social stigma in Algeria**

**Main author:** *Slimane Djillali (School of Practitioners' Psychologists of the Catholic Institute of Paris, Vulnerability Capabilities Resilience Research Team)*

**Co-authors:** *Yves de Roten*

#### **ABSTRACT:**

"University students are a high-risk population for mental health problems. However, it has been established that social stigma, especially self-stigma, is a major impediment to engagement in psychotherapy. The current study had two main objectives: (1) to investigate Algérie's university students' attitudes toward seeking psychological help, and (2) to investigate the influence of mental health and social stigma. A total of N = 420 students (282 females and 138 males) students from the University of Mouloud Mammeri University of Tizi Ouzou completed the questionnaires, including measures of help-seeking attitude (AHSPPH), public stigma (PSOSH), self-stigma (SSOSH), and psychological distress (HADS, K-10, and GHQ).

The results show that the negative attitude towards help-seeking among Algerian students is relatively comparable to what is observed in other countries. Moreover, path analysis showed self-stigma mediate the relationship between psychological distress (HADS) and help-seeking attitude. Gender but not social support influence the model.

Implications for prevention and clinical practice with this at-risk population are discussed."

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## Poster

### **Development of the Consultation Competency Appraisal System for Psychological Service Professionals in Taiwan**

**Main author:** *Yu-Kuang Kevin Hsu (National Tsing Hua University)*

#### **ABSTRACT:**

"For the purpose of measure the consultation competency within the counseling or psychotherapy practice of systematic perspectives by the psychological service professionals which include school counselor, psychologist, and social worker, the instrument of "Scale for Psychological Consultation Competency, SPCC" was developed. The items were constructed through integrating consultation theories, literature reviews, and experts' review. First draft of the scale was used during the preliminary stage, which 323 samples were collected for item analysis and exploratory factor analysis.

In the part of general consultation competency, there were 53 items retained after the deletion, and eight dimensions belong to three subtests of knowledge, attitude, and skill were provided. In the part of crisis consultation competency, there were 10 items that

included three subtests of collaborative efficacy, intervention strategy, and team support. In the part of administration consultation competency, there were 12 items that included three subtests of connection, alliance construction, and information providing. In formal study, 199 samples were collected and through confirmatory factor analysis and model modification. The result shows the good model fit on those indicators of  $\chi^2/df$ , GFI, RMSEA, SRMR, NNFI, IFI, and CFI in the three parts of appraisal system, the general, crisis, and administration consultation competency. Based on the results, recommendations on practical work and further research implications were discussed and proposed."

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## Poster

# The Reflective Functioning Questionnaire - Convergent und Divergent Validity in Patients with Depression

**Main author: Annett Körner (McGill University)**

*Co-authors: Julia Hermann, Romy Boivin-Ménard, Nikolai Köppelmann, Jochen Ernst*

## ABSTRACT:

"Mentalizing refers to one's capacity to interpret the self as well as others in terms of internal mental states like emotions, desires, and attitudes. This can be assessed with the Reflective Functioning Questionnaire (RFQ, Fonagy et al., 2016), which has been developed in individuals with Borderline Personality structure. The RFQ authors pointed out that its psychometric properties require further examination in other populations.

The current study enrolled patients with depression at a German psychosomatic treatment centre from November 2020 to October 2022 (N = 298, data entry is ongoing). Positive relationships of intra- and interpersonal psychopathology are hypothesized for the RFQ subscales: Hypomentalizing, i.e., difficulty considering complex models of one's own mind and that of others and Hypermentalizing, i.e., the tendency to generate mental representations that are not grounded in reality.

Our hypotheses were confirmed in a preliminary sample (N=98) for Hypomentalizing, which was associated with affective, cognitive, and somatoform symptoms and interpersonal struggles. However, Hypermentalizing correlated negatively with psychopathology, which speaks against this subscale capturing excessive unrealistic mentalizing in individuals with depression.

These findings converge with research that used the RFQ in patient samples without personality disorders and in the general population. The RFQ was developed for the economic assessment of mentalization in patients with severe mental impairments. Our research shows that this measure and its underlying assumptions are not fully applicable to the mentalizing capacity of individuals with higher psychosocial functioning."

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Poster

## **Counselling –Psychotherapy: Trauma and Health preventions for children, adolescents, and young adults!**

**Main author:** *Dr. Sudharani Basangari-Kaspret (Vhi and Private practice)*

**ABSTRACT:**

Research questions: How practical is regular health prevention for the clients? This study aimed to show how much beneficial for clients' chronic health prevention are. Method: Indian (traditional Health prevention) and western technics (according to clinical Psychology Technics). Settings: Individual and group settings. Duration: six months at a private institute. Evolution: Quantitative- Statistic and it is shown in a graphic with percentage and frequencies of preventions and positive oral feedback of clients from interventions.

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Poster

## **Correlating Reflective Functioning (RF) with Computerized Reflective Functioning (CRF) Within Sessions of Psychotherapy**

**Main author:** *Nathaniel M Lovell-Smith (Pennsylvania State University)*

**Co-authors:** *John Clarkin, Yogeve Kivity, Dan S Spina, Kenneth N Levy*

**ABSTRACT:**

"Background/Objective: Treating Borderline Personality Disorder (BPD) with Transference Focused Psychotherapy (TFP) is associated with changes in Reflective Functioning (RF) (Levy et al., 2006). Nevertheless, RF is time and labor intensive to assess. A computerized text-analysis of RF (CRF; Fertuck et al., 2012) has demonstrated significant, though moderate ( $\rho = .57$ ), correlations with RF measured within the Adult Attachment Interview (AAI; George et al., 1996). CRF has since been used within psychotherapy sessions (Boldrini et al., 2018) to predict patient outcome (Global Assessment of Functioning;  $r = .51$ ,  $p = .011$ ; Personality Health Index;  $r = .55$ ,  $p = .005$ ). However there is to date no research examining the association between CRF and RF within sessions of psychotherapy.

Method: CRF scores of twenty-eight sessions of TFP were compared with RF scores made by trained observers using the Reflective Functioning Scale (Fonagy et al., 1998). Given the non-parametric nature of the data, and in line with previous CRF research, Spearman's ( $\rho$ ) rank-order correlations were computed between the CRF and RF scores.

Results: Across the sample, CRF scores ranged from -1 to 7 ( $M = 3.30$ ,  $SD = 1.72$ ). Neither the frequency of high CRF words ( $\rho = .251$ ,  $p = .197$ ), nor low CRF words ( $\rho = -.178$ ,  $p = .365$ ) was associated with RF.

Conclusions: Contrary to our expectations, these results suggest that RF and CRF may not be as closely associated with one and other as initially indicated. Future research might be enhanced by going beyond the TFP cell and including all treatment cells (DBT, SPT)."

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#### Poster

### **Identity Formation in Adolescence (ID-FORA): A Person-Specific Examination of the Dynamics, Social Context, and Relation to Mental Health**

**Main author: Margaux Schoofs (Ghent University)**

#### **ABSTRACT:**

"Background: As identity formation is one of the most central developmental tasks in adolescence, its beneficial outcome is considered a crucial protective factor for mental wellbeing. The status approach to identity is arguably the most influential and well-known theory, and identifies two processes crucial in identity formation: exploration and commitment. However, identity formation among adolescents proves heterogeneous, person-specific, and socially embedded. Consequently, an evolution towards a more contextualized, dynamic, and personalized understanding of identity processes can be witnessed today.

Aim: In this study, we will employ the narrative identity framework to provide a person-specific and bottom-up approach to study the relationships between identity processes and social discourse. Using the 'master narrative framework' developed by Mclean and colleagues we will research the heterogeneity, dynamics and social-embeddedness of identity and their relation to mental health in adolescents.

Methods: We propose a mixed methods idiographic research project, using experience sampling methods, Q-sort methodology and qualitative interviews. This project explicitly aims to centralize the experiences of the adolescents and as such offers them a forum to express their lived experiences of this crucial developmental task in life."

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#### Poster

### **Development of a practice research network in Spain: how to integrate research, training and clinical practice**

**Main author: Macarena Espinoza Venegas (International University of Valencia; Aiglé Valencia)**

*Co-authors: Javier Fernández-Álvarez, Ernestina Etchemendy, Paloma Rasal Cantó, Marian Martínez-Sanchis, Adriana Mira, Cintia Tur Rosa, Lorente-Català, María Folgado-Alufre, Patricia Gual-Montolio, Guadalupe Molinari*

**ABSTRACT:**

Practice oriented research (POR; Castonguay & Muran, 2015) approach proposes different methods to foster and encourage collaboration between researchers and clinicians to reduce the shortfall between science and practice. One of these methods are practice-research networks (PRN). Our aim is to describe the development of a practice research network in Spain to grant clinical relevance to the results derived from research and to promote a scientifically informed clinical practice. Moreover, this PRN focuses on integrating therapists training and supervision, research and clinical practice. Aiglé Valencia involves clinicians following an integrative cognitive therapeutic approach (Fernández-Álvarez and Fernández-Álvarez, 2019), as well as researchers with expertise in the field of technologies applied to mental health. In terms of implementation, we will present a study that focuses on the monitoring and provision of feedback to clinical patients as an example of how to bridge the gap between scientific research and clinical practice. Limitations and future lines of research will be discussed.

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**Poster**

**Body Anamnesis: Implementation of a new questionnaire in outpatient clinics.**

**Main author: Paul Rach (Sigmund Freud University)**

**ABSTRACT:**

"The main intention to implement this questionnaire is to create a new kind of database with a detailed holistic anamnesis in relation to body and physicality for further research. This results in a raising of the awareness about the importance of the body in psychotherapy-process not only for psychotherapists in general but also for patients themselves; answering the questions and reflecting on them already sets in motion a deepened perception. It provides data to explore the interaction of psychological and physical influencing factors independent of the psychotherapeutic methods. It covers a broad field, not only questions about illnesses and conditions but furthermore body perception, sleep, eating habits, sports, social media, gender, social media, stress and resources. This intense coverage of physical dimensions is intended to reveal various domains in order to enhance the psychotherapeutic process.

After a first pretesting, both patients and therapists will undergo the anamnesis to reflect on their own physicality and support patients if issues arise during the implementation. Finally, the questionnaire is used to collect data from therapists and patients for future research and analysis. It is intended to be used in a variety of publications, as well as for empirical



clinical projects and health care research. Multi-professional cooperations are also envisaged.

This project shows how research and clinical practice can go hand in hand and how research projects can be carried out from the beginning in participatory cooperation with scientifically and clinically active students."

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#### Poster

### **Effect of Reminiscence Group Play Therapy on Well-being, and Empowerment in Older Adults in Taiwan**

**Main author:** *Jiun-De Lin (National Taichung University of Science and Technology)*

#### **ABSTRACT:**

The main purpose of this study was to investigate the extent of the reminiscence group play therapy effects, with the aim to produce significant improvement in psychological well-being, and empowerment were examined. Ten healthy older adults living in a day care center in central Taiwan participated in this group intervention program that was implemented in eight sessions. The program was used Taiwanese traditional culture as the main concept based on the topic of reminiscence. A pretest and posttest, quasi-experimental design was used to measure the effects of this reminiscence group play therapy. Ten participants in treatment sample of older adults in the reminiscence group play therapy demonstrated a significant improvement in psychological well-being, and empowerment. The study also provided evidence supporting the proposition that undertaking a traditional cultural meanings reminiscence therapy may produce positive psychosocial improvements for older adults. The conclusions of the study were provided for future study and practitioners.

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#### Poster

### **Managing shame and alliance rupture with male patient presenting a suicidal risk.**

**Main author:** *Valerie Briançon (Université du Québec à Montréal)*

**Co-authors:** *Marc-Simon Drouin, Janie Houle*

#### **ABSTRACT:**

A qualitative research was conducted with 6 experienced therapists that are working in therapy with male clients presenting a suicidal risk. The two objectives of the research were: 1- To identified strategies used by the therapists when facing a confrontation rupture of the therapeutic alliance. 2- The impact of shame on the therapeutic alliance with these clients. We used semi structure interviews with the 6 therapist to enlight those two objectives. A thematic analysis was conducted on the material that was obtained from

these interviews. Results shows that shame has a great impact on the therapeutic alliance and that it takes a great deal of emotional regulation for the therapist to address these confrontation alliance rupture. Regulating their own shame feelings seems to be one of the main concern of these therapists and they fostered the need for specific training in this area of psychotherapeutic work.

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#### Poster

### **Monitoring as a daily therapeutic resource in a practice research network: its usefulness in three clinical cases**

**Main author: Macarena Espinoza (International University of Valencia; Aiglé Valencia)**

**Co-authors: Javier Fernández-Álvarez, Ernestina Etchemendy, Paloma Rasal Cantó, Guadalupe Molinari**

#### **ABSTRACT:**

The usefulness and importance of monitoring for the improvement of results in psychotherapy is well known (Lambert et al., 2018; Ostergard, Randa y Hougaard, 2018). The challenge is to make this resource a valid and viable tool in real therapeutic contexts. The present study describes the use of routine outcome monitoring in three clinical cases treated on an outpatient basis, from an integrative model in psychotherapy. Outcome measures (Outcome Questionnaire -OQ30-) and qualitative data will be analyzed. The symptomatological and therapeutic trajectory of the three cases will be described, as well as patients' response to the monitoring system employed. Limitations and possible clinical applications will be discussed.

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#### Poster

### **Beyond art expression: understanding participant's experience and outcomes of a vicarious trauma and response art workshop**

**Main author: Catherine-Emmanuelle Drapeau (Université du Québec à Montréal)**

**Co-authors: Pierre Plante, Marc-Simon Drouin**

#### **ABSTRACT:**

"We designed a qualitative study to explore and identify outcomes of participants' experience of a workshop aiming to raise awareness of vicarious trauma (VT) and introduce the practice of response art (RA) for self-care. The workshop was designed and implemented in the winter of 2018. It was facilitated by an art therapist. Seven psychotherapists who work with refugees and asylum claimants attended the event. During the workshop, they received theoretical information about VT and RA, were initiated to the practice of RA, and offered a RA kit to take home. All participants took part in three

semi-structured interviews over the two months following the workshop. The data collected from the follow-up interviews was submitted to a thematic analysis to gain an understanding of participants' experience of the workshop and of RA as well as to elucidate enduring outcomes of the workshop and post-workshop RA experiences.

Results suggest the experience was pleasant and beneficial to participants. Knowledge acquisition, the normalization of one's experience of vicarious trauma, and increased and new awareness of oneself and others, to name a few, were reported by participants as outcomes of the workshop and of RA. The need for practical knowledge consolidation through follow-up workshops was also strongly advised by participants. Recommendations for professional development endeavors bridging VT and RA based on our findings are discussed."

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## Poster

# Exploring Young Adults attitudes and behaviors on dating apps and social media for meeting potential romantic interests: Preliminary Results

**Main author: Santina Piazzese Spratte (LIPSTIC)**

*Co-authors: Agustina Farah*

## ABSTRACT:

The rapid rise of technology has impacted everything we do, and the dating scene is no exception. Understanding how these new platforms impact the way young adults are pursuing and perceiving romantic interests is important to provide a more context-comprehensive mental health care in clinical practice.

This project aims to examine their attitudes and behaviors towards dating apps and social media as tools to meet romantic interests, focusing on the difference between the two types of apps and comparing the use cases for each one.

It also evaluates reasoning and motivation behind usage and impact on self-esteem.

Lastly, online behaviors are compared to offline dating behaviors, trying to identify differences and perceived effectiveness.

A quantitative survey was conducted among 18-30 year olds.

This is a non-probabilistic snowball design. People were invited to participate through social media.

Preliminary results feature a 94 people sample and include general conclusions. Additional analysis with demographic segmentation are set to be performed at a later stage.

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Poster

## **The interplay between positive and negative emotion regulation strategies in relation to depression: the role of dampening and rumination**

**Main author:** *Maria Folgado-Alufre (University of Valencia)*

**Co-authors:** *Marta Miragall, Rosa María Baños*

### **ABSTRACT:**

Dampening is a positive emotion regulation strategy that reflects the tendency to respond with cognitive strategies to downregulate positive feelings. The way in which dampening arises - negative judgment of the experience as a self-referent statement (i. e. "I thought why I do not deserve this good thing") could trigger negative affect and ruminative processes. Rumination implies a repetitive negative thinking style- wandering causes and implications of negative mood - in response to negative feelings. Previous evidence has linked these variables to each other and to depression, but the mechanism between them is little studied. This study to explore the interplay between dampening and rumination in relation to depressive symptoms. We hypothesize that dampening positive emotion would trigger rumination which would lead to depressive symptomatology. Method: depressive symptoms (Patient Health Questionnaire), rumination (Ruminative Responses Scale) and dampening (Responses to Positive Affect) were measured in a sample of 624 non-clinical individuals (50.1 % female). Results: Simple mediation analysis showed a significant indirect effect  $b=0.25$ , 95% CI [.22, .35], in which higher dampening led to higher levels of rumination which led to higher depressive symptomatology. The direct effect of dampening on depressive symptomatology was also significant,  $b=0.36$ , 95% CI [.29, .43], explaining 15.8% of the variance. When adding rumination as mediator, the model explained 53.1% of the variance of depression. Discussion: this study highlights the relevance of addressing response to both positive and negative emotions in depression treatments

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Poster

## **Development of a mental health app for the general population in Argentina**

**Main author:** *Martin J. Etchevers (University of Buenos Aires)*

**Co-authors:** *Natalia I Putrino, Natalia Helmich*

### **ABSTRACT:**

Since 2019 we have aimed to investigate the state of mental health of the Argentine population and the behaviours adopted to cope with mental distress. Six online survey was conducted using a probabilistic sampling technique and stratified according to the

geographic regions of the country. The total sample in six periods exceeds 12,000 people. The Covid 19 pandemic increased the Global Severity Index (GSI-27) Global Severity Index (GSI -27) and the Risk of Mental Disorder index. Our 2022 sample shows GSI index decreased but the indicators of population at risk of mental disorder, anxiety, depression and suicide risk maintained their highest levels. Indicators of poor mental health were associated with risk factors such as substance use, sedentary lifestyle and social isolation. People's poverty, young age, and female gender. During the year 21, more than 30 percent of the population needed to consult, but only 20% of those who needed it agreed to the consultation. Lack of adequacy of treatments, durability, economic problems and ignorance are the factors that explain the gap between those who need it and those who access it. An application is developed for self-monitoring, first aid measures, psychoeducation and access to psychotherapy.

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#### Poster

### **Values in psychotherapy training: Can we predict where students will work?**

***Main author: Frank Carr (Marian University)***

This exploratory study fills a gap in the literature by addressing factors that influence students and professionals' choice to provide psychotherapy services to underserved or vulnerable populations. Early career mental health therapists and graduate students in mental health counseling were asked, among other things, to recall the values and goals of their educational institutions and training programs. As Dollarhid (2013) suggested, values are the core of counseling and counseling education programs should facilitate values exploration. Additionally, despite several career theories that discuss the importance of matching one's values to career choice (Super, 1963; Holland, 1997), only one recent study to this author's knowledge has assessed values of mental health therapists in practice (Burns et al., 2020). Furthermore, COVID-19 has provided an opportunity for individuals to reevaluate their career goals and values. Has COVID 19 influenced how training programs talk about values? Is there an association between how an educational institution or department discusses their values and who the students choose to serve? These are the research questions this study tries to answer. Having a better understanding of why students choose to work with underserved or vulnerable populations will ensure that population is better served.

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#### Poster

### **Interpersonal Psychotherapy for Adolescents in Routine Practice**

***Main author: Liselott Lindegren (Linnaeus University)***

*Co-authors: Rolf Holmqvist, Fredrik Falkenström*

**ABSTRACT:**

"Objectives: Depression in young people may cause life-long suffering and maladaptation. Due to the costs in terms of human suffering and economic costs to society, it is important to offer effective treatments for this group. The incidence of depression among young people in Sweden is among the highest in Europe (5-8%). The suicide rates in young people 15-19 years have increased by about 20% in the last 20 years. Interpersonal Psychotherapy for Adolescents (IPT-A) is a promising treatment for depression in this age group.

Methods: We will study 60 adolescent patients with depression treated with IPT-A in regular care using a quasi-experimental multiple-baseline design. Change mechanisms will be studied in the form of mentalizing, emotion regulation, social support, and working alliance, and with open-ended post-treatment interviews. Predictors of effectiveness will be explored as severity of symptoms, anxiety symptoms, parent-child conflicts, quality of interpersonal relationships, bullying, traumatic events, and school functioning.

Results: My pilot study among adolescents receiving IPT in regular care showed that IPT-A was associated with improvements, had very few treatment dropouts (which is a huge problem in psychotherapy with adolescents) and gave young people insights into interpersonal issues related to their depression.

Discussion: We expect that IPT will be effective and perceived as useful among therapists and young people because it addresses issues that young people experience as important. The project will yield evidence regarding the core mechanisms of change in IPT-A, and information on which patients benefit the most from IPT-A."

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**Poster**

## **Using Latent Classes of Internalising Symptoms to Predict Common Mental Disorders**

**Main author: Martin Brattmyr (Norwegian University of Science and Technology (NTNU))**

*Co-authors: Martin Schevik, Lindberg Jakob, Lundqvist Odin, Hjemdal Audun Havnen*

**ABSTRACT:**

"Background: Depressive and anxiety disorders are difficult to disentangle. This study examined latent classes of internalizing symptoms, and their associations with common mental health disorders, to examine the presence of mixed depressive anxiety disorders, and the ecological validity of routine treatment diagnostics.

Method: Psychiatric outpatients (n = 2473) answered the electronic patient health questionnaire (PHQ-9), and generalized anxiety disorder scale (GAD-7), before starting up treatment. Model selection was done using model fit criteria and clinical interpretability.

Complementary information of diagnoses was retrieved for 1205 patients diagnosed with at least one ICD-10 mental disorder. Diagnosis was applied as distal variables.

Results: A four class-model was selected, characterized by three classes of high, mild and low symptom severity, and a high depression mild anxiety class. Although similar in depression severity, patients with high probability to be assigned to the high depression mild anxiety class were also 89% more probable to be diagnosed with a depressive disorder compared to high symptom class. Correspondingly, the high depression mild anxiety class had scores similar to the mild symptom class regarding anxiety symptoms, however, they were less likely to be diagnosed with PTSD (46%) and generalized anxiety disorder (65%).

Conclusion: This study shows that patients with high depressive symptoms can indicate different subgroups, defined by their levels of anxiety symptoms. Correspondingly, mild anxiety symptoms might indicate different subgroups defined by depression symptoms. The largest class, high symptom class indicates high presence of comorbid depressive-anxiety disorder. Further research will compare these results with factor mixture models."

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## Poster

# Exploring the use and acceptability of common factors in psychotherapy with Indigenous clients

**Main author: Kelsey Huson (McGill University)**

*Co-authors: Mark Beitel, Dennis C Wendt*

## ABSTRACT:

Indigenous peoples in the United States (US) and Canada endure disproportionately high rates of poor mental health, suicide, problematic substance use, and other psychological conditions compared to non-Indigenous populations. Given the context of historical and ongoing settler colonialism in which these mental health disparities persist, it is critical – albeit challenging and complex – to identify best practices in psychotherapy with Indigenous clients. To date, psychotherapy research yields limited significance in Indigenous contexts due to cultural, political, and relational intricacies. Preliminary research suggests conceptualizing psychotherapy more broadly and holistically, rather than disorder-specific interventions, in the provision of psychological services which may be deemed ethical, suitable, and effective for Indigenous clients. One study found that the most reported approach used by psychotherapists working with American Indian clients was the common factors, a framework based on empirically supported transtheoretical factors shared across various therapy approaches, including empathy, positive regard, genuineness, expectations and alliance. However, little is known about the use of these transtheoretical factors in psychotherapy with Indigenous clients. We conducted a scoping review using two databases, PsychINFO and Medline, to explore the use and acceptability

of common factors in psychotherapy with Indigenous populations in the US and Canada. We anticipate that the findings will help to inform future research by identifying existing and potential facilitators, barriers, and recommendations for psychotherapy with Indigenous clients, as well as further highlight key complexities, underappreciated Indigenous perspectives, and missing areas of research.

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Friday, June 23rd, 2023, **19:00 - 20:00 (IST)**

**Poster Session** - Room: Virtual

Poster

**Therapeutic alliance in videoconference psychotherapy for alcohol addiction: evidence of validity of Working Alliance Inventory Short Revised Observer.**

**Main author:** *Nathália Soares Ribeiro (Federal University of Juiz de Fora (UFJF))*

*Co-authors: Adelya Urmanche, Camilla Gonçalves Brito Santos, Clarissa de Paula Andrade, J. Christopher Muran, Ian Peratelli de Oliveira, Larissa Fernanda de Almeida, Pedro Augusto Gerales Silva, Pedro Matheus Lopes Peralta Abranches, Sara Ribeiro Carvalho, Laisa Marcovela Andreoli Sartes.*

**ABSTRACT:**

A significant increase in alcohol consumption was observed during the COVID-19 pandemic. Teletherapy has proven itself a valuable resource in the face of social distancing. Therapeutic alliance plays an important role in psychotherapy outcomes, including teletherapy. Nevertheless, its impact on the treatment of Alcohol Use Disorder (AUD) still needs to be clarified, requiring measurements duly adapted for this context. Therefore, the goal of this study is to show evidence of the validity of the Brazilian adaptation of the Working Alliance Inventory – Short Revised – Observer (WAI-SR-O) in Cognitive Behavioral Therapy (CBT) for AUD by videoconference. The treatment was adapted from the MATCH Project, a 12-session CBT protocol. Pairs of trained clinical observers evaluated 19 recordings sampled from the beginning, middle, and end of the therapy. The WAI-SR-O demonstrated promising psychometric properties, including adequate internal consistency (Cronbach's  $\alpha = 0.86$ ), moderate to high interrater reliability, and some convergence with therapist self-reported WAI. Significant correlations were found between WAI-SR-O and the therapist's self-reported WAI, but not with the client's self-reported WAI. WAI-SR-O remains under study for reevaluation of its psychometric properties in a larger sample. It is safe to affirm that the WAI-SR-O is a promising tool for research and clinical



training programs in online psychotherapy, especially considering the recent popularization of the modality due to the pandemic.

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#### Poster

## **Therapists' Therapy: The Impact of Personal Therapy Experience on Doctoral Trainee Clinicians' Professional Development**

**Main author:** *Lucy Walsh (Yeshiva University)*

**Co-authors:** *Vera Békés*

### **ABSTRACT:**

Having experience as a patient in psychotherapy has long been suggested as crucial to clinicians' professional development. However, empirical data regarding the impact of personal therapy during clinical training is limited. While existing qualitative research suggests that personal therapy fosters clinicians' skillfulness and professional functioning, and that such effects depend on the orientation, quality, and length of the therapy, these findings are limited to largely retrospective reports of experienced clinicians. The few qualitative interview studies that have included clinical trainees suggest similar effects, along with unique benefits and challenges, but have only examined masters level trainees in mandatory and predominately psychodynamic therapy. The present study therefore aims to contribute to a more in-depth understanding of clinical trainees' experience of the impact of their own personal therapy on their professional development at a doctoral level.

Moreover, we also aim to explore the potential differences in experiences, including across therapy orientations of trainees and their therapists. Semi-structured individual interviews will be conducted with clinical psychology doctoral interns in the United States who have received personal therapy during their training programs, and then analyzed via a grounded theory approach. The results of this study will hopefully reveal the perceived benefits and challenges of personal therapy by trainees, and begin to explore whether this varies by factors such as therapy orientation. Ultimately, we hope that our research will benefit trainees, supervisors, and training programs alike by supporting decisions regarding whether or how to incorporate personal therapy to best foster trainee clinicians' development.

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#### Poster

## **Piloting Continuous Identity Cognitive Therapy (CI-CT) for Post-Acute Suicidal Episode Veterans: A Study Protocol**

**Main author:** *Sofie Glatt (James J. Peters Veteran Affairs Medical Center)*

**Co-authors:** *Sarah Andrusier, Marianne Goodman*

**ABSTRACT:**

"Introduction: Suicide is a leading cause of death among Veterans, with rates significantly higher than the general population. To address this pressing issue, it is crucial to develop and implement more effective treatments for Veterans with suicidal symptoms, particularly those in the post-acute suicidal episode (PASE) stage. The present study aims to establish the feasibility and acceptability of a novel, recovery-oriented treatment called Continuous Identity Cognitive Therapy (CI-CT) for PASE veterans. Methods: This 3 year open-label pilot study will include three one-arm treatment development trials and a pilot randomized controlled trial (RCT). A total of 57 Veterans with a history of an acute suicidal episode within the previous year will be recruited. Primary outcome measures will include changes in personal recovery, suicidal thoughts, and behaviors, and secondary outcomes will include changes in self-identity, satisfaction with life, and hopefulness. Feasibility and acceptability will be assessed through attendance and retention rates, drop-out rates, and client satisfaction. Discussion: This study aims to develop and evaluate the feasibility and acceptability of a novel recovery-oriented intervention for Veterans experiencing PASE. If the intervention is found to be feasible and acceptable, a manualized version will be finalized and a large-scale multi-site RCT will be designed to assess its clinical efficacy on a broader Veteran population. The results of this trial will aid in the development of effective treatment and provide valuable insights into the feasibility, acceptability, and effectiveness of this approach in reducing suicidal thoughts and behaviors and promoting recovery and rehabilitation in this population.

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**Poster****Treatment personalization in psychotherapy for depression: identification of patients in which emotional regulation operates as a mechanism of change**

**Main author:** *Agnese Ronchi Salamea (Universidad de Buenos Aires)*

**Co-authors:** *Rocio Manubens, Santiago Juan, Javier Fernández Álvarez, Beatriz Gómez, Fernando Sebastián García, Juan Martín Gómez Penedo*

**ABSTRACT:**

Introduction: Treatment personalization is a growing trend in psychotherapy research that aims to establish the most appropriate approach for each patient, based on individual characteristics beyond diagnosis. Research on this topic has mainly been focused on making clinical predictions, before starting treatment, using information collected during patients' admission process. Based on this information, the use of analytical strategies such as machine learning have allowed the development of predictive models to inform therapists and provide initial recommendations, supported by empirical evidence. Aims & Methods: This project aims to identify patients with depression in which emotional

regulation operates as a mechanism of change, by developing an individualized prediction algorithm, using machine learning. A sample of 317 patients consecutively admitted to a psychotherapy center will be collected. We will use two sources of information as predictors for the algorithm. First, results of instruments completed by patients before starting treatment: (a) Beck Depression Inventory (BDI-II), (b) Symptom Checklist 90 (SCL-90), (c) Inventory of Interpersonal Problems (IIP), and (d) Difficulties in Emotion Regulation Scale (DERS), to assess depression, clinical severity, interpersonal problems, and emotional regulation, respectively. Second, information derived from the admission form completed by therapists who will conduct the diagnostic interview with each patient. Results to be obtained and future directions: We will discuss implications for therapists' treatment personalization process. This project expects to contribute to treatment adaptations, based on empirical evidence and ecological validity, which allow a strengthening of evidence-based personalized clinical practice in our context.

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## Poster

# Personality Organization in Adolescents: Roles of Mentalizing and Emotional Abuse

**Main author:** *Thomas Gosselin (Université Laval)*

**Co-authors:** *Mélissa Deschênes, Laurie Cimon Karin Ensink*

## ABSTRACT:

Emotional abuse is a prevailing form of maltreatment known to affect the development of personality in adolescents. The ability to mentalize (i.e., to think in terms of mental states) has been shown to be a resilience factor in the context of emotional abuse and higher mentalizing is associated with fewer personality disorder features. There is preliminary evidence that mentalizing is also a resilience factor for identity integration, but these findings require replication. Thus, the aim of this study was to observe if mentalizing abilities mediated the relationship between emotional abuse and two outcome variables based on Kernberg's dimensional model of personality: identity diffusion and personality organization. A community-based sample of 201 adolescents (aged 12 to 21; 68.8 % girls) was recruited and completed self-report measures of emotional abuse, identity and mentalizing. Controlling for the age and gender of participants, findings show an indirect effect of mentalizing abilities on the associations between emotional abuse and personality organization, as well as identity diffusion. This suggests that emotional abuse is linked to identity diffusion and personality organization via mentalizing abilities. Therefore, study findings provide further empirical evidence that mentalizing support the healthy development of identity in adolescents in the context of childhood histories of emotional abuse. These findings have important clinical implications and suggest that mentalization-based interventions could support consolidation of identity and healthier personality functioning in adolescents with histories of emotional abuse.

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Poster

## **Responsiveness to Supervisees with Differing Levels of Facilitative Skills When a Client Threatens to Drop Out**

**Main author:** *Molly Potel (University at Albany, SUNY)*

**Co-authors:** *Myrna Friedlander, Micah Herman*

### **ABSTRACT:**

Based on the Critical Events Model of supervision (CEM; Ladany et al., 2005), we designed an analogue study to identify how experienced supervisors might consider working with a supervisee who experienced a serious alliance rupture with a client. Specifically, we created two video clips in which actors portray therapists who, in a previous study (Bate et al., 2021), had demonstrated high versus moderate levels of facilitative interpersonal skills (FIS; Anderson et al., 2009) in responding to a fictitious client, "Jessica." Our participants, experienced supervisors, first observed a videotaped clip with either the high FIS or the moderate FIS supervisee (counterbalanced to reduce primacy effects) responding to Jessica's dissatisfaction with therapy and then describing their thoughts about how they had responded to this alliance rupture, as if to a supervisor. After viewing each clip, participants were asked to comment on the supervisee's response to Jessica, describe how they might approach supervision around the alliance rupture, and then provide a verbatim supervision intervention. Categorization of participants' interventions with the two supervisees are being compared using the operational definitions of 11 interactional sequences described in the CEM for addressing critical supervisory events: exploration of feelings, focus on the therapeutic process, focus on the supervisory alliance, focus on multicultural awareness, focus on evaluation, focus on skill, focus on countertransference, focus on self-efficacy, normalizing experience, attend to parallel processes, assessing knowledge. The comparative results are expected to inform supervisors' responsiveness to trainees with differing levels of FIS when a client's needs are acute.

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Poster

## **The Relationship Between Epistemic Trust and Interpersonal Problems in Psychotherapy: Disentangling trait and state components**

**Main author:** *Shimrit Fisher (University of Haifa)*

**Co-authors:** *Mor David, Sigal Zilcha-Mano*

### **ABSTRACT:**

Background: Epistemic trust (ET) refers to the degree one relies on information from others and applies, learns, and improves from it. One undesirable consequence of poor ET is

interpersonal problems, which are persistent social difficulties causing distress. ET has been conceptualized as playing a resilient role in relationships by preventing interpersonal problems. Although ET and interpersonal problems are considered the "heart of psychotherapy", their relationship has not been examined. The current study aims to empirically explore, for the first time, the relationship between ET and interpersonal problems within psychotherapy. We hypothesize that: (a) high levels of ET early in treatment will associate with fewer interpersonal problems; (b) greater improvement in ET during treatment will predict greater improvement in interpersonal problems during this period. Method: The present study is part of a larger randomized control trial in which major depressive disorder patients receive short-term psychodynamic therapy. ET will be assessed using the ETRS (Epistemic Trust Rating System), an observer-based coding system recently developed by our team, and interpersonal problems by the self-report measure of IIP-32 (the Inventory of Interpersonal Problems). ET and interpersonal problems will be coded in sessions four and eight and will be analyzed using multiple regression models. Results: Data analysis will be completed by winter 2023. Discussion: ET and interpersonal problems are considered to lie at the core of the human experience and essential to successful therapeutic change. Understanding the relationship between ET and interpersonal problems, from Trait-Like and State-Like perspectives, may provide another step toward personalized psychotherapy.

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## Poster

### **Personal Style of the Therapist and Therapeutic Alliance in adult patients**

**Main author: Leandro Martín Casari (Pontificia Universidad Católica Argentina)**

*Co-authors: Ángel Javier Tabullo, Celeste Daher María, Paula Moretti, Luciana Noelia Maza*

#### **ABSTRACT:**

The aim of this study was to analyze therapist characteristics and their effects on the therapeutic alliance (TA) in a naturalistic context. The participants were 106 adult patients from Argentina undergoing psychotherapy in private practice. Also, their therapist was included (N= 34). Patients and therapists completed the Working Alliance Inventory short form, and the Personal Style of the Therapist Questionnaire (PST-Q) was administered to the professionals, who assess five dimensions: Attentional, Operative, Expressive, Engagement and Instructional. Some demographic variables have a positive effect on the patient TA: attend to psychotherapy through their medical insurance, be in psychotherapy for more than one year and assist to therapy one or more times per week. Regarding the PSTQ, the Expressive and the Operative dimension were positively related with patient therapeutic alliance. Characteristics of the therapist such as being more warmth and empathic and executing more planned interventions has a positive impact on a patient's

therapeutic alliance. Meanwhile, from the therapist's perspective, two dimensions were positively related: Attentional and Operative; and Engagement was negatively related. This means that a narrower attention in therapist, a preference for structured treatment and less commitment with therapeutic process are associated with therapist therapeutic alliance. Finally, we found significant differences regarding theoretical approach: cognitive behavioural therapists have higher therapeutic alliance over integrative and systemic therapists. These results allowed us to discuss the impact of some therapist characteristics on therapeutic alliance from patients and therapist perspectives.

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## Poster

### **Can state-like changes in epistemic trust predict improvement in symptoms of major depressive disorder?**

**Main author:** *Yael Scorofitz (University of Haifa)*

**Co-authors:** *Tamar Alpern, Shimrit Fisher, Sigal Zilcha-Mano*

#### **ABSTRACT:**

**Objectives:** Major depressive disorder (MDD) is the leading cause of disability worldwide. Therefore, many researchers and clinicians have sought the mechanisms that make psychotherapies work for MDD treatment. One potential suggested mechanism is Epistemic trust (ET), one's willingness to consider novel social information as personally relevant and generalizable. ET can be divided into (a) trait-like (TL) component which refers to the individual's general tendency to exhibit good epistemic trust capabilities and (b) state-like (SL) component which refers to potential changes in these capabilities throughout treatment. The state-like component is conceptualized as the mechanism underlying symptom reduction in MDD, although little is known empirically about the validity of this proposition. The present study aims to empirically test these theoretical relationships between the SL mechanism of change in ET and MDD symptoms. **Methods:** This study is part of a larger randomized controlled trial (RCT) in which individuals diagnosed with MDD received 16 sessions of short-term psychodynamic therapy. SL changes in ET were assessed as differences between the fourth and eighth sessions, using the Epistemic Trust Rating System (ETRS) developed by our research team. MDD symptoms were assessed as differences between the first and last sessions using the Hamilton Depression Rating Scale (HDRS). Differences in HDRS scores will be correlated with the SL change in ET. **Results:** Data analysis will be completed by winter 2023. **Discussion:** This study contributes to the empirical accumulating understanding of ET as an emerging concept in psychotherapy research and as an innovative mechanism of change.

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Poster

## Does Attachment Orientation Predict Changes in Epistemic Trust?

**Main author:** *Daria Zond (University of Haifa)*

**Co-authors:** *Shimrit Fisher, Sigal Zilcha-Mano*

### ABSTRACT:

Background: Attachment refers to a strong emotional bond one forms early in life with a caregiver, that provides a secure base to explore the world and a safe haven to comfort in times of need. Throughout life, one's attachment orientation consolidates into an internal working model that shapes the way one engages in interpersonal relationships. One of the mechanisms that is expected to underline the effect of attachment orientation on the process of treatment is through the development of Epistemic trust (ET). ET is commonly defined as the extent to which one trusts others to be a source for reliable, relevant, and generalizable information. The present study explores whether attachment orientation can predict changes in ET throughout treatment. Accordingly, two opposing hypotheses were formulated. The two hypotheses suggest that either people who are securely attached will show greater ET changes, or the insecurely attached will. Method: Fifty patients diagnosed with Major Depressive Disorder (MDD) received 16 therapy sessions. Their attachment was measured in the fourth session using the Experiences in Close Relationships questionnaire (ECR). Their ET level will be compared between the fourth and the eighth sessions, using the Epistemic Trust Rating System (ETRS) developed by our team. Results: Data analysis will be completed during winter 2023. Discussion: This is the first study to empirically examine the relationship between attachment and ET changes. By learning about this relationship, we can better tailor future psychotherapy interventions to emphasize ET for those better suited to benefit from it.

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Poster

## Emotional Flexibility in Psychotherapy: A Computational Approach

**Main author:** *Dan Sayda (University of Haifa)*

**Co-authors:** *Avigail Bar-Sella, Aviv Nof, Uri Hertz, and Sigal Zilcha-Mano*

### ABSTRACT:

"Background and Aim: Emotional flexibility refers to the ability to adapt to changes in internal emotional circumstances. This construct can be of interest in psychotherapy research, since this ability may aid the patient to be more able to adapt to challenging life events. Yet, little is known about emotional flexibility in psychotherapy research. The present study's aim is to examine both trait-like (i.e., individual differences between patients) and state-like (i.e., changes within the patient over the treatment course)

moment-by-moment emotional flexibility, predicting the patient-therapist therapeutic alliance.

Methods: Emotional flexibility was measured using mean voice fundamental frequencies (F0), and calculated using a temporal-difference (TD) computational learning model. For measuring the trait-like and state-like flexibility, we focused on the first and fourth sessions, using 6,780 and 4,930 talk turns, respectively. A clustering analysis of changes in this ability among the patients between the first and fourth sessions will be used to predict their self-ratings change of Working Alliance Inventory (WAI) during 16 weeks of treatment.

Results: Preliminary analysis identified distinct patients' emotional flexibility clusters between the first and fourth sessions: a stability pattern and two clear patterns of change. Further analysis on the process variable will be conducted in the winter of 2023 and presented at the SPR meeting in July 2023.

Conclusions: The preliminary and further analysis may shed light on the relationship between emotional flexibility and the therapeutic alliance in psychotherapy."

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## Poster

# Impacts of the COVID-19 Pandemic on Treatment-Seeking College Students

**Main author: Natalie R Pottschmidt (Pennsylvania State University)**

*Co-authors: Rebecca A Janis, Brett E Scofield, Dever M Carney, Katherine A Davis, J. Ryan Kilcullen, Hongjun (Michael) Tan, Louis G Castonguay, Benjamin D Locke*

## ABSTRACT:

While the impact of the novel coronavirus disease (COVID-19) pandemic has been ubiquitous and pervasive, there is still little known about how specific groups may be impacted differently. Epidemiological survey research suggests that college students are at heightened risk for negative mental health effects of the pandemic, but most research on collegiate mental health during the pandemic has been focused on the general student body and limited in scope. The current research presents two studies examining impacts of COVID-19 in a large clinical sample of treatment-seeking college students, using data collected through the Center for Collegiate Mental Health. First, examining psychological symptoms in a pre-COVID and a COVID cohort, small differences were seen between the two groups. Second, focusing on students seeking counseling after COVID-19 onset, negative impacts of the pandemic across life areas are presented, along with their associations with psychological symptoms and reasons for seeking treatment. Students who report a negative impact of COVID-19 on their mental health were more likely to present with increased distress in many areas. Furthermore, students with minoritized identities were often disproportionately negatively impacted across life areas.



Recommendations for clinicians, counseling centers, and institutions are highlighted based on this thorough examination.

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## Poster

### **The Creation and Initial Validation of The Continuum of Client Clarity**

**Main author: Sabina Musliu (University of Denver)**

*Co-authors: Amy Fraire, Jeremy J. Coleman, Tomáš Řiháček, Anna Edelman, Jesse Owen, Bruce Wampold*

#### **ABSTRACT:**

Insight has been considered one of the most significant mechanisms for change in psychotherapy (Thoma & McKay, 2015). The traditional definition of insight refers to client's ability to build associations and understandings between multiple aspects of their experiences (Jennissen et al., 2018). From a common factors perspective, one shared aspect of insight across modalities may be what Wampold (2001) referred to as specificity, which posits that healing occurs through the understanding of one's disease and treatment. Still, the importance of specificity and insight is not well understood as contributors to clarity in psychotherapy. Clarity was operationally defined as the client's understanding of their current diagnosis or distress, as well as how the mechanisms of treatment will effectively treat their distress. To explore the intersection of specificity and insight, initially, a 6-item scale of client clarity was proposed and tested (Edelman et al., 2018), with reliability observed to range from  $\alpha=.746-.754$ . Through the creation and piloting of new items, the current study aims to refine the previous measure, by creating a 16-item version of the Continuum of Client Clarity (CCC). Data was collected online from ( $n=249$ ) adults residing in the U.S. who engaged in psychotherapy services within the preceding 30 days. EFA procedures with 17 potential items, a two-factor, 16-item solution prevailed. CFA procedures tested correlational, bifactor, and higher-order models. The two-factor correlational model demonstrated the best model fit ( $CFI=.950$ ;  $RMSEA=.070$ ,  $[90\%CI=.057-.082]$ ;  $SRMR=.044$ ) and was retained. Between-factor correlations were  $\alpha=.74$ , and strong full scale ( $\alpha=.94$ ) and subscale ( $\alpha=.92, \alpha=.80$ ) reliability was established.

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## Poster

### **Measuring the Validity of Some Factors Influencing the Effectiveness of Psychotherapy**

**Main author: Maia Kalandarishvili (King Tamar University, Tbilisi, Georgia)**

*Co-authors: Ketevan Gagnidze-MacCormick, Magda Machavariani, Nino Beruashvili, lynda Bera*

**ABSTRACT:**

"In our previous pilot study, a survey of clients and psychotherapists showed that 17 various important psychological factors that influenced the effectiveness of psychotherapy treatment had emerged. Research objectives:

1. Identifying which of these are statistically valid from the above mentioned factors. The validity of the factors is measured by determining the correlation of the mentioned factors with one of the reliable external criteria for the improvement of the patient's condition. We considered detection of patients' mental health symptoms and the process of their improvement as a result of the treatment to be such criteria. 2. Discovering the relationship between the patient's self-care as it relates to various aspects and the effectiveness of psychotherapy treatment.

Research methods: Self care inventory, Questionnaires for the assessment of psychotherapy components, Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) assessment.

Results :1. The statistical reliability of the research is high ( Cronbach,s Alpha= 0.86)

2. From the 17 studied factors, as a result of validation, 5 factors that were statistically significant in relation to the process of improving the patient's symptoms were identified.

These are: The patient's trust in their psychotherapist, the degree of the patient's involvement in the psychotherapy process, the patient's willingness to open up in the therapy process and ets. 3. Significant correlations between self-care variables and patient symptom improvement variables were revealed.(Correlation coefficients are:  $R = 0.56$ ,  $R = 0.64$ ,  $R = 0.45$ ,  $R = 0.34$ .) With the increase in self-care, the number of both anxiety and depression symptoms decreases statistically significantly."

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**Poster**

**Programa Álcool e Saúde: online treatment for Brazilian alcohol users.**

**Main author: Camilla Gonçalves Brito Santos (Federal University of Juiz de Fora (UFJF))**

*Co-authors: Adelya Urmanche, Catherine F. Eubanks , J. Christopher Muran, Ian Peratelli de Oliveira, Larissa Fernanda de Almeida, Nathálya Soares Ribeiro, Pedro Augusto Geraldese Silva, Pedro Matheus Lopes Peralta Abranches, Sara Ribeiro Carvalho, Laís Marcórela Andreoli Sartes.*

**ABSTRACT:**

Excessive alcohol use is a public health issue that intensified during the COVID-19 pandemic. With the disparity between the demand and availability of treatment and the

infeasibility of face-to-face care, online psychotherapy was highlighted as an alternative. Nonetheless, there is a scarcity of studies evaluating remote treatment in Brazil. The "Álcool e Saúde" program is composed of two study designs. They included 58 people in total (40 from Study 1 and 18 from Study 2), ranging in age from 18 to 65 years. Participants were assessed pre- and post-treatment. Twelve psychotherapy sessions based on the MATCH Project protocol were carried out via videoconference. Study 1 is a pre-experimental single-arm clinical trial (online only). In the pre- and post-test, there was a reduction in the number of days of alcohol consumption [ $t(39) = 5.02$ ;  $p < 0.001$ ] and doses per occasion [ $t(39) = 4.07$ ;  $p < 0.001$ ] in Study 1. Study 2 is a randomized clinical trial (online and face-to-face), in which initial results demonstrated a significant reduction in the number of days of use was observed [ $t(24) = -4.28$ ;  $p < 0.001$ ], but not for the number of doses per occasion [ $t(24) = 1.77$ ;  $p = 0.09$ ]. There was no significant difference between face-to-face and online groups in days of consumption [ $t(16) = -0.67$ ;  $p = 0.78$ ] nor in the number of doses per use [ $t(16) = -0.44$ ;  $p = 0.30$ ]. These studies present promising evidence of the efficacy of online psychotherapy for the treatment of alcohol use disorder.

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## Poster

# The Validation of the Korean version of Relational Depth Inventory-Therapist Form

**Main author:** JIHYUN EOM (*Duksung Women's University*)

**Co-authors:** EUNSUN JOO

## ABSTRACT:

The study purpose is to validate the Korean version of Relational depth Inventory-therapist form(K-RDI-T), which was verified content of 25 questions through delphi study(Joo et al, 2022), so that it can be used for Korean counselors. For this purpose, exploratory factor analysis and confirmatory factor analysis were carried out to confirm the factor structure of K-RDI-T and verify K-RDI-T's reliability and validity. 4 sub-factors including 'intimacy and safety atmosphere', 'counselor's experience of client's attitude', 'counselor's immersion and presence', and 'transcendence and interconnected dynamics' were extracted. K-RDI-T's internal consistency(Cronbach's  $\alpha$ ) was .947, which had high reliability. In addition, the convergence, discrimination validity, and prediction validity of the inventory were verified. K-RDI-T was a significant positive correlation with Working Alliance Inventory-Short Form(WAI-S)( $r = .67$ ,  $p < .01$ ) and Korean-Real Relationship Inventory Therapist(K-RRIT)( $r = .61$ ,  $p < .01$ ) respectively. There was no significant correlation with Marlowe-Crowne Social Desirability Scale that was expected to be theoretically unrelated to K-RDI-T( $r = -.12$ ). Furthermore, K-RDI-T had a significant effect on the counseling session evaluation questionnaire(SEQForm4)( $R^2 = 0.307$ ,  $p < .001$ ) and K-RDI-T was found to have a significant effect on counseling outcome even after controlling the statistically related WAI-S and the K-RRIT. Finally, K-RDI-T was found to have a significant difference between

beginner and middle counselor group with less than 5 years of experience and experienced counselor group with more than 5 years of experience. Also, it was confirmed that K-RDI-T was correlated with the number of counselors' counseling sessions.

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#### Poster

### **Changes in attachment and perfectionism in psychodynamic-relational group therapy**

**Main author: Kaja Bakken (University of British Columbia)**

*Co-authors: Chang Chen, Paul Hewitt, Martin Smith, Samuel Mikail, Gordon Flett*

#### **ABSTRACT:**

"When clients and therapists interact, they tend to coordinate or 'synchronize' their physiology and behavior spontaneously and mutually. This panel focuses on describing the state-of-the-art synchrony literature in psychotherapy research. We aim to define synchrony and differentiate it from other similar constructs, to demonstrate novel findings regarding dyadic processes in psychotherapy, to describe situations in which synchrony may not be beneficial, and to highlight several directions for future research; directions that we believe may be critical for a fuller explanation of the role of synchrony in psychotherapy. Our panel will begin with Zhang et al.'s broad literature review on the studies of dyadic synchrony in individual therapies, including the definitions of dyadic synchrony, the means of assessing dyadic synchrony, and finally, a review of the therapeutic evidence of synchrony. Bar-Kalifa et al. will present a recent examination of how high-frequency variations in couples' facial expression synchrony were used to predict treatment-related changes in couples' relationship satisfaction. Paz et al. will present a multi-modal affect analysis, showing the interplay of intrapersonal (i.e., of either the client or the therapist) and interpersonal affective flexibility with psychotherapy session outcomes. Finally, Soma et al. will take us to the results, implications, challenges, and recommendations for meta-analyses of the client-therapist affective synchrony phenomena. Our discussant, Dana Atzil-Slonim, will comment on these diverse studies and suggest implications for research, training, and practice."

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#### Poster

### **A pilot study assessing the reliability of innovative moments coding systems for groups and the association between IMS emergence and group members' improvement.**

**Main author: Giovanna Esposito (University of Naples Federico II)**

*Co-authors: Esposito G., Cutolo A.S., Passeggia R., Oliveira J.T., Gonçalves M.M. &*

*Freda M.F.*

**ABSTRACT:**

"In group psychotherapy, there is a need for reliable measures to detect markers of change in group interventions. The objectives of this pilot study are to examine: 1) the reliability of the Innovative Moments Coding System for Groups (IMCS-G), an adaptation of the Innovative Moments Coding System, used in individual psychotherapy to assess innovative moments (IMs), change markers emerging when clients elaborate on alternative meanings to the problematic ones that brought them to therapy; 2) the IMs evolution in improved versus not improved group members.

The IMCS-G allows to detect meaningful interactions in groups by examining seven IM categories, grouped into two macro-categories: individual IMs and group IMs. In this study, the IMCS-G was applied by two reliable coders to 36 session transcripts of four counseling groups addressed to underachieving university students. Agreement between the raters and reliability of the IMCS-G were calculated. The efficacy of the counseling groups was measured in terms of the improvement in the students' academic performance. A hierarchical linear modeling (HLM) analysis was performed to study the association between the emergence of IMs throughout the sessions and the improvement in academic performance.

The results showed that the IMCS-G was highly reliable, with a strong agreement between the raters. Furthermore, the HLM results suggested that the students' improvement in terms of their academic performance was associated with more IMs produced during the group intervention sessions.

Preliminary findings suggest that the IMCS-G is a reliable system able to detect markers of change that are associated with outcomes."

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**Poster**

**New Clinician Report tool to explore free associative functioning: how the theoretical lenses in the therapist's mind structure the clinical process**

**Main author:** *Rachele Mariani (Sapienza University of Rome)*

*Co-authors: Cinzia Di Monte, Anna Maria Speranza, Anna Ferruta Benedetta, Guerrini Degli Innocenti, Christopher Christian, Alessandro Musetti*

**ABSTRACT:**

"Starting from Freud's (1912) definition of free association and free-floating attention:

“Just as the receiver converts back into sound waves the electric oscillations in the telephone line which were set up by sound waves, so the doctor's unconscious is able, to reconstruct that unconscious, which has determined the patient's free associations”; our aim is to investigate how the quality of the therapist's empathic and reflective listening can influence the quality of the session. To investigate this, we will use a new tool Free-Association and Free-floating Attention Session Scale (FASS), designed to measure to assess the therapist internal perception of the session process. Countertransference processes and clinical reverie processes are fundamental to giving meaning to relational exchange. The processes of reflection and reorganization of emotional patterns are the result of the clinician's training and experience.

50 session clinical notes have been assessed by Rerential Process linguistic measures (Bucci, Maskit & Sean, 2012) together with sessions assessed by experienced psychoanalysts using: FASS, socio-demographic information, Session Evaluation Questionnaire (SEQ-Stiles, Gordon, & Lani, 2002).

The results highlight how an increase in the free associative process in the session and a greater capacity of the therapist to listen to the internal flow of his thoughts is in relation to a better evaluation of the session. Furthermore, the linguistic measures highlight specific patterns, in which the therapist shows greater difficulty in reflective listening. The therapist's clinical experience affects the freedom of theoretical models used and clinical understanding."

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## Poster

# **The Significance and Challenges of Running an Online Self-help Organization for Persons with Mental Illness under Covid-19**

**Main author: Haruna Nishioka (Keio University)**

## **ABSTRACT:**

"Background: In 2020, when the global spread of the new coronas began, the number of patients with depressive and anxiety disorders, a typical mental disorder, increased to 27.6%. One of the reasons for the increase in the number of people with mental disorders is the lack of support from medical institutions and self-help organizations for the people concerned. In particular, self-help groups are difficult to approach not only because of the risk of infection from participation in such groups, but also because of the difficulty of understanding the inner workings of self-help groups from the perspective of the patients themselves.

Objectives and Methods: We thought that if self-help groups for people with mental illnesses were operated online, support could be provided in a safe and secure manner.

The author explored the significance and challenges of operating an online self-help group through the actual operation of the group.

The activities of this organization include the planning of events such as online seminars and study groups, interviews with other self-help groups, and the creation and publication of a website.

Considerations: We found that online self-help groups are mentally, physically, and financially easy for both participants and operators, even under Corona, and that they can also serve as a complement to and a mediator between face-to-face self-help groups and medical institutions. In addition, it is best to confirm the privacy of the participants in advance to avoid the risk of information leakage."

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## Poster

# Therapeutic alliance in the light of the Alternative model for Personality Disorder

**Main author: Mélissa Deschênes (Université Laval)**

*Co-authors: Dominick Gamache, Kristel Mayrand, Claudia Savard*

## ABSTRACT:

An increasing number of empirical findings support the utility and validity of the Alternative Model for Personality Disorders (AMPD) of DSM-5, but so far, no study has documented the association between the AMPD and the therapeutic alliance. The present study aims to identify specific facets from Criterion B of the AMPD to predict the therapeutic alliance in clients as well as their psychotherapists. A sample of 238 clients (Mage = 33.77, SD = 10.45; 70% women) consulting in private practice clinics from the province of Quebec, Canada, completed a computerized validated French version of the PID-5 Faceted Brief Form (PID-5-FBF) at intake, as well as the client version of the Working Alliance Inventory Short Revised (WAI-SR) three months later. Clients were seen by 47 psychologists or trainees in psychology, who also completed the therapist version of the WAI-SR after three months of psychotherapy. Results indicated that overall, PID-5-FBF facets explained small but significant percentages of WAI-SR variance (between 4 and 8%). For clients, Grandiosity and Depressivity negatively predicted Agreement on goals; Anhedonia and Perseveration negatively predicted Agreement on tasks, while Impulsivity was a positive predictor; and Hostility and Duplicity negatively predicted Affective bond. For therapists, Depressivity and Callousness negatively predicted Agreement on goals, while Submissiveness was a positive predictor; Eccentricity and Intimacy avoidance negatively predicted both Agreement on tasks and Affective bond; finally, Hostility (negatively) and Manipulativeness (positively) also predicted Agreement on tasks. Clinical implications and limitations of the results will be discussed.

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## Poster

# **Rupture and repair in psychotherapy sessions where significant shifts were indicated based on patient pre- and post-session ratings of the alliance**

**Main author: Stephen Morales (Derner School of Psychology, Adelphi University )**

*Co-authors: Samuel Podell, Danielle Polland, John Christopher Muran*

## **ABSTRACT:**

"Aims: This study aims to explore rupture events and repair strategies in psychotherapy sessions selected from positive and negative outcome cases. Sessions identified as evidencing significant shifts based on patient pre/post-session alliance ratings were selected for mixed method analysis of the in-session process.

Methods: Outpatients in a psychotherapy research program at a metropolitan hospital completed pre-session ratings on treatment progress and pre-session and post-session ratings of the alliance. 3 cases were selected to represent varied alliance trajectories and outcomes.

Treatment outcomes were determined through a linear regression of patient responses to the Outcome Questionnaire (OQ-30.2: Lambert et al., 2005). Cases where significant improvement was observed were categorized as positive outcome cases while cases where significant improvement was not observed were categorized as negative outcome cases.

This study included a pre-session patient rating on the Outcome Questionnaire - Therapeutic Alliance (OQ-TA: see Lampert et al., 2007), plus a post-session patient rating on the Working Alliance Inventory - 12 item version (WAI-12: Tracey & Kokotovic, 1989). The ratings were normalized with a linear regression derived from a previous study in which OQ-TA and WAI-12 were compared.

The study also included the Rupture Repair Rating System (3RS-Version 2022: Eubanks & Muran, 2022), an observer-based measure of rupture events and repair strategies in a therapy session.

Analysis: In addition to the quantitative methods applied to identify cases and sessions of interest, we applied the 3RS to conduct a quantitative assessment of rupture events and repair strategies and to guide a qualitative descriptive analysis."

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## Poster

# **Factor Structure of the Standardized Assessment of Personality: Abbreviated Scale (SAPAS) in Community Sample**



**Main author: Bruno Faustino (Escola de Psicologia e Ciências da Vida da Universidade Lusófona)**

*Co-authors: Ana Nunes Silva*

**ABSTRACT:**

Background: Psychological assessment of personality disorders is a longstanding issue in clinical psychology and psychotherapy literature. The Standardized Assessment of Personality: Abbreviated Scale (SAPAS), was developed to be a short measure to assess difficulties related to several domains related to personality dysfunction. Nevertheless, psychometric analysis of SAPAS remain sparse. Therefore, the present work aims to provide initial validation of the factor structure of this assessment instrument focused on personality domains. A community sample was recruited on-line (N=185), and individuals fulfilled self-report questionnaires in a cross-sectional design. Results: Principal component analysis (PCA) revealed a four-factor structure ( $KMO = .551$ ),  $X^2 = (36) 173,667$ ,  $p < .001$ ), clustering items related to Interpersonal Trust, Temperament, Cognitive Concern and Autonomy/Organization. Correlational analysis was aligned with theory predictions, where adaptive domains of personality were negatively correlated with symptomatology. Conclusions: Current data suggest that the SAPAS has a four-factor structure in a community sample. More research is required to explore the psychometric properties in clinical samples.

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**Poster**

**COVID-19 Pandemic, Changes in the Therapeutic Setting, and Their Impact on the Therapeutic Alliance**

**Main author: Joanna Mostowik (Department of Psychotherapy, Jagiellonian University Medical College)**

*Co-authors: Aleksandra Wolińska, Krzysztof Rutkowski, Jerzy Sobański, Katarzyna Klasa, Patrycja Jęda, Michał Mielimąka*

**ABSTRACT:**

"Introduction. The COVID-19 pandemic caused the need to reduce social contacts and provide psychotherapy using ICT systems (telephone, video). The study explores the impact of setting changes during COVID-19 on the therapeutic alliance (TA) in group psychotherapy provided to patients with neurotic and personality disorders. The study also explores whether the quality of TA was related to the pretreatment symptoms' severity and level of personality organization.

Methods. A total group of 36 patients who were treated at the day center during COVID-19 were recruited for the study. The following tools were used: Therapeutic Alliance Questionnaire 36-2, Inventory of Personality Organization, the KO 'O' Symptom Checklist, and open questions to assess patients' perspective on changes in the setting.

Results. The quality of TA was evaluated as higher two months after online psychotherapy than when the clinic returned to traditional treatment. At the same time, patient commitment to treatment decreased over time. The higher alliance during online psychotherapy was associated with higher symptoms and general personality psychopathology.

Conclusions. Changes related to restrictions introduced during the COVID-19 pandemic were not unrelated to the dynamics of the alliance. Patients indicated several benefits to remote treatment during that time. At the same time, patients saw benefits related to direct contact psychotherapy compared to remote psychotherapy."

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## Poster

### **Insight moderates the association between patient subjective and retrospective report on alliance ruptures**

**Main author: Amit Tchizick (University of Haifa)**

*Co-authors: Ofir Kohavi, Shahar Ben-Haim*

#### **ABSTRACT:**

"Objective: The therapeutic alliance is one of the most reliable indicators of success in psychotherapy, also in long-term subjective reports. Depending on how ruptures are addressed, they can either weaken or strengthen the alliance. Despite the clinical significance, little is known about how patients perceive ruptures during and post-treatment and what may account for any inconsistencies between them. The current study seeks to examine insight as a moderator between patient's subjective report on ruptures in real-time therapy sessions, and a retrospective view on the therapy a year later.

Method: As a part of a Randomized Control Trial (RCT) for Major Depression Disorder (MDD) 18 patient have undergone Post-Treatment Interview a year later, measuring their identification of ruptures after hand using consensual qualitative research (CQR). In addition to subjective Post-Session Questionnaire (PSQ), trained coders used the rupture resolution rating system to assess alliance ruptures and repairs (3RS). The patient's average insight score was based on a semi-structured interview (SUIP-I).

Results: The data was collected and quantified, and moderation analysis will be conducted in the winter of 2023.

Conclusions: The implications will be discussed in relation to insight as a key mechanism in the way that not only results in better treatment results, but also lasts for a long time in patients' perspectives."

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## Poster

### **Eating Disorder Providers With Lived Experience And The Use of Recovery Self-Disclosure: A Prevalence Study**

**Main author: Danielle Polland (Derner School of Psychology, Adelphi University )**

*Co-authors: Adelya Urmanche, J. Christopher Muran*

**ABSTRACT:**

"Aims: Research on the treatment of eating disorders (EDs) has shown 35.5% of providers have lived experience with EDs and as many as 90% of providers use self-disclosure, though it is not evident how many such disclosures involve lived experience. There has been some consideration of the potential treatment benefits of self-disclosure and lived experience, but little is known about the intersection, including the prevalence of ED providers who have lived experience and choose to disclose their lived experience or lack thereof. The aim of this study is to improve our understanding of how many providers treating EDs have lived experience and how many disclose this information to their patients.

Methods: An online Qualtrics-based survey will be disseminated via listservs, social media, and professional networks, aimed at providers in the United States actively treating patients with EDs. Data will be used from providers who report lived experience and those who do not, and providers who report using recovery self-disclosure and those who do not. Descriptive analyses will be conducted on a subset of questions that explore the rationale, timing, and function of the disclosure. Rates of providers who treat children and adolescents and their use of recovery self-disclosure will be analyzed.

Results: Findings will be discussed with respect to their conceptual, empirical, and clinical implications. A stronger understanding of providers' experiences of recovery and recovery self-disclosure could inform ED treatment and provider training, adding to the growing literature on EDs and self-disclosure."

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**Poster**

## **Effective User Engagement in Digital Psychotherapy: Developing an Integrative Engagement Model**

**Main author: James M Zech (Florida State University)**

*Co-authors: Morgan Johnson, Michael Pullmann, Sean Munson, Nicole Fridling, Pat Arian*

**ABSTRACT:**

Digital mental health interventions such as two-way, asynchronous messaging therapy are a growing part of the mental healthcare treatment ecosystem, yet little is known about how users engage with these interventions over the course of their treatment journeys. Mapping the user experience in digital therapy may be facilitated by integrating theories from several fields. Specifically, health science's Health Action Process Approach and human-computer interaction's Lived Informatics Model may be usefully synthesized with relational constructs from psychotherapy process-outcome research to conceptualize the determinants of engagement in digital messaging therapy. The present study aimed to capture insights about digital therapy users' engagement patterns through a qualitative analysis of focus

group sessions. We sought to synthesize emergent intrapersonal and relational determinants of engagement into an integrative framework of engagement in digital therapy. A total of 24 focus group participants were recruited to participate in one of five synchronous focus group sessions held between October and November 2021. Participant responses were coded by two researchers using thematic analysis. Coders identified 10 relevant constructs and 24 subconstructs that can collectively account for users' engagement and experience trajectories in the context of digital therapy. These constructs were organized into a proposed Integrative Engagement Model of Digital Psychotherapy. Engagement in messaging therapy may be usefully approached through an interdisciplinary lens, linking constructs from health science, human-computer interaction studies, and clinical science in an Integrative Engagement framework.

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## Poster

### Interoceptive awareness and therapist characteristics

**Main author:** *Agustina Ovalle (Pontificia Universidad Católica de Chile; Millennium Institute for Research in Depression and Personality (MIDAP))*

**Co-authors:** *Candice Fischer, Paula Dagnino, Stephanie Vaccarezza*

#### **ABSTRACT:**

"Differences between therapists have a great impact on therapeutic outcome. Therefore it is important to study who the therapist is.

The present research evaluated several characteristics regarding the therapist, on the one hand, the therapeutic style, which is understood as the degree of variability that therapists have in thinking and applying their interventions in their clinical work. On the other hand, the study evaluated the way in which therapists interpret and relate to their body, as it plays an important role in the emotional experience, which has been associated with the bodily sensations experienced by therapists during therapy. The aim of the research was to study the relationship between interoceptive awareness and therapeutic style.

Method: The study design was non-experimental and the methodology was quantitative with a correlational scope. The sample consisted of therapists who answered a battery of questionnaires on information about the therapist's person containing: a Demographic Questionnaire, the MAIA (MAIA) and the DPCCQ (Developmental Basic Questionnaire for Psychotherapists). Results: Based on the analyses carried out, it was observed that awareness of the internal state of the body would be linked to the style of being a therapist. It was observed that those therapists who report greater warmth and involvement with their patients have greater awareness of their bodily states. Discussion: Given the present results, it is concluded that it is crucial to study the bodily dimension of therapists, as it contributes to the understanding of the therapist's person and, therefore, of the therapeutic process."

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Poster

## **Ambulatory Assessment of the Content and Structure of Self-states as a Psychotherapy Process/Outcome Measure**

**Main author:** *Shahar Weisel (Bar-Ilan University)*

**Co-authors:** *Elad Refoua, Inbar Feinstein, Gal Lazarus, Eshkol Rafaeli*

### **ABSTRACT:**

"Modes (or self-states) are cohesive organizational units of the self, marked by characteristic feelings, thoughts, behaviors, and motivations. Various clinical theories recognize a multiplicity of such self-states (referring to them as modes, parts, characters, etc.; Lazarus & Rafaeli, in press). Different forms of psychopathology or distress can be modeled using mode formulations, which can also serve as useful process/outcome measures in psychotherapy research. In particular, mode-based formulations can clarify the underlying shared (or unique) moment-by-moment phenomenology of individuals suffering from particular disorders, and help pave the way towards improved well-being.

We illustrate these ideas by focusing on test anxiety (TA) and its treatment. TA, a ubiquitous condition affecting over 20% of students, is characterized by negative thoughts about performance, impaired concentration, and other physical, emotional, and behavioral symptoms. We report results from an ongoing study implementing a brief (6-session) mode-focused evidence-based intervention (Prinz et al., 2019). The intervention was preceded, accompanied, and followed by 3 two-week bursts of intensive (4-times daily) ambulatory assessments of modes.

To date, 49 (of 65 expected) patients have participated in the study. We report interim results regarding pre-to-post therapy changes in specific mode activation (namely, increased healthy/reflective mode, decreased self-critical mode). Using contemporaneous and temporal network models, we test the prediction that weaker positive edges between vulnerable and self-critical modes, stronger positive edges between vulnerable and healthy modes, weaker negative edges between coping and healthy modes, and weaker auto-correlation (inertia) in coping modes will be associated with reduced test-anxiety."

# Book of Abstracts: Saturday 24th

Saturday, June 24th, 2023, 8:30 - 9:45 (IST)

Panel **CE**

## **Replicating and diversifying research on therapist effects and their determinants in cognitive-behavioral and psychodynamic treatments for depression**

Saturday, June 24th, 8:30-9:45 - **Room: Emmet Theatre**

*Organizers & Moderators:* Alice Coyne (Case Western Reserve University)

### **ABSTRACT:**

Research has established that therapists can have unique and interactive influences on patients' psychotherapy outcomes. As one unique influence, therapists can differ in their general effectiveness, often irrespective of treatment type and whether in the context of naturalistic care or controlled trials. As one interactive influence, certain interventions may be more or less therapeutic in the hands of some therapists versus others. Despite these findings, gaps in the literature exist. For example, there is limited research on the various types of therapist effects in diverse cultural contexts. Moreover, there is limited research on therapist, patient, and treatment factors that might predict such effects. Addressing these gaps, this panel includes four topically relevant studies based on data from a randomized controlled trial (RCT) that compared the efficacy of manualized CBT versus theory-informed and principle-driven PDT for depression in the Netherlands (Driessen et al., 2013). In the first paper, Mehta will examine the existence of therapist effects in this trial, and whether they are moderated by treatment type. In the second paper, Gaines will examine therapist personality factors as predictors of between-therapist outcome differences. In the third paper, Constantino will test both patient-level characteristics and patient-therapist-characteristic interactions as moderators of therapist effectiveness differences. In the fourth paper, Coyne will explore the therapist as a moderator of parsed alliance- and adherence-outcome associations, as well as therapist characteristics that may explain such between-therapist variability in the process-outcome links. With four distinct talks, and to allow time for audience-presenter exchange, there is no formal discussant.

- **Paper: Between-therapist effects in a comparative trial of cognitive-behavioral and psychodynamic therapies for depression**

*Main author: Anuj Mehta (University of Wisconsin–Madison)*

*Co-authors: Michael J. Constantino, Jack J.M. Dekker, Alice E. Coyne, Henricus L. Van, Jaap Peen, Frank J. Don, Ellen Driessen*

### **ABSTRACT:**

Ample research supports that therapists differ in their general effectiveness. Although these between-therapist effects have manifested across different settings (e.g., controlled trials, naturalistic care) and after controlling for case-mix variables, further investigation is needed in different cultural contexts. Moreover, given that controlled trials may require therapists to deliver specific therapies to varying degrees of standardization, additional work is needed to determine if therapist effects differ as a function of such intervention variability. For example, it is possible that therapist differences might be attenuated in treatments like cognitive behavioral therapy (CBT), for which therapists adhere to a standardized protocol, and exaggerated in treatments like psychodynamic therapy (PDT), for which interventions are theory-informed, but not strictly manualized. Addressing these questions, this study will examine (a) whether between-therapist differences exist in a randomized controlled trial (RCT) that compared manualized CBT versus theory-informed PDT for depression in the Netherlands, and (b) whether such effects differ as a function of treatment. For our first question, we hypothesize that therapists will explain significant outcome variance across both treatments. Our second research question is exploratory. Data will derive from an RCT in which 341 adults with depression were randomized to 16 sessions of individual CBT or PDT (Driessen et al., 2013). Treatment was administered by 45 therapists who were nested within condition. We will use multilevel modeling to test our questions. Findings will extend work on therapist effects to a specific cultural setting and further our understanding of how treatments with varied delivery styles influence therapist differences.

- **Paper: Therapist personality factors as predictors of between-therapist performance differences**

**Main author: Averi Gaines (University of Massachusetts Amherst)**

*Co-authors: Alice E. Coyne, Henricus L. Van, Michael J. Constantino, Anuj H. P. Mehta, Jaap Peen, Frank J. Don, Jack J. M. Dekker, Ellen Driessen*

**ABSTRACT:**

A wealth of prior research across various settings illustrates that therapists differ from one another in their general outcome effectiveness. However, relatively little is known about what therapist factors predict such performance variability. In what limited work has been conducted to date, most has relied on convenience variables (e.g., demographic characteristics, years of experience, degree type, therapeutic orientation), which have demonstrated low predictive power. It is plausible that therapist effectiveness differences would be better explained by personality variables that are inescapably present in a clinician's work, which have yet to be explored in this way. Addressing this gap, in the context of a randomized controlled trial (RCT) comparing cognitive behavioral therapy (CBT) to psychodynamic therapy (PDT; Driessen et al., 2013), the present study will test whether more versus less effective therapists possess more adaptive personality traits (e.g., agreeableness, conscientiousness, psychological mindedness). As noted, data will derive from an RCT in which 341 patients with depression were randomly assigned to receive CBT or PDT over 16 sessions. The therapies were delivered by 45 therapists who were nested within condition. Therapists completed the personality measures at baseline, and patients reported their depressive symptoms throughout treatment. To test our questions, we will use multilevel modeling, which accounts for the multiple sources of nesting in the data. Results

will contribute to the growing therapist effects literature and help further uncover the characteristics of effective therapists.

- **Paper: Patient-level moderators of therapist effectiveness differences in a comparative trial of cognitive-behavioral and psychodynamic therapies for depression**

**Main author: Michael Constantino (University of Massachusetts Amherst)**

*Co-authors: Alice E. Coyne, Jaap Peen, Averil N. Gaines, Anuj H.P. Mehta, Frank J. Don, Jack J.M. Dekker, Henricus L. Van, Ellen Driessen*

**ABSTRACT:**

Psychotherapists differ in their effectiveness; yet, the effect size has varied across studies. Baseline patient factors could potentially contribute to such variability. For example, therapist differences have been more pronounced when treating patients with more severe problems; however, it remains largely unknown whether other patient factors have a similar moderating effect. It is plausible that patients with higher levels of certain personality or interpersonal factors may be predisposed to benefit from therapy regardless of which therapist they see. Alternatively, patients with lower levels of these factors may only benefit when working with more generally effective clinicians. Furthermore, to the extent that patient factors render therapist effectiveness differences more or less pronounced, the therapist characteristics that explain such differences remain unknown. In the context of a trial comparing cognitive behavioral therapy (CBT) to psychodynamic therapy (PDT) for depression (Driessen et al., 2013), this study will (a) aim to replicate that therapist effects are more pronounced when working with patients with more severe symptoms; (b) explore whether patient factors (e.g., low psychological mindedness, insecure attachment) render therapist effects more pronounced; and (c) explore whether therapist characteristics (e.g., psychological mindedness, attachment style) explain such variability in between-therapist effectiveness differences (i.e., cross-level interactions). Patients were 341 adults randomly assigned to receive 16 sessions of CBT or PDT from 45 therapists. Based on multilevel modeling, results will extend work on patient-level moderators of therapist effects and inform personalized case assignments by uncovering therapist factors that render a provider a good fit for a particular patient.

- **Paper: Different interventions for different providers: The therapist as a moderator of parsed alliance- and adherence-outcome associations in two treatments for depression**

**Main author: Alice Coyne (Case Western Reserve University)**

*Co-authors: Michael J. Constantino, Frank J. Don, Averil N. Gaines, Anuj H. P. Mehta, Jack J. M. Dekker, Henricus L. Van, Jaap Peen, Ellen Driessen*

**ABSTRACT:**

Although voluminous research has tested the prediction of patient outcomes from theory-common (e.g., alliance) and theory-specific (e.g., therapist adherence) processes, most findings reflect total correlations that fail to account for nuances in these associations. Thus, researchers are increasingly deconstructing correlations into their within- and between-therapist components. Yet, the few studies that have used such methods have



produced mixed results, suggesting the possibility of systematic variability in these multilevel associations (moderation). Supporting this view, one study found that different therapists use alliance quality to differing therapeutic benefit (Coyne et al., 2022). However, no studies have tested whether higher versus lower therapist adherence is more therapeutic for some clinicians versus others. Furthermore, little is known about therapist characteristics that render certain processes more or less beneficial. Within a trial comparing cognitive behavioral therapy (CBT) and psychodynamic therapy (PDT) for depression (Driessen et al., 2013), we will (a) test alliance- and adherence-outcome associations at both within- and between-therapist levels, (b) examine whether within-therapist alliance- and adherence-outcome associations vary across therapists, and (c) explore potential therapist-level moderators (e.g., attachment style) of the parsed variable-outcome associations. (Given that CBT therapists followed a standardized treatment protocol, whereas PD therapists followed theory-informed principles more flexibly, we will only test the three adherence-focused aims in the CBT arm.) Patients were 341 adults randomly assigned to receive 16 sessions of CBT or PDT from 45 therapists. Using multilevel structural equation modeling, results will illuminate more precise clinical meanings of process-outcome associations, including between-clinician differences, which can inform personalized care.

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#### Panel

### **Talking cures when “bodies speak”: Clinical challenges in treating eating disorders across different settings and treatment approaches**

**Saturday, June 24th, 8:30-9:45 - Room: Davis Theatre**

*Organizers & Moderators:* Laura Muzi (University of Perugia)

*Discussants:* Antonello Colli (University of Urbino “Carlo Bo”)

#### **ABSTRACT:**

"Eating disorders (ED) are considered amongst the most difficult conditions to treat, posing significant challenges for patients, their family or caregivers, and mental health practitioners. ED patients often exhibit a history of negative therapy experiences and treatment failures, ranging from drop-out, low recovery rates, and high rates of relapse (Vall & Wade, 2016). To overcome these clinical challenges, practice guidelines agree that there should be a patient-centered continuum of care, ranging from outpatients to more intensive treatment settings (NICE, 2017). Further on, a growing body of evidence has suggested the relevance of novel, online approaches, as well as the importance of variables related to the therapeutic relationship (Graves et al., 2017).

The goal of this panel is to present findings from four studies that investigate significant challenges that clinicians and carers routinely experience with ED patients across different theoretical approaches, clinical settings, and treatment modalities. The first study will present both quantitative and qualitative data on clinical engagement and drop-out in

patients with anorexia nervosa in an outpatient CBT-E. The second study will examine the role of therapists' negative emotional responses in determining working alliance and lack of symptomatic change/deterioration in a residential treatment setting for ED patients. The third study will show the first findings on the effectiveness of an online, Instagram-based guided self-help intervention for patients with ED. The fourth study will highlight the relevance of the clinical comorbidity between ED and a clinical risk for psychosis condition, and related clinical implications in mental health settings."

- **Paper: Psychotherapy for eating disorders in public mental health: The challenge of engagement in and drop-out from treatment**

**Main author:** *Yngvild Sørebo Danielsen (University of Bergen)*

**Co-authors:** *Guro Årdal Rekkedal, Ute Kessler*

**ABSTRACT:**

"Background: Several psychotherapies, among them CBT-E, have through efficacy trials shown promising results in treating eating disorders. Implementing evidence-based treatments in public mental health care has been a goal for the Norwegian government. Thus, we initiated an effectiveness trial evaluating implementation of CBT-E in a public health eating disorder unit.

Methods: Patients aged > 16 years suffering from AN were invited to receive 40 sessions of outpatient CBT-E. Eating-disorder psychopathology and body mass index (BMI) were measured before and after treatment. Therapeutic alliance was assessed after 4 weeks. 4 patients declining to engage in treatment were interviewed with semi-structured qualitative interviews that were analyzed using thematic analysis.

Results: Out of 93 eligible patients 33 started CBT-E. 69% of the patients ended their treatment prematurely and 27% recovered reaching a BMI > 18.5 and Eating Disorder Examination Questionnaire (EDE-Q) score < 2.5. The patients that completed treatment had a significantly higher alliance score (WAI-SF) at 4 weeks. Interviews with patients not engaging in treatment revealed that the main barriers reported were aspects of the eating disorder such as a lack of awareness about the disorder and the coping and emotion regulating function of the eating disorder.

Discussion: Most patients engaging and staying in treatment recovered. However, the majority of patients ended their treatment prematurely. A better understanding of the barriers of individuals with eating disorders for engaging in treatment is crucial for improving strategies to establish a good therapeutic alliance and a productive and supporting therapeutic environment in public mental health."

- **Paper: Therapists' emotional responses, therapeutic alliance and therapy outcome in patients with eating disorders**

**Main author:** *Laura Muzi (University of Perugia)*

**Co-authors:** *Marta Mirabella, Anna Franco, Micaela Riboldi, Alessia Urgese, Michele Angelo Rugo, Claudia Mazzeschi, Vittorio Lingiardi*

**ABSTRACT:**

"Background: A growing body of evidence has shown that patients with eating disorders (ED) tend to evoke strong emotional responses (or countertransference patterns) in their treating clinicians, such as frustration, hopelessness, worry, or rage, but also intense protective feelings. This study aimed at investigating the predictive value of a broad spectrum of therapists' emotional responses in determining patient and therapist ratings of therapeutic alliance (TA), as well as therapy outcome evaluated by the clinical significance criteria.

Methods: A sample of 112 patients with anorexia nervosa and bulimia nervosa treated in a psychodynamic-oriented residential program were asked to complete the Eating Disorder Inventory-3 and the Outcome Questionnaire-45.2 at both intake and discharge. Clinicians completed the Therapist Response Questionnaire to evaluate their countertransference patterns. TA (both therapist- and patient-rated) was measured through the Working Alliance Inventory after the first month and during the last week of treatment.

Results: Findings showed that, even when controlling for baseline ED symptoms and DSM-5 diagnosis, criticized/mistreated, helpless/inadequate and overwhelmed/disorganized responses predicted worse early therapist-rated TA, but not patient-rated TA. Similarly, helpless/inadequate and positive emotional responses emerged, respectively, as negative and positive predictors of both therapist- and patient-rated TA at treatment termination. On the other hand, warm/positive therapist emotional responses emerged as a predictor of clinically significant/reliable symptomatic change, whereas helpless/inadequate and overwhelmed/disorganized predicted no change/significant deterioration.

Discussion: These results suggest the importance of clinicians monitoring their emotional responses in residential treatment settings for ED, especially those that may represent a clinical challenge in this difficult-to-treat population."

- **Paper: Guided self-help and eating disorders: #How can we help you? project, an Instagram-based online self-help**

**Main author: Gaia Albano (University of Palermo)**

*Co-authors: Valentina Cardi, Katie Rowlands, Janet Treasure, Salvatore Gullo, Gianluca Lo Coco*

**ABSTRACT:**

An update of findings (since 2017) from a systematic review of the literature on guided self-help/self-help (GSH/SH) among patients with binge eating symptoms and anorexia nervosa or their carers will be presented. GSH/SH interventions have been widely assessed for the treatment of binge eating disorder and they seem to be superior to comparison conditions in reducing symptoms. The use of these interventions for those suffering from anorexia nervosa has been investigated less, due to the severity of illness and ambivalence to change. The current literature identifies the potential of GSH interventions in anorexia nervosa especially in improving motivation to change, adherence to treatment, and carers' skills to cope with an ED. Recently, there has been a shift from face-to-face, manualised interventions delivered by clinical professionals, towards digital interventions, offering online materials delivered by people with less intensive training, including those with past experience of ED. We have developed a pilot study based on the definition of psychoeducational and integrated online materials able to assess the usability, effectiveness and satisfaction of the #How can we help you? Instagram profile. This profile is aimed to

orient those suffering from a self-reported ED towards clinical care, providing information about eating concerns and related constructs, increasing motivation for treatment and illness awareness. The contents shared are based on: narratives about people who had recovered from an ED, importance and ability to change, nutrition management. This project represents a first step in a wider clinical trial, integrating online professional help with the provision of peer-support.

- **Paper: Eating Disorders in Clinical High-Risk for Psychosis Samples: a Study Protocol for a Systematic Review and Meta-analysis**

**Main author: Erika Cerasti (Sapienza University of Rome)**

*Co-authors: Gabriele Lo Buglio, Jone Bjornestad*

**ABSTRACT:**

"Background: Many research and meta-analytic studies have shown that individuals at high clinical risk for psychosis (CHR-P) often exhibit complex clinical conditions characterized by the co-occurrence of multiple psychopathological syndromes. Currently, evidence about the presence of eating disorders (EDs) in this population is limited. Here we present a research protocol for a systematic review and meta-analysis with the objectives of estimating the impact of sociodemographic and study variables on the ED diagnosis in CHR-P individuals and of resuming the available knowledge on the features of EDs in CHR-P samples.

Methods: PubMed, EBSCO/APA PsycINFO, and Web of Science will be searched for articles published from 1 January 2018 to 31 December 2022. Original research assessing EDs in CHR-P samples with validated measures will be included. Two independent researchers will screen the articles and evaluate their quality using a modified version of the Newcastle-Ottawa Scale—potential disagreements will be solved by contacting a third judge. A narrative synthesis will be performed. Moreover, whenever applicable, random-effect models (proportions and odd ratios) and meta-regressions will be applied to extracted data. The study will be conducted using the PRISMA guidelines.

Discussion: Since the empirical literature regarding EDs in CHR-P samples is limited, this study intends to increase knowledge on the topic and inform preventive interventions aimed at addressing clinical challenges of CHR-P patients with ED."

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**Panel**

**Exploring the interplay between narrative and emotion processes in psychotherapy practice: From psychotherapy for borderline personality disorder to innovative applications in clinical practice and supervision**

**Saturday, June 24th, 8:30-9:45 - Room: Swift Theatre**

*Organizers & Moderators: Lynne Angus (York University), Jasmine Khattra (York University)*

*Discussants: Kenneth N. Levy (Penn State University)*

**ABSTRACT:**

This panel will present an update on recent developments in both the application of the Narrative-Emotion Process Coding System (NEPCS) in clinical settings as well as implications of research findings for clinical practice. The first Paper in Panel provides a brief overview of recent NEPCS research findings that identifies a common change pathway for clients who recover from GAD, Depression and/or Complex Trauma. Emerging developments that entail the analyses of both therapist and client NEPCS marker shifts in CBT, and clinical supervision sessions, are described, with implications for enhancing clinical practice and training discussed. Addressing the gap in our understanding of how BPD treatments work, the second paper in panel presents a process-outcome analysis of NEPCS markers in brief psychotherapy treatment for BPD, following a Good Psychiatric management model. Using a controlled longitudinal design, findings established emotion-informed marker changes as potential mechanism of change in brief treatment for BPD and implications for practice are discussed. Finally, the third Paper in Panel presents findings from an exploratory study examining whether narrative-emotion marker patterns differed between recovered and unrecovered BPD clients, undergoing Dialectical Behaviour Therapy, and whether this relationship was associated with positive treatment outcomes. Study conclusions suggest that narrative and emotion process markers have the potential to be used to signal opportunities for exploration and intervention to promote narrative-emotion integration, which may improve BPD clients' abilities to regulate distressing emotion, in treatment sessions.

- **Paper: From Narrative-emotion Coding System (NEPCS) research to practice innovation: Understanding the interplay of narrative and emotion processes in clinical practice, training and supervision.**

*Main author: Lynne Angus (York University)*

*Co-author: Jasmine Khattra*

**ABSTRACT:**

Enhancing psychotherapy practice and training, through the dissemination of psychotherapy process research findings, is essential for improving treatment outcomes. To that end, a brief overview of recent Narrative-emotion Process Coding System research outcomes- emerging from a range of clinical samples and therapy approaches- will be presented (Angus & Macaulay in press a), and the identification of a common pathway of movement from NEPCS problem to transition and change markers, in clients who recover from Generalized Anxiety and Depressions (Angus & Macaulay in press b), will be identified. Next, innovative psychotherapy research studies currently investigating how therapists facilitate and enhance productive client NEPCS shifts- in psychotherapy (Khattra 2023, Xu & Levenson 2023); clinical training (Marques-Stenzhal & Angus under review) and clinical supervision sessions (Levenson, Feldman, Angus & Macaulay, 2023) - will be described, and implications for psychotherapy practice, training and future research discussed.

- **Paper: Emotion-informed narrative as mechanism of change in a brief treatment for borderline personality disorder**

**Main author: Ueli Kramer (University of Lausanne)**

*Co-authors: Alessio Simonini, Ere Rrustemi, Romane Fellrath, Kim Stucchi, Eleonora Nosedà, Chantal Martin Soelch, José Blanco Machinea, Tali Boritz, Lynne Angus*

**ABSTRACT:**

"Background: Borderline Personality Disorder (BPD) is marked with problematic narrative construction, or lacking cohesion in narratives, may be observed in psychotherapy. Moving towards a coherent narrative – from problem markers to transition markers - may prove to be major mechanism of change explaining outcome early in psychotherapy for BPD. The current paper aims to test whether change from problem to transition markers may function as mechanism of change in brief treatment for BPD.

Methods: We include a selected sub-sample of a randomized controlled trial on brief psychiatric treatment following the model of Good Psychiatric Management with  $n = 57$  patients diagnosed with BPD undergoing four months of treatment. Sessions 1, 5 and 9 have been transcribed and have been coded using the Narrative-Emotion Process Coding System 2.0 (NEPCS). Outcome was assessed using the OQ-45. Inter-rater reliability of the NEPCS was established for 25% of the sample.

Results: Findings indicate that problem markers overall decrease over the course of the brief treatment, and transition markers overall increase. The study also found that the frequency of problem markers between session 1 and 5 as mechanisms of change in the explanation of symptom reduction observed between sessions 5 and 10.

Discussion: Psychological treatments for patients with BPD work, but there is still a lack of understanding of how these treatments work. The present study establishes narrative changes as potential mechanism of change in brief treatment for BPD, using a sophisticated controlled longitudinal design."

- **Paper: Narrative Contextualization of Emotional Experience in Dialectical Behaviour Therapy for Borderline Personality Disorder**

**Main author: Tali Boritz (York University)**

*Co-authors: Nadia Mehdizadeh Jafari, Shelley McMain*

**ABSTRACT:**

Narrative and emotion processes are essential in treatments for borderline personality disorder (BPD) as individuals with this disorder experience significant difficulties recognizing, differentiating, and contextualizing emotion. This exploratory study examined whether narrative-emotion integration differs between recovered and unrecovered BPD clients, and whether this relationship was associated with positive treatment outcomes. The Narrative and Emotion Processes Coding System, an observer-based coding system that identifies in-session markers of narrative and emotion integration, was applied to one early and one late therapy session for three recovered and three unrecovered clients who received one year of Dialectical Behaviour Therapy. Descriptive statistics, independent samples t-tests, and eta squared effect sizes were calculated to determine frequency of NEPCS problem, transition, and change markers and test outcome effects. Higher overall proportions of change markers were evidenced in recovered versus unrecovered clients. Higher proportions of change markers were evidenced in recovered versus unrecovered clients.

There was a non-significant increase in change markers from early to late therapy for recovered but not unrecovered clients. Narrative and emotion process markers can be used to signal opportunities for exploration and intervention to promote narrative-emotion integration, which may improve BPD clients' abilities to regulate distressing emotion.

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## Panel

### New developments in the diagnostics of mentalisation

Saturday, June 24th, 8:30-9:45 - Room: UI Chadhain

*Organizers & Moderators:* Sylke Andreas (University of Klagenfurt)

*Discussants:* Frederik Falkenstrom

#### **ABSTRACT:**

"Mentalizing is defined as the capacity to understand the intentional or inner mental states of other persons, taking into account one's own intentional states (e.g., beliefs, thoughts, feelings, desires, or goals) (Fonagy, 1991; Fonagy & Bateman, 2008). Since the development of the concept of mentalisation, numerous instruments, both self- and expert-rated instruments, have been developed and psychometrically tested.

This panel is dedicated to new developments in the diagnostics of mentalisation. Paper 1 will present data on the development, reliability and convergent validity of the Mentalizing Prototypes Scale (Gagliardini and Colli). The Mentalization Prototypes Scales (MPS) allows to assess mentalization on two different scales: the MPS-imbalances and the MPS-modalities. Paper 2 (Huewe et al.) will present data on a preliminary validation study of the German Modes of Mentalization Scale (MMS, Gagliardini & Colli, 2019). The MMS can distinguish five different mentalization modalities of a patient. Paper 3 (Herrmann et al.) will provide data on the validation of the Reflective Functioning Questionnaire (RFQ, Fonagy et al., 2016) and the Mentalization Questionnaire (MZQ, Hausberg et al., 2012). Paper 4 (Kasper et al.) will present data on the development and validation of the Affective Mentalization Questionnaire which is a self-report measure of the affective component of mentalization."

- **Paper: Development, Reliability and Convergent Validity of the Mentalizing Prototypes Scale**

*Main author:* Giulia Gagliardini (Carlo Bo University of Urbino)

*Co-authors:* Antonello Colli

#### **ABSTRACT:**

Mentalization, i.e., the capacity to understand behaviors in terms of intentional mental states, is a capacity which can be rated following multiple perspectives. However, in relation to observer-rated measures some issues have been raised in relation to the currently available measures. The Mentalization Prototypes Scale (MPS) allows to rate mentalization on two scales: 1) MPS-Imbalances, which assesses problematics of mentalization on six different dimensions: a) self; b) others; c) affective; d) cognitive; e) external; f) automatic; 2) MPS-Modalities, which assesses the quality of mentalization on four subscales: a)

teleological thought; b) concrete thought; c) pseudomentalization; d) good mentalization. The aims of this work were to: a) describe the development of an observer-rated multi-dimensional measure of mentalization based on psychotherapy session verbatim transcripts, the MPS; b) test the inter-reliability of the MPS; c) test the convergent validity of the MPS. In doing so we hypothesized to find good convergent validity with the most widely used observer-rater measure of mentalization, the Reflective Functioning Scale (RFS). A sample of 50 psychotherapy session transcripts were rated blindly by three senior raters (clinicians with at least five years of clinical and research experience) and by three junior raters (clinical psychology students without experience) with the MPS to test the inter-rater reliability. Moreover, the same sessions were rated by two different raters with the RFS to test the convergent validity of the MPS. Our results showed that the MPS has good psychometric properties and can help at assessing multidimensionally mentalization on psychotherapy session transcripts.

- **Paper: Preliminary validation of the German Modes of Mentalization Scale**

**Main author: Lotta Hüwe (Alpen-Adria Universität Klagenfurt)**

*Co-authors: Adrian Brooks, Sylke Andreas*

**ABSTRACT:**

"Aim: The concept of mentalizing is becoming increasingly important in both research and therapeutic practice. Deficits in mentalizing can manifest themselves in various forms. This phenomenon has been taken into account in the Modes of Mentalization Scale (MMS, Gagliardini & Colli, 2019), a clinician-report measure with 24 items. The MMS distinguishes between five different mentalizing modalities of the patient. The aim of this project is to investigate the feasibility, validity, and change sensitivity of the German MMS.

Method: The data collection takes place in an outpatient clinic. Five therapists offer mainly psychodynamic oriented psychotherapy to a mixed sample with predominantly depressive and anxiety disorders. The measurement time points are set for the beginning of therapy, the 16th session, and the end of treatment. Alongside the MMS, a self-assessment questionnaire, the Mentalization Questionnaire (Hausberg et al., 2012) and the Brief Reflective Functioning Interview (Andreas, 2021), evaluated with the Reflective Functioning scale (Fonagy et al., 1998), are also used to assess mentalizing. Symptom severity is assessed using the Hamburg Modules for the Assessment of Psychosocial Health (Rabung et al., 2009)

Results and Discussion: Results on initial correlative relationships between instruments will be presented and discussed at the 54th International Annual Meeting of the SPR in Dublin."

- **Paper: Development and Validation of the Affective Mentalizing Questionnaire: a self- report measure of the affective component of mentalizing**

**Main author: Lea A. Kasper (University of Heidelberg)**

*Co-authors: Sophie Hauschild, Anna Berning, Philip Kende, Svenja Taubner*

**ABSTRACT:**

"Mentalizing describes the ability to imagine mental states in one's self and in other people. This refers to visualizing mental processes, such as thoughts, feelings, desires or beliefs (Fonagy et al., 2002). It includes both insight into the self and compassionate empathy with



others (Taubner et al., 2019). Self-report questionnaires that have been developed to assess Mentalization lack a focus of mentalizing emotions and thus we developed a new self-report-questionnaire: the Affective Mentalizing Questionnaire (AMQ). The AMQ assesses the subjective ability to identify, process and express affective mental states in relation to the self and others. We tested the AMQ in German (N = 510) to evaluate the psychometric properties as well as associations with other measures of mentalizing and personality functioning.

The factor analysis identified one principal and three sub-dimensions: affective mental states of the self with two sub-dimensions: insight and expressing, and one sub-dimension related to others combining aspects of identifying, processing and expressing. The AMQ showed satisfactory psychometric properties, a theoretically relevant factor structure and performed well in terms of convergent and discriminant validity and internal consistency.

The findings will be discussed at the SPR in Dublin 2023 in terms of clinical implications, emphasizing the usefulness of the AMQ in both research and clinical practice."

- **Paper: The Reflective Functioning Questionnaire and the Mentalization Questionnaire: Consolidation and Validation of two Self-Assessment Instruments for Mentalization**

**Main author: Pauline Herrmann (Carlo Bo University of Urbino)**

*Co-authors: Lotta Hüwe, Tobias Nolte, Peter Fonagy, Johannes Zimmermann, Thorsten-Christian Gablonski, Sylke Andreas*

**ABSTRACT:**

"Aim: Mentalizing refers to the process of interpreting interactive behaviors against the background of mental states as subjectively meaningful (Fonagy et al. 2007). Quantifying a person's capacity to mentalize is a challenging and elusive task, yet crucial for various purposes in psychotherapy research. Two widely used self-assessment instruments, the Mentalization Questionnaire (MZQ; Hausberg et al., 2012) and the Reflective Functioning Questionnaire (RFQ; Fonagy et al., 2016) have undergone criticism in recent years regarding their factor structures. In this study, we aim to merge both questionnaires and compute comparative validities for all versions.

Method: We derived data from n = 552 participants within three subsamples: two clinical samples from England and Germany and a non-clinical student sample from Austria. We intend to calculate a principal component analysis with varimax rotation for the items of both the MZQ and the RFQ-6, to obtain a consolidated questionnaire. We then compare the MZQ, the RFQ-6 and the newly combined questionnaire regarding their discriminant and convergent validities. The instruments used for that purpose are the Personality Assessment Inventory (PAI; Morey, 1991), the Inventory of Interpersonal Problems (IIP; Horowitz, 1999), the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994), the Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982), and the Epistemic Trust Scale (Luyten, 2017). Gender, age, education, income, and loss experiences were also assessed.

Results and Discussion: Results will be presented and discussed at the SPR conference in Dublin."

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## Panel

# **The Lighthouse parenting programme: feasibility, effectiveness and processes of change of a mentalization-based group intervention in Germany, Lithuania and Portugal**

**Saturday, June 24th, 8:30-9:45 - Room: Classroom 3106**

*Organizers & Moderators:* Gerry Byrne (University of Oxford), Jana Volkert (Medical School Berlin)

*Discussants:* Nick Midgley (University College London; Anna Freud National Centre for Children and Families)

### **ABSTRACT:**

"This panel will focus on a mentalization-based group intervention for parents who are at risk of maltreatment: the Lighthouse parenting programme (LPP).

The first presentation will provide a theoretical and clinical introduction to the Lighthouse treatment manual. The core mentalizing model and specific content of the programme (i.e. Lighthouse metaphors) will be introduced. Furthermore, adaptations of the programme to different countries, settings and parent groups will be explained and an overview on current empirical evaluation of the programme in different countries will be provided.

The following 3 presentations, will then specifically focus on implementing and evaluating the Lighthouse programme in 3 different countries, namely Portugal, Lithuania and Germany, in varying setting (face-to-face, online, outpatient) and parent groups. Data on the evaluation of the feasibility of the programme in the different settings, first indications on its effectiveness and data on processes of changes will be reported. Implications for further adaptations and implementations will be discussed."

- **Paper: The Lighthouse MBT-Parenting Programme - overview and update on international research programmes**

*Main author: Gerry Byrne (University of Oxford)*

### **ABSTRACT:**

The Lighthouse Parenting Programme (LPP; Byrne, 2016) is a manualised model of MBT developed specifically for parents at risk of maltreatment. The LPP conforms to the three distinct communication systems (Fonagy and Campbell; 2017) key to effective psychotherapeutic treatments: 1) establishing epistemic trust, 2) enabling social learning, 3) enabling re-engagement with the social world. The LPP aims to improve parental sensitivity, reduce stress and the risk of child maltreatment by attending to parental deficits and lapses in mentalizing. It aims to enhance parental mentalizing, by fostering an active curiosity about the child's inner world and a readiness in parents to reflect on their own thoughts, feelings, and reactions. The central metaphor in the programme is of the parent as a lighthouse, providing a gentle attentive light for their child's journey, guiding their child back to safe

harbour/shore for support, help or comfort when needed. The original programme comprises 20 group and 10 individual sessions has been successfully developed, implemented, and tested in mental health services. Up to now, the programme has been translated and adapted to a variety of settings and parent groups, including outpatient, inpatient and online settings in Portugal, Lithuania and Germany. A number of research projects have been conducted or are currently under way including non-randomized pilot and RCT trials. This presentation will give an introduction to the core mentalization-based stance and techniques as well as Lighthouse-specific interventions and metaphors and provide an overview of the programme and update on current studies and adaptations.

- **Paper: The Portuguese Online Lighthouse MBT-P. Feasibility and Caregivers' Perceived Processes of Change**

**Main author: Francisco Harfouche (University of Porto)**

*Co-authors: Jana Volkert, Gerry Byrne, Maria Paula de Matos, Joao Francisco Barreto, Helena Carvalho, Ana Cruz, Angela Fragoeiro, Filipa Martins, Catarina Moreira, Eugenia Oliveira, Dora Pereira, Yenny Pestana, Catarina Pinheiro Mota, Francisca Santos, Marinela Santos, Filipa Silva, Celia Sales*

**ABSTRACT:**

This study aimed to describe the changes (benefits?) experienced by Portuguese caregivers enrolled in the Lighthouse Mentalization-Based Treatment program for parents at risk of maltreatment. A total of 14 caregivers participating in two online 12-session groups filled in the Helpful Aspects of Therapy questionnaire, and the PSYCHLOPS (an individualized outcome measure) session-by-session. At the end of the program, each participant reported their perceived changes in the Change Interview. Data was thematically analysed to identify the positive and negative perceived changes resulting from the intervention, and the intermediate changes involved. Caregivers identified emotional, behavioural, and relational changes in themselves and in their children. As parents mentalized past and present experiences, they often reported to be understanding and increasingly more aware of their own and other's mental states. Some participants were able to forgive their caregivers for their past behaviours, repairing unresolved issues from the past, as well as confronting repressed mental states, giving new meanings to negative experiences. The COVID-19 pandemic evidenced a growing call for evidence-based online versions, and these results are preliminary evidence of the feasibility of the online Lighthouse MBT-P, which is in line with findings obtained in other countries using face-to-face formats. Finally, the online routine monitoring protocol provided rich content for analysis of change processes and mediators of change. Moreover, participants' and therapists' views and opinions on the research protocol provided valuable insight regarding its feasibility and amelioration.

- **Paper: Lighthouse parenting program in Lithuania: a pre-post study of 12-week group version**

**Main author: Lina Gervinskaitė-Paulaitienė (Vilnius University)**

*Co-authors: Rasa Barkauskienė*

**ABSTRACT:**

The aim of this study is to evaluate the effectiveness of the mentalization-based parenting program "Lighthouse" for burdened parents in Lithuania. Study sample consisted of 102

parents who participated in a 12-week version of Lighthouse parenting group program (Byrne & Ruggiero, 2018). Parents who had children younger than 12 years old and who themselves had mental health problems or their child(ren) had emotional or behavioral problems were recruited to participate in the study. Parents were asked to fill in questionnaires pre (T0), post (T1) and at three months follow-up (T2). Outcomes included parental mentalization, family functioning, parental adjustment and self-efficacy, emotional and behavioral problems in children. Results showed an increase parental mentalization after the program. Decrease of coercive parenting was significant at post and follow-up. Moreover, parents reported better parent-child relationships, higher self-efficacy in parenting, decrease of parental stress and emotional and behavioral problems in children at follow-up. These results show indications of program effectiveness for parents who face their own mental health difficulties or have children with emotional or behavioral problems. 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).

- **Paper: A mentalization-based online intervention for psychologically distressed parents: adaptation and feasibility of the Lighthouse Parenting Program Online**

**Main author: Jana Volkert (MSB Medical School Berlin)**

*Co-authors: Anna Georg, Svenja Taubner, Julia Holl*

**ABSTRACT:**

"Background: The mentalization-based Lighthouse Parenting Program (LPP) is an established intervention and was developed for parents to reduce parental stress with the long-term goal of mitigating possible psychosocial consequences and psychopathological developments in their children by improving parents mentalizing abilities. The objective of this study is to examine the online adaptation of the LPP with regard to compliance, acceptance, and satisfaction with the intervention as well as adjunct scientific evaluation, and to obtain initial indications with regard to its effectiveness (e.g., reduction of parental stress, increase in mentalizing).

Methodology: This is an ongoing monocentric feasibility study conducted at a treatment center in Heidelberg, Germany. N = 30 psychologically distressed parents with children aged 0 to 14 years receive the 8-week LPP-online intervention. 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 (T0) and at the end of the study (T1). Furthermore, patients complete daily mentalizing exercises on their smartphone for the duration of the intervention. The study is preregistered (DOI 10.17605/OSF.IO/KXC8T).

Results and Discussion: Preliminary data analysis show good compliance and acceptance rates, parents are satisfied with the LPP intervention and its technical implementation. Specific feedback on how to adapt and improve intervention delivery and technical aspects have been obtained. Furthermore, some first indications reduction of psychological symptom severity, but not increases parental mentalizing, have been found. These preliminary findings will be presented at the conference and discussed with regard to implications for planning a larger trial."

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## Panel

# **An Adult Attachment Focus on Psychotherapy Relationships, Processes, and Outcomes**

**Saturday, June 24th, 8:30-9:45 - Room: Classroom 3074**

*Organizers & Moderators:* Brent Mallinckrodt (Western Washington University)

*Discussants:* Cheri Marmarosh (George Washington University)

### **ABSTRACT:**

This symposium will feature four data-based investigations of connections between client or therapist adult attachment and aspects of psychotherapy process or outcome. Four independent research teams working in Denmark, Germany, Italy, and Israel examined constructs as varied as the alliance rupture-repair cycle, therapist responsiveness to client attachment-based needs through strategic regulation of therapeutic distance, unresolved trauma, and connections between therapists' attachment insecurity and their negative emotional reactions to clients. The research settings and samples included therapists and clients drawn from a university-based counseling center, university hospital plus matched community controls, and two independent investigations of community practitioners and their clients. Methodologies were also quite varied, ranging from trained observer ratings of Relational Anecdote Paradigm narratives (client and therapist); repeated measures panel data for working alliance, symptoms, and psychotherapy relationship attachment; Adult Attachment Interviews from clients and matched controls, and correlational data collected in the field. The strong theme uniting these studies is their grounding in adult attachment theory, and exploration of possibilities for client corrective emotional experience through attachment in the therapeutic relationship. Together, the four teams of researchers will present evidence for how attachment theory explains what goes well psychotherapy – for example, client growing engagement or growing autonomy, repair of alliance ruptures, positive symptom change, and growing secure attachment to therapist; as well as what unfolds more problematically – for example, client unresolved trauma, therapists' feelings of helplessness and inadequacy, unresolved therapeutic ruptures, lack of symptom reduction, and attachment insecurities that negatively impact the working alliance.

- **Paper: Experienced Therapists' Attachment Style and Negative Emotional Reactions to Clients with OCD**

*Main author:* **Brent Mallinckrodt (Western Washington University)**

*Co-authors:* Andrea Pozza, Nicole Loren Angelo, Francesco Iocca, Daniele Pugi

### **ABSTRACT:**

Objective: Therapists' negative emotional reactions to clients are associated with poor psychotherapy outcomes. Attachment avoidance and anxiety may exacerbate these negative emotional reactions, especially toward clients with obsessive compulsive disorder (OCD) and comorbid personality disorder. This study examined therapist attachment anxiety

and avoidance as correlates of problematic emotional reactions to clients. Method: Two samples contributed survey data (a) 200 adults from communities throughout Italy, (b) 124 therapists in private practice serving the same regions. Both groups completed the Attachment Style Questionnaire. Therapists specializing in OCD treatment were assigned one client at random as a target for rating nine problematic emotional reactions. Results: Therapists reported significantly more secure adult attachment than community counterparts. Nevertheless, therapists' attachment anxiety was associated with feeling toward clients helpless/inadequate, overwhelmed/disorganized, criticized/devalued, and parental/protective. Attachment avoidance was associated with sexualized feelings. However, therapist Attachment Style Questionnaire anxiety and avoidance did not moderate the intensity of negative reactions toward clients with comorbid personality disorder. Conclusions: Despite their relative attachment security, the attachment insecurities that therapists do report are related to a broad range of problematic emotional reactions to clients in treatment for OCD. However, therapist attachment insecurity does not moderate negative reactions to clients with comorbid personality disorder. The presenters are eager to engage with our audience about the implications of these findings for clinical training and peer supervision of experienced therapists.

- **Paper: Therapeutic-distance processes and clients' report of alliance ruptures and repair**

**Main author: Sharon Egozi (Tel-Hai College)**

*Co-authors: Hadas Wiseman, Orya Tishby*

**ABSTRACT:**

"Aim: Based on an attachment framework, the therapeutic distance model (Mallinckrodt et al. 2009; 2015) was developed to promote secure therapeutic relations with insecure clients. The study examines the relationship between clients and therapists' Therapeutic-Distance processes and clients' self-report of ruptures and repair at different phases of psychodynamic therapy.

67 clients and their 27 therapists underwent RAP interviews and completed the rupture and repair self-report questionnaire at early, middle, and late therapy. Clients and therapists' therapeutic-distance was assessed through an observation version (TDS-O; Egozi et al, 2021), applied to client and therapist relational narratives. Trained judges assigned ratings for client and therapist separately on the TDS-O scales: Too-Distant, Too-Close, Autonomy and Engagement.

Results: Client narratives that were coded as reflecting the client's sense that the therapist was too distant, and client low engagement were associated with client reporting ruptures at all stages of therapy. At middle and late therapy, reporting ruptures was also associated to clients' sense that the therapist was too close. Therapist narratives that were coded as reflecting the therapist's sense that the client was too distant, as well as low engagement were associated to client reporting ruptures only at early stage of therapy. Some additional associations were found between TDS-O ratings and client self-report of rupture severity, the extent to which it was addressed and resolved. Examples from the narratives illustrate these processes.

Discussion: Distance-closeness dynamics as reflected in the narratives shed light on clients' rupture and repair experiences and may contribute to practice and training."

- **Paper: Client-therapist attachment, therapeutic distance, and its relationship with psychotherapy process and outcome.**

**Main author: Celia Jacobsen (University of Copenhagen)**

*Co-authors: Fredrik Falkenström, Karen-Inge Karstoft, Susanne Lunn, Jan Nielsen, Stig Poulsen*

**ABSTRACT:**

"Aims: This study seeks to clarify whether therapist responsiveness, manifested as the therapist's adjustment of their therapeutic distance to clients based on their particular form of attachment insecurity, is associated with better therapy outcome. In addition, the study aims to investigate the formation of an attachment-like relationship between the client and therapist, and whether the strength of this attachment bond is associated with therapeutic distance-dynamics and treatment outcome.

Methods: Statistical analyses are conducted on process data from a sample of 330 clients seeing 43 therapists in individual psychotherapy, using multilevel growth modeling. The client-therapist attachment relationship is measured every third session, using the Client Attachment to Therapist Scale (CATS), while change in therapeutic distance is measured every third session using the sub scales too close, too distant, growing engagement and growing autonomy of The Therapeutic Distance Scale (TDS). It is hypothesized that the formation of a client-therapist attachment relationship will be associated with better therapy outcome, e.g., client-rated interpersonal problems at the end of therapy (measured using the Inventory of Interpersonal Problems). It is additionally hypothesized that clients with higher attachment avoidance or attachment anxiety (both measured at baseline by the Experiences in Close Relationships Scale), if they manage to develop an individuated-secure attachment to their therapist during therapy, will experience growing engagement or autonomy in therapy and better treatment outcome.

Results and Discussion: The preliminary results of the study, as well as their clinical implications, will be presented at the conference."

- **Paper: The state of mind of unresolved trauma: Specification of the degree of processing of childhood and attachment trauma with its impact on symptom severity, duration and client-therapist attachment**

**Main author: Bernhard Strauss (Institute for Psychosocial Medicine, Psychotherapy and Psychooncology, Jena University Hospital)**

*Co-authors: Uwe Altmann, Katja Petrowski*

**ABSTRACT:**

A primary aim of this study was comparison of different approaches for assessing adult attachment. Patients treated for panic disorder/agoraphobia (n = 175) at a university hospital, and matched non-patient controls (n = 145) were assessed by trained interviewers using Adult Attachment Interview (AAI). The AAI identifies unresolved states of mind regarding attachment trauma, by noting lapses in monitoring of reasoning, discourse, and behavior surrounding experiences of loss and abuse. Subjects in both samples also completed self-report measures of attachment and the following clinical scales to explore

external validity of the attachment assessments: Brief Symptom Index, Beck Depression Inventory, Impact of Event Scale, and Childhood Trauma Questionnaire. Unresolved trauma is, of course, highly relevant for psychotherapy, but a second goal of the study was to identify economic correlates of unresolved trauma and insecure adult attachment. Preliminary analyses suggest that a modest increase in prediction of unresolved trauma state of mind when self-reported experiences of traumatic experience are included in the model. Further analyses will be presented concerning the differentiation of symptom severity, duration and client-therapist attachment to support the usability for the clinical praxis.

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## Panel

# New Developments in the Implementation of Progress Feedback Systems using Qualitative and Mixed Methods

Saturday, June 24th, 8:30-9:45 - Room: Classroom 3051

*Organizers & Moderators:* Susan Douglas (Vanderbilt University)

*Discussants:* Christian Moltu (Western Norway University of Applied Sciences)

## ABSTRACT:

Progress feedback, also known as measurement-based care (MBC), is the routine collection of patient-reported measures to monitor treatment progress and inform clinical decision-making (Scott & Lewis, 2015). There is substantial evidence that feedback improves care (de Jong et al., 2021), yet successful implementation continues to be elusive (e.g., Lewis et al., 2019). This panel brings together four research projects that span three continents to address feedback implementation using qualitative and mixed methods. The first presentation describes a multi-national qualitative study that resulted in the development of an evidence-based coding approach for progress feedback implementation. It is intended to give practice leaders and researchers a pragmatic tool to tailor implementation along multiple dimensions. Next, a multi-disciplinary team of investigators collaborated in a practice-research network in Spain to bring together expertise in e-health and psychotherapy. They report findings from focus groups with therapists using feedback in a culturally diverse setting. Third, a practice-based evidence approach to implementing MBC with an evidence-based treatment for youth trauma is presented. The American study team used mixed methods, including surveys and interviewing triads of clients, caregivers and clinicians to explore multiple perspectives. Finally, a mixed methods evaluation of a dynamic progress feedback technology is presented. The United Kingdom study team found that it improved on previous systems by learning from a patient's prior treatment progress and providing a personalized probability of recovery. The panel discussant will integrate and reflect on these papers from the lens of his experience with feedback implementation and qualitative and mixed methods.



- **Paper: Development and Iteration of a multidimensional qualitative coding scheme on progress feedback implementation**

**Main author:** *Susan Douglas (Vanderbilt University)*

**Co-authors:** *Maartje A. M. S. van Sonsbeek, Bram A. M. Bovendeerd, Christian Moltu*

**ABSTRACT:**

This presentation describes the development and iteration of an evidence-based qualitative coding approach for progress feedback implementation. Beginning with a review of relevant implementation literature (e.g., Lewis et al., 2019; Powell et al., 2012), the coding scheme and protocol were iterated by expert and non-expert raters using data from 19 semi-structured interviews with 29 staff, including leaders, managers and supervisors, and clinicians from nine mental health organizations in three countries. Due to the complexity and dynamic nature of feedback implementation in practice settings, a two-step process was developed to increase consistency and decrease the cognitive burden of coding. Intended to be broadly useful in practice and research settings, the coding approach can be used to explore factors that may aid or hinder implementation of progress feedback across multiple dimensions. An innovative feature of the coding scheme is two 'swing' codes for implementation content that is not yet in place, such as a barrier that has been recognized as a potential area for change, or a facilitator being planned with intention to activate. Thus, it may be applied to naturalistic sources of information (e.g., meeting notes) as implementation occurs, increasing opportunities to better target barriers or facilitators that are ripe for change (Arbuckle et al., 2020). The coding approach has proven to be feasible and has promising evidence of reliability, indicated by acceptable to high agreement between expert and non-expert raters. The coding scheme will be provided along with examples and opportunities for audience members to practice.

- **Paper: Understanding routine outcome monitoring and clinical feedback supported by technologies in a practice-research network: A qualitative study of therapists' needs**

**Main author:** *Guadalupe Molinari (International University of Valencia)*

**Co-authors:** *Paloma Rasal Cantó, Ernestina Etchemendy, Javier Fernández-Álvarez, Macarena Espinoza Venegas*

**ABSTRACT:**

How to implement routine outcome monitoring and clinical feedback systems into natural settings and how can these systems be implemented without adding extra efforts to therapists remains a challenge. In the last few years information and communication technologies have contributed to the psychotherapy process facilitating the monitoring and provision of feedback to therapists and their patients. However, therapists' acceptability, concerns and needs from these systems remain an understudied subject. The aim of this presentation is to report results from focus groups involving therapists with an integrative cognitive approach (Fernández-Álvarez & Fernández Álvarez, 2019) and experience in emotional disorders treatment, and expert researchers in the field of e-health, that work together in a practice-research network in Spain. A content analysis using CQR methodology (Hill et al., 1997) will be performed to explore therapists' experiences with these systems. Also, barriers and facilitators to the implementation will be discussed. Since

most of the studies about the implementation of routine outcome monitoring and clinical feedback systems in a practice research network have been conducted in countries from North America and Northwestern Europe, this presentation provides insight into the implementation of these systems in a culturally diverse background.

- **Paper: Advancing trauma treatment by integrating Trauma-Focused CBT and measurement-based care**

**Main author: Amanda Jensen-Doss (University of Miami)**

*Co-authors: Elizabeth Pearce Casline, Dominique A. Phillips, Grace S. Woodard, Elizabeth Chason Lane, Vanessa E. Ramirez*

**ABSTRACT:**

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT; Deblinger et al., 1996) is an effective intervention for youth trauma, yet clinicians face challenges making the clinical decisions needed to use it effectively. Measurement-based care (MBC) is a tool to potentially support clinical decision-making in TF-CBT and integrating these approaches may improve outcomes for traumatized youth. The study uses practice-based evidence to inform development of a combined approach to TF-CBT with MBC and associated implementation supports. Data collection is taking place in a child advocacy center where clinicians routinely use TF-CBT and recently began using MBC. Using a mixed methods approach, we are gathering clinician, supervisor, client, and caregiver perspectives on this integrated approach and necessary implementation supports. First, a clinician and supervisor survey (n = 18, 94.7% response rate) found that clinicians are more likely to administer MBC measures than to view and use feedback clinically, and that MBC data are rarely discussed in supervision. Participants reported that MBC would be more useful if they could select specific measures for clients rather than using a standard trauma symptom measure. They were particularly interested in including measures of comorbid symptoms, post-traumatic cognitions, and client self-efficacy in using treatment skills. Ongoing data collection is building on these findings by collecting additional survey data from clients and interviewing triads of clients, caregivers, and clinicians, sampling from the caseloads of clinicians who are using MBC with low/moderate (n = 5) and high fidelity (n = 5). The implications for implementing TF-CBT together with MBC will be discussed.

- **Paper: Ai-Oracle: Mixed-methods evaluation of the usability, acceptability, and effectiveness of a dynamic progress feedback system for routine psychological therapy**

**Main author: Melanie Simmonds-Buckley (University of Sheffield & Rotherham Doncaster and South Humber NHS Foundation Trust)**

*Co-authors: Jaime Delgadillo, Amy Southgate, Claire Bone*

**ABSTRACT:**

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT; Deblinger et al., 1996) is an effective intervention for youth trauma, yet clinicians face challenges making the clinical decisions needed to use it effectively. Measurement-based care (MBC) is a tool to potentially support clinical decision-making in TF-CBT and integrating these approaches may improve outcomes for traumatized youth. The study uses practice-based evidence to inform

development of a combined approach to TF-CBT with MBC and associated implementation supports. Data collection is taking place in a child advocacy center where clinicians routinely use TF-CBT and recently began using MBC. Using a mixed methods approach, we are gathering clinician, supervisor, client, and caregiver perspectives on this integrated approach and necessary implementation supports. First, a clinician and supervisor survey (n = 18, 94.7% response rate) found that clinicians are more likely to administer MBC measures than to view and use feedback clinically, and that MBC data are rarely discussed in supervision. Participants reported that MBC would be more useful if they could select specific measures for clients rather than using a standard trauma symptom measure. They were particularly interested in including measures of comorbid symptoms, post-traumatic cognitions, and client self-efficacy in using treatment skills. Ongoing data collection is building on these findings by collecting additional survey data from clients and interviewing triads of clients, caregivers, and clinicians, sampling from the caseloads of clinicians who are using MBC with low/moderate (n = 5) and high fidelity (n = 5). The implications for implementing TF-CBT together with MBC will be discussed.

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## Panel

# Digital tools to enhance the reach, uptake, and impact of prevention and treatment in young people

Saturday, June 24th, 8:30-9:45 - Room: Classroom 3071

*Organizers & Moderators:* Stephanie Bauer (University Hospital Heidelberg), Markus Moessner (University Hospital Heidelberg)

### ABSTRACT:

Approximately three-fourths of all lifetime cases of mental illness develop before the age of 25. Poor mental health in adolescence and young adulthood may have lifelong consequences such as an increased risk for mental illness in later life, impaired academic/professional achievements, and reduced quality of life. Thus, there is an enormous need for prevention, early identification, and timely professional treatment of mental health problems in young people. However, a major challenge that has been identified again and again across various mental health conditions, healthcare systems, and countries is the so-called “treatment gap”, i.e. the fact that only a small proportion of those affected by mental illness actually seek and receive adequate professional help. Therefore, this panel discusses the potential of digital tools to enhance the reach, uptake, and overall impact of prevention and treatment of mental illness in young people: 1) The presentation of Lemmer et al. will focus on the evaluation of two video-based micro interventions that have been developed to increase the likelihood of seeking professional help in case of mental illness. 2) Dietel and colleagues will present the findings of a meta-analysis on the effectiveness of digital interventions for anxiety and depression in youth. 3) Bötschi et al. will introduce a novel self-help app to foster resilience and well-being in young adults with adverse childhood experiences. 4) Finally, Bauer et al. will present the results of an RCT on the efficacy of Internet-based eating disorder prevention that has been conducted as part of the German ProHEAD consortium.

- **Paper: Can Video-based Micro Interventions Facilitate Professional Help Seeking in Youth? An Online Experiment**

**Main author:** *Diana Lemmer (University Hospital Heidelberg)*

*Co-authors:* Markus Moessner, Nicolas Arnaud, Harald Baumeister, Agnes Mutter, Sarah-Lena Klemm, Paul Plener, Christine Rummel-Kluge, Rainer Thomasius, Michael Kaess, Stephanie Bauer

### ABSTRACT:

Background: Mental health (MH) issues in youth are prevalent, burdening, and frequently persistent. However, uptake of professional help is low, particularly due to attitudinal barriers. Therefore, we evaluated the efficacy of two video based micro interventions targeting help seeking intentions and MH beliefs in youth in an experimental study. The interventions addressed five MH issues: generalized anxiety disorder, depression, bulimia, non-suicidal self-injurious behavior, and alcohol abuse. Intervention 1 (INT1) aimed at destigmatization and an improved MH literacy. Intervention 2 (INT2) aimed to induce positive outcome expectancies towards professional help-seeking. Methods: In total, N=1394 participants aged 14 to 29 years (M=20.97, SD=3.67) were randomized to one of the five MH issues and one of three groups (control, INT1, INT2) in a permuted block design. Following the presentation of a video vignette on the respective MH issue, no further video was shown to the

control group, while a second, short intervention video was presented to INT1 and INT2. Intervention effects on help-seeking intentions (GHSQ), stigma (USS), and attitudes towards help-seeking (IASMHS) were examined with analyses of covariance (ANCOVAs) across and within the five MH issues. Results: No significant group effects on professional help-seeking intentions were found. However, in the total sample, the groups differed significantly with regard to stigma and the intention to seek informal help. Furthermore, separate ANCOVAs indicated differential results between MH issues. Discussion: While the interventions did not have an impact on professional help-seeking intentions, they might inform disorder-specific campaigns targeting help-seeking-related attitudes.

- **Paper: Efficacy of E-Mental-Health Interventions for Anxiety and Depression in Youth: A Meta-Analysis**

**Main author: Fanny Dietel (University of Osnabrueck)**

*Co-authors: Isabel Brandhorst, Lukasz Stasielowicz, Carolin Schulte, Lina Kuerschner, Johanna Loechner*

**ABSTRACT:**

Childhood and adolescence mark phases of increased psychopathological vulnerability, thus highlighting an important need for accessible interventions in these age groups. However, access to effective care is still severely limited, as has become particularly evident during the COVID-19 pandemic. In this regard, digital health interventions (DHIs) hold an important promise to effectively treat a high number of children and adolescents with mental health conditions, including prevalent and debilitating problems like anxiety disorders and depression. Nevertheless, despite the frequently cited advantages of DHIs (e.g., accessibility, cost-efficiency, scalability) and an ever-increasing rate of implementation studies, little is known about their overall efficacy. Thus, the present meta-analysis examines the efficacy and relevant outcome predictors (e.g., sociodemographic and psychopathological features, intervention modi) for DHIs targeting anxiety and depression in youth. Specifically, this meta-analysis will include randomized-controlled DHI trials involving various modi (e.g., smartphone- and web-based administration) conducted until February 2023, with a previous review indicating  $n = 97$  eligible trials implementing DHIs until 2018 alone. Analyses are anticipated to be completed in May 2023. Findings from this meta-analysis yield important implications for both clinical research and practice, including potential pathways to optimizing DHIs for standalone and blended-care use.

- **Paper: Preliminary results of an RCT evaluating the efficacy of the FACE self-help app: An online self-help program for fostering resilience and well-being among young adults with adverse childhood experiences**

**Main author: Salome Bötschi (University of Applied Sciences and Arts Northwestern Switzerland)**

*Co-authors: Jeannette Brodbeck, Simon Marmet, Stefanie J. Schmidt, Thomas Berger*

**ABSTRACT:**

"Background: Adverse childhood experiences (ACEs) including different forms of abuse and neglect, bullying and household dysfunctions represent a risk factor for psychopathology in adulthood. Emotion regulation (ER) and social information processing (SIP) are two transdiagnostic factors linking ACEs to well-being and psychopathology later in life. Although psychotherapy is effective,

individuals with ACEs often don't seek therapy or terminate it prematurely. Online interventions are essential to reduce this treatment gap; therefore, we developed the FACE self-help app.

Aim: The FACE self-help app aims to improve resilience and well-being among young adults with ACEs by enhancing ER and SIP. In the RCT starting in February 2023, we evaluate the efficacy of the FACE self-help app and compare the differential efficacy of the two components ER and SIP.

Method: Up to 350 participants aged 18-25 with ACEs are randomly assigned to either a 13-week guided self-help intervention or a waiting list control group. The FACE self-help app consists of two components ER and SIP, with 4 basic modules each, following cognitive-behavioral therapy principles. Furthermore, ecological momentary interventions (EMI) allow participants to practice strategies in everyday life. The efficacy of the intervention is evaluated by measuring resilience at baseline, week 7 (intermediate measure), week 13 (post-measure), and week 24 (follow-up). Secondary outcomes include well-being, ER-, and SIP-specific measures, as well as ecological momentary assessments (EMA).

Results: Since recruitment will still be ongoing at the time of the presentation, the talk presents first results on the uptake and the efficacy of the FACE self-help app."

- **Paper: Efficacy of Internet-Based Selective Eating Disorder Prevention: A Randomized Controlled Trial within the ProHEAD Consortium**

**Main author: Stephanie Bauer (University Hospital Heidelberg)**

*Co-authors: Johanna Stadler, Michael Kaess, Sophia Lustig, Sabrina Baldofski, Heike Eschenbeck, Vera Gille, Alisa Hiery, Christine Rummel-Kluge, Silke Dieselkamp, Anna-Lena Schulz, Markus Moessner*

**ABSTRACT:**

"Background: Widely accessible selective prevention programs are urgently needed in order to reduce the burden of illness related to eating disorders. Digital delivery of such programs appears promising, but the evidence for Internet-based prevention is still limited. Therefore, the present trial evaluates the efficacy of two new online interventions that are implemented as add-on to an existing eating disorder prevention program.

Methods: The study is a three-arm, parallel, randomized controlled superiority trial and represents one of five sub-projects of the German multicenter consortium ProHEAD. Following a school-based screening, N = 337 students ( $\geq 12$  years) at risk for the development of an eating disorder were randomized to (1) the Internet-based program ProYouth (active control condition) or (2) ProYouth plus a structured dissonance-based module or (3) ProYouth plus a chat group intervention based on cognitive behavior therapy. Assessments are conducted at baseline, at end of intervention (6 weeks), and at 6 and 12 months follow-up. The primary outcome is eating disorder related impairment at the end of the intervention. Secondary outcomes include eating disorder related stigma and help-seeking as well as intervention adherence.

Results: Data collection will be completed by March 2023, i.e. final results of the RCT will be presented.

Discussion: This is the first study augmenting a flexible Internet-based prevention approach such as ProYouth with structured evidence-based modules. The potential of the new interventions to enhance the reach and impact of preventive efforts related to eating disorders will be discussed."

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## Panel

# Navigating through Public Mental Health: Psychotherapy Challenges

Saturday, June 24th, 8:30-9:45 - Room: Classroom 3126

*Organizers & Moderators:* Candice Fischer (Pontificia Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality (MIDAP))

### ABSTRACT:

Even before the pandemic, Chile already had a high prevalence of mental health disorders, where one in three people over the age of 15 had presented a mental disorder during their lifetime. More than 80% of the population receives health care in the Public Mental Health Service, a context characterized by job instability, high number of consultants, few instances of training in mental health and psychiatry, and high professional burnout, among others, all of which impact the delivery of timely and quality clinical care. Furthermore, a high percentage of patients in the Chilean Public Health Service are considered by therapists as complex patients, requiring specific skills and knowledge to offer an effective treatment. Working with complex patients implies an additional challenge for therapists, having to offer care many times without having the necessary knowledge, skills, and institutional support. In this sense, what makes a patient complex is not only related to his or her intrinsic characteristics, but also determined by the context in which the treatment is embedded. It is crucial to examine and reconsider the clinical work with complex patients in the context of Public Mental Health Service, specifically, the psychotherapeutic tools and strategies that therapists use, the importance of the therapeutic frame within the therapeutic alliance, the application of training programs for the work with complex patients, and the self-care tools that therapists develop and implement to deal with the emotional exhaustion and burnout of working with complex patients in a complex context.

- **Paper: Working with complex patients in a complex setting: therapists' clinical tools and strategies**

*Main author: Candice Fischer (P. Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality)*

### ABSTRACT:

The specific context in which a therapy process is embedded may have a strong impact on therapists' perception of their patients and how successful treatment may turn out. Many times, therapists working in Public Mental Health Services are faced with challenges, such as a lack of resources, work overload, high professional rotation, and treatments offered that are perceived as inadequate (De la Parra et al., 2019; Fischer et al., 2019). An overlapping challenge is working with complex patients in a setting that is already complex. Somehow, therapists are able to navigate in this stormy context in order to provide effective psychotherapeutic care despite contextual limitations. Therapists attempt to use and adapt clinical tools and strategies in their work with complex patients, who many times have even received previous inadequate and iatrogenic psychotherapeutic treatment. There is scarce research capturing the challenges faced by therapists in this context. In this qualitative study we analyzed 15 in-depth semi-structured individual interviews of therapists

working in Public Mental Health Services, examining their experience in their work with complex patients, specifically, exploring tools and strategies displayed by these therapists in their clinical work. Results show that there are strategies considered “effective” or good facilitators for therapeutic change, and others that in public health services with complex patients are considered “ineffective”. Among the effective strategies, there are those captured in the intimate psychotherapeutic encounter, and other clinical strategies that take place outside the psychotherapy space, such as home visits, case management, and referrals to other specialty teams.

- **Paper: The difficult patient with depression: acceptability of a psychotherapeutic on line training program for primary care psychologists**

**Main author:** *Guillermo DeLa Parra (Pontificia Universidad Católica de Chile; Millennium Institute for Research in Depression and Personality (MIDAP))*

**Co-authors:** *Carla Crempien, Karina Zúñiga, Susana Morales, Antonia Errázuriz, Pablo Martínez, Catalina Aravena, María Teresa Ferrari*

**ABSTRACT:**

Depression is a major public health problem in Chile: pre-pandemic, 15.6% of the population had depressive symptoms. The Chilean Ministry of Health mandates that mild, moderate and severe depression should be treated at the PHC level, with up to 12 sessions of psychotherapy; however, the conditions of care are not the most favorable and psychologists do not have the psychotherapeutic competencies for this type of care. Also, patients at this level present a depression "complexified" by social vulnerability, personality dysfunctions, comorbidities, adverse childhood experiences, suicidal risk, among others, i.e. they correspond to the so-called difficult patients. Considering the above, our research aimed to present the acceptability of an online psychotherapeutic competency training program for the psychotherapeutic treatment of depression in PHC. Based on the results of empirical research, practice-based evidence and the testimony of patients, PHC psychologists and experts, a written protocol was constructed with the contents of the program. This protocol was subjected to a Delphi validation by 7 expert judges, after which the program was constructed and applied in a pilot study to 15 PHC psychologists. Acceptability was assessed by means of an ad-hoc instrument applied at the end of the course and by means of in-depth interviews at the end of the course and three months after its completion. An overall positive assessment of acceptability was verified. The results encourage us to extend the training to larger samples of psychologists and to measure its impact on the therapeutic outcome of patients.

- **Paper: Therapists' self-care tool box to effectively navigate through Public Mental Health**

**Main author:** *Stephanie Vaccarezza Schürmann (Pontificia Universidad Católica de Chile; Millennium Institute for Research in Depression and Personality (MIDAP))*

**Co-authors:** *Alberto López*

**ABSTRACT:**

The literature has described the challenges of working with complex patients. Also, complex patients generate negative sensations among the therapists, like anger, irritation, frustration, fear, hopelessness, avoidance, troubles to empathize, and feeling defeated, inefficient, and highly demanded (James & Cowman, 2007; Koekkoek, 2011). All these factors become even more difficult due to the limitations of the Public Mental Health Service in Chile, such as work overload, scarcity of



resources, job instability produced by honorary work, an absence of adequate incentives, high number of consultants, contextual limitations, and few instances of training in mental health and psychiatry (Bedregal, 2017; Fischer et al., 2019; Chilean Ministry of Health, 2017; Scharager & Molina, 2017). The latter could influence the categorization of complex patients and the emotional impact of working with them specifically in the Public Mental Health Service. However, there are few studies that address the self-care tools used by therapists in the face of the limitations and challenges of the Public Mental Health Service, and of working with complex patients in this context. Due to this gap in knowledge, this qualitative research aims to describe the self-care tools that therapists develop and use in their work in the Public Mental Health Service. The sample comprises 15 therapists of the Public Mental Health Service in Chile. Semi-structured in-depth individual interviews were conducted, and the analysis was carried out through Grounded Theory. Results evidence the self-care tools that therapists develop and apply in their work with complex patients and in this challenging context.

- **Paper: The importance of the therapeutic frame for therapists working with complex patients in Public Mental Health: Rethinking the concept of therapeutic alliance**

**Main author: Paula Errázuriz (P. Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality)**

**ABSTRACT:**

In psychotherapy, a good therapeutic alliance requires a positive emotional bond between patient and therapist and an agreement about the goals of the therapy and the tasks that are required to accomplish them (Bordin, 1979). Safran and Muran (2003) emphasize the relevance of the negotiation regarding the tasks and goals of therapy. This process not only establishes the necessary conditions for change, but is also an intrinsic part of the change process. Our qualitative research with therapists that treat complex patients, finds that paying attention to and negotiating the therapeutic frame is specially necessary with complex patients. For example, therapists describe the need to be firm and flexible simultaneously, knowing when to provide an extra session, if and how the therapist can be contacted between sessions, and how late the patient can arrive and still have his/her session. Clarity in these issues is needed in order to have an effective therapy, and at the same time, protect the therapist from excessive demands that complex patients tend to make. We conclude suggesting that the conceptualization of the therapeutic alliance should also include the agreement between patient and therapist of the therapeutic frame (in addition to goals and tasks). We suggest that paying attention to the negotiation of this frame at the beginning, but also through the treatment process, is especially relevant when working with complex patients. In addition, we suggest that research measures, such as the Working Alliance Inventory, should also measure the agreement on the therapeutic frame.

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**Panel**

## **Psychotherapy in Chronic Pain and Somatic Symptoms Management: Approaches, Effectiveness, and Factors Influencing Outcomes**

**Saturday, June 24th, 8:30-9:45 - Room: Classroom 4050a**

*Organizers & Moderators:* Stella Devon Nelms (Emory University)

*Discussants:* Martin grosse Holtforth (University of Bern)

**ABSTRACT:**

Although effective treatments for chronic illness are available, adapting and disseminating such interventions to meet the needs of diverse medical conditions and specific populations remain a public health challenge. This panel will draw together nonpharmacological modalities for the treatment of somatic symptoms and chronic pain. The focus will be on the efficacy of empirically supported psychotherapeutic approaches for individuals with chronic and persistent medical conditions and factors influencing outcomes. Four papers will be presented. The first paper presents original research evaluating the efficacy of clinical hypnosis in the treatment of nociplastic pain in patients undergoing psychotherapy for anxiety and personality disorders. The second paper will review two meta-analyses looking at group therapy for patients with somatic diseases with a special focus on the efficacy for patients with breast cancer and chronic pain. The third paper will review prior literature identifying intrinsic and extrinsic factors potentially influencing psychotherapeutic change in Black women with chronic pain. The final paper will provide an overview of recent theories and models of persistent physical symptoms based on predictive processing and summarize the level and quality of empirical support for these relationships. Implications for practice, assessment, and research will be discussed. This panel invites both researchers and clinicians to reflect on the need and opportunities for chronic illness focused psychotherapy research.

- **Paper: The efficacy of clinical hypnosis in chronic nociplastic pain: a randomized controlled trial**

**Main author:** *Anna Kaczmarek (Department of Psychotherapy, Jagiellonian University Medical College)*

**Co-authors:** *Michał Mielimaka, Krzysztof Rutkowski*

**ABSTRACT:**

"Nociplastic pain refers to chronic pain conditions that are associated with significant emotional distress or functional disability, and are not better accounted for by another diagnosis. This blinded study evaluated the relative efficacy of 3 clinical hypnosis sessions in 60 patients undergoing group psychotherapy for anxiety and personality disorders, with nociplastic pain complaints. Participants were allocated randomly to one of two conditions: hypnosis with analgesic suggestions or hypnosis with nonspecific suggestions (nature descriptions). Pain intensity, pain quality, and pain interference as outcome measures were assessed before and after treatment. A mixed-design analysis of variance model showed no significant differences between randomization groups. Large effect size improvements in pain intensity and pain quality emerged for both conditions, but were only meaningful for patients not taking pain medications, according to the adjusted model. Not specific therapeutic techniques, but shared mechanisms and common factors may play a primary role in beneficial outcomes of hypnotherapy at the beginning of chronic pain management, since both interventions demonstrated similar positive effects.

Objective?: Evaluation of the efficacy of clinical hypnosis in the treatment of nociplastic pain complaints in patients undergoing psychotherapy for anxiety and personality disorders."

- **Paper: Group therapy for patients with medical illness**

*Main author: Jenny Rosendahl (Universitätsklinikum Jena)*

*Co-authors: Bernhard Straus, Cameron T. Alldredge, Gary M. Burlingame*

**ABSTRACT:**

"Objective: To provide an overview on group therapy for patients with somatic diseases with a special focus on the efficacy for patients with breast cancer and chronic pain.

Methods: Two meta-analyses were conducted including patients with (a) non-metastatic breast cancer or (b) chronic pain, comparing group therapy (at least 3 patients, treated for a minimum of 5 sessions by a professional group leader) to non-active or active control groups. Primary outcomes were the reduction of (a) mental distress or (b) pain intensity.

Results: Thirty-seven studies (5902 patients) were included focusing on women with breast cancer. Small effects on the reduction of mental distress in favor of group therapy were found (non-active control groups:  $n=19$ ,  $g=0.42$ , 95% CI [0.29; 0.56],  $I^2=61.6\%$ ; active control conditions:  $n=6$ ,  $g=0.20$ , 95% CI [0.06; 0.35],  $I^2=0\%$ ). In the meta-analysis on patients with chronic pain, we included 24 studies (2926 patients) and found small effects on the reduction of pain intensity in favor of group therapy (non-active control groups:  $n=21$ ,  $g=0.26$ , 95% CI [0.11; 0.41],  $I^2=68.5\%$ ; active control conditions:  $n=3$ ,  $g=0.34$ , 95% CI [-0.03; 0.71],  $I^2=66.2\%$ ). In both study samples, CBT and third-wave CBT approaches were examined most frequently.

Discussion: Results suggest that group interventions have beneficial effects in women facing breast cancer and in patients suffering from chronic pain. In the light of the considerable heterogeneity of most study effects, there is a need for more rigorous studies to strengthen the promising evidence and for trials examining the impact of patient and intervention characteristics on outcomes."

- **Paper: Empirical support for predictive processing theory on persistent physical symptoms: A systematic review**

*Main author: Petra Hubatková (Masaryk University)*

*Co-authors: Tomáš Řiháček*

**ABSTRACT:**

Recently, several new theories on persistent physical symptoms (PPS) onset and maintenance have emerged. These theories are based on the so-called predictive processing framework, which understands perception as a reciprocal top-down-driven and bottom-up-informed process. This approach contrasts with older-generation models, mostly based on the representational framework of perception. Although some attempts have been made to provide a review of empirical support for predictive processing theory on PPS, none (to our best knowledge) have been made systematically. This paper aims to (1) provide an overview of recent theories and models on PPS based on predictive processing, (2) identify models' components and suggested relationships, and (3) summarize the level and quality of current empirical support for these relationships. Systematic database research will be conducted, and empirical findings will be aggregated

- **Paper: Chronic Pain in Black Women: A review of the psychotherapy literature from 2002-2020, and ideas for future directions**

**Main author: Stella Devon Nelms (Department of Psychotherapy, Jagiellonian University Medical College)**

**ABSTRACT:**

Black women are at a greater risk for developing chronic pain and are more likely to be treated less aggressively for chronic pain than non-Black women. There has been sparse empirical research focused on treatment of Black women living with chronic pain. While there has been research on biopsychosocial factors that put Black woman at a higher risk for developing chronic pain, and disparities in the treatment of chronic pain (i.e., structural racism, implicit bias), therapeutic endeavors in treatment have not been thoroughly investigated. An exploration of the state of research on treatment of Black women living with chronic pain is needed to assess the gaps in literature and provide a path for future research. This papers aim is to (1) provide an overview of prior research, (2) identify studied factors (intrinsic and extrinsic) that can potentially influence psychotherapeutic change in women experiencing chronic pain, and (3) explore future clinical and research directions.

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**Panel**

## **Large scale exploration of conversations from a text-based crisis line.**

**Saturday, June 24th, 8:30-9:45 - Room: Classroom 4050b**

*Organizers & Moderators:* Zac Imel (University of Utah & Lyssn.io)

*Discussants:* Dana Atzil-Slonim (Bar Ilan University)

**ABSTRACT:**

Crisis hotlines are an effective, inexpensive, and accessible resource for people in need of support - especially those who do not have access to ongoing treatment (Hoffberg et al., 2020). Text-based crisis lines are increasingly popular, and often retain de-identified text from conversations as a part of quality improvement efforts. Simultaneously, text-based counseling is a new modality, and in need of evaluation. In this panel, we present a line of research collaboration with a large text-based crisis counseling service (82,261 chats; 2,113,808), to address novel counseling process questions, as well as address questions that are specific to the text-based modality. In the first paper, we explore the cultural content of conversations in terms of frequency and types of cultural conversations. In the second, we extract measures of language complexity typically utilized in scholarship on reading and literacy to examine differences in how counselors do or do not match the complexity of the language used by a texter. In the third, we utilize a series of dynamic systems models that take natural language processing based indicators of suicide risk to evaluate patterns of change in risk. In the fourth, we examine the impact of counselors managing multiple conversations at the same time - thereby increasing access to care, but simultaneously taxing the cognitive resources of counselors beyond what would be possible for in person conversations. We examine the number of texters responded to in specific time windows, the severity of their presentation, and the impact on retention.

- **Paper: Cultural content in crisis counseling conversations.**

**Main author: Brendalisse King (University of Utah)**

*Co-authors: Meghan Broadbent, Brent Kiou, Vivek Srikumar, Zac E Imel*

**ABSTRACT:**

Individuals utilize services like text-based crisis lines when they are experiencing acute distress - often related to a specific life event where they feel unable to cope. For minoritized individuals, stressors can sometimes be related to an aspect of their identity. While psychotherapy research has emphasized the importance of cultural competence, there is limited research on multicultural conversations in crisis counseling. As an example, guidelines for crisis counseling for rape victims emphasize understanding context of the survivors' intersectional identities to understand the impact of rape on a survivor (Holzman, 1994). Furthermore, the appropriateness of some reactions to traumatic experiences can be culturally determined (Feinstein, 2021; Sandoval et al., 2009). Accordingly, it is still unclear whether findings on the importance of cultural processes in psychotherapy will generalize to text-based crisis counseling, where the emphasis of treatment is on stabilization (Sandoval et al. 2009). This study will focus on exploring cultural conversations in text-based therapies. First, we examine whether clinicians engage in cultural conversations. To do so, we have developed a regular expression dictionary of cultural topics (e.g., a research-generated list of words) that identifies cultural discussions related to racial/ethnic, religious, political, and sexual or gender identity topics. We then examine the frequency of these topics across both between and within crisis chats and if they are related to user engagement. Initial analyses indicate 8.1% of conversations (n=6690) including some indication of a cultural topic, with almost 2% including LGBTQ related language.

- **Paper: Language complexity in crisis counseling**

**Main author: Kate Axford (University of Utah)**

*Co-authors: Meghan Broadbent, Vivek Srikumar, Brent Kiou, Zac Imel*

**ABSTRACT:**

Counselors are often advised to adjust their language to their clients', advice grounded in the belief that aligning language complexity to match the client's speech bolsters engagement and comfort in the therapeutic process. As a counselor, this might include developing either explicit or implicit awareness of how a client communicates and then speaking in a way that is neither patronizing nor infantilizing but also refrains from jargon, modifies words or phrases for a client's comprehension, and adjusts to more basic sentence structures (Dixon & Chang, 2019). There are numerous ways to capture language complexity, including indices of grammar, vocabulary, or average sentence length (Collins-Thompson & Callan, 2005). The current study is an initial exploration of language complexity in text-based crisis interactions. We will examine language complexity in crisis counseling, including the complexity of the language counselors and texters use and estimating the variability between counselors, clients, and across chats. In addition, we will assess the extent to which counselors accommodate their language complexity to their client's complexity. We expect to find evidence of counselor language complexity to clients, but high levels of counselor variability in complexity both between counselors and between sessions within counselors.

- **Paper: Modeling expressed suicide risk with dynamic systems in crisis counseling**

**Main author: Xinyao Zhang (University of Utah)**

*Co-authors: Mattia Medina-Grespan, Brent Kious, Vivek Srikumar, Zac Imel*

**ABSTRACT:**

Suicide is one of the leading causes of death among adolescents and young adults. Although researchers have identified several factors that predict the likelihood of suicide, it is still unclear when and why a person's suicidal risk rises or plunges from moment to moment, which poses challenges to the quality control of crisis services. This study will leverage a nonlinear change process theory (Bryan et al., 2020) to characterize meaningful lowering of suicidal risk within a crisis counseling session. To examine change in risk throughout a conversation, we will use a continuous natural language processing-based rating of suicide risk (Broadbent et al., under review) that delineates the trajectory of suicidal risk level expressed within a chat. To identify meaningful lowering of suicidal risk, we will apply changepoint detection methods to the trajectories of suicidal risk, while considering the three criteria from literature of sudden gains and losses to determine a meaningful lowering: 1) the reliable change index (RCI) in suicidal risk of two adjacent client talk turns must be less than -1.96 ( $p < .05$ ); 2) the decrease in suicidal risk must represent at least 25% of the suicidal risk level prior to the decrease; 3) the decrease must be in between two stable periods of suicidal risk level of at least three client talk turns. We will generate a descriptive analysis of the dynamic changes in suicidal risk that may be beneficial in characterizing the quality of text-based crisis service within session.

- **Paper: Examining counselor work-load in text-based crisis counseling as an indicator of cognitive load**

**Main author: Meghan Broadbent (University of Utah)**

*Co-authors: Mattia Medina-Grespan, Vivek Srikuma, Brent Kious, Zac Imel*

**ABSTRACT:**

Text-based crisis counseling platforms have begun to supplement phone-based crisis conversations with tens of thousands of crisis messages sent each day (Lublin, 2020; Fukkink & Hermanns, 2009). This volume of care places a tremendous burden on crisis systems, where rather than managing a single call back-to-back, text-based crisis counselors are often simultaneously managing multiple chats with multiple at-risk clients (Bowden et al., 2014). Cognitive load refers to the amount of information held in an individual's working memory at a given time. When cognitive demand is high, attentional resources are limited and performance thereby decreases (Sturman, 2019). Thus, it might be expected that as the number of crisis chats monitored by a counselor increases, performance will decrease. The current study is an initial exploration of cognitive load experienced by crisis counselors. We identify and estimate variability in potential indicators of cognitive load including number of active cases, severity of texters a counselor is responding to, time on shift, and number of messages received and responded to in specific time windows. We will examine the relationship of these factors to counselor response time, quality of crisis counseling (e.g., counselor assessment of risk, use of active listening), as well as client engagement.

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**Panel**

## **International adaptations of DBT in routine and public care settings.**

**Saturday, June 24th, 8:30-9:45 - Room: Classroom 4097**

*Organizers & Moderators:* Alex Behn (P. Universidad Católica de Chile | Millennium Institute for Research in Depression and Personality)

*Discussants:* Shelley McMain (University of Toronto)

**ABSTRACT:**

DBT has been established as an evidence-based treatment for patients with severe emotional regulation difficulties, including Borderline Personality Disorder. However, DBT includes multiple clinical components; thus, adaptations and implementation studies are required to improve and increase adoption in high-demand routine and public care contexts, particularly in places where clinical infrastructure is not as developed. This Panel will present different international experiences from Chile, Malaysia, and the UK that involved adaptations and implementation studies of DBT for different populations internationally.

- **Paper: Using Ecological Momentary Assessment to capture clinical effects from a 3-month online enhanced DBT-ST intervention in a public hospital in Chile.**

*Main author:* Yamil Quevedo (Universidad de Chile and Millennium Institute for Research in Depression and Personality)

*Co-authors:* Matías Correa, Cristóbal Hernández, Alex Behn

**ABSTRACT:**

In the setting of a multiple-baseline design, we studied the clinical effects of an enhanced 3-month DBT-ST intervention delivered online in a public outpatient service located in a low-income part of Santiago, Chile. The multiple-baseline design was fortified by adding pre, post, and follow-up EMA data collection using 5-day window with 6 daily prompts. Results from this EMA component will be presented, featuring analyses of moment-to-moment change (Mean Sum of Squared Differences) in interpersonal functioning, affect dysregulation and identity (self-concept clarity, self-direction and self-criticism).

- **Paper: Implementation of a Brief Dialectical Behavior Therapy Skills Group in a Public Hospital in Malaysia: Feasibility, Outcomes, and Implementation Challenges**

*Main author:* Shian-Ling Keng (Department of Psychology, Monash University Malaysia)

*Co-authors:* Hajar Binti Salleh Sahimi, Lai Fong Chan, Luke Woon, Choon Leng Eu, Su Hua Sim, Man Kuan Wong

**ABSTRACT:**

Much research has supported the efficacy of dialectical behavior therapy (DBT) in treating borderline personality disorder (BPD). However, no research has yet evaluated the feasibility and outcomes of DBT or its treatment components in Malaysia. This present study examined the feasibility of, and outcomes following a brief DBT skills group implemented for BPD patients in a public hospital in Kuala Lumpur, Malaysia. Twenty participants diagnosed with BPD were recruited from Hospital Canselor Tuanku Muhriz and participated in a 14-week DBT skills group delivered face-to-face. Participants completed measures assessing psychological symptoms, self-harm behaviors, suicidal ideation, emotion regulation difficulties, self-compassion, and well-being at pre- and post-intervention. Analyses showed significant reductions in depressive symptoms, stress, and emotion regulation difficulties, as well as increases in self-compassion and well-being from before to after skills training. A trend was found for decreases in frequency and types of non-suicidal self-harm behaviors, suicidal

ideation, and anxiety symptoms. The majority of participants perceived a positive impact from attending the skills group, and several expressed a preference for a longer or more intensive DBT skills training program. Overall, the study demonstrated the potential of DBT skills training in improving clinical outcomes among BPD patients in Malaysia. Future directions of research and implementation challenges will be discussed.

- **Paper: Effectiveness of a brief Dialectical Behaviour Therapy Skills training group for Borderline Personality Disorder in a public outpatient service in Chile: a multiple baseline comparison**

**Main author:** *Matías Correa (Universidad Diego Portales | Millennium Institute for Research in Depression and Personality)*

**Co-authors:** *Yamil Quevedo, Alex Behn*

**ABSTRACT:**

BPD is a serious mental illness starting in adolescence, and its prevalence is close to 1,8%. Borderline personality disorder provokes functioning impairment and increases the risk of premature death by suicide and other causes. Many evidence-based psychotherapies have proved effective in several clinical manifestations and the impact of BPD. Still, Dialectical Behaviour Therapy (DBT) is the one that has spread the most and with the most evidence supporting effectiveness. However, implementing a 12-month full version of standard DBT could be challenging, especially in public health systems, because of different restrictions such as in budget and staffing. However, there is a DBT adaptation based exclusively on the DBT skills training group (DBT-ST), without the individual therapist. This adaptation may vary in length (most of them less than 24 weeks) and has shown effectiveness in reducing BPD clinical manifestations. As a briefer and less time-consuming intervention, it is a promising alternative for treating patients in a public setting facing a myriad of barriers. In Chile, unfortunately, there is no research on evidence-based psychotherapies for BPD. This study assessed the effectiveness of an online 13-week DBT-ST programme for BPD in a public hospital in a low-income area of Santiago de Chile. This programme was enhanced by two phone interventions (phone coaching and weekly check-in calls), two additional 3-week groups (DBT crisis survival skills and psychoeducation) and a DBT consultation team meeting. A multiple baselines single-case experimental design was used to assess the programme's effectiveness on daily emotional distress and suicidal ideation.

- **Paper: Setting up benchmarks for routine DBT programmes: a UK benchmarking project**

**Main author:** *Julieta Azevedo (Universidad de Chile and Millennium Institute for Research in Depression and Personality)*

**Co-authors:** *Diogo Carreiras, Raquel Guiomar, Caitlin Hibbs, Josh Osborne, Richard Hibbs, Michaela Swales*

**ABSTRACT:**

"Dialectical Behavioural Therapy (DBT) is known to be an efficacious treatment for people with BPD, with growing evidence of its transdiagnostic efficacy in different clinical settings and significant outcome improvements for clients. However, having a research study in place, even an effectiveness study, changes the buy-in of the organisation, and this potentially could inflate the outcomes observed in routine practice. Our project reports on a national benchmarking system implemented in



the UK as part of a significant government investment to increase the reach of DBT within the publicly funded NHS, that collects routine outcome data from programmes across the UK. Programmes collect data on borderline symptoms using the Borderline Symptom List (BSL), on Health-related quality of life (HR.QoL) using the EQ-5D and on changes in emotion regulation using the Difficulties in Emotion Regulation Scale (DERS). The system allows programmes to track client outcomes and improvements, and to examine how they benchmark against the findings from Randomized Controlled Trials (RCTs). Currently, we already have more than 50 teams enrolled, and more than 200 clients assessed.

The presentation will briefly outline the project, introduce the website and share the benchmarks calculated on the findings regarding published RCTs and effectiveness studies and peer benchmarks based on the outcomes reported by the teams."

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## Panel

### Increasing clinical relevance by qualitative research

Saturday, June 24th, 8:30-9:45 - Room: Classroom 5012

*Organizers & Moderators:* Roos van Grieken (NPI Arkin)

*Discussants:* Femke Truijens (Erasmus University Rotterdam), Rien Van (NPI Arkin)

#### **ABSTRACT:**

"For evidence based practice, the combination of the best available research evidence with clinical expertise and patient values is essential. To optimize clinical relevance, clinical knowledge and patient's experience must be involved in the research process. Qualitative research enables to increase our understanding of how clinicians evaluate patients in their context and how patients experience their condition and treatment. Qualitative research methods are evidence-based approaches for systematic collection, organisation and interpretation of data derived from interviews or observation.

This panel features four studies that focus on the whole spectrum of elements in clinical practice: patient experience of disorders and treatment, professionals perspectives on treatment modalities, and meaningfulness of self-report measurement for (routine) outcome measurement. Moreover, the studies utilize an array of qualitative research methods: 1) concept mapping, a structured mixed method in order to organize diverse ideas into an understandable and coherent framework to generate hypothesis; 2) thematic analysis of interviews to explore interpersonal dynamics during psychotherapy and a 3) 'thinking aloud' method to scrutinizes meaning making while respondents score quantitative questionnaires.

By combining this broad spectrum of methods and research interests relevant to psychotherapy research, the panel aims to showcase the relevance of qualitative research for answering clinically relevant research questions. Subsequently, the panel invites the audience for an active discussion on the need for a more pluralist perspective as well as training and connection amongst researchers in psychotherapy research. This way, the panel aims for active reflection on the audience's own methodological stance, limitations, and room to grow."

- **Paper: Patients', carers' and therapists' perspectives on recovery in psychotherapy for personality disorders: a mixed-methods study**

**Main author:** *Hannah van den Eshof (NPI Arkin)*

**Co-authors:** *Kim de Bruijn, Anna Bartak, Udo Nabitz, Rien Van, Roos van Grieken*

**ABSTRACT:**

Patients with personality disorders often continue to struggle in life after psychotherapy, even though symptomatic remission rates are high. The question arises whether recovery measures used to evaluate psychotherapy effects are meaningful to patients. Therefore, consensus between stakeholders on what recovery means in the context of a personality disorder is needed. A conceptualisation of recovery can function as a basis for the operationalization of measuring change into a way that is both meaningful to patients and useful for therapists and researchers. We used concept mapping, a mixed-method approach, to construct a conceptual framework. In brainstorm sessions we explored what patients, carers and therapists (N=39) perceive as recovery and their perspectives were formulated into statements. Subsequently, participants ranked the statements and sorted them into groups. The data was analyzed using multi-dimensional scaling and depicted onto a concept map with hierarchical cluster analysis. The results show 45 statements grouped into four main areas of change beyond symptom-remission: understanding and recognizing yourself, regulating your emotions, giving direction to your own life, connecting with others. Understanding and recognizing yourself is perceived as most meaningful area of change. This study presents a conceptual framework of recovery based on perspectives of patients, carers and therapists. Their perspectives broaden our existing knowledge on recovery and provide a basis for future research and clinical practice to build upon.

- **Paper: Impeding factors in the treatment for personality disorders from the patient's, carer's and professional's perspective: a concept map study**

**Main author:** *Kim de Bruijn (Arkin Mental Health Care)*

**Co-authors:** *Hannah van den Eshof, Anna Bartak, Udo Nabitz, Rien Van, Roos van Grieken*

**ABSTRACT:**

"Despite the availability of effective treatments for personality disorders (PD), recovery rates are modest. Therefore, more understanding of what patients, carers and professionals perceive as impeding factors in PD treatment is needed.

We used concept mapping to create a shared conceptual framework of the impeding factors as experienced by the participants (n = 57). In brainstorm sessions, patients, carers and professionals generated statements about the elements that impede PD treatment. Subsequently, they prioritized and sorted these statements, which were analysed by multi-dimensional scaling and grouped on a two-dimensional concept map using hierarchical cluster analyses.

Fifty-four impeding factors were subtracted. These were combined into 11 clusters that were grouped into five meta-clusters: 1) lack of trust in the professional, 2) impeding factors involving the professional, 3) problems regarding unfacilitating of care system, 4) patient-related factors and 5) concerns regarding involvement of carers. Lack of trust in the professional was considered the most impeding aspect.

This study identified a conceptual framework of impeding factors in PD treatment from the patients', carers' and professionals' perspective. These viewpoints broaden the understanding of the PD

treatment process and can be used in clinical practice, and might thereby be of value for the further improvement of PD treatment."

- **Paper: "But now I am going to think about myself first!": Interpersonal dynamics during psychotherapy with patients with functional somatic syndromes.**

**Main author: Juri Krivzov (HAN University of Applied Sciences)**

*Co-authors: Reitske Meganck*

**ABSTRACT:**

Functional Somatic Syndromes (FSS) are often accompanied by high interpersonal burden and a complicated therapeutic relationship. Recent qualitative studies on FSS highlight the important role of emotional avoidance and point towards its possible interpersonal underpinnings. Previous findings by the authors yielded an interpersonal model of emotional avoidance in FSS resulting from patterns of pleasing and controlling unreliable others. To test and refine this model, we applied it to clinical material originating from a randomized-controlled trial. Intake and posttherapy interviews of seven patients with a diagnosis of FSS and major depression from the Ghent Psychotherapy Study were studied by means of a thematic analysis with a focus on their typical interpersonal patterns, triggers of FSS, mechanisms of change and therapeutic obstacles. Psychometric outcome measures of depression, somatization, and wellbeing were additionally considered to identify clusters of patients with prevalence of certain themes. Overall, the analyses found a strong support for the themes "others as unreliable", "pleasing others", and "emotional avoidance", and delivered some nuancing findings on triggers of the FSS and the mechanisms of change. For instance, the pattern of "pleasing others" changed substantially posttherapy as patients described increased assertiveness and a wish to attend to their own needs first. The patients who exhibited a critical and controlling attitude also perceived the explorative psychotherapy modality as not helpful, possibly repeating the dynamics with unavailable others in the therapeutic relationship.

- **Paper: Using Qualitative methods for Meaningful Measurement**

**Main author: Femke Truijens (NPI Arkin)**

*Co-authors: Lisa Wijsen, Marjolijn Heerings, Arjen Noordhof, Annemarie Kohne*

**ABSTRACT:**

"In the evidence-based era, measurement is considered a corner stone of clinical research and practice. Validated self-report measures are used in the whole range from diagnosis to routine outcome measurement and treatment efficacy. In self-report measures, people are asked to translate their experiences into numbers. The validation of measures is often taken as a guarantee that 'the numbers' validly represent individual experiences and can be used interchangeably and context-free for group level comparison.

But what do people actually mean when they quantify their experiences in a pre-structured questionnaire format? And do these meanings match what we take them to mean?

In this talk, I discuss preliminary findings from the study "I feel 4 out of 5 depressed". Using a 'thinking aloud' method, this study scrutinizes meaning making while respondents score the well-known Beck Depression Inventory. I invite the audience to explore how psychotherapy researchers would handle individual meaning making, interpretation and variation from a 'gold standard' standpoint, and how that would or could be different from a qualitative or mixed method perspective.

Based on this discussion, I argue for the need of meaningful measurement for valid psychotherapy research. This requires a pluralist perspective in which researchers reflexively legitimize their choice for quantitative and/or qualitative, instead of just complying to discursive guidelines. In this context, I introduce the Qualitative Research Collective for Mental Health Care, a Dutch initiative that facilitates qualitative research for a more meaningful, person-centered, and inclusive mental health care."

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Panel **CE**

## **Opportunities and Complexities of Teletherapy: PANEL I Therapeutic Experiences of Teletherapy**

**Saturday, June 24th, 8:30-9:45 - Room: Classroom 4012**

*Organizers & Moderators:* Vera Békés (Yeshiva University), Andrzej Werbart (Stockholm University)

*Discussants:* Katie Aaffes-van Doorn (Yeshiva University)

### **ABSTRACT:**

"Telepsychotherapy and telesupervision was thrust on the world of therapy suddenly because of the pandemic; however, there is growing evidence that it is here to stay - likely alongside in-person services. This panel is the first of three interrelated panels focusing on various aspects of teletherapy, papers in this panel will explore similarities and differences between in-person and teletherapy from the therapists' perspective, using quantitative and qualitative methodologies. The first study investigates therapists' view of distinctive features of the therapeutic relationship in videoconferencing. The second study identifies specific therapeutic techniques in teletherapy, and demonstrates that adequate use of these techniques is associated with better therapeutic relationship, therapeutic presence, and more positive attitudes towards teletherapy. The third study examines therapists' perception of differences in the therapeutic relationship and presence between in-person and teletherapy. The fourth study explores the challenges experienced by therapists of children and adolescents following the forced transition to remote sessions."

- **Paper: The therapeutic relationship in videoconferencing: A qualitative study from the perspective of psychotherapists**

**Main author:** Gloria Lagetto (University of Salento)

*Co-authors:* Arianna Teti, Salvatore Gullo, Lucia Fortunato, Chiara Urone, Pierpaolo Lardo, Gabriele Ciccicarese, Omar C. G. Gelo

### **ABSTRACT:**

"Background. There seems to be a need for a more specific conceptualization of the therapeutic relationship (TR) in videoconferencing psychotherapy (VP). We, therefore, investigated the nature of the TR in VP from the clinicians' perspective.

**Methods.** We conducted three focus groups with 27 VP therapists of different orientations through a semi-structured interview focusing on their experience of the TR. Data analysis relied on inductive thematic analysis.

**Results.** Results comprised the following themes: setting construction and management, meaning construction in the help request and therapeutic pathways, patient and therapist involvement in the TR, new elements of the TR introduced by VP, nonverbal aspects and corporeality, differences in emotional and relational quality between VP and face-to-face psychotherapy, satisfaction level and treatment outcome, and patient and therapist personal characteristics influencing VP.

**Conclusion.** These results suggest that TR in VP has some distinctive features that distinguish it from the TR in face-to-face psychotherapy. Future research should take this specificity into account to more adequately investigate TR in VP, for example, through the development of specific measures."

- **Paper: Unique TeleTechniques are related to better therapeutic relationship, therapeutic presence, and more positive attitudes towards teletherapy**

**Main author:** Vera Békés (Yeshiva University)

**Co-authors:** Katie Aafjes-van Doorn, Xiaochen Luo, Christopher Hopwood Simone Jennissen

**ABSTRACT:**

Although the use of teletherapy is increasingly common, it comes with unique therapeutic challenges and opportunities. Based on previous qualitative studies, several unique teletherapy techniques were identified. We created list of 13 teletechnique items that we hypothesized to be specific to teletherapy. Therapists (n = 809) completed these teletechnique items twice, once for their typical teletherapy session and once for their typical in-person session, as well as measures of therapeutic technique, working alliance, real relationship, therapeutic presence, and attitudes towards teletherapy. Six out of the 13 assessed teletechnique items were rated as significantly different in teletherapy compared to in-person sessions; four of these items referred to specific teletherapy challenges (i.e., lower ratings on using silence, creating emotional depth in sessions, staying focused, relying on non-verbal signals) and the other two items reflected opportunities (i.e., higher ratings on exploring the patients' home environment, start and end sessions on time). The teletechnique scale comprised of these six items was positively related to therapeutic presence, to working alliance, real relationship, attitudes towards teletherapy, as well as intention to use teletherapy in the future, and certain therapeutic techniques. Our findings indicate that certain therapeutic techniques in teletherapy sessions are distinctly different from in-person session, and that therapists who were able to tackle the challenges and benefit from the opportunities of the teletherapy format, also reported better relational quality and to be more present in their teletherapy sessions, to think more positively about teletherapy.

- **Paper: Therapists' Perception of the Working Alliance, Real Relationship and Therapeutic Presence in In-Person Therapy Versus Tele-Therapy**

**Main author:** Sanjeev Balaraman (Yeshiva University)

**Co-authors:** Vera Békés, Katie Aafjes-van Doorn, Xiaochen Luo, Christopher Hopwood

**ABSTRACT:**

Although teletherapy is increasingly common, very little is known about its impact on therapeutic relationships. We examined differences between therapists' experiences of teletherapy and in-person therapy post-pandemic with regard to three variables pertinent to the therapeutic relationship:

working alliance, real relationship, and therapeutic presence in 826 practicing therapists. We also examined potential moderators of these differences including professional and patient characteristics and covid-related variables. Therapists reported feeling significantly less present in teletherapy and the real relationship was somewhat impacted, but there were no average effects on the working alliance. Differences in the real relationship did not persist with clinical experience controlled. The relative reduction in therapeutic presence in teletherapy was driven by the ratings of process-oriented therapists and therapists conducting mostly individual therapy. Evidence for moderation by covid-related issues was also found, with larger differences in the working alliance reported by therapists who used teletherapy because it was mandated and/or not by choice. Results are discussed in terms of implications of the increasingly routine use of teletherapy.

- **Paper: Accessibility at what price? Therapists' experiences of remote psychotherapy with children and adolescents during the COVID-19 pandemic**

**Main author: Andrzej Werbart (Stockholm University)**

*Co-authors: Anette Erlandsson, David Forsström, Alexander Rozental*

**ABSTRACT:**

Psychotherapy has traditionally been delivered in person, but recent technological advances have made it possible to conduct remote treatments. There is currently strong evidence for the efficacy of guided self-help with online support from a therapist, but less is known about video-mediated psychotherapy. The COVID-19 pandemic has forced many therapists to provide remote treatments. This transition might be especially trying for therapists of children and adolescents, but their experiences are underexplored. This study aimed to investigate their perceptions of video-mediated psychotherapy. Semi-structured interviews were conducted with 16 therapists and analysed using thematic analysis. The therapists described how they struggled with technical and ethical issues and tried to overcome the loss of their usual therapeutic tools. They were concerned that the online format led to less effective treatments or could have negative effects, even if it might increase care availability. Generally, they felt frustrated, inadequate, and stressed, and experienced less job satisfaction. The therapists concluded that video-mediated sessions might be a good alternative for children and adolescents — provided the therapists themselves could determine for whom and when to offer video sessions. Above all, they learned a lot from their unexpected lived experiences. Implications of their experiences are discussed, including how psychotherapy training might have to incorporate issues related to remote psychotherapy.

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**Saturday, June 24th, 2023, 10:15 - 11:30 (IST)**

**Panel**

**Breakdowns in collaboration: Reluctance, ambivalence, conflicts and termination**

**Saturday, June 24th, 10:15-11.30 - Room: JM Synge**

*Organizers & Moderators: Adam Horvath (Simon Fraser University)*

**ABSTRACT:**

"As therapy unfolds over time, clients and therapist usually form close collaborations; their goals and methods are closely aligned. However, these periods of smooth progress are frequently interspersed with episodes when these alignments are challenged; therapists and clients become "mis aligned" and therapy process stalls or even breaks down.

In this panel we present four different research programs looking at client's disengagement or resistance in differing contexts utilizing diverse methodological approaches to better understand this difficult but important aspect of therapy process."

- **Paper: Examining clients' reluctance: A Conversation Analysis perspective**

*Main author: Peter Muntigl (Ghent University)*

*Co-authors: Adam Horvath*

**ABSTRACT:**

"Background: Psychotherapy process is not linear or smooth; progress is marked by periods when clients and therapists work in close collaboration interspersed with episodes when this collaboration is stressed; clients actively or passively disengage or resist. The project we present is focused on examining clinical examples episodes in which clients 'holds back' or refuses activities or ideas presented by the therapist. These events could be broadly conceptualized as a breakdown of the Task component of the alliance expressed either as reluctance to engage in a proposed activity or refusal to take up (engage) with a therapist's formulation or interpretation.

Methods: In our analyses we utilize the conceptual and methodological framework of Conversation Analysis (CA). We view these incidences as interactive events situated and realized in the immediate context of the unfolding discourse -rather than the manifestation of an ongoing underlying intra-personal dynamics; sometimes associated with the concept of 'resistance'. We will use CA to analyze clinical excerpts to explore how such 'stalemates' evolve sequentially and interactively, and how various conversational resources therapists choose influence the re-alignment (or lack of such) in therapy.

Outcomes: By exploring these excerpts of 'reluctance' we gain better understanding of the interactive dynamics of how these events develop sequentially in conversation, and gain a clearer understanding of how various conversational resources can positively or negatively impact the resolution of these 'blocks' to therapy movement."

- **Paper: Using mixed-methods research to study the interplay between ambivalence and resistance to change**

*Main author: João Tiago Oliveira (University of Minho)*

*Co-authors: Miguel M Gonçalves*

**ABSTRACT:**

"Background: Research suggests that both patients' ambivalence and resistance to change are crucial dimensions for treatment success. On one hand, ambivalence is associated with patient's motivation, readiness to change and the acknowledgment of the benefits of changing, despite being still unable to change. On the other hand, resistance consists of interpersonal tensions that emerge from the dyadic interaction patient-therapist, leading to poor-outcomes when it is not overcome.

Therefore, resistance may result, at least in part, from a therapeutic mismanage of ambivalence, as suggested by motivational interviewing literature.

**Aim:** This paper explores the mechanisms associated with the intra- and interpersonal tensions that emerge in psychotherapeutic sessions, using a multimodal approach.

**Methods:** A multi-method and multi-informant approach was used to assess ambivalence and resistance to change in psychotherapy. Multilevel models will be performed to explore the associations between ambivalence, resistance and psychological distress. Additionally, cross-lagged models will be developed to analyze the predictive power between them.

**Expected outcomes:** We expect moderate correlation coefficients between same constructs assessment methods. We also expect that greater levels of patient's ambivalence at the beginning of each session will be associated with higher resistance and psychological distress at the same session, given the expectation that part of resistance results from mismanaging of ambivalence. Resistance levels in a given session will predict ambivalence in the next session.

**Discussion:** The results will be discussed in light of the clinical knowledge we have about the importance of ambivalence and resistance to change for the psychotherapy process and outcome."

- **Paper: When something goes wrong: variables implicated in the early termination of psychotherapy**

**Main author:** *Osmano Oasi (Catholic University of Sacred Heart Milan)*

**Co-authors:** *Chiara Rossi, Francesca De Salve, Simone Maggio, Ilaria Casabona, Sara Molgora*

**ABSTRACT:**

"Introduction. Impasse situations, potentially responsible for early termination of psychotherapy, involve situational, relational, and personal factors. Investigating the role of variables into the failure of psychotherapies is crucial to prevent or moderate the negative effects associated with treatments with negative outcomes.

**Aims.** The present study aims (a) to analyze the role of the psychotherapist's gender and training orientation, and the patient's diagnosis concerning specific therapist's countertransference responses in drop-out situations; (b) to explore the topics that therapists report as being responsible for dropping out.

**Methods.** A mixed-method approach was used. 59 Italian psychotherapists predominantly psychodynamic and cognitive behavioral were recruited through Italian professional internet websites. The Therapist Response Questionnaire (which explores countertransference patterns) and the Impasse Interview (which investigates specific clinical situations such as dropout) were administered to each psychotherapist.

**Results.** The male group of therapists reported a lower average than the female group on the dimension Helpless/Inadequate of countertransference ( $t(57) = -3.09$ ,  $p = .003$ ). A 5-thematic cluster solution was obtained by analysis of verbatim transcriptions of Impasse Interviews via T-Lab, then assimilated into several areas of significance: the severity of the diagnosis, the procedural aspects, the lack of understanding of the ongoing standoff, relational dynamics, and the focus on the maternal issue.

**Conclusion.** Although these five subject areas appear to play an important and specific role with respect to dropout cases, further studies are undoubtedly needed."

- **Paper: Using the repertory grid with virtual reality to work on internal conflict resolution**

**Main author:** *Guillem Feixas (Universitat de Barcelona)*



*Co-authors: Sonia Ruiz-de-Paz*

**ABSTRACT:**

Based on personal construct theory, the repertory grid is a technique that combines qualitative and quantitative procedures in its different stages of administration and feedback to clients. Conceived not only as an assessment instrument but also as a transformative process, it begins with a semi-structured interview to elicit the person's constructs (schemas) about self and significant others. Then a rating task reflecting the client's use of these schemas yields a data matrix that, using multivariate statistics, is represented in a 3D space which can be explored both in a navigable screen and with virtual reality using the platform EYME-Explore Your Meanings. This analysis and immersive exploration of the client's mental map can be used for the identification and resolution of internal conflicts, implicit dilemmas found in the links between constructs indicating the need for change and those expressing identity coherence (needed for psychological integrity). A review of the studies conducted using the repertory grid to identify these cognitive conflicts will be presented.

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**Panel**

## **Therapist perceptions, intuitions, and experience**

**Saturday, June 24th, 10:15-11.30 - Room: Emmet Theatre**

*Organizers & Moderators:* Kim de Jong (Leiden University)

**ABSTRACT:**

It has been well established by now that differences between therapists in effectiveness exist. However, we do not know much yet about why these differences exist and which therapist variables are associated with differences in outcomes. In this panel, three papers are presented that lay the groundwork for future studies into therapist characteristics. In the first study, therapists' countertransference is studied in the context of patient somatization. The second study uses experts to observe patient-therapist interactions and judge their effectiveness in affect-oriented relational therapy. The third study assesses therapists' perceptions of challenging therapy situations through an online qualitative survey in order to eventually identify helpful responses to these situations. This panel combines different methodologies to assess these different therapist factors: self-report questionnaires (study 1), observational ratings (study 2), and qualitative surveys and natural language processing (study 3) and thus offers a rich range of research on therapist factors assessment of therapists.

- **Paper: Patient Somatization & Countertransference in Psychodynamic Psychotherapy**

**Main author:** *Thomas Westerling (Cambridge Health Alliance/Harvard Medical School)*

*Co-authors:* Franz Peters, Kors Stephanie, Beinashowitz Jack, Drill Rebecca.

**ABSTRACT:**

Patients with somatic symptoms are thought to experience emotional and interpersonal difficulties as physical pain. Psychotherapists may experience particular challenges when working with patients with somatic complaints. A sample of patients from a large, naturalistic, longitudinal study of psychodynamic psychotherapy in a safety-net hospital completed self-report questions from the

Somatization Subscale of the Brief Symptom Inventory at intake and throughout treatment. Therapists completed self-report countertransference measures using the Therapist Countertransference Response Questionnaire three months following initiation of treatment. Patient somatization was found to be associated with therapist countertransference feelings of helplessness, disengagement, and being overwhelmed. Therapist countertransference feelings related to viewing the patient as special were also associated with patient somatization. Interestingly, no significant changes were found between patient somatization and therapist negative countertransference over the course of therapy. Implications for clinical work with somatic patients and therapist countertransference in long-term psychodynamic psychotherapy are discussed.

- **Paper: Identifying essential components of corrective emotional experience: Using expert perspectives**

**Main author:** *Shigeru Iwakabe (Ritsumeikan University, Osaka, Japan)*

**Co-authors:** *Diana Fosha, Andrew J. Joseph, Liza Greville, Richard Harrison, Kaori Nakamura*

**ABSTRACT:**

**Aim:** AEDP is an affect-oriented relational therapy in which the therapist facilitates the client's optimal in-session processing of emotional experience and relational experiences. This practice-oriented research study used expert perspectives to delineate essential components of corrective emotional experience (CEE), which is central to AEDP's change process.

**Methods:** The data come from the ongoing AEDP practice-research network study, in which 100 adult clients had undergone a 16-session individual psychotherapy with 43 experienced AEDP therapists. Ten instances of CEEs were selected based on the post-session ratings. Five expert therapists repeatedly viewed these segments and identified common effective therapist and client interaction steps. A group of graduate students used process markers identified and defined by expert therapists to reliably identify components of CEEs.

**Results:** The study is currently under way. So far, six components were delineated: (a) empathic and affirming therapeutic relationship; (b) the evocation of past painful experience in the here-and-now, (c) juxtaposition of two experiences (past emotional injury and present healing experience), (d) the maintenance of close emotional connection between therapist and client, (e) the therapist's being experienced as a real person by the client, and (f) the articulation of the core self-other related beliefs and change.

**Discussion:** By selecting best examples of CEEs and using experts whose clinical observational skills are outstanding in capturing nuanced interactions between therapist and client, this practice-oriented research provides findings that are clinically relevant to experienced therapists. This type of practice-oriented research can promote the involvement of expert therapists in research.

- **Paper: A mixed method assessment of what therapists experience as challenging therapy situations**

**Main author:** *Kim de Jong (Leiden University)*

**Co-authors:** *Eva Bontebal, Dennis van Raaij, Naomi Moller*

**ABSTRACT:**

Providing therapy comes with challenging situations. Having a full understanding of challenging situations in therapy can provide a basis for training and preparing therapists to deal with such circumstances. The goal of the current study is to gain insight into what situations are commonly

perceived as challenging amongst therapists. The study has a mixed method design, including both qualitative analyses as well as quantitative analyses. Data will be collected through an online qualitative survey, in which we hope to collect data on 200 therapists from the major therapeutic orientations. Data collection is ongoing. Qualitative data will be analyzed using framework analysis. The aim is to develop a taxonomy of challenging therapy situations. In addition, we will be using natural language processing to determine if therapists use specific types of words to describe challenging therapy situations, and if answers differing in length may also be associated with therapist characteristics. Gaining insight in the challenging situations can help develop further training methods like deliberate practice to help train therapists in dealing with challenging therapy situations.

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## Panel

### Improving access to care and common clinical phenomena

Saturday, June 24th, 10:15-11.30 - Room: Davis Theatre

Organizers & Moderators: Tobias Krieger (University of Bern)

#### ABSTRACT:

"Despite the availability of efficacious psychological treatments, many individuals suffering from psychological disorders remain untreated and do not get access to empirically validated treatments. Furthermore, in some cases, it is not clear whether available treatments are suitable for the presented problems. This panel presents four papers on these topics.

In the first talk, Markus Wolf presents results from a cluster-randomized trial testing a newly developed brief consultation-liaison service at the intersection between primary and secondary care. He introduces the rationale of the service and presents the results of a process evaluation. The second presentation addresses the fact that many patients suffering from depressive disorders are characterized by a complex pattern of mental, physical, and social problems. In her presentation, Mariia Merzhvynska reports secondary analyses of a large-scale RCT in which depressed patients with a complex clinical presentation were identified and compared to less complex depressed patients concerning their treatment outcome.

The third talk by Rilana Stoeckli presents an approach to tackle the lack of evidence-based, low-threshold psychosocial services for refugees. In her talk, she presents preliminary results of the ongoing three-arm RCT for Arabic-speaking adults living in Switzerland testing an app designed to provide early access to psychological support and socio-structural information in Switzerland.

Finally, in the last talk, Andrej Skoko addresses the common problem of chronic loneliness. In his presentation, he shows the results of an empirical evaluation of a cognitive-behavioral model of chronic loneliness and provides clinical implications of these results for psychological interventions to tackle chronic loneliness."

- **Paper: Improving care for common mental disorders – Rationale and process evaluation of a consultation-liaison service in primary care**

**Main author: Markus Wolf (University of Zurich)**

*Co-authors: Mariia Merzhvynska, Tanja Roth, Marie Drüge, Thomas Rosemann, Birgit Watzke*

**ABSTRACT:**

"Background: Depressive and anxiety disorders are prevalent and often treated in primary care. Effective psychological therapies exist but many patients remain untreated or do not receive evidence-based care. Because collaborative care has shown promise to support early detection and improve treatment pathways in mental health care, we have developed a consultation-liaison (CL) service at the intersection between primary and secondary care. This study aims to introduce the rationale of the service and to present results from a process evaluation.

Method: The cluster-randomized CoLiPri trial compared primary care practices which had access to the service to a control group with delayed access. Patients with at least mild symptoms of anxiety and/or depression were enrolled based on standard screening procedures at the practices. The process evaluation followed a mixed-methods approach combining utilization data and patient self-report.

Results: The service is offered by a team of psychotherapists and psychiatrists and comprises up to four sessions including diagnostics, brief psychological interventions, treatment selection and planning. During the study, 14 practices agreed to be randomized and enrolled a total of 80 patients. Of the 42 patients in the intervention group 80% utilized two or more sessions. Patient satisfaction was high. Most patients presented with complex conditions and met diagnostic criteria for a mental disorder.

Discussion: Shortly after study kickoff, primary care was hit by the Covid-19 pandemic. Because only 20% of the recruitment target was achieved our results are inconclusive. We discuss strategies to implement mental health services in primary care."

- **Paper: Case complexity in primary health care patients with depressive disorders**

**Main author:** *Mariia Merzhvynska (University of Zurich)*

**Co-authors:** *Daniela Heddaeus, Maya Steinmann, Martin Härter, Markus Wolf, Birgit Watzke*

**ABSTRACT:**

"Introduction: Patients suffering from depressive disorders are heterogeneous concerning their clinical situation: only a few patients have a clearly defined problem, while the majority are characterized by a complex pattern of mental, physical, and social problems. These patients are sometimes referred to as "complex cases" because they are difficult to treat and bear the risk of worse outcomes. This study aims to identify depressed patients with a complex clinical presentation, compare them to less complex patients concerning the treatment outcome, and examine whether complex cases can benefit from high-intensity psychological and pharmacological treatments.

Method: The study comprises secondary analyses of data from a large-scale RCT investigating the effectiveness of a stepped and collaborative care model (ClinicalTrials.gov No.: NCT01731717). A case complexity index (CCI) was developed as the sum of nine clinical features from three domains: physical, mental, and social background. The baseline sample included primary care patients with depressive symptoms (PHQ-9  $\geq 5$ ) from the intervention and the TAU control group for whom the data on CCI was available (N = 294). Outcomes were remission from depression (PHQ-9  $\leq 10$ ), change in depressive symptoms, and quality of life (SF-12) at 6- and 12-month follow-up.

Results: After controlling for baseline depression severity, the CCI predicted the treatment outcome at 6- and 12-month follow-up. Logistic regression will be applied to examine whether complex cases can benefit from high-intensity treatments relative to low-intensity treatments.

Discussion: Results are discussed given its limitations (retrospective and observational design) and its clinical potential for improving treatment selection."

- **Paper: The Sui App: Low-Threshold Psychological and Socio-Structural Support for Arabic-Speaking Refugees to Enhance Quality of Life: Preliminary Results of an RCT**

**Main author: Rilana Stöckli (University of Bern)**

*Co-authors: Viktoria Zöllner, Sebastian Burchert, Farhad Haji, Michel Hosmann, Monia Aebersold, Jessica Wabiszczewicz, Eva Heim, Christine Knaevelsrud, Thomas Berger*

**ABSTRACT:**

"Aim: The Sui app was designed to provide early access to psychological support and socio-structural information in post-migratory settings in Switzerland. Recruitment data and preliminary results of the ongoing RCT will be presented. We aim to approach the lack of evidence-based, low-threshold psychosocial services for refugees by examining Sui.

Methods: The Sui app is being tested in a three-armed randomised controlled trial. Participants (n=150) are Arabic-speaking adults who have lived in Switzerland for no longer than five years. They are randomly assigned to the app, app+ (peer guided) or waitlist control condition (2:2:1 allocation). Sui contains nine Swiss-specific information and six psychological chapters from which participants choose according to their needs. Guided participants are supported by trained non-specialists through weekly messages. Primary outcome measure is the WHO Quality of Life Questionnaire. Secondary measures include questionnaires on PTSD symptoms, post-migratory life difficulties, depressive and somatic symptoms. These online self-assessments are collected at three timepoints (pre, post and follow-up). We will conduct intention-to-treat and per-protocol analyses to test efficacy with multilevel models. In addition, we will conduct qualitative analyses to evaluate user experiences. Results: The study started in October 2022 and 60% of the full data is expected to be collected by the end of June 2023.

Conclusions: The RCT will show evidence about the efficacy and use of Sui - a culturally sensitive psychosocial digital service for Arabic-speaking people living in Switzerland. Qualitative analyses will provide insights into usability of the app and its potential for expansion to other languages."

- **Paper: Testing a Cognitive Model of Chronic Loneliness – Longitudinal Associations of Loneliness with Biased Interpretations in Social Situations and Social Avoidance**

**Main author: Andrej Skoko (University of Zurich)**

*Co-authors: Noëmi Seewer, Tobias Krieger*

**ABSTRACT:**

"Background: Loneliness is a prevalent transdiagnostic phenomenon encountered in primary and secondary care, associated with numerous adverse physical and mental health outcomes.

Cross-sectional studies have shown that loneliness is positively associated with social avoidance and cognitive biases toward ambiguous social situations. Cognitive models of the development and maintenance of chronic loneliness suggest that the adaptive nature of loneliness diminishes in the case of chronic loneliness due to the increased attention to threatening social cues enhancing biased interpretations in social situations and social avoidance. To test these suggested pathways, we will examine whether social avoidance and biased interpretation of (ambiguous) social situations are a precursor and/or a consequence of loneliness.

Methods: In this longitudinal observational study, we will examine potential cross-lagged pathways between loneliness and interpretational bias and social avoidance controlling for social anxiety and

depressive symptoms. Eight hundred thirteen adults were recruited and completed online questionnaires at three time-points, i.e., at baseline and 3- and 6-month follow-up. Results: Data is yet to be analyzed.

Conclusion: Findings of the present study will increase our understanding of chronic loneliness and some of its maintaining factors. In particular, how interpretation biases in social situations and social avoidance contribute to the maintenance and/or increase of feelings of loneliness. Thus, providing guidance for psychotherapeutic interventions for reducing feelings of loneliness. Further implications for further research and clinical practice will be addressed."

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## Panel

# Client predictors of change: Contributions from practice-oriented research

Saturday, June 24th, 10:15-11.30 - Room: Swift Theatre

Organizers & Moderators: Bea Tiemens (Pro Persona Mental Health Care and Research)

### ABSTRACT:

Because many patients do not improve enough in mental health care, researchers and clinicians are looking for factors that can tailor treatment to the characteristics of the patient. The question is whether this should involve looking at a combination of patient characteristics such as demographic factors and clinical diagnostic variables or whether we should first do further research on very specific patient characteristics. This panel presents both types of studies. First, Leo Patrizio Bornhauser will present a study on the accuracy of predicting session-by-session rates of change by an algorithm developed on the basis of various baseline characteristics of patients in a large naturalistic sample. Second on this panel, Hongjun Micael Tan will focus on social support as a predictor of treatment outcome for international students. Besides obvious patient characteristics, there are variables that are about the patient, such as treatment goals, but the question is whether they actually belong to the patient. Third in this panel, Hans Jacob Westbye takes us through the development of a predictive decision support tool based on machine learning algorithms to help patients and therapists align their treatment goals. Finally, Bea Tiemens presents a study on the difference between the predictive value of the quality of treatment goals and the patient's experience of treatment goal clarity. Concluding the panel, we will discuss how these findings can be translated into clinical practice and help therapists and their patients personalize the care of these specific patients.

- **Paper: Who is likely to progress in the early phase of psychotherapy treatment?**  
**Predicting patient progress using a machine learning algorithm**

*Main author: Leo Patrizio Bronhauser (Universität Bern)*

*Co-authors: Martin grosse Holtforth, Juan Martin Gomez Penedo*

### ABSTRACT:

The aim of this study was to develop and test a machine learning algorithm to predict patients' therapy progress within the first ten sessions of psychotherapy. A naturalistic patient sample (n =

851) was drawn from a Swiss outpatient psychotherapy center, showing a spectrum of different diagnoses. All patients had received an integrative cognitive-behavioral therapy. To develop the algorithm, different machine learning models were applied to a training sample (2/3 of the patients) to predict each patient's average change rate during the first ten sessions based on their pre-treatment characteristics. Pre-treatment characteristics included demographic data, clinical diagnoses, and other clinically relevant baseline variables. Next, the best performing algorithm was applied to a test set (1/3 of the patients) to evaluate its predictive accuracy. In a subsequent analysis, the algorithm was tested for its ability to identify patients at risk of non-improvement during the first ten sessions. This study will contribute to the advancement of personalized psychotherapies: The resulting algorithm will provide a more detailed picture of the relationship between baseline characteristics and outcomes early in therapy and will inform clinicians' personalized treatment plans.

- **Paper: The effect of social support on the effectiveness of college counseling for international students**

**Main author: Hongjun Tan (Pennsylvania State University)**

*Co-authors: Louis G Castonguay, Rebecca A Janis, Brett E Scofield*

**ABSTRACT:**

Previous studies on college counseling have shown that international student clients (ISC) have higher baseline psychological distress and benefit less from individual psychotherapy in a university counseling center (UCC) setting compared to domestic student clients (DSC). International students face various practical challenges in adjusting to life in a foreign country, and social support plays a crucial role in their adjustments and psychological well-being. Social support is shown to be a transdiagnostic and transtheoretical client-level predictor of psychotherapy outcome (Constantino et al., 2021). This study aims to replicate the baseline distress and treatment outcome differences between ISCs and DSCs, and examine whether and how perceived social support contribute to this difference. The study uses data collected from the Center for Collegiate Mental Health Practice Research Network (CCMH PRN) which involves 34,090 clients treated by 1,887 therapists in 94 UCCs between 2017-2019, including 1,692 ISCs from 127 countries and regions. Clients' family and social network supports are measured separately at baseline, and psychological distress is measured at each attended session. Analyses of variance and covariance are conducted to explore our research questions. We also explored using matching methods to address the demographic imbalance within this dataset and conducted the same analyses. Implications for clinical practice and future research will be discussed.

- **Paper: Helping patients and therapists align their treatment goals using a predictive decision support tool**

**Main author: Hans Jacob Westbye (Helse Førde)**

*Co-authors: Andrew McAleavey, Christian Moltu*

**ABSTRACT:**

Prioritizing the right patients and providing personalized treatment in a timely manner is crucial to improve access to healthcare. In psychotherapy at least 1 in 3 patients drop out of treatment with therapeutic alliance and patient motivation among the common predictors with moderately large effect sizes. Salient recommendations include strengthening the patient-therapist bond through developing common goals and checking in on progress and treatment path. Using a mixed outpatient sample of roughly 12,000 mental health outpatients from the USA, we developed a clinical feedback

support tool to encourage patient-therapist goal alignment. Machine learning algorithms were applied to patient reported data to provide predictions of treatment length and symptom outcomes under different lengths of treatment. The resulting support tool provides individualized hypothetical predictions of treatment length and outcome before the first treatment session. This could facilitate conversations about treatment goals, expected outcomes, and shared decision making between therapist and patient. This clinical decision support tool could assist in the selection of treatment length and intensity and help optimize allocation of resources.

- **Paper: What matters most: patient's perceived lack of goal clarity or the quality of treatment goals?**

**Main author: Bea Tiemens (Pro Persona Mental Health Care and Research)**

*Co-authors: Marieke van Ittersum, Gerwin Wessels, Rianne Weggemans*

**ABSTRACT:**

Goal setting in psychological treatments has been found to have direct favorable effects on patients' distress and well-being, as well as on their motivation and treatment outcomes. An important prerequisite for the potential positive effects of goal-setting seems to be that the treatment goal should be perceived as clear by the patient. In a previous cross-sectional study it was found that patients with higher perceived lack of goal clarity, also reported a poorer quality of the therapeutic alliance and higher symptom levels. However, the relation with the quality of the treatment goals remained unknown. In the current longitudinal cohort study (N=127), we examine the relationship between the quality of treatment goals and the patient's perceived lack of goal clarity during psychological treatments. The quality of treatment goals was scored using a scoring tool based on scientific evidence on what constitutes effective goals. We then examine whether treatment goal quality or perceived lack of goal clarity best predicts treatment outcome, treatment duration and client satisfaction. Implications for clinical practice and future research will be discussed.

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**Panel**

## **Updates of a European Partnership for psychotherapy training and supervision in Emotion-Focused Therapy: The EmpoweringEFT@EU project**

**Saturday, June 24th, 10:15-11.30 - Room: UI Chadhain**

*Organizers & Moderators:* Carla Cunha (University of Maia & CPUP - Center of Psychology of University of Porto)

*Discussants:* Robert Elliott (University of Strathclyde)

**ABSTRACT:**

"The EmpoweringEFT@EU project [Empowering Emotion-Focused Therapy practice in Europe] is a Strategic Partnership supporting dissemination, training and supervision in Emotion-Focused Therapy(EFT), funded by the Erasmus+ Agency (N.º 2020-1-PT01-KA202-078724;website: <https://emotionfocusedtherapy.eu>). This partnership involves a collaborative effort to foster training, clinical supervision and research on EFT. With a European focus, it involves six partners from five countries: University of Maia (ISMAI/Maiêutica – Portugal), University of Strathclyde(UK), Trinity



College – Dublin(Ireland), IEFT – Institute of Emotion Focused Therapy(Germany), Universidad Pontificia de Comillas – Madrid(Spain) and SPTFE – Portuguese Society of Emotion-Focused Therapy(Portugal).

Paper 1 provides an overview of this project and summarizes insights from international EFT Experts interviewed on clinical supervision and training in this modality.

Paper 2 presents specific outputs developed to facilitate the training of new therapists in this modality, namely: the Competency Frameworks orienting EFT practice and Clinical Supervision and the Competency Framework for Training in the modality of EFT.

Paper 3 focuses on a platform developed to gather resources for facilitating training, supervision, and psychotherapy in the modality of EFT and gather trans-national data on the routine outcome monitoring of psychotherapy practice and supervision in this modality.

Paper 4 describes the Pilot Phase of this project (undergoing until October 2023), where a team of clinical supervisors and trainers will train and support new EFT therapists in Portugal and Spain, in their native languages.

The final discussion provides an overview of current contributions and future challenges for EFT in the domains of practice, supervision, training, and research."

- **Paper: Listening to the Experts: The EmpoweringEFT@EU project goals and preliminary results from first- and second-generation EFT Experts interviewed**  
*Main author: Carla Cunha (University of Maia & CPUP – Center of Psychology of University of Porto)*

*Co-authors: Pedro Lopes, Beatriz Viana, EmpoweringEFT@EU project team*

**ABSTRACT:**

Having started in November 2020, the EmpoweringEFT@EU project involves several researchers, supervisors, trainers and training institutes in the modality of Emotion-Focused Therapy (EFT), all collaborating with the aim to develop training in this modality and advance research in clinical supervision and EFT practice. This presentation starts by characterizing the goals of the EmpoweringEFT@EU project – a strategic partnership with European partners to support training, supervision and practice of EFT, as it arrives its year of conclusion (2023). This paper will also present findings deriving from qualitative interviews to 15 worldwide EFT Expert Trainers and Expert Supervisors (recognized as founders and first or second-generation experts in the practice, supervision and research in this modality) interviewed in order to explore their implicit and explicit knowledge about supervision and supervision methods in EFT and common difficulties when training new therapists. Results indicate a shared emphasis on a strong supervisory alliance, where supervisors embody a posture of humility, respect, and a shared passion/enthusiasm for EFT, as the foundation in which other supervision/training goals can be built upon. Interviewees construed EFT as a rich, complex therapeutic model, which can be overwhelming for new therapists to delve into it and lead to specific difficulties that need to be overcome in supervision (e.g. therapist blocks). The supervision alliance can be tested when difficulties arise, highlighting the importance of supervisors' ability to manage supervisees' expectations, helping to deal with their clients' emotional experience (and their own), and balancing positive and negative feedback regarding their performance as EFT therapists.

- **Paper: Proposing Competency Frameworks for practice, training and supervision in Emotion-Focused Therapy (EFT): From implicit to explicit knowledge**

**Main author:** *Carla Cunha (University of Maia & CPUP – Center of Psychology of University of Porto)*

**Co-authors:** *Carla Cunha, Rafael Jodar-Anchia, EmpoweringEFT@EU project team*

**ABSTRACT:**

"Having departed from the experiences and knowledge gathered by qualitative interviews to first- and second-generation Emotion-Focused Therapy (EFT) Experts (presented before in this panel), this presentation will describe specific outputs developed within the scope of the EmpoweringEFT@EU project, namely: the Competency Frameworks orienting EFT practice and Clinical Supervision and the Competency Framework for Training in the modality of EFT. Up until now, training and supervision in EFT has been much dependent on the English language, which represents an obstacle for the dissemination of this modality in countries with other native languages. Furthermore, literature and research on clinical supervision and training in the modality of EFT has been scarce. In this presentation, we will provide a synthesis of Competency Frameworks for Emotion-Focused Therapy practice (1), for Clinical Supervision in EFT (2), and for Training in this modality (3). These have been proposed by the EmpoweringEFT@EU project team to facilitate the dissemination of this modality in other countries, allowing to train and supervise new EFT therapists in their local languages. These competency frameworks have lead to the development of training workshops for new EFT Supervisors and Trainers (developed in 2022), and launched a pilot phase of this project in Portugal and Spain, currently being implemented until October 2023."

- **Paper: Proposing an e-platform for routine outcome monitoring of Emotion-Focused Therapy practice and supervision**

**Main author:** *João Salgado (University of Maia & CPUP – Center of Psychology of University of Porto; Sociedade Portuguesa de Terapia Focada nas Emoções – SPTFE)*

**Co-authors:** *Carla Cunha, Rafael Jodar-Anchia, EmpoweringEFT@EU project team*

**ABSTRACT:**

Routine outcome monitoring of client progress in psychotherapy has been systematically found to improve treatment outcome both in efficacy research, and effectiveness research of psychotherapy practice. Despite several obstacles and barriers to the implementation of routine outcome monitoring systems in (mental) health organizations (e.g. Boswell et al., 2015; Lewis et al., 2019), these systems, coupled with immediate feedback to psychotherapists or mental health professionals have shown to improve the quality of routine care, decrease the risk of patient deterioration, improve client satisfaction with their treatment and match the therapists' interest in receiving immediate, real time feedback regarding client progress, among other positive aspects. This presentation will focus on the development of an e-platform to support training, supervision and psychotherapy practice in the modality of Emotion-Focused Therapy (EFT). This e-platform will gather training resources to support training, supervision and practice in this modality and be tested in the pilot phase of the EmpoweringEFT@EU project. A specific feature of this platform will be designed to collect trans-national data on the outcome of routine psychotherapy practice in EFT, in naturalistic settings, and empirically study the process of supervision in this modality. Besides collecting data on the effectiveness of EFT in naturalistic settings, we aim to verify if supervision impacts the progress and the outcomes of the clients of these supervisees.

- **Paper: Disseminating EFT practice and clinical supervision in Spain and Portugal: The Pilot Phase of the EmpoweringEFT@EU Project**

**Main author: Rafael Jodar-Anchia (University of Maia & CPUP – Center of Psychology of University of Porto)**

*Co-authors: Carla Cunha, João Salgado, EmpoweringEFT@EU project team*

**ABSTRACT:**

This presentation describes the Pilot Phase of the EmpoweringEFT@EU project. The main goal of this pilot phase is to disseminate EFT training and supervision in European countries where EFT is less outspread, such as in Portugal and Spain. For this, each EFT institute in Portugal and Spain selected eligible EFT therapists to be trained by Experts within the EmpoweringEFT@EU team in “Train the Trainers” and “Train the Supervisors” workshops that were piloted in 2022 (in Dublin and Munich, respectively). Later on, these new EFT trainers and supervisors have become involved in local pilot training and supervision activities, occurring in Portugal and Spain, to support (i.e. train and supervise) other novel therapists in their countries, disseminating EFT in their local languages. The e-platform (presented before) to support EFT training, supervision and practice will support this pilot phase, and allow gathering common research data on EFT practice and supervision. These local piloting actions related to training and supervision (e.g. EFT Master Classes and clinical supervision of novice EFT therapists) will be assessed through process variables (namely, satisfaction ratings and gathering participants’ qualitative feedback) leading to the development of good practice guides. Along with allowing for disseminating EFT and research on practice and supervision, the EmpoweringEFT@EU team will also contact relevant stakeholders, such as the National Psychologists’ Association, and local professional groups of psychotherapists, mental health service providers, among others, to disseminate EFT and collect data on its applicability.

**Panel**

## **Assimilation of problematic experiences and long-term outcomes in psychotherapy for depression and grief**

**Saturday, June 24th, 10:15-11.30 - Room: Classroom 3106**

*Organizers & Moderators: John Frederick Wilson (York St John University)*

*Discussants: Lynne Gabriel (York St John University)*

**ABSTRACT:**

In our four presentations we present six case studies using assimilation analysis to chart the process of change using either Stiles’ Assimilation of Problematic Experiences Scale APES or (in two case studies) an adapted version of APES specific to grief. Our case studies describe one-to-one online therapy, online group therapy, and three cases of face-to-face work. Whilst assimilation analysis is common to these studies, the differing models of treatment and modes of delivery suggest that the Dodo Verdict applies.

- **Paper: ASSIMILATION OF THE GRIEF EXPERIENCE AFTER SUICIDE LOSS: A CASE STUDY**

**Main author: Patrícia Pinheiro (Universidade da Maia-ISMAI)**

*Co-authors: Ana Sofia Silva, Cristiana Oliveira, João Batista, Daniela Alves, Miguel M Gonçalves, Isabel Basto*

**ABSTRACT:**

"Grief is a universal and challenging experience. When a loved one dies by suicide, mourners may experience more difficulties integrating and making meaning of the loss, which may complicate the grieving process. We can expect that psychotherapy will promote the integration or assimilation of such complicated grief experience in a meaningful way, facilitating the alleviation the client's suffering. A thorough analysis of such assimilation process of this problematic experience during therapy may be informative regarding the clients' change in grief.

In the present intensive case study, we aimed to explore (1) how a client experiencing complicated grief assimilated her loss due to suicide throughout therapy and (2) how such assimilation process was associated with changes in her grief symptoms.

Laura, the participant, was collected from the "Clinical and Narrative Change in Online Constructivist-Narrative Intervention for Complicated Grief: Exploration of the use of the Internet and the New Technologies in Psychotherapy". She was treated within the framework of Neimeyer's meaning reconstruction grief therapy, receiving 13 online sessions of this therapeutic modality. The intensity of grief symptoms was assessed by the Complicated Grief Inventory. The level of assimilation of her grief experience was assessed by the Assimilation of Problematic Experience Scale.

Our findings suggest that therapy facilitated the assimilation of the grief experience. Such assimilation was associated with an alleviation of grief suffering. The growth of assimilation will be illustrated by clinical excerpts from Laura's therapy and the clinical implications of the study will be discussed."

- **Paper: Assimilation of problematic experiences and long-term outcomes in psychotherapy for depression**

**Main author: Isabel Basto (Universidade da Maia-ISMAI)**

*Co-authors: Beatriz Viana, Ricardo Machado, Patrícia Pinheiro, João Salgado, William Stiles*

**ABSTRACT:**

"The Assimilation Model describes change in therapy as a gradual integration of problematic experiences into the self. Theoretically, higher levels of assimilation of key problems should lead to a reduction of symptoms and, consequently, to a more positive therapeutic outcome. Previous studies have confirmed that the assimilation of problematic experiences is associated with therapeutic success in a variety of therapeutic approaches. The present study examined the contribution of assimilation to the maintenance of therapeutic gains after the end of therapy, that is, in the prevention of relapse.

To this end, three cases of Emotion-Focused Therapy, previously diagnosed with depression, were analyzed: a good outcome case who remained asymptomatic after the end of therapy; a good outcome case who relapsed after the end of therapy and a poor outcome case who improved after the end of therapy. The assimilation process was assessed with the Assimilation of Problematic Experiences (APES) and depressive symptoms were assessed with the Beck Depression Inventory-II (BDI-II). Five sessions (1, 4, 8, 12 and 16) were analyzed with the APES. The from this study seem to suggest that achieving higher assimilation level during psychotherapy may help clients to maintain therapeutic gains and reduce the probability of relapsing after the end of treatment."

- **Paper: Assimilation in a therapeutic group context**

*Main author: Lynne Gabriel (York St John University)*

*Co-authors: John Frederick Wilson*

**ABSTRACT:**

In assimilation of bereavement, an individual comes to terms with their grief over time and through processes that are unique them; whilst at the same time, signifying human experience themes recognised across cultures. In an online therapeutic group setting, assimilation processes and experiences are evidenced and experienced by members and facilitators. Issues and challenges of group engagement and concurrent individual assimilation require further exploration. This session considers the experience and assimilation process of one group member, Joan, bereaved during the Covid-19 pandemic. The group model includes the use of AGES, based upon Stiles' Assimilation of Problematic Experiences model. She attended the group across a two-month period. Her process of assimilation and decision to step out of the group earlier than initially anticipated, indicated an assimilation process that differed significantly from other group members. Experiencing and witnessing key elements of assumptive world theory and the dual process model, generated opportunities for Joan to reflect upon her process both within and outside of the group. The assimilation of Joan's grief and loss were evident from reflections shared in the group, her contribution to group process, and her interactions with self and others in the group setting. Theoretical and clinical implications for assimilation of grief will be considered. What type of informed group facilitation is need for individual and collective processes? How might the entry and exit of members at different stages in the life of a bereavement support group, impact upon and contribute to, individual assimilation progress and processes?

- **Paper: The grief trajectory of a therapeutic group member.**

*Main author: John Frederick Wilson (Universidade da Maia-ISMAI)*

*Co-authors: Lynne Gabriel*

**ABSTRACT:**

Bonanno's (2010) grief trajectory is an illustrative way of demonstrating psychological change and distinguishing between normal and chronic grief. Here we chart the trajectory of Maria, bereaved of her husband from Covid-19. Maria joined a support group along with others bereaved by and during the Covid pandemic. She was able to share her thoughts and feelings and listen to those of others with similar losses. Using the Assimilations of Grief Experiences Scale, AGES, an adaptation of the Assimilation of Problematic Experiences Scale, APES, we were able to chart changes in Maria's meaning-making process as she moved towards constructing a positive future in the context of her loss. Whilst her grief trajectory demonstrated the usual ups and downs expected in the circumstances, the trend was towards a more positive outlook and reduced negative affect.

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## Panel

### **Mentalizing and MBT: recent developments and applications**

Saturday, June 24th, 10:15-11.30 - **Room: Classroom 3074**

*Organizers & Moderators:* Sebastian Euler (University Hospital Zurich), Saskia Aufenacker (University of Salvador)

*Discussants:* Jana Volkert (Medical School Berlin)

#### **ABSTRACT:**

"The concept of mentalizing encompasses the ability to be aware of own and others' mental states underlying intentions and behavior. Ineffective mentalizing is associated with symptoms of mental disorders and difficulties in self-regulation and relationships. The aim of mentalization-based therapy (MBT) is to improve mentalization throughout the psychotherapeutic process (Bateman & Fonagy 2019). MBT has initially been introduced for the treatment of borderline personality disorder (BPD). Recent developments comprise the application to further mental disorders, including eating disorders (Balestrieri et al. 2015; Sonntag & Russell 2022). Further, mentalizing as a factor reflecting mental health in general populations has been explored (Ballespí et al. 2018). In recent years, the concept of epistemic trust (ET, i.e., the capability to trust in socially transmitted knowledge) has been integrated (Fonagy et al. 2019). ET can be assessed by the Epistemic Trust, Mistrust and Credulity Questionnaire (ETMCQ, Campbell et al 2021).

In this panel, two presentations will focus on mentalization and MBT in eating disorders, including a study protocol on mentalizing as mechanism in a state of the art inpatient treatment for ED and the results of a psychotherapy process study on reflective functioning (RF) in treatment of ED. The third presentation will give a systematic overview on applications of MBT regarding mental health in the Latin American population. The fourth presentation will present the validation of the ETMCQ in Argentina. The presentations will eventually be discussed by an expert in mentalization and MBT."

- **Paper: Mentalization and MBT in patients with eating disorders**

*Main author:* Sebastian Euler (University Hospital Zurich)

*Co-authors:* Esther Stalujanis

#### **ABSTRACT:**

Research has shown impairment of mentalizing in eating disorders (e.g., anorexia and bulimia nervosa, Johnson et al. 2022, Simonsen et al. 2020). There is some evidence that

mentalization-based treatment (MBT), originally developed for the treatment of borderline personality disorder, is a promising treatment for eating disorders (Robinson et al. 2016, Zeeck et al. 2021). This talk will give an introduction into current evidence of mentalizing and MBT in ED. Further, a study protocol to investigate the value of mentalizing as moderator in an inpatient setting for ED will be presented.

- **Paper: Mentalizing in psychotherapeutic processes of patients with eating disorders**

**Main author: Almut Zeeck (University of Freiburg)**

*Co-authors: Inga Lau, Claas Lahmann, Armin Hartmann*

**ABSTRACT:**

"Introduction: We examined RF in psychotherapy sessions of patients with an eating disorder (ED) as part of a pilot study of a Mentalization-Based Therapy / MBT - oriented day treatment program for EDs. The following questions were investigated: (1) What average RF do female patients show in sessions? (2) Does RF change over the course of a session? (3) Are differences found between sections in which eating disorder symptomatology is discussed and those in which it is not? (4) Does RF increase in a session after MBT-type interventions (stimulating RF: "demand", empathic validation)?

Methods: 1232 interaction segments (3 minutes each) from 77 therapy sessions of 19 patients with EDs were transcribed and rated for RF by reliable raters using the In-Session RF Scale (Talia et al. 2018). Additionally, coding of content (eating disorder symptomatology yes/no) and coding of therapeutic interventions were conducted. Statistical analysis was performed by mixed models.

Results: Overall, patients showed a rather low RF ( $m = 3.48$ ), which increased on average over the course of a session ( $+0.48$ ). If eating symptomatology was discussed, this was associated with significantly lower RF ( $-0.20$ ), while MBT-type interventions led to a significant increase in RF (Demand:  $+0.29$ ; Empathic validation:  $+0.26$ ).

Conclusions: The results indicate that mentalizing seems to "break in" in sessions when disorder-specific issues (i.e., weight, eating behavior, body experience) are involved. On the other hand, mentalizing can be stimulated by MBT-typical interventions."

- **Paper: Mentalization-based interventions for the general population and to complement clinical treatments: a systematic review**

**Main author: Saskia Ivana Aufenacker (Foundation Turning Point for Health and Sustainability)**

*Co-authors: Andrea Rodriguez Quiroga, Lina Grasso, María Belén Aschiero, María Florencia Antequera*

**ABSTRACT:**

"Mental health gained greater importance today due to the COVID -19 pandemic (Rodriguez Quiroga et al. 2020., Liu et al., 2020 & Cullen et al., 2020) and climate change crisis (Botzen et al., 2021 & Hornsey & Findley 2020). Kazdin (2018) had warned about the task of delivering psychological therapies and/or psychologically informed interventions on this scale. Barkham et al., (2021) proposes that psychological therapies should seek to be more relevant, inclusive and impactful at a larger scale, given that most people in need do not have access to these services.

This article presents the results of a systematic review, considering the guidelines of the Prisma Declaration (Preferred Reporting Items for Systematic reviews and Meta-Analyses, Page et al., 2021) and applying the PEDro scale, on specific interventions to develop mentalisation aimed at interventions complementary to psychotherapeutic treatments (IPBM-CTP) and the non-clinical population (IPBM-PG). The results indicate that from 191 initial citations registered in the searches of different databases, 18 articles were included in the quantitative systematic review. These correspond to 5 interventions complementary to psychotherapeutic treatment. In agreement with previous reviews on the subject (Santelices et al. 2016), the results obtained here corroborate that in Latin America, research on these interventions is very scarce. In this sense, it is considered important to replicate in Latin America research on these programs in different settings (clinical and general population/community) considering what contextual adaptations are necessary according to the target population of the intervention, such as socioeconomic level and educational level, among others."

- **Paper: Validation of a psychometric instrument related to mentalisation, namely ETMCQ (Epistemic Trust, Mistrust, and Credulity Questionnaire) in Argentina.**

**Main author:** *Juan Segundo Peña Loray (Foundation Turning Point for Health and Sustainability)*

**Co-authors:** *Andrea Rodriguez Quiroga, Saskia Ivana Aufenacker, Laura Bongiardino*

**ABSTRACT:**

Mentalisation is the capacity to meaningfully interpret the actions of others and oneself based on intentional mental states (Bateman & Fonagy, 2004). It is linked to the construct of Epistemic Trust (ET), which refers to the trust in communicated knowledge. This paper presents the validation of a self-report measure of ET, the Epistemic Trust, Mistrust, and Credulity Questionnaire (ETMCQ), for an Argentinian sample. The factor structure of the ETMCQ was examined through Exploratory and Confirmatory Factor Analyses. Further analyses were carried out to add evidence of the scale's validity.

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**Panel**

## **Translating idiographic research methods into clinical practice**

**Saturday, June 24th, 10:15-11.30 - Room: Classroom 3051**

**Organizers & Moderators:** Silvia Scholz (University Witten/Herdecke)

**Discussants:** Christina Hunger-Schoppe (University Witten/Herdecke)

**ABSTRACT:**

"Most psychotherapy research relies on aggregated group means derived from standardized measures and generalizes them to individual patients. To do so, the structure of the inter-individual variation at the population level has to be equivalent to the structure of the intra-individual variation at the single-subject level, according to the ergodicity theorem. This is not the case for humans. In order to provide applicable results for clinicians, psychotherapy research has to use more idiographic methods.



This panel presents the idiographic system modeling (ISM) as a formalized, yet fully personalized case conceptualization approach followed by daily therapy process monitoring with individualized questionnaires, in addition to standardized instruments. After introducing the ISM approach, one presentation focuses on the implementation process in daily routine care. It points out how the idiographic data collection can be integrated into daily clinical practice, while at the same time supporting the therapy process. The following presentations show different analyzing methods on the individual (n=1) level which on one hand can be used to inform and predict the individual change process of the respective patient and on the other hand can provide generalizable results on the content and dynamics of psychopathology for research. The methods presented encompass analyzing the content of ISM models with thematic analysis, detecting change profiles in person-specific time series and predicting symptom improvements on the individual level using early warning signals of rising destabilization in affect measurements during therapy. Challenges and future directions for using idiographic research methods in clinical practice will be discussed."

- **Paper: „A map of my inner landscape“ – Idiographic system modelling as a formalized case conceptualization method in clinical practice and research**

**Main author: Silvia Scholz (University Hospital Zurich)**

*Co-authors: Nora Daniels-Wredenhagen, Florens Goldbeck, Benjamin G Aas, Christina Hunger-Schoppe*

**ABSTRACT:**

"Background: The idiographic system modelling (ISM) offers a formalized yet fully personalized way of case conceptualization. It captures all relevant socio-psycho-biological variables of a patients' social and psychological wellbeing within a network structure to visualize connections and functional interdependences between the collected variables. The ISM is created in a patient-therapist-collaboration and can be used throughout the therapy process to inform therapeutic hypotheses and visualize gained insights.

Methods: The ISM was adapted to a hypno-systemic inpatient clinical care setting. Between 2013 and 2019, all interested therapists were trained to use the ISM with the patients for case conceptualization. Based on the ISM, individualized questionnaires were created and daily administered via an online tool, in addition to standardized daily questionnaires (ISR, DASS-21, Hypnosystemic Questionnaire (HSF)). Therapists used the aggregated and visualized time-series data in routine process feedback (RPF) with the patients.

Results: Between 2013 and 2019, a total of N = 549 ISM case conceptualizations was created at the beginning of hospitalization. We report descriptive data of the ISM models. Resources and obstacles in the ISM implementation, considering the therapists perspective, as well as the necessary adaptations to the therapeutic concept will be presented.

Discussion: The discussion focus on how the ISM enables diagnostic and therapeutic procedures for practice-based research on case conceptualization. We also discuss propositions for a next step towards bridging the scientist-practitioner gap."

- **Paper: The best of both worlds? General themes of psychopathology in personalized networks of clinically relevant topics.**

**Main author: Benjamin G. Aas (Systelios Health Center Academy)**

*Co-authors: Robin van-den Bergh, Merlijn Olthof, Florens Goldbeck, Konstantin Hegewald, Florian Pommerien-Brecht, Nora Daniels-Wredenhagen, Rianne J Weggemans, Serena Daalmans, Roy Otten, Anna Lichtwarck-Aschoff*

**ABSTRACT:**

Case formulation is at the heart of personalized care in psychotherapy. Scientific research into case formulations can provide new insights in the heterogeneity of psychopathology which are relevant for advances in personalized psychopathology research and practice. This mixed methods study examined the content of 483 fully personalised network-based case formulations in psychotherapy in terms of uniqueness (i.e., frequencies of concepts) and commonality (i.e., the presence of common themes over the different case formulations). In a real-world clinical care setting, patients co-created network-based case formulations with their therapist as part of their routine diagnostic process. These case formulations feature concepts that are highly relevant to individual patients and their current situation. We assessed how often concepts were used by different patients to quantify uniqueness. We applied a bottom-up thematic analysis to identify patient-relevant themes from the concepts. 483 patients diagnosed with mood and/or anxiety disorders created network models yielding a total of 4908 interpretable concepts of which 4272 (87%) were completely unique. Through thematic analysis, we identified seven overarching themes in the concepts: autonomy, connectedness, emotions, self-care, identity, self-efficacy, and bodily sensations. Case formulations were highly unique, thereby illustrating the importance of personalized diagnostics. The unique concepts could be grouped under seven overarching themes which seem to encompass basic human needs. Current advancements in personalized diagnostics and assessment should have a broader scope than symptoms alone, and could use the themes identified here as part of a topic list in the generation of (network-based) case formulations.

- **Paper: The best of both worlds? General principles of psychopathology in personalized assessment**

**Main author: Anna Lichtwarck-Aschoff (University of Groningen)**

*Co-authors: Merlijn Olthof, Fred Hasselman, Benjamin G Aas, Daniela Müller, Silvia Scholz, Nora Daniels-Wredenhagen, Els Weinans, Guido Strunk, Günter Schiepek, Anna M. T. Bosman*

**ABSTRACT:**

A complex systems approach to psychopathology proposes that general principles lie in the dynamic patterns of psychopathology, that are not restricted to specific psychological processes like symptoms or affect. Hence, it must be possible to find general change profiles in time series data of fully personalized questionnaires. In the current study, we examined general change profiles in personalized self-ratings and related these to treatment outcome. We analyzed data of 404 patients with mood and/or anxiety disorders who completed daily self-ratings on personalized questionnaires during psychotherapy. For each patient, a principal component analysis was applied to the multivariate time series in order to retrieve a one person-specific time series. Then, using classification and regression methods, we examined these time series for the presence of general change profiles. The change profile classification yielded the following distribution of patients: no-shift (n = 55; 14%), gradual change (n = 52; 13%), one shift (n = 233; 58%), reversed shift (n = 39; 10%)

and multiple shifts ( $n = 25$ ; 6%). The multiple-shifts group had better treatment outcome than the no-shift group on all outcome measures. The one shift and gradual-change group had better treatment outcome than the no-shift group on two of four outcome measures. Overall, this study illustrates that person-specific (idiographic) and general (nomothetic) aspects of psychopathology can be integrated in a complex systems approach to psychopathology, which may combine 'the best of both worlds'.

- **Paper: Testing the clinical promise of early warning signals: Empirical findings in depressed individuals receiving psychotherapy**

**Main author: Marieke A. Helmich (University of Oslo)**

*Co-authors: Arnout C. Smit, Laura F. Bringmann, Marieke J. Schreuder, Albertine J. Oldehinkel, Marieke Wichers, Evelien Snippe*

**ABSTRACT:**

"Improving our understanding of depression and how it changes within the course of therapy requires a detailed look into the processes and fluctuations that occur in the symptoms of different individuals. The presented work in this symposium focuses on detecting within-person ( $n=1$ ) early warning signals of rising destabilization in affect measurements during therapy, and their occurrence before reliable depressive symptom improvements. The timely detection of destabilization could provide patients and therapists with feedback about the effectiveness of the current treatment, even when depressive symptoms have not yet improved in mean-levels or are strongly fluctuating.

In the presented work, we test this clinically promising phenomenon in a study specifically designed to detect early warning signals. Participants were 41 depressed individuals undergoing psychotherapy, who completed ecological momentary assessments of positive and negative affect 5 times a day over 4 months ( $M=522$  observations per individual), and weekly depressive symptom assessments over six months. Early warning signals in the form of rising lag-1 autocorrelation and variance were examined using a moving-window technique both in participants with and without a transition.

In brief, we generally found more early warning signals prior to transitions than in the time series of individuals without transitions. However, there was a lot of individual variation in which variables showed early warning signals, and some individuals that did not have a reliable transition also showed significant rises in autocorrelation and variance. These results and the clinical and theoretical implications of this study will be discussed in detail during the presentation."

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**Panel**

## **Insights and challenges in assessing epistemic trust**

**Saturday, June 24th, 10:15-11.30 - Room: Classroom 3071**

*Organizers & Moderators: Shimrit Fisher (University of Haifa)*

*Discussants: Svenja Taubner (University of Heidelberg)*

**ABSTRACT:**

Epistemic trust (ET) is one's ability to recognize others as trustworthy in a way that allows relying on the information they convey as relevant and generalizable. ET has been the subject of several

conceptual advances in recent years that suggested it could form a valuable component of effective psychotherapy and mental health. Despite ET's clear clinical appeal, little is known about it empirically. The current panel introduces innovative implementations for measuring ET in systematic ways. The first presentation will address the psychometric properties of the revised version of the Epistemic Trust, Mistrust, and Credulity Questionnaire (ETMCQ), a pioneering self-report measure for ET. Findings regarding the emphasis of the wider social network in the processes that drive psychopathology will be discussed. The second presentation will use the ETMCQ to investigate ET stance association with multiple aspects of psychological functioning. An examination of ET as mediating the relationship between childhood adverse experiences and psychological symptoms will be suggested. The third presentation will introduce the construction of an observer-based rating system for ET within therapeutic relationships (ETRS). The breaking down of ET into observable components that could be traced in therapeutic processes across time will be discussed. The fourth presentation will examine the relationship between impairments in ET and psychopathology using the ETMCQ in a clinical sample. Dr. Taubner will discuss the empirical findings regarding the ability to benefit from social learning through the perspective of the social representation of psychotherapy.

- **Paper: An update on research on epistemic trust and its measurement**

**Main author:** *Chloe Campbell (Anna Freud National Centre for Children and Families; University College London)*

**Co-authors:** *Patrick Luyten, Peter Fonagy*

**ABSTRACT:**

"This paper will describe some recent developments in research on epistemic trust (ET). In two previous studies (Study 1, n = 500; Study 2, n = 705), we examined the psychometric properties of the Epistemic Trust, Mistrust and Credulity Questionnaire (ETMCQ) and the relationship between ETMCQ scores and constructs such as attachment, childhood adversity, psychopathology and self-efficacy. In addition, we tested relationships between ET, conspiracy thinking and the capacity to identify fake news. Findings indicated that ET may be implicated in mental health and social functioning and that it is to some extent determined by developmental experiences. Further, it was found that Credulity is associated with the inability to discriminate between fake and real news and that both Mistrust and Credulity were associated with conspiracy beliefs.

The current paper will provide an update on the revised version of the ETMCQ and its relationships with a battery of measures. The construct validity of the ETMCQ was further tested in relation to a social learning experimental task. The implications of our findings will be discussed in light of the increasing emphasis on the wider social network in the processes that drive psychopathology suggested by the theory of ET. In terms of the Conference's theme of representations of psychotherapy, it will be suggested that positioning the "talking cure" as a specific adaptation of an intrinsic and general form of social-cognitive activity, which might be understood as thinking together, could support public understanding of what psychotherapy is, and why it works."

- **Paper: Epistemic trust and psychopathology: is the effect of childhood trauma mediated by epistemic disruptions?**

**Main author:** *Marianna Liotti (Sapienza University of Rome)*

*Co-authors: Alberto Milesi, Alice Fiorini Bincoletto, Anna Maria Speranza, Laura Parolin, Guido Giovanardi, Vittorio Lingiardi*

**ABSTRACT:**

"Epistemic Trust (ET) is a construct of increasing relevance to psychotherapy theory and research, defined as the individual's ability to regard interpersonally transmitted knowledge as trustworthy, relevant, and socially generalizable. Being a fundamental capacity that enables social learning and allows individuals to benefit from their interpersonal relationships, ET may play a crucial role in explaining the development and maintenance of psychopathology. ET also has important associations with attachment security, mentalizing abilities, and general levels of well-being. It has been proposed that complex trauma, in conjunction with other factors, may disrupt ET development, leading to excessively high levels of epistemic vigilance (i.e., to Epistemic Mistrust [EM]), or to an inappropriate and blind trust in others (i.e., to Epistemic Credulity [EC]). Both EM and EC might interfere with the ability to adaptively respond to interpersonal difficulties, hindering psychotherapy effectiveness.

This study aimed to assess levels of ET, EM, and EC in a group of 445 adults, utilizing the Epistemic Trust, Mistrust, and Credulity Questionnaire (ETMCQ). Data were collected through an online survey. We aimed at investigating the association between ET, EM, EC, and multiple aspects of psychological functioning, such as reflective functioning, psychological symptoms, mentalized affectivity, attachment patterns, and the presence of childhood trauma. Moreover, we aimed at exploring if the relationship between childhood adverse experiences and psychological symptoms is mediated by the presence of a specific epistemic stance. Other than the results of these analyses, some methodological and theoretical issues regarding epistemic trust will be discussed."

- **Paper: Epistemic Trust Rating System (ETRS) in Psychotherapy: Development and Validation**

**Main author: Shimrit Fisher (University of Haifa)**

*Co-authors: Peter Fonagy, Sigal Zilcha-Mano*

**ABSTRACT:**

Epistemic trust (ET) is one's ability to correctly identify others as trustworthy and, therefore, to rely on the information they convey as personally relevant and generalizable. This concept has received widespread theoretical and clinical attention, suggesting its potential to serve as a common factor pertinent to all therapies. However, it has been suggested that for some (mistrusting) patients, ET may act as therapeutic in itself, thus being a specific mechanism of change. Moving toward personalized treatment, ET may capture how common (trait-like) and specific (state-like) factors may interact in the process leading to recovery. Despite ET's clear clinical appeal, its operationalization in psychotherapy is lacking. The current study is the first to suggest a comprehensive model and a measuring tool for ET in psychotherapy. Method: Based on theoretical conceptualizations and iterative reviewing of 116 therapeutic sessions from a large RCT, We suggest operationalizing ET in psychotherapy as consisting of three verifiable elements: sharing, 'we-mode', and learning, which also integrate trait-like and state-like components. We developed the observer-based Epistemic Trust Rating System (ETRS) accordingly. Results: Preliminary results indicate that ET can be rated with high reliability by its three elements and offer initial confirmation of its validity. Data analysis will be completed by February 2023. Discussion: The comprehensive conceptualization of ET holds potential for research and clinical applications. Future studies may use ET as a mechanism of change that may affect psychotherapy's process and outcome.

- **Paper: Epistemic Trust Assessment in Individuals with Common Mental Health Disorders**

**Main author:** *Guler Beril Kumpasoglu (Anna Freud National Centre for Children and Families; University College London)*

**Co-authors:** *Chloe Campbell, Tobias Nolte, Peter Fonagy*

**ABSTRACT:**

Recently, impairments in epistemic trust proposed as a proxy for the p factor and it has been suggested that the mechanism for the relationship between mentalizing and psychopathology lies in the emergence of the capacity for epistemic trust. Accordingly, stemming from poor mentalizing, a constant state of epistemic mistrust or hypervigilance resulted in failure to learn socially transmitted information that may enable individuals to adjust their social imagination according to ongoing social reality adaptively and increase their vulnerability to psychopathology. Despite its theoretical importance, empirical studies focusing on epistemic trust were limited due to difficulties in measuring and a lack of valid and reliable instruments until recently. A newly developed self-report epistemic trust measure (ETMCQ) is commonly used in recent studies, but it has never been validated in clinical samples. In this presentation, an investigation of ETMCQ in a clinical sample with common mental health problems and a comparison of its items and dimensions with healthy controls will be presented. In addition, manifestations of disruption in epistemic trust in clinical groups and psychotherapy will be explored. Findings will be discussed in light of the enhanced mentalizing model incorporating epistemic trust. In relation to the conference theme, results will be presented with an emphasis on the roles of social learning and social environment in clinical outcomes

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**Panel**

## **Training, Supervision, and Supervision-of-Supervision Processes and Impacts in Different Global Contexts**

**Saturday, June 24th, 10:15-11.30 - Room: Classroom 3126**

**Organizers & Moderators:** *Keeyeon Bang (The Cyber University of Korea)*

**Discussants:** *Rodney Goodyear (University of Redlands and University of Southern California)*

**ABSTRACT:**

Presentations in this panel focus on four issues in training, clinical supervision and supervision-of-supervision. Taking a global focus, the presentations of research conducted in Mainland China, Hong Kong, Ireland, and the U.S. The first presentation will report a study that explored changes in Chinese trainees' Facilitative Interpersonal Skills (FIS) scores across 2.5 years in a masters-equivalent training program. The second, conducted in Hong Kong, will report a study exploring the effects of peer relationships in group supervision on working alliance, counseling self-efficacy, and supervision satisfaction. The third presentation will report a study conducted in Ireland that explored issues and themes identified during the first 12 months of a two-year long supervision-of-supervision group. The final presentation, with a primarily U.S. sample will report findings of a study to (1) identify differences in perception of power dynamics between clinical supervisors and supervisees, and (2) cross-reference two existing power dynamics scales

to evaluate concept similarity. The discussant will address the implications of these presentations, focusing particularly on the international aspects of the work being presented.

- **Paper: Will long-term master-level training improve facilitative interpersonal skills (FIS)? A longitudinal study in China**

**Main author: Xiubin Lin (Hubei Oriental Insight Mental Health Institute)**

*Co-authors: Danyang Li, Rodney Goodyear, Guangrong Jiang*

**ABSTRACT:**

[Background] It has been well established that Facilitative Interpersonal Skills (FIS) is a strong predictor of psychotherapists' performance in their clinical work. While, whether the systematical training could improve the FIS task scores systematically is a theme that worth to explore. Since all the training are designed to improve FIS, then the performance of the trainees on FIS tasks should be improved over the training process. [Method] To exam whether the training process that designed for a master-level training could reliably improve the trainee's FIS, forty-two students in that program are asked to take 3 times of FIS test throughout the training period of 2.5 years. The arrangement of the test was, when they just decide to join the program, take the test for the 1st time, and after a year training before they enter the practicum take the 2nd test, then before their graduation, take the last test. [Result] A total of 73.8% students keep improved on FIS during the training process, while 9.5% trainees have retrogressed during the process. Eleven students have presented a mid-term effect. Specifically, six trainees have the highest FIS score in the middle, and the worst performance was the first test, five trainees have the lowest score in the middle, the worst performance also was the first test. And the biggest improvement was occurred in the more hostility situation. [Conclusion] The training process that designed for this program generally help to improve the trainees' FIS, but not for all trainees.

- **Paper: Peer relationship: A neglected factor in training and supervision research**

**Main author: Sarah Luk (The Chinese University of Hong Kong)**

*Co-authors: Harold Chui, Xu Li*

**ABSTRACT:**

Background: Clinical training and supervision often take place in group settings, but most of the research conducted so far has focused on the contribution of supervisors rather than peers on trainees' training outcome. We argue that peers may play a significant role in therapists' development, particularly in collectivistic cultures that value group harmony and interdependence. The present study examined the relations between supervisory and peer relationships and training outcomes in a department counseling clinic in Hong Kong. Method: Counseling trainees (n=53) from 10 supervision groups completed measures of supervisory working alliance, peer relationship, counseling self-efficacy, and satisfaction with supervision at the beginning, middle, and end of practicum training. Multilevel modeling (level 1 = within trainee; level 2 = between trainees) was conducted to investigate the relationship among variables. Results: Stronger within- and between-trainee peer relationship was associated with higher counseling self-efficacy but not supervision satisfaction, whereas stronger within- and between-trainee supervisory working alliance was associated with higher supervision satisfaction, and stronger between-trainee supervisory working alliance was associated with higher counseling self-efficacy. Discussion: Peers and supervisors appear to have different contributions to training outcomes. The current findings call for

greater attention to group dynamics, and potentially cultural and contextual factors, in the practice and research of clinical training and supervision.

- **Paper: Supervising the supervisors: An observational, participatory action research study of metasupervision**

**Main author: Aisling McMahon (Dublin City University)**

*Co-authors: Stephanie Finan, Michelle Daly, Zuleika Daly, Anne Golden, Olwyn Keyes, Caroline O'Leary, Nicola O'Sullivan, Mairead Cullen, Mawada Babiker, Brendan Byrne, Aoibhin Twomey*

**ABSTRACT:**

**Aim:** This study aimed to develop our knowledge regarding supervision of supervision by investigating supervisors' experiences and development over time within the work of a metasupervision group. **Methods:** This is a longitudinal, observational study of the work of a multidisciplinary metasupervision group (disciplines including psychotherapy, nursing, social care and psychology). Over a two-year period, once-monthly metasupervision group meetings are being video-recorded and transcribed, and journals are being completed regarding experiences of helpful and hindering events in the metasupervision group. Transcripts and journal entries are being analysed using thematic analysis, and simple descriptive and inferential statistical analyses are being carried out with journal ratings of helpful and hindering events. As a participatory action research study, all group members are study collaborators, and the method and process of collaboration during analytic work will be described. **Results:** Key issues and themes identified during the first 12 months of the metasupervision group will be presented and illuminated using pertinent quotes/sections of group dialogue. In addition, the main themes identified in group members' experiences of helpful and hindering events during the metasupervision work will be presented. **Discussion:** There is a paucity of literature and research on supervision of supervision. As a rare observational, longitudinal study of metasupervision practice, this research will offer insights into the work of supporting and developing supervisors in the helping professions.

- **Paper: Power Dynamics in Clinical Supervision**

**Main author: Adelya A. Urmanche (Mount Sinai Beth Israel Hospital)**

*Co-authors: Samuel Podell, Danielle Polland, Catherine F. Eubanks, Christopher Muran*

**ABSTRACT:**

**Background:** Power dynamics have been routinely discussed in clinical supervision literature (see, e.g., Murphy & Wright, 2005; Porter & Vasquez, 1997; Szymanski, 2005). Due to the hierarchies of expertise and evaluation, power dynamics are inherent in the structure of supervision and failure to attend to them can result in ineffective or harmful supervision (Ellis et al., 2014). However, objective measures of power dynamics or supervisors' and supervisees' perceptions of sources of power within the supervisory relationship have only recently been developed; as such, the extent to which power dynamics are addressed in clinical supervision is largely unknown. The aims of this exploratory project are to 1) identify differences in perception of power dynamics between clinical supervisors and supervisees, and 2) cross-reference two existing power dynamics scales to evaluate concept similarity. **Methods:** A Qualtrics-based survey including a brief demographic assessment, a subscale of the Feminist Supervision Scale (Szymanski, 2003), and the Power Dynamics in Supervision Scale (Cook et al., 2018) was administered to participants recruited from various institutional and organizational listservs (e.g., SPR, etc.). Supervisors and supervisees were asked to



respond based on their last clinical supervision session. Analysis/Results: We will conduct an exploration of psychometric properties, including item and factor analyses. Moreover, we will identify differences between supervisors' and supervisees' perceptions of power dynamics in clinical supervision. Discussion: The results of this study will add to the literature power dynamics in supervision, as well as provide a stronger empirical foundation for the existing (yet limited) clinical supervision power assessments.

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## Panel

### **Focusing on the strengths: The activation of patients' resources as a mechanism of change**

**Saturday, June 24th, 10:15-11.30 - Room: Classroom 4050a**

*Organizers & Moderators:* Javier Fernández-Álvarez (University Jaume I & University of Bern)

*Discussants:* Christoph Flückiger (University of Kassel)

#### **ABSTRACT:**

Over the past two decades there has been an ever-growing interest towards positive dimensions of mental health. However, most studies in this line have been largely conducted outside psychotherapy contexts. Moreover, while historically psychotherapists have worked on patients' resources and have used patients' strengths to facilitate therapeutic change, these interventions have not been systematically studied in process and outcome research. This panel aims to address that gap with four presentations that will illustrate how the study of strength-based strategies may contribute to psychotherapy change and which profile of patients may benefit the most from these interventions. Schürmann-Vengels et al. examine the patients' self-perception of strengths at the beginning of the therapy and its predictive value of working alliance and outcome. Willutzki et al. present a task-analytical model of resource activation to study how it unfolds throughout treatment. Fernández-Álvarez et al. explore the influence of resource activation on therapeutic alliance, mastery and outcome, both from the perspective of patients and therapists. Finally, Podina et al. present the predictive nature of depressive traits on the interplay of positive and negative emotional and stress reactivity.

- **Paper: Patients' self-perceived strengths as incremental predictors of working alliance and treatment outcome in outpatient psychotherapy**

**Main author:** Jan Schürmann-Vengels (Universität Witten/Herdecke)

*Co-authors:* Marie-Kristin Apel, Leonie Trimpop, Michaela Martha Muermans, Tobias Teismann, Ulrike Willutzki

#### **ABSTRACT:**

"Background/Objective: Strengths-based methods and principles such as capitalization, which focus on patients' positive potentials, have been of increasing interest in psychotherapy research in recent years. In contrast, patients' perception of their own strengths has hardly been studied. This study aims to examine whether self-perceived strengths at therapy start can predict working alliance and outcomes beyond personal and clinical parameters.

Methods: Two longitudinal studies were conducted with n = 428 / 202 patients during cognitive-behavioral therapies. Strengths were captured at the beginning of each treatment using the Witten Strengths and Resource Form (WIRF). In Study 1, alliance was assessed at four measurement points during treatment, whereas in Study 2, psychopathology, interpersonal problems, and self-esteem were assessed as outcomes at the end of therapy. Data were analyzed with multilevel growth curve and regression analyses.

Results: Pre-therapy strengths incrementally predicted early alliance, but not alliance growth.

Patients with higher strengths perception showed better alliance at the beginning and during treatment. One subscale of the WIRF (strengths used to successfully cope with previous crises) incrementally predicted all outcome variables.

Conclusion: Results suggest that patient self-perceived strengths may additionally predict process and outcome variables. Systematic assessment of strengths in psychotherapy is therefore recommended. Implications for future research and therapeutic practice are discussed."

- **Paper: Resource-Activation in Psychotherapy – a Task-Analytical Approach**

**Main author:** *Ulrike Willutzki (Universität Witten/Herdecke)*

**Co-authors:** *Luise Busse, Merle Benning, Jan Schürmann-Vengels, Wolfgang Wöller, Christoph Flückiger*

**ABSTRACT:**

Introduction: Resource or strengths activation is a transdiagnostic/transtheoretical change mechanism relevant in cognitive-behavioral, psychodynamic (Munder et al., 2019), systemic (De Shazer, 1988) and also positive psychology approaches. Micro-processes of how resource activation unfolds in the patient-therapist interaction have not yet been analysed in detail. Resource activation can be regarded as a specific task as described by Greenberg (2007): Client processes of change that occur in resolving specific types of affective-cognitive problems, in this case resource activation, are to be delineated. The paper focuses on the discovery phase of the respective task analysis, leading to a first rational-empirical model. Method: Resource activation was specified as a process that allows patients to access their strengths as well as coping strategies with challenging constellations. Based on prior experience a rational model was explicated and evaluated in interviews with seven experts from different theoretical orientations. An observational schema was explicated and used for the videoanalysis of four successful resource activation episodes by eight raters. Results: While the model structure was confirmed by most experts additional features were stressed. In the video analysis interrater reliability was suboptimal. Discussion: The task-analytical model of resource activation will be presented. It shows promise for an explicit model of how the process of resource activation unfolds (marker of a respective episode, therapeutic interventions as well as task resolution by patients' experiencing cognitive-emotional contact with their resources).

- **Paper: Does working on patients' strengths lead to better outcomes? Resource activation and therapeutic alliance as moderators of within-patient mastery effects on depression severity**

**Main author:** *Javier Fernández-Álvarez (University Jaume I & University of Bern)*

**Co-authors:** *Juan Martín Gómez Penedo, Martin grosse Holtforth*

**ABSTRACT:**

Background: Although psychotherapy is a well-established treatment for depression, it is still unclear which processes are indicated for whom and when based on empirical findings (i.e., treatment personalization). This study aims to analyze the role of mastery experiences as a hypothesized change mechanism, i.e., patient perceptions of successfully coping with challenging situations to support the realization of his or her intentions. Specifically, we disentangled the trait-like and state-like effects of mastery experiences and explore their respective effects on the reduction of depressive symptomatology. Furthermore, we examined theory-relevant moderators, namely therapeutic alliance and resource activation, as proposed conditions for change. Method: The present study draws on a secondary analysis of data from a randomized controlled trial (RCT) conducted in a Swiss outpatient clinic comparing two cognitive therapies (i.e., cognitive behavioral therapy [CBT] versus exposure-based cognitive therapy [EBCT-R]) for depression. It entailed 141 depressed patients randomly assigned to 22 sessions of one of the two aforementioned therapies. 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). Results: The results yielded significant within-patient effects of mastery on depression. These effects were moderated by resource activation and therapeutic alliance. Discussion: The results will be discussed in terms of implications for clinical decision-making and in the context of treatment personalization.

- **Paper: Depressive traits predict the course of stress and emotional reactivity in college students: an intensive longitudinal ecological study of stress induction**

**Main author: Ioana Podina (Universität Witten/Herdecke)**

*Co-authors: Peter Hilpert, Petruta Rusu*

**ABSTRACT:**

Depression is one of the most common emotional disorders among college students, affecting their overall well-being, motivation, and academic performance. Stress reactivity and its progression over time is a well-known marker of depression. However, there is debate about what this trajectory would look like in an ecological setting. A leading hypothesis is that of Emotion Context Insensitivity (ECI), which states that depressed individuals experience lower reactivity to emotional cues and lower recovery from stressful events. Based on the ECI assumption, the present study examined the course of stress, negative affect, and positive affect in a sample of 188 college students. Participants were screened for depression and observed for 6 days up to the time of the exam, during the exam, and immediately after the exam. A multilevel modeling approach was used to examine the progression of outcomes over time. Results showed that students with higher depression scores had a different exam and stress experience than their peers. For students with higher depression scores, stress and negative affect did not increase as much as their less depressed peers as the time of the exam approached. Moreover, their stress and negative affect had peaked days before the exam. No such differential effects were found for either recovery or positive emotions. Our findings highlight the importance of considering stress and emotion trajectories in prevention and intervention programs for treating depression in college students.

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Panel

## **Psychotherapy with immigrants refugees and asylum seekers**

Saturday, June 24th, 10:15-11.30 - **Room: Classroom 4050b**

*Organizers & Moderators:* Laurie Heatherington (Williams College)

*Discussants:* Peitao Zhu (Northern Illinois University)

**ABSTRACT:**

There are many and diverse mental health challenges for people from refugee backgrounds, people who are seeking asylum, and people who have immigrated to new countries and cultures. Our current knowledge base and understandings of how best to meet their needs are evolving, albeit slowly. This panel represents work from four research teams, in the US, Israel, and Australia, with participants from around the globe. Our purpose is to share what we have learned about some basic issues and needs, as well as about people's own views about the various potential psychotherapeutic interventions. The Schweitzer et al. paper summarizes and reflects on 20+ years of research and practice with people from refugee backgrounds. The Israeli et al. paper discusses work on young adult Ethiopian Israeli's racial/ethnic identity and the quality of their attachment with their parents, with implications for family interventions. The Nutt Williams et al. paper reviews the global literature on art therapy interventions with people from refugee backgrounds, and the Cassidy et al. paper presents the qualitative results of an interview study with people seeking asylum to the US, about their expectancies and opinions of four different psychotherapies for trauma. As a Panel, we seek to highlight the complexities of working with people who have dealt with extreme adversity and the therapeutic issues and responses which emerge around relocation, individual, and family adjustment.

- **Paper: Twenty Years of Refugee Related Research: Some Critical Reflections for Informing Therapeutic Initiatives**

*Main author: Robert Schweitzer (Queensland University of Technology)*

**ABSTRACT:**

Dr. Schweitzer has been publishing work on the wellbeing of people from refugee backgrounds since 2002. In this paper, he will reflect the body of research covering mental health in people from diverse countries, including Sudan, Burma, and Central African Republic. He will also discuss therapeutic initiatives with adults and children who have relocated to Australia, and consider the state of our understanding of adversity and responses adopting a critical lens to our understandings, as well as the ways in which paradigms influence the research we undertake and the ways in which such findings influence further researcher and practice. He will suggest that our understanding of the complexity of human experience is often minimized at the cost of proposing simplified therapeutic endeavours which are inconsistent with the vulnerabilities and strengths of people who have experienced gross injustice. The presentation will review empirical studies and qualitative studies on refugee mental health and interventions with a view to providing a critical reflection and suggestions for research and practice going forward.

- **Paper: Homegoing? Ethnic-racial identity of Jewish Ethiopian young adults in Israel and their relationship with their parents**

*Main author: Yael Israeli (Ben-Gurion University of the Negev)*

*Co-authors: Tali Semani, Gary M Diamond*

**ABSTRACT:**

This cross-sectional study examined the link between aspects of ethnic-racial identity and quality of attachment to parents among Jewish Israeli-Ethiopian young adults. 124 Jewish Israeli-Ethiopian young adults (average age 32), of all genders, completed an online questionnaire regarding aspects of ethnic-racial identity and quality of parental attachment. Aspects of ethnic-racial identity examined included: internalized self-hate related to one's own ethnicity; positive connectedness/identification with one's own ethnicity; beliefs in stereotypes about one's ethnic group; centrality of cultural values of one's ethnic group; and comfort with one's skin color. Attachment was defined as the degree to which young adults turned to and used their parent in times of need. The potential moderating effect of intergenerational shared language was also examined. Hierarchical regression analyses indicated that higher levels of identification with Ethiopian culture and heritage and lower internalized self-hate predicted better attachment to mothers (but not fathers). Comfort with skin color and centrality of cultural values did not predict better attachment. Higher beliefs in stereotypes predicted better attachment to mothers. Level of shared language did not moderate these effects. Helping Jewish Israeli-Ethiopian young adults to better identify with their own ethnicity, and to be less ashamed of it, may positively impact the quality of their relationships with their parents. In light of the critical role that positive, close relationships with parents can have in lives of ethnic minorities, developing family-based interventions that facilitate positive racial-ethnic identity development in the context of family conversations may be useful.

- **Paper: The Voices of People Seeking Asylum on Evaluating Psychotherapies for Trauma**

**Main author: Galen P Cassidy (University of Texas)**

*Co-authors: Jennifer McQuaid, Laurie Heatherington, Chi Jiun Su*

**ABSTRACT:**

People seeking asylum have a higher prevalence of psychological disorders, particularly PTSD, than the general population but face significantly more barriers to receiving treatment. While prior research has documented several factors that make it more difficult for asylees to engage in therapy, the perceived credibility and difficulty of empirically-supported interventions from their perspectives remains virtually unexplored. An analysis of the qualitative data from 40 structured virtual interviews with people from globally diverse cultures seeking US asylum, provided rich information about their prior experiences with psychotherapy, and their evaluations of three empirically traumatic stress interventions- Culturally-Adapted Cognitive-Behavioral Therapy (CA-CBT), Eye Movement Desensitization and Reprocessing (EMDR), Narrative Exposure Therapy (NET)- as well as a non-exposure-based alternative, Interpersonal Therapy (IPT). Common themes regarding the effectiveness of prior treatments centered around therapeutic relationship factors and the sufficiency of coping skills provided in therapy, while common themes around the difficulty of prior treatments centered around cultural barriers and the difficulties of discussing trauma. When evaluating empirically-supported treatments, most comments focused on the exposure basis (or lack thereof) of the intervention. For many respondents, the present/future focus of IPT was appreciated, while the exposure tasks in CA-CBT, EMDR, and NET were a concern. However, others appreciated the ability to safely process their traumatic experiences that exposure-based treatments provided. The diversity of these responses emphasizes the importance of providing ample psychoeducation and soliciting clients' perspectives throughout treatment. The data illustrate the richness of insights on therapy that potential clients share when their opinions are solicited.

- **Paper: Art Therapy with Adult Refugees: A Systematic Review of Qualitative Research**

**Main author:** *Elizabeth Nutt Williams (Queensland University of Technology)*

**Co-authors:** *Katerina Scott*

**ABSTRACT:**

With over 27 million refugees worldwide, many of whom face trauma, it is crucial that therapeutic support be both available and reviewed for effectiveness. One common therapeutic approach that holds promise is art therapy, as it de-emphasizes verbal communication, which may be helpful for refugees facing language barriers and emotional difficulties talking about their experiences. Despite a significant volume of articles on the topic, we could find no systematic reviews that evaluate art therapy as a treatment for trauma in adult (rather than child) refugees. Given the predominant type of research in the area, our systematic review focused on the use of qualitative research on art therapy with adult refugees. Following PRISMA guidelines, articles were located using various databases, and inclusion and exclusion criteria for studies were established (including specific use of art therapy interventions with adult refugees and the use of qualitative data analysis). Out of 594 topically-relevant articles initially located, use of the selection criteria resulted in just four studies appropriate for this review. Many studies emphasized art making but not art therapy per se, or the analysis was a descriptive case summary but not actual qualitative analysis. The results of this review reveal a surprising lack of empirical research despite a large body of literature. The four studies are highlighted along with suggestions for future research with adult refugees.

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**Panel**

## **Innovative approaches to study In-session Emotional Experiences: Agency and meditation, emotional expression, and positive emotions**

**Saturday, June 24th, 10:15-11.30 - Room: Classroom 4097**

**Organizers & Moderators:** Kristin Lang Hansen (Brigham Young University ), Wakako Yamazaki (Ochanomizu University)

**Discussants:** *Katie Aafjes-van Doorn (Yeshiva University)*

**ABSTRACT:**

"Studies have shown that in-session emotional experiences contribute to the effectiveness of psychotherapy, and so far, many models of emotional transformational processes have been developed. The effects on in-session emotional experiences of both the dynamics between the therapist and the client and the intrapsychic processes of the client, as well as incorporating the role of positive emotional experiences into the emotional transformational process model, may promote a deeper understanding of the mechanism of in-session emotional experiences.

This panel presents four studies which seek to expand the scope of existing models of in-session emotional experiences and which explore new methodologies of analysis. They do this by examining transcripts and video recordings of psychotherapy sessions, and by incorporating newly developed measures and methods of modeling. Our first paper examines the role of therapist and

client agency on emotional expression during therapy using CQR analysis of session transcripts of a client who used meditation prior to and alongside therapy. The second paper examines the changes in affect code over the course of a session for 109 psychotherapy sessions and the influence of gender of both the therapist and client on each participant's affect codes. The third paper examines, through Task Analysis, the essential components of change process which result in positive emotional experiences, in the first session of AEDP. The Fourth paper examined whether the positive affective experiences that occur as a result of emotional change can be observed more frequently in the moments of in-session flourishing than non-flourishing moments in AEDP sessions."

- **Paper: Role of psychological agency and meditation to facilitate emotional experiencing: A mixed methods single case report**

*Main author: Kristin Lang Hansen (Brigham Young University)*

*Co-authors: Haydn Davis*

**ABSTRACT:**

Intensive short-term dynamic psychotherapy (ISDTP) is an advanced psychotherapy approach that is sensitive to client defenses and anxiety (Abbass, 2015; Frederickson, 2013). This sensitivity achieved within and through the therapeutic alliance allows clients to access unconsciously avoided emotion. Emotional experiencing leads to integration and cognitive modulation of emotion and improved mental health (McCullough et al, 2003). ISDTP is a psychologically agentic approach at its foundation. The therapy proceeds according to the client's desire to want help, change, and grow. This presentation will focus on single case research. The author's client engaged in a meditation practice prior to and in conjunction with ISDTP psychotherapy treatment. It is hypothesized that the following mechanisms of change increased client awareness via meditation practice and therapist's respect for client agency facilitated the client's deep experiencing of emotion facilitated by her therapist. The client reported that the emotional experiencing work was healing and her outcome on the Clinical Adaptive Multidimensional Outcome Survey (CAMOS; Sanders et al, 2018) which was administered 4 times across 12 sessions indicated improvement in psychological distress from pre- to post-treatment (scores went from 24 to 14, clinical cut off is 21). Qualitative Analysis of therapy transcripts of sessions using modified consensual qualitative research (CQR; Hill et al, 1997; 2005) will be used by a research team of the clinician, 4 advanced undergraduates, and 2 graduate students to explore the role of meditation and therapists' respect for client agency in the client's deep emotional experiencing across the duration of psychotherapy treatment.

- **Paper: Emotional expressions between therapist and client, and how they change from the beginning and middle to the end of a session: An observational investigation**

*Main author: Paul R Peluso (Florida Atlantic University)*

**ABSTRACT:**

While the therapeutic relationship is considered to be a significant component of successful therapy, there are many aspects that need greater exploration (Norcross & Lambert, 2019). In a recent meta-analysis, Peluso and Freund (2019) found that there was a positive relationship between emotional expression on the part of therapists and on the part of clients on both therapeutic process

and outcome. However, many of the studies of the therapeutic relationship, or emotional expression within it are done through measures that rely on self-reflection after a session. The present study uses an observational coding system (Specific Affect Coding System-SPAFF- Gottman & Coan, 1998), originally used for couples, that has been adapted for use with therapists and clients (Baker et al., 2022). As this system provides second-by-second codes for both the therapist and client, not only can overall dynamics between the participants be identified, but an exploration of how these dynamics unfold over time is possible. The present study investigated 109 sessions of psychotherapy to investigate the changes in affect code over the first, middle and last 15 minutes of the session. In addition, the influence of gender of both the therapist and client on each participant's (therapist and client's) affect codes were also investigated with several interesting findings. Overall, there were significant main effects for Time for both therapist and client in positive, negative, and neutral SPAFF codes, as well as several noteworthy interactions based on the gender of the therapist and client. Implications for clinicians and researchers will be discussed.

- **Paper: Creating a Model of an Emotional Change Process that Involve Transformational Affects- Analysis of 1st sessions of AEDP -**

**Main author: Marina DiCorcia (Ochanomizu University)**

*Co-authors: Shigeru Iwakabe, Wakako Yamazaki, Kaori Nakamura, Diana Fosha, Jennifer Edlin, Andrew Joseph, Liza Greville, Richard Harrison*

**ABSTRACT:**

"Aim: Accelerated Experiential Dynamic Psychotherapy (AEDP) is an affect-focused relational psychotherapy. AEDP's theory of transformation includes transformational affects, which are the patient's positive emotions that arise after processing core affects – adaptive emotions with action tendencies. Processing transformational affects is thought to deepen and expand the patients' in-session psychological gains. The "Accelerated" part of AEDP refers to its healing orientation in that it focuses on creating change from the get-go. Thus, AEDP aims to generate, both the patient's experience of core affects, and the experience of transformational affects, from the first session of psychotherapy. However, the patient's in-session emotional change process that includes transformational affects during the first session has not been investigated. This study aims to explore, through Task Analysis, the essential components of such change process to examine the characteristic unique to it.

Method: We conducted an initial analysis of the discovery phase. A total of four video segments (two sessions of resolved processes and two unresolved processes) were empirically analyzed. The data was taken from a large-scale study on the process and outcome of AEDP (Iwakabe et al., 2020). Videotapes of the first sessions and corresponding questionnaire data were used. We are analyzing the data now. The model seems to involve a shift from maladaptive emotion to a core affect, similar to Corrective Emotional Experience, then, a continuous shifting of one positive emotion to another, which is unique to this process.

Discussion: This change process may be put into use across different orientations of psychotherapy."

- **Paper: Moments of flourishing in Accelerated Experiential Dynamic Psychotherapy (AEDP)**

**Main author: Wakako Yamazaki (Brigham Young University)**



*Co-authors: Kaori Nakamura, Shigeru Iwakabe, Diana Fosha, Jennifer Edlin, Andrew John Joseph, Liza Greville, Richard Harrison*

**ABSTRACT:**

"Aim: Accelerated experiential dynamic psychotherapy (AEDP), theorizes a four-state phenomenology of transformation with an explicit emphasis on promoting flourishing. This study examined whether the positive affective experiences that occur as a result of emotional change can be observed more frequently in the moments of in-session flourishing than in non-flourishing moments in AEDP sessions.

Methods: The data is taken from an ongoing AEDP practice-research network studies, in which a 16-session treatment was provided to 39 clients by experienced AEDP therapists. All the sessions were video-recorded, and the clients responded to the Moments of Flourishing Scale (MFES) after each session. Ten cases with the largest difference between the highest and the lowest MFES scores were rated by The Transformational Process Scale (TPS). The micro-process analysis on flourishing episodes was also conducted.

Result: Sessions with higher MFES values had higher percentages of State 3 and 4 (positive affective experiences) occurrences than sessions with lower MFES. The sequence of positive affective experiences was observed in those flourishing sessions.

Discussion: In the moment of flourishing in psychotherapy sessions, a process similar to that described in the broaden-and-build process of positive emotions was observed."

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**Panel**

## **Dimensional models of psychopathology: Personality functioning, defenses, attachment, reflective functioning, and alexithymia**

**Saturday, June 24th, 10:15-11.30 - Room: Classroom 5012**

*Organizers & Moderators: Johannes C. Ehrenthal (University of Cologne)*

*Discussants: Henning Schauenburg (University Hospital Heidelberg)*

**ABSTRACT:**

Dimensional models of personality disorders in DSM-5 and ICD-11, open new ways of describing and conceptualizing risk factors in clinical and non-clinical populations as well as research with other psychological constructs. In addition, measures of personality functioning allow for a more personalized case conceptualization for planning psychotherapy and prevention. In the panel, one common measure, the OPD-SQ, is applied in three different presentations. Armin Hartmann et al. apply the OPD-SQ to assess and compare profiles of personality functioning in a sample of individuals with autism spectrum disorder vs. individuals with anorexia nervosa. The second presentation by Almut Zeeck and colleagues addresses associations between reflective functioning, personality functioning, and autism-traits. The third presentation by Ehrenthal & Kühne tests the mediating impact of personality functioning and defenses on associations between attachment and alexithymia. Johannes Ehrenthal will chair the panel, while Henning Schauenburg will discuss the results.

- **Paper: Personality structure in autism spectrum disorder (AS) and anorexia nervosa (AN)**

**Main author: Armin Hartmann (University Hospital Freiburg)**

*Co-authors: Jana van Wickeren, Martina Schlatterer, Kathrin Nickel, Ludger Tebartz van Elst, Claas Lahmann, Almut Zeeck*

**ABSTRACT:**

"Objective: There are several similarities between autism spectrum disorder (ASD) and anorexia nervosa (AN). However, ASD, which is to a larger extent genetically determined, is diagnosed in childhood, while AN develops in puberty and adolescence. Aim of the study was to examine and compare personality "structure" in autism spectrum disorder and anorexia nervosa. We hypothesized more deficits in interpersonal functioning in ASD, while in AN, we assumed that deficits will be primarily related to the self.

Method: 25 patients with ASD and 25 patients with AN filled in an online-survey, which entailed the structure questionnaire of the Operationalized Psychodynamic Diagnostics (OPD-SQ), disorder related instruments (AQ, EDE-Q), as well as questionnaires on interpersonal problems (IIP) and reflective functioning (RFQ).

Results: Four out of eight scales (OPD-SQ) showed significant differences between AN and ASS. In line with our hypothesis, patients with AN showed more self-pathology (self-perception; internal communication, e.g. use of fantasies, bodily self), while patients with ASS reported more problems in interpersonal functioning (regulation of relationships; external communication, e.g. communicating affect).

Conclusion: Patients with AN and ASS show clearly distinct "profiles" in terms of personality structure / deficits in personality functioning. The finding is relevant for the focus in psychotherapeutic treatment and suggests that there might be more differences than similarities in psychopathology and development of the disorders."

- **Paper: Reflective functioning and its correlates in autism spectrum disorder and anorexia nervosa**

**Main author: Almut Zeeck (University Hospital Freiburg)**

*Co-authors: Jana van Wickeren, Martina Schlatterer, Kathrin Nickel, Ludger Tebartz van Elst, Claas Lahmann, Armin Hartmann*

**ABSTRACT:**

"Objective: Impairment in mentalizing abilities (reflective functioning, RF) was found in autism spectrum disorder as well as in anorexia nervosa. Aim of the study was to examine self-reported reflective functioning and its relation to personality functioning, symptoms of autism and eating pathology.

Method: 25 patients with ASD and 25 patients with AN filled in an online-survey including the Reflective-Functioning-Questionnaire (RFQ), the OPD - Structure Questionnaire (OPD-SQ) and disorder related instruments (Autism-Questionnaire/AQ, Eating Disorder Examination Questionnaire/EDE-Q).

Results: Both groups showed similar impairment in mentalizing (RFQ-scale "uncertainty"). Impairment in RF was correlated with impairment in personality functioning and most strongly predicted by deficits in the ability to regulate the self and relationships. In patients with ASS, impaired RF was not related to the severity of autism, while there was a significant and positive relation in the

AN-group. There were significant correlations between eating pathology and RF in both groups, probably due to different types of eating pathology.

Conclusion: Patients with ASS and AN show comparable impairment in mentalizing, possibly a prerequisite for the ability to self-regulate (impulse regulation, tolerating affect, regulation of self-worth) and regulating relationships (balancing interests, anticipation). In AN, the subgroup with autistic features seem to represent a more severely disturbed group in terms of personality functioning and mentalizing. In ASS, the severity of symptoms of autism is primarily due to genetic factors and therefore probably not as strongly related to mentalizing abilities, which depend on the quality of the interaction with caregivers in early life."

- **Paper: Personality functioning and defenses mediate the association between attachment insecurity and alexithymia**

**Main author: Johannes C. Ehrental (University of Cologne)**

*Co-authors: Luis Kühne*

**ABSTRACT:**

"Objective: While some research indicates that attachment insecurity may be related to higher levels of alexithymia, associated mechanisms remain unclear. As a number of theories propose that alexithymia can either be understood in the context of a dynamic, defensive regulatory model, or a consequence of impaired personality functioning, and both can be linked to attachment, we tested the moderating impact of defenses and personality functioning on the association between attachment insecurity and alexithymia.

Methods: In a cross-sectional study, 482 participants filled out questionnaires on attachment (short form of the Experiences in Close Relationships – Revised questionnaire; ECR-RD8), alexithymia (Perth Alexithymia Questionnaire; PAQ; short form of the Defense Style Questionnaire; DSQ-33), personality functioning (short form of the Operationalized Psychodynamic Diagnosis – Structure Questionnaire; OPD-SQS).

Results: All variables correlated significantly. In multiple, parallel mediation analyses with bootstrapping, defensive (PAQ) as well as personality functioning (OPD-SQS) mediated the association between attachment insecurity and alexithymia. Additional analyses using the three subscales of the DSQ-33 instead of the PAQ found that just immature, but not mature or neurotic defenses to be a significant mediator variable.

Conclusions: Both defensive as well as personality functioning are parallel mediators of the association between attachment and alexithymia, with more impact of immature levels of defensive functioning. While this may be seen as evidence for a special impact of personality functioning, more studies are needed to test regulatory dynamics over time."

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**Panel**

## **Neuromodulators of psychotherapy: from mechanisms of response to augmentative treatments**

**Saturday, June 24th, 10:15-11.30 - Room: Classroom 4053**

*Organizers & Moderators:* Susanne Fischer (University of Zurich) Dana Tzur-Bitan (Ariel University)

*Discussants: Ilan Harpaz-Rotem (Yale University)*

**ABSTRACT:**

Psychotherapy is a gold standard treatment for mental disorders. However, a significant proportion of patients exhibit insufficient treatment responses. The aim of this panel is to shed light on some of the biological mechanisms which may be involved in this phenomenon. The panel will open with Manar Shebab, who will present data on oxytocin patient-therapist synchrony and treatment outcomes in patients with borderline personality disorder and major depressive disorder. This will be followed by a talk by Dana Tzur Bitan, who will discuss moderating factors of patient personality regarding the augmentation of psychotherapy with oxytocin. Next, Beate Ditzen will report on differential indications for psychological and oxytocin-based interventions in couples. Finally, Or Duek will report the results of a trial of real-time fMRI neurofeedback in patients with post-traumatic stress disorder. The panel will conclude with a discussion led by Ilan Harpaz-Rotem.

- **Paper: Do oxytocin synchrony levels differ in patients with higher levels of borderline personality disorder when compared to those with lower levels?**

**Main author: Manar Shebab (University of Haifa)**

*Co-authors: Galit Peysachov, Simone Shamay-Tsoory, Sigal Zilcha-Mano*

**ABSTRACT:**

Patients with Borderline Personality Disorder (BPD) and Major Depressive Disorder (MDD) benefit less from psychotherapy for depression and show poorer treatment outcomes compared to patients with MDD without BPD. Yet, little is known about the mechanisms underlying their poorer prognosis. The current study aims at investigating patient-therapist Oxytocin (OT) synchrony, and how it differs in patients with MDD and higher levels of BPD, as compared to patients with MDD and lower levels of BPD. A total of 677 OT saliva samples were collected from 40 dyads on a fixed schedule over a 16-session randomized controlled trial for short term psychodynamic psychotherapy for depression. The samples were collected from both patient and therapist before and after sessions 4, 8, 12 and 16. OT synchrony was operationalized as the correlation between changes occurring repeatedly over treatment in patient-therapist OT levels pre- to post-session. Individuals with higher BPD levels showed higher levels of OT synchrony with their therapist compared to individuals with lower levels of BPD. A case study is presented demonstrating the clinical utility of this finding. The present finding may point to one potential biological mechanism underlying the poorer therapeutic processes observed among patients with BPD. 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.

- **Paper: A double-edged hormone: Personality and attachment as moderators of oxytocin's therapeutic effect**

**Main author: Dana Tzur-Bitan (Ariel University)**

*Co-authors: Ariella Grossman-Giron, Omer Sedoff, Sigal Zilcha-Mano, Uri Nitzan, Hagai Maoz*

**ABSTRACT:**

Studies exploring the potential augmenting effect of oxytocin for patients with mental disorders have thus far reported mixed effects. However, oxytocin's effect may differ across patients with different interpersonal characteristics. This study aimed to examine the moderating role of attachment and

personality traits on the effect of oxytocin administration on the therapeutic working alliance and symptomatic distress, among hospitalized patients with severe mental illness. Patients (N=87) were randomly assigned to receive oxytocin or placebo, as an add-on to psychotherapy for a period of four weeks, in two inpatient units. Therapeutic alliance and symptomatic distress were measured weekly, and personality and attachment were assessed at pre- and post-intervention. Oxytocin administration was significantly associated with improvement of depression ( $B=2.12$ ,  $SE=0.82$ ,  $t=2.56$ ,  $p=.012$ ), and suicidal ideation ( $B=0.03$ ,  $SE=0.01$ ,  $t=2.44$ ,  $p=.016$ ) for patients low in openness and extraversion, respectively. Nonetheless, oxytocin administration was also significantly associated with a deterioration in the working alliance for patients high in extraversion ( $B=-0.11$ ,  $SE=0.04$ ,  $t=-2.73$ ,  $p=.007$ ), low in neuroticism ( $B=0.08$ ,  $SE=0.03$ ,  $t=2.01$ ,  $p=.047$ ) and low in agreeableness ( $B=0.11$ ,  $SE=0.04$ ,  $t=2.76$ ,  $p=.007$ ). Oxytocin may act as a double-edged sword when it comes to its effect on treatment process and outcome. Future studies should focus on routes to characterize patients who might benefit the most from such augmentation.

- **Paper: Interactive effects of a minimal couple intervention and intranasal oxytocin on psychobiological stress markers**

**Main author:** *Beate Ditzen (University of Heidelberg)*

*Co-authors: Corina Aguilar-Raab, Ekaterina Schneider, Martin Stoffel, Cristobal Hernandez, Guy Bodenmann, Markus Heinrichs, Ulrike Ehlert*

**ABSTRACT:**

Intimate social relationships improve individual health and longevity, an effect which is supposed to be mediated through stress-sensitive endocrine and immune mechanisms in response to positive couple interaction. On a neuroendocrine level, oxytocin (OT) buffers stress responses, modulates social attachment behavior and has been associated with cytokine expression. Consequently, the aim of the present study was to design a minimal psychological intervention to improve positive couple interaction and combine this with intranasal OT in their effects on stress-sensitive psychobiological outcomes. In a 4-group design, 80 healthy couples (N=160 individuals) were randomized to instructed positive interaction/control and intranasal OT/placebo. Stress-sensitive subjective, as well as immunological (local cytokines from skin wounds) and neuroendocrine outcomes (salivary cortisol and alpha amylase) were repeatedly assessed to evaluate intervention effects. Group assignment differentially affected subjective, immunological, and neuroendocrine outcomes and, of note, habitual couple behavior moderated responses to either the psychological or pharmacological intervention. Findings suggest that a minimal psychological intervention interacts with intranasal oxytocin and habitual couple behavior to decrease stress and improve psychobiological outcomes with potential long-term impact for individual health.

- **Paper: Downregulation of amygdala activity using real-time fMRI neurofeedback for PTSD**

**Main author:** *Or Duek (Ben-Gurion University in the Negev)*

*Co-authors: Zhiying Zhao, Charles Gordon, Christopher Walsh, William Koller, Erin O'Brien, Michelle Hampson, Ilan Harpaz-Rotem*

**ABSTRACT:**

Current treatments for post-traumatic stress disorder (PTSD) include trauma-focused psychotherapy and antidepressants. Both show low remission rates (30% for medication / 50% for psychotherapy),

emphasizing the need for new treatments. Hyperactivation of the amygdala is a neural marker for PTSD, and improvement in control over amygdala activity has been associated with treatment success. In this randomized, double-blind clinical trial, we evaluated the efficacy of a real-time fMRI neurofeedback intervention designed to train control over amygdala activity following trauma recall. Twenty-five patients with PTSD completed three sessions of neurofeedback training in which they attempted to downregulate the feedback signal after exposure to personalized trauma scripts. For subjects in the active experimental group (N=14), the feedback signal was from a functionally localized region of their amygdala associated with trauma recall. For subjects in the control group (N=11), yoked-sham feedback was provided. Changes in control over the amygdala and PTSD symptoms served as the primary and secondary outcomes, respectively. Participants' CAPS-5 score was assessed 30 and 60 days following the intervention. 30 days following the intervention, the improvements in control over amygdala activity were significantly greater in the active group than in the control group. Both showed improvements in symptom scores, with the active group showing qualitatively greater improvement than the control group, although the difference did not reach significance. Although the symptom reduction was not significantly different between groups in our small sample, our finding of greater improvement in amygdala control indicates the potential of amygdala neurofeedback training in PTSD treatment.

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#### Panel

### **When the shoe fits: moderators of treatment success and failure across different therapy models and durations**

**Saturday, June 24th, 10:15-11.30 - Room: Classroom 4012**

*Organizers & Moderators:* Erkki Heinonen (University of Oslo)

*Discussants:* Stig Poulsen (University of Copenhagen)

#### **ABSTRACT:**

Both short- and long-term psychotherapies have been shown effective for various mental disorders. Nevertheless, patient outcomes vary widely, and little knowledge exists on which treatment works best for which patient. Accordingly, this panel explores the pre-treatment and process moderators of psychotherapeutic outcome across and between various models and durations of psychotherapy. In the first paper, Krakau and colleagues study patient personality and interpersonal style as predictors of response to long-term CBT vs. psychoanalytic therapy. Secondly, Heinonen and colleagues investigate how patients' theorized suitability criteria for brief dynamic therapy predict treatment failure in brief solution-focused vs. short- and long-term psychodynamic therapy. Thirdly, extending into the process of therapy, with conduct-disordered adolescents, Hauschild et al. explore how various pre-treatment characteristics such as severity of pathology and mentalizing ability, together with the therapeutic alliance, predict who drops out of mentalization-based therapy. Finally, Colli and colleagues study how attachment activation during psychodynamic therapy impacts capacity for reflective functioning for patients with and without personality disorder.

- **Paper: Personality and interpersonal style as predictors of response to long-term psychotherapy**

**Main author:** *Lina Krakau (University Medical Center Mainz)*

**Co-authors:** *Marianne Leuzinger-Bohleber, Manfred Beutel*

**ABSTRACT:**

**"Aim:** Previous research has examined the personality dimensions self-criticism and dependency as well as interpersonal problems as prognostic and prescriptive markers of different treatment modalities. To date, only few studies have focused on their implications in patients with chronic forms of depression and none has compared their impact on the outcome of long-term cognitive behavioral (CBT) and psychoanalytic (LTPT) therapy.

**Methods:** The current analysis is based on the outcomes of long-term psychotherapies of chronically depressed patients (LAC) study. N = 252 outpatients received open-ended CBT or LTPT and were examined yearly over five years. We assessed treatment outcome based on patient self-ratings on the Beck Depression Inventory (BDI-II). Using hierarchical mixed models, we subsequently examined the dimensions self-criticism and dependency (DEQ) as well as interpersonal problems (IIP) as predictors and moderators of treatment outcome.

**Results:** Higher baseline self-criticism as well as global interpersonal problems predicted less improvement in CBT and LTPT over time. Especially low affiliative (vindictive, cold) and submissive (socially avoidant, nonassertive, overly nurturant) interpersonal styles were related to worse treatment outcomes. We did not find any statistically significant interaction with therapy type.

**Discussion:** In line with previous research, we found high levels of self-criticism, low affiliation, and high submissiveness to negatively impact treatment response. Yet, the findings also differ from previous research indicating greater benefits for highly self-critical patients in psychodynamic short-term therapies. Our findings will be discussed with respect to DEQ-subtypes and the interrelation of self-criticism and dependency and interpersonal styles."

- **Paper: Suitability for Psychotherapy Scale (SPS) as a predictor of treatment failure in various models of short- and long-term psychotherapy during a 5-year follow-up**

**Main author:** *Erkki Heinonen (Finnish Institute for Health and Welfare)*

**Co-authors:** *Paul Knekt, Tommi Härkänen, Olavi Lindfors*

**ABSTRACT:**

**"Aim:** While various psychotherapies are effective for depressive and anxiety disorders, many patients fail to benefit sufficiently from treatment. Yet it is little known whether specific patients are at particular risk for treatment failure in particular durations or models of therapy. Since 1960s, patient selection criteria for short-term psychodynamic therapy have been proposed but little investigated.

**Methods:** In Helsinki Psychotherapy Study, 326 adult outpatients suffering from depressive and anxiety disorders were randomized into short-term psychodynamic (SPP) or short-term solution-focused (SFT) or long-term psychodynamic (LPP) therapy, former lasting approximately 7 and latter 36 months. Patients were assessed pre-treatment with the interview-based Suitability for Psychotherapy Scale (SPS), gauging treatment motivation; capacity for self-reflection, affect modulation, and interaction; stability of self-concept; reaction to trial interpretation; and treatment focus. Outcome was assessed by Symptom Checklist-90 General Symptom Index (SCL-90-GSI) and auxiliary treatment monitored (psychotropic medication, outside-of-protocol therapy, psychiatric hospitalization) annually during a 5-year follow-up. Treatment failure was defined as lack of reliable

and clinically significant change in SCL-90-GSI, following Jacobson and Truax, or using auxiliary treatment considerably. Logistic regression analyses were conducted.

Results: In SPP, relative risk of treatment failure was greater for patients with low SPS. In SFT and LPP, SPS did not differentiate likelihood of treatment failure. Considering auxiliary treatment did not notably alter results.

Discussion: Patients' suitability for particular therapeutic models can be evaluated prior to treatment via systematic interviews. In line with goals of personalized medicine, matching patients with treatments may decrease treatment failure and benefit using healthcare resources optimally."

- **Paper: Patient and therapeutic characteristics of drop-out of mentalization-based therapy with adolescents with conduct disorders**

**Main author:** *Sophie Hauschild (University Hospital Heidelberg)*

**Co-authors:** *Drago Dragovic, Lea Kasper, Svenja Taubner*

**ABSTRACT:**

"Aim: Conduct disorders (CD) are characterized by a repeated and persistent pattern of dissocial and aggressive behaviour. Because of high individual and societal costs associated with the disorder, effective psychotherapeutic treatments for those affected are desirable. Unfortunately, psychotherapeutic interventions and research are limited for this vulnerable group. For this reason, mentalization-based treatment was adapted for CD (MBT-CD) and conducted in a group of adolescents with CD. As conduct problems have repeatedly been identified as risk factors for therapy drop-out, this study aims to shed increasing light on characteristics of individuals with CD who dropped out of MBT-CD compared with those who completed the treatment.

Methods: A detailed analysis of drop-out of mentalization-based therapy for adolescents with CD (43% of cases) will be conducted i.a. via exploratory cluster analysis investigating patient characteristics such as age, gender, severity of symptom behaviour, personality pathology and mentalizing. Moreover, therapeutic relationship within the first treatment sessions rated with the working alliance inventory (observer version) in eight cases of dropouts and eight treatment completers will be descriptively compared.

Results and discussion: We expect different clusters of characteristics (e.g. higher versus lower personality pathology) between individuals who dropped-out and those who completed the treatment as results of the cluster analysis. Furthermore, we expect a better therapeutic relationship in therapy sessions with patients who completed the therapy versus with patients who dropped out of therapy."

- **Paper: The impact of in-session activation of the attachment system on reflective functioning: comparing patients with and without personality disorders**

**Main author:** *Antonello Colli (Carlo Bo University of Urbino, Italy)*

**Co-authors:** *Giulia Gagliardini*

**ABSTRACT:**

"Aim: Reflective functioning (RF) and attachment are two interconnected variables. Several authors have suggested that in patients with borderline personality disorder (BPD) the activation of attachment system may negatively impact patients' RF. The first aim of this study was to investigate the impact of in-session attachment activation on patients' RF by comparing patients with and without personality disorders (PDs). The second aim was to compare patients' RF in relation to attachment activation and in relation to the activation of other interpersonal motivation systems.



Methods: The sample was composed by 50 session transcripts of 50 different patients (n = 25 patients with a PD diagnosis). Attachment activation was evaluated with the AIMIT (Fassone et al. 2011) a coding system to assess the activation during psychotherapy sessions of attachment and other interpersonal motivation systems. RF has been evaluated with the RF scale (Fonagy et al., 1998). Each session has been evaluated blindly by two groups of raters (three raters each) that were previously trained in the application of the measures.

Results: Results suggested no differences in the frequency of the activation of attachment system between patients with and without PDs. RF decreased more in patients with PD compared to patients without PDs during the activation of attachment system. Moreover, RF was higher during the activation of cooperative system both in patient with PD and without.

Discussion: These preliminary results have important implications for the treatment of PD patients. These implications and future directions will be discussed."

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**Saturday, June 24th, 2023, 11:30 - 12:30 (IST)**

#### Structured Discussion

### **Transdiagnostic and personalized psychotherapy: Complementary or opposite approaches?**

**Saturday, June 24th, 11:30-12:30 - Room: JM Synge**

*Organizers & Moderators:* Javier Fernández-Álvarez (University Jaume I) Anna Babl (University of Bern Adelphi University)

#### *Discussants:*

- *Jaime Delgadillo (The University of Sheffield)*  
*Kim de Jong (Leiden University)*  
*Martin grosse Holtforth (University of Bern)*  
*Shannon Sauer Zavala (University of Kentucky)*  
*Brian Schwartz (University of Trier)*  
*Zachary Cohen (University of California)*  
*Shimrit Fisher (University of Haifa)*

#### **ABSTRACT:**

The emergence of transdiagnostic approaches is helping to identify common underlying processes that may explain the appearance and maintenance of mental problems. However, the majority of transdiagnostic interventions developed so far focus on finding a common pathway across situations, instead of giving each patient what they need, setting up a tension between personalization or precision treatment and one-size-fits-all transdiagnostic approaches. Unified

approaches are often argued to be especially suitable for dissemination purposes, whereas the focus of most personalized approaches is on improving psychotherapy outcomes. This structured discussion aims to bring together different perspectives on how these two might be complementary approaches towards an integrative understanding of clinical interventions. The implications for designing stratified care approaches, as well as for training, research and practice will be covered by experts both in transdiagnostic and personalized approaches. The discussants will consider questions such as: How do we define transdiagnostic and personalized approaches? What promising future directions can psychotherapy researchers pursue and/or support in order to improve the common understanding of these two endeavours?

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### Structured Discussion

## Open Access Publications: Road to salvation or doom for Psychotherapy

Saturday, June 24th, 11:30-12:30 - Room: Emmet Theatre

Organizers & Moderators: Adam O. Horvath (Simon Fraser University), Christoph Flückiger (University of Kassel)

Discussants:

- Christoph Flückiger (University of Kassel)  
Andrés Jorge Roussos (Universidad de Buenos Aires)  
Clara Hill (University of Maryland)  
Catherine Eubanks (Adelphi University)  
Fredrik Falkenström (Linnaeus University)  
Jan Boehnke (University of Dundee)

### ABSTRACT:

"The availability of Open Access (OA) journals has changed the ecology of knowledge distribution over the past three decades. Traditional publications charge users (individual or libraries) for access while OA journals are free for users with an internet connection. Most (but not all) OA's charge the researchers fees to have their work published (APC). Importantly most 'traditional' journals are published behalf a group of scientists, such as our Journal, while a large segment -perhaps the majority- of OA's are 'for-profit' business, with level of professional oversight of the publishers' choosing.

The Directory of Open Access Journals lists 260 'legitimate' journals accepting psychology related submissions in English. There is an even larger number of 'predatory' AO psychology journals actively that solicit manuscripts, but do not follow proper ethical guidelines, exploit researchers and/or make false claims. The growing presence of OA is becoming an "elephant in the room" in distributing knowledge related to psychotherapy.

Few of the emergent issues: Who should bear the costs of making research results available? Is OA making publishing more 'democratic' or does it still favour the affluent? Is there a risk for quality, integrity or trustworthiness? Conflicts of interests for publishers of OA?

We think it will be useful to start a conversation in SPR to address some of these issues -for ourselves (i.e. the Journal)- as well as an issue for psychotherapy research as such. We have invited senior researchers with a variety of experiences in publishing to seed the discussion of this important topic."

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### Structured Discussion

## How to promote participation of individuals from under-represented groups in psychotherapy research

Saturday, June 24th, 11:30-12:30 - Room: Davis Theatre

*Organizers & Moderators:* Jacques P Barber (Adelphi University), Nili Solomonov (Weill Cornell Medical College)

*Discussants:*

- *Chetna Duggal (Tata Institute of Social Sciences)*  
*Shigeru Iwakabe (Ritsumeikan University)*  
*Mariane Krause (Pontificia Universidad Católica de Chile)*  
*Lorenzo Lorenzo-Luaces (Indiana University)*  
*Shelley McMain (University of Toronto)*  
*Daisy Singla (University of Toronto)*  
*Soo Jeong Youn (Harvard University and UnitedHealth Group)*

### ABSTRACT:

Women and members of minority groups have been historically underrepresented in academia and particularly in psychotherapy research. Systemic barriers and social injustice contributed to limited representation and diversity in the academic environment. These barriers include limited opportunities for underrepresented groups in access to higher education, funding, paths for promotion, recognition for accomplishments, and more. Diversity and inclusion in psychotherapy research is essential to its future growth. In this panel, we discuss the problem of underrepresentation in our field and will try to formulate ways to address it. We will invite our panelists to share their lived experiences, actions needed to promote diversity in terms of gender, race, ethnicity, nationality, and religion as well as future paths for advancement of our field

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## Brief Paper Session

Saturday, June 24th, 11:30-12:30 - Room: Swift Theatre

- **Paper: Text mining patient messages from internet-delivered cognitive behavioral therapy: topics as predictors of drop-out**

**Main author:** *Sanna Mylläri (University of Helsinki)*

**Co-authors:** *Suoma E. Saarni, Ville Ritola, Jan-Henry Stenberg, Grigori Joffe, Tom Rosenström*

### **ABSTRACT:**

"Aim: Patient texts from internet-delivered cognitive-behavioral therapies (iCBT) are an underused resource as a predictor of treatment success. Here, we applied a machine learning text analysis method called topic modeling to iCBT messages and examined whether the message contents predicted dropping out of the treatment.

Methods: Our data consisted of 5438 patients from iCBT's for depression and generalized anxiety disorder (GAD) provided by the HUS Helsinki University Hospital. We applied topic modeling to 11 823 patient messages and used cross-validated prediction error to define the number of topics that optimally predicted drop-out. Logistic elastic net regression was used as predictive modeling approach, and the drop-out modeling was performed for depression and GAD patients separately.

Results: The selected number of topics (12) improved cross-validated drop-out predictions compared to a set of baseline predictors. The increase in variance explained was of comparable magnitude to for example alliance as predictor of drop-out. In both groups, patients who wrote about topic labeled as "Suitability of treatment" had higher odds for drop-out. In addition, partially different topics were associated with drop-out among different patient groups. Among depressive patients there were three such topics and among GAD patients there were four such topics.

Discussion: Patient message contents were associated with drop-out in an interpretable manner. This information can be useful in for example identification of at-risk patients. Our modeling approach was successful in identifying both treatment-specific and transdiagnostic topic-drop-out associations."

- **Paper: Chilean Internet-Based Intervention for Postpartum Women with Depressive Symptoms: Preliminary Results of a Randomized Controlled Trial**

**Main author:** *Pamela Franco (Pontificia Universidad Católica de Chile; Millennium Institute for Research in Depression and Personality (MIDAP))*

**Co-authors:** *Marcia Olhaberry, Pim Cuijpers, Saskia Kelders, Antonia Muzard*

### **ABSTRACT:**

Chile has a high prevalence of postpartum depression and a significant treatment gap. The high utilization of digital technologies in the country across all social strata and the increased use of parenting apps open the possibility of delivering internet-based interventions (IBIs). IBIs have proven to be effective in reducing symptoms of depression and potentially effective in reducing postpartum depression symptoms. We developed the first Chilean IBI for postpartum women with depressive symptoms. This study examines the feasibility, acceptability, and preliminary effectiveness of this IBI through a small-scale 2-arm (intervention vs. waitlist) randomized controlled trial. The study protocol was registered on clinicaltrials.gov (NCT05643898). It is planned that 66 postpartum women with minor or major depression (assessed by the MINI interview) will participate in the study. The intervention consists of an 8-week cognitive-behavioral intervention. Pre (T0), post (T1), and 1-month follow-up (T2) assessments will be conducted. The primary outcomes are feasibility and acceptability

variables, recruitment and eligibility rates, intervention and study adherence, and participants' intervention satisfaction (CSQ-8), use, and engagement (TWEETS). Other outcomes include depression symptoms (PHQ-9 and EPDS), perceived social support (MSPSS), mother-infant bonding (PBQ), and maternal satisfaction and self-efficacy (EEP). Preliminary results from assessments at baseline (T0) and after the end of the intervention (T1) will be presented. The results of this study will inform a definitive randomized controlled trial for studying the effectiveness of the intervention and evaluating its implementation within the Chilean healthcare setting.

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## Brief Paper Session

Saturday, June 24th, 11:30-12:30 - Room: UI Chadhain

- **Paper: Representation and reporting of racial and ethnic diversity in clinical trials of internet-based CBT for depression**

**Main author:** *Robinson De Jesús-Romero (Indiana University – Bloomington)*

**Co-authors:** *Amani R Holder-Dixon, John F Buss, Lorenzo Lorenzo-Luaces*

### **ABSTRACT:**

Objective: There is a growing interest in developing scalable mental health interventions, such as internet-based self-help treatments, to meet the increasing demand for mental health services. This issue is particularly relevant for racial and ethnic minorities who are at a higher risk of suffering from more prolonged, chronic, and severely debilitating depression when compared to White individuals. However, the field currently lacks data on how racial and ethnic diversity are represented in the internet-based self-help literature. Method: We conducted a systematic review to examine the frequency of reporting of racial and ethnic identities in published clinical trials of internet-based cognitive behavioral therapy (iCBT) for depression. We also reviewed the representation of specific racial and ethnic minority groups when reported. We used a database of iCBT randomized controlled trials. Results: Our findings revealed that, of the 62 papers identified (17,210 participants), only 27.4% reported race and 17.7% reported ethnicity. Reporting outside of the United States (U.S.) was very poor, with the U.S. accounting for 88.2% of studies that reported race and 81.8% for ethnicity. The most reported race in the entire samples was White (74.9%), followed by Black (7.5%), and Asian (5.7%). Furthermore, when translating this to individual participants, 13,587 (78.9%) participants had no reported race, and 14,810 (86.0%) had no reported ethnicity. Conclusions: These findings suggest that reporting on race-ethnicity is very poor outside the U.S. Furthermore, while studies in the U.S. tend to report on racial-ethnic representation, the representation itself is quite poor.

- **Paper: The Finnish Therapy Navigator – digital support system for introducing stepped care in Finland**

**Main author:** *Suoma Eeva Saarni (Helsinki University Hospital and University of Helsinki)*

**Co-authors:** *Sara Nurminen, Kasperi Mikkonen, Helena Service, Tino Karolaakso, Jan-Henry Stenberg, Jesper Ekelund, Samuli Ilmari Saarni*

### **ABSTRACT:**

"Introduction The need to improve quick access to effective psychological treatments is urgent. The Finnish therapy navigator (FTN), a digital tool to help assess individual need for psychosocial

treatments and help build regionally sustainable stepped care systems as part of ongoing reform of the social and health care system.

**Materials and Methods** The FTN system was piloted in six regions in Finland, with a catchment area of around 600 000

**Results** Professionals estimated the FTN had a positive impact on their work, quality of assessment and notes, and patient experience and 93% of users wanted to keep FTN as permanent tool.

The FTN provides important data on treatment seekers: 57% of respondents scored 10-19 points on PHQ-9 and 59% 5-14 on GAD-7, suggesting mild-to-moderate depressive and anxiety symptoms.

28% report no previous psychosocial treatments. Thus, a significant part of respondents could benefit from rapid-onset, short-term, evidence-based psychosocial treatments.

**Conclusions** Introducing FTN in combination with regionally adapted care-pathway development, education in short evidence-based psychological interventions, and increase in use of digital support systems is a feasible way to adopt stepped care in Finland. Pilot results suggest that introducing the FTN significantly improves access to treatment, without additional resources.

This study supports the feasibility of the FTN as a tool and a way to facilitate stepped care, thus warranting further national development and implementation of the approach."

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## Brief Paper Session

Saturday, June 24th, 11:30-12:30 - Room: Classroom 3106

- **Paper: Is that the rub? - The Impact of Current Sudden Gains Identification Strategies on Challenges in Sudden Gain Research.**

**Main author:** *Theresa Eckes (University of Münster)*

**Co-authors:** *Steffen Nestler*

### **ABSTRACT:**

Sudden gains are abrupt improvements in patients' symptom severity between two consecutive therapy sessions. They are a common phenomenon in clinical psychological research (Shalom & Aderka, 2020) and several theoretical considerations regarding the determinants and consequences of sudden gains exist (e.g., Tang & DeRubeis, 1999; Aderka & Shalom, 2021). However, empirical findings regarding these considerations are mixed (e.g., Zilcha-Mano et al., 2019) with the consequence that the underlying processes of sudden gains are still unknown. Based on earlier results from a simulation study (Vittengl et al., 2015), I will show that some problems in the investigation of sudden gains are rooted in how they are operationalized. Specifically, I first present the commonly used identification strategies for sudden gains and then discuss the criticism that exist of it in a systematic way. In addition, a simulated data example is presented to highlight further problematic aspects, in particular the specific influence of the identification criteria on the number of falsely identified sudden gains. Thereafter, I discuss potential strategies to mitigate the highlighted problems.

- **Paper: Reflections on Teaching Pluralistic Psychotherapy through Sharon Cheston's Ways Paradigm**

**Main author:** *Marcella Finnerty (IICP College)*

Co-authors: Caitriona Gemma Kearns

**ABSTRACT:**

"The Ways Paradigm, developed by Sharon Cheston, offers a framework for understanding the diversity of therapeutic approaches and how they can be integrated in a pluralistic manner. McLeod (2013, p.60) notes, "At the present time, the implications of a pluralistic stance for counselling, counselling psychology, and psychotherapy theory, research, practice and training are only just beginning to be explored". There are multiple perspectives on when psychotherapy integration should be taught. Norcross & Finnerty (2019) maintain that even if a programme of integrative training were implemented with care and then evaluated, it is likely that the effects of such training would be complex and idiosyncratic.

Objective: The purpose of this study was to explore how therapists, trained in an Irish psychotherapy Institute utilised the Ways Paradigm as a means of developing as integrative, pluralistic therapists.

Method: Four experienced psychotherapists were invited to participate in a qualitative interview. All interviewees were graduates of a Master's in Pluralistic Psychotherapy and had completed training in a college that utilises the Ways Paradigm as a teaching framework. All respondents were qualified at least 8 years and had completed their psychotherapy training at least five years prior to participating. A semi-structured interview occurred and data was analysed using Thematic Analysis.

Results: Respondents described how utilising the ways paradigm supported them in a) learning theories b) Integrating theories and developing a pluralistic stance, c) understanding the client, d) developing collaborative interventions, e) consolidating and refining their personal philosophy of psychotherapy."

- **Paper: Wisdom psychotherapy in adjustment disorders. Results from a controlled clinical trial**

**Main author: Michael Linden (Charité University Medicine Berlin, Department of Psychosomatic Medicine)**

**ABSTRACT:**

"Background: Originating from life span psychology there is much research in wisdom psychology, which can be understood as capacity to solve severe problems in life. Wisdom psychotherapy is a method of cognitive behavior therapy to teach wisdom skills in order to help patients who are stuck in negative life experiences, or confronted with unsolvable dilemmas.

Method: A randomized controlled clinical trial was done in a psychosomatic rehabilitation hospital to test the efficacy of wisdom psychotherapy in patients with adjustment disorders.

Results: There was a significant increase in wisdom skills the wisdom psychotherapy group as compared to behavioral activation group therapy or patients in routine care

Conclusion: The results confirm that wisdom psychotherapy can make a difference in the improvement of wisdom capacities, and this even in patients who were treated in a psychosomatic hospital with a comprehensive psychotherapeutic routine treatment. Wisdom therapy, different from other psychotherapies, does not aim at increasing hedonic or symptom free wellbeing but rather eudaimonic wellbeing in order to teach patients to live a decent and successful life."

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## Panel

### Advances in research on interpersonal synchrony

Saturday, June 24th, 11:30-12:30 - Room: Classroom 3074

*Organizers & Moderators:* Wolfgang Tschacher (Universität Bern) Virpi-Liisa Kykry (University of Jyväskylä)

#### **ABSTRACT:**

During psychotherapy and related social interactions, patient and therapist, interviewer and interviewee, members of families and couples tend to spontaneously synchronize their body movements and their physiological processes. In the therapy session, adequately synchronized interpersonal processes may lead to a more functional therapeutic process, better alliance and favorable outcome. This panel presents four studies, each tapping a different aspect of dyadic and multi-person interpersonal processes relevant for psychotherapy. We also suggest new methodological developments and applications of synchrony measures. The first study focuses on physiological synchrony in couples psychotherapy sessions, examining the coupling of respiratory behavior and electrodermal activity by methods of synchrony estimation. The second study addresses the electrodermal synchrony arising across complete courses of cognitive-behavioral therapy for depression and its association with session-wise therapeutic alliance. The third study focuses on the synchrony of skin conductance and movement in couples therapy, addressing specifically moment-by-moment synchrony changes across topical episodes. The meaning of such momentary synchronies are then analyzed based on independent qualitative ratings. The fourth presentation elaborates on ways to extend synchrony computation to multi-person contexts and to complex multivariate time series. The panel presentations are expected to shed light on new developments which can extend the range of synchrony research in psychotherapy.

- **Paper: From single modality and individual therapy to multi-modal and multiperson settings: Respiration and electrodermal synchrony in couples therapy**

**Main author:** *Joana Coutinho (University of Minho)*

*Co-authors: Markku Penttonen, Anu Touronen, Jaakko Seikula, Anssi Peräkylä, Wolfgang Tschacher, Virpi-Liisa Kykry*

#### **ABSTRACT:**

"Background: During couples psychotherapy, participants tend to synchronize their nonverbal responses and physiological processes. Adequate synchronization may lead to a successful therapeutic process. The multi-person context of systemic approaches brings complexity to synchrony phenomena, which in part results from the establishment of several alliances.

Aims: Addressing respiration and electrodermal (EDA) synchrony within a couple therapy system with two therapists, we aimed at addressing the different synchronies in the client and the therapeutic subsystems, and between each client and therapist. We wished to study synchronization in reflection segments, in which the therapists discussed the state of therapy in the presence of clients. We examined whether observed synchronies were associated with alliance and outcome.

Method: We analyzed 22 therapy sessions during which EDA and respiration were recorded.

Self-report measures of alliance and outcome were used. Synchrony computation of dyads'



physiological time series was based on windowed cross-correlation using surrogate synchrony and segment-wise shuffling of respiration and EDA time series.

Results: We confirmed the presence of both respiration and EDA synchrony for client-therapist and therapist-therapist dyads but not for client-client dyads across entire sessions. In reflective segments, respiration synchrony was observed only in client-therapist dyads, whereas EDA synchrony was observed also between therapists, but not between clients. None of synchronies were associated with alliance and outcome.

Discussion: We discuss the relational meaning and implications of our results for the understanding of couples psychotherapy, and the challenges involved in extending synchrony computation to multi-person contexts."

- **Paper: Electrodermal within-session synchrony between clients and therapists and its relation with therapeutic alliance**

**Main author:** *Eugénia Ribeiro (University of Minho)*

**Co-authors:** *Pedro Moreira, Raquel Oliveira, Adriana Sampaio, Joana Coutinho*

**ABSTRACT:**

"Background: Client-therapist synchrony has been proposed as a crucial process in forming and developing a therapeutic alliance. However, research on psychophysiological synchrony and its relationship with the therapeutic alliance has been scarce. In addition, findings on the relation between electrodermal synchrony and therapeutic alliance are inconsistent.

Aims: The present study aims at analyzing the association between the electrodermal synchrony between clients and therapists and the quality of the therapeutic alliance throughout the therapeutic process, i.e. across the complete courses of sessions.

Methods: Fifteen therapeutic dyads, consisting of 15 clients diagnosed with Major Depressive Disorder and five therapists, participated in the study. For each dyad, electrodermal activity was recorded within 16 therapy sessions, and therapeutic alliance was evaluated, at the end of each session, by administration of the Working Alliance Inventory – Short Revised (WAI-SR). This procedure was carried out over 16 sessions of cognitive-behavioral therapy.

Results: The analysis is in process. Initially, electrodermal activity data was filtered using AcqKnowledge 4.3 and Jupyter-Lab (utilizing the programming language Python). Electrodermal synchrony between the therapeutic dyad will be analyzed using the surrogate synchrony statistical software (SUSY). Finally, to test the association between electrodermal synchrony and the therapeutic alliance, a hierarchical linear model will be executed using the statistical software IBM-SPSS.

Discussion: We will discuss the role of psychophysiological synchrony in therapeutic alliance development throughout the therapy process."

- **Paper: Meaning of interpersonal bodily synchronies in couples therapy: A multi-modal, multi-method case study**

**Main author:** *Virpi-Liisa Kykyri (University of Jyväskylä)*

**Co-authors:** *Petra Nyman-Salonen, Anu Tourunen, Markku Penttonen, Jaakko Seikkula*

**ABSTRACT:**

"Background: Interpersonal synchrony in psychotherapy has been studied mainly at the level of entire sessions. To better understand the meaning of synchrony, however, we need to focus on how synchronies vary in moment-by-moment interactions of the session.

Aims: The aim of this case study is to detail the variations of physiological and movement synchronies in emotionally (intensity, valence) and conversationally (who talks, who listens) different segments of one couple therapy session.

Methods: Participants were two clients and two therapists working as pair. During the session the participants' skin conductance (SC) was measured. By using multi-modal, multi-method approach, we divided the session into 18 topical episodes, and qualitatively coded emotional valence and intensity, conversational structure, speech turns, and targets of speech in each episode. Movement and SC synchronies for six dyads were calculated per episode. Regression models and factor analysis were then used to detail variations of synchronies in different types of episodes.

Results: We observed more SC synchrony in high than low emotional intensity episodes, and more movement synchrony in mixed-valence than neutral episodes. More SC synchrony was observed in conversationally more complex episodes. More movement synchrony was observed in dyads listening rather than talking. Client-client and client-therapist dyads showed more synchrony in both modalities when the couple's relationship was addressed, compared to other topics.

Discussion: Our findings indicate the potential of systematic multi-modal investigating of interpersonal synchrony in shorter episodes, which opens new possibilities for identifying various meanings of synchrony."

- **Paper: Beyond dyadic synchrony**

**Main author: Wolfgang Tschacher (Universität Bern)**

*Co-authors: Deborah Meier*

**ABSTRACT:**

Recent psychotherapy research showed that interaction is represented, next to verbal exchange, also by movement and physiology – in short, therapeutic interaction is, like any social interaction, embodied. Nonverbal behavior is increasingly acknowledged as a crucial field in clinical research. Studies found that patient and therapist, interviewer and interviewee, and spouses of couples spontaneously synchronize their behaviors and physiological activations during interaction. Such synchrony has been studied almost exclusively using dyadic time series of two individuals. Yet how about couple, family, or group therapy? How about systems monitored by more than two time series? We will present methods by which physiological synchrony can be quantified in multi-person systems and complex multi-variable processes. The approach is based on windowed cross-correlation (SUSY: Surrogate Synchrony; mvSUSY: multivariate SUSY), where either multiple dyadic synchronies are aggregated within the larger system, or all system components estimated in a single step in mvSUSY or machine learning. These methods were first applied to study the synchronized group behavior, such as audiences attending music concerts and online discussion groups. Another project aimed at motor coordination in a dyadic dance task, where participants were asked to converse solely without words, and movements were motion-captured by 22 time series per dyad. The multivariate synchrony findings were meaningfully associated to self-reports of the respective participants, here the music appreciations of audiences and emotion regulation in the dancers. Results will be discussed in light of applications to multi-person psychotherapy as well as dyadic psychotherapy with multiple monitored time series or multi-channel physiology.

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## Brief Paper Session

Saturday, June 24th, 11:30-12:30 - Room: Classroom 3051

- **Paper: Provider perspectives on low-intensity treatments for patients on waiting lists**

*Main author: Allison Peipert (Indiana University – Bloomington)*

*Co-authors: Sydney Adams, Lorenzo Lorenzo-Luaces*

**ABSTRACT:**

Low-intensity interventions (LITs), such as bibliotherapy or online self-help, have potential to reach many individuals by circumventing common barriers present in traditional mental health care. LITs are rarely recommended for patients waiting for mental health treatment, despite providers' relatively positive attitudes towards them for this purpose. The present study analyzed provider open-ended responses regarding using LITs for patients on treatment waiting lists. We surveyed 141 practicing mental health providers, 65 of whom responded to an open text box with thoughts on using LITs for patients on treatment waiting lists. Responses were qualitatively coded using a thematic coding process. Thematic coding yielded 11 codes: patient appropriateness, research evidence, feasibility, patient barriers, liability, patient personal contact, additional resources, positive attitudes, trust in programs, systemic problems, and downplaying distress. Many of the themes identified parallel those identified in previous literature on implementing novel evidence-based practices. Results suggest providers are predominantly concerned about determining patient appropriateness for LITs without a completed evaluation, and the legal and ethical liability of recommending LITs to individuals who are not official patients. Additional work is needed to develop guidelines for use of LITs with patients on treatment waiting lists.

- **Paper: I can do it! Addressing self-efficacy expectations in psychotherapeutic practice: Findings of a pilot study of a brief cognitive-imaginative intervention**

*Main author: Marieke Hansmann (University of Hildesheim)*

*Co-authors: Christoph Kröger*

**ABSTRACT:**

"Self-efficacy (SE) has been proposed an important mechanism of psychotherapy. The increase in SE in the course of cognitive behavioural therapy (CBT) has been linked to therapeutic outcomes, e.g. reduction in anxiety symptoms. Moreover, high levels of and growth in occupational SE (OSE) are relevant predictors for successful return-to-work in employees with mental health issues. However, specific and short evidence-based psychotherapeutic interventions to assess and foster OSE are scarce.

The objective of the present study is to gain preliminary findings concerning the process and outcome of a newly developed, brief cognitive-imaginative intervention module (SE-module) containing two micro-interventions, namely an imaginative exercise of the interaction at the workplace between oneself and colleagues and a subsequent resource-oriented, solution-focused reflection, which was embedded in a short-term work-focused CBT programme.

Individual and group level analyses will be performed on data from a subsample of a multi-centre randomized controlled trial. First, we explore the dynamic of change in self-reported OSE before and during the early phase of treatment. Second, we investigate relevant process variables during implementation of the SE-module (e.g. emotional involvement, cognitive flexibility), and their association with patient characteristics. Third, we examine the diagnostic value of the imaginative

exercise in terms of the association between self-reported and observer-rated OSE. For the latter two purposes, videotapes of the intervention module are analysed by two independent trained raters. The theoretical rationale of the SE-module, pilot test results and implications for the modification and future investigation will be presented and discussed."

- **Paper: Do common factors explain therapeutic change? So many heads, so many minds.**

**Main author: Luis Janeiro (Psychology Research Centre (CIP) & Department of Psychology and Educational Sciences, Universidade do Algarve)**

*Co-authors: Eugénia Ribeiro, Laur Ines Ferreira*

**ABSTRACT:**

According to psychodynamic therapies, the therapists' role in leading the clients into an adaptive relationship with emotions is one key factor for therapeutic change. This clients' emotional development implies the establishment of a strong therapeutic relationship. Thus, the contextual model argues that common factors support change and explain how therapy's specific ingredients lead to outcomes. Aim: We intended to evaluate how therapeutic alliance, real relationship, emotional experience, and symptomatology are interrelated throughout the process. Method: Two psychodynamic therapeutic dyads were included. Clients and therapists rated their therapeutic alliance, real relationship, and clients' emotional experience weekly. Clients also filled a measure of symptomatology. Longitudinal data from each dyad member were analysed separately with an idiographic method that estimates contemporary and lagged paths. Results: From therapists' perspectives, alliance was found to directly explain the clients' emotional experience and indirectly, through real relationship. Emotional experience predicted symptoms' decrease, which, in turn, strengthened the real relationship. Regarding clients' perspectives, we found two different patterns. To one client, the alliance increased emotional experience, but this effect is diminished indirectly through the real relationship in the next session. Emotional experience, in turn, increased symptomatology. To the other client, the emotional experience and the symptoms reduced both therapeutic alliance and real relationship. Discussion: Our results suggest that common factors' effect on outcomes can happen directly and indirectly; however, common factors may be influenced by symptoms and emotional experience. These findings reinforce the need to evaluate client-therapist perspectives using idiographic analyses. Clinical and research implications will be discussed.

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## Brief Paper Session

Saturday, June 24th, 11:30-12:30 - **Room: Classroom 3071**

- **Paper: Feedback evaluation of premature psychotherapy discontinuation. A qualitative content analysis study in the pursuit of quality assurance at the psychotherapeutic out-patient clinic of the Sigmund Freud Private University, Vienna**

**Main author: Lisa Winter (Sigmund Freud University)**

*Co-authors: Manuel Fürholzer*

**ABSTRACT:**

Premature discontinuation within the therapeutic process is widely discussed as one of the few directly observable markers of ineffective treatment. Therefore, in order to provide effective and

efficient psychotherapeutic treatment, rates of and subsequently reasons for discontinuation, need to be tightly monitored and evaluated. This is of special interest at university clinics where trainee therapists usually provide treatment for particularly vulnerable clients. As such the psychotherapeutic out-patient clinic of the SFU in Vienna fulfils a vital role in establishing accessible treatment for a diverse spectrum of mental health issues. Research in the name of quality assurance is therefore necessary in for improving the image of mental health services in the public and its findings are not only assimilated integrated into teaching at the university, but are also used to make immediate changes to procedures at the clinic. For the current project on premature discontinuation, we performed 32 semi-structured interviews with clients who discontinued therapy at the clinic. Following Phillip Mayring's method of qualitative content analysis, we gathered key disruptions in the therapeutic process which client identified as reasons for their premature discontinuation. At last year's chapter meeting in Rome we presented the general concepts of this project; now we aim to present its first academic output . The findings of this study will act as a foundation for all further output generated in this project.

- **Paper: Dropout from the Ghent Psychotherapy Study**

**Main author:** *Liza Notaerts (Ghent University)*

**ABSTRACT:**

Premature termination is a phenomenon encountered in both research and clinical practice. Therapists from all schools of thought have experienced patients terminating therapy prematurely and often do not know why it happened. Research concerning this topic is often quantitative and often provides lists of static factors such as gender, age, and socio-economic-status. Critically however, clinicians have no power over static predictors, but can influence the more dynamics factors in therapy, the moment-to-moment interaction, what patients say and when. This study is part of a research line that addresses the issue of dropout by focusing on the therapeutic process, and pays specific attention to the more dynamic factors underlying dropout. The current study is a qualitative analysis of materials gathered pre-, peri-, and post-therapy and from different perspectives from the 46 individuals who did not complete the 20-session protocol of the Ghent Psychotherapy Study, an RCT on the treatment of major depression. Of the 46 cases of dropout, 23 were early dropouts (<4 sessions) and 23 advanced dropouts (4-16 sessions). The analysis will centre on the perspective of the patient, therapist, and researcher on why each patient terminated prematurely. Reasons for dropout will be compared between early and late dropout groups, and in the late dropout group a comparison will be drawn between satisfied and dissatisfied patients. An interpretive framework from a meta-synthesis of published cases will be used to inform the analysis. In forming conclusions particular focus will be given to recommendations for how to handle dropout in clinical practice.

- **Paper: Linguistic Indicators of Low versus High Levels of Insight**

**Main author:** *Yara Khoury (University of Haifa)*

**Co-authors:** *Sigal Zilcha-Mano*

**ABSTRACT:**

"Aim: Insight is considered an important mechanism in psychotherapy in general and in psychodynamic therapy in particular. Little is known whether there are specific linguistic indicators of low vs high levels of insight. The purpose of the present study is to explore whether patients with high versus low levels of insight differ in linguistic indicators (e.g. words). In addition, we will explore whether personality disorders may moderate such an association, such that patients with personality

disorders may present distinct linguistic indicators than those with low levels or without personality disorders.

Method: Insight will be assessed using Self -Understanding of Interpersonal Patterns Scales-Interview version (SUIP-I; Gibbons, 2017), a clinician-administered interview. Text analysis will be conducted on SUIP interview by ATLAS.ti, a computer-assisted qualitative data analysis software (CAQDAS).

Results: The SUIP interviews were already conducted and transcribed. Analyses will be finalized in Winter 2023. A T-test will be implemented to differentiate between those with high vs. low levels of insight. A Linear regression will be used in order to test the presence of moderator.

Clinical Significance: The study is potential to shed light on specific linguistic indicators of low vs. high levels of insight. That can be useful for assessment and intervention."

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## Brief Paper Session

Saturday, June 24th, 11:30-12:30 - Room: Classroom 3126

- **Paper: Associations between specific depressive symptoms and psychosocial functioning in psychotherapy**

**Main author:** *Veera K. Malkki (Helsinki University Hospital and University of Helsinki)*

**Co-authors:** *Tom H. Rosenström, Markus M. Jokela, Suoma E. Saarni*

**ABSTRACT:**

"Background: Psychotherapy for depression aims to reduce symptoms and to improve psychosocial functioning. We examined whether some symptoms are more important than others in the association between depression and functioning over the course of psychotherapy treatment

Methods: We studied associations between specific symptoms of depression (PHQ-9) and change in social and occupational functioning (SOFAS), both with structural equation models (considering liabilities of depression and each specific symptom) and with logistic regression models (considering the risk for individual patients). The study sample consisted of adult patients (n=771) from the Finnish Psychotherapy Quality Registry (FPQR) who completed psychotherapy treatment between September 2018 and September 2021.

Results: The baseline measures of depression symptoms were not associated with changes in functioning. Changes in depressed mood or hopelessness, problems with sleep, feeling tired, and feeling little interest or pleasure were associated with improved functioning during psychotherapy. The strongest evidence for symptom-specific effects was found for the symptom of depressed mood or hopelessness.

Conclusions: Changes in certain symptoms during psychotherapy may affect functioning independently of underlying depression or total symptom burden. Knowledge about the dynamics between symptoms and functioning could be used in treatment planning or implementation.

Depressed mood or hopelessness appears to have a role in the dynamic relationship between depression and functioning during treatment."

- **Paper: Testing the Impact of a Process Acuity Workshop on Counselling Responding Skills**

**Main author:** *David A Olson (York University)*

**Co-authors:** *Alyssa A Di Bartolomeo, Tali Boritz, Henny Westra*

**ABSTRACT:**

Psychotherapy training emphasizes knowledge rather than skill, and psychotherapist skills do not improve with time (Goldberg et al., 2016). Thus, skill performance, especially empirically supported interpersonal skills, has taken on new importance in psychotherapy training (Wu & Levitt, 2020). One critical skill in this domain is the ability to recognize and respond to key psychotherapy process sequences (e.g., therapist responsivity to client counter-change talk) that are predictive of client outcomes. The purpose of the present study was to test the efficacy of a novel, brief process identification workshop. In this study, 135 untrained undergraduate students were randomly assigned to one of two conditions. The experimental condition included brief instruction about therapist responsivity to client resistance and utilized publicly available therapy videos to train participants to appropriately respond to client resistance. The control group watched identical videos but did not receive training or practice in responding to resistance. At both pre and post workshop, participants were administered one measure related to responsivity skills, the Resistance Vignette Task (RVT; Westra et al., 2021). It was hypothesized that the experimental group would outperform the control group on skill performance. The data is currently being collected and preliminary outcome analyses will be completed for the conference. Clinical implications for training and therapist interpersonal skill development will be discussed.

- **Paper: Measuring humanistic constructs in psychotherapy assessment - development of the goal incongruence scale.**

**Main author:** *Tony Ward (University of the West of England)*

**Co-authors:** *Pik Ha Cheung, Laura Smith, Dora Glanfield*

**ABSTRACT:**

"Goal incongruence is said to result from the failure to achieve key life objectives, which themselves are rooted in basic psychological needs. This study describes the initial development and validation of a measure which reflects goal incongruence and which can be used in both initial client assessment as well as research on outcomes.

The Goal Incongruence Scale (GIS) consists of 32 items. It was administered to 266 undergraduate students (46 male, 220 female, mean age 23 years, standard deviation 7). For validation purposes, the participants also completed the Oxford Happiness Scale and a Relaxation Inventory. Reliability and internal consistency were assessed and the scale was factor analysed

The mean score on the GIS was 115, standard deviation 20 (lower scores reflect increased incongruence, i.e. a feeling that more psychological needs are not being met). There were large and significant correlations between the GIS and the Oxford Happiness Scale ( $r = .86$ ,  $n = 266$ ,  $p < .01$ ) and the GIS and the Relaxation Inventory ( $r = .71$ ,  $n = 266$ ,  $p < .01$ ). Cronbach's Alpha (0.92) and reliability (0.74) were acceptable. The factor analysis resulted in five factors which reflect different domains of psychological need.

In conclusion, the GIS is a valid and reliable measure of goal incongruence which shows high correlations with measures of happiness and relaxation. It appears to measure the extent to which different psychological needs are being met. Further research is evaluating the scale in clinical use."

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## Brief Paper Session

Saturday, June 24th, 11:30-12:30 - Room: Classroom 4050a

- **Paper: Oxytocin impact on physiological synchronization in psychotherapy**

**Main author: Arianna Palmieri (University of Padua)**

*Co-authors: Johann Roland Kleinbub, Omer Sedoff, Emanuele Pick, Dana Tzur-Bitan*

**ABSTRACT:**

"Interacting persons synchronize many behavioral and psychophysiological processes, a phenomenon that is gaining momentum as a relational marker in psychotherapy research. Although synchronization has been extensively associated to affiliative processes such as those associated with attachment, empathy and social engagement, its underlying central neural mechanisms are still unknown.

The hormone oxytocin (OT) has been proposed as a key mediator of these mechanisms. OT plays a twofold role, having both neurotransmitter functions in the brain -where it is involved in mirroring- and hormonal functions in the autonomic nervous system, playing a pivotal role in psychophysiological regulation (Palmieri et al., 2020).

The aim of our study is to verify whether OT inhalation has an effect in terms of increased synchronization and on the quality of relationship in clinical setting.

Sixty in-patients and their psychotherapists are being recruited from a psychiatric ward, and double-blindly assigned to receive intra-nasal oxytocin or placebo during their fourth therapy sessions.

During the session we measure skin-conductance synchronization, and after the session patients are administered a measure of working alliance (WAI- 12), theapist's empathy (Barrett-Lennard's EUS), and session quality (SEQ). The same measures are acquired for the fifth therapy session in order to explore the persistence of the effect one week later.

Preliminary data analyses suggest that the dyads in the oxytocin group show higher levels of synchronization, which in turn acts as a mediator between oxytocin and the relationship quality."

- **Paper: Class as a Cultural Variable in Psychotherapy Room**

**Main author: Ekin Doğa Kozak (Hacettepe University)**

*Co-authors: Sevi Gizem Zeybek, Kutlu Kağan Türkarıslan, Deniz Canel Çınarbaşı*

**ABSTRACT:**

"Culturally-sensitive psychotherapy has gained significant importance in recent years. The evolving understanding and definition of culture has also enriched the scope of culturally-sensitive psychotherapy. Socioeconomic status, not previously considered as a cultural group, was characterized by the American Psychological Association as ""a cultural variable related to multicultural counseling competence"". Thus, we examined the concept of class, a closely related concept to socioeconomic status, which affects individuals' life through lived-experiences, emotions, abilities, and privileges. Within the scope of the present qualitative study, we aimed to investigate the possible effects of the class-related concepts on the psychotherapy process from the perspectives of psychotherapists and clients.



The sample consisted of 9 psychotherapists and 9 clients. Semi-structured interviews were conducted online and lasted approximately one-hour. The interview questions were about perceived class, psychotherapy process, and the interaction between these two constructs. The major themes expressed by the participants were obtained through thematic analysis.

According to preliminary results, five themes emerged: The importance of class awareness, classism, the psychotherapist's class position, class sensitivity, the importance of education and supervision, and fees and accessibility.

The interviews with psychotherapists and clients clearly showed that "class-aware psychotherapy" is essential to embrace the dynamics of client properly and the relationship between psychotherapist and client as for any other social construct that is susceptible to creating tension or judgment as ethnic or sexual minority identities, disabilities, racial differences etc. As expected, the study results supported the literature on how class-aware psychotherapy can yield positive effects for both psychotherapists and clients."

- **Paper: The Psychodynamic Psychotherapy and Changes Visible in fMRI. |**

**Main author: Krzysztof Rutkowski (Dpt. of Psychotherapy Jagiellonian University Medical College)**

*Co-authors: Edyta Dembińska, Michał Mielimąka, Anna Sobczak, Tadeusz Marek, Jerzy Sobański, Katarzyna Klasa, Patrycja Jęda*

**ABSTRACT:**

"The study aims to determine the representation in neuroimaging of mental state changes resulting from psychotherapy treatment. The findings of neurobiological research conducted at the Department of Psychotherapy (improvement in prolactin levels and stabilisation of cortisol levels) corroborate the relationship and the possibility to characterise the representation of biological changes occurring during psychotherapy.

The development of neuroimaging techniques made it possible to demonstrate functional changes which were previously characterised solely by observational methods (mood or behaviour). The treatment procedure which was applied in between the first and second examination was a comprehensive psychotherapy which is a standard treatment procedure for patients with personality disorders. In the first and the final week of treatment the patients will undergo the examination by means of questionnaires and an fMRI scan.

The study will include patients of both genders with the age ranging from 18 who were diagnosed with personality disorders according to ICD-10 or neurotic disorders (F40.0 - F69). All participants gave their informed consent to be part of the study group. The number of findings is 30 patients.

The results showed In general the correlation of activity was higher in T1 comparing to T2. What suggests normalization of the brain activity. The most significant correlations in general has been shown in Thalamus, Hippocampus, Amygdala - in the areas responsible for emotions, memory and stress response. The resting state functional MRI shows significant changes in specific brain areas after 180 hours of the Psychodynamic Psychotherapy."

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## Brief Paper Session

Saturday, June 24th, 11:30-12:30 - **Room: Classroom 4050b**

- **Paper: Comparing the Effectiveness of Imaginal Exposure and Imagery Rescripting for Anxiety Symptoms: A Transdiagnostic Study of Mechanisms and Temporal Change**

**Main author: Snir Barzilay (Hebrew University Jerusalem)**

*Co-authors: Jonathan David Huppert*

**ABSTRACT:**

"Introduction: Imaginal exposure and imagery rescripting are two psychological interventions that have been shown to be effective in reducing anxiety symptoms. However, there is a lack of research comparing the effectiveness of these two interventions, particularly in relation to how they improve symptoms over time and the underlying mechanisms of change.

Methods: This study aimed to compare the effects of imaginal exposure and imagery rescripting on 40 individuals reporting a high anxiety-related symptoms, including social anxiety, obsessive-compulsive, generalized anxiety, and panic. They were randomly assigned to receive either imaginal exposure or imagery rescripting in a single session in a two-weeks study. To assess the improvement in symptoms over time, participants completed self-report questionnaires on a weekly basis and a daily diary for the two weeks. Additionally, thought fusion and core schemas about the self and others were assessed to investigate the mechanisms underlying the improvement in symptoms. Thought fusion beliefs are the tendency to experience thoughts and images as real or having a causal effect on the world. Core-schema beliefs refer to the fundamental beliefs and assumptions an individual holds about themselves and others.

Results: (To be announced)

Importance: The results of this study can inform the treatment of anxiety disorders by providing evidence-based recommendations on the use of these interventions. Additionally, the study's focus on transdiagnostic approach can be useful in treating individuals with multiple forms of anxiety disorders. Furthermore, the use of daily and weekly measures in this study can provide a more detailed understanding of these interventions."

- **Paper: Guided versus unguided delivery of a transdiagnostic cognitive behavior bibliotherapy: A randomized controlled trial**

**Main author: Isabella Starvaggi (Indiana University – Bloomington)**

*Co-authors: Jacqueline Howard, Robinson De Jesús-Romero, Allison Peipert, John F. Buss, Colton M. Lind, Clare Dierckman, Israel Ramirez, Lorenzo Lorenzo-Luaces*

**ABSTRACT:**

"Introduction: Low-intensity interventions such as bibliotherapy are effective for internalizing disorder symptoms and may increase the scalability of cognitive behavior therapy. Adding human guidance to low-intensity interventions may increase their efficacy.

Method: Doing What Matters in Times of Stress (DWM) is a transdiagnostic CBT bibliotherapy developed by the WHO. We recruited 219 adults online to participate in the intervention remotely, all who reported significant psychological distress. Participants were randomized to receive either guided self-help, in which they read the DWM book and attended weekly calls with a coach, or

unguided self-help, in which they were provided the book but not coaching support. Both groups completed assessments of psychological distress, well-being, cognitive reappraisal, and expressive suppression at baseline and at six weeks.

Results: Across both conditions, participants saw very large improvements in distress (SMD=1.27, 95% CI [-1.59,-0.96]), medium-large improvements in well-being (SMD=0.78, 95% CI [0.50,1.06]) and cognitive reappraisal (SMD=0.69, 95% CI [0.41,0.97]), and medium improvements in expressive suppression (SMD=-0.46, 95% CI [-0.73,-0.19]). Participants receiving guided self-help saw greater improvements in distress (SMD=-0.30, 95% CI [-0.56,-0.03]) and reappraisal (SMD=0.24, 95% CI [0.02,0.45]) than those receiving unguided self-help. There were no between-condition differences in well-being, and results regarding suppression were inconsistent across imputation models.

Conclusion: Both the guided and unguided versions of an online bibliotherapy intervention were associated with improvements in distress and well-being as well as in emotion regulation skills, a purported mechanism of CBT. However, for both internalizing symptoms and cognitive reappraisal, guided self-help was superior to unguided self-help."

- **Paper: Written Exposure Therapy for a Trans-diagnostic population: a Pilot Study.**

*Main author: Elad Zlotnick, (Hebrew University Jerusalem)*

*Co-authors: Jonathan D Huppert*

**ABSTRACT:**

"Written exposure therapy (WET) is an intervention that involves repeated writing about traumatic or anxiety-provoking experiences. It has been successful in the treatment of PTSD and GAD. WET has the potential to be used trans-diagnostically, as it can be tailored to address the specific fears and concerns of each individual. One of the advantages of WET is that it can be easily implemented online, increasing accessibility and convenience for those seeking treatment.

In order to effectively use WET for high anxiety individuals, it is important to identify the idiosyncratic core threats that are driving their anxiety. However, doing so is difficult in a self administered task, given that it involves exploring the motivations underlying one's fears. Once a core threat has been identified, WET can focus on addressing these specific fears through a series of structured writing exercises.

During WET, individuals write about their feared situations or experiences in detail, focusing on sensory experiences, thoughts, and emotions. This helps individuals confront their fears and process their emotions, leading to reduced anxiety and improved mental health.

We present programmatic research on developing an online WET intervention and pilot data on using it to assist individuals in identifying their core threats and effectively exposing themselves to them."

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**Saturday, June 24th, 2023, 12:30 - 14:00 (IST)**

Social

**Box Lunch**

Saturday, June 24th, 12:30-14:00 - Room: Concourses

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Meeting

**Interest Section Meeting: The Child, Adolescent, and Family Therapy Research (CAFTR) Special Interest Group**

Saturday, June 24th, 13:00-14:00 - Room: Swift Theatre

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Meeting

**Interest Section Meeting: Culture and Psychotherapy Special Interest Group**

Saturday, June 24th, 13:00-14:00 - Room: UI Chadhain

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Meeting

**Interest Section Meeting: SPR Interest Section on Therapist Training and Development (SPRISTAD)**

Saturday, June 24th, 13:00-14:00 - Room: Classroom 3106

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Meeting

**Interest Section Meeting: SPR Case Study Interest Group**

Saturday, June 24th, 13:00-14:00 - Room: Room 3074

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Meeting

**Interest Section Meeting: Complexity Science in Psychotherapy**

Saturday, June 24th, 13:00-14:00 - Room: Emmet Theatre

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Meeting

**Former Editors Meeting**

Saturday, June 24th, 13:00-14:00 - Room: Room 3126

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Saturday, June 24th, 2023, 14:00 - 15:15 (IST)

Panel **CE**

## Leveraging Machine Learning to Advance Psychotherapy Research

Saturday, June 24th, 14:00-15:15 - Room: JM Synge

Organizers & Moderators: Dana Atzil-Slonim (Bar-Ilan University)

### ABSTRACT:

"Recent developments in computational methods, along with the availability of datasets that can take advantage of these developments, provide unprecedented opportunities to advance psychotherapy research. Machine learning (ML) algorithms can be trained to recognize subgroups of people with similar characteristics (diagnosis), to predict treatment responses for specific clients based on these characteristics (prognosis), to make a judgment about the best treatment option for a client (treatment selection), and to provide feedback and guidance to therapists by learning from recordings of effective therapist-client interactions (process feedback).

This panel will focus on the possibilities of leveraging ML to advance psychotherapy research. The first presentation by Jaime Delgadillo will talk about a study that used network analysis to model the interactions between a range of risk and protective factors for suicidal ideation. The next presentation by Dana Atzil-Slonim will elaborate on a study that used natural language processing (NLP) to examine emotional coherence between verbally expressed emotions and self-reported emotions and the association between such coherence and clients' well-being. The third presentation, by Brian Schwartz, will discuss a study that used ML models to capture emotional valence and arousal in psychotherapy sessions automatically. The fourth presentation, by Zac Imel, will present a study that used NLP to predict clients' distress from prior session conversations. These presentations, and the discussion that will follow them by all four presenters, are expected to shed light on the possibilities and the main challenges in using ML to analyze psychotherapy data."

- **Paper: A Bayesian network analysis of psychosocial risk and protective factors for suicidal ideation**

**Main author: Jaime Delgadillo (University of Sheffield)**

*Co-authors: Sanja Budimir, Michael Barkham, Elke Humer, Christoph Pieh, Thomas Probst*

### ABSTRACT:

"Background: The aim of this study was to conduct a network analysis on data collected during the critical phase of the COVID-19 pandemic, in order to model the interactions between a range of risk and protective factors for suicidal ideation.

Methods: Bayesian network analyses were applied to cross-sectional data collected one month after the COVID-19 lockdown measures were implemented in Austria and the United Kingdom. In nationally representative samples (n = 1,005 Austria; n = 1,006 UK), sociodemographic features and a multi-domain battery of health, well-being and quality of life (QOL) measures were completed.

Predictive accuracy was examined using the area under the curve (AUC) within-sample (country) and out-of-sample.

Results: Bayesian network models had high predictive accuracy within-sample ( $AUC \geq .84$ ) and out-of-sample ( $AUC \geq .79$ ), explaining close to 50% of variability in suicidal ideation. In total, 15 interrelated risk and protective factors were identified. Seven of these factors were replicated in both countries: depressive symptoms, loneliness, anxiety symptoms, self-efficacy, resilience, QOL physical health, and QOL living environment.

Conclusions: Several psychosocial risk and protective factors have complex interrelationships that influence suicidal ideation. It is possible to predict suicidal risk with high accuracy using this information."

- **Paper: Using Machine Learning to study Emotional Coherence in Psychotherapy Sessions**

**Main author:** *Dana Atzil-Slonim (Bar-Ilan University)*

**Co-authors:** *Neha Warikoo, Amir Eliassaf, Tobias Mayer, Iryna Gurevych*

**ABSTRACT:**

"Objective: Many psychotherapy theories highlight the importance of coherence between emotional experience and emotional expression for a person's well-being. However, the empirical support for such coherence and its association with clients' well-being is surprisingly limited. In the current study we had three goals: (1) to use state-of-the-art natural language processing (NLP) models to automatically recognize clients' emotions at the utterance level; (2) to use this labeled data to examine the emotional coherence between verbally expressed emotions (VEE) and self-reported emotions (SRE); and (3) to examine the association between emotional coherence and clients' well-being.

Method: The data comprised of 872 sessions from 68 clients in psychotherapy that took place in a university outpatient clinic. Clients self-reported their well-being at the beginning of each session, and their negative and positive emotions at the end of each session. A subsample of 196 sessions was manually coded speech turn by speech turn. Next, we employed transformer-based approach to automatically label the rest of the data. Multi-level modeling was used to assess the emotional coherence between VEE and SRE and the association between such coherence and clients' well-being. Results: The emotion recognition model achieved a moderate micro F1 of 0.66. The findings indicated a significant association between VEE and SRE. Coherence in positive emotions was highly correlated with clients' well-being. These results illustrate how NLP can be applied to identify important emotional processes in psychotherapy to improve diagnosis and treatment for clients who suffer from mental health problems."

- **Paper: Using machine learning for automated emotion recognition in psychotherapy**

**Main author:** *Brian Schwartz (University of Trier)*

**Co-authors:** *Steffen T. Eberhardt, Tobias Baur, Patrick Terhürne, Elisabeth André, Wolfgang Lutz*

**ABSTRACT:**

"Background: The assessment of emotional reactions during psychological therapy via self-report questionnaires filled out after the session is prone to be biased. More reliable are continuous human ratings throughout the session, however, they are time and cost intensive. Data-informed and algorithm-based machine learning models could facilitate and objectify the assessments. Therefore,

the aim of this study was to train a model for emotional valence and arousal and to validate its measurement and predictive accuracy.

Methods: Using the software Non-Verbal Behavior Analyzer (NOVA) data of 183 outpatients treated with psychological therapy were analyzed. To improve model accuracy for valence and arousal, three approaches were compared: The model was trained based on either (1) the whole training sample, (2) an individual subsample of the training data consisting of the most similar cases, or (3) only a previous session of the same patient (idiographic approach). Measurement accuracy was determined using the correlation with human ratings. Predictive accuracy was examined by regressing self-reported emotional experiences, processes of change during the session and impairment on valence and arousal.

Results: Automatically assessed valence and arousal were significantly associated with therapist ratings of emotions. However, there was no association with patient-rated emotions. On the process level, valence was negatively correlated with patients' affective experiences during the session. Furthermore, negative valence predicted anxiety, but not depressive symptoms.

Conclusions: NOVA can train emotion recognition models to measure emotional valence and arousal. The automated assessments are associated with in-session affective experiences and predict anxiety symptoms."

- **Paper: Prediction of distress in psychotherapy from prior session conversation**

**Main author: Zac Imel (University of Sheffield)**

*Co-authors: Patty Kuo, Michael Tanana, Simon Goldeberg, Derek Caperton, David C. Atkins*

**ABSTRACT:**

"Background: Ratings of client distress are a foundational component of measurement-based care but have been difficult to implement. The words spoken in the session should provide some indication of a client's distress. Natural language processing (NLP) is a subfield of machine learning that may facilitate feedback to therapists on client distress on a large scale. However, there have been limited studies applying NLP models to client outcome prediction that have (a) used transcripts of therapist-client interactions as direct predictors of client symptom improvement, (b) accounted for contextual linguistic complexities, and (c) used best practices in classical training and test splits in model development.

Methods: Using 2,630 session recordings from 795 clients and 56 therapists, we developed NLP models that directly predicted client symptoms of a given session based on session recordings of the previous session

Results: The correlation between session content and symptom ratings from a subsequent session were significant (Spearman's  $\rho = 0.32$ ,  $p < .001$ ).

Conclusions: Our results highlight the potential for NLP models to be implemented in outcome monitoring systems to improve quality of care. We discuss implications for future research and applications."

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**Panel**

## **Innovations and Challenges in E-Mental-Health**

Saturday, June 24th, 14:00-15:15 - Room: Emmet Theatre

*Organizers & Moderators:* Markus Moessner (University Hospital Heidelberg) Stephanie Bauer (University Hospital Heidelberg)

**ABSTRACT:**

A large number of trials and meta-analyses supports the efficacy for digital mental health interventions for a variety of mental disorders. This panel presents and discusses approaches and research strategies beyond testing the efficacy of stand-alone e-mental-health interventions. We will present results from an internet-based intervention that addresses loneliness, which is a common phenomenon in the population and a great threat to public health, but very often below the level of impairment that qualifies to receive psychotherapy. Two approaches that combine face-to-face and technology-based components in psychotherapy (blended treatment) will be presented: One study evaluates a transdiagnostic web-based emotion regulation intervention in psychiatry, the second one evaluates an app that targets intersession processes in psychotherapy. Finally, we will present results of a systematic review of non-inferiority studies comparing e-health and face-to-face interventions. In summary, this panel presents a broad range of innovative e-mental-health approaches highlighting the potential of these technologies to complement traditional care.

- **Paper: Efficacy of an internet-based self-help intervention for chronic loneliness - A three-arm randomized controlled trial**

*Main author: Tobias Krieger (University of Bern)*

*Co-authors: Andrej Skoko, Anton Käll, Gerhard Andersson, Thomas Berger, Noemi Seewer*

**ABSTRACT:**

Chronic loneliness is a common phenomenon in the population and has been repeatedly linked to impaired mental and physical health. To date, there is still little research on low-threshold interventions at the individual level that are effective in reducing loneliness. The aim of the present study is to investigate the (long-term) efficacy of a low-threshold internet-based self-help intervention against loneliness (SOLUS-D). For this purpose, 253 adults with increased levels of loneliness from the general population were randomly assigned to either one of the two intervention conditions (SOLUS-D with guidance or SOLUS-D with automated messages) or a waiting control group. SOLUS-D consists of 9 modules and is based on cognitive-behavioral principles. Participants filled out questionnaires at baseline, mid-intervention (5 weeks), and post-intervention (10 weeks), as well as 6 and 12 months after randomization. The primary outcome measure is loneliness, secondary measures include depressive symptoms, self-esteem and life satisfaction. Furthermore, usage of the intervention and satisfaction with the intervention was assessed. In the current talk, the online programme will be introduced, and first results on primary and secondary outcomes will be presented. Finally, these results will be discussed against the background of previous research on the topic.

- **Paper: “Blended Treatment” in psychiatric inpatient care: First results of a pilot randomized controlled trial**

*Main author: Gwendolyn Wälchli (University of Bern)*



*Co-authors: Laura Bielinski, Thomas Berger*

**ABSTRACT:**

"Mixed treatments in which Internet interventions and regular face-to-face psychotherapy sessions are combined, are less well known. Even fewer web-based interventions have been investigated as an add-on to standard therapy in the acute inpatient setting.

The aim of our study 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 should be completed by the time of the conference. 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."

- **Paper: Evaluation of a smartphone app to support intersession processes in psychotherapy: a pilot study with psychotherapists in training**

**Main author: Gvantsa Jinashvili (University of Zurich)**

*Co-authors: Markus Wolf, Mateusz Dolata, Dzmitry Katsiuba, Birgit Watzke*

**ABSTRACT:**

"Mobile apps are accessible anywhere and anytime, providing the option to complement psychotherapy. Intersession processes (ISP) describe engagement with therapy between sessions and are assumed to have significant meaning for therapy outcome. In a collaborative research project, we developed the app ""InMind"" which promotes patients' ISP. This pilot study aimed to evaluate the first prototype of the app with psychotherapists in training.

Method: A mixed methods study was conducted with N=30 psychotherapists in training (age: M = 33.8 years (SD = 8.4), therapeutic background: systemic (14), CBT (9), humanistic (7)). Therapists tested the app for approx. 3 weeks from a patient's perspective and answered web-based questionnaires before (t0) and after (t1) the test phase. Moreover, they participated in semi-structured interviews, which were analysed using the inductive qualitative analysis method.

Results: Participants showed positive attitudes towards online interventions and high technology readiness at t0. The sample reported high usability and satisfaction with the app at t1. Qualitative data suggest that, on average, the participants found the app useful for psychotherapy patients. Participants suggested implementing data-sharing options and refining the app's reward system and user instructions to further improve the app.

Discussion: In this systematic evaluation of the InMind app we were able to cover a broad range of therapeutic approaches; however, the results point to selectivity in the sample. Despite considerable recruitment efforts, psychodynamic therapists are not represented in the study. Targeted

improvements of specific features will be pursued. The next step will be to evaluate the app in outpatient psychotherapy."

- **Paper: Systematic Review of non-inferiority and equivalence trials in e –health and face-to-face treatments for mental health conditions**

**Main author: Markus Moessner (University of Bern)**

*Co-authors: Robin Bullenkamp, Stephanie Bauer*

**ABSTRACT:**

"Technology-based interventions have proven their usefulness and efficacy for a variety of mental disorders. A number of meta-analyses concludes that e-health interventions are as effective as face-to-face psychotherapy. Given the often lower costs of e-health interventions, one might argue that face-to-face psychotherapy will not be that important anymore in the future. This systematic review aggregated the evidence for equivalence and non-inferiority of e-health interventions for mental disorders.

Methods: A systematic review of equivalence and non-inferiority RCTs has been conducted. Studies that compared a face-to-face with an in-person condition, targeted mental health, and were published in a peer-reviewed journal in English language were included. Study quality was rated, with a special focus on the non-inferiority margins.

Results: N=37 studies were included in the review, the majority of which were non-inferiority trials (N=34), most commonly depression (N=8) and PTSD (N=7) were investigated, sample sizes ranged from N=38 to N=763. In most cases the face-to-face condition was not a comprehensive psychotherapy, but rather a low-intensity intervention. The majority of studies (73%) concluded non-inferiority or equivalence. The average non-inferiority margin corresponded with a medium effect size (Cohen's  $d=0.64$ ).

Discussion: The majority of trials conclude non-inferiority. Yet, given the huge non-inferiority margins and overall poor quality of the trials, assuming equivalence seems premature. Moving forward, it might be more promising to develop strategies how these two settings can complement each other."

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**Panel**

## **Developing Knowledge through Qualitative Research within Practice-Research Networks. Findings from Psychotherapy Research Studies**

**Saturday, June 24th, 14:00-15:15 - Room: Davis Theatre**

*Organizers & Moderators:* Christian Moltu (District General Hospital of Førde)

*Discussants:* Heidi Brattland (St. Olavs University Hospital)

**ABSTRACT:**

Qualitative research has a significant place in the practice-based evidence paradigm. In particular, well-designed qualitative research brings the potential of contributing nuanced knowledge about psychotherapy processes and outcomes. Moreover, this research approach helps us explore how therapists and clients experience implementation and application of psychotherapeutic tools and

practices. This allows us to develop a better scientific understanding of psychotherapy in naturalistic settings as it is applied, which is key to foster the constructive relationship between the clinics and research. This panel brings together four projects that have applied qualitative methods to develop knowledge about clinical practice. The first presentation describes an advanced interpersonal process recall study of psychotherapy micro-process outcomes, exploring experienced outcomes immediately after emotional activation in psychotherapy. Next, a research team from the substance abuse setting in Norway has studied relational processes in the initial session of SUD therapy. These two presentations generate hypotheses about pivotal therapeutic processes. The two following presentations will address the use and utility of clinical feedback tools in the psychotherapy encounter. The first presentation is a systematic review and meta-analysis of all qualitative studies of how ROM is used within therapeutic processes, and the second is a primary study of ROMs experienced value, use and effect on psychotherapy from the patient perspective. Between them, these two studies add important insight into how clinical feedback can be integrated into clinical processes. The panel discussant will integrate and reflect on these papers from her dual experience from the clinical and research setting.

- **Paper: Movement, felt insight, grief and liberation: the client's perspective of inner changes after approaching emotions in psychotherapy**

**Main author:** *Gøril Solberg Kleiven (District General Hospital of Førde)*

**Co-authors:** *Aslak Hjeltnes, Christian Moltu*

**ABSTRACT:**

"Objective: In-session activation and processing of emotions is important in facilitating psychotherapeutic change. This study explore how clients experience inner changes after approaching emotions in session. The aim was to support client's exploration of in-the-moment experiences in a naturalistic psychotherapy context, to retrieve in-depth descriptions of their experiences.

Methods: Two psychotherapy sessions (session number 3/4, and session number 7/8) of clients (N = 11) were videotaped and immediately followed by semi-structured interviews of the clients in the format of Interpersonal Process Recall (IPR). The interviews were analysed using thematic analysis.

Results: Four themes resulted from our analyses: 1. felt clarity; 2. induced emotional movement; 3. compassionate grief and self-affirmation; 4. relief and liberation.

Conclusion: IPR facilitated rich and multi-layered descriptions of micro-impacts of psychotherapy processes. The resulting themes were based on client's reflective responses, which took into considerations the "felt quality" of in-session experiences. We will discuss the results in the context of the existing empirical literature on change mechanisms in psychotherapy."

- **Paper: How do clients and therapists experience the relationship to each other in the first session of substance use disorder treatment?**

**Main author:** *Øyvind Kyrre Grindheim (Norwegian University of Science and Technology)*

**Co-authors:** *Heidi Brattland, Christian Moltu, Andrew Athan McAleavey, Kristin Tømmervik, Hege Govasmark, Valentine Iversen*

**ABSTRACT:**

"Background: When client and therapist meet for the first time, initial impressions and interactions may shape lasting relational patterns. Such patterns can either facilitate therapeutic processes or

create decisive barriers in the further treatment course – possibly reflected in the frequent dropout during the initial phase of treatment. However, subtle psychological and relational processes are often difficult to observe or measure quantitatively.

**Aim:** This study investigates how clients and therapists in a specialized substance use disorder treatment setting experienced the first session. The aim is to illuminate subjective experiences and to identify possible facilitators and barriers to successful treatment seen from both client and therapist perspective.

**Methods:** The study is based on a qualitative approach and semi-structured interviews of both clients (n=12) and therapists (=12). Interviews were transcribed verbatim and analyzed based on thematic analysis. Member checking focus groups will be conducted to enhance reflection and trustworthiness of the interpretations.

**Results:** At the present time the analysis is a work in progress. Themes are therefore not fully defined but will be in the months to come. When organized according to a timeline seven preliminary shared processes were identified for both samples; (a) points of departure; (b) forming first impressions; (c) balancing acts; (d) seeking feedback from the other; (e) incipient second impressions; (f) working together or apart; and (g) afterthoughts. More specified sub-themes will be worked out for clients and therapist respectively."

- **Paper: Therapists' and patients' experiences of using quantitative instruments for patients' self-report in ongoing psychotherapy processes – a systematic review and meta-analysis of qualitative studies**

**Main author:** *Janne Cecilie Øvreivold Låver (Western Norway University of Applied Sciences)*

**Co-authors:** *Andrew Athan McAleavey, Irene Valaker, Christian Moltu*

**ABSTRACT:**

"Background: Using patient-generated quantitative data in psychotherapy (feedback) appears to enhance treatment outcome, but research effect is inconclusive. Knowledge on how this data is used by therapists and patients is insufficient. The present study is a synthesis of qualitative reports of therapists' and patients' experiences in using patient-generated quantitative data in psychotherapy, in order to better elucidate the effects of feedback tools on the participants.

**Method:** Systematic review and meta-analysis of qualitative studies. Search was conducted in PsycInfo, Medline and Web of Science and yielded 8963 results, of which 29 eligible articles. Data analysis was informed by a descriptive-interpretative approach as reported in Timulak (2009) and by thematic analysis as reported in Braun and Clarke (2006).

**Results:** Four main categories of use were identified: (1) nomothetic uses for assessment, process monitoring, treatment planning and adjustments with measures used as objective markers; (2) intrapersonal uses enhancing self-awareness, initiating reflection, and influencing patients' mood or responses; (3) uses that prompt interactional processes by facilitating communication, supporting exploration, creating ownership in patients, changing treatment focus, enhancing therapeutic alliance, or creating a disturbance in the psychotherapy process; and, (4) patients responding for specific purposes due to uncertainty, interpersonal motives or strategic responding to achieve a desired result. These results demonstrate that patient-reported data when used in active psychotherapy is very clearly not just an objective measurement of client functioning: the inclusion of measures changes psychotherapy in numerous ways. We will discuss the results in light of contemporary theory and data on routine outcome monitoring."

- **Paper: Patient perspectives on systematic client feedback, preliminary results of a qualitative study**

**Main author: Bram Bovendeerd (University of Groningen)**

*Co-authors: Kim de Jong, Erik de Groot, Jos de Keijser*

**ABSTRACT:**

"Objective: The added value of systematic client feedback (SCF) can be affected by patient perspectives. Current study explores the effect of patient perspectives on the use and effect of SCF. Method: Four patients were interviewed on their perspective on the use of SCF, when the Partners for Change Outcome Management System (high frequent), the Outcome Questionnaire (OQ-45, low frequent) and the Mental Health Continuum (low frequent) was added to treatment as usual. Interview topics were their views on a) SCF in general, b) the used questionnaires, c) the used frequency, d) its effect on therapy, and e) its perceived added value. Reflexive thematic analysis by a SCF expert team was used to analyse the interviews. Presentation: The preliminary results of patient perspectives on the use and effect of SCF will be presented"

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**Panel**

## **Development of Psychotherapy Trainees: New Qualitative and Quantitative Findings from the SPRISTAD Longitudinal Study**

**Saturday, June 24th, 14:00-15:15 - Room: Swift Theatre**

*Organizers & Moderators: Armin Hartmann (University Hospital Freiburg)*

*Discussants: Helene Amundsen Nissen-Lie (University of Oslo)*

**ABSTRACT:**

Over the past decade, members of SPRISTAD (the SPR Interest Section on Therapist Training and Development) have collaboratively designed and conducted a long-term, longitudinal, multi-national study of psychotherapy trainees' learning and practice experiences, as shaped by their training programs and individual characteristics. The main instruments devised for the study—the initially administered Trainee Background Information Form (TIBF) and the recurrently administered Trainee Current Practice Report (TCPR)—contain both scaled quantitative items for statistical analysis and free-format text-response questions for qualitative analysis. Presently available data were collected from as many as 1300 trainees in 14 countries (nine within Europe, two each in North and South America, and one in Asia). Training programs included analytic/psychodynamic, cognitive-behavioral, humanistic, and a variety of other specific theoretical orientations. Progress reports and results from the SPRISTAD study have been presented annually at international SPR conferences. The current panel offers three new studies: (1) A quantitative analysis of data from about 460 trainees delineating the patterns of trainees' therapeutic work associated with their ongoing experiences of professional growth and depletion (Orlinsky et al.). (2) A qualitative analysis of textual data from over 400 trainees reflecting the development of their

self-acknowledged limitations as therapists over the early stages of training (Schröder et al.). (3) A quantitative analysis of differential patterns of change over time in therapeutic practice difficulties among several groups of trainees (Willutzki et al.). Discussion will focus on how these and other SPRISTAD research variables represent core aspects of therapist training and development.

- **Paper: Therapeutic Work Correlates of Psychotherapist Trainees' Currently Experienced Development**

**Main author: David Orlinsky (University of Chicago)**

*Co-authors: M. Helge Rønnestad, Ulrike Willutzki, Thomas Schröder, Erkki Olavi Heinonen, Armin Hartmann*

**ABSTRACT:**

"Aim. The SPR Interest Section on Therapist Training and Development (SPRISTAD) longitudinal study of psychotherapy trainees aims to delineate and understand the processes by which candidates for training become professional psychotherapists. One way we assess this development is by tracking trainees' experiences of positive and negative change and the circumstances that promote them, as well as plotting other changes over time (e.g., increasing clinical skills, decreasing difficulties in practice). This paper presents initial findings on the therapeutic work correlates of trainees' currently experienced development.

Method. Reliable multi-item scales of 'Current Professional Growth' and 'Current Professional Loss' (based on data from 11,000 therapists in a previous study) were included in the current study's Trainee Current Practice Report (TCPR) to assess positive and negative changes. Trainees also described many aspects of their therapeutic work experience with clients. Assessments of current change and work experience were available from about 460 trainees from many countries.

Results. For Current Professional Growth,  $M=7.4$  ( $SD=1.6$ ); for Current Professional Loss,  $M=1.4$  ( $SD=1.3$ ), on 0-10 scales. Moderately strong correlations (.30 to .40) with Growth were found for Basic Relational Skills, Technical Expertise, Effectively relating to clients, using Constructive Coping strategies, and feeling Responsive and Flow during recent sessions. Moderately strong correlations of Current Professional Loss were found with Difficulties in practice, Avoidant/Attacking Coping strategies, and feeling Anxious during recent sessions.

Discussion. Implications of the positive and negative profiles of change experienced by trainees and the patterns of therapeutic work associated with them will be discussed."

- **Paper: Development of self-acknowledged limitations over the early stages of psychotherapy training**

**Main author: Thomas Schröder (University of Nottingham)**

*Co-authors: S. Choudhary, Irene Messina, Erkki Olavi Heinonen, David E Orlinsky, M. Helge Rønnestad, Ulrike Willutzki*

**ABSTRACT:**

"Aim: Self-awareness is integral to reflective clinical practice, including awareness of one's limitations as a therapist, which should develop especially during the early stages of training. Learning how that occurs is one focus of the SPRISTAD longitudinal study, and could provide help to trainers and a framework for trainee self-practice.

Method: A free-format question in the TCPR asked trainees initially and at six-monthly intervals:

'What do you feel is currently your most problematic limitation as a therapist/counselor?' Responses

were investigated by deductive qualitative content analysis, using a coding manual developed in a previous study, validated against a sample (n=367) of qualified UK therapists, and adapted for trainees. German and Italian subsamples were initially analyzed (N=405). Translations to English were checked by native speakers before coding independently by two raters (kappa=.73, discrepancies resolved by discussion). Findings from three time points were compared with the UK sample of qualified therapists.

Results: (1) About half the responses attracted more than one coding category. (2) Limitations attributed to internal factors declined over the first year of training to levels found in qualified therapists. (3) Limitations attributed to external factors attenuated over the first year to below frequencies in qualified therapists.

Discussion: Beginning therapists' awareness of limitations shifts rapidly from intrapersonal to interpersonal and operational attributions. Within 12 months, the balance approximated that of qualified therapists, and perceptions of external constraints change for the better to be more positive than of qualified practitioners, pointing to a potential 'practice shock' after the end of training."

- **Paper: Therapists' personal and professional pathways into the profession – what impact do they have on their initial training experiences?**

**Main author: Ulrike Willutzki (Universität Witten/Herdecke)**

*Co-authors: Armin Hartmann, M. Helge Rønnestad, Thomas Schröder, David E Orlinsky*

**ABSTRACT:**

"Experiences of professional development in training are likely to be different for trainees with more or less prior life experience, and for those with prior experience in other professions (Rønnestad & Skovholt, 2012). Psychotherapy trainees taking part in the SPRISTAD study (Orlinsky, Strauss, Rønnestad et al., 2015) enter their training following quite diverse pathways (Willutzki et al., in prep.). For example, with respect to personal life there is a subgroup of relatively young trainees with a well-nurtured background vs. a relatively older subgroup whose childhood experiences were more difficult; on the professional side, a subgroup can be differentiated of inexperienced but academically well prepared trainees vs. a subgroup with prior professional experience in areas that are not classical entry fields into psychotherapy.

On the basis of a cluster analysis of 846 therapists-in-training from 11 countries, clusters of the personal and professional pathways into the profession are compared concerning (a) their entry into the profession, and (b) their initial training experiences. Subsamples are also analysed regarding the theoretical orientation they have chosen.

Implications for training in the different subgroups are discussed; specifically, how the differentiation of pathways into the profession provides a starting point for the longitudinal analysis of training experiences.

References Rønnestad, M.H. & Skovholt, T. (2012). *The Developing Practitioner*. New York: Routledge."

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Panel

## **Advances and new approaches in psychotherapy case formulation**

Saturday, June 24th, 14:00-15:15 - Room: UI Chadhain

*Organizers & Moderators:* Felipe Concha-Aqueveque (Universidad Diego Portales)

*Discussants:* Ueli Kramer (University of Lausanne)

**ABSTRACT:**

This panel seeks to update the discussion of case formulation (CF) in psychotherapy. First, Tracy D. Eells and Keneth Lombart present an update on their Case Formulation Content Coding Method. Then, Felipe Concha and Claudio Martinez present their findings on the psychophysiological markers of experts in CF. Third, Luis Botella and Luis Saul present their model of FC with fuzzy cognitive maps. Fourth, Ciro Caro et al. present a scale to evaluate the client's experience during CF in Emotion-focused psychotherapy. Finally, Ueli Kramer provides an analysis of the lectures

- **Paper: A New (Old) Tool for Assessing Case Formulation Quality: The Case Formulation Content Coding Method - Revised**

*Main author:* Tracy D. Eells (University of Louisville)

**ABSTRACT:**

Psychotherapy case formulation is consensually viewed as an essential psychotherapy skill, regardless of one's theoretical orientation. However, evidence suggests that clinicians, even those who are highly experienced, vary greatly in their formulation skills and many lack case formulation competence, which may in turn adversely affect the delivery of effective psychotherapy. To address the problem of case formulation competence, a sound psychometric tool is needed to measure case formulation quality, primarily for training purposes, but also for research. Such a tool should be reliable, valid, easy to use, theoretically neutral, and should provide practical and useful feedback to help the clinician improve case formulation skills and apply the formulation to treatment. This talk will review the status of case formulation quality measures and will introduce a revision of the Case Formulation Content Coding Method (CFCCM). The revised CFCCM is a basic case formulation quality assessment tool that is evidence-based, applicable to case formulations based on any theoretical framework and can be scored quickly. We will present preliminary reliability and validity data based on formulations developed by novice, experienced and expert formulators who identify themselves primarily as psychodynamic or cognitive behavioral in orientation.

- **Paper: Psychophysiological markers of expertise in case formulation**

*Main author:* Felipe Concha-Aqueveque (Universidad Diego Portales)

*Co-authors:* Claudio Martínez

**ABSTRACT:**

Currently, there are studies on the differences in case formulation quality between experts and non-experts. However, these studies are based on the method of verbalization aloud, which does not allow access to non-declarative aspects of expert behavior. In this work, we aim to show the preliminary results of a comparative study of psychophysiological variables between experts and non-experts in case formulation. Participants analyzed clinical vignettes and neutral texts while their ocular behavior, electrodermal activity, and cardiac activity were measured. The study hypothesizes that experts will be more efficient at reading clinical text, having a shorter reading time, higher frequency of gaze fixations on relevant areas of the text, and lower rate of fixations on redundant



areas. It is also hypothesized that the experts will have a lower physiological activation when performing the task. The results of this study could help in the development of better training methods in case formulation by understanding non-declarative aspects of expert behavior in this area

- **Paper: The Use of Fuzzy Cognitive Maps in Psychotherapy Case Formulation**

**Main author:** *Luis Botella (Facultat de Psicologia, Ciències de l'Educació i l'Esport Blanquerna; Universitat Ramon Llull, Barcelona)*

**Co-authors:** *Luis Ángel Saul*

**ABSTRACT:**

This presentation focuses on the use of Fuzzy Cognitive Maps for case formulation and as a tool to facilitate the process of change in psychotherapy. We will present the conceptual basis of the method as well as its basic mathematical procedure. We will exemplify its use by means of a case example.

- **Paper: Assessing clients' experience of disciplined case formulation in Brief Emotion-Focused Therapy**

**Main author:** *Ciro Caro (Universidad Pontificia Comillas)*

**Co-authors:** *Álvaro Quiñones, Carla Ugarte*

**ABSTRACT:**

Case Formulation (CF) has been usually understood both as a process and as a product. In addition, the experience of 'receiving' a CF has also been investigated, mainly in terms of its positive or negative impact on the client. However, this third dimension of CF has remained relatively neglected although it may be determinant for the appreciation of CF as a professional clinical competence, and for the quality and effectiveness of therapy as well. So, we have developed a conceptual model of what a good experience of CF should be, and have translated it into a self-report scale. The scale has been tested in the context of a case series study of Brief Emotion-Focused Therapy (7 sessions) in which disciplined CF plays a pivotal role. In addition to the preliminary psychometric properties of the scale, this work addresses the relationships between the dimensions assessed by the scale and the case-by-case performance and experiences of the clients participating in the study.

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**Panel**

## **Examining evidence-based bridges between orientations – the case of cognitive behavioral therapy for anxiety disorders**

**Saturday, June 24th, 14:00-15:15 - Room: Classroom 3106**

**Organizers & Moderators:** Christoph Flückiger (University of Kassel), Louis Castonguay (Penn State University)

**ABSTRACT:**

Anxiety disorders are among the most prevalent mental disorders. Traditionally, the efficacy of cognitive behavioral therapy (CBT) has been emphasized, potentially neglecting the merits of other orientations. This panel reviews current approaches to the exploration of psychotherapy integration for anxiety disorders. Castonguay et al. discuss the potential relevance of within-patient and between-patient effects under Rogerian conditions. Flückiger et al. discuss the results of a

multilevel meta-analysis on the relative efficacy of Applied Relaxation vis-a-vis CBT. Hunger et al. present preliminary results on the extent to which individual therapy has a positive effect on partner well-being in CBT and Systemic Therapy. Hoyer et al. present the results of a survey of CBT therapists on the extent to which they use exposure therapy in their practice with anxiety patients. The results are critically discussed in terms of clinical implications and psychotherapy training.

- **Paper: Rogerian conditions of change in cognitive behavioral therapy for generalized anxiety disorder: Parsing between- and within-client effects on subsequent outcome**

**Main author: Louis Castonguay (Penn State University)**

*Co-authors: Alice E. Coyne, Michael J. Constantino, James F. Boswell, Michelle G. Newman*

**ABSTRACT:**

Objective: Although considerable research has been conducted on Rogerian conditions of change, most has focused on insight-oriented therapies. In addition, many existing studies were conducted several decades ago, without the benefit of recent statistical advances. For example, multilevel modeling can parse process-outcome correlations into their between-client (general differences among clients) and within-client (change over time for a given client) components, thereby providing more nuanced information. The goal of this study is to address these gaps by examining parsed condition-outcome associations for the therapist empathy, positive regard, and congruence in cognitive behavioral therapy (CBT) for generalized anxiety disorder (GAD). Methods: Data derive from a randomized clinical trial involving 69 clients treated with variants of CBT. Clients rated their perceptions of the Rogerian conditions at sessions 1, 4, 8, and 12 via the Barrett-Lennard Relationship Inventory. They also rated their GAD symptoms weekly using a daily diary. Results: We will use multilevel models to examine the prediction of subsequent outcome from the Rogerian conditions at the between- and within-client levels. Conclusion: A multilevel analytic approach may provide a more nuanced perspective on Rogerian condition-outcome associations, such as gaining a better understanding of whether these conditions represent active change agents/processes (within-person association) or more generally facilitative factors (between-person) that could support/boost the effectiveness of other active therapy ingredients in the context of CBT for GAD. The results will be discussed with regard to their empirical, clinical, and integrative implications.

- **Paper: Applied Relaxation for Generalized Anxiety Disorder is effective – A Longitudinal Multilevel Meta-Analysis**

**Main author: Christoph Flückiger (University of Kassel)**

*Co-authors: Katja Carratta, Greta Probst, Andreea Vişlă, Juan Martin Gomez Penedo, Bruce E. Wampold*

**ABSTRACT:**

Objective: This meta-analysis examined the relative efficacy of bona fide psychotherapy conditions in generalized anxiety disorder (GAD) from posttreatment to follow-up in adults. Methods: Omnibus tests of relative efficacy across bona fide psychotherapies for primary and secondary outcomes were conducted. Longitudinal multilevel subgroup analyses investigated, (a) applied relaxation versus cognitive behavioral therapy (CBT) without applied relaxation and (b) well-established CBT versus augmented integrative CBT. Results: In total, 54 repeated effect sizes nested in 23 studies were included in this meta-analysis. Omnibus test of relative efficacy indicated no significant differences

among the bona fide psychotherapy contrasts in primary and some differences in secondary outcomes. When contrasting applied relaxation with CBT without applied relaxation, negligible relative efficacy differences were found at each assessment time. There were small efficacy differences in favor of augmented integrative CBT in comparison to well- established CBT. Conclusion: Small relative efficacy differences were found between bona fide psychotherapies in GAD.

- **Paper: Significant others' psychosocial improvement in Cognitive Behavioral Therapy compared to Systemic Therapy (ST) of adult patients with social anxiety disorder**

**Main author: Christina Hunger (University of Witten)**

*Co-authors: Rebecca Hilzinger, Nikola Bergmann, Johannes Mander, Hinrich Bents, Beate Ditzen, Jochen Schweitzer*

**ABSTRACT:**

"Background: A spillover effect of patient-centered psychotherapy is associated with the reduction of significant others' burden, especially of partners. This study investigated the influence of Cognitive Behavioral Therapy (CBT) and Systemic Therapy (ST) on significant others' burden of adult patients with social anxiety disorder

Methods: Significant others (CBT = 13 patients; ST = 16 patients) were assessed with respect to their psychosocial burden (Burden Assessment Scale, BAS) and psychological and physical impairment before the start and at the end of patients' psychotherapy (41% partners).

Results: Considering all significant others, there was a significant reduction in psychosocial burden (BAS) with medium effects (KVT:  $d = .56$ , ST:  $d = .59$ ,  $p = .050$ ). Psychological and physical impairment (BSI), which was already in the normal range before the start of therapy, did not showed significant improvement. Considering partners only, the merged CBT and ST group demonstrated significant reduction in BAS with medium effect ( $d = .76$ ,  $p = .025$ ) and in BSI a trend of improvement with large effect ( $d = .91$ ,  $p = .068$ ). Alternative caregivers benefited less from CBT and ST, although the burden of both groups was balanced at baseline.

Discussion: Patient-centered psychotherapy with predominantly only one member (patient) of the affected system (patient, partner) can contribute to the reduction of psychosocial caregiver burden, especially in the case of partners."

- **Paper: Can talking be enough to overcome anxious avoidance? A survey among German licensed behavior therapists**

**Main author: Jürgen Hoyer (Technische Universität Dresden)**

*Co-authors: Andre Pittig*

**ABSTRACT:**

"Introduction. Exposure-based interventions are efficacious and effective. Their status as treatment of choice for the anxiety disorders is relatively undoubted, but many practitioners seem reluctant to apply them in routine care.

Objective. While previous studies demonstrated non-usage of exposure to be attributable to avoidance tendencies of the patients and to technical barriers for the application of exposure, this study examined also the role of "alternative" practitioners' beliefs about appropriate anxiety treatment.

Methods. In a postal survey, we received feedback from N = 356 licensed behavioral therapists in Germany. Among scales assessing therapists' beliefs about exposure, the questionnaire also included a 10-item-list of possible therapeutic considerations for not applying exposure.

Results. Specific patient characteristics (such as not being motivated or being emotionally instable) were among the reasons preventing adequate exposure treatment, but many therapists conceded that they did not deem exposure necessary at all. For example, therapists agreed with the idea that talking alone would lead to sufficient progress (56.2% agreement), that "general therapeutic effects might be sufficient for remediating anxiety symptoms" (53.3%) or that improvement of a comorbid condition would lead to a concurrent improvement of the anxiety disorder even without explicit usage of exposure (50.5%).

Conclusion. The study extends the knowledge about the reasons for under-usage of the most efficient anxiety treatment. Many well-trained therapists seem to rely on subjective theories, borrowing from other therapeutic orientations, where exposure is not—or might not be – necessary for successful anxiety treatment."

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Panel **CE**

## **Borderline Personality Disorder: Attachment and Intervention Development**

**Saturday, June 24th, 14:00-15:15 - Room: Classroom 3074**

*Organizers & Moderators:* Robert Gregory (SUNY Upstate Medical University)

*Discussants:* Alex Behn (Pontificia Universidad Católica de Chile)

### **ABSTRACT:**

"BPD has been the focus of great interest due to its complexity in terms of diagnosis and treatment. The first attachment relationships, as well as the subsequent ones, have a preponderant role in the risk of borderline vulnerabilities. Today BPD is a treatable condition, but it must be diagnosed and treated early, and the treatment must incorporate variables related to attachment dynamics, as well as identify other needs that have not yet been satisfied.

In this panel, two studies related to attachment experiences and their relationship with BPD will be reviewed: The first evaluates parental mentalization and the second evaluates specific aspects of attachment relationships in the development of BPD. Subsequently, a study will be presented that seeks to collect the information needed for diagnosis and treatment of BPD so that this information can later be incorporated into general interventions. Finally, the results will be presented of a naturalistic study of suicidal adolescents with BPD treated with dynamic deconstructive psychotherapy."

- **Paper: Dynamic Deconstructive Psychotherapy for Adolescents with Borderline Personality Disorder**

*Main author:* Robert Gregory (SUNY Upstate Medical University)

*Co-authors:* Helfrich Jessica

### **ABSTRACT:**

"Borderline personality disorder (BPD) in adolescents is associated with increased risk for self-harm, suicide and severe impairment. However, few treatment models have been developed for this population and results have been mixed. The present study examines the naturalistic outcomes of suicidal adolescents with BPD treated weekly with dynamic deconstructive psychotherapy (DDP), an empirically supported individual therapy model originally developed for adult BPD.

The sample included 49 consecutive adolescents with BPD treated at an outpatient specialty program for youth at high risk for suicide. Age range was 13-17, with mean of  $15.94 \pm .99$  years. BPD diagnosis was determined by SCID-II interviews; each symptom criterion had to be present in a variety of contexts for at least 2 years. The primary outcome was Borderline Severity over Time (BEST) scores from baseline to 6 months.

36 clients (73%) completed at least 6 months of treatment with DDP. BEST scores decreased from a mean of  $49.56 \pm 10.53$  to  $37.72 \pm 11.06$  at 6 months ( $d = 1.10$ ; CI .60-1.59). On secondary measures, mean level of suicide ideation decreased by 34%, suicide attempts decreased by 89%, and self-harm decreased by 83%. Difficulty identifying emotions improved from a mean of  $3.54 \pm .79$  to  $2.87 \pm .90$  ( $d = .79$ ; CI .31-1.27). and self-compassion improved from  $2.12 \pm .61$  to  $2.60 \pm .65$  ( $d = -.76$ ; CI .28-1.24).

DDP is a promising treatment for adolescent BPD, with pre-post treatment effects similar in magnitude to adult BPD clinical trials."

- **Paper: Moving Beyond Categories: Contextualizing emerging adults' attachment experiences in specific relationships**

**Main author: Mehak Sikand (Jindal Global University)**

**Co-authors: Poornima Bhola, Meena KS**

**ABSTRACT:**

"Theoretical models have implicated early attachment disturbances in the development of borderline personality (BP) vulnerabilities. Still, they have described them in a categorical and deterministic manner ignoring the relationship-specific aspects of attachment. As emerging adulthood is a developmental stage where relationships are reorganized, understanding attachment experiences with parents separately, peers, best friend, and romantic partners become crucial.

As part of a larger study examining the predictors of BP features among college-going emerging adults in the community, interviews were conducted with 11 participants with higher levels of BP features. The Relationship Anecdote Paradigm Interview was used to explore participant narratives about their experiences and interactions in relationships with mother, father, siblings, best friend, and romantic partner. Core Conflictual Relationship Theme method was used to analyse patterns of CCRT components (Wish (W), Responses from Others (RO) and Responses of Self (RS)) across different relationships.

Results highlighted that the CCRT components varied depending on the specific relationship and the level of BP features. With both mother and father, the most frequent RO and RS across participants were negative (RO rejecting and opposing; RS feeling disappointed and depressed) while for best friend and peer, they were more positive (RO being helpful; RS being helpful). Those participants with the highest levels of BP features most frequently perceived others to be rejecting and opposing (RO) and most frequently felt disappointed and depressed (RS). These findings shed light on the importance of contextualizing attachment experiences in specific relationships, rather than a deterministic, single-path model associated with BP vulnerabilities."

- **Paper: The Mother-Child story task: Mapping parental mentalizing in mothers with borderline personality vulnerabilities**

**Main author:** *Kanika Mehrotra (National Institute of Mental Health and Neurosciences)*

**Co-authors:** *Poornima Bhola, Geetha Desai*

**ABSTRACT:**

"Disruptions in attachment and impairments in mentalization may pose additional challenges for parenting roles among persons with borderline personality vulnerabilities (BPV). Sensitive and contextualised measures of parental mentalization can support the identification of any difficult patterns in navigating the relationship with the child. We discuss the development of a vignette-based-measure - Mother Child Story Task' (MCST) and examine the similarities and differences in parental mentalization between mothers with BPV and mothers from the community. The MCST was developed through an iterative process that included interviews and consultations with mental health practitioners, cultural psychologists, gynaecologists and paediatricians. The measure consists of ten vignettes describing emotionally significant interpersonal interactions between a mother and child, followed by five open-ended questions that encourage the respondent to mentalize about these situations. Sixteen participants (8 mothers with BPD and 8 mothers from the community) completed the MCST.

Four global categories and thirteen codes were identified using content analysis of the interview transcripts. A lexical analysis for the emotions (joy, fear, anger, love and disgust) was also carried out. Participants in the clinical group were less likely to differentiate between the self and the other in terms of mental states. They were more likely to attribute malevolent intent to the child. Emotion words with a negative connotation that related to anger, fear and sadness, occurred more frequently in the clinical group.

There is preliminary evidence supporting the use of MCST as a tool to assess parental mentalization across diverse interpersonal situations relating to a mother and child."

- **Paper: Designing a Personalized Psychoeducative Intervention for Borderline Personality Disorder**

**Main author:** *Nicolás Labbé (Pontificia Universidad Católica de Chile)*

**Co-authors:** *Behn Alex*

**ABSTRACT:**

"Introduction: Today, borderline personality disorder (BPD) is a treatable condition. However, there is a shortage of experts that could supply an evidence-based treatment, even clinicians available to treat are not enough either. In addition, there is literature that states that patients with BPD and their caregivers have unmet information needs regarding diagnosis and treatment. The aim of this study is to explore the information needs regarding diagnosis and treatment in BPD from the perspective of patients, caregivers, and clinicians.

Method: A survey to BPD patients, their caregivers, and health-care professionals, recruited by purposeful sample. To identify information needs domains, participants answered four open-ended questions about what they would like to have known about the diagnosis and treatment to help facilitate their recovery process. Two researchers, combining clinical knowledge and live experience, will perform qualitative content analysis.

Conclusions: This study expect to provide the information needs regarding diagnosis and treatment for BPD that are important for patients, caregivers, and clinicians. It is hoped that these findings can

contribute to the development of psychoeducational and personalized interventions in patients with BPD and their families."

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## Panel

# How personality functioning affects young peoples' mental health

Saturday, June 24th, 14:00-15:15 - Room: Classroom 3051

*Organizers & Moderators:* Carola Cropp (University of Kassel)

*Discussants:* Svenja Taubner (University Hospital Heidelberg)

### ABSTRACT:

The new ICD-11 classification provides a dimensional model of personality disorders with impairments in personality functioning (PF) building the core feature. Moreover, also from a transdiagnostic perspective considering the severity of PF impairments is seen more and more important for treatment planning and prediction of psychotherapy outcome. Especially when it comes to young people, an early consideration of PF impairments may help to prevent negative courses (e.g., severe and chronic mental disorders). The four studies of the panel use different approaches to get more insights into how PF affects young peoples' mental health, highlighting its relevance for several mental health issues in various contexts. First, Lea Sarrar will focus on the assessment of PF in adolescence, also taking into consideration similar concepts like defense mechanisms and personality structure. Afterwards, Carola Cropp will present a study that assessed levels of personality functioning (LOPF), quality of life, maladaptive personality traits and former treatments among adolescents placed in youth welfare institutions. Results show that considering the adolescents' LOPF might be crucial for the success of interventions in this high-risk group. Eva Klein will then present survey data from representative population-based samples on PF in emerging adulthood and its association with mental distress. Since data were collected repeatedly between 2016 and 2021, they also allow for evaluating population-based trends in PF and distress prior to and during the COVID-19 pandemic. Finally, Christoph Kasinger will add a transgenerational perspective by examining how PF of parents shapes the way they perceive and interact with their children.

- **Paper: Defense mechanisms: A psychodynamic approach to personality functioning**

**Main author:** Lea Sarrar (Medical School Berlin)

*Co-authors:* Kirstin Goth

### ABSTRACT:

"Background: With the ICD-11 as well as the AMPD DSM-5, the diagnostic guidelines for personality disorders are changing to a dimensional severity concept, including the assessment of personality functioning and diagnosis already in early adolescence and thus the possibility of early detection and intervention. In psychodynamic understanding personality structure as well as defense mechanisms as a part of "personality structure" show clear similarities to the concept of personality functioning. Both concepts are associated with mental illness already in childhood and adolescence.

Methods: 396 adolescents of a clinical and school sample participated. Personality structure was assessed with the OPD-CA2-SQ. Mental health was operationalized by the PHQ-D. Finally, defense

mechanisms were assessed with a refined, shortened and age-adapted version of the Defense Style Questionnaire: The DSQ-22-A.

Results: The DSQ-22-A showed significant correlations with impaired personality structure according to the OPD-CA2-SQ as well as with PHQ-D depression and somatic symptoms, especially for the maladaptive defense category (0.75, 0.44, 0.34). The maladaptive defense category differed highly significant ( $p = 0.000$ ) between adolescents from the clinical and school sample.

Discussion: The findings indicate a successful assessment of defense mechanisms in light of personality structure and personality functioning. The DSQ-22-A can be recommended for use in adolescents for research, diagnostics and therapy planning. Implications regarding the clinical utility will be discussed."

- **Paper: The relevance of personality functioning for the treatment of adolescents placed in youth welfare institutions**

**Main author:** *Carola Cropp (University of Kassel)*

**Co-authors:** *Lars Kuchinke, Annette Streeck-Fischer*

**ABSTRACT:**

"Background: One group at high risk for the development of personality disorders (PD) are adolescents placed in youth welfare institutions (YWI). Since chronic suicidality, self-harming and rule-breaking behavior are often an inherent part of the symptomatology, there is, however, at the same time a high chance that youth welfare interventions fail when it comes to adolescents with PD. From our point of view, considering the adolescents' levels of personality functioning might be crucial for the success of interventions. However, research on this topic is still sparse. The purpose of the current study is 1) to provide first evidence on the frequency of PD symptoms among adolescents placed in YWI and 2) to compare quality of life, maladaptive personality traits, and former and actual treatments between adolescents with and without PD.

Methods: 111 adolescents from different YWI in Germany took part in a questionnaire survey assessing their levels of personality functioning (LOPF-Q 12-18), quality of life (KINDL questionnaire), maladaptive personality traits (PID-5BF+) and experiences with former treatments. Results: Based on the adolescents' self-report (LOPF-Q 12-18), 60% of the sample already fulfilled the PD criteria according to ICD-11. These adolescents also reported a lower quality of life, more maladaptive personality traits and more intense treatments than adolescents not fulfilling the PD criteria.

Discussion: Results indicate that disturbances of personality development are a relevant issue in youth welfare settings and highlight the importance of taking into account personality functioning when treating adolescents placed in YWI. Implications for clinical practice and research are discussed.

- **Paper: Personality functioning in emerging adulthood and its association with distress – results from representative surveys prior to and throughout the COVID pandemic**

**Main author:** *Eva M. Klein ( Department of Psychosomatic Medicine and Psychotherapy, University Medical Center, Albert-Ludwigs-University Freiburg, Germany)*

**Co-authors:** *Lina Krakau, Christoph Kasinger, Mareike Ernst, Hanna Kampling, Manfred Beutel, Johannes Kruse, Elmar Brähler*

**ABSTRACT:**



"Background: Impairment in personality functioning has been identified as public health issue as it is associated with poor health outcomes in the general population. However, much less is known about this association in emerging adulthood. During the pandemic, mental health has been a challenge for many, and recent studies have pointed to youth and young adults as being at a particular risk for adverse mental health effects. Considering emerging adulthood as developmental phase with higher vulnerability to psychopathology in general, the purpose of the present study is to provide information about the association between personality functioning and mental distress in young adults prior to and during the pandemic.

Methods: Data is based on surveys of representative population-based samples. Participants were 18 to 26 years old (N = 1406) and completed questionnaires measuring personality functioning (OPD-SFK) and distress (PHQ-4). Data were collected in five independent measurement points (mid-year 2016, n = 283; mid-year 2019 n = 262; mid-year 2020 n = 363; beginning of 2021 n = 244; mid-year of 2021 n = 254) prior to and throughout the COVID-19 pandemic.

Results: Data are already available. Analyses are currently in process.

Discussion: The findings are discussed with regard to public health and clinical strategies fostering young adults' mental health in the general population. The different time points of data collection allow to evaluate population-based trends in personality functioning and distress prior to and during the pandemic."

- **Paper: Can't get out of one's skin - How personality functioning shapes the way we perceive and interact with our children**

**Main author: Christoph Kasinger (Medical School Berlin)**

*Co-authors: Eva M. Klein, Mareike Ernst, Markus Zenger, Yve Stoebel-Richter, Hendrik Berth, Elmar Brähler*

**ABSTRACT:**

Personality functioning plays a crucial role in how we interact with our relational environment. The way personality functioning shapes our relational patterns unfolds as well in the interactions with the offspring. Yet, little is known about how different levels of personality functioning effects the perception and the interaction towards the offspring. Goal of this study is to deepen the understanding how personality functioning effects parenting and which effects it might have on the offspring. This is especially relevant for the understanding of the mechanisms of transgenerational transmission of psychopathological patterns. We use data of a cross sectional sample (N= 310) of the Saxony Longitudinal Study. Personality functioning was measured using the OPD-SQS (Operationalized Psychodynamic Diagnosis System – Structure Questionnaire Short) and the relationship towards the offspring was measured using a subfacet of the EFA (Level of Family Relationship – Questionnaire). We expect to find differences in the perceptual and the interactional facets towards the offspring depending on the level of personality functioning. Variance analyses will be used to investigate our hypotheses. Clinical implications of the findings will be discussed.

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Panel

## **Idiographic psychotherapy: methodological innovations for personalized care**

Saturday, June 24th, 14:00-15:15 - Room: Classroom 3126

*Organizers & Moderators:* Melissa De Smet (Ghent University, FWO, Tilburg University)

*Discussants:* Aaron Fisher (University of California)

**ABSTRACT:**

"The fields of psychotherapy is amidst a paradigm shift from nomothetic (group-level) and standardized research towards idiographic (person-specific) and complexity studies. While the first has established the efficacy of psychotherapy on average, it has coincidentally installed a research-practice gap. The methods psychotherapy researchers have relied on for the past five decades do not allow translation to the individual patient resulting in the therapist dilemma. Answering this need, the idiographic approach centralizes the individual to arrive at generalizations in a meaningful second step, showing huge potential for research and practice. This panel brings together an internal group of researchers working on innovations in idiographic methodology with the aim of personalized assessment and psychotherapy. Melissa De Smet (Belgium), presents a mixed methods approach to idiographic measurement, enriching quantitative experience sampling data with qualitative analyses of participants' subjective experiences and contexts. She presents data from a pilot study on adolescents in psychotherapy. Benjamin Aas (Germany) presents a complexity-science based treatment package that creates collaborative and personalized case conceptualization for each patient-therapist dyad. He will present the results of a quasi-experimental study in an in-patient psychosomatic treatment facility. Leonie Kaven (Germany) presents a new modular app (iCAN) consisting of CBT-oriented tasks as intervention for depressive patients in outpatient psychotherapy. This panel discusses the value of idiographic methodology for research and practice as well as remaining challenges and possible avenues for the future. With Aaron Fisher (Berkley, California) as discussant, a lively discussion with the audience is aimed for."

- **Paper: Meaningful measurement in daily life: A Mixed Methods Experience Sampling Approach**

*Main author:* Melissa De Smet (Ghent University, FWO, Tilburg University)

**ABSTRACT:**

"Psychotherapy is amidst a paradigm shift towards an idiographic framework. With the individual (finally) at the heart of research and practice, person-specific approaches develop rapidly. Stimulated by technological innovations (e.g., smartphones), Experience Sampling Methods (ESM) are becoming the gold-standard of person-specific assessment, enabling efficient intensive longitudinal measurement and large amounts of data per individual. ESM promise new horizons in the study of complex mechanisms and individual differences and could mean important breakthroughs in personalized assessment and psychotherapy. However, the validity of such person-specific methods poses a challenge that needs answering first.

This talk addresses: 1) the current lack of methodological or conceptual guidelines to select ESM items and 2) the limited ability of current – purely quantitative – ESM design to take subjective meaning making and idiographic context into account. In order to answer these concerns, a mixed methods ESM design is proposed, which centrally involves patients' perspectives and experiences using qualitative methods. Data from a mixed methods ESM pilot study are presented. A qualitative

study of adolescents' experiences during psychotherapy was nested in an ESM study to 1) contextualize person-specific dynamics measured with ESM and 2) examine whether and how ESM can capture relevant domains in adolescents' daily lives. The results of a pilot study will be presented and discussed in light of the broader question: idiographic methodology for personalized psychotherapy, are we there yet?"

- **Paper: The end of average: Concept and results of a complexity science based, individualized treatment navigation approach.**

**Main author: Benjamin Gregor Aas (sysTelios ThinkTank | research consortium of the sysTelios Gesundheitszentrum Siedelsbrunn GmbH & Co.)**

*Co-authors: Florian Goldbeck, Patricia Gill-Schulz, Konstantin Hegewald, Florian Pommerien-Becht, Nora Daniels-Wredenhagen<sup>1</sup>*

**ABSTRACT:**

"Most psychotherapy research rests on aggregated group means and their subsequent statistical inference. Group-based aggregates, however, do not inform clinicians how to adapt therapeutic decisions to individual patients. The problem of generalizing group-based results to individual patients has been described and proven mathematically with the ergodicity theorem (Molenaar, 2007). Human change processes, including therapeutic change, are by definition non-ergodic, meaning that "the structure of inter-individual variation at the population level is not equivalent to the structure of intra-individual variation at the single-subject level". Psychotherapy concerns single subjects, hence there needs to be a shift from group-based science to idiographic science.

This contribution presents the results of a quasi-experimental study of N = 3500 clients in an in-patient psychosomatic treatment facility. The "experimental group" (N=650) received, in addition to TAU, a complexity-science based treatment package that consisted of an idiographic systems modeling, individual daily process monitoring and bi-weekly data-based feedback-sessions. Thereby, a collaborative and personalized case conceptualization is being created per dyad, that serves as a diagnostic and therapeutic tool throughout the therapeutic process. This approach potentially improves client-therapist alliance, increases self-reflective capacity of clients and yields timeseries that can be used for meta-statistical testing of idiographic dynamics, e.g. individualized short term prediction of tipping points; an approach that meets (more of) the non-ergodic assumptions of statistical testing."

- **Paper: Evaluation of an app-based intervention for young people with depression in an N-of-1 observational study with EMA- and wearable data**

**Main author: Leonie Kaven (University of Greifswald)**

*Co-authors: Stefan Lüttke, Eva-Lotta Brakemeier, Tim Kaiser*

**ABSTRACT:**

"A new modular app (iCAN) consisting of CBT-oriented tasks on sleep problems, self-esteem, behavioral activation (BA), cognitive restructuring, and social competence is tested by young people before or during outpatient psychotherapy. At baseline, subjects rate which of the modules are personally relevant to them and thus receive a personalized intervention plan, which results in an individual multi-crossover study design. The aim of the study is to investigate the effect of the app-based BA-intervention on depressive symptoms, reported BA and actual physical activity. A causal effect of BA on physical activity and depressive symptomatology is assumed.

A targeted sample of N=40 adolescents and young adults (13-25 years) with mild to moderate depressive symptoms complete a task in the app according to their individualized treatment plan every three days during a two-week usage period. During those 14 days, subjects wear a fitness watch allowing for passive and continuous recording of physical activity and optical heart rate. In the meantime, daily EMA-data of depressive symptoms (Patient Health Questionnaire 9), BA (Behavioral Activation for Depression Scale-Short Form) as well as an EMA-Version of the Inventory of Daily Expression of Psychopathology is collected.

This contribution comprises an N-of-1 observational study, and aims to estimate within-person average treatment effects of the BA intervention on physical and self-reported activity as well as depressive symptoms. Analysis have not been carried out yet, however, for estimating average treatment effects Model Twin Randomization (MoTR), introduced by Daza and Schneider (2022) will be used."

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## Panel

# How could ecological momentary assessment help enhance psychotherapeutic treatments?

Saturday, June 24th, 14:00-15:15 - Room: Classroom 4050a

*Organizers & Moderators:* Rocío Tamara Manubens (Universidad de Buenos Aires) Juan Martín Gómez Penedo (Universidad de Buenos Aires)

## ABSTRACT:

Recently, there has been a growing interest in evaluating complex dynamics of clinically-relevant variables in psychotherapy. Ecological momentary assessment (EMA) is a method that captures patients' experiences in the moment they occur, thereby aiming to enhance measurement precision and validity. In this panel, we will present results from different projects that used EMA to predict outcomes or provide feedback to therapists. Manubens et al. will present the quantitative results from a pilot study where patients completed affect-focused EMA two times a day over one month. Subsequently, multilevel models and Bayesian estimates were used to determine if affect dynamics would predict treatment outcome. Within the same project, Meglio et al. will present a consensual qualitative research study, exploring obstacles and facilitators for the implementation of EMA within psychotherapy through individual interviews with patients, therapists and supervisors. Hehlmann et al., will present a study where an algorithm was developed to evaluate affect dynamics and passive information as measured by an EMA device and fitness tracker four times a day over two weeks. Based on this data and using Hierarchical Bayesian models, Hehlmann et al. successfully predicted psychotherapy outcomes. Finally, Hall et al., will present a randomized control trial in which patients were assigned to treatment-as-usual or a treatment informed by baseline EMA-based network analyses. The study will compare treatment outcomes across conditions, contextualized by qualitative therapist focus group findings.

- **Paper: A pilot study of Ecological Momentary Assessment (EMA) in a treatment for depression**

**Main author:** *Rocío Tamara Manubens (Universidad de Buenos Aires)*

**Co-authors:** *Javier Fernández Álvarez, Fernando García, Beatriz Gómez, Miriam Hehlmann, Roberto Muiños, Juan Martín Gómez Penedo*

**ABSTRACT:**

Emotional regulation is a key mechanism of change in depression. However, affect dynamics in depressed patients show a high level of heterogeneity. This underscores the importance and need to do an in-depth study of affect dynamics through an intensive and momentary assessment. The information provided by methods such as Ecological Momentary Assessment (EMA) could give insight about depression and provide vital information to optimize psychotherapy treatments. **Aim:** The aim of this study was to analyze the implementation of a pilot study using Ecological Momentary Assessment (EMA) of negative and positive affect in an integrative treatment for depression. **Methods:** The sample consisted of 18 patients, who were diagnosed with at least mild depression in an outpatient clinic. Once the patients accepted to participate in the study, they completed the Outcome Questionnaire 45 and the Patient Health Questionnaire 9 at intake and then in session 5, 10, 15 and 20. At the same time, patients answered the Positive and Negative Affect Schedule in an EMA two times a day for 28 days. **Results:** To test our hypothesis, we conducted a multilevel analysis. In order to do this, we extracted initial levels and estimations of patients' trajectory of negative and positive affect. We also included the estimations as predictors of change in the PHQ. Furthermore, we conducted idiographic methods to understand complex dynamics in affect. **Discussion:** Clinical implications of the results will be discussed along with therapist recommendations with respect to the personalization of treatment.

- **Paper: Outcome prediction in psychological therapy with continuous time dynamic modeling of digitally assessed phenotyping parameters**

**Main author:** *Miriam I. Hehlmann (University of Trier)*

**Co-authors:** *Danilo Moggia, Brian Schwartz, Wolfgang Lutz*

**ABSTRACT:**

**"Background:** To date, most prediction studies in psychotherapy research have used cross-sectional data to predict treatment outcome. The present project used intensive longitudinal assessments and Continuous Time Dynamic Modeling (CTDM) to investigate the temporal dynamics of digital phenotyping (stress level, activity, and sleep duration), and the self-reported affect parameters in the early phase of therapy and their ability to predict treatment outcome. **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. Hierarchical Bayesian CTDM was conducted to identify temporal effects within (auto-regressive) and between (cross-regressive) parameters, which were entered into a LASSO model to be examined as predictors of treatment outcome. **Results:** Results indicated that CTDM parameters, e.g., cross-effects were significant predictors, and able to explain outcome variance beyond cross-sectional data. **Discussion:** The results demonstrate that temporal patterns of EMA data are valuable for the mapping of individual differences and the prediction of treatment outcome. This information can be

used to provide therapists with feedback to personalize treatments. 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)."

- **Paper: Does network model feedback make a difference? Findings from the TheraNet Project**

**Main author: Mila Hall (Osnabrück University)**

*Co-authors: Julian Rubel*

**ABSTRACT:**

Network models have grown to be a popular, at times controversial, method of analyzing data related to psychopathology and its interdependencies. For many researchers in this area, the question remains whether or not the information gleaned from these models could be made clinically useful, and if so, how? Could insights from network models even have added psychotherapeutic value for patients? The TheraNet Project, a pragmatic randomized control trial at a German clinical outpatient center, aims to explore this question. Patients are randomized to either receive treatment as usual (control condition) or fill out ecological momentary assessments which are used to create pre-treatment network model feedback for their treating therapist (intervention condition). Therapists are provided with a training on how to interpret the feedback and are invited to participate in retrospective focus groups to report on their experiences with the feedback and the study in general. Symptom trajectories are measured for all patients via a session-to-session symptom questionnaire, the HSCL-11. At the time of submission, patient recruitment is still ongoing, but will conclude at the beginning of 2023. Results will compare outcomes from the intervention vs control groups, with exact analyses depending on the final number of patients recruited. These quantitative outcome results will be supplemented by qualitative findings from the therapist focus groups, which covers topics such as whether or not therapists used the feedback (and if so, how) and how they would alter the feedback in order to make it more clinically useful.

- **Paper: Implementation of an Ecological Momentary Assessment (EMA) in Psychotherapy Research: a Qualitative Approach**

**Main author: Manuel Meglio (Universidad de Buenos Aires)**

*Co-authors: Sofía Marasas, Javier Fernández Álvarez, Fernando García, Beatriz Gómez, Claudia Castañeiras, Julio Montedoro, Alberto Nicolás Jáuregui, Pablo Santángelo, Santiago Juan, Andrés J. Roussos, Juan Martín Gómez Penedo, Roberto Muiños*

**ABSTRACT:**

Ecological momentary assessment (EMA) allows measuring intra-individual processes moment by moment, identifying and modeling, in a naturalistic way, individual levels and changes in different psychological processes. However, its implementation requires a great deal of commitment on the part of the patients. In this sense, participants' perspective of a psychotherapeutic process has not yet been sufficiently explored to identify facilitators and obstacles for its implementation. Aim: to analyze the perspectives of Patients, Therapists, and Supervisors on the implementation of an EMA device in psychotherapeutic treatments for depression in the context of a pilot study. Method: The sample will include 7 patients, 11 therapists and 5 supervisors, taken from a research project that implemented an EMA system for monitoring the dynamics of affectivity at the beginning of psychotherapies for depression. Semi-structured interviews specific to each group are being conducted and analyzed from a qualitative approach based on consensual qualitative research

(CQR). Results: A preliminary analysis of the available material allowed us to identify 6 preliminary domains within the content of the interviews. These preliminary domains could be separated into those encompassing perceptions about the transmission and implementation of the research and the EMA device, those referring to its integration into psychotherapeutic treatment, and the domains describing experiences in using the EMA device. Conclusion: The results of this study may provide relevant information and insights regarding ways to optimize the implementation of EMA devices in naturalistic settings, favoring their adherence and integration into the clinical process.

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## Panel

# Reflective functioning and attachment security in psychotherapy for borderline personality disorder and other psychological disorders

Saturday, June 24th, 14:00-15:15 - Room: Classroom 4050b

Organizers & Moderators: Kenneth N. Levy (Penn State University)

### ABSTRACT:

"Reflective functioning (RF) and attachment security may be targeted in treatment as mechanisms of change (Clarkin & Levy, 2006; Levy et al., 2006), guidance for the personalization of treatment, and as a predictor of the quality of therapeutic relationship. Using secondary analysis of randomized controlled trials (RCTs) and meta-analysis, this panel endeavors to increase understanding of how patient attachment variables, as well as baseline and in-session reflective functioning, relate to treatment process, planning and outcome.

Dr. Yogev Kivity will present a study on reflective bids, probes by the therapist to consider others' mental states, and their relation to momentary regulation of arousal in the Clarkin et al. (2007) RCT.

Dr. Jack Keefe will present on levels of pre-treatment RF in the Clarkin et al. (2007) RCT as a moderator of treatment outcome and how treatment may be tailored around this patient characteristic. Daniel S. Spina will present a secondary analysis of data from the Treatment of Depression Collaborative Research Program (TDCRP), examining whether RF process relates to outcome in the trial, and whether this relation is stronger for patients with personality disorder traits. Finally, Haruka Notsu will present meta-analytic data on the relation between attachment insecurity and the therapeutic alliance."

- **Paper: In-Session Reflective-Functioning in Psychotherapies for Borderline Personality Disorder: The Emotion Regulatory Role of Reflective-Functioning**

*Main author: Yogev Kivity (Bar-Ilan University)*

*Co-authors: Kenneth N. Levy, Kristen Kelly, John F. Clarkin*

### ABSTRACT:

Objective: The capacity for understanding mental states (Reflective-Functioning; RF) is considered essential for self-growth, social learning and emotion regulation. Impaired RF is thought to play a central role in borderline personality disorder (BPD) and increasing RF is a hypothesized mechanism of change in psychodynamic psychotherapies for BPD. We examined whether asking patients to

consider mental states in-session has a down-regulatory effect on emotional arousal in treatments for BPD. Method: Early, middle and late phase videotaped sessions from a randomized-controlled trial of Transference-Focused Psychotherapy (TFP; n = 30), Dialectical Behavior Therapy (DBT; n = 29) and Supportive Psychodynamic Therapy (SPT; n = 29) were segmented to therapist and patient talk-turns. Therapist talk-turns were rated as asking patients to consider mental state (bids for RF) or not. Patient talk-turns were rated for RF and acoustically encoded for arousal. Results: Bids were twice as common in TFP compared to DBT and SPT. Across treatments, therapist bids for RF predicted better RF, which, in turn, predicted lower emotional arousal. Conclusions: Asking patients to consider mental states has a down-regulatory effect on patients' arousal in psychotherapies for BPD and this process is more common in TFP than in other psychotherapies for BPD.

- **Paper: Reflective functioning and its potential to moderate the efficacy of manualized psychodynamic therapies versus other treatments for borderline personality disorder**

**Main author: John R. Keefe (Albert Einstein College of Medicine, Department of Psychiatry)**

*Co-authors: Kenneth N. Levy, Julia F. Sowislo, Diana Diamond, Stephan Doering, Susanne Hörz-Sagstetter, Anna Buchheim, Melitta Fischer-Kern, John F. Clarkin*

**ABSTRACT:**

Background: Impaired reflective functioning (RF) is common among patients with borderline personality disorder (BPD). Transference-focused psychotherapy (TFP) has been demonstrated to improve RF compared to other common BPD treatments. If RF reflects a treatment mechanism for TFP, differences in pre-treatment RF may also serve as a prescriptive factor for TFP's effects. Method: 194 patients with BPD were randomized across two clinical trials to receive TFP (n=83), dialectical behavior therapy (DBT; n=31), supportive psychodynamic therapy (SPT; n=28), or an enhanced treatment as usual (eTAU; n=52). A mixed effects model was used to examine whether baseline RF interacted with treatment condition to predict slopes of change in the Brief Symptom Inventory, the shared symptom outcome between trials. Moderation of changes in RF were also examined. Results: Treatment interacted with baseline RF to predict BSI slopes ( $p = .011$ ). In TFP/SPT RF did not predict outcomes,  $\beta = -0.00$ ,  $p = .973$ , while higher RF was associated with relatively better outcomes in DBT/eTAU,  $\beta = -0.54$ ,  $p < .001$ . Patients with poor RF (scores of 0/1) benefitted more from TFP/SPT, while patients with relatively ordinary RF (score of 4) had better outcomes in DBT/eTAU. Treatment effects on RF change were also moderated by baseline RF ( $p = .014$ ), such that TFP improved RF most strongly among poor RF patients, SPT only among very poor RF patients, and DBT/eTAU not at all. Discussion: Low RF may reflect a deficit that may be targeted by TFP and other manualized psychodynamic treatments for BPD, which may be especially helpful among patients presenting with low RF.

- **Paper: The role of reflective functioning as a process of change in the Treatment of Depression Collaborative Research Program (TDCRP)**

**Main author: Daniel S. Spina (Pennsylvania State University)**

*Co-authors: Kenneth N. Levy, David C. Zuroff, John Stuart Ablon*

**ABSTRACT:**

"Aim: There is growing interest in RF as a mechanism of change across psychological problems. A recent empirical study suggests that patient RF improves in treatment for depression (Ekelbad et al.,



2022). However, there is mixed evidence as to whether changes in RF relate to improvements in depressive symptoms and functioning (Ekelbad et al., 2022; Karlsson & Kermott, 2006). One way to understand this discrepancy is to examine whether client characteristics predict which patients can benefit most from engaging in RF process. Using data from the TCDRP, we tested if in-session patient and therapist RF assessed early in treatment are related to symptom and global functioning outcomes. We then examined whether patients with personality disorder features may benefit more from RF process.

Method: Early psychotherapy sessions from the Treatment of Depression Collaborative Research Program (TDCRP; Elkin et al., 1989) randomized controlled trial comparing IPT and cognitive-behavioral therapy (CBT) were coded with the Psychotherapy Process Q-set (PQS; Jones, 1985) as part of a prior study (Ablon & Jones, 2002). RF process was measured by session adherence to an expert consensus prototype within the PQS (Goodman, 2012), and personality features were measured using the Personality Assessment Form (PAF; Shea et al., 1987). Multilevel growth models related RF process to the acceleration of patient improvement during treatment and during follow-up.

Results: Results will be available at the time of presentation.

Discussion: Findings will be discussed in terms of implications for research and clinical practice."

- **Paper: An updated meta-analysis of the relation between adult attachment style and working alliance**

**Main author: Haruka Notsu (Pennsylvania State University)**

*Co-authors: Rachel Blansfield, Daniel S. Spina, Kenneth N. Levy*

**ABSTRACT:**

Given the theoretical and empirical link between working alliance and client attachment styles, it is important to clarify the degree to which the two constructs are related. A previous meta-analysis (Bernecker et al., 2014) has found significant negative relationships between alliance and attachment anxiety ( $r = -.12$ ,  $p < .001$ ), and between alliance and attachment avoidance ( $r = -.14$ ,  $p < .001$ ). The present study will provide an update to the results with studies published since Bernecker et al. (2014)'s search in 2012. Preliminary analysis of a subset of the data (Blansfield et al., 2022) that includes 14 studies (1,127 participants) has found effect sizes similar to the previous meta-analysis:  $r = -.19$ ,  $p < .001$  between alliance and attachment anxiety;  $r = -.16$ ,  $p < .001$  between alliance and attachment avoidance. This presentation will include the result from random effects model using full set of data.

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**Panel**

## **Taking the pulse of the group: the link between group relationships and therapy outcomes**

**Saturday, June 24th, 14:00-15:15 - Room: Classroom 4097**

*Organizers & Moderators: Gianluca Lo Coco (University of Palermo)*

*Discussants: Bernhard Strauss (University of Jena)*

**ABSTRACT:**

Evidence-based group therapy practice can help clinicians to supplement clinical judgment, by taking the "vital signs" of group process. Group therapeutic processes take place in the context of multiple interactions between the group members, the leader, and the group as a whole. Although there is a consensus in the group research field about the major ingredients of the therapeutic process of therapy groups, there is still a knowledge gap related to the effective mechanisms of change and their interplay with patient's characteristics. This panel will focus on some of these mechanisms, by shedding some light on the link between group relationships and outcome. A first paper will focus on the results from two studies which examined how group relationships explain member improvement, by adopting sophisticated longitudinal methods. A second paper will focus on the construct of mutual influence and the co-development of group relationships in early, middle and late phases of therapy. A third paper will focus on the interplay between patient's attachment and therapeutic alliance over the course of group therapy for eating disorders. The last paper will report survey-based data on members' perceptions of group process in online therapies and their link to individual attachment dimensions. Altogether, the papers invite to discuss future research exploring both methodological and clinical challenges of group therapy.

- **Paper: Exploring the Intricacies of How the Group Therapeutic Relationship Explains Member Improvement**

*Main author: Gary Burlingame (Brigham Young University)*

*Co-authors: Rachel Arnold, Alee Washburn, Joseph Olsen*

**ABSTRACT:**

"Therapeutic relationships are an important component of group therapy that may influence client outcome. However, the question of whether change in therapeutic relationships results in changed client symptoms or whether change in client symptoms results in changed therapeutic relationships is not yet fully understood. The two studies discussed herein explore how relationships explain member improvement.

The first study is an archival analysis of Group Questionnaire (GQ) positive bond and Outcome Questionnaire-45 (OQ) data. It aims to elucidate the relationship of therapeutic alliance, cohesion, and climate with client outcome in group therapy. This study examines alliance, cohesion, and climate simultaneously and utilizes continuous data. The second study uses the same data but looks at three relationship constructs (positive bond, positive work, and negative relationship) across three relationship structures (member-member, member-leader & member-group). The reciprocal relationship between OQ symptoms is examined with each subscale in the GQ on a session-by-session basis.

In the first study, results demonstrate that lower client distress is associated with stronger alliance, cohesion, and climate at within-person and between-person levels; there is also significant support at the between group level for cohesion and climate. However, when studying the associations between linear growth trajectories, only alliance is associated with improvement in outcome over time. In the second study, findings varied according to the statistical techniques used; however, therapeutic relationship was found to be more dominant in predicting client symptoms change compared to the reciprocal.

These results highlight the importance of the relationships to client outcome in group therapy setting."

- **Paper: Codevelopment of Group Therapeutic Relationships in Short-term Therapy: A Conceptual Replication of Lo Coco et al. (2019)**

**Main author:** *Tate Paxton (Brigham Young University)*

**Co-authors:** *Gary Burlingame*

**ABSTRACT:**

"Objective: The empirical study of mutual influence in group therapy is an emerging area of study. However, few replications have tried to generalize prior findings related to mutual influence. The aim of this study is to conceptually replicate the longitudinal group actor-partner interdependence models (LGAPIM) employed by Lo Coco et al. (2019) to measure how mutual influence and other factors affect the codevelopment of group therapeutic relationships.

Method: 343 clients were included in this archival analysis of the data used in Burlingame et al. (2018). Group Questionnaire (GQ) main subscales, positive bond (PB), positive work (PW), and negative relationship (NR), were gathered from early, middle, and late timepoints. These timepoints were used to generate intraclass correlation coefficients (ICC) and LGAPIM models for the GQ subscales.

Results: Significant and increasing ICC over time for PB, PW, and NR indicated codevelopment. Mutual influence was not significant for PB or PW. There was significant mutual influence between the middle and late stages in NR. All relationship constructs also showed significant similarity, stability, and residual correlation of individual member and the other group member scores.

Conclusions: The current findings underscore codevelopment of group therapeutic relationships. The role of mutual influence is mixed and unclear. This paper also highlights the importance of replication and power when examining mutual influence and group therapeutic relationships."

- **Paper: The link between therapeutic alliance and patient's attachment in group therapy**

**Main author:** *Gianluca Lo Coco (University of Palermo)*

**Co-authors:** *Agostino Brugnera, Laura Salerno, Angelo Compare*

**ABSTRACT:**

"Introduction: In the group therapy field, attachment theory was used to understand the schemas that group members use to perceive both themselves, their therapist and other group members. However, previous research on the relationship between patient attachment and their ratings of group processes (i.e., climate and alliance) showed mixed findings. In this study, we use the Actor–Partner Interdependence Model (APIM) to examine how the group member's (actor) and the other group members' (partner) attachment patterns are related to the alliance to the leader.

Method: We performed secondary analyses of a trial on 118 outpatients (51.7% females; mean age  $51.05 \pm 5.12$  years) with binge eating disorder. Participants attended 20 sessions of Emotion-Focused Group Therapy to address personal emotion "schemes" responsible for problematic behaviors. The Adult Attachment Interview was administered at treatment intake and coded by expert raters. Patients also completed measures of alliance (HAq) and symptomatic behaviors (BEE) at a session-by-session basis.

Results: The results of dynamic structural equation modeling showed that for preoccupied group members, stronger than usual actor HA in the previous session was related to decreases in BEE in

the current week. For dismissing and disorganized group members, stronger than usual partner HA in the previous session was related to decreases in BEE in the current week.

Conclusion: The current study suggests that some dimensions of group members' state of mind may be related to early alliance with the group therapist."

- **Paper: Online Group Therapy: Do Some Struggle More than Others?**

**Main author: Alexandra Robelo (George Washington University)**

*Co-authors: Cheri Marmarosh, A. Solorio, Z.A. Koroma, A. Robelo, F. Xeng*

**ABSTRACT:**

Telehealth has gained significant popularity in response to the COVID-19 pandemic. In order to continue therapeutic services with as little disruption, mental health professionals have adjusted their practice by providing online options to patients (Burgoyne & Cohn, 2020). Group therapy has also transitioned online albeit little research on the evaluation and effectiveness of this new modality (Weinberg, 2020). Gullo et al. (2022) developed an online survey to identify group therapists' experiences with conducting group therapy online and to examine factors associated with positive therapist rated outcomes. The current study applied a similar survey with group members, and it explored how attachment dimensions relate to group members' transition to online group treatment. Forty-five active group members completed an online survey that assessed their attachment, attitudes about on-line group therapy, and comparisons between face-to-face group work and online group treatment. Results revealed that group members with greater attachment anxiety reported less comfort with online groups, less engagement in online groups, and less process in online groups than face-to-face groups. Group members with greater attachment avoidance also reported less comfort with online groups compared to face-to-face groups. Research and clinical implications are discussed.

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Panel

**CE**

## **Perspectives on mental health intervention and research in diverse cultural contexts**

**Saturday, June 24th, 14:00-15:15 - Room: Classroom 5012**

*Organizers & Moderators:* Lauren Behrman (Private Practice), Pragya Sharma (Independent Practice)

*Discussants:* Pragya Sharma (*Psyche in Motion*)

**ABSTRACT:**

Extensive research on the relationship between culture and psychotherapy leads us to question the effectiveness and acceptance of Western psychotherapy models for people of different cultural backgrounds. In this panel of psychologists from diverse cultural backgrounds, we aim to highlight how cultural factors impact perspectives on mental health conditions, interventions and research. The panel will open with a study on the experience of bipolar disorder in university students in Chile, followed by a presentation on the impact of COVID-19 changes in the psychotherapeutic setting (e.g. virtual format vs. in person settings with masking) on patients of different cultural backgrounds in Portugal. There will be a discussion of transcultural research methods in mental

health research in Jordan. Finally, a narrative review of effective group interventions for test anxiety in college students in Korea will be presented. An integrative discussion will conclude the panel.

- **Paper: Qualitative Methodology Course with Undergraduate Students: Learning about Bipolar Disorder Experiences while Doing Research**

**Main author: Alemka Tomicic (Universidad Diego Portales)**

*Co-authors: Katherine Guerrero, Felipe Alarcón, Martín Hernández, Maite Aedo, Fabián Ahumada*

**ABSTRACT:**

"Background: In the last two years, in the context of a course of qualitative research with undergraduate students of psychology in Chile, we have been researching on the experiences regarding mood disorders, specifically, bipolar disorder.

Aim: To present an overview of the results of the studies conducted by the students, as well as the main learnings acquired for future clinical psychology and psychotherapy.

Method: 10 brief qualitative studies were developed that involved around 50 participants.

Semi-structured interviews were conducted with each participant and grounded theory analyses was done by applying open and axial coding to the transcripts. Also, five brief interviews were conducted with former students regarding their learnings in the course, in which a thematic analysis was done.

Results: Four categories of results regarding the experience around bipolar disorder were identified: (1) bipolar disorder and meaningful relationships (families, couples, and friends), (2) bipolar disorder and gestation (pregnancy and midwifery), (3) bipolar disorder and identity development, and (4) bipolar disorder and stigma. Also, two themes regarding learnings developed from researching experiences of bipolar disorder with qualitative methods were: (1) the acquisition of concrete technics and an in-depth comprehension of the disorder.

Conclusion and Discussion: the presentation concludes about the way by which a course of qualitative research can develop cultural sensitivity in students as well as its usefulness for bringing together research, training, and practice on topics like mental health and related disorders."

- **Paper: Videoconference and in-person psychotherapy under the COVID-19 pandemic: the quality of relational processes**

**Main author: Vania Silva (University of Minho)**

*Co-authors: Eugénia Ribeiro*

**ABSTRACT:**

Aim: The protective measures implemented due to the COVID-19 pandemic have brought some changes for the psychotherapeutic setting, with psychotherapy shifting to videoconference and/or in-person wearing face masks. Either setting seems to have an impact on communication, including emotional expression and perception, which in turn can affect the therapeutic relationship quality. Despite this, the way individuals perceive or not this impact may be influenced by their cultural values. Thus, the present study aims to understand how therapists and clients from different cultural backgrounds perceived the impact of videoconference and in-person psychotherapy wearing face masks on the session, communication, emotional expression/perception and therapeutic relationship quality. Methods: The process of data collection is ongoing. We developed an online survey in two parallel versions, one for therapists and another for clients, using Qualtrics. The survey is composed of standardized measures (SEQ, RRI, WAI, QCE), close ended questions to assess aspects of the emotional expression/perception and open-ended questions to assess perceived positive/negative

aspects and implemented recommendations. Results: We will perform an exploratory analysis using descriptive and inferential statistics using the IBM SPSS software. We expect that therapists and clients perceive an impact on relational processes when psychotherapy is conducted by videoconference or in-person wearing face masks. However, we also expect that the perceived impact might be different based on cultural aspects. Discussion: Results will be culturally informed and discussed based on the role that the psychotherapeutic settings under the pandemic context had on the relational processes in psychotherapy.

- **Paper: Group Psychotherapy on Test Anxiety in South Korean High-school Students: A Narrative Review**

**Main author:** *Keeyeon Bang (Cyber University of Korea)*

**ABSTRACT:**

Test anxiety is common in many countries. Further, Korean students experience a high prevalence of test anxiety because of elitism, the interdependent self-schema, and the college admission system. Despite the high prevalence of test anxiety, evidence-based interventions have not been developed or tailored sufficiently to Korean high-school students. Therefore, this narrative review aimed to provide a better understanding of the effective group interventions on test anxiety for Korean high-school students. Studies were searched by comprehensive Korean databases: KCI and RISS up to December 2022. The search used the following keywords: test anxiety, group psychotherapy, and high-school students. Inclusion criteria were to compare pre and post-tests, to have a control group, and to have specific session information. Finally, ten studies were selected for this narrative review. The analysis is still in progress, and preliminary results are followings. Group psychotherapy statistically significantly reduced Korean high-school students' test anxiety. The theoretical backgrounds of the groups were cognitive behavioral therapy, rational-emotional behavioral therapy, art therapy, dance therapy, and bibliotherapy. Group sessions ranged from seven to sixteen, and the participants in treatment or control groups ranged from eight to thirty-eight. All studies used Test Anxiety Inventory(Spielberg et al., 1980), and none used the evidence-based manual for test anxiety. The research and practice implications for high-school students' test anxiety will be discussed with cultural consideration.

- **Paper: Ahlan wa sahan: Welcoming transcultural methods to mental health research in Jordan**

**Main author:** *Qurat-ul-ain Gulamhussein (University of Minnesota-Twin Cities)*

**Co-authors:** *Ayman Hamdan-Mansour, Ali Al-Odat, Ayat Nashwan*

**ABSTRACT:**

"Researchers and practitioners worldwide consult with US flagship journals. However, these journals overwhelmingly represent researchers in the US and Europe; only 1% of the authors are based in the Middle East (Thalmayer et al., 2021). To address these structural discrepancies in the Middle East and North Africa (MENA) region (Saab et al., 2022), US based psychologists should challenge the one-way knowledge production from the Global North to the Global South and partner with stakeholders transculturally (e.g. research faculty, practitioners, religious leaders, community members) to expand psychotherapy research (Shealy et al., 2023).

As part of this panel, we seek to discuss the importance and methodology of engaging in transcultural research with examples from our ongoing partnership and localization efforts in Jordan,

examining local conceptualizations and attitudes towards mental health services. The first author is a PhD candidate in Counseling Psychology at a US university, currently living in Jordan on a year-long Fulbright Research Fellowship. The second, third, and fourth authors are local faculty members in Jordan, in the fields of Psychiatric Nursing, Counseling and Educational Psychology, and Social Work, respectively. Drawing on the framework for US psychologists engaging internationally (Morgan-Consoli et al., 2018) and in collaboration with the local team, we will discuss four research competencies: working within a local regulatory system, building collaborations, technical expertise, and research within context. We will share lessons learned and recommendations for future researchers interested in transcultural work in the MENA region."

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## Panel

# Using novel technologies to reveal valuable insights on psychotherapy

Saturday, June 24th, 14:00-15:15 - Room: Classroom 4053

*Organizers & Moderators:* Amir Eliassaf (Bar-Ilan University)

*Discussants:* Julian Rubel (Osnabrück University)

## ABSTRACT:

"Psychotherapy processes are complex in nature and involve a significant amount of information exchange between the client and the therapist through verbal and non-verbal communication. This complexity makes it challenging for researchers to thoroughly analyze psychotherapy data in scale. Fortunately, new technologies and advanced methodologies are emerging that allow for new ways of studying processes in psychotherapy, enabling the analysis of complex and extensive data. This panel will focus on efforts being made to uncover valuable insights on psychotherapy with the help of novel technologies. The first presentation by Steffen T. Eberhardt will focus on integrating and validating novel multimodal measures of emotion in psychotherapy. The next presentation by Amir Eliassaf will discuss a study that used data mining to investigate sequences that lead to positive change in psychotherapy sessions. The third presentation, by Christopher Lalk will discuss a study that used unsupervised and supervised NLP for classification and prediction of psychotherapy session. The fourth presentation, by Serena Z. Chen will focus on emotion and cognitive word use in psychotherapies for panic disorder.

The presentations, followed by a discussion by Prof. Julian Rubel, will expand our understanding on the challenges and opportunities of using novel technologies to advance psychotherapy research."

- **Paper: I feel you! Integrating and validating novel multimodal measures of emotion in psychotherapy**

*Main author: Steffen T. Eberhardt (University of Trier)*

*Co-authors: Jana Schaffrath, Brian Schwartz, Danilo Moggia, Tobias Baur, André Elisabeth, Wolfgang Lutz*

**ABSTRACT:**

"Objective: Given the importance of emotion in psychotherapy, precise and valid measures are essential for research and practice. Since emotions can manifest on different levels, multimodal measurements are necessary for a complete and nuanced assessment. Novel methods (e.g., machine learning & NLP) could improve the assessment of emotion. The present study aims to integrate and validate novel multimodal measures of emotion in psychotherapy.

Method: We will analyze a sample of  $N = 34$  patients with 85 recorded and transcribed sessions. Traditional (PANAS) and novel measures (NOVA in videos, OpenSmile in audios, XLM-T in transcripts) assess emotions in each session. We will use multitrait-multimethod analysis to examine the convergent and discriminant validity. Criterion and predictive validity will be assessed by analyzing the relation with process and outcome variables at different time points.

Results: Preliminary validation of sentiments in transcripts (XLM-T) and traditional scales (PANAS) showed that positive sentiments correlated positively with positive emotions in patient reports ( $r = .454$ ) and clinician reports ( $r = .537$ ) and negatively with negative emotions (patient:  $r = -.343$ , clinician:  $r = -.320$ ). Negative transcript sentiments correlated positively with negative emotions (patient:  $r = .452$ ; clinician:  $r = .342$ ) and negatively with positive emotions (patient:  $r = -.283$ , clinician:  $r = -.209$  † ).

Discussion: We will discuss implications concerning convergent validity, method specificity, and predictive validity of the multimodal measures of emotion. We will address how clinical practice, supervision, and training could profit from multimodal measures."

- **Paper: Searching for Sequences that Lead to Positive Change in Treatment for Mood Disorders**

**Main author: Amir Eliassaf (Bar-Ilan University)**

*Co-authors: Neha Warikoo, Tobias Mayer, Iryna Gurevych, Dana Atzil-Slonim*

**ABSTRACT:**

"Objective: Psychotherapy is based to a great extent on verbal exchanges between clients and their therapists, which convey important information about the participants' thoughts and feelings.

Currently, to identify these verbal interactions, researchers depend on skilled coders to quantify information obtained from sessions recordings, a labor-intensive process which limits the amount of available data. Natural language processing (NLP) techniques can help overcome these difficulties by automatically analyzing psychotherapy data in scale. This study had two goals: First to employ a transformer-based approach on a Hebrew psychotherapy transcripts dataset to automatically label clients' and therapists' utterances. Second, to use data mining to identify sequences of therapeutic intervention and clients' emotional state that are predictive of therapeutic change in individual clients.

Method: The Data includes 872 sessions from 68 clients in psychotherapy sessions that took place at a university outpatient clinic. To assess sessions outcome, clients filled the Outcome Rating Scale (ORS). Clients' utterances were labeled by the emotional state they express and therapists' utterances by 8 pan-theoretical categories of therapeutic interventions (The Psychotherapy Interactional Coding system).

Results and conclusion: The first part of this study was completed, to create labeled data. F1 was 0.66 for clients' emotions and 0.64 for therapists' interventions. Data mining to identify sequences of



emotions and interventions associated with positive outcome will shed light on the most effective verbal interventions for specific clients at specific times, leading to more precise and effective treatment for mood disorders."

- **Paper: Using unsupervised and supervised NLP for classification and prediction of psychotherapy sessions**

**Main author: Christopher Lalk (Osnabrück University)**

*Co-authors: Eugénia Ribeiro, Robin Wester-Baumgartner, Tobias Steinbrenner, Jana Schaffrath, Steffen Eberhardt, Lotta Hüwe, Sylke Andreas, Wolfgang Lutz, Julian Rubel*

**ABSTRACT:**

"Introduction: In the last couple of years, we have seen a rise in powerful deep learning language models, the so-called transformer models (i.e., BERT). They allow for powerful text analyses that can be used for various complex tasks, e.g., to answer questions (i.e., chatbots), for text classification (i.e., mood recognition), or text summaries.

Objective: We will employ BERTopic (Grootendorst 2022), a unsupervised topic clustering algorithm to identify key themes within transcripts of psychotherapy sessions. Further, we will use BERT for supervised learning to estimate both client reflective functioning levels (RF; Fonagy et al. 1998) and therapeutic collaboration (TCCS; Ribeiro et al. 2013). Additionally, we will use n-grams to assess cognitive distortions in patient speech (Bathina et al. 2021). Putting these models together, we aim to show their use in the passive assessment and prediction of client symptoms and alliance ratings.

Method: We will use a corpus of 500+ psychotherapy transcripts with alliance and symptom ratings by patients to run the different models. In a second step, we will put the created features together for the assessment and prediction of client symptoms and alliance ratings. Using machine-learning and a feature selection algorithms, we aim to identify core features for the respective assessment or prediction task.

Conclusion: This analysis is an attempt to gain a more comprehensive view of the therapeutic process by integrating both unsupervised bottom-up, as well as supervised top-down learning."

- **Paper: Processes of change in emotion regulation word use in psychotherapies for panic disorder**

**Main author: Serena Z. Chen (Weill Cornell Medical College)**

*Co-authors: Michael T. Moore, Zeynep Sahin, Dianne L. Chambless, Barbara L. Milrod, Jacques P. Barber*

**ABSTRACT:**

Objective: Language can be an index of underlying processes in psychotherapy such as emotion regulation, session-level distress, and patient outcome. Research focusing on the dyadic relationship between therapist and patient word use over time is lacking. Accordingly, the current study focused on interaction of patients' and therapists' emotion and cognitive word use over the course of treatment. Method: Transcripts of 103 therapeutic dyads from a randomized controlled trial comparing cognitive-behavioral therapy (CBT) and panic-focused psychodynamic psychotherapy (PFPP) for patients with panic disorder were analyzed using the Linguistic Inquiry and Word Count software. Results: Actor-Partner Interdependence Modeling showed that therapists tended to match their patients' earlier word use. When therapists did predict patients' word use, this occurred earlier in treatment for both treatments. Conclusion: Focus on psychoeducation in CBT may lead to patients' responding to therapists' earlier anxiety and cognitive processing word use. Focus on emotional

exploration in PFPP may lead to therapists' reciprocating patients' emotion word use by increasing their own emotional expression.

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## Panel

### **Practice-oriented research on the study of outcome and processes: The role of social factors, within-therapy dynamics, and what clients consider helpful**

**Saturday, June 24th, 14:00-15:15 - Room: Classroom 4012**

*Organizers & Moderators:* Danilo Moggia (University of Trier)

*Discussants:* Nick Firth (The University of Sheffield), Robin Wester (Osnabrück University), Danilo Moggia (University of Trier), Hannah Richardson (Cambridge Health Alliance/Harvard Medical School), Julian Ernst (Cambridge Health Alliance)

#### **ABSTRACT:**

Practice-oriented research has played a crucial role in advancing the field by studying how psychotherapy is provided in real-world settings. It has studied the effectiveness and efficiency of diverse psychological treatments, the factors and processes contributing to treatment success and failure, and the most effective interventions for different types of patients and conditions with different methodological approaches. In this panel, we present four different contributions that are reflections of these innovations. We will go from studying the influence of broad social factors on outcome, passing by the study of process-outcome dynamics, to what clients consider helpful in treatment. First, Nick Firth will present a study on a complex multilevel model that aims to understand the clustering effect of several social factors and healthcare indicators on outcome. Second, Robin Wester will discuss the cross-lagged effect of treatment credibility on outcome along treatment as a potential change mechanism in cognitive-behavioural therapy (CBT). Third, Danilo Moggia, from the perspective of complex dynamic systems, will present a study on the cross-lagged effects of three processes (i.e., problem coping, affective and interpersonal experiences) on outcome, and the prediction of these effects to make process-based clinical recommendations. Finally, Hannah Richardson and Julian Ernst will present a qualitative study to give clients a voice to what was helpful during psychodynamic therapy. To conclude, we will discuss the importance of considering different levels of analysis with different methodological approaches in psychotherapy research.

- **Paper: Expanding the Frontiers of Outcome Clustering Effects - Healthcare Systems and Socioeconomic Context**

*Main author:* Nick Firth (University of Sheffield)

*Co-authors:* Michael Barkham, Jaime Delgadillo, Andrew Bell, Alicia O'Cathain

#### **ABSTRACT:**

Evidence suggests that psychological treatment outcomes are clustered at various levels, including the patient's therapist, clinic/organisation, and the neighbourhood where the patient lives.

Socioeconomic deprivation has also been implicated as an important factor in higher-level outcome clustering. However, we still have very limited understanding of these effects. Are they specific to these clustering levels, or might we observe associations with other forms of healthcare clustering? Could these effects be confounded or otherwise explained? This analysis sought to push the boundaries of clustering effects knowledge with a proof-of-concept of a much more complex multilevel model of clinical outcomes. This model sought to understand clustering of outcomes by modelling the patient's family practice and the local area healthcare commissioning group in addition to the patient, therapist, neighbourhood, and organisation levels, whilst controlling for key socioeconomic indicators.

- **Paper: Treatment Credibility as a Mechanism of Change in Cognitive-Behavioral Therapy: Effects on Depression and Anxiety**

**Main author: Robin Wester (Osnabrück University)**

*Co-authors: Brian Schwartz, Wolfgang Lutz, Mila Hall, Thekla Hoos, Julian Rubel*

**ABSTRACT:**

**Objective:** This study aimed to provide evidence for treatment credibility as a potential mechanism of change by disentangling within- and between-person effects. **Method:** The sample included 1,423 patients in outpatient psychotherapy receiving cognitive-behavioral therapy, who presented a wide variety of psychiatric diagnoses (mostly affective and anxiety disorders). Treatment credibility, depression, and anxiety were measured every fifth session from session 5 to 25 of cognitive-behavioral therapy using the Credibility Expectancy Questionnaire (CEQ), the Patient Health Questionnaire-9 (PHQ-9), and the General Anxiety Disorder-7 (GAD-7), respectively. Within- and between-person effects of treatment credibility and depression and anxiety symptoms were analyzed using the Random Intercepts Cross-Lagged Panel Model (RI-CLPM). **Results:** There were significant negative between-person associations between treatment credibility and depression ( $r = -.251$ ) and anxiety ( $r = -.199$ ). On the within-person level, there was a significant negative effect of depression on treatment credibility (standardized coefficients between  $-0.056$  and  $-0.069$ ). There were no significant within-person effects of treatment credibility on depression or anxiety. **Conclusions:** The results support the notion that symptom severity, at least in some domains, causally influences treatment credibility. We found no support for treatment credibility as a mechanism of change in cognitive-behavioral therapy. This finding is discussed considering the specific study design used in this study.

- **Paper: What's the best process for whom? Predicting the cross-lagged effects of problem coping, interpersonal and affective experiences on treatment outcome**

**Main author: Danilo Moggia (University of Trier)**

*Co-authors: Brian Shwartz, Julia Giesemann, Miriam Hehlmann, Steffen Eberhardt, Wolfgang Lutz*

**ABSTRACT:**

**Background and aim:** Personalising psychotherapy in mental health involves tailoring treatment to the specific needs and characteristics of the individual patient. One way to do this is to study process-outcome associations, which examine how different therapy processes are related to outcome. By identifying these associations, we can better understand what processes are important for whom. We analysed three processes (i.e., problem coping, interpersonal, and affective experiences), as perceived by patients, and their associations with treatment outcome session by session. Individual differences in these associations were studied to compute predictive models.

Method: An archived dataset from a university psychotherapy clinic was used. Patients answered different instruments before, during and after treatment. Instruments for routine outcome monitoring and assessing the therapy processes were administered during treatment. Continuous time dynamic modelling (CTDM) was implemented to describe the process-outcome associations along therapy as a complex dynamic system. In these models, cross-lagged effects between the processes and outcome were estimated. Individual differences in the model parameters (i.e., cross-lagged effects) were explored. A neuronal network model was computed to predict the model parameters from patient intake characteristics. Results and Discussion: The models computed with CTDM can be used to predict how the system will behave in the future based on its current state and the input it receives. With the neuronal network model, a prediction of the system dynamics for a new patient can be estimated. The clinical implications of using these models to personalise treatments will be discussed.

- **Paper: In the Patient's Own Words: A Qualitative Study of What Patients Find Helpful in Psychodynamic Psychotherapy**

**Main author: Hannah Richardson (Cambridge Health Alliance/Harvard Medical School)**

*Co-authors: Julian Ernst, Rebecca Drill, Annabel Gill, Patrick Hunnicutt, Zoe Silver, Mikaela Coger, Jack Beinashowitz*

**ABSTRACT:**

"Objectives: This study examines what patients say is helpful in psychodynamic psychotherapy by analyzing responses to an open-ended question at two time points: three months into treatment and termination. Methods: Participants in this naturalistic study were a diverse group of patients seeking treatment at a psychodynamic psychotherapy training clinic(within a public hospital system). We used thematic analysis to categorize patient responses to an open-ended question about what is helpful in their treatment. Results: We found that a majority of patients found their psychotherapy helpful and patient responses broke down into 16 categories. Themes that emerged from categories were: what patients experience or feel, what therapists/therapy provides, and what patients do in therapy. The most frequently endorsed category at both three months and termination was embedded within other categories, "mention of an other," which captured when patients specifically mentioned another person (i.e., the therapist) in their response. The next most frequently endorsed categories were "talking/someone to talk with," "feeling better/experiencing well-being/improved functioning," and "having regularity/structure" (at three months) and "having attention directed at experience," "having regularity/structure," and "experiencing the professional role of the therapist" (at termination). Conclusion: Findings shed light on factors contributing to helpful psychotherapy from patients' perspectives in their own words. While previous research has shown that the therapy relationship is an important factor in effective therapy, our findings highlight this ingredient in a personal, spontaneous way."

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**Saturday, June 24th, 2023, 15:15 - 16:30 (IST)**

**Panel**

## **New developments in evidence-based treatment selection and adaptation for depression.**

**Saturday, June 24th, 15:15 - 16:30 - Room: Davis Theatre**

*Organizers & Moderators:* Ellen Driessen (Radboud University Nijmegen)

*Discussants:* Frenk Peeters (Maastricht University)

### **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 evidence-based 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 IPDMAs examining efficacy and moderators of CBT versus psychodynamic therapy and CBT versus behavioral activation for depression. Furthermore, we will present an innovative research project that will combine IPDMA with qualitative findings (expert opinion of patients, informal caregivers, and professionals) and conventional meta-analytic findings to inform treatment selection and adaptation for depression. In this panel, the qualitative research findings from this project related to treatment success and treatment dropout will be presented."

- **Paper: Efficacy and moderators of cognitive behavioral therapy versus short-term psychodynamic psychotherapy for adult depression: A systematic review and meta-analysis of individual participant data.**

**Main author:** *Frederik J. Wienicke (Radboud University)*

*Co-authors:* Jan Spijker, William J. Burk, Pim Cuijpers, Ellen Driessen

### **ABSTRACT:**

"Aim: Conventional meta-analyses have shown cognitive behavioral therapy (CBT) and short-term psychodynamic psychotherapy (STPP) equally effective in treating adult depression. It remains unclear, however, whether specific patients can benefit more from one of these treatment than the other. Individual participant data (IPD) meta-analyses can help answer this question by examining participant-level moderators with increased statistical power. In addition, they can provide more precise treatment estimates than conventional meta-analyses that are based on data extracted from publications. This IPD meta-analysis investigated the comparative efficacy and moderators of CBT versus STPP for depression.

Methods: The METAPSY database of depression psychotherapy trials was searched on September 1st, 2022, to identify randomized clinical trials comparing CBT to STPP for adults with depression. IPD were requested from the authors and analyzed using multilevel modeling. The primary outcome was post-treatment depressive symptom level.

Results: Sixteen studies including 1,637 participants were identified. IPD were obtained from 7 studies (43.8%) totaling 1,040 participants (63.5%). No significant differences in treatment effect were found between CBT and STPP on post-treatment depressive symptom measures ( $d = 0.13$ , 95% CI  $[-0.002, 0.27]$ ,  $p = .060$ ). Various potential patient-level moderators were assessed consistently across the trials (e.g., age, gender, education level, depression severity). Findings of the moderation analyses as well as secondary outcome measures at post-treatment and follow-up will be presented.

Discussion: CBT and STPP are equally effective in reducing depressive symptoms. IPD meta-analyses allow examining patient characteristics as potential moderators of treatment efficacy to might help inform future personalized treatment selection."

- **Paper: Efficacy and moderators of cognitive therapy versus behavioural activation for adults with depression: A systematic review and meta-analysis of individual participant data**

**Main author: Anuj Mehta (University of Wisconsin–Madison)**

*Co-authors: Zachary Cohen, Lorenzo Lorenzo-Luaces, Steven Hollon, Pim Cuijpers, Ellen Driessen*

**ABSTRACT:**

"Aim: Cognitive therapy (CT) and behavioural activation (BA) are both recommended as first-line interventions in depression treatment guidelines. While conventional meta-analyses have largely reported no differences on post-treatment depression outcomes between CT and BA, it is unclear which works best for whom. Individual participant data (IPD) meta-analyses can examine moderators at the patient-level and provide more precise effect size estimates. This IPD meta-analysis investigated the efficacy and moderators of CT versus BA for depression.

Methods: PubMed, PsycINFO, EMBASE and the Cochrane Library were searched on September 1st, 2022, to identify trials comparing CT and BA for adult depression. IPD were requested from identified studies and analyzed using mixed-effects models. The primary prespecified outcome was depression symptom level at treatment completion.

Results: Twenty studies were identified comprising 1,253 participants. IPD were obtained for 11 studies (55%) including 976 participants (78%). Study country, recruitment type, target group, and number of participants did not differ significantly between studies for which IPD were available versus unavailable ( $p > .09$ ). One-stage IPD meta-analyses were conducted to assess treatment effects. Various baseline participant characteristics (e.g., ethnicity, education level, depression type, baseline symptom severity, dysfunctional attitudes, anxiety disorder comorbidity) were assessed consistently across trials and could be examined as potential moderators. These findings will be presented.

Discussion: This study is the first IPD meta-analysis concerning CT versus BA for adult depression, and has the potential to enhance our knowledge of depression treatment by shedding more light on which of these treatments works best for whom."

- **Paper: Understanding treatment success to guide treatment adaptation in depression: the perspective of clients and their informal caregivers**

**Main author: Reine Ramaekers (Maastricht University)**

*Co-authors: Frenk Peeters, Suzanne van Bronswijk*

**ABSTRACT:**

"Aim: In recent years, much attention has been devoted to understanding predictive factors associated with the effects of depression treatments. Studies suggest predictors such as biological, psychosocial, and environmental factors. However, some factors might be difficult to quantify and might leave out the perspective of people experiencing treatment: clients and their informal caregivers. This study collects their expert knowledge with a mixed methods approach identifying factors associated with positive treatment outcomes for depression.

Methods: Expert knowledge of clients and their informal caregivers was obtained with concept mapping, a method for collecting and organizing ideas. Ideas were gathered online and in a face-to-face format. 21 participants responded to a prompt about factors that may positively affect treatment outcomes in depression: ""Successful depression treatment requires ..."". 26 participants then clustered these factors according to themes and 29 participants rated how important these factors were for a successful treatment outcome.

Results: 79 unique factors were clustered in 7 themes: Client & clinician; Communication; Adequate physical and psychiatric evaluation; Clinician's characteristics; Rest, spirituality & mindfulness; Environmental factors; and Depression Severity. Participants averagely rated the first 4 clusters as "very important".

Discussion: Clients and their informal caregivers identify clusters varying in content related to positive treatment outcomes. Factors related to the clinician, the interaction between clients and the clinician, and medical evaluation are deemed very important. Some of the factors listed by clients and their informal caregivers add to the current literature on predictive factors for treatment outcomes."

- **Paper: Understanding treatment dropout to guide treatment adaptation in depression: risk and protective factors according to clinicians and researchers.**

**Main author: Suzanne van Bronswijk (Radboud University)**

*Co-authors: Reine Ramaekers, Marcus Huibers, Ellen Driessen, Sjoerd van Belkum, Robert Schoevers, Jan Spijker, Michael v/d Boogaard, Patricia van Oppen, Philip van Eijndhoven, Frenk Peeters*

**ABSTRACT:**

"Aim: Dropout diminishes treatment effectiveness in routine daily practice as it occurs in about 20% of the depression treatments. A better understanding of the risk and protective factors for dropout could guide treatment adaptation and lead to a substantial increase of effectiveness of existing treatments. The aim of this study is to examine these factors by asking clinicians and researchers for their expert knowledge.

Methods: Expert knowledge was obtained with concept mapping, which is a mixed-method study design that gathers and organizes ideas from experts. A total of 63 clinicians and researchers responded to an open question regarding risk and protective factors for treatment dropout in depression. After that, 21 clinicians and researchers organized these ideas in themes and indicated the importance of each factor separately. Results were analyzed with a hierarchical cluster analysis.

Results: A total of 99 factors were clustered within 8 themes: therapeutic setting, perception on treatment, treatment effectiveness, clinician approach and match with the client, client characteristics, psychosocial situation, clinical factors and depression characteristics. The main three risk factors were poor therapeutic alliance, low client motivation, and a lack of improvement during treatment. The main three protective factors were a good therapeutic relationship, high client motivation, and the client and therapist speaking the same language.

Discussion: Clinicians and researchers can identify various risk and protective factors for treatment dropout in depression. These factors are related to the context, the treatment, the client, and the clinician. Therapeutic alliance is perceived as the most important factor."

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## Panel

# **But how does it actually work? Transdiagnostic change mechanisms and mediators of outcome in psychotherapy across patient diagnoses, age groups, settings and treatment models**

Saturday, June 24th, 15:15 - 16:30 - **Room: Swift Theatre**

*Organizers & Moderators:* Helene A. Nissen-Lie (University of Oslo)

*Discussants:* Louis G. Castonguay (Penn State University)

### **ABSTRACT:**

In this panel, we will investigate how change happens in psychotherapy across outpatient and inpatient settings, age groups (from youths to adults) and patient diagnoses (i.e., chronic depression, borderline personality disorder, or other mental health diagnoses), using a breadth of methods (latent growth models, systematic review, and naturalistic/experimental designs). We have good reasons to claim that psychotherapy is effective and there are many proposed mechanisms to explain these effects. However, change can happen via common principles of change, common factors or specific processes belonging to another, competing theoretical model. Study 1 looks at the promising concept of self-compassion and will report some intriguing findings as to how this concept is linked to both the process and outcome of inpatient short-term psychodynamic psychotherapy, using latent growth curve modeling with structured residuals. Using a similar analytic strategy, Study 2 explores how affective and cognitive processes, which are linked to symptom reduction, interact with common relationship factors in inpatient psychotherapy inspired by diverse psychotherapy models. In Study 3, all RCTs investigating mechanisms of change in the psychological treatment for adolescents were reviewed to identify the most promising mediators of outcome. The systematic review found evidence for several transdiagnostic age-specific mechanisms. In Study 4, the authors assessed emotional arousal (EA) via self-report and observer-ratings, as well as general distress in a sample of patients with borderline personality disorder undergoing psychotherapy and a control group receiving no intervention. In the active treatment arm, change in EA seemed to be a potential mechanism of change.

- **Paper: Self-Compassion and Fear of Compassion in the Treatment of Chronic Depression: Are they Mechanisms of Change?**

*Main author:* Linne Melsom (Penn State University)

*Co-authors:* Pål Gunnar Ulvenes, Ole André Solbakken, Patrick Curran, Mikkel Eielsen, Bruce E. Wampold

### **ABSTRACT:**



**Objective:** The aim of this naturalistic process study was to investigate the relationship between self-compassion, fear of compassion from others, and depressive symptoms over the course of psychotherapy in patients with chronic depression. **Methods:** A sample of 226 patients with chronic depression who received inpatient short-term psychodynamic psychotherapy (STPP) provided weekly self-report measures of self-compassion, fear of compassion, and depressive symptoms (Patient Health Questionnaire 9). Trivariate latent curve modeling with structured residuals (LCM-SR) was applied to investigate the between- and within-patient relationships among the variables. **Results:** At the between-patient level, a significant positive correlation was found between the intercepts of depressive symptoms and fear of compassion, and a significant negative correlation was found between the intercepts of depressive symptoms and self-compassion and between fear of compassion and self-compassion. At the within-patient level, a lower level of fear of compassion predicted subsequent lower level of depression (with a smaller reciprocal relationship). There was no within-patient effect of self-compassion predicting subsequent depression, but a significant effect of lower levels of depression predicting subsequent higher levels of self-compassion. No within-patient effect between self-compassion and fear of compassion was found. **Conclusions:** In the context in which this study was conducted, it appears that fear of compassion is an important variable involved in the reduction of depression in patients with chronic depression treated with STPP. On the other hand, self-compassion appears to be an outcome of psychotherapy.

- **Paper: Emotional and cognitive processes in psychotherapy are influenced by different aspects of the therapeutic relationship**

**Main author:** *Ingild Finsrud (University of Oslo)*

**Co-authors:** *Helene Amundsen Nissen-Lie, Pål G. Ulvenes, KariAnne Vrabøl, Linne Melsom, Bruce E. Wampold*

**ABSTRACT:**

**Objective:** Both common factors and specific processes predict psychotherapy outcomes, but how they interact in the change process is less clear. In this naturalistic study we aimed to investigate the relationship between two central change processes (affective and cognitive) and two common relationship factors ("Confidence in the therapist" and "Confidence in the treatment") in a clinical context. **Method:** The sample consisted of 631 patients with a primary anxiety or depressive disorder who were admitted to an inpatient program and treated with psychotherapy. The data consisted of weekly measures of cognitive (i.e., "rumination") and affective (i.e., "emotional clarity") change processes as well as scores on Confidence in the therapist and Confidence in the therapy and symptom distress. A multivariate version of the latent curve model with structured residuals (LCM-SR) was used to investigate the withinpatient effects of week-to-week changes in all variables. **Results:** Initial analyses established that both emotional clarity and rumination predicted symptom distress. Further, we found that higher Confidence in the therapist predicted increased emotional clarity (but not rumination) whereas higher Confidence in the treatment predicted a decrease in rumination (but did not affect emotional clarity). **Discussion:** The findings of this study contribute to our understanding of the interplay between specific and common change processes in psychotherapy. The results indicate that patients' experience of the therapist (in particular his/her interpersonal qualities) is associated with emotional change processes, and that patients' experience of the coherence and meaningfulness of treatment, on the other hand, is associated with cognitive change processes.

**Background:** Emotional arousal is a combination of expressive displays (postures, gestures, facial and vocal expressions) and bodily responses (i.e. changes in the somatic and autonomic nervous system as well as in the endocrine and immune system) following a stimulus. Research in the field of psychotherapy suggests it might also be a key element to therapeutic success (Lane, Ryan, Nadel, & Greenberg, 2015). However, its relevance depends on a situation-bound complex process, requiring its assessment at the right time and in relation to significant personal themes. **Methods:** Sample consists of clients (n=30) diagnosed with a Borderline Personality Disorder (BPD) that underwent a 4 month brief psychiatric treatment as well as healthy controls (n=29). We assessed participants in both groups at two time points (intake and discharge for the BPD group and intake and at consistent intervals for the healthy controls) using an experiential two-chair dialogue for self-criticism, ensuring the individual relevance of the aroused state. We evaluated emotional arousal (EA) via self-reported at three time-points for each dialogue (Self-Assessment Manikin; SAM; Bradley & Lang, 1994) and

observer-rated (Client Emotional Arousal Scale-III; Warwar & Greenberg, 1999a) scales as well as general psychological distress (Outcome Questionnaire, Lambert, Gregersen, & Burlingame, 2004). Results: In total, N = 177 two-chair dialogues have been included in the present study. We discuss the evolution in observed as well as self-report EA in the BPD group between pre and post treatment and its association with symptom change. We observed no change for the control group.

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## Panel

# Relational aspects in the clinical work with children and caregivers in different contexts of trauma

Saturday, June 24th, 15:15 - 16:30 - Room: UI Chadhain

Organizers & Moderators: Stefanella Costa-Cordella (Universidad Diego Portales)

## ABSTRACT:

In this panel, we will show the results of studies concerning different aspects of psychosocial interventions with children and their caregivers, most of them in contexts of trauma. We will focus on the relational aspects of these interventions.

- **Paper: Cultural Adaptations of MBT Lighthouse Parenting for Chilean Families: Identifying Stakeholder Recommendations.**

*Main author: Stefanella Costa-Cordella (Universidad Diego Portales and Millennium Institute for Research in Depression and Personality)*

*Co-authors: Alejandra Rossi, Aitana Grasso-Cladera*

## ABSTRACT:

"Aims: Embedded within a Randomized Feasibility Trial, the current study identified stakeholder recommendations to inform cultural adaptations to MBT Lighthouse Parenting for the Chilean population.

Methods: We collected recommendations through semi-structured interviews. Ten stakeholders were interviewed, including government officials, representatives from non-profit organizations, researchers, and practitioners in the field of psychosocial interventions with families experiencing complex difficulties impacting parent-child relationships. We identified relevant themes using thematic analysis and classified the recommended adaptations using the Framework for Reporting Adaptations and Modifications-Enhanced (FRAME).

Results: Adaptations to training and intervention materials, supervision and additional strategies were suggested to improve the fit for stakeholders, decrease costs, increase parents' and facilitators' engagement and enhance the effectiveness of the intervention. These adaptations were classified using the FRAME method.

Conclusion: This study shows the main aspects that need to be modified to create a culturally-sensitive version of the MBT Lighthouse Parenting program and evaluate its initial effectiveness and the main aspects of a future full randomized controlled trial."

- **Paper: Initial therapeutic relationship with children who have been sexually abused: integrating the views of children and therapists.**

**Main author: Lucía Nuñez (Universidad Alberto Hurtado)**

*Co-authors: Camila Muñoz-Perez, Claudia Capella, Nicolle Alamo, Marcia Olhaberry, Nicolas Gabriel-Vacher*

**ABSTRACT:**

Background: Previous research indicates that a good therapeutic relationship is vital in overcoming CSA. However, few studies focus on the relational aspects of the child-therapist dyad in CSA psychotherapy and its implications for clinical practice. Aim: To understand the elements that facilitate or hinder a positive initial therapeutic relationship with children who have suffered CSA from the perspective of children and their therapists. Method: A qualitative study was conducted with six dyads of children between 4 and 9 years of age and their therapists (N=12) participating in psychotherapy in a specialising centre in child abuse. Semi-structured interviews were led with participants, plus the drawing "My therapist and I" in the case of children. A thematic and visual narrative data analysis was completed. Results: The therapeutic relationship emerged as an essential axis for children and therapists from the beginning of the process. Some central elements that influenced this interaction were the relational style and family history of children and the therapist's attitudes, interventions, goals and understanding of the effects of sexual abuse. Discussion: The therapeutic relationship is, from the beginning of psychotherapy, an essential factor in the process of overcoming CSA, as it favours the participation and affective well-being of the children in the process. The understanding of this relevance is discussed in terms of clinical practice in this specific context.

- **Paper: Exploring Therapeutic Alliance Ruptures and Resolutions in Infant-Caregiver Telematic Interventions**

**Main author: Catalina Sieverson (Pontificia Universidad Católica de Chile; Millennium Institute for Depression and Personality Research (MIDAP))**

*Co-authors: Marcia Olhaberry, Javier Moran, Carla Vasquez, Katherine Guerrero, Paulina Nuñez*

**ABSTRACT:**

"Psychotherapy process research in psychotherapy with young children and their caregivers is nascent and under-researched compared to adult psychotherapy. It supposes additional challenges and a large amount of clinical data. Within this research, therapeutic alliance (TA) ruptures have been described as common and unavoidable events during psychotherapeutic process. They might threaten the collaborative work between patient and therapist and stress the emotional bond when they are not properly managed. Although, when recognized they may constitute opportunities for exploring the therapeutic relationship and dysfunctional schemes of the patient, which can constitute a mechanism of change. Intersubjective mother-baby processes are the earliest developmental example of dyadic mutual co-regulation, and this early-rooted mutual influence remains a feature that is actualized in the patient-therapist relationship. Regarding this and Tronick's research of rupture and repair cycle, resolution of ruptures also configures an essential change process for psychotherapy.

24 brief telematic intervention processes with video-feedback for mother-infant dyads with depressive symptoms that were videotaped are coded by psychologists trained in the 3RS to identify moments of TA ruptures and the presence of resolution when it exists. The therapist-patient interaction sequences are qualitatively analyzed for both ruptures and resolution attempts, through conversational analysis and triangulation with therapists.

It is expected that the results not only account for the presence of ruptures and resolution of the therapeutic alliance as in intervention processes with adults, but also contribute to the recognition of

a differentiated manifestation of ruptures and resolutions considering the developmental period in which intervention is performed."

- **Paper: Deepening the therapeutic relationship with children through an expressive and participatory device.**

**Main author:** *Maria Jose Ugarte (Universidad Diego Portales and Millennium Institute for Research in Depression and Personality)*

**ABSTRACT:**

Worldwide, 10% of children experience a mental disorder, but the majority of them do not receive care. Therefore, having findings on how child psychotherapy works is relevant because childhood is a critical stage of life for mental health. Likewise, thanks to research in psychotherapy we know that psychotherapy is effective and that there are factors that contribute to change and outcome. However, the definition and identification of the processes of change in child psychotherapy has been less developed, therefore, knowing them helps to improve and modify existing treatments. The tendency to generate child outcomes is related to adult studies indicating that variation in the therapeutic relationship contributes to the prediction of treatment outcomes. However, since working with children has specific characteristics (e.g. the therapeutic relationship is composed of three actors: patient, parents and therapist), it makes the transfer of results from the adult world unfeasible. Moreover, how to access children is a less explored area, where the methodology is central since the techniques to be used must be favorable to participation and age. That is why this study seeks to identify and understand the aspects of the therapeutic relationship from the perspective of children, through an expressive and participatory device. The results will be based on the piloting of the device, which is made up of different techniques (scaffolding) to ensure active participation: the creation of an artifact representative of their experience of the therapeutic relationship, an explanatory video of this device, and a semi-structured interview including playful elements.

- **Paper: Psychotherapy with sexually abused children from a dialogical perspective**

**Main author:** *María Teresa del Río (Universidad Central de Chile)*

**Co-authors:** *Paola Andreucci-Annunziata, Augusto Mellado*

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Panel

## **Modular treatment approaches: A future pathway for the personalisation of evidence-based interventions**

Saturday, June 24th, 15:15 - 16:30 - **Room: Classroom 3106**

**Organizers & Moderators:** Elisabeth Schramm (University of Freiburg)

*Discussants: Wolfgang Lutz (University of Trier)*

**ABSTRACT:**

"Despite many decades of psychotherapy research and thousands of randomized controlled trials, a substantial proportion of patients does not benefit adequately from current standardized treatment approaches. Most evidence-based treatment protocols are single-disorder-specific manuals disregarding common comorbidities, transdiagnostic clinical phenomena and the high phenomenological heterogeneity between patients. This mismatch between available disorder-specific manuals and common patient characteristics diminishes treatment effects and leads to their low application in clinical practice (science-practice-gap in mental health). Recently, a trend is emerging for personalized treatments that target core mechanisms, underlying processes and key factors, which are central to the development and maintenance of psychological disorders. One promising pathway to achieve personalisation is modular therapy. Modularity as a fundamental treatment principle was established two decades ago and has been primarily researched in children and adolescents. However, several recent feasibility trials with modular treatments for adults have been conducted for a variety of mental health problems with encouraging results. In contrast to conventional evidence-based treatment protocols, modular approaches provide the clinician with an evidence-based toolbox to integrate treatment modules systematically as independent but combinable sets of functional units. By optimally tailoring module selection and application to the specific characteristics of each patient, modular therapy might reduce the challenges of using evidence-based approaches. In addition, it ensures high flexibility and goodness-of-fit within a systematic framework."

- **Paper: Personalization of psychological therapies: Contemporary applications, current challenges, and future directions**

*Main author: Zachary Cohen (University of California, Los Angeles)*

*Co-authors: Michelle G. Craske*

**ABSTRACT:**

"Understanding how and for whom psychotherapy works is central to the development and improvement of mental health interventions. Efforts to leverage statistical modeling in precision mental health have been limited by package-based interventions and suboptimal quantification of the active ingredients of psychological therapies, which has also hampered progress in elucidating treatment mechanisms. Measurement science and modular digital psychological therapies hold promise in advancing precision and personalized treatment.

The speaker will present a conceptual measurement framework developed to advance psychotherapy process research that focuses on active elements of psychological therapies.

The speaker will then describe a modular, transdiagnostic personalized digital therapy optimized to generate data for advancing precision mental health. UCLA's STAND Digital Therapy comprises a suite of online modules and smartphone tools for treating a broad range of mental health problems including depression, anxiety, trauma, and sleep.

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.

After reviewing examples of theory-based and data-informed personalization from STAND Digital Therapy, the speaker will describe efforts to develop data-driven personalization and results from an ongoing community college pilot."

- **Paper: Modular youth psychotherapies: scoping review and future directions**

**Main author: Katherine Venturo-Conerly (Harvard University)**

*Co-authors: Rachel Reynolds, Malia Clark, Olivia Fitzpatrick, John Weisz*

**ABSTRACT:**

Modular youth psychotherapies (i.e., flexible psychotherapies consisting of distinct treatment components that may be arranged in various combinations and permutations to suit each client) have become increasingly popular in the last two decades (Venturo-Conerly et al., in press). Modular psychotherapies have several potentially advantageous features, including: their flexibility which facilitates personalizing and increased clinician satisfaction when using modular relative to linear psychotherapies (Chorpita et al., 2015). However, the flexibility of modular youth psychotherapies also means that the clinician decision-making required for personalized selection and ordering of treatment modules can be complex. We identified via a systematic search of PsychINFO and PubMed all available modular youth psychotherapy protocols; 20 modular youth psychotherapies, described in 67 articles, were assessed by two independent researchers for decision guidance. All modular youth psychotherapy protocols recommended that decisions be guided by clinical judgement. Almost all (95%) recommended using baseline assessment, 65% recommended using measurement-based care, and 25% presented prior research in their protocols to guide decision-making. Guidance very often involved narrative module descriptions (90%), sometimes therapies included decision-flow diagrams (35%), and one therapy provided an online algorithmic decision tool. 40% of therapies proposed seeking client input. Despite evidence that statistical models outperform clinical judgment (Ægisdóttir, 2006), no modular psychotherapy used statistical models of archival data to inform decision guidance. Future directions to maximize youth modular psychotherapy effectiveness may include building decision supports that incorporate client perspectives, investigating how to improve clinical judgment, building statistical models of archival treatment data, and balancing clinical judgment with statistical methods.

- **Paper: The HARMONIC trial: A randomized controlled feasibility trial of a novel transdiagnostic modular intervention for comorbid mood, anxiety and stressor-related disorders.**

**Main author: Anna Bevan (University of Cambridge)**

*Co-authors: Tim Dalgleish, Melissa Black, David Johnston*

**ABSTRACT:**

"Background: Common mental health problems are a significant cause of distress and disability worldwide. Comorbidity between such disorders is common and contributes to substantial rates of treatment failure in the context of existing single-diagnosis treatment protocols, creating a need for evidence-based treatments designed to effectively address complexity and comorbidity. Shaping Healthy Minds is a transdiagnostic, modular intervention which can efficiently address common factors underlying multiple diagnoses, and which employs a formulation-driven approach to module selection, allowing a standardized protocol to be delivered in a flexible and person-centred way taking account of individual complexity.

Method: We compared Shaping Healthy Minds to psychological treatment-as-usual (N=42) in a randomized controlled feasibility trial (the HARMONIC trial). All participants met criteria for at least two mood, anxiety or stressor-related diagnoses, and were offered up to 20 sessions of individual treatment. Co-primary outcomes at post-treatment and 3-month follow-up were self-reported depression and anxiety symptoms, disability, and functional impairment. Secondary outcomes included cost-effectiveness and process measures.

Results: The intervention proved acceptable and a later-stage, fully-powered efficacy trial feasible, with encouraging effect size estimates for the co-primary outcomes. We also established the feasibility of collecting demographic, cognitive and behavioural data to assess cost-effectiveness and potential mediators and moderators of outcome.

Discussion: The results of this feasibility trial will inform a future large-scale trial of Shaping Healthy Minds. Transdiagnostic, modular interventions may be an effective approach to the treatment of complex and comorbid mood, anxiety and stressor-related disorders."

- **Paper: Modular-Based Psychotherapy versus Cognitive Behavioral Therapy for patients with comorbid depression and a history of childhood maltreatment**

**Main author: Moritz Elsaesser (University of Freiburg)**

*Co-authors: Sabine Herpertz, Elisabeth Schramm*

**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."



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## Panel

# Evaluation of Digital interventions for depression and anxiety in real-world settings: Present and future

Saturday, June 24th, 15:15 - 16:30 - Room: Classroom 3074

Organizers & Moderators: Derek Richards (SilverCloud Health)

### ABSTRACT:

The adoption of digital interventions for common mental health disorders is rapidly expanding. Clinical guidelines in several countries include digital interventions as recommended treatments for depression and anxiety and they are being used within public and private health systems. At this stage, there is a need to evaluate if the effects observed through research studies hold when digital interventions are deployed and implemented across public and private healthcare settings in different geographies. Initial findings indicate engagement and clinical effectiveness diminish when these interventions are deployed in real-world settings. There is a need to further explore effects of these interventions in naturalistic settings, investigate the contextual factors that affect the implementation of these interventions and explore innovative ways to enhance engagement and outcomes. The current panel presents 4 studies that evaluate the effects of digital interventions in different settings and geographies and also that explore key ingredients for implementation and optimization of these interventions.

- **Paper: The establishment of a national digital CBT service in Ireland: Results from a service evaluation**

**Main author: Angel Enrique Roig (SilverCloud Health Ltd)**

*Co-authors: Garrett Hisler, Siobhan Harty, Adedeji Adegoke, Derek Richards*

### ABSTRACT:

"The establishment of research frameworks within commercial partnerships allows to conduct continued service evaluations to derive clinical insights and service optimization. This study is aimed to showcase the establishment of a national digital CBT service for depression and anxiety in the Irish public healthcare system (HSE) and to present findings from one study illustrating the implementation of the framework.

Patients with depression and anxiety are referred (N=10,049) from different sources, being general practitioners (GPs) the highest group of referrers (89%). All patients are offered evidence-based digital interventions with weekly asynchronous support. Results show significant improvements in terms of depression ( $p<.001$ ) and anxiety ( $p<.00$ ) with large effect sizes (Cohen's  $d>0.8$ ).

A pilot study following a sequential A/B testing design aimed to evaluate the feasibility and added benefits of an introductory synchronous call on usage and clinical outcomes for individuals with moderately severe and severe depression.

A total of 199 eligible users were invited to schedule a phone call and 55 completed a phone call.

Analyses showed users who had synchronous coaching had significantly more logins compared to historic users. No significant differences were found on depression (PHQ-9) and anxiety (GAD-7), but effect sizes showed small to medium effects in favor of the synchronous coaching group.

Absence of a control group prevents from making causal inferences, but results suggest synchronous coaching might be a promising avenue for improving outcomes. Some of the findings generated through this approach may be generalizable and may contribute to the advance of research in the field."

- **Paper: Comparison of outcomes across low-intensity psychological interventions for depression and anxiety within a stepped-care setting: A naturalistic cohort study using propensity score modelling**

**Main author: Jorge E Palacios (SilverCloud Health)**

*Co-authors: Adedeji Adegoke, Rebecca Wogan, Caroline Earley, Daniel Duffy, Angel Enrique, Sarah Sollesse, Judith Chapman, Derek Richards*

**ABSTRACT:**

Low-intensity interventions for common mental disorders (CMD) address issues such as clinician shortages and barriers to accessing care. However, there is a lack of research into their comparative effectiveness in routine care. We aimed to compare treatment effects of three such interventions, utilizing four years' worth of routine clinical data. Users completing a course of guided self-help bibliotherapy (GSH), internet-delivered cognitive behavioural therapy (iCBT) or psychoeducational group therapy (PGT) from a stepped-care service within the NHS in England were included.

Propensity score models (stratification and weighting) were used to control for allocation bias and determine average treatment effect (ATE) between the interventions. 21,215 users comprised the study sample (GSH = 12,896, iCBT = 6862, PGT = 1457). Adherence-to-treatment rates were higher in iCBT. All interventions showed significant improvements in depression (PHQ-9), anxiety (GAD-7) and functioning (WSAS) scores, with largest effect sizes for iCBT. Both propensity score models showed a significant ATE in favour of iCBT versus GSH and PGT, and in favour of GSH versus PGT. Discernible differences in effectiveness were seen for iCBT in comparison with GSH and PGT. Given variance in delivery mode and human resources between different low-intensity interventions, building on these findings would be valuable for future service provision and policy decision making.

- **Paper: Using Machine Learning to Optimize User Engagement and Clinical Response to Digital Mental Health Interventions: Study Protocol and Methods**

**Main author: Todd J Farchione (Boston University)**

*Co-authors: Anthony Rosellini, Derek Richards, Angel Enrique Roig, Jorge E Palacios, Greg Clarke, David H Barlow*

**ABSTRACT:**

"Digital interventions offer a highly scalable and relatively cost- and time-efficient approach to the delivery of accessible mental health services. However, evidence for efficacy comes from nomothetic group averages, overlooking the fact that a treatment that is effective for one patient may be less effective or even harmful for another. Further, guidance on matching individuals to their optimal intervention is lacking. These decisions are primarily based on clinical judgment or "trial and error," which results in many patients receiving ineffective treatment or requiring multiple courses of treatment before achieving remission. Machine learning (ML) algorithms offer an alternative to conventional clinical decision-making by generating empirically derived precision treatment rules (PTRs) for selecting an optimal treatment. To date, research on the development of PTRs has been

hindered by major design and statistical issues, including sample size limitations and lack of random assignment.

This presentation describes the rationale and methods for a large (N=1800), ongoing NIMH-funded randomized clinical trial to develop and test PTRs, using ML, to optimize user engagement and clinical response to digital mental health treatments. Participants will be randomly assigned to one of three digital interventions (focusing on different putative mechanisms of action) within an existing digital healthcare system, Silver Cloud Health. The results of this study will provide a definitive answer regarding the relative effectiveness of three leading digital interventions, determine the value of developing PTRs for CBT interventions with different purported mechanisms of action, and further the understanding of common and treatment-specific mechanisms of change."

- **Paper: Implementing internet-delivered cognitive behaviour therapy for depression and anxiety in routine care: the creation of a science and practice-informed list of implementation strategies**

**Main author: Daniel Duffy (SilverCloud Health Ltd)**

*Co-authors: Ladislav Timulak, Derek Richards*

**ABSTRACT:**

"Aim To identify a list of strategies associated with the successful implementation of internet-delivered cognitive behaviour therapy.

Methods 31 strategies associated with the successful implementation of iCBT were developed based on two composite studies; a mixed methods systematic review on iCBT implementation and a qualitative study of stakeholders involved with implementing iCBT. Identified strategies were grouped under domains pertaining to leadership, intervention training, processes and procedures for staff, managing the delivery of the iCBT service and iCBT intervention developers. A 2-round Delphi study, utilising a panel of experts (N=9) with both iCBT research and implementation experience, was then conducted to establish consensus of importance across the identified strategies.

Results The highest ranked strategies included information governance standards for iCBT, designing efficient care pathways for iCBT, having a committed management team that set clear goals and facilitating an organisational culture conducive to iCBT usage. In contrast, lowest ranked strategies pertained to setting individual therapist goals for iCBT usage, creating online training resources and training to address negative biases around iCBT.

Conclusions The current work presents a curated list of implementation strategies that are directly relevant to iCBT, based on both the scientific literature and lived experience of stakeholders implementing iCBT. The findings present a call-to-action for future studies to test the effectiveness of specific implementation strategies within routine care settings. At the time of writing, this is the first study within the field of iCBT to conduct such a research endeavour and therefore represents a novel contribution to the field."

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Panel **CE**

## **Presenting Concerns and Psychotherapy Utilization Among US College Students From Distinct Cultural Groups**

Saturday, June 24th, 15:15 - 16:30 - **Room: Classroom 3051**

*Organizers & Moderators: Heidi Vogeler (Brigham Young University)*

*Discussants: Davey Erekson (Brigham Young University)*

**ABSTRACT:**

Research studies often aggregate populations with the same heritage in statistical analyses. Aggregation potentially obscures important differences between distinct cultural groups within the same heritage. Each paper in this panel sought to understand the differences between these student groups in treatment utilization and retention, presenting concerns, level of distress at intake, and treatment outcomes by examining archival data from the Center for Collegiate Mental Health (CCMH). The analyses of the data suggests that it is important to understand differences in mental health concerns and treatment variables between individuals with the same heritage who are from distinct cultural groups.

- **Paper: Differences Between US Black and International Black Student's Use of College Campus Psychotherapy Resources and Treatment Outcomes**

*Main author: Tracy Brown (Brigham Young University)*

**ABSTRACT:**

Research studies often aggregate populations with the same heritage in statistical analyses. Aggregation potentially obscures important differences between distinct cultural groups within the same heritage. This appears to be the case with those who identify as Black/African American and International Black (IB) students who attend universities in the US. As such, limited research has examined psychotherapy utilization and outcome differences between US Black (USB) and International Black university students. We sought to understand the differences between these student groups in treatment utilization and retention, presenting concerns, level of distress at intake, and treatment outcomes by examining archival data from the Center for Collegiate Mental Health (CCMH). Our findings showed that IB students presented with lower initial distress levels and scheduled and attended significantly fewer sessions than USB students. In regard to treatment outcomes, IB students demonstrated higher rates of improvement in terms of depression. There were no significant differences between IB and USB students in treatment improvement in regards to other mental health challenges examined in the data set. Our data suggests that it is important to understand differences in mental health concerns and treatment variables between individuals with the same heritage who are from distinct cultural groups.

- **Paper: Comparing Psychotherapeutic Treatment Rates in University Counseling Centers between American Latinx and International Latinx University Students**

*Main author: Brett Merrill (Brigham Young University)*

**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 significantly 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.

- **Paper: Presenting Concerns and Psychotherapy Utilization in University Counseling Centers: What Do We Know About Asian American and International Asian Students?**

**Main author:** *Yoko (Hui Wai) Caldwell (Brigham Young University)*

**ABSTRACT:**

Individuals from Asian American (AA) and international Asian (IA) backgrounds are often lumped together in mental health research, which may obscure important differences in mental health presentation and need. While previous research has examined differences amongst AA and IA students seeking therapy at a single university counseling center, our study sought to better generalize these findings by utilizing a national data set to examine differences in treatment utilization, presenting concerns, overall distress, and improvement in treatment. Our results showed that IA students utilize therapy at lower rates than AA students. However, both groups attended appointments at roughly the same rate. Distress at intake was significantly higher for IA students across most domains measured. Finally, both groups improved in treatment at similar rates, with some differences observed between IA undergraduate and graduate students. We discuss implications for college counseling professionals and urge further research in this domain.

- **Paper: Native American (NA) and Alaska Native (AN) College Students: Presenting Concerns and Psychotherapy Utilization in University Counseling Centers**

**Main author:** *RD Boardman (Brigham Young University)*

**ABSTRACT:**

Native American (NA) and Alaska Native (AN) college students are one of the least studied student populations. With no national study regarding college mental health concerns of NA and AN found in the literature, the purpose of this paper is to two fold: 1) To understand the severity of distress of Alaska Native and Native American College students attending Counseling Centers as compared to other racial/ethnic student populations, 2) To compare the historical data of Alaska Native and Native American College students attending Counseling Centers as compared to other racial populations. Utilizing the Center of Collegiate Mental Health (CCMH) data collected from 600 College and University Counseling Centers across the US, NA and AN college students were measured and compared to other racial groups over a 5-year period regarding the following areas of Distress: Academic, Alcohol, Anxiety, Depression, Eating, and Overall Distress. Results indicate that over the 5-year period, Anxiety, Depression, Eating Distress has significantly increased and has been significantly higher for AN and NA than other student populations. Results regarding the historical

CCMH data indicate that Prior drug and alcohol treatment, self-injury, suicidal thoughts and suicide attempts, consideration of harming others was highest for NA and AN students. Additionally, NA and AN College students are coming in with significant histories of trauma, harassment, abuse, self-injury, hostility, suicidality, and unwanted sexual experiences as compared to other racial populations. We discuss implications for college counseling professionals and centers, as well as encourage further research in this domain.

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## Panel

# Advanced methods and statistical analyses for the design and implementation of naturalistic studies: Investigating client, therapist, process, and outcome

Saturday, June 24th, 15:15 - 16:30 - **Room: Classroom 3071**

*Organizers & Moderators:* Tim Kaiser (Freie Universität Berlin)

### ABSTRACT:

There have been various methodological advancements in process and outcome research in recent years. This panel will present several new approaches to studying change processes and their links to therapy outcomes. Multivariate time-series models of the therapy process and outcome allow researchers to understand how different factors within a therapy session, such as the therapist's interventions and the client's responses, interact and influence each other over time. Using machine learning to analyze large amounts of data from therapy sessions to predict treatment-related events is increasingly used, and the first applications have already made it to clinical practice. This panel will include three new developments in the field of process-outcome research. First, Markus Tewes will present a study to generate an algorithm to predict Alliance Ruptures in ongoing psychotherapies. Then, Pratha Sah will present results on linking two standard outcome measures with outcome data from a feedback system. Next, Sam de Haas will show results on bidirectional correlations of self-directedness and therapy outcome. Finally, Nora Görg will present an approach using dynamic network models to guide treatment personalization. The panel organizer will conclude by discussing the various contributions and potential future work in this field.

- **Paper: The Alliance Rupture Monitoring System: Development of a Statistical Prediction Model of Alliance Ruptures based on Routine Outcome Monitoring Data**

*Main author: Markus Tewes (University of Greifswald)*

*Co-authors: Eva-Lotta Brakemeier, Tim Kaiser*

### ABSTRACT:

"Monitoring and feedback systems could support therapists in recognizing better and adequately responding to alliance ruptures in the therapeutic process. To enable this, this study aims to investigate whether Alliance Ruptures can be reliably detected by a statistical prediction model based on routinely collected data from psychotherapeutic care. Data collection is carried out in a naturalistic setting at an outpatient center for psychotherapy at the University of Greifswald. Measurements in

the form of short questionnaires are taken before and after each therapy session. In addition, video recordings of these sessions are evaluated using the Rupture Resolution Rating System (3RS; Eubanks & Muran, 2022). Based on these data, an algorithm will be created to predict the occurrence of alliance ruptures by using an ensemble of different machine learning methods. Preliminary results of the study will be presented in the talk. Alliance ruptures are expected to be detected with disproportionate frequency using the statistical prediction model.

Additionally, more alliance ruptures should be adequately detected using the predictive model than being reported by the therapists themselves. Therefore, individual feedback regarding alliance ruptures could support therapists' professional development and help increase therapeutic success. The described project contributes to further developing monitoring and feedback systems by adding differentiated feedback on central aspects of the therapeutic alliance."

- **Paper: Linking the GAD-7 and PHQ-8 to the multidimensional Norse feedback measure**

**Main author: Pratha Sah (Reliant Medical Group / United Health Group)**

*Co-authors: Brittany Jaso, Hans Jacob Westbye, Soo Jeong Youn, Andrew McAleavey, Mara Eyllon, Mariesa Pennine, George Welch, Elisabeth Rogers, Lily Murillo, Heather O'Dea, Laura Orth, Georgia Hoyler, Benjamin Barnes, Samuel Nordberg*

**ABSTRACT:**

While the PHQ-8 and GAD-7 are common measures of depression and anxiety employed in many healthcare systems, there is need for more comprehensive measures that target various dimensions of patient distress. One such measure is the multidimensional Norse Feedback Measure. The Norse Feedback measure consists of 85 items and covers 20 different dimensions of clinical concerns. Using a machine learning approach, we created crosswalks that map scores from the Norse Feedback to corresponding symptom severity of PHQ-8 and GAD-7. Data was collected in a sample of 2500 participants with varying levels of depression and anxiety severity. Model performance was evaluated using root mean squared error, which measures the square root of the average squared deviation between the forecast and the actual output. These crosswalk tables will aid clinicians and researchers in the interpretation of patient scores and thus lead to actionable clinical decision making.

- **Paper: Exploration of the Bidirectional Associations between Symptomatic Distress and Self-Direction throughout Treatment**

**Main author: Sam M. H. de Haas (Pro Persona Research)**

*Co-authors: Pauline D. Janse, Bea G. Tiemens, Giel J. M. Hutschemaekers*

**ABSTRACT:**

The perceived importance of an active participating client who can adapt and self-manage in the face of challenges has been highlighted in different therapeutic schools and (research) traditions. Recently, de Vries and colleagues (2021) developed the four-factor Mental Health Self Direction Scale (MHSD) that translates the 'active participating client' as an outcome of treatment. Their view is that when clients have successfully finished treatment, the ideal result is that they not only have solved their current problems but can also handle comparable future problems by themselves, becoming, to some extent, 'their own therapists.' The questionnaire was further improved and shortened by de Haas and colleagues (2023). As of yet, it remains largely unclear how the

self-direction factors interrelate with other outcome measures. Therefore, the present study aims to explore the bi-directional associations between the self-direction factors of the improved measure (i.e., Actorship, Demoralization, Committed, Understanding) and symptom levels throughout treatment. This study employs a longitudinal sample (N= 344) from a large outpatient mental health facility where clients received brief psychotherapy. Clients received various measures of the MHSD, along with measures of symptomatic distress (i.e., the Outcome Questionnaire 45), planned at pre-treatment, after the first session, mid-treatment, end-treatment, and follow-up. The measures were distributed with a digital routine outcome monitoring system used in the facility. The data will be analyzed by means of a cross-lagged design.

- **Paper: Dynamic network models – Potential for psychotherapy in routine care**

*Main author: Nora Görg (University of Frankfurt)*

*Co-authors: Tina Hristova, Ulrich Stangier*

**ABSTRACT:**

"This talk investigates the potential of dynamic network analysis for psychotherapy in routine care. Dynamic networks have been used in psychological research in recent years. Whether idiographic network models for longitudinal data can help to personalize psychotherapy is a matter of debate. In the first step, archive data from psychotherapy trials will be used to illustrate case examples of dynamic networks from individual patients. The potential of this approach for personalized psychotherapy will be discussed along with the methodological flaws. Secondly, guidelines for using dynamic networks in routine care will be suggested. Furthermore, a future study to test this framework will be presented."

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**Panel**

## **New lessons from routine outcome monitoring in clinical routine**

**Saturday, June 24th, 15:15 - 16:30 - Room: Classroom 3126**

*Organizers & Moderators: Pauline D. Janse (Pro Persona Mental Health Care and Research)*

**ABSTRACT:**

Several meta-analyses show that client feedback can improve the effectiveness of psychotherapy, especially for clients who are at risk of treatment failure, and can decrease the number of dropouts from therapy (De Jong et al., 2021; Lambert, et al., 2018). However, some studies have shown little or no effects of feedback (e.g. Østergård, et al., 2018) and for clients with certain severe problems there are indications that it might be less beneficial (Errázuriz & Zilcha-Mano, 2018; De Jong, et al., 2018). Furthermore, many therapists do not use ROM during treatment (Jensen-Doss et al., 2018). Thus, more research is needed to gain more insight in for which clients and in which settings ROM is effective and what we can learn from therapists experiences in using ROM to improve



implementation of ROM in clinical practice. This symposium will bring together an international panel of researchers that will present results of studies on how ROM can be used in different settings such as group therapy, clients with eating disorders and studies which explore how therapists experience ROM, in a setting in which it is new to therapists and a setting in which it has been implemented years ago, but is not always used.

- **Paper: How therapists experience and use client feedback: two qualitative studies.**

**Main author:** *Lisette Wittkamp (Pro Persona Mental Health Care and Research)*

**Co-authors:** *Sharaya Azizian Kia, Pauline D. Janse*

**ABSTRACT:**

Objective. Providing client feedback can improve treatment outcomes of psychotherapy and can also reduce the differences between effective and less effective therapists. Despite the knowledge about attitudes and barriers regarding client feedback, the mental health community does not succeed well in implementing client feedback in practice. In addition, not much is known on what therapists actually do with the feedback they receive, how it affects their behaviour and how it is used to improve treatments. To gain more knowledge of whether the motives and attitudes of therapists who do not use client feedback differ from those who do and the ways therapists use client feedback during therapy, we conducted two qualitative studies. . Method. In both qualitative studies 10-15 different psychologists who work at a large mental health organisation were interviewed. Thematic analysis was used as method to analyse the data. Results. The preliminary results showed that in general all interviewees had a positive attitude toward using client feedback. Nevertheless, those who used feedback felt that client feedback helps to monitor, adjust treatment and improves the working relationship with the client and in contrast, those who did not use feedback felt precisely the need of this knowledge about client feedback. The second study showed that therapists used feedback to evaluate treatments, change treatment plans when they received negative feedback, and used it to determine when to end treatments. Conclusion. The data of this study are still being analysed, therefore further information on the conclusions cannot be provided at this time.

- **Paper: Psychotherapy is not all 1:1 nor short term: Using POR to describe the complexities of trajectories through multimodal eating disorder therapies**

**Main author:** *Clara Paz (Universidad de Las Américas)*

**Co-authors:** *Antoni Grau-Touriño, Juan Carlos Medina-Alcaraz, Chris Evans*

**ABSTRACT:**

Most of the literature in psychotherapy has described outcomes for outpatient treatments directed to alleviate mild to moderate anxiety and/or depression; however, the provision of psychotherapy might adopt different formats, occur in different settings, and might be provided to treat complex disorders, such as eating disorders. Due to the high comorbidity, sometimes the need for medical attention and the diversity of symptoms in eating disorders, multimodal and personalised approaches are required to cover the needs of the patients. The objective of this paper is to present the complexities of trajectories of a multimodal treatment provided by the Instituto de Trastornos de la Conducta Alimentaria (ITA) in Spain for the treatment of eating disorders in three levels of care: inpatient, day hospital and outpatient. We will present data from ITAMITED study, in which POR is applied and which focused on describing the outcomes of 928 persons who started treatment in ITA and who

were monitored while they were in treatment. We will discuss the challenges of conducting POR, from collecting data through to analysing its complexity.

- **Paper: Addressing Therapists' Experiences and Needs Six Months after the Implementation of a Web-Based Routine Outcome Monitoring System in an Outpatient University Psychotherapy Service**

**Main author:** *Jorge Valdiviezo-Oña (Universidad de Las Américas)*

**Co-authors:** *Clara Paz, Adrián Montesano*

**ABSTRACT:**

**Introduction:** In Ecuador, web-based routine outcome monitoring systems in psychotherapy have not been used yet, hindering data-informed clinical decisions and service management. This presentation aims at describing therapists' experiences and perceptions six months after the implementation of a web-based routine outcome monitoring system in a university psychotherapy service. **Methods and analyses:** This is an exploratory and descriptive qualitative study part of a larger project conducted in a university psychotherapy service, the Centro de Psicología Aplicada at Universidad de Las Américas in Quito, Ecuador. Semi-structured interviews were conducted with therapists and trainees. The semi-structured interviews addressed their perceptions and experiences with the system, its perceived usability, advantages and disadvantages, as well as clinicians' needs for any changes in the system and/or the data collection process. The interviews were analyzed using framework analysis. **Implications:** We will present the results of the analysis of the interviews focusing on advantages, disadvantages, benefits and challenges in our country and region related to the implementation of routine outcome monitoring systems. Clinicians' experiences, perceptions and needs will be discussed, and we will propose changes for the best use of the system.

- **Paper: Feedback-Informed Group Treatment for Patients with Anxiety and Depressive Disorders: Taking Contextual Factors into Account**

**Main author:** *Marjolein M. W. Koementas-de Vos (Radboud University and GGZ-Noord-Holland-Noord)*

**Co-authors:** *Annet Nugter, Fabiana Engelsbel, Kim De Jong, Cilia Witteman, Bea Tiemens*

**ABSTRACT:**

Feedback-Informed Group Treatment (FIGT) shows promise for improving outcomes, but results have been mixed, possibly due to differences in operationalization between FIGT studies and insufficient adaptation to contextual factors. In this panel, we will present the results of a pilot study between July 2022 and March 2023. The aim of the study was to investigate the feasibility, acceptability and preliminary effects of a further developed method for FIGT on group therapeutic factors and clinical outcomes, whereby the adaptation is based on previous qualitative research involving experiences of patients and therapists. Both patients and therapists of Interpersonal Psychotherapy Groups (IPT-G) and Cognitive Behavioural Therapy Groups (CBT-G) with a new FIGT method are included. The new FIGT method consisted of three adjustments: 1) the monitoring of personal treatment goals was added to general functioning (Outcome Questionnaire 45), 2) therapists received training, monthly coaching and two group supervision sessions, and 3) therapists were instructed to actively use feedback in their group therapy. Symptoms and quality of life were measured at the start and the end of group therapy. Data on feasibility (dropout, attendance, response rates and number of feedback discussions), acceptability by patients and therapists and

group therapeutic factors were collected at the end of treatment. Furthermore, self-efficacy by therapists was assessed at the start and at the end of the study.

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## Panel

# Assessing defense mechanisms in psychotherapy: Validation and application of the self-report version of the DMRS (DMRS-SR-30)

Saturday, June 24th, 15:15 - 16:30 - Room: Classroom 4050a

*Organizers & Moderators:* Mariagrazia Di Giuseppe (University of Rome Tor Vergata)

*Discussants:* Mariagrazia Di Giuseppe (University of Rome Tor Vergata)

### ABSTRACT:

"Assessment of defense mechanisms has helped understanding the role of implicit emotion regulation in the therapeutic process. Despite numerous self-report tools have been developed and validated for assessing defense mechanisms, none of them included the whole hierarchy of defenses as described by Chris Perry in the Defense Mechanisms Rating Scales (DMRS), nowadays considered the gold-standard method for studying defenses.

The present panel will address the importance of assessing defense mechanisms on large scale, in both clinical and research settings and will offer empirical support to reliability and validity of a novel self-report based on the DMRS: the DMRS-SR-30.

In the first presentation, Dr. Rainer Weber will report on the associations between defenses and mental health literacy, depression, alcohol, resilience in a large sample of university students from the EUniWell study. In the second presentation, Dr. Flavia Fiorentino will describe the study protocol for meta-analysis on changes in defensive functioning in psychotherapy with depressed patients. In the third presentation, Dr. Meltem Yilmaz will present results of the validation of the Turkish version of the DMRS-SR-30, including reliability, convergent and discriminant validity and factor structure. Finally, in the fourth presentation, Dr. Anna-Maria Weiland will present findings from the validation study of the German version of the DMRS-SR-30, based on both clinical and healthy participants.

The availability of valid and reliable measures is essential for studying defenses in psychotherapy. The attendees will be encouraged to discuss with the presenters how the systematic assessment of defense mechanisms with modern instruments might impact evidence-based psychotherapies."

- **Paper: Defense Mechanisms in Patients with Depressive Disorders: a Study Protocol for a Systematic Review and Meta-Analysis**

*Main author:* Flavia Fiorentino (Sapienza University of Rome)

*Co-authors:* Gabriele Lo Buglio, Mara Morelli, Vittorio Lingiardi, Annalisa Tanzilli

### ABSTRACT:

"Mental illness and stress represent some of the greatest health challenges worldwide, and remain highly stigmatized. In Europe, 25% of the population is estimated to be affected by mental illness, such as anxiety or depression. Early adulthood (age 18 to 25) is one of the most vulnerable age periods for developing mental health problems. Research has firmly established that mental health

problems are widespread among young adults, of which university students make up a growing part. Studies showed 12-month estimates of 20-33% meeting criteria for a mental disorder. However, many students with mental disorders rarely seek treatment, largely because of fear of being stigmatized or lack of knowledge about how and where to find help. Higher levels of mental health literacy are closely related to positive attitudes toward seeking help. No study to date has examined the influence of defenses on the constructs of stigma and help-seeking behavior and mental health literacy.

We report on the results of a cross-sectional study conducted as an online survey at the University of Cologne and the University of Firenze. We used established measures: Stigma-9, Mental Health Literacy Scale and DMRS-SR-30, PHQ-9.

A total of 18023 data records are available from the University of Cologne (867 male, 930 female and 26 divers) and 907 data records from the University of Firenze (460 male, 429 female and 17 divers). In the analysis, we follow a hypothesis-generating approach to elaborate on the relationship between the different variables: mental health literacy, stigma, help-seeking behavior, and defense mechanisms."

- **Paper: Reliability and Validity Study of the Defense Mechanisms Rating Scales Self-Report-30 in non-clinical and clinical Turkish Sample**

**Main author: Meltem Yılmaz (Sapienza University of Rome)**

**Co-authors: Berke Taş, Deniz Çelik, Alev Çavdar, Mariagrazia Di Giuseppe**

**ABSTRACT:**

"Empirical evidence supports the role of defensive functioning in understanding depressive disorders (Calati et al., 2010; Di Giuseppe & Perry, 2021). Changes in defense mechanisms before and after interventions focused on psychopathological conditions are also observed (Babl et al., 2019; Perry et al., 2020). The present study protocol for a systematic review and meta-analysis aims at the following: (a) Does the defensive functioning change over a psychosocial intervention in patients with a Depressive Disorder diagnosis? (b) Does the defensive functioning differ between individuals with a Depressive Disorder diagnosis and control groups?

Method: Original articles addressing the relationship between defensive functioning and depressive disorders will be searched on PsycInfo/APA EBSCO, Web of Science, and PubMed from inception to 31 March 2022. They will employ reliable and well-validated instruments assessing Depressive Disorders and defensive functioning. Two independent reviewers will conduct the search, and a third reviewer will be consulted in case of disagreements. A narrative review will be conducted.

Meta-analytic synthesis (mean differences) and potential additional analyses (meta-regression and subgroup analyses) will be performed. PRISMA guidelines will be used in the present study.

Discussion: Research supports the need for a more accurate understanding psychological functioning of depressed patients and estimating the changes in defensive functioning in this population (De Roten et al., 2021). Relevant implications will be addressed to promote the planning of individualized and patient-tailored interventions."

- **Paper: Transdiagnostic assessment of psychopathology: psychometric evaluation of the German version of the Defense Mechanisms Rating Scales-Self Report-30**

## **(DMRS-SR-30) and relationship with personality functioning and associated constructs**

**Main author:** *Anna-Maria Weiland (Medical School Berlin)*

**Co-authors:** *Max Zettl, Nina Frohn, Svenja Taubner, Jana Volkert*

### **ABSTRACT:**

"The Defense Mechanisms Rating Scales-Self Report-30 (DMRS-SR-30) was recently developed as a response to the lack of a self-administered measurement representing the gold-standard hierarchical organization of defenses. In this study, we aimed to examine psychometric properties and factor structure of the DMRS-SR-30 in the Turkish context.

The study enrolled 849 participants through online platforms via Qualtrics who responded to a survey including DMRS-SR-30, Brief Symptom Inventory (BSI), Inventory of Personality Organization (IPO), and Brief COPE Inventory (BCI). Correlations between DMRS-SR-30 and all measures demonstrated good convergent and discriminant validity ( $r = -.48, -.41, -.31, .27$ , respectively, all  $p < .01$ ). Although the preliminary analysis of the Exploratory Structural Equation Modeling (ESEM) showed slightly different results from the DMRS model (i.e., some neurotic defenses loaded in the mature factor and some immature defenses loaded in the neurotic factor), Confirmatory Factor Analysis indicated a three-factor structure (CFI = .90, RMSEA = .04) that fits the DMRS theoretical frame, except for two immature defenses loading in the neurotic factor. Mature, neurotic, and immature categories and total scale scores showed good to excellent reliability ( $\alpha$  values ranging from .64 to .90).

These preliminary findings revealed that the Turkish version of the DMRS-SR-30 is a reliable and valid instrument to self-assess the hierarchy of defense mechanisms as described by the DMRS. Both CFA and ESEM results will be discussed with respect to Turkish cultural context."

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Panel **CE**

## **Moving routine outcome monitoring forward: Identifying mechanisms, causes, and adaptations needed to improve psychotherapy across settings and treatment types**

**Saturday, June 24th, 15:15 - 16:30 - Room: Classroom 4050b**

**Organizers & Moderators:** Andrew Athan McAleavey (District General Hospital of Førde)

### **ABSTRACT:**

Routine outcome monitoring has become an evidence-based and widely adopted adjunctive tool in psychotherapy. However, understanding the mechanisms that underlie this intervention are only partially known, and there are indications that it has limited effects under several circumstances.

This panel includes four papers that cover a wide range of new applications, methods of investigation, and clinical settings, but all of which seek to increase the potency of feedback by more accurately or quickly identifying key concerns and mechanisms of action. McAleavey and colleagues present a systematic review of potential mechanisms for feedback effects. Cameron and colleagues have developed and implemented a real-time dropout prediction tool in group psychotherapy. Hooke and colleagues demonstrate examples of new uses of ROM in group care to

engage users more actively. And finally, Demir and colleagues show results from a novel single-case experimental design intended to show to what extent alliance underlies feedback effects. These four papers together provide numerous directions forward for research on routine outcomes monitoring.

- **Paper: What changes when you add measurement to psychotherapy: A systematic review of non-symptomatic effects and potential mechanisms of Measurement-based care (MBC) in psychotherapy.**

*Main author: Andrew Athan McAleavey (District General Hospital of Førde)*

*Co-authors: Heidi Brattland, Louis G. Castonguay, Christian Moltu*

**ABSTRACT:**

"Measurement Based Care (MBC) has become an evidence-based practice in psychotherapy. This practice includes regular collection of standardized patient data and the active use of that data during treatment. It is well known that MBC has a positive though inconsistent effect on symptom outcomes. This inconsistency has been the focus of much research, including research on therapist, practice, and patient factors which might moderate the symptomatic effects. However, there has also been considerable research that cannot be included in narrow reviews and meta- analyses, but that may help us understand how MBC alters psychotherapy when it is used. In this study, we present the results of a systematic review and meta-synthesis of qualitative and quantitative studies that include MBC interventions in adult individual psychotherapies and included non-symptomatic effects of MBC. Results: PubMed, PsycINFO, and Web of Science were searched for qualitative and quantitative studies. A total of 19,317 abstracts were reviewed, and the full texts of 144 sought. Final inclusion determinations are ongoing. A preliminary model has been developed to explain the effects and moderators of MBC including separable categories for provider, patient, dyadic, treatment modification, measure information, MBC delivery, measure selection, systemic factors, and treatment-specific processes.

Discussion: The results will serve to illustrate what is demonstrated in empirical literature regarding the downstream effects of adding the regular use of measurement into psychotherapy. They will also illustrate strengths and relatively under-studied areas of this literature, providing guidance to future researchers and clinicians when developing and implementing these systems of care."

- **Paper: Enhancing the Real-time Prediction of Dropout during Group Psychotherapy using Routine Outcome Monitoring**

*Main author: Ashleigh G. Cameron (The University of Western Australia)*

*Co-authors: Andrew C. Page, Geoff R. Hooke*

**ABSTRACT:**

"Dropout is a common problem in psychotherapy but remains poorly understood or anticipated in clinical practice. Previous research has identified the pre-treatment predictor of dropout. Monitoring patients' progress during treatment may allow more precise and powerful prediction, with the goal to provide therapists with real-time alerts to at-risk patients. We will review several findings from our research program. Results from our first study demonstrate statistical algorithms that can provide accurate, interpretable, and accessible tools to aid the identification of at-risk patients early in therapy. Results from our second phase build on these findings, highlighting that tracking improvements in symptom and wellbeing during treatment can enhance these predictions, and allow for more time-sensitive therapist intervention."

- **Paper: Innovative feedback systems for Inpatients and Closed CBT group patients directed to the therapist and patient in real time**

**Main author:** *Geoff Hooke (Perth Clinic; The University of Western Australia)*

**Co-authors:** *Andrew Page*

**ABSTRACT:**

"A practice-based illustration demonstrating how routine outcomes monitoring can be used to provide feedback to staff and patients. It will focus more upon the ways to engage with stakeholders to align feedback with interventions. Feedback will highlight an inpatient ward-based system that shows patient progress and risks, and also demonstrate a Closed group CBT system that shows patient group progress in outcomes, skill use and application. The aim being to give the therapist more accurate information on where to intervene via treatment. The CBT group tracks outcomes measures but also "Use" of group learnt skills and "Effectiveness" of being able to implement the skills. The inpatient system will demonstrate examples of patient discussed feedback involving self-harm and suicidal thinking, and other markers like "Belonging" and feeling a "Burden"."

- **Paper: Let's talk about us: The therapeutic alliance as a potential mechanism of change in routine outcome monitoring and feedback systems**

**Main author:** *Selin Demir (University of Greifswald)*

**Co-authors:** *Carina Otto, Eva-Lotta Brakemeier, Tim Kaiser*

**ABSTRACT:**

"Aim: Routine Outcome Monitoring (ROM) systems have been widely implemented to improve therapeutic outcomes. Lately, the improvement of the therapeutic alliance has been discussed as a potential mechanism of change when ROM systems are used. This study aims to establish causality for this potential underlying monitoring and feedback mechanism in psychotherapeutic interventions. Method: In our university's outpatient clinic, we monitor and provide feedback on the weekly progression of symptoms, intersession activity, motivational involvement, and therapeutic alliance of every psychiatric patient using the Greifswald Psychotherapy Navigation System (GPNS). In this single-case experimental design with 3 baselines and N = 36 outpatients in routine care, the effect of discussing progress feedback on the therapeutic alliance (measured via the short version of the Working Alliance Inventory, WAI-SR) during the first 20 sessions of treatment is investigated. Results: Currently, data are being collected. The single-case effects will be aggregated in a random-effects meta-analysis to estimate the group effect and its heterogeneity. As a moderating variable, the subject's baseline impairment, measured by the Global Severity Index of the BSI, will be included in the meta-analysis.

Discussion: The results of this single case experimental design study will provide a deeper understanding of the causal mechanism of ROM systems in psychotherapy, which allows for a more effective usage of these systems to improve therapeutic outcomes. Furthermore, the results could indicate whether or not feedback systems are a viable intervention to directly improve an essential common factor in psychotherapeutic treatments: the therapeutic alliance."

# The Implications of Structural Racism for Psychological Intervention with Adolescents

Saturday, June 24th, 15:15 - 16:30 - **Room: Classroom 4097**

*Organizers & Moderators:* Timothy J. Strauman (Duke University)

*Discussants:* Gregory G Kolden (University of Wisconsin-Madison)

## **ABSTRACT:**

The dehumanizing impact of systemic structural racism (SSR) on adolescent mental health is one of our world's greatest public health challenges, resulting in a range of negative psychosocial outcomes (suicide, substance use, adverse birth outcomes, school dropout, and involvement with the justice system). Psychiatric disorders are disproportionately prevalent among Black, Indigenous, and Latino/a (BIPOC) adolescents. The risks to minoritized youth mental health outweigh individual vulnerabilities because they are exacerbated by the harsh realities of racism. There is overwhelming evidence that biopsychosocial processes associated with SSR have deleterious mental health effects. Efforts to reduce or prevent structurally rooted racialized health inequities will require anti-racist, trauma-informed, culturally responsive, and developmentally tailored methods and modalities. Anti-racism mental health intervention does not preclude or replace individual resilience, identity group confirming, or institution altering intervention strategies. Rather, it integrates and synthesizes conventional approaches with an SSR perspective on the social determinants of mental health, to advance comprehensive, multi-dimensional, multi-level health promotion. In this panel we present a conceptual framework for identifying the psychological causes and consequences of racism-based distress along with three intervention projects targeting vulnerable adolescents along a continuum of prevention to therapeutic intervention. Our goal is to stimulate a conversation that draws on the psychology and neuroscience of racism, multidisciplinary intervention science, developmental psychology, and psychotherapy research methodology. The discussant will comment on our conceptual model and ongoing research from the perspective of a longtime expert in psychotherapy research and our stated goal of addressing this challenging national/international public health crisis.

- **Paper: Systemic Structural Racism: An International Public Mental Health Crisis**

*Main author: Jay A Pearson (Duke University)*

## **ABSTRACT:**

The US Department of Health and Human Services defines social determinants of health as “conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health functioning and quality of life outcomes and risks.” Racialized health disadvantage due to social determinants in the US and around the world is long standing, well-established, and reliably patterned. A large body of conceptual and theoretical work as well as accompanying empirical evidence implicates systemic structural racism (SSR) as the primary determinant of racialized health inequity. Disconfirming social experiences associated with unjust racialized social hierarchies become physically embodied and biologically embedded through well-understood psychological processes, causing chronic distress that exacerbates mental health vulnerability and maintains/increases racialized health disadvantage for BIPOC adolescents. In this



paper we present a conceptual framework linking racialized structural inequality, the impact of SSR on the mental health of minoritized groups, and the psychological consequences for adolescents of chronic exposure to racial bias. Racialized health inequities represent the psychological and physiological manifestations of underlying differences in life chances and lived experiences operating through broad sets of confirming and disconfirming social interactions. The sum of these processes becomes physically embodied (getting under the skin through disconfirming or affirming social cues and interactions) to determine population-level differences in mental health, well-being, and quality of life. Our model offers insights into how racism-informed, developmentally attuned psychological interventions can reverse and prevent the deleterious mental health consequences of SSR.

- **Paper: A Metacognition-Based Preventive Intervention for Adolescents at Risk for Adverse Academic and Mental Health Outcomes**

*Main author: Ann B Brewster (Duke University)*

**ABSTRACT:**

Although there are a number of evidence-based preventive mental health interventions shown to be of value to BIPOC adolescents, there is a gap in evidence-based interventions in school settings that reduce stigma associated with typical interventions and simultaneously promote engagement through knowledge and skill acquisition. For many adolescents, high school constitutes the most feasible vector for preventive intervention. While there are encouraging data regarding the effectiveness of high-school-based preventive interventions for mental health, few interventions have been designed specifically for prevention of mental disorders among adolescents dealing with the consequences of structural racism. In this paper we will present pilot data from an intervention project delivering metacognitive strategies, techniques by which to observe and evaluate one's mental processes and the behavioral consequences of those processes, to students at risk for adverse academic and mental health outcomes who are making the transition from middle school into high school. In the education literature, there is encouraging evidence that classroom-based interventions can teach adolescents strategies for self-regulation and metacognition that enhance well-being and reduce depression, anxiety, and related distress. Likewise, in the mental health literature, it has been shown that adolescents and young adults with severe mental illness benefit from acquisition of metacognitive skills. Based on our experience incorporating metacognitive skill learning into classrooms with high risk adolescents, we hypothesize that this novel approach represents an effective transdiagnostic preventive intervention.

- **Paper: A Brief Trauma-Focused Group Intervention for Youth of Color**

*Main author: Ernestine Briggs-King (Duke University)*

**ABSTRACT:**

Each year, millions of children experience abuse, violence, and other forms of trauma and adversity. Youth of color are disproportionately affected and are at heightened risk for both trauma exposure and negative outcomes. Without treatment, many youth become victims of some of society's most intractable problems including substance use and addiction, suicidality, chronic health conditions, depression, anxiety, PTSD, behavioral/conduct problems, poor school performance, and premature death. The ongoing impact of structural racism further exacerbates these problems. In this paper, we present the development and implementation of an intervention for diverse communities where services are inadequate. We are iteratively adapting, implementing, and evaluating the effectiveness

of a brief, skills-based, trauma-focused group treatment (SPARCS-ST) designed to reduce trauma-related sequelae and increase access to care. SPARCS-ST includes the major skills components from SPARCS, a manually-guided and empirically-supported group treatment designed to improve the emotional, social, academic, and behavioral functioning of adolescents exposed to chronic trauma and adversity. SPARCS-ST draws upon mindfulness, distress tolerance, and interpersonal skills from Dialectical Behavior Therapy for Adolescents as well as problem-solving skills, communication, enhancing social support, and planning for the future from Cognitive Behavior Therapy. The manual includes experiential activities that emphasize adolescents' increased capacity for abstract thought as well as areas of development relevant for teenagers (e.g., autonomy). SPARCS has been used successfully with ethnically/racially diverse groups, including refugees/immigrants. Preliminary evidence with culturally diverse populations suggests that traumatic stress, functional impairments, and risk behaviors improved considerably for Black youth.

- **Paper: A Trauma-Informed Acute Suicide Intervention for Adolescents in Juvenile Detention Facilities**

**Main author: David B Goldston (Duke University)**

**ABSTRACT:**

Rising rates of suicide deaths and suicidal behaviors among adolescents in the US and around the world constitute a major public health crisis. From 2006 to 2018, suicide rates increased 95% for youth ages 10 to 17. In addition to each suicide tragedy, there are many more non-lethal suicide attempts that lead to future attempts, injury, and emergency and inpatient psychiatric care. BIPOC youth bear a disproportionate burden of these rising suicide rates, and racial/ethnic disparities also have been well described for suicide rates and impact access to high quality psychiatric treatment to prevent suicides. In the US, African American high school students in 2017 were twice as likely as White students to have attempted suicide in the past year. Contributing to disparities in care are a variety of access barriers, including lack of insurance, transportation issues, distrust, and structural racism, which can be linked to all of these barriers. In this paper, we present findings from a recently instituted intervention trial testing a trauma-informed, acute intervention for suicidality aimed specifically at adolescents in juvenile detention facilities – a population in which BIPOC adolescents are substantially over-represented. The intervention draws on previous work with community partners and first responders. Based on promising findings we have begun to test and implement the intervention in schools in the Los Angeles area. These studies are among the first to take an experimental therapeutics approach to the development and validation of interventions for BIPOC youth at the highest levels of risk for suicidality.

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**Panel**

## **Using Technology to Understand and Disseminate Experiences with Mental Health Services**

**Saturday, June 24th, 15:15 - 16:30 - Room: Classroom 4053 - Virtual**

**Organizers & Moderators:** Natasha April Tonge (George Mason University), Marilyn Piccirillo (University of Washington)

**Discussants:** Lorenzo Lorenzo-Luaces (Indiana University)

## **ABSTRACT:**

Technology has increased access to mental health information and services at a surprising rate. Telehealth, apps, and social media have created new opportunities for mental health service users to communicate their needs and interests in mental health care to providers. This panel presents four studies that integrate technological tools to better understand mental health service user experiences. Marilyn Piccirillo will present data from an online survey (N = 531) on attitudes and preferences for health tracking using technology-based methods. She will describe the constructs, experiences, and behaviors individuals reported as most salient to their interests and motivations for health tracking. She will also discuss how technology-based health tracking can be integrated with traditional assessment in clinical practice. Lucretia Williams will present on the use of participatory design methods to develop a mental health mobile application with university students. Gracie Kelly will present on two digital tools: a story demonstrating the barriers to accessing mental healthcare and a website to connect stakeholders with local mental healthcare providers. Finally, Natasha Tonge will present on how machine learning approaches can offer insight into self-disclosure of therapy experiences on Twitter. She will present analyses of responses to hashtag, keyword searches, and targeted questions, and discuss the benefits and drawbacks of these approaches.

- **Paper: Examining Attitudes and Preferences for Personalized Digital Health Tracking**

*Main author: Marilyn Piccirillo (University of Washington)*

*Co-authors: Katherine Foster*

## **ABSTRACT:**

"Output from digital health tracking via smartphones or wearable devices (e.g., Fitbit) can help personalize clinical assessment and care. Understanding patient attitudes and preferences are necessary to successfully implement digital health tracking protocols in clinical settings. Participants (N = 531) reported on attitudes and motivations towards digital health tracking. Participants were primarily younger (M = 33.2, SD = 11.4), White (n = 350; 65.9%), women (n = 347; 65.3%) reporting (mild-moderate) clinical symptoms and hazardous levels of alcohol use. Many individuals were interested in tracking their diet (n = 227, 42.7%), sleep (n = 237, 44.6%) and mental health (n = 239, 45.0%). Participants were less interested in tracking their personality, identity, or spirituality (n = 100, 18.8%). On average, participants perceived aspects of their health to change weekly (Mdn = 6, IQR = 4) and that tracking for one month (Mdn = 4, IQR = 2) and answering questions daily (Mdn = 3, IQR = 1) would allow others (e.g., family, providers) to best understand their health. However, participants also indicated that they would be willing to track for up to 12 months (Mdn = 8, IQR = 4). Participants anticipated some positive benefits (M = 5.08, SD = 1.22) and minimal negative consequences (M = 3.62, SD = 1.12) of tracking. Clinical symptoms were not associated with motivation or concerns about burden. Results provide guidance on how digital health tracking protocols may be implemented to advance clinical practice and measurement-based"

- **Paper: Designing an Evidence-based Mental Health Application with University Students: A Participatory Design Approach**

*Main author: Lucretia Williams (University of California, Irvine)*

*Co-authors: Melissa Pinto, Timothy Harrison, Candace Burton, Jon McIntyre, Lobsang Tensin Negi, Gillian Hayes*

**ABSTRACT:**

Universities face challenges with providing adequate mental health support due to a shortage of counselors and staff available along with increased demand for students needing help. As a result of these challenges, digital mental health tools have been relied on to help supplement counseling services and gain more access to mental health resources. In this study we seek to understand how university students use and envision support for their mental well-being to inform health researchers on how to build an engaging and resourceful product for the specific challenges university students face. Participatory design allows for great knowledge exchange between the expert researcher and the participant expertise. We used participatory design methodologies with university students (N=20) to explore the transition of an in-person, evidence-based intervention training into a mobile application that aids in relieving anxiety and depression symptoms for students in higher education. Our findings show the importance of designing with and not for university students with lived experiences of mental health challenges. The students perceived the need for the mobile application to (1) provide healthy reminders, (2) connect with peers and counselors, (3) support personalized experiences and (4) teach informational and instrumental life-skills. This analysis contributes empirical evidence of the needs of university students and their unique contexts. By designing with students, we translate these concerns into design implications and broader considerations for the trade-offs one might encounter in different design solutions to support this group.

- **Paper: Bridging the gap: Developing a community-informed tool to connect Northern Virginia residents to mental healthcare providers**

**Main author: Gracie Kelly (George Mason University)**

*Co-authors: Laura Martin, Dan Kingsley, Samiul Islam, Zinat Ara*

**ABSTRACT:**

"Since the COVID-19 pandemic, there has been a rise of mental health difficulties, but many underserved communities are unable to access mental healthcare. Our interdisciplinary team of graduate student researchers has joined with a Northern Virginia community partner to identify local barriers to mental healthcare and develop a technological tool connecting community members to appropriate mental healthcare. First, using information gleaned from literature review and unstructured interviews with mental health providers who work with underserved communities, we created an educational, interactive digital story demonstrating various barriers to accessing mental healthcare. Next, we will conduct a mixed-methods study assessing barriers to mental healthcare in the local community. Participants will complete quantitative and qualitative measures of their experiences (or lack thereof) seeking mental healthcare and will identify supports the community needs to facilitate mental healthcare access. Participants will also complete measures of psychological distress and help-seeking stigma. A subset of participants will engage in focus groups to provide in-depth descriptions of their experiences and supply ideas for a technology-based tool (likely an app or website) to connect community members to mental health providers. Although the features of the tool will depend upon the results of the study, potential supports include updated lists of local providers with specialties, wait lists, and pricing ranges; email and phone scripts for contacting providers; and psychoeducation and anti-stigma information. Finally, based on the results of both the survey and the focus groups, our team will develop the tool and work with our community partner to disseminate it."

- **Paper: Sampling Self-Disclosures of Mental Health Service Experiences on Twitter**  
*Main author: Natasha A Tonge (University of Washington)*

**ABSTRACT:**

In large surveys of therapy experiences, most respondents report positive effects of therapy (Strauss et al., 2021) and few report lasting negative effects (Crawford et al., 2016) but these data do not capture or help us understand mental health consumer (MHC) complaints that fall below the designation of “harmful” or “lasting”. As more people seek mental health services for psychological distress, experiences with therapy can be expected to become more varied. Online forums and social media platforms give MHCs an anonymous or semi-anonymous forum to document experiences and may be a place MHCs feel more comfortable voicing dissatisfaction with current or past care. By analyzing public posts in these public forums, we can gain valuable insight into the challenges, frustrations, and unmet needs of MHCs that may not appear in traditional surveys. The current study utilizes natural language processing and machine learning tools (NLP/ML) to analyze Twitter posts to gain a better understanding of how MHCs are experiencing therapy. In this talk, I will compare the results of supervised and unsupervised approaches using three search strategies: a hashtag (#DearMentalHealthProfessional), keyword searches (e.g., therapy experiences), and responses to viral targeted questions about mental health care experiences. I will also discuss the advantages and disadvantages of NLP/ML tools and future directions for research.

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**Panel**

## **Corrective Experiencing as a Key to Clinical Change Across Models**

**Saturday, June 24th, 15:15 - 16:30 - Room: Classroom 4012**

*Organizers & Moderators:* Jason B Whiting (Brigham Young University)

*Discussants:* Kay P Bradford (Utah State University)

**ABSTRACT:**

"Common factors (CF) are therapeutic elements that transcend models, occur in many settings, and help facilitate change in clients. One type of common factor is corrective experiencing. This occurs during therapeutic interactions that result in a client thinking or feeling about relationships or events in new and unexpected ways. Corrective experiences may include exposure to past perceptions that improve through reprocessing, helpful insights, or more positive emotions. Corrective experiencing helps clients have healthy experiences with phenomena that were previously troubling or harmful. It is helpful to identify where corrective experiencing occurs in a variety of therapeutic settings.

For this panel we propose four papers covering a range of ideas about corrective experiencing in individual therapy, school counseling and couples therapy. Paper one will discuss the history of common factors and the utility of corrective experiencing and how therapists can facilitate it using three different methods. Paper two will share the results of a study on virtue ethics in therapists, offering insights on how the therapeutic relationship is connected to corrective experiencing clients have with their therapist. Paper three will discuss the results of a study exploring the changes in

teachers resulting from corrective experiences with school counselors. Paper four will share how corrective experiencing is a key component of working with couples in therapy. All presenters will share practical implications for therapists and researchers."

- **Paper: Corrective Experiencing: A Change Principle for Common Factors Therapy**

**Main author: Russell J. Bailey (Utah Valley University)**

*Co-authors: Ben Ogles*

**ABSTRACT:**

"In the decades since the common factors (CF) hypothesis for therapy was first postulated, researchers and theorists have addressed how emotions shift through varying therapeutic techniques. From exposure therapy to two-chair interventions to coaching clients to breathe deeply, therapeutic techniques seek to facilitate emotional shifts across the theoretical orientations. Finding what is shared among these approaches represents a critical aspect of understanding the CF perspective.

To move the CF concept from metatheory to a bona fide therapy, we offer a framework for interventions based on change principles. We offer our rationale for selecting change principles, including identifying those shared across orientations that have grounding in empirical research. Corrective experiencing represents one of these key change principles. It addresses how a client actively experiences emotions that contrast to the client's past experiences or expectations, moving the client toward remoralization.

Using corrective experiencing as a change principle in CF therapy, we offer three aspects for enacting corrective experiencing interventions: confronting, expressing, and regulating. Confronting interventions involve a therapist noticing existing patterns and assisting the client to confront this pattern directly. Expressing interventions involve a therapist assisting the client to actively express emotions. Regulating interventions involve a therapist helping the client to have a more soothing emotional experience in the face of emotions that feel out of control."

- **Paper: Therapist virtue embodiment as a pathway to corrective experiencing**

**Main author: Sarah Crabtree (Boston University)**

*Co-authors: Laura E Captari, Kristen R. Hydinger, Steven J. Sandage*

**ABSTRACT:**

"Following the virtue ethics proposition that development in virtuousness promotes flourishing, psychotherapy scholars have begun theorizing about and investigating the role of virtue (e.g., humility, gratitude) in promoting positive mental health, including reducing symptoms and improving well-being. Some have focused on client virtue engagement in psychotherapy process and as a clinical outcome while a smaller number of scholars have considered the influence of therapist virtuousness.

This paper reports findings from a qualitative study on the therapeutic alliance and relational virtue engagement – specifically humility, gratitude, and forgiveness – in contemporary relational psychotherapy. Fifteen clients receiving treatment at a psychodynamic community mental health clinic in the northeast United States, and who had improved on a quantitative measure of relational virtue engagement during treatment, were interviewed. The findings suggest that therapist virtue embodiment – most poignantly clients' experiences of therapists' humility and organically, compassion – catalyzes opportunities for corrective experiences by: (a) offering new, non-defensive

experiences of relational repair, (b) holding client experiences and suffering tenderly, (c) remaining client-centered and curious amidst inherent power differences, and (d) moderating the potentially challenging effects of divergent therapist-client identities (e.g., race). At times, clients identified therapists' virtuousness within specific events, and other times they described the more incremental corrective impact of therapists' virtuousness across time. Clinical vignettes will be used to illustrate some of the positive effects of these experiences, and discussion will attend to training implications, including the importance of therapist character formation beyond skill development."

- **Paper: Changes in Teacher consultations: Exploring the mechanism of corrective experiences: Innovative Moments in Acceptance and Commitment Therapy for adolescents with Social Anxiety Disorder: An exploratory case study**

**Main author: Su-Fen TuChu (Chung-Yuan Christian University)**

*Co-authors: Hsueh-Wen Hsu, Shiou-Ling Tsai*

**ABSTRACT:**

"This study explored the process and the changing mechanism of corrective experiences (CEs) in teacher consultations. The participants were 11 homeroom teachers (10 females and 1 male, with an average of 13.6 teaching years) who joined the teacher consultation project and participated in 3 to 5 sessions for 3 months from school counselors who had received one year consultation training with an integrative approach (mainly interpersonal processing and positive psychology). The interviews were conducted before the first session, after the second session, and after the final consultation session. The researchers prepared consultation transcripts immediately following the scheduled interview sessions and invited participants to identify and describe their perceived experience during the consultation and the action they took after it.

The results were two-fold: behavior/action of teachers, and their perceived inner corrective experiences during the process. Teachers' behaviors/actions could be categorized as: 1) hesitancy when entering consultation sessions; 2) insights and new perspectives on old problems; 3) positive new strategies/actions toward problems generated and testified; 4) new and positive interactive experiences with targeted students; 5) new attitudes toward school consultation and teachers' self-efficacy. Teachers' perceived corrective experiences included: a) emotional CEs: feeling understood, supported, and/or validated in consultation sessions; b) relational CEs: feeling positively connected with students or/and counselors; and c) CEs with problems: learning needs and wants of targeted students or themselves. The current study concluded the CEs undermined facilitating teachers' behaviors/actions changes in consultations."

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