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Dear Colleagues,

On behalf of the Local Organizing Committee it is a great pleasure to welcome you to this very special, beautiful conference center called Asilomar (which literally means “refuge by the sea”). Asilomar opened in 1913 as a women’s retreat center with over 300 young women meeting in tents scattered throughout the property. Shortly thereafter Julia Morgan, a leading American architect, was hired to design a number of buildings in the arts and crafts style. Nearly all of the buildings on the grounds have been completely restored and many new structures have been built to meld with Julia Morgan’s vision. We invite everyone to soak up the ambience, rich architectural detail, and the incredible natural beauty of this bit of paradise on the Pacific Coast.

Thirty years ago, SPR held its 11th annual meeting at Asilomar. Irene Elkin, the outgoing president, handed the presidential gavel over to Ed Bordin. Along with many of our old-time members, I was fortunate to participate in that memorable 1980 meeting. What made it memorable was the combination of a rich, stimulating program, the open, warm camaraderie of the SPR membership, and the opportunity to enjoy this incredible refuge by the sea. I vividly remember that on the final day of the conference no one was ready to leave and many were clamoring to have another meeting at Asilomar as soon as possible. Well, it took 30 years but we’re back at last!

Now with over 500 participants, representing 25 different countries worldwide, there is no doubt that over the past thirty years, SPR Asilomar 2010 has become a truly international research conference. The conference program officially begins on Wednesday afternoon with eleven pre-conference workshops, followed by Louis Castonguay’s presidential address in Merrill Hall at 6:00 pm and a welcoming dinner/reception in Crocker Dining Hall at 8:00 pm. In order to accommodate over 600 research presentations, ten 90 minute parallel sessions (9 panels or brief paper sessions, and one structured) are scheduled for presentation over the three days of the conference. A wide range of topics emerging in the fields of psycho-therapy research, practice, training and theory are well represented across the program and will provide a rich opportunity for lively discussion and future research collaborations. Additionally, after dinner Poster Sessions on Thursday and Friday evening will also be an excellent opportunity to meet psycho-therapy researchers who are eager to discuss their research findings and share ideas. A special structured discussion on Friday morning will feature a dialogue between emerging scholars and senior researchers, that will highlight the historical importance of key contributions made by SPR members to the field of psychotherapy research. Two of the three senior researchers participating in that dialogue (Irene Elkin and David Orlinsky) were also part of the 1980 Asilomar program -- an evocative point of reflection for this historic discussion.

In order to highlight the Asilomar conference theme, “Therapeutic Relationships & Psychotherapy Outcomes: Future Directions for Psychotherapy Research, Practice and Training”, twelve key research presentations have been selected for presentation as part of a “Conference Theme Track” that is highlighted in light blue in the Asilomar Conference Program. Additionally, two invited panels will address therapeutic relationships and treatment outcomes in terms of a) key conceptual and methodological challenges for future research (Charles Gelso, Adam Horvath, discussant George Silberschatz) and b) differing treatment approaches (Les Greenberg, Jackie Persons, Stanley Messer, discussant J. Christopher Muran).

A gala dinner barbeque on Saturday evening will conclude the conference program with the Pacific Ocean, and a spectacular evening sunset, as a fitting backdrop. In combination with the beautiful oceanfront conference setting, it is our hope that the 41st Annual SPR International Research conference at Asilomar will provide a truly exceptional experience for everyone involved.

Finally, it takes a village to build an SPR conference, and as program chair I had the extraordinary fortune to be part of a ‘dream team’ - SPR EO Tracy Eells, SPR Webmaster Sven Schneider, Asilomar hosts George Silberschatz/ Diana Owyang and program assistants extraordinaire Kathrin Moertl and Emily Bryantwick – who were essential to making SPR Asilomar ‘happen’. Thank you all for your contributions to the success of the conference and SPR — very much appreciated.

Lynne Angus SPR Asilomar Program Chair
George Silberschatz, Chair, Asilomar Local Host Committee
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committees</td>
<td>2</td>
</tr>
<tr>
<td>Preface</td>
<td>3</td>
</tr>
<tr>
<td>Contents</td>
<td>4</td>
</tr>
<tr>
<td>Pre-Conference Workshops</td>
<td>5</td>
</tr>
<tr>
<td>Open Discussions</td>
<td>8</td>
</tr>
<tr>
<td>Panels</td>
<td>11</td>
</tr>
<tr>
<td>Brief Paper Sessions</td>
<td>103</td>
</tr>
<tr>
<td>Poster</td>
<td>122</td>
</tr>
<tr>
<td>Topic Index</td>
<td>140</td>
</tr>
<tr>
<td>First Author Index</td>
<td>141</td>
</tr>
</tbody>
</table>
A guide to becoming a successful researcher: Workshop on career perspectives in psychotherapy research

Kim de Jong - Erasmus MC/GGZ Noord-Holland-Noord, Rotterdam/Heiloo, Netherlands, Kenneth Levy, Wolfgang Lutz

This pre-conference workshop is organized by the Student Section of SPR and will address how PhD students and post-docs can promote their own career in research. If you are considering a career in psychotherapy research, you will soon run into the problem that there are only a few positions, for a lot of candidates. And the number of positions seem to shrink the further you go along your career path. Moreover, psychotherapy research can be a hard topic to get research grants for. You probably have always been at the top of your class, but so did most of your fellow researchers. So you need to stand out, and this course will provide practical tips on how to stand out as a researcher in psychotherapy research. We will do exercises, like “the elevator pitch”, mapping your research environment and how to handle media attention. We will discuss how to get research grants and provide advice on building your CV. We will look at the CV’s of two SPR early career award winners. Both will elaborate on how winning the early career award impacted their career in psychotherapy research.

A cognitive-affective-behavioral method for altering unethical interactions within couple relationships

Lisa Firestone - The Glendon Association, Santa Barbara, USA, Joyce Catlett

Issues of human rights are unavoidable when considering the attitudes and behaviors of individuals in their closest associations. Dr. Firestone introduces a new perspective on ethics focusing on the relationship between psychological defenses and unethical or harmful behaviors that people unintentionally act out in close relationships. The source of this problem can be traced to childhood and is paradoxical: the same defenses that enable children to survive early interpersonal pain, separation experiences and death anxiety lead to the acting out of aversive behaviors toward others. Dr. Firestone introduces Separation Theory, a conceptual model integrating psychodynamic, existential, and family systems frameworks that can increase a therapist’s ability to help individuals minimize hurtful behaviors and lead ethical lives. She describes the fantasy bond or imagined connection with another person; a core psychological defense that predisposes negative responses in adult relationships. She describes the voice process, a pattern of thoughts and attitudes, antithetical to self and cynical toward others that is associated with varying degrees of anger and sadness and is at the core of all forms of maladaptive, aversive behaviors. Dr. Firestone illustrates, through videotaped excerpts from couples groups, a cognitive/affective/behavioral methodology, Voice Therapy, for treating destructive actions that interfere with ethical behavior. Patients identify their destructive thoughts, release the accompanying emotions and plan behaviors to counteract these thoughts. Research shows that identifying negative thoughts in the context of a “hot emotional atmosphere” in this way is effective in the practice of Cognitive-Behavioral Therapy (Judith Beck, 1995) and Emotionally Focused Couples Therapy (Susan Johnson, 2004).

Consensual qualitative research

Clara Hill - University of Maryland, College Park, USA, Shirley Hess, Erin Howard, Sarah Knox, Nick Ladany, Wonjin Sim, Patricia Spangler, Barbara Thompson, Barbara Vivoiu, Jingqing Liu, John Jackson, Teresa Huang

In this workshop, we will discuss the theoretical assumptions underlying qualitative research and describe the steps involved in conducting Consensual Qualitative Research for interview data (COR-I). COR-I is a qualitative research method that uses words and narratives to examine in depth the experiences of individuals; it is particularly appropriate for examining the experiences of clients and therapists in psychotherapy. In addition, we will describe innovations in COR for applying the method to case studies (COR-C) and to simple written data (CO-M). We will illustrate the method using recent examples from psychotherapy research. All presenters have considerable experience using COR.

A method for eliciting the intuitions and procedural knowledge of therapists as a means of deepening understanding of the therapist’s contribution to the process of therapy

Sophie Holmes - Swinburne University, Melbourne, Australia

This workshop will begin with an overview of the research on intuition and procedural knowledge as contrasted with deliberate reasoning, analysis and appraisal. Intuition has been defined as thoughts and preference that come to mind effortlessly evoked by the events or some aspects of the situation, offering a way forward in the situation (Kahneman 2003). Klein (1999 2002) and others propose that although intuition appears to an observer and may be experienced by the decision maker as somewhat magical, it is an adaptive mechanism developed and refined through deliberate extended practice and feedback experiences. But because of the subtlety of the cues used and the patterns recognized, therapists often cannot readily describe what they noticed nor how they came to choose that particular course of action. The main focus will be on describing a method for eliciting the mental activity that can be regarded as representing therapists’ procedural knowledge and segments from actual interviews will be used as illustrations. The uses of the method in research and education of therapist will also be illustrated and discussed.

Researching the interaction between therapist and patient: A practice based workshop

Georgia Lepper - University of Kent, Canterbury, UK, Marianne Krause

An important finding of the last 40 years of psychotherapy research is that a core component in successful therapy outcomes is the quality of the relationship between therapist and patient. What do therapists do which enables the therapeutic process? And what kinds of interactions between therapist and patient may hinder it? These questions in turn raise new methodological problems: How can we reliably identify and observe clinically significant events? How can we explore the therapeutic interaction between therapist and client? How can research into the therapeutic interaction be translated into practice relevant findings? In this practice based workshop, we will present two methods for exploring the therapeutic interaction through the language of the therapeutic dialogue. The TACS (Krause, Panel, this conference) is a coding instrument which describes features of the language of therapist and patient in transcribed texts. Using TACS, Krause and colleagues have demonstrated features of ‘change’ events, and ‘stuck’ events which are correlated with outcomes. The second method to be explored is Conversation Analysis, a much used method from social science which looks at how turns are designed by the speakers in response to each other in order to sustain the conversation while collaborating and competing, while creating locally crafted meanings, to show (or conceal) and interpret motives and inferences. The workshop will be composed of demonstrations of the methods, and participants will have the opportunity to work with some data, to explore the potential for exploring the clinical process through close examination of transcripts.
**The Unified Psychotherapy Project (UPP): Mapping the clinical landscape for practitioners and researchers**

*Jeffrey J. Magnavita - Glastonbury Psychological Associates, PC, Glastonbury, CT, USA*

There is currently no comprehensive compendium of techniques and methods of psychotherapy. A team of researchers and clinicians have embarked upon the Unified Psychotherapy Project (UPP) whose goal is to catalogue all the techniques and methods of psychotherapy in an electronic database which will include definitions of patient/therapist interaction demonstrating technique, as well as coding system, and references. We also hope to eventually have video clips of most important techniques. Eventually this database will allow researchers to develop clinical algorithms for various symptom complexes and personality dysfunction. “Psychotherapedia” is the database that will be accessible by qualified individuals who want to enter data on various techniques. In this workshop a framework which has been developed to organize the methods and techniques will be presented along with video vignettes of selected techniques. The challenges and benefit of this project will be explored and the opportunity to contribute will be extended to those interested.

**E-mental Health: Concepts, chances, and challenges**

*Markus Moesnser - University Hospital Heidelberg, Germany, Markus Wolf, Benjamin Zimmer, Stephanie Bauer*

Over the last decade a number of programs based on information and communication technologies (ICT) has been developed and successfully evaluated for counseling, prevention, self-help, treatment, and aftercare of mental disorders. Many of these e-mental health interventions have demonstrated their efficacy and their potential to improve access to health care by extending the reach of specialized institutions and addressing underserved populations. In addition to their advantages for service delivery, ICT offer unique chances for the exploration of psychotherapeutic processes: Online assessments allow to continuously monitor symptom changes over time at reasonable cost and effort. Furthermore, indicators of the therapeutic processes can be recorded and computed automatically (e.g. language characteristics, activity, communication patterns in therapeutic chat groups). Such data promise new insights in the treatment process and its relation to outcome. In addition they are immediately available and thus allow to provide non-delayed feedback about therapeutic processes to therapists or clients. Of course there are also challenges and limitations inherent to e-mental health interventions: For example, as a result of the reduced personal contact, negative developments (e.g. suicidal tendencies) may be difficult to detect, which can have ethical and legal implications. In addition, privacy and data security are of utmost importance in e-mental health interventions. In this workshop several e-mental health interventions will be demonstrated. We will discuss the potential and limitations of these programs and illustrate strategies to overcome pitfalls. Finally, the chances for psychotherapy research in general and process-outcome research in specific will be outlined.

**Tracking change and therapist behavior in individual, couple and family therapy: The psychotherapy change project**

*William Pinsof - Northwestern University, Evanston, USA, Wolfgang Lutz*

This workshop presents a research system to assess systems, track change and the alliance over the course of therapy, and delineate therapist intervention strategies and techniques associated with client change in individual, couple and family therapy. The Systemic Therapy Inventory of Change—STIC is the first client self report measure to assess systems and track change from multi-systemic and multidimensional perspectives. The factor structures of the six STIC client domain (individual, couple, family, child, etc.) scales have been confirmed on two clinical samples and one non-clinical nationally representative sample, permitting the delineation of normal and clinical ranges on 35 STIC factors. An internet system collects STIC data from clients and feeds it back to therapists (and other stakeholders) to influence decision making throughout therapy. How the STIC and sticfeedback.org comprehensively assess client systems, how they track change over the course of therapy and how they assess and track the vicissitudes of the therapeutic alliance during therapy will be illustrated in this workshop. Additionally, this workshop presents the Integrative Therapy Session Report—ITSR. A STIC companion, the ITSR is the first therapist report measure that delineates, measures and tracks therapist behavior from a generic, common factor perspective in individual, couple and family therapy. Research on the ITSR’s ability to reliably capture the systemic foci, temporal orientation, major strategies and techniques that therapists use, as well as the alliance in individual, couple and family therapy will be presented. Research integrating the STIC and ITSR will be presented.

**Relationship patterns - how to rate and how to feel them**

*Dan Pokorny - University of Ulm, Germany, Xiaorong Zhou*

(DURATION: 3 HOURS.) CCRT-LU is one of category systems of the CCRT-method (core conflictual relationship themes). The system of hierarchically structured categories offers a “language” for a consistent description of relationship events. This category system has been translated into several languages, for more information see www.ccrt-lu.org. The approach of analyzing repetitive relationship patterns has been successfully applied by process researchers in a huge number of studies worldwide. However, the time consuming rating procedure is often argued by clinicians in their practice. This workshop will cover both parts. We will introduce the category system and its newest feature and sketch shortly the ways of rating, analyzing and interpreting. The main part of the workshop will consist in the common exercising of the intuitive clinical feeling of the relationship categories. We will ramble through the labyrinth of 13 relationship clusters and its subcategories. We will try together to understand relationship prototypes in ancient Chinese stories, European folk songs and everyday examples. Active collaboration of all participants - ranging from the focused discourse to creative games – will be asked and highly appreciated.
Using the theory of interpersonal defense to reconceptualize therapeutic relationship processes and their role in treatment outcome

Michael Westerman - New York University, NY, USA, William Stiles (discussant)

In this workshop, I will use video clips and transcripts of therapy sessions to illustrate and explain key ideas from interpersonal defense theory (Westerman & Steen, 2007, 2009). According to the theory, problematic patient in-session behavior is characterized by coordination failures, that is, problems in the ways in which patients’ contributions to therapeutic exchanges relate to their therapists’ contributions and patients’ own preceding bids in the interactions. These complex interpersonal behavior patterns are attempts at pursuing wished-for interaction outcomes in the therapy relationship while simultaneously trying to avoid feared consequences that might result from pursuing those wishes. Other parts of interpersonal defense theory offer a new approach to countertransference phenomena by mapping out how such defensive patient behavior feeds forward to lead to actual effects on therapists’ behavior. The theory includes tenets about a complex set of specific ways in which a therapist is likely to respond to a particular patient (including a significantly revised version of the self-fulfilling prophecy concept). I have developed interpersonal defense theory based on clinical experience, observational studies of therapy process, experimental research, and, most recently, research-informed case study analyses of treatments that were conducted as part of the Brief Psychotherapy Research Project at Beth Israel Medical Center. The video clips and transcripts presented are from the multiple case study project. I will use them to illustrate failures of coordination, show how defensive patterns represent attempts to negotiate wish-fear conflicts, demonstrate the ways in which defensive patient behavior actually affects how therapists behave, and present a number of points about how these therapeutic relationship processes impact outcome, including ideas about how therapists can promote good outcomes.

Collaborative supervision practitioner research network: New horizons

Sue Wheeler - University of Leicester, UK, Michael Barkham, Mark Aveline

The presenters are the Steering Group for SuPReNet, the Supervision Practitioner Research Network that has been active in the UK and internationally since 2008. It already has a renowned International Advisory Board and over 100 active researchers as members. The mission statement for the Network is to promote and support high quality practitioner supervision research with the aim of improving policy and practice. The Steering group have developed a toolkit of supervision measures that they are publicising and encouraging practitioners to use routinely and for specific projects. They have been active in promoting and supporting several new supervision research projects and have successfully acquired Economic and Social Research Council (ESRC) funding for an international seminar series on supervision research that has its first meeting in the UK in 2010. This workshop will present a summary and brief evaluation of the Network’s activities and achievements and introduce several ongoing research projects that participants at this workshop may choose to participate in for the future. Workshop members will be invited to try out the measures included in the toolkit and critique their suitability for supervision research, as well as contributing with their own suggestions. Participants are invited to bring their own supervision research ideas that can be discussed by the group. This workshop is an important event that will bring supervision researchers together to create new collaborative partnerships, promote new ideas and foster the development of innovative research in this field.
What is it we need to know about psychodynamic therapy by the year 2025

Discussants: George Silberschatz - University of California, San Francisco, USA and Kenneth Levy - Penn State University, State College, USA, Jack Dekker, Judy Pickles, Len Horowitz, Jeffrey Magnavita

We are a group of researchers interested in addressing critical questions related to the study of different aspects of dynamic therapy. We come from different research tradition and even from different streams within the field of psychodynamic therapy. Some of us study the efficacy of dynamic therapy using randomized clinical trial while others study single case to elucidate the process of change. Others are mostly clinicians who are going to help us refine the kinds of answers that are needed and thus help us ask research questions that will be relevant to clinicians in during the next 5 years with the hope of having some answers in the next 15 years. Each of the researchers will present very briefly some of their recent works as it related to what they think are the main questions that need to be addressed by our group. The audience will be asked to participate in discussing these issues.

Developing models for practice research networks - how can PRNs strengthen and add new dimensions to psychotherapy research and practice

Discussant: Georgia Lepper - University of Kent, Canterbury, UK, Jean-Michel Therun, Monique Therun

The impact of the evidence-based practice on policy and practice in psychotherapy services has generated considerable debate in psychotherapy research. One upshot of this debate is the importance of developing an alternative model of research capable of developing research capacity at the level of everyday practice, and the importance of two-way communication strategies that link research to practice and vice versa. This structured discussion will focus on the development of Practice Research networks and the active collaboration of clinicians and researchers. How can PRNs strengthen and add new dimensions to psychotherapy research and practice? What types of research potentially provide a widening of our understanding of psychotherapy practice? What are themes can be singled out that have particular salience for practice based psychotherapy research? Drawing on different experiences of developing PRNs - for example the United Kingdom Council for Psychotherapy PRN (UKCP PRN), the Art Therapy PRN (ATPRN) in the UK, and the French Psychotherapy Practice-Based Research Network (PPBRN) we will discuss the richness, complexity and the challenges of the different PRN models in development, focusing on the acquisition of skills and ways of communicating, collaborating and negotiating over shared activities and engaging in shared creativity. Participants will be invited to share their aspirations and experiences of PRNs, explore the possibility of international collaboration within a PRN framework and a way forward for PRNs in a complex and rapidly changing field. The SPR International Conference will provide an ideal setting for sharing experiences of this new development in psychotherapy research.

The SPR interest section on psychotherapy training - on creating an international collaborative study

At the last year’s SPR annual meeting in Santiago 2009, a structured discussion was held concerning the need for a special interest group on the training and professional development of psychotherapists (SPRISOPT). Considering the level of enthusiasm and a great deal of interest generated by this event, a new discussion is proposed to initiate the creation of an international and collaborative study on training. An outline of a “possible study” will be presented and then discussed with the goal of building concrete foundations for a collaborative study. Such study will address a major gap in the field. So far, the research on training has indeed showed irregular and inconsequential results. These findings, according to Beutler et al. (2004) “…tend to cast doubt on the validity of the suggestion that specific training in psychotherapy, even when unconfounded with general experience, may be related to therapeutic success or skill” (p. 239). The panel will include clinicians, supervisors, senior researchers and graduate students interested in creating an innovative study, and will address questions such as: What type of training data should be collected? What outcome should be measured? What are the most important research directions for understanding and improving training? What are the important elements of effective graduate training, and in the training of supervisors? What is and how could evidence based psychotherapy training be conceptualized?

Hallmarks of psychotherapy research, take 2: A renewed dialogue between two generations of researchers

Discussants: Irene Elkin - University of Chicago, USA and Horst Kächele - University of Ulm, Germany, David Orlishky, James Boswell, Paula Dagnino, Kim de Jong, Christopher Muran, Lynne Angus, Jeffrey Hayes, Nicholas Ladan, Tim Anderson

Three of the most influential leaders of SPR (Irene Elkin, Horst Kächele, David Orlishky), and three early career researchers (James Boswell, Paula Dagnino, Kim de Jong) will present and contrast what they perceive as some of the most influential studies and research programs in psychotherapy, in terms of their conceptual elegance, methodological sophistication and/or clinical impact. This discussion is a renewed dialogue between two generations of researchers, with the first “episode” having taken place at the 2009 SPR meeting in Chile. Along with a new book on SPR leaders, these dialogues are aimed at elaborating many of the distinctive contributions that have marked SPR’s history. They are also aimed at fostering the engagement of scholars early in their research career in keeping past traditions alive, as well as shaping current and future developments in psychotherapy research.

What do clinicians think about research

Discussants: Benjamin Johnson - Rhode Island Center for CBT, Kingston, USA and Jeffrey Magnavita - Glastonbury Medical Arts Center, USA, Judith Pickles, Ginger Rhodes, Catherine Spayd, Rebecca Stoller, Rosemary Adam-Terp, Teri Cavanagh, Barrett Hill

As an invitation to foster closer links between research and practice, experienced clinicians (who have not been actively involved in conducting research since the end of their training) have agreed to read recent reviews of psychotherapy research, and engage in an open discussion about the following issues: 1. Findings that confirmed what they already knew 2. Findings that are inconsistent with what they believed or have observed 3. Findings that neither confirmed nor disconfirmed what they believed or observed, but that provided them with new information or perspective about therapy 4. Dimensions, issues, or questions that are not covered in the literature they reviewed but that would be important to investigate, either to support clinicians’ beliefs or observations or to help them answer clinically relevant questions.
The researcher as a person
Discussants: Horst Kaechele - University of Ulm, Germany and David Orlinsky - University of Chicago, USA

The issue of the therapist as a person has raised interest in the latest years, as both evidence and experience show both how relevant personal characteristics are to therapeutic process and how performing therapy affects professionals as persons. At the 2009 SPR meeting the subject of the researcher as a person was raised; this structured discussion is aimed at continuing and deepening the exploration of this new field of psychotherapy research. Do researchers change as persons while doing research? Does performing qualitative vs qualitative research have the same effect on researchers? Which specific kinds and levels of stress are associated with research in its different stages (planning, financing, developing, presenting, publishing)? How do young, novel researchers feel about doing research? What are the personal implications of doing research in contradiction with the researcher’s values or ethics? The discussion will be stimulated by an initial presentations of research under way on how qualitative research on social seclusion has a relevant impact on the researchers’ level of reflectiveness, intrusiveness and projection.

The common vs. specific factors dilemma: Theoretical, methodological and data-analytical issues
Discussants: Mikael Leiman - University of Joensuu, Finland and Robert Elliott - University of Strathclyde, UK, Bruce Wampold, William Stiles, Mario Pfammatter

Empirical research has showed that psychotherapy is effective, but no substantial differential effectiveness for different psychotherapeutic modalities has been demonstrated (Bergin & O’Gles, 2004 and Wampold, 2001). The paradox of no differential effectiveness despite of technical diversity – also called equivalence paradox (Stiles, Shapiro & Elliott, 1986) – represents a serious dilemma, because it implies that no matter what a therapist does, the end result is the same (Stiles et al., 1988). This has led to the “common vs. specific factors dilemma”, which pertains to the question of whether unique (i.e., specific) or common (i.e., nonspecific) factors are responsible for therapeutic effectiveness. Research on this subject has often produced contradictory and not easily interpretable results. The present structured discussion aims at discussing the main theoretical, methodological and data-analytical issues related to the empirical investigation of specific vs common factors in psychotherapy. More specifically, we will deal with the necessity of: (a) getting conceptual clarity about what a common vs. specific factor is (this implies a definitional effort combined with making explicit at which level we look for commonalities and/or specificities; (b) employing research strategies which strive for both model development and testing (this implies employing discovery-oriented and hypothesis-testing approaches in a cyclic way and refining research designs according to this combined approach. (c) Applying data-analytic strategies coherent with the level of analysis and with the chosen research approaches (this implies the application of both qualitative and quantitative research methods). The discussants will give position statements differently related to these issues in order to elicit an active discussion with the audience members.

Second opinion or supervision for patients
Discussants: George Silberschatz - University of California, San Francisco, USA and Denise Defey - Agora, Montevideo, Uruguay, Jesse Geller, Barry Farber, Clara Moreno

This discussion group should focus on the “strange” issue of <second opinion> or <supervision for patients>. Patients’ capacities to use psychotherapy provide a strong percentage of outcome proportions. It seems strange that the field has not developed incentives to support patients in critical treatment situations. Early ideas of Hans Strupp on socialization interviews have not generating a lot of enthusiasm, let alone research. Besides the issue of how to prepare best patients for what to expect, we might specially focus on how to support patients in critical treatment situations. A number of colleagues have agreed that this could be a worthwhile issue to explore in a discussion group, among them George Silberschatz, Barry Farber, Jesse Geller, Chris Evans, Clara Moreno, Denise Defey.

Developing a programmatic agenda for psychotherapy research
Discussant: Louis Castonguay - Penn State University, University Park, USA, Clara Hill, William Stiles, Elizabeth Nutt Williams, and Martin Grosse Holtforth

An early career assistant professor who is pursuing an academic career in psychotherapy research wonders: What is the best way to develop a programmatic research agenda in psychotherapy? What factors influence one’s choices? How does a new professor balance time and tenure pressures with research quality? Is it better to pursue archival or prospective psychotherapy research? Long- term or shorter projects? Work solo or with collaborators? Given the time-consuming aspect of conducting psychotherapy research, as well as the difficulty involved in obtaining treatment data from psychotherapy clients (and funding for such research), an academic career in psychotherapy research poses special challenges. Six psychotherapy researchers at various stages of their careers will discuss their experiences and ideas and provide some insight regarding how they have navigated and/or are currently dealing with these issues. They were asked to evaluate the variety of factors which have affected their choices, what worked and what didn’t, how they resolved problems and what difficulties they are still facing, and what advice they would give to early career professionals on these issues. The six participants in this open discussion are psychotherapy researchers with well-developed research agendas who represent a diverse group in terms of gender, area of training (clinical or counseling psychology), institutions, work settings (graduate or undergraduate academic institutions), research methodologies, and research foci. For the purpose of the SPR open discussion, the presenters will discuss the aforementioned and related issues in a less structured way and will also invite questions from the audience. The goal of this open discussion is to inform, stimulate, and inspire doctoral students and early career professionals who are contemplating or planning careers in psychotherapy research.

Advancing the field of evidence-based treatment through psychotherapy integration
Discussants: Franz Caspar - University of Bern, Switzerland and Jacques Barber - University of Pennsylvania, Philadelphia, USA, Hanna Levenson, Henny Westra, Alberta Pos, Bruce Amow

Empirical support exists for over 150 psychotherapy models for the treatment of a range of problems. The field of psychotherapy has advanced through randomized controlled trials of specific therapy models; however, the mechanisms of effective treatments remain mostly unclear. Boundaries and strong attachments to specific schools of psychotherapy have impeded the advancement of science in the field of psychotherapy. Keeping up-to-date with research findings is challenging and understanding the implications of research for clinical practice is often confusing. There have been growing calls to advance the field of psychotherapy through the integration of
diverse perspectives. In 1983, the Society for the Exploration of Psychotherapy Integration (SEPI) formed in an effort to foster dialogue between proponents of different approaches and to promote the integration of research and practice. Goldfried predicts that evidence-based practice can be better accomplished if we move beyond theoretical schools and develop treatments that are based on information gained through covering evidence from research and clinical practice. Recently, the NIH organized a meeting on the Science of Behavior Change (2009); a theme of the meeting was integration and the importance of bringing together researchers of different orientations to advance knowledge. Castonguay and Beutler (2006) propose that the field of psychotherapy should move towards integrative principles of change that cut across evidenced-based treatments. This structured discussion brings together a group of individuals who will address questions related to integration such as, how to emphasize integration to advance the field of evidence-based psychotherapy?

Person specific analytical methodology for process and outcome research

**Discussants:** Omar Gelo - Sigmund Freud University, Vienna; Austria and Aaron Fisher - Penn State University, University Park, USA, Wolfgang Tschacher

Psychotherapy is an inherently idiosyncratic process. Whether through insight, behavioral modification, cognitive restructuring, or some other process, the vehicle of change lies within the psychic structures, behaviors, and cognitions of the individual. To date, our quantitative approaches to assessing process and outcome in psychotherapy are almost exclusively nomothetic (i.e. aggregated across individuals). Such an approach assumes a level of homogeneity in dynamic processes that is rarely extant in our data. Recently, there have been several arguments that idiosyncratic processes should be assessed or, at the least, explored via idiosyncratic methodologies (Borkardt et. al., 2008; Molenaar, 2004), and yet as scientists we endeavor to generalize findings to a population. The present talk will address methods by which researchers can assess dynamic processes within the individual in a quantitatively rigorous manner and demonstrate how these processes can then be aggregated across individuals in a traditional nomothetic analysis which allows for generalization. Examples will include P-technique (Cattell, 1943), Dynamic Factor Modeling (Molenaar, 1985) and vector autoregressive models that are then aggregated to the group level (Tschacher & Ramsay, 2009). Following the above examples, discussion will focus on research questions generated by the audience, and attempt to apply these and other methods and discuss their strengths and limitations.

SPR interest section on culture and psychotherapy: Annual general meeting

**Discussants:** Denise Defey - University of Uruguay, Montevideo and David Orlinsky - University of Chicago, USA, David Smith, Dori Yusef

The SPR Interest Section on Culture and Psychotherapy (SPRISCAP) has as its aims the intent to enhance the scientific study of psychotherapy by promoting understanding of the social and cultural contexts of psychotherapy. This includes study of the impact of sociocultural context on patients, therapists, therapeutic processes and outcomes, as well as the comparative study of psychotherapies and related healing practices. This discussion session will be the 5th Annual General Meeting of the Section, and SPRISCAP members are requested to attend. Others in SPR who are interested are welcome to join in discussion of ongoing projects and plans for future initiatives.

Studying the development of psychotherapists: 20 years of achievement in the SPR collaborative research network

**Discussants:** David Orlinsky - University of Chicago, IL, USA and Helge Rønnestad - University of Oslo, Norway, Robert Elliott, Ulrike Willutzki, Jean-François Botermans, Sue Wheeler, Margot Schofield, Vera Romano

The study of the development of psychotherapists, their personal and professional formative experiences and their practices across various professional backgrounds, theoretical orientations, career levels, and nationalities has been the unique focus of the SPR Collaborative Research Network (CRN). This international adventure was launched in 1989 at the European chapter meeting of the SPR in Bern, Switzerland. The first joint effort, lead by Orlinsky, involved the construction of the main research instrument called the Development of Psychotherapists Common Core Questionnaire (DPCCQ), which is a self-report questionnaire that consists of 392 items. Over the years the DPCCQ has been translated to 20 languages and data have been collected in more than 24 countries over the world (Orlinsky & Rønnestad, 2009). This open discussion brings together CRN researchers from different countries, who are all also practicing psychotherapists that are involved in training, in order to share the wide scope of past and ongoing research that evolved from this collaborative international study. The presenters will each provide a summary of research they have done with the DPCCQ (or variants of it) in the past and their plans for the next future. We invite interested researchers and practitioners to engage actively in this open discussion in order to explore together what we have learned about psychotherapists and their personal and professional development and the implications for training and supervision.

Current issues and future directions in research on multi-lingualism in psychotherapy

**Discussants:** David Orlinsky - University of Chicago, IL, USA and Carla Moleiro - Lisbon University Institute, Portugal

The aim of this discussion group will be to review the current research being conducted by an international team of researchers each exploring how language influences the process of psychotherapy. Specifically, the group will discuss the common themes and findings in their work, identify challenges and barriers to conducting research in this field and also consider future directions. The group will also aim to promote discussion among individuals who may have research or clinical experiences with multilingual dyads, and advance new approaches and topics to advance systematic research in this area.
Panel
Interpersonal Moderator
Sylke Andreas - University Clinic of Hamburg-Eppendorf, Germany

Relationship between interpersonal behaviour and outcome in psychotherapy
Discussant: Martin Grosse Holtforth - University of Zurich, Switzerland

In the last decade there is a growing emphasis on the importance of interpersonal relationships in the areas of development, psychopathology, and psychotherapy. There is also an interest in how particular client characteristics and presenting problems differentially interact with particular interventions and treatment modalities (Beutler et al., 1991; Horowitz et al., 1993). Many studies have reported that interpersonal problems improve significantly from pre- to posttreatment (Grosse Holtforth et al., 2006). The literature, however, is less consistent about the types of interpersonal changes that occur over the course of psychotherapy (e.g. couple therapy or cognitive-behavioural therapy). The first paper will present the relationship between interpersonal predictors of depressed patients and their spouses on the course of depressive symptoms during and after psychotherapy. The second paper will present a study on the relationship between interpersonal behaviour, therapeutic alliance and long-term outcome after inpatient psychotherapy. The third paper will present results on a study about the association between meaning in life in the course of psychotherapy under consideration of the type of mental disorders and interpersonal behaviour. The fourth paper will present a study on a test of competing approaches to personalizing the treatment of depression, the capitalization and compensation models.

Prediction of response to depression therapy: The influence of interpersonal variables
Marcel Schär - University Zurich, Switzerland, Guy Bodenmann

Introduction: This study investigated interpersonal predictors of depressed patients and their spouses on the course of depressive symptoms during and after psychotherapy. Method: Results based on hierarchical linear modeling and included, in a randomized clinical trial, data of 60 couples, treated with either a cognitive–behavioral, an interpersonal or a couple-based intervention. Results: Interpersonal variables of the depressed were significant predictors for the change of symptomatology during therapy. One of the most important predictor is the negative behavior during marital conflict. Discussion: These results show that variables of the depressed patient had independent of treatment or therapist variables, an important influence on the course of depression symptoms during psychotherapy. Findings are considered in light of previous literature on predicting response to depression therapy.

The relationship of meaning in life with psychotherapy under consideration of the type of mental disorders and interpersonal behaviour
Jana Volkert - University Clinic of Hamburg-Eppendorf, Germany, Holger Schulz, Anna Leveke Brütt, Sylke Andreas

Introduction: Meaning in Life (MiL) has recently received increasing attention in the field of clinical psychology as the loss of meaning has been associated with psychological distress. Previous research has for example shown an association of MiL with depression and anxiety, and less need for therapy. The aim of this study was to assess MiL in the course of psychotherapy and its relationship with interpersonal behaviour. It was hypothesized that MiL changes with treatment and differs depending on the type of diagnosis. Moreover, the association of MiL with interpersonal behaviour was investigated. Method: Two hundred inpatients with mainly depressive and anxiety disorders from a German psychosomatic-psychotherapeutic clinic were consecutively recruited between March and December 2010. Patients were assessed at three time points: at admission, discharge and at 6-months follow-up. The Schedule for Meaning in Life Evaluation was used to assess MiL alongside other treatment outcome relevant measures, including Health-49. Data analysis was conducted calculating repeated measures multivariate analysis of variance, with MiL as dependent variable. Results: Preliminary findings indicate an association of MiL and treatment outcome. Moreover, as suggested by previous research there is an association of MiL and type of diagnoses. Discussion: In sum, implications include a need for increased awareness of the role of MiL in the psychotherapeutic setting and the active use of MiL as a resource in psychotherapy to enhance treatment effects. Further research is required to better understand the role of MiL in the psychotherapy treatment.

Capitalization and compensation models: A test of competing approaches to personalizing the treatment of depression
Daniel R. Strunk - Department of Psychology, Ohio State, USA, Jennifer S. Cheavens

Introduction: Two rival hypotheses about how to best match treatment approaches to patients have been proposed. According to one hypothesis (the compensation model), treatments focusing on patients’ areas of greatest deficits are most likely to be successful (see Miller et al., 2005). An alternative hypothesis (the capitalization model) proposes that focusing on patients’ areas of greatest strength would lead to the best outcomes (see Sotsky et al., 1991). In this pilot study, we provide a preliminary test of these hypotheses in the treatment of depression. Methods: A total of 40 participants with Major Depressive Disorder were randomized to 16 weeks of psychotherapy. The treatment approaches used were conceptualized as belonging to one of four modules based on a combination of Cognitive and Dialectical Behavior Therapy interventions. Each participant received two of the four treatment modules (cognitive restructuring, acceptance, behavioral activation, interpersonal effectiveness) over the course of 16-weeks of treatment. Two modules were randomly assigned to a participant such that the modules were either targeting an individual’s relative strengths or the individual’s relative deficits. Participants’ relative strengths and deficits were determined according to a semi-structured interview designed for that purpose. Results: Primary analyses comparing the two approaches to treatment will be presented. The primary outcomes of interest are the Hamilton Rating Scale for Depression and the Beck Depression Inventory. Discussion: Approaches to measuring participants’ relative strengths and deficits will be discussed. In addition, implications of outcome data from this pilot study will be considered.

Relationship between interpersonal behaviour, therapeutic alliance and long-term outcome after inpatient psychotherapy
Sylke Andreas - University Clinic of Hamburg-Eppendorf, Germany, Isa Sammet, Christoph Schmeling-Kludas, Maria Hausberg, Holger Schulz

Introduction: A substantial body of research in psychotherapy has demonstrated that across a number of treatment approaches and patient populations, the therapeutic alliance is one of the most robust and consistent predictors of positive therapeutic outcome. Also many studies showed a relationship between disturbance of interpersonal behaviour and therapeutic alliance. In the last years a number of instruments, which measure the disturbance of interpersonal behaviour based on different therapeutic approaches with sufficient psychometric properties have been developed. The aim of the study was to examine the relationship between interpersonal behaviour and therapeutic alliance and their impact on long-term outcome in inpatient psychotherapy. Method: Patient-rated symptom distress (Symptom-Check-List, SCL) and interpersonal characteristics (Inventory of Interpersonal Problems, IIP; the List of Pathogenic Beliefs, LPB and the short version of the Incongruence Questionnaire, K-INN) were assessed at the beginning of psychodynamic-oriented psychotherapy and at 6-month follow-up in a sample of N = 208 inpatients. Patients rated the therapeutic
Contributions of narrative processes for therapeutic outcomes in cognitive-behavioural, emotion-focused, and client-centered therapies

Discussant: Sandra Pavia - University of Windsor, ON, Canada

The process of psychotherapy often involves the creation of a story that helps to explain and organize distressing life events. During therapy, the disclosure of personal narratives, or autobiographical memories, promotes experiential re-engagement in the lived experience, and the emotional reactions and reflexive evaluations that take place encourage new meaning making. Recent research indicates that individuals suffering from depression are more likely to possess overgeneral autobiographical memory, a highly reliable predictor of onset of depression and failure to recover. As such, the importance of exploring narrative processes in psychotherapeutic treatments of depression is paramount. The current panel will present results from three studies that investigated the associations of different forms of narrative process subtypes with therapeutic change and recovery from depression. The first paper entitled A Comparison of Narrative Process Sequences in Cognitive Behavioural and Emotion Focused Therapies for Depression will compare psychotherapeutic change processes that occur in CBT and EFT treatments of depression with respect to narrative and perceptual processing variables, as well as client experiencing. The second paper entitled The Development and Application of the Narrative-Emotion Integration Coding System will examine the integration of narrative and emotion processes in brief treatments of depression by identifying key events related to therapeutic outcome. The third and final paper will investigate how the process of narrative and emotion integration relates to therapeutic outcome. Different narrative emotion markers and patterns of types of client storytelling observed in early, middle, and late stages of therapy were identified by comparing one good outcome and one poor outcome clients from the York I Depression study. The rates of occurrence of different types of narrative emotion will be presentation. entitled An Investigation of the Relationship between Therapeutic Alliance and Autobiographical Memory Specificity in Emotion-Focused and Client-Centered Psychotherapies for Depression will explore the individual and interactive contributions of therapeutic alliance and autobiographical memory specificity to treatment outcome.

A comparison of narrative process sequences in cognitive-behavioural and emotion-focused therapies for depression

Helen Macauley - York University, Toronto, ON, Canada

Aim: Numerous studies have demonstrated the efficacy of cognitive-behavioural therapy (CBT) for the treatment of depression (e.g. Elkin et al., 1989; Hollon & Beck, 1994) and Greenberg and Watson (1998) have shown that both client-centered and emotion focused therapies (EFT) are also effective in treating depression with effect sizes comparable to those reported in studies investigating CBT. Given these findings, and the fact that these are two theoretically distinct approaches, the goal of this study was to explore whether or not there are different paths to successful outcome in CBT compared to EFT. These paths were examined in the context of the patterning of narrative process sequences in self-related segments of early and working phase therapy sessions. An additional aim was to investigate whether or not, and the extent to which, such a relationship with outcome is influenced or mediated by clients’ scores on other relevant psychotherapy process measures including the Experiencing Scale (Klein, Mathieu-Coughlan, & Kiesler, 1986) and the Levels of Client Perceptual Processing measure (Tourkmanian, 1994/2004). Methods: The Narrative Processes Coding System (NPCS: Angus & Hardtke, 1994) was applied to early and working phase sessions from a sample (N = 57) of depressed clients from two large scale psychotherapy research projects. Results: Hierarchical linear modeling was used to examine the hypothesized relationships between NPCS, perceptual processing, experiencing, and outcome. Discussion: This research highlights the importance of exploring the similarities and differences among therapeutic approaches in the interest of better understanding the process of change in therapy.

The development and application of the narrative-emotion integration coding system

Emily Bryntwick - York University, Toronto, ON, Canada, Lynne Angus, Tali Boritz, Les Greenberg

The individual contributions of narrative and emotion to psychotherapeutic outcome have been explored with increasing interest in recent decades; however, the integration of these two processes in psychotherapy is a topic rarely addressed in the literature. The current study is an empirical investigation of the relationship between narrative and emotion processes in brief treatments of depression. Aim: The goals of the study included the creation, refinement, and application of a manual that identifies the most common and clinically important problematic and productive client story types (termed narrative-emotion (N-E) events) disclosed in psychotherapy (NEICS: Bryntwick, Angus, & Boritz, 2008). Methods: Jacobson and Truax’s (1992) Reliable Change Index was used in conjunction with post-BDI scores to determine 5 recovered and 5 non-recovered clients from the York I Depression Study for the purposes of comparison. The coding manual was applied to emotion episodes (EE: Greenberg & Korman, 1993) from early, middle, and late phase session transcripts of clients comprising the sample. Differences in incidence of N-E event subtypes across outcome group and within phase of therapy were explored. Results: Analyses indicated that productive N-E subtypes were highly correlated with recovery from depression. Inversely, problematic N-E subtypes proliferated in non-recovered clients. Discussion: Certain N-E event subtypes seem to facilitate successful therapeutic outcomes, while others impede them. The present findings provide support for the importance of examining the integration of narrative and emotion processes in psychotherapy.

Narrative and emotion integration in psychotherapy

Tali Boritz - York University, Toronto, ON, Canada, Lynne Angus, Emily Bryntwick

Preliminary research addressing the interrelationship of emotion and narrative processes has led to the identification of specific narrative-emotion processes or event subtypes in the context of brief therapies of depression, in the form of the Narrative and Emotion Integration Coding System (NEICS; Angus et al., 2008). Early research findings using the NEICS have demonstrated changes in emotion and narrative processes over time. An important step in understanding the change process in client storytelling is to elaborate narrative and emotion integration markers and indicators in the NEICS by extending its use to videotaped therapy sessions. Aim: The purpose of this analysis was to extend the NEICS to videotapes of therapy sessions, and to determine how the process of narrative and emotion integration relates to therapeutic outcome. Method: The NEICS was applied to early, middle, and late stages of...
Assessing the role of the therapeutic relationship(s) in psychodynamic, emotion-focused and cognitive-behavioral psychotherapy: Implications for future research, practice and training

Discussant: Christopher Muran - Beth Israel Medical Center, New York, USA

There have been increasing calls from psychotherapy researchers and practitioners alike to recognize the development of a collaborative therapeutic relationship as an evidenced-supported principle of change. In order to address this important question we have invited three leading contributors to the field of psychotherapy research and practice—Stanley Messer representing Psychodynamic therapy, Leslie Greenberg representing Emotion-focused therapy and Jacqueline Persons representing Cognitive Behavioral therapy—to critically evaluate current research evidence regarding the contributions of therapeutic relationships to therapy outcomes in their respective treatment approaches. Panelist’s will address the status of therapeutic relational factors as mediators or moderators of client session level and treatment level change and discuss the implications of those findings for effective treatment practices and future training initiatives.

Psychodynamic approaches to the therapeutic alliance

Stanley Messer - Rutgers University, Piscataway, USA, David Wolitsky

Freud recognized early on that successful psychoanalytic treatment called for an attitude of collaboration and cooperation between patient and therapist, which he referred to as rapport. Since Freud’s time a controversy has arisen over whether the therapeutic alliance is a precondition for what has been considered the main mechanism of change in psychoanalytic therapy, namely interpretations that lead to insight, or whether it is a curative factor in its own right. In the current relational view, the quality of the alliance is more central. Starting with psychoanalytic theorists such as Stone and Greenson, it was argued that the pursuit of insight in the absence of attention to the relational atmosphere was counterproductive. However, Brenner, Stein and others posed the question of whether the kind of patient gratification that comes from such attention makes it harder to explore and interpret dynamic issues. A theory of therapeutic action in psychodynamic therapy will have to consider which is primary in moving therapy forward—insight, relationship or both—and for which kind of patients. There are empirical studies that support the alliance as a predictor of process and outcome in psychodynamic therapy but there are contrary findings as well. Results seem to depend on a host of factors including assessment instruments, earlier or later phase of therapy, outcome measures and diagnostic group studied. As there is no clear empirical answer to this controversy, it is a desirable focus for future research.

The therapeutic relationship in Emotion-Focused Therapy (EFT)

Lesley Greenberg - York University, Toronto, ON, Canada

An emotion-focused approach views the relationship, characterized by the therapist’s presence, empathy, acceptance and congruence, as leading to a therapeutic emotional climate. This type of affectively attuned relationship provides 1) an interpersonally soothing, affect regulating bond that is in and of itself curative and 2) an optimal therapeutic environment that by reducing interpersonal anxiety increases the tolerance for intrapsychic anxiety, which facilitates deeper emotional processing and experiencing. In this view, it is the therapist’s overall way of being and relating, not only his/her more technical methods, are seen as therapeutic. I will review and discuss evidence of research on the working alliance, the Rogerian core conditions, therapeutic presence and other measures of relational processes in EFT. I will also discuss the type of further research that is needed. Therapist responsiveness and contingent action, especially at the non-verbal level, seems crucial in understanding affect regulating relationships. For example facial expression is a central aspect of relational attunement and therapist’s facial communication of emotion is one of the central aspects of the emotional climate created. The face is a powerful, if ambiguous, text, from which much is read. As Levinas points out, the face demands a response. The face of the therapist alone with voice is a part of the therapists presence and evokes experience. Therapists’ pacing is another of the crucial variables. Ways of studying these and other variables in an interactional manner are needed.

The role of the therapeutic relationship in Cognitive-Behavior Therapy

Jacqueline B. Persons - San Francisco Bay Area Center for Cognitive Therapy, Oakland, CA, USA

The role of the therapeutic relationship in CBT has expanded and changed in recent years. Early behavior therapy ignored the relationship. In Beck’s cognitive therapy, the relationship was viewed as “necessary but not sufficient” and primarily as the vehicle through which the technical interventions (that is, interventions devoted to teaching the patient skills to change cognitions and behaviors) were delivered. Newer CBTs like dialectical behavior therapy (DBT), functional analytic psychotherapy (FAP), and cognitive behavioral system of analysis (CBASP) offer expanded views of the relationship, including more idiosyncratic views of the relationship, the notion that the therapist’s emotional responses to the patient provide valuable assessment information, the notion that the therapist’s behavior can serve as an intervention that reinforces or extinguishes the patient’s behavior, and the notion that the patient and therapist mutually influence one another. Despite the theoretical and clinical appeal and importance of these elaborated views of the relationship in CBT, a review of the empirical literature shows that very little is known about any of the processes that contribute to outcome in CBT, including the relationship factors.

Towards an integrative understanding of the therapeutic relationship(s): Implications for future psychotherapy research, training and practice

Discussant: George Silberschatz - University of California, San Francisco, USA

The psychotherapy research literature is replete with process and outcome studies that have achieved consistent, modest evidence of a significant relationship between components of the therapeutic relationship and efficacious treatment outcomes. On the basis of this research evidence, there have been increasing calls from researchers and practitioners alike to recognize the development of a collaborative therapeutic relationship as an evidenced-supported principle of change. Critics however argue that the current multiplicity of concepts and processes that have been identified by researchers to date—therapeutic alliance, working alliance, real relationship, personal relationship, transference, counter transference, responsiveness— are highly problematic for the development of a...
an integrative, trans-theoretical model of the therapeutic relationship. The purpose of this plenary panel is to bring together two key contributors to the conceptualization and measurement of the therapeutic relationship – Charles Gelso and Adam Horvath - for a rich discussion of key conceptual, methodological and practice issues that are entailed in the development of such a model, and to critically assess the implications of an integrative model of the therapeutic relationship for future psychotherapy research, training and practice.

Can and should there be an integrative, trans-theoretical model of the psychotherapy relationship

Charles Gelso - University of Maryland, College Park, USA

Like concepts such as truth, beauty, and perhaps motherhood, the idea of psychotherapy integration – that is, the integration of treatment elements across theoretical approaches – appears to have the flavor of an eternal good. It is hard to argue against integration. However, I shall suggest that although it is useful to consider models of the client-therapist relationship in a way that cuts across theories, such integrative efforts possess inherent difficulties, and it is equally useful to explore models of the relationship from the vantage point of single theories. Even so-called integrative models will likely contain constructs that are manifested by different theoretical approaches. At the same time, it seems important that models of the relationship ought to go beyond considering the relationship as a single, unidimensional, monolithic construct. In this presentation, I use the tripartite model of the therapeutic relationship as an example of a conceptualization that goes beyond the global relationship and also as an example of the value and perils of integrative theoretical formulations of the relationship. The tripartite model considers the relationship as consisting of three fundamental elements: a working alliance, a real relationship, and a transference-countertransference configuration. These elements are seen existing in all approaches, as interrelated, and being present from the first moment of contract between participants. This model will be used to exemplify the conceptual, methodological, and practice issues embedded in such an integrative conception, as well as the advantages of integrative models.

Do we need a shared theory of therapy relationship: “A cost benefit analysis”

Adam Horvath - Simon Fraser University, Vancouver, BC, Canada

Empirical research on concepts related to the relationship in therapy have gained a great deal of momentum over the past three decades. “The therapeutic relationship” has become recognized as the de-facto common ingredient shared by different kinds of therapies. It seems, however, that the common ingredient version therapy relationship has an ever expanding list constituents, and the research agenda has been evolving without the luxury of a shared theoretical model of the relationship in therapy. Can we move forward without a model which would specify the relations and dynamics among the relationship variables we do research on? Is it possible to come up with clinically relevant findings that speak to therapists of different orientations without having achieved consensus on the link between therapy relationship and the process and outcome of treatment? In the first part of presentation a brief review of the historical evolution of the three main theories of the therapy relationship will be presented. Following this I will examine the idea that, in practice, the “common (therapy) ingredient” is a notion in that exist more language than as concept. In the second part of my paper I will attempt to assess what we have gained, and what are in danger of loosing, by pursuing research on the “therapy relationships” without a shared theory of the relationship in therapy._

Alternatives for including significant other’s perspectives to evaluate outcome in psychotherapy

Discussant: Luis Tapia - Universidad del Desarrollo, Santiago, Chile

Different alternatives for evaluating outcome and process in individual, couple and family psychotherapy are revised. The panel will include the revision of scales in development for evaluating systemic couple and family therapy outcomes, scales for the evaluation of couple’s conflict associated dimensions and methodologies for including personal and interpersonal perspectives when using the results of the measures for evaluating and relating process and outcome in psychotherapy that do not depend exclusively in symptom reduction. The panel will revise the psychometric properties of SCORE 15 (UK) and EDCP-22 (Chile) in the context of couple and family therapy. Also, the inclusion of single and interdependence models for analyzing data from the results of different test applied in systemic therapeutic context will be discussed.

Measuring couple’s conflict dimensions: EDCP-22-r

Ximena Pereira - Universidad del Desarrollo, Santiago, Chile, Luis Tapia, Ivan Armijo

Objective: To validate a Spanish psychometric scale which assesses dimensions clinically associated with the conflict in couples. Method: 1) identify dimensions of conflict using interviews with expert therapists. 2) Revise psychometric scales or dimensions associated constructs (EDCP-415). 3) Classification, selection and elimination of repeated items, confusing or inapplicable (EDCP-157). 4) Translation and evaluation of experts, selection and classification adjusting dimensional (EDCP-126) 5) Pilot Shows (N = 120), evaluating reliability (Cronbach), construct validity (factor analysis) and concurrent validity with DAS and marital status, reducing the scale. 6) Replication Sample (N = 200) for final assessment scales. Results: We detected four dimensions associated with conflict: Addiction / Care (AC), Emotional Intimacy (IE), passionate love (PA), Power / Submission (PS). EDCP 22 has shown good reliability of results, good ability to differentiate between types of partnerships, good concurrent validity and good factor DAS reconstruction. Its use in clinical practice and research is desirable.

Different strategies for analyzing couple’s therapy process and outcome

Ivan Armijo - Universidad Gabriela Mistral, Santiago, Chile

Aim: In line with the work of Kenny And Hoyt (2009) and Horvath (2009), applying dyadic and multilevel models for analyzing data from couple’s filled therapeutic measures shows interesting potential applications for couple’s and family therapy research and practice. Methods: Data from 231 Chilean Couples is analyzed with three different strategies for evaluating concordance/influence between partners. Partner Score difference, One to One and Two to Two of models of analysis are applied to couple’s conflict and couple’s satisfaction scales. Influences from Gender and Age are considered into analysis Results: Couple’s satisfaction is mostly influenced by differences in the evaluation from the partners, with an asymmetric pattern of discomfort. Influences of gender and age of the partners must be considered in evaluating the global satisfaction level of the couple, including some normative differences that are expected from different form - completion styles. Discussion: Global couple’s satisfaction is influenced not only by individual perspectives, but from dyadic and latent levels. Applying new methodological alternatives these different levels this different influences can be assessed and used as relevant information for couple therapy and couple’s therapy research.
Outcome and process in Luborsky's Supportive Expressive Therapy for depression

Discussant: Len Horowitz - Stanford University, Palo Alto, USA

Our panel will describe initial results of a large scale NIMH-funded Randomized Clinical Trial comparing the efficacy of Supportive-Expressive Therapy (SET), a form of short-term psychodynamic therapy vs. medication (MEd) for patients who met criteria for Major Depressive Disorder and who scored 14 and above on the Hamilton Rating Scale for Depression. 156 patients were randomized to 16 weeks of serotonin reuptake inhibitor + clinical management (CM) vs. SET vs. pill-placebo (PBO) + CM. MEd+CM patients who failed to respond by week 8 (maximal 200mg dose of sertraline) were switched to venlafaxine (maximal dose of 375 mg). Non-responding PBO+CM patients were switched to another PBO. Jacques P. Barber will describe the design of study and the main results; Dahlia Mukherjea will describe sudden gains in these three groups of patients; Kevin McCarthy will describe how therapeutic interventions from a number of theoretical orientations relate to symptom improvement in psychodynamic therapy for MDD.

Supportive Expressive Therapy vs. SSRI vs. Placebo in major depression: Initial results of the treatments for depression study

Jacques Barber - University of Pennsylvania, Philadelphia, USA, Maria S. Barrett, Robert Gallop, Moira Rynn, & Karl Rickels

Objectives: To determine that supportive-expressive psychotherapy (SET) and pharmacotherapy for MDD are more efficacious than placebo (PBO). Design: NIMH-sponsored randomized controlled trial. Setting: University of Pennsylvania School of Medicine. Patients recruited mostly from the community Patients: 156 patients with MDD and a 17-item Hamilton-Rating Scale of Depression (HRSD) 14 for two consecutive weeks. This underserved urban sample consisted of 41% males, 52% minority, and 76% under $30,000 of annual income. Interventions: Patients were randomized to 16 weeks of serotonin reuptake inhibitor (sertraline, MEd) + clinical management (CM) vs. SET vs. PBO+CM. MEd+CM patients who failed to respond by week 8 (maximal 200mg of sertraline) were switched to venlafaxine (maximal dose of 375 mg). Non-responding PBO+CM patients were switched to another PBO. Main Outcome Measure: HRSD. Results: Patients significantly improved on HRSD over time, but no differences between groups. MEd+CM or SET were not more effective than PBO+CM (Cohen’s d=.03 and .06). Similar findings were found at week 8. Additional moderator analyses involving race, gender and depression severity will be presented. Conclusion: There is a need to develop and test treatments for disadvantaged depressed patients.

Sudden gains in supportive-expressive psychotherapy and medication for depression

Dahlia Mukherjea - University of Pennsylvania, Philadelphia, USA, Jacques P. Barber

A sudden gain is a large symptom improvement in one between-session interval. Sudden gain patients show better treatment outcome than non-sudden gain patients, however the reasons are unclear. Additionally, the validity of the phenomenon of sudden gains has been questioned with the identification of sudden gains in other treatment conditions such as psychopharmacotherapy and pill placebo. The present study aims to replicate previous studies by comparing intervention techniques implemented using Supportive Expressive therapy in the pre-gain sessions and control sessions of patients who have experienced sudden gains, in a within group design. It also aims to extend the research further by examining differences in sessions between patients who experienced sudden gains with patients who did not, in a between group design. The study also examined sudden gains in other treatment conditions, namely, medication and pill placebo. The results failed to replicate previous findings of within-group session differences with sudden gain patients but did find significant differences between sessions of sudden gain patients with non sudden gain ones. Sudden gain patients were also identified in both the medication and pill placebo conditions but differed from the sudden gain patients in psychotherapy in terms of predicting better response to treatment outcome.

The relation of therapeutic techniques from different perspectives and the alliance with the outcome for the treatments for depression study

Kevin McCarthy - University of Pennsylvania, Philadelphia, USA, Jacques P. Barber

In supportive-expressive psychodynamic therapy for depression, clients are theorized to improve through the therapists’ use of exploration, clarification, and interpretation of internal conflict, as well as through a supportive therapeutic relationship. However, psychotherapy is a complex process, and interventions may be delivered and be related to outcome other than those specified by the treatment manual. In a sample of 44 clients with Major Depressive Disorder in the psychotherapy arm of a randomized controlled trial comparing supportive-expressive therapy vs. antidepressant medication vs. pill placebo, interventions from a wide array of theoretical orientations were measured at the second and fourth weeks of treatment using the observer-rated version of the Multitheoretical List of Therapeutic Interventions. Common factors interventions were prominent at both sessions, as were person-centered, process-experiential, and psychodynamic interventions. Moderate levels of psychodynamic interventions were more related to subsequent outcome on the Hamilton Depression Rating Scale than were higher or lower levels at Week 2. However, moderate levels of process-experiential interventions were more predictive of subsequent outcome than were psychodynamic interventions at this timepoint. At Week 4, moderate levels of psychodynamic and process-experiential techniques both shared a predictive relation with outcome. Potential explanations for these complex relations are proposed.

Scientific presentations in honor of Lester Luborsky

Lester Luborsky was one of the early contributors to psychotherapy research. His greatest contribution was to the empirical study of psychodynamic psychotherapy to which he contributed greatly. He was the fourth president of our society (1974-1975) and received its Distinguished Senior Career Award in 1984 (together with Carl Rogers). In honor of his memory, we will present papers on research that is based on Lester Luborsky’s contribution to psychotherapy research and that extends his insights into new avenues. We will also attempt to make him come alive in our papers. Paul Crits-Christoph, a long time collaborator of Lester Luborsky, will speak about his recent research on the therapeutic alliance Horst Kachele, also a long time long-distance long-time collaborator will speak about the impact of the CCRT and its development in Germany. Hadas Wiseman, who has been studying the CCRT among second generation holocaust survivors will speak about her research emphasizing the impact of relationship episodes on research of transference, countertransference and attachment research Ellen Luborsky will bring her own perspective on her father’s work and the development of his ideas. Jacques Barber will serve as moderator. After the delivery of these four short papers, he will invite the audience to share their thoughts about Lester Luborsky’s legacy and their personal experiences with Lester.
The therapist’s contribution to the alliance-outcome relationship
Paul Crits-Christoph - University of Pennsylvania, Philadelphia, USA, Robert Gallop, Mary Beth Connolly Gibbons, Amy Pastva, Sarah Ring-Kurtz, Jessica Hamilton, Sarah Thompson, & Laura Heintz

Aims. One theme in Lester Luborsky’s clinical and research writings was a focus on the therapist’s contribution to the alliance, and how this impacted treatment outcome. The goal of this presentation is to illustrate the legacy of this aspect of Lester’s seminal work by presenting the results of a series of studies that examine the therapist’s contribution to the alliance and the alliance-outcome relationship. Methods. Data from four projects will be presented. These include: (1) a study of training therapists to improve their alliances (N=45 patients; 5 therapists), (2) multi-level (patient and therapist) analysis of the alliance-outcome relationship for substance abusing patients treated with motivational enhancement therapy or treatment as usual (N=386 patients; 30 therapists), (3) multi-level analysis of the alliance-outcome relationship among patients receiving treatment in community substance abuse clinics (N=20 clinics; 1561 patients; 118 counselors), and (4) multi-level analysis of the alliance-outcome relationship among patients receiving cognitive or dynamic therapy for specific disorders (N=198 patients; 27 therapists). Results. Data from all projects, except one, have strongly supported the importance of the therapist’s contribution to the alliance-outcome relationship. Discussion. Modern multi-level analyses have allowed for sorting out patient and therapist contributions to the alliance-outcome relationship. Emerging results of such studies have supported Lester Luborsky’s view that therapist facilitation of the alliance is a key element of the change process in psychotherapy.

Lester Luborsky in Germany: The formation of a German CCRT
Horst Kächele - Ulm University, Germany, Cornelia Albani, Gerd Blaser, Dan Pokorny

Lester’s work was received in Germany quite early. Starting with an exchange of letters on matters of his work on P-factor analysis, Horst Kächele with Hans-Joachim Gruenzig attended a meeting of the local SPR in Lester’s house in 1976. Lester then visited Ulm in 1981 the first time which opened a collaboration mainly in matters of the CCRT. From then on a long standing, fruitful collaboration developed which led to the establishment of a German CCRT study group. This study group chaired by C. Albani and D. Pokorny, implemented a German translation of the CCRT manual which was then distributed widely over Germany by holding a number of study groups meeting across the country in East and West. In 2003 these activities culminated in an international workshop at the occasion of the SPR conference in Weimar (Germany) bringing together participants from 13 countries which focused on a revised version of the CCRT, thus honoring Leste Luborsky’s pioneering work by extending his contribution onto new methodological developments.

The fruits of studying relationship narratives inside and outside of psychotherapy
Hadassah Wiseman - Haifa University, Israel, Orya Tishby

Lester Luborsky was one of the giants of our field, and I join the sentiment that Robert Elliott expressed so accurately by referring to him as also one of my personal psychotherapy research heroes. Of all of Luborsky’s creative contributions the one that I admired the most was his development of the Core Conflictual Relationship Theme (CCRT) method. The beauty of the method lies in that it is clearly theory-based, and at the same time it has inspired innovative applications also outside of classical psychodynamic theories. This presentation will include a few examples that demonstrate the remarkable scope of its applications. Defining relationship narratives, or relationship episodes (RE), as the basic observational research unit lead to the identification of important features of the narratives relevant for the study of transference and relationship patterns with significant others. It is Luborsky’s ingenious idea of relying on relationship narratives as a window into the narrator’s relationship themes that inspired me and Jacques Barber to apply the RAP interview and CCRT method as a way to search for the echoes of the trauma in the relationship narratives of children of Holocaust survivors. In the last decade researchers in the attachment field have recognized the power of studying relationship narratives. The fruits of the wide range of studies on relationship narratives of patients (transference), of therapists (countertransference) and of attachment patterns in close relationships, inside and outside of psychotherapy, continue to grow as Luborsky’s legacy lives on and continues to inspire future generations of researchers.

From his landlady’s attic to 50 years of research: My father’s search for the objective in a field full of theory
Ellen Luborsky - Private Practice, New York, USA

Lester Luborsky was one of the founding fathers of psychotherapy research. This paper will address that form of fathering through the lens of his daughter. Beginning with a child’s point of view of my father and his work, I will then shift to the understanding that I found I went into the field myself. I will describe his unique perspective on the ways research and psychotherapy enrich each other. I will briefly describe the evolution of his interest (beginning with finding a collection of Freud in his landlady’s attic) along with the methods and discoveries that he valued most. I will end the potential he leaves with us, along with his hopes for the field of psychotherapy research.

### Potentials of meta-analyses in psychotherapy outcome research
**Discussant: Christoph Flückiger - University, Madison, USA**

This panel presents three different approaches to meta-analysis of psychotherapy outcome studies. The first study uses a novel statistic approach to summarize the available evidence on the relative effects of psychotherapeutic treatments for depression. The second explores the impact of problem complexity on treatment outcome and acceptance in randomized trials of PTSD. The third looks at the relationship of researcher allegiance and study quality in direct comparisons of psychotherapies. All three studies refer to a large database of psychotherapy RCTs published since 1980. The panel reflects both on the known strengths of meta-analyses in treatment evaluation and their potential to contribute to conceptual debates.

**Relative effects of psychological treatments for depression: Combining direct and indirect evidence**
Jürgen Barth - University of Bern, Switzerland, Jürgen Barth, Heike Gerger, Thomas Munder, Eveline Nüesch, Sven Trelle, Pim Cuijpers, Peter Jüni, Hansjörg Znoj

Background: Meta-analyses on the comparative efficacy of psychological treatments are often restricted to studies with direct comparisons, in order to avoid confounding by study characteristics (Cuijpers et al., 2008a). This method, however, yields only limited conclusions due to the small number of studies that directly (head to head) compare different treatments. Network meta-analysis — a novel statistical approach — might offer a solution to this problem by synthesizing direct and indirect (across-study) evidence about the
relative efficacy of psychological treatments. The aim of this review is to examine the comparative effect of psychotherapy for depression based on all available information. Method: Studies from our database and studies from another systematic search (Cuijpers, 2008b) are retrieved (N=53). Between group effect sizes of all trials are extracted. Treatment conditions are grouped according to the intensity of the intervention: i) active intervention (e.g. Behaviour Therapy, Interpersonal Therapy); ii) active control intervention (e.g. treatment as usual, placebo therapy); iii) passive control intervention (e.g. waitlist). All trials are compiled in one comprehensive model using network meta-analysis (STATA, WinBUGS). Results: 53 trials investigated the efficacy of different psychological treatments by considering key factors such as the treatment to be compared to an active or passive control condition. Results are presented at the conference. Discussion: The potential of network meta-analysis for collecting more solid information on the comparative effects of psychotherapeutic interventions is discussed.

Impact of problem complexity on efficacy and acceptance of psychotherapy for PTSD
Heike Gerger - University of Bern, Switzerland, Thomas Munder, Sven Trelle, Jürgen Barth

Background: Most studies on the efficacy of psychotherapy for posttraumatic stress disorder (PTSD) investigate heterogeneous patient populations. Apart from variations regarding the type of traumatization, patients may generally vary regarding their problem complexity (e.g. experience of multiple trauma or presence of comorbid personality disorders). Previous research suggests that patients with more complex or severe problems need more specific treatments (Barlow, 2004; Leichsenring & Rabung, 2008; Kirsch, Deacon, Huedo-Medina, et al., 2008). Along with treatment efficacy, the acceptance of psychotherapy could also be affected by the complexity of the patients’ problems. The aim of the present study is to investigate the effect of problem complexity on the efficacy and acceptance of psychotherapy. Methods: 53 randomized trials of psychotherapy for PTSD published between 1980 and 2008 are included in the analyses. A problem complexity score is calculated for each study based on characteristics of the study sample (e.g. chronicity of PTSD, single vs. multiple traumatisation, comorbid disorders). Dropout rates are used as indicators of treatment acceptance. The impact of problem complexity on psychotherapy outcome and dropout rates is analyzed. Results: We expect larger specific effects of psychotherapy (relative to active control treatments) in studies with higher levels of problem complexity. The analyses for dropout rates are explorative. Discussion: The implications of the results for psychotherapy outcome research and possible conclusions will be discussed.

Impact of study quality and researcher allegiance on the relative effects of psychotherapy
Thomas Munder - University of Bern, Switzerland, Heike Gerger, Sven Trelle, Jürgen Barth

Background: A number of meta-analyses have found an association between researcher allegiance and the relative effects in comparative outcome studies. One explanation for this association is that researcher allegiance biases the results of the treatment comparison in favour of the preferred treatment (Leysin & DelRebeis, 2009). This bias might occur especially in studies that do not implement sufficient safeguards against this kind of bias (e.g. treatment integrity differs across conditions). Studies with higher quality designs (e.g. use of external experts in therapist training) might avoid bias due to allegiance. Aim: To present an initial investigation of study quality as a moderator of the allegiance-outcome association. Method: Direct comparisons of psychotherapies from a database of randomized trials are included in the study. A rating scale is used to assess researcher allegiance for each treatment within each study. Study quality dimensions relevant for the allegiance bias hypothesis are assessed (e.g. treatment integrity, therapist allegiance and use of external experts). The impact of these dimensions on study outcome is analyzed using meta-regression. Results: Fifty-five comparative outcome studies are included. The results of the meta-regression will be presented. Discussion: The potential of study quality to contribute to the allegiance bias hypothesis will be discussed.

Risk factors and prevention of eating disorders
Discussant: Robert Russell - Pacific Graduate School of Psychology, Palo Alto, CA, USA

Eating Disorders (ED) are rare but serious diseases. Treatment is expensive and success rates are at best moderate with a substantial proportion of affected individuals developing a chronic course of illness. The identification of predictors of ED and the development of effective prevention and early intervention programs are crucial to improve this situation. This panel presents a range of research that examines socio-cultural and psychological risk factors and possibilities for the prevention of ED. The first presentation is concerned with media influence. So called pro-ED websites are currently under discussion because they are assumed to promote an unhealthy lifestyle and dangerous behaviors. The language used in pro-ED blogs was assessed by methods of computer assisted text analysis and compared to language patterns in pro-recovery blogs and neutral blogs to investigate potentially detrimental characteristics. The second presentation focuses on the exploration of factors preceding dysfunctional eating behaviors. Factors such as dieting, self-esteem, body dissatisfaction, and perfectionism have been assessed longitudinally and their synchronous and asynchronous developments over time prior to the onset of dysfunctional eating behaviors are explored. The third contribution presents an individualized prevention program for high school students. The program is internet-based and includes modules of varying intensity, ranging from psychoeducation to professional counseling. Furthermore, the program strategy aims at a balance between the burden of bothering the majority of healthy students and the benefit of providing support to the small minority that may develop an ED. Utilization, acceptance, and compliance data of approx. 1000 students are presented.

Language patterns in pro-eating disorders and pro-recovery websites
Florian Theis - University Hospital Heidelberg, Germany, Markus Wolf

Background: Social networks and blogs are popular forms of communication among adolescent internet users. Pro-ED (eating disorder) blogs, however, are considered dangerous, because they promote an extreme thin ideal and unhealthy behaviors. The simple and dogmatic world view propagated in pro-ED websites, in combination with a strong in-group identification, may seem appealing to vulnerable individuals. In order to investigate these potential mechanisms, we compared the language used in pro-ED blogs, pro-recovery blogs, and control blogs by means of computer assisted text analysis. Method: A sample of 87 blogs, 31 in the pro-ED, 29 in the pro-recovery, and 27 in the control condition, was retrieved from the internet. Emotional, cognitive and social pro-ceses were assessed using categories selected from four established text analysis dictionaries. Results: As expected, the language used in pro-ED websites indicated lower levels of cognitive processing, a more dogmatic writing style, focused more on ED related contents, and contained less social references. In a linear discriminant analysis using 14 language categories, ninety percent of the blogs were classified correctly. Conclusions: The language pattern in pro-ED blogs was interpreted as a communication strategy driven by in-group identification, self-affirmation, and the authors’ pressure to cope with ED related cognitive, emotional, and social disturbances.
We argue that the contents may increase the risk for EDs in readers, possibly via social contagion. In contrast, pro-recovery blogs were characterized by high anxiety levels and words indicating introspection, which may represent the individuals’ struggle with the ED and adjustment to normal life.

Exploration of factors preceding dysfunctional eating behaviors
Daniel Fassnacht - Universidade do Minho, Braga, Portugal, Markus Moessner, Paulo P.P. Machado
Aim: Among college students symptoms of disordered eating display common and serious health problems. Therefore, the understanding of the occurrence and development of behavioral symptoms such as bingeing, vomiting or the misuse of laxatives is a crucial endeavor. However, the courses of these symptoms are largely unknown, and only longitudinal observational data allow us to explore the mechanisms involved in the developments causing dysfunctional eating behaviors. Method: The presentation is focusing on the first occurrence of dysfunctional eating behaviors (binge eating, vomiting, misuse of laxatives) in a student population. Data are collected via Internet-based assessments in an ongoing longitudinal observational study addressing risk factors for the development of Eating Disorders. Until September 2009, 340 participants completed on average 6.6 assessments (SD = 4.3). In addition to the start of dysfunctional eating behaviors, potential preceding risk factors have been assessed via the Short Eating Disorder Questionnaire (SEID), the Eating Disorder Examination-Questionnaire (EDE-Q), and the Clinical and Research Inventory of Eating Disorders (CRI-EAT). Results: The impact of factors such as dieting, self-esteem, body dissatisfaction, perfectionism etc. on the onset of dysfunctional eating behaviors is explored, and synchronous and asynchronous developments over time are described. Discussion: Implications for the understanding of the development of dysfunctional eating behaviors and chances for the early detection of critical developments and at risk individuals will be discussed.

YoungEspirit: A program for individualized eating disorders prevention in high-school students
Katajun Lindenberg - University Hospital Heidelberg, Germany, Stephanie Bauer, Markus Moessner, Hans Kordy
Protection against health risks may be wiser than treating patients – however, not easier. School-based eating disorder (ED) prevention programs appear promising to target large populations, but require a specific strategy to balance benefits and burdens. Tailored matching of intervention intensity to personal needs can be helpful to support at-risk individuals, without unnecessarily bothering the large group of healthy students. The Centre for Psychotherapy Research Heidelberg has developed the internet-based program YoungEspirit for individualized prevention of ED. Its modules vary in intensity and combine different sectors of healthcare, from psychoeducation up to intensive face-to-face treatment. Thus, both healthy individuals and students who actually develop ED symptoms over time can find a suitable offer. An automated monitoring and feedback program serves as core module of YoungEspirit. It monitors symptom courses of at-risk individuals over time and gives supportive feedback. In case of deteriorations, the program notifies the online counsellor and provides more intensive modules (i.e., consultation chat and face-to-face counselling). Efficacy is currently being studied in a randomized controlled trial assessing incidence rates (DSM IV) as primary outcome. Until November 2009, more than 1000 high-school students from 16 schools were recruited. The concept of YoungEspirit and acceptance and feasibility data of the first approx. 100 participants will be presented.

E-mental Health: Chances for the optimization of health care delivery
Discussant: Glenys Parry - University of Sheffield, UK
Parallel to the technological developments and the increased presence of information and communication technologies (ICT) in our everyday lives, the field of e-mental health has emerged over the past decade. ICT-based interventions have the advantage of enhanced reach, including traditionally underserved populations, at relatively low cost. Specifically, they enable providers to deliver stepped care interventions to their clients (e.g. to provide support prior to regular psychotherapy or thereafter) and to flexibly tailor interventions to patients’ needs. This panel includes three presentations on the use of new technologies (Internet, text messaging) in mental health care. Presentation 1 (Zimmer et al.) introduces an Internet-based program that supports patients prior to their stay in a psychosomatic hospital. Presentation 2 (Bauer et al.) presents the results of an RCT on the efficacy and cost-effectiveness of a minimum intervention for the maintenance treatment in eating disorders. Finally presentation 3 (Berger et al.) deals with the question of how much therapeutic contact is necessary in online interventions by presenting the results of an RCT on Internet-based treatment for social phobia. The presentations will be discussed in terms of their potential for mental health care optimization and their implications for health service research.

Implementation of an internet-based pre-treatment counseling program: A pilot study
Benjamin Zimmer - University Hospital Heidelberg, Germany, Christian Dogs, Hans Kordy
Internet-delivered services offer novel possibilities to improve mental health care. The Center for Psychotherapy Research in cooperation with the Panorama-Fachkliniken Scheidegg developed an internet-based pre-treatment counseling program to bridge the gap between referral and admission to inpatient treatment. Aim: Participation in the online intervention is expected to affect the speed of improvement during inpatient treatment. The online intervention includes various components to reduce patients’ uncertainties about the treatment and the hospitalization and to increase their motivation for change. Design & Methods: A pilot study with a longitudinal comprehensive cohort design was conducted to explore the feasibility and acceptance, to evaluate the program components, and to estimate its effect. Weekly online assessments allow to model patients’ course of improvement before and during their inpatient stay. Growth curve modeling is used to detect differences in the courses between intervention and control group. Simulation studies based on the findings lead to a precise sample calculation for the planned efficacy trial. Results: Over a period of 4 months 77 patients were included. The overall satisfaction with the pre-treatment program was good. Analyses of automatically recorded usage data and the program evaluation of the participants showed substantial differences between the various components. The findings demonstrate the importance of pilot studies prior to the implementation of a new intervention. Implications for the pre-treatment program are outlined and the chances of increasing the effectiveness of inpatient treatment by such programs are discussed.

Maintenance of treatment gains in eating disorders
Stephanie Bauer - University Hospital Heidelberg, Germany, Stephanie Bauer, Eberhard Okon, Rolf Meermann, Hans Kordy
Relapse following successful treatment is common in eating disorders. However, feasible and effective aftercare interventions are almost nonexistent. The purpose of this study was the evaluation of a minimum intervention based on text messaging that was designed to stabilize treatment gains following patients’ discharge from inpatient treatment. A sample of 165 patients diagnosed with bulimia nervosa or eating disorders not otherwise specified was randomized to the intervention (n = 82) or control group
Patients in the intervention group had access to the text messaging program for a duration of four months following their discharge. Main outcome was the remission rate eight months after discharge. As secondary objectives, patients utilization of outpatient treatment in the follow-up period and the cost-effectiveness of the intervention were studied. The results show that significantly more patients were classified as "in remission" in the intervention (59%) versus the control group (44%). In terms of frequency and amount of outpatient treatment, no differences between the groups were found and the cost-effectiveness of the intervention could be demonstrated. The findings emphasize the need for timely aftercare following discharge from the hospital and indicate that it is possible to provide such support in an efficacious and cost-effective way via the above mentioned minimum intervention. The potential of technology-enhanced programs for the delivery of stepped care will be discussed. Furthermore, implications for service optimization will be addressed.

Internet based treatment for social phobia: How much and what kind of therapist support is necessary

Thomas Berger - University of Bern, Switzerland, Bernhard Kneubühler, Daniel Sutter, Franz Caspar

Internet-based psychotherapeutic interventions have been used and evaluated for over a decade now. Results of more than 80 controlled trials consistently show a significant and meaningful superiority of internet-based treatments for various disorders over waiting list control groups, or no differences with traditional face-to-face treatments (Barak et al., 2008). Most of this growing body of evidence comes from studies evaluating "guided self-help" or "minimal-contact" treatments, in which the therapist is actively involved, though to a lesser degree than in traditional therapy. Today, "minimal contact" typically means that therapists assist and support patients via email. The main component, however, is that patients work their way through a self-help guide adapted for the World Wide Web. In this ongoing experimental study, which will be finished in February 2010, we examine whether an empirically validated internet-based self-help intervention to social phobia (Berger, Hohl, & Caspar, 2009) is more effective with therapist support

Tailored technology-enhanced cognitive-behavioral interventions for specific client groups

Discussant: Robert King - University of Queensland, Brisbane, Australia

There is a growing number of controlled studies on technology-enhanced cognitive-behavioral interventions for health problems. In this panel, the diversity of this new research area will be demonstrated by three randomised trials on Internet- and SMS-based interventions that target clients from different age groups and with different problems. The first paper will compare the effects of a family based cognitive behavioral group therapy for overweight and obese children and adolescents with and without a Short Message Service (SMS) maintenance treatment. The second paper will examine the efficacy and the effectiveness of an Internet-based treatment for infertile patients. Moreover, results from a qualitative analysis will be presented. Finally, the third paper will investigate the feasibility and efficacy of an Internet-based supportive coaching for informal caregivers of adult individuals with an acquired brain injury.

The effects of a family based cognitive behavioral group treatment for overweight children combined with a short message service maintenance treatment (SMSMT)

Judith de Niet - Erasmus University Medical Center, Rotterdam, Netherlands, Reinier Timman, Stephanie Bauer, Erica van den Akker, Jan Passchier

Worldwide, overweight and obesity in children and adolescents is a growing health problem. The prevalence continues to increase progressively. The Big Friends Club (BFC) is a family based cognitive behavioral group therapy (CBGT) for overweight and obese children aged 7-13 years and is proven to be effective in weight reduction. The effect of the BFC on BMI-SDS reduction on the short- and long term will be presented. The influence of eating and problem behavior, family and group cohesion, competence and other personality characteristics on the effectiveness will be considered. There is growing evidence that new technology methods such as internet and SMS are effective in promoting weight maintenance behavior changes. Our study participants were randomized into two groups: 1) BFC plus a Short Message Service Maintenance Treatment (SMSMT) and 2) BFC without SMSMT. SMSMT aims at: 1)50% dropout reduction and 2) enhancing lifestyle behavior and competence. Eight hospitals included 150 children. After CBGT, participants were randomized in a SMSMT+ and a SMSMT- condition, for a period of 40 weeks with 4 come-back sessions. The children will input self-monitoring data on exercise, eating pattern and emotions in a standardized format into their mobile phone each week. Feedback was suggested by a software program. A psychologist checked this feedback for plausibility and adapted it if needed. Four rules determined the feedback: 1) promote social support, 2) reinforce positive changes and existing behavioral self-management strategies, 3) suggest and encourage behavior modification strategies if needed and new self management skills in case of negative developments and reminds them of strategies learned in the CBGT and 4) encourage and motivate participants.

Internet based treatment for infertile patients: Efficacy, effectiveness and the results from a qualitative analysis

Katja Hämmerli - University of Bern, Switzerland, Hansjörg Znoj, Thomas Berger

Aim: The objective of this study is to evaluate the efficacy of the first German-language Internet-based treatment for infertile patients and to identify themes important to infertile women. Finally, first experiences of the effectiveness of this internet-based support in routine practice are presented. Method: Infertile patients (N = 124) were randomly assigned to either an eight-week Internet-based cognitive-behavioral treatment, or to a waiting list control group. Participants were assessed at treatment start and post-treatment. Outcome measures included mental health and pregnancy rate. Using qualitative content analysis, we analyzed the email messages of 57 infertile women participating in this internet-based treatment. Results: Results showed greater effects in the intervention group compared to the control group, but differences between the groups were not statistically significant (range of Cohen’s d = 0.16 to d = 0.38). However, subgroup analysis revealed that the intervention was significantly effective for clinically distressed and depressed participants (overall within- and between-group effect sizes, Cohen’s d = 0.98 and 0.52). No effects were found regarding pregnancy rate. The themes most important to infertile women were emotions surrounding their wish for a child, coping with this unfulfilled wish, and medical aspects. Discussion: The findings of the present study and the high demand for such support confirm that internet-based interventions are a promising new approach for this patient group.
OSCAR an internet-based supportive coaching for informal caregivers of adult individuals with an acquired brain injury

Eveline Frischknecht - University of Bern, Switzerland, Helene Hofer, Thomas Berger, Hansjörg Znoj

A brain injury (e.g. stroke, traumatic brain injury) occurs all of a sudden and is often followed by complex neurological and psychological consequences. These consequences do not only affect the patients with the brain injury as Muriel Lezak already stated in 1988: “Brain damage is a family affair”. Symptoms of depression and anxiety as well as an increased caregiver burden are common, but there is still a lack in randomized controlled trials that investigate the efficacy of multicomponent interventions for informal caregivers. The presented paper will examine the feasibility and efficacy of an Internet-based supportive coaching (OSCAR) for informal caregivers of adult individuals with an acquired brain injury. Data derive from an ongoing randomized controlled clinical trial that investigates the effect of a multicomponent intervention, including psychotherapeutic strategies as well as information brokering. Participants complete different outcome measures, e.g. depression (BDI), anxiety (BAI) and caregiver burden (G-ZBI). Results of the pre-post assessment will be presented and discussed with respect to their clinical implications.

The application of item response theory models in clinical practice

Discussant: Ann Doucette - The George Washington University, USA

Although Item Response Theory (IRT) as an approach to measurement development in psychotherapy research is gaining in popularity (Reise and Waller, 2009; Doucette and Wolf, 2009), specific applications of the method remain opaque. Unique aspects of clinical data, which is often naturalistic, pose unique challenges to data analysis and interpretation. While these challenges are not singular to IRT analyses, they pose a particular challenge to psychotherapy researchers because of the increased complexity to IRT models compared to traditional measurement models. The purpose of this panel is to highlight methodological challenges specific to psychotherapy research within an IRT framework. A theoretical and practical introduction is provided in addition to two applications to current issues in clinical measurement.

Item response theory as a latent-trait model

Scott Baldwin - Brigham Young University, Provo, USA, Arjan Berkeljon

Aim: Measurement is central to the quantitative study of psychotherapy outcome. Although Item Response Theory has a number of advantages over Classical Test Theory, most psychotherapy researchers have relied on Classical Test Theory when developing and evaluating measures. This paper will introduce Item Response Theory by contrasting it with Classical Test Theory. In particular, this paper focuses on how both Classical Test Theory and Item Response Theory are special cases of a broader class of models called latent-trait models. Method and Results: Latent-trait models relate unobserved constructs to items on a measure. Classical Test Theory assumes that all items have the same relationship with the latent. In contrast, Item Response Theory assumes that items vary in their relationship with the latent-trait. By viewing both theories as latent-trait models with differing assumptions about the relationship between items and the latent-trait, helps researchers evaluate the plausibility of those assumptions and choose the best measurement model for their research. We highlight some of the ways that Item Response Theory is a more plausible measurement model for psychotherapy researchers. Discussion: We discuss some of the challenges with estimating item-response models and briefly discuss software packages for estimating a variety of item-response models relevant for psychotherapy researchers.

Item response theory in clinical practice: Results from simulation studies and applications in psychotherapy settings

Jan Böhnke - University of Trier, Germany, Wolfgang Lutz

Aim: Item Response Models provide practitioners as well as researchers in psychotherapeutic contexts with a range of practical tools. This presentation will focus on unique possibilities of Item Response models for practice and research. As major issue the construction of short versions of questionnaires with IRT criteria and the assessment of aberrant response patterns will be addressed. Method: The line of argument will be organized around applications of the Rasch-Model. Based on simulation studies as well as on data from outpatient settings the path from the statistical evaluation of item and person fit to how these features can be used to empirically validate short versions of a questionnaire as well as aberrant response patterns. Qualitative inter-individual deviations from the Rasch-Model will be analyzed with a Mixed-Rasch model for in-depth exploration of patient variation. Results: Both simulations and applications show that these models provide specific answers. For example, they can be used on item level to select items that are especially suited for short assessment forms. The analysis of the patient specific statistics provides information on aberrant response patterns that can be used for diagnostic purposes or input to therapy sessions. Discussion: The methods presented will be compared to existing practices for developing and validating questionnaires. The unique usefulness of the presented framework will be discussed.

An item response theory application and evaluation of psychotherapy outcome measures

Arjan Berkeljon - Brigham Young University, Provo, USA, Scott Baldwin

Aim: Item Response Theory (IRT) models are finding increasing use in psychotherapy outcome research. These models afford researchers with many advantages over a Classical Test Theory approach to measurement development. Presented are an IRT-based application and evaluation of the Working Alliance Inventory, a 36-item therapist-report measure of the therapeutic relationship Methodological as well as practical considerations in measurement development are addressed. Method: Three polytomous response IRT models are contrasted and assessed for model fit: the Graded Response Model, the Partial Credit Model, and the Rating Scale Model. Item characteristics, differential item functioning, and adequacy of response scale categories are analyzed and evaluated for the best fitting response model. In addition modified versions of these response models will be used to assess sensitivity to variance due to nesting of data (within therapists). Results: Response model analysis indicates the presence of substantially distinct item properties that have bearing on the functioning of the two measures as a whole. Analysis of the adequacy of response scale categories suggests potential modifications that may improve quality of measurement. Analysis of sensitivity to variance due to nesting (within therapists) sheds light on the influence of this common yet not often accounted for aspect of clinical measurement. Discussion: The proposed method allows for potential modifications to existing measures that not only increase measurement precision but may also decrease measurement burden. Implications for further development and improvement of the Working Alliance Inventory are discussed.
The differential effectiveness of group therapy models: Outcomes associated with group analysis, supportive-expressive and CBT protocols

Discussant: William Piper - University of British Columbia, Vancouver, Canada

The scientific support for the differential effectiveness of group therapy is growing. Outcomes become more understandable and generalizable when both theoretical orientation and patient population are considered (Burlingame, Mackenzie & Strauss, 2004) since patient change appears to systematically vary across these dimensions (Burlingame, Fuhrman & Johnson, 2004). A call has been made to use a 5-facet model when describing the outcomes associated with group treatments—formal change theory, small group process, structural features of the groups as well as client and leader factors. Better understanding of the outcomes for group treatment requires consistency in reporting and by considering classes of variables that have a known relationship to treatment outcomes we hope to systematically advance our understanding of therapies offered in the group format.

A systematic review of the efficacy and clinical effectiveness of group analysis and analytic/dynamic group psychotherapy

Chris Blackmore - University of Sheffield, UK

Aims: To review the evidence for the efficacy and effectiveness of Group Analysis (GA) and Analytic/Dynamic (A/D) Group Psychotherapy and factors that influence the outcome of group therapy. Method: We conducted a sensitive search of seven electronic databases using key terms approved by a specialist advisory panel. Studies were selected if their results were published in English between 2001 and 2008 where an evaluation of GA or A/D group psychotherapy was described that included a control or comparison group. The criteria adopted meant that randomised controlled trials, cohort studies, 'before and after' studies, qualitative studies and systematic reviews were included; studies with other designs were not. Findings from studies before 2001 were captured by synthesising evidence from reviews of primary research which included them. Results: An initial search yielded 14,004 titles for screening, of which 2415 abstracts were checked, giving 379 potentially relevant articles which were read. From these we identified 37 primary studies and 23 reviews which met the inclusion criteria. Results provide evidence for the efficacy and clinical effectiveness of group therapy approaches in a range of clinical problems, but not for specific benefits of any particular theoretical approach. There may be important effects of age, sex, self-efficacy, duration, psychological mindedness and quality of object relations on outcomes and attachment style and interpersonal distress influence group attendance. Predictors of outcome for long term analytic group therapy are likely to be different from those for short-term groups. Discussion: We discuss the findings in the light of Burlingame et al’s 5-facet model and make a number of recommendations to strengthen research in this field.

Cognitive behavioral therapy for paranoia: A pilot randomized controlled trial

Yulia Landa - Cornell, Ithaca, USA, Paul Chadwick, Lada Alexenko, Yihong Zhy, Aaron T. Beck, David A. Silbersweig

Aim: We hypothesized that group approach could be beneficial for paranoid patients, since studies showed that people who are isolated are more prone to paranoia. Research has also identified paranoia-specific cognitive biases. Based on the cognitive model of paranoia we developed paranoia-focused CBT (PF-CBT) intervention that combines group and individual modalities to reduce paranoid ideation and prevent the formation of new persecutory beliefs. This study investigated the efficacy of manualized PF-CBT in a randomized controlled clinical trial of subjects with the primary DSM-IV Schizophrenia and Schizoaffective disorder. Method: Participants were 24 adults ages 18-65 with paranoid ideation. Subjects were randomly assigned to either experimental or control group. The experimental group received PF-CBT in addition to standard care and the control group received standard care alone. PF-CBT lasted 15 weeks and included attending one group and one individual therapy session weekly. The Persecution Severity (PANSS), rated by blinded independent evaluators, was the primary outcome measure. Results: The participants treated with PF-CBT had significantly superior reduction in severity of paranoia. PF-CBT also resulted in significantly greater decrease in personalizing attributional bias (participants began to use situational versus personal attributions for negative events) and increase in ability to self-reflect. At the 6-month post-treatment follow up evaluation, patients who had received PF-CBT continued to improve, and there was a tendency toward greater reduction in prescribed antipsychotic medications. Conclusions: The study demonstrated preliminary efficacy of PF-CBT for paranoid ideation, and provided insights about the potential mechanisms of change and therapeutic group factors.

Predictors of client change in supportive-expressive group therapy

Robert Schweitzer - Queensland University of Technology, Kelvin Grove, Australia, Louise Hanson

Aims: This study will investigate the effectiveness of psychodynamic expressive-supportive group therapy in the treatment of clients with generalized anxiety disorder (GAD) conducted in a university clinic setting. We posit that the dynamics underpinning GAD includes a significant interpersonal sense of insecurity which lends itself to a group treatment. Furthermore, there is a high rate of comorbidity with the related disorders of depression and social phobia which may impact upon treatment outcome. Method: Manualized supportive-expressive group therapy was provided to 35 individuals (8 men and 27 women). Measures of symptom distress as well as the Inventory of Interpersonal Problems (IIP) were completed by the participants at baseline, termination and 6 month follow-up. Results: Approximately 37% of participants evidenced positive outcomes (20% change or endstate functioning on anxiety measures) after 14 weeks of group therapy. Outcomes were comparable with individual therapy for GAD. Participants evidences interpersonal difficulties with being: assertive, overly nurturant, exploitable, and socially inhibited. Those who were low responders to group therapy (N=11) were found to have a higher incidence of comorbidity and in particular social phobia (83.6%). Discussion: The findings suggest that expressive-supportive group therapy is an effective intervention with a proportion of clients presenting with GAD yet this therapeutic approach is undertreated. We argue that the unique microcosm created by group therapy provides an ideal setting in which clients are able to experience a safe environment within which to explore, contrast and seek resolution to long term interpersonal conflicts. Findings are discussed with respect to the phenomenology of anxiety and the current conceptualization of GAD.
Integrating findings from multiple group therapy process measures: Assessing group therapeutic relationship, psychodynamic work and object relations, and the therapeutic quality of verbal interactions

Discussant: Anthony Joyce - University of Alberta, Edmonton, Canada

The scientific support for the mechanisms of change in group therapy has lagged far behind tests of the efficacy of specific group protocols (Burlingame, MacKenzie & Strauss, 2004). In our 2004 Handbook of Psychotherapy and Behavior Change review, we made a call for more research on small group processes using common or similar measures. If conducted, this research should lead to better understanding of the generalizability of findings across studies and more systematically advance our understanding of the group format. The goal of this panel is to present findings from 3 studies that use commonly used measures that tap purported mechanisms of change in the group format. The first paper seeks to collapse results from 5 international studies (Norway, Germany, Switzerland & USA) using a mega-analysis using the same measure of the therapeutic relationship. The second paper extends findings from a complex program of group research (Edmonton—Vancouver) using a measure of psychodynamic work and object relations to a new patient population (somatiform disorder). The final paper takes the most commonly used measure of verbal interaction (Hill Interaction Matrix) and examines it’s cross-cultural relevance in groups run in Taiwan.

Measuring psychodynamic work in short-term group psychotherapy for patients with somatiform disorders

(Psychodynamic Work and Object Rating System-PWORS)
Rainer Weber - University of Cologne, Germany, Jennifer Boll, Maria Hoffmeister, Peter Kiencke, Elke Horn, Wolfgang Tress, Volker Tschuschke

Aim: It is obvious that intensive research on the relations of the psychotherapeutic process to patient outcome is complicated by the complexity of the therapeutic process, especially in group psychotherapy research. Numberless factors may influence what happens exactly between sessions’ beginnings and sessions’ endings during the course of treatment. Methodological challenges are demanding. There are only a few rating measures which deliver valid data about the group process. Beside related concepts (e.g. group climate, bounding or cohesiveness), measuring therapeutic work is one of the most important items in process research.

Methods: The Psychodynamic Work and Object Rating System (PWORS) is a system for rating the level of therapeutic work by group members (patients and therapist). Furthermore PWORS distinguishes between self-related and group-related therapeutic work. The analysis is based on a (naturalistic-) study with patients suffering from somatiform disorders who completed an outpatient psychodynamic oriented group therapy program over 20 sessions (6 groups with 50 patients who completed the study). Every group session has been fully videotaped and rated. Results: We will present the method with special emphasis on the relationship between PWORS to other process measures (Group Climate Questionnaire and the Group Relationship Questionnaire) and the outcome of the study (SCL 90-R, Target Complaints, GAF, Symptom Load Score). Discussion: Because of the objective micro analytic rating procedure with PWORS, the relationship between process data and outcome data becomes clearer. Implications regarding group treatment, psychodynamic short-term groups, and somatiform disorders in short-term groups will be discussed.

The group questionnaire: Clinically useful normative values for diverse clinical populations

Steve Thayer - Brigham Young University, Provo, USA

Aim: The mechanisms by which group treatment effects therapeutic change are varied. One of these mechanisms, the group therapeutic relationship, has been notoriously difficult to define in a parsimonious and clinically useful manner. Six years of research on this issue involving five studies has culminated in the creation of the Group Questionnaire (GQ)—a 30-item self-report measure of the quality of therapeutic interactions (i.e., positive bonding, positive working, and negative relationships) across three structural parameters of the group therapeutic relationship (i.e., member-member, member-group, and member-leader relationships). This study aims to establish clinically useful normative values that will guide the use of this measure in clinical practice. Methods: GQ data will be aggregated from five studies that included counseling center, nonclinical process, psychiatric inpatient, and psychodynamic groups in the US, Germany, Switzerland, and Norway. Using mega-analytic procedures, normative values will be produced for these diverse clinical and cultural populations. Results: We will report on the normative data per population on diversified and aggregated levels.

Cross cultural issues in the group counseling process: A verbal interaction perspective

Peter Jen Der Pan - Chung Yuan Christian University, Jhongli City, Taiwan

The purpose of this research, consisted of two studies, was to examine the cross cultural issues existed in the group process from verbal interaction perspectives. By using the Hill Interaction Matrix-Statement to Statement (HIM-SS), the study1 explored verbal behaviors in the family exploration, transactional approach, and growth groups. The study2 examined the shifts and differences of verbal interaction between leaders and members in the counseling groups by using the Group Verbal Interaction Inventory (GVII).

Thirty-one university students volunteered to participate in one of three treatment modalities in the study1. Results of the study1 indicated that the shift of leaders’ and members’ verbal behaviors in the group counseling were similar, as coded on HIM-SS. Moreover, based on the 27 participants’ responses of the study2, results indicated no significant difference between leaders’ and members’ verbal behaviors during the group process. Finally, results also indicated that the Assertive, Confrontative, and Silence verbal behaviors were rarely used in the group process. Implications for future research and counseling practice from the cross culture perspective are suggested.

Can psychopathology be helpful? Clinical implications of basic research in abnormal psychology

The goal of this panel is to demonstrate how basic research in psychopathology can help advance both psychotherapy practice and research. Expert researchers in psychopathology and psychotherapy (or both) have been paired to derive implications (in terms of assessment, case formulation, and treatment) from current empirical knowledge on the symptomatology, clinical features, and etiology of specific clinical problems. The presentations in this panel will focus on three of these problems: Depression, generalized anxiety disorder, and personality disorders.
Cognitive biases, rumination, and mood dysregulation: Can experimental studies inform psychological treatments for depression

Jutta Joormann - University of Miami, USA, Louis Castonguay, Joelle LeMoult, Andrew McAleavy

The use of experimental designs to investigate the interaction of cognition and emotion has a long tradition in depression research. Findings from this body of research suggest that automatic processing of emotional material plays an important role in depressive disorders. Although many studies have provided evidence for depression-associated biases in attention, memory, and interpretation, few researchers have addressed implications of this research for interventions or have used experimental measures to assess the efficacy of psychological interventions. Moreover, although recent studies have demonstrated that cognitive biases are related to other risk factors for depression such as rumination and difficulties in emotion regulation, implications of this work for interventions also remain unclear. In this talk, we will provide a brief review of studies that try to characterize cognitive biases in depression and their relation to the difficulties in emotion regulation that define the disorder. These studies provide evidence for the proposition that considering automatic processing of emotional material is important for our understanding and treatment of depression. Finally, we will discuss how these findings can inform psychological interventions and we will present data from a study that attempts more directly to modify automatic aspects of the cognitive processing of emotional material in depression.

Emotional avoidance in generalized anxiety disorder: Basic findings and clinical implications

Michelle Newman - Penn State University, University Park, USA, Paul Crits-Christoph, Lauren Skodnya, Sandra Llera

Generalized anxiety disorder (GAD), centrally defined by pervasive worry (apprhensive expectation), has been conceptualized as the "basic" anxiety disorder given its persistent course, and resistance to change (Brown, Barlow, & Liebowitz, 1994). GAD is also associated with low reactivity to feared situations. Such low reactivity has been found experimentally to be caused by worry. However, according to Foa and Kozak, (1986) this low reactivity means that the full fear structure has not been elicited and thus processing necessary for successful exposure has not taken place. This has led to the avoidance of emotion theory of worry proposed by Borkovec, Alcaine and Behar (2004). According to this theory, persons with GAD use worry to avoid dealing with uncomfortable emotions. In this presentation we will present basic experimental research findings that replicate and extend previous research. These findings also have important clinical implications regarding the means by which optimal exposure can be elicited in participants with GAD.

Personality disorders, self-knowledge, and the outcome of psychological treatments

Thomas Oltmanns - Washington University, St. Louis, USA, Jacques P. Barber, Jeffrey J. Magnavita

People with personality disorders are frequently unable to view themselves realistically and sometimes unaware of the effect that their behavior has on other people. There is, at best, only a modest correlation between the ways in which people describe themselves and the ways in which they are perceived by others. Unfortunately, most knowledge of personality disorders – in both clinical and research settings – is based on evidence obtained from self-report measures. This presentation will consider evidence from studies that examine interpersonal perception for pathological personality traits. This research is also concerned with the impact of pathological personality traits in people’s lives. The success of intervention programs designed for various kinds of psychological problems may be moderated by the co-occurrence of personality disorders. Several studies have suggested, for example, that depressed patients will respond better to cognitive therapy if they do not exhibit symptoms of personality disorders. Similar arguments may be made with regard to anxiety disorders, eating disorders, and marital dysfunction. This issue has been debated with regard to the validity of empirically supported treatments. Most of the evidence on this topic is limited because it is based exclusively on self-report measures. In this paper, we will outline what evidence is available regarding these issues. We will recommend research designs that might be used to study these important questions as well as treatment procedures that might be employed to foster the development of self-knowledge among those who exhibit personality pathology.

Panel
Change
Moderator
Louis Castonguay - Penn State University, University Park, USA

Corrective experiences: Empirical investigations of a common factor in psychotherapy

Discussant: Clara Hill - University of Maryland, College Park, USA

All forms of effective psychotherapy are assumed to foster experiences that are corrective. However, while the concept of corrective emotional experience has been identified more than 60 years ago (French & Alexander, 1946), it remains largely unstudied. With the goal of fostering research on, and better understand the concept of corrective experiences (CE), a series of conferences have been organized at Penn State University. Regrouping process outcome researchers from different theoretical orientations, these conferences are aimed at defining the nature, causes, and consequences of CE. The current panel will present results from three studies that have been launched out of these conferences. The first study is an attempt to identify different profiles of corrective interpersonal experiences that develop over the course of therapy and that are related to outcome. The second paper will present preliminary findings from stimulated recall (a method designed to assess cognitive-emotional processes) conducted immediately following therapy sessions with the goal of delineating subtle processes preceding, occurring with, and following CE. The third paper will present a consensus qualitative study conducted to understand corrective emotional experiences taking place in psychotherapy supervision.

You never walk alone - interpersonal session experiences, their course over treatment and their relationship to outcome

Suzanne Hostetler - University of Bern, Switzerland, Christoph Flückiger, Martin Grosse Holtforth, Franz Caspar

Aim: Experiences by patients in psychotherapy sessions may be separated into intrapersonal experiences and interpersonal experiences. While intrapersonal experiences subsume experiences such as mastery and clarification, interpersonal experiences contain relationship experiences (such as therapeutic alliance, interpersonal self-esteem experiences and contentment with the therapy and the therapist). Session experiences may take the form of singular “macro-events,” or as many cumulative “micro-events,” and they may or may not contribute to therapeutic changes (corrective experiences; CE). In this research we aim to identify interpersonal experiences that are related to therapy outcome and describe their development over treatment. Method: Within a sample of 120 patients at a university-based outpatient clinic, we analyze how interpersonal session experiences develop over the course of the therapy as reported by the patients using the Berne Post Session Report (Flückiger et al., 2010). Results: Preliminary results differentiated various clusters of change profiles of interpersonal experiences that are related to therapy outcome at post assessment. Discussion: The results will be discussed with respect to therapeutic strategies and general mechanisms of change in psychotherapy.
Corrective experiences remembered lively

Franz Caspar - University of Bern, Switzerland, Moritz Pohlman

Aim: Major corrective experiences are rather rare events: Hard to imagine that a patient would not remember them, even after a while. But what about subtle processes preceding, going along with, and following such events? They seem to be important for the occurrence and for lasting effects of such events. These processes are often intuitive and hard to put into words. Methods: Stimulated recall immediately following events is generally considered the most valid method to tap into cognitive-emotional processes. This method has been used by the first author for extensive reconstructions of therapist hypothesis generation processes in intake interviews. Brief structured recall (Elliott & Shapiro, 1988) is a variation especially adapted for reconstructions with patients. This method has been used to reconstruct processes in patients around corrective experiences in integratively oriented cts following the concept of Gravé (1998). Results: First analyses which are part of a more extensive study will be reported to demonstrate the applicability of the method, and results will be reported from 10 cases.

Corrective relational experiences in psychotherapy supervision

Nicholas Ladany - Lehigh University, Bethlehem PA, USA, Arpina G. Inman, Barbara J. Thompson, Clara E. Hill, Rachel Crook-Lyon, Sarah Knox, Alan Burkard, Elizabeth Nunt Williams, Jessica Walker, and Shirley Hess.

Supervises in supervision, like clients in psychotherapy, have opportunities to change via corrective relational experiences. We defined a corrective relational experience (CRE) in supervision as a specific event in supervision where the supervisee experiences a distinct shift such that he or she comes to understand or experience affectively the relationship with the supervisor in a different and unexpected way, and is thereby transformed in some manner. To understand the phenomenon of actual CRE’s we conducted a consensual qualitative research study whereby 15 supervisees described their experiences of a personal CRE. Results from the study will be described including antecedents to the CRE, the CRE event, supervisor contributions to the CRE, timing and length of the CRE, and CRE-based outcomes (i.e., specifics about the transformational experience). Case examples will be used throughout the presentation to illustrate the aforementioned concepts and processes. Implications for psychotherapy supervision theory, research, and practice will be addressed.

Panel
Interpersonal
Moderator
Michael Constantino - University of Massachusetts, Amherst, USA

Tying together interpersonal characteristics, interpersonal process, interpersonal change, and psychotherapy outcome

Discussant: Alberta Pos - York University, Toronto, ON, Canada

Interpersonal functioning has been a central focus of theories of both psychopathology and psychological change. For example, formulations of depression have emphasized interpersonal factors in its etiology and maintenance. Consequently, several psychosocial treatments have been developed that place interpersonal functioning at their center, and such treatments have achieved empirical support. Furthermore, the interpersonal process that takes place between the patient and therapist is viewed in most, if not all, psychotherapies as an important facilitative or even central change ingredient. For example, the patient-therapist alliance is generally regarded as a robust and trans theoretical predictor of psychotherapy success. Despite clear empirical support for the clinical importance of interpersonal features and functions, the connections among patients’ interpersonal characteristics, patient-therapist process, interpersonal change, and psychotherapy outcome remain only partially understood. The goal of this panel is to present findings from 4 studies that address the aforementioned connections. In the first paper, Laws will present a study examining whether changes in theoretically relevant patient interpersonal impacts are associated with outcome in CBASP for chronic depression. In the second paper, DeGeorge will present a study examining the prediction of outcome in IPT for depression from alliance quality and patient interpersonal impacts. In the third paper, Erhardt will present the results of a study on the association between patients’ quality of object relations and the alliance in naturalistic psychotherapy. Finally, Richardson will present a study examining the association of patients’ quality of object relations with both alliance and outcome in treatment for depression. Pos will provide discussion.

Change in patients’ interpersonal styles predicts outcome in treatment for chronic depression

Holly Laws - University of Massachusetts, Amherst, USA, Michael J. Constantino, Rachel Manber

Aim: Interpersonal theories posit that chronically depressed individuals are likely perceived by others as hostile-submissive, which may undermine their interpersonal effectiveness. Recent findings (Constantino et al., 2008) support this hypothesis, and also show that patients’ interpersonal impacts on their therapist change in theoretically predicted ways following McCullough’s (2000) Cognitive Behavior Analysis Systems of Psychotherapy (CBASP). However, it remains unclear if such changes are associated with outcome. Thus, we examined whether changes in patients’ impacts predicted depression change and posttreatment response status. We hypothesized that a decrease in hostile-submissive impacts would be associated with greater depression reduction and responder status. Methods: Data derive from a clinical trial for chronic depression that compared the efficacy of CBASP, nefazodone, and their combination (Keller et al., 2000). To assess patients’ impacts, CBASP therapists completed the Impact Message Inventory (IMI) following an early and late session. Patients completed the Beck Depression Inventory (BDI) at multiple sessions and posttreatment. Results: We calculated IMI change scores using hierarchical linear modeling (HLM) to remove the influence of measurement error. We then used HLM to model change in depression over the treatment course, adding the interpersonal change scores and treatment condition as predictors of the variability in the average depression trajectory. As hypothesized, decreases in patients’ hostile-submissive impacts significantly predicted depression reduction regardless of treatment condition. A logistic regression indicated that decreased hostile-submissive impacts also predicted responder status. Discussion: The findings support the change theory underlying CBASP, and will be discussed with respect to their empirical and clinical implications.

The relationships of therapeutic alliance and patients’ interpersonal impacts to each other and to outcome in interpersonal therapy for depression

Joan DeGeorge - University of Massachusetts, Amherst, USA, Michael J. Constantino, JuliAnna Smith, Carolina McBride, Paula Ravitz, David C. Zuroff

Aim: Interpersonal therapy (IPT; Klerman et al., 1984) for depression is efficacious; however, the mechanisms that underlie its effectiveness remain unclear. Interpersonal theory suggests that change in interpersonal functioning is specifically responsible for decreased depression. There is also empirical support that the common factor of the patient-therapist alliance predicts outcome. Thus, it seems important to examine further specific and common factors in IPT, both in terms of how they relate to each other and to
change. In this study we will first examine the prediction of outcome from both change in alliance and change in patients’ interpersonal impacts. We will then examine if change in patients’ interpersonal impacts is predicted by early alliance level. We expect that adaptive changes in patients’ impacts on their therapist will be associated with posttreatment depression, and that changes in such impacts will be facilitated by a good early alliance. Method: Data derive from a naturalistic database (N = 74) of depressed patients treated with 12 sessions of IPT. At sessions 3 and 12, therapists completed the Impact Message Inventory to assess patients’ interpersonal impacts on the rating therapists, as well as the Working Alliance Inventory to assess alliance quality. Patients completed the Beck Depression Inventory at pre- and posttreatment. Results: We will use HLM to create change scores to remove measurement error. We will use hierarchical linear regression to examine the aforementioned relationships, controlling for pretreatment BDI. Discussion: The findings will be discussed with respect to IPT theory, and their overall clinical implications.

A longitudinal study of patient object relations and the therapeutic alliance
Paula Errazuriz - University of Massachusetts, Amherst, USA, Michael J. Constantinofocused therapy: Discussing the role of narrative innovative moments and corrective experiences
Robert Richardson - Universität Bern, Switzerland, Julia Gadola, Julia Burski

Aim: The quality of the therapeutic alliance is widely viewed as an important element of the psychotherapeutic process, and is a well-established predictor of therapeutic change. With its clear impact on therapeutic success, researchers have increasingly examined factors that contribute to alliance development, including patient psychological characteristics. Previous findings suggest that patient object relations, which are mental representations of self and others, may be a significant predictor of alliance quality. The current study further examines this relationship in a naturalistic sample of adults. Our preliminary analyses, presented at the SPR international meeting in June 2009, support previous research findings. Method: Final analyses of this study will include data from 20 therapists and 50 clients collected at two outpatient training clinics employing the Working Alliance Inventory and the Bell Object Relation’s Inventory. Results: We will use Hierarchical Linear Modeling (HLM) to account for the nesting of multiple patients within each therapist while examining the relationship between object relations and the alliance. We will also explore alliance rating perspective (patient versus therapist) and timing of the alliance rating (session #) as possible moderators of this relationship. In measuring these associations, we will consider both the overall object relations score and its four dimensions of alienation, insecure attachment, egocentricity, and social incompetence. Discussion: Our discussion will include clinical implications of our results for treatment planning.

Object relations as a predictor of therapeutic alliance and therapy outcome among patients suffering from major depression: Applying the Social Cognition and Object Relations Scales (SCORS)

Robert Richardson - Universität Bern, Switzerland, Julia Gadola, Julia Burskifocused therapy: Discussing the role of narrative innovative moments and corrective experiences

Aim: This study is an investigation of the predictive value of the level of object relations with respect to (a) the therapeutic alliance, (b) therapy outcome, and (c) 6-month follow-up. The level of object relations was assessed using a set of empirically-based rating scales: the Social Cognition and Object Relations Scales (SCORS; Westen, 1985, 1991, 2002). A primary aim of this study is to examine the clinical usefulness of this assessment method. A further aim is to complement the existing body of research on object relations. Method: The study was conducted in the German-speaking outpatient clinic of the Department for Clinical Psychology and Psychotherapy (University of Bern, Switzerland). The population consisted of 55 patients suffering from Major Depression (comorbidity was not an exclusion criterion). The SCORS was applied to the intake session and to a late session, thus yielding pre- and post-values. Ratings of the late session served to assess change during therapy, as well as to predict 6-month follow-up measures of psychological well-being. Early alliance was measured using a post-session patient self-report questionnaire. Results: At the moment of submitting the data, it is in the processes of being collected and analyzed. Discussion: The discussion will focus on the appropriateness of the rating method and material, and on the relationship to previous findings.

Change processes and therapeutic development in emotion-focused therapy: Discussing the role of narrative innovative moments and corrective experiences

Discussant: Robert Elliott - University of Strathclyde, Glasgow, Scotland

Emotion-focused therapy is a model that brings together different traditions within the phenomenological and constructivist approaches (Greenberg, Rice & Elliott, 1992). At the same time, it is one of the most generative approaches in terms of process-oriented research. The aim of this panel is to intersect different research perspectives upon Emotion-Focused Therapy with the aim to foster the discussion around core mechanisms of change and developmental processes in psychotherapy. By emphasizing the role of innovative moments and corrective experiences in psychotherapy, the presenters will contrast and integrate views and findings of several qualitative research projects that either focus on client or focus on therapist participation. In the first presentation, the different qualities of reflection and protest innovative moments will be discussed in different stages of therapy and in different outcome groups. In the second presentation, the role of the therapist and therapeutic techniques will be highlighted and associated to client narrative changes (innovative moments). Finally, the third paper will focus on the role of corrective experiences in the clients’ perspective and discuss themes that are unique to the EFT orientation.

How is change constructed in Emotion-Focused Therapy through the lens of the innovative moments coding system

Discussant: Robert Elliott - University of Strathclyde, Glasgow, Scotland

Inês Mendes - University of Minho, Braga, Portugal, António Ribeiro, Miguel M. Gonçalves, Lynne Angus & Leslie Greenberg

This study consists in the development of a previous qualitative analysis of a sample of Emotion–Focused Therapy, from the York I Depression Study, using the Innovative Moments Coding System (IMCS; Gonçalves, Ribeiro, Santos, Matos, & Mendes, in press). Methods: An in-depth qualitative analysis was carried out in order to understand how innovative moments (or i-moments) evolve in order to promote change. We will focus only in two specific types of i-moments – reflection and protest – since they are present from the beginning until the end of therapy in both good and poor outcome groups. Results: Through this analysis we found two subtypes of both reflection and protest i-moments and the results show that in the good outcome group, reflection and protest i-moments evolve from subtype I to subtype II early on in the therapeutic process and that in the poor outcome group these two types of i-moments (reflection and protest) only evolve to its second subtype at the end of therapy. Discussion: We hypothesize that this development from subtype I to subtype II of reflection and protest i-moments is related to the emergence and subsequent increasing of re-conceptualization i-moments, which were found, in previous studies, to be crucial in the authorship of the client’s new and preferred self-narrative.
Therapist interventions and the promotion of narrative innovative moments in the client: A study with emotion-focused therapy in depression

Carla Cunha - University of Minho/ISMAI, Braga/Maia, Portugal, Inês Mendes, Miguel Gonçalves, Lynne Angus & Leslie Greenberg

Previous studies have demonstrated that innovative moments (i-moments) can be found in Emotion-Focused Therapy for depression and that the specific type of re-conceptualization i-moments can distinguish good-outcome from poor-outcome groups (being present in the first). From this point of departure, we questioned how the therapist’s participation in the therapeutic dialogue and use of therapeutic techniques are associated to the exploration of problems or the emergence of i-moments and their consolidation in therapy. Methods: After the identification of client i-moments in a sample of emotion-focused therapy for depression carried out previously, we selected and analyzed six sessions from three good-outcome cases and three poor-outcome cases and categorized the different helping skills of the therapist (using the Hill Process Model). Afterwards, a statistical analysis of the correlation between the interventions of therapist and client i-moments or problem exploration was conducted. Results: A first analysis of a good-outcome case showed globally that i-moments’ emergence is associated with open questions and direct guidance of the therapist. Specifically, open questions were associated to the appearance of reflection and protest i-moments while direct guidance was associated also with protest and re-conceptualization i-moments. At this moment, the analysis of the other 5 cases is a work-under-progress and the final results will be presented at this occasion. Discussion: We will discuss the results focusing on the similarities and distinctions between the two outcome groups and emphasize the contrast between the emergence of i-moments or the maintenance of a focus on the exploration of the problematic narrative.

Corrective experiences in emotion focused therapy: Client perspectives

Fern Kagan - York University, Toronto, ON, Canada, Lynne Angus (Client Corrective Experiences Working Group)

This qualitative study is part of a multi-site initiative to explore corrective experiences (CE) from the clients’ perspective. Specifically, the present study uses client-generated categories of corrective experiences in Emotion Focused Therapy (EFT) to enrich our understanding of: (a) significant intra- and interpersonal changes during their treatment, and (b) what took place during or between their sessions that contributed to these changes. This analysis of the specific CE themes and mechanisms of change generated within EFT therapy promises to shed light on which aspects of experiential psychotherapy clients construe as being emotionally corrective.

Methods: Participants will include approximately 30 adult clients seen by approximately 20 therapists at York University. Participants will be drawn from the York University Psychology Clinic, and two in-house practicum. Therapists’ experience levels range from MA II supervised trainees to experienced clinicians. Following every 4th appointment, clients respond to 2 questions regarding perceived changes and mechanisms of change. Clients will visit from the York University Psychology Clinic, and two in-house practicum. Therapists’ experience levels range from MA II supervised trainees to experienced clinicians. Following every 4th appointment, clients respond to 2 questions regarding perceived changes and mechanisms of change.

Clients will each complete from 1 to 10 protocols, yielding a total of approximately 200 protocols. The protocols will be analyzed using open coding and constant comparison to create categories inductively from our data.

Results: Results will reflect consistently coded core themes. Themes that are unique to the EFT orientation will be highlighted.

Discussion: The client-generated themes unique to EFT psychotherapy will be discussed in terms of their convergence within the theoretical framework of EFT psychotherapy.

Self and mind: Can we agree on what we are trying to change here

Discussants: Leslie Greenberg - York University, Toronto, ON, Canada and Shigeru Iwakabe - Ochanomizu University, Tokyo, Japan

In order for any science to progress, there needs to be agreement on a basic paradigm. Hopefully, psychotherapists can now agree to a large extent on views of the self (or self-organizing processes and identity) and views of the mind—we already agree more about behaviors. As long as psychoanalysts hold to constructs of id, ego and superego that cognitive behavioralists eschewed, there was little room for consensus. The concept of “repression” was also a thorpy one, as experimental research provided no unequivocal support for such a process. Now complexity theory has influenced thinking of self-processes in psychology so we think of systems being disrupted and new orders emerging out of evolving patterns and we have a new paradigm of self and identity on which cognitive-behaviorists, experientialists and psychoanalysts can all agree. As neuroscientists and cognitive psychologists have begun to investigate the influence of unconscious processes we can also converge on a view of the mind as disconnecting or dissociating threatening experiences. By regarding forgetting as sometimes motivated and attentional as selective, we can examine with one vocabulary experiences threatening to the self-theory and self-organizing processes. These papers will show how concepts of self and multiple “selves with others” are relevant to responses to stress, review similarities and differences in DSM and PDM (Psychodynamic Diagnostic Manual) formulations of personality problems and psychological problems in general, and provide a paradigm of self and mind that cuts across theoretical orientations.

The place of self in the mind: Pathology and transformation during psychotherapy

Mardi Horowitz - University of California, San Francisco, CA, USA

Perhaps the most difficult and yet important aspect of how we formulated cases in terms of what could change for the better concerns ambiguous concepts such as self. Indeed identity was often left aside by Freud and later psychoanalysts, picked up by Jung, regarded in terms of disintegration by Janet, and restored to centralization by Erikson, Kohut, Klein, Bowlby, and Winnicott operating within psychoanalytic theory. A crude measure of self regard will be presented in terms of data from two studies showing its predictive value in examining the level of future change after stressor events. A problem in refining measures for use in psychotherapy will be identified at the diagnostic level by comparing committee produced statistical manuals as in DSM versus PDM (Psychodynamic Statistical Manual). Lines of solution to this problem will be discussed in terms of complexity theory about multiple “selves” as it emerges in both CBT and psychodynamic formulation systems.

An integrated paradigm of self and mind

Rebecca Curtis - Adelphi University, Garden City, NY, USA

A new tri-partite theory of the self compatible with the major thinking in both psychology and psychoanalysis is articulated. Like Plato’s charioteer with two horses, it is suggested that we think of the physical, experiencing self as the charioteer, and the actual and ideal selves—two facets of the meaning-making self— as the horses to be kept in balance. The differentiation of the actual from the ideal self is the major theme regarding the self cutting across both psychology and psychoanalysis. The ideal self is influenced to a large extent by the impact of visual stimuli in the media of which people are not fully conscious, creating a visible, social “unconscious” leaving many experiences in the environment not attended to, not only the intrapsychic feelings and desires prominent in Freud’s theory. Three views of the unconscious mind exist in psychology—the “repressed” unconscious of Freudian
psychoanalysis, the "dissociated" unconscious of both interpersonal/relational psychoanalysis and neuroscience, and the "adaptive" unconscious of cognitive psychology. Thinking of all attention and memory as selective in nature renders these distinctions unnecessary. All attention and memory are influenced by desires for survival and survival of the meaning system. Until recently, cognitive psychologists only examined mental processes when participants were not made anxious by threats to the preservation of meaning and sanity itself. Examination of mental processes in light of attention and inattention to threats to both physical and psychological survival makes both normal and defensive processes understandable by the same principles.

Panel
Psychodynamic Moderator
Paula Dagnino - Pontificia Universidad Catolica de Chile, Santiago

Where did the focus go
Discussant: George Silberschatz - University of California, San Francisco, USA

Contemporary therapists have been called to deliver treatments with higher levels of effectiveness and briefness. To fulfill these demand, brief psychodynamic psychotherapy practice has emphasize the importance of establishing a psychodynamic specific focus for the treatment (Satures, 2002). Generally speaking, focalization is considered as an operation that involves reducing, theoretically and technically, problems raised by the patient to make them accessible to treatment. The goal of this panel is to show research from different perspectives on focus. One of these perspectives is the so-called control-mastery theory (Weiss & Sampson, 1986). In this theory the patient’s transference behaviour is defined as an instrument of reality- testing: in the relationship with his psychoanalyst, the patient wants to test whether his unconscious pathogenic beliefs are true. The paper that ascribes to this theory will show how the focus is continually refined and revised according to how the patient tests and coaches the therapist, in one analysis. The second paper ascribes to the Operationalized Psychodynamic Diagnosis (OPD, OPD Task-Force, 2001), that allows to have multiple foci (dysfunctional relational pattern, conflict and weaknesses on structure), the objective of this research is to see the level of presence of each focus on change episodes and the relation with change, in two brief psychodynamic therapies. Both papers will be illustrated with recorded data or transcripts.

The patient leads the way: The control-mastery approach to therapeutic focus
Marshall Bush - University of California San Francisco, USA

This paper will describe how control-mastery theory generates a patient-specific therapeutic focus based on an assessment of the patient’s goals, pathogenic beliefs, life traumas, and childhood history. The patient’s goals for therapy and his/her unconscious strategy for achieving those goals is referred to as the patient’s “plan”. The therapist’s formulation of the patient’s plan is a provisional hypothesis that is continually revised according to how the patient responds to interventions and attempts to “coach” the therapist. The therapist infers what the patient is currently working on from how the patient unconsciously “tests” the therapist, from the patient’s dreams, and from the patient’s responses to interventions. According to control-mastery theory, patients continually try to disconfirm their pathogenic beliefs and master their childhood trauma by creating in therapy a healing relationship that can provide them with needed corrective emotional experiences. This approach can be used effectively in both short and long-term therapy. The initial formulation and subsequent unfolding of a patient’s plan will be illustrated with material from a recorded analysis. Indicators of patient progress will be related to how successfully the therapist is responding to the patient’s tests and to whether the therapist’s interventions are disconfirming the patient’s pathogenic beliefs.

Focus in psychotherapy: Characteristics and trajectories through therapeutic process
Paula Dagnino - Pontificia Universidad Catolica de Chile, Santiago, Guillermo de la Parra, Manfred Cierpka

The “Operationalized Psychodynamic Diagnosis” (OPD) (OPD Task-Force, 2001) arises allowing for an initial dynamic formulation and to focalize in the dysfunctional relational pattern, internal conflicts and structural vulnerabilities. From empirical studies, psychotherapeutic processes seem to have an irregular trajectory, with advances and backward movements. This has been demonstrated especially in studies that use the assimilation model of Stiles (Stiles, et al, 1990). Aim: Determine the level of presence of the different focus in the therapeutic process, and its level of assimilation (HSCS, Rudolph, et al., establishing relations with therapeutic results (measured through the Generic Change Indicators, GCI, Krause et al., 2007) in two psychotherapeutic processes. Method: A descriptive design will be used. Results: The different foci and the way they appear during the process will be shown, although the level of integration of them by the patient showing an irregular pattern but with a progressive increase. Some relationships between characteristics of this dimensions and the hierarchical level of Change Indicators are expected. Discussion: Observing the process results to be a contribution for the training of therapists and the better understanding of how psychotherapies develop.

Exploring the concept of test of the control mastery theory through the Therapeutic Cycle Model
Valentina Gandini - University of Ulm, Germany

This study started with the aim of exploring basic theoretical concepts of the Control Mastery theory by J. Weiss and H. Sampson (1986), through the Therapeutic Cycle Model, developed by E. Mergenthaler (1996, 2008). The main idea was to use transcripts coming from the San Francisco Psychotherapy Research Group and to apply Mergenthaler’s method of research to study if concepts like Testing and Pathogenic Beliefs of the Control Mastery Theory could find an empirical support. The research was meant to observe which phenomena, patterns of the Therapeutic Cycle Model (Relaxing, Experiencing, Reflecting, Connecting), take place in terms of linguistic analysis during moments like: Testing and Pathogenic Beliefs. It has been used a case from a previous study conducted by G. Silberschatz and J. Curtis (Measuring the Therapist’s Impact on the Patient’s Therapeutic Progress, 1993). This case has been analysed by a trained group, in order to furnish objective procedures, which were still lacking in the literature, of analyzing the sessions from the point of view of the Control Mastery Theory, and finding tests in the transcripts. A short manual has been created for following works. The study wanted to explore if Testing and disconfirming Pathogenic Beliefs run in parallel with the patterns of the Therapeutic Cycle Model, leading the therapy to a good outcome, or at least giving access to more knowledge about it.
Operationalized psychodynamic diagnosis (OPD-2): New findings in clinical settings

Discussant: Luis Alvarado - Universidad de Chile, Santiago

The Operationalized Psychodynamic Diagnosis (OPD) is a multi-axial diagnostic system that allows making an indication, formulate the foci, decide the therapeutic strategies and plan the therapy. It is based on five axes: I = experience of illness and prerequisites for treatment, II = interpersonal relationships, III = conflict, IV = structure, and V = mental and psychosomatic disorders. The first version (OPD-1) has been widely investigated. Its reliability has been explored, its clinical usefulness as well as its internal and external validity has been demonstrated. Research using the second improved, more clinically relevant, version (OPD-2), is just in its beginning (Benecke, et al. 2009). Three researchers, in the present panel, will show their work, after an introduction by the coordinator, who will demonstrate the system. Johannes Zimmermann will illustrate the power of Axis II (interpersonal relationships) in being able to discriminate different subtypes of depression using the Q-sort methodology. Christina Hunger will be presenting the relationship of Axis III (conflict) with the religious and spiritual experience. Henning Schauenburg will show his contribution to the assessment of Axis IV by applying a new self-report instrument to measure integration level in the personality structure. Luis Alvarado, who is one of the OPD representatives in Latin America, will comment the papers.

Religious aspects in the light of psychodynamic conflicts
Christina Hunger - Heidelberg University, Germany, Johannes Zimmermann, Rebekka Rost, Tilman Grande, Henning Schauenburg, Manfred Cierpka

Aim: The study aims at investigating the association of OPD diagnosed main conflicts and aspects of religious/spiritual (RS) coping. Originally, psychodynamic theories treated RS as a hindrance for the individuals’ development. The overwhelming was understood as the unique way to become an autonomously interacting personality. This study however will show that RS coping with psychodynamic conflicts also serves the functional aspects of treating interpersonal problems. Methods: In adaptation to the OPD interview tools for axis-III “psychodynamic conflicts”, semi-structured interviews were constructed, addressing a) the patients’ RS biography, and b) their RS experience of psychodynamic conflicts. The interviews were conducted with patients suffering from depression (SKID, BDI, SCL-90). The presentation will consider qualitative data from 10 interviews: 5 patients with a self-value conflict and 5 patients with a desire for care vs. autarchy conflict. Results: Preliminary results will show a) that the dynamics of psychodynamic conflicts are reflected in the patients’ RS experiences, b) that RS coping contributes to the aggravation as well as to the alleviation of psychodynamic conflicts, c) that both tendencies might be existent at the same person, and nearly at the same time. Discussion: It will be discussed which contributions these findings will make a) to rethink some aspects of psychodynamic theories while addressing RS as a possible theme in psychotherapy, b) that while doing so always both sides of the “RS coin” need to be broached, c) that RS coping might emerge as a hindrance as well as resource for the patients’ further development.

The many faces of depression: Exploring the depressive spectrum of maladaptive interpersonal patterns using a Q-sort approach
Johannes Zimmermann - Heidelberg University, Germany, Michael Stasch, Rebekka Rost, Christina Hunger, Henning Schauenburg, Tilman Grande, Manfred Cierpka

Aim: It is widely acknowledged that unipolar depression is a heterogenous disorder. By now, various depressive subtypes have been proposed, based on as different levels as symptom profiles, cognitive vulnerabilities, and personality predispositions. Unfortunately, from a relational point of view, the relevance of these one-person-classifications is rather limited. Thus, the aim of this study is to explore the heterogeneity of unipolar depression at the level of maladaptive interpersonal patterns (OPD Task Force, 2008). Methods: The study is based on a sample of n = 60 depressed inpatients. To meet the complexity of relational dynamics, we integrated data from both patients’ and observers’ perspective by using a common 32-item Q-sort (MIPOS; Zimmermann et al., 2009). More specifically, a) patients provided MIPOS-descriptions of both their own and their significant others’ maladaptive interpersonal tendencies, and b) two independent observers assessed the very same constructs on the basis of videotaped OPD-interviews. Additionally, a broad range of self-report data and clinical ratings were collected. To explore prototypical maladaptive interpersonal patterns, we performed a Q-factor analysis on the joined 128-item-profiles. Results: Scree test and parallel analysis indicated a five factor solution. Accordingly, after varimax rotation, five Q-factors were extracted and interpreted by means of item factor scores. Subsequently, we validated the Q-factors with self-report data and clinical ratings. Discussion: We will discuss our results against the background of previous approaches to subtypes within unipolar depression. Furthermore, we will outline the impact of distinct maladaptive interpersonal patterns on the shape of therapeutic relationships.

Development and validation of the OPD-Structure-Questionnaire (OSQ)

Abstract: The Operationalized Psychodynamic Diagnostics (OPD) system was developed to broaden the descriptive and symptom-oriented ICD-10 classification system to include fundamental psychodynamic dimensions. The OPD-manual is a diagnostic inventory and a handbook designed for training and clinical purposes. In Germany and other countries it meanwhile is widely used in clinical contexts. The instruments demands complex clinical ratings to describe psychiatric disorders and to support treatment planning. Therefore it seemed worthwhile to develop additional self report instruments for certain aspects of the OPD system. In our study we present the first version of a questionnaire, designed to cover aspects of structural abilities and deficiencies in the sense of the OPD (ego-functions). The OSQ comprises 21 scales with 96 items and asks e.g. for aspects of self-reflection, affect differentiation and tolerance, object perception, empathy and communication skills. In this recent study 2 large samples were investigated for reliability and validity. In an inpatient sample (N=200) we compared OSQ scores with diagnoses, symptoms and attachment characteristics. In a non-clinical sample (N=400) we additionally used personality questionnaires. Results show good internal consistencies and clinically meaningful connections to other constructs.
Researching therapeutic talk

Psychotherapy is an oral practice, yet the research process transforms the immediacy of such practice into inscribed form. The papers in this panel are mindful of the transformation occurring in this process. The papers explore linguistic features of therapeutic transactions and their implication in therapeutic change. Central to these papers is the idea that psychotherapy provides a ‘talking cure’ and that dialogue requires two participants. The first paper introduces the development of a new analytic procedure (New Transactional Analysis); the second the application of Conversational Analysis (CA) to intersubjectivity in psychotherapy sessions; the third examines ‘therapeutic cycles’ and provides and reports on measures of therapeutic progress.

The psychology of two is hard to do (in psychotherapy research)
Geoffrey Denham - La Trobe University, Melbourne, Australia
Presented here is a video-based method of analysing two-person psychotherapeutic transactions (Bruner, 1986). In research the minutiae of the psychotherapy process a number of hazards can be identified and negotiated. In this first stage of the development of an analytic procedure NTA (New Transactional Analysis) has been applied to videos of psychotherapy. The paper reports the findings of that research for a heuristic. The key features of psychotherapy informing research practice are: its character as face-to-face dialogue; its character as oral discourse; its poetic and iconographic elements; its capacity for changing the course of a client’s life. In summary, this research assumes that psychotherapy is a special kind of intersubjective communication event amenable to systematic description (Carspecken, 1998) and seeks to retain this understanding in developing a communication analysis of productive therapeutic engagement.

Conversational analysis of psychotherapy
Georgia Lepper - University of Kent, Canterbury, UK
Conversational analysis, the study of everyday conversational interaction, is a much used research method in the social sciences, but less often used in the analysis of the psychotherapy process. Conversational Analysis provides an observational method for the study of intersubjectivity in human interaction, through a detailed examination of such features of conversation as turn-taking, and the strategies used by co-present interlocutors to interpret, conceal, and coordinate motivated action. In this presentation, Conversational Analysis is applied to segments of psychotherapy interaction in order to investigate the turn-taking features of intersubjective alignment and disalignment in the therapeutic process at key moments in the psychotherapy session.

Empirical and theoretical inspired instruments to measure progress in psychotherapy: Do they match
Elisa Yoshida - PUC-Campinas, Brazil, Erhard Mergenthaler
Different criteria have been proposed in the literature to measure progress in psychotherapy. While some are empirically based others are theoretically oriented. Would aspects of progress be identified in the same section of a patient’s narrative when instruments with different “origins” (empirical vs. theoretical) are used? Aim: The aim of this study was to examine aspects of progress of a female patient attended in a brief psychodynamic psychotherapy by comparing two different measures: a computerized linguistic measure vs. a clinical rating psychoanalytic inspired scale. Methods: This study involved an intensive analysis of transcripts of a complete psychotherapeutic process (11 sessions). Instruments: Theoretical Cycles Rating - TCM and the Rutgers Psychotherapy Progress Scale – RPPS. The TCM provides computer-assisted text analysis. When applied to transcripts of psychotherapy the TCM allows the identification of key-moments of the process designed as therapeutic cycles. The RPPS was developed to measure progress shown by patients according to 8 items rated on a 4-point Likert scale. Results: The TCM revealed 17 therapeutic cycles along the 11 sessions. A judge blind for the TCM analysis rated the transcripts according to the RPPS. Results pointed to a coincidence in 8 sessions, between the section of transcript to which modal RPPS ratings were attributed and the occurrence of the TCM therapeutic cycles. Discussion: Results suggest that aspects of progress could be taped by both instruments in the same section of the patient and therapist’s narrative, despite their different origins. Aspects concerning the nature of progress on psychotherapeutic processes are discussed.

Examining emotional arousal or processing in psychotherapy: New methods
Obtaining valid measures of in-session emotional experiences can pose considerable methodological challenges for psychotherapy researchers. Overcoming these challenges makes it possible to describe the mechanisms of change associated with negative and positive emotions aroused and processed during therapy. This panel features new methods to identify patterns of client emotional processing thought to facilitate clinically meaningful developments in therapy. Specifically, the first paper describes a new, easily-administered self-report measure of clients’ emotional engagement with trauma material in emotion-focused therapy, involving either imaginal confrontation or empathic explorations. The three remaining contributions have studied emotional experiences in relation to vocal acoustical profiles. Specifically, one paper examines the feasibility of employing vocal acoustical measures to identify clients’ emotional state of low, medium or high levels of interest. This study contributes to understanding how the emotion of “interest” is perceptually evaluated. The third paper reports a study employing vocal acoustical analysis to examine the arousal and processing of sadness in subjects with unresolved anger. The subjects participated in an analogue-therapy session involving the relational reframe intervention and the empty-chair enactment. The last presentation is an introductory guide to the vocal acoustical analysis of emotions expressed in the context of therapy. This presentation is designed to provide psychotherapy researchers with the basic skills necessary to obtain a digitized vocal signal, extract its associated acoustical parameters and interpret the meaning of vocal acoustical profiles. Results from past research and limitations will be examined.

Validity of a client self-report measure of emotional engagement with trauma material in Emotion-Focused Therapy for Trauma (EFTT)
Sandra Paivio - University of Windsor, ON, Canada, Helen Chagigiorgis
Aim: One of the challenges of process-outcome research is the time-consuming and labour-intensive nature of conducting observer ratings of in-session processes. One of the goals of the EFTT research program, therefore, was to develop an easily-administered client self-report measure of complex emotional processes. This paper will (1) describe the development of such a measure of emotional engagement with trauma material and (2) present initial findings on the utility of this measure when applied to two versions of EFTT, each employing a different re-experiencing procedure. Method: Clients were women and men dealing with childhood emotional, physical, and sexual abuse. Twenty clients completed EFTT with imaginal confrontation (IC) of perpetrators and
26 clients completed EFTT with empathic exploration (EE) of trauma issues exclusively in interaction with the therapist. The Post Session Questionnaire is a multi-dimensional measure administered to clients following therapy sessions. Parallel versions of the PSQ were developed for the therapist and for each treatment condition. As well, observer-ratings of engagement and alliance quality at session four, in each condition, were assessed. Outcome in each condition was assessed using seven self-report questionnaires.

Results: Comparable and moderate levels of engagement were evidenced during IC and EE treatment conditions and support convergence of client reported engagement with other therapy processes. Results also support the differential contributions of client reported engagement to different dimensions of change in the two treatment conditions. Discussion: Results support the utility of an easily administered client self-report measure of emotional engagement with trauma material. Results also support emotional processing as one posited mechanisms of change in EFTT and suggest different functions of emotional processing in EFTT using different re-experiencing procedures.

Toward understanding interest through vocal acoustic analysis
Clare Foa · McGill University, Montreal, Canada, Marilyn Fitzpatrick, and Kanwar A. Singh Saini

Aim: The role of positive emotion within the therapeutic context, while important to client outcome, has thus far proved difficult to reliably quantify. The current study employed vocal acoustic analyses to examine changes in participants’ vocal quality across the spectrum of the emotion of “interest”, with the aim of developing a reliable measure of moment-to-moment in session emotion.

External ratings of the intensity of participants’ interest were also provided by trainee therapists, to explore the sensitivity of clinical perceptions of the emotion of interest. Method: Forty participants (20 males) took part in a “values clarification interview” designed to elicit interest. Participants then viewed a DVD recording of their interview and rated their level of in-session interest as it fluctuated over the course of the interview. Acoustic analyses were performed on coded segments of each participants’ lowest-, medium-, and highest-levels of interest. Next, the semantic information of these coded segments was masked so as to minimize the confound of speech content, and then rated by trainee therapists for the level of participants’ interest. Results: Acoustic parameters were compared within subjects across the spectrum of interest intensity (low, medium, and high) to reveal a relatively consistent vocal profile. Trainee therapist ratings were compared to participants’ ratings across the three levels of interest to reveal relatively consistent discrepancies. Discussion: The findings of this study illuminate the utility of vocal acoustic analysis as a methodology within psychotherapeutic process research, as well as enhance understanding of our perceptions of the vocal expression of emotion.

Eliciting and expressing primary sadness in the context of unresolved anger: “Speaking about” versus “speaking to”
Gary Diamond · Ben-Gurion University, Beer Sheva, Israel, Daniel Rochman and Ofer Amir

Aim: The arousal and processing of vulnerable emotions is a core change mechanism across a wide range of psychotherapies and clinical populations. On the basis of vocal acoustical analysis, this study examined the utility of two emotion-focused interventions, the relational reframe and the empty chair enactment, in terms of arousing primary vulnerable emotions. Method: Twenty-nine females reporting unresolved anger underwent a single, analogue emotion-focused therapy session comprised of empathy, relational reframe and empty-chair interventions. Sadness arousal was measured using voice dynamics, voice quality and speech fluency and rate measures. Results: Relative to non-emotional speech, the relational reframe and the empty-chair interventions similarly impacted upon participants’ voice quality and speech fluency parameters. Voice dynamics and speech rate increased from non-emotional speech only during the empty-chair enactment. Discussion: both relational reframe and empty-chair interventions led to increased arousal of sadness relative to non-emotional speech. Empty-chair interventions also led to increases in anxiety, presumably due to the fear of being rejected by the significant other (i.e., attachment figure). Treatment implications are discussed.

Integrating vocal acoustical analysis into psychotherapy research
Daniel Rochman · University of Alberta, Edmonton, Canada

Aim: Vocal acoustical analysis has emerged as a valid and reliable measurement procedure to examine the arousal/processing/regulation of in-session emotional experiences objectively and non-invasively. This presentation is designed to introduce psychotherapy researchers to the method of recording voice and extracting vocal acoustical profiles. Method: Basic notions regarding the production of voice will be reviewed, and the meaning of specific vocal acoustical measures will be explained. Topics concerning the technique of digitizing a voice signal, segmentation into units of analysis, and the interpretation of vocal acoustical profiles will be examined. Parameters include fundamental frequency range, amplitude range, their associated perturbation measures, and speech velocity and fluency measures. Results: Prior research on voice production and acoustical profiles will be presented, including studies of emotions commonly expressed during therapy (i.e., anger, sadness, anxiety). Discussion: Vocal acoustical measures can help advance the study of emotional processing during psychotherapy. For example, vocal acoustical analysis can be employed to perform a moment-by-moment analysis of in-session emotional experiences. The full potential associated with this method remains under-explored and some limitations/challenges need to be addressed.

Panel
Alliance
Moderator
Irene Elkis · University of Chicago, Chicago, IL, USA

Therapist behaviors in the first two sessions of therapy as predictors of the therapeutic alliance
Discussant: Paul Crits-Christoph · University of Pennsylvania, Philadelphia, PA, USA

There is now a voluminous literature supporting the relationship of the therapeutic alliance/therapeutic relationship to the outcome of psychotherapy. Yet surprisingly little work has been done to study therapist behaviors in the first two sessions of treatment that may facilitate (or impede) the development of the relationship. This panel will include three papers in which the authors have addressed the question of the relationship between specific therapist behaviors, as rated by external observers, in the first or first and second sessions of therapy, and the therapeutic alliance. The first paper, by Irene Elkis, Lydia Falconner, and Benjamin McKay will report on the relationship between “therapist responsiveness” scores in the first two sessions and both the patient’s perception of the relationship at the end of the second session and observers’ ratings of the therapeutic alliance in the third session of therapy with depressed adults. The second paper, by Robert Russell, will report on the relationship between four clusters of “alliance-building strategies” in the first session of therapy and therapists’ and patients’ ratings of the alliance at the end of the third session in treatment of depressed adolescents. The third paper by Stephen Shirk and Nathaniel Jungbluth will address therapist responses to initial resistance and its impact on alliance in cognitive-behavioral therapy for adolescent depression. Specifically, variations in therapist supportiveness, structuring, and adherence will be evaluated as moderators of the association between first session resistance and third session alliance.
Therapist responsiveness as a predictor of the early therapeutic relationship

Irene Elkin - University of Chicago, IL, USA, Lydia Falconnier, Benjamin McCay

Aim: This paper will, first, report on the development of a measure of therapist responsiveness in the first two sessions of therapy. This will be followed by the presentation of a study investigating the relationship between first and second session responsiveness scores and two measures of the therapeutic relationship/alliance. Method: The responsiveness measure was developed over a number of years. The process of its development and its psychometric characteristics will be described. The ratings of responsiveness in the current study are based on videotapes of the first two sessions of therapy for 72 patients in the Cognitive Therapy and Interpersonal Psychotherapy treatments in the NIMH Treatment of Depression Collaborative Research Program (TDCRP). Results: Results will be presented for several factors on the responsiveness scale, including an a priori “positive responsiveness” score and three factor scores labeled “therapist attentiveness,” “early empathic responding,” and “negative therapist behaviors.” Results will also be presented for a global factor labeled “positive therapeutic atmosphere.” These scores will all be related to the patient’s perception of the relationship as measured by the Barrett-Lennard Relationship Inventory after the second session of therapy and outside observers’ ratings in the third session on a modified version of the Vanderbilt Therapeutic Alliance Scale. Discussion: The implications of the findings for further research, and possibly for training of therapists, will be discussed.

Styles of (in)fidelity in first session therapeutic relationships

Robert Russell - Pacific Graduate School of Psychology, Palo Alto, CA, USA

Aim: Strict adherence to manualized therapeutic protocols may suppress important therapist individual differences in charismatic styles of engagement and preferred strategies for building the therapeutic relationship. This may be particularly detrimental when attempting to treat adolescents, many of whom shirk rigid authority and technocratic interactions for a sense of freedom and spontaneity. But when do styles of adherence devolve into rank infidelity to treatment protocols? In this study, growth curves describing therapist attempts to build therapeutic relationships with depressed adolescents are compared over the first few sessions of a manualized CBT treatment. Method: Therapists high on both fidelity and the clients’ rating of the therapeutic relationship will be compared to therapists low on both fidelity and the clients rating of the therapeutic session. Results: Preliminary results indicate that therapists may adopt a wide range of interactional styles and remain both adherent to treatment protocols and effective in building a therapeutic alliance. However, distinct patterns of interaction can be identified when therapists neither adhere to protocols and have difficulty establishing an alliance. Discussion: Results are discussed in terms of the role of charisma and fidelity in treatment regimens.

Therapist response to initial resistance: Impact on adolescent alliance

Stephen Shirk - University of Denver, CO, USA, Nathaniel Jungbluth

Aim: This paper will examine variations in first-session therapist response to adolescent initial resistance to cognitive-behavioral therapy for depression and its impact on early alliance. Three dimensions of therapist behavior will be evaluated, levels of supportiveness, structuring, and adherence to the treatment protocol. Method: Audio tapes from 50 adolescents diagnosed with a depressive disorder and treated with cognitive-behavioral therapy were coded for initial resistance and therapist engagement strategies in session one. Therapist adherence to the treatment protocol was coded as well. Alliance scores were obtained from both therapist and adolescent perspectives with the Therapeutic Alliance Scale for Adolescents at session 3. Results: Associations between initial resistance and subsequent therapist response and alliance will be examined. Level of therapist supportiveness and structuring will be examined as a moderator of the association between early resistance and later alliance. The impact of initial resistance on therapist adherence also will be examined. The impact of therapist adherence on alliance will be evaluated in the context of therapist supportiveness and structuring. Discussion: Our prior research has identified a set of specific therapist behaviors related to early involvement in therapy. The results of this study will complement these findings by reporting on the impact of general therapist responses to initial resistance in relation to early alliance. The relative contribution of support and structure to alliance will be highlighted. Keywords: Therapist behaviors, alliance, adolescence, process

Advances in observer-based methods for identifying and examining alliance ruptures and resolutions and their relationship to process and outcome

Discussant: Adam Horvath - Simon Fraser University, Burnaby, Canada, Joana Coutinho

The quality of the therapeutic alliance has been recognized as an important predictor of psychotherapy outcome. The process of resolving ruptures in the alliance may also play an important role in successful treatment process and outcome. Research that examines both therapist and client experiences of and contributions to rupture and resolution events can further our understanding of how the alliance might function as a mechanism of change. This panel will present three papers that aim to clarify the role of both rupture and resolution events in the context of the alliance, and how both patient and therapist experiences of and contributions to these events can affect therapeutic outcome and process. The first paper will present the revised version of an observer-based measure developed to measure withdrawal and confrontation rupture markers and therapist resolution strategies. The second paper will present a new observer-based alliance measure developed to demarcate rupture and resolution events within an individual session through a rating of five-minute segments. The third paper will present a qualitative examination of data on patient and therapist experiences of both rupture and resolution events.

Version II of the 3RS, a new observer-based system for rating confrontation and withdrawal rupture markers and rupture resolution strategies

Allison Mitchell - New School for Social Research, New York, USA, Catherine Eubanks-Carter, J. Christopher Muran, Jeremy D. Safran

Aim: Previous studies of rupture resolution processes have applied fine-grained third-party coding strategies that precluded the assessment of large samples. This paper will describe the revised version of the Rupture Resolution Ratings System (3RS), which requires less training, no transcription, and less time to code. Method: The 3RS is comprised of two sections: one concerning withdrawal and confrontation rupture markers; the other concerning patient and therapist resolution processes. Results: This paper will present data regarding 9 cases of manualized CBT, including rater reliability and a comparison of 3RS ratings with post-session self-report measures of ruptures. Additional analyses will include an examination of differences between confrontation and withdrawal ruptures in early sessions of CBT. Discussion: Implications for future research on alliance ruptures will be discussed.
Development of the Segmented Working Alliance Inventory-Observer Form (SWAI-O)

Elizabeth Berk - New School for Social Research, New York, USA, Jeremy D. Safran, J. Christopher Muran

Aim: The quality of the therapeutic alliance has been shown to be a strong predictor of therapeutic outcome across a wide range of modalities (Alexander & Luborsky, 1986; Horvath, Gaston, & Luborsky, 1993; Horvath & Greenberg, 1994). Research has shown that when therapists can work through negative therapeutic process and repair ruptures in the alliance this can result in better outcome (Bordin, 1994; Horvath, 1995; Henry & Strupp, 1994). This paper will describe the development and psychometric properties of the Segmented Working Alliance Inventory-Observer Form (SWAI-O), which is an observer-based coding system that demarcates rupture and resolution events within therapy sessions by rating the quality of the alliance within five-minute segments. The S-WAI-O is based on the fourth revision of the Working Alliance Inventory-Observer Form (WAI-O) (Darchuk, Wang, Weibel, Fende, Anderson & Horvath, 2000). Method: This paper will present data from 9 cases of manualized CBT, including inter-rater reliability. Results: Analysis of the emerging patterns of alliance ratings across these five-minute intervals within the session will be conducted. S-WAI-O alliance ratings will be compared to global self-report alliance ratings of the entire session, to outcome data, and to Rupture Resolution Rating System (RRS) ratings of the same cases. Discussion: The utility of the SWAI-O for enhancing our understanding of alliance ruptures and resolution events will be discussed.

Client and therapist’s experience of alliance ruptures
Joana Coutinho - University of Minho, Braga, Portugal, Jeremy D. Safran

Aim: The process of going through moments of ruptures in the therapeutic alliance, and resolving them in an efficient way, may play an important role in successful treatment, especially for clients with rigid interpersonal functioning such as personality disordered clients. We will present a paper focused on the client’s and the therapist’s experience of alliance rupture episodes. Method: 8 therapists and 8 clients with personality disorders participated in this study. Rupture episodes were identified using the Rupture Resolution Rating System (Eubanks-Carter, Safran & Muran, 2009). All the sessions of each case were videotaped and rated with the system. Approximately one week after the session both client and therapist were separately interviewed with an adapted version of the Brief Structured Recall (Elliott, 1993). The client’s interview included questions such as: “How did this event affect you? What were you thinking during this episode?” The therapist’s version included questions such as: “What personal features you might have influenced the way this episode evolved? What impact you think this episode might have had in your client?” The 16 interviews were analyzed by 5 judges using the Consensual Qualitative Research method (Hill et al., 2005). Results: We will present the results of the qualitative analysis. Discussion: Clinical implications for psychotherapeutic practice and training will be discussed.

Panel
Psychodynamic
Moderator
Fredrik Falkenström - Linköping University, Sweden

Reflective functioning in depression
Discussant: Marie Rudden - Weil-Cornell School of Medicine, New York, USA

The concept of mentalization has become increasingly important in psychodynamic psychotherapy, mainly due to the extensive research by Fonagy, Target and colleagues (Fonagy et al., 2002). Their operationalization of mentalization, reflective functioning (RF), is used to measure the individual’s capacity to make human behaviour meaningful in terms of mental states (Fonagy et al., 1998). RF has its origins in developmental research, but its potential for psychotherapy research is being increasingly recognized (Levy et al., 2006; Rudden et al., 2006; Steele, Steele & Murphy, 2009). The panel consists of three presentations of studies on Reflective Functioning in patients experiencing depression. The first presentation is from a longitudinal study on treatment of chronic depression with long-term psychoanalytic psychotherapy. RF rated from the Adult Attachment Interview is here used as a measure of structural change in these long-term treatments. Structural change during psychotherapy and relationships between symptom measures and measures of psychic structure are presented. The second presentation discusses a new application of the RF scale used specifically to measure the patients’ capacity to make sense of depression symptoms. Preliminary reliability and validity results will be presented, as well as plans for the future use of the measure in a randomized controlled trial comparing Interpersonal Psychotherapy and Brief Relational Therapy. The third presentation will describe plans for rating RF from psychotherapy transcripts from the same trial, and relating these to improvement in depression symptoms. The hypothesis tested is that fostering mentalizing in therapeutic interaction leads to symptom reduction in depressed patients.

Structural and symptomatic changes after 20 months of psychoanalytic therapy of chronically depressed patients
Svenja Taubner - University of Kassel, Germany, Henrik Kessler, Anna Buchheim, Anna Stumpe and Lenka Ellsasser

Aim: Long-term changes after psychotherapies are expected when the so-called psychic structure of a patient has changed. However, the relationship between structural and symptomatic changes is yet unknown. This study aims to investigate the relationship between structural and symptomatic changes after psychoanalytic therapies with multimodal methods. Methods: 1) Structural change was measured before and after 20 months of therapy by the Adult Attachment Interview (AAI) coded for attachment representation and reflective functioning (RF). Operationalized Psychodynamic Diagnosis (OPD-2), Scales of Psychological Capacities (SPC) and the Sheddler-Westen Assessment Procedure (SWAP-200). 2) Symptomatic changes are measured before therapy and after 7, 15 and 20 months by psychometric scales: BDI, DEQ, SCL-90. 3) Diagnosis were obtained by the Structured Clinical Interview (SCID-I). Results: 20 patients with chronic depression starting psychoanalytic psychotherapy were recruited. Drop-out rates are low (1 Patient). Before therapy structural measures correlate significantly: SPC with OPD (.44), Psychological Health scale in SWAP (.51), RF (.44). Some structural measures correlate with symptomatic measures: SPC with GSI (.44) and BDI (.71), OPD-2 with BDI (.40). introjectivity from DEQ correlates with SPC (.79), OPD-2 (.43) and RF (.55). Patients reach non-clinical values in BDI and SCL-90 after 15 months of therapy. Structural measurements after therapy will be completed in February 2010. First Conclusions: Statistical analysis from T1 leads to the assumption that there is at least partial overlap between symptomatic and structural assessments in chronically depressed patients. Especially the DEQ subscale introjectivity seems sensitive for structural differences.

Depression specific reflective functioning
Fredrik Falkenström - Linköping University, Sweden, Jeanette Jones Alsarraf, Yvonne Nilsson & Rolf Holmquist

Aim: The Reflective Functioning Scale applied to Adult Attachment Interviews measures the general capacity for mentalization in the context of attachment relationships. As a psychotherapy outcome measure this has been applied to patients having general deficits in mentalization in attachment contexts, such as borderline personality disorder patients (e.g. Levy et al., 2006). Patients who do not have general deficits of mentalization may still have deficits of mentalization in specific contexts. A brief measure of mentalization in the context of depressive symptoms has thus been developed, adapted from the Rudden et al. (2006) Panic Specific Reflective
Functioning measure. The Depression Specific Reflective Functioning measure is presented together with preliminary findings on its reliability and validity, as well as plans for future research using the measure. Method: 20 patients experiencing a current DSM-IV Major Depressive Episode were interviewed with the DSRF interview and the SCID-I Major Depressive Episode module. They also filled out the Depressive Experiences Questionnaire, Experiences in Close Relationships and Montgomery Åsberg Depression Rating Scale. Results: DSRF could be reliably (ICC = .83) coded. Regression analyses indicate that DSRF together with the DEQ subcales explain a large part of the variance in observer rated (but not self-rated) depression. Discussion: Although these results must be treated with caution, they are suggestive and indicate that the DSRF measure is a promising measure of mentalization in the context of depression. Plans for future research on DSRF in the context of an RCT comparing Interpersonal Psychotherapy and Brief Relational Therapy will be presented.

Reflective functioning in the psychotherapy process and its relation to symptom reduction in depressed patients

Clara Möller - Linköping University, Sweden

Aim: The manual for coding reflective functioning (RF) is usually applied on the Adult Attachment Interview, but it has also been applied on recorded therapy sessions in order to measure the patient’s ability to mentalize, and whether RF in session is related to outcome (Bernbach, 2001; Josephs et al., 2003; Karlsson & Kernott, 2006). However, since the patient’s RF as expressed in therapy inevitably depends upon the topic of conversation, the results have been puzzling. The current study will further investigate, firstly, whether mentalizing in therapeutic interaction is related to therapy outcome, and, secondly, how the potential effectiveness of mentalizing relates to the patient’s emotional engagement. Method: Data derive from a randomized controlled trial that compares Interpersonal Psychotherapy and Brief Relational Therapy for depression. Sessions will be selected from the first, middle and the last part of each respective therapy. Within the session, passages will rated both for RF and with the Experiencing Scales (EXP), which is a measure of the patient’s emotional engagement in the therapeutic interaction. EXP has been widely used in research on psychotherapy process and has been found to be related to therapy outcome (Safran & Muran, 1996; Pascual-Leone, 2005). Both EXP and RF will be correlated with the patient’s self-rated level of depression symptoms. Analyses will be conducted to determine whether the patient is particularly favoured by mentalizing when emotionally engaged. Results and discussion: Preliminary results will be presented and discussed, as well as methodological issues regarding how to code the therapeutic process for RF.

Innovations in self-disclosure research

Discussant: Hadas Wiseman - University of Haifa, Israel

The three papers in this panel use disparate methodologies and a diverse pool of participants to explore new aspects of self-disclosure. The first paper ("Testing the Efficacy of a Self-help Technique" by Scolio et al.) describes a unique means of fostering self-exploration in psychotherapy, one that directs patients to repeatedly describe a thought or feeling out loud. The authors will compare the efficacy of this new procedure (Empathic Self-Awareness) with an alternative directive to a control group to think about their problems in anyway they see fit. The second paper ("Changing Patterns of Self-Disclosure among Soviet Immigrants to the United States" by Manevich and Farber) explores the influence of culture on interpersonal disclosure. The authors will describe their research on how disclosure patterns have changed for Russian emigrants to this country, with a focus on how these results underscore the need for therapists to consider how clients’ culture (including the circumstances underlying immigration), life experiences, and family history affect their communication patterns, including their willingness to disclose in therapy. The final paper in this panel ("How do Patients Remember their Actual and Fantasized Therapeutic Dialogues?" by Farber, Geller, and Freedman) introduces a new methodology to assess multiple perspectives on what patients and therapists inferred from their own actual and fantasized dialogues with their therapists. Results, based on a semi-structured interview with 20 former patients, indicate that patients leave therapy with a legacy of remembrances of important things that were said and not remembered, and that variations in these patterns are linked to perceived outcome. Taken together, these papers move the field of self-disclosure research in innovative directions.

Testing the efficacy of a self-help technique that combines descriptions and reflections of problem-specific feelings and thoughts

Jay Scolio - Miami University, Oxford, Ohio, USA, William B. Stiles, David Feldman

Psychotherapy clients who wish to continue their growth between therapy sessions, as well as before therapy has started or after therapy has ended, could benefit from empirically supported self-help techniques. Some of these interventions allow individuals to both explore their problems and gain insight into them while the emotion and meaning surrounding them remain alive. A newly developed technique of this sort, called Empathic Self-Awareness (ESA), asks individuals, sitting alone in a room, to describe a thought or feeling out loud in the first person and to reflect those words back to themselves in the second person. This process is repeated throughout a specified period of time, with participants describing and reflecting each thought or feeling that arises. An earlier study involving Counseling Psychology graduate students showed the ESA technique to be efficacious. Following up on that study, this larger one randomly assigns 100 undergraduate students either to an experimental group instructed to perform the ESA technique or to a control group instructed to think about their problem in any way they see fit, thus increasing their exposure to the problem. Changes to the measures are designed to yield greater confidence in the accuracy of this study’s outcome. Ecological validity is enhanced by studying undergraduate students instead of Counseling Psychology graduate students. We will report on the relative efficacy of ESA, comparing the reduction of distress as well as the levels of self-discovery and cognitive shift caused by practicing each of the two techniques.

Changing patterns of self-disclosure among Soviet immigrants to the United States

Inessa Manevich - TC, Columbia University, New York, USA, Barry Farber

The primary aim of this study was to examine changes in the nature of Russian immigrants’ self-disclosure patterns after having emigrated to the United States. Specifically, this study examined how and whether the targets and topics of disclosure changed for these immigrants as they moved from a closed and repressive society to a more open and democratic one. Data were collected by two methods: a) questionnaires placed on the internet and b) follow-up interviews conducted in-person or over the phone. The online questionnaire consisted of a series of demographic questions, an acculturation measure, the Soviet Immigrant Disclosure Inventory (SIDI), and a scale measuring life satisfaction. A total of 118 participants completed the on-line questionnaire; 21 of these participants agreed to a follow-up interview. Findings suggest significant changes in the nature and extent of self-disclosure by Russian immigrants of certain topics (e.g., political discourse) to both in-group and out-group targets. Findings also support hypotheses relating to the effects of acculturation on self-disclosure. The results of this study suggest that it may be important to
examine the extent to which feelings of hypervigilance and fear associated with the exercise of free speech in non-democratic countries can be ameliorated, even in the context of such a secure setting as psychotherapy. More generally, the results of this study indicate that psychotherapists need to understand how clients’ culture (including the circumstances underlying immigration), life experiences, and family history have influenced their communication patterns, including their willingness to disclose in therapy.

How do patients remember their actual and fantasized therapeutic dialogues
Barry Farber - TC, Columbia University, New York, USA, Jesse Geller, Norbert Freedman

This paper introduces a new interview-based method (The Schedule of Therapy Remembered; Freedman et al., 2008) of studying therapeutic dialogues. It is premised on the assumption that patients are capable of remembering conversations they have had with their therapists, conversations they stopped themselves from having, conversations they wished they had had, and conversations they imagined could have taken place with their therapist. Specific questions posed include the following: 1) Are former patients remembrances of what they stopped themselves from saying to their therapists connected to their judgments about the outcome of their therapy, and/or their ability to use representations of the therapeutic dialog as an adaptive resource following termination? 2) What do patients remember of what they wished their therapist had self-disclosed? 3) What proportion of patient memories about their experiences in therapy revolve around self-disclosure? 4) What do patients’ recalled and “inhibited” memories reveal about the themes or structures that organizes remembrances about the role of self-disclosure in therapy? Preliminary results (N = 20) indicate that patients leave therapy with a legacy of remembrances of the important things that were said and not said, that there is significant variation in the relative weight that patients assign to these categories, and that these variations are linked to perceived outcome in psychotherapy. Two patient protocols will be used to illustrate these findings.

Panel
Practice
James Fauth - Antioch University New England, Keene, USA

Moderator

Beyond randomized clinical trials: Alternative methodologies for enhancing knowledge, developing theory, and improving practice
Discussant: Mikael Leiman - University of Joensuu, Finland

While the randomized clinical trial (RCT) is useful for establishing the potential of promising treatments under relatively ideal conditions (Essock, Drake, Frank, & McGuire, 2003; Schwartz, Trask, Shannughum, & Townsend, 2004), it is ill-equipped to answer many important practice-based questions; as a result, the conduct and dissemination of RCTs has done little to shift clinical knowledge, theory, and practice over the years (Beutler, 2009). This panel challenges the over reliance on RCTs and presents alternative research methodologies better suited to answering the kinds of questions most likely to enhance practice-based knowledge, build clinically relevant theory, and improve clinical practice. Each paper describes one such alternative research paradigm and provides an example of its use. The first paper demonstrates the advantages of a broadened conception of psychotherapy research to build clinically relevant knowledge. The second paper establishes the logic of building and testing theory using a systematic series of case study. Finally, the third paper describes how practice-based participatory research could lead to improved clinical practice in the context of integrated primary care.

Methodological diversity in building knowledge of treatment effects
Larry Beutler - Palo Alto University, USA

Aim: The objective of this paper is to identify weaknesses in current methodologies for studying psychotherapy and to identify some ways of expanding and enhancing the efficacy and value of contemporary research in this area. Methods: The studies comprising two meta-analyses that have focused on complex interactions among treatment and participant factors will be used to illustrate both the limitations of focusing on intervention factors within conventional RCT designs and the corresponding advantages of adopting a research definition of psychotherapy that places interactions among participant, interventions, and relationship factors on equal par with therapy models. Results and discussion: The research suggests several conclusions: 1) that a broad, inclusive definition of psychotherapy produces more powerful results than a narrow definition, 2) these results are more consistent with clinical experience of psychotherapy than are the results of conventional RCT explorations, and 3) if conventional research applications of RCT designs meet certain criteria, their methodological application to complex interactions of patient, therapist, therapy, and intervention can be as methodologically sound as when any of these domains of variables are studied alone.

Examining and building theory through team-based case study research
Hugo Schielke - Miami University, Oxford OH, USA, William Stiles

Aim: Case studies afford researchers with the opportunity to examine multiple theoretical understandings within the same project; they also offer the possibility of building theory based on observations. Perhaps out of concerns around intersubjective verifiability, however, case study methodology is frequently overlooked. This paper will offer a rationale and method for team-based theory-building case study research, and will provide an example of a procedure from a study that made use of this framework. Methods: The procedure described in the example study represents an iterative, team-based approach to theory-building case study research employed in relation to the study of three couple therapies. Seven co-investigators (four female, all of differing primary clinical orientations) independently reviewed case data, made note of theory-relevant case observations, and rated the degree to which theoretical statements were consistent with case observations. The principle investigator then revised the theory based on co-investigator feedback and submitted the revised theoretical statements for review in relation to the next round of case data. Results: Each of the theoretical statements in the final model met the independent unanimous approval of each of the seven co-investigators, resulting in support, revision, and elaboration of a dialogical model of therapeutic change. Discussion: Strengths and challenges associated with the use of this method will be discussed.

Participatory practice based research for improving clinical practice from the ground up: The integrated care evaluation project
James Fauth - Antioch University New England, Keene, USA, George Tremblay, Amy Blanchard

Aim: RCTs have shown that systematically integrating behavioral health services within primary care settings can result in improved clinical outcomes, but these benefits have yet to be demonstrated absent the (temporary) infusion of financial support and researcher control that characterize RCTs. This project reduces this knowledge gap by exploring the allocation, effectiveness, and cost implications of integrated care under naturalistic conditions; the extent to which the aforementioned are moderated by the severity, chronicity, and/or functional impairment associated with patients’ emotional distress; and the power of driving practice-based data into stakeholder-driven quality improvement initiatives. Method: A practice based participatory research strategy has been used to 1)
engage key stakeholders; 2) describe the integrated care models; 3) identify high priority research questions; 4) conceptualize four project phases (planning, pilot, baseline, quality improvement); and 5) implement the first two phases. Currently, each clinic is tracking the emotional distress, medical care (including psychotherapy), and other relevant medical indicators of a “high utilizing” patient population over time. Emotional distress is being measured with a 17-item self-report derived from the Patient Health Questionnaire; other data are derived from existing medical databases. Results: Results from approximately 400 - 600 primary care patients will be provide an initial description of the allocation and effectiveness of integrated care as sustained in naturalistic settings. Discussion: Results will be discussed in light of the preexisting RCT evidence on integrated care, as well as in terms of the costs and benefits of conducting more participatory forms of practice-based research.

Panel

Change

Moderator

Olga Fernández - Universidad Santo Tomás, Talca, Chile

Psycology with adolescents: Change processes and outcome

Discussant: Robert Russell - Pacific Graduate School of Psychology, Palo Alto, CA, USA

During adolescence, there appear several behaviors that risk development, especially with regard to mental or emotional health. In adolescence, there may be an intensification of various forms of emotional and behavioral disorders (Steinberg, 2002), along with opportunities to repair and reformulate maladaptive behaviors acquired in earlier stages. There is evidence which indicates that permanence in psychotherapy lowers the intensity of symptoms and allows adolescents to resume their normal course of development (Kazdin, 2004). However, psychotherapy research in adolescents has been less studied than psychotherapy adult, despite very much adolescents and their family counsel for to improve them problems. The goal of this panel is to present 3 different forms to study of psychotherapy with teenager. Dana Aztli explores symptomatic changes across time, in teenagers with or without treatment and she examines the relationship between these changes and changes in interpersonal patterns, in the psychodynamic therapy long time. In the second presentation, Gunnar Bohman, shows at evaluating a 4-session psychodynamic counselling in an out-patient clinic for young people (16 to 20 years) with problems relating to anxiety and depression, and he examines the outcome immediately after treatment and to 6 months after the treatment. Finally, Olga Fernández presents a qualitative research than it analyzes adolescent’s representations (affective and cognitive) of the therapeutic relationship, the change and the aspects that facilitate or hinder its development, during the therapy process, from the perspective of the teenage patient.

Processes of change among adolescents in psychodynamic psychotherapy

Dana Aztli-Shonin - Hebrew University, Jerusalem, Israel, Orya Tishby, Gaby Shelly

Aims: 1. Identifying conflictual interpersonal patterns among adolescents regarding their parents and therapist, and determining whether and how these patterns change over the course of a year long psychodynamic therapy. 2. Examining whether these changes differ from changes that occur naturally without treatment. 3. Exploring symptomatic changes across time, with or without treatment and examining the relationship between these changes and changes in interpersonal patterns. Method: 73 adolescents (ages 15 – 18), 30 in psychodynamic psychotherapy and 43 with a similar profile who are not in treatment, were analyzed. Both groups underwent Relationship Ambidrome Paradigm (RAP) interviews according to the Core Conflictual Relationship Theme method (CCRT) and completed the Youth-Outcome Questionnaire (Y-OQ), and Target Complaints Scale (TCS) at the beginning of treatment (or beginning of the school year for the community group) and a year later. Results: 1. The treatment group improved significantly from time 1 to time 2 in both outcome measures (Y-OQ and TCS). The changes were significantly higher than those detected in the community group. 2. The degree of flexibility in the Wish and Response of Self components of the CCRT increased significantly within the treatment group during one year of treatment whereas in the community group the degree of flexibility did not change. 3. Differences in themes of the relationship patterns with the parents and the therapist between the groups and between the time points were observed. Discussion: Changes in the outcome measures from time 1 to time 2 in the treatment group demonstrate the effectiveness of psychodynamic psychotherapy for adolescents. A detailed example of these changes will be presented, using some interview materials.

The therapeutic relationship from the perspective of the teenage patient

Olga Fernández - Universidad Santo Tomás, Talca, Chile, Pablo Herrera, Josechina Escobar

Aim: The general objective of this study was to describe the therapeutic relationship from the perspective of teenagers who were in psychotherapy. Specifically, the way teenagers are represented cognitively and affectively their therapeutic relationship; to determine the aspects that facilitate or hinder its development, and to reconstruct the evolution of that representation during the therapy process. Method: The design of this research was descriptive, qualitative and cross-sectional. The method for recollecting information was a semi-structured in depth interview. The sample is purposeful, with 8 teenagers of both sexes, aged between 14 and 17, who were in a process of psychotherapy at the moment of the interview. The analysis of the information gathered is according to the Grounded Theory (Glasser and Strauss, 1967). Results: The results of this study show how the teenagers represent affectively and cognitively the therapeutic relationship, identifying facilitating and hindering factors, and illustrating the evolution of this relationship. Furthermore, this study gives a representation of the teenager’s psychological problems and how the teenagers conceptualize the psychological changes, the difficulties discovered during the psychotherapeutic process as well as the way of working. Discussion: Implications of the findings are discussed regarding critical implications, adherence to treatment and outcome.

A naturalistic study of psychodynamic counselling for young people

Gunnar Boelman - University Hospital, Uppsala, Sweden, Catharina Rommel, Margareta Wästerström

During the last decades Psychodynamic counselling has become a frequently used treatment in many countries. However, until recently few empirical studies have been performed in this area. Aim: This study aimed at evaluating a 4-session psychodynamic counselling in an out-patient clinic for young people (16 to 20 years) with problems relating to anxiety and depression. The study was naturalistic and longitudinal. Methods: The treatment group consisted of twenty-nine adolescent patients, twenty young women and nine young men. KASAM and SCL 90 ratings were collected before the first session and after treatment. A follow- up was performed using the same rating scales after six month. A continued - follow up study three years after treatment is currently being initiated. Results: Our results showed promising significant differences between ratings before and after treatment. KASAM ratings showed an overall positive trend. The results of SCL-90 indicated significance differences in variables measuring weight of the problem (PSDI, GSI och PST) and anxiety. The results were confirmed in follow-up ratings being performed 6 months after the treatment. Discussion: Psychodynamic counselling for young people with anxiety and depression symptoms will be discussed in view of these results. Advantages of psychodynamic counselling as a preventive and cost- effective method will be discussed. Future research endeavours will be suggested.

35
A new source of evidentiary gold: The use of case study qualitative data in mixed-method research as rigorousevidence in therapy

Discussant: Ladislav Timulak - Trinity College Dublin, USA

Quantitative (QUAN) data are attractive to therapy researchers because of their capacity to have stable meanings across time; to achieve quality control via established psychometric procedures; and to simplify large amounts of differences among the multiple, individual case studies included in group research designs. On the other hand, it is just this simplification that is a crucial limitation on the value of QUAN data. Narrative, qualitative (QUAL) data have the opposite strengths and limitations of QUAN data. QUAL data are able to capture the detail, complexity, context, and storytelling flow that are undeniable ingredients in the reality of therapy transactions. A new disciplinary movement—called Mixed-Methods (MM) Research (Teddle & Tashakkori, 2009)—has embraced the complementarity of QUAN and QUAL methods. As part of this movement, it is crucial to develop formal, systematic, rigorous methods for obtaining and analyzing QUAL data. The goal of this panel is to contribute towards such development. Specifically, the first presentation in the Panel by Ronald B. Miller will offer an overview of the history and role of case-based QUAL data in therapy research. The second presentation, by Arthur Bohart, will describe and illustrate the inductive construction of a systematic framework for capturing (a) qualitative ingredients in documenting positive client change in therapy, and (b) qualitative indicators for documenting that such change was caused by the therapy. Finally, the third presentation by Tracy Eeils will describe the construction of a systematic, generic, MM method for evaluating the quality of any individual case formulation.

The history, nature, and uses of case study qualitative data as evidence in a mixed-method framework

Ronald B. Miller - St. Michael's College, Colchester, VT, USA

Lives are lived individually, but always in some social context. The work of a therapist begins with individual cases, broadens into cross-case comparisons and theoretical formulations, and ends with more individual cases. The grouping of cases is done to better understand the individuals being treated now or in the future, not to understand an abstract entity or process such as “depression” or “therapeutic insight,” though these derivative questions also emerge. This leaves the case study researcher in a dilemma: how to preserve the highly individual, contextualized, vibrant descriptions of individual lives and relationships in a narrative case study, while at the same time facilitating the accumulation of information across cases or concerning more abstract entities. In my presentation, I will summarize the historical movement from highly idiographic case reports, to case study analyses and write-ups that are methodologically rigorous enough to be used in formal research. This includes the methodological constraints applied to case studies that are common to all disciplined inquiry, ethical constraints that are unique to psychotherapy case studies, and rules of evidence unique to collecting and validating case study data. Considered as well will be the different contexts in which the data will be utilized, such as documenting everyday practice (e.g., Fishman, 2005), using multiple judges in a “quasi-judicial” process to evaluate the effectiveness of therapy (e.g., Miller, 2008; Bohart, 2008; Elliott, 2009); using case studies to build theory (e.g., Stiles, 2009); and exploring the meaning of the therapy experience (e.g., Adler & McAdams, 2007).

Developing a systematic framework for capturing discrete types of qualitative data as therapy research evidence

Arthur Bohart - Saybrook Institute, San Francisco, CA, USA

An epistemological rationale for using a qualitative “research jury method” for assessing psychotherapy outcome as an alternative to randomized controlled trials will first be given. Next the methods and results of three studies employing this method will be summarized. In each, data evaluators imagine themselves as jurors making arguments in a jury room for two types of propositions about a completed therapy case: first, for or against the idea that the client had gotten better; and second, for or against the idea that therapy contributed to the client’s changing (if they thought that the client had changed), or whether other factors led to the change. As a methodological outcome of this evaluation process, there emerged a systematic series of criteria for classifying qualitative data into relevant evidence for the two types of propositions. These criteria include 14 general indicators of change (e.g. “If there is a major change reported, it is described in rich enough detail to be plausible”); 28 specific indicators of change (e.g., “If the client comes in depressed he or she shows a reasonably consistent change in mood; with more ups than downs as therapy goes on”—i.e., comes to therapy less often depressed, seem less depressed, and/or recovers more quickly”); and 19 types of evidence that indicate it was the therapy that helped (e.g., “A plausible narrative case can be made linking therapy work to positive changes”). This evidentiary framework will be presented, with concrete examples from different jurors evaluating the same case.

A systematic, mixed-method model for evaluating case formulation quality

Tracy Eeils - University of Louisville, Louisville, KY, USA

For a number of years of my colleagues and I have been developing and conducting group research with a mixed-method Case Formulation Coding System (CFCS) for defining and assessing the types of best-practice, narrative case formulations that are employed in clinical theory and clinical practice. The CFCS includes two dimensions of generic coding categories in defining a best-practice case formulation across different theoretical orientations, including: (a) the content of the case formulation (Descriptive Information, Diagnosis, Inferential Information, and Treatment Planning); and (b) the quality of the case formulation (Comprehensiveness, Formulation Elaboration, Precision of Language, Complexity, Coherence, Goodness-of-Fit of Formulation to Treatment Plan, Treatment Plan Elaboration, and Systematic Formulation Process). In previous research, our team has compared the performance of expert, experienced, and novice cognitive-behavioral and psychodynamic psychotherapists on standardized case vignettes, demonstrating the psychometric soundness of the CFCS and finding the superiority of experts across theoretical approaches (Eeils et al., 1998; 2005). Recently, we have begun to develop the CFCS as an instrument for coding the competency of an individual clinician in performing a case formulation on a particular client (Eeils, 2008). This presentation describes the continuing development of the CFCS for assessing individual clinicians, and the uses of such assessments in research, competency evaluation, and training.

Using case studies to develop theory: Examples in assimilation processes, the therapeutic alliance, and interpersonal defenses

Stiles (2009) has recently laid out a framework for contrasting statistical hypothesis testing and case study as alternative strategies for empirical, scientific research on psychotherapy. While both provide quality control on theory by comparing theories with observations, statistical hypothesis-testing proceeds by deductively predicting highly focused empirical phenomena, while case study proceeds by inductively deriving theoretical generalizations through immersion in holistically observed empirical phenomena. Thus, in
Using case studies to build assimilation theory

William B. Stiles - Miami University, Oxford, OH, USA

The assimilation model is an integrative framework for understanding the process of psychological change. The model proposes that a central task of any form of therapy is to help the client to come to terms with problematic life experiences. In successful therapy, a problematic experience that had previously been too painful to think about or face up to gradually becomes allowed into awareness, named, understood, and mastered through a regular sequence of stages. The model’s conceptual tools and the description of the sequence of stages have been developed, tested, and elaborated in a series of intensive case studies in such diverse areas as treatment of Dissociative Identity Disorder, adolescent identity development, couple therapy, organizational change, and adjustment to immigration, as well as psychotherapy for depression, anxiety, and trauma. This presentation will focus on the process of theory building, drawing on recent examples of case studies that are elaborating and extending the model.

Using case study material to test and refine theories of how positive versus disrupted therapeutic relationships develop

Stanley B. Messer - Rutgers University, Piscataway, NJ, USA

The creation of a positive, collaborative relationship between client and therapist is one of the common factors associated with therapeutic success across theoretical orientations. Many theoretical concepts have been postulated to help explain the nature and positive or problematic development of the therapeutic relationship, such as the “therapeutic alliance,” “the real relationship,” what clients and therapists bring to the relationship from their history (via the psychoanalytic notion of transference and countertransference), the cognitive-behavioral notion of the therapist as a reinforcer, and Bordin’s (1979) classic concept of the relationship between therapist and client as involving three basic elements: an affective bond, agreement on goals, and consensus on the tasks of therapy. Cooper (2009) points out that this area has been very widely researched, with “over 4000 papers and dissertations written on it in the last thirty years and more than 24 scales developed to measure this.” Much of this research, however, has been conducted using quantitative measures with groups of clients, which limits access to the multidimensional complexity and contextual embeddedness of the therapy relationship as studied within the individual clinical case. This presentation will explore use of qualitative material within the case study setting and context to further our understanding of the therapeutic relationship.

Using multiple case studies to develop the theory of interpersonal defense

Michael Westerman - New York University, NY, USA

The theory of interpersonal defense includes tenets about (1) what patterns of defensive interpersonal behavior are like, (2) the types of situations that are likely to lead to defensive behavior, and (3) the complicated set of ways in which individuals’ defensive behavior influences how other people relate to them. In the psychotherapy context, the tenets that comprise point #1 offer a way of conceptualizing and assessing problematic patient in-session behavior; the tenet linked to point #2 offers a way to predict juncures in a session when a patient is more likely to behave defensively; and the tenets related to point #3 constitute a novel way of conceptualizing countertransference processes, because they lead to predictions about specific problematic ways in which a therapist might respond to a particular patient. Interpersonal defense theory was initially developed through nomothetic observational studies of psychotherapy process and experimental group research designs. This paper will discuss how a recent project involving multiple case studies contributed to the theory’s development. In particular, the paper will include examples from analyses of the cases to illustrate Stiles’s (2009) idea about how case studies can play a special role in theory validation because they provide opportunities to simultaneously compare observations to the multiple tenets of a theory under investigation.

Qualitative research on internal multiplicity: Narrative and assimilation model research

Discussant: Hugo Schieke - Miami University, Oxford, USA

The view of the self as composed of multiple subjectivities has influenced the theory and practice of psychotherapy (Hermans, 2004). Two approaches to internal multiplicity guide this panel. The first, a narrative identity approach (Sparkes & Smith, 2008), considers internal multiplicity in terms of the temporal, spatial, and relational aspects of identity formation (Somers, 1995). The second utilizes the assimilation model (Stiles, 2002), a theory of psychological change that measures increased communication between self-parts as a correlate to positive outcome in psychotherapy. This panel will present three lines of research that inform the growing literature on multiple subjectivities. All three presentations are based in qualitative approaches that analyzed subjects’ experiences of core aspects of their personal and interpersonal identities. In presentation one, Del Castillo et al. will present on the problematic enactment of masculinities between male clients and male psychotherapists, which is contextualized in terms of broader processes of gender identity formation in the male psychotherapists’ personal narratives. In presentation 2, Fishman et al. will describe a developmental elaboration of the assimilation model, wherein experiences of parents are directly relevant to success in later developmental stages that include career formation and the development of successful romantic relationships. In presentation 3, Humphrey’s et al. will present assimilation model research on a therapy client that had Dissociative Identity Disorder, and will focus on how increased communication between the client’s self parts was tied to a positive prognosis in therapy.
"It really crippled the therapy": The problematic enactment of masculinities within psychotherapy
Darren Del Castillo - Miami University, Oxford OH, USA, Roger Knudson

Aim: Narrative as a "root metaphor" (Sarbin, 1986) has influenced the theory and practice of psychotherapy (Angus & McLeod, 2004). We draw from the first author’s dissertation in which male psychotherapists engaged in sharing personal narratives about how they negotiate the relationship between their identities as men and their identities as psychotherapists. Despite increasing interest in men’s issues in psychotherapy, insufficient attention has been paid to how male psychotherapists’ negotiate the relationship specifically, between male psychotherapists and male clients—can arise in and problematically influence the process of psychotherapy. Method: We focus on two participants’ stories from the first author’s dissertation project. Participants wrote narratives and took part in interviews. Interviews were analyzed using a narrative identity approach (Lieblich, Tuval-Masiach, & Zilber, 1998). We poetically transformed portions of the stories to draw out what we felt were particularly evocative and meaningful excerpts of the narrative texts. Results: Participants’ life stories revealed that the relationship with their fathers and the strains experienced in adolescence were formative. Their stories helped contextualize and explain the conflicts they experienced with the male clients in their stories. Discussion: Previous research has focused on how masculine norms are internalized and affect some male psychotherapists’ functioning as therapists. However, this past research has not permitted an understanding of the relationship between personal agency and wider ideologies pertaining to identity, self, masculinity, and therapy. Narrative identity approaches extend understanding of men’s issues in therapy.

Parental voices and developmental progress: An initial elaboration of the assimilation model
Jonathan Fishman - Miami University, Oxford, USA, Darren Del Castillo, Corinne Hoerner, William B. Stiles

Aim: The assimilation model (Stiles, 2002) is a theory of psychological change that views progress in therapy as improved cohesion and communication between distinct internal voices. Psychotherapy and close relationships can help the person to assimilate the meanings of these voices by modifying the signs that the person uses to associate with this experience. This project will present a developmental framework of the assimilation model that focuses on voices relevant to young adults’ degree of success in their developmental tasks. Method: Three females between the ages of 18 and 25 were interviewed. Two semi-structured interviews were conducted with each participant. A team of researchers analyzed these interviews using a modified version of the Ward Method (Schielke, Fishman, Osatuke, and Stiles, 2009), an approach to analyzing qualitative data in teams. Results: Participants self-rated success in their current developmental tasks was tied to their ability to assimilate their self-parts tied their parents, which enabled these experiences to be helpful in their currently construed developmental tasks. The signs that participants used to describe the contribution of their experiences of their parents to their current successes and failures were analyzed to further understand the connection between assimilation, voices of parents, and success in the developmental tasks of young adulthood. Discussion: This study presents an initial view of development within the assimilation model by suggesting that in young adulthood, voices of parents are crucial to assimilation, which is in turn related to success within the variety of developmental goals that participants construed for themselves.

Lessons learned from a case study of dissociative identity disorder: Assimilation as access to psychological resources
Carol Humphreys - Miami University, Oxford, USA, William B. Stiles

Aim: The assimilation model describes a process by which parts of the self that are initially problematic and painful with respect to each other come to gain smooth access to each other. This paper applied the assimilation model to one late adolescent’s extreme experiences of internal multiplicity. Method: Kristen, a client diagnosed with Dissociative Identity Disorder (DID), and her alters’ shift from internal fragmentation to increased communication was examined during four years and 400 sessions of psychotherapy. A team of eight coinvestigators analyzed twenty-one chronologically organized data packets containing therapy notes, psychological reports, audio-tapes, video-tapes, transcribed therapy sessions, client-produced emails, drawings, and letters to assess and elaborate the assimilation model’s understanding of how change occurred in Kristen’s therapy. Results: Coinvestigators found that Kristen and her alters gradually assimilated their dissonant internal voices making their acquired skills, knowledge, and other psychological resources mutually accessible. The negotiation between alters, initially through the therapist, dismantled the amnesic barriers sequaturing the alters. Kristen (the host alter), gained access to their resources, which helped her to become more successful at handling life’s problems. As Kristen experienced smoother access to the alters, they became more moderate (e.g., less inclined to imaginal violence) and less likely to intrude. Discussion: This was the first DID case that an assimilation research team had encountered. Kristen’s case demonstrates that the model can help understand even extreme examples of internal multiplicity as represented in DID. This study further suggests that assimilation can be viewed as increased access to psychological resources.

The Individual-Case-Comparison (ICC) method for systematically comparing good-outcome and poor-outcome RCT clients
Discussants: Shigeru Iwakabe - Ochanomizu University, Tokyo, Japan and Daniel B. Fishman - Rutgers University, Piscataway, NJ, USA

The "Individual Case-Comparison" (ICC) Method consists of a procedural framework that involves the systematic qualitative and quantitative comparison of a sample of good-outcome and poor-outcome clients drawn from a homogeneous setting—for example, from the experimental condition of a randomized clinical trial (RCT). This comparison provides an opportunity to investigate holistically, precisely, and in rich detail the individual and interactive roles of a variety of factors that affect the outcome for each specific client, e.g., (a) how the theoretical model of the therapy was applied to the assessment data to create an individualized case formulation, (b) how the treatment manual was adapted to the client, and (c) how the specific process of the therapy unfolded. In these analyses, the quantitative data present a normative context for relating the process and outcomes of individual clients to the RCT or other comparison groups. To improve the value of such comparisons, it is important to develop systematic frameworks for such analyses to facilitate meta-analysis across many comparisons. In this panel, two researchers—Jeanne Watson and Rhonda Goldman, who have recently published a total of eight such comparisons using Emotion-Focused Therapy (EFT)—will employ that research experience to present such a systematic framework, the ICC Method, and to illustrate its application to a new case. The panel will conclude with a discussion by Shigeru Iwakabe, a published scholar of the case-comparison method and who, as a Japanese psychologist, brings a cross-cultural perspective to the larger arena of case study research.
Development of a systematic, Individual-Case-Comparison (ICC) method from cases in Emotion-Focused Therapy: Implications for theory and practice
Jeanne C. Watson - University of Toronto, Canada

AIM: This presentation will describe a generic, multi-theoretical, systematic framework—the “Individual-Case-Comparison” (ICC) Method—as it was applied to eight case studies. METHOD: Four good-outcome and four poor-outcome cases are drawn from a number of different RCT’s that compared Emotion-Focused Therapy (EFT, also known as “Process-Experiential/Emotion-Focused Therapy”) with client-centered and cognitive-behavioral approaches in the treatment of depression. Six of the cases are written up in the book, “Case Studies in Emotion-Focused Treatment of Depression: A Comparison of Good and Poor Outcome” (Watson, Goldman, & Greenberg; APA, 2007), and two are in print in the journal, “Pragmatic Case Studies in Psychotherapy” RESULTS: The cases were analyzed and compared by triangulating qualitative and quantitative data from clients’ histories, in-session process, post-session measures, and post-therapy measures to further understanding of those factors that contribute to successful and unsuccessful outcomes. Factors that were examined included the role of the working alliance, clients’ emotional processing, therapeutic empathy, clients’ and therapists’ interpersonal processes, and clients’ cognitive processing. DISCUSSION: The implications of the results of the systematic case comparison method for theory and practice will be discussed. The framework that emerged from performing the eight case studies allows for comparisons across many such analyses

The case of “Patricia”: Employing Emotion-Focused Therapy (EFT) for anorexia nervosa
Rhonda Goldman - Argosy University, Schaumburg, IL, USA, Whitney Tschan

AIM: This case study of “Patricia,” a young woman suffering with anorexia nervosa seen with Emotion-Focused therapy (EFT), focused on testing two major theoretical hypotheses of EFT for this disorder: a) that emotion regulation difficulties must be addressed through the therapy; and b) that strong self-criticism will be apparent and that work with the two-chair task for negative self-evaluation will take a central therapeutic focus. METHOD: The ICC method was used as a framework for triangulating qualitative data collected throughout the therapy and interpreting the results of the case study in terms of the hypotheses. RESULTS: Two aspects of Patricia’s case will be presented. First, a task analytic research strategy (Greenberg, 2007) was adopted in order to specify a two-chair task for self-evaluative splits. This is viewed as a key task for dealing explicitly and effectively with the harsh internal critical voice—or “anorexic voice”—described by individuals with eating disorders. The task analytic strategy included both experts’ initial theoretical understanding of self-evaluative splits, and an empirical phase, comparing the theory to detailed observation within the case. Second, an Observer-Rated Measure of Affect Regulation (O-MAR; Watson & Prosser, 2006) was applied across Patricia’s case in order to further understand and map changes in her affect regulation. DISCUSSION: The results will be discussed both in terms of how well the ICC method captured the important dimensions of the case, and in terms of whether the case results were consistent or inconsistent with the two initial hypotheses about EFT for eating disorder.

Change processes in individuals and couples
Discussant: Shigeru Iwakabe - Ochanomizu University, Tokyo, Japan

The major goals of this panel is to investigate the role of emotion and narrative in the process of change First a study relating process to outcome in couple therapy will be presented. Key components of a task analytically derived model of the process of forgiveness including expression of shame and compassion for the pain caused plus affiliative partner responses to these expressions will be related to change in degree of forgiveness and marital satisfaction and narrative reconstruction. A second study will investigate the relationship between expressed emotional arousal and outcome in the York I Depression study. The relationship between frequency of highly aroused emotional expression and outcome will be explored with the idea that too much or too little emotion is not as helpful as a moderate amount of arousal. The final study will present results of a study that tests a central hypothesis of emotion-focused therapy: that emotional transformation occurs best by changing emotion with emotion. The results of an analogue study of transforming fear and shame from emotional injuries by accessing adaptive anger and sadness will be presented.

Forgiveness in Emotion-Focused Couple Therapy: Relating process to outcome
Catalina Woldarsky-Meneses - York University, Toronto, ON, Canada, Leslie Greenberg

AIM: The aim of this study was to relate the processes involved in interpersonal forgiveness to outcome for couples who entered therapy wanting to resolve various forms of relational betrayals. Thirty two couples participated in the York Emotional Injury Study (Greenberg, Warwar & Malcolm, in press) and received 10-12 sessions of Emotion-focused couples therapy. Method: This study represents the validation phase of a task analysis of couple’s forgiveness, which was based on the rigorous observations of moment-by-moment changes in eight couples: four couples that forgave and reconciled and four couples that did not. Our initial study culminated in the construction of the Couples Forgiveness Model (Woldarsky-Meneses & Greenberg, in press). Five components from this model were found to distinguish the two groups, and were viewed as essential for forgiveness. Four of these components were closely examined in the current study, in an effort to understand their individual contribution to forgiveness. The analyses were based on the video-taped sessions and transcripts of the couples’ interactions and hypotheses relating the components to outcome were tested using hierarchical linear regression analyses with the aim of better understanding the impact of each of the micro-processes on forgiveness. The key components of interest were: the injurer’s “Expression of Shame/ Empathic Distress”; the injured partner’s “Affiliative Response” to the shame/empathic distress; the injurer’s “Pressure to Forgive” and “Competition of Harms”. Results: The results suggest that shame and empathy play a critical role in the process of couples’ forgiveness. Discussion: The results are discussed in light of existing research in forgiveness and emotional processing.

Narrative and emotion integration in psychotherapy
Leslie Greenberg - York University, Toronto, ON, Canada, Jonathan R. Carryer

Thirty-eight clients treated for depression with experiential therapy were rated on working alliance and expressed emotional arousal. Hierarchical regressions showed that a non-linear pattern of expressed emotional arousal predicted outcome significantly above the alliance. An optimal frequency of highly aroused emotional expression was found to relate to outcome with deviation from this optimal frequency predicting poorer outcome. Thus too much or too little emotion was found to be not as helpful as a moderate amount. It was concluded that expressed emotional arousal in experiential therapies has a more intricate relationship with therapeutic outcome than previously shown and that it is moderate amounts of heightened emotional arousal that improve predictions of therapeutic outcome.
Changing emotion with emotion: A therapy analogue study

Genevieve Vrana - York University, Toronto, ON, Canada, Leslie Greenberg

One principle of emotion-focused therapy (EFT) is that maladaptive emotions are best transformed by undoing them through the activation of other more adaptive emotional states. The present study sought to empirically validate this principle using a therapy-analogue design. Individuals experiencing maladaptive shame from an unresolved relational injury, in which their self-esteem was damaged, participated in an EFT or cognitive therapy (CT) analogue session. Participants were randomly assigned to one of the two experimental conditions. During the session, participants engaged in imagery about the emotional injury to evoke their involved feelings of shame, and completed measures on which they rated their levels of distress and shame related to their experience of imagining being injured. Subsequently, therapists facilitated either a one-hour EFT intervention which used chair dialogues to activate core maladaptive emotion and generate new emotion or a one-hour CT intervention which used automatic thought listing and the generation of alternative thoughts. Immediately after and one week following the intervention, participants engaged in imagery about the injury and rated their levels of distress and emotional experience related to the injury. Analyses will compare changes in the two treatment groups on measures related to the injury over time. It is hypothesized that participants in the EFT condition will experience greater reduction in shame, level of distress, negative social comparison, and target complaints related to the injury, and that those in the CT condition will experience greater change in negative thoughts at the end of the session and one week after the session.

The power of telling core conflictual relationship theme (CCRT) narratives inside and outside psychotherapy

Discussant: Brin Grenyer - University of Wollongong, Australia

The original development of the Core Conflictual Relationship Theme by Luborsky (1976) always brought the promise that any narratives told could be the subject of investigation and analysis. Early studies on coding CCRT patterns from the Old Testament showed the CCRT method as a fruitful and generative way of understanding the great conflicts within history. The telling of narratives as a way of expressing these conflicts is universal, but is particularly salient within the psychotherapy session. The papers in this panel show how narratives told can be analysed both within therapy and outside it. Paper one codes the great Chinese stories using the new coding method of the CCRT - the Logically-Unified or Leipzig-LU CCRT-LU method. The paper by Barry shows how the narratives told in individual therapy can be organised using the CCRT, by drawing on the work of Howard Bock, who showed how to focus treatment using the CCRT. Extending this into group therapy is developed in the paper by Markin, who shows how a CCRT measure - the Central Relationship Questionnaire - can assist in understanding the ubiquity of CCRT patterns both within and outside treatment. Finally, the narratives of Mrs C, analysed in great detail in the landmark Weiss and Sampson 'The Psychoanalytic Process' book (1986), is given a new analysis here as a way of reflecting the continued relevance of the CCRT discovery.

Relationship patterns in ancient Chinese chengyu stories

Xiaorong Zhou - University of Ulm, Germany, Dan Pokorny

Aim: The study represents the first application of the CCRT method to a Chinese corpus. The pilot study examines the reliability, validity of the Chinese translation of the CCRT-LU category system as well as the trans-cultural relevance of relationship schemes. The sample of prototypical traditional stories were analyzed, and prototype relationship schemes occurring identified. Methods: Traditionally Chengyu (proverb) stories were passed down from the ancient China before approximately 2500 years. They are the base of proverbs that are still commonly used and very vivid till the modern times. The protagonists are mostly animals, human and other beings. The Chengyu stories were rated using the Chinese version of the CCRT-LU category system. By this translation "story boards" were created expressing the relationship core of the plot narrated. Results: Basic repetitive relationship patterns occurring in Chengyu stories were summed up statistically. Various types of relationship schemes were identified and prototypical stories were selected. Examples of these stories including prototypical story boards will be presented. Discussion: The CCRT method and the CCRT-LU category system were being developed relatively recently in the United States and Europe into a well-structured system. The study is the first application to the historical Chinese texts. The study contributes to the understanding of transcultural differences and constants of the internalized relationship patterns.

Core conflictual relationship theme (CCRT) - guided psychotherapy: General and specific treatment outcome of a 16-session manualised approach

Josée Jarry - University of Windsor, ON, Canada, Treena Blake, Karen Ip, Justine Joseph, Qurataluition Khan, Aleksander Milosevic, Kristin Stevens

Aim: This study examined the effectiveness of a manualised, 16-sessions, CCRT-based treatment (Book, 1998). Design: Treatment effects were assessed for statistical and clinical significance in a pre-post-therapy design. Methods: Six patients seeking help mostly for interpersonal difficulties received CCRT-based psychotherapy. The therapists were six supervised doctoral students. An average of four assessment sessions and one goal setting session preceded 16 sessions of psychotherapy consisting mainly of interpretive work focussed on one core conflictual relationship theme (CCRT). Patients completed measures of general and treatment specific outcome indicators at the beginning and the end of therapy. Alliance measures were completed by patients after each session. Results: The alliance was strong and the treatment enjoyed high credibility. Parametric and non-parametric tests showed that patients significantly improved on the general measures of self-esteem, symptomatic distress, anxiety and depression; as well as on the treatment specific measures of interpersonal functioning, use of immature defences and CCRT-associated subjective discomfort, with large effect sizes. Clinically significant change criteria were most commonly achieved for depression and CCRT-associated distress. Discussion: These preliminary results suggest that this manualised, CCRT-based, treatment produces general and specific improvements. Replication is needed to ascertain its effectiveness with a larger sample size and within a controlled design.

Central relationship themes in group psychotherapy: A clinical relations model analysis of transference

Rayna Markin - Villanova University, Philadelphia, USA, Dennis M. Kivlighan, Jr.

Aim: Despite the theoretical importance that transference is believed to play in group psychotherapy, little empirical research has been conducted on transference in groups. Methodological problems with assessing transference have stunted research efforts. Group member Central Relationship Themes (CRTs; Wishes, Perceived Responses of Others) of other members were assessed as a proxy for group member transference. The primary goal of this study was to explore the utility of using the Social Relations Model (SRM; Warner, Kenny, & Stoto, 1979) to assess transference, or CRTs, in psychotherapy groups. A
secondary goal was to explore CRTs as a mechanism, or process, through which the social microcosm of the group is created.

Method: Group members (N = 55) in 11 therapy groups reported CRTs with other group members and with a romantic partner using the Central Relationship Questionnaire. Social relations model analyses were used to partition the variance in group member CRT ratings with other members into perceiver, target, and relationship plus error variance components. Results: Significant perceiver variance (M = 50%), mostly insignificant target variance (M = 7%), and large relationship plus error variance (M = 42%) was found. Contrary to expectation, CRTs with other members did not, overall, significantly relate to CRTs with a romantic partner. Discussion: The largely insignificant target variances found suggests that CRTs are only minimally influenced by characteristics of the target person. Instead, group members experienced other members and the self in relationships similarly, and in line with a preexisting relationship template. Contrary to expectation, evidence for the Social Microcosm of the Group Theory was not found.

A second told case: Mrs. C’s relationships twenty years after

Dan Pockorny - University of Ulm, Germany, Xiaorong Zhou, Horst Kächele

Panel
Psychodynamic

Moderator
Brin Grenyer - University of Wollongong, Australia

Core conflictual relationship themes (CCRTs), therapist counter-transference and attachment patterns

The Core Conflictual Relationship Theme method, originally discovered by Lester Luborsky in 1976, provides a powerful method of studying the interior of psychotherapy. Originally developed out of a desire to understand the therapeutic alliance, it has drawn on the traditions of personality theory and psychoanalysis. These four papers deepen our understanding of how CCRT themes relate to the underlying personality schemas of patients and therapists. New work extending the reach of the CCRT into understanding therapist processes is developed in the papers by Bourke and Tishby. Using the CCRT to understand therapist conflicts and counter-transference is a new area of inquiry. These two ground breaking papers show how understanding the CCRT helps the therapist understand both the traps of their own responses, but also the parallelism with the problems experienced more broadly by the patient in other relationships. In contrast, the patient’s own attachment processes are uncovered in the CCRT analyses in the papers by Vicari and Wiseman. Whilst the CCRT presents a particular perspective on problems, drawing the relationship between these and underlying attachment schemas deepens our understanding of how the CCRT is formed.

Understanding countertransference: Psychotherapists CORE conflictual relationship themes

Marianne Bourke - University of Wollongong, Australia, Brin Grenyer

Aim: Patient transference patterns have been reliably and validly formulated using Core Conflictual Relationship Theme method (CCRT). This study takes an original approach by examining countertransference patterns using the Core Conflictual Relationship Theme-Leipzig/Ulm Method (CCRT-LU; Albani et al., 2002). Method: Therapist relationship narratives towards their actual patients (N = 89) diagnosed with either Borderline Personality Disorder (BPD) or Major Depressive Disorder (MDD) were elicited using the Relationship Anecdotes Paradigm interview method. Narratives were analysed by two independent judges with acceptable interrater reliability for mid-level categories, Krippendorff’s alpha = 0.78. Results: Analysis of CCRT components revealed that the therapists’ typical wish was to help and support, regardless of their patients’ diagnostic status. Therapist’s perceptions of patient responses, and therapists’ self-responses revealed significantly different countertransference themes. Predominantly dis harmonious responses were reported in relation to patients with BPD (73.75%), while responses were predominately harmonious (65.5%) in relation to patients with MDD. In relation to patients with BPD Therapists’ expressed greater dissatisfaction for Response of Self to Self (RSS), and withdrawal and rejecting Response of Other to Self (ROS). Discussion: To date this is the first study to examine therapist’s narratives using Core Conflictual Relationship Themes-LU method. As such it provides support for the utility of this clinical quantitative methodology in investigating therapist intrapersonal experiences. Strong negative countertransference responses were evoked by BPD despite the therapists strong wish to help. These findings increase the present understanding of evoked countertransference responses and underscore the emotional and cognitive complexities experienced by therapists in treating BPD.

Applying the CCRT to studying counter-transference, and its impact on the therapist-client relationship

Orya Tishby - Hebrew University, Jerusalem, Israel, Hadas Wiseman, Miri Vered

Aim: Counter-transference is a central construct in the clinical literature, yet it has generated very little research to date. Hayes (2004) emphasized that: “To study counter-transference meaningfully one needs to be confident that therapist’s reactions stem from areas of personal conflict. The CCRT method (Luborsky & Crits-Christoph, 1998), which identifies recurrent interpersonal conflicts, seems to be a suitable measure for this purpose. Our research objectives in this study were : 1) to identify counter transference patterns and their origins 2) To examine the effects of counter-transference on therapy process. Method: The paper presents preliminary results from a larger study of the client-therapist relationship in psychodynamic therapy. Both clients and therapists were asked to relate meaningful episodes about their relationship with their parents and with each other following sessions 5, 15 and 28. The episodes were rated by 2 independent judges according to the CCRT method. Participants also completed the WAI (Horvath and Greenberg, 1989) and the Post Session Questionnaire (Murian, Safran, and Samstag, 1991). Data is presented for two therapists with two clients each. Results : Similarity between the CCRTs of client and therapist with their parents led to a conflictual therapeutic relationship, ruptures in the working alliance and a variety of interpersonal dynamics, such as: over identification with the client, or repeating the parent RO toward the client. When the CRTs were less similar, the interactions were less emotional and reactive. These relational patterns were also related to changes in symptom scores. Discussion: These preliminary results highlight the importance of focusing on the therapy dyad in psychotherapy research, and the usefulness of the CCRT method to studying relational conflicts within these dyads.
The interface between client and therapist CCRTs and their attachment patterns
Hadis Wiseman - University of Haifa, Israel, Orya Tishby

Aims: Links between transference and attachment patterns have recently received attention from psychotherapy researchers and attachment researchers. CCRT narratives provide a “royal road” for assessing attachment patterns because they involve aspects of internal working models: autobiographical memories, expectations of self and others, strategies for attaining relationship goals, and strategies for regulating distress when goals are not met (Mallinckrodt, 2000). Our aim was to examine CCRTs that clients and their therapists bring into the relationship with each other as they interface with client’s and therapist’s global attachment and with client’s attachment to the therapist in ongoing psychotherapy. Method: Four client-therapist dyads (two therapists each seeing two clients), were drawn from the Jerusalem-Haifa study of psychodynamic psychotherapy. Clients and therapists completed the Experiences in Close Relationships scale (Brennan et al., 1998) to assess global attachment, and the Client Attachment to the Therapist scale (Mallinckrodt et al., 1995) to assess client’s attachment to their therapist at three time points (after sessions 5, 15 and 28). CCRT narratives about significant others and about each other of clients and their therapists were rated at these time points.

Results: The interplay between client and therapist relational patterns as manifested in their CCRTs and their global attachment revealed different dynamics in relation to the client’s attachment to the therapist over time. Discussion: Studying the interface of CCRTs and attachment patterns of client and therapist as they evolve in therapy over time reveals the dynamics involved in client-therapist dyads characterized by ‘too close’ versus ‘too distant’ relational dance.

What do you expect? The impact of and influences on patients’ expectations for psychotherapy outcome
Discussant: Bruce E. Wampold - UW Madison, WI, USA

Psychotherapy research has historically pointed to the comparable efficacy of diverse psychotherapies (Wampold, 2001). In response, psychotherapy researchers have increasingly focused on the influence of factors that are common to most or all treatments. One such factor involves patients’ prognostic expectations about treatment’s helpfulness. Such outcome expectations have been shown to be positively associated with adaptive psychotherapy processes (e.g., alliance quality) and outcomes (e.g., symptom reduction) (Greenberg, Constantino, & Bruce, 2006). Despite this empirical support, patients’ outcome expectations have perhaps been undervalued both clinically and theoretically. Moreover, the magnitude of their effect on clinical outcomes remains unclear, and little is known about factors that promote or detract from such expectations. The goal of this panel is to present findings from 4 studies that address both the impact of and influences on patients’ expectation for psychotherapy outcome. In the first paper, Constantino will present findings from a meta-analysis of the association between patients’ outcome expectations and posttreatment outcomes. In the second paper, Duerenberger will present findings from a microprocess analysis centered on the association between therapists’ expectancy enhancement techniques and both alliance quality and patient engagement. In the third paper, Krieger will present findings from a study focused on the differential effects of positive and negative outcome expectations on outcome, and the influence of motivational factors on patients’ expectations. In the fourth paper, Ahmed will present the results from a study examining how patient-therapist interpersonal process in the context of patient resistance influences patients’ outcome expectations. Finally, Wampold will provide discussion.

The association between patients’ psychotherapy outcome expectations and post treatment outcomes: A meta-analysis
Michael J. Constantino - University of Massachusetts, Amherst, USA, Diane B. Arnkoff, Carol R. Glass, Rebecca M. Amertrano, & JuliAnna Z. Smith

Aim: Patients’ outcome expectations have long been regarded as a variable common to most psychotherapy systems. Previous box score (e.g., Arnkoff, Glass, & Shapiro, 2002) and narrative (e.g., Greenberg, Constantino, & Bruce 2006) reviews of the empirical literature suggest that outcome expectations are consistently and positively correlated with adaptive psychotherapy outcomes. However, the magnitude of this effect across relevant studies remains unclear. Thus, the goal of this study was to conduct the first meta-analysis of the relationship between patient’s outcome expectations and posttreatment psychotherapy outcome. Methods: This meta-analytic review summarized data from relevant published studies from 1960-2009. To be included in the meta-analysis, studies had to (a) be correlational, (b) measure patients’ own early outcome expectations at baseline or session 1, (c) measure a posttreatment symptom/distress outcome, and (d) be published in English. Exclusion criteria included non-clinical samples, non-clinically-oriented outcomes, expectations other than for treatment outcome, medical or pharmacological treatments, habit-changing or general wellness programs, experimental expectancy manipulation studies, and treatment consisting of fewer than 3 sessions...Results: The meta-analysis included 7,581 patients across 46 independent samples. The overall weighted effect size was \( r = .18, p < .05 \) (CI: -.13 to .22). The was no moderator effect of the expectancy-outcome association for presenting diagnosis, treatment orientation, treatment modality, design type, or publication date. Expectancy measurement was a notable limitation, with 67.4% of the studies including “poor” measurement. Discussion: Findings will be discussed in light of study limitations, as well as with respect to their empirical and clinical implications.

The Obama-effect in treatment: Enhancing patients’ expectancies to increase change
Sara Duerenberger - University of Bern, Switzerland, Christoph Fleckiger, Hansjoerg Znoj, & Martin Grosse Holtforth

Aim: Previous findings provide evidence that psychotherapy is more effective when the patient has positive expectancies. Particularly early in treatment, expectancies account for a large part of overall improvement, suggesting that even the mere promise of receiving helpful treatment seems to yield positive effects. Hence it seems advisable for therapists to foster positive expectancies during treatment. The goal of the present study is to examine the impact of enhancing patients’ expectancies regarding key therapeutic processes (i.e., therapeutic relationship and engagement in the session) and outcome. Method: Data derive from a microprocess analysis of 186 sessions of a heterogeneous sample at a Swiss university-based outpatient clinic. Therapists at various levels of experience provided an integrative form of psychotherapy that combines cognitive-behavioral, psychodynamics, and interpersonal interventions on the basis of comprehensive case formulations (Grawe, 1997). At intake, patients completed an assessment battery assessing several domains of psychological functioning (i.e., psychopathology, well-being, interpersonal problems, motivation, etc.). After each session, both patients and therapists completed session reports (e.g., therapeutic relationship, engagement). Four trained masters-level students coded sessions for therapists’ use of expectancy enhancement techniques. Results: We will report results on the impact of expectancy enhancement techniques on both the quality of the therapeutic relationship and therapy outcome. Discussion: Findings will be discussed with respect to psychotherapy practice, and potential directions for further research will be suggested.

42
With hope, anything is possible: The importance of hope for psychotherapeutic change

Tobias Krieger - University of Zurich, Switzerland, Sara Dürenberger, Katharina Bochsler, Birgit Mauler & Martin Grosse Holtforth

Aim: Every patient has specific positive and negative expectancies regarding treatment outcome at the beginning of psychotherapy. Previous research has shown that both hopes and fears are important predictors of therapy outcome. The aim of the present study is to investigate the differential effects of positive and negative expectancies for psychotherapy outcome and to examine the motivational factors driving them more closely. Method: Three hundred and five psychotherapy inpatients provided longitudinal data regarding hopes and fears, approach and avoidance motivation, as well as symptoms and well-being. Results: First results show that approach and avoidance motivation predict expectancies and that especially positive expectancies predict treatment success. Furthermore, the level of hope mediates the negative relationship between fears and therapy outcome. Discussion: We will discuss the results with respect to theoretical consequences, consequences for clinical practice, and future research.

Therapist responses to resistance associated with high versus low client outcome expectations: A micro process analysis

Maryam Ahmed - York University, Toronto, ON, Canada, Henny A. Westra & Michael J. Constantino

Aim: Outcome expectancy has been consistently supported as predictive of treatment outcome in psychotherapy, yet little is known about the factors influencing client outcome expectations. Since client resistance has been associated with negative outcomes (Beutler et al., 2001), the current study will examine therapist management of client resistance between clients with high and low outcome expectations. Method: Data derive from a randomized controlled trial of Cognitive Behavioral Therapy for generalized anxiety disorder in which despite no baseline differences in expectations for anxiety change, more vs. less effective therapists had clients who reported higher outcome expectations as early as post session 1 of CBT (Westra, et al., 2009). Moreover, higher observed client resistance in CBT Session 1 was found to be highly related to lower client post-session outcome expectations (Westra, 2009). Session 1 of CBT will be coded for 18 clients (9 per therapist group) using the Structural Analysis of Social Behavior (Benjamin, 1974) to identify interpersonal process differences during resistance episodes in dyads involving clients of more effective therapists with high post-session 1 expectations compared to dyads involving clients of less effective therapists with low post-session 1 expectations. Results: Based on previous research, it is expected that less effective therapists will exhibit more hostile control and grant less friendly autonomy in the presence of resistance, and accordingly, clients will respond with hostile separation or hostile control and less affiliative autonomy taking. Discussion: This study will have important clinical implications by identifying interpersonal processes that influence client outcome expectations.

Improving the outcome of depression treatment

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

Clinical depression is one of the most common problems seen in clinical practice, and the rates of depression seem to be increasing worldwide. Despite the availability of efficacious treatments for acute depression, empirical research suggests that the currently available psychotherapies do not reach the aspired long-term efficacy. Consequently, one of the greatest challenges for psychotherapy research will be to optimize the strategies for a sustainable treatment of depressive disorders. In this panel we present to innovative approaches that are designed to reach this goal: Exposure-based Cognitive Therapy (EBCT), as well as Narrative Therapy (NT). While the first three presentations of this panel will focus on a pilot trial of EBCT, the last will be dedicated to a randomized-controlled trial with NT in comparison to CBT. In the first presentation, Martin Grosse Holtforth will describe the theoretical background and the parts of EBCT, outline the design of a pilot trial, and present results of the pilot investigation. The second presentation by Katharina Wilm will present data on the symptom course as well as the process of change within EBCT. In the third paper, David Altenstein will present first results of a video-based process analysis of emotional processing in single sessions, which is assumed to be the central mechanism of change in EBCT. Fourth, Rodrigo da Cunha Teixeira Lopes will present first outcome results of a trial comparing NT to cognitive-behavioral therapy (CBT) in the treatment of depressed patients. Finally, Antonio Pascual-Leone will provide discussion.

A pilot investigation of exposure-based cognitive therapy for depressed outpatients: Background, design, and outcome

Martin Grosse Holtforth - University of Zurich, Switzerland, Marielle Sutter, Emma Schmied & Franz Caspar

Aim: Exposure-based cognitive therapy for depression has been developed to accomplish more sustainable symptom relief by integrating principles of anxiety therapy (i.e., exposure), as well as emotion-focused therapy (i.e., emotional processing) (A. Hayes, et al., 2005). We will present the background and design as well as first results of a pilot investigation. Methods: 22 German-speaking Swiss outpatients with the principle diagnosis of major depression were treated with an adapted version of EBCT (EBCT-R) in a university-based clinic and completed the trial period. Therapists were psychologists in advanced or with completed postgraduate training. Main outcome criteria were reduction of depressive symptoms and increased need satisfaction. Depressive symptoms were assessed before each session. Need satisfaction, symptoms and secondary outcomes were assessed after session 20. Results: Results indicate that EBCT-R leads to a significant symptom reduction in the range of comparable depression therapies, as well as to improved need satisfaction. Discussion: Results will be discussed with respect to theoretical assumptions, practical implications, and the next steps in future research.

When stagnation breeds improvement - processes of change in exposure-based cognitive therapy

Katharina Wilm - University of Zurich, Switzerland, Martin Grosse Holtforth

Aim: The therapy rationale of Exposure-Based Cognitive Therapy (EBCT) assumes two central processes of change: a) a discontinuous change of depressive symptomatology over the course of treatment (improvement, relative deterioration/stagnation, further improvement) and b) change of depressive networks via the emotional processing of corrective information. First empirical results of a pilot investigation by Hayes et al. (2005, 2007) with a US-American sample confirm these assumptions. The present study aims to replicate the findings by Hayes and colleagues in a pilot study with an adapted version of EBCT (EBCT-R) in a German-speaking Swiss sample. Methods: We analyzed self-report data on symptom course and the therapeutic process of a pilot trial at a university-based Swiss outpatient clinic (N=22). Patients briefly reported on the level of depressive symptoms before each session, and completed a session report after the session. In addition, therapists completed session reports regarding realized interventions. Results: The level of depressive symptoms showed a cubic course over 20 sessions as confirmed by Hierarchical Linear Modeling (HLM). Symptom courses of patients with clinically significant changes differed from the courses of patients without clinically significant changes. As expected preliminary results also indicate that the level of problem actuation in the second of three phases of therapy predicted the
symptom course. Furthermore, early rapid responses and depression spikes comparable to those found in the original US-American pilot trial could be identified. Finally, we explored predictors of the parameters describing the symptom course. Discussion: Findings will be discussed with respect to their conceptual, empirical, and clinical implications.

Understanding the whole misery: Emotional processing as a central mechanism of change in Exposure-Based Cognitive Therapy (EBCT)

David Altenstein - University of Zurich, Switzerland, Martin Grosse Holtforth

Aim: Previous research has shown that emotional processing plays a central role in the process of change regardless of the form of psychotherapy delivered. Emotional processing can be conceptualized as encompassing three necessary ingredients. We assume that the level of verbal reflection on emotion (1) can only have full impact if the emotion is actually experienced (2) during the therapy session, whereas avoidance (3) can cut off both phenomena at the base. This study aims to examine the interplay of these process variables by using observer-ratings in a pilot trial of EBCT for depression. Methods: An integrative rating procedure to assess the components of emotional processing was devised and tested analyzing video-taped therapy sessions of a pilot trial of EBCT at a university-based Swiss outpatient clinic (N=25). The components of emotional processing were related to therapy outcome at session 20. Results: The psychometric properties of the process-rating instrument will be presented, as well as preliminary results of the ongoing process analyses on the impact of in-session avoidance, reflection on emotion, and experiencing of emotion. Discussion: The findings will be discussed regarding their implications for further empirical investigation of emotional processing in a larger, ongoing RCT.

Treatment of depression: Empirical evidence from a clinical trial comparing narrative therapy with cognitive behavioral therapy

Rodrigo da Cunha Teixeira-Lopes - University of Minho, Portugal, Gonçalves, M.; Bento, & Salgado, J.

Narrative Therapy (NT) is a psychotherapeutic approach based on the notion that people tell stories in order to define themselves and give meaning to their experiences and life events. Psychopathology is viewed as a problem-saturated way of telling those life stories. The purpose of psychotherapy should be to help people to shape new identities and to tell those stories in a richer and different way. Depression is still a major problem in health systems throughout the world. In the past three decades more than 150 controlled studies were conducted to examine the efficacy of psychotherapy in depression. To our knowledge only two studies tried to examine the efficacy of NT though. Of these two studies just one has compared NT treatment directly to another kind of intervention in the same clinical setting. On the other hand, Cognitive-Behavior Therapy (CBT) is the most established psychological treatment for depression so far. The specific purpose of this paper is to present the outcome data from a clinical trial, which compared manualized NT and CBT for depression. Nine therapists with different levels of experience and 45 clients diagnosed with Major Depression Disorder took part in this study. Clients were moderately depressed at intake and were randomly assigned to both clinical conditions. Therapist’s adherence to manuals was assured by weekly supervision and by completion of a scale by independent judges after having watched taped sessions. This work presents and discusses preliminary results of this trial and points to future directions.

The nature and influence of helping alliance on outcome of psychodynamic therapy in depressed outpatients

Discussant: Jacques Barber - University of Pennsylvania, Philadelphia, USA

Psychotherapy is an effective treatment for depression (Roth & Fonagy, 2005). Short-term Psycho Dynamic Therapy (PDT) is one of the psychotherapies with proven efficacy (Abbass et al., 2008; de Jonghe et al., 2001, 2004). But the mechanisms that bring about change are relatively unknown. One of them, the therapeutic alliance, is considered a significant process factor related to success in psychotherapy and is fairly consistent over the course of therapy (Klein et al., 2003; Martin et al., 2000). Studies on the therapeutic alliance related to outcome in short term PDT are relatively scarce. The goal of this panel is to present findings from 4 studies that address the therapeutic alliance and outcome with PDT for depression. The data come from three Randomized Clinical Trials on depression in Amsterdam, the Netherlands (de Jonghe et al., 2001, 2004; Dekker et al., 2004, 2008; Driessen et al., 2007). These trials compared short term PDT, short-term PDT plus medication, pharmacotherapy alone and short term Cognitive Behavior Therapy (CBT). The first paper determines the distinct factors of the helping alliance, as measured with the Helping Alliance Questionnaire (HAQ) in PDT. The second paper will address the association of these alliance factors with demographic variables, early symptom change and outcome. The third paper will discuss the results concerning the influence of comorbid personality disorders on the helping alliance and outcome. The last paper will examine the differences in therapeutic alliance and outcome in PDT and CBT.

Psychometric properties of the Helping Alliance Questionnaire (HAQ I)

Mariëlle Hendriksen - Arkin Mental Health Institution, Amsterdam, Netherlands, Jack Dekker, Jaap Peen, Suzan Oudejans, Robert Schoevers, and Rien Van

Aim: Alliance measurements are developed with overlap and differences regarding the theoretical concepts used. There is a need for unification of these theoretical models in order to clarify the nature of the alliance concept. This study analyzed psychometric properties of the HAQ I at two different times in Short-term Psychoanalytic Supportive Psychotherapy (SPSP) for outpatient depression. Methods: Exploratory factor analysis (EFA) was conducted in a sample of 142 patients which generated a model that was confirmed in a second sample of 106 patients using Confirmatory factor analysis (CFA). Results: Two factors were found: Relationship and Internal change, with satisfactory reliability, validity and a consistent structure during treatment. The factor Relationship explained 60 % of the variance and the factor Internal Change 11%. Discussion: The difference in explained variance between the factors, their intercorrelation, their divergence in validity will be discussed regarding empirical and clinical importance. Our second factor closely resembles the factor which Barber & Crits-Christoph (1996) have labeled Early Improvement, based on face validity. Bassler, et al. (1995), Hatcher & Barends (1996) and de Weert-van Oene et al. (1999), based on factor analytic studies, labeled this factor Helpfulness. We decided to label the second factor Internal change, because the content of the items all refer to a sense of intrapersonal change. This refers to a subjective judgment of improvement. Symptom reduction can be a result of this intrapersonal change. Whether the second factor of the HAQ should be labeled: Early Improvement, Helpfulness or Internal change and the clinical relevance of this factor will be discussed with the audience.
Relationship of the distinct factors of the Helping Alliance Questionnaire (HAQ I) with treatment outcome
Rien Van - Arkin Mental Health Institute, Amsterdam, Netherlands, Mariëlle Hendriksen, Jaap Peen, Robert Schoevers and Jack Dekker

Aim: Despite the importance of the overall therapeutic alliance on outcome in psychotherapy, less is known of the different ingredients of the alliance and their relative importance on outcome (Wallner Samstag et al., 2008). Both the influence of various patient and treatment characteristics on the two factors of the HAQ (Relationship and Internal Change) was investigated as well as the predictive value of these two alliance dimensions on outcome in Short-term Psychodynamic Supportive Psychotherapy for depression. Methods: Based on factor analytically derived subscales (Relationship and Internal Change), Analysis of Variance (ANOVA) and step wise multivariate regression analyses was performed on 100 patients from a RCT comparing Short-term Psychoanalytic Supportive Psychotherapy (SPSP) with or without medication for outpatient depression. Results: The level of education and duration of the present depressive disorder were associated with alliance. Alliance was, next to baseline symptom severity, related to outcome but only after early symptom change was left out of the prediction model and this could be attributed to the Internal Change factor only. Discussion: The study confirms the differential predictive value of the Relationship and Internal change factors of the HAQ. Clinical implications will be discussed.

Personality disorders, therapeutic alliance and outcome
Annemieke Noteboom - Ingeest Mental Health Institute, Amsterdam, Netherlands, Jack Dekker, Mariëlle Hendriksen, and Rien Van

Aim: Research on DSM personality pathology related to alliance is, with a few exceptions, (Muran et al., 1994; Strauss et al., 2006) scarce. This is a shortcoming because the clinician in daily practice deals mainly with the DSM classification as a starting point for treatment. Therefore we examined the impact of patients’ axis II personality disorders on the quality of the therapeutic alliance in Short-term Psychoanalytic Supportive Psychotherapy (SPSP) for depression. Methods: Personality was measured with the Dutch version of the Questionnaire on Personality Traits (VQP) in a sample of 100 depressed patients all treated in a RCT comparing SPSP with or without medication. By performing Analysis of Variance (ANOVA), personality dimensions were related to the factors Relationship and Internal Change of the Helping Alliance Questionnaire (HAQ I). Results: Preliminary results suggests: (1) Positive associations between borderline, histrionic, dependent personality disorder and the alliance, mainly the Relationship factor. (2) Negative associations between cluster A personality disorders, antisocial personality disorder and the alliance, mainly the Relationship factor. (3) Personality pathology in general is predictive of the Relationship factor of the alliance, taking into account general patient characteristics such as demographic variables and severity of illness. Discussion: Clinical implications of the differential influence of personality disorders on the distinct factors of the therapeutic alliance will be discussed.

Cognitive Behavioral Therapy (CBT) and Psychoanalytic Supportive Psychotherapy (SPSP): Are there differences in therapeutic alliance and outcome?
Jack Dekker - Arkin Mental Health Institute, Amsterdam, Netherlands, Annemieke Noteboom, Mariëlle Hendriksen and Rien Van

Aim: Variations in therapeutic schools can be of influence on the quality of the therapeutic relationship. In a Randomized Clinical Trial (Driessen et al., 2007) it was investigated whether there was a difference in the quality of the therapeutic alliance between two types of psychotherapy: Cognitive Behavioral Therapy (CBT) and Short term Psychoanalytic Supportive Psychotherapy (SPSP) in a depressed outpatient population. Methods: Analysis of Variance (ANOVA) was performed on the two factor analytically derived subscales (Relationship and Internal Change) of the Helping Alliance Questionnaire (HAQ I) at two moments in time during CBT and SPSP. The sample consisted of 222 patients treated in an ongoing trial that compares SPSP and CBT. Step wise multivariate regression analyses was performed to investigate the predictive value of these two alliance dimensions on outcome. Results: On both the Relationship and Internal Change factor of the HAQ we found no differences between CBT and SPSP. Nor at week 5, or at the end of the treatments. Preliminary analysis suggests that the factor Internal change is predictive of outcome but not the Relationship factor of the HAQ. Discussion: Despite the considerable theoretical and clinical differences between the cognitive behavioral and psychoanalytic approach, no difference in the quality of therapeutic relationship during treatment could be demonstrated. Is the therapeutic alliance thus a common factor that can be seen as a prerequisite for all efficacious psychotherapeutic interventions? The factor Relationship, surprisingly, did not predict outcome and the implications of this finding will also be discussed.

Difficult patients and difficult moments in the therapy session

Difficulties in psychotherapy are an undeniable fact (Lambert & Ogles, 2004; Mays & Franks, 1985), and they have been generally understudied and left out of scientific publications (Barbrack, 1985). As psychotherapy research has shifted emphasis from outcome to process studies, so has research on psychotherapeutic difficulties focused more on process events such as alliance ruptures or failed now moments (Safran & Muran, 2000; Stern et al, 1998). Also, the famous “dodo verdict” has motivated research projects to focus on specific populations for process and outcome studies (Lambert & Ogles, 2004). This panel aims to further explore these research topics: micro-analysis of difficult moments in the therapy sessions, and analysis of particularly “difficult” patients (with “difficult” meaning that those patients or moments are perceived as challenging, less successful or opposing change). The first paper (Ribeiro et al) focuses on therapeutic interaction during ambivalence episodes, in which the development of a new self-narrative is blocked. The second paper (Martínez et al) describes the specific characteristics of patients’ and therapists’ Vocal Quality Patterns (VQP) in stuck episodes, comparing them with change episodes. The third paper (Vilches et al) also focuses on stuck and change episodes, describing the evolution of such episodes along the therapy process and micro-analyzing patients’ and therapists’ verbal communicative actions. The fourth paper (Barrett & Barber) focuses on the challenges of treating depressed patients with clinical, social and economic complexities.

A micro-analytic look at therapeutic interaction in ambivalence episodes
António P. Ribeiro - University of Minho, Braga, Portugal, Joana Loure, Miguel M. Gonçalves, & Eugénia Ribeiro

According to the Innovative Moments Coding System (IMCS) model, change in psychotherapy occurs through the emergence and amplification of different types of innovative moments (i-moments), i.e., micro-narratives that challenge the problematic self-narrative present at the beginning of therapy, facilitating the construction of an alternative self-narrative. The emergence of i-moments challenges clients’ usual framework of understanding (the problematic self-narrative), creating discrepancy or inner-contradiction. We have noticed that in poor outcome cases, as well as in initial and middle phases of poor outcome cases, clients tend to resolve this discrepancy or inner-contradiction through attenuation, that is, by attenuating i-moment’s meaning (by minimizing, depreciating or
trivializing them), making a quick return to the self-problematic narrative. This finding suggests that the relation between the problematic self-narrative and i-moments, in poor outcome cases, is regulated in a way that generates a cyclical movement between innovation and the problem. This form of resistant ambivalence, which we call mutual in-feeding, blocks the development of a new self-narrative. The present work focuses on the intensive qualitative microanalysis of the therapeutic interaction in ambivalence episodes (i.e., after i-moments attenuation), according to an observational coding system under development. Our aim is to shed light on the processes which facilitate or impede the surpassing of mutual in-feeding. We are currently conducting a case-study of a poor outcome case of narrative therapy that will be exemplified through clinical illustrations.

“The sound of stuck”: Comparison of stuck and change episodes vocal quality patterns
Claudio Martínez - Pontificia Universidad Católica de Chile, Santiago, Alejka Tomicic, Diego Chacón & Alejandro Reinoso

Aim: In the context of an ongoing research which general purpose is to generate knowledge about non verbal regulatory processes, by mean therapist-patient vocal coordination, the aim of this presentation is to determine specific characteristics of Vocal Quality Patterns (VOP) of patient and therapist within stuck and change episodes. Methods: Ten stuck episodes and ten change episodes were taken from a short-term psychoanalytic therapy. The total of 20 episodes was analyzed using the Vocal Quality Pattern Coding System (VOP 1.0). Chi square and logistical regressions were performed to compare the pre-ence of different VOP in the patient and therapist speech within stuck and change episodes. Results: Results do not show differences in the presence of VOP within stuck and change episodes. Nevertheless, the patient and the therapist use different VOP in both types of epi-sodes, specifically with regard to Report VOP, Connected VOP, Affirmative VOP and the use of Fill Pauses. Discussion: The scopes of these findings are discussed regarding methodological issues, as well as the formulation of future research questions that the present study may encounter.

Stuck and change episodes: Communicative actions and evolution during therapy process
Oriana Vilches - Pontificia Universidad Católica de Chile, Santiago, Olga Fernandez, Pablo Herrera, Mariana Krebs, Marianne Daher, Marianne Krause

Aim: To describe the evolution of change and “stuck” episodes along the therapy process, and to compare patients’ and therapists’ communicative actions in stuck and change episodes. Methods: The methodology utilizes qualitative design to identify change and stuck episodes in five therapeutic processes. These processes are video recorded and analyzed by a group of trained judges. After that, a random sample of episodes is selected in order to identify communicative actions in each of them. This codification is also made by a group of trained judges, using the Therapeutic Action Codification Manual. Recollected data is then analyzed using quantitative methods (Chi2, Logistic Regression), Results: Results are in process. First, the evolution of change and stuck episodes along the therapy process will be described. Then, communicative actions will be compared (basic forms, communicative intentions, techniques and content). Discussion: Discussion will involve implications for clinical practice and therapist-patient communication.

Treating depressed patients with clinical, social and economic complexity
Mama Barrett - University of Pennsylvania, Philadelphia, USA, Jacques Barber

Aim: Therapists are routinely challenged by the treatment of clinically difficult patients, whether related to substance use disorders, personality disorders, or high risk behavioral problems. Moreover, clinicians are increasingly called upon to treat patients who are challenged by social, economic, and medical hardships in addition to whatever clinical issues may be present. Yet many of the current treatments fail to address these issues and fewer still have directly assessed their effectiveness with these highly complex patient groups. The goal of this paper was to examine the clinical, social, economic, and medical complexities of patients enrolled in 5-year clinical trial of psychodynamic psychotherapy vs. SSRI for treatment of depression. Methods: Included in the study are 156 MDD patients randomized to 16 weeks of psychodynamic psychotherapy, SSRI + clinical management, or Pill placebo + clinical management for treatment of depression. Due in part to aggressive community recruitment, this primarily underserved urban population consisted of 41% males, 52% minority, 62% with chronic/recurrent MDD, 85% co-morbidity, 42% with significant Axis III disorders, and 86% reporting significant psychosocial stressors. Results: Because of the unique nature of this sample, we were able to examine the influences of this clinically and socially challenged patient group on treatment retention and outcome. Preliminary analyses suggest that initial reports of chronicity of illness, co-morbidity, Axis III and Axis IV stressors were unrelated to early treatment withdrawal. Additional analyses will examine the relation of these variables to outcome. Discussion: The present paper offers a unique opportunity to determine the extent to which specific clinical, social, and environmental difficulties of patients influence treatment retention and outcome. The implications from the findings will be discussed.

Alliance and treatment outcome: A new research synthesis
Discussant: Franz Caspar - University of Bern, Switzerland

The continued interest in the quality of the alliance as a robust predictor of treatment outcome keeps generating a great deal of empirical data. The accumulating research covers a broad range of helping modalities applied to a cross section of client issues. Our meta-analysis of this literature is based on more than double the number of reports compared to the last review (Horvath & Bedi, 2002). As a consequence of having such a rich database to work with, we were able to conduct a finer grain of analysis of the variables mediating and moderating the relation of alliance with outcome than the previous investigations. Our analyses of the literature (1978-2008) includes examination of therapist’s effects, the impact of study design features, and the interaction of various combinations of alliance and outcome measures. In addition, we were able, for the first time, analyze alliance-outcome data available in publications written in German, Italian and French previously not available for research synthesis. The relation between alliance and treatment outcomes: The “same old” with new complexities
Adam Horvath - Simon Fraser University, Vancouver, BC, Canada

Aims: Our project aimed to explore, in more detail than it was hitherto possible, the relation between the alliance and treatment outcome, the effects of various research design features, treatment variables, and outcome assessments. Methods: An extensive search of both English and foreign language sources located over 200 research reports. The alliance outcome relations from these studies were extracted, adjusted for sample size, measurement artifacts and aggregated. Separate analyses were conducted for diverse designs, time, sources of alliance measures, treatment and outcome variables, types of research publications. The effect of these moderator variables were contrasted. Results: The over-all ES of alliance on outcome remains relatively stable (95% confidence interval ES: .22-.26). However several variables influencing this relationship are also in evidence. The influence of factors that seem to “complicate” the alliance-outcome dynamics are presented. Discussion: The relation between alliance and outcome of helping
relations well established, robust and reliable; there is little to add to these “facts.” However the very ubiquity of these relations reinforce the need to look “deeper into the well” and discern what process elements are are responsible for this link? To what extent our measurement approaches clarify and confute the “big picture?” The role of meta-analysis in answering these questions will be presented.

The relation of the alliance and outcome: An international perspective
Christoph Flickinger - University of Wisconsin, Madison, USA, AC Del Re, A.O. Horvath, B. D. Symonds.

Aim: The alliance therapy outcome relation has been synthesized using meta analytic methods on three previous occasions (Horvath & Symonds, 1991; Martin, Garske & Davis, 2000; Horvath & Bedi, 2002) each of these analyses aimed to capture the totality of the available research literature. However, for a variety of reasons a significant number of large N studies that have not been published in English have been previously overlooked. The paper is an attempt to remedy this oversight and examine these “foreign” (mostly published in German) literature and situate these contributions in an international context. Methods: This study reached “outside the box” represented by the boundaries of the English language publications and surveyed the German, French and Italian literature. The data in the “non-English” literature are summarized and its protection is placed into the meta-analysis. Results: The relation of outcome and alliance appears consistent with the ES’s found using more traditional methods (omnibus ES: .30). However, the research traditions are not uniform and the type of design and nature of the research methods differ, influenced by traditions and cultural factors. Discussion: Results of research from these diverse traditions will be compared, implications of research designs will be examined and recommendations discussed.

Therapist effects in the alliance/outcome relationship
AC Del Re - University of Wisconsin, Madison, USA, Christoph Flickinger, Adam Horvath, Dianne Symonds

Aim: Although the therapeutic alliance has been documented as a robust predictor of psychotherapy outcomes across multiple meta-analyses, the unique contribution of the therapist and client to the relationship between alliance and outcome is not well understood. The purpose of this analysis was to estimate the degree to which therapist and client variability in their evaluation of the quality of the alliance between them predicts outcome. Methods: The data gathered as part of our recent meta-analysis was analyzed to investigate client and therapist effects. After excluding studies not meeting our inclusion criteria, 150 articles were analyzed for this study. To assess the therapist and client variability in the alliance/outcome correlation, a ratio of client to therapist | | was calculated for each study. This variable was then treated as a moderator in a meta-regression. Results: Results indicate that the client/therapist ratio has a statistically reliable association with the alliance-outcome correlation. Specifically, the fewer clients per therapist, the greater the alliance-outcome correlation. This suggests that the between therapist variability (i.e., the therapist’s contribution to the alliance) in the alliance has a significantly reliable association with outcome. A multivariate moderator analysis indicated that the therapist contribution remains statistically significant even after controlling for potential confounds. Discussion: This study found the variation of the therapist’s contribution to the alliance to be reliably correlated with client outcome. The importance of the therapists’ contribution to the alliance has important clinical implications. The results suggest that even those clients who struggle to form relationships with their therapists will have better outcomes if matched with a therapist who is highly skilled in developing a positive alliance.

Cross cultural evidence-based psychotherapy and assessment: Reliability Study of Systematic Treatment (ST) US & Asian Project and Validity Study of the Outcome Questionnaire 45 Japanese Version
Discussant: Larry Beutler - Palo Alto University, USA

Significant studies have contributed to psychotherapy research and practice for over 30 years, yet a demographically sensitive and evidence-based psychotherapy delivery system has not been established (Beutler, 2004). Over the past two decades, several efforts have been directed at developing an integrated psychotherapy framework to enhance its adoption and application across treatment models and settings. This panel explores some of these efforts as applied to cross-cultural study and enhancement of therapeutic change. Two of the papers address a model of Systematic Treatment Selection (STS) based on 18 general principles of effective interventions. This model not only serves as a system of psychotherapy but as an assessment tool for delivering optimal treatments consistent with extant scientific evidence. The papers present the initial findings from a reliability study of this assessment system, comparing responses of individuals from the US, China, Taiwan, and Japan on treatment related dimensions. The third paper in this panel will present Japanese data on the OQ-45, developed by Burlingame, Lambert, and Reisinger, and colleagues. The Outcome Questionnaire 45 (OQ-45) was developed as the result of a unique collaboration among behavioral health care administrators, practitioners, and academic researchers for requests of cost control, beneficial intervention, useful monitor tool, and reliable service. The OQ-45 assesses function of three domains: symptom distress, Interpersonal function, and social roles. These papers will be discussed by Larry E. Beutler, Ph.D.

Cultural consideration among systematic treatment questionnaires in Taiwan
Hsin-Jung Chen - National Taiwan Normal University, Taipei, Li-fei Wang

Language has been served as a significant factor on cross-national studies, especially when researchers collect data by a paper-and-pencil type of measures. This presentation would like to raise some cultural consideration when conducting the Taiwanese version of Systematic Treatment (ST) questionnaires in Taiwan. First, the procedure of conducting the translation and back-translation of ST questionnaire in Taiwan will be discussed. Second, in order to identify cross-cultural differences and similarities on the ST questionnaires—the measurement of “inner-life”, we examine the construct of self determination capacities and opportunities to test the cultural sensitivities about each subscale to validate the diversity and convergence. Detail results and discussion about future research and practice will be presented in the conference.

A cross-cultural validation study of the outcome questionnaire 45 (OQ-45) Japanese version
Risa Takara - Brigham Young University, Provo, UT, USA, John Okishi

The need for psychotherapy outcome research is growing in Japan as the societal demands for psychotherapy have increased recent years (Tanno, 2001). Researchers in Japan state the importance of integrating clinical practice and empirical research in evaluating psychotherapy outcome (Iwakabe, 2008; Shimoyama, 2008). The Outcome Questionnaire (OQ) (Lambert et al., 1996) is one of the most
commonly used outcome measures that utilizes the scientist-practitioner model. In our study, we will examine the validity and reliability of the Japanese version of this Outcome Questionnaire by replicating the cross-cultural validity study done by Jong et al. (2007). As an initial stage of the study, we completed the translation of the original OQ into Japanese by following the steps presented by Beaton et al. (2000). The translation process included the following steps: back-translation, the use of a bilingual committee to develop a pre-final version, and then testing the pre-final version. Modifications were made on a few items for cultural adaptation with permission from the original developers. These processes of systematic translation and adaptation of the instrument were conducted in order to achieve semantic, idiomatic, experiential, and conceptual equivalence between the English and Japanese versions of the instruments. We will be eventually gathering data from university, community, and clinical samples in Japan using the Japanese OQ. The collected data will be statistically analyzed to conduct normalization for the Japanese OQ and to evaluate its psychometric properties.

Reliability for Systematic Treatment (ST) Questionnaires among US, China and Japan
Aaron Michelson - Palo Alto University, USA, Lindsey Hogan, Xiaoxia Song, Satoko Kimpara, Shijin Sun, Akira Tsuda, Guohong Wu, Yoshiyuki Tanaka, Larry E. Beutler

As the first phase in a series of studies, this paper addresses reliability studies conducted in US, China, and Japan, regarding 26 kinds of interpersonal and psychological problems and six STS (individual dispositional factors) scales. Three sets of data were collected from 200-300 clinical and non-clinical community samples from US, China, and Japan. Participants were over the age of 18 and balanced in age, gender, and education. Translation and back translation was conducted by senior researchers or language professors who were proficient in either English, Chinese, or Japanese. Each participant answered 171 questions as well as a short section with three feedback questions (US-English, China-Chinese, and Japan-Japanese) by utilizing an online or paper and pencil approach. After evaluating the readability and comprehensiveness of these items, reliability for each scale and sub-scale was conducted using both alpha-test and distributional analysis in order to identify cross-cultural differences and similarities on the ST questionnaires. These scales and subscales will measure the client’s psychological and dispositional factors that guide individually tailored treatment and improve outcome. In addition, this paper delivers descriptive information about cross-cultural attributes toward self-help resources and therapist preferences.

Panel Change
Moderator
Robert King - The University of Queensland, Brisbane, Australia

Modeling psychotherapeutic change
This panel comprises 4 papers that explore theoretical and empirical issues associated with models of psychotherapeutic change. The first paper provides an overview of the literature concerning models of psychotherapeutic change, highlighting different approaches to modeling change and identifying conceptual and empirical challenges associated with each approach. The subsequent papers explore three different approaches to modeling change: investigation of client accounts of change, investigation of therapist reports and investigation of therapy transcripts. Each paper concerns a specific therapeutic modality: individual psychotherapy, family therapy and group psychotherapy. Each paper examines both the conceptual issues associated with modeling change and discusses the advantages and limitations of the modeling approach used. Provisional conclusions concerning change mechanisms and the implications for training of therapists are offered.

Models of psychotherapeutic change
Robert King - The University of Queensland, Brisbane, Australia

It is well established that psychotherapy is associated with client change on a number of dimensions. The processes by which this change occurs have been extensively investigated but the research has left as many questions as answers. While it is generally understood that change is a function of client factors, therapist factors and factors specific to the therapy undertaken. Most models suppose a complex interaction between these factors and there is considerable contention as to the relative importance of these factors. It is unclear as to the constancy of change factors across different forms of psychotherapy and group and family therapies may have change processes that are different from those that operate in individual psychotherapy. There is no clear consensus as to the most effective means of investigating the process of psychotherapeutic change and a wide range of quantitative and qualitative methods have been applied. This paper surveys literature investigating therapeutic change processes and discusses the achievements, conundrums and challenges demonstrated by previous research. It provides an introduction to the subsequent papers that present specific contemporary approaches to modeling psychotherapeutic change.

Modeling both symptom-level and narrative-level changes in individual psychotherapy
Jonathan Adler - F.W. Olin College of Engineering, Needham, USA

The modeling of therapeutic change in individual psychotherapy has traditionally focused on tracking the evolution of clients' symptoms. Yet when clients look back on their experiences in treatment they often recount the ways in which therapy impacted their sense of self. Blending the longitudinal modeling tools of psychotherapy researchers with methods developed by personality psychologists for assessing narrative identity development, the study presented here assessed the co-evolution of symptom-level and narrative-level changes in clients. 47 adults who received individual psychotherapy under naturalistic conditions in an outpatient clinic responded to symptom questionnaires and wrote personal narratives prior to their first session of treatment and between every subsequent session for the first twelve sessions. Symptoms were assessed using the Systemic Therapy Inventory of Change (STIC, Pinsof et al., 2009). Narratives were coded using established systems for the theme of agency and overall coherence. HLM was used to assess the co-evolution of clients' symptoms and their narratives. As expected, clients exhibited symptomatic improvement over the course of treatment. In addition, their narratives became increasingly agentic, while no consistent pattern of change in coherence was observed. Lagged growth curve models revealed that narrative changes in the theme of agency occurred temporally prior to symptom-level changes. The results indicate that symptom-level changes follow different courses than narrative-level changes over treatment. In addition, the results point to the importance of modeling narrative changes, as they occur prior to symptom-level changes.

Modeling change through therapist review of family therapy sessions
Sophie Holmes - Williams Road Family Therapy Centre, Melbourne, Australia

A distinctive characteristic of family therapy is that therapeutic processes focus on system level change rather than on change at the level of the individual within the system. While there are often one or more individuals within the system who are identified as having a specific problem or need for change the therapist is primarily concerned with the family as a system. The theoretical
framework holds that individual problems and symptoms are either generated by or sustained by the system and that system level change is a logical requirement for change in the individual. The aim of this study was to investigate and model change at system level through therapist review of videotaped sessions of family therapy. Therapists were asked to identify change moments and to explain the therapeutic activities and challenges associated with those moments. Analysis of therapist responses using qualitative methods was used to generate a model of therapeutic change in family therapy, which is presented and discussed in this paper.

**Modeling therapeutic change in group therapy**

*Tom O’Brien - The University of Queensland, Brisbane, Australia, Mary O’Brien, Robert King*

Psychotherapy groups have an established evidence base for promoting therapeutic change among group participants and have often been found to have equivalent effectiveness to individual psychotherapy. However the processes by which therapeutic change occur are thought to be different from those present in individual therapy in that interaction between group members is thought to be a critical factor in change and one that may be as important as the interventions of group leaders. This study investigates change processes in a supportive expressive group for women with advanced breast cancer. We have previously shown that participation in this group has sustained benefits for the well-being of participants. The focus of this study is on identification of moments within group sessions where changes are occurring and on investigation of both group processes and group leader interventions associated with these changes. The work presented here builds on previously presented work investigating a specimen session and focuses on methodological issues associated with development of inter-rater agreement. Some preliminary consideration is given to the implications for the development of a model of therapeutic change in group psychotherapy.

**The psychotherapy phase model: Validation, extension, and identification of variables that predict outcomes**

*Discussant: Tracy Eells - University of Louisville, USA*

The phase model (Howard, Lueger, Maling, & Martinich, 1993) corrected the misunderstanding that psychotherapeutic improvement is a unidimensional phenomenon where changes in a global mental health score accurately represent treatment progress. The model proposes that positive change is achieved through a multidimensional process with improvement in each previous phase being necessary for improvement in the next phase; that is, across sessions, well-being improves first, followed by symptom remission, and finally life functioning increases. Stulz and Lutz (2007) validated the standard phase model, calling it the phase model consistent latent class. Additionally, they uncovered two other latent classes that were characterized by different patterns of change—partial rapid responders and symptomatically highly impaired patients. The first paper replicates Stulz and Lutz’s findings using a briefer instrument, the Behavioral Health Measure-20, with patient samples from large university counseling centers. The other papers will determine which selected variables—patient-identified problems (second paper) and psychotherapy readiness (third paper)—predict the different phase classes and also predict phase model outcomes. We expect our findings to identify distinct patterns of change associated with initial patient characteristics. This information may provide the opportunity to develop more effective and efficient psychotherapeutic strategies.

A validation and extension of the phase model in the context of early change in psychotherapy

*Andre Bittermann - University of Trier, Germany, Wolfgang Lutz (University of Trier), Mark K opta, Stephen Saunders, Richard Kadison, and Jenny Lowry*

Aim: Psychotherapy outpatients were identified on the basis of distinct phase model patterns regarding the phases of well-being, symptom distress, and life-functioning. Method: Data on 3588 psychotherapy outpatients were collected from counseling centers at Johns Hopkins University, Harvard University, and the University of Minnesota. Patients completed the Behavioral Health Measure-20 at each psychotherapy session. Results: Distinct patient classes were identified using advanced growth models. The phase model consistent class—where well-being improves first, followed by symptom remission, and then later by an increase life functioning—was validated for the largest group of patients. However, additional patient classes distinct from this pattern were found. Within the major patient subgroups, differential treatment effects were discovered. Discussion: Results on patient subgroups with different change patterns may support classification of patients during the early period of treatment. The phase model consistent as well as phase model inconsistent patient classes will be discussed in depth in terms of their practical relevance in monitoring treatment progress.

Influences on phase model outcomes: Patient-identified problems

*Julia Rubinstein - Marquette University, Milwaukee, USA, Stephen Saunders, Mark K opta, Zoran Martinovich, Wolfgang Lutz (University of Trier), Scott Leon*

Aim: Psychotherapy outpatients were identified on the basis of distinct phase model patterns (latent class) regarding the phases of well-being, symptom distress, and life-functioning. We will investigate which Johns Hopkins University (JHU) Problem List scales, as initial patient characteristics, predict the different phase model classes. Method: Data on 2135 psychotherapy outpatients were collected from the counseling center at Johns Hopkins University. Patients completed the Behavioral Health Measure-20 and the 45-item JHU Problem List at each psychotherapy session. Results: Distinct phase classes were identified using advanced growth models as reported in the Bittermann, Lutz et al. paper above. SPSS mixed model procedures will be used to determine which problem list variables (e.g., relationship with romantic partner, grief over death, sexual abuse as a child) predict specific phase classes and also predict phase model outcomes. Discussion: Research on identifying initial problems that can be associated with different phase classes and phase model outcomes is valuable in developing treatment planning and cost-effective strategies.

Influences on phase model outcomes: Readiness for psychotherapy

*Stephen Saunders - Marquette University, Milwaukee, USA, Mark K opta, Zoran Martinovich, Michael Mond, Glenn Hirsch, Matt Hansen*

Aim: Psychotherapy outpatients were identified on the basis of distinct phase model patterns (latent class) regarding the phases of well-being, symptom distress, and life-functioning. We will investigate which Psychotherapy Readiness variables, as initial patient characteristics, predict the different phase model classes and phase model outcomes. Method: Data on 1453 psychotherapy outpatients were collected from the counseling centers at Harvard University and the University of Minnesota. Patients completed the Behavioral Health Measure-20 and the Psychotherapy Readiness Scale at each psychotherapy session. Results: Distinct patient
classes were identified using advanced growth models as reported in the Bittermann, Lutz et al. paper above. SPSS mixed model procedures will be used to determine which Psychotherapy Readiness variables (i.e., self-efficacy, chronicity, previous psychotherapy, need for psychotherapy) predict specific phase classes and also predict phase model outcomes. Discussion: Research on identifying initial psychotherapy readiness factors that can be associated with different phase classes and phase outcomes is valuable in developing treatment planning and cost-effective strategies.

Panel
Therapist
David Kraus - BHL, Marlborough, USA

Effective therapists

Discussant: Jacques Barber - University of Pennsylvania, Philadelphia, USA

The Treatment Outcome Package (TOP) was developed to follow the design specifications set forth by the Core Battery Conference sponsored by SPR in 1994. It has now been used by more than 40,000 therapists with more than 1,000,000 patients, leading to numerous studies and applications. The goal of this panel is to present studies conducted from this archival dataset. The first paper by Kraus, Castonguay, Nordberg, Boswell, & Hayes will look at therapist effectiveness across multiple disorders. The second study by Nordberg, Boswell, Kraus, Castonguay, Hayes and Wampold will explore multiple techniques for evaluating and ranking therapist effectiveness while exploring therapist ability to treat uncomplicated depression vs. depression with co-morbid substance abuse. The third study by McAlleavy, Nordberg, Boswell, Kraus & Castonguay will explore the sensitive and specificity of TOP diagnostic algorithms for Major Depression.

Therapist competencies and implications for patient care
David Kraus - BHL, Marlborough, USA, Louis Castonguay, Samuel Nordberg, James Boswell

This paper will look at therapist effectiveness across multiple disorders. In a study of 6,960 patients seen by 696 therapists, we defined an effective therapist as one whose average patient reliably improves (i.e., the level of patient improvement exceeds the reliable change index (Jacobson & Truax, 1991) for the scale), and demonstrated that the average therapist had five areas on the TOP of documented effectiveness; 96% of therapists were effective with at least one patient group, and no therapist was effective with all disorders. On the other hand, many therapists are practicing outside of their areas of proficiency and causing harm to their patients (i.e., these harmful therapists are making their average patient reliably worse).

Therapist effectiveness treating depression with and without co-morbid substance abuse
Sam Nordberg - Penn State University, University Park, USA, James Boswell, David Kraus, Louis Castonguay, Jeffrey Hayes and Bruce Wampold

Nordberg, Boswell, Kraus, Castonguay, Hayes and Wampold will examine various methods for ranking therapists on treatment effectiveness at treating patients with depression. Therapists were ranked, relative to one another, on their performance over the first seven weeks of therapy with clients who were elevated on the Depression sub-scale of the TOP. Relative rank was calculated using methods that could account for initial patient severity: Residualized Gain Scores and Multi-level Models. The rankings for the various methods were compared, to assess for stability across method. Lastly, therapists were ranked on their performance treating clients with high Depression and Substance Abuse sub-scale scores, and these rankings were compared to those for treating clients with elevations only on the Depression sub-scale.

Discriminant function analyses of the treatment outcome package’s ability to predict diagnoses of major depressive disorder
Andrew McAlleavy - Penn State University, University Park, USA, Samuel Nordberg, James Boswell, David Kraus, Louis Castonguay

One of the main strengths of the Treatment Outcome Package (TOP) as a clinical tool is its specificity. By assessing psychological symptoms across a wide array of DSM-IV Axis I criteria with a robust 12-factor structure, the TOP currently provides clinicians with a simple measure of symptomatic distress. Further, the TOP currently provides clinicians with diagnostic considerations, primarily derived from the presence of certain hallmark symptoms of disorders. However, an actuarial approach to this issue may provide more accurate suggested diagnoses for clinicians to consider. Using a sample of outpatient therapy clients entering treatment at a rural Community Mental Health Center (CMHC), this paper examines the TOPs ability to predict diagnoses of Major Depressive Disorder (MDD) and current Major Depressive Episode (MDE). Along with completing the TOP, all clients receive an intake assessment including the ADIS-IV and the IPDE, two well-validated semi-structured diagnostic interviews, and clinicians in the CMHC have been shown to be reliably diagnose MDD. Two discriminant function analyses (DFAs) will be reported with the TOP subscales as predictors and MDD and MDE as dependent categorical variables. Results of the DFAs will potentially provide support for the use of the TOP to predict clinically reliable diagnoses.

New perspectives on therapeutic communication and change

Discussant: Clara E. Hill - University of Maryland, College Park, USA

Although psychotherapy is delivered mainly through communicational techniques, the study of these techniques has received less attention than it deserves in psychotherapy research. The reason behind this fact is probably the evidence that therapeutic techniques seem to have little impact on outcome (Lambert & Barley, 2001; Wampold & Brown, 2005). We propose that their lack of impact on results is an artifact of research, mostly because techniques have often been studied in relation to specific therapeutic schools. Since it is well known that different therapeutic schools do not seem to make the difference when it comes to outcome, a promising perspective would be to look at therapeutic communication techniques from a “generic” point of view, not specific to therapeutic schools. In this panel we will show three different studies that look at therapeutic communication (or interaction) from this generic point of view, relating it to ongoing change and/or outcome. The first paper (Eugenia Ribiero) will examine the micro-processes involved in the therapists’ and clients’ actions that are related to the therapeutic alliance. The second paper (Olga Sutherland) will assess therapeutic collaboration through a conversational analysis of the dialogues between therapists and clients. Finally, the third paper (Marianne Krause) will examine clients’ and therapists’ communicative actions, relating them to the evolution of change in psychotherapeutic processes. These papers will be discussed by Clara Hill.
Therapeutic alliance as therapists’ and clients’ actions coordination

Eugênia Ribeiro - University of Minho, Braga, Portugal, Helena Azevedo, Susana Oliveira, Miguel Gonçalves

Aim: A new research focus has been identified in the alliance field, emphasizing the micro-processes involved in the therapeutic interaction. Using this perspective, we are hypothesizing that the good alliance is supported on the balance of therapist and client’s actions. More precisely we hypothesize that this balance involves the coordination of two types of therapists’ interventions: understanding and challenge client’s positions - with two types of complementary reactions from the client side, respectively security and emergence of novelty. The present paper will analyze the development of this balance in two successful clinical cases, one from cognitive-behavioral therapy and another one from narrative therapy. Methods: The methodology involves intensive analyses of therapeutic interactions in each session in order to identify the processes of understanding and challenging, from the therapists’ side and processes of security and novelty emergence, from the side of the client. Two judges are analysing all the sessions, using a preliminary observational system of these processes (Ribeiro, Gonçalves & Horvath, 2009). They are identifying positive and negative episodes of understanding / security (therapist) and challenge / novelty (client), along the therapeutic processes, contributing to constructing the coding system of these categories. Results: Although the analysis is yet in process, we plan to present the evolution of the therapist and client’s action coordination along the therapeutic processes, illustrating it with examples of positive and negative coordination episodes. Discussion: Results will be discussed concerning the conceptual, clinical and supervision implications.

Therapeutic collaboration: A conversation analysis of constructionist therapy

Olga Sutherland - University of Guelph, Guelph ON, Canada

Aim: Collaboration has been a frequently used construct to describe the practices of different psychotherapeutic approaches for working together. Missing, however, is a sense of how the therapeutic collaboration alliance is enacted in dialogues between therapists and clients. After defining “collaboration”, I analyze the actual conversational practices of Karl Tomm, a well-known psychiatrist and couple family therapist, in his work with a couple using a qualitative research method of conversation analysis (CA). My aim is to highlight the conversational accomplishment of collaboration in observable ways that I feel can be linked to enhancing one’s conversational and collaborative practice of therapy. Methods: Dr. Tomm’s participation entailed selecting a session of couple or family therapy that was representative of his approach to working with clients. Having received the videotape from him, I transcribed and analyzed it using CA. Results: Most communicative “strategies” and “devices” I observed occurred more than once throughout the duration of the session. I will demonstrate and discuss how the participants developed therapeutic interaction and meaning collaboratively. Discussion: My analysis challenges a perception that clients are docile and passive recipients of therapist knowledge. It further suggests examining therapists’ and clients’ interactions in adjacent rather than disjointed ways. Overall, I saw therapeutic relationships as derived from the conversational practices used within them rather than being derivatives of social structure or mental attitudes. The results suggest that a more dialogical and dynamic approach to conceptualizing and studying relationships is needed that accounts for all participants’ reflexive and negotiated interactions.

Therapists’ and clients’ communicative actions related to change

Mariane Krause - Pontificia Universidad Católica de Chile, Santiago, Carola Pérez, Alekma Tomicic, Nelson Váldes, Paula Dagnino, Carolina Altimir

Aim: The Chilean Psychotherapy & Change research group developed a coding system for the analysis of the therapeutic communication (TACS) that can be applied to the verbalizations of both therapists and clients. The TACS distinguishes different dimensions of communication: Basic Linguistic Forms, Techniques and Communicative Intentions. The Techniques dimension includes those already identified by other rating systems (Elliott, et al., 1987; Hill, 1978; Stiles, 1982). The aim of the present study is to examine clients’ and therapists’ communicative actions along these three dimensions and their relation to the evolution of change. Methods: Change episodes belonging to 14 therapeutic processes were analyzed with TACS, relating communicative actions to developing changes within Change Episodes, through logistic regression analyses. A comparative analysis of communicative actions in different phases of change in the whole therapeutic process was also carried out. Results: An evolution within the Change Episode was observed along all three dimensions of communication. Thus, for example, the Basic Form “asking” is more frequent in the initial than in the final phases of the episode, whereas the Technique “interpretation” is more frequent in the final phase, and the Communicative Intention “exploring” is more frequent in initial than in final phases. Discussion: The three dimensions of communicative actions show an evolution within the Change Episode, as well as differences according to the phases of change within the therapeutic process. These results are consistent with the notion of change as a process that develops throughout the whole therapeutic process.

Panel

Quality

Moderator

Michael J. Lambert
- Brigham Young University, Provo, USA

Feeding back progress information and its effects

Discussant: Wolfgang Lutz - University of Trier, Germany

The goal of this panel is to summarize the effects of feeding back patient progress information based on six clinical trials using a mega- and meta-analysis of outcomes. In addition, future directions for research and practice will be highlighted, particularly with regard to the use of decision support tools with patients that are showing unusually poor progress. The use of these tools will be described for both adult and child populations and there differences highlighted. The consequences of using these methods with substance abusing clients, inpatient eating disordered clients, and with a hospital-based outpatient clinic will be presented along with the difficulties that these populations offer to researchers and clinicians.

Enhancing outcome in patients at risk of treatment failure

Kenichi Shimokawa - University of Rochester, Japan, Micheal J. Lambert, David M. Smart

Aim: Psychotherapy outcome research has documented worsening among 5 to 10% of patient population. In this study, we reanalyzed the original data from six major studies (N=6151) to examine the effects of provision of progress feedback on patient outcome. The psychotherapy quality assurance system studied involved three forms of feedback interventions to enhance treatment outcome in patients at risk of treatment failure: provision of progress feedback to therapists; provision of progress feedback to both therapists and patients, and utilization of Clinical Support Tools in addition to progress feedback. The effects of these feedback interventions on patient outcomes were examined against the outcomes of patients in routine practice (TAU). Methods: Meta-analytic and mega-analytic techniques were utilized in intent-to-treat and efficacy analyses of feedback interventions. Treatment outcome was measured by Outcome Questionnaire-45 and evaluated on the basis of group differences in mean post-test scores, rates and x

Panel

Quality

Moderator

Michael J. Lambert
- Brigham Young University, Provo, USA
examine the extent to which feelings of hypervigilance and fear associated with the exercise of free speech in non-democratic of feedback interventions were effective in enhancing treatment outcome for patients predicted to experience treatment failure. Two of the three feedback interventions (Clinical Support Tools and the provision of patient progress feedback to clinicians) were also effective in preventing treatment failure. Discussion: Clinical implications of the findings from this study and recommendations for future research will be discussed. Treatment failure, Psychotherapy quality assurance

When my client is getting worse
Russell Bailey - Veterans Hospital, Albuquerque, USA, Kevin Kimball & Michael J. Lambert

Aim: Continuously informing clinicians about their clients’ progress in therapy has been demonstrated to improve outcomes, especially for clients predicted to fare poorly in therapy. The Clinical Support Tools is a problem-solving strategy for when clients are predicted to experience negative treatment outcomes. We address the development and clinical utility of a brief measure (Assessment for Signal Clients, ASC) to assess important treatment indicators (therapeutic alliance, social support, motivation for therapy, life events), with client responses fed back to clinicians. ASC items were administered to several clinical and non-clinical populations (N = 556) for the purpose of developing a brief measure with cutoff scores. ANOVA and post hoc t-tests were used to determine how different groups responded to the items. The results for social support are presented, demonstrating how feedback can give meaningful information to clinicians for the purpose of enacting interventions to right the course of therapy.

Youth psychotherapy change trajectories and outcomes in usual care
Jared Warren - Bringham Young University, Provo, USA, Philip L. Nelson, Gary M. Burlingame

This study compared symptom change trajectories and treatment outcome categories in children and adolescents (ages 4–17) receiving outpatient mental health services in a public community mental health system (n = 936) and a private managed care organization (n = 3075). Archival longitudinal outcome data from parents completing the Youth Outcome Questionnaire (Y-OQ) were analyzed using multilevel modeling and partial proportional odds modeling to test for differences in change trajectories and final outcomes across the two service settings. Results indicated that although initial symptom level was comparable across the two settings, the rate of change was significantly steeper for cases in the private managed care setting. In addition, 24% of cases in the community mental health setting demonstrated a significant increase in symptoms over the course of treatment, compared to 14% of cases in the managed care setting. These results emphasize the need for increased attention to change processes in usual care settings, and provide a stronger foundation for identifying child and adolescent cases at risk for negative outcomes.

Home assignment assignments in psychotherapy: Process and outcome data from four studies
Discussant: Henny Westra - York University, Toronto, ON, Canada

Empirical research has shown that use of homework assignments in psychotherapy and client compliance with homework have a beneficial effect on treatment outcome (Kazantzis & Lampropoulos, 2002). Further, there is emerging theoretical and empirical evidence suggesting that homework assignments (or between-session activities) are being used by therapists of various theoretical orientations. However, there is little (and often contradictory) data regarding the methods, tasks, behaviors, obstacles, predictors and outcomes of homework use, particularly among different theoretical orientations. Further, a great deal of the empirical literature on homework is often fragmental and suffers from methodological limitations, such as small and local sample sizes, and is restricted to CBT or specific disorders, and limited in scope. This panel presents the results of four new homework studies. The first is a large-scale survey of homework use among U.S. licensed psychologists who practice psychotherapy. It investigates in detail the methods of use, the specific types of homework tasks, the specific therapist behaviors related to homework, and the common outcomes and obstacles in using homework across many different theoretical orientations. The second study is also a large-scale empirical investigation of 33 theoretically and empirically proposed predictors of homework compliance in a diverse clinical sample. The third study is a randomized controlled trial of three different types of self-help (homework) assignments for depression (CBT, CBT-Interpersonal, and Positive Psychology homework conditions). The fourth study presents a series of case studies that investigate the use of homework in ADHD coaching, employing several process and outcome measures (homework and other).

A national study of methods, obstacles and outcomes of homework use among therapists of different theoretical orientations
Georgios Lampropoulos - Florida State University, Tallahassee, USA, Megan Moore

Aim: Although homework assignments have traditionally been used and found to be effective within a CBT framework, recent theoretical writings and preliminary practitioner surveys have suggested that many psychologists from different theoretical orientations use homework in their clinical work (Kazantzis, Lampropoulos, & Deane, 2005). However, very little is known about the specific ways homework is used in routine clinical practice, as well as the specific types of homework activities and common difficulties in their application among therapists of various orientations. The aim of the study is to provide data on the similarities and differences in methods of use, specific tasks, therapist behaviors, obstacles, and outcomes of homework use by therapists of diverse theoretical orientations. Method: After an exhaustive review of the literature on homework use among different theoretical orientations, we developed a survey that included (a) a list of 10 items that measure patterns and outcomes of homework use; (b) a list of 51 theoretically diverse homework tasks; (c) a list of 23 therapist behaviors related to the use of homework in treatment, and (d) a list of 18 barriers to completing homework. Data was obtained from 320 representative surveys from an original random national sample of 1,000 licensed psychologists (provided by the APA). Results: Data are currently being analyzed with a variety of statistical methods, including factor analyses. Preliminary analyses have shown significant commonalities and differences in the aforementioned areas of homework use among practitioners of different theoretical orientations. Discussion: Complete results and their implications will be presented and discussed, shedding light on the status of homework as a common or specific factor in therapy. Methodological issues and limitations will be addressed.

Factors affecting compliance with homework in psychotherapy; Results from a large U.S. study
Megan Moore - Florida State University, Tallahassee, USA, Georgios Lampropoulos

Aim: Although meta-analytic data show that compliance with homework in psychotherapy improves outcome, there has been little research on predictors of compliance. Existing studies have generally been limited to CBT and homogeneous client groups (anxiety/depression) or focused on a limited number of predictors, using small local samples. Not surprisingly, the findings are
inconsistent and difficult to evaluate. Following a review of the literature (and pilot testing of the instrument), the present study investigated a large number of possible predictors of compliance with homework assignments in psychotherapy, as practiced in a variety of naturalistic clinical settings and in a large U.S. sample of therapists across many theoretical orientations. Method: Data was obtained from 304 complete surveys from an original national sample of 1,000 licensed psychologists. Participants were asked to describe the last homework assignment they discussed with a client, and provide detailed information regarding its design, implementation and outcome. A total of 33 proposed predictors of compliance were investigated (a mix of therapist and client demographic and clinical variables, including task-related factors). Results: A few variables emerged as significant predictors, accounting for a significant amount of variance in homework compliance. Client motivation for homework in general and for the specific homework task in particular were the strongest predictors, while participant demographics were generally not related to compliance. Further, compliance with homework was highly predictive of client benefit from the assignment. Discussion: This is the largest study of its kind in terms of sample size, diversity and generalizability, and number of compliance predictors investigated. The results help clarify prior findings and contribute some new ones. Detailed results and their implications will be presented, along with study limitations.

A comparison of self-help (homework) activities for mood enhancement: Results from a randomized controlled trial

Jerry Walker - Florida State University, Tallahassee, USA, Georgios Lampropoulos

Aim: Homework assignments are integral to CBT for depression, yet noncompliance is common. Some of these difficulties may be rooted in CBT’s focus on negative symptoms. In contrast, positive psychology emphasizes positive emotion, client strengths, and prosocial engagement. As theory and preliminary research suggest, positive psychology interventions could help engage depressed clients and improve treatment outcome. The current study compares homework assignments from these theoretical orientations.

Method: A protocol-driven RCT with three experimental and one control condition (delayed intervention) targeting mildly to moderately depressed student volunteers. Participants were randomly assigned to complete either CBT homework assignments with an interpersonal element (CBT-I) or without an interpersonal element (CBT-A) or positive psychology homework assignments (PP, i.e., volunteering) over a two-week period. Results: Sixty-nine participants have enrolled in the study so far and recruitment continues. Preliminary analyses of 43 completers indicate that CBT-I and PP assignments were equally effective in reducing depressive and general psychological symptoms (measured by the CES-D and the PSWQ). Compared to the control condition, the effect sizes for CBT-I on the two outcome measures were very large (d = 1.15 and 1.51). The same was true for PP (d = 1.22 and 1.37).

Clinically significant improvement or recovery rates on the OO-45 were 62% for CBT-I, 70% for PP, and 0% for the control condition. Complete comparisons between the four conditions for the total sample and on all five outcome measures (including well-being, positive emotions, and behavioral activation scales) will be presented. Discussion: These preliminary results support the utility of positive psychology and interpersonally-focused homework assignments for the treatment of depression.

Systematic case studies in the use of homework in ADHD coaching

Candice Franco - Florida State University, Tallahassee, USA, Georgios Lampropoulos, Frances Prevatt

Aim: Coaching is a relatively new but frequently used intervention for adults and adolescents with ADHD. It primarily consists of behavioral interventions designed to assist clients in gaining control of their symptoms and achieving goals they set. The use of homework assignments is integral to ADHD coaching. However, there has been only one study of the homework process in ADHD coaching. The goal of this study is to present three systematic case studies of the use of homework with three different clients receiving ADHD coaching. Method: One adolescent, one young adult, and one middle-aged client received the standard 8-week coaching protocol employed at the ADHD evaluation and coaching clinic of a large southeastern university. All three clients completed a series of psychometrically sound measures assessing ADHD symptoms, educational difficulties, and general psychological symptoms (e.g., Outcome Questionnaire-45) at the beginning and end of treatment. They also completed goal-setting and working alliance measures at least once during the treatment. Further, clients and therapist completed weekly measures of homework compliance and other homework-related variables (e.g., client motivation, preparation, and benefit), along with a weekly tracking of client progress on their stated goals for coaching. Results: Results will include descriptive statistics, calculation of clinically significant changes for all pre-post measures used, and examination of covariation of the various homework process variables and goal achievement throughout treatment. These will be discussed in the context of the specific types of issues and coaching foci for these three diverse types of clients. Discussion: The results are expected to shed light on the process and outcome of using homework with different types of clients receiving ADHD coaching.

Current research on psychotherapy process and outcome for borderline personality disorder:

Identifying evidence based principles

Several studies have demonstrated the efficacy of various treatments for borderline personality disorder (BPD). However, little is known about the processes of mechanisms that may underlie the effectiveness of these treatments. In this panel we will present three papers examining meta-analytic processes as they relate to outcomes with the goal of identifying useful principles in the treatment of BPD. William Ellison will present, meta-analytic data on the mean effect size of psychotherapy for BPD as well as moderators of these effects. Rachel Wasserman will present findings regarding the impact of therapeutic alliance on treatment retention and outcome from a recently completed RCT comparing Transference Focused Psychotherapy, with Dialectical Behavior Therapy and Supportive Psychotherapy for BPD. Finally, Joseph Beene will present finding examining how attachment relates to alliance in the same RCT. The implications of our findings for psychotherapy research and treatment of BPD will be discussed.

A meta-analytic perspective on psychotherapy research for borderline personality disorder

William Ellison - Penn State University, University Park, USA, Kenneth N. Levy

Aim: The aim of this paper is to provide a quantitative review of the available research on psychotherapy for BPD. This synthesis includes a description of the effect of various treatments for the disorder and an examination of factors that moderate this effect.

Methods: A comprehensive literature search was conducted of online databases, reference sections, and conference abstracts. Published, English-language reports of outcomes of psychotherapy for samples with BPD were eligible. Morris’s (2000) unbiased estimator of Becker’s (1988) standardized mean-change effect size was used to characterize the effect of each intervention, and weighted least-squares regression was conducted to determine the effect of moderators. Results: The literature search yielded usable data from 34 separate samples with a combined sample size of 985. The mean pre-post effect size of psychotherapy was larger for BPD symptoms than for depression, interpersonal problems, and general functioning, although all effect sizes were large. Enough heterogeneity was found around each effect size estimate to suggest that moderator variables have some influence on these
effects. The impact of specific moderators, including sample characteristics, treatment parameters, and study design variables, is discussed. Discussion: Research into therapy for BPD is highly variable in terms of study design and sample, making an examination of the effect of treatment parameters difficult. However, the available meta-analytic evidence suggests that certain treatment variables have an impact on symptom reduction. In addition, the current study highlights areas in which psychotherapy for BPD may be improved.

Working alliance as a predictor of dropout and outcome in the treatment of borderline personality disorder
Rachel Wasserman - Penn State University, University Park, USA, Kenneth N. Levy, John F. Clarkin, Otto F. Kernberg

Aim: The aim of this study is to understand a proposed mechanism of change in psychotherapy for Borderline Personality Disorder (BPD) through examination of the relationship between alliance and outcome in two well established treatments for BPD. We seek to answer two primary questions regarding the alliance in BPD: 1) is alliance predictive of treatment retention in this population? And 2) do patient and therapist contributions to the alliance both uniquely predict treatment outcome in BPD? Methods: Archival data from ninety patients who were randomized to one of three treatments was utilized. Alliance was assessed with the Working Alliance Inventory—Observer version at two time points. Survival analysis was used to model predictions of early termination, and hierarchical linear modeling was used to model treatment outcome while accounting for the longitudinal nature of the data. Results: Survival analysis yielded an interaction of the two covariates, such that when alliance was low in one specific treatment dropout was disproportionately higher than in the other 2 treatments. Alliance was also found to predict outcome across multiple domains. Discussion: The maximization of efficacy in the treatment of BPD depends upon understanding the specific mechanisms that determine clinical change. Through direct investigation of the alliance in a RCT for BPD, important questions regarding the role of alliance in therapeutic change with this population can be answered. Implications of these findings will be discussed.

Attachment and alliance in therapy with individuals with borderline personality disorder
Joseph Beoney - Penn State University, University Park, USA, Kenneth N. Levy, Rachel H. Wasserman, John F. Clarkin, Otto Kernberg

Aim: A patient’s internal working model of attachment relationships has been discussed by Bowlby (1988) and others to affect the working relationship within psychotherapy. In addition, a recent meta-analysis (Diener, Hilsenroth and Weinberger, 2009) found a small relationship between attachment security and alliance. Individuals with BPD are characterized as having significantly disturbed attachment representations, as well as chaotic therapeutic relations. We sought to investigate the impact of attachment on the therapeutic alliance with individuals with Borderline Personality Disorder, towards the primary objective of highlighting potentially different challenges in working with individual patients with BPD. Methods: Attachment security was measured by a self-report (Experiences in Close relationships; ECR) and observer rated measures (Adult Attachment Interview; AA). The therapeutic alliance was measured using an observer-rated version of Working Alliance Inventory. Results: Better attachment coherence predicted better working alliance early in treatment, r(61) = .34, p = .007. In addition, early alliance predicted coherence at the beginning of treatment using the ECR, there was a significant interaction between anxious and avoidant attachment. Individuals with BPD high in attachment anxiety had poorer alliance if they were low in attachment avoidance (preoccupied v. fearful). Discussion: Less coherence, and thus more insecure attachment, predicted poorer alliance in the therapies of patients with BPD. In addition, self-report measures revealed preoccupied BPD patients had poorer alliance than those with fearful attachment. The implications of these findings will be discussed.

Examining diversity and mental health in a national clinical sample - implications for science and practice

That group differences (i.e., diversity) play an important role in the process and outcome of psychotherapy has been widely explored and empirically established in a broad spectrum of psychotherapy related activities from counseling to assessment to diagnosis whether one examines gender, race, or sexual orientation. As but one recent example, it was found that clinicians are more likely to rely on clinical stereotypes when assessing outcomes for bi-sexual clients than they do for heterosexual and gay clients. The goal of this panel is to present the findings from three separate studies that explore the potential meaning and impact of different types of interpersonal with regard to providing psychotherapy to college students. The data for all three studies is drawn from a very large clinical data set of more than 28,000 college students spanning treatment from 66 counseling centers in fall of 2008, representing the entire population of students seen at the counseling centers during this period. The size of this clinical population, in comparison to typically sized studies of group differences, offers an opportunity to examine findings which can be more widely generalized. The first paper will carefully examine counseling utilization rates by ethnic/racial minorities at 66 institutions in comparison to the institution is actual population. The second paper will explore differential item functioning of a psychometric instrument, the CCAPS-62 (Counseling Center Assessment of Psychological Symptoms) among racial/ethnic groups present in the sample. Finally, the third paper will use national data to examine how self-reported eating-disorder symptoms vary by race/ethnicity, gender, and sexual orientation. Clinical implications will be discussed in light of assumptions held by the therapist.

Utilization of counseling center services by ethnic minorities
Caitlin Chun-Kennedy - Penn State University, University Park, USA, Ben Locke, Jeff Hayes

Aim: Despite anecdotal and retrospective reports by college counseling center clinicians about increasing pathology and service utilization, many college students in need do not seek services. A recent study revealed that between 37-84% of students who reported symptoms of anxiety and depression, did not seek professional help (Eisenberg, Golberstein, Gollust, 2007). Researchers have also demonstrated that college students from racial/ethnic minority backgrounds underutilize counseling center services (Ting & Hwang, 2003; Barksdale & Molock, 2009). Given the increasingly diverse landscape of colleges and universities, it seems imperative that counseling center clinicians become aware of underutilization by various minority populations including Asian American, African American, and Latino college students, and take steps to increase education and outreach for these groups. Methods: The analyses will be based on data from the CSCMH 2008 Pilot Study, which includes clinical and demographic data on over 28,000 students receiving mental health services at 66 colleges and universities. Results: Utilization rates of counseling center services will be broken down by racial/ethnic categories and described in comparison to racial/ethnic percentages of the institutional populations. Utilization rates for racial/ethnic minorities will be examined in light of other factors including socioeconomic status, level of social support, and previous experience in psychotherapy. Discussion: Findings will be discussed regarding the utilization of counseling center services among racial/ethnic minorities, and whether there is underutilization by institution or underutilization by a specific racial/ethnic population. Implications for psychotherapy, outreach and advocacy will be reviewed.
Differential item functioning of the CCAPS-62 by race/ethnicity
Astrid Edens - Penn State University, University Park, USA, Jeff Hayes, Ben Locke

Aim: Group differences at the level of race/ethnicity are becoming increasingly evident (e.g., type of symptoms exhibited, trajectories of mental health symptoms, distinct risk and protective factors). However, to date, little empirical research has assessed the patterns of response within measures related to racial/ethnic group, or Differential Item Functioning, leading to possible errors in assuming equivalency or the equal weighting of items in identifying psychopathology across groups. Following Ayalon and Young’s study, the current study examines two types of racial/ethnic response differences for the CCAPS-62 subscales based on level of racial/cultural identity reported: (a) those not due to pathology subscale and (b) those related to the actual psychopathology within the subscale.

Methods: In the current study, using data from the SCMH 2009 pilot study, Differential Item Functioning will be analyzed in a clinical population of 22,060 help-seeking individuals across the nation. Patterns of response within the CCAPS-62 subscales (i.e., depression, generalized anxiety, social anxiety, eating concerns, substance use, family of origin issues, academic distress, hostility, spirituality) will be assessed based on race/ethnicity and the self-reported level of racial/cultural identity indicated. Results: In order to examine the Matched Moderated Regression (MMR) will be used to determine what, if any, significant differences exist according to group membership but unrelated to psychopathology and those due to patterns of psychopathology related to group membership.

Discussion: The findings will give more support for addressing issues surrounding cultural validity of assessments commonly used as well as shed light upon any differences related to psychopathology and basic group differences in symptoms unrelated to psychopathology based on race/ethnic group membership.

Do eating disorders discriminate?: Challenging our stereotypes of eating and body image concerns among college students
Dana Lea Nelson - Penn State University, University Park, USA, Benjamin D. Locke, Louis G. Castonguay

Aim: Body image and eating related concerns are notoriously prevalent in college populations. However, because of the shame often associated with such difficulties and the fact that many eating-disordered individuals do not see their behavior as problematic, they are often underreported. Eating disorders and body image concerns have typically been associated with young, heterosexual, White women. Increasing evidence suggests, however, that other groups (ethnic minorities, sexual minorities, men) may experience such difficulties at rates higher than previously expected. When an individual does not fit the common stereotype of someone with a particular disorder, therapists may be less likely to ask relevant questions and may miss significant problems (Gordon et al., 2005). Therefore, it is possible that eating and body image concerns go undetected in many individuals who do not fit the common heterosexual, White female stereotype.

Methods: Analyses will be based on data from the SCMH 2009 pilot study, including responses to the CCAPS-70 questionnaire from approximately 28,000 help-seeking college students from 68 colleges and universities.

Results: Differential rates of eating and body image concerns across various demographic groups as well as differences in presentation across groups will be examined. Preliminary results indicate that although White, heterosexual women report eating and body image concerns at levels somewhat higher than other groups, Black, Latina, and Asian heterosexual women as well as men report these concerns at levels higher than previously recognized. Discussion: Findings will be discussed with regards to implications for diagnosis and treatment of eating and body image concerns in diverse populations.

28,000 clients: A practice-research network "pilot" study and sample findings
Discussant: David Kraus - Behavioral Health Labs, Marlborough, USA

Although practice-research networks offer the promise of a more enduring marriage between science and practice (Borkovec, 2004) they are notoriously difficult to set-up and maintain, tend to be rather small due to the work involved, and it may take many years to produce preliminary results if any. However, the potential benefits of a fully-functioning, large-scale, technology driven practice research network are truly awe inspiring (Borkovec, 2004) and offer the opportunity to understand psychotherapy naturalistically, an approach which offers important benefits to the field of psychotherapy research (Borkovec & Castonguay, 1998). The goal of this panel is to describe the early work of a large practice-research network called the Center for the Study of Collegiate Mental Health (SCMH) that represents approximately 145 counseling centers across the United States. A pilot test of the SCMH infrastructure was conducted in 2008 which resulted in a sample of over 28,000 clients. The first paper will provide a brief overview of SCMH (development, recruitment, use of technology) and then explore the utility of the network for developing two versions of a new intake/outcome instrument called the Counseling Center Assessment of Psychological Symptoms – the CCAPS-62 and CCAPS-34. The second paper examines the psychological and demographic characteristics of clients identifying as having a military background and explores implications for treatment. The final paper examines the psychological characteristics of men who have experienced some form of sexual assault in comparison to female victims and male non-victims with implications for assessment and treatment.

Development of the counseling center assessment of psychological symptoms (CCAPS-62) in a national PRN
Benjamin Locke - Penn State University, University Park, USA, Jeff Hayes, Louis Castonguay

This paper will introduce the Center for the Study of Collegiate Mental Health (SCMH), a national PRN with approximately 145 college and university counseling centers. SCMH has been in development for 5 years and conducted a "pilot" test of its technological infrastructure in 2009 in which data on over 28,000 clients from 66 counseling centers was pooled. The history and approach to building SCMH will be presented in preparation for the three papers in the panel. One outcome of the 2009 Pilot study was the development of the Counseling Center Assessment of Psychological Symptoms (CCAPS-62) – a new multi-dimensional psychometric instrument that is being used in SCMH. Comprised of eight subscales (Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Family Distress, Hostility, and Substance Abuse), the CCAPS-62 and was designed to meet the assessment and treatment outcome needs of college and university counseling centers. This presentation will review the CCAPS’s development history to date including: the balanced scientist/practitioner development approach used across more numerous studies; use of the instrument in a national research network; integration of the instrument (and its profile report) into electronic-medical records software used by counseling centers; the 2009 normative clinical sample of 22,000 clients; characteristics of a national non-clinical sample; development overview of the 62-item version including factor-analysis, overall subscale reliabilities, reliability by racial/ethnic group, and development of a brief version (CCAPS-34) designed for repeated measurement. Implications for the field of collegiate mental health treatment will be explored and future research directions will be discussed in the context of a national practice research network utilizing modern technologies.
Military personnel and racial/ethnic variance in CCAPS subscales
Matthew Johnson - Penn State University, University Park, USA, Ben Locke, Jeff Hayes

Aim: This study examined the specific problems that may be facing military personnel of various racial and ethnic identities. The goals of this study were to (a) examine the data from the CSMH data set to identify current or ex-military personnel of various racial/ethnic identifications (b) examine any variance in the subscales of the Counseling Center of Psychological Symptoms (CCAPS). Method: Using the data from the CSMH pilot data set this study first looked at those members of the sample who identified as either (1) being in the ROTC or (2) having enlisted military experience. Second, this study examined the identified racial and ethnic identities within the sample of those who identified as either being members of the ROTC or those who had previous enlisted military experience. Third, through the examination of the responses given on the CCAPS, this study attempted to examine which, if any, of the subscales showed significantly higher rates for members of specific racial and ethnic backgrounds who were also in the military (ROTC, enlisted experience). In doing so, this study attempted to identify what specific problems may be facing troops returning to college campuses of various racial and ethnic backgrounds. Results: Preliminary results indicated that there were variances in the subscales of the CCAPS. Discussion: This is an extremely important study because although those with military experience are less likely to seek therapeutic treatment, it is of utmost importance that they receive the proper services when needed. Furthermore, it is imperative that we as counselors identify and examine the needs of specific populations within the data set in order to ultimately provide better services.

Male victims of sexual assault: Emotional symptom severity and clinical implications
Jessica Effrig - Penn State University, University Park, USA, Jeff Hayes, Ben Locke

Aim: Although a great deal of research exists on the sexual victimization of women, less is known about the impact of sexual victimization of men. Research indicates that three percent of adult men have experienced sexual victimization, although researchers believe that these crimes are seriously underreported. Research indicates that male victims are at increased risk of depression and hostility, and suicidal ideation. This study aims to further investigate the relationship between male sexual victimization and current psychological symptoms in a clinical population of college students. The range of male victimization in our sample and the related psychological characteristics will also be explored. Finally, the study will examine the symptomatology of male and female victims to determine if any differences exist between these two groups, as some research has suggested. Method: Data derive from the CSMH 2008 Pilot Study. Participants of this study completed the Counseling Center Assessment of Psychological Symptoms (CCAPS), as well as standardized questions about important clinical issues (e.g., trauma). CCAPS subscale scores for male victims of sexual assault will be compared to those of non-victimized males using an ANOVA. Additionally, a series of two-way ANOVAs will be conducted to examine the effects of gender and sexual assault on the CCAPS subscale scores. Results: Descriptive information (e.g., demographics) about men who reported sexual assault will be provided. Male victims’ CCAPS subscale scores will be compared to subscale scores of men who have not been sexually assaulted and women who have been sexually assaulted. Discussion: Findings will be discussed with respect to symptom severity for men who have been sexually victimized. Clinical implications for therapists working with male victims will be discussed.

Research on predictors of change and feedback in outpatient psychotherapy from an international perspective: Feedback and change within different patient groups
Discussant: Michael J. Lambert - Brigham Young University, Provo, USA

Patient-focused psychotherapy research is a relatively new, but rapidly progressing area in the field of psychotherapy. Several studies, concepts and models of patient-focused research in different countries have been developed to support clinical services and decision making in routine care. One of the main areas of investigation is the identification of relevant predictors of change as well as the impact of “on-time” feedback to the progress of individual clients. This panel is part of a series of three panels, which examine these new concepts and developments in different countries. Presenters, data sets and perspectives from Australia, the Netherlands, Germany and the US will be part of the panel. First, in this panel, an overview of a research study in Western Australia is given, which deals with how real-time feedback about wellbeing informs therapists and improves treatment outcomes in psychotherapy. Second, the effect of feedback on psychotherapy outcome in a Dutch outpatient population is presented. The third paper presents the identification of individual predictors for (early) changes in outpatient psychotherapy and evaluates the effect of comorbidity within a German feedback study.

Informing group psychotherapy with real-time feedback improves treatment outcomes in psychiatric care
Elizabeth Newham - University of Western Australia, Perth, Andrew Page, Geoff Hooke

Physical health care utilizes a suite of tools, such as the thermometer, for measuring response to treatment. However, reliable systems of patient monitoring are rare in psychological care. This is problematic as a significant minority of patients do not experience reliable change during psychotherapy, and a small proportion deteriorates (Newham et al., 2007). Findings in outpatient psychotherapy have demonstrated that providing real-time feedback on patient progress to clinicians and patients improves clinical outcomes. To extend these findings to psychiatric care, it is important to first define clinically significant recovery, and provide criteria for clinicians to judge outcome in routine practice. Second, the development of a quick and easy-to-administer system of progress monitoring and real-time feedback is required. Third, the system must be evaluated to determine clinical effectiveness. Using the World Health Organization’s Wellbeing Index, a program for monitoring patient progress and providing feedback to clinicians and patients was established at Perth Clinic, Western Australia’s largest private psychiatric service. The sample consisted of 1308 consecutive inpatients and day patients who participated in a Cognitive Behavioural Therapy (CBT) group and whose primary diagnoses were predominantly depressive (67.7%) and anxiety (25.9%) disorders. Feedback to patients and clinicians was effective in reducing depressive symptoms (F1,649)=-2.29, p<.05) for those patients at risk of poor outcome, but not effective in improving wellbeing (F1,569)=1.14, p>.05). The findings support the use of progress monitoring and feedback to improve outcomes in CBT, and raise questions about changes in wellbeing during psychotherapy.
The effect of feedback on psychotherapy outcome in a Dutch outpatient population
Kim de Jong - Erasmus University Medical Center, Rotterdam, Netherlands, Reinier Timman, Annet Nugter, Jan van Busschbach, Philip Spinthoven, Jan Fasschier, Willem Heiser

In this presentation data from two outcome monitoring projects that randomized feedback to therapists and/or patients are discussed. The first study has mainly been done with private practitioners and has a therapist feedback as well as a therapist and patient feedback condition. Preliminary results showed an effect of feedback to therapists and patients in the group of patients that were having a positive treatment outcome. Patients in the not on track group benefited the most from being in the therapist only feedback group. The second study shows the effects of feedback in a control and feedback condition. In this study, feedback on the total score progress of the Q-0-45, as well as, information about the subscale that showed relatively the most distress was provided to therapists. Preliminary results suggest that there was no difference in general between the feedback and control condition for the on track patients. In the not on track patients, the feedback condition showed more positive change over time (steeper slopes) than the control condition. Final analyses for both studies will be performed for the conference.

Predictors of (early) change in outpatient psychotherapy - evaluating the effect of co-morbidity within a German feedback study
Katharina Koeck - University of Trier, Germany, Wolfgang Lutz

AIM: Research on change processes in psychotherapy often aims at the formulation of general trends and thereby tends to neglect possible heterogeneity between patients. However, the pattern of change can be very different between patients. Knowledge about processes and specific predictors of change can help to improve ongoing psychotherapies in the context of patient-focused research. METHODS/RESULTS: Analyses are based on preliminary data of 1376 psychotherapy outpatients, treated with different treatment modalities in various regions of Germany. Diagnosis were assessed with the IDCL-checklists. Different general and disorder-specific measures were collected at several points during therapy. Growth Mixture Modeling (GMM) was used to define latent classes of change patterns in general distress, defined by the BSI-GSI and IIP-D total score. Comorbidity and additional intake characteristics [e. g. therapeutic alliance, treatment motivation, General Life Functioning] were used to predict change patterns. DISCUSSION: The results will be discussed with regard to their relevance for the understanding of different courses of treatment and the advancement of quality assurance systems in outpatient psychotherapy.

Panel
Change
Moderator
Wolfgang Lutz - University of Trier, Germany

Research on predictors of change and feedback in outpatient psychotherapy from an international perspective: Group therapy, personality disorders and sudden gains and losses
Discussant: Timothy J. Strauman - Duke University, USA

Patient-focused psychotherapy research is a relatively new, but rapidly progressing area in the field of psychotherapy. Several studies, concepts and models of patient-focused research in different countries have been developed to support clinical services and decision making in routine care. This panel is part of a series of three panels, which examine these new concepts and developments in different countries. Important areas of investigation besides the identification of relevant predictors of change as well as the impact of feedback is the study of the shape of change as well as the impact of different settings (e.g. group therapy) and disorders (e.g. personality disorders). Presenters, data sets and perspectives from Australia, Germany and the US will be part of the panel. First, in this panel, the impact of co-occurring personality disorders on the course of change and the effectiveness of behavioral and psychodynamic psychotherapies will be explored. Second, the potential of managing real-time feedback in group-based psychotherapy will be discussed. In the third paper the shape of change defined via sudden gains and sudden losses will be the focus of the presented study.

The impact of co-occurrent personality disorders on the course of change and the effectiveness of behavioural and psychodynamic psychotherapies
Henning Schotteck - University of Osnabrück, Germany, Julia Evermann, Julia Lange

The empirical findings concerning the impact of co-occurrent personality disorders on the treatment course for depression and anxiety disorders are inconsistent, independent of the applied therapeutic treatment (cognitive- behavioural or psychodynamic-oriented treatments). Some authors report none or negative influences on the improvement of these patients (Mulder, 2002; Viinamäki, et al. 2006; Leibbrand, et al. 1998). The aim of this study was to investigate the effectiveness of cognitive-behavioral versus psychodynamic-oriented therapy applied to patients suffering from anxiety disorders and depression with or without co-occurrent personality disorders. Data of 329 patients starting therapy in an outpatient clinic (intent-to-treat sample) and of 215 patients who had finished treatment regularly (completer-sample) has been analyzed. The personality disorders have been assessed by the German version of the Personality Self-Portrait (Oldham & Morris, 1995), the effectiveness of both types of treatments was measured by the German version of the Symptom Checklist-90 revised (Franke, 2000). As a main result patients with co-occurrent personality disorders have higher drop out rates or do not start treatment at all. This effect has been found to be predominant for the applied psychodynamic-oriented therapies. Additionally there are no differences between both treatment types concerning the improvement of patients regardless of co-occurrent personality disorders.

The art of managing real-time feedback in group-based psychotherapy
Geoff Hooke - Perth Clinic, Australia, Andrew Page, Elizabeth Newnham

Progress monitoring of patients’ progress in inpatient psychotherapy requires more frequent assessment and therefore a higher level of access to data systems. In addition, group psychotherapy requires clinicians to provide feedback in a manner cognizant of the group dynamics. The paper will discuss how we have moved to provide point of care data capture, in the form of touchscreens and internet-based systems, that patients themselves access. They provide a higher accuracy of data and an immediacy of response in terms of computation and graphical representation. The presentation will outline the monitoring system and illustrate the clinical methods of feeding back results to patients in a group context. Specifically, the issues considered concern managing patients with different treatment responses. Patient evaluations of the monitoring processes will be presented.
Sudden gains and losses during the course of psychotherapy: Discontinuity of patient progress and therapeutic alliance

Torsten Ehrlich - University of Trier, Germany, Wolfgang Lutz

Aim: Recently, several research studies have investigated the continuity and discontinuity of change in psychotherapy. Discontinuous treatment courses in the form of sudden gains and losses can be found in many therapies and their relevance for the overall outcome has been shown in several studies. Extending on this research, in this study the relationship between discontinuous change and the therapeutic alliance was analyzed. Methods: Data was assessed in a German psychotherapy outpatient center. The sample includes about 1,100 patients. Several psychological questionnaires (e.g. BSI, IIP) were used to assess patient status at the beginning and the end of therapy. Patients regularly filled out session reports that were used to identify shifts in treatment progress. Subsequently, alliance factors were analyzed with respect to those shifts. Results: About one third of the patients in the sample experienced at least one shift throughout the course of treatment. Effect sizes in the BSI and the IIP were calculated with respect to sudden gain, sudden loss as well as gain/loss shifts in patient treatment courses and controlled for patient’s view of the therapeutic alliance. Discussion: The implication for clinical practice of an on-time treatment progress evaluation in order to identify gains and losses early in treatment with respect to the therapeutic alliance will be discussed.

Mechanisms of change: Narrative, episodic memory and the referential process

Discussant: Wilma Bucci - Adelphi University, Garden City, NY, USA

This panel explores the basic processes underlying connection of language and emotion, as well as the role of language in psychotherapeutic change. A major way in which emotion is expressed linguistically is through personal narrative. Based on Bucci’s theory of the referential process, the patient enters the symbolizing phase by telling an emotionally relevant story from the past. This process is closely associated with both narrative and episodic memory, often characterized as time travel, that is, describing a specific past personal event. Nelson will discuss connections among three measures: a measure of narrative immersion that can also be viewed as a measure of episodic memory, a computerized measure of referential activity (WRAD), and a measure of therapeutic change in writing samples of undergraduates taken over a period of time. Maskit will discuss interviews scored independently for episodic memory, and referential activity using WRAD. There are subjects from two age groups, and prompts for four time periods. Similarities and differences in these measures, both overall, and across the different conditions will be discussed. Kingsley looks at segments from transcribed psychodynamic therapy sessions and compares scores by clinical judges for inclusion in the phases of Bucci’s referential process, with computer scores for referential process measures. Valdez uses both discovery oriented qualitative methods and quantitative measures to identify characteristics of patients’ verbal emotional expressions in Change Episodes; he finds variations in references to self vs. others, and in temporality of the expressions between early and late in the treatment.

The relevance of time and place coding in language to psychotherapy process research

Kristin Nelson - The New School, New York, NY, USA, Julia Huemer, Domenic Cerri

Aim: The talk discusses (a) empirical tests of the relationship between two linguistic means of assessing people’s retrieval of personal episodic memories; and (b) the relevance of these to psychotherapy process. Episodic memories are those memories that are “stamped” with a particular time and place, as distinguished from general declarative memories such as knowing one’s street address. As Endel Tulving noted in 1972, only episodic memories involve the sense of engaging in “time-travel,” or reliving one’s own past. For this reason they are of interest to psychotherapy research, as symptoms may arise from either under- or over-activation of painful personal episodic memories. Method: Stressful memories were elicited from three samples: U.S. high school students; Unaccompanied Refugee Minors who obtained asylum in Austria after escaping from wars in African nations; and U.S. undergraduates in a health study based on Pennebaker’s Expressive Writing protocol. Two linguistic assessments are discussed: Narrative Immersion, an adaptation of sociolinguist William Labov’s measure of narration in spoken episodic memories; and Referential Activity (RA), defined by Wilma Bucci as the clarity, specificity, concreteness and imagery in language. Health and PTSD measures are also taken Results: Narrative immersion, assessed on the two adolescent groups, is strongly associated with RA ratings of personal episodic memories. Bucci’s theory of the Referential Process in therapeutic change is suggested by RA patterns of undergraduate expressive writing over time. Discussion: Results lend support to the claim that the two linguistic methods are separate but related assessments of episodic memory retrieval, of relevance to psychotherapy process.

The Weighted Referential Activity Dictionary (WRAD) as a measure of episodic memory

Bernard Maskit - Stony Brook University, New York, USA, Wilma Bucci

Aim: Our goal is to provide evidence concerning the relationship between the concepts of referential activity (RA) and episodic memory. As a psychological construct, RA represents the degree to which a speaker or writer expresses nonverbal, including emotional experience in verbal form; usually in the form of a narrative. A memory is classified as episodic if it involves a specific event in the person’s life at a specific time and place. Method: We obtained access from Daniel Schacter’s research group to a set of 32 texts, each a transcription containing 16 segments of responses from speakers in two age groups, responding to cues concerning four time periods. Each text segment had been scored for a measure of episodic recall; after further segmentation into “details”, this measure is the proportion (INTPROP) of details that are internal - these are details that relate to the specific event. Our computer program, DAAP, produced several measures of referential activity including the Mean High WRAD Proportion (HWP), which is the proportion of words for which the smoothed WRAD function is above its neutral value. Results: Comparing the two proportions, INTPROP and HWP, over all 128 age and time conditions, we obtained a correlation of .54. There were variations in this correlation for the different age and time conditions. Discussion: These results show a strong connection between WRAD, which is a measure of RA, and INTPROP, which is a measure of episodic memory, suggesting a close relationship between RA and episodic memory. Differences between these concepts and their measures are also explored.

The clinical validation of measures of the referential process

George Kingsley - Adelphi University, Garden City, NY, USA

Aim: Multiple Code Theory postulates three interconnected levels of processing: nonverbal subsymbolic, symbolic and verbal symbolic. These levels are connected via the Referential Process, which consists of three phases: arousal, symbolizing and reorganizing. The aim of this paper was to provide evidence for the phases of the Referential Process. Methods: The relationships between judges’ ratings and other referential process language measures were studied in 70 segments of therapy transcript material that had been reliably scored by clinical judges as to the extent to which they are in the arousal, symbolizing or reorganizing
phases. Results: Results indicated that the Arousal phase of the Referential Process is best characterized by disfluency and expressions of affect without specific valence. Patients in the Arousal phase are grappling with finding the right words to express an idea. The Symbolizing phase of the Referential Process is the phase of storytelling, characterized by high Referential Activity. When a patient is immersed in the telling of a narrative that is connected to emotional experience, his language is more specific, clear and evocative. The Reorganizing phase was characterized by use of reflection, as well as affect and somatic words. Consistent with the theoretical definition of this phase, patients are reflecting on the stories they have told. Discussion: This study demonstrates that there are significant linguistic markers for each of the three phases of the Referential Process, providing additional empirical support for the validity of the Referential Process and the practice of psychodynamic psychotherapy.

Linguistic indicators within change episodes: Reference and temporality of verbal emotional expressions during the psychotherapeutic dialogue

_Nelson Valdés - Pontificia Universidad Católica de Chile, Santiago, Marianne Krause, Alekma Tomić_

**Aim:** The growing interest in knowing what happens during the psychotherapeutic process has made researchers focus on the study of verbal patient-therapist interaction. More specifically, it has encouraged scholars to study the role played by emotions in said interaction, which has given them the place they deserve in the research of the therapeutic process. The main objective of this research is to determine the characteristics of patients’ verbal emotional expression during the therapeutic dialogue in Change Episodes, and how those characteristics evolve. Method: A mixed design was used to perform both analyses (transversal and longitudinal): a discovery-oriented qualitative methodology, along with a quantitative methodology in order to identify changes in the frequency of the variables throughout the therapy. Results: Results indicated that in Change Episodes it is possible to identify different characteristics of patients’ and therapists’ verbal emotional expression, specifically those related to the Reference and Temporality. In early session patients use more frequently verbal emotional expressions in past tense, referred to themselves and to others not present at the session; while toward the end of therapy patients tend to use more frequently verbal emotional expression in present tense and referred to themselves. Discussion: These results shed additional light on the importance of the micro processes research in psychotherapy.

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**The agony and ecstasy of psychotherapy process research**

_Discussant: William Stiles - Miami University, Oxford, OH, USA_

Very little we can think of is so sorely needed, or as exciting, as research on the intricate processes of psychotherapy, because it will take us to the heart of what makes therapy work, and what makes people change. However, the challenges are many. As we began a large project for rating psychotherapy process, we were faced with many practical and methodological problems, including: how to code 2000 videotapes with adequate, but not limitless funding; how best to code multiple constructs or multiple instruments, how best to assign sessions (e.g., randomly or sequentially), how to maintain motivation and commitment in over 35 research assistants. These examples are only a few of many issues encountered. This panel will discuss some of the main obstacles that we have faced and our attempts to solve them.

The many challenges encountered in process coding

_Leigh McCullough - Modum Bad Research Institute, Vikersund, Norway, Lene Berggraf, Pål Ulvenes_

Psychotherapy process research is greatly needed to teach us ‘what works,’ but has been hampered because of the high demands of time and cost. Therefore, historically it has been possible to analyze only a small percentage of sessions within treatments. As it is not yet known what percentage of psychotherapy sessions are representative of an entire treatment, coding entire treatments is greatly needed. To accomplish this under careful scientific conditions (e.g., two raters coding only one construct per therapy session) would be prohibitive in terms of time and cost. How can process research be streamlined while maintaining scientific rigor? More specifically: can multiple constructs or instruments be used together and how will this impact the data? The goal of our process mapping study (PROC) is to analyze as many sessions as possible in a recognized RCT (Svartberg et al. 2004; 50 Pt. x 40 Sess.), while at the same time ensuring valid and reliable data. This presentation will give an overview of the enormous challenges and problems encountered when undertaking process research.

Coding multiple constructs in videotapes from a clinical trial

_Lene Berggraf - Modum Bad Research Institute, Vikersund, Norway, Pål Ulvenes, Leigh McCullough_

Psychotherapy process instruments can include multiple constructs. Concerns have been raised about the independence of constructs when they are rated at the same time, within the same time period in a psychotherapy session. Question: Does coding multiple constructs together affect the reliability and validity of the coding? Method: Students trained in coding two different process instruments (Achievement of Therapeutic Objective Scale, ATOS and the Psychotherapy Process Q-sort, POS) coded psychotherapy sessions from the Svartberg et al. RCT video archives. The ATOS has seven subscales and is scored every 10 minute of therapy, whereas the POS is rated at the end of a session. The ATOS subscales were divided, so that constructs known to be highly correlated or possibly confounding were placed in two separate groups. Two master raters of the instrument then coded a random selection of sessions independently; one coding with three subscales (insight, affect, sense of self), and the other with the remaining four (motivation, inhibition, new learning and sense of others). Then, each independently rated subscale was compared to subscales rated together. Next, POS items that relate conceptually to each of the ATOS subscales were used as a validity check. This presentation will report: 1) reliability and mean levels of the ATOS subscales across the two coding conditions (separate vs together) and, 2) whether validity of ATOS subscales differ significantly across coding conditions (separate vs together). The goal is to attempt to identify guidelines for coding of multiple constructs in future process studies.

Does coding two instruments together affect the quality of the coding

_Pål Ulvenes - Modum Bad Research Institute, Vikersund, Norway, Lene Berggraf, Leigh McCullough_

When coding a large amount of tapes we would like to extract as much information as we can. However, this poses a problem because having the same raters coding multiple instruments on each session could affect the rating quality. Question: Can two process instruments be used together and how will this impact the data? Method: Research assistants (RAs) trained in coding two different process instruments (Achievement of Therapeutic Objective Scale, ATOS & Psychotherapy Process Q-sort, POS) coded psychotherapy sessions from the APA video library, and the Svartberg et al. (2004) RCT rating both instruments together. The ATOS is scored every 10 minute of therapy, whereas the POS is rated at the end of a session. The first study, using APA videos, examines
Panel
Personality
Moderator
Shelley McMain - Centre for Addiction and Mental Health, Toronto, ON, Canada

Findings from a Canadian RCT comparing dialectical therapy to general psychiatric management
Discussant: Alberta Pos - York University, Toronto, ON, Canada

This panel presents findings from a randomized controlled trial designed to evaluate the clinical and cost effectiveness of Dialectical Behavior Therapy (DBT) compared to General Psychiatric Management (GPM) for suicidal patients with borderline personality disorder (BPD). One hundred and eighty patients were randomized and treated on an outpatient basis for one year. Patients in both treatments showed significant reductions in suicidal and self-injurious behaviours and a range of other outcome domains outcomes after one year, there were no differences across any outcomes were found between groups. The first presentation will present two-year follow-up data regarding psychiatric and behavioural symptoms of patients diagnosed with BPD who received DBT or GPM. The second presentation will describe innovative statistical methods to analyze the relationship between therapeutic alliance and outcome to produce results that reflect the complexity of the changes in this relationship over time. Together, these papers will highlight outcomes and factors related to treatment outcome in individuals with BPD.

A two-year follow-up of patients’ treatment for borderline personality disorder with dialectical behavior therapy or general psychiatric management
Shelley McMain - Centre for Addiction and Mental Health, Toronto, ON, Canada, Paul Links, Tim Guimond, Robert Cardish, David Streiner

This presentation concerns findings from a Canadian randomized controlled trial designed to evaluate the clinical and cost effectiveness of Dialectical Behavior Therapy compared to General Psychiatric Management (GPM) for suicidal patients with borderline personality disorder. One hundred and eighty patients were randomized and treated on an outpatient basis for one-year. GPM is a treatment based on clinical recommendations in the APA Guidelines for the treatment of BPD, and was delivered by clinicians with expertise in the treatment of BPD. An analysis of outcomes based on data collected over a two-year follow-up phase will be presented. Findings indicate that patients in both groups made significant further improvements during the follow-up period on the majority of clinical outcomes. Major implications of these findings, in particular that the effects of DBT and GPM are long lasting, will be discussed.

Statistical methods for analyzing alliance data: Growth curve analyses modeling therapist and client contributions to the alliance and the relationship of these contributions to outcome
Tim Guimond - Centre for Addiction and Mental Health, Toronto, ON, Canada, Susan Wnuk, Shelley McMain

The therapeutic alliance has an effect on psychotherapy outcomes above and beyond the effects of specific treatment techniques. Typical analyses of the relationship between alliance and outcome have relied on statistical techniques that do not fully capture the complexity of this relationship. In particular, the changes in the alliance over time have not been adequately related to changes in outcome variables over time. In addition, following Baldwin, Wampold and Imel (2008) it is important to investigate therapist and client contributions to the alliance, and how these relate to outcome. Specifically, we examine: (1) Therapist contribution to alliance over time and the relationship of this contribution to outcome; and (2) Client contribution to the alliance over time and the relationship of this contribution to outcome. A two-step analysis was conducted to differentiate therapist and client contributions to alliance (using the client version of the Working Alliance Inventory short form) and their effect on the Inventory of Interpersonal Problems each measured over the year of treatment. Growth curve analyses of alliance scores modeled therapists as fixed effects yielding intercepts and slopes for each therapist. Random residual from these predicted curves are proposed as representative of client contribution. Second growth curve analyses were conducted to predict outcome using these three alliance measures. The results revealed that the client contribution to alliance was the only statistically significant predictor of improvement other than the passage of time in treatment. In particular, therapist contributions to the alliance were not predictive of outcome.

Predictors of dropout in an RCT of dialectical behaviour therapy and general psychiatric management for clients with borderline personality disorder
Susan Wnuk - Centre for Addiction and Mental Health, Toronto, ON, Canada, Tim Guimond, Shelley McMain

Treatment retention of patients with borderline personality disorder is challenging. Individuals with BPD struggle with emotional, cognitive, behavioural, and interpersonal difficulties that can interfere with their ability to engage in outpatient treatment. Thus, the purpose of this study was to identify predictors of dropout in a sample of patients diagnosed with BPD who were randomized to one-year of Dialectical Behaviour Therapy or General Psychiatric Management. Several variables were examined for their relationship to dropout status and time to drop out including: demographic variables (e.g. age, marital status), prior treatment (e.g. number of recent hospitalizations and emergency room admissions) and symptom severity (e.g. depression, severity of BPD symptoms). Multivariate logistic regression methods were used to predict dropout status, followed by survival analysis to identify significant predictors of time to dropout. The results have important implications for the identification and management of patients who may be at risk to drop out prematurely.

Panel
Neuroscience
Moderator
Erhard Morgenthaler - University of Ulm, Germany

Psychotherapy process and neuroscience: An empirical and theoretical account
Discussant: Timothy J. Strauman - Duke University, Durham, USA

This panel will bring together neuroscience with specific concepts of psychotherapy. Two independent studies, each using fMRI techniques to observe brain activity associated with often used approaches in process research, will be reported. The first paper presented by Carol Weingarten focuses on autobiographical narratives with high vs. low amounts of the main CCRT patterns in normal subjects. Special impact will be given to social cognitive neurosciences and the implications for a science of the therapeutic relationship. In the second paper Enrico Benelli will present the findings of a study that observed brain activity as a consequence of the presentation of textual material that was marked by varying levels of emotional tone and reflection, with an emphasis on Connecting that is known to be critical for psychotherapeutic processes. In a third paper Erhard Morgenthaler will integrate the
findings of both empirical studies under the Resonating Minds theory including, among others, concepts of emotional communication, theory of mind, mentalizing, and mirroring.

Social cognitive neurosciences: Implications for a science of the therapeutic relationship
Carol Weingarten - University of Pennsylvania, Philadelphia, USA, James Loughhead, Ramani German, Ruben Gur

Aim: The past decade has witnessed dramatic growth in neurocognitive studies related to social cognition, with many aspects that are potentially relevant for the therapeutic relationship. However, so far there has been limited application of neurocognitive, neuroimaging approaches to psychotherapy research. The aim of this paper is to briefly review some relevant topics, from neuroimaging studies related to social neurocognition, for understanding the therapeutic relationship. Methods: Neuroimaging literature related to social cognition; neurocognitive perspectives of psychotherapy process; and neuroimaging studies of psychotherapy outcome are reviewed. Data derive from a completed functional magnetic resonance imaging (fMRI) study of RAP (CRT method) narratives in normal subjects (Loughhead et al., in press). Results: A review is given of neuroimaging studies relevant to social cognition, including autobiographical/episodic memory, self and self projection, emotion processing, mentalizing (theory of mind), mirror systems, default network, and attachment system. These systems are relevant to interpersonal relationships, such as the therapeutic relationship; theories of psychotherapy process; and earlier psychotherapy outcome neuroimaging studies. As an example, an fMRI study of autobiographical memory for relationship narratives, based on the CCRT method, showed involvement of brain regions subserving many of these systems. Discussion: Future understanding of the therapeutic relationship and its role in psychotherapy outcome should include its neurocognitive aspects, consistent with how our general understanding of social cognition, including interpersonal relationships, is increasingly informed by neurocognitive studies.

Emotion and abstraction patterns in mind and brain: An fMRI exploratory study
Enrico Benelli - Università degli Studi di Padova, Italy, Erhard Mergenthaler, Steffen Walter, Marco Sambin, Irene Messina, Roberto Viviani

According to the Resonating Minds Theory, successful change in psychotherapy develops along four stages: relaxing, experiencing, connecting, and reflecting. In language each of these phases is characterized by a specific pattern of Emotional Tone (ET) and Abstraction (AB). It is possible to observe these patterns in verbatim transcripts from psychotherapy sessions, using the Therapeutic Cycles Model (TCM) and the related software CM that uses dictionaries for ET and AB. Connecting represents the integration of emotional and cognitive (abstract) processes. Our aim is to investigate the neurobiological correlates of these patterns as a step towards an improved understanding of the effect of different categories of therapeutic interventions and the mechanisms underlying psychotherapeutic processes. We will present the distinctive cortical activation induced by the conjunction of ET and AB in participants when reading 4 x 8 short stories lasting about 30 seconds, 8 stories for each of the four emotion-abstraction patterns, obtained from fMRI data.

Autobiographic memories, connecting emotions with cognition and the resonating mind
Erhard Mergenthaler - University of Ulm, Germany

A target of process research is the investigation of the mind, both patient’s and therapist’s. To observe what they are doing with words, the individual steps of meaning-making in the therapeutic talk have to be understood in order to assess the conditions that lead to therapeutic change. The two persons communicate and interact in specific ways, a process I call the “resonating mind.” In this process, I differentiate two aspects: 1) The interpersonal view is found in concepts like the therapeutic alliance or emotional communication. On a biological level this includes the discovery of mirror systems as neurophysiological mechanisms underlying the understanding and imitation of action and experiences such as empathy. 2) The intrapersonal view is found in concepts regarding the flow of information within a person’s mind or, as seen from a neurobiological perspective, activities between specific brain areas and between the hemispheres. Psychotherapy process research is concerned with both aspects, keeping in mind how each of them will contribute to therapeutic change. Resonating minds theory (RMT) takes up these perspectives and extends them to the interactive system between therapist interventions and the modalities of patients’ behavior. Carol Weingarten’s presentation focused on the interpersonal view with the study of Luborsky’s CCRTs, whereas Enrico Benelli’s study was concerned with the intrapersonal aspect, processes of emotional and cognitive regulation within a person. In my presentation I will discuss these findings and attribute them to RMT. I will conclude that both were important steps towards underpinning the assumptions of the RMT.

Multiple perspectives on the nature of corrective experiences and perceived mechanisms of change: Three discovery-oriented studies
Discussant: Robert Elliott - University of Strathclyde, Glasgow, UK

The three discovery-oriented studies in this panel concern corrective experiences (CEs; cf. Alexander & French, 1946) in psychotherapy and in everyday life. The first paper will present the results of a multi-site qualitative study of clients’ perspectives on CEs as they occur and evolve throughout treatment. Themes that capture the “what” (nature of CEs) and the “how” (mechanisms of change) were derived from post-session questionnaires administered after every fourth sessions to clients in five clinical settings in the U.S. and Canada. The second paper is a case study drawn from the larger data set. In this study, the “what” and “how” of one successful client’s CEs are compared across four data sources: post-session questionnaires, separate interviews with the client and therapist after termination, and a conversation analysis of segments from three videotaped sessions. The final paper is a qualitative study of nonclinical adults’ narratives about CEs that occurred in their life time (i.e., outside of therapy). Themes related to the “what” and “how” of CEs in everyday life will be discussed in terms of their implications for therapy, particularly the role played by significant others in the meaning-making process.

Corrective experiences from clients’ perspectives
Laurie Heatherington - Williams College, Williamstown, MA, USA, Michael J. Constantino, Myrna L. Friedman, Stanley Messer, and Lynne Angus

Aim: “Corrective experiences” (CEs) in psychotherapy belong to clients; thus, clients’ phenomenological experiences of what is corrective are critically important. This study addresses clients’ perceptions of: (a) significant intra- and interpersonal changes during their treatment, and (b) what took place during or between their sessions that contributed to these changes. The study also addresses the extent to which different change mechanisms are associated with different client-reported corrective experiences. Although other studies of clients’ perspectives have been conducted, none has examined change mechanisms with respect to corrective experiences.
This naturalistic study also allows an examination of whether clients’ perceptions differ across diverse therapies. Methods: Participants will include approximately 80 adult clients seen by approximately 20 therapists across 5 sites, including 3 university training clinics, 1 community mental health center, and 1 hospital clinic. Therapists’ experience levels range from supervised doctoral trainees to experienced clinicians. Following every 4th appointment, clients respond to 2 questions related to perceived changes and perceived mechanisms of such changes. Clients will each complete from 1 to 10 protocols, yielding a total of 150-200 across sites. Because we aim to develop a nuanced understanding of CEs, we are using open coding and constant comparison to create categories inductively from our data. Results: Results will reflect consensually-coded core themes across cases, which will be compared within and across theoretical orientations. Discussion: Findings will be discussed with respect to their clinical and theoretical significance, including the degree to which clients’ perceptions of CEs converge with different theoretical outlooks.

Corrective experiences in short-term dynamic psychotherapy: Four perspectives on a single, successful case
Myrna Friedlander - University at Albany/SUNY, USA, Olga Sutherland, Steven Sandler, Laura Kortz, Shaina Bernardi, Hsin-Hua Lee, Agata Drozd

Aim: This successful case was drawn from Heatherington et al.’s (this panel) study on clients’ post-session perceptions of corrective experiences (CEs). In this study, we explored the kinds of changes attributed to therapy and the mechanisms of change using four sources of data: three post-session CE questionnaires, videotapes of the sessions that preceded her completion of these questionnaires, and separate post-treatment interviews with the client and therapist. Method: A 35-year-old woman, suffering severe panic attacks and anger outbursts, was seen for 31 sessions in short-term dynamic psychotherapy (STDP) by an experienced clinician. The post-session questionnaires and post-therapy interviews focused on (a) intrapsychic and interpersonal changes perceived by the client and therapist and (b) each party’s understanding of how these changes came about. Results: At the mutually-agreed upon termination, the client reported complete relief from her presenting symptoms as well as greater self-acceptance and improved interpersonal relationships. The qualitative results showed considerable convergence in the nature and mechanisms of change across the four perspectives. Moreover, the changes described and evidenced by the client in the videos were consistent with the tenets of STDP. Conversation analysis (Sacks, 1995; Sacks, Schegloff, & Jefferson, 1974) of these segments demonstrates, on a micro level, how therapist’s responsiveness and collaboration, over time, produced the client’s corrective experience in psychotherapy. Discussion: In discussing the results, we will show several segments from the videos in which the therapist’s “gentle shoe of questions” (the client’s words) gradually moved her toward greater emotional expression, self-acceptance, and insight.

Corrective experiences in everyday life: A qualitative investigation of transformative change in a non-clinical sample
Hsin-Hua Lee - University at Albany/SUNY, USA, Shana Bernardi and Myrna L. Friedlander

Aim: This discovery-oriented study is designed to gain knowledge about how and in what circumstances corrective experiences come about and are understood in everyday life, i.e., in non-therapeutic contexts. Our aim is to develop themes related to the kinds of changes in personality, behavior, thoughts and/or feelings that individuals view as transformative and the intrapsychal or interpersonal processes that are believed to stimulate these changes. Method: Semi-structured interviews are being conducted with at least 30 adults who can describe a specific event or relationship that, for them, was “pivotal, positive, and life changing.” We are asking participants to explain in detail how they came to understand this CE—on an emotional level—“in a different or unexpected way.” Results: Rather than making inferences about the degree to which participants did, in fact, change, we are staying close to the narratives in the phenomenological qualitative analysis. Themes have to do with (a) the kinds of life events or relationships that people view as life-changing, (b) the intrapsychic and relational processes that take place during and after a corrective experience, especially as time passes, and (c) the role(s) played by other people, during the experience itself and subsequently. Discussion: Gaining an understanding of the role played by significant others in the meaning-making process can suggest specific therapeutic relational stances, strategies, and interventions for transforming therapy into a corrective experience for clients and helping clients work through significant or pivotal experiences that occur or have occurred outside of treatment.

Panel
Change
Moderator
Kathrin Moedl - York University, Toronto, ON, Canada

aeose: A multi-method concept to investigate the phenomenon of the “psychotherapeutic shift”
Discussant: Georgia Lepper - University of Kent, Canterbury, UK

Imagine a ball rolling down the street... surveying the street you’ll immediately be able to explain why the ball is rolling, where it used to lay before and probably even what expenditure of energy was needed to make it roll. In psychotherapy we know that change is made possible by specific, common and contextual factors and that specific interventions are part of a whole ongoing interaction process. Considering these aspects, the main goal of the All Eyes On Shift Events project (aeose) is to gather detailed information on the moments of psychotherapy in which the critical mass of a psychological organism is exceeded and a chain reaction of change is ignited. A concept of multi-methodological triangulation is used to identify shifts within the psychotherapeutic process and to answer detailed questions regarding this phenomenon. Bringing together qualitative research strategies, aspects of Synergetics, quantitative content analysis and therapist’s intervention, we will approach the phenomenon of these “shifts” within this panel. All three panellists worked on the Lisa case, an entire Emotion Focused Therapy (EFT, Greenberg) of the York I Depression Study with a good outcome. Lisa completed 15 therapy sessions, which were transcribed according to the International Transcription Standards (Mergenthaler 1992) and analyzed under the different methodological viewpoints. Results of the multi-methodological triangulation will be presented and discussed.

The synergetic lens - formal measuring dynamic patterns of shifts
Sven Schneider - University of Ulm, Germany

Aim: According to the concept of combining different methods in approaching the phenomenon of „shifts“, Synergetics (Haken, Schiepek 2005) was chosen to get a detailed formal observation of these self-organizing processes. Picking up Mergenthaler’s definition of “Shift events” (2008) as one starting point in identifying and understanding relevant key moments in the therapeutic process, the principles of Assimilation and Accomodation (Piaget, 1978) were transferred to this subject. The mathematical model of the dynamic complexity method is applied on quantitative content analysis’ results to get a formal description of the characteristics of shifts. Method: Measuring and data analysis was undertaken in two phases: 1) Quantitative computer-assisted text analysis based on the TCM to identify the shift events 2) Calculation of the dynamic measures Fluctuation and Local Complexity to measure the shift events. Results: Considering dynamic complexity to be an indicator of important structural changes within the therapeutic process leads to a formal description of Shifts. Discussion: The aeose project is an alternative approach in psychotherapy process research.
Focusing on one single subject, the phenomenon of shifts, methodological triangulation is used to gain more detailed information on shifts combining different points of view. Promising first findings will be the impulse for a lively discussion about our concept.

Conceptualizing shift events with qualitative research strategies
Kathrin Moertl - York University, Toronto, ON, Canada

In this paper we will address the key question of ‘how process shifts (shift = “a change in position or direction” [Cambridge Dictionary]) can be conceptualized in psychotherapy research? Method: To investigate the phenomenon we conducted an intensive case analysis using a combination of qualitative narrative methods, starting with the Grounded Theory Method described by Rennie, followed by the application of the Narrative Process Coding System by Angus and thereafter Lucius-Höne & Depperman’s analysis of narrative identity. The single case study of Lisa was analyzed in terms of (1) the content of the transcribed material (e.g. topic, theme, awareness of problem) and (2) the conversation (e.g. linguistic markers, structure of interaction, narrative positioning, mode of narration). Results: The applied method provided us with a series of current key issues evidenced in the therapy sessions. Each of these issues contained specific “narrative positions” of the client and others (e.g. Controlling/hindering husband, Submissive/serving wife) that were engaged in a “narrative plotline” (e.g. whenever my husband controls me I get angry but I cannot articulate it, thus I step down and feel depressed). These findings were compared and discussed with those produced by the ongoing parallel studies of Schneider & Molinaro. Discussion: Outcome, advantages and disadvantages of methodological triangulation will be addressed live in Asilomar.

Panel
Couple
Moderator
Maria Elisa Molina - Universidad del Desarrollo, Santiago, Chile

Implications of the use of relational drawing on research and practice in couple therapy
Discussant: Adam Horvath - Simon Fraser University, Burnaby, Canada

Couple therapy is an effective treatment method that shows positive results in terms of marital satisfaction, approximately 85% (Johnson, 2000). Despite this issue, 10% of therapies obtain a decline of the relationship (Gurman, 2000). The need to improve the results and diminishing the weakening consequences of treatments encourages the development of new clinical approaches. In the prognosis of couple relationships in terms of marital satisfaction or divorce, the way of emotional regulation in terms of use of resources and decrease of emotional negativity is more important than the resolution of disagreement and conflict. These dynamics take place with the purpose to protect the bond (Gottman, 1999). High conflicting couples frequently have interactions that are centered in contents, with high levels of rage and frustration. In a more complex level these emotions represent feelings of sadness and pain and are related to patterns of necessity and security in attachment (Johnson, 2000). The use of indirect clinical approaches is considered here, particularly those that are focused in the understanding of relational patterns of conflict through visual symbolizations such as the relational drawings. These approaches will allow therapeutic process to focus on emotional regulation and their strategies more than in endless argumentations and counter argumentations. The technique consists of simultaneous drawings that must be made by both members of the couple, in response to the verbal instruction of representing their actual relationship. Different levels of analysis of the clinical stuff are the finished draws, the process of drawings registered in video and the narratives of the couple around the work done.

Relational drawings addressing emotional experience in couple therapy
Luis Tapia - Universidad del Desarrollo, Santiago, Chile, Maria Elisa Molina

The presentation develops a proposal about the use of the technique of drawing applied to the clinic field in a relational context and particularly in couple therapy. It is intended to show how drawing constitutes a useful technique for identification and elaboration of relational dynamics in therapy. The reflections, distinctions and co-constructions that come from this application contribute to the therapeutic process facilitating the understanding of the consultants problematic, offering signs of prognosis and stuff to be used in therapeutic work. The clinical investigation carried out, from the graphical analysis and the narratives associated to drawings describes different patterns that allow giving account of the quality of the conflict lived by the couple, giving information that supports the establishment of therapeutic objectives. Clinical implications and applications of the drawing technique are analyzed, derived from a methodology developed by the researcher.

Relational drawings as a frame for affect negotiation
Maria Elisa Molina - Universidad del Desarrollo, Santiago, Chile, Luis Tapia

In this presentation the use of the technique of relational drawing is approached from a microprocess perspective. The relational drawing is a technique that invites two participants to jointly make a graphical construction in a same picture. This technique, in this way, appears as an interesting means to approach relations and interactions beyond verbal codes, facilitating the comprehension and communication in particularly conflicting situations. Thus, it appears as an interesting strategy to be used in the context of couple therapy. The emphasis is put here, beyond the graphical qualities, in the interaction between the co-participants of the drawing, in the process of the graphical co-construction and therefore in the identification of patterns of negotiation of the relation, regulation of giving and receiving, of proximity and distance, of generation and resolution of conflicts. A frame of the analysis is constituted by temporality dimension, which allows appreciating how a particular sequence of communicational interchanges unfolds, as it faces, negotiates and is entangled or is solved. The methodology develops a proposal of analysis of dialogical interchanges that is carried out in the course of the graphical construction.

Panel
Linguistic
Moderator
Peter Muntigl - Simon Fraser University, Burnaby, Canada

Psychotherapy process and microanalysis: Three discursive perspectives on the unfolding therapeutic interaction

It has recently been suggested by psychotherapy researchers that ‘micro’ analyses of therapy talk, such as conversation analysis, may help to fill various gaps in our understanding of the moment-to-moment therapeutic process (Stiles 2008; Streeck 2008). The contributions of this panel seek to contribute to this understanding by analyzing therapeutic interactions from a variety of fine-grained discourse analytic perspectives. Our general view is that therapist and client utterances are always ‘situated’ within an unfolding conversation. Thus, in order to understand what a certain utterance means, we need to examine what the utterance is responsive to and what subsequent action or actions the utterance may implicate. The first paper focuses on in-session interactive sequences to characterize various aspects of “Therapeutic Responsiveness”. The second and third papers draw from the same data (York 2 Depression Study) to explore different aspects of client narrative production. The former shows how prototypical affective microsequences (PAMs) relate to client narratives and outcomes and the latter uses discourse analysis/conversation analysis,
systemic functional linguistics) to reveal the linguistic structure of narratives and how they are interactively constructed. By using these diverse methods as “lenses” to examine therapeutic events, we aim to generate a rich and detailed map of how change is facilitated at a naturalistic moment-to-moment qualitative level and to develop a source of research knowledge that is accessible and practically useful to clinicians.

A system for observing therapeutic responsiveness: A tool for research, practice and training
Zita Sousa - University of Minho, Braga, Portugal, Adam Horvath, Eugenia Ribeiro

Aim: We define Therapeutic Responsiveness (TR) as the therapist’s ability and willingness to tailor interventions in response to client’s needs. We hypothesize that TR has a significant role in the development and quality of alliance (e.g., Horvath, 2005; 2006). However, to date, there has not been a reliable way of assessing TR. Our aim is to develop a system for identifying in-session mutual interactive sequences consisting of client’s verbal expressions of needs (CVENs), immediate therapist’s responses (TRs), and subsequent client’s reactions (CRs). Methods: We used Task Analysis (Greenberg, 2007) of TR, a systematic process of observation, to identify markers of these (CVEN, TR and CR) sequences. Fifteen therapy episodes were analyzed to identify and characterize the CVENs, and six therapy sessions to identify and characterize the TRs and the CRs. Results: We will present the TR Observational System (TROS), composed by three components: the identification of CVENs, the identification of TRs, and the identification of CRs. The CVENs are characterized within 4 axes which are mutually exclusive: Wanting Axis, Difficulties Axis, Hesitations Axis, and Direct Requests Axis. The TRs are not mutually exclusive and are characterized in terms of Mode, Temporal dimension, Focus and Propose. The CRs give us indicators for validating or not the TRs to the initial CVENs. A pilot procedure was developed to check that TROS has adequate inter-rater agreement. Discussion: TROS will be illustrated with a clinical case and findings will be discussed relating (non)responsive therapeutic sequences and quality of alliance.

Prototypical affective micro sequences (PAMS), narratives and psychotherapeutic process: Combining nonverbal and verbal perspectives
Eva Banninger-Huber - University of Innsbruck, Austria

PAM’s are short interactive sequences of affective regulation involving the interacting partner (e.g., Bänninger-Huber & Widmer, 1999). They are characterized by nonverbal phenomena, especially smiling and laughing. According to their phenomenology and function we differ-entiate between different types of PAMs (successful, unsuccessful, participation PAMs). PAMs have been identified in the context of several negative emotions such as anger, jea-lousy, guilt feelings or shame. Furthermore, they can be observed in different types of close relationships such as couples, mother-infants, and in psychotherapeutic interactions. In psychotherapeutic interactions successful PAMs play a crucial role in providing a secure working alliance. Unsuccessful PAMs, on the other hand, are essential for maintaining a cer-tain level of conflictive tension as a prerequisite for working on the clients’ conflicts (Bänninger-Huber, 2005). In this paper, we will focus on the relationship between PAMs as (mainly) nonverbal pro-cesses of affective regulation, the clients’ narratives and psychotherapeutic process. For this purpose, three videotaped psychotherapy sessions (from the beginning, the middle, and the end) of a successful and an unsuccessful psychotherapy are analyzed and compared. The video data comes from the York 2 depression study. Outcome was measured by the BDI and the HDS. Preliminary data analysis suggests a relationship between the three types of PAMs, the specificity of narratives (e.g., Angus, 2002) and psychotherapeutic outcome.

Client autobiographical narratives and depression: Using discourse analysis to characterize narrative process and structure
Peter Muntigl - Simon Fraser University, Burnaby BC, Canada, Adam Horvath, Ashley Watkins, Naomi Knight

Aim: Clients who suffer from depression often have difficulty in disclosing narratives that involve specific details of their life circumstances and tend to produce what are commonly termed ‘over-generalized autobiographical narratives’ (Angus 2002, Watkins & Teasdale 2004; Williams et al. 2007). So far, little attention has been given to the linguistic and interactional construction of over-generalized autobiographical narratives produced by persons diagnosed with depression. We argue that in order to achieve a better understanding of how depression relates to client productions of autobiographical narratives, it is necessary to examine these narratives within their unfolding context of production. Methods: Our data is taken from the York 2 Depression study. Three videotaped psychotherapy sessions (beginning, middle, end) were selected from a successful and an unsuccessful case. Our research method draws from conversation analysis (Sacks 1992; Schegloff 2007) and Systemic Functional Linguistics (Halliday 1994; Martin 1992). Results: Our analysis reveals that the importance of narrative production lies not only in its degree of non-specificity, but to 1) the range of linguistic and extra-linguistic (eye gaze, body position) resources involved in constructing the narrative; 2) how the narrative is embedded within the larger therapeutic activity; and 3) the discursive practices used by the therapist to prompt more specific or elaborated narrative structures from the client. Discussion: Discourse analysis enables us to gain more insight into the relationship between language and depression and shows the importance of the interactional context in determining how client narratives function within the therapeutic process.

The relationship between the therapeutic alliance, alliance ruptures, treatment process, and outcome
Discussant: Jacques Barber - University of Pennsylvania, Philadelphia, USA

The therapeutic alliance is widely recognized as an important predictor of psychotherapy outcome across multiple disorders and multiple forms of treatment. Research on the alliance is now moving beyond establishing the alliance as a predictor of outcome, and toward elucidating whether the alliance plays a causal role in outcome and the possible mechanisms through which the alliance might produce change, including the resolution of deteriorations or ruptures in the alliance. This panel will present three examples of recent efforts to clarify the role of the alliance and the negotiation of alliance ruptures in producing positive outcome. The presentations will draw on data from the Beth Israel Brief Psychotherapy Research Program’s recent NIMH-funded study of the alliance in short-term cognitive therapy for patients with personality disorders. The first paper will make a foray into the ongoing debate about the role of the alliance early in treatment by examining whether a strong early alliance causes good outcome, or is merely the byproduct of early symptom improvement. The second paper will use control charting, a statistical quality control tool commonly used in manufacturing, to identify alliance ruptures and resolution processes and examine their relationship with outcome. The third paper will explore the relationship between therapists’ responses to alliance ruptures and session outcome.
Early gains versus early alliance in predicting overall change
Jacoby Ham - Beth Israel Medical Center, New York, USA, Jason Karageorge, J. Christopher Muran

Aim: This study aimed to contribute to the discussion about the relationship between early therapeutic alliance and symptom improvement in predicting outcome by measuring both variables after every session. Methods: Patients included 64 men and 86 women (N = 150) presenting with longstanding difficulties with depression, anxiety, and interpersonal functioning. The two treatment models were 30 session manualized treatments for personality disordered patients: a schema-focused cognitive-behavioral therapy (Turnbull & Muran, 1992) and a brief relational therapy (Muran & Safran, 2002). Alliance was measured using the patient-rated 12-item Working Alliance Inventory (Tracey & Kototovic, 1989). Symptom improvement was assessed by asking patients to rate the degree to which presenting problems had been resolved on a 9-point Likert scale. Outcome was assessed on multiple dimensions, including subjective distress or symptomatology, adaptive functioning, and interpersonal style. Results: The relationships of the alliance and problem resolution to outcome were examined both early in treatment and throughout the course of treatment. Across the length of therapy, alliance and problem resolution were highly correlated (R² = .26, p < .000), and both significantly predicted outcome (R² = .04, p < .05; and R² = .05, p < .001, respectively). Alliance and problem resolution grew more strongly correlated to outcome as treatment neared conclusion. Discussion: The results suggest that the alliance and symptom improvement are highly correlated across time and that both contribute significantly to outcome. These findings will be discussed in light of the ongoing debate about whether the alliance plays a causal role in good treatment outcome.

When the alliance gets out of control: Control charting as a tool for identifying alliance ruptures and resolutions
Catherine Eubanks-Carter - Beth Israel Medical Center, New York, USA, Bernard S. Gorman, J. Christopher Muran

Aim: Control charts are a quality control tool commonly used to detect problems in manufacturing. They are also well-suited for detecting ruptures and repairs in the therapeutic alliance. In this paper, we will demonstrate how we adapted the Shewhart control chart method to detect alliance ruptures and repairs, including the modification of the Western Electric rules for identifying processes that are “out of control.” Method: Data were drawn from a sample of 70 cases of a cognitive-behavioral treatment for patients with Cluster C and Personality Disorder NOS diagnoses. Patients completed post-session ratings of the alliance using the 12-item version of the Working Alliance Inventory (WAI: Horvath & Greenberg, 1989; Tracey & Kototovic, 1989), which were analyzed using the Shewhart control chart method. Patients also completed post-session ratings of the occurrence of ruptures and resolution processes. Results: The control chart findings will be compared to patient self-reports of alliance ruptures and resolutions with respect to rupture and resolution frequency.Analyses will also examine the relationship between ruptures and resolution processes as identified by each method, and outcome. Discussion: The findings will be discussed with respect to the utility of control charting as a tool for identifying change points in the alliance.

Intervention and impact: The role of treatment adherence on the therapeutic alliance and session outcome in cognitive therapy
Kelcye Stratton - The New School, New York, USA, Jeremy D. Safran, J. Christopher Muran

Aim: A longstanding question in psychotherapy research has concerned the interaction of technical skill and interpersonal elements in treatment. The goal of this study is to better understand the relationship between treatment adherence, therapeutic alliance, and session impact. This study evaluates the technical skills used by cognitive behavioral (CBT) therapists when faced with alliance ruptures early in treatment. We hypothesize that the capacity of CBT therapists to flexibly respond to alliance ruptures with greater focus on interpersonal elements will predict better resolution of alliance ruptures and higher ratings of the alliance and session impact. Method: One session with a rupture event and one non-rupture session were examined for 40 patient-therapist dyads (N=80) using an observer-based measure that assesses adherence to CBT, psychodynamic, and interpersonal/relational techniques (Beth Israel Fidelity Scale). Patients and therapists also completed self-report measures of the alliance and session impact after each session. Results: When therapeutic alliance ruptures are present, CBT therapists use significantly more interpersonal/relational technique than in non-rupture sessions. The implementation of relational techniques in conjunction with specific CBT techniques is related to positive session impact ratings and higher patient evaluations of the alliance. Therapist use of relational techniques remained significantly related to session outcome ratings even after controlling for the strength of the alliance. The results suggest that a combination of interpersonal focus and technical skill promotes better evaluations of therapeutic alliance and session impact. The findings will be discussed with regard to the challenges and negotiations present in early stages of treatment.

A bridge between SPR and ABCT: Process, outcome and mechanisms in psychotherapy for anxiety and stress disorders
Discussant: Chris Muran - Adelphi University, Garden City, NY, USA

SPR has been traditionally associated with researchers affiliated with psychodynamic and humanistic traditions. Over the last several years many leaders of SPR have voiced the importance of fostering stronger engagement of cognitive-behaviorally oriented researchers at SPR meetings. The goal of this panel is to have productive CBT oriented researchers at different phases of their careers present work that SPR members are not frequently exposed to. It is hoped that this presentation will facilitate cross-fertilization (in terms of research topics and methodology) and therefore deeper connections between SPR and CBT organizations such as ABCT. First Philip Kendall will present process, mediator, and outcome data from three psychotherapy trials examining treatment of youth with anxiety disorders. Next, Clive Robins will present outcome and mediator data on mindfulness based stress reduction. Third, Alicia Meuret will present mediator data on differential mechanisms of different psychotherapies for panic disorder. Finally, Amy Przeworski will present data on homework compliance as a mediator of treatment outcome for generalized anxiety disorder. Chris Muran will serve as the discussant for this symposium.

Treating anxiety disorders in youth: Some consistent findings and some unanswered questions
Philip Kendall - Temple University, Philadelphia, PA, USA

In a concise manner, the "take-home" conclusions from the results of three randomized clinical trials will be reviewed. Several inaccurate concerns (e.g., highly select samples) will be noted and corrected. The results of a recent multi-site trial will be detailed. Consistencies in the outcomes across studies will be noted, along with (1) the need for flexibility in treatment implementation (2) the role of self-talk as a mediating factor, and (3) whether or not exposure tasks affect the therapeutic alliance. As yet unanswered questions (e.g., the ideal role for parents; how best to treat nonresponders) will be noted and considered.
The effects of mindfulness-based stress reduction on mindfulness and psychological functioning
Clive Robins - Duke University, Durham, NC, USA, Shian-Ling Keng, Andrew Etkind, Jeffrey Brantley, and Caroline Cozza

Research has demonstrated the efficacy of Mindfulness-Based Stress Reduction (MBSR) in enhancing psychological well-being and reducing psychological distress. However, few studies have examined the effects of MBSR on reports of mindfulness itself, usually assumed to be a mediator of other psychological and health effects. Similarly, there is little information about the effects of MBSR on measures of fear of emotions, emotion regulation, and impulsivity, nor the effects of MBSR at a follow-up. In this study, 57 healthy adults were recruited from the community and randomized to MBSR (n = 29) or a wait-list control group (n = 28). Participants were assessed at baseline, post-intervention, and two-month follow-up. Compared to the control group, participants in the MBSR group reported significant increases in mindfulness, self compassion, and use of emotion regulation strategies, and significant decreases in absent-mindedness, expression of anger, suppression of anger, worry, rumination, and fear of emotion at the end of the intervention. Most of these effects were maintained at two-month follow-up. In sum, this study provided further support to the efficacy of MBSR in enhancing psychological well-being, and highlighted mindfulness as an important outcome variable. Analyses in progress will examine the role of mindfulness as a potential mediator of the other effects found in this study.

Respiratory and cognitive mediators of treatment change in panic disorder: Are they intervention specific
Alicia Maure - Southern Methodist University, Dallas, TX, USA, David Rosenfield, Stefan G. Hofmann, & Anke Seidel

The diverse array of theories of panic disorder each proposes distinct pathways of change leading to treatment success. However, little is known about whether improvements in proposed mediators are indeed associated with treatment outcomes, and if these mediators are specific to particular treatment modalities. The purpose of this study was to analyze pathways of change in theoretically distinct interventions using multilevel, longitudinal, moderated mediation analyses. Forty-one panic patients with agoraphobia were randomly assigned to receive four weeks of training aimed at either altering respiration (capnometry-assisted respiratory training) or panic-related cognitions (cognitive training). Changes in respiration (PC02, respiration rate), cognitive misappraisal, and a modality-nonspecific mediator (perceived control) were considered as possible mediators. Both treatments led to significant and comparable reductions in panic symptom severity and panic-related cognitions, and improvements in perceived control. Capnometry-assisted respiratory training, but not cognitive training, led to corrections from initially hypocapnic to normocapnic levels. Moderated mediation and temporal analyses suggested that in capnometry-assisted respiratory training, PC02 unidirectionally mediated and preceded changes in cognitive appraisal and perceived control, and was unidirectionally associated with changes in panic symptom severity. In cognitive training, reductions in cognitive appraisals were bidirectionally associated with perceived control and panic symptom severity (i.e., cognitive appraisal mediated perceived control and panic symptom severity, and vice versa). In addition, perceived control was bidirectionally related to panic symptom severity in both treatment conditions. The findings suggest that reductions in cognitive and physiological aspects of panic can be achieved through different pathways, consistent with their underlying models.

The relationship between therapeutic alliance, compliance with CBT homework, and outcome in GAD
Amy Przeworski - Case Western Reserve University, Cleveland, Ohio, USA, Michelle G. Newman, Louis G. Castonguay, Michael Constantino

Research has demonstrated the importance of the therapeutic alliance as a predictor of treatment outcome in anxiety disorders; however, the mechanism by which this may occur, has not been identified. One possible mechanism is clients’ compliance with homework assignments. Although cognitive-behavioral therapists emphasize the importance of homework compliance in therapy, little research has directly examined the relationship between compliance and treatment outcome in anxiety disorders. The purpose of the current study was to examine the relationship between the client-therapist working alliance, homework compliance, and client improvement in response to cognitive - behavioral therapy for generalized anxiety disorder (GAD). Client and therapist completed working alliance measures during session 2. Outcome was assessed immediately post-treatment, and at 6 and 12 month follow-ups. Homework compliance was coded from weekly forms completed by the client. It was hypothesized that homework compliance would mediate the relationship between therapy alliance and outcome. Results and implications of these analyses will be presented.

Panel
Emotion
Moderator
John Ogrodniczuk - University of British Columbia, Vancouver, Canada

Treating patients with alexithymia

Most psychotherapies assume that individuals have some access to their emotions. Thus, patients who are unable to identify, differentiate, and articulate their emotions present therapists with a difficult challenge. Such patients may suffer from alexithymia, reflecting an inability to elaborate on inner feelings, to engage in abstract thought, and to empathise. They have difficulty presenting material spontaneously, somatize emotional distress, and fixate on minute details of external events. Despite much attention in the clinical literature, research on alexithymia in the treatment setting has been negligible. Most research has focused on etiological factors and associated pathologies. Thus, many of the assumptions about psychotherapeutic treatment of an alexithymic patient remain untested. The goal of this panel is to present findings from four studies that will present findings of some of the features of alexithymia as they relate to treatment with psychotherapy. The first paper will present findings relating to how aspects of interpersonalized interpersonal representations might contribute to the difficulty of expressing emotions among alexithymic patients suffering from somatoform disorders. The second paper will present results from an RCT study that examined the effect of emotional deficits in patients with GAD on session-level outcome. The third paper reports findings from a different RCT, this time reporting on changes in alexithymia. The final paper will present findings from a case study that relate to the effect of alexithymia on relational depth and the therapeutic relationship. We hope that these papers can help contribute to a better understanding of the treatment of patients with alexithymia.

Alexithymia in the relational context: Diagnostic and treatment implications
Alla Landa - Columbia University, New York, USA, Philip S. Wong, Anthony P. Bossis, and Laura S. Boylan

Aim: Alexithymia was suggested to play an important role in the development of several psychiatric conditions. The etiology of this problem is, however, still largely unknown and alexithymic patients are often described as some of the most challenging patients to treat in psychotherapy. The goal of this research was to explore what aspects of internalized interpersonal representations might be contributing to the difficulty of expressing emotions to others among alexithymic patients suffering from somatoform disorders.

Method: Alexithymic and non-alexithymic somatoform disorder patients and age-, ethnicity- and education matched healthy controls (n=40) participated in Relationship Anecdotes Paradigm interviews (RAP) which were coded for the Core Conflictual Relational
Themes. Alexithymia was assessed by multiple measures, including Toronto Alexithymia Scale (TAS) and Verbal Emotional. Expressiveness coded directly from the RAP narratives. Self-report measures of mistrust, perceptions of others, psychological distress and history of interpersonal trauma were obtained as well. Results: Forty percent of somatizing patients presented with alexithymia according to the Toronto Alexithymia Scale compared to five percent of healthy controls. Analysis of the narratives of alexithymic patients revealed significant object relational problems, including unmet need for closeness with others, expectation that others will hurt, abandon, reject or misunderstand them, and history of interpersonal trauma. Discussion: Implications of these findings to conducting psychotherapy with alexithymic patients - including engagement in treatment, diagnosis, psychotherapy process, transference and countertransference issues, mechanisms of change and therapy technique - will be proposed based on the findings of this study and additional treatment case report data.

Client emotional arousal and session outcome in the treatment of generalized anxiety disorder
James Boswell - Penn State University, University Park, USA, Louis G. Castonguay, Michelle G. Newman, and Thomas D. Borkovec

Aims: Models of generalized anxiety disorder (GAD) posit that worry serves a cognitive avoidance function. GAD clients avoid emotion and evidence deficits in their ability to recognize, differentiate between, and process emotions. The goals of this study were to (a) investigate emotional experiencing in GAD clients and (b) explore the relationship between client emotional experiencing and session-level outcome. Method: Data were derived from an RCT involving 70 GAD-clients assigned to either cognitive-behavioral (CBT) plus interpersonal-emotional processing (IEP) therapy or CBT plus supportive listening. Sessions representing early, middle, and late phases of treatment were sampled and coded. Emotion was measured from an observer-rated perspective with the Client Emotional Arousal Scale. Session outcome was assessed with the Session Progress Scale of the Therapy Session Report. Double repeated multilevel ANCOVA models were tested, with emotional arousal treated as both a response variable and as an explanatory variable of outcome. Results: Results from models addressing the first study aim indicated a significant main effect of treatment segment for several emotions, with higher levels of arousal in the IEP segment. A significant Treatment*Phase interaction was observed for sadness and fear, with significantly higher levels of both in the CBT/IEP condition in the late phase of treatment. Results from multilevel models addressing the second study aim will also be presented. Discussion: Clients exhibited significantly higher levels of emotional arousal in the IEP segment/treatment condition. These findings, along with the relationship between emotion and outcome, will be discussed with respect to their conceptual, empirical, and clinical implications.

Changes in alexithymia following psychodynamic therapy and supportive therapy
John Ugrodziczuk - University of British Columbia, Vancouver, Canada, William E. Piper and Anthony S. Joyce

Aim: Alexithymia is common among psychiatric outpatients. Clinical impressions that alexithymia complicates the outcome of psychotherapy have received empirical support. However, it is less clear to what extent psychotherapy can modify alexithymia. This study examined whether patients’ alexithymic traits changed following treatment in one of two forms of psychotherapy (psychodynamic, supportive). Method: We used data from a randomised controlled trial of two different forms of short-term, individual psychotherapy (psychodynamic, supportive). Treatment length was fixed at 20 weekly sessions. The trial involved 144 psychiatric outpatients with mixed diagnostic profiles. Alexithymia was assessed using the Toronto Alexithymia Scale-20. Repeated measures analysis of variance was used to test to changes in alexithymic traits and to determine whether changes differed systematically between the two forms of therapy. Results: Findings indicated that, across both therapies, alexithymia decreased significantly. However, a significant time by treatment interaction revealed that changes in alexithymia were more pronounced for those patients who received supportive therapy. Discussion: The results suggest that alexithymia is not a rigid trait that is not amenable to change. Supportive therapy appears to be particularly effective for helping patients improve the identification, differentiation, and verbalization of emotions and feelings.

A case study of the effect of alexithymia on relational depth in psychotherapy
Maria Luca - Regent’s College, London, UK

Aims: Relational depth requires ‘co-presence’ and therapist satisfaction. Little is known on the effects of alexithymic patients on relational depth and how it affects the therapeutic relationship. The goals of this study were to: (a) investigate the relational style through the discourse used by a client who presented with somatic symptoms and alexithymic features, (b) explore the challenge of the client relational style on relational depth, (c) examine the therapist’s reflections on the therapeutic impasse. Method: Data were derived from an audio-taped single session with a client who gave consent for the use of material. A systematic coding using the grounded theory ‘constant comparative method’ was used to derive categories and generate an over-arching model of a somatic/alexithymic portrait. The analysis of the data involved a ‘circling of consciousness’ using immersion in the data, engagement, constant abstraction and reflexivity. Meaning units were drawn and underwent three separate audits to check for validity. The frequency of coded-client language was analyzed. Results: Axial coding showed the client discourse to be focussed on bodily preoccupation, medical treatment and stress and struggle in the family. Emotion language had the lowest frequency. Discussion: The impact of the client discourse on the therapist and on relational depth will be discussed by exploring the therapist subjective experiencing during treatment. The use of therapist reflections and an educational intervention to shift the therapeutic impasse will be explored with respect to therapist relational expectations and clinical implications. Authentic, versus adopted mentalized client understanding as therapeutic outcome will also be discussed.

Panel
Therapist
Moderator
David Orlinsky - University of Chicago, IL, USA

Linking therapist experiences to measures of process and outcome: The key to practice-relevant research
Discussant: Ulrike Willutzki - Ruhr University-Bochum, Germany

A critical link in the therapists ability to apply research-based knowledge effectively in treatment is the organization of research findings in terms of the therapists observational perspective as a participant in the events of therapy. The therapist’s perspective as a participant-observer differs inherently both from the patient’s perspective (also as a participant-observer) and from the researcher’s or supervisors “external” or nonparticipant perspectives, with divergent findings typically obtained from each perspective. Unfortunately, researchers traditionally have ignored this inconvenient truth and instead assumed an unstated (because untenable) epistemological position of “naive realism” in which observational perspectives are presumed to be equivalent. By contrast, this panel presents studies from projects at three major research centers (Freiburg, Helsinki, Oslo) that have used measures of therapist experiences in combination with standard measures of therapy process and outcome. The Development of Psychotherapists Common Core Questionnaire (DPCQ) was introduced for the SPR Collaborative Research Network, and has been adapted by other research
projects. First, data from the Helsinki Psychotherapy Study presented by Heinonen, Lindfors, Laaksonen & Knekt show that therapist reports of their professional and personal characteristics predict patient-rated alliance in short- and long-term outpatient therapies. Next, data from the University of Freiburg presented by Zeeck, Hermann, Ourlinsky & Hartmann focus on the divergent experiences of novice and veteran therapists in relation to therapy processes in day clinic and outpatient treatment settings. Finally, data from the Norwegian Multisite Study of the Process and Outcome in Psychotherapy presented by Nissen-Lie, Monsen & Rønnestad demonstrate a complex link between therapist self-diffidence, patient alliance, and clinical outcome.

Therapists’ professional and personal characteristics as predictors of working alliance in short- and long-term therapies
Ekki Heinonen - Biomedicum Helsinki, Finland, Olavi Lindfors, Maarit A. Laaksonen, Paul Knekt

Aim: While therapists’ professional and personal characteristics have been found to be associated with the working alliance, there is little comparative research on whether therapist characteristics predict formation and development of alliance differently in therapies of different form or length. We examined the prediction of therapists’ professional and personal characteristics on the working alliance in two short-term and two long-term therapies. Method: The Helsinki Psychotherapy Study comprised a total of 357 outpatients suffering from depressive or anxiety disorders, 326 of whom were randomly assigned to solution-focused therapy and short-term or long-term psychodynamic psychotherapy, and 41 self-selected for psychoanalysis. Treatment was provided by 71 therapists. Therapist characteristics were assessed at baseline with the self-report Development of Psychotherapists Common Core Questionnaire (DPCQ). Working alliance was assessed at the 3rd therapy session and at 7 months’ follow-up point using the patient- and therapist-rated Working Alliance Inventory (WAI). Results: Therapists’ professional confidence in their healing and relational skills predicted higher patient- and therapist-rated alliance in both short- and long-term therapies. Salient experiences of stress and difficulties predicted lower therapist-rated alliance, especially in short-term therapies. Therapists’ perceptions of themselves in their personal life predicted their assessments of working alliance, but less so the assessments made by patients. All alliance ratings were found relatively stable between measurements. Discussion: Therapist characteristics predicted working alliance quality in both short- and long-term therapies, emphasizing the importance of selection, training and supervision of therapists with respect to characteristics that influence the formation of good therapy relationship.

Work involvement of novice and experienced psychotherapists and its relation to therapy process
Almut Zeeck - University of Freiburg, Germany, Sabine Hermann, David Ourlinsky, Armin Hartmann

Objective. Training and education of psychotherapists is an important topic. To assess the need of psychotherapists for supervision and support, a better understanding of therapist’s “processing” of therapy is mandatory. Method. 42 treatment episodes of day clinic patients (up to 20 individual psychotherapy sessions) and 45 treatment segments of outpatients treatments (10 individual psychotherapy sessions from the middle phase of the treatment process) were analyzed. 45 therapists were involved, including 12 novices. Besides the Therapist Work Involvement Questionnaire (TWI) in it’s adaptation for continuous measurement, the following process measures were used: the HAQ, SEQ and the IEQ (both patient and therapists forms). Results. Novice therapists showed more “stressful involvement” compared to experienced therapists. Especially in the beginning phase of treatment, novices reported having much more positive and negative emotions related to the patient, as compared with experienced therapists. This "emotional involvement" is not correlated with the severity of patient’s disturbance. Conclusion. Novices appear much more emotionally and stressfully involved in the therapeutic process, pointing both to their positive engagement and their need for supervision and support.

Therapist self reports predicting outcome in psychotherapy
Helene Nissen-Lie - University of Oslo, Norway, Jon Monsen, Michael Helge Rønnestad

The present enquiry, conducted as part of the Norwegian Multisite Study of the Process and Outcome in Psychotherapy, investigated how various therapists’ self-reported characteristics in therapeutic work related to patients’ symptom levels after therapy, controlling for initial symptom severity and interpersonal problems in patients. The Development of Psychotherapists Common Core Questionnaire (DPCQ) was completed by 68 therapists who treated 335 patients. Results from multilevel modelling showed, as expected from previous studies, that patients’ initial symptoms and interpersonal problems were positively associated with the symptom level at the end of treatment, whereas higher ratings of early working alliance predicted lower severity of post-treatment symptoms. Over and above these patient predictors, the analyses also demonstrated that certain self-reported therapist characteristics predicted post-treatment symptoms in patients. The patients of therapists who experienced therapeutic work as a Stressful Involvement had significantly higher levels of general symptoms after treatment, especially when therapists experienced the type of difficulties in practice termed Professional Self-Doubt. On closer inspection, a significant interaction was found in predicting post-treatment symptoms between therapists’ Professional Self-Doubt and patient-rated early alliance: with higher levels of patient-rated alliance, therapists’ Professional Self-Doubt was associated with lower patient post-treatment symptom level, while the opposite was found in cases where early patient-rated alliance was low. This implies that professional difficulty in therapists may be beneficial with patients who experience a good working alliance, but detrimental when the working alliance is poor.

Therapist spirituality and religion in relation to therapeutic work

Although theories of psychotherapy are cast in essentially secular terms, psychotherapists and their patients vary greatly in the personal importance they assign to spirituality and religion, and in the relevance of these experiences for psychotherapy. This panel presents four empirical studies which investigate this largely neglected aspect of therapeutic experience. Davis & Timulak examine data from questionnaires and semi-structured interviews with therapists in Ireland to explore events in therapy when religious/spiritual issues appear to be relevant to the therapeutic process. Smith & Ourlinsky draw on data collected by the SPR Collaborative Research Network with the Development of Psychotherapists Common Core Questionnaire to explore the relation of therapists’ spirituality and religiosity to their personal quality of and satisfaction with professional work. Northcut & Ourlinsky use the same data base to compare therapists who report that their spiritual/religious experiences have relatively low or high levels of influence on the psychotherapeutic practice. Finally, Workman et al. report the results of a program to train counselors to be better prepared to deal with spiritual and religious concerns presented by patients in therapy.

Dealing with religious/ spiritual material in “secular” psychotherapy, from the perspective of Irish practitioners
Anne Davis - Trinity College Dublin, Ireland, Ladislav Timulak

Aim: Research suggests that some clients would prefer their religious/spiritual beliefs to be considered in therapy. This may present a challenge to therapists working within ‘secular’ psychotherapy settings when religious/spiritual issues emerge. Studies indicate
these challenges include concerns that therapists will impose their beliefs on the client or that these issues are too personal to explore. Therapists may also struggle with their own religious/spiritual beliefs, or how those beliefs fit theoretically within psychotherapy. The current study investigates events in therapy when religious/spiritual issues are relevant to the therapeutic process. Method: Questionnaires were administered to ascertain therapist’s personal beliefs and their attitude to including religion/spirituality in therapy. Semi-structured interviews were conducted to explore religious/spiritual events in therapy that were helpful or unhelpful. Results: Patterns of religiosity that emerged suggest that the majority of Irish therapists in this sample consider themselves to be spiritual and/or religious. Results reveal that providing a non-judgmental, collaborative relationship is necessary to facilitate helpful or unhelpful religious/spiritual events. Factors which are influential include the therapist’s familiarity with and perception of the client’s beliefs, the importance to the therapists of their own beliefs, and the convergence/divergence with those of the client. Discussion: Results suggest that religion and spirituality are sensitive topics and require therapists to be non-judgmental and facilitative. As they are rarely examined during training, it may be beneficial if these topics were included on training course curricula to facilitate the acquisition of knowledge and for self-reflection. It is also suggested that religion/spirituality should be included as topics for discussion in supervision.

Therapists’ religious and spiritual commitments and wellness
David Smith - St. Bernard Hospital, Chicago, IL, USA, David Orinsky

Aim: The relation of religion, spirituality and psychotherapy is a topic of research that has shown exceptional growth in the past 15 years. A subcategory of interest is the relationship between individual religiosity or spirituality and wellness (Barnes & Spered, 2005; Koenig, 1998; Pargament, 1997). Research suggests that individuals who have a religious affiliation and spiritual commitment enjoy better health and longevity. An area that warrants further research is the wellness of psychotherapists and their spiritual and religious commitments. Previous research by Smith and Orinsky has shown that the psychotherapists clearly do not fit the secular stereotype presumed in early literature on the topic; rather, many value a personal spirituality and are tradition(ally religious. The present study examines the relationship between psychotherapists spirituality/religiosity and their levels of wellness, e.g., satisfaction in their life and satisfaction in their work. Method: This study uses the Development of Psychotherapists Common Core Questionnaire used in the SPR Collaborative Research Network’s international study of the development of psychotherapists, which in some versions included a set of questions regarding therapists’ religious affiliations, religious development, and the influence of religiosity on their professional practice. These items will be compared to questions items related to personal wellness, and satisfaction in life and work. To date, over 10,000 therapists from around the world have contributed data utilizing various versions of the DPCCQ, a substantial number of which include questions related to psychotherapists religiosity and spirituality. Data analyses will examine the potential relationship between individuals commitment to religious or spiritual values and levels of wellness.

Influence of therapists’ religious/spiritual experiences on their clinical practice: Professional experience, characteristics of current practice, and personal circumstances
Terry Northcut - Loyola University of Chicago, IL, USA, David Orinsky

Aims: Psychotherapists are trained mainly in secular professions such as psychology, social work, medicine and counseling, but recent research indicates that therapists vary greatly in how important spirituality and religion are in their personal lives (e.g., Krupmep & Orinsky, 2008; Smith & Orinsky, 2004). Some therapists rate these experiences as very important personally, and some also report that their religious and/or spiritual experiences influence their clinical practice. The present study aims to examine the characteristics that differentiate therapists who report high and low levels of influence of spiritual/religious experience on their therapeutic work, and to explore associated differences in their therapeutic work experience. Methods: The data to be analyzed were collected by the SPR Collaborative Research Network with the Development of Psychotherapists Common Core Questionnaire (DPCCQ) as part of a larger cross-sectional, international study (e.g., Orinsky & Rannestad, 2005). Psychotherapists in Canada, New Zealand, the United Kingdom and the United States responded to a number of questions about the influence of spirituality on their practice, in addition to providing information about their professional background and training, current therapeutic practice, and personal lives. Results. Analyses will focus on therapist characteristics such as years in practice and theoretical orientation, and personal characteristics such as age, gender, and family status. Discussion. Implications of the findings for clinical practice, training, and future research will be discussed.

Spirituality and spiritual diversity training of clinical psychology interns
Gloria Workman - Midwestern University, Downers Grove, IL, USA, Michelle Lee, Dan Workman, David Orinsky

Aim: This study evaluated the spiritual attitudes, religious beliefs and self-reported level of spiritual competency of advanced clinical psychology doctoral students. Methods: Clinical psychology doctoral students were surveyed during their internship year of training. Participants completed a brief questionnaire designed to assess perceived spiritual competency, and select items from the DPCCQ (Smith & Orinsky, 2004). Results: Participants reported their views on personal spiritual experiences and institutional religiosity, as well as their attitudes about the integration of spirituality in psychotherapy. There were significant differences in self-reported level of personal spirituality and institutional religiosity. Although advanced students reported that it was important to ask their clients about their spiritual needs and that they felt comfortable discussing spiritual concerns with their clients, they identified not feeling as knowledgeable or competent to discuss spiritual matters with clients. Interns also revealed they are not very likely to conduct spiritual assessments or implement spiritual interventions in their clinical practice. A positive relationship was found between trainee spirituality and the likelihood of implementing spiritual interventions and assessments with clients. Discussion: Findings indicate personal spirituality and to a lesser degree institutional religiosity are personally relevant domains for advanced trainees. However, interns reported limited competency to integrate spiritual diversity into the clinical encounter. These findings, although preliminary, suggest advanced students may need additional training in the integration of spirituality and psychotherapy. Future research should examine the relationship between trainees’ personal spiritual and religious experiences, and the role these values may have in working with spiritual clients in an ethically appropriate manner.
Training and development of early career therapists

Discussants: Ulrike Willutzki - Ruhr University-Bochum, Germany and Hadas Wiseman - University of Haifa, Israel

Despite the recent promotion of empirically-based treatments, there has been little corresponding attention paid to the need for empirically-based training of psychotherapists. Traditional training practices have persisted relatively unchanged for generations, with local variations based on differences in profession and theoretical orientation. However, the importance of research on training and therapist development is now gaining wider recognition (e.g., Strauss, 2006), and psychotherapy research has been broadened to include studies of therapeutic training and factors that contribute to the development of early career therapists. This panel draws on a large body of data on psychotherapists, collected over the past two decades by members of the SPR Collaborative Research Network, with a special focus on novice and apprentice therapists. Folkes-Skinner & Elliott tracked positive changes in trainee functioning from the 6th to 58th week of a training course for counselors. Rennestad & Orlinsky demonstrate the overriding importance of maximizing the experience of Healing Involvement, and minimizing Stressful Involvement, for professional growth among four cohorts of early career therapists. Finally, Romano et al. show that integrative training for theoretical breadth facilitates experiencing therapeutic work as a Healing Involvement among beginning therapists.

Stressful involvement and healing involvement in trainees: An investigation into the impact of training on a cohort of person-centred trainee counsellors

Julie Folkes-Skinner - University of Leicester, UK, Robert Elliott

Aim: During their initial training, therapists are regarded as particularly vulnerable to experiences of Stressful Involvement in their therapeutic work (Orlinsky & Rennestad, 2005). However, few studies have directly investigated trainee experience over time. The aim of this investigation was to examine experienced levels of Stressful Involvement and Healing Involvement in one group of trainees at the beginning and end of training. Method: Data were derived from the Development of Psychotherapists Common Core Questionnaire – Trainee Process Form, the CORE-OM34, and the Strathclyde Inventory (SI). Trainee counsellors (N = 19) completed the measures in week 6 and week 58 of their course. Scores were calculated and data analysed using SPSS. A paired sample t-test followed by a Cohen’s d effect-size calculation was conducted on all scores. Results: There was a significant increase in levels of Healing Involvement over the course of training, with a mean scale increase of 1.45 from the initial mean level of 8.9 showing a moderate effect, but there was no change in the level of Stressful Involvement. There was also an increase in therapist Congruence over the course of training, with mean scale increase of 0.49 from the initial mean level of 2.76 indicative of a small effect.

Discussion: These findings indicate that trainee improvement is reflected in increasing levels of experienced efficacy (i.e., Healing Involvement) in therapeutic work, accompanied by higher levels of personal functioning (i.e., Congruence) and relatively low levels of distress.

Healing involvement and stressful involvement in early career therapists: Key factors in professional development

Michael Helge Rennestad - University of Oslo, Norway, David Orlinsky

Aim: A powerful association has been found for therapists in general between the ways they experience their therapeutic work and their experiences of professional development (Orlinsky & Rennestad, 2005; Skovholt & Rennestad, 1995). Recently that association has been tested specifically for early career therapists (Orlinsky, Romano, Rennestad, & Wiseman, 2010). The present paper reports on the relations of the therapeutic work dimensions of Healing Involvement and Stressful Involvement to professional growth or stagnation/decline in four early career cohorts. These findings are supplemented by the results of a qualitative study of psychotherapist development (Rennestad & Skovholt, 2003). Method. Relevant data from the Development of Psychotherapists Common Core Questionnaire (OPCCQ) were analyzed independently for four therapist cohorts having (respectively) >0 to 9 months, 9 to 18 months, 18 to 27 months, and 27 to 36 months of experience in practice. Results. In each of the early career cohorts, controlled statistical analyses showed a strong association of Healing Involvement and Stressful Involvement with positive and negative aspects of development. Discussion. The potentially reciprocal relations between the quality of therapist’s work experiences and their experiences of professional development will be considered, and the implications of the findings for empirically-based training of psychotherapists will be discussed.

Theoretical breadth early in the psychotherapist’s career: Help or hindrance

Vera Romano - McGill University, Montreal, Canada, David Orlinsky, Hadas Wiseman, Michael Helge Rennestad

Aim. Integration is part of the prevailing zeitgeist in psychotherapy circles (e.g., Norcross & Goldfried, 2005). However, when it comes to training in psychotherapy integration, the literature regarding training in psychotherapy integration could be characterized as quite young at best (Consoli & Jester, 2005). An essential yet controversial question lies at the heart of training in psychotherapy integration. Should beginning therapists be trained early on with an integrative model or should integration of different approaches be encouraged at a later stage in the therapists’ professional development? Method. Using extensive data the SPR Collaborative Research Network (Orlinsky & Rennestad, 2005), we investigated this question by examining the associations between breadth of theory and the quality of therapeutic work experience (healing vs. stressful involvement) for novice practitioners. Results. Results indicated that theoretical breadth positively related to ‘healing involvement’ for new therapists. Discussion. Implications for research, practice and training will be discussed.

New directions in therapist research in the third decade of the SPR collaborative research network

Discussant: Michael Helge Rennestad - University of Oslo, Norway

For the past 20 years, the SPR Collaborative Research Network (CRN) international study of the development of psychotherapists has provided an alternative model to the standard grant-and-hire system of Big Research, enabling members who share common interests but have limited resources to participate in a coherent, large-scale research program. The SPR/CRN resembles a “co-operative society” in which resources are pooled and made available to members on a microfinance-like basis in the form of research assistance and consultation. As it has always been open to new members, more than 70 colleagues to date have combined efforts resulting over time in an information-rich data-base on more than 10,000 therapists of varied professions, orientations, and career levels from more than two dozen countries. The yield for research has included the various versions of Development of Psychotherapists Common Core Questionnaire (OPCCQ) as well as a book-length research study and many book chapters, journal articles, and conference presentations based on that data. Evidence of the viability and continued vitality of the SPR/CRN model as it...
enters its third decade is shown by the innovative studies presented in this panel. For example, Geller & Orlinsky explore the impact of therapists’ personal lives on their therapeutic work by comparing practitioners who are parents with others who have not had children. Schofield & Grant present some initial data on a new Australian sample collected with an interactive DPCCQ version adapted for administration via the internet. Hartmann et al. introduce a very brief version of the DPCCQ designed for use as a repeated measure to assess changes in therapists’ experiences of therapeutic work on the key dimensions of Healing Involvement and Stressful Involvement.

The impact of parenthood on psychotherapists’ experiences of professional practice
Jesse Geller - Private Practice, New Haven, CT, USA, David Orlinsky

Aim: The absence of systematic empirical investigations of the connections between parenting and psychotherapy is noteworthy for several clinically relevant reasons. The role of therapist is more frequently analogized to that of parent than any other role model. Multiple lines of inquiry support the conclusion that raising children is a powerfully transformative experience, even more so than marriage. There is reason to believe that the ways in which parents are called upon to serve as caregivers and authority figures can bring about decisive changes in areas of personal functioning that are clearly linked to the roles, challenges and responsibilities of being a therapist and doing the work of therapy. Method: The SPR Collaborative Research Network has used the Development of Psychotherapists Common Core Questionnaire (DPCCQ) to collect data on parental status and other aspects of personal and professional experience from 3309 therapists in 20 countries (mainly the UK, USA, Canada, Germany, New Zealand, Chile, Ireland, Israel, and France). Results: Descriptive analyses show that women made up 58% and men 42% of the sample, representing all life course stages (ages 23-89). Overall, 70% of these therapists had children: 67% of female therapists, and 73% of male therapists. Further analyses showed that parents did not differ from non-parents in experiencing therapeutic work as a Healing Involvement, but were significantly less likely than non-parents to find therapeutic work a Stressful Involvement. Discussion: Implications for understanding the impact of therapist’s personal characteristics on professional practice will be discussed.

Psychotherapists and counsellors in Australia: An overview of findings from an internet-based version of the Development of Psychotherapists and Counsellors Common Core Questionnaire
Margot Schofield - La Trobe University, Melbourne, Australia, Jan Grant, Christine Knauß

The SPR Collaborative Research Network’s Development of Psychotherapists Common Core Questionnaire (DPCCQ) has been used to collect data on the personal and professional experiences of therapists in 20 different countries around the world. The current paper reports on the adaptation of the DPCCQ as an internet-based survey to collect data more efficiently from a national Australian sample of therapists. The survey was conducted in 2009 and a total of 1026 therapists participated in the first four months, with an average age of 53 years; 76.8% were female and 23.2% were male. The paper describes the benefits and costs of conducting the survey online, and issues that emerged in integrating data into the international database. The paper then provides an overview of findings.

Psychometric properties and application of the therapeutical Work Involvement Questionnaire: A short form of the Development of Psychotherapists and Counsellors Common Core Questionnaire
Armin Hartmann - University of Freiburg, Germany, Thomas Schröder, Almut Zeck, David Orlinsky

The Therapist Work Involvement Questionnaire (TWIQ) has been presented in 2005 as self-report measure. The two main factors Healing Involvement and Stressful Involvement can measure the positive and productive as well as the unpleasant and potentially detrimental effects of psychotherapeutic practice on the person of the therapist. Subfactors of the two main axes can further differentiate the positive or negative aspects of work involvement. It has been filled out by approximately 5000 psychotherapists worldwide for a cross sectional investigation of their work involvement. Used in longitudinal designs, aiming to measure work involvement as the therapists part in a dyadic process with patients, therapists criticized its apparent length. Therefore a short form of the instrument had to be developed, aiming to maintain the most salient subfactors as well as reliable scores for the two main factors. From the international cross sectional dataset as well from a smaller longitudinal dataset (N pts=91; N sessions=1087) from Germany, a short form was developed. It reduces the number of items from 52 to 26. The scores of the short form are highly predictive of the scores of the long form (healing involvement r²=0.91; stressful involvement r²=0.97). The new short form offers the opportunity of repeated measurement and “patient x therapist” research on work involvement.

Research on psychotherapists in Asia: New studies from the SPR collaborative research network
Discusants: Shigeru Iwakake - Ochanomizu University, Tokyo, Japan and Jean-François Botermans - Assumption University, Bangkok, Thailand

Although modern forms of psychotherapy and the current psychotherapeutic professions originated mainly in the West (e.g., Europe and North America), they have spread to many other countries as part of a process of cultural globalization over the past decades. The historical development of modern scientific and clinical modes of counseling and therapy into other cultural areas has brought creative challenges to therapeutic theory and practice, which have attracted the interest and attention of researchers. This panel presents new studies by members of the SPR Collaborative Research Network who have utilized versions of the Development of Psychotherapists Common Core Questionnaire (DPCCQ) in Asian nations to explore the characteristics and experiences of counselors and therapists in their home countries. Eunsun Joo summarizes and synthesizes the results of several studies that she has conducted in South Korea. Wai Sheng Ng reports on ethnic, religious and other characteristics and experiences of counselors and therapists in Malaysia. Bholi et al. examine recently collected data on adaptations of traditional cultural forms to clinical practice made by psychotherapists in India. Together, these studies bring attention to the cultural encounters and creative responses experienced by psychotherapists in a global context.

Psychotherapists in Korea: A review of SPR/ CRN research to date
Eunsun Joo - Duksum Women’s University, Seoul, Korea

SPR Collaborative Research Network: International Study of Development of Psychotherapists (CRN: ISDP) enabled the researcher to examine the various aspects of psychotherapists’ professional and personal aspects of Korean psychotherapists. Though, it has been more than 50 years since the Western concept of psychotherapy was practiced in Korea (Joo, 2009), researches concerning the professionals are scarce. In this presentation, the researcher, as one of a representative researcher for studying Korean psychotherapists, would like to share the major research findings obtained through CRN: ISDP. Three major researches are as
follows: 1) Joo et al. (2003) study showed that majority of Korean therapists’ sample of CRN: ISDP are novice psychiatrists and compared to Western therapists, the percentage of receiving personal therapy was relatively low. 2) Joo et al. (2005) research concerning Korean therapists’ self-report on strength and limitations in practice demonstrate that Korean therapists reported ‘empathy’, ‘positivity’, and ‘permissive’ as their major strength and ‘lack of skill’, ‘lack of training’ and ‘personality trait’ as their major limitations in practice. 3) Joo & Yoo (2006) study suggest that Korean therapists who were in growth group (vs. mid-growth, deterioration) report to be humanistic and use eclectic/integrated approach in practice. Based on these major findings, the current situation and development of psychotherapists in Korea are discussed.

Cultural identity of psychotherapists in Malaysia
Wai Sheng Ng - HELP University College, Kuala Lumpur, Malaysia, David Orlinsky

In the last decade, considerable attention has been given to the paradigm shift from monoculturalism to multiculturalism in the practice of psychology. Relating to that, cultural identity is undeniably a necessary element in a psychotherapist’s development of multicultural competency. This issue is all the more pertinent in a multiracial, multilingual and multi-religious society like Malaysia. Therefore, this paper seeks to expound on the cultural identity of the core, this paper seeks to expound on the cultural identity of the core, this paper seeks to expound on the cultural identity of the core, this paper seeks to expound on the cultural identity of the core, this paper seeks to expound on the cultural identity of the core. Discussion is based on selected findings of a descriptive study on the development of psychotherapists in Malaysia, which is part of the initiative of the SPR Collaborative Research Network. A total of 120 psychotherapists (49% response rate) completed a comprehensive questionnaire, the Development of Psychotherapists Common Core Questionnaire (DPCCQ), which has been customized according to the Malaysian norms and practice. The 343-item DPCCQ, in structured response format, includes demographic information, as well as various personal and professional dimensions relating to the development of a therapist. This paper will only focus on the items relating to the therapists’ cultural identity, which includes race-ethnicity, minority status and language. Findings show that the participants have different perception of their social status, even when they may share the same race or ethnicity. While most participants are proficient in English and Malay languages, such is not the case for specific ethnic languages or dialects. Discussion consists of concerns relating to therapists’ cultural identity and its implication on the development of psychotherapists as well as mental health services in Malaysia.

Culture and psychotherapy: Professional development and practice characteristics of psychotherapists in the Indian socio-cultural context
Poonima Bhola - St. John’s Medical College Hospital, Ulsoor, India, Shweta Kumaria, David Orlinsky

Aim: Psychotherapy and counselling is a developing profession in India and there is a need to expand knowledge of the professional and practice characteristics of this workforce. There has been little focused work on the religious-philosophical belief systems, indigenous traditions and culture-sensitive approaches used by Indian mental health professionals. The study aimed to explore what is unique about the development of psychotherapists and the practice of psychotherapy in India. Methods: The Development of Psychotherapists Common Core Questionnaire – India version was completed by 245 Indian therapists from different professional backgrounds. A section of items asked about the extent to which their practice reflected culturally relevant therapeutic practices, alternate traditional medical systems, religious beliefs and philosophical wisdom, involvement of family members and cultural redefinitions of the therapeutic relationship. It also assessed professional views on the influence of cultural factors on therapeutic practice and explored the perceived impact of globalisation and associated socio-cultural changes. Results: The results delineate the professional background and experience, treatment settings and demographic characteristics of this group of Indian psychotherapists. The findings also illustrate the extent to which practitioners incorporate indigenous psychotherapeutic processes and practices while working with Indian clients within the rapidly changing socio-cultural milieu. Discussion: The distinctive identity of Indian psychotherapists and culturally relevant psychotherapeutic practice in India will be discussed along with the implications for training initiatives for mental health professionals.

Research on predictors of change and feedback in outpatient psychotherapy from an international perspective: Therapist effects, inpatient and outpatient psychotherapy and decision support tools
Discussant: Mark S. Kopta - CelestHealth, University of Evansville, USA

Patient-focused psychotherapy research is a relatively new, but rapidly progressing area in the field of psychotherapy. Several studies, concepts and models of patient-focused research in different countries have been developed to support clinical services and decision making in routine care. This panel is part of a series of three panels, which examine these new concepts and developments in different countries. Important areas of investigation besides the identification of relevant predictors of change as well as the impact of feedback is the study of therapist effects, the importance of different treatment settings and modalities as well as the development of specific decision support tools. Presenters, data sets and perspectives from Australia, Germany and the US will be part of the panel. First, in this panel, a model of therapist profiling is presented, which explores the basic relational skills of novice therapists and their impact on treatment success. Second, a monitoring and feedback concept is presented which supports the improvement of psychiatric inpatient care with psychotherapy. The third paper deals with the development of rational and empirical derived decision support tools to monitor change in a feedback study, which also can be applied to routine care settings.

Therapist profiling - do basic relational skills of novice therapists have an impact on their treatment success
Julia Eversmann - University of Osnabrueck, Germany, Henning Schoettké, Karl-Heinz Wiedl

According to the empirical literature there is increasing evidence of differences in the effectiveness of applied psychotherapeutic techniques. Controlling for allegiance and patients symptom distress these differences are partly traced back to the person of the therapist (Lutz, et al. 2007, Okishi, et al. 2003, Wampold, 2006). Is there a specific qualification or a “therapeutiche talent” (Aaveline, 2005, Bergin, 1997; Wampold, 2006) that has to be taken into account? Considering the basic relational skills as a part of a psychotherapeutic talent (Orlinsky, et al. 2005) the question arises if novice therapists who can be distinguished according to these interpersonal basic skills at the beginning of training will differ in their training and treatment success. In this prospective study 20 novice therapists are evaluated with regard to their interpersonal behaviour during a group discussion (TRIB-Scale, therapy-related interpersonal behaviour scale; Eversmann, 2008) at the beginning of their training. Their pre-training basic relational skills were related to a broad set of criteria for training and treatment success assessed at the end of the 5-years training period (e.g. drop-out rates, reliable and clinical significant improvements, intent to treat and completer-analyses). The results concerning the predictive power of the basic relational skills across a time period of 5 years will be discussed on the background of current effort to optimize treatment quality.
Improving psychiatric inpatient outcomes with psychotherapy: Monitoring quality and quantity

Andrew Page - University of Western Australia, Perth, Kale Dyer, Geoff Hooke, Elizabeth Newham

Australian National Practice Standards for the Mental Health Workforce (2002) require that “Mental health professionals systematically monitor and evaluate their clinical practice … to ensure the best possible outcomes …”. The present talk will provide a justification for evaluation and lay the foundation for a monitoring system within inpatient settings. Two reasons for a psychotherapy monitoring system will be outlined and they are: 1. Clinicians are not efficient at detecting therapy “failures” 2. Client satisfaction is an unsatisfactory measure of outcomes. The effects of additional group psychotherapy on clinical outcomes, readmission rates, and patient satisfaction were examined among 2,782 inpatients by comparing patients before and after an initiative to increase attendance at group psychotherapy. Inpatients with more psychotherapy had better staff and patient-rated outcomes as well as lower rates of readmission within one month of discharge, even though their treatment satisfaction ratings declined. In judging clinically significant outcomes, staff were sensitive to relative differences, but unable to detect patients who deteriorated. Thus, a monitoring system needs to be implemented to assist staff identifying clients who may go on to have a poor progress, and clients need improved feedback about their outcomes so that satisfaction ratings can be better informed by progress.

Rational and empirical decision support tools to monitor change in a feedback study - an example

Wolfgang Lutz - University of Trier, Germany, Andre Bittermann, Katharina Kneck, Jan R. Boehnke

Aim: Systems to provide feedback regarding treatment progress have been recognized as a promising method for the early identification of patients at risk for treatment failure in outpatient psychotherapy. Methods: This study is based on preliminary data of approximately 1500 patients in outpatient psychotherapy treated with different treatment modalities in three federal states of Germany by 249 therapists. For these psychotherapies a feedback system about their status at the beginning of treatment as well as during the course of treatment was used to support clinical decisions about the indication as well as the continuation of treatment. Several different measures have been used to provide this feedback: BSI, IIP-D, as well as a disorder-specific measure, e.g. BDI as well as additional information e.g. about the therapeutic relationship. Results: Approaches to monitor the course of treatment can be classified into two broad classes: Rationally-derived decision rules rely on the judgments of experts, who determine the amount of progress that a patient has to achieve until a given treatment session is considered ‘on track’. Empirically-derived decision rules are based on expected recovery curves derived from statistical models. The applied rationally developed system in this study was able to identify the necessity of treatment for most of the patients at the initial assessment as well as during the course of treatment. Discussion: Examples of each type of decision rules within this study as well as alternatives and of feedback systems based on such rules are presented and reviewed based on concrete patient examples.

Panel

Moderator

Sandra Paivio - University of Windsor, ON, Canada

Client and process factors contributing to outcome in Emotion-Focused Therapy for Trauma (EFTT)

Discussant: Lynne Angus - York University, Toronto, ON, Canada

This panel will present the most recent findings from a program of research on EFTT for clients (men and women) dealing with different types of child abuse trauma (Paivio & Pascual-Leone, 2010). Results of a recent outcome study support the efficacy of two versions of EFTT, each employing a different re-experiencing procedure (Paivio et al., in press). This is the context for papers in the panel. Papers will describe completed studies examining (1) emotional processing (from multiple perspectives) and alliance quality as mechanisms of change in the two versions of EFTT, (2) improvements in the quality of client written trauma narratives before and after EFTT and the contributions of these improvements to outcome, (3) the client pre-treatment characteristics that differentiated best and worst outcome in the two versions of EFTT, and (4) mediators of the relationship between childhood psychological abuse and neglect and adult attachment. Results of these studies support the posited mechanisms of change in EFTT and have implications for theory, research, and practice in the area of psychotherapy for complex trauma.

The contributions of client emotional engagement with trauma material and alliance quality to outcome in two versions of EFTT

Helen Chagogiorgis - University of Windsor, ON, Canada, Sandra Paivio

Aim: This study examined 1) the contributions of posited mechanisms of change (emotional engagement with trauma material and alliance quality) to outcome in two versions of EFTT, each using a different re-experiencing procedure -- imaginal confrontation (IC) of perpetrators and empathic exploration (EE) of trauma material exclusively in interaction with the therapist; and 2) the contributions of different measurement perspectives of emotional engagement in the two treatment conditions. Method: Episodes of IC and EE were sampled from therapy sessions for 21 clients in EFTT with IC and 26 clients in EFTT with EE. Emotional engagement with trauma material was assessed using observer-ratings of videotaped sessions on the Levels of Engagement Scale (Paivio et al., 2001) and client self-reports on the Post Session Questionnaire (Paivio et al., in press). Emotional distress was assessed using the Subjective Units of Distress Scale. Alliance quality was assessed using the Working Alliance Inventory (Horvath & Greenberg, 1989). Outcome was assessed using seven client self-report questionnaires. Results: Both alliance quality and emotional engagement contributed to outcome in the two treatment conditions. In EFTT with IC, the multi-dimensional process of engagement during IC contributed to resolution of issues with perpetrators. In EFTT with EE, the single dimension of emotional distress during EE contributed to multiple dimensions of change. Discussion: Results support the posited mechanisms of change in EFTT and suggest different routes to change in the two treatment conditions. The effects for different measurement perspectives of process have implications for future process-outcome research.

Changes in the quality of client written trauma narratives following EFTT

Elisabeth Kuzle - University of Windsor, ON, Canada, Sandra Paivio

Aims: Traumatic experiences have been associated with impoverished trauma narratives reflecting difficulties integrating these experiences into current meaning systems. EFTT focuses on promoting client experiencing and thus helping them construct new meaning for traumatic events. This paper will describe a study (1) examining changes in narrative quality following EFTT, and (3) whether these changes were associated with treatment outcome. Method: Before and at the end of EFTT, clients were asked to write about “the most upsetting or traumatic experience” of their life. Thirty-seven narrative pairs were coded for coherence, use of positive and negative emotion words, temporal orientation, and depth of experiencing (Client Experiencing Scale, Klein et al., 1969). Outcome dimensions were depression, trauma symptoms, self-esteem, interpersonal problems, and abuse resolution. Results: Significant pre-posttest improvements were found for a number of qualitative dimensions. However, these improvements were not
associated with treatment outcome. In terms of outcome, at pre-test narrative incoherence was associated with more severe trauma symptoms, and at post-test use of negative emotion words was positively associated with trauma resolution. Discussion: Results support narrative quality as an index of trauma resolution at pre-treatment, and of client capacity to benefit from therapies such as EFIT that focus on affective experience. Limited findings for the link between improved narrative quality and outcome are consistent with mixed results in other studies and could be a function of methodological limitations. Implications for future research on trauma narrative quality will be discussed.

Pre treatment client characteristics that differentiate best and worst outcome in two versions of EFIT

Tiziana Fulco - University of Windsor, ON, Canada, Sandra Paivio

Aims: Clients differ in their capacity to engage in key therapy processes and thereby benefit from therapy. In the case of EFIT with IC, the primary re-experiencing procedure is highly evocative and requires that clients imaginatively confront (IC) perpetrators. In EFIT with EE exploring trauma experienced exclusively in interaction with the therapist is gentler, less evocative, and less distinct from the normal relational context of therapy. This paper will describe a study exploring the client characteristics that differentiated best and worst outcome in these two versions of EFIT. Method: The clients were demographics, psychopathology, attachment style, emotional competence, and abuse characteristics. Clients were assigned to best and worst outcome groups (7 in each IC group, 9 in each EE group) on the basis of average pre-post effect size across eight outcome measures. Results: In EFIT with IC, clients who did best were married, met criteria for avoidant personality disorder, reported difficulties describing feelings, and their parent as perpetrator; clients who did worst were separated or divorced. In EFIT with EE, clients who did best were female, reported having experienced sexual abuse, and their mother as the perpetrator; clients who did worst were single, male, and met criteria for schizoid or dependent personality disorder. Discussion: Result generated hypotheses for testing in future research. Understanding the client characteristics that interact with different treatment modalities can improve efficacy through planning and tailoring of treatments to meet individual client needs.

Identity formation and emotional competence as mediators of the relationship between childhood psychological maltreatment and adult love relationships

Andrea Kapelaris - University of Windsor, ON, Canada, Sandra Paivio

Aims: Abundant research supports the negative impact that childhood psychological maltreatment can have on adult relationships. Moreover, clinical observation of EFIT suggests that clients who were dealing with childhood abuse had distinct in-session processes compared to those who were dealing with neglect (Paivio & Pascual-Leone, 2010), suggesting distinct intermediate effects. This paper will describe a study examining (1) the link between childhood psychological maltreatment and adult love relationships, (2) identity formation and emotional competence as possible mediators of this relationship, and (3) the differential influence of psychological abuse and neglect on these variables. Method: The sample was 187 undergraduate students. Self-report measures assessed the extent of abuse and neglect and family expressiveness, self-concept and self-esteem; alexithymia and emotion control; and adult attachment style. Path analysis was used to test the proposed mediational model. Results: Results partially supported study hypotheses. Emotional competence (but not identity formation) mediated the relationship between childhood psychological maltreatment and insecure attachment in adult love relationships. However, emotional abuse and neglect did not produce different long-term trajectories; rather, both were associated with low self-esteem, difficulties identifying and describing feelings (alexithymia), and fearful adult attachment style. Discussion: Findings have implications for healthy adult love relationships and support the importance of promoting emotional competence in prevention and treatment programs, such as EFIT. Results also suggest that teasing apart the distinct effects of psychological abuse and neglect may require the development of more specific measures of identity formation and emotional competence.

Alternative and complementary therapies in the field of psychotherapy

Discussant: Zbyněk Vybíral - University Brno, Czech Republic

Psychotherapy as theoretical and clinical discipline aims to promote and treat mental and emotional health. It also incorporated different approaches and guidelines that aim a behavioral and cognitive modification, and focusing on emotions and thoughts both as an individual or group. The field of psychotherapy has been opening to new instances introducing a wide range of complementary and alternative techniques to traditional psychotherapy, which similarly seek to promote proper mental and emotional health. These techniques have been used with increasing success, according to the patient’s needs. Currently, there has been an increase in clinicians who study the implications of these techniques to generate empirical support which is needed to incorporate them into practice for to meet the needs of each patient. The aim of this panel is to present the results of 2 studies that seek to demonstrate the importance of including different alternative practices to the field of psychotherapy. The first paper focuses on the needs expressed by patients that led to alternative techniques using 3 types instead of traditional psychotherapy. It shows the arguments of various patients to include such practices as a complement or alternative to the psychotherapeutic process. The second study aims to define in what way the premises of alternative approaches are different from the acknowledged psychotherapeutic. Keywords: field, alternative and complementary techniques in psychotherapy

Reasons and arguments of people who choose alternative and complementary therapies rather than traditional psychotherapy

Gloria Pelaes - P Universidad Católica, Santiago, Chile, Susana Morales, Bárbara Palma

Aim The aim of this study is: to identify the reasons and arguments that lead people to prefer Complementary and Alternative Therapies instead of Traditional Psychotherapy to address the problems of psychological nature and promote emotional wellbeing. Methods This is a qualitative empirical study. The method used was interviews and content analysis based on grounded theory, consultants carried out alternative therapies such as Reiki, Bach flowers and hypnosis, which did not want to address these problems through traditional psychotherapy. Results The results show that the consultants interviewed opted for Complementary and Alternative Therapies (CAT), by the need to experiment with new methods, due to lack of effectiveness found in traditional psychotherapy and the search for a therapeutic bond not found in the traditional psychotherapy. These arguments show a desire for integration into traditional and complementary perspectives. It also notes the presence of an object mediator between patient and therapist in the CAT, which facilitates the process. Discussion According to the arguments and reasons given by the subjects interviewed, it is highlighted a great need to incorporate complementary and alternative practices to traditional psychotherapeutic process. Thus there is a need to show studies that highlight the usefulness and success of these complementary and alternative practices and thus the
forming criteria for identifying alternative psychotherapies and qualitative validation by experts
Ester Danelova - Masaryk University, Brno, Czech Republic, Danelova, Zbynek Vybrid, Louis Castonguay

Aim: In a former study we have created a scientific list of recognized psychotherapeutic approaches based on transparent criteria of choice and we have repeatedly faced a question of how to cope with so-called alternative psychotherapies (fringe, complementary, potentially harmful). The goal of this study is to define in what way the premises of alternative approaches are different from the acknowledged psychotherapies. Our attempt is to set clear criteria for identifying alternative psychotherapies, based on (1) experts’ critiques and opinions (Lilienfeld, Beyerstein, Ellis, etc.), on (2) ethical codes of core psychotherapeutic associations (EAP, APA, etc.) and (3) an analysis of what these therapies lack in contrast with common features of widely accepted traditional approaches. The next stage of the study is qualitative validation of the results by experts: (1) scientists specialized in psychotherapeutic systems or alternative psychotherapy and (2) leading figures in the field of alternative psychotherapy. Method: Based on data derived from relevant literature, the analysis’ aim is to create a system of criteria able to qualify a psychotherapeutic modality as alternative and illustrate the criteria with examples from psychotherapeutic practice. Second part of the work is based on validation of the model by experts (see Aim) mainly in the local context (Czech Republic). Results: The result of the study is a set of criteria meant to identify alternative psychotherapeutic modalities, validated by experts. Discussion: Findings will be discussed with respect to recent literature in the field and to their practical implications.

The return of the repressed: Defense mechanisms in clinical work
As a central feature of psychoanalytic theory, defense mechanisms are surprisingly amenable to clinical study. This panel presents research of interest to practicing clinicians as well as psychotherapy researchers. Ms. DiGiuseppe presents a newly developed instrument which clinicians can use to assess manifestations of defense mechanisms in their clinical work, the Defense Mechanism Rating Scales Q-Sort (DMRS-Q-Sort). Derived from the parent DMRS, the computerized Q-Sort requires no special training and is capable of detecting change over multiple assessments. Dr. Perry presents data on change in defenses in a long-term study of dynamic psychotherapy (median duration of treatment 3 years). He examines how change in defenses compares to outcome over a 5-year follow-up period. Mr. Petraglia examines the concept of accuracy of defense interpretation in the same sample. In therapy, is it more effective to address a patient’s defenses that are least, most, or average in adaptive level among the patient’s repertoire of defenses? By the end of the presentations, those attending will understand the value of focusing on defenses in therapy from both a process and outcome perspective, and you will have a first glance at a new instrument that may allow them entry into the hitherto hidden world of defenses.

Studying change in defensive functioning using the new computerized defense mechanism rating scale Q-sort (DMRS Q-sort) in psychotherapy
Mariagrazia Di Giuseppe - Sapienza University of Rome, Italy, J. Christopher Perry, Jonathan Petraglia, Jennifer Janzen, Vittorio Lingiardi

Aims. Research on defense mechanisms has widely shown that defenses or defense styles correlate with personality traits, Axis I criteria, and significant changes in mental functioning during brief and long-term psychotherapy. Many measures for assessing defense mechanisms have been used in research with success but there is still a need for a clinical method that can be easily used in clinical work without requiring extensive training and the use of transcripts. Method. To meet this need, we developed a computerized Q-sort program based on the Defense Mechanisms Rating Scale (DMRS) (Perry 1990) that can be used in both research and clinical work, without requiring time-consuming training, or recorded and transcribed interviews. Beginning with the parent DMRS manual, we developed a pool of more than 300 statements and then chose the best 150 items (5 for each defense) that best captured the variety of manifestations of each of 30 defense mechanisms. We then rated audiotaped interviews from three different study samples in which the DMRS quantitative method had previously been scored. The studies included both psychiatric patients and a normative sample, totaling 66 interviews. Results. We present inter-rater reliability and homogeneity data. Then we compare the DMRS Q-sort scores to the parent DMRS defense ratings by sample. We subsequently reduced the number of items to improve reliability and validity in comparison to the criterion, the DMRS. Some additional evidence of convergent validity is offered. Discussion. The DMRS Q-sort demonstrated acceptable inter-rater reliability and validity. The validation, convenience and reduced time requirement of the DMRS Q-sort, compared to other methods, may facilitate its use by researchers and clinicians. Change in defense mechanisms during long-term dynamic psychotherapy and outcome
J. Christopher Perry - McGill University, Montreal, Canada, Michael Bond

Aim. Brief evaluations (Drapeau et al., 2003), short-term dynamic psychotherapy (Hersoug et al., 2002) and psychoanalysis (Roy et al., 2009) have been associated with improvement in defensive functioning. The aim of this report is to examine the extent of change in defensive functioning during long-term dynamic psychotherapy and its relationship to outcome. Methods. Fifty-three patients entered a naturalistic study of long-term dynamic psychotherapy, of whom 24 either completed treatment or had at least 3 years. Trained raters scored sessions according to the quantitative directions of the Defense Mechanism Rating Scales (DMRS). We rated a median of 8 transcribed sessions reflecting three treatment phases: early (usually sessions 3, 4, 5), early-mid (usually 20, 21, 22) and later phases (2 sessions at 2.5 years). Change was modeled using simple linear regression analyses for each subject for each defense or defense summary score. This method is highly conservative, smoothing out scores, thereby reflecting trait changes. Results. Overall Defensive functioning improved significantly with those initially with the poorest functioning showing the greatest amount of change. We further present the relationship of change in defenses to overall change on other measures. Conclusions. Changes change in long-term dynamic psychotherapy in somewhat different fashion depending on one’s initial level of defensive functioning. This in turn affects the relationship between defensive functioning and overall improvement. Defenses are a good candidate for an in-session mechanism that therapy can focus on, as changes in defenses are associated with overall outcome.

Panel
Measures
Moderator
J. Christopher Perry
- McGill University, Montreal, Canada

75
An empirical study of the accuracy of therapist interpretation and in-session change in patients’ defensive functioning
Jonathan Petraglia - McGill University, Montreal, Canada, Adam Horvath, Ashley Watkins

Aim. While outcome and treatment modality have traditionally been given a great deal of attention in research, less effort has gone into studying the effects of technique in psychodynamic psychotherapy. This is surprising given that most training programs invest more heavily in teaching technique than in other clinical focus. The present study aimed to address one aspect of this gap by examining the relationship between therapist interventions, focusing on the mutative role of interpretations on patient defensive functioning. We hypothesized that patient overall defensive functioning (ODF) scores would increase following accurate interpretations and remain unchanged following inaccurate interpretations. Methods. Therapist interventions were classified according to the Psychodynamic Interventions Rating Scale (PIRS: Cooper, Bond, Audet, Boss, & Csnak, 2002), while patient defenses were assessed using the Defense Mechanisms Rating Scales (DMRS: Perry, 1990). We independently and blindly scored four sessions each from 24 patients who completed at least 3 years of dynamic psychotherapy in a naturalistic follow-along study. We examined all interpretations for whether the therapist interpreted below, above or at the patient’s defense level in the preceding moments.

Results. The therapist’s accuracy in addressing patients’ defenses appeared to have an effect, depending on the level of the patient’s immediately prior defensive functioning. Low defensive functioning improved when the therapist’s interpretations were directed toward the higher adaptive defenses, while the results with healthier patients were more complex. We then relate this to overall outcome of the cases. Conclusion. These results indicate that there is a moment-to-moment link between psychodynamic technique and change in defensive functioning and outcome.

Panel
Psychodynamic Moderator
Björn Philips - Karolinska Institutet, Stockholm, Sweden

New applications of mentalization-based treatment (MBT)
Discussant: Jacques Barber - University of Pennsylvania, Philadelphia, USA

Mentalization-Based Treatment (MBT) was developed by Bateman and Fonagy (2004; 2006) as a treatment for Borderline Personality Disorder (BPD), with integrated individual and group format. Foundations of the treatment were psychoanalytic theory, attachment theory, and developmental psychology. The concept mentalization refers to a mental process by which an individual implicitly and explicitly interprets the actions of himself and others as meaningful on the basis of intentional states such as desires, needs, feelings, beliefs, and reasons. Failures of mentalization has been identified as a key problem among BPD patients, thus MBT focuses on improving the capacity to mentalize. The efficacy of MBT for BPD has been shown in two published studies; one including long-term follow-up and data on cost-effectiveness (Bateman & Fonagy, 1999; 2001; 2003; 2008; 2009). The last decade has seen a rapid development of new methods for assessing mentalization and new applications of mentalization-based treatment models, which this panel will reflect. The first paper will present the development of a self-rating instrument of mentalization and a study of its psychometric properties. The second paper will present an initial evaluation of a mentalization-based model for working with children and their families - Mentalization Based Family Therapy (MBFT). The third paper will present a randomized control trial of MBT for patients with opiate dependence and BPD.

Is a self-rated instrument appropriate to assess mentalization in patients with mental disorders
Maria Hausberg - University Clinic of Hamburg-Eppendorf, Germany, Holger Schulz, Theo Piegler, Claas Happach, Michael Köpper, Isa Sammet, Sylke Andreas

Objective: The mentalization-concept, first described by Fonagy et al. (1997), has become increasingly important for the treatment of patients with mental disorders. Many studies show the effectiveness of mentalization-based treatment for borderline-personality-disorder and its usefulness is described for a number of other mental disorders. Nevertheless self-evaluation of the mentalization-based treatment programs is lacking. Therefore the purpose of this study was to develop and validate a self-rating scale for a differentiated assessment of mentalization in patients with mental disorders. Method: In a multi-stage, peer-reviewed consensus approach we developed a 40-item instrument. The scale was evaluated on N = 101 inpatients with mental disorders. Patients also filled in the following questionnaires: “List of Pathogenic Beliefs”, “Emotion Experience Scales”, “Narcissism Inventory”, “Inventory of Interpersonal Problems” and “Dissociation Questionnaire”. Symptom severity, self-injuring behaviour, suicidal tendency and attachment style were also assessed. Results: Internal consistency of the global scale of the self-rated mentalization instrument measured by Cronbach’s alpha was 0.80. A varimax rotated factor analysis supported the extraction of 4 factors (variance explained = 58%) Preliminary results show significant correlations between the mentalization questionnaire and related measures (e.g. List of Pathologic Beliefs). Furthermore the self-rating scale discriminates between patients displaying self injuring behaviour and those who do not, as well as patients with and without suicidal ideas. Discussion: While further validation is needed, the new developed self-rated mentalization questionnaire appears to be a promising tool in psychotherapy research and practice.

Initial development and evaluation of mentalization based family therapy (MBFT)

This presentation would introduce an adaptation of mentalization-based therapy to work with children and their families – Mentalization Based Family Therapy. MBFT is an innovative brief intervention devised at the Anna Freud Centre, London, in partnership with the Marlborough Family Service in the UK and Baylor Medical College in the US. The approach integrates aspects of systemic, cognitive and psychodynamic therapies with the latest research on the capacity to mentalize, and has been manualized to increase consistency of approach. This presentation will introduce the MBFT approach and give the results of an initial evaluation of the MBFT service at the Anna Freud Centre. It will also present data about a new approach to manualising treatment that has been piloted in the Anna Freud Centre’s MBFT service - the ‘wiki-manual’.

Mentalization based treatment for opiate dependence and borderline personality disorder
Björn Philips - Karolinska Institutet, Stockholm, Sweden, Charlotte Vedin, Peter Wennberg, Johan Franck

Aim: Mentalization-Based Treatment (MBT) is psychotherapeutic method for patients with Borderline Personality Disorder (BPD) with empirical support from one clinical trial, including long-term follow-up. The treatment is here applied on patients with a severe dual diagnosis: BPD and opiate dependence. The aim of this on-going study is to examine whether MBT in combination with standard pharmacological treatment with methadone or buprenorphine is more efficacious than only standard pharmacological treatment, for patients with co-morbid BPD and opiate dependence. Methods: A randomized controlled trial including 2 x 40 patients, in which assessors are blind with regard to patients’ treatment assignment. The control group receives standard pharmacological treatment

76
including some psychosocial support. The experimental group receives ditto, and in addition MBT, which encompasses one individual therapy session and one group therapy session per week for 18 months. The primary outcome variable is severity of BDP, as measured by the Borderline Personality Disorder Severity Index (BPDSI-IV). Secondary outcome variables include measures for alcohol and drug use, suicidal and self-harming acts, retention in treatment, psychiatric symptoms, interpersonal problems, and social adjustment. Long-term follow up will include cost-effectiveness data, criminality and death rate. Results: Preliminary descriptive results from intake are presented. Discussion: At present, there is no evidence-based psychosocial treatment for the specific comorbidity of opiate dependence and BPD. The establishment of an efficacious treatment for patients with these severe problems would be an important clinical progress.

Panel
Group
Moderator
William Piper - University of British Columbia
Vancouver, Canada

Current research in group therapy
Discussant: Gary Burlingame - Brigham Young University, Provo, USA

The conceptual content of the three papers of this panel is somewhat diverse. Nevertheless, they demonstrate several issues of considerable importance to contemporary group therapy research. The study by Joyce is representative of attempts to replicate findings from previous studies and the challenge and at times disappointment inherent in the failure to replicate. The study by Tasca concerns the ever presence of interdependencies that exist whenever one focuses on individuals in group therapy research. The study by Piper illustrates the usefulness of using process analysis systems to generate variables that help one understand mechanisms of influence and change in group therapy research. However, it also illustrates the time consuming nature of acquiring one’s variables for analysis.

Interpersonal predictors of outcome following short-term group therapy for complicated grief: A replication
Anthony Joyce - University of Alberta, Edmonton, Canada, John S. Ogrodniczuk, William E. Piper, and Amanda R. Sheptycki

Aim: The current study represented a replication of previous research, addressing measures of interpersonal relatedness as predictors of outcome for dynamically-oriented, short-term group psychotherapy for patients presenting with complicated grief (CG). In a previous analysis of data from a comparative trial of two forms [interpretive, supportive] of short-term group therapy (N = 107), we reported that three distinct indices of interpersonal relatedness - quality of object relations (QOR), current social functioning, and attachment insecurity - each had significant relationships with measures of treatment outcome, with attachment insecurity emerging as the strongest predictor. Method: The current study (N = 110) was based in data from a subsequent trial of the two therapy approaches that examined the effect of group composition on outcome. Predictor variables and outcome factors involved in the current analyses were similar or identical to those employed in the previous study, and an identical analytic strategy was followed. Results: In contrast to the previous study, QOR and current social functioning were not associated with the outcomes of the two group therapies for CG. Only the patient’s attachment insecurity emerged as a strong (inverse) predictor of psychotherapy outcome, providing a replication of the key finding of the previous study. Discussion: The implications of clinical practice, i.e., selection of group patients and working with patients presenting with insecure attachment, and limitations of the results are discussed. Keywords: Complicated grief, short-term group therapy, interpersonal relatedness, predictors, psychotherapy outcome.

Modeling longitudinal data from a rolling therapy group program with membership turnover: Does group culture affect individual alliance
Giorgio Tasca - The Ottawa Hospital, Canada, Tim Ramsay, Kimberly Corace, Vanessa Illing, Meagan Bone, Hany Bissada, Louise Balfour.

Aims. Many group treatment programs have an open enrolment, i.e., a rolling admissions structure, in which a group member who drops out or successfully completes therapy is replaced by another individual. Although practically efficient and possibly clinically useful, the interdependence of these group participants’ data may result in incorrect inferences drawn from the analyses if this interdependence is not accounted for. The goal of this study was to model the impact of the rest of the group’s weekly alliance on the individual’s alliance scores as a time varying covariate within a multilevel model (MLM). Method: Participants were eating disordered adults (N = 229) attending an average of 12 weeks of a rolling admissions group-based day hospital program during an 8 year period, and who completed a group therapy alliance measure weekly. Results: Individual alliance to the group increased from week to week, and this growth remained significant even after controlling for the time varying level of other group members’ alliance to the group. Further, the level of the group’s alliance during any given week was positively related to an individual’s alliance score during that week. Discussion: These MLM add to a very small but emerging set of analytic strategies to address some of the hurdles to correctly analyse data from rolling admissions groups. The results suggested that a positive group alliance culture facilitated an individual to feel: accepted in the group, a bond with other group members, and a sense of cohesion with the group as a whole. Key Words: Group Psychotherapy; Multilevel Models; Alliance; Group Therapy Alliance; Eating Disorders.

Person focus and outcome in short-term group therapy
William Piper - University of British Columbia, Vancouver, Canada, John S. Ogrodniczuk, and Anthony S. Joyce.

Aim: After discovering that group composition (defined as the proportion of high quality object relation patients in a therapy group) was directly related to favorable outcome, we attempted to discover significant predictor and mediator variables for these findings. Some of the variables were considered on logical grounds [e.g., the extent of patient’s work in the group] and some were discovered serendipitously as a result of investigating other variables. Method: From a sample of 110 patients from 18 groups who met criteria for Complicated Grief two process analysis systems were used to generate relevant variables (Psychodynamic Work and Object Rating System and Linguistic Inquiry and Word Count). Correlational methods were used to explore potential predictor variables and Baron and Kenny’s procedure was used to investigate potential mediator variables. Results: Correlational procedures revealed several significant findings. Patients who focused on themselves less than on others had more favorable outcome than patients who focused on themselves rather than on others. Personality inventories revealed that patients who focused more on others tended to be less anxious chronically and when stressed became more task oriented and less emotional. No evidence for mediator variables was found. Discussion: Psychotherapists pay close attention to the words that their patients use to direct attention either to or from certain topics. Words are often seen to express much more than their manifest content would suggest. Some orientations of therapy (e.g., psychoanalytic) regard certain words as symbols of complex internal processes. This study has helped us better understand how the use of words that focus on others relative to self are related to therapy outcome.
Exploring micro and macro alliance development during experiential and CBT therapies for depression and GAD

Discussant: William Stiles - Miami University, Oxford, OH, USA

Substantial evidence now exists that the working alliance is a robust predictor of psychotherapy outcome (Horvath & Bedi, 2002). However, factors that contribute to the development of strong alliances, post session or across therapy for specific therapies are not well understood. This paper presents research questioning therapy variables affecting small ‘O’ outcomes or post session alliance scores, and patterns of alliance development across therapy predicting large ‘O’ outcomes or post therapy and follow-up measures. The first paper will examine how client’s pre-therapy interpersonal difficulties and first session interpersonal process effect first session alliance scores (which have been shown to predict all outcomes in experiential therapy for depression). The second paper will investigate patterns of client and therapist affect within sessions over fine-grained timescales, and the relationship between these patterns and post-session alliance scores in CBT for GAD. The third paper will present patterns of alliance development across the entire therapy path that predict maintenance of gains after experiential therapy for depression.

The relationship between interpersonal process and early alliance formation in first sessions of experiential treatment of depression

Karen Wong - York University, Toronto, Canada, Alberta Pos

Aim: Although the relationship between therapeutic alliance and client outcome has been well-established, the variables influencing alliance development within specific therapies remain unclear. In experiential therapy for depression, session one alliance has been shown to predict all outcome variables, suggesting that a positive working alliance is critical from the onset of therapy (Pos, Greenberg & Warwar, 2009). The current study examined the influence of first-session interpersonal process on early alliance formation and final outcome. Pre-therapy client characteristics (i.e., interpersonal problems, self-esteem) were investigated as possible mediators between interpersonal process and early alliance formation. Method: Interpersonal process in first sessions was examined using the Structural Analysis of Social Behavior (SASB; Benjamin, 1974) for thirty six clients (N = 36) who each received experiential treatment for depression in two York Psychotherapy Clinic clinical trials; alliance was measured by the Working Alliance Inventory (WAI: Horvath & Greenberg, 1986,1989; pre-therapy client characteristics were measured using the Inventory of Interpersonal Problems (IPP; Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988) and the Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965). Results: Preliminary results will be presented. Planned analyses include hierarchical regression and hierarchical linear modeling. Discussion: Preliminary findings will be discussed with respect to their implications for early alliance formation in experiential therapy and client-treatment matching.

Patterns of affect in good and poor alliance sessions: A dynamic systems analysis

John Eastwood - York University, Toronto, ON, Canada

Aim: The present study investigates patterns of client and therapist affect within sessions over fine-grained timescales, and the relationship between these patterns and post-session alliance scores. Method: The therapy dyads will be drawn from a random controlled clinical trial of CBT for GAD, and will specifically involve the implementation of ‘good’ outcome dyads (in which post-session alliance scores and overall therapy outcome were both relatively high) and two ‘poor’ outcome dyads (in which post-session alliance scores and overall therapy outcome were both relatively low). Independent raters will observe the selected sessions for each of these ‘good’ and ‘poor’ outcome dyads and code the observable affect of clients and therapists at 15-second intervals on the basis of affective valence (positive or negative), affective type (i.e., specific emotion), and affective intensity. Results The analysis of the data, involving dynamic systems techniques such as state-space grid analysis, will be presented graphically and identify real-time affective patterns in therapists and clients, illustrating how such patterns change and stabilize within good versus poor outcome dyads. Discussion At an empirical level, the findings of the study will advance our understanding of the affective processes of clients and therapists over fine-grained timescales within therapy sessions, and will inform our understanding of how these processes may influence post-session ratings of alliance and overall therapy outcomes. At a methodological level, the study will help to innovate therapy process research by exploring methods that are observationally rich, grounded in real time, and empirically rigorous.

Exploring patterns of alliance development during experiential therapy of depression: A comparison of methods

Alberta Pos - York University, Toronto, ON, Canada, Mark Thompson

Aim: This study attempted to replicate and extend the findings of Stiles, Glick, Ostatuke, Hardy et al. (2004) and Kivlighan & Shaunessy (2000) who examined and found distinctive growth patterns of alliance development during dynamic and cognitive behavioral psychotherapies. Alliance development across experiential therapy has not previously been examined. Due to the consistently client-centered relationship (empathic/ positive regard/ genuineness) offered clients in experiential therapy we hypothesized that positive therapeutic outcome would be associated with a positively linear or quadratic growth pattern in the working alliance, and that rupture and repair patterns would be rare. Method: Post-session alliances scores across therapy were examined for 74 clients who received short term (16-20 sessions) experiential therapy for depression in York I and II Psychotherapy depression projects (Greenberg & Watson, 1998, Goldman, Greenberg, & Angus, 2006). Three methods of clustering the data were used: longitudinal growth modeling (high-tech - Mplus), “eyeball” (low-tech), and replication of Stiles’ method (mid-tech). Results: MPlus yielded the most parsimonious solution (2 classes) which predicted long term maintenance of gains; the eyeball method yielded more complex groups (5 classes- including a small group of good outcome clients exhibiting rupture repair patterns) which also predicted long term gains. Cluster analysis did not yield cluster related to outcomes. Discussion: Some rules of thumb appear to potentially be available to help identify ‘in trouble’ alliances in experiential therapy. Rupture and repair, while rare, also occurs and may be related to good outcome in experiential therapy.

The helping alliance in routine psychiatric treatment

This panel will give an international perspective on the alliance-outcome relation in the treatment of people with mental illness receiving psychiatric treatment in different settings. The first paper will focus on the role of the helping alliance from different stakeholder perspectives in a randomized controlled multicentre trial on discharge planning for high utilisers of psychiatric services. The second paper will shed light on the importance of the therapeutic alliance in routine care for predicting treatment outcome and the influence of patient factors. The third paper will introduce the concept of “Institutional Therapeutic Alliance” based upon findings on the alliance-outcome relation in a day hospital program. In the final paper, results of a process
analysis of a cluster-randomized trial on feedback of outcome in inpatient psychiatry will be presented taking into account moderators of effect and the variability of outcomes attributable to therapist factors. A common focus of the papers will be an effort to emphasize common challenges to the formation and maintenance of a “good” alliance for patients with a high need for intense and multiprofessional treatment.

The role of the therapeutic relationship in the treatment of high utilizers of psychiatric services
Sabine Steffen - Ulm University, Germany, Thomas Becker, Wolfgang Gaebel, Harald Freyberger, Heimfried E. Klein, Tilman Steinert, Bernd Puschner

Aim: Compared to the psychotherapy, development and maintenance of therapeutic relationship in psychiatric treatment differs due to setting, aims and variety of care. This paper will focus on the alliance from different perspectives (patient and different key workers) and its effect on outcome in high utilizers of psychiatric services. Method: From May 2006 to July 2007, 491 psychiatric inpatients gave informed consent to participate in the German multicentre RCT “NODPAM” (Needs-oriented discharge planning for high utilizers of psychiatric services). Patients rated the therapeutic relationship at discharge from inpatient treatment (T0) and at three follow-up time points 3, 6, and 18 months thereafter (T1-T3) on the “Scale to assess the therapeutic relationship” (STAR-P), and key workers at T0 and T1 on its parallel version (STAR-C). Outcomes assessed via standardized scales were symptomatic impairment, needs, and quality of life. Data will be analyzed using multiple regression and hierarchical linear models. Results: Correspondence of alliance ratings from patients, inpatient and outpatient key workers was moderate at best. Further results to be reported pertain to (a) the differential predictive validity of patient and key worker perspective of alliance on treatment outcome after three months; and (b) the effect of the alliance on long-term outcome (up to 18 months). Discussion: Implications of these findings for clinical practice and research will be discussed with a special focus on “alliance needs” of “revolving door” patients.

Helping alliance in routine psychiatric outpatient treatment: Patient factors and outcome
Håkan Johansson - Lund University, Sweden

Aim: This study investigated the importance of the therapeutic alliance in a routine psychiatric outpatient unit regarding treatment outcome and the influence of patient factors. Method: Newly admitted patients were diagnosed according to the ICD-10 and completed questionnaires regarding the alliance, symptoms and interpersonal problems at the beginning and termination of their treatment. They were followed up concerning early dropout and the time limit for the termination assessments was set at 18 months. Results: Variables that influenced the establishment of the alliance were ‘cold/distant’, ‘motivation’, and ‘interpersonal sensitivity’. The alliance at the beginning of treatment did not correlate with outcome, however, at the end of the treatment the alliance significantly explained about 15% of the variance of the outcome (GSI). An improvement of the alliance during the treatment significantly correlated with most of the outcome variables. The relation of the alliance to outcome was equal among the different diagnosis groups and treatment forms. Early dropout was predicted by low helping alliance, low age and cold/distant. Discussion: The results showed that the alliance is an important variable for treatment outcome and for lowering drop-out in routine psychiatric treatment, and improving the therapeutic alliance may be one of the most important factors for increasing the total effectiveness of a treatment unit. The results also indicates that it is the clinician’s responsiveness to the patient that is the crucial factor in establishing the therapeutic alliance but that it is harder and more difficult with some types of patients.

The role of the institutional therapeutic alliance in treatments with severely disturbed patients
Ricardo Pulido - Universidad Alberto Hurtado, Santiago, Chile

More than three decades of empirical research have documented the crucial role of a good therapeutic alliance for treatment success. In the particular case of severely disturbed patients, the alliance construction process involves particular characteristics determined, in part, by the patients inability to form safety bonds with others and because of, usually, various therapeutic figures are engaged at the same time in their treatments (psychiatrist, psychotherapist, nurse, etc.). The present work offers a general review of the most important empirical evidence about the therapeutic alliance process in institutional settings (i.e., hospitalization, therapeutic community), introduces the concept of Institutional Therapeutic Alliance (ITA) – clinical and empirical phenomenon that accounts for the working bond between the patient and the therapeutic staff perceived as a whole – and reports the major results of a longitudinal study conducted to assess the ITA and explores the relationship with treatment outcomes. The work concludes by discussing, from a clinical point of view, the promoting and obstructing alliance factors linked with the patient, the staff and their relationships.

Effect of outcome management in people with severe mental illness: Moderator and therapist effects
Bernd Puschner - Ulm University, Germany, Johan H. Bjørngaard, Thomas Becker

Background: In a cluster-randomized trial in people receiving inpatient psychiatric care, feedback of outcome via the Q-45 showed no effect. Process analysis will examine moderators of the effect of feedback of outcome with a special focus on the variability of treatment outcomes attributable to therapists. Method: Between September 2005 and March 2007, 294 patients admitted to inpatient treatment at a psychiatric hospital in rural Bavaria gave informed consent to participate in the cluster-randomized trial EMM (“Outcome monitoring and management in inpatient psychiatric care”). Treatment was provided by 48 clinicians. Outcome was monitored via patients completing the Q-45 every week during inpatient treatment and at 6-month follow-up. In addition, clinicians and their patients in the intervention group received weekly standardized feedbacks. ANOVAs and HLM with therapists as a random factor were used to identify moderators of effect and variability in outcome due to therapists. Results: Only few characteristics of patients, therapists, treatment, and/or intervention moderated the effect of outcome management and treatment outcome in general. Outcome attributable to therapist factors was much lower than reported in psychotherapy studies. Discussion: Major reason for the lack of effect was scepticism among clinicians whose use of weekly outcome feedbacks was poor. Further implications of findings are discussed with a focus on specifics of the provision of care for people with severe mental illness including multiprofessional teams and frequent changes in service provision.
Panel
Emotion
Moderator
Fabian Ramseyer - University Hospital of Psychiatry, Bern, Switzerland

Nonverbal behavior in therapeutic relationships. Implications for therapy outcome, research, practice and training
Discussant: Wolfgang Tschacher - University Hospital of Psychiatry, Bern, Switzerland

A substantial body of research shows the importance of the therapeutic alliance for the outcome and course of psychotherapy. While this factor can be considered a well-established fact, the specific ingredients of a good alliance still remain unclear. Nonverbal behavior may be one such crucial factor influencing the development and maintenance of the therapeutic relationship. To date, most researchers have looked primarily either at patient’s or therapist’s behavior while the dyad as an entity has been scarcely assessed.

Focusing on the therapeutic dyad and mechanisms of exchange, mutual influence, convergence and divergence of nonverbal behavior might be one way to increase the knowledge in this domain. A better understanding of nonverbal interchange might thus lead to improved therapeutic relationships. The goal of this panel is to present findings from different studies addressing nonverbal behavior in clinical settings. Diverse methods for the assessment of nonverbal behavior are presented and the impact of nonverbal behavior on therapeutic outcome, long-term recurrence and relationship formation are discussed. The first paper will examine nonverbal modulation of mood and its effect on process and outcome. The second paper will show how nonverbal behavior in clinical interviews predicts later outcome and recurrence in depression. Finally, the third paper will examine synchrony of nonverbal movement behavior between patient and therapist and its relation to outcome and alliance.

Nonverbal modulation of mood: Its effect on process and outcome
Hansjörg Znoj - University of Bern, Switzerland, Christoph Flückiger

Nonverbal modulation of mood is a central topic in supervision of therapeutic process; however, nonverbal modulation techniques are rarely explicitly taught and most often it’s not specified what the effect of nonverbal modulation might be in the process of psychotherapy. It is also unclear how and to what degree nonverbal modulation influences therapeutic outcome. Recently there is growing interest in the role of emotion in therapy but modulation of affect is rarely investigated. Here we look at therapists’ strategies to dampen or amplify patient’s mood depending on patient’s mood state and link these strategies to immediate session and overall therapy outcome. We investigated N = 36 therapies in a minute for minute sampling rate. Patients had a variety of axes-I disorders (60% Depression, 25% Anxiety, 15% other) and were in ambulatory treatment. Immediate outcome was assessed with a post-session report and long-term outcome was assessed with both symptom measures and goal-attainment scales. Mood modulation was rated from screen by trained students; reliability of the rating was good. Results suggested that mood modulation by therapists is systematic and different from a “normal” conversation. When patients are tense therapists dampen their emotions and react reciprocally when patients are in a good mood. However, when patients are in a low mood, therapists do not counter-modulate these states. The therapeutic strategies are further linked to outcome. For immediate post-session outcome we (Flückiger & Znoj, 2009) could already show the impact of nonverbal modulation. The results will be discussed also from a practical point of view.

Nonverbal communication in depression
Erwin A.H.M. Geerts - Wenckebach Institute, Groningen, Netherlands

Background and aim: Depressed people are less satisfied with their social interaction than non-depressed people and induce rejection in people with whom they interact. It is hypothesized that these interpersonal processes play a causal role in the onset and course of depression. Indeed, interpersonal difficulties are associated with the onset and course of depression. In search for the mechanisms that explain why depression-prone people get involved in the negative interactions our research group has investigated the nonverbal interaction between depressed patients and interviewers during a clinical interview. Methods: From videotaped interactions with registered the patients’ nonverbal displays of involvement and seeking for support and the interviewers’ displays of involvement and support giving. We investigated whether and how 1) these patient and interviewer nonverbal displays are interrelated; 2) the nonverbal interaction between patients and interviewers is associated with the course of depression. Results: Lack of convergence between the patients’ nonverbal displays of seeking for support and the interviewers’ displays of giving support predict an unfavorable course of depression (n=245). Moreover, in remitted patients lack of convergence predicts negative interpersonal events that in turn underlie recurrence of depression (n=101). These findings are independent from the patients’ personality traits and social cognition. However, lack of convergence is associated with recalled lack of maternal care. Discussion: The findings will be discussed from the perspective of an interpersonal approach of depression and Bowlby’s attachment theory. In addition, the practical implication for treatment possibilities and scientific research will be addressed.

Nonverbal synchrony in psychotherapy: Assessing head and body movement
Fabian Ramseyer - University Hospital of Psychiatry, Bern, Switzerland

Background: Previous research has shown that facets of the therapeutic relationship are embodied in the coordination of patients’ and therapists’ nonverbal behavior. Such nonverbal synchrony has been assessed on the level of body movement and was shown to be associated with relationship quality and global therapy outcome. In this study, previous findings were extended to a comparison of nonverbal synchrony from head movements versus nonverbal synchrony from torso movements. Methods: An objective computerized method, based on frame-by-frame analysis of videotapes, was applied to N=71 randomly selected sessions of dyadic psychotherapy. Nonverbal synchrony was measured as the simultaneous and time-lagged (± 5s) cross-correlations of body movements from patient and therapist. A correction for the amount of synchrony that would be expected by random coincidence was applied. Nonverbal synchrony was then correlated with post-session questionnaires and various outcome measures. Results: Head-movement synchrony between patient and therapist showed no significant associations with relationship characteristics, while torso-movement synchrony was positively associated with relationship quality and outcome at discharge. However, head-movement synchrony was associated with therapist techniques (clarification vs. mastery) while torso-movement synchrony was not. Discussion: Nonverbal synchrony has been identified as a predictor for the quality of the therapeutic relationship and outcome. Whole-body movement synchrony was more predictive of relationship quality and outcome than head or torso movement alone. Assessing nonverbal synchrony in separate parts of the body gives a more detailed picture of what is going on nonverbally between patient and therapist.
Panel
Alliance
Moderator
Michael Helge Rannestad - University of Oslo, Norway

Alliance formation and repair of alliance rupture in a study of highly experienced psychotherapy-trainers as therapists
Discussant: Robert Elliott - University of Strathclyde, Glasgow, UK

Increasingly, the perspectives of processes of change, dynamics of change and principles of change have come to replace the medical-model based conception of “which methods work with what clients” as a theoretical and functional paradigm in psychotherapy research. The concept of the working alliance is well-established example of this change in perspective. In this panel the first results from an intensive study of 18 highly experienced psychotherapists are presented. The psychotherapists are all teachers of psychotherapy at reputable psychotherapy training institutions, have a high standing in the therapeutic community, are all specialists in clinical psychology or psychiatry, represent different theoretical orientations and most are clinical authors. There is a focus on qualitative method in these naturalistic therapies. However, standard outcome measures are collected pre-treatment, post-treatment and at follow up, in addition to at session 3,6,12, 20, and thereafter every 20 sessions. The Working Alliance Inventory is also collected at the same in-therapy sessions. All sessions are audio-taped. An important feature of this is four session evaluation questions answered by therapists and clients after each session. A post-therapy interview of client and therapists are conducted. This panel presents three papers from this study of assumed expert therapists addressing results on alliance formation and alliance repair.

Congruence of alliance ratings between psychotherapy-trainers as therapists and clients
Margrethe Seeger Halvorsen - University of Oslo, Norway, Michael Helge Rannestad, Anna von der Lippe, Eva Axelsen, Hanne Haavind, Siri Gullestad, Sissel Reichelt, Bjørn Røed Hansen

Aim: The relationship between therapists’ and client’s assessment of the working alliance is an important line of inquiry. The meta-analysis by Tryon, Blackwell and Hannell (2007) suggests a moderate correlation (r=.36) between client and therapist ratings. The discrepancies in alliance ratings were moderated by a number of factors such as e.g. level of client psychopathology, but not length of therapists’ experience. This paper focuses on the relationship between therapists’ and clients’ assessment of working alliance rating. We are asking the following research questions: (1) What is the relationship of assumed experts’ and clients’ ratings of alliance overall? (2) Is there greater convergence in ratings across therapy phases? (3) Does level and kind of client psychopathology moderate the relationship between ratings in this sample of assumed experts? Method: Data derive from a naturalistic study of 18 therapists and 40 clients. Therapists and clients completed WAI at several time points during treatment. Psychopathology is indicated by the SCID-II interview and ratings on Q-45 at pre-treatment. Results: Growth curve modeling will be used to analyze level of discrepancies between client and therapist ratings. Discussion: Research show that there is increasing congruence in clients and therapists ratings during treatment (Horvath & Bedi, 2002), which is associated with better outcome (Cummings et al., 1992). The paper discusses whether expert therapists may be better at establishing alliance early in therapy, leading to higher congruence. Another assumption is that expert therapists may be more sensitive to the evolving relationship, especially with skeptical clients, leading to a higher convergence in perspectives across therapy phases.

Introducing and negotiating the technical aspects of the working alliance - how do experienced teacher-therapists do it
Hanne Wnie Oddli - University of Oslo, Norway, Michael Helge Rannestad

Aim: Compared to the large number of studies on the bond aspect of the working alliance, there are relatively few studies on the aspects of tasks and goals. The aim of the present study is to elaborate on the technical aspects of the working alliance. Years of research that have yielded support for factors not exclusively specified in accordance to any specific treatment model, suggests a further need for analyses that go beyond single models in order to capture the phenomenon of collaboration and the integration of techniques in the formation of the working alliance. The present study aims at elaborating on our knowledge of how therapists from several theoretical traditions integrate the technical aspects in their ongoing practice. By illuminating the collaborative processes between clients and therapists, we seek to broaden our understanding of the phenomenon of the working alliance. Method: Data derive from the first three sessions of the therapy courses of nine naturalistic therapies. The material is analyzed according to the steps for coding and categorizing as defined by constructivist grounded theory (Charmaz, 2003). Results: Eighteen themes were identified, forming three categories: Therapist agency, constituting the client’s autonomy and influence, being personal. Discussion: Findings will be discussed with respect to their conceptual and empirical implications.

A case study of alliance formation and repairation after a long-lasting difficult start
Marit Råbu - University of Oslo, Norway, Margrethe Seeger Halvorsen, Hanne Haavind

Aim: This study explores a strategically chosen case where both client and therapist regarded the alliance as poor for the approximately first 15 sessions. After this they managed to develop a solid and stable alliance. The client completed therapy with good outcome. The aim is to give a close inspection of the repairation process. Data: The client is a depressed woman in her forties who sought help from a senior male psychotherapist. The therapy lasted for 43 sessions. The data is drawn from an intensive process-outcome study at the University of Oslo, Norway in which 18 highly experienced therapists and their patients participated. Methods and analysis: Quantitative measures (WAI) were used to guide strategic selections of qualitative data and to describe the therapeutic process and outcome. Qualitative material (session- and interview recordings and transcripts) was analysed by hermeneutic phenomenological analysis. Findings and discussion: The analysis shows how important relational problems were handled on an interpersonal level. Some important steps and hallmarks of the healing process were identified. To study both patient and therapist makes room for different perspectives on the same process. Close inspection of the course of events in psychotherapies is seen as a promising method for bringing a better understanding of how change processes unfolded.

Panel
Interpersonal
Moderator
Jeremy Safran - The New School for Social Research, New York, USA

Change from the inside out: Patient and therapist internal processes and their relationships with therapy process and outcome
Discussant: Kenneth Levy - Penn State University, University Park, USA

The internal processes of patients and therapists are purported to be critical variables in psychotherapy, but have proven difficult to measure and quantify. This panel will present three innovative efforts to measure these processes, to examine how they change across the course of therapy, and to link the constructs to the quality of the alliance and to treatment outcome. The first paper will use the Interpersonal Schema Questionnaire (ISQ; Safran & Hill, 1994) to examine how patients’ interpersonal schemas are impacted by therapy. The second paper will also draw upon the ISQ to conduct a factor analysis to identify patients’ underlying needs for agency vs. relatedness, and discuss how these needs may be related to the occurrence of alliance ruptures and repairs. The third
paper will shift the focus to therapists’ internal processes, and will examine therapists’ capacity for reflective functioning and how it relates to therapy process and outcome.

Interpersonal schema change during the psychotherapy process
Isil Bilican - Çukurova University, Adana, Turkey, Jeremy Safran

Aim: This study examined the impact of therapy on patients’ interpersonal schemas. An interpersonal schema is conceptualized as a generalized representation of self-other relationships. Interpersonal schemas are based on individual’s interpersonal experiences with early attachment figures and are likely to be generalized to other relationships during the course of development. Research suggests that even though interpersonal schemas tend to be stable, they are malleable in psychotherapy. As the therapist and the patient work on problematic relational patterns during psychotherapy, patients’ problematic relational patterns can be restructured.

Methods: Fifty-four patients at the Brief Psychotherapy Research Project presented with mood and personality disorders. The patients were administered the Interpersonal Schema Questionnaire (ISQ) (Hill & Safran, 1994) at intake, midphase, and termination. Change on the affiliation, control, complementarity, and desirability dimensions of the ISQ was examined. Results: The patients expected their therapists’ behaviors to be consistently friendlier, more dominant, more desirable, yet less complementary compared to their significant others’ behaviors. At termination, patients’ expectations of significant others became more complementary, while therapists’ behaviors were perceived as more desirable. Change in therapist ratings were correlated with change in significant other ratings on the affiliation and desirability dimensions. The findings indicated various patterns of change with significant others, which suggests that psychotherapy has different effects on distinct interpersonal relationships. Therapy modality (Brief Relational versus Cognitive-Behavioral) did not affect the change in interpersonal schemas. Discussion: Implications for research and practice will be discussed.

Assessing the dimensions of agency and relatedness: Utilizing a factor analysis
Laura Kohberger - The New School for Social Research, New York, USA, Jeremy D. Safran

Aim: Many theoretical frameworks converge on the idea that human beings have conflicting needs both for establishing relatedness with others and maintaining a sense of agency (Blatt, 1995; Buber, 1936; Kieser, 1996). Ruptures in the therapeutic alliance are valuable opportunities for exploring this conflict, as they reflect different ways that patients may manage this tension. In withdrawal ruptures, patients prioritize relatedness at the expense of agency; in confrontation ruptures patients favor the need for agency over relatedness (Safran & Muran, 2000). The aim of this study is to determine a way to identify whether patients are primarily concerned with agency or relatedness, in order to explore how these needs emerge during alliance ruptures. Methods: The Inventory of Interpersonal Problems (IIP) (Horowitz et al., 1988) and the Interpersonal Schema Questionnaire (ISQ) (Safran & Hill, 1994) are both self report measures that are based on Kiesler’s 1982 interpersonal circumplex (Kiesler, 1996), which proposes that interpersonal behavior represents an intersection of the need for control or dominance with the need for affiliation or friendliness. Data from these measures were collected from 80 patients receiving time-limited psychotherapy, and a factor analysis was conducted. Results: Results of the factor analysis were examined in order to identify factors related to the dimensions of agency and relatedness. Discussion: Implications for the use of these measures in studying how patients’ needs for agency and relatedness impact the occurrence and resolution of ruptures will be discussed.

Analysis of the relationship between therapist reflective functioning and therapeutic process and outcome
Romy Reading - The New School for Social Research, New York, USA, Charla Malamed, Jeremy D. Safran

Aim: The relationship between individual therapist variables, specifically the internal mental processes of the therapist, and therapeutic process and outcome is currently an under-examined area of psychotherapy research. This paper will specifically examine the therapist variable of Reflective Functioning (RF), which refers to the “mental function which organizes the experience of one’s own and others’ behavior in terms of mental state constructs” in relationship to therapeutic process and outcome (Fonagy, Target, Steele, & Steele, 1998). Method: The therapist’s capacity for Reflective Functioning was assessed from interviews administered to cognitive-behavioral and relational therapists at the mid-phase point of a 30-session therapy protocol. Interviewers were coded using the Reflective Functioning scale (Fonagy et al., 1998). Results: The relationship between therapist reflective functioning, process variables including the occurrence of alliance ruptures and repairs, and therapy outcome will be examined. Discussion: Significant findings and their implications for therapist training will be discussed.

Innovative moments in psychotherapy: Dynamics of meaning maintenance and meaning transformation

Narrative Therapy assumes that change in psychotherapy is constructed through the elaboration of exceptions toward the former rules that organize a client’s behaviour. The Innovative Moment Coding System (IMCS) provides a systematic, reliable method for the identification of the narrative novelties emerging within and across psychotherapy sessions, which we call innovative moments (i-moments). The IMCS allows the identification of five different types of i-moments: action, reflection, protest, re-conceptualization and performing change. The aim of this panel is to present several studies conducted with this system. The first paper will examine the results from four samples with different psychotherapeutic approaches, namely Narrative Therapy, Cognitive-Behavioral Therapy, Emotion-Focused Therapy and Client-Centered Therapy. The second paper will present a model of therapeutic failure, as well as results that supports it. Finally, the third paper will focus on an exercise in a new methodology to track the emergence of alternative protonarratives and to depict their development throughout the therapeutic process in a dynamic way, using the Space State Grids.

Innovative moments and change in narrative therapy, cognitive-behavioral therapy, emotion-focused therapy and client-centered therapy: Commonalities and differences
Anita Santos - ISMAI, Maia, Portugal, Marlene Matos, Inês Mendes, Graciete Cruz, Miguel M. Gonçalves, António P. Ribeira, Lynne Angus, Leslie Greenberg

The main purpose of this study is to assess whether the application of the Innovative Moment Coding System (IMCS) can facilitate a richer, theoretical understanding of how client change occurs in other therapeutic models other than the narrative therapy. The research question that guides this study is: are innovative moments (i-moments) markers of good therapeutic outcome, regardless of the therapeutic model? In this sense, we applied the Innovative Moment Coding System to four samples of Major Depression with different psychotherapeutic approaches, namely Narrative Therapy (NT), Cognitive-Behavioral Therapy (CBT), Emotion-Focused Therapy (EFT), and Client-Centered Therapy (CCT).
Therapy (EFT) and Client-Centered Therapy (CCT). We have identified which specific types of i-moments emerged and characterized their duration (time spent in the conversation around i-moments). All the cases were differentiated in poor or good therapeutic outcomes. We analysed if specific i-moments were related to an increasing salience in good outcome therapy. Our hypothesis was that good outcome groups will present a significant difference in saliency and present an i-moments’ profile characterized by mainly two particular types: re-conceptualization and performing change. Until now this hypothesis was checked with the samples of NT, EFT and CCT. We are still coding the data from CBT. In this presentation, we will reflect upon the main results and propose a preliminary a model of change for i-moments.

How attenuating innovative moments in psychotherapy contributes to therapeutic failure: The role of mutual in-feeding António Ribeiro - University of Minho, Braga, Portugal, Miguel M. Gonçalves, William B. Stiles, Tatiana C. Magro, Inês Mendes, Graciete Cruz, Anita Santos, Martene Matos, Carla Martins, Lynne Angus, Leslie Greenberg

This study explores one possible path to therapeutic failure. More specifically, it focuses on how problematic self-narratives could be maintained along the therapeutic process by the attenuation of the emerging innovative moments (i-moments) through a quick return to the problematic self-narrative. The Return to Problem Markers Coding System is currently used to analyze the moments identified in Narrative Therapy, Cognitive-Behavioral Therapy, Emotion-Focused Therapy and Client-Centered Therapy identifying the presence of Return to the Problem Markers (RMs). Preliminary results suggest that i-moments in poor-outcome cases are recurrently attenuated by a return to the problematic narrative, throughout the therapeutic process. This finding suggests that the relation between the problematic self-narrative and i-moments, in poor outcome cases, is regulated in a way that originates a mutual in-feeding process, that is, a cyclical movement between innovation and the problem, blocking the development of a new self-narrative. The findings generated from the RMs analysis seem to be of interest not only to researchers but also to practitioners. For practitioners, it seems likely that they will recognize the mutual in-feeding process at some point in their clinical practice. So, therapists can get familiar with specific markers of stability (such as the RMs) and adequate their intervention according to its evolution.

A dynamic look at narrative change in psychotherapy
Tiago Bento - CINEICC / ISMAI, Maia, Portugal, António P. Ribeiro, Miguel M. Gonçalves, João Salgado, Lynne Angus, Leslie Greenberg

We have suggested that the reconstruction of a person’s self-narrative depends on the structure of relations between i-moments, rather than on the mere accumulation of innovative moments (i-moments). Therefore, we are particularly interested in looking at how i-moments get extended as they aggregate around themes, i.e., how clusters of i-moments create a pattern, which we call alternative protonarrative. This study is an exercise in new methodology to track the emergence of alternative protonarratives and to depict their development throughout the therapeutic process in a dynamic way, using the Space State Grids. Our aim is to assess whether the identification of protonarratives can facilitate a richer understanding of how narrative change occurs. We are currently analyzing six cases of Emotion-Focused therapy (3 poor- and 3 good-outcome cases) in order to explore three main research questions: (1) How do i-moments organize into protonarratives as redundant patterns of innovation? (2) How do protonarratives interact with each other across sessions? (3) What is the developmental pattern of protonarratives across sessions? In this presentation, we will reflect upon the main results how this method can, in our view, enrich research on the therapeutic process.

Positioning microanalysis of psychotherapy: A dialogical approach to clients’ problems and change processes
Discussant: Marianne Krause - Pontificia Universidad Católica de Chile, Santiago

A process-oriented approach to the dynamics of change in psychotherapy has been recognized to be a central task for the future of psychotherapy research. In this context, dialogical approaches have been presented as promising contributions since they endorse a communicational constructivism within which meaning-making is seen in dynamic terms. From a dialogical perspective, meaning-making takes place through the semiotic process of interpreting and acting upon the surrounding world, by which every person assumes a certain position or ‘voice’. In this sense, human beings are constantly involved in a dialogical relation and, since launched in an irreversible flux of time, this also implies a constant process of repositioning. As a result, self is conceived as a dialogical process. These theoretical developments have been highlighting the need for developing methods more suitable to portray human phenomena in their dialogicality and dynamism. We have developed an idiographic method (named Positioning Microanalysis), designed for intensive case studies of this repositioning process from moment to moment. The goal of this panel is to present that method and its potential in terms of the dynamic understanding of therapeutic processes. The first paper will mainly present Positioning Microanalysis and its potentialities. The next two papers are based on an intensive analysis of a successful case of emotion-focused therapy. The second paper will examine how Positioning Microanalysis can help the identification and dynamics of problematic positions. The third paper will present the process of change in terms of self-positions throughout therapy.

Studying the dynamics of self-positioning: An overview of the positioning microanalysis and its application to the study of human change processes
João Salgado - ISMAI - Unidep/CINEICC, Maia, Portugal, Carla Cunha, Anita Santos & Tiago Ferreira

Aim: Dialogism emphasizes the intersubjective and communicational constitution of meaning-making processes. In this context, relationality and addressivity emerge as two constitutive processes of meaning construction which is conceived to be socially and responsively grounded. Based on these processes, the Positioning Microanalysis is a dialogically-informed method for the study of moment by moment personal self-organization within psychotherapy. It is based on the idea that every new situation implies a process of meaning construction that involves a meaningful voice or position towards the context or social object. Therefore, it allows the description of the different forms of positioning a person assumes and its hierarchical organization. It is a research procedure oriented to intensive single case analysis and intends to feed the description of the dynamics of positioning and repositioning in time. The purpose of this paper is to present Positioning Microanalysis method and to review its application to psychotherapy research.

Method: Our data comes from different research projects on psychotherapy and change processes in which Positioning Microanalysis was applied, namely, intensive case studies on narrative therapy, emotion-focused therapy and problem-solving of enduring problems outside therapy. Results: Several patterns of self-organization and self-change will be briefly depicted. Discussion: The main findings suggest that problems are sustained by a complex dynamic chain of different positions that creates stability and resistance. Enduring solutions also seem to involve not only the creation of alternative positions, but also a reorganization of those dynamics.
Clinical problems from a dialogical perspective: A case analysis
Anita Santos - ISMAI - Unidep/CINEICC, Maia, Portugal, João Salgado, Carla Cunha, Sónia Oliveira, Lino Santos, Leslie S. Greenberg and Lynne Angus

Aim: The problems that clients bring to therapy are the main basis for therapeutic work. A dialogical perspective over these problems indicates that they can be the result of the dominance of a problematic voice over the other, or others. They can also be the outcome of a process of disorganization of voices, or even the result of a particular problematic pattern of voices negotiation (like ambivalence). The main goal of this paper is to depict which positions (or “voices”) are presented by the client in the beginning of therapy and their specific role in the emergence and maintenance of the problems. Method: Two judges and an auditor team performed a Positioning Microanalysis based on the transcripts of a successful case of emotion-focused therapy, complemented with a qualitative identification of dynamic patterns. Results: The several self-positions assumed by the client in the beginning of the therapy will be presented, highlighting the ones associated with problem. At the same time, the relation between these different positions will be analyzed. Discussion: These findings suggest that enduring problems that people bring to therapy are fed by a complex, but yet stable, interplay between different and even contrasting positions. Possible processes of problem-maintenance suggested by this case will be analyzed.

Analyzing change: Positioning movement throughout psychotherapy
Pedro Lourenço - ISMAI - Unidep/CINEICC, Maia, Portugal, João Salgado, Anita Santos, Tiago Ferreira, Leslie S. Greenberg and Lynne Angus

Change processes have been studied from a variety of clinical and theoretical approaches. Within the dialogical studies, this question has become the following: how do clients position themselves in ways that lead to change? A promising research path towards a deeper understanding of these processes is to assume a microanalytic focus on the course of change. Our aim in this paper is to clarify how to identify alternative self-positions, as well as possible developmental tracks that make therapeutic change possible. Method: The Positioning Microanalysis Manual was applied to a good outcome case of emotion focused-therapy in order to account for the self-positions involved in the change process. Results: Self-positions will be identified, as well as the relations they entail among them and throughout therapy. Discussion: This analysis is a work in progress and will provide a glimpse of the positioning and repositioning processes that promote change in self-positions in order to achieve change. Results and clinical implications will be presented.

Attachment styles of therapists and patients in psychotherapy - distribution and clinical correlates

Clinical applications of attachment theory are popular and have contributed to our understanding of relationship variables in psychotherapy (Strauss 2006). Several studies demonstrated a clinically plausible link between secure patients’ attachment and strong therapeutic alliances. However, the association between attachment styles and outcome seems complex (Daniel 2006). In addition, the therapist as caregiver in the therapeutic context brings can be influenced by his or her own personal attachment experiences (Schauenburg et al. 2009). The impact of both patients’ and therapists’ attachment variables, their interaction with each other as well as with other variables seems important to gather a coherent picture of the relevance of attachment for psychotherapy. The goal of this study is to present three studies on attachment and psychotherapy. Each study illuminates this topic from a different perspective. The first presentation examines attachment and emotion regulation. The focus will be on the representations of psychotherapists as a secure base figure for their patients (assessed by the Secure Base Questionnaire). The second presentation continues to look at therapist variables. Here therapists’ attachment styles will be related to their professional self representations, including their own therapeutic style, frequent problems they encounter and coping strategies. Finally, the third presentation will switch the perspective and consider patients’ attachment styles. Attachment data from a multi-site psychotherapy trial of social phobic patients (“Sopho-Net”) are presented and the convergence of different attachment measures in this sample is analyzed.

Attachment and secure base representations in psychotherapists: The mediating role of emotion regulation
Helena Carvalho - University of Porto, Portugal, Paula Mena Matos

Aim: Although attachment theory has clear implications for conceptualizing and discussing the therapeutic relationship and the role the therapist plays in the psychotherapeutic process, little attention has been devoted to operationalize the role of the therapist as a secure base. According to Bowlby (1977, 1988) the psychotherapist’s emotional availability is related to his own history of receiving care in attachment relationships and influences his ability to provide the emotional conditions for the client to work on and revise the internal working models. The aim of this study is to explore the association between psychotherapists’ attachment organization and their representations as secure base figures for their clients. Moreover, the mediating role of emotion regulation strategies in this association will be tested, based on the hypothesis that the attachment history of the therapist impacts on his ability to provide a secure base, through the differentiation and regulation of his emotions. Method: Self-reports were administered to a sample of 304 psychotherapists from different theoretical backgrounds and levels of experience. Measures included the Romantic Attachment Questionnaire (Matos & Costa, 2001), the Trait Meta-Mood Scale (Salovey et al., 1995); and the Secure Base Questionnaire (Carvalho, Ávila, Matos, 2009). Results: Structural Equations modelling support the hypothesis for mediation, from romantic attachment dimensions to the secure base dimensions through the emotion regulation processes. Results stress the importance of considering the attachment history as well as the regulatory function of emotions as an enthusiastic path to understand psychotherapists’ ability to act as responsive figures to their clients.

Therapists’ attachment style and their professional self-representation
Ulrike Dinger - University of Heidelberg, Germany, Henning Schauenburg

Aim: Clinical applications of attachment theory have pointed towards the importance of therapists’ personal attachment styles in addition to patients’ attachment styles. It is assumed that securely attached therapists are more flexible in their interventions towards different challenges to the therapeutic relationship. However, little is known about the association between attachment styles and therapists’ representations of themselves in therapy. The current study seeks to test associations between attachment style and variables that contribute to therapists’ professional self-image. Method: Therapists (N=65) filled out attachment questionnaires (ECR-R by Fraley & barkley et al. 2000, BOPE by Hoeger & Busschaamps 2002) and answered questions about their therapeutic style, frequent problems they encounter in therapy, coping styles and professional growth (DPCCO by Orinsky et al.). Results: The results support an association between attachment style and selected variables of professional self-representation. However, the
effect sizes are small to moderate, indicating that attachment style is only one of several factors influencing professional self-representation of psychotherapists. Discussion: The study contributes to a growing understanding about the influence of therapists’ attachment styles in psychotherapy. Future studies on the influence of attachment style and professional self-representation, resp. their interaction, on actual therapist behavior in response to patients seem promising.

Attachment characteristics of patients with social phobia: First results from the sopho-net attachment project

Bernhard Strauss - University of Jena, Germany, Andrea Beetz, Theres de Liz, Ulrike Dinger, Johannes C. Ehrenthal, Wilke Dymel, Steffi Kohl, Henning Schauenburg, & Ulrike Willutzki

Aim: Within a multi-site study focussing on an RCT comparing supportive expressive and cognitive behavioral treatments for social phobia ("Sopho-NET"), one specific investigation is dealing with the question, how attachment characteristics are distributed within a subsample of (105) patients with clinically relevant social phobia. In addition, we will test how these characteristics differentially predict treatment outcome within the two treatment conditions, how outcome measures reflect changes during treatment and from beginning of treatment to the regular end as well as 6 months and 1 year follow-up investigations. Method: The Adult Attachment Prototype Rating (Strauss et al.) is used as one of the attachment measures, in addition to the Adult Attachment Projective (AAP, George & West) as well as several questionnaire measures (ECR-R, BFQCE). Results: Within the presentation, the study background will be described. First results will relate to the distribution of the different attachment measures within the initial sample, their convergences/divergences and their correlation with other diagnostic features of the patients such as comorbidity, symptom distress and interpersonal problems.

Learning from treatment failures

Discussant: Shigeru Iwakabe - Ochanomizu University, Tokyo, Japan

In spite of the best intention of therapists to help their clients, a significant portion of clients fail to benefit from psychotherapy. According to the meta-analysis conducted by Lambert and Asay (2004), 5% to 10% of clients deteriorate as a result of psychotherapy, while 15 to 25% of clients fail to make clinically significant improvement. A close examination of factors associated with treatment failures will provide us with the clues to prevent potential adverse effects and to enhance the effectiveness of psychotherapy. There have been innovative studies on treatment failures conducted by the members of the SPR; a series of comparisons of successful and unsuccessful cases conducted by the same therapist (Hans Strupp), studies that identified therapists’ hindights to client negative reactions (Clara Hill), and the prevention of treatment failures using an outcome feedback system (Mike Lambert), to name a few. This panel extends these innovative works and identifies central methodological and clinical issues in studying treatment failures. This panel consists of three papers. First, Horst Kächele will present a selective review on negative developments in psychotherapy. Second, (Jeff Binder’s doctoral student) will present a study using individual case-comparison method that contrasts the therapeutic process of two cases that are closely matched yet with divergent outcomes. Third, Glensy Parry will present a study that employs both methods of meta-analysis and qualitative meta-synthesis, focusing the prevalence of potential harmful effects of psychotherapy and the personal experience of treatment failures both by therapists and clients.

When is treatment failure harmful

Glensy Parry - University of Sheffield, UK, Michael Barkham, Eleni Chambers, Joe Curran, Rachel O’Hara, Dave Saxon

When psychological treatment fails, harm to the client may result. We need to understand more about the potential adverse effects of psychotherapy to develop better ways of preventing harm as there is evidence that psychotherapy can have a detrimental effect, particularly if treatment is not completed (Hunt & Andrews, 1992; Saatsi et al. 2007). We describe a new programme of work funded by the UK National Institute of Health Research, aimed at advancing our understanding of this topic. Our methods include: a meta-analysis of data on deterioration rates in clinical trials; mining of large naturalistic data sets of psychological therapies; and surveying a wide range of views of patients and therapists with experience of failed therapies using a mixed methods approach. We report results from a systematic scoping review of research and service user testimony in this area. A highly sensitive search of two of the main electronic databases (PsychInfo and Medline), using terms for psychotherapy combined with a range of terms for adverse effects, produced a total of 7464 results. Of these 863 relate to the potential harmful effects of psychotherapy. A parallel search of user testimonies relating to adverse effects was carried out (for example, Sands, 2000; Bates, 2006). Finally, we report results from a qualitative study of patients and therapists who have experienced treatment failure.

Negative developments in psychotherapy

Horst Kächele - International Psychoanalytic University, Berlin, Germany, Franz Caspar

Before treatment fails sign of negative developments may be perceived. This paper, based on a review together with Franz Caspar, identifies some of the common problems that favour a negative course of treatment. Apart from the lack of services altogether, a not uncommon distinction of suitable vs unsuitable patients, a lack of specific competences for difficult to treat patients (f.e. borderline) the wrong self-exclusion of patients has to be mentioned first. Failure in technique, personal pathology in therapists and pathology in patients may interact. Often there are detrimental influences from the familiar environment that work against successful treatment. Matching patients to therapists although clinically most obvious has been a notorious difficult issue for research. There are negative developments due to a lack of adaption to patients needs, deficiencies in individual case conceptions that point to problems in training.

Linking therapist interventions to therapy outcome: The case-specific approach of the San Francisco psychotherapy research group

Discussant: Leslie Greenberg - York University, Toronto, ON, Canada

Decades of research have yielded unequivocal evidence that psychotherapy is effective. However, there has been relatively little progress in demonstrating precisely HOW therapy works and in particular, how the therapist’s interventions influence the process and outcome of therapy. For nearly 40 years our research group has been addressing this question. We have developed reliable methods for identifying a patient’s problems and therapy goals the PLAN FORMULATION
method and we have found significant correlations between the plan compatibility of therapist interventions and patient’s immediate progress in sessions. Therapist interventions that are compatible with or facilitate the patient’s plan tend to be followed by immediate improvement (within sessions) and interventions that are incompatible with the patient’s plan are followed by stagnation or retreat. In the proposed panel we will present a recently completed process-outcome study -- the first large scale OUTCOME study carried out by our research group. In this 3-year-long study we assessed each patient’s needs and measured how well the therapist responded to that patient’s needs. We hypothesized that the more responsive the therapist was to the patient, the better the outcome would be. The panel will begin with a brief overview of how we developed our case-specific approach. Then John Curtis will present the plan formulation method. Next George Silberschatz will present the pre- and post therapy data set and the study results. Finally, our two discussants will give their perspectives on the study and some of its implications for future research.

Do the therapist’s interventions predict outcome? Yes, if they are compatible with the patient’s needs

George Silberschatz - University of California, San Francisco, USA

Recorded therapies of patients along with extensive treatment outcome and follow-up data comprise the primary data for this study. A reliable method of psychodynamic case formulation -- the plan formulation method -- was used to develop case formulations for each case. These formulations were then used to assess the quality (“plan compatibility”) of therapist interventions: experienced clinical judges read the formulations and then rated therapist interventions in a sample of therapy hours using a 7-point “plan compatibility of intervention” scale. Correlations between these ratings and treatment outcome were significant. The results show that the goodness of fit (i.e., plan compatibility) between therapist interventions and the patient’s needs (as assessed by the plan formulation) is an important predictor of treatment outcome. Implications of these findings for future psychotherapy research will be discussed

Assessing the patient’s problems and goals: The plan formulation method

John Curtis - University of California, San Francisco, USA

The Plan Formulation Method (PFM) was developed as a way to operationalize the process that clinicians engage in when formulating a clinical case. The PFM identifies a patient’s goals, the conflicts and inhibitions that inhibit or prevent the patient from pursuing or attaining these goals, the source(s) of these conflicts and inhibitions, information that might be helpful to the patient in understanding and overcoming his or her conflict, and behaviors or interventions on the part of the therapist that will be helpful. The PFM has been used to formulate a wide variety of cases conducted under various theoretical modalities (e.g., psychoanalytic, interpersonal, cognitive-behavioral) of different lengths (time-limited to long-term therapies). I will first describe the PFM in greater detail and present reliability data. A detailed clinical illustration will then be presented. Finally, I will show how the Plan Formulation can be used as a case-specific outcome measure to rate a patient’s progress from pre- to post-therapy, presenting both preliminary reliability statistics and correlations with other outcome measures.

Panel

Alliance
Moderator
David Skorunka - Charles University, Hradec Králové, Czech Republic

Client’s and therapist’s perspectives on therapeutic relationship and process

Discussant: Andrej Werbart - Stockholm University, Sweden

Since the dawn of psychotherapy, the therapeutic relationship has attracted the attention of both clinicians and scholars. The working or therapeutic alliance, perhaps the most researched out of the therapeutic relationship components (cf. Gelso & Carter, 1994), has been understood in its broadest sense as the quality and strength of the collaborative relationship between client and therapist (Horvath & Bedi, 2002). Across numerous studies, the therapeutic relationship factors in general and the therapeutic alliance in particular has consistently been considered the most important determinant of therapeutic outcome. Although in the past, therapists’ and researchers’ ideas on therapeutic relationships have dominated psychotherapy knowledge, there has been increased interest in the clients’ perspective on the phenomena. For example, being listened to, encouraged, and reassured, and having a chance to talk have been found to be among what clients value most in therapy and for the therapeutic alliance (Bohart & Tallman, 1999). The papers presented in this panel address different facets of the therapeutic relationship/alliance with major emphasis on the client’s perspective and include contributions from various countries, particularly with an emphasis on the clinical implications of the various findings.

The male perspective on therapeutic alliance formation

Robinder Bedi - Western Washington University, Bellingham, USA, Mica Richards

Aim: There is very little literature that outlines the client’s subjective perspective on the therapeutic alliance and most of what does exist has utilized samples comprised primarily of women. This study sets out to improve our understanding of the male client’s perspective by categorizing the factors that men believe are most important for therapeutic alliance formation and modeling how men make sense of the inter-relationships amongst these categories. Methods: Thirty-seven men currently receiving outpatient psychotherapy classified 74 client-identified therapeutic alliance formation factors into self-labeled categories of their own choosing and rated the importance of the individual factors. Multivariate concept-mapping statistical techniques were used to identify the most typical way of categorizing the factors across the men in the study and to model the conceptual similarity of the categories. Results: The results indicated that the 74 individual factors were best summarized by the following nine categories: Office Environment, Non-Verbal Counselor Actions, Formal Respect, Choice of Professional, Information, Client Responsibility, Practical Help, Bringing out the Issues, and Emotional Support. The highest rated categories were: Bringing out the Issues and Client Responsibility. Discussion: It is hoped that this information can help psychotherapists develop better therapeutic alliances with men, an under-served group of clients with higher unilateral termination rates compared to women clients.

Therapist effects in cognitive behavioral therapy: Client perspectives

Angela Kartes - York University, Toronto, ON, Canada, Henny A. Westra, Adi Aviram

Aim: Research suggests that psychotherapists who employ the same methods often produce different results. As such, the person of the therapist is a fundamental component of effective psychotherapy. However, little is known about what these therapist variables are and how Cognitive Behavioral Therapy (CBT) achieves its effects. While acknowledged in CBT, the role of the therapist is less emphasized compared to technical proficiency, yet accounts for substantial variance in outcomes. A previous study in our program of research found that therapist directiveness was associated with poor outcomes while therapist evocativeness was associated with good outcomes in CBT. The current study utilizes a qualitative analysis of an existing data set from a recently completed NIH-funded clinical trial of CBT for Generalized Anxiety Disorder (GAD) to examine therapist effects. Methods: Four CBT therapists
2 good outcome therapists and 2 poor outcome therapists; based on the results of the quantitative analyses were included in the study. Results: Clients were interviewed about their therapy experiences immediately following treatment using a semi-structured interview and reported on their role, the therapist’s role, and helpful and unhelpful aspects of treatment. These post-CBT interviews will be transcribed and analyzed using grounded theory and consensual validation to identify core categories. Discussion: Specifically, narratives from 12 clients (three clients for each of the four CBT therapists) will be analyzed in order to identify factors, from the client’s perspective, that might explain differential treatment benefit within CBT, as a function of therapist.

On the same track? Clients’ and therapists’ perspectives on therapeutic relationship and helpful aspects of therapy

David Skorunka - Charles University, Hradec Králové, Czech Republic

Aims: Therapeutic relationship factors have long been understood as a significant variable affecting therapeutic outcome. At the same time, research of such a multifaceted phenomena remains one of the most challenging tasks. The client’s viewpoint on therapeutic relationship and process is especially important, particularly in dealing with multiple problems including somatisation. Methods: A selected narrative case study demonstrating both the complexity of the process and different positioning in the development of therapeutic relationship with a client who started psychotherapy primarily for somatisation will be presented. The client’s perspective on therapeutic relationship and helpful aspects of therapy is derived from a qualitative, open-ended questionnaire and collaborative reflection. Results: As predicted, client’s and therapist’s perspectives on therapeutic relationship and process differed. However, some resemblances emerged as well. Findings supports current attempts at psychotherapy integration and calls for a pluralistic approach. Discussion: Findings will be discussed with respect to conceptual, clinical and training implications.

Treatment outcome as predicted by therapists’ and clients’ perspectives of working alliance and outcome expectancy

Takuya Minami - Northeastern University, Boston, USA, D. Robert Davies, Ethan R. Schwartz, Joanna E. Bettmann

Aim: Working alliance and outcome expectancy are considered to significantly impact treatment outcome. Few studies have investigated the effect of these factors in natural clinical settings. The current study examined the impact of both alliance and expectancy measured at intake on treatment outcomes at a university counseling center. Method: Clients (n= 208) and therapists (N= 38 completing n= 240 questionnaires) rated their alliance and expectancy after intake. Alliance was measured by a modified 12-item Working Alliance Inventory (WAI; Horvath & Greenberg, 1986; Tracey & Kokotovic, 1989) and outcome expectancy was measured by a separate 12-item scale. Treatment outcomes were pre-post treatment effect size (as measured by the ÖG-45; Lambert et al., 2004), whether or not clients returned for additional sessions after intake, and treatment efficiency (as defined by total number of sessions after controlling for pre-post effect size). Results: Higher outcome expectancy at intake was related to higher likelihood of return after intake and higher treatment efficiency. Effect of the task and bond items of the WAI, contrary to expectations, appeared to prolong treatment beyond what was expected from the pre-post treatment effect size. Clients’ and therapists’ perceptions were also contrasted in light of treatment outcomes. Discussion: Assessing clients’ outcome expectancy at intake may reduce premature termination and increase treatment efficiency. Detailed investigations regarding how task and bond items of the WAI relate to process are warranted. Unique challenges to reliability and validity issues arise when implementing routine assessment in natural clinical settings and will be discussed.

Panel

Neuroscience

Moderator

Timothy Strauman - Duke University, Durham, NC, USA

Integrating psychological and neuroscience perspectives in the study of psychotherapy

Discussant: Wolfgang Lutz - University of Trier, Germany

The increasing use of neuroscience techniques and perspectives to study psychotherapy outcome and process brings both conceptual and empirical challenges. In this panel, we propose that in order to attain the maximum benefit from applying the tools and techniques of neuroscience to understanding how (and for whom) psychotherapy works, the investigator must begin with a clear understanding of the psychological question at hand: for example, the relation between a hypothesized psychological state or process and an observed neurophysiological ‘signal’. Only by starting from such a psychological perspective, we argue, can neuroscience make positive contributions to psychotherapy research. The purpose of this paper is to illustrate how integrating psychological and neuroscience perspectives on psychopathology and psychotherapy can enhance our understanding of how psychological treatments work and can also provide a broader context within which neuroscience techniques can be most productively used by psychotherapy researchers. The first paper examines the role of a well-known EEG event related negativity to determine whether it indeed corresponds to psychological states hypothesized to contribute to or constitute unipolar depression. The second paper also uses EEG/ERP techniques, but in the service of investigating the impact of a cognitive reframing/reappraisal ‘microintervention’ on conscious and unconscious mental processes. The third paper illustrates how a model of psychotherapy as providing skills for affect regulation can be used to interpret findings from a neuroimaging study of interpersonal psychotherapy.

Error related negativity: Evaluating a potential measure of cognitive processes associated with depression

Megan McCradden - Duke University, Durham, NC, USA, Elena Goetz and Timothy Strauman

Aim: Several reports have linked higher magnitude (i.e. more negative) error related negativity (ERN) to depressive episodes. These results complement previous neurological findings as well as theories of depression which highlight abnormalities in processing of negative stimuli. This research has led some to suggest that ERN may be useful in studies of psychotherapeutic treatments for depression, providing access to a level of cognitive processing not available via self-report or observation. However, at present there is insufficient evidence regarding the ERN’s temporal reliability and the robustness of its association with depressive symptomatology to justify its use in research on psychotherapy for depression. Methods: This paper will report on the results of a study in progress that is addressing these issues and evaluating ERN for such a use. Adult subjects are completing a battery of self-report measures assessing depression and individual differences variables, and a three-condition flanker task during which ERN is measured. These assessments are being conducted at baseline and then again three months later. Results: The study results will show whether previously found elevations in ERN are more strongly linked with depressive symptoms or with other individual difference variables, such as anxiety or negative affectivity. The study will also determine the stability of ERN over time and assesses whether change over time is associated with change in depressive symptomatology or other related variables. Discussion: The results will be discussed in terms of potential future applications of ERN to psychotherapy research.

87
Psychosurgical micro strategies: Efficacy and psychophysiological correlates of one session cognitive reframing/reappraisal in a sub clinical depressed sample
Luisa Zaumiller - University of Trier, Germany, Wolfgang Lutz

Aim: Depressed individuals, in contrast to healthy individuals, often have great difficulty regulating their moods appropriately. They frequently use mood regulation strategies that are counterproductive and can even aggravate and prolong existing negative moods. The aim of this study is, to evaluate the efficacy of a psychotherapeutic micro strategy to improve emotion regulation (cognitive reframing/reappraisal) in a subclinical depressed sample, as well as to identify and examine the electrocortical signals associated with the microintervention. Methods: A set of negatively valenced pictures (IAPS) was presented to subclinical depressed subjects as well as healthy control subjects. Participants were instructed to either simply look at the pictures or to reappraise the situations shown in terms of generating a less negative interpretation of the picture. Simultaneously, event-related brain potentials were recorded and the participants were asked to rate the intensity of their emotional response. Prior to the EEG task, one third of the participants in each group was randomly assigned to a brief intervention in which cognitive reappraisal of emotion-activating situations is introduced and trained, the second third of each group was randomly assigned to receive a non-specific supportive intervention, while the last third was randomized to receive no intervention. Results: Preliminary results show the efficacy of the psychotherapeutic micro strategy on behavioral as well as psychophysiological measures of cognitive responses to the negatively valenced pictures. Discussion: We will discuss implications for incorporating reframing/reappraisal techniques into brief psychotherapy for depression and role of EEG/ERP measures in testing hypotheses about treatment-induced cognitive change.

Treatmet response to Interpersonal Psychotherapy (IPT): The role of prefrontal regulation
Gregory Kolden - University of Wisconsin, Madison, USA, Tom Johnstone, Michael J. Peterson, Aaron Heller, Ned H. Kalin, Richard J. Davidson

Aim: Brain imaging studies have identified a key corticolimbic circuit involved in the top-down regulation of affective subcortical circuitry. We have shown that an important feature underlying major depression is a lack of engagement of lateral PFC-ventromedial PFC circuitry involved in down-regulation of amygdala responses to negative stimuli. This paper presents brain imaging findings following cognitive reappraisal of negative and positive stimuli in both healthy individuals and depressed individuals during a course of IPT. Methods: Adults meeting DSM-IV criteria for major depressive disorder participated in two functional magnetic resonance imaging (fMRI) sessions, baseline and following treatment with IPT. During the sessions, participants were instructed either to increase or decrease their emotional responses to positive and negative pictures using cognitive reappraisal. A control group was also scanned while performing the identical task. Results: Analyses were performed to identify differences in brain activation and PFC-subcortical connectivity between healthy and depressed groups as well as neural regions that predicted response to IPT. Depressed individuals showed valence-specific differences in PFC-subcortical connectivity in comparison to healthy individuals during both negative and positive stimuli. Ongoing analyses of changes in appraisal-related brain activation following IPT treatment will also be presented. Discussion: These results further establish the importance of functional coupling between lateral and medial PFC and subcortical regions involved in positive and negative affect for emotion regulation. Increased activation in right orbitofrontal cortex during down-regulation of negative affect predicted treatment response to IPT. Activation in left dorsomedial PFC during regulation also predicted treatment response to IPT.

Psychological psychotherapeutic interventions for surgical patients
Discussant: Hansjörg Znoj - University of Bern, Switzerland

Surgery can be regarded as a multilevel stressor for the majority of patients. There is considerable empirical support for the relevance of psychosocial factors to postoperative recovery. Consistent evidence exists that a high surgical stress level and the experience of anxiety and pain are closely associated with peri-operative complications, poorer postoperative recovery and an extended hospital stay. Surgical patients with a psychiatric co-morbidity are especially vulnerable to a poorer postoperative recovery process than non-comorbid patients. Given the close relationship between psychological factors and postoperative recovery, the indication for psychological/ psychotherapeutic interventions in perioperative care is reasonable. The first presentation will give an introduction to research on psychological/ psychotherapeutic interventions in perioperative care. Although the results of an extensive literature review reveal primarily positive intervention effects on clinically relevant outcomes, the factors which underlie successful outcomes are not well understood yet. The question what works for whom, under what circumstances, how and why is still under investigation; the identification of moderating and mediating variables is an exception. The second paper presents results of a study investigating psychological interventions in patients who underwent coronary bypass grafting. Possible moderating and mediating variables are examined with a special focus on helping alliance. Data of a pilot study on bariatric patients will be presented in the third paper in order to examine how patients with and without Binge Eating symptoms respond to the group-based psychotherapeutic preparation for bariatric surgery. Implications of research findings for future psychotherapy research will be discussed.

An introduction to psychological/ psychotherapeutic interventions in perioperative care: A literature review of current evidence
Susan Tefikow - University Hospital Jena, Germany, Bernhard Strauss, Andreas Beelmann, Jenny Rosendahl

Aim: The primary goal of this review was the integration of current evidence to describe research on psychological/psychotherapeutic interventions in perioperative care and to illustrate research priorities and gaps in this context. Furthermore, the review aimed at the identification of contradictory results, as well as proposing moderating and mediating variables which contribute to the question what works for whom, under what circumstances, how and why. Methods: The literature review is based on randomized, controlled trials published in the last 20 years, which assess the effects of psychological/psychotherapeutic interventions for adult surgical in- and outpatients on clinically relevant psychological, somatic and economic outcomes. An extensive literature search was performed in relevant electronic databases as well as hand-searching and internet searches. To identify relevant unpublished studies, dissertations and conference abstracts were screened; experts and authors of primary studies were consulted. Results: 200 primary studies were identified. Most of the reviewed studies supported the effect of the intervention facilitating the physical and psychological post-operative recovery. Predominantly, hypnotis, suggestive, and relaxation techniques as well as psycho-educational programs have been evaluated. The majority of the treated patients have been undergoing cardiac surgery. Only a few trials investigated the factors which underlie successful outcomes. Inconsistent results reveal a possible moderating and mediating influence of personality variables, features of the surgical setting and intervention characteristics. Conclusion: Taken together, there is an urgent need for a
comprehensive systematic review and meta-analysis. Furthermore, future research should focus on the identification of moderating and mediating variables.

Supportive interventions in cardiac surgical patients: What works for whom and under what circumstances

Jenny Rosendahl - University Hospital Jena, Germany, Katharina Tigges-Limmer, Jan Gummert, Ralf Dzwedas, Johannes Albes, Bernhard Strauss

Aim: To investigate the impact of psychological interventions on somatic and psychological outcomes following bypass surgery and to analyze mechanisms that might explain the effects. Methods: A total of 823 patients (mean age 65 yrs, 75% male) who underwent coronary bypass grafting was recruited in two German hospitals between 2006 and 2009. Patients were assigned to control or intervention group by date of hospital admission. Patients of the intervention group (n=426) received supportive interventions offered by psychologists or pastoral counselors according to their preference; patients of the control group (n=397) did not receive any intervention added to standard surgical care. Psychosocial and medical data were assessed preoperatively, postoperatively and after 3 and 6 month. Results: No main effects of the intervention were found in postoperative morbidity, but regarding depression (p<.05) and anxiety by trend (p<.10), postoperative psychological stress did not significantly moderate intervention effects. Helping alliance predicted outcome concerning both, psychological (anxiety: r=–.23, p<.01; depression: r=–.27, p<.01) as well as somatic variables (morbidity: r=–.19, p<.05). Changes in depression mediated the relationship between helping alliance and morbidity. Discussion: Helping alliance appeared to be of particular importance for psychological and somatic outcome of supportive interventions following cardiac surgery. Implications for further research and clinical practice will be discussed.

Group psychological intervention for bariatric surgery

Eva Conceição - Universidade do Minho, Braga, Portugal, Paulo Machado

Bariatric Surgery requires a substantial life style change, in a postoperative stage and the presence of Binge Eating and other psychological symptoms has been related to poor outcomes. Recent studies have shown that Obese Binge patients undergoing bariatric surgery differ clinically in eating disorder’s related psychopathology from Non-Binge eating patients. The purpose of the current study is to access differences in eating disorder symptomatology and weight during an intervention group of preparation for bariatric surgery. Patients in the waiting list for bariatric surgery were evaluated at baseline and repeatedly at the monthly session. The group is based on the cognitive-behavior therapy. Seven different topics will be addressed and will focus important skills that will ease the transition to the post-operative stage: stress management, eating behavior, exercise, body image, Bariatric Surgery; goal setting and expectation; significant others and social support. Assessment consisted in a clinical interview and several self-report measurements for: Eating disordered symptoms, Psychological distress, Depressive symptoms, and Impulsivity. Results: we expect to understand how patient with and without Binge Eating symptoms respond to the preparation for Bariatric surgery. Differences in outcomes might suggest differences in compliance to medical prescriptions that are crucial to a successful surgery. These differences are to be accessed post-op in order to understand to what extent they persist after surgery and influence surgical outcomes.

Recent developments of research in psychotherapy training

Discussant: Michael Helge Rimnesad - University of Oslo, Norway

During recent years, several authors have stated that psychotherapy training has to be increasingly focused in psychotherapy research. The panel will present several studies and conceptual thoughts related to this issue. The panel will start with a presentation on “consumer satisfaction”, i.e. the retrospective evaluation of the training from the former trainees point of view. Related to an official expert statement, a study group of German psychotherapy researchers recently has carried out several surveys that were related to trainees, alumni and trainers. The paper of this group will mainly focus on the question, how the views of these different groups converge or diverge and how the results could be sued to reform training efforts. The final paper will mainly focus of potentially harmful effects of psychotherapy and the need to include this issue into training programs.

Which parts of psychotherapy training contribute most to the development of psychotherapeutic expertise

Martina Belz - University of Bern, Switzerland, Julia Bayer, Jürgen Bengal

The aim of the study was to explore the relationship of „consumers satisfaction” with the development of psychotherapeutic expertise of trainees of a training institute for psychological psychotherapists, i.e. do the same elements of training that contribute most to satisfaction subjectively contribute just as much to being an expert psychotherapist?. The study reports the results of a questionnaire study at a German University training Institute for psychological psychotherapists. All trainees currently in training and all trainees of former years were asked to participate. (N=110 in total). They were contacted via the training institute, but data were collected and analyzed by the researcher independently and anonymously. A total of N=68 trainees participated and answered questions from a specially designed questionnaire. The overall satisfaction with the training was rather good but differed depending on the training element. Parts with a high practical value were rated far better than purely theoretical elements. But being satisfied with a certain training element does not necessarily mean that trainees rate this element also high with respect to their value for developing expertise. The results indicate that in order to have trainees not only with a high degree of satisfaction but also with a high sense of expertise we need to strengthen those parts that allow practical training with feed-back loops integrating theoretical and personal reflection.

Trainee’s and training supervisors’ views of psychotherapy training: Convergences and divergences

Steffi Kohl - University of Jena, Germany, Bernhard Strauss

A national survey was carried out to assess the current situation in the German psychotherapy training and appraise the quality of the psychotherapy training 10 years after the inception of the “German psychotherapy law”. The presentation will illustrate results of surveys among trainers and supervisors and the non-medical alumni and trainees. The goal is to reveal convergences and divergences of the answers to questions such as the satisfaction with components of psychotherapy training and the evaluation of their usefulness. Results on the aquired psychotherapy relevant skills, as well as role of the evaluation of the training and of pre-experience of the trainees will also be presented. The results are discussed from different perspectives (CBT vs. Psychodynamic therapy; training in child vs. psychological psychotherapy) and with reference to possible alterations and improvements of the training.
Training guidelines to reduce harmful effects in psychotherapy: Is research necessary or sufficient
Louis Castonguay - Penn State University, University Park, USA, James Boswell, Michael Constantino, Marvin Goldfried, Clara Hill

The goal of this presentation is to present training guidelines regarding harmful effects associated with psychotherapy. Some of these guidelines are based on outcome findings, specifically those that have led to the recent identification of potentially harmful treatments (Lilienfeld, 2007). Consistent with a broad perspective on evidence-based practice, additional guidelines are derived from psychotherapy research on process (technique and relationship) and participant (client and therapist) variables. It is also suggested that trainers and supervisors tentatively consider training implications linked to clinical observations and theoretical assertions, with the assumption that more confidence in such therapeutic guidelines can be gained when they are supported by multiple knowledge sources (empirical, clinical, conceptual).

Intakes, transfers, and training: Things we do often but study rarely
Discussant: Clara Hill - University of Maryland, College Park, USA

Often, we do not study the many practices we engage in as clinicians such as the impact of our intake processes, the outcome of transferring clients to new therapists, and our training practices with clinicians in training. The current studies focus on understanding how the intake process, therapist transitions, and clinic training influence how well clients navigate the psychotherapy process and remain engaged in treatment. The first paper, Psychotherapy Dropout: Differences in Therapist Helping Skills Between Dropouts Versus Continuers, will explore how therapist helping skills used in intake sessions differ between dropouts and continuers. The second study, Client Transfers: Surviving The Therapy Relationship Breakup, explores the predictors of transfer smoothness using 50 patients who transferred in a Mid-Atlantic Mental Health Clinic. The final paper, Trainee Experiences of Client Transfers: A Qualitative Analysis, uses qualitative methods to explore the transfer experience from the perspective of fourteen therapists in training. Following these papers, Clara Hill will discuss the implications of the findings for clinical training and future psychotherapy research.

Psychotherapy dropout: Differences in therapist helping skills
Teresa Huang - The University of Maryland, MD, USA, Clara Hill

One study on psychotherapy dropout found that continuation of therapy was associated with a decrease in the number of closed questions therapists asked and a concurrent increase in the number of information-giving statements therapists provided as intake sessions progressed. The purpose of the present study was to replicate and extend these findings by investigating whether therapist helping skills used in intake sessions differ between dropouts and continuers and whether therapist helping skills change differentially for clients who drop out immediately after therapists or after the first three sessions versus those who continue in psychodynamically-oriented psychotherapy. To this end, I pose two research questions: Do therapists use different proportions of skills in intake sessions with clients who continue versus those who drop out?, and Does the proportion of therapist skills change over thirds of the intake session for dropouts compared to continuers? The participants include 20 adults who sought individual psychodynamically-oriented psychotherapy (10 dropouts and 10 continuers) from a psychology department clinic that serves community clients for a low fee. Currently, I am half-way through coding the data; all data will be analyzed before the conference date. In addition, I will present the implications of the research findings for practice and research.

Client transfers: Surviving the therapy relationship breakup
Bieri Kate - The George Washington University, DC, USA, Janina Brandt, Annaleah Logan, Carrey Heller, Michelle Graham, Amanda Zayde, Dana Cohen

Transferring patients to new psychotherapists is a common practice in training clinics where graduate students are often transitioning to externships and internships (Wapner, Klein, Friedlander, & Andrasik, 1986). Despite the frequency of transfers, there are few theoretical or empirical papers addressing this transition. The current study explores the predictors of transfer smoothness using 50 patients who transferred in a Mid-Atlantic Mental Health Clinic. The results reveal that patients who transferred to a new therapist without delays had more transfer experiences in the past compared to those patients who dropped out of treatment after the transfer. The results also indicate that immediate continuers are in contact with their new therapists sooner than those who drop out. Although not hypothesized, the authors also found that the immediate continuers had significantly less debt at the time of transfer compared to dropouts. Limitations and implications of the findings will be reviewed.

Trainee experiences of client transfers: A qualitative analysis
Marmarosh Cheri - The George Washington University, DC, USA, Barbara Thompson, Suzanne Hollman, Monica Magivern

Transferring patients to new psychotherapists is a common practice in training clinics where graduate students are often transitioning to externships and internships (Wapner, Klein, Friedlander, & Andrasik, 1986). Despite the frequency of transfers, there are few theoretical or empirical papers addressing this transition. The second study uses qualitative methods to explore the transfer experience from the perspective of therapists in training. Using Consensual Qualitative Research methods (Hill, et al., 1995 & Hill, et al., 2004) fourteen graduate students in two Mid-Atlantic Graduate Programs were interviewed to determine their experience of transfer patients, the impact of the transfer on their professional development, and recommendations for facilitating these transitions. The results revealed that there were typical responses that described facilitative and hindering aspects of the transfer process. Implications for future research and training programs will be discussed.

Innovations in qualitative research methodology
Discussant: Clara Hill - University of Maryland, College Park, USA

The aim of this panel is to present the findings 3 studies that have used innovative qualitative methodologies. The first 2 papers focus on applying qualitative meta-analysis in an attempt to conduct a rigorous secondary qualitative analysis of primary qualitative findings. First appearing in the field of nursing (e.g. Thorne et al, 2004) and referred to as ‘meta synthesis’, qualitative meta-analysis has been tested by the panel moderator in a number of studies (e.g., Timulak, 2007). The first of here presented papers explores Significant Insight Events that lead to productive therapeutic work across 10 studies. It identifies in excess of 209 such events, which contain complex processes relating to the client’s active participation, the client’s preparedness and the therapist’s affirmative interpretative activity. The second paper details a qualitative meta-analysis of outcomes in humanistic psychotherapies across 9
primary studies. While a work in progress, the 3 main meta-categories generated from the primary studies refer to clients’ ‘Appreciating Experiences of Self’, ‘Appreciating Experience of Others’ and ‘Changed View of Self/Others’ with subsequent meta-categories in each bringing some expected and surprising findings. The final paper look at the ‘qualitative experience’ of therapy and its impact by ‘quantitatively’ successful and unsuccessful clients in a primary care context – an area not usually focused upon in outcome research. (250 Words)

Significant insight events in psychotherapy: A qualitative meta-analysis
Rosaleen McElvaney - Dublin Institute of Technology, Ireland, Ladislav Timulak

Aims: To provide a more comprehensive description of a phenomenon (significant insight events) researched by a group of studies including its ambiguities and differences found in analysed studies. Method: Qualitative meta-analysis. The basic idea of qualitative meta-analysis is to provide a concise and comprehensive picture of findings across qualitative studies that investigate the same general research topic (Timulak, 2007; Timulak, 2009). Qualitative meta-analysis is an attempt to conduct a rigorous secondary qualitative analysis of primary qualitative findings. Results: Meta-analysis of processes found in insight events is based on 10 studies containing at least 209 different events. In 209 qualitative studies, a client can be categorised into seven meta-categories and sub-categories capturing changed experiencing or view of self and others. Clients related positive outcomes in terms of new Appreciated Experiences of Self reporting Smoother and Healthier Emotional Experiencing, Appreciating Vulnerability, Experience of Self Compassion, Experience of Resilience, Feeling Empowered, Enjoying Interpersonal Encounters. Some studies also reported new Appreciated Experiences of Others in terms of Feeling Supported and Respected. The Meta-category Changed View of Others covered findings that showed clients increased ability to see other viewpoints or had changed their attitude to others. This cognitive change consisted of two meta-categories: Self-Insight and/or Self-Awareness and Changed View of Others. Few negative outcomes were reported in the primary studies. Discussion: Many of the reported positive experiences consistent with the perspective of humanistic therapy. This study also reported on client’s ability to see and appreciate vulnerability as an important outcome of therapy, which is not typically construed as a desired outcome. Further findings and limitations will be discussed in relation to empirical implications.

Successful and unsuccessful clients’ experiences of therapy in primary care
James McElvaney - Trinity College, Dublin, Ireland, Mary Cleeane

Aim: The qualitative experience of ‘quantitatively’ successful and unsuccessful clients is normally not focused on in outcome research. The current study looks at the experiences of therapy of different client groups differentiated on the basis of their quantitative outcome. Method: Recovered and/or improved (n=4), deteriorated and/or unchanged (n=4) clients as determined by their pre-post CORE-OM scores were interviewed about their experience of therapy. The data were analysed across 6 domains (e.g., helpful aspects of therapy) using descriptive-interpretative approach to qualitative research. Results: All clients were not happy with the previous experience of therapy. There was a substantial overlap between the two groups. Clients with quantitatively not good outcome reported increased focus on problematic functioning. Clients with quantitatively better outcomes reported more aspects of therapy that were difficult but beneficial and saw the therapist as more equal than the clients that benefited less from therapy. Discussion: The experiences of therapy of successful and unsuccessful clients differs, only in some aspects. It seems that clients in quantitatively more successful therapy are more engaged in therapy and see it as a more collaborative effort. They seem to invest in therapy more emotionally too.

Specific effects of inpatient and day hospital treatments

Psychotherapeutic inpatient and day hospitals treatments usually combine different forms of psychotherapies. They are indicated for patients with severe problems, for whom outpatient treatments might be not effective enough. The goal of this panel is to present some results of inpatient and day hospital treatments in patients with personality disorders and other severe mental disorders. The first study will show the effects of long term psychodynamic psychotherapy (LTTP) in an inpatient setting on patients with severe personality disorder. In the second presentation, the effects of a multimodal combined day treatments are compared with the effects of an outpatient individual psychotherapy in patients with personality disorder. The next study shows the special effects of an emotion regulation program during a day hospital treatment. In the next presentation, the perceptions and experiences of family members of patients in a psychotherapeutic day hospital are studied in a qualitative analysis.

Long term outcomes of long-term psychodynamic psychotherapy with severely disturbed young adult in-patients
David Forsström - Stockholm County Council, Sweden, Andrez Werbart, Madeleine Jeanneau

Aim: This study has two objectives: (1) to evaluate the effectiveness of long-term psychodynamic psychotherapy (LTTP) for young adult in-patients suffering from severe personality disorders; (2) to compare the patients’ self-ratings and the expert ratings. Method: 56 residents [aged 20 to 38 years] in a Swedish therapeutic community were included. Data were collected at intake, termination and at a two-year follow-up during a 20 years period. Outcome measures included self-rated symptoms scales (GSI of SCL-90-R) as well as expert-rated GAF, the Strauss-Carpenter Outcome Scale, the Integration-Sealing Over Scale and psychiatric diagnoses according to DSM-IV. t-tests and ANOVA were used in statistical analyses. Results: Nine of eleven outcome measures showed significant improvements from intake to the termination of treatment. At follow-up significant improvements were found in terms of all eleven
outcome measures. The effect sizes were high and clinical reliable change index (RCI) provided evidence of good outcome for most patients. However, the expert ratings at follow-up gave somewhat larger effect sizes than the patients’ self-ratings. Discussion: Findings will be discussed with respect to the effectiveness of LTTP for young adult in-patients with severe personality disorders as compared to benchmarks from other studies.

Psychotherapy for personality disorders: 36 months’ follow-up of the Ulleval personality project

Frida Siglstad Gullestad - University of Oslo, Norway, Theresa Wilberg, Merete Johansen, Bylund Unnes, Sigmund Karterud

The Ulleval Personality Project was a randomized controlled trial (N=114) initiated as a response to the limited evidence justifying provision of day hospital treatment for patients with personality disorders (PDs). A step-down model consisting of short-term day hospital treatment followed by outpatient conjoint group and individual outpatient psychotherapy was compared with outpatient eclectic individual psychotherapy. The patients were evaluated at baseline, and then after 8, 18 and 36 months, on a wide range of clinical measures assessing symptoms, interpersonal problems, psychosocial functioning and personality pathology. The results are important, given that there is extensive use of day hospital treatment for patients with PDs in Europe. There is however still a lack of studies investigating these patients in this field. Results from this 18 months follow-up showed a medium to high positive change on an extensive range of clinical measures in both settings. The main finding was that the more intensive, multimodal combined psychotherapy (CP) was not more beneficial in terms of efficacy than outpatient individual psychotherapy (OIP). On the contrary, there was a trend towards better results in the OIP treatment. This was surprising and contrary to the hypothesis. An important question is whether these results will hold also after 36 months. The results from the 36 months follow-up will be presented at the conference.

Emotion regulation of patients with different psychiatric disorders

Katriin Enddor - University Hospital of Psychiatry Bern, Switzerland

Aim: Problems of emotion regulation are at the core of many different psychiatric disorders. In recent years, several researchers developed and investigated concepts regarding this topic. Greenberg and colleagues based their general clinical approach on emotion regulation. They distinguished between two kinds of problems: under-controlling patients show little control of their impulses and do not succeed in calming down (e.g. the anger of patients with borderline personality disorder); over-controlling patients have difficulties in perceiving and expressing their emotions (as evident e.g. in patients with major depression). Our interest was to shed further light on emotion regulation. Specifically, we intended to validate the clinical concepts of emotional underregulation and overregulation. We also examined the differences in emotion regulation of patients with different psychiatric disorders. Method: Patients of a psychotherapy day clinic attended a specific group therapy program aimed at emotion regulation. The program included interventions to control impulses as well as interventions focussing on the appropriate perception and expression of emotions. The evaluation of the program was based on pre-post comparisons of standard questionnaires as well as frequent assessments of therapy process using a session report. Results and discussion: Results will be presented of about 35 patients undergoing group therapy with the focus of emotion regulation. Specific patterns of emotion regulation are detailed for under-controllers and over-controllers, respectively. We foresee that in day clinic settings treatment delivery and planning will be enhanced by this approach.

The perceptions of family members of patients in a psychotherapeutic day hospital

Jöhn von Wietersheim - Ulm University, Germany, Stefanie Burkhardt, Kathrin Törst

Patients in a psychotherapeutic day hospital have many intensive experiences. The aim of this study was to assess how family members share in these experiences and how the therapeutic process affects them and in their relationship to the patient. To answer this question, semi-standardized interviews were conducted with family members during and after the patient’s time at the day clinic. 15 of these interviews were transcribed and evaluated by using the qualitative content analysis technique (Mayring). The interview content was summarized by applying 16 criteria to, which related to the family members’ reaction and their perception of the patient. The intercoder reliability with a second rater was sufficient. Most family members reported intense emotional reactions, felt that they can support the patient, and were/are actively involved in the therapy process. Most of their emotional reactions were positive, but they sometimes also perceived the therapy to be stressful and believed that they are not sufficiently involved. With regard to the patient, the family members mainly observed positive, but sometimes also negative changes. They experience the patient’s fear of change, his/her desire for support and closeness, but also his/her need for distance. Some of them mentioned that the patient feels somewhat overwhelmed by the therapy. These results show that family members play an important role in the therapeutic process of patients attending day hospitals, which should be taken into consideration. The active involvement of family members in the therapy in the form of couple or family sessions might help use their role in a more focused and constructive manner.

Effectiveness and cost of mental health treatments

Discussant: Wolfgang Lutz - University of Berne, Switzerland

Several decades of research using randomized clinical trials (RCTs) has demonstrably shown that psychosocial treatments are efficacious for the treatment of many mental disorders, including anxiety, depression, and personality disorders, among others. In the last decade, increased attention has been paid to translating the evidence from RCTs and other research on psychosocial intervention to routine care to increase the quality of services provided. The primary means to improve the quality of care in routine practice has been to transport treatments shown to be efficacious in RCTs, often called evidence-based treatments (EBTs), to the clinic setting. The presumption is that the implementation of treatments rigorously tested in RCTs in routine care will improve the outcomes attained in those settings because EBTs are more effective than treatment-as-usual (TAU). The transportation of EBTs to routine care as a means to improve quality of care has not been without criticism. Choosing the “best” EBT for improving mental health services should focus on cost-effectiveness rather than simply on the benefits of a quality improvement strategy. Strategies that are effective, but cost-prohibitive, might be scientifically interesting but are suboptimal for implementation in systems of care with limited resources. The purpose of the four papers in this panel is to look at the effectiveness as well as the cost of providing psychological services.

Comparison of evidence-based-treatments versus treatment as usual: A meta-analysis

Stephanie Budge - University of Wisconsin, Madison, USA, Christoph Fliksig

Aim: In an effort to improve the quality of mental health services naturalisticistic, there have been increasing number of studies comparing evidence-based treatments (EBTs) to treatment-as-usual (TAU). The purpose of the present meta-analysis is to determine the size of the effect of EBTs relative to TAU. As well, the equivalence of the treatments (e.g., dosage, training, supervision) will be
assessed and the association of these factors and the effects will be estimated. Methods: Meta-analytic methods were utilized in order to analyze the data. In accordance with APA standards, the Meta-Analysis Reports Standards (MARS) was used for inclusion/exclusion criteria, moderator/mediator analyses, search strategies, coding procedures, and statistical methods. The initial search resulted in 180 articles that met the search criteria. After using a strict definition of EBT, 40 articles met criteria for analysis in this study. Results: Preliminary results indicate that the effect for EBT relative to TAU is small. Moreover, most EBTs involve greater dose of therapy, additional training, supervision, and other factors that account for the relative advantage of EBT. Discussion: Preliminary results suggest that EBTs are slightly more effective than TAU. However, the comparisons between conditions often are biased in favor of EBT as the EBT involves typically additional dosage of therapy, additional training and supervision, and other factors that confer distinct advantages to the EBT.

Cost effectiveness of transporting evidence-based treatment into routine practice

Bruce Wampold - University of Wisconsin, Madison, USA, Wade G. Gunn

Aim: One of the primary ways to improve the quality of services in routine care is to transport treatments that are shown to be efficacious in randomized clinical trials to routine care. This strategy, called treatment transportation, is based on the assumption that evidence-based treatments (EBTs) are more beneficial than Treatment as Usual (TAU). While meta-analyses have indicated that evidence-based treatments are indeed superior to TAU, the purpose of the present analysis is to estimate the cost-effectiveness of EBT transportation. Methods: The cost of transporting EBTs to clinical settings will be estimated in two ways. First, the procedures used in the randomized design for implementing EBTs will be examined to estimate the costs involved in the particular study, including costs of (a) therapist training, (b) therapist supervision, (c) assessment of adherence, and (d) time lost for implementation of the EBT. Second, a survey will be sent to developers of the EBT in the meta-analysis to assess their estimation of the training necessary to implement their treatments to the standards used in the RCT. Cost-effectiveness ratios will be calculated as CER = C/(NPT/NNT) where NNT is the number needed to treat derived from meta-analysis, C is the additional cost for implementing EBT or feedback systems, and NPT is the number of patients treated in the system of care. Results: Preliminary results indicate that transportation of EBTs is high. That is, the cost of each additional success exceeds what would make EBT transportation feasible.

Discussion: It appears that EBT transportation is not a cost-effective quality improvement strategy. Alternative strategies should be considered, such as providing feedback to therapists or replacing ineffective therapist.

The cost of determining the relative efficacy of empirically supported treatments

Kevin Laska - University of Wisconsin, Madison, USA, Martin Kivlighan

Aim: The preponderance of evidence demonstrates that over time, whenever two or more active psychosocial treatments are compared for any given disorder, they achieve similar outcomes (Wampold, 2001). Yet, the National Institute of Mental Health (NIMH) has continued to fund efficacy trials that directly compare two psychotherapies with the specific purpose of finding differential treatment effect. This investigation used meta-analytic procedures to compare the financial investment of a research agenda focused on finding treatment differences with the relative benefits at the patient level. Method: The first step was to collect all federally funded clinical trials published in peer reviewed journals over the last 15 years, and locate the financial award for each study. Next, meta-analytic procedures was used to produce omnibus and within study effect sizes. Effects were converted into number a needed to treat (NNT) metric, which provided the statistics necessary to estimate benefits at the patient level. The final step was to divide both the total cost and costs of individual studies by the converted aggregate and study level NNT’s. Results: Initial indications suggest many studies included in the analysis have received anywhere between several hundred thousand to a few million dollars in NIMH funding. These clinical trials have also produced very small effect sizes for differences between treatments, which when converted into NNT terms are somewhere around 11. Total costs are in the millions of dollars and the additional benefit for patients is minimal. Discussion: Preliminary data on the cumulative cost-benefits of comparative clinical trial type research indicates a high investment into a strategy that produces a low return at the patient level and in finding differential treatment effect.

Direct comparisons of bona fide psychotherapies for anxiety disorders: A meta-analysis

Timothy Baardseth - University of Wisconsin, Madison, USA, AC Del Re

Aim: Psychotherapy outcome research has provided substantial evidence that psychotherapy is a highly efficacious treatment for a variety of disorders and populations (e.g., Lambert & Ogles, 2004; Wampold, 2001). Moreover, psychotherapy has been shown to be an effective treatment for a multitude of adult anxiety disorders. However, research has revealed inconsistent findings on the relative efficacy of various psychotherapies in the treatment of adult anxiety disorders. The current meta-analysis controlled for potential confounds by limiting inclusion to studies utilizing bona fide psychotherapies, using direct comparisons, and avoiding categorization of psychotherapy treatments. Method: The analyses utilized meta-analytical methods to estimate relative efficacy of psychotherapies for adult anxiety disorders. The comprehensive literature search revealed a sufficient number of studies to conduct a comparison of bona fide psychological treatments. Analyses randomly assigned positive/negative sign to the effect size from each comparison to estimate the extent of heterogeneity of effect sizes. Results: Preliminary results indicated that effect sizes were homogeneously distributed around zero for both specific measures of anxiety, and for all measures of psychological functioning. Furthermore, the upper bound of true effect sizes appeared to be quite small between psychotherapies for anxiety. Discussion: Preliminary results suggested various treatment comparisons yielded a common effect size that was not significantly different from zero. There was no evidence indicating treatment differences between bona fide psychotherapies for adult anxiety disorders. Given that there are no differences between psychotherapies for adult anxiety disorders, attention should clearly be focused on the cost-effectiveness for the treatment of adult anxiety disorders.

Studies of the roles of type of depression, attachment styles, affect regulation, and self-discrepancy

Discussant: William Stiles - Miami University, Oxford, OH, USA

This panel presents research on depression from the perspectives of process-experiential/emotion-focused theory and Rogers’s self-concept theory. The first paper tests contrasting hypotheses about the relations of self-criticism and dependency to depression that are based on Blatt’s (2004) psychodynamic theory and Greenberg and Watson’s (2006) emotion-focused theory. The second paper addresses emotion-focused hypotheses (Elliot, Watson, Goldman, & Greenberg, 2004) that early in therapy for major depression securely attached clients have higher levels of affect regulation than insecurely attached clients and that the relation between client’s attachment style and therapy outcome is partially mediated by affect regulation. The third paper tests a hypothesis based on Rogers’s (1959) theory of high self-discrepancy as a personality predisposition to emotional distress: Change in anxiety and
Depression over the course of therapy is correlated with change in self-discrepancy.

Relations of self-criticism and dependency to depression: Tests of Blatt’s theory and Greenberg and Watson’s theory
David Canose - College of William and Mary, Williamsburg, VA, USA, Neill Watson

Aim: Blatt’s theorizes (1974, 2004) that self-criticism and dependency are separate and distinct personality traits that each predispose individuals to depression. In contrast, Greenberg and Watson (2006) theorize that dependency underlies self-criticism in predisposing an individual to depression. Hypotheses based on these two competing theories were tested. Method: Two hundred ninety-six female and male undergraduates completed Blatt’s Depressive Experiences Questionnaire, which measures the self-criticism and dependency constructs, and the Beck Depression Inventory-II (BDI-II) 10 weeks later. The dependency construct was measured with the Dependency score and with the Neediness and Connectedness scores based on subsets of items comprising the Dependency score. Results: Self-Criticism and Neediness were correlated with BDI-II, but Dependency and Connectedness were not. Self-Criticism was correlated with Neediness. Multiple regression analyses showed that there was no gender interaction and that Self-Criticism explained unique variance beyond that explained by Neediness in predicting BDI-II but that Neediness did not explain unique variance beyond that explained by Self-Criticism. Discussion: The results did not support Blatt’s theory. The results suggest that self-criticism and dependency each explain unique variance in depression beyond that explained by the other. The results supported Greenberg and Watson’s theory, showing that self-criticism is correlated with dependency, that self-criticism explains unique variance in depression beyond that explained by dependency, and that dependency does not explain unique variance in depression beyond that explained by self-criticism.

An examination of clients’ attachment styles, affect regulation, and outcome in process-experiential and cognitive-behavioural therapies
Aline Rodrigues - OISE/University of Toronto, Canada, Jeanne C. Watson

Aim: Current theorizing on affect regulation has hypothesized that one’s ability to regulate affect derives primarily from early attachment experiences (Cassidy, 1994; Mikulincer, Shaver, & Perez, 2003; Schore & Schore, 2008). The goals of the current study are to examine differences in affect regulation among people with different attachment styles, and to investigate the relationships among affect regulation, adult attachment styles, and psychotherapy outcome. Method: Data will be drawn from the University of Toronto depression project comparing process-experiential therapy (PET) and cognitive-behavioral therapy (CBT) in the treatment of 66 clients suffering from major depression. Scores on two measures of attachment (INVAIA, Lichtenstein & Cassidy, 1991; ASQ, Feeney, Noller, & Hanrahain, 1994) will be analyzed in relation to an observer-rated measure of affect regulation (O-MAR; Watson & Prosser, 2004) and clients’ outcome scores. Results: It is hypothesized that clients’ attachment styles will predict clients’ level of affect regulation early in therapy, such that securely attached clients will exhibit higher levels of affect regulation as compared to insecurely attached clients. In addition, clients’ level of affect regulation at the end of therapy will partially mediate the relationship between clients’ attachment style and therapy outcome. Discussion: The results will be discussed in terms of a clinical model of affect regulation developed by Watson and colleagues (Elliott, Watson, Goldman, & Greenberg, 2004; Kennedy-Moore & Watson, 1998; Watson & Prosser, 2004). In addition differences among the different attachment styles in terms of the different processes involved in affect regulation will be examined.

Re-testings self-discrepancies to anxiety and depression in change in psychotherapy
Neill Watson - College of William and Mary, Williamsburg, VA, USA, Brandon C. Bryan

Aim. In his phenomenological theory of effective psychotherapy, Rogers (1959) theorized that the client experiences a decrease in real-ideal self-discrepancy and a consequent decrease in emotional distress. Higgins (1987) later introduced the real-ought discrepancy. The present study tested the hypothesis that changes in the real-ideal and real-ought discrepancies are associated with changes in anxiety and depression in individual therapy. Method. Three methods were used to measure each self-discrepancy: the idiographic Self-Concept Questionnaire — Personal Constructs, the nonidiographic Self-Concept Questionnaire — Conventional Constructs, and the content-free Abstract Measure. Three measures, the State-Trait Anxiety Inventory Trait scale, the Beck Depression Inventory-II, and the Symptom Check List-90-R Anxiety and Depression scales were completed by 99 clients before and after individual therapy with 20 therapists of various orientations at a university counseling center. Results. Paired-samples t tests showed significant pre-post decreases on all measures of discrepancy, anxiety, and depression. Hierarchical multiple regression analyses with posttest anxiety or depression as outcomes, in which pretest anxiety or depression and pretest real-ideal or real-ought discrepancy were entered in Step 1 and posttest real-ideal or real-ought discrepancy was entered in Step 2, showed that changes in the self-discrepancies were significantly associated with changes in anxiety and depression, except for tendencies toward significance for the personal construct and abstract measures of real-ought discrepancy with Symptom Check List Anxiety. Discussion. The results provide evidence that decreases in real-ideal and real-ought discrepancies over the course of therapy entail concurrent decreases in anxiety and depression, supporting a phenomenonological theory of therapy for anxiety and depression.

Re-thinking psychotherapy research and practice
Discussant: Nick Ladany - Lehigh University, Bethlehem, USA

The papers in this panel invite us to think again about psychotherapeutic research and practice. The paper by Feroz Chaudry and David Smith focuses on the possibilities of integrating the use of traditional techniques drawn from Sufism, Sahasra yoga and Native American techniques into modern psychotherapy. In a somewhat similar vein David Tune invites us to consider the role of music within psychotherapy. Doni Yousef’s paper is a rich exploration of innovative research methods as a way of more deeply capturing the psychotherapy encounter and addressing questions around our relationship with the wider world. The final paper by William West applies the Johari window, commonly used within psychotherapy training to the qualitative research interview.

Comparative traditional systems of healing and meditation and their relationship to modern psychotherapy
Feroz Chaudry - University of Manchester, UK, David Smith

Contemporary Psychotherapeutic practices, such as mindfulness and Energy Psychology, draw on rich heritage of traditional therapeutic practices, often set in religious and spiritual contexts. Examining common therapeutic denominators between cultures of traditional healing can clarify universal characteristics of health care, e.g., concepts and techniques that have survived for thousand of years suggest a fundamental value by virtue of their prevalence and consistency. Our study presents a theoretical and
methodological examination of Sufi (Chistiyya), Vedic (Sahasra Yoga) and Native American techniques (Cedar Bath). Overlapping philosophies are discussed to clarify a common ground of practice. These similarities in worldview as well as practice will be compared to contemporary research in therapeutic theory and technique. For example, we will examine traditional practice to the practice of therapeutic techniques found in Hypnosis, CBT and Focusing. This examination will clarify what traditional techniques are supported by modern research. In addition, we hope to find evidence in traditional practice that suggest weaknesses in modern psychotherapeutic and suggest further areas for research.

Applying the johari window to qualitative research interviews

William West - University of Manchester, UK

The Johari window (Luft and Ingham 1955) is often used in counsellor and psychotherapy training courses as a way of understanding how self awareness can develop in the client during the process of their therapy. This model acknowledges both hidden conscious material that the client may not yet, if ever, wish to disclose as well as other material that the client is unaware of but may be apparent to the therapist. Applying this model to qualitative research interviews enables us to gain insight into the tacit levels of knowing that many researchers seek to achieve either in self, in participants or both, with such interviews. It also immediately raises questions around the ethics of such interviews including those relating to consent. For example how can you consent to a process that involves tacit level of knowing? In this paper I will explore the application of the Johari window to our understanding of qualitative interviews including the ethical questions raised.

The healer’s five Rs: Responsibility, research, reflexivity, resonance and re-connection

Don Yusef - University of East London, UK

Linking research to practice allows the field to progress, mature and reflects the cultural constructs and shifts of the times. Through understanding the body and spirituality, my responsibility as a psychotherapist and ‘healer’ is questioned and challenged. The times we live in require us to be fully aware of the human predicament in the world and the underlying connections and dis-connections experienced by us universally and within the universe. These occur at microscopic and macroscopic levels. Research needs to address both the vast and the minute; otherwise, it may become irrelevant. Researchers need to approach the responsibility with courage, fascination and humility. My research has involved many journeys as a lone pilgrim, collaborator and fellow travellers.

How does gestalt theory inform the changing face of researcher identity? An exploration of gestalt theory within the context of research, singing, pedagogy and music education

David Tune - York St John University, UK, Liz Mellor

This paper reports on a research project undertaken at the University of York St. John, UK which applied gestalt theory to research group singing. The presentation sets out some of the pedagogic issues in applying gestalt theory in this context with a specific focus on the presence of the trainer, and also explores how gestalt training has effected the process of researching itself. The presentation offers a dialogue co-constructed between a researcher in the field of music education with training in gestalt psychotherapy and a researcher and psychotherapist in the field of body psychotherapy with an interest in singing.

In session resistance in cognitive behavioral therapy for generalized anxiety disorder: Determinants and impact

Discussant: Larry Beutler - Palo Alto University, USA

Client resistance to therapy has been linked to poor treatment outcomes and premature termination of treatment (e.g., Beutler Rocco, Moleiro, & Talebi, 2001), and client noncompliance has been frequently cited as among the most formidable, pernicious, and important factors limiting treatment efficacy in Cognitive Behavioral Therapy (CBT; Antony, Ledley, & Heimberg, 2005). Although it has been regarded as among the most critical concepts in psychotherapy since the early days of Freud, client resistance has been the focus of surprisingly little empirical research. Moreover, treatment outcome research is far more common than process research within CBT. The goal of this panel is to present findings from three studies using observer coded in-session resistance early in CBT (session 1) in the context of a randomized controlled trial of adding Motivational Interviewing (MI) as a pretreatment (or not) to CBT for Generalized Anxiety Disorder (GAD). Resistance was coded using the Client Resistance Code (Chamberlain, 1984) adapted for GAD. The papers focus on identifying the impact of early resistance in CBT (homework compliance, client outcome expectations) and influences on resistance (therapist factors, receiving motivational interviewing, baseline client expectations). We have partially completed the resistance coding and data (presented in each abstract below) suggest that even though resistance is a relatively rare phenomena, its’ presence is an important influence on subsequent process and outcome in CBT. We will complete more coding by the time of the presentation in order to provide adequate power to test hypothesized mediation effects.

Client expectancy, resistance, and outcome in CBT for generalized anxiety disorder

Laura Connors - York University, Toronto, ON, Canada, Henny A. Westra

Aim: Client expectations are a key variable affecting therapeutic outcome (Greenberg et al., 2006), but largely understudied (Weinberger & Eif, 1999). In particular, it is unclear what factors may shape or influence this important common factor. Similarly, resistance in psychotherapy has also been found to be a critical predictor of treatment outcome (Beutler et al., 2001) and may be influenced by and influence client expectations for change. The present study will utilize data from a randomized controlled trial (Westra et al., 2009) to elucidate the possible reciprocal relationships between resistance and outcome expectations in Cognitive Behavioral Therapy (CBT) for generalized anxiety disorder. Methods: Using the Client Resistance Code (Chamberlain et al., 1984), resistance in CBT session one will be coded by trained observers. Structural equation modeling will be used to examine the relationships between baseline expectations, early resistance, subsequent outcome expectations, and treatment outcome. Results: Pilot data, (n=15 of 38 tapes coded to date), revealed that lower baseline expectations for change were significantly associated with higher in-session observed resistance, r = .58, p=.023. And higher resistance was associated with lower subsequent outcome expectations, r = .56, p=.030. Using regression, both higher resistance (p=.023) and lower outcome expectations (p=.000) were found to significantly predict poorer treatment outcome. Discussion: Preliminary results suggest important relationships between resistance and client baseline and subsequent expectations for change. Given that resistance and expectations are both predictors of outcome, an understanding of how these variables influence one another to impact treatment outcome is needed.
Therapist effects in observed in-session client resistance in cognitive behavioral therapy for generalized anxiety disorder: A preliminary study

Henny Westra - York University, Toronto, ON, Canada, Michael J. Constantino

Aim & Method. In a RCT of CBT for generalized anxiety disorder (Westra et al., 2009), therapist differences emerged with two therapists producing significantly superior outcomes than the other two therapists. The present study seeks to understand these effects by examining observer coded client resistance (n=15 to date with 22 remaining to be coded), client expectations (n=37) and therapist sensitivity to resistance early in CBT (session 1). Results. Despite no differences in client severity or expectations for change at baseline across therapist types, a significant therapist difference was evident for observed resistance at session 1, with clients of the more effective therapists displaying significantly lower levels of resistance than clients of the less effective therapists, t(13)=3.56, p=.004, d=1.75. Similarly, clients of more effective therapists reported higher expectations for improvement following session 1 than clients of less effective therapists, t(35)=2.49, p=.018, d=.81. More effective therapists matched their clients’ outcome expectations, while less effective therapists reported higher expectations for client improvement than clients reported for themselves, t(35)=3.10, p=.004, d=.85. Similarly, higher observed in-session resistance was correlated with lower therapist estimates of expected client improvement among more effective therapists (r=.82, p=.048), while resistance was positively correlated with therapist estimates of expected client improvement among less effective therapists (r=.31, p=.415). Discussion. These findings, while limited by the small number of therapists, suggest that less effective therapists may generate higher resistance and lower client expectations for improvement, while simultaneously being less attuned to these effects.

The impact of motivational interviewing on resistance in cognitive behavioural therapy for generalized anxiety disorder: A process analysis

Adi Aviram - York University, Toronto, ON, Canada, Henny A. Westra, Angela Karstes

Aim: Client resistance is a common reality in Cognitive Behavioral Therapy (CBT), yet its conceptualization and management remain relatively absent in the CBT literature. Although adding Motivational Interviewing (MI) prior to CBT has been found to improve CBT outcomes for GAD (Westra et al., 2009), little is known about the mechanisms through which MI enhances CBT outcomes. Similarly, little is known about specific pathways through which resistance influences CBT outcomes. The present study will utilize videotape data from the Westra et al., (2009) RCT to examine these questions. Methods: Using the Client Resistance Code (Chamberlain et al., 1984), adapted for GAD, video-taped data of CBT session 1 will be coded by trained observers for client resistance. A mediation model using Structural Equation Modeling will examine both reduced resistance and subsequent increased homework compliance as mediators of the relationship between treatment group [MI-CBT, CBT-alone] and outcome. Results: Pilot data (n=16 tapes coded to date of the targeted sample size of 37) revealed a large between group effect (d=1.16) with those receiving MI showing significantly less resistance early in CBT compared to those receiving CBT alone. Moreover, higher levels of early client resistance were associated with lower levels of subsequent homework compliance (client-rated: r = -.40, therapist-rated: r = -.46), and pre to post treatment worry reduction (r = -.80). Discussion: Preliminary results suggest that resistance is a potent predictor of process and outcome in CBT, and has important implications for understanding how/why adding MI to CBT may be effective in enhancing treatment response.

Panel

Supervision

Moderator

Sue Wheeler - University of Leicester, UK

Panel

Supervision

Moderator

Sue Wheeler - University of Leicester, UK

Process and outcome of supervision

At last some progress is being made on linking the process of supervision to outcome with clients through routine outcome monitoring linked with detailed monitoring of the process of supervision. This panel will present four papers from an international group of supervision researchers who are all involved in a collaborative network for supervision research. The papers will include a mix of quantitative and qualitative papers on diverse topics. Two papers include data collected from trainee psychotherapists and one focuses on more experienced practitioners. Two papers link the process of supervision to the outcome of therapy and one to the experience of trainees producing video recordings of their therapy sessions for supervision. The final paper presents the evaluation of a project to promote supervision research.

Supervision in psychotherapy training: An empirical perspective on its relevance for psychotherapy process and outcome

Ulrike Wiltzuki - Universität Bochum, Germany, Desiree Thomann and Tobias Teismann

Aim: Besides supporting professional development supervision should enhance psychotherapy process and outcome. On the process level the impact of supervision on the therapeutic alliance is of particular importance; on the outcome level its impact is not easily traced, but it matters as it is such a widely accepted means to improve the quality of psychotherapy. Empirical studies on the relevance of supervision for psychotherapeutic process and outcome are sparse. This study analyses whether the quality of the therapeutic alliance is influenced by supervision and whether supervision, particularly its value for the therapist, has an impact on outcome. Methods: The analysis is based on 500+ supervision episodes during psychotherapy conducted mainly by CBT-trainees in an outpatient centre at a German university. Roughly every fourth session is supervised; psychotherapists can request additional supervision if needed. Patients and therapists provide alliance and usefulness of every psychotherapy session; outcome measures are rated regularly in the course of therapy. Supervision episodes are defined as the supervision session, the therapy session preceding it and the next 2 therapy sessions following it. Therapists rate the value of every supervision session for their work and identify its thematic focus. Results: Previous work showed that supervision is requested by therapists particularly when the therapeutic alliance is regarded as suboptimal. After supervision the alliance is rated more favourably by patients as well as therapists. Discussion: The complex interplay between process problems in psychotherapy, supervision, changes in the ensuing process and outcome will be discussed.

Outcomes of supervision: Supervisor and supervisee perspectives

Jan Grant - Curtin University, Perth, Australia, Margot Schofield

Clinical supervision is a widely used method of developing professionally competent practitioners, but little is known about its impact on practice. This paper examines supervisor and supervisee perspectives on the impact of supervision on practice, on clients and on supervisees. The paper presents data from a qualitative project based on intensive interviews and reviews of videotaped supervision sessions with 15 supervision dyads. The supervisors were a purpose sample of senior members of the profession with considerable expertise in supervision. Interviews were first conducted with supervisors on their theory of supervision and application of that theory in practice. Then a video of a supervision session was reviewed with the supervisor and then
independently with the supervisee. Using the IPR method, supervisors and supervisees explored their reflections on the session. The paper presents data on the perceived impact of supervision on clinical practice, on supervisees, and on the client. Similarities and differences between supervisor and supervisee perspectives are explored.

The influence of video recordings on trainee therapists’ learning in psychotherapy training

Claus Haugaard Jacobsen - Aalborg University, Denmark, Mette Kirk Olesen & Astrid Klve

Background: Video recordings of psychotherapy sessions are now a regular feature of clinical supervision as technology has advanced and costs lowered. While some praise the advantages others decline to use this technological aid for ethical, theoretical or clinical reasons. Despite the current relatively widespread use of video, there are few empirical studies on how these recordings specifically influence the learning process of the trainee therapist. Aim: After a brief discussion of the pro and cons of the use of video recordings this paper presents a qualitative, explorative study of ways in which video recordings help or hinder therapists in training and the learning process. Methods: 24 trainee therapists at an outpatient university clinic setting completed a questionnaire asking ten open-ended questions about their experience of the being video taped. The answers were analyzed in accordance with Hill et al.’s (2005) guidelines for Content Analysis. Furthermore subjects rated the overall usefulness of their learning experience on a nine point Likert scale. Results: Video recordings have a major impact on the learning experience of the trainee therapist. They report how video helped them gain a deeper understanding of psychotherapy and of themselves as therapists. At the beginning they felt anxious and exposed but decreased over time. Discussion: The validity, reliability, and limitations of the study will be discussed along with practical and theoretical implications.

Promoting and supporting supervision research: An evaluation

Sue Wheeler - University of Leicester, UK, Michael Barkham and Mark Aveline

In 2008 the presenters were awarded a grant from the British Association for Counselling and Psychotherapy (BACP) to develop a supervision research network to promote and develop supervision research in the UK and internationally. An international advisory board and a Steering Group were recruited and the Network called itself SuperNet, the Supervision Practitioners Research Network. The final report on the activities of the funded project was delivered in December 2009 and this paper presents an evaluation of the activities that the project promoted and their relative success. The project has recruited over 100 members to the network, has received funding for an ESRC Seminar Series on supervision research, has developed a toolkit of supervision research methods, has supported the development of several ongoing projects as well as presenting at major conferences. Recommendations are made for future collaborative research projects to enhance our knowledge and understanding of the role, function and efficacy of supervision.

Process and outcome studies on experiential psychotherapies

This panel gathers outcome, process research and randomized clinical trials on humanistic and experiential psychotherapies. Two meta-analyses on psychodrama and person-centred/experiential psychotherapies are followed by two new studies on children and youth with psychodrama and Playback Theatre. Bornmann and Grossmann are looking for aggression and empathy development in a forensic context. von Wyl et al. (2009) are investigating alliance and helpful processes during outpatient group psychodrama. Elliott and Freire are providing a huge evidence base for supporting practice. And Wiesser is interested in the future direction of psychotherapy research. Besides the training aspect the four papers cover the theme of this meeting. Evans is our discussant.

Studies on treatment effects of psychodrama psychotherapy

Michael Wiesser - University of Klagenfurt, Austria

It is said that the study of Psychodrama psychotherapy have failed to achieve mainstream standards in evidence-based psychotherapy. However, little is known about the kind of treatment effect associated with a particular method and type of measurement as well as research constraints encountered in the field. The present study is concerned with a quantitative systematic overview i.e., a meta-analysis of the effectiveness of psychodrama psychotherapy. The aim of this paper is to explore the kind of statistical evidence which researchers have provided for the effectiveness of psychodrama psychotherapy. The sample consists of sixty studies retrieved from PsycINFO and PsyNDEX databases in English and German published during the last two decades. These studies deal with various research topics within the field of psychodrama psychotherapy effectiveness. Thirteen studies are randomized clinical trials, five are randomized controlled trials, and thirty-two are controlled studies. The criteria for inclusion in the meta-analysis were decided in agreement with the inclusion criteria for studies included in themeta-analysis. The studies were grouped in this study according to the systematic of ICD-10, since this is a worldwide standard way of classifying data which is also culturally sensitive. The assessment of the effectiveness of the psychodrama psychotherapy is based on statistical significant results. Consequently, it is necessary to come to an agreement with regard to the kind of measurement instruments to be used in evaluation of psychodrama psychotherapy effectiveness, which allows us to compare studies with each other and even with other psychotherapeutic methods.

Empirical support for person-centred/experiential psychotherapies: Meta-analysis update 2008

Robert Elliott - University of Strathclyde, UK, Beth Freier

Background: Understanding and contributing to the evidence base that supports their practice is a key survival strategy for Person-Centred/Experiential therapists and counsellors. Building on previous meta-analytic studies (e.g., Elliott, Greenberg & Lietaer, 2004), we added another 80 predominantly recent outcome studies to the large sample previously reported, in order to provide an analysis of more than 200 quantitative outcome studies on person-centred, non-directive-supportive, process-experiential/emotion-focused, and other experiential therapies. Consistent with previous versions of this meta-analysis, we found the following: (1) Clients in PCE therapies experienced large amounts of pre-post change. (2) Posttherapy gains were maintained over early and late follow-ups. (3) In controlled studies, clients experienced large gains relative to untreated groups. (4) In general, PCE therapies appeared to be statistically and clinically equivalent when compared to non-PCE therapies. (5) In focused comparisons examining four different types of PCE therapy, CBT was clearly superior to non-directive-supportive, but equivalent to bona fide person-centred therapy; emotion-focused therapy appeared to be superior to CBT; while other experiential therapies were equivalent to CBT in effectiveness. These results held regardless of whether analyses made use of all available studies or were restricted to RCT studies only. These results are consistent with complementary lines of evidence relating empathy to outcome (Bohart et al., 2002), and client treatment preference data. Taken together, the body of evidence clearly indicates that PCE therapies should be offered to clients in primary care, NHS, and other mental health settings. Relating on multiple lines of evidence, such as provided in the present study, provides a sound basis for establishing public mental health policy.

97
Psychodrama group psychotherapy with children: A process-outcome study

Agnes von Wyl - University of Applied Sciences, Zurich, Switzerland, Alexandra Scherrer, Anne Lea Winzeler, Ruedi Zollinger, Daniel Bindemagel

Aim: Psychodrama group psychotherapy seems to be an appropriate psychotherapeutic technique for children, because it allows an access to the imaginary world and to interactional behavior of children. However, until now neither process nor outcome research has been done in this area. Method: For the outcome study, 42 children between the ages of 7 and 12 years were treated in eight psychodrama group psychotherapies in a Switzerland adolescent outpatient clinic in Switzerland. All therapy sessions were videotaped. For the evaluation, parents were asked about quality of life, symptoms of their children and treatment satisfaction at begin, end and at follow-up of the therapy sessions. At the follow-up, the children were also asked about symptoms and treatment satisfaction. For the process-study, we used an adapted method of the Structural Analysis of Social Behavior (SASB) applied to six therapeutic sessions at the beginning, middle and at the end of the group therapy to analyze the therapeutic alliance between a target child and the psychotherapists and the interpersonal process between this child and the other children of the group. Results: The data collection is still ongoing and will be analyzed before the conference. Comparison between these two sources of data (outcome and process) will be used to understand more about helpful processes during psychodrama group psychotherapies with children.

Discussion: The implication of the analysis and findings will be discussed in regard to the developmental needs of children.

The effects of playback theatre on students’ views of aggression and empathy within a forensic context

Barbara A. Bommann - John Jay College of Criminal Justice, Brooklyn, NY, USA, Angela M. Crossman

Aim: Research indicates that urban youths endorse self-defense as a necessary deterrent to further aggression reinforcing the acceptability of aggression (Johnson, Frentarole, Wright, Pearson-Fields, and Chang, 2004). The objectives of this study were to: (1) better understand student’s views of aggression and empathy and how these views may change when exposed to a Playback Theatre intervention; and to measure students’ understanding of the criminal justice / court system through the impact of instructive material on their comprehension levels. Method: In an urban middle school, fifth and eighth grade students were randomly assigned by age and gender to the control group N=23, and experimental group N=24. Students in both groups received pre and post intervention testing: comprehension test, aggression questionnaire, empathy scale. Results: Analysis indicates a significant increase in comprehension levels of the criminal justice / court system across both groups as measured by a paired samples T Test of pre and post-test analysis $p < 0.001$. Students’ views of aggression were significantly affected when exposed to Playback Theatre indicating a reduced tolerance for aggression $p < 0.05$, however, students’ views of empathy were not significantly affected. Discussion: Study replication is recommended due to preliminary results. The intervention of Playback Theatre yielded qualitative responses from students indicating that perspective taking may be the trajectory of empathy development elicited by the Playback Theatre experience.

Panel

Alliance

Moderator

Abraham Wolf - Case Western Reserve University, Cleveland, USA

Working alliances: The collaborations of APA and SPR

Discussant: Carol Goodheart - Independent Practice, Princeton, USA

This program is a forum for leaders of the American Psychological Association and the Society for Psychotherapy Research to discuss their current initiatives that highlight the active collaboration of members in both organizations. These initiatives will be recognized as the continuation of a long and rich collaboration among the members of the American Psychological Association’s Society of Clinical Psychology and Division of Psychotherapy and the Society for Psychotherapy Research. Projects such as psychotherapy unification, evidence-based psychotherapy relationships, the real relationship, evidence-based practices in psychotherapy, and principles of psychotherapeutic change are examples of the convergence of interests and collaboration of individuals with ties to these organizations. These past collaborations have furthered the scientific basis of psychotherapy and have advanced alternative perspectives on a research-based practice of psychotherapy. This proposed program will present the most recent contributions of leaders in these organizations.

Clinical experiences in conducting empirically supported treatments

Marvin R. Goldfried - Stony Brook University, USA, Abraham W. Wolf

Once a drug has been approved by the Federal Drug Administration (FDA) as a result of clinical trials, practitioners have the opportunity to offer feedback to the FDA on the use of the drug in clinical practice. The Society of Clinical Psychology, Division 12 of the American Psychological Association, is in the process of establishing a mechanism whereby practicing psychotherapists can report their clinical experiences using empirically supported treatments (ESTs). This is not only an opportunity for clinicians to share their experiences with other therapists, but also to offer information that can encourage researchers to investigate ways of overcoming these limitations. We are starting with the treatment of panic disorder, but will extend our efforts to the treatment of other problems at a later time. This site provides the opportunity for therapists using cognitive-behavior therapy (CBT) in treating panic to share their clinical experiences about those variables they have found to limit the successful reduction of symptomatology. Although research is underway to determine if other therapies can successfully treat panic, CBT is the only approach at present that is an EST. However, in order for the field to move from an EST to an evidence based treatment that works well in practice settings, we need to know more about the clinical experience of therapists who make use of these supported interventions in actual clinical practice. By identifying the obstacles to successful treatment, we can then take steps to overcome these shortcomings.

Advances in clinical science: The Unified Psychotherapy Project (UPP)

Jeffrey J. Magnavita - Independent Practice, Glastonbury, USA

Psychotherapy has made great advances during the 20th century developing theories, methods, and techniques of psychotherapy, as well as research tools for providing an evidence-base. The practice of psychotherapy is becoming increasingly reliant on scientific evidence from multiple sources and is moving toward a new paradigm that seeks to understand the unifying principles and processes. The Unified Psychotherapy Project (UPP) was established with the goal of mapping all the techniques and methods of contemporary psychotherapy, so that a database will be available for researchers and clinicians. After a review of the theoretical and research literature, a four level framework was formulated so that methods and techniques could be organized and cataloged at the appropriate level. An electronic database has been created with four treatment levels where each level is conceptualized as a matrix which is embedded in the other levels beginning with the most micro- and progressing to the macro-level of analysis and are as follows: Level I: intrapsychic—biological, Level II: interpersonal—dyadic, Level III: relational—triadic, and Level IV: sociocultural—familial. The theoretical, clinical, research and scientific implications of the UPP will be explored.
Real relationship, working alliance, and transference-countertransference: A tripartite model of the psychotherapy relationship
Charles J. Gelso - University of Maryland, College Park, USA

Over the past quarter century, I have theoretically and empirically explored a model of the client-therapist relationship that suggests three key, interdependent components: working alliance, real relationship, and a transference-countertransference configuration. I have theorized that each and every relationship consists of these components, to one degree or another, and have proposed the ways in which each component unfolds and interacts with one another during psychotherapy of all persuasions. In this brief presentation, I comment on this tripartite model and mention some key interrelationships. Much of my most recent research has been on the real relationship component, and I shall point to some key findings of our recently completed and ongoing studies. Several investigations now suggest that the strength of the real relationship is a significant factor in the quality of psychotherapy sessions, as well as treatment outcome. Studies have begun to map out the network of associations of the real relationship with other relational concepts, e.g. transference, countertransference, working alliance, attachment tendencies, therapist empathy, and client tendency to hide true feelings.

Panel
Instruments
Moderator
Abraham W. Wolf - Case Western Reserve University, Cleveland, USA

Questioning the measurement precision of psychotherapy research
Discussant: Jacques Barber - University of Pennsylvania, Philadelphia, USA

Recent developments in psychometric theory have important implications for the development and validation of the instruments used in psychotherapy research. This article illustrates how the advances in latent trait and item response theory (IRT) have distinct advantages over classical test theory. The basic assumptions of IRT (unidimensionality, local independence, and monotonicity) and the concepts common to all four of the basic IRT models (item characteristic curve, item information function, and test information function) are reviewed. IRT methods are illustrated using responses to a psychotherapy outcome instrument from a large data set of a commercial health plan. Recent developments in psychometric theory have important implications for the development and validation of the instruments used in psychotherapy research. This article illustrates how the advances in latent trait and item response theory (IRT) have distinct advantages over classical test theory. The basic assumptions of IRT (unidimensionality, local independence, and monotonicity) and the concepts common to all four of the basic IRT models (item characteristic curve, item information function, and test information function) are reviewed. IRT methods are illustrated using responses to a psychotherapy outcome instrument from a large data set of a commercial health plan.

Questioning measurement equivalence: Is conceptual meaning shared across respondent groups
Ann Doucette - The George Washington University, Washington, DC, USA

Aim: The research literature supports therapeutic alliance as a key determinant of favorable treatment outcome. In response, models of alliance have been developed and measures developed accordingly. These measures vary in their emphasis on goals, task, bond, etc. Secondary analyses reveal that in many instances these measures have variable empirical support for the original conceptualized measurement model. Little work has been done in terms of assessing the measurement invariance across distinct diagnostic groups such as mental health and substance abuse disorders. Instead, we make the leap of faith that the measure is conceptualize in a similar manner across respondents, without asking whether the measure yields an assessment of the same conceptualization of the same attribute. Methods: Secondary analysis of data from the Collaborative Cocaine Treatment Study and a depression study conducted at the University of Pennsylvania will be used to examine measurement invariance between respondents having depression versus substance abuse. Analyses will examine the measurement models using IRT to assess invariance (factor, metric, scalar, error, etc.) as well as dimensionality using a bifactor approach. Results: Analytic results will be presented. Preliminary results indicate that the measurement model for the CALPAS is not invariant across individuals having primary depression versus those with substance abuse disorders, and the use of a total score assuming unidimensionality is questionable. Discussion: Although measurement is only one step in advancing psychotherapy research, it is nevertheless the foundation. Without questioning measurement precision and simply assuming that constructs are conceptualized similarly across subgroups, we compromises the evidence based on which we assert the effectiveness of psychotherapy.

Questioning the dimensionality of psychotherapy outcome measures
Abraham W. Wolf - MetroHealth Medical Center/Case Western Reserve University, Cleveland, USA

The assumption of unidimensionality requires that all items in test measure the same construct. The sum score of a unidimensional test reflects respondents standing on the relevant construct. Nevertheless, analysis of the dimensionality of the instruments used to assess psychotherapy outcome do not consistently meet the assumption of unidimensionality. Since there are no definitive tests to evaluate the degree that the constituent items of a test are unidimensional, current thinking is that as long as a test is "unidimensional enough," the parameter estimates if IRT models are robust. Recent developments in item response theory have focused on the specifying multidimensional models that allow for a respondent’s score to be represented in related yet distinct dimensions and that provide greater precision in estimates of respondent scores on multiple dimensions. Models employing bifactor analysis are particularly useful in evaluating the degree to much the items in a test are related to a general factor in addition to specific factors. Instruments that assess psychotherapy outcome can use the Bifactor model to determine the degree to which a general factor, such as psychological distress, accounts for the variance of a set of items, and how much those items contain information regarding specific factors, such as different symptoms and functional impairment. This presentation will compare the bifactor analyses of two frequently used instruments to assess psychotherapy outcome. The results will be discussed in terms of how well these instruments and their subscales meet the assumption of unidimensionality and the degree to which those instruments are multidimensional.

Applying IRT models to validate a new measure for psychotherapy research: A latent class analysis of the PTI Attachment Styles Scale (ASS)
Alessio Gori - School of Comparative Psychotherapy, Florence, Italy, Marco Giannini

Recently, attachment theory has found increasing use within the field of individual psychotherapy with adults. Following the footsteps of social perspective, that analyzes attachment pattern in adult romantic relations, we created a new self-report instrument, designed for the repeated measurement of client status over the course of therapy and at termination. The Psychological Treatment Inventory Attachment Styles Scale was designed to measure what kind of romantic relationship people invest and what
are the correlated behaviours, emotions and thoughts, which could be derived from conscious derives. Evaluating these aspects the PTI Attachment Styles Scale assesses which is the related attachment style, among secure, ambivalent, avoidant and disorganized.

For what concerns the psychometric properties of the PTI-ASS, Exploratory Factor Analysis (EFA) showed a structure with four factors with good values of internal consistency and were confirmed by Confirmatory Factor Analysis. In terms of Concurrent Validity, the PTI-ASS showed good correlation with two of the most self-report measures used for the assessment of attachment in adults, the Experience in Close Relationship Questionnaire and the Attachment Style Questionnaire. In this study we applied a Mixed Rash Model to each of the four scale of the PTI-ASS in order to explore their dimensionality. Data from 1800 individuals were analyzed by the means of the Windows-Mixed Item Response Analysis and based on the likelihood statistics we decided to assume the one class solution for all the four scales of the PTI-ASS. Although the use of IRT models is still in its infancy in psychotherapy research, IRT have important implications for the development and validation of measures used in the sphere of psychotherapy research offering important advantages.

Staying well: Processes and models of sustained well-being and maintenance of treatment gains

Discusssant: Franz Caspar - University of Bern, Switzerland

While research has mainly been focusing on within-therapy processes and treatment effectiveness, outside therapy processes have been largely neglected. Recent appraisals of mental disorders as chronic or recurring conditions, however, call for a shift in this perspective. Not only are current treatment models beginning to take a longer term perspective, advances in research methodology offer various ways to account for the recurrent nature of most mental health conditions. Research focuses on the sustainability of treatment gains and the factors that are related to maintained well-being. Cross sectional follow-up research is replaced by longitudinal assessments that allow for modeling timing and interaction of dynamic follow-up processes. Because well-being is the normal condition from an outside-therapy perspective, there will be a shift in primary outcomes away from symptom reduction to the creation and maintenance of well-being. In each of the three papers of this panel, this perspective will be addressed in different ways. First, Jenna Baddeley will explore the recurring nature of depression by presenting analyses of the natural language in e-mails that were written outside and during depressive episodes. In the next paper, Markus Moesnser will draw on longitudinal data from a RCT on the efficacy of an aftercare intervention for eating disorder patients in or order to model the course and to identify prerequisites of post treatment well-being. Finally, Markus Wolf will link maintenance of psychotherapy treatment gains to post-treatment themes that were extracted from a large body of e-mails written by psychotherapy patients during an online follow-up intervention. The panel closes with a discussion of the three papers by Franz Caspar.

Giving sorrow words: A text analysis of email communications before, during, and after a major depressive episode

Jenna Baddeley - University of Texas at Austin, USA, James W. Pennebaker

Despite the recognition that depressed individuals interact with others in ways that perpetuate strained interpersonal relationships and play a role in the onset and maintenance of the disorder itself (Coyne, 1976; Teichman & Teichman, 1980; Klerman, 1989), surprisingly little research has examined how depressed people communicate with their social networks. The current study examines email communication between depressed individuals and their social networks before, during, and after a depressive episode. Two competing theories that distinguish depressed from healthy communication are tested: the social disclosure theory, which suggests people, driven by desires for self-verification and social support, should display negative emotion and self-focus in their communications during a depressive episode but should display less self-focus and express less negative emotion while not depressed; and the social concealment theory, which suggests people in a depressive episode, driven by the desire to avoid stigma and avoid burdening others, should refrain from self-focused communications and tend more towards positive emotional expression than negative emotional expression, whereas they should express more negative emotion and have more self-focused communication while not depressed. Email transcripts are analyzed using the Linguistic Inquiry and Word Count. Pilot findings from a case study suggest the feasibility of the approach and support the social concealment model, with more positive emotion and less self-focus being displayed during the episode and more negative emotion being expressed afterwards. The participant reported a high level of social support before, during and after the episode, raising intriguing questions about the utility of the self-concealment model as an effective strategy for protecting social relationships.

Sustainability of treatment effects in eating disorders: Exploration of processes in a longitudinal dataset

Markus Moesnser - University Hospital Heidelberg, Germany, Stephanie Bauer, Hans Kordy

Patients who suffer from an eating disorder (ED) benefit from psychotherapy but not all achieve the desired improvements. Residual impairment differs considerably between patients at treatment termination and even more thereafter: While some individuals stay unchanged, some improve or recover, whereas others show deteriorations or relapses. Improvements and deteriorations are usually assessed from cross sectional follow-ups. The processes that unfold after the end of treatment, however, are still unknown. Longitudinal data allows for the exploration of the mechanisms that influence these processes. Researching the developments that take place during the critical time after treatment termination can increase our understanding of post-treatment processes and their impact on the maintenance of treatment gains. Using retrospective follow-up interviews (LIFE), the symptom courses of 140 patients diagnosed with an eating disorder (BN/EDNOS) were assessed over a 40-week post treatment period. Based on weekly assessments of psychological and behavioral ED symptoms, this study a) describes the temporal pattern of binge-purging behaviors following inpatient treatment, and b) models changes that precede the recurrence of binge-purging behaviors using growth curve models. The results will give insight into the post treatment event history of binge-purging behaviors and the processes that precede symptom recurrence. Implications for the understanding of the recovery and relapse process and implications for service optimization in the treatment of ED will be discussed.

Staying well following inpatient psychotherapy: Maintenance of treatment gains as a function of post treatment themes

Markus Wolf - University Hospital Heidelberg, Germany, Cindy K. Chung, Hans Kordy

There is wide acceptance that the time period after the end of treatment is crucial for the process of recovery initiated by psychotherapy. Little is known, however, about the challenges that people are confronted with after they have finished psychotherapy. What do they experience after they have undergone a psychotherapeutic treatment? Knowledge about the challenges in the patients’ everyday lives following treatment can help identify factors that impact patients well-being and maintenance of treatment gains outside therapy. The aim of the present study was to learn about the post-treatment experience through the analysis of a large corpus of open ended e-mails that were written by psychotherapy patients following inpatient psychotherapy. We
applied the meaning extraction method (MEM), a semi-automated corpus linguistic method, to 4,241 e-mails written by 297 individuals who had participated in an email-based aftercare program. Principal-components analysis of the most frequently used nouns in the e-mails yielded nine components: life decisions and coping, relationship conflict, psychological and physical symptoms, family of origin, social and leisure activities, present family and household, treatment, exercise and diet, and work. These were interpreted as the most salient themes that were discussed by the patients in this phase. Relationships of the themes with age, gender, and diagnosis, indicated the validity of the components. Patients who showed no therapeutic gains during their prior treatment wrote more about symptoms than patients who had improved. Moreover, a pattern of themes was identified that was associated with sustained well-being in participants at 12-month follow-up. The potentials and limitations of the MEM for the analysis of therapy corpora are discussed.

Basic processes and common factors in therapeutic change

Goals. Several attempts have been made to arrive at a "common language for psychotherapy", at "multitheoretical lists of interventions" or at "general psychotherapy" based on theoretical psychology. We aim here to pursue the shared goal of simplifying terminology by applying statistical methods on the usage of expert language that is established in psychotherapy research. The finding and defining of latent classes or 'taxa' in expert language is the goal of the Taxonomy Project. Methods. The Taxonomy Project has conducted a pilot study among n=150 experts of psychotherapy research in German-speaking countries in Europe. First, we identified the 14 common factors and 22 specific psychotherapeutic techniques most reliably addressed in the literature. We were interested in the factorial structure underlying expert assessments; assessments were obtained by a web-based survey to which experts were individually invited: how much does a common factor contribute to any concrete therapeutic technique? Kelley's repertory grid technique will be used to describe this factorial structure. We will use latent class analysis to identify possible expert clusters (e.g. based on school adherence) that may bias assessments. Results. The findings were not available at the time of submission. The empirical latent taxa of the German-language expert group will be presented together with proposals for taxonomical labels. Discussion. Scientists and practitioners are confronted with a terminological 'jungle' addressing change factors, common factors, specific factors and therapy techniques. It is likely that such terminological confusion blurs the scientific debate and exchange in the field of psychotherapy research. We assume that a taxonomical endeavor will foster research on the process and on the mechanisms that underlie therapeutic efficacy.

The taxonomy project

Wolfgang Tschacher - University of Bern, Switzerland, Mario Pflammatter, Uli Junghans

Goals. Psychotherapy research still resides in a pre-paradigmatic stage of scientific development. What can be done to improve this situation? Several attempts have been made to arrive at a "common language for psychotherapy", at "multitheoretical lists of interventions" or at "general psychotherapy" based on theoretical psychology. We aim here to pursue the shared goal of simplifying terminology by applying statistical methods on the usage of expert language that is established in psychotherapy research. The finding and defining of latent classes or 'taxa' in expert language is the goal of the Taxonomy Project. Methods. The Taxonomy Project has conducted a pilot study among n=150 experts of psychotherapy research in German-speaking countries in Europe. First, we identified the 14 common factors and 22 specific psychotherapeutic techniques most reliably addressed in the literature. We were interested in the factorial structure underlying expert assessments; assessments were obtained by a web-based survey to which experts were individually invited: how much does a common factor contribute to any concrete therapeutic technique? Kelley's repertory grid technique will be used to describe this factorial structure. We will use latent class analysis to identify possible expert clusters (e.g. based on school adherence) that may bias assessments. Results. The findings were not available at the time of submission. The empirical latent taxa of the German-language expert group will be presented together with proposals for taxonomical labels. Discussion. Scientists and practitioners are confronted with a terminological 'jungle' addressing change factors, common factors, specific factors and therapy techniques. It is likely that such terminological confusion blurs the scientific debate and exchange in the field of psychotherapy research. We assume that a taxonomical endeavor will foster research on the process and on the mechanisms that underlie therapeutic efficacy.

Common factors of psychotherapy and their association with specific psychotherapeutic techniques - a synthesis

Mario Pflammatter - University of Bern, Switzerland, Jürgen Barth, Heike Gerger, Thomas Munder, Wolfgang Tschacher

Aim. A large number of meta-analyses demonstrates that psychotherapy is beneficial for most forms of psychopathology when compared to no-treatment controls. Moreover, for several psychiatric disorders psychotherapy has been shown to be at least as effective as pharmacotherapy. However, there is considerable disagreement as to what makes psychotherapy effective. Currently, there are two rivaling assumptions regarding the causative therapeutic factors: one of them postulates that common factors such as the quality of therapeutic relationship represent the central agents of therapeutic change in psychotherapy, whereas the alternative hypothesis claims the importance of specific psychotherapeutic methods. However, contrasting common with specific therapeutic factors ignores that specific and common factors presumably interact with each other. Therefore, the "Taxonomy Project" aims to identify the associations of common factors with specific therapeutic techniques. Methods. A comprehensive literature search was performed to identify studies relating specific psychotherapeutic techniques to common factors. Their findings were integrated by calculating weighted mean correlational effect sizes. The statistical significance of the relations was determined by computing the 95% confidence intervals. Homogeneity tests were applied to examine the consistency of the relations. Results. The findings reveal that common factors are strongly associated with specific psychotherapeutic techniques. For example, the common factor insight is related to techniques such as chair work or exposure. Discussion. Such associations not only support the assumption that specific technical operations and common factors interact with each other. They may help to establish a taxonomy of common factors and, thereby, elucidate the therapeutic mechanisms and change processes implemented by psychotherapy.

Components of the referential process as common factors in therapeutic change

Wilma Bucci - Adelphi University, Garden City, NY, USA, Bernard Maskit

Goals. Common factors contributing to therapeutic change have been identified across a range of psychotherapy approaches. This study examines basic psychological processes underlying these common factors; identification of these processes is needed to make systematic assessments of how treatments work and what works best for whom. Methods. The basic psychological processes underlying therapeutic change are outlined in terms of the referential process, supported by current research in cognitive science, neuroscience, linguistics and related fields. Process measures, including computerized linguistic measures, have been developed to
assess the operation of the referential process; these are applied in naturalistic clinical settings and in experimental designs. Results. The referential process includes three major phases: 1) arousal of a problematic emotional experience, including subsymbolic bodily components, in the context of the therapeutic situation; 2) representation of the experience in symbolic form as narrative or as interaction with the therapist; 3) reflection on the meaning of the symbolic representation. The process was initially applied to psychodynamic treatment, but components of the process may be seen as shared change factors in a wide range of therapeutic approaches. For example, exposure treatments emphasize the arousal component, involving activation of a painful experience in a new context experienced as different from the problematic source. Treatments based on cognitive restructuring emphasize the reflection component. An analogue study, using the linguistic measures, demonstrates the relation of the referential process to emotional change. Discussion. I suggest that treatments that turn out to be most effective in any milieu, in retaining patients and in bringing about change, actually involve some incorporation of all phases of the referential process, whether or not these are specified in the manualized procedures.

Understanding basic psychological processes in psychotherapy: Properties of measures of the referential process in varied contexts

Sean Murphy - Adelphi University, Garden City, NY, USA, Wilma Bucci, J. Eric Dube

Goals: Computerized measures of Bucci’s theory of the Referential Process, have shown significant value for studying common factors in psychotherapy. Studies that apply these measures in non-psychotherapy contexts and focus on their psychometric properties, however, have been relatively few. Methods: Study 1: “Temporal Stability Study” (N=63), subjects completed an Early Memories, Five Minute Monologue and response to a TAT card on two occasions six weeks apart. Study 2: “The Evocativeness Study” (N=111), subjects read segments at five different levels of RA, filled in self-report measures and wrote 25 words or more in response to the segment they read. Study 3: “The Switchboard Study” (N=188), conversations from “The Switchboard Corpus” were selected where one speaker participated in two conversations six weeks apart with a different conversational partner discussing a different topic at each time. Results: Measures of referential activity showed significant variation by task type (Early Memories, Five Minute Monologues, TAT and Naturalistic Conversation) and moderate temporal stability (over a six week period) by speaker over a range of tasks under controlled conditions (Temporal Stability Study). Interestingly, these studies showed a substantial influence of one speaker’s language style on another’s in both natural conversation (Switchboard Study), and in an experimentally controlled task (Evocativeness Study). Discussion: The results of these studies suggest that there are stable trait-like characteristics to a subject’s tendency to engage in narrative. These effects, however, seem to be particularly sensitive to the person the subject is speaking with and the topic being discussed.
Brief Paper

Couple

Cultural competence in couple therapy: Application of systemic-constructivist couple therapy (SCCT) with South Asian couples

Saunia Ahmad - York University, Toronto, ON, Canada, David W. Reid

An empirically based understanding of the role of culture in psychotherapy is lacking. The objective of the present study was to adapt Systemic-Constructivist Couple Therapy (SCCT) to distressed South Asian couples and expand our understanding of the underlying change mechanisms. The SCCT is an empirically validated intervention that integrates classical systems theory with social constructivist ideas about meaning-making processes (Reid, et al. 2006; 2008). In SCCT the therapist tunes into and draws out each partner’s idiosyncratic ways of construing themselves and their partner that accompany interactions; increasing their ability for simultaneous ‘self’ and ‘couple-reflexivity’. This results in each partner’s increasing identity of self within the relationship which research has found correlates with increases in marital satisfaction. Nineteen couples of South Asian background were seen for seven weekly 2 hour sessions of SCCT. Between session analyses of audio-taped sessions assisted in calibrating the SCCT protocol to accommodate to cultural nuances in relationship dynamics. Couples demonstrated significant improvement on standardized and culturally validated measures of relationship satisfaction. Rigorous coding of the first and final therapy session transcripts revealed changes in the participants’ co-constructed couple identity, or sense of ‘we-ness’. The present paper presents the preliminary results of this program of research and discusses the implications for conducting culturally competent therapy.

Brief Paper

Assessment

Predicting the adherence to medical treatment: An impossible task

Luis Alvarado - Universidad de Chile, Santiago, Ada Chicharro, Cecilia Ticona, Antonio Vukusic, Daniela Monje, Paulina Morales, Jose Miguel Jarpa

Introduction. Low adherence to treatment in medicine and psychotherapy has been called “the (major) second public health issue after drug abuse”. Available data suggests that low adherence to treatment in epilepsy ranges between 40-50% and has become an issue on its own. Usually, non-adherent patients are prone to display more psychosocial and psychological disorders than controls, use more antiepileptic drugs in order to remain stable and demand more medical and economic resources. Considering this scenario, it would be very useful to develop ways to 1. properly assess adherence to treatment in epilepsy; 2. predict which kind of patients are going to display a lower adherence to treatment; 3. implement and develop adherence-reinforcement interventions. Method. 40 patients from the “Chilean League Against Epilepsy” were assessed prior to their admission to treatment programs. Current procedures in research involving human subjects were followed. Procedures. Patients were assessed at 3 different times (T1-T3). An OPD 2 (Operationalized Psychodynamic Diagnosis) interview was conducted and rated by an OPD2-expert rater at T1. Patients were also evaluated using these psychometric instruments: Patient’s Beliefs about Medicines, Washington Psychosocial Seizure Inventory, and the SCL90-R. Based on data gathered at T1, patients were split into two groups: Group 1: Possibly good compliers Group 2: Possibly poor compliers. A three month (T2) and six month (T3) follow-up was conducted and the same psychological test was performed. Plasmatic levels of antiepileptic drugs were also taken at T1-T2-T3. Data pertaining to adherence to treatment was collected at T3, in an attempt to find out which group of factors could be used as predictors for adherence to treatment in epilepsy.

Brief Paper

Narrative

Innovative moments in constructivist grief psychotherapy

Daniela Alves - University of Minho, Braga, Portugal; Miguel Gonçalves, Eugénia Fernandes, Robert Neimeyer

Life change after a major loss can be revolutionary, requiring a radical reordering of personal priorities and major new capacities and roles. It is then critical to know how the loss has disrupted the person’s taken-for-granted narratives, breaking or straining the assumptions that once sustained them. When the required assimilation of loss is not possible, the survivor can be confronted with a self-narrative disruption, which seems to be a precursor of complicating grief reactions. According to several studies, meaning transformation across psychotherapy is characterized by the elaboration of moments of novelty, known as innovative moments (I-moments). The study of narrative change in grief counseling is important to understand deeply the universal experience of meaning reconstruction after a major loss. Comparing good with poor outcome cases can help understanding the patterns of innovation that facilitates recovering from complicated grief. The aim of this study is the exploration of the therapeutic change process in complicated grief, by tracking the emergence of five types of I-moments: action, reflection, protest, re-conceptualization and performing change. We analyzed and compare 2 good outcome cases and 2 poor outcome cases of grief, highlighting the process by which the I-moments develop during therapy. Our hypothesis is that good outcome cases will present a significant difference in duration and diversity of I-moments throughout the process, with a profile congruent with the principles of constructivist therapy, which promotes high levels of reflection and re-conceptualization as a basis for new action and performance of change.

Brief Paper

Alliance

Early therapeutic alliance and treatment outcome in CBASP and BSP

Bruce Arrow - Stanford University, USA, Christine Blassey, Rachel Manber, John C. Markowitz, Daniel N. Klein, James H. Kocsis

Numerous investigations suggest a modest but consistent relationship between therapeutic alliance and treatment outcome. However, little is known about whether this relationship is consistent across psychotherapy models. The REVAMP trial (Kocsis et al., 2009) compared the efficacy of 1) medication alone to 2) medication plus Cognitive Behavioral Analysis System of Psychotherapy (CBASP) or 3) medication plus Brief Supportive Therapy (BSP) for chronically depressed outpatients non-responsive to an initial medication trial. We examined whether the relationships between early alliance (generally assessed at week 2) and outcome are similar for the two psychotherapies. We hypothesized that early alliance would significantly predict outcome in both conditions. The regression models included early alliance, early change in depression severity, age, gender, and GAF score. For BSP (N=127), baseline functioning measured by GAF (p=008) and early change in HAMD score (p=04) predicted outcome. Working alliance (p=16), age (p=09), and gender (p=35) were not significantly associated with BSP outcome. In CBASP (N=117), strong early working alliance score was a significant indicator of outcome (p=04). GAF baseline score also predicted treatment response to CBASP (p=001), but early symptom reduction (change in HAMD) did not. That alliance predicted success in CBASP and not BSP was unexpected, given the purported role of the alliance in BSP. Patients’ level of functioning at the onset of treatment affects ability to benefit from both BSP and CBASP. Potential explanations will be discussed.
Interaction structures between a child and two therapists in the psychodynamic treatment of a child with Asperger’s disorder
Laura Attey-Lloyd - Long Island University, Brookville, USA, Geoff Goodman

Leading the charge to link intervention research with clinical practice is the development of process research, a detailed analysis of specific therapeutic processes over the course of treatment and their relation to outcome. The delineation of “interaction structures” (Jones, 2000), repetitive patterns of interactions between client and therapist over the course of treatment, can inform therapists of what may be expected from patients with particular patterns of symptoms or behaviors in their clinical practice, as well as which structures change and/or lead to symptom change over time. Using the Child Psychotherapy Q-Set (CPQ; Schneider, 2003), a pantheoretical set of 100 descriptions of processes typical of child psychotherapy sessions, this study aims to explore the independent role of the therapist by comparing the quantities of interaction structures that emerge in the two-year therapy of one child diagnosed with Asperger’s Disorder who was treated consecutively by two graduate-student clinicians in their practicum training year. We hypothesize that the magnitude of the identified interaction structures will significantly differ across the two therapeutic dyads, suggesting the therapist’s independent influence on the process. This study will also explore correlations between these identified interaction structures and symptom change as measured by the parent-reported Child Behavior Checklist (Achenbach & Edelbrock, 1983) and the session-coded Ritvo-Freeman Real Life Rating Scale (Freeman, Ritvo, Yokota, & Ritvo, 1988). We hypothesize that the presence of interaction structures involving the exploration of relationships or recurring behaviors, as well as adherence to a psychodynamic CPQ prototype, will be positively correlated with symptom improvement.

Embedded solitaires
Lars Back - University of Linköping, Sweden

Aim The present study is a part of a broader research project with a specific interest in studying treatment collaboration between delinquent adolescents, their parents and the staff at residential treatment homes with Interpretative phenomenological analysis (IPA). The aim is to explore how the involved parties perceive and understand the circumstances that preceded the detainment and also the goals and means of institutional treatment. Methods Seven boys and young men were included in the study. They were all detained at a coercive residential centre at the time for the interviews. They were interviewed with semi-structured interviews and the analysis was conducted with IPA. Results The results show how criminal young men abandon school and family and instead engage in their buddies. They describe this process powerfully and with strong emotions. The results also indicate that the adolescents do not value collaboration between themselves their parents, institutional staff and social workers highly. Quite on the opposite, they emphasize that they are masters of themselves, deciding their own life-path. Discussion The results indicate that emotions, both negative and positive, are strong motivating factors to a delinquent way of living. The findings also challenge the efforts to create a constructive collaborative climate in the treatment context, as the delinquent boys do not support that. Finally, the data presented here offer reasons for concluding that participants value their own will very highly. Implications for treatment planning are discussed.

Mental representation: Therapeutic change in psychoanalytic therapy
Silvia Benetti - UNISINOS, São Leopoldo, Brazil, Denise Zanatta

The objective of this study is to present aspects of the therapeutic process of two adolescents with depressive symptoms, especially focusing on the changes of mental representations associated to the self and object during 6 months of psychoanalytic therapy. The changes in mental representations of the two cases, Anne, 16 years old and Eder, 15 years old, were analyzed with the Object Relations Inventory (ORI) (Gruen & Blatt, 1990). This instrument assesses the characteristics of the self and the patient’s object representations, through a semi-structured interview, in which the patient is told to describe each of the following individuals: mother, father, and the patient himself. In order to discuss all elements of the cases, we also used the Anna Freud’s Developmental Profile (Freud, 1962/1976) to assess and analyzed the adolescents’ disturbances. Elementary changes in mental representations were noted in Anne’s case, specifically in the affective dimension, indicating more capacity for empathy, less aggressiveness, and better understanding of internal conflicts. Eder’s case indicated expressive changes in of mental representations. His capacity to explain his and others’ unconscious contents improved, he became more responsible and developed a higher self-esteem. Also, it was noted that changes in mental representations were related to the level of the depressive organization (anaclitic or introjective) of the adolescents. In conclusion, the Object Relations Inventory proved to be a sensitive instrument to follow up changes in psychoanalytic therapy.

Ethical practices and beliefs of psychotherapy researchers in Latin America
Magdalena Braun Biaquier - Universidad de Belgrano, Buenos Aires, Argentina, Adela Leibovich de Duarte, Andres J Roussas

This study investigated the ethical practices and beliefs of psychotherapy researchers in Latin America. A self-developed online survey was sent to 114 psychotherapy researchers in Latin America (mostly SPR members) in order to picture the current state of affairs. The survey inquired in aspects related to: ethical research training; institutional requirements; data management (storing, sharing and recording); use of clinical excerpts or vignettes; criteria for authorship; among others. 78 completed surveys were received (68% response rate) and the sample included senior and junior researchers with different levels of dedication to research. An adequate representation of SPR membership was reflected with subjects from Argentina (n=33), Brazil (n=19), Chile (n=16) and Uruguay (n=8). It was noteworthy that only 23% reported having taken a formal course in ethical training. Yet, 80% consider that formal training is useful for the prevention of ethical transgressions. The ways of obtaining informed consent presented disagreement, with 58% obtaining informed consent both orally and written, 27% presenting the consent in only a written manner, and 11% obtaining consent in only an oral manner. Results about disagreement among researchers as to what practices are considered unethical will be presented, as well as the various forms of ethical flaws admitted by researchers. These flaws, although mostly minor, helped us understand why ethical transgressions occurred.
Brief Paper

**Psychological risk factors in recurrent depression**

Juliane Brüdem - University Zurich, Switzerland, Stangier, U. & Risch, A.K.

Aim. Despite many efforts to develop and improve psychotherapy for depression in recent years, two-thirds of all patients relapse after successful treatment. Therefore it is important to identify psychological risk factors for recurrence in order to improve current treatments. The present study focuses on dysfunctional attitudes and reduced mindfulness as potential risk factors in remitted depressed patients. Methods: Sixty-three remitted depressed patients were compared to 50 currently depressed patients and 51 non-depressed controls, all of which completed self-report measures of dysfunctional attitudes (DAS) and mindfulness (MAAS). Results. Currently depressed patients and remitted depressed patients showed no significant difference in dysfunctional attitudes, and both groups had significantly more dysfunctional attitudes compared to controls. Furthermore the level of mindfulness of currently depressed patients was significantly reduced compared to remitted depressed patients and controls. Only those remitted depressed patients who had experienced more than three depressive episodes showed lower levels of mindfulness than controls. Discussion. Findings are discussed with respect to theoretical assumptions about vulnerability for depression as well as implications for psychotherapy practice. Potential directions for further research are explored.

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Brief Paper

**Is it possible to measure change in activity and participation patterns in psychotherapy**

Anna Levke Brütt - University Hospital Center Hamburg-Eppendorf, Germany, Holger Schulz, Uwe Koch, Sylke Andreas

Aim: Information on functioning and disability in daily routines expands the description of impairments in patients with mental disorders which is often restricted to symptoms. Therefore, measurement of activities and participation as theoretically included in the International Classification of Functioning, Disability and Health (ICF), is of growing importance. To assure quality and effectiveness of psychotherapy, reliable and valid outcome measures assessing social aspects of functioning are necessary. Accordingly, this study aimed at developing an ICF-based instrument for patients with mental disorders focusing on activities and participation. Methods: A multimehtodological approach including a literature analysis, focus groups and an expert panel resulted in an ICF-based core set for patients with mental disorders. ICF-categories were transformed into questions which were adapted according to the results of a cognitive debriefing procedure. The resulting self-report questionnaire will be psychometrically tested in a sample of N=2000 inpatients with mental disorders at three measurement points (beginning and end of treatment, 6-month follow-up). Validation instruments include short versions of the Symptom-Check-List (SCL), the Beck Depression Inventory (BDI) and the Short-Form-12 (SF-12). Results: Pilot testing was conducted with a 52-item instrument comprising all nine chapters from the ICF-domain activities and participation (e.g. mobility, interpersonal interactions and relationships). Results on different courses of activities and participation during inpatient psychotherapy will be presented. Furthermore the relationship between different courses and symptom severity or quality of life will be analyzed. Discussion: The possibility to measure change in activities and participation can be a basis to improve patient-oriented outcome assessment in psychotherapy.

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Brief Paper

**Neural correlates of attachment in depressed patients during psychodynamic treatment**

Anna Buchheim - University of Innsbruck, Austria, Svenja Taubner

The neural effects of psychotherapeutic interventions are poorly understood and neurobiological studies on the effects of psychodynamic therapy are still missing. Most studies in this field investigated the effect of cognitive-behavioural technique (CBT) and interpersonal therapy (IPT) in patients with anxiety disorder, obsessive-compulsive disorders and depression. The Hanse-Neuro-Psychoanalytische-Studie (HNP) intends to fill this gap by investigating patients with a chronic depressive disorder in the course of their psychodynamic treatment (at the beginning, after 15 months) by using fMRI assessments. Most neuroimaging studies have used standardized emotional or cognitive stimuli, line words or faces. No neuroimaging study so far has included highly individual stimulus material in the context of psychodynamic treatments. From our ongoing study we will report on the neural correlates of attachment patterns in 16 patients compared to 17 controls at the beginning of treatment. Based on the narratives to Adult Attachment Projective Picture System (AAP), individually tailored key-sentences were extracted, representing core attachment related markers from the AAP coding manual. These individual relevant sentences were contrasted with neutral irrelevant sentences and presented in the fMRI scanner. At the beginning of therapy we expect at 1) that a high proportion of the depressed patients will be classified as insecure; 2) referring on the only functional neuroimaging psychotherapy study on depressed patients (CBT) with a pre-post design we expect in our study that patients show higher activations at the posterior edge of the amygdala, that mostly affects the anterior hippocampus and higher activations of subgenual ACC. After 15 months we expect less proportion of insecure attachment patterns in patients an a decrease in the patients' activations, mentioned in our hypotheses.

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Brief Paper

**Researching the clinical interventions with a patient that suffers from Parkinson and his family, applying the David Liberman Algorithm (DLA)**

Jorge Cantis - UCES, Capital Federal, Argentina, Rita de Durán, Horacio García Grigera, David Malovanský

Goal: to study the therapist’s interventions, as much as their effectiveness, with a patient suffering from Parkinson and his family.

_Sample_ individual sessions with the patient with Parkinson, as well as the couple and the family interviews. _Method_: The David Liberman algorithm (DLA), which allows to detect wishes and defenses (as well as their state). Wishes: Intrapsychic libido (IL), Primary oral (O1), secondary oral sadistic (O2), primary anal sadistic (A1), secondary anal sadistic (A2), urethral phallic (UPH) and genital phallic (GPH). Main defenses: Foreclosure of the affect, Foreclosure of reality and the ideal, Disavowal, Repression, In accordance with the goal, Creativity, Sublimation. Levels of analysis: narration (for the extra-transference relationships) and speech acts (for the enacted episodes during the interview). Repertoire of therapist’s interventions: introductory, central and complementary. _Procedure_: 1. Study of the individual and family sessions, and the therapist’s clinical strategies at the beginning of the treatment, 2. Study of the individual and family sessions, and the therapist’s clinical strategies six month later, and 3. Comparison between the corresponding outcomes. _Discussion_: The therapist had two successive clinical strategies: 1) with the family members, to diminish the tendency to disavow the patient’s disease and the fury when the reality frustrated their main pathological defense, and with the patient, to diminish his overwhelming state, 2) to diminish the patient’s disavowal and the consequent fury. The clinical result was that both the patient and his family diminished the relevance of their pathological defenses.
Brief Paper  Therapist  
**What determines the choice of becoming a psychotherapist**

Jan Carlson - Karolinska Institute, Stockholm, Sweden, David Forström, Joakim Norberg, Heljä Svensson, Johan Wikström

Psychodynamic psychotherapists in Sweden were interviewed about their choice of profession and what they believed contributed to this. Thematic content analysis resulted in eleven themes describing factors contributing to this choice. The result shows that becoming a psychotherapist has a long history, and experiences in both the private and professional sphere contribute to it. The process of becoming a psychotherapist is shown to be a complex one and could not be explained by any single factor but rather by contributions from many interacting ones. However, a common feature is an early and ongoing interest in relationships. Implications for training are discussed.

Brief Paper  Therapist  
**Self harming in adolescence: A therapeutic point of view**

Alena Cerna - Masaryk University, Brno, Czech Republic, David Smahel

Aim: In a former qualitative study we have explored the phenomenon of self-harming from the point of view of adolescents, who write about self-harming on their blogs and experience related difficulties. The study discovered both specifics of self-harming behavior as a coping strategy and features of online environment as an agent of creating community of self-harmers. This community appeared to have rather negative attitude towards professional help. The aim of our recent paper is to explore the same phenomenon from the point of view of psychotherapy. We concern ourselves in experience of psychotherapists from various modalities dealing with self-harming clients. The results of our study will be discussed concerning the recent categorization of self-harming in diagnostic manuals and recommendations for dealing with it in therapy, concerning further possibilities of quantitative verification of our findings and the clinical implications of our results, and with respect to recent literature in the field. Method: A number of 9 semi-structured interviews with therapists of different modalities will be conducted and analysed. In the structure of interviews perceived client’s attitude toward professional help will be emphasized, as well as possible social patterns in self-harming behavior (self-harm contagion). Results: The result of the study is an exploration of the phenomenon of self-harming in adolescence from the point of view of therapists who deal with such clients. Discussion: Results will be discussed with respect to recent literature on the field.

Brief Paper  Personality  
**Development of a psychotherapy personalisation form**

Mick Cooper - University of Strathclyde, Glasgow, UK, Maria Bowen, David Johnston

In recent years, research has demonstrated that feedback on client progress is one of the most efficient means of enhancing client outcomes. However, client feedback systems primarily focus on the outcomes of therapy, and not the psychotherapist’s style of relating or practice. This paper outlines the development of an in-session form in which clients are asked to provide feedback on the therapist’s practice, and how they feel it might be improved. It is based on a pluralistic therapeutic stance and the principle of Aptitude-Treatment Interactions, which hold that there is no one, ‘right’ way of practising, but that different clients need different things at different points in time. The aim of the psychotherapy personalisation form, therefore, is to use feedback from the client to help the psychotherapist tailor their intervention more specifically to the individual client. To develop the form, qualitative interviews were conducted with twenty psychotherapists and counselors from a range of orientations. They were asked about the different dimensions along which their practice varied. The interviews were analysed independently by two doctoral psychology students, and the findings combined. Twenty dimensions of practice were identified — including ‘Use more techniques and exercises – Use less techniques and exercises,’ ‘Tell me more about yourselves as a person – Tell me less about ourselves as a person’ — and developed into 11-point, bi-polar scales. Initial findings from the piloting of this form will be presented, along with discussion of how it may be used and developed for the future.

Brief Paper  Training  
**Experiential learning of basic psychotherapy skills by psychology students**

Geanina Cuci Ciuhan - University of Pitesti, Romania, Nicoleta Raban Motoumu

The paper presents the results of a one semester training program for third year undergraduate psychology students that had the purpose to enhance their basic psychotherapeutic skills (empathy, congruence, non-conditional acceptance of the client). We suppose that the skills that the psychology graduate should have in order to be successful in a postgraduate psychotherapy program are related with his capacity to create a therapeutic relationship with the client. Experiential learning techniques provide a distinctive perspective on emotion as a source of meaning, direction and growth. The paper will prove that this kind of training program will enhance professional competencies in undergraduate psychology students. The research is a pre-posttest experimental design on 62 psychology students aged 18 to 22. Aspects enhancing professional competencies were assessed using the Proactive Coping Scale, The NEO-Personality Inventory and the Emotional Distress Profile. To test for changes in these dimensions between the two experimental moments, the paired sample t-test was used. Statistical data analysis revealed significant improvements (p< 0.05; moderate to high size effects) in terms of empathy, positive emotions, and changes on some facets of NEO Pi-R dimensions.

Brief Paper  Psychodynamic  
**Qualitative changes in object relational functioning following group psychotherapy**

Gerardine Curtin - Health Service Executive, Sligo, Ireland

This study explored the changes in internal representations of object relations, interpersonal behaviours and psychiatric symptomatology before and after psychodynamic group psychotherapy with women who had an history of early childhood abuse. The design of this study was quasi –experimental. Seventeen participants in the treatment group and ten participants in the control group were investigated to evaluate the effects of therapy on (1) intrapsychic functioning, (2) interpersonal problems and (3) psychological symptomatology. Participants in both groups were assessed before the start of the therapy programme (Time 1) and one year later (Time 2). The objectives were to: 1) measure intrapsychic, interpersonal and symptomatic changes using the PORT, Percept-genetic object-relations test (Nilsson & Svensson, 1998),Inventory of Interpersonal Problems (IIP-64, Horowitz et al.,2000)and the Symptom Check List Revised(SCL-90-R, Derogatis,1994) 2) compare and contrast treatment with matched controls on the measures used 3) compare and contrast intrapsychic with interpersonal and symptomatic changes 4) evaluate the effectiveness of the intervention. This paper will focus on one of the research objectives, the qualitative exploration of changes in object relational function of this clinical group pre-post treatment compared to a) control group, b) non clinical group. Results indicated significant improvements in object relational functioning when compared to the control group and movement towards the object relational functioning of a non clinical sample, particularly in the Attachment Theme. The heuristic utility of Object Relations as a theoretical framework for measuring change in the
Client attachment and session evaluation in psychoanalytic and cognitive-behavioral psychotherapy for bulimia nervosa
Sarah Daniel - University of Copenhagen, Denmark, Susanne Lunn, Stig Poulsen

Aim: Client attachment patterns have been found to affect how clients engage in psychotherapy. This study explored effects of client attachment upon client and therapist evaluation of therapy sessions in the context of an ongoing randomized clinical trial of psychoanalytic and cognitive-behavioral psychotherapy for bulimia nervosa (N = 70). Method: All clients participated in the Adult Attachment Interview (AAI) prior to psychotherapy. AAI data were analyzed in terms of two continuous scales, ‘secure versus insecure’ and ‘dismissing versus preoccupied’ based on discriminant coefficients applied to the state of mind scores. A four-item questionnaire administered after each session asked both clients and therapists to rate the client’s experience of session helpfulness, session difficulty, being understood, and trust in the therapist on a 7-point Likert scale. The data set was analysed using multilevel mixed-effects modelling. Results: Client ratings of helpfulness, being understood, and trusting the therapist showed substantial ceiling effects and were not affected by client attachment. In both therapy forms, clients with more dismissing states of mind rated sessions as more difficult than clients with more preoccupied states of mind. This difference was not detected by therapists, who increasingly overestimated the difficulty experienced by clients, the more preoccupied the clients were. Discussion: The failure to detect effects of the ‘secure versus insecure’ dimension may be due to the low discriminatory power of the items on helpfulness, understanding, and trust. Clinical implications of the findings regarding client experienced session difficulty will be discussed.

Babel PSY: Performing psychotherapy in a foreign culture
Denise Defey - University of Uruguay, Montevideo, Federico Montero, Ana Caballero

Performing or undergoing psychotherapy in a cultural setting different from one’s own can provide a unique and perplexing, even awesome experience. Qualitative research was performed to approach the subjective experience, technical uniqueness and peculiar setting and alliance difficulties encountered by both therapists and patients. The methodology included in-depth interviews and focus group work. Main findings center around socio-cultural attributes as concerns both of therapist/patient (specially in Islamic societies), expectations as to psychotherapy outcomes, contradictions between psychotherapeutic and religious rules, psychotherapy as freedom in oppressive societies, the development of different selves in connection to different reference languages, psychotherapy as a form of corruption in corrupt societies, the contradiction between psychotherapy as an individual endeavour in communal societies.

Outcome in trainee-led psychotherapy and self-image patterns as predictors of change
Inga Dennhag - Department of Psychology, Umeå, Sweden, Helene Y brandt, Kerstin Armellius

This study investigated the outcome change in undergraduate trainee-led psychotherapy and how different self-image patterns explain symptom change. Pre and post treatment data from 235 Swedish outpatients was used. Patients were assessed with Symptom Check List -90 (SCL-90) and Structural Analysis of Social Behavior (SASB). Outcome effect size was moderate. Regression analysis showed that a more negative self-image and higher levels of self-control before treatment predicted improvement, and higher levels of self-autonomy explained less improvement in trainee-led therapy. Trainees may need more training or experience to achieve better therapy result. The relation between therapy process and negative and controlled self-image was discussed.

Training students in case formulation
Marc Diener - Argosy University/ Washington, DC, Arlington, USA, Seth Shaffer

Aim: The present study examines the effectiveness of training students in case formulation across several periods in students’ development. Methods: Students submitted written case formulations as part of their course requirements in several classes. The quality of these formulations were rated using an adapted version of a case formulation coding method developed by Eells, Kendjelic, and Lucas (1998). Results: Results of interrater reliability for judges’ coding decisions, examination of several dimensions of case formulation quality, and comparisons of case formulation quality across different periods in student training will be presented. Discussion: Training and educational implications of the findings will be discussed along with limitations of the present study. Directions for future research will be identified.

Attachment and the breakdown of avoidant regulatory defenses under high life stress: Psychophysiological evidence
Johannes C. Ehrenthal - University of Heidelberg, Germany, Henning Schauenburg

Attachment plays an important role for stress regulation in an interpersonal context. Especially avoidant strategies can be conceptualized as formerly adaptive, defensive processes with the aim of maintaining homeostasis by deactivation of attachment-related cognitions, emotions and needs. However, as attachment insecurity is a risk factor for maladaptive stress regulation in adults, it remains unclear under what conditions normative attachment strategies develop into maladaptive psychophysiological patterns. In a sample of 50 healthy adults we tested a diathesis-stress model using cardiovascular and autonomic indices. Specifically, we assessed intraindividual differences in responding to a mental arithmetic test versus an attachment related short-term stressor. Attachment and stress load were assessed by self-report. Differences in the magnitude of psychophysiological reactions to the tests during the stressor and in subsequent rest were mostly related to attachment avoidance under the condition of high life stress. Attachment avoidance may serve as an adaptive defensive process in psychophysiological stress reaction under low life stress only.

Reflective function in general (RF) and symptom-specific function (DSRF), their relation to each other and to type of DEQ-profile in patients with MDD
Annika Ekeblad - Linköping University, Sweden, Rolf Holmqvist

Aim: One previous study (Fischer-Kern, 2008) has found a decreased level of reflective function (RF) in patients with major depression (MDD). An unpublished study by Falkenström et al (2009) has found a decreased level of symptom-specific RF (DSRF) in patients with
**Brief Paper**

**Soldier evaluation for life fitness: A response to the mental health needs of post-deployment soldiers**

**Joe Etherage - Madigan Army Medical Center, Fort Lewis, USA, Cory Harmon, Karstin Slade, Michael Jones**

Aim In response to the numerous deployment-related challenges threatening the mental health of Soldiers, the Department of Defense instituted a mental health screening program (PDHRA) in which all Soldiers take an online survey and meet with a primary care provider to receive referrals for care, as needed. The purpose of this study is to describe and evaluate an expanded screening program designed to decrease mental health stigma and increase Soldier access to care. Methods All Soldiers returning from deployment participate in the “Soldier Evaluation for Life Fitness.” Soldiers view a pre-screen video of brigade leaders describing anger, sleep problems, apathy, and sadness encountered after returning from Iraq, their personal discomfort with confronting these stigmatized issues, and the impact of treatment on successfully resolving their concerns. Soldiers then complete a survey containing normed mental health measures in addition to PDHRA screening items. Feedback about survey results is electronically provided to the Soldier and a behavioral health provider who meet for 15, 30, or 60 minutes, depending on survey routing algorithms, to discuss the results and plan follow up, as needed. Finally, aggregate, unit-level feedback is provided to Army commanders about unit-level mental health concerns with suggestions for intervention, as applicable. Results Behavioral health care utilization data of Soldiers who have completed this expanded screening program will be compared against published utilization rates of Soldiers who have completed the standard PDHRA screening process. Additionally, Soldier satisfaction data with the expanded program will be presented. Discussion Implications for practice and future research will be discussed.

**Brief Paper**

**Comparative results of a psychoanalytically informed psychological intervention in patients treated at a crisis unit in a general hospital in Santiago de Chile**

**Ramon Florenzano - Universidad del Desarrollo, Santiago, Chile, Andrés Fogar, Alejandra Cobos, Nicole Taha, Loreto Hernandez Antonio Vukusich, Carolina Aspillaga**

AIM: (1) To compare a group of 25 cases treated with a psychoanalytically informed intervention at a Crisis Unit treated in a general public hospital in Santiago de Chile, with a group of 25 cases receiving a standard approach between 2006-2009. (2) To ascertain the role of religious beliefs of patient and therapist in the outcome of treatment. METHODS: A group of 40 patients referred to the Crisis Unit of the Servicio de Psiquiatría del Hospital del Salvador (UC-SPHDS) received a standard socio-demographic and clinical intake format, together with Lambert’s et al OQ 45.2 in their Chilean adaptation, and Halstead’s sPACE 19 items form. The PUC/Adimark Bicentennial Survey items that assess religious beliefs were applied to patients and therapists. Cases that gave informed consent to participate in the study were randomly assigned to psychotherapists trained in a psychoanalytic approach. Three measurements of outcome questionnaires (OQ 45.2 and sPACE) were taken: at intake, after three therapy sessions and after eight therapy sessions. The 25 cases were treated on an individual basis. RESULTS: The overall group decreased their global score and symptoms, and improved interpersonal relationships and social role scores between first and third measurements. Using Jacobson and Truax methodology, clinically significant change with OQ 45.2 was apparent in 75% of treated cases. DISCUSSION: Differences are analysed comparing presence or absence of religious beliefs, both of cases and therapists. The differences between spirituality and religious observance is underscored.

**Brief Paper**

**Concurrent validity of the personal style of the therapist construct**

**Beatriz Gómez - Aiglé Foundation, Buenos Aires, Argentina, Claudia Castañeiras, Fernando García, María Fraga-Miguez, Héctor Fernández-Alvarez**

We posit the Personal Style of the Therapist (PST) construct. It is defined as “the set of characteristics that each therapist applies in every psychotherapeutic situation, thus shaping the main attributes of the therapeutic act”. Up to the moment the PST has been assessed through a self administered inventory (PTS-Q) with 5 dimensions and has showed satisfying psychometric properties. The PTS is expressed through a profile where each point corresponds to a particular dimension or function. Currently we are exploring new aspects of the construct through the observation of clinical interviews. Preliminary results of a research project of the PST with a pilot sample of different theoretical orientation psychotherapists, studying their verbal and non verbal behavior during intake interviews and videotaped therapy sessions in different stages, is presented in this study. These data are discussed together with their relevance for the concurrent validity of the PTS construct.

**Brief Paper**

**Countertransference process, and outcome in psychodynamic child psychotherapy**

**Geoff Goodman - Long Island University, Brookville, USA, Linae Mavrides**

Data from 34 videotaped sessions will be used to assess three variables: 1) psychotherapy process using the Child Psychotherapy Process Q-Set (CPQ; Schneider, 2004), 2) countertransference reactions using the Countertransference Questionnaire (CTQ; Betan, Heim, Conklin, & Westen, 2005), and 3) externalizing and internalizing behaviors and total problems using the Child Behavior Checklist for Ages 6-18 (CBCL; Achenbach & Rescorla, 2001). The therapist completed the first two instruments after each session, while the primary caregiver completed the third instrument prior to the first session, approximately every subsequent eight sessions, and four months after termination. Two trained independent raters used the CPQ to code the 34 videotaped sessions. For each therapy session, the therapist’s CPQ Q-sort will be correlated with the composited CPQ Q-sorts provided by the two independent raters, thus yielding 34 discrepancy scores. Factor analyses of the 34 composited CPQ rater Q-sorts will be conducted to reveal the predominant interaction structures that characterize this treatment. The predominant CTQ factors will be calculated by summing the relevant items for each factor according to the criteria provided by Betan and his colleagues (2005). These CTQ factors will be
correlated with both the discrepancy scores and the CPQ interaction structures. Correlations will also be conducted between each of these three sets of data (discrepancy scores, CPQ interaction structures, CTQ factors) and the CBCL variables (externalizing behaviors, internalizing behaviors, total problems) to determine whether any of these variables is associated with symptom improvement. Data analysis will be completed by the end of 2009.

Brief Paper

**The therapist's (not the patient's) contribution to the alliance predicts outcome**

Rolf Holmqvist - Linköping University, Sweden

Aim: Patients' ratings of the alliance predict outcome in therapy. It is, however, unclear whether it is the patient's contribution to the alliance or the therapist's that account for this association. Baldwin et al. (2007) found, in a multilevel analysis, that it was the variance between therapists, and not patients within the therapist, that accounted for the alliance-outcome association. The present study replicates Baldwin's, using the same multilevel method. Method: About 100 hundred primary care patients seen by more than 50 therapists rated alliance (WAI) and outcome (CORE) at each session. The patients were treated with several different intervention models. The multilevel analysis controlled for initial CORE scores. Results: The findings were similar to Baldwin et al. (2007). The variance between therapists contributed significantly to the alliance, and not the variance between the patients within therapists. No differences were found between treatment methods. Discussion: The results are discussed in relation to possible effects of the treatment context and implications for the training of therapists.
Prolegomena to an empirical study of training analysis
Marco Innamorato - University of Bari, Italy, Diego Sarracino

Personal analysis of candidates has been considered, since the first years of history of psychoanalysis, a fundamental tool in their training. Nevertheless, there are quite a few theoretical essays on this subject, and even less empirical studies. The duration of training analysis is usually measured in years, while, according to Freud’s opinion, it could last some months. The success of training analysis is usually stated by a board of trainers: little more than personal impression of them is described by psychoanalytic literature as the reason to believe that a candidate is ready. Meanwhile, there is consistent evidence that most candidates find necessary two analytic experiences: one for the Institution, to which they wish to belong, and one for themselves. Influential analysts, including former IPA president Otto Kernberg, suggest that training analysis has become a matter of power rather than formation. During the last years, the idea of a general revision of training analysis has been proposed by many, especially because of the changes in psychoanalytic theory and practice suggested by empirical studies. By the way, such a revision should be helped by research, but no research can be possible without a clear statement of which goals should be reached through a training analysis. The paper tries to summarize what analysts have been writing on such goals and on the general meaning of training analysis.

Mania and hypomania episode: Prevalence, co-morbidities, and the impact on quality of life among youth from 18 to 24 years old

Objective: To evaluate the prevalence of mania and hypomania episode, as well as comorbidities, and quality of life among young from 18 to 24 years old the city of Pelotas, RS. Method: This cross-sectional population-based, which was included to a larger study that evaluated “Health Behaviors among young from 18 to 24 years old in the city of Pelotas”. The sample selection was through conglomerates, and mania e hypomania episode were assessed using a standardized diagnostic interview short, Mini International Neuropsychiatric Interview (MINI), consistent with the DSM-IV and ICD-10. Results: The sample was 1580 young adults. In this, the prevalence of mania or hypomania episode the lifetime were 3.5% and 12.3%, respectively. The young with mania episode showed more prevalence to anxiety, suicide risk and substance abuse. In addition to minor index to quality of life in all domain of SF-36 (p < 0.001). Conclusion: The high prevalence of mania/hypomania episode in young population, associated to co-morbidities disorders, indicates that THB can being subdiagnostics. While the decline in the quality of life explain the injury in the person life with such pathology.

An empirical study on the relationship between countertransference, different patients, treatment technique and outcome
Hanne-Sofie Johnsen Dahl - University of Oslo, Norway, Per Haglend, Kjell Petter Bagwald, Jan Ivar Rassberg

Aim: Although there are numerous articles concerning the therapists’ feelings and attitudes toward the patients, the countertransference (CT), few studies have investigated CT in an empirical way. We are investigating the assumptions that different patients depending on pathology, personality, interpersonal patterns and diagnoses evoke different CT reactions and that CT is more intense and difficult to handle with patients that seems hard to help or shows serious pathology. We also explore whether there are systematic variation in CT connected to treatment technique used by the therapists and treatment outcome method. The analysis will be based on data collected as part of First Experimental Study of Transference-interpretation, a randomized controlled clinical trial with dismantling design (Haglend et al., 2006; 2008). One hundred patients were randomly assigned to one year dynamic psychotherapy with low to moderate use of transference-interpretation or no use of transference-interpretation. The sample in the present study is the same 7 therapists and patients as in FEST. The therapists have reported directly after each session their CT on the Feeling Word Checklist -58 (FWC-58). The data set is unique due to the large number (2700) of FWC-58 that the therapists have completed. One measure of patient pathology is the Quality of Object Relations Scale (lifelong pattern). The primary outcome measure is the Psychoanalytic Function Scales. Results: Preliminary results indicate that CT items cluster in a systematic way and that there are significant differences in CT in the two treatments. Further analysis will be done by June 2010.

A case for relationships from the edge: Women prisoners
Jennifer Johnson - Brown University, Providence, USA, Caron Zlotnick, Peter Friedmann, Faye Taxman

Highlights from three studies recently completed in our lab will briefly be presented to illustrate how relationships, including therapeutic relationship, may be important in circumstances not often addressed in the alliance or relational treatment literatures. First, a multisite randomized trial (n = 391) compared enhanced correctional supervision to standard parole among drug-involved men and women. The enhanced condition introduced many positive elements into the correctional officer/parolee relationship, including clear roles and expectations, recognition of successes, and an emphasis on consistency and fairness. Results showed a dramatically larger effect of the enhanced intervention relative to standard parole for women than for men. One interpretation is that positive therapeutic relationship components were particularly important for women parolees who suffer from higher levels of depression, more life problems, and higher rates of violent victimization than do men. Second, a small randomized trial (n = 38) found that group interpersonal psychotherapy resulted in statistically and clinically significantly greater reductions in Hamilton depression scores than did group psychoeducation, despite high severity and chronicity of major depression and substance use disorder in the sample; high rates of trauma and Cluster B personality disorders; a credible, attention-matched control; and study treatment doses that were small relative to other services being received by participants. Results underscore the salience of relationships for women prisoners’ mental health and well-being. Third, highlights from several small qualitative studies of substance using women prisoners and their providers will provide the clinical context to understand the importance of relationship for this vulnerable, marginalized population.

Contextual supervision in psychotherapeutic education
Jutta Kahl-Popp - John-Rittmeister-Institut, Kiel, Germany

My main object of investigation is the learning process of psychotherapeutic competence in education and clinical practice. When candidates start to work clinically they mostly feel insecure and therefore maintain a defensive learning attitude. The main goal of
supervision is helping candidates to process emotional discrepancies in their clinical experience for to develop an expansive learning attitude, being required to investigate therapeutic interaction and interventions to the ground. I shall report about my concept doing contextual supervision, including self-processing, with participants of psychoanalytic education. There are special frame conditions of supervision which are supportive to improve the candidates’ expansive learning and developmental process. I am investigating my supervisory work with an psychoanalytic intraclinical evaluation method according to the candidate’s development and to the development of their patients and therapeutic working alliances. I shall illustrate my findings with casematerial.

**Brief Paper**

**Dyadic predictors of outcome in individual therapy for GAD**

Lynne Knobloch-Fedders - Northwestern University, Evanston, USA, Richard Zinbarg

Previous studies have found that pre-treatment levels of partners “non-hostile criticism” positively predicted outcome in individual cognitive-behavioral therapy for generalized anxiety disorder (GAD; Zinbarg, Lee, & Yoon, 2007) and panic disorder with agoraphobia and obsessive-compulsive disorder (Chambless & Steketee, 1999). However, the interpersonal construct of “non-hostile criticism” has not been well understood. In a follow-up study using the Zinbarg, Lee, and Yoon (2007) sample, 18 GAD patients and their partners were videotaped in standardized discussions of the patients’ worries. Interactions were coded using the two-word cluster model of the Structural Analysis of Social Behavior (SASB; Benjamin, 1979; 1987; 2000). SASB results will be presented to help define the interpersonal construct of non-hostile criticism.

**Brief Paper**

**Clients’ perspectives on therapy termination**

Sarah Knox - Marquette University, Milwaukee, USA, Noah Admiran, Eric Everson, Shirley A. Hess, Clara E. Hill, Rachel Crook-Lyon

Aim: Surprisingly little empirical attention has focused on clients’ experiences of therapy termination. Much of the extant literature about this important phase of therapy is theoretical or attends primarily to therapists’ perspectives. Thus, the current study sought to hear directly from clients about their experience of therapy termination. Methods: Twelve US clients completed tape-recorded, semi-structured interviews regarding their experiences of therapy termination. Data were analyzed using consensual qualitative research. Results and Discussion: Preliminary findings (data analysis will be complete by the time of the conference) indicate that termination is indeed a powerful event in therapy. For many participants, termination marked an important and healing milestone for the concerns that brought them to therapy; for others, however, termination was quite a difficult and painful process, one that left them with a range of troubling feelings. Considerations such as who initiates the termination, whether it is unilateral or consensual, the reasons for the termination, the quality of the therapy relationship, and how much time is devoted to talking about the termination process appear to be important influences on how clients experience the termination itself. Implications for therapy research, practice, and training will be discussed.

**Brief Paper**

**Assessing suicidality: Validation of the suicide monitoring scale of the behavioral health measure-20 and implications for psychotherapeutic strategies**

Mark Kapa - University of Evansville, USA, Michael Mond, Larry David, Natalia Potrulski, and Leslie Doll

Aim: Suicidality is a major mental health problem in American society. For example, there are about 800,000 attempts each year; about 32,000 of these are successful, approximately 1100 college students commit suicide each year. This study provides findings that support the validity and reliability the Suicide Monitoring Scale (SMS). Additionally, psychotherapeutic strategies are discussed that are associated with distinct risk levels of suicidality. Method: 2386 patients were treated with individual psychotherapy at the counseling centers at Harvard University, Johns Hopkins University, and University of Minnesota. Patients were assessed for suicide risk using the 2-item SMS of the Behavioral Health Measure-20 which they completed at each psychotherapy session. Additionally, patients were assessed for suicidality at clinical case management meetings. Results: The findings confirmed the high validity and reliability of the SMS. First, there was a perfect positive relationship between SMS risk level (high, moderate, low, no risk) and the probability that the patient would be assessed at case management meetings as qualifying for admission into the center’s suicide tracking system. Second, using for effect the probability of achieving no risk status, probit analysis results showed that dose-effect rates for the higher risk patients were slower than dose-effect rates for lower risk patients. Internal consistency reliability coefficient for the SMS was \( r = .72 \). Discussion: The SMS is the briefest valid and reliable instrument for assessing suicide risk. Psychotherapeutic strategies associated with specific SMS risk levels will be discussed.

**Brief Paper**

**Efficacy and effectiveness of HIV-prevention interventions: A meta-analytic review**

Scott Kryztofiak - Argosy University, Arlington, USA, Marc Diener

Aim: The present study consisted of a meta-analytic review of the utility of HIV-prevention interventions as measured by biological and/or behavioral outcomes. Methods: The search procedure included a search of Medline and PsycINFO, a manual search of relevant journals, examination of relevant review articles/chapters, and review of reference sections to locate additional citations. Data analysis includes examination of interrater reliability for coding decisions, calculation of an overall effect size, statistical significance, confidence interval, test for homogeneity, as well as moderator and file drawer analyses. Results: Random effects meta-analytic calculations of an overall effect size, as well as moderator and file drawer analyses, will be presented. Results of both randomized control trials as well as more naturalistic studies will be included. Discussion: Clinical implications of the findings will be discussed along with limitations of the present study. Directions for future research will be identified.

**Brief Paper**

**Influences on the professional development of psychotherapists in India**

Shveta Kumaria - Private practice, Bangalore, India, Poonima Bhola, David E. Orlinsky

Continuing professional development is an important requirement for all psychotherapists and counsellors. Psychotherapists in India face unique challenges, with the absence of licensing and regulatory organisations and limited avenues for professional education and training. Western models of training emphasise factors such as supervision and personal therapy. The present study explores Indian psychotherapists’ perceptions on the important positive and negative influences on their professional development. The Development of Psychotherapists Common Core Questionnaire – India version was completed by 245 Indian therapists with varying levels of experience and training from different professional backgrounds. They were asked to rate the positive and/or negative influence of ten aspects including experiences in therapy with patients, courses/seminars, giving and receiving formal supervision/
brief paper: client accounts of hope in early psychotherapy sessions: a qualitative study

Denise Larsen - University of Alberta, Edmonton, Canada, Rachel Stege

Aim: Common factors models of psychotherapy identify hope as a key agent of client change (e.g., Hubble & Miller, 2004). Major psychotherapeutic approaches often claim hope as an important factor without specifically identifying how hope is addressed (Larsen & Stege, in press). As part of a larger project on hope in the psychotherapy process, this study employed basic interpretive inquiry to examine how clients experienced hope during early psychotherapy sessions (sessions 1, 2, or 3). Methods: In this study, ten clients were interviewed individually (using Interpersonal Process Recall [Larsen, Flesaker, & Stege, 2008]) while viewing a video-recording of their recent counseling session (n=5 psychotherapists). During these interviews, clients identified interventions that impacted their sense of hope. Results: Results suggest that clients experienced hope in various ways. Experiences of low hope were primarily confined to sharing their problem stories. Hope-fostering experiences were clearly linked to (a) aspects of a strong therapeutic relationship, (b) interventions that invited clients to (re)view themselves as worthy human beings with purpose and capacity, and (c) shifts in perspective that expanded clients’ understandings of situations, leading to a sense of new options and possibilities. In keeping with the trans-theoretical perspective of common factors models, interventions experienced by clients as hope-fostering were eclectic in nature. Further, therapeutic relationship and hope were intimately entwined experiences for participants. Discussion: We may require a more nuanced understanding of the distinction between therapeutic relationship and hope than is currently offered by common factors models. Implications for practice and research will be discussed.

brief paper: validity of affect consciousness interview-revised

Börje Lech - Linköping University, Sweden, Rolf Holmqvist

Affect consciousness is an important aspect of the individual’s socio-emotional competence. A revised version of an Affect Con-sciousness Interview (ACI-R; Monsen et al. 1996; Lech et al., 2008) has been used in a number of studies with clinical and non-clinical participants. The convergent, discriminant, and conceptual validity of the instrument is presented. Method: Correlations between interview ratings and ratings on ASQ, IRI, TAS, FFMQ, DIS-Q and the reflective function (RF) are presented, as well as esti-mations of the stability of the interview ratings over time. In addition, inter-rater reliability analyses are presented. Results: The associations between the ACI-R ratings and the self-rating instruments indicate that affect consciousness can be reliably scored and that it correlates meaningfully with other instruments measuring different aspects of the socio-emotional competence. The results are discussed in relation to possible ways of using ACI-R ratings as a moderator, mediator, and outcome variable in treatment studies.

brief paper: a training of learning skills for adolescents with ADHD (LeJA) - empirically based conceptualization and first findings of efficacy

Friedrich Lindenkamp - University of Oldenburg, Germany

Attention-deficit/hyperactivity disorder (ADHD) is one of the most often diagnosed disorders in childhood and adolescence. Adolescents with ADHD do not only suffer from the main symptoms of ADHD which are attentional problems, impulsivity and restlessness/hyperactivity. They also have to cope with biological and most of all normative developmental tasks in the context of autonomy development. Adolescents with ADHD are at higher risks for behavioral problems (with parents, teachers and peers) and emotional disorders but also for learning disorders which lead to academic failure and school dropout. There is a lack of empirically validated specific programs to treat the adolescent ADHD-Subgroup. To close this gap, “LeJA” (Lerntrainung für Jugendliche mit ADHS) – a learning skills training for adolescents with ADHD – has been developed on the basis of empirical evaluation studies. The concept of “LeJA” emphasizes cognitive behavioral therapy (psychoeducation, social reinforcement, self-reinforcement, problem solving, self-instruction, teaching learning skills / direct instruction, strategy instruction, explicit practice) and coaching elements (self-management), but is also based on empirically identified overall efficient psychotherapeutic methods (e.g. positive relationship between therapist-patient, activating resources, focusing on current problems). Goals of the training are an increase of effective learning behavior and supporting the adolescents in coping with normative developmental tasks. An empirical evaluation of “LeJA” in a large scale study in pre-post-follow-up multi- trait-multi-method-design is currently underway. The trainings conceptualization and first evaluation results will be presented.

brief paper: quality of object relations and self-concept as predictors of outcome in short- and long-term psychotherapy

Olavi Lindfors - Biomedicum Helsinki, Finland, Paul Knekt, Esa Virtala, Maarit A. Laaksonen, Helsinki Psychotherapy Study Group

Aim: Personality functioning indicates aptitudes and vulnerabilities which may contribute differently the course and outcome of short- and long-term psychotherapy. This study compares the prediction of object relations and self-concept on outcome of short- and long-term therapy during a 3-year follow-up. Methods: Altogether 326 depressive or anxiety disorder patients from the Helsinki Psychotherapy Study, aged 20-46 years, were randomized to short-term (solution-focused or psychodynamic) therapy or long-term psychodynamic psychotherapy. Outcome of short- and long-term therapy, assessed by the Symptom Check List, Global Severity Index 7 times during a 3-year follow-up, was predicted by the Quality of Object Relations Scale (QORS) and 6 scales of the Structural Analysis of Social Behavior (SASB) self-concept questionnaire, measured at baseline. Results: Generally, long-term therapy was in the long run more beneficial than short-term therapy irrespective of the predictors. Especially patients with low self love and high autonomy received greater benefit from long-term than from short-term therapy at 3-year follow-up. However, patients with high self love and low autonomy benefited faster and in the long run at least equally from short-term than from long-term therapy. Short-term therapy was also useful at acute phase for patients with low self control and high QORS. Discussion: Differential prediction of outcome in short- and long-term therapy by object relations and different aspects of self-concept was found. Replication of the findings and further research, linking these predictors with other suitability and process factors, is needed.
**Brief Paper**

**Randomized controlled trial of guided self-help in a routine UK primary care mental health service**

Mike Lucock - University of Huddersfield, UK, Rebecca Kirby, Nigel Wainwright

The UK is seeing extra investment to improve access to psychological therapies services and these services include brief CBT based guided self-help interventions for anxiety and depression, provided by psychological wellbeing practitioners. This study evaluated the effectiveness of a two session guided self-help (GSH) intervention in a routine primary care mental health service. The intervention was arranged as an RCT and compared the GSH intervention with a delayed treatment control group. The delayed treatment group began the intervention 8 weeks after the screening and the primary outcome was the CORE-OM at 8 weeks at which time the immediate treatment group had attended the two GSH sessions and attended a review session. 122 patients gave consent to be included in the research, 63 were randomly allocated to the immediate treatment group, 59 to the delayed treatment control group. There were significant reductions in CORE-OM between the screening and the first guided self-help session for both groups, t (87) = 5.6, p < 0.001. Intention to treat analysis was carried out and repeated measures ANOVA of scores at screening and 8 weeks showed a significant group x time interaction, F(1,99) = 15.2, p < 0.001, and a comparison of means at 8 weeks showed a significant difference, t (116) = 2.195% CI: 1.1, 5.9, p = 0.042 with an effect size, Cohen’s d = 0.375. Outcomes for both groups in terms of clinically significant changes, follow up data and the need for further intervention will also be reported.

**Brief Paper**

**Testing predictions of the phase model: A comparison of therapist and patient report**

Robert Luenger - Creighton University, Omaha, Nebraska, USA

Aim: Over a half dozen studies have directly or indirectly tested predictions of the Phase Model of psychotherapy outcomes, which predicts a probabilistically causal sequence of improvement from remoralization to remediation of symptoms to rehabilitation of functioning. All of these studies have used patient self-report data, and most, but not all, have found at least partial support for the predictions of the Phase Model. The present study used both patient self-report and therapist ratings of progress using highly reliable measures and the trajectory of change of patients who improved in various treatment lengths. Methods: A naturalistic study of over 200 outpatients receiving multiple types of psychotherapy provided the data for this study. Therapist-rated and patient-reported measures of remoralization, symptom remission, and life functioning were administered at least three times in the course of psychotherapy—at intake, at least once on the first eight sessions, and at least once near or at termination. HLM procedures were used to identify the best predictive course of change on each outcome measure. Results: Predictions of the Phase Model were more frequently supported by self-report than therapist ratings, and in longer-term compared to shorter-term therapies. Predictions were violated in less than 20% of successful cases using self-report data. Discussion: The findings support the robustness of the Phase Model predictions regardless of modality of measurement, and add to the comprehensive assessment of predictions by Stulz and Lutz (2007).

**Brief Paper**

**Treatment duration and long-term outcome in inpatient psychotherapy**

Hanne Melchior - University Medical Center Hamburg-Eppendorf, Germany, Holger Schulz, Anika Hergert, Kerstin Hofreuter-Gättgens, Corinna Bergelt, Matthias Morfeld, Uwe Koch-Gromus, Birgit Watze

Aim Over the past years, the duration of inpatient treatment for patients with mental disorders has constantly been reduced, while dose-response-relationships in this setting have only been sparsely analyzed to date. The objective of this study is to determine whether the long-term outcome of inpatient treatment can be predicted by the point in time at which clinically relevant improvements in symptom severity occur during treatment. Method In a prospective multicenter study, data at admission, discharge and follow-up (6 months after discharge) as well as weekly process measurements of symptom severity were assessed during the treatment. Three groups were defined based upon the time of improvement (early responders: improvement during the first three weeks, responders: improvement at discharge, and nonresponders) and were compared with regard to long-term outcome in order to evaluate the stability of the improvement. Results The present study will continue until February 2010. Preliminary results for a subsample of 263 patients (mean age: 44.3 years; females: 78%, main diagnostic groups: depression, eating-, adjustment- and anxiety disorders) show a total of 40% early responders as well as 20 % responders at discharge. A slightly positive correlation between early response and long-term improvement exists. Detailed results will be presented for the expected overall sample of 350 patients. Discussion The results will be discussed within the context of their clinical implications, i.e. suggestions for an empirically based determination of the adequate treatment duration and, by this, for an optimisation of the treatment process.

**Brief Paper**

**Psychotherapy effectiveness research: Intensive group psychotherapy and social support**

Michal Mielińska - Jagiellonian University Medical College, Krakow, Poland, Krzysztof Rutkowski, Jerzy A. Sobanski, Agnieszka Murwan (Bialas), Łukasz Muidner-Nieckowski

Objectives: Evaluation of the influence of intensive, predominantly psychodynamic, group psychotherapy on perceived social support in patients with neurotic (F40 ICD-10 group) and personality disorders (F60 ICD-10 group). Methods: Social support and personality descriptors have been evaluated at the beginning and at the end of intensive group psychotherapy in the group of 70 patients. Berlin Social Support scales have been applied in order to evaluate informative, emotional and instrumental aspects of social support. Bizo’s method of social network and social support assessment has been used to evaluate the structure and functional properties of social support. Personality change measures included NEO-PI-R and Neurotic Personality Inventory KON-2006. Results: Successful psychotherapy in terms of symptoms remission and favorable changes in personality descriptors alters the perceived structure and function of social support. At the end of the treatment individual members of social support networks serve as a source of support in a wider range of functional properties (eg. emotional, informative). Size of social support networks decreases, however the less populated networks provide more adequate support. Moreover an overall increase in patients’ satisfaction with available social support has been observed. The findings are consistent with results of previous research. Conclusions: Promising results of this study show the need for further research on the subject matter. Analysis of relationship between changes in individual personality traits and different aspects of social support will provide additional valuable data.

113
Brief Paper

Intercultural openness in outpatient mental health care service
Mike-Oliver Mäske - University Medical Center Hamburg-Eppendorf, Germany; Fernanda Gil-Martinez, Holger Schulz

Aim People with a migration background represent about 20 percent of the population in Germany. In terms of migrants' access to health care treatment as patients and providers they seem to use these facilities less often as native Germans (Wolfersdorf, 1999, Rommel & Weilandt, 2004). So far no data exist in Germany in regard to migrants public health care utilisation for psychotherapeutic outpatient treatment. Methods All public outpatient psychological psychotherapists and child and adolescent psychotherapists (N=600) in the metropolis of Hamburg have been asked to fill out a self developed questionnaire. Topics were e.g. migration background or cross-cultural experiences of the therapists, language barriers, socio-cultural knowledge, therapeutic attitudes, consideration of cross-cultural aspects, demand for cross-cultural training, migration background of the patients. The response rate was 80%. Results The first results show a underprovision of psychotherapists with a migration background in regard to the active population. 79% of the therapists currently treat patients with a migration background. Because of cultural issues 23% of the therapists feel uneasy in contact to the patients. 72% of the providers belief that additional training in cross-cultural sensitivity would be helpful. In proportion to all treated patients there is an underprovision of patients with migration background compared to the general population. Discussion Despite the lack of representative epidemiological data there is indication that patients as well as providers with a migration background are under-represented in the outpatient mental health care system. Cultural issues seem to make the psychotherapists feel insecure. Cross-cultural training is needed.

Brief Paper

The voices of others: Experienced therapists' extra therapeutic needs when facing difficult therapeutic impasse
Christian Maltz - Psychiatric Clinic, Helse Forde, Norway; Per-Einar Binder

The aim of the current study was to explore from the therapist perspective how experienced therapists from different theoretical affiliations work to move therapy processes from difficult impasses to further constructive development. Interviews were conducted to explore the recall of impasse experiences of 12 highly skilled and experienced therapists from different affiliations. Participants were interviewed in-depth individually about a specific impasse from their experience that resolved successfully. The transcribed interviews were analysed using qualitative methodology. We found that during the difficult impasses, the therapists experienced the need to undertake various activities outside therapy sessions to be able to helpful in the resolution of the impasse. Analyzing these accounts using a hermeneutic-phenomenological approach, we establish two core categories underlying the activities: 1) The move - from confusion and bodily tension to shared systems of meaning, and 2) The witness - to find a home for the stalemate scenario in another relationship. In this presentation we will discuss these findings and suggest implications.

Brief Paper

Incidence and prevalence of bipolar disorder in postpartum periodo and risk of suicide
Inácio Moraes - Universidade Católica de Pelotas, Brazil; Ricardo Azevedo da Silva, Luciano Souza, Karen Jansen, Liliane Ores, Luciana Quevedo, Taiane Cardoso; Mariana de Mattos, Juliane Ribeiro; Giovanna da Silva; Luana Barbosa; Ana Laura Cruziero, Liliane Ores, Ricardo Pinheiro

Objective: To evaluate correlated factors to the prevalence and the incidence of bipolar disorder in the postpartum period and suicide risk. Methods: The cohort survey was conducted in 439 pregnant women. We contacted all the pregnant women from the Brazilian National System of Public Health (SIS -Pre-Natal) in order to explain and invite them to participate in the study. Only the pregnant women who gave signed consent were enrolled in the study. The second interview occurred at 30 to 90 days postpartum at the women's residences. At both moments of this longitudinal study, the participants answered a structured interview for mental disorders and a questionnaire containing socio-demographic, pregnancy and postpartum period variables. Instruments: To assess for mental disorders we used the Mini International Neuropsychiatric Interview (MINI). The MINI is a short, public domain diagnostic structured interview which reveals important Axis I psychiatric disorders and it is compatible with the ICD-10 and DSM-IV criteria. The modules for major depressive disorder and mania episode were used. The MINI has excellent psychometric properties and it has been validated against the Structured Clinical Interview for DSM-III-R(REF). Alongside the MINI interview the participants also answered a questionnaire about education, socioeconomic status, alcohol and tobacco use. Results: The risk of suicide was 12.37 for the mixed episode. Conclusions: These findings suggest that the mixed episode was the strongest predictor of suicide risk.

Brief Paper

Therapeutic alliance and quality of subjective experience: The promotion of change
Joana Mourão - Universidade do Minho, Braga, Portugal; Eugénia Ribeiro, Teresa Freire

Aim: The experience fluctuation model organizes the quality of the subjective experience by the ratio between the perceived challenges in a situation and the subjects' perceived skills to face the experience. The model is expressed on a Cartesian plan defined by eight channels characterizing the types of quality of subjective experience. The continued and repeated experience of higher perceived challenges and skills, optimal experience, fosters complexity. Therapy, through the negotiation of therapeutic goals and tasks, translated in the therapeutic alliance, is a context of an ongoing balance between the clients' perceived challenges and skills. The aim of this study is to analyze the association between the therapeutic alliance and the quality of the subjective experience throughout the psychotherapeutic process. Methods: The analysis will be based on data from 21 clients undergoing therapy for anxiety disorders. Throughout the psychotherapeutic process the therapeutic alliance was evaluated through the Working Alliance Inventory, filled every session. The therapists also answered every session to a question regarding the perceived challenges in the session and another concerning the perception of skills to face the challenges, both to score on an eight points likert scale. Through the ratio of these two scores the quality of the subjective experience was calculated. Results: A variance analysis will be made to examine the relationship between the quality of subjective experience channel and therapeutic alliance values. We expect to find an association between these elements. Findings will be discussed with respect to their clinical implications for the promotion of change.

Brief Paper

Sexuality disorders in patients treated with intensive group psychotherapy in a day hospital setting
Łukasz Mulder-Nieckowski - Jagiellonian University Medical College, Krakow, Poland; Krzysztof Rutkowski, Jerzy A. Sobanski, Zbigniew Jabłonksi, Michał Mielimaka, Agnieszka Murzyn (Bialas)

The goal of this presentation is to introduce a new measure, used for assessment of symptoms associated with sexual life in population of patients with neurotic disorders and related personality disorders. Methods: During the first week of psychotherapy
A qualitative look at individual therapist’s quantitative outcomes

John Okiishi - Brigham Young University, Provo, USA, Michael Buxton, Jared Knudt; Kristen Hansen, Tom Golightly, Stevan Nielsen

Lambert, et al. (2001) developed a feedback system to inform therapists of the progress their clients during treatment. This feedback was delivered in the form of “signals” of varying colors. A “red” signal indicated a deteriorating client who was at risk for treatment failure. A “yellow” signal indicated a client who was worsening in their treatment, but no to as dramatic a degree as red clients. A “green” signal indicated that the client was making the expected level of progress in treatment. Finally, a “white” signal was indicative of client who was functioning in the “normal” range and for whom termination from psychotherapy might be advisable. In their 2002 study, Haas, et al. examined a fifth, “blue” signal. These are clients who show an unusually rapid, positive response to treatment. Little is known about these clients other than their progress does not seem to suggest a “flight into health” and they maintain their gains at follow-up. In our center, 10 therapists have been recording all treatment sessions for the past 2 1/2 years. We have 1000 hours of video footage on over 200 cases. Each of these clients has also completed a weekly 00-45. Using these data, we have identified “blue” signal clients. Three independent raters reviewed the video recordings of these sessions using Kvale’s methodology (1996). Conclusions were drawn based on the information yielded by this method and will be outlined and discussed. Time permitting, video clips of “blue” signal cases will also be shown.
Brief Paper

Psychology doctoral students' perspective on addressing religious and spiritual issues in psychotherapy
Megan Petrik - Marquette University, Milwaukee, USA, Melissa Miller and Stephen Saunders

Aim: Most Americans report that religion and spirituality are very important to them, and addressing religious/spiritual issues in psychotherapy allows for a holistic worldview of the client and enhances treatment (Hage, 2006). However, religion/spirituality are rarely incorporated in training of psychologists (Braver et al., 2002). This study investigated the determinants of doctoral students’ appropriateness ratings of specific items asking clients about religious/spiritual issues. Method: Psychology doctoral students (n = 534) completed an online survey in which they rated the appropriateness from "very inappropriate" to "very appropriate" of using 36 questions (e.g., “How important is religion to you?”) and directives (e.g., “Tell me about your spiritual beliefs”) concerning their client’s religious/spiritual beliefs and behaviors in psychotherapy. Participants also answered questions about their demographics, training and treatment experiences, and their personal religious/spiritual beliefs and practices. Results: The means of the items were rank-ordered from those rated most appropriate to those rated least appropriate. Items that were general and assessed the relevance of religion/spirituality to the client’s presenting problem were rated as most appropriate, whereas questions challenging religious/spiritual beliefs were rated as most inappropriate. Significant relationships between appropriateness ratings and respondents’ training experiences and personal religious/spiritual beliefs and practices were uncovered and will be discussed. Discussion: Depending on their training and the wording of the item, psychology doctoral students seem comfortable asking clients about their religious/spiritual issues. Recommendations for incorporating religious/spiritual questioning into training will be made.

Brief Paper

Validity of meta-analytic results: The example of inpatient psychosomatic rehabilitation
Sven Rabung - University Medical Center Hamburg-Eppendorf, Germany, Mike Mosko, Stephan Kawski, Uwe Koch, Holger Schulz

Aim: The effectiveness of inpatient psychosomatic rehabilitation has been addressed in a recent meta-analysis including 56 primary studies with a total sample of more than 25,000 patients (‘MESTA’ study; Steffanowski et al., 2007). Despite this large basis it remains open to what extent the findings are representative of psychosomatic rehabilitation as currently provided in clinical practice (e.g. due to selection effects, publication bias, or timeliness of studies). The present study aims to validate the results of the MESTA study in particular and to contribute to knowledge about the validity of meta-analytic results in general. Methods: Meta-analytic results are validated on a comprehensive basis of more recent routine outcome data of inpatient psychosomatic rehabilitation. These data have been collected during the past years in the context of various quality assurance projects all across Germany. The validation basis currently encompasses data of more than 40,000 inpatients treated in more than 30 different rehabilitation units. To ensure comparability of meta-analytic and validation findings, all analyses are based on the methodology of the MESTA study. Results: Sample characteristics and effectiveness results are comparable between meta-analytic and validation data to a large extent. However, short-term effects based on validation data show to be larger than those reported in the MESTA study but turn out to be less stable over time. Discussion: On the whole, the present study confirms the external validity of the meta-analytic results of the MESTA study. Singular discrepancies will be discussed in detail and integrated in a larger context.

Brief Paper

The mentalization-based treatment for children who suffered rupture of affective bonds
Vera Regina Ramires - UNISINOS, São Leopoldo, Brazil

The aim of this study was to examine the possibility of developing the mentalization capacity in children’s psychotherapy. The children were between seven and 12 years old. They have experienced highly conflicting family transitions, resulting in bond’s disruption and psychic trauma. The study was based on contributions from researchers who are working with the concepts of reflexive function and mentalization capacity and its development in psychotherapy, especially Peter Fonagy. The adopted procedure was Multiple Case Study. So far, seven children participated. Their parents requested psychotherapy. Interviews were conducted with parents to survey the children’s life and clinical history. With the children were performed the Fairytale Test and the Manchester Child Attachment Story Task. Then, each child had at least five months of psychotherapy with a focus on mentalizing capacity. His parents were also followed during this period. All sessions of assessment and treatment were recorded and later transcribed for content analysis. After five months, the instruments were applied again in order to examine whether there was any change in children’s mentalization capacity. The results showed insecure attachment, limited or absent mentalization capacity at the start of psychotherapy and some changes in that capacity after the first five months of care.

Brief Paper

Prediction of non-response in inpatient psychosomatic treatment
Laurence Reuter - University Hospital, Freiburg, Germany, P. Sitta, M. Hofmeier, A. Zeeck, A. Hartmann, E. Wetzler-Burneister, T. Unterbrink, M. Wirsching, CE Schieidt

Background: “Psychotherapy can and does harm a portion of those patients it is intended to help” (Lambert & Ogles, 2004). The unwanted effects of psychotherapy are a common phenomenon (5 to 10%) and occur throughout different therapeutic interventions (Lambert & Ogles, 2004; Mohr, 1995). Studies have shown that the therapeutic process is determined by a very complex interaction of patient’s, therapist’s and process’ variables. Whereas research about the predictors of psychotherapeutic effectiveness and efficacy is quite substantial, little is known about factors that may help to identify patients at risk for non response or deterioration. Aim: In the present project possible causes for non response will be analyzed in order to identify therapists’, patients’ and process’ variables which have a predictive role for non response. Method: The Data (N=1397) were collected in a naturalistic sample in two psychosomatic hospitals in Freiburg, Germany. During the treatment process, ranging from 4 to 12 weeks (pre-, post-, and follow-up measures) different questionnaires were administered to patients (e.g. SCL-90, BDI, HAQ, IIP-C) and therapists (e.g. HAQ). Responders and non-responders were identified by their scores on the measures outlined above according to the Index of Reliable Clinical Change by Jacobson and Truax (1991). Factors which are predictive for the therapy outcome will be extracted by regression analytic models. Results & Discussion: The results, which are presented at the conference may be used to detect patients who are at risk for non response or deterioration in an early stage of the treatment in order to develop a feedback system that allows the therapist to react immediately to impending negative outcomes.
Conflict patterns of patients with depressive disorder: A validation study of the conflict axis of OPD-2 by questionnaire data
Rebekka Rost - Clinic for Psychosomatic and General Clinical Medicine, Heidelberg, Germany, Johannes Zimmermann, Christina Hunger, Tilman Grande, Manfred Cierpka, Henning Schauenburg

The objective of this study is to identify conflict patterns of depressive patients using the OPD-2 and to discuss a typification relevant for prognosis and therapeutic interventions in order to discriminate from established theories of depressive subtypes (Kübler, Blatt et al., 1974). OPD-interviews taped on video and data from questionnaires filled out by depressive inpatients in psychosomatic psychotherapeutic treatment are evaluated [n=56]. The German versions of the following instruments are applied: The Depressive Experience Questionnaire (DEQ; Beutel et al. 2004), the Inventory of Interpersonal Motives (IIM; Thomas et al. In preparation) and the Balanced Inventory of Desirable Responding (BIDR; Mush et al. 2002). The most frequently diagnosed main-conditions by OPD-2 in our sample of depressive inpatients are the Desire for Care versus Autarchy and the Self-Value Conflict. On the DEQ-Stage „Dependency“ patients with a passive mode of conflict processing display significantly higher values (p=0.036) than patients with an active mode (independent of the conflict). The outcome data with the BDI demonstrated no differences between the conflict groups but significantly inferior therapeutic effects of patients with an active mode (p=0.04). The ratings of the main-conditions by OPD-2 support the conclusion of the important role of dependency and low self-esteem as vulnerability factors of depressive disorders. But subtypes exclusively based on OPD-conditions seem to be unsuitable to predict therapeutic effects. Statistically significant evidence can only be achieved by implicating the processing mode as a variable.

Perspectives for the textual data analysis: A contextual approach
Sergio Salvatore - University of Salento, Lecce, Italy, Alessandra Gennaro, Andrea F. Auletta, Ahmed Al Radaideh, Nicoletta Aloia, Francesca Masiello, Grazio Monteforte, Marco Tonti, Stefano Manzo, Omar Gelo

Many psychotherapy process studies adopt the transcripts of sessions as source of data. Due to the complexity of the linguistic data, these studies usually require high levels of inference. Consequently, they tend to involve coding procedures performed by human raters. The use of human coding is perceived as the only way able to grasp the complexity and contextuality of the communication and meaning-making. Yet it is high time consuming and it raises problems as concerns the reliability as well. Actually, the literature presents automated, computer aided procedure of textual analysis. Nevertheless, these procedures focus on the lexical and/or syntactic level of the language (e.g. Bucci,1992; Mergenthaler 1996; Chung and Pennebaker 2007), while there is a lack of this kind of method addressing the semantic dimension, where the contextuality of the language is more relevant. The present work is aimed to present and test the reliability of an automated method for content analysis. Method: 47 transcripts of psychotherapy sessions analyzed with an automated method for content analysis has been compared with two complementary approaches: trained judges were asked to evaluate the output of the automated content analysis; the same content analysis was compared with content analysis performed by independent judges. Results and Discussion: results lead to conclude that the automatic procedure of text analysis can perform content analysis with at least sufficient level of reliability; the procedure seems able to discriminate the utterances in accordance to their semantic similarity and to classify them with no meaningful difference from human coders.

Drop out from eating disorder treatment: A single-case, multidimensional approach
Diego Sarracino - Università di Milano-Bicocca, Italy, Martina Russo, Stefania D’Angenio, Marco Innamorati, Silvia Degni, Antonino Carcione

The treatment of eating disorders is very challenging. Despite the refinement of treatment techniques, relatively high drop-out rates pose a major problem for therapists and researchers in this field. Previous research is fragmented and does not clarify why these patients drop out and what may be done to check the problem. Furthermore, because of methodological issues and medical complications, it may be very difficult to have large samples or randomized clinical trials, therefore a single-case approach may be necessary and/or preferable. This study proposes a multi-dimensional approach to examine the role of patient, therapist and patient-therapist variables in the treatment of eating disorder patients. Over 20 process indices are transcribed, analyzed and monitored in their change over time, session after session. The approach is illustrated with a single-case study regarding a patient with a major eating disorder (AN/BN) who dropped out from inpatient treatment (CBT) after 28 weekly sessions. Results and potential implications for future research are discussed.

Assessing process and outcome with multiple measures
Elena Scherb - UADE, Buenos Aires, Argentina

Treatment outcome and process had been measured across time in many different ways. In this panel, I am presenting a ‘multiple measures’ approach to assess process and outcome. It includes standardised measures as well as built in ad hoc measures. This methodology allows the assessment of different aspects in treatment, like the impact of the inclusion of new elements (significant others interviews, changes in setting) and also specific interventions during the process ( intersession tasks, changes in directiveness, etc.). It also captures the complexity of patients with co morbidities and other difficult areas in dysfunctional behavior and interactional patterns. The sample ( N= 13) is heterogeneous in terms of patients characteristics.

Burden and associated factors on caregivers of patients aged 18-24 years with unipolar and bipolar disorder
Giovanna Silva - Universidade Católica de Pelotas, Brazil, Karen Jansen, Ricardo Tavares Pinheiro, Jean Oses, Carolina Wiener, Jerônimo Branco, Juliano Fernandes, Roberta Lacerda Nasser, Inácia Gomes da Silva Moraes, Ricardo Azevedo da Silva.

The Bipolar Disorder is a chronic psychiatric disorder whose symptoms include aggressive and hostile behavior, irritability, abnormal self-esteem elevation and alcohol and psychoactive substance abuse. Such characteristics may have a great negative impact over familial relationship, especially on the patient’s parents or spouse who can present burden leading to impairments on health-related quality of life as well as on physical and mental health. Aim: To identify burden levels and associated factors on caregivers of young adults aged 18-24 years presenting with Unipolar Disorder, Bipolar Disorder and healthy controls, in the city of Pelotas, Brazil.
Method: The caregiver is assessed for objective and subjective burden (Burden Interview), health-related quality of life (The MOS 36-item short-form health status survey), the presence of minor psychiatric disorders (Self-Report Questionnaire-20), Axis I disorders
Brief Paper
Etiology
Childhood trauma, biological rhythm, and healthful functioning among young with bipolar disorder, depression and controls
Ricardo Silva - Universidade Católica de Pelotas, Brazil, Karen Jansen, Giovanna da Silva, Pedro Magalhães, Taiane de Azevedo Cardoso, Mariana de Mattos, Luana Barbosa, Inácio Moraes, Caroline Konradt, Carolina Wiener, Juliano Fernandes, Flavio Kapczinski, Ricardo Tavares Pinheiro.

Objective: To verify childhood trauma, biological rhythm, and healthful functioning among young with bipolar disorder, depression and controls. Methods: A cross-sectional population-based study whose probabilistic sample is with young adults between 18 and 24 years old identified in their homes in the urban area of Pelotas-RS; and whom was assorted in multiple stages. In a first phase, they were interviewed through a structured-interview MINI to track mood disorders. In a second phase was carried a case-control, this diagnostic will be confirmed by a psychologist or a psychiatrist as a gold standard for it, such as to assess childhood trauma, biological rhythm, and healthful functioning. Results: In this moment 155 young were replicated, these, 61 had depression, 40 bipolar disorder, and 54 controls. The young with bipolar disorder show more childhood trauma (p<0.001), lower quality in the healthful functioning (p<0.01), and Biological rhythm dysfunction (p<0.001) when compared with depression and controls. Conclusion: Childhood trauma, biological rhythm dysfunction, and lower quality in the healthful functioning are associated with bipolar disorder in young.

Brief Paper
Training
Training undergraduate helping skills students to use immediacy: The effects of instruction, modeling, and practice
Patricia Spangler - University of Maryland, College Park, MD, USA, Clara E. Hill, Marianne Dunn, John Jackson, Ann Hummel, Jingjing Liu, Tamara Walden, Heather Ganginis, Nazish Salahuddin

Using 5 undergraduate helping skills classes, we tested the effects of instruction (reading and lecture), modeling (via videotape role-plays), and practice (in large and small groups) on undergraduate students' self-ratings of self-efficacy for using immediacy (SEI). Furthermore, we qualitatively analyzed reflection papers, written after the immediacy training was completed, for the most and helpful component of training, difficulties involved in learning immediacy, recommendations for training, and the impact of culture on ability to learn immediacy. For this brief paper, we will first review the effects of helping skills training for undergraduates and the theoretical importance of immediacy, describe the method, and then present the results for SEI and the qualitative analysis of the reflection papers. We will also discuss how lab group cohesion related to SEI. Modified consensus qualitative analysis of the reflection papers indicated that practice was viewed as the most helpful component of training, an effect that has not before been shown in the helping skills literature.

Brief Paper
Training
The measurement of "concept competence"
Maria Strippler - University of Innsbruck, Austria, Heidi Moeller

Aim: One professional skill therapists need to establish a salutary working alliance with their patients is described by Kahl-Popp (2004) using the notion "concept competence". This professional skill includes the ability to form a feasible explanation of the patient’s symptoms and the planning of the therapy. As the therapist’s “concept competence” is essential for the therapy outcome, therapist training should include the development of this skill. This study aims to measure the “concept competence” and its variance during the training of therapists. Methods: 117 psychotherapy trainees of different schools have worked on case studies at three different stages of their training: at the beginning, at the end of the theoretical training and at the end of the training. The case studies are analyzed with two different methods. In the first step the data was analyzed with content analysis using atlas.ti. In the second step the data was analyzed using GABEK, a PC-supported procedure for holistic processing of linguistic complexity. Results: The answers of the first measurement have already been analyzed. Focusing on the second step – the analysis with GABEK – differences between different psychotherapy schools will be presented. Discussion: The possibility of measuring "concept competence" of psychotherapy trainees with the two methods used in this study will be discussed. In addition the differences between the two methods of analysis will be reflected.

Brief Paper
Self
Changes in the self-concept during psychotherapy: Self-concept clarity, self-concept differentiation and psychopathological symptoms in the process of psychotherapy and the effectiveness of the treatment
Rafal Styła - University of Warsaw, Poland

Aim: This study investigated the relationship between dynamical changes in the intensity of the self-concept clarity, the self-concept differentiation and the psychopathological symptoms in the process of psychotherapy. These process variables were also analyzed in relation to clinical outcome. Methods: The participants were 80 patients with neurotic symptoms that took part in an intensive, lasting from 8 to 12 weeks group psychotherapy in three different psychotherapy centers in Warsaw, Poland. The programs varied among the centers, but all were integrative, including cognitive-behavioral, psychodynamic and psychodrama interventions. As a control group served patients from the waiting lists and students with intense neurotic symptoms. The measures of symptom distress as well as the Self-Concept Clarity and Self-Concept Differentiation Questionnaires were completed by the participants every two weeks from the baseline to termination and at 3 month follow-up. Additionally the inventory of neurotic personality was administered at the baseline, termination and 3 month follow-up. Results: Results from multilevel models for longitudinal data and regression analysis will be reported. Self-concept proved to be an important variable in outcome predictions. Discussion: Self-concept integration seems to be underestimated in the process-outcome research. The results support the idea that these variables shape the dynamics of psychopathological symptoms in the process of psychotherapy and that they are connected to clinical outcome. The possibility of adjusting the psychotherapy technique to the self-concept of the patient is also discussed.
**Brief Paper**

**Psychotherapy for panic disorder**

Claudia Subc-Wranz, Johannes Gutenberg University, Mainz, Germany, Achim Knebel, Manfred Beutel

Aim: CBT is effective in treating panic disorder. Nevertheless, one third of patients do not respond to CBT, therefore alternative treatment approaches are needed. We adopted the manual of the panic focused psychodynamic psychotherapy (PPPP, Milrod et al. 1987) to the German language and performed a randomised-controlled trial to test the effectiveness of PPPP in comparison to CBT with exposure to panic related situations (Schneider & Margraf 1989). Methods: 50 patients who met DSM criteria for panic disorder were randomly assigned to one of the treatment conditions (PPPP: CBT = 2:1). Panic severity was assessed at onset (T1), termination (T2) and 6 month after termination (T3) by treatment by independent raters with the Panic Disorder Severity Scale (PDSS). PPPP and CBT consisted of 24 sessions and were performed by senior psychotherapists who were trained in the manualized treatment approaches; treatment adherence was evaluated. Results: Data collection including T3 has been completed in November 2010, outcome data will be first presented at the SPR meeting 2010. In a subsample (PPPP n = 22; CBT n = 13), both treatment approaches demonstrated effectiveness (Cohen’s d in PDSS at T2 for PPPP: 1.69, for CBT: 3.04), but patients treated with CBT showed less panic symptom severity at T2. At T3 the difference in PDSS ratings for both treatment approaches was no longer significant. Discussion: CBT seems to be more effective in reducing panic symptoms at end of treatment, the psychodynamic approach has considerable effect sizes and its results seem to be more stable at T3.

**Brief Paper**

**Alliance**

**Making sense of clients’ accounts of important events in the therapeutic relationship: A discourse analysis.**

Erika Viklund - Linköping University, Sweden, Rolf Holmqvist, Karin Zetterqvist-Nelson

Aim: Understanding what clients find important in the therapy process is closely connected to the therapist’s possibility to establish, monitor, and maintain a strong positive alliance, and, thus, to outcome. This paper extends earlier interview-based work on clients’ perceptions of important events in therapy, which seldom combines the focus on clients’ experiences with an interest in how the project of letting clients give voice to their experiences is actually managed within the interviews. The aim is to describe clients’ accounts of important events, and the interactive and discursive means that both parties in the interview draw on to produce and make sense of these accounts. Method: Data consists of eight interviews with clients in short-term psychotherapy regarding their conceptions of important events in the third session. A discourse analytic approach was used. Results: The results focus on describing clients’ accounts of important events, and the discursive frame that these accounts are situated within. Broadly, the study shows how clients talk about therapy as a special kind of interaction, that is different from everyday interaction and involves specific roles as therapist and client. How the clients talk about the important events, the therapy, the therapist, and themselves depend upon the context. That is, different aspects of the clients experiences are made relevant through the participants’ unfolding interaction in the interviews. Discussion: Findings will be discussed in relation to previous research on important events and with respect to their methodological and clinical implications regarding clients’ perceptions of important events in the therapeutic relationship.

**Brief Paper**

**Group**

**Mindfulness training for patients with anxiety disorders - results from a randomized controlled trial**

Jon Vallestad - University of Bergen, Norway, Børge Sivertsen, Geir Hautmark Nielsen

Mindfulness meditation is a self-regulation practice aimed at facilitating well-being and coping with adversity. Mindfulness can be defined as “awareness of present experience with acceptance”. It entails a non-elaborative moment-by-moment awareness of thoughts, feelings, and bodily sensations. Available research indicates that mindfulness-based interventions lead to symptom reduction and increased quality of life for participants suffering from anxiety. The present study examines the effects of Mindfulness-Based Stress Reduction (MBSR) on patients with heterogeneous anxiety disorders. Seventy-six self-recruited patients were randomized to a treatment group and a delayed-treatment wait list control group. Treatment consisted of an 8-week psychoeducational program where participants meet once a week in groups of 15. The program aims for an experiential introduction to mindfulness practice, as well as allowing for group processing of experiences and challenges in doing these exercises. Participants were asked to commit to practice at home between sessions for approximately 45-60 minutes daily. It was hypothesized that participants would show reductions in anxiety and related symptoms as evaluated through self-report measures. It was further expected that participants would have an increased ability to accept and live with symptoms of anxiety, as reflected by scores on a mindfulness inventory. Intention-to-treat and completer analyses show significant reductions in symptoms of anxiety, worry, depression, and sleep disturbance for the intervention group, as well as a significant increase in mindfulness. This brief presentation will present and discuss these findings.

**Brief Paper**

**Measures**

**Toward the refinement of a list of contemporary psychotherapies: A qualitative validation**

Zbynek Vybiral - Masaryk University, Brno, Czech Republic, Ester Danelova, Louis Castonguay

In 2009, we have created a list of contemporary psychotherapeutic approaches and modalities that appear to have been recognized as potentially helpful by the scientific community (at least by some segments of it). Among the fundamental principles of the list is its openness and transparency of our criteria. We have presented the process that guided the development of this list, as well as some of the preliminary conclusions that we have derived from it, in two regional SPR meetings (Bolzano, Italy, October 2009; Montreal, Canada, October 2009). We have also presented it in two published articles – in Czech language in 2010 and in English (in press). In the second phase of our project, which is the focus of this presentation, we have asked a number of psychotherapists (more than 50 colleagues from 10 countries in Europe, North America and South America for their critique (evaluation, expertise) of both the list and the criteria, with the assumption that this “peer-review” process can increase validity of every classification or categorization. The goal of this paper is to present examples of the comments that we received from these experts, as well as some of the changes that the list has undergone based on their feedback. We will also discuss the relevance of this type of qualitative validation for other aspects of psychotherapy research.
The interaction between the therapeutic alliance and the therapist’s interventions along a single case cognitive study
Vanina Waizmann - CONICET, Buenos Aires, Argentina, Ignacio Etchebarne, Andrés J. Roussos

The Therapeutic Alliance is a factor related to several aspects of the patient-therapist dyad. The dialogic process involved in a psychotherapeutic treatment shows the interaction between the therapist’s interventions and how the alliance unfolds. The aim of this study was to explore the relationship between the fluctuations in the therapeutic alliance and the psychotherapeutic interventions implemented by the treating therapist, in a single case cognitive psychotherapy. The materials used in the study were the 15 clinical sessions of the case, which were audio-recorded and transcribed. Interventions were analyzed independently by trained judges using the MCPI, a schema of psychotherapeutic interventions developed by Roussos et al. (2003, 2006). Besides, trained judges evaluated therapeutic alliance with the WAI observer form (Horvath, 1981) in its Argentine version (Waizmann, Serrano & Roussos) and ruptures in specific sessions, using the 3RS (Eubanks-Carter, Muran & Safran, 2009), in its Argentine version (Waizmann & Roussos). The relation between the psychotherapeutic interventions and the level of the therapeutic alliance was studied in terms of the interventions’ theoretical specificity and non specificity, their type and the peculiarities in this relationship were assessed. Ruptures were evaluated in those sessions with particularities in the relationship between the Therapeutic Alliance and the therapist’s interventions.

Expressiveness good or "forbearance" better? A new way to measure child emotional management
Li-Fei Wang - National Taiwan Normal University, Taipei, Minyang Lee, Hua-Wen Chien, Chung-Hui Huang, & Chio-Zyun Hiew

Most emotional management measures in the world are based on western perspective of individualism. The purpose of the current investigation was to develop a culturally sensitive measure for accessing child emotional management. In the measure, twenty-five narratives were initially developed based on three types of interpersonal conflicts which kids often experience: (a) parent-child conflicts, (b) teacher-student conflicts, and (c) peer conflicts. Each narrative was also combined with four emotional management responses with 5-point Likert scale: (a) Suppression (individualistic/western culturally discouraged response), Impulsiveness (collectivistic/Chinese culturally discouraged response), (c) Expressiveness (individualistic/western culturally encouraged response), and (d) Forbearance (collectivistic/Chinese culturally encouraged response). Study 1 was conducted to examine the measure construct. A series of confirmatory factor analyses and internal consistency factor analyses were conducted. A total of 747 elementary school students (353 boys and 382 girls with mean age 11.44) were recruited in the study 1. The results supported a very good level of factorial validity and reliability of the measure with 18 narratives. Study 2 was conducted to explore the criterion-related validity with three indices (psychological adjustment, self concept, and problem solving). A total of 111 sixth-grade students recruited in the study. The results of Study 2 suggested that appropriate and inappropriate emotional management responses of Taiwanese children are more than traditional western emotional management theory suggested. In general, forbearance rather than expressiveness served as a better predictor of psychological adjustment, self concept and problem-solving appraisal. Implications of the results for counseling interventions as well as further research will be presented in the conference.

Effectiveness of outpatient cognitive behavioral therapy under clinically representative conditions
 Birgit Watzke - University Medical Centre Hamburg-Eppendorf, Germany, Nena Kerkow, Ulrike Lupke, Helmut Peter, Holger Schulz

Although effectiveness research (as a complement to efficacy research) has received more attention recently, studies investigating outcome under clinically representative conditions are still required (Lambert & Ogles, 2004). This paper presents data on the outcome of outpatient cognitive behavioral therapy (CBT) as well as on relevant patient characteristics (clinical, sociodemographic variables) and their predictive value for outcome and for treatment-related variables such as treatment dose/duration. Within a 2-year time frame, a consecutive sample of patients receiving CBT in an outpatient unit of routine mental health care in Germany were asked to complete questionnaires at beginning and end of treatment [primary outcome: symptom reduction, operationalized by the HEALTH, Rabung et al., 2007; additional outcome parameters: psychological well-being; goal attainment, work absenteeism etc.; process and treatment related variables: therapeutic alliance, treatment dose/duration]. Of the 112 patients beginning and terminating treatment during these 2 years, 95 (treated by 10 psychotherapists) had complete pre-post data sets. Analyses comprised t-tests and linear regression. Referring to the primary outcome (symptom severity), patients (74% female; mean age: 41.5 years; SD: 11.9 years; main diagnostic groups: depressive, adjustment and anxiety disorders) improved significantly with a high effect size (t [94]=10.8; p<.001, d=1.17). Initial symptom severity and – to a lesser extent – comorbidity are the characteristics explaining the most variance in outcome differences between these patients (total explained variance: 26%). Further results are presented (esp. for treatment dose/duration and therapeutic alliance) and discussed, including the design's limitations (esp. lack of a control group) and – regarding the question of predicting outcome from clinic variables – potential adaptive processes of therapeutic responsiveness (Stiles et al., 2008).

Changes in object representations following psychotherapy measured by a theory free computational method
Andrzej Werbart - Stockholm University, Sweden, David Arvidsson, Sverker Sikström

Changes in representations of self and others are often a goal in psychotherapy. However such changes are often difficult to quantify from freely generated verbal statements. This study has three aims: (1) to assess a theory free computational method for investigating semantic change in spoken-language data in psychotherapy research; (2) to investigate semantic change in the representations of self, mother and father among young adults undergoing psychoanalytic psychotherapy; (3) to compare the representations of young adult psychotherapy patients with those of an age-matched comparison group. Method: Patients were interviewed at intake, at termination and at 1.5 year follow-up after termination of the therapy and the controls at baseline, 1.5 and 3 years later using the Object Relations Inventory (ORT; Blatt & Auerbach, 2001). Latent Semantic Analysis was applied for quantitatively measuring semantic changes in descriptions of self, mother and father, thus providing a theory-free measure of object relations. Results: In the psychotherapy group, representations of self, mother and father changed from intake to follow-up. In addition, a tendency of change was observed for self representations between intake and termination. The observed representations of the comparison group displayed no such changes during a comparable time span. The patients’ self-representations were different from the controls at intake. This difference did not persist at termination and follow-up. At follow-up, the patients’ representations of mother and father were different from those of the comparison group. Findings will be discussed with respect to different pathways to therapeutic change.
Retrospective childhood trauma: Relation to clinical diagnoses and outcome in inpatient psychotherapy

Jörg Wiltink - University Medical Center of the Johannes Gutenberg University, Mainz, Germany, Claudia Subic-Wrana, Manfred E. Beutel

Strong relations between mental disorders and self-reported childhood trauma have been described in literature. Consistent associations have been reported between trauma, depressive and Posttraumatic Stress Disorders. Studies have been usually based on community samples or homogeneous patient samples. Specific trauma has been rarely differentiated, as operationalized by the Childhood Trauma Questionnaire (CTQ). Therefore, we a) differentiated self-reported childhood trauma in psychosomatic outpatients and consultation-liaison (CL) patients of a University Medical Center and b) determined the relationships between diagnoses, distress and referral to subsequent treatment and c) evaluated the implications of childhood trauma for inpatient psychotherapy. We used the data from the standardized documentation (PsyBaDo) of the Clinic of Psychosomatic Medicine and Psychotherapy, Mainz including the years 2006 and 2007. Data of 1439 Patients from our outpatient unit and 254 from our inpatient unit were available. Patients were classified by the CTQ based on internationally approved cut-off’s for childhood trauma. The most common trauma reported by 49% of outpatients and CL-patients was physical neglect, followed by emotional neglect (32%), emotional abuse (32%), physical abuse (20%) and sexual abuse (14%). Physical abuse was associated with somatoform disorders (F45), and emotional abuse was increased in depressive disorders (F32-F34). About 56% of our inpatients reported at least one severe childhood trauma (emotional, sexual or physical abuse). Especially patients with self-reported emotional abuse – more distressed (SCL-90; GSI) at intake – could reduce their distress during multi-modal inpatient psychotherapy similar to patients without emotional abuse. Clinical implications of these results will be discussed.
Comparing empirical to theoretical inspired criteria in the assessment of psychotherapy
Tania Aiello-Vaisberg - Pontificia Universidade Catolica de Campinas, Brazil, Fabiana Follador Ambrósio, Miriam Tachibana

Public health services treat a large number of patients with psychotherapy based on different theoretical approaches. Such treatments must have their efficiency evaluated through certain criteria that can be understood by professionals who have different theoretical perspectives. On the other hand, theoretically refined evaluations are necessary for knowledge development. AIM: This study aims to compare the use of empirical criteria (remission of symptoms and personal report of improvement) with the evaluation based on the “Herrmann Theory of Fields”, which consists of the examination of psychoanalytical narratives, attempting to capture the flow between subconscious emotional affective fields. METHOD: Psychoanalytical narratives derived from the art-therapy of six patients were examined from empirical criteria and from the “Theory of Fields”. RESULTS: There have been five coincident results originated by the empirical evaluations and the theoretically based evaluation. DISCUSSION: Results suggest that the achieved modifications can be shown a converging way by the three used criteria. We discuss that such convergence can make the scientific communications between therapists of different theoretical approaches easier, it can make the dialogue with health system managers easier and also allow a deeper theoretical and clinical comprehension of the regarding processes.

Researching wishes and defenses in 7 psychosomatic patients with negative response to medication, applying the David Liberman Algorithm (DLA)
Liliana Alvarez - UCES, Capital Federal, Argentina, David Maidavsky

Goal: To investigate wishes and defenses as well as their state in 7 psychosomatic patients with negative response to medication. _Sample: 1) Personal presentation, 2) responses given to the white sheet of the projective Phillipson’s Test. _Method: The David Liberman Algorithm (DLA), a systematic method for discourse analysis, based on psychoanalytical theory. It allows to detect drives and defenses, whose state can be successful, failed or both. Wishes: Intrapsychic libido (IL), Primary oral (O1), secondary oral sadistic (O2), primary anal sadistic (A1), secondary anal sadistic (A2), urethral phallic (UPH) and genital phallic (GPH). Main defenses: Foreclosure of the affect, Foreclosure of reality and the ideal, Disavowal, Repression, In accordance with the goal, Creativity, Sublimation. Levels of analysis: narration (for the extra-transference relationships) and speech acts (for the enacted episodes during the interview). _Processes: 1. To detect patient’s wishes, defenses and their state in the personal presentation and the response to the white sheet, considering narrations and enacted episodes. 2. To compare the corresponding outcomes. 3. To compare these outcomes with the previous results, where we only focused on the white sheet. _Conclusion: In psychosomatic patients having a negative response to medication IL and foreclosure of the affect consists in the basic combination wish+defense, with the complement of some avoidance characteristicloral traits.

Influence of mindful practice skills acquisition on medical practice of primary care physicians
Marcelo Cárcamo - Pontificia Universidad Catolica de Chile, Santiago, Juan Pablo Jiménez, Julia Acuna, Alberto Botto, Magdalena Cruz-Coke, Gabriela Huerpe, Karina Rodríguez

The present research project will show the influence of a Mindfulness-based training model for primary care physicians’ in Santiago, Chile. This is to be carried out through a program that integrates usual training in psychiatric knowledge with the development of Mindful Practice (MP) skills; this is why it will be referred to as “Integrated Training” (IT). This project seeks to reveal the influence of IT on the establishment of a better physician/patient relationship and on the generation of an efficient medical practice. This will make it possible to answer: 1. Can MP skills’ be acquired by primary care physicians after IT?, 2. Is it possible to determine a connection between the incorporation of MP skills’ to training programs and their influence on the efficiency of medical practice in the mental health area?, and 3. Is it possible to determine the connection between MP skills’ and their influence on the development of an optimal physician/patient relationship in the mental health area of primary care? RE design with two physician groups, under different trainings. Randomized by sex, age, marital status, weekly work hours and nationality. In quantitative phase, results of SFMQ, will be analyzed. In order to assess a physician/patient relationship it will apply to a patient sample DISQ and MSP. The qualitative dimension will be expressed: through semi-structured retrospective interviews to some of the patients treated by doctors belonging to the sample and evaluations by experts (psychiatrists) concerning diagnosis, referrals, and the treatments given to the patients seen by physicians’ sample.

Deconstructing and reconstructing the delinquent adolescent’s life stories by using narrative therapy
Hsiao-Pei Chang - National Chi-Nan University, Puli, Nantou, Taiwan, Won Hsiao

Deconstructing and reconstructing the delinquent adolescents life stories by using Narrative Therapy Aim: This study relates to how a counselor worked with delinquent adolescents by using Narrative Therapy. Not only presented the transferring contents and processes of the clients’ life stories, but also analyzed the factors that influenced the clients to make changes. Method: Three clients received narrative therapy given by the same counselor, including 8-8 sessions. Miller and Crabtree’s Template Organizing Style was applied to analyze the counseling transcripts to indicate which factors did influence or did not influence the transferring processes. Results: There were some obvious transferring contents and processes in two clients’ respective life stories. The effective factors were as follow: 1. The counselor used an “unknowing” viewpoint to ask them questions and listened to their mind to search for the beginning of the clients’ stories. 2. The counselor and the client created power from unique outcomes and wrote stories in double landscapes collaboratively. There were not obvious transferring content and process in one client’s life stories. The factors included: 1. Lack of dialogue and reflection during counseling processes. 2. The counselor could not find an appropriate way to decrease the influence of problem stories and could not create new space to help him to experience his life and himself in a new way. Discussion: We found when the clients felt the counselor was sincerely interested in understanding their life stories without judgment and the counseling relationship was really equal and collaborative, they were more willing to narrate. Accordingly, how the counselor showed respect towards the client and built collaborative atmosphere are discussed.
The relationship between help-seeking attitude and help-seeking behavior: The moderating role of help-seeking stigma

Hung-Wen Chang - National Changhua University of Education, Taiwan, Li-Fei Wang

The purpose of this investigation is to examine if the help-seeking stigma moderated the relationship between help-seeking attitude and help-seeking behaviors. Because of cultural stigma, the help-seeking behaviors in Taiwan has been viewed negatively. The main purpose of current study would like to explore how cultural stigma involves in the relationship between help-seeking attitudes and help-seeking behaviors. There are two research questions to be examined: (a) Are there a relationship between help-seeking attitude and help-seeking behavior? (b) How help-seeking stigma affects the relationship between help-seeking attitude and help-seeking behavior in Taiwan? Two hundred forty undergraduates will be invited to participate in the study. All participants respond four scales. A package of questionnaires will be utilized, which included: (a) Attitudes Toward Seeking Professional Psychological Help-Short Form(ATSPPH-S Fischer & Farina, 1995), (b) Counseling and Psychological Disturbance Stigma Scale(CPDSK Han, 2001), (c) Self-stigma of Seeking Help Scale(SSOSH; Vogle, Wade & Jaake, 2006), (d) Help-Seeking Behavior Questionnaire(HSBQ; Chang & Wang, 2009). The correlations, hierarchical regression analyses, and SEM will be used to examine the hypotheses. We expect to finish the study the end of 2010 May. The final results, implications of the results for counseling interventions, as well as further research will be presented in the conference.

Psychotherapy in suicide prevention: Complexities in engagement

Hsiu-Jung Chen - National Taiwan Normal University, Taipei

For intervention of both inwardness and complexities characteristics of suicidal client, this present study aims to reference Firestone proposed an integration model to raise awareness of clients reattributed the meaning of distress and readjust expectation then can regain their vitality and adaptation. Three female cases had crisis with suicidal ideation visited clinics separately. The situations among them were major depression and ruminated suicidal ideation acute by severe life stressor and all attempted suicide at least once. Clinical psychologist conducted 8 to 12 crisis intervention sessions and followed up psychotherapy proceeding for clients with using bio-psycho-social stress model of case formulation and cognitive therapeutic process of assessment, engagement, understanding experiences and tackling negative emotions helped clients through their suffering. This study will present the important steps of working procedure and generalizing our major findings of suicide prevention components from this qualitative study. Meanwhile the limitations of these procedures were also discussed.

Psychotherapy for patients with cancer and their families in Taiwan

Yih-Ru Chang - National Taiwan University Hospital, Taipei, Chang-Chang Tseng, Chih-Shuan Chang, Chi-Yu Chang

Psychotherapy was delivered for patients with mental diseases in Taiwan for a long time. Nevertheless, the service of psychotherapy extended to patients with physical diseases since the end of 1980s. The top medical center in Taiwan -National Taiwan University Hospital (NTUH) - recruited the first clinical health psychologist in 1989. The only one clinical health psychologist worked in one department in 1989-2007. The patients received psychological services at this department were divided into two groups. The first group was patients who suffered from adjustment problems and psychosomatic symptoms related to stresses except for having physical diseases. The second group was patients who were diagnosed with chronic or severe physical diseases. The number of patients of the second group was much less than the first group because of the limited consultation path. In June 2007, NTUH established the first independent Clinical Psychology Center in Taiwan. The clinical psychologists majored in different subspecialties were organized to promote higher efficiency and quality of professional services. They received consultation for psychological assessment and psychotherapy from various wards and outpatient clinics. In 2007-2009, the majority of consultation was asking help for treating patients with cancer and their families. The core psychological problems included stresses in daily life, disabilities, medical examination and treatment, decision-making, relationship with families, unfinished business and the process of dying. This paper will report the strategies of psychological assessment and psychotherapy for patients with cancer and their families.

Impact of feedback to therapist on client psychological well-being and chronic stress: A psychoneuroimmunology approach

Garrett Chesley - Utah Valley Pain Management, Orem, USA, David Vermiersch, David Zava

Aims: It is the aim of this research to investigate the degree to which psychological and physiological distress levels coincide for those receiving psychological treatment. Another aim is to investigate the effects of feedback to therapists on patient progress on a psychological and physiological outcome measure. Methods: Adult outpatient partial hospitalization patients participating in an eating disorder treatment facility were invited to take part in this research. In addition to demographic data, each participant was asked to fill out the Outcome Questionnaire – 45 on a weekly basis and to deposit 4 ml of saliva into a collection tube to obtain cortisol measurements three times during the course of treatment (pretreatment, time of signal, and posttreatment). Results: Early preliminary results demonstrate mixed outcomes with several of these hypotheses being supported. Specifically, the results seem to substantiate previous research on the 00-45, while the cortisol measurements partially confirm the stated hypotheses. In relation to pre-post differences, both the self-report psychological measure and the biological marker (i.e. cortisol) suggest that treatment is beneficial. Discussion: This research seeks to support the mind-body and psychoneuroimmunology research that posits the inseparable connection between the mind and body by treating the person as a complex set of interactions that occur between thoughts and emotions, the biological nature of the body, and socio-cultural factors. These results have implications for future research, program development, and delivery of treatment.

A review of the outcome literature on family-focused interventions for juvenile delinquents: Which therapy is effective in reducing recidivism and other outcome measures

Sarah Christian - Brigham Young University, Provo, USA

Aim: Violent crime perpetrated by adolescents has become one of our society’s most severe problems. The criminal justice system has implemented treatments aimed at understanding the etiology and maintenance of juvenile delinquency and substance abuse problems in hopes that it will minimize recidivism. The purpose of this study is to examine the effects of four empirically-supported family-focused treatments (Multisystemic Therapy, Brief Strategic Family Therapy, Functional Family Therapy and Multidimensional...
Family Therapy) on delinquent behavior looking at primary outcome measures. Method: In this review, we use meta-analysis to examine the outcome of family-focused therapies on delinquent behavior. We identified 35 studies, including both published and unpublished studies, that compared treatments to no-treatment control, treatment as usual, and alternative treatments from a community-based sample. Results: We examined treatment effects at posttest on delinquent behavior, externalizing and internalizing symptoms, and family functioning. We also examined the relative efficacy of each type of treatment, although the treatment types were rarely compared within in the same study. Discussion: We discuss the implications of the results for clinical work and for future research. This research will be finalized by the time of the conference.

**Poster Practice**

**The effect of client/ therapist feedback and the role of the therapeutic alliance on psychotherapy outcomes**

Elizabeth Cisneros - Loma Linda University, USA, David A. Vermeersch, T. Lorraine Young

Providing feedback to therapists about clients’ progress in psychotherapy has consistently resulted in improved client outcomes, but many clients still receive no benefit from therapy. Hawkins et al. (2004) found that providing feedback to both clients and therapists in a hospital-based sample improved outcomes over feedback to therapists alone, while Harmon et al. (2007) found no additional benefit of feedback to clients in a university counseling center setting. AIM: The primary goal of the current study was to evaluate whether providing feedback to both clients and therapists would improve client outcomes, above the effect of providing feedback to clients alone. The second aim of the study was to evaluate the hypothesis that the feedback effect is mediated by the therapeutic alliance.

METHOD: QG-45 scores were gathered from 205 university counseling center clients throughout the course of therapy. Clients were assigned to either the single (feedback to therapists only) or double (feedback to therapists and clients) feedback conditions. Participants were asked to respond to the Helping Alliance Questionnaire-II and the Assessment for Signal Clients to evaluate the strength of the therapeutic alliance. RESULTS: Feedback to both clients and therapists resulted in significant improvements in client outcomes, as measured by the QG-45, over the effect of feedback to therapists alone. Double feedback resulted in a 29% greater chance of improvement or recovery over single feedback, while single feedback was associated with a 28% greater chance of receiving no benefit from therapy. Therapeutic alliance was not associated with either feedback or outcome.

**Poster Alliance**

**Evaluating alliance ruptures through different methods in different outcome cases**

Joana Coutinho - University of Minho, Braga, Portugal, Jeremy Saffran; Eugenia Ribeiro

The main goal of this study is to compare different methods that can be used to identify the emergence of alliance ruptures. Considering Bordino’s (1979) transtheoretical definition of therapeutic alliance, a rupture may be seen as a disagreement around therapeutic tasks and/or goals or as a strain in the bond between therapist and client. 50 dyads participated in this study. This sample included dropout cases, successful cases and unsuccessful ones. At the end of each session the alliance was measured with the Working Alliance Inventory (Horvath & Greenberg, 1989), and a quantitative study of its fluctuations across sessions was done. Significant decreases in the WAI indicated the emergence of a rupture. This method was compared with the use of an observational rating system of rupture markers (Eubanks, Safran & Muran, 2009). A team of 6 judges trained in this observational system rated a total of 192 videotaped sessions from the same sample. We discuss the differences found between the two methods regarding their capacity to detect rupture episodes and the clinical implications of the results for therapist’s training programs and supervision.

**Poster Training**

**Personality traits involved in the student’s option for psychotherapy orientation**

Geanina Cuci Ciuhan - University of Pitesti, Romania, Nicoleta Raban Motouen

There are well-known psychotherapists that had their initial formation in a different form of psychotherapy than the one which got them recognized. Nowadays, the students must have an initial theoretical background prior to entering formation in a specific school of psychotherapy. Those courses aim, mostly, at presenting the main orientations in psychotherapy, helping them to take an informed decision. Yet, there isn’t enough information about the personal reasons for their options as suggests the number of students that make lots of effort to participate in training and do not practice later as psychotherapists. Among the reasons mentioned by the literature is the desire to help people, the need to solve some personal problems or to be fulfilled by acting according to personal abilities. The hypothesis of the study was that the students’ option for training in some specific form of psychotherapy is associated with certain personality characteristics and types of vulnerabilities. In order to examine these associations a correlational study was used. The subjects were students in the third year of college, participating in a psychotherapy course. Based on their options for some form of psychotherapy (determined with a questionnaire especially composed) the differences in their personality traits, according to the Big Five model (evaluated with NEO PI-R), and their interpersonal vulnerabilities (evaluated with Inventory of Interpersonal Problems) were examined. (Statistical data included.) The results argue for the idea that the option to follow specialized training may be explained by personal characteristics or profound needs of the future psychotherapist.

**Poster Group**

**Changes in object relations following time focused group psychotherapy with women who experienced childhood trauma**

Gerardine Curtin - Health Service Executive, Sligo, Ireland

This study explored the changes in internal representations of object relations, interpersonal behaviours and psychiatric symptomatology before and after psychodynamic group psychotherapy with women who had a history of early childhood abuse. The design of this study was quasi – experimental. Seventeen participants in the treatment group and ten participants in the control group were investigated to evaluate the effects of therapy on (1) intrapsychic functioning; (2) interpersonal problems and (3) psychological symptomatology. Participants in both groups were assessed before the start of the therapy programme (Time 1) and one year later (Time 2).

Objectives were to: 1) measure intrapsychic, interpersonal and symptomatic changes using the PORT, Percept-genetic object-relations test (Nilsson & Svensson, 1999),Inventory of Interpersonal Problems-64 (IIP-64, Horowitz et al, 2000)and the Symptom Check List Revised(SCL-90-R, Derogatis,1994) 2) compare and contrast treatment with matched controls on the measures used 3) compare and contrast intrapsychic with interpersonal and symptomatic changes 4) evaluate the effectiveness of the intervention. Participants who received group psychotherapy showed statistical and clinically significant changes on the Attachment theme of the PORT (Nilsson & Svensson, 1989) and this measure distinguished the treatment group from the control group more clearly than measures of interpersonal problems or psychological symptomatology. The study supported the hypothesis that psychodynamic group psychotherapy leads to changes in personality structure as measured by the PORT that extents beyond shifts in manifest symptoms and
Working alliance and key moments in the therapeutic process
Guillermo de la Parra - Pontificia Universidad Católica de Chile, Santiago, Andrea Noriega, Carola Pérez, Paula Dagnino, Carlos Vöhringer, Marianne Krause

Aim: The Therapeutic Cycles Model (TCM) (Mergenthaler, 1996) defines four Emotion-Abstraction Patterns (EAP) in the narratives of patient and/or therapist, which consist of the following: relaxing (low frequency of abstract and emotional words), experiencing (high frequency of emotional words), connecting (high frequency of abstract and emotional words), reflecting (high frequency of abstract words). The “connecting” pattern represents a key moment during a session. The Working Alliance, according to Bordin (1979), includes goals and task agreement, and the bond between the therapist and client. The aim of the present study is to explore the relationship between the process markers of the TCM and the Working Alliance as observed by external raters. Method: EAP are identified in the text of the transcribed therapies by means of quantitative computer assisted text analysis using the CM software. Two pairs of raters applied the Working Alliance Inventory- Observer (WA1-O) every 3 sessions of three psychodynamic therapies (N= 20 sessions). A correlational analysis was done between the two measures. Results: The frequency of the MCT pattern “connecting” in the patient’s narrative, showed a positive significant correlation with the subscales “Bond”, “Tasks” and Total score of the WA1-O. The other patterns (relaxing, experiencing, reflecting) showed nor or negative correlations with the WA1-O Subscales Discussion: according to the WA1-O raters, higher levels of Working Alliance were associated with a higher frequency of key moments during the therapeutic process. Some negative correlations between the MCT Patterns and the WA1-O subscales deserve a further analysis.

A meta-analysis of the utility of experimental disclosure for individuals with a history of trauma
Gina Debien - Argosy University/ Washington, DC, Arlington, USA, Marc Diener

Aim: The present study consisted of a meta-analytic review of the efficacy and effectiveness of written/verbal disclosure tasks for individuals with a history of trauma. Methods: The search procedure included a PsycINFO search, a search of EBSCO’s Psychology and Behavioral Sciences Collection, a manual search of relevant journals, examination of relevant review articles/chapters, and review of reference sections to locate additional citations. Data analysis includes examination of interrater reliability for coding decisions, calculation of an overall effect size, statistical significance, confidence interval, test for homogeneity, as well as moderator and file drawer analyses. Results: Random effects meta-analytic calculations of an overall effect size, as well as moderator and file drawer analyses, will be presented. Results of both randomized control trials as well as more naturalistic studies will be included. Discussion: Clinical implications of the findings will be discussed along with limitations of the present study. Directions for future research will be identified.

Randomized clinical trial from a population-based screening for major depressive episode in youth from 18 to 24 years
Luciano Dias de Mattos Souza - Universidade Católica de Pelotas, Brazil, Karen Jansen, Ana Laura Sica Cruzeiro, Thaise Campos Mondin, Raquel Nolasco Rizzo, Ricardo Azevedo da Silva

Introduction: It is estimated that the prevalence of depressive disorders to reach 10% to 30% of young people, such rates have been increasing in recent years and the prevalence of depression in young people seems to increase proportionally with age. The scientific literature indicates that cognitive models of psychotherapy have significant efficacy in the treatment of depression. Objective: To identify the prevalence of depression in 18 to 24 years and evaluate the effectiveness of two models of cognitive psychotherapy among those diagnosed with depression. Method: We conducted a cross-sectional study population in the city of Pelotas. Young people from 18 to 24 years who were diagnosed with depression were invited to participate in a clinical trial to evaluate the effectiveness of two models of cognitive psychotherapy for seven sessions. The individuals who agreed to participate were the control group. Those who agreed to participate were randomly assigned to two treatment groups. Results: The prevalence of depression was 13.8%. With regard to the effectiveness of cognitive models of psychotherapy to reduce depressive symptoms among young people, after treatment there was a significant reduction in the number of symptoms (p = 0.001). The average depressive symptoms before treatment was 19.0 (SD = 7.91) while the end of treatment the average score of BDI was 7.86 (SD = 8.14) however no significant difference between the models treatment. Conclusions: The prevalence of depression was high in our sample. The two models were effective for reducing depression in a sample of youth aged 18 to 24 years.

Therapist interventions and process measures - how does our behaviour influence patients' experiences
Ulrike Dinger - University of Heidelberg, Germany, Henning Schauenburg

Therapist interventions, i.e. the content of therapists’ utterances in therapy, are viewed as important variables that can potentially influence the therapeutic change process of patients. The present study investigates associations between observer-rated therapist interventions and patient-rated process measures (working alliance, session depth and smoothness). Individual therapy sessions from N=40 psychotherapy inpatients are analyzed. Experienced student raters code therapist interventions with the Comprehensive Psychotherapeutic Rating Scale, which are then related to patients’ post session ratings of process measures (SEQ, WAII). The findings are expected to contribute to a better understanding of the influence of therapist behavior on patients' experiences in psychotherapy.

Negotiation and its role in alliance formation, maintenance, and repair
Jennifer Doran - The New School for Social Research, New York, USA, Vanina Waizmann, Kelly Bolger, Jeremy Safran

Most research on the therapeutic alliance has been influenced by Bordin’s (1979) transtheoretical definition of the concept. Bordin posits three interdependent components of the alliance: tasks, goals, and bond. Existing measures of the alliance emphasize the importance of agreement or collaboration between client and therapist on these components. Correlations between alliance strength and therapeutic outcome have been empirically established. Safran and Muran (2000) argue that although collaboration is an important element of the alliance, it is useful to conceptualize the alliance as an ongoing process of negotiation between client and therapist subjectivities. The construct of negotiation emphasizes the fluctuating and dynamic quality of the alliance, viewing it as an
emergent process that evolves over the course of treatment. Negotiation also takes into account the ongoing process of rupture and repair that a number of studies have now found to characterize alliance development over time. Safran & Muran argue that negotiation is an intrinsic part of the treatment process and a mechanism of change in and of itself. The aim of our poster is to present the first phase of the construction of a scale of the alliance that emphasizes the centrality of negotiation. In it we present our first steps of measurement development as well as a pilot investigation. From an initial pool of over 90 items, analyzing the construct with clinicians and researchers has led to the simplified measure we present here. We are continuing to refine the instrument and investigate its psychometric properties.

**Poster**

**Attachment and psychophysiological regulatory capacity in borderline personality disorder**

*Johannes C. Ehrenthal - University of Heidelberg, Germany, Maria Zöckler, Henning Schauenburg*

Central to contemporary concepts of borderline personality disorder (BPD) is usually the idea of affective hyperarousal and severe dysfunction of interpersonal regulatory strategies. Surprisingly, there is no clear evidence for affective hyperarousal in experimental studies using psychophysiological indices. This might be either due to unspecific stressors used or the heterogeneity of the diagnostic construct. Attachment theory has the potential of incorporating both aspects in a theoretically convincing manner. Aim of the current study is the comparison of cardiovascular and autonomic stress regulation towards an attachment related short-term stressor in a sample of patients with BPD vs. a sample of patients with depression and anxiety disorders. Attachment is measured by the Adult Attachment Projective Picture System (AAP) as well as questionnaire data, diagnoses by structured clinical interview. First result of the ongoing study will be discussed against the background of resolved vs. unresolved attachment state of mind.

**Poster**

**Motive oriented therapeutic relationship vs. Confrontation: How much of each is needed**

*Patrick Figlioli - University of Bern, Switzerland, Franz Caspar & Isabelle Schmutz*

Aim: "Motive Oriented Therapeutic Relationship" MOTHER (Caspar & Grawe) is a prescriptive concept for establishing a solid basis for therapy: To the extent to which the therapist succeeds in behaving in a way compatible with and furthering the patients’ most important motives, s/he is considered to contribute to a good therapeutic relationship and to a good outcome. MOTHER is not only a prescriptive concept, but also a basis for judging whether therapists actually behave in a complementary way, be they familiar with the prescriptive model or not. The positive association between MOTHER and outcome has been established in previous studies. A question which remained open was whether confrontation of a patient with rather difficult aspects of his/her functioning, which is by nature non-complementary, at least if judged spontaneously, would be detrimental to a complementary relationship and good outcome. 30 cases selected out of a pool of 160 cases represent therapies with either very good or bad relationships. Plan Analysis case conceptualizations (Caspar, 2007) were developed based on the first few sessions. Subsequently, further sessions were judged moment by moment by independent raters how complementarily therapists behave to patient motives. Inter-rater agreement has been tested for the steps of developing the case conceptualizations and for the complementarity ratings, and turned out to be good. Results: Outcome is clearly better when therapists behave in a complementary way. When they show a generally high level of complementarity, however, anticomplementarity in some of the interventions, as caused by confrontation, is associated with better outcome.

**Poster**

**Religiosity of psychotherapists in Santiago de Chile: Results of a survey**

*Ramon Florenzano - Universidad del Desarrollo, Santiago, Chile, Ramon Florenzano, Eny Cataldo, Hector Ojeda, Nicole Taha, Miguel Prado, Cinthia Himas*

AIM: To ascertain the religious of mental health professionals in Santiago de Chile, and compare it with the general population and patients. METHODS: As part of a larger project on the impact of religious and spiritual beliefs in mental health, we first piloted a 30 item survey adapted from the Bicentennial National Survey applied in 2007 to the general population of Chile, on religious beliefs and observance, to then apply it to a representativ random sample of members of the Chilean Psychological Society, Neuropsychiatric Association, and Pychoanalytic Association (n=64 each). We applied the same survey (PUC/Adimark/GFK) to 200 patients treated at the Pain Clinic (PC) and the Affective Disorder Unit (UTA) of the Hospital Salvador in Santiago. Both groups were compared with the results of the same survey to a representative sample of Chileans. The data of the random sample is in process. RESULTS: In the pilot study 100 clinicians completed the survey. Among them, 89% were believers. This was close to the percentage of believers found in the sample of patients, (85.5%), and in the general population (86.6%). Among patients, religiosity was higher among PC than UTA cases (93.1% vs/78.8%). DISCUSSION: The religiosity of clinicians in the pilot study is similar to the general population. This differs from the findings of Shafaranske in the USA, where 73% of psychiatrists and psychologists believed in God, in comparison to 96% of the general population. In the case of patients, the role of hope and hopelessness remains to be studied.

**Poster**

**Personal style of the therapist. Observation protocol design**

*Fernando García - Aiglé Foundation, Buenos Aires, Argentina, Claudia Castañeiras, María Fraga-Miguez, Beatriz Gómez, Héctor Fernández-Alvarez*

We posit the Personal Style of the Therapist (PST) construct. It is defined as “the set of characteristics that each therapist applies in every psychotherapeutic situation, thus shaping the main attributes of the therapeutic act”. Up to the moment the PST has been assessed through a self administered inventory (PTS-Q) with 5 dimensions and has showed satisfactory psychometric properties. Currently we are exploring new aspects of the construct through the observation of clinical interviews. In this empirical study we present a guide for the observation of verbal and non verbal behaviors of therapists conducting intake interviews and therapy sessions that allow to extend the initial dimensions of the construct and the classification criteria of the behaviors that oriented the guide design. The protocol used to collect the data together with a glossary for its application is shown. A pilot study was conducted and the preliminary results of its application in a sample of therapists with different theoretical orientations, are presented. The results are discussed along with their relevance for the concurrent validity of the construct.
**Using the CORE conflictual relationship theme (CCRT) in diagnosis: Applications to the operationalised psychodynamic diagnosis OPD-2**  
Brin Grenyer - University of Wollongong, Australia, Kye McCarthy

Aim: The Core Conflictual Relationship Theme method is a personality measure coded from patient narratives to help the therapist identify and focus on mastery of CCRT conflicts. However, within a psychodiagnostic interview, CCRT themes can be reliably coded and integrated into treatment planning. Axis II (Interpersonal relationships) and Axis III (Conflict) of the OPD-2 Intercpersonal Relationships provides this opportunity. Methods: In a single case, 16 hours of therapy were coded using both the CCRT and OPD-2. This is the first study to code consecutive sessions using both measures, and allows consideration to both the stability and variability in the measures over time. Results: CCRT and OPD Axis II and III showed changes over the successful psychotherapy. OPD Axis I (experience of illness) and IV (structure) did not vary over the 4 months. There were strong linear relationships between CCRT components of harmony and valence to Response of Other and Self, and OPD-2 Axis II components, and also with Axis III conflict resolution in the individuation vs dependency axis. Similarly, changes on the Heidelberg Structural Change Scale and the CCRT were also related across treatment. Discussion: The similarities and differences between OPD and CCRT are presented, along with an integration strategy that deepens the use of both measures, including future extensions to the CCRT as a diagnostic tool.

**The alliance as a mediator between patient characteristics and outcome**  
Jessica L. Hamilton - University of Pennsylvania, Philadelphia, USA, Paul Cris-Christoph, Robert Gallop, Mary Beth Gibbons, Sarah Ring-Kurtz, Amy Pastva, Sarah Thompson, Laura Heintz

Aims. The correlation between the therapeutic alliance and treatment outcome has been well-documented across a large number of studies. However, the role of alliance as a mediating variable between certain patient characteristics and outcome has received less attention. The current study investigated alliance as a mediator between patient pretreatment expectations and a cold-hostile interpersonal style and the treatment outcome. Methods. Data was drawn from a pooled database of patients (N=198) and therapists (N=27) who participated in one of 13 studies evaluating the efficacy of cognitive and psychodynamic psychotherapies in the treatment of specific disorders at our research center. A two-level hierarchical analysis was conducted to assess patient and therapist variability in the alliance in relation to outcome, and to evaluate whether patient variability in the alliance mediates the relation of pretreatment patient characteristics to outcome. Results. The results indicate that variability in the alliance is significant in predicting outcome at both the therapist and patient level. Alliance partially mediates the relationship between the patient pretreatment characteristics and outcome. Interactions between the alliance and pretreatment patient characteristics, and curvilinear relationships, were also explored. Discussion. Our finding that alliance predicts outcome at the therapist level is consistent with previous research. However, the patient contribution to the alliance and partial mediation of the pretreatment characteristics has important implications for the field and future research.

**Reliability and validity of handheld computer administration of the personality assessment inventory**  
Laura E. Heintz - University of Pennsylvania, Philadelphia, USA, Sarah M. Thompson, Jessica Hamilton, Laura Murray, Paul Cris-Christoph, Mary Beth Connolly Gibbons, Don Thompson, Patricia Green, John Kurtz

Aims: This investigation evaluates the feasibility of electronic administration of a clinical measure in a community mental health setting (CMHC). The Personality Assessment Inventory (PAI) is a self-report inventory that has been adapted to a 204 item community-friendly version to assess patient factors contributing to clinical improvement. Methods: The Personality Assessment Inventory-Community Form (PAI-CF) was completed by 100 clinic consumers in the waiting room of a community mental health center using a handheld computer as well as traditional paper and pen. Consumers’ responses on the handheld computer were automatically transferred to a database on a server computer via a secure wireless connection. Satisfaction surveys were distributed to consumers to assess their level of comfort in using the PAI-CF as presented on the handheld computer. Consumers were also asked to respond in regard to their preferred method of completing the measure. Additionally, consumer responses on the PAI-CF administered via handheld computer were compared to the PAI-CF administered via paper. Results: Computerized administration was a reliable method for completing the PAI-CF. Most consumers responded that they preferred completing the survey via handheld computer. Discussion: Computerized administration of clinical measures is an efficient and valid data collection method in CMHCs.

**Investigating the contributions of autobiographical memory specificity and client experiencing to treatment outcomes in the YORK I and II Depression Studies**  
Jennifer Hilborn - York University, Toronto, ON, Canada, Lynne Angus

Aim: Recent research findings indicate that clinical depression is associated with a propensity toward generic, nonspecific Autobiographical Memory (ABM) recall and further, that a propensity towards over-general memory predicts course of depression. Research evaluating the degree of ABM specificity in therapy sessions indicates that while a personal proclivity for ABM specificity is tractable, and the progress of therapy is related to greater ABM specificity over time, increased ABM specificity alone does not account for positive therapeutic outcomes. To date, level of client experiencing has not been investigated in relation to ABM; our aim is to address this gap in the research literature. Methods: Data from 76 depressed clients undergoing manualized psychotherapy treatment for depression (York I & II Depression Studies) comprised the study sample. Treatment consisted of 16-20 weekly sessions of client-centered or emotion focused therapy. Therapy transcripts from 2 early, 2 middle and 2 late sessions were analyzed to evaluate degree of ABM specificity and level of client experiencing (Client Experiencing Scale). Treatment outcome was assessed on the basis of BDI reliable change index scores. Results: For this multi-level, nested dataset Hierarchical Linear Modeling (HLM) was used to test the relationship between client level of experiencing and ABM specificity, over the course of treatment, and in relation to therapy outcome. Discussion: This investigation provides will contribute to an understanding of the interactions between ABM specificity and level of client experiencing in EFT and CCT treatments of depression. It will also provide important theoretical insight into the process of change in therapy.
Long term follow-up of four family treatments for juvenile delinquency: A meta-analysis
Julia Hubbard - Brigham Young University, Provo, USA, Sarah Christian, Arjan Berkeljon, and Scott Baldwin

Aim: Several empirically grounded and well-documented family intervention treatments have been developed and found to be successful in youth involved in the juvenile justice system or have been diagnosed with conduct disorder. These include Multisystemic Therapy, Functional Family Therapy, Multidimensional Family Therapy and Brief Strategic Family Therapy. The goal of this study was to examine the effectiveness and stability of such treatments across follow-up periods ranging from one month to one year in length. Method: A meta-analysis was conducted which included 20 studies. Each study had to include at least one of the four family treatments and also had to include results based on outcome measures. Each study was coded based on various psychotherapy outcome criteria as well as potential moderators that may influence outcome as well as follow-up outcome. Results: Outcome data related to the long-term follow-up for each treatment was analyzed and compared. Findings allowed for a distinction to be made between immediate treatment outcome and stability of these outcomes over the follow-up period. Moderating factors relevant to stability of outcomes were discussed. Discussion: Findings were discussed with respect to the effectiveness of each therapy for the population of interest during treatment follow-up. Clinical implications of the stability of treatment outcome over time were also discussed. This research will be finalized by the time of the conference.

Do clients matter: The client as a source of variability in adherence and competence in motivational interviewing
Zac Inel - University of Washington, Seattle, USA, John Baer, Samuel Ball, Steve Martino, Kathleen Carroll

Motivational Enhancement Therapy (MET) is a brief evidence based treatment for a range of health-related behaviors. However, the relationship between therapist adherence and competence in providing MET and treatment outcome remains unclear. Therapists may adhere more closely to the manual when clients are less severe, are more motivated for treatment, or are less angry, irritable, or resistant. Thus therapist adherence may be a multi-determined product of the mutual influence of therapists and clients on each other. The influence of patient characteristics on adherence and competence is particularly important to understand in the context of MI as it may be that client behaviors encourage the very therapist behaviors that MI is designed to attenuate. The primary aim of the current poster is two fold: (1) to examine patient and therapist variability in therapist adherence and competence in sessions of Motivational Enhancement Therapy (MET) and (2) to examine patient predictors of MI adherence and competence. We analyzed data from a recent multi-site randomized clinical trial comparing three sessions of MET to three sessions of treatment as usual for substance abuse (Ball et al., 2007; Martino et al., 2008), in which there is a known correlation between adherence and several clinical outcomes. Preliminary analyses suggested that both patients and therapists were significant sources of variability in MI adherence and competence. Client motivation at the beginning of the session was the most consistent predictor of adherence and competence, while other variables such as substance use chronicity and severity were less consistently related to adherence and competence.

A multimethod assessment of interpersonal functioning in undergraduate couples
John Jackson - University of Maryland, College Park, MD, USA

Interpersonal functioning is an area of significant concern to many clients entering psychotherapy. Accordingly, an evolving array of assessments has been developed to measure interpersonal functioning and aid researchers and clinicians in the conceptualization of interpersonal behavior. The purpose of the present study is to examine relationships among data from three different methods of assessment: self-report, other-report, and behavioral observation. Participants were 20 undergraduate couples, and within each couple a target participant and a significant other participant were identified. Participants assessed their overall interpersonal self-concepts through completion of a standard measure of interpersonal problems (IIP-32; Barkham, Hardy, & Startup, 1996). Each couple then engaged in a discussion of a meaningful reference to disagreement in their relationship. Couples’ discussions were recorded, observed, and coded using Gottman’s Specific Affect Coding System (SPAFF, Gottman et al., 1995). Each member of the couple then rated the target participant’s interpersonal behavior in the discussion using Wiggins’ Interpersonal Adjective Scales (IAMS, 1995). Self-report, other-report, and observational data will be compared to examine consistency across these measures of interpersonal functioning. I have recently completed data collection and am in the process of completing SPAFF video coding along with a trained team of undergraduate research assistants. Data analysis and a written report of the findings will be complete by February of 2010.

The client’s ideas and fantasies of the supervisor in video recorded psychotherapy.
Claus H. Jacobsen - Aalborg University, Denmark, Karen B. Jensen, & Ninna S. Madsen

Aim: Despite the current relatively widespread use of video as a supervisory tool, there are few empirical studies on how recordings influence the relationship between client and supervisor. This paper presents a qualitative, explorative study of clients’ experience of having their psychotherapy sessions video recorded and presented in clinical supervision. Methods: 25 clients receiving brief psychodynamic outpatient treatment from trainee therapists at a university clinic setting filled out a open-ended questionnaire concerning their experience of being videotaped. The questionnaire focused on three related topics: a) the clients’ experience of the video recordings’ influence on therapy; b) the therapeutic relationship and c) fantasy relationship with supervisor. The answers were analyzed in accordance to Hill et al.’s (1997; 2005) guidelines for conducting Consensual Qualitative Research by two independent researchers and a third auditor. Furthermore, clients rated the overall influence of video recording and the influence across time on Likert scales. Results: This paper only focus on the results concerning the clients’ fantasy relationship to the supervisor. In general the clients speculated a great deal about the supervisors’ attitudes towards the clients. The data reflected both inhibiting and facilitating factors concerning an imaginary meeting with the supervisor. Examples of client’s different representations of their supervisor will be given. Discussion: The implications of the results will be discussed along with the validity, reliability and limitations of the study. Furthermore, the study’s contribution to clinical practice will be reflected upon.

The psychotherapist's prognosis and the clinical interventions in generalized anxiety disorder
Santiago Juan - Universidad de Buenos Aires, Argentina, Adela Leibovich de Duarte, Andres Roussos

The poster presents an ongoing research project focused in the relationship between prognostic inferences and interventions, in psychotherapists from two different theoretical frameworks (psychoanalytic and cognitive). For the recollection of the data, participants listen to an analog clinical material, consisting of a first session of a treatment. The stimuli material was designed to
accomplish the Generalized Anxiety Disorder diagnostic criteria (DSM IV-TR). Semi-structured interviews are being made with each participant. Psychotherapists are asked about the interventions they would use in the case, and the prognostic inferences they could propose about it. The techniques used for the analysis of the data are the Multi-Dimensional Classification of Psychotherapeutic Interventions (Roussos, Etchebarne y Waizmann, 2005), and the Clinical Inferences Classification (Leibovich de Duarte et al., 2002).

The objective of this research is to explore the link between prognostic inferences and types of interventions, evaluating also frequency and proportion of specific and non-specific interventions in psychoanalytic and cognitively orientated psychotherapists.

**Poster**

**Psychodynamic**

**Change in reflective functioning in a RCT of psychotherapy for bulimia nervosa - a study of mentalization, psychotherapy and eating disorders**

Hannah Katzenelson - University of Copenhagen, Denmark, Signe Holm Pedersen

Aim: The study is part of a RCT design comparing psychoanalytic psychotherapy with CBT for patients suffering from Bulimia Nervosa (BN). The aim of the project is threefold: To investigate the RF abilities of patients suffering from BN before psychotherapy, and to explore whether CBT or psychoanalytic psychotherapy are most successful in improving RF abilities of the patients. Furthermore the project aims at exploring whether RF scores after treatment can predict symptomatic improvement. Methods: 70 patients have randomly been assigned to either CBT or psychoanalytic psychotherapy. AAI’s are administered to everyone at intake, after 6 months and after 24 months. The approx. 210 AAI’s will subsequently be rated by reliable coders for RF (so far 112 AAI’s have been coded for RF). A pilot reliability test (n=16) show promising results with an inter-rater reliability of 0.94. EDE and SCID-II (Spitzer et al., 1990) data is also available as well as RF scores for a normal control group of 20 individuals matched for age and educational level. Results: Mean RF score in the group of patients suffering from Bulimia Nervosa: 4.06. Almost half of the patients (47.8%) have low RF (up to and including 3). Almost one third (29.0%) have normal or almost normal RF (4 or 5). Almost one fourth (23.2%) have better than average RF (6 and up). Mean RF for control group (n=20): 4.2. Discussion: BN is described as connected to poor affectregulating abilities – but does this mean it’s a disorder of mentalization?

**Poster**

**Other**

**Refusal of psychological interventions in cardiac surgical patients**

Daniela Kautz - University Hospital Jena, Germany, Jenny Rosendahl, Katharina Tigges-Limmer, Jan Gummet, Ralf Driewas, Johannes Albes, & Bernhard Strauss

Background: Psychological interventions to support patients in coping with somatic and psychological stress within the perioperative situation have proved to be helpful, in particular for cardiac surgical patients. However, some patients refuse to participate in those interventions. For clinical practice as well as for conducting randomized clinical trials it is important to identify predictors and reasons of refusal. Aim: Primary aim of the study was to examine the influence of demographic, somatic and psychosocial factors on the refusal of psychological interventions in patients undergoing cardiac surgery. Methods: Within a bicenter trial (By.Pass; ISRCTN70297983) data of 291 cardiac surgical patients were analyzed. 145 patients agreed in participation, 146 patients refused, respectively. Mean age of the patients was 65.7 years (SD=8.58; range: 40-83), 82.8% male. Demographic and psychosocial variables were assessed by standardized questionnaires; somatic data were extracted from medical records. Differences between patients refusing and participating in psychological interventions were analyzed using linear discriminant analysis. Results: Male gender, good mobility, mild stages of heart failure, anxiety and depression scores within the normal range and lower vigilant coping behavior significantly predicted the refusal of psychological interventions. A trimmed model comprising all significant predictors identified within single models classified 64.8% of patients refusing psychological interventions correctly. Discussion: Differences in postoperative recovery between patients refusing and participating in psychological intervention will be examined in further analyses.

**Poster**

**Psychodynamic**

**Extension of the study of the discourse of mothers of deaf female adolescents. Comparative analysis of drives and defenses at the moment of the diagnosis**

Ruth Kazez - UCES, Capital Federal, Argentina, Gabriela Melloni

Aim: Considering the specific problems that therapists working with deaf children face, such as the linguistic differences between the family members, which reactualize the trauma of the diagnosis; we intend to contribute to the study of the mother–daughter relationship. Our aim is to extend the previous study of the drives and defenses in the discourse of hearing mothers of deaf female adolescents to determine the effects of the diagnosis of the handicapped on their psychic apparatus to three new cases (Maldavsky, Kazez; Melloni – 2009) Method: The David Liberman algorithm (DLA), which is a method based on Freudian concepts, that has proven useful for clinical research. It has been designed to investigate two main variables: libidinal fixations and defenses in the discourse. Sample: One narrated episode about the moment of the acknowledgement of the handicap diagnosis. Procedures: We analyze the narrations regarding drives and defenses and their state. Results: In our first study, both mothers combined functional and pathological defenses (mostly disavowal) in the attempt to deal with the problems of their daughters. In both cases the defense arose against an overwhelming and disorganizing feeling. We compare these with the results of the new cases to find correlations or divergences.

**Poster**

**Psychodynamic**

**Changes in psychiatric patients' lifestyle five years after the start of short- and long-term psychodynamic psychotherapy and solution-focused therapy**

Paul Kn bet - National Institute for Health and Welfare, Helsinki, Finland, Maarit A Laaksonen, Raimo Raitasalo, Peiya Haaramo, Olavi Lindfors

Aim: Lifestyle has been found to be less favourable among individuals suffering from psychiatric disorders. We study whether psychotherapy brings along changes in lifestyle during a 5-year follow-up and whether these changes differ between two short- and one long-term psychotherapy. Methods: The Helsinki Psychotherapy study comprised 326 outpatients, 20–46 years of age, with mood or anxiety disorder who were randomly assigned to long-term psychodynamic psychotherapy, short-term psychodynamic psychotherapy, and solution-focused therapy. The lifestyle variables considered were alcohol consumption, smoking, body mass index (BMI), leisure time exercise, and serum cholesterol. The patients were monitored for 5 years from the start of treatment. Results: During the 5-year follow-up, BMI and serum cholesterol rose statistically significantly whereas no statistically significant trends were found for alcohol consumption, smoking or exercise in the total study population. Short-term psychodynamic psychotherapy, however, showed an increased alcohol consumption in comparison with long-term psychodynamic psychotherapy through the entire follow-up, the intake being 28% higher at the end of treatment and 53% higher at the end of follow-up. Discussion: Small therapy-specific changes in lifestyle may be a result of psychotherapy treatment. More studies are needed.
No way out - the feeling of being trapped and its relation to depressiveness
Tobias Krieger - University of Zurich, Switzerland, Manuel Trachsel, Martin Grosse Holtforth

Aim. Depressed patients often describe their feelings as being 'trapped in a dark hole' despite strong efforts to find a way out. Evolutionary psychologists found this feeling of entrapment to be strongly related to depressiveness. The aim of the present study is to investigate how perceived entrapment relates to depression and how this construct is related to the concept of hopelessness. Methods. Data from an unsampled sample of 539 healthy people are used to validate and test the psychometric properties of the German version of the Entrapment Rating Scale (Gilbert & Allan, 1998). Furthermore the relationship of perceived entrapment with other important depression-related concepts such as perceived stress and hopelessness were investigated. Results. First results indicate that entrapment is likely an unidimensional construct that does not distinguish between different types of entrapment (internal vs. external). Preliminary results further show that entrapment over time appears less stable than hopelessness. Discussion. Findings are discussed with respect to psychotherapy practice, and potential directions for further research are explored.

Childhood family atmosphere as a predictor of outcome in short- and long-term psychotherapy
Maarat A Laaksonen - National Institute for Health and Welfare, Helsinki, Finland, Maaria Kurki, Olavi Lindfors, Peija Haaramo, Aila Järivisoki, Paul Knell

Aim: Childhood adversities are associated with psychiatric symptoms and may affect treatability. Little is, however, known about the prediction of traumatic childhood history on the outcome of therapies of different length. We studied the reliability and prediction of retrospectively assessed self-reported Childhood Family Atmosphere Questionnaire (CFAQ) on psychiatric symptoms in short- and long-term therapy. Methods: A total of 207 outpatients from the Helsinki Psychotherapy Study, aged 20-46 years, and suffering from depressive or anxiety disorders completed the CFAQ at baseline before randomization to short-term or long-term therapy, and 172 of them re-completed the questionnaire 8-12 years later. The 21-item questionnaire covering the age period under 8 years consists of both protective family atmosphere items (e.g. parent’s good relationship and positive atmosphere in general) and harmful items (e.g. parental problems, abuse, and separation). Patients’ psychiatric symptoms were assessed with the Symptom Check List, Global Severity Index (SCL-90-GSI) at baseline and 7 times during a 3-year follow-up. Results: The long-term repeatability of the CFAQ was relatively good. Patients with adversities related to relational pathology such as physical punishment, violence and conflicts between parents and separation from mother experienced a faster and relatively stable symptom reduction in short-term therapy. Many of the childhood adversities were however so rare that their prediction on psychotherapy outcome could not be reliably studied. Furthermore, it was not inferred whether these adversities were related to reasons for seeking therapy. Discussion: Patients with certain specific, apparently recognized, childhood adversities may benefit from focused short-term therapy.

Therapists’ interventions intended to foster client hope early in psychotherapy: A qualitative study
Denise Larsen - University of Alberta, Edmonton, Canada, Rachel Stege, M.Ed.

Aim: Hope is consistently named as a key agent of client change within common factors models of psychotherapy (Asay & Lambert, 1993; Hubble & Miller, 2004; Lopez et al. 2004). However, major psychotherapeutic approaches commonly claim hope as an important factor without identifying which techniques offer hope or specifically how hope is addressed (Larsen & Stege, in press). Methods: As part of a larger project on hope in the psychotherapy process, this study employed basic interpretive inquiry to examine if and how hope was intentionally addressed by psychotherapists. In this study, five psychotherapists were interviewed individually (using Interpersonal Process Recall [Larsen, Flesaker, & Stege, 2008]) while viewing videorecordings of their recent counselling sessions with client-participants (n=11 clients). During these interviews, therapists identified interventions in which they intended to impact client hope. Results: Findings indicate that attempts to foster client hope were common. Therapist interventions most often targeted client hope implicitly, as opposed to interventions that explicitly used the word ‘hope’. Therapists’ implicit, intentional hope-fostering interventions were frequently connected to supporting the therapeutic relationship. Further, hope was intentionally targeted as therapists worked to help clients shift perspective through the use of reframes, metaphors, humor, sharing success stories, and externalization. Discussion: Consistent with a common factors perspective on psychotherapy, categories of therapist-identified hope-fostering interventions spanned a variety of theoretical approaches. Research and practical implications will be discussed.

Differences in forgiveness of self: Comparing older and younger adults
Michelle Lee - Midwestern University, Downers Grove, USA, Gloria M. Workman, Don E. Workman, Vanessa Ramos, Theresa Schultz

Aim: Interventions targeting forgiveness can play an important role in improving mental health (Baskin & Enright 2004). However, most forgiveness research has not focused on self-forgiveness, particularly in later life (Hall & Fincham, 2005; Ingersoll-Dayton & Krause, 2005). Self-forgiveness is important in later life as individuals attempt to reconcile aspects of the self to achieve ego integrity (Ingersoll-Dayton & Krause 2005). More research is needed to understand self-forgiveness in later life, including age differences in self-forgiveness. This study examines differences in self-forgiveness between older and younger adults. Methods: Younger participants were 1st-year pharmacy students (n=49). Older participants were community dwelling older adults (n=49). Participants completed a brief demographic form and the Self subscale of the Heartland Forgiveness Scale (HFS; Thompson, et al., 2005). This 8-item subscale assesses trait self-forgiveness. Results: Older and younger adults did not differ significantly on the Self subscale of the HFS (t(96)=1.49, p=.14). However, items analyses indicated that older adults were significantly more understanding of themselves for past transgressions than younger adults (t(96)=-3.20, p < .005). Older adults also tended to be less self-critical for past wrongdoings than younger adults (t(96)=1.95, p =.05). Discussion: Though there are many similarities, older adults seem more able than younger adults to engage in some specific aspects of self-forgiveness. Results provide insight into adapting therapeutic interventions targeting self-forgiveness for different age groups.

Researching the defensive functioning in a patient suffering from a medial bilateral temporary damage
David Maldavsky - UCES, Capital Federal, Argentina, Susana Koreck

Goal: to detect defenses in a patient suffering from a medial bilateral temporary damage. Sample: two video-taped interviews. Method: the David Liberman algorithm, which allows to detect wishes and defenses (as well as their state) in the narrated and enacted episodes. Repertoire of main defenses: Foreclosure of the affect, Foreclosure of reality and the ideal, Disavowal, Repression,
In accordance with the goal, Creativity, Sublimation. Procedures: 1. analysis of the patient’s narrations (which usually allows inferring the extra-transference conflicts), 2. analysis of the patient’s enacted episodes (which usually permits to understand the intra-session conflicts). Analysis: while the analysis of the patient’s narrations (combining vagueness, translocations of time, and just a few groups of realistic recent episodes) do not allow inferring the present defensive functioning, the study of the patient’s enacted scenes permits to infer her main psychic organization, in terms of co-existent psychic currents: 1) functional defenses, 2) disavowal, 3) foreclosure of reality and the ideal, 4) foreclosure of the affect. The patient oscillated between defenses of type 2 and 4. Discussion: The outcomes of the research partially coincided with the results of previous investigations on the relevance of a defense against the recognition of the own deficits in a patient who suffered from the consequence of a brain disease. Nevertheless the present investigation also stresses that, in the present, repression practically has no incidence in the terrain of the active defenses; also, a high incidence of foreclosure of the affect permits to infer the relevance of a post-traumatic condition in the patient.

**Poster**

**Group intervention with battered women: An outcome study**

Marlene Matos - University of Minho, Braga, Portugal, Anita Santos, Andreia Machado

Aims: Violence against women in intimate relationships has damaging implications for the victims, not only socially, but also in behavioural and psychological domains. Intimate victimization is associated with high rates of depression and anxiety disorders, dissociation, suicidality, substance abuse, sexual problems, and cognitive disturbances such as hopelessness, low self-esteem and somatisation (Brener & Carol, 2004). The growing number of abused women asking for specialized help has been emphasising the importance of innovative answers. According to Tutty, Bigdoo & Rothery (1983), group intervention is one of the most common modality concerning women victims. However, studies about intervention (process, efficacy) are scarce. Method: Having that in mind, we will implement a group intervention with women that were in an abusive relationship. The main objectives were to: cease partner violence; to decrease clinical symptoms, to reduce victim’s isolation, to promote empowerment and skills to the reorganization of life projects. One experimental group will be conducted, with measures of clinical symptoms and beliefs towards violence before the group beginning, every session, at the end and at follow-up. Measures from three control groups will be gathered. Results: Preliminary outcome results of the group intervention will be presented. Discussion: Findings can have implications for professionals practice, institutional intervention and for the victim’s well-being.

**Poster**

**The Therapeutic Cycles Model: The Australian specimen case of Michael**

Kye McCarthy - University of Wollongong, Australia, Brin Grenyer, Erhard Morgenthaler, Sven Schneider

Introduction: Innovative measures of clinical progress have recently moved from observer-based symptom interviews to studies of neuropsychiatric markers and linguistic processing technologies. Focus has turned to studying clinical changes in vivo, including studying session by session consultations to identify ‘significant events’ associated with clinical improvement. Method: The data for this investigation was a complete set of 16 hours of transcribed, positive outcome psychotherapy sessions with a 42 year old male with comorbid cannabis dependence, major depression and cluster C personality disorder (obsessive-compulsive PD with avoidant traits). The University of Ulm - Therapeutic Cycles Model (TCM), a computer-assisted analysis of psychotherapy transcripts, was used to identify marker words for emotional tone, abstraction and narrative style for the patient and therapist utterances. The Heidelberg Structural Change Scale (HSCS) was rated on the same case to examine parallels between the two measures of clinical improvement. Results: One cycle, an indicator of clinical improvement, was found in the TCM outputs for the language patterns of both patient and therapist combined and separately, from the 11th to 16th sessions. Therapist interventions were identified from comparisons between TCM outputs. Statistical analyses showed that during cycles, scores on the HSCS were significantly higher, and that HSCS scores significantly differed based on the patient identified by the TCM. Conclusion: The results reinforce the non-linear nature of clinical improvement, and present a technology for identifying markers of change in the therapist-patient dialogue, as well as identifying therapeutic interventions. This contributes to novel approaches to psychiatric assessment of progress.

**Poster**

**Measuring therapeutic alliance with a therapeutic community for substance-dependent patients**

Louis Moffett - Palo Alto University, California, USA, Jessica Byrd-Olmstead, Jaclyn Kraemer

Aim: For substance-dependent patients, treatment often involves individual therapy, group therapy, and residential treatment. The patient’s therapeutic alliances can be with an individual therapist, with a group, and with an entire treatment program, especially in therapeutic communities (TCs). Convergent and discriminant validity data are continuing to be collected to develop a measure of an individual’s working alliance with a TC to complement measures of alliance with individual therapists and with groups. Methods: Self-report measures of therapeutic alliance with a TC were constructed. In three studies, across five TCs, an alliance measure was correlated with measures of (a) subjective distress, (b) Big Five personality factors and personality traits, (c) coping styles, (d) social skills, (e) social climate perceptions, and (f) staff ratings of the patient’s participation, progress, likability, and ease of interaction. Results: So far, therapeutic alliance with a TC has been found to be independent of (a) subjective distress, (b) personality factors and traits, (c) coping styles, and (d) social skills. Alliance with a TC was associated with favorable perceptions of the TC’s social climate (e.g., supportive, involved, engaged, clear expectations) and with staff ratings of the patient’s likability and ease of daily interpersonal interaction. Discussion: For substance-dependent patients, primary treatment and extended recovery are often associated with substantial involvement in a community of peers in treatment and in continuing fellowship participation. A measure of alliance with these larger social systems may identify important factors in successful outcomes for substance-dependent patients.

**Poster**

**The preschool outcome questionnaire: Considerations regarding a promising pediatric outcome measure**

Sasha Mondragon - Brigham Young University, Provo UT, USA, Mikle South, Scott Baldwin

Aim: The evaluation of psychotherapy treatment progress among very young children is commonly evaluated using measures designed for diagnostic and screening purposes. To our knowledge, no measurement exists that evaluates treatment progress over time for preschool-aged children other than The Preschool Outcome Questionnaire (POQ). The aim of the current study was to examine the factor structure of the POQ by evaluating the 35 items using an Exploratory Factor Analysis. Methods: Data was collected from a large child outpatient treatment center located in the Mountain West. The POQ is a parent-report questionnaire and was completed by a parent or caregiver within two weeks of their child’s first treatment session. A Maximum Likelihood Factor Analysis was conducted using initial POQ scores (N=892) from two treatment sites. Results: Results suggest that the factor loadings
for the POQ differ by site. A three-factor model (internalizing symptoms, externalizing behaviors, positive behaviors) best represents data from site one (N=398) while a five-factor model (positive behaviors, attention concerns, externalizing behaviors, aggression, and anxiety) appears to fit data from site two (N=494). Discussion: The POQ is a promising outcome measurement for preschool-aged children, however, we suggest revisions be made to the POQ. Special attention could be focused on questions that do not load on any of the specified factors and on possible explanations regarding the different findings at different treatment sites. We expect that such revisions would enhance the statistical and clinical utility of the POQ, making the POQ the first instrument created specifically to measure treatment progress in very young children.

Poster
Depression

Meanings and change associated to the own suicide risk
Susana Morales - P. Universidad Católica, Santiago, Chile

Suicide is the third cause of death worldwide for people aged between 15 and 34. In Chile, about 1600 people die because of this. It represents a rate nearing 11 per 100 thousand inhabitants. General objective of research presented: To assess the change in temporary variables and in stable variables, between the beginning of hospitalization time, after ten days of hospitalization and a week after discharge from psychiatric care. To build a conceptual model of meanings associated to the suicide risk and related to the perception of help received from an institutional program of crisis intervention. Method: Quantitative and qualitative approach. Quantitative: Measure change in five variables and qualitative: Meanings associated to the own suicide risk and help perceived from intervention program Quantitative phase. Measures of 5 variables change: Feeling well-psychological distress; Expression of aggression management; Style experience depressive; Differentiation of self-other; Perception of the attachment provided by parents. Qualitative phase: Meanings associated to the risk, according to: A sense of well being - psychological distress; Expression of aggression management; Experience depressive style; Differentiation of self and others; Perception of the attachment style provided by parents; Intentionality of his attempt; Individual and family history; Risk and protective factors; Wishes for the future. Also meanings associated with the support received by the intervention program related to: Expectations; Involvement in activities; that helped; that didn’t help. AIM: The poster expect to show preliminary findings in this research.

Poster
Psychodynamic

Comparison between the patient’s discourse during the sessions and his literary production, applying the David Liberman Algorithm (DLA)
Nilda Neves - UCES, Capital Federal, Argentina, David Maldavsky

Goal: To detect similarities and differences regarding wishes and defenses in the patient’s discursive manifestations during the sessions and in his literary production. Sample: Fragments of sessions and literary production from outside the consulting room. Method: the David Liberman algorithm (DLA), designed to detect wishes and functional and pathological defenses (as well as their state) in the patient’s discourse. Wishes: Intrapsomatic libido (IL), Primary oral (O1), secondary oral sadistic (O2), primary anal sadistic (A1), secondary anal sadistic (A2), urethral phallic (UPH) and genital phallic (GPH). Main defenses: Foreclosure of the affect, Foreclosure of reality and the ideal, Disavowal, Repression, In accordance with the goal, Creativity, Sublimation. Procedure: 1. To investigate wishes and defenses in the patient’s discourse during the session. 2. To investigate wishes and defenses in the literary production of the patient. 3. To compare the corresponding outcomes. Analysis: A creative psychic current predominates in the patient’s written production, while in his discourse in session what prevails is a combination between two psychic currents, one of them in accordance with the goal, and the other one having a pathological character. In this pathologization, two combinations wish-defense are predominant: O1 and failed disavowal and IL and failed foreclosure of the affect. Discussion: The patient’s defensive organization during the sessions and in his literary activity are different, indicating that sometimes the patient’s discourse does not necessarily reflect the totality of his psychic daily life.

Poster
Alliance

A revision of the relationship between therapeutic alliance and outcome: Patients’, therapists’ and observers’ perspectives
J. Carola Pérez - Pontificia Universidad Católica de Chile, Santiago, Paula Dagnino, Carlos Vöhringer, Carolina Altimir, & Claudio Martinez

Aim: The aim of this study was to review the previously demonstrated fact that patient-reported working alliance is the strongest predictor of therapeutic outcome, compared to therapists and external observers (Horvath, 2005). For that purpose, this research intends to establish the relationship between the quality of the therapeutic alliance according to patients, therapists, and observers, with therapy outcome based on patient self-report and observer-perspective measures. Methods: 20 sessions belonging to 4 psychotherapeutic processes were analyzed. The working alliance of each session was measured by the Chilean validated version of the Working Alliance Inventory (WAI), in its patient and therapist form (Sanitáñez 2001), as well as by its observational form (Vöhringer, et al., 2009). Meanwhile, session outcome was measured by the Outcome Questionnaire (OQ-45.2) (Von Bergen, & de la Parra, 2002), and the Generic Change Indicators associated to change episodes (Krause, 2006). Results: Preliminary results indicate that –in agreement with what has been reported by other studies- there is a stronger relationship between the quality of the therapeutic alliance reported by patients and therapists, than between these and that reported by external observers. Contrary to what was expected, the therapeutic alliance reported by all three perspectives was predictive of outcome in the Interpersonal Relationships Scale of the OQ-45.2. Discussion: Results will be discussed regarding the source of evaluation of the different variables studied and the specific diagnosis of the patients studied.

Poster
Psychodynamic

Analysis of wishes and defenses in the narrations of six oncologic patients. An application of the David Liberman Algorithm (DLA)
Silvina Perez Zambón - USAL, Capital Federal, Argentina, David Maldavsky

Goal: to investigate the psychic organization of six oncologic patients in the moment of contraction of the affection. Sample: clinical interviews with 6 patients at least 2 years after finishing their oncologic treatment. Method: The David Liberman algorithm (DLA), which allows to detect drives and defenses and their state in narrated episodes. Procedures: 1. selection and analysis of the narrations corresponding to the period when presumably the illness began, 2. comparison of the outcomes. Outcomes: the analysis of the sample with the DLA tools allows detecting a combination of several drives and defenses having different relevance in the most important fragments of the interviews. It was possible to infer that a regression to the earliest stages of libidinal and ego-development predominated, accompanied by equally regressive defenses, such as foreclosure of the affect and disavowal.
Synthetically, we have detected the combination between schizoid characterological traits and a toxic condition. This complex fragment constitutes the most important sector in the period when the cancer began.

**Poster**

**Nonverbal and paraverbal expression of interactional agreement**

*Georg Rees - University of Bern, Switzerland, Wolfgang Tschacher, Fabian Ramseyer*

Aim: Various nonverbal and paraverbal elements in a conversational exchange can be interpreted as signals of a speaker’s interactional agreement or disagreement. The first research objective of our project is to establish a detailed list of motional and prosodic indicators that capture the degree of agreement in a series of simulated dyadic exchanges. Finally the main aim is to find out if and how the level of synchronisation in nonverbal and paraverbal expression differs between five conditions: cooperation, defense against a third imagined party, consensus, competition and imagined social exclusion of one of the subjects. Method: The basic idea behind this procedure is that the introduced conditions can occur in a great variety of social contexts particularly in conversations between family members, partners or in psychotherapy interactions. In addition, we will ask the subjects to complete questionnaires covering personality traits, empathy, interpersonal problems, attachment qualities and mood. N = 70 consensual dyads of healthy students will be recruited for the behavioural experiments; group comparisons will be performed. Results: Results are in progress. So far 50 probands have been examined. It is provided to finish the testings in April 2010 and start afterwards with the statistical analysis. Discussion: In clinical psychology, agreement and related constructs are commonly measured using explicit assessments by therapists and/or patients; another line of clinical research is based on linguistic measures and on content-analytic qualitative approaches. Hence, behaviour-based analysis such as MEA and prosody analysis has considerable innovation potential for the field of psychotherapy research.

**Poster**

**Formation of therapeutic alliance: Micro-analysis of therapist and client’s interactions**

*Eugênia Ribeiro - University of Minho, Braga, Portugal, Sara Cruz, Dulce Pinto*

Aims: Recent research in the therapeutic alliance field (Horvath, 2006) suggests the studying of the micro-processes underlying the alliance in order to understand how this process becomes therapeutic. In this study we understand the therapeutic collaboration as a result of the equilibrium between the therapist and the client’s actions. We assume that a coordination of two types of intervention from the therapist’s position, Understanding and Challenge, will be supplemented by two types of reactions from the client’s position, Security and Emergence of Novelty. This way, we aim to comprehend how the alliance formation is associated with the coordination of these therapeutic actions. Methods: The methodology involves intensive analyses of therapeutic interactions of 20 early sessions in order to identify the processes of understanding from the therapists’ side and processes of security from the side of the client. Two judges are analysing all the sessions, using a preliminary observational system of these collaborative processes (Ribeiro, Gonçalves & Horvath, 2009). They are identifying positive and negative episodes of understanding (therapist) and security (client) in the first phase of narrative therapy. Results: Although the analysis is yet in process, we plan to present a model of the therapist and client’s action coordination in the first phase of narrative therapy, illustrating it with examples of positive and negative coordination episodes. Discussion: Results will be discussed concerning the contributions to the improvement of the observational system of the collaborative processes.

**Poster**

**A randomized controlled study of a performance improvement system for substance abuse treatment providers in an outpatient setting**

*Sarah Ring-Kurtz - University of Pennsylvania, Philadelphia, USA, Paul Crits-Christoph, Bridget McClure, Christina Temes, Agatha Kulaga, Robert Gallop, Robert Forman, John Rotsen*

Aim: We conducted a controlled trial to evaluate the efficacy of a semi-automated performance improvement system (“Patient Feedback”) that enabled real-time monitoring of patient outcomes in outpatient substance abuse treatment clinics. Methods: The study involved 118 clinicians working at 20 community-based outpatient substance abuse treatment clinics in the northeast United States. Ten clinics received 12 weeks of the Patient Feedback performance improvement intervention and ten clinics received no intervention during the 12 weeks. Over 1500 patients provided anonymous ratings of therapeutic alliance, treatment satisfaction, and drug/alcohol use. Results: There was no evidence of an intervention effect on the primary drug and alcohol use scales. There was also no evidence of an intervention effect on secondary measures of therapeutic alliance. Clinician-rated measures of organizational functioning and job satisfaction also showed no intervention effect. Discussion: Possible insights from the findings and alternative methods of utilizing feedback reports to enhance clinical outcomes are proposed. Limitations such as ceiling effects and the utilization of self-report measures of drug and alcohol use are also addressed.

**Poster**

**Therapeutic alliance, stages of change, relationship pattern, and therapeutic interventions: Evolution during time-limited psychotherapy**

*Glauco Rocha - Universidade Presbiteriana Mackenzie, Sao Paulo, Brazil, Maria Leonor Enéas, Sonia Maria da Silva, Bruna P. Yamamoto, Evandro Morais Peixoto, Thiago D. Carbonel.*

Aim: There are many researches that point out the importance of analyzing aspects of change in psychotherapy. However, only a few of these researches emphasize the contributions of the therapist to this phenomenon. The goal of this study was to evaluate a time-limited psychotherapy process linking the participation of both the patient and the therapist. The verbal interventions of the therapist will be evaluated as well as the evolution of the patient according to the following variables: therapeutic alliance, CCRT and stages of change. Methods: Will be employed the time-limited psychotherapy process with a female 24 years old undergraduate, attending psychotherapy with a psychology student, also female. The process had 11 sessions and was recorded on video, according to ethical recommendations and was registered on the patterns of psychotherapy transcriptions. The Working Alliance Inventory, the Stage of Change Scale, the CCRT, and the interventions of the therapist will be evaluate in four moments of the process in order to define the interactions between them. Two judges will evaluate the instruments, and the agreement between them must to be 0.80.
On the combination between wishes and pathological defenses in a couple relationship, studied with the David Liberman Algorithm (DLA)

Clara Roitman - APA/UCES, Capital Federal, Argentina, Liliana Alvarez, Ana María Britti, Nilda Naves, Cristina Tate de Stanley, David Maldavsky

Goal: to study the reciprocal contributions of the members of a couple to their pathological exchanges. Sample: two clinical sessions of a couple. Method: The David Liberman algorithm (DLA), which allows to detect wishes and defenses (as well as their state) in narrations. Repertoire of wishes: Intrapsomatic libido (IL), Primary oral (O1), secondary oral sadistic (O2), primary anal sadistic (A1), secondary anal sadistic (A2), urethral phallic (UPH) and genital phallic (GPH). Repertoire of main defenses: Foreclosure of the affect, Foreclosure of reality and the ideal, Disavowal, Repression, In accordance with the goal, Creativity, Sublimation. Procedures: 1. To select the exchanges occurring at the beginning and the end of each session, 2. To detect wishes and defenses as well as their state in each patient, 3. To infer the reciprocal contributions they make to increasingly resort to more regressive defenses. Discussion and conclusion: The combination between wishes and defenses of both patients allows understanding the pathological traps where they are included, mainly the episode in which someone suffers from a helplessness state and induces the lack of comprehension of his interlocutors.

A psychotherapy based on mentalization of sheltered children with depression indicators

Soraia Schwan - Universidade do Vale do Rio dos Sinos, São Leopoldo, Brazil, Vera Regina Rohein Ramirez

The focus of this study was the research about the development possibility of the reflexive function and capacity of mentalization on psychotherapy in children living in shelter institutions who present depression symptoms or indicators. Through research-intervention, it was possible to analyze psychotherapy related aspects and these children’s treatment peculiarities. Objectives: the aims were to verify the development possibilities of the capacity of mentalization in sheltered children who presented depression indicators through qualitative analyze, and to explore the benefits of the mentalization based psychotherapy in these children. Method: A study based on the pattern of Multiple Case Studies was accomplished, ruled by the qualitative-exploring approach. Participants: Two sheltered children between seven and nine years old with indication for psychotherapy participated of this study. Results: A remission of the symptoms indicating depression in the studied children was verified, and we were able to consider the possibility of the development of their capacity of mentalization from the psychotherapy with theoretical assumptions based on mentalization. Discussion: It was understood that sheltered children who experienced the break of family ties and sheltering may be treated according to the theoretical basement of mentalization, since this procedure pointed out several benefits related to the development of the autonomy and better organization of these children’s self.

Researching wishes and defenses in two self-injured patients

Deila Scilletta - UCES, Capital Federal, Argentina, David Maldavsky

Goal: to investigate wishes and defenses in two patients practicing self-inflicted injuries. Sample: tape-recorded clinical interviews of two patients. Method: The David Liberman algorithm (DLA), which allows to detect wishes and defenses (as well as their state) in narrations. Repertoire of wishes: Intrapsomatic libido (IL), Primary oral (O1), secondary oral sadistic (O2), primary anal sadistic (A1), secondary anal sadistic (A2), urethral phallic (UPH) and genital phallic (GPH). Repertoire of main defenses: Foreclosure of the affect, Foreclosure of reality and the ideal, Disavowal, Repression, In accordance with the goal, Creativity, Sublimation. Procedures: 1. to select the specific narrations on self-inflicted injuries and the antecedents of these episodes in each patient, 2. to analyze them, 3. to compare the corresponding outcomes. Analysis: The precedents consist in a combination between: 1) failed disavowal (combined with O1 wishes) and failed foreclosure of the affect (combined with IL). In the self-attack episode, IL and foreclosure of the affect and A1 and disavowal were successful. Discussion: O1 and failed disavowal correspond to the scene of being trapped in a dependence from a liar subject. IL and failed foreclosure of the affect correspond to the scene of being rejected from a familiar space. The episode of self-injury permits to recover a successful state for IL and foreclosure of the affect, but not for the dependence from a liar person.

The Panic Disorder Severity Scale (PDSS): A psychometric extension

Brian Sharpless - University of Pennsylvania, Philadelphia, USA, Shabad-Ratan Khalsa, Barbara Milrod, Dianne Chambless, & Jacques P. Barber

The Panic Disorder Severity Scale is a widely used, 7-item clinician-administered instrument used to assess overall levels of panic disorder severity which is quickly becoming a “gold standard” in clinical trials. This study will further assess the psychometric properties of the PDSS using a large sample of patients presenting for treatment for either panic-focused psychodynamic psychotherapy, cognitive-behavioral therapy, or applied relaxation training for panic disorder with or without agoraphobia. All participants were interviewed using the Anxiety Disorders Interview Schedule as the main diagnostic instrument, and all also completed a number of self-report and clinician-administered measures. Using this dataset, the PDSS’s internal consistency, reliability (e.g., test-retest, inter-rater), and validity (e.g., criterion, concurrent, discriminate, factorial) will be assessed, and discrepancies with previous studies will be discussed. PDSS cut-off scores for overall ADIS severity scores using receiver operator characteristics curve analyses will also be provided.

Enhancing outcome in patients at risk of treatment failure: Subscale analyses of an Outcome Questionnaire – 45 based psychotherapy quality assurance system

Kenichi Shimokawa - Brigham Young University, Provo, USA, Michael J. Lambert, Brennan Atherton, David M. Smart

Aim: Psychotherapy outcome research has documented worsening among 5 to 10% of patient population. The psychotherapy quality assurance system studied was intended to enhance positive outcomes in patients at risk of treatment failure. In this study, we pooled the original data from six major studies to examine the effects of provision of progress feedback on patient outcome as measured by the Outcome Questionnaire-45 (OQ) subscale scores. Because prior studies focused primarily on the outcomes measured by the OQ total scale scores, the impact of feedback interventions in the three domains of outcome (i.e., symptom distress, interpersonal
Diagnosis and therapeutic results among young people attended in a brief psychotherapy model at a university service

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The psychology service from the Pro-Rectory of Student and Communitarian Business from the Federal University of Pelotas attends the university community with psychological treatment. The service attended 106 students from July 2008 to June 2009. The most common presented diagnoses were depression (20%), anxiety disorders (18%) and bipolar disorder (12%). In addition, 25% of the patients presented a comorbid personality disorder (borderline personality disorder, histrionic personality disorder, dependent personality disorder, and obsessive-compulsive personality disorder). The therapeutic results after one year of treatment revealed that 60 patients were discharged from psychotherapy, 22 patients abandoned the treatment and 24 patients continued psychotherapy treatment in the service.

The construction of a manual of codes for the analysis of group psychotherapy sessions

Sara Slapak - Universidad de Buenos Aires, Argentina, Ana Luzi, Fabiana Freidin, Dianah Nimcowicz, Maria Padawer, Vanina Aguiriano, Valeria Canale, Laura Ramos, Daniela Bardi, Marcela Jaleh, Marcelo Grigoraviucci, Tatiana Carusi, Graciela Lanfif, Fiorella Rodoni

OBJECTIVES: In this paper, we present a modality of construction and revision of a Codes’s Manual for the analysis of psychoanalytical psychotherapy sessions; it is part of a method of analysis to evaluate psychic change. The codes’s families, codes and subcodes assist the theoretical frame that upholds the clinical practice. This is exemplified with three families of codes: “Setting”, “Therapist’s Interventions” and “Answers to Intervention”. We compare the changes made in the definitions of these families and their applications to the material. METHOD: Three subgroups are constituted: two analyze, in a parallel way, the same sessions processed using the Atlas Ti software; apply what is established in the Manual and propose modifications. Plenary meetings are held periodically to contrast the analysis, refine the codes and establish consensus. The third subgroup analyzes the Manual from an epistemological, theoretical and technical perspective. RESULTS: The dissidences in the definition of the codes and its application among subgroups, allows to advance in the Manual’s revision. The work in subgroups allows a better control and testing of the codes and its definitions; its refinement speeds up the technical perspective. DISCUSSION: It is necessary to update the codes, create new ones and eliminate others; create new families and eliminate others; relocate some subcodes for a greater precision on its use; to reach a consensus and register the codes’s definitions in the Manual for reliability.

Natural Language Processing (NLP) resources applied to the David Liberman Algorithm (DLA) research methodology for the analysis of patient and therapist wishes

Elena Stein-Spanvier - UCES, Capital Federal, Argentina, David Malدافsky, Horacio Sagagion

Aim: Computerized dictionaries are privileged Information Technology (IT) tools, useful to investigate psychological processes underlying verbal interaction in the psychotherapeutic setting. Yet, so far, no research has been done regarding the potential of Natural Language Processing (NLP) tools to study non-factual discourse linked to wishes manifested in session. The goal of this study is to investigate the potential of NLP tools to refine the current DLA computerized dictionary so that it may become more flexible and dynamic in: (a) classifying lexicographic according to the DLA wish categorization, (b) segmenting relevant topics in the patient / therapist discourse, (c) identifying speech acts related to the DLA wish categorization and (d) developing research outcome statistics. Method: Data for instrument design and implementation derive from the DLA discourse analysis lexicicon, speech acts grid and navigation grids as well as from a new set of tools developed with the GATE language processing computing system. Results: Study in progress. NLP tools are proving useful to: identify DLA wish categories in discourse, disambiguate meaning, identify new lexicicon related to the wish categories, and segment speech in order to analyze psychotherapy discourse from a macroanalytical and a microanalytical perspective. The end result, in line with the goals described, is a sophisticated DLA discourse analysis NLP tool. Discussion: The growing importance of an interface between IT applications and the psychotherapeutic setting cannot be overlooked. Innovations within this background generate new theoretical-methodological perspectives for psychotherapy and research.

Psychotherapy outcome and dropout among ethnic groups

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Recently, the effect of therapy on ethnic minorities has been a concern among psychologists and there has been in increased push to develop cultural competencies for therapists so they are better prepared to meet the needs of an ever-diversified clientele. In this study, archival data from a small liberal arts college counseling center were analyzed to evaluate the dropout rates and treatment outcomes for four ethnic groups. Clients who identified themselves as Caucasian, Latino, African American, or Asian and who completed an Outcome Questionnaire-45 were included. Results indicate there were no significant differences on pretreatment OQ-45 scores and every group improved from intake to final session. However, no differences in treatment outcome or dropout were observed between the groups and it appears as if each group is consuming about the same number of sessions in therapy on average. These results support prior research findings in this area and suggest that therapists at this center are doing an adequate job of meeting the needs of a culturally diverse student population within their center.
The process of change in cognitive therapy for depression when combined with medication: An investigation of the alliance and therapist adherence

Daniel Strunk - Ohio State University, Columbus, USA, Andrew A. Cooper & Elizabeth T. Ryan

Aim: Both cognitive therapy (CT) and anti-depressant medication (ADM) are efficacious treatments for depression, and combination treatments are somewhat more effective and commonly used. Previous studies exploring therapeutic process variables in the context of CT alone have evaluated therapeutic alliance and therapist adherence to the treatment manual as predictors of subsequent symptom improvement. Further study of the process of change in combination treatment is warranted. Methods: Therapist adherence and alliance were rated in the first three CT sessions of 176 patients receiving CT+ADM using the Collaborative Study Psychotherapy Rating Scale and the Working Alliance Inventory. Outcome measures were the Beck Depression Inventory and Hamilton Rating Scale for Depression. Outcomes of interest included early session-to-session change (using repeated-measures regression) and prediction of dropout (via logistic regression). Results: Therapist adherence (specifically, a subscale related to behavioral interventions and homework) significantly predicted symptom improvement. Alliance trended toward predicting short term outcome, but did not remain a significant predictor once adherence scores were entered into the model. Alliance scores significantly predicted dropout, while adherence scores did not predict this outcome. Discussion: Adherence appears to be the best predictor of symptom reduction across early sessions, whereas the alliance emerged as a robust predictor of retention.

Gridlocks resolution in couple’s conflict: Traditional and non-traditional couples with low marital adjustment perspectives

Luis Tapia - Universidad del Desarrollo, Santiago, Chile, Gianella Poulens, Patricia Sotomayor, Ximena Pereira, Claudia Cruzat, Carolina Aspilaga, Maria Elisa Molina

A gridlock is a dysfunctional pattern within couples, characterized by repetitive sequences of disputes in a rigid and inflexible way. In spite of much effort the couple can’t get out from the gridlock. These dysfunctional patterns are accompanied by a considerable amount of anger, sadness and anxious feelings. The objectives of this research are to know the perspectives of traditional and non-traditional couples with low marital adjustment about gridlocks resolutions. With this aim we developed a qualitative, descriptive and comparative study that evaluated the gridlocks resolution from these two perspectives. Five marriage couples constituted a traditional group; first marriage, with children, practice religious creed and score lower than 114 points in Dyadic Adjustment Test (Spanier, 1976, Tapia & Armiño, 2007). Five cohabitating couples constituted a non-traditional group; with children and without religious creed, and DAS score lower than 114 points. In a previous research (Tapia & Poulens, 2007) we developed a four video sequences couples’ gridlocks, seven minutes each (sexual desire inhibition, jealousy, family origin conflict and parenting conflict). The gridlock video sequences were presented to selected couples in order they could discuss about how the video’s couples could resolve the specific gridlock. The groups gridlock resolution is discussed.

Researching the detonator episodes of the violence outbreak in 7 patients, using the David Liberman algorithm (DLA)

Cristina Tate de Stanley - APA, Capital Federal, Argentina, David Mal'davsky

Goal: to detect wishes and defenses in the detonator episodes of the crisis of violence in 7 patients. Sample: narrations corresponding to 7 patients with violent episodes. _Tools: The David Liberman algorithm (DLA) is a method for discourse analysis. It allows to detect drives and defenses, whose state can be successful, failed or both. Wishes: Intrasomatic libido (IL), Primary oral (O1), secondary oral sadistic (O2), primary anal sadistic (A1), secondary anal sadistic (A2), urethral phallic (UPH) and genital phallic (GPH). Main defenses: Foreclosure of the affect, Foreclosure of reality and the ideal, Disavowal, Repression, In accordance with the goal, Creativity, Sublimation. The analysis of wishes can be connected with the analysis of defenses. _Procedures: 1. After selecting the episodes that detonate the violence in each patient, to detect wishes and defenses in the narrations. The outcome of each analysis is contrasted with the result obtained by other members of the research team, 2. To compare the corresponding outcomes. _Outcomes: The detonator of the violence episodes corresponds to an unsuccessful state of (a) disavowal combined with O1 and (b) foreclosure of the affect combined with IL. IL and failed foreclosure of the affect consisted in episodes of lack of energy and somnolence, and/or feelings of poverty and of being expelled from the family space. O1 and failed foreclosure of the affect consisted in episodes of being dependent from an unbeliable subject.

Clinical characteristics and treatment course of patients with borderline personality disorder in a community mental health center

Christina Temes - The Pennsylvania State University, University Park, USA, Kenneth N. Levy, William D. Ellison, David Kraus

Aim. We conducted a study examining the relationship between dimensional scores of borderline personality disorder (BPD) symptomatology and longitudinal course and outcome of psychotherapy for clients seeking treatment within a large, university-based, community mental health center (CMHC). Methods: Our sample included a group of clients meeting full diagnostic criteria for BPD and an additional group of clients without a BPD diagnosis; all participants received psychotherapy in the participating CMHC and completed at least three outcome assessments. Dimensional scores of BPD symptomatology were measured via the International Personality Disorder Examination (IPDE), and information regarding treatment course and outcome was assessed using the Treatment Outcomes Package (TOP), a multi-scale outcome measure that was administered regularly throughout treatment. Other relevant clinical characteristics, including number of previous therapists and general types of interventions clients received within the clinic, were collected via chart review. Results. Hierarchical linear modeling will be used to examine how clients’ initial level of BPD symptomatology relates to outcome over the course of psychotherapy, as captured by the TOP scales (e.g., suicidality, panic, depression, general functioning). Additionally, we will examine differences between clients diagnosed with BPD and those who were not with regard to treatment course and outcome and other clinical characteristics. Discussion. Clinical and theoretical implications of the findings will be proposed and potential limitations of the study will be highlighted.
The relation of baseline skills to psychotherapy outcome across diverse psychotherapies
Sarah M. Thompson - University of Pennsylvania, Philadelphia, USA, Mary Beth Connolly Gibbons, Sarah Ring-Kurtz, Jessica Hamilton, Laura Heintz, Paul Cirts-Christoph

Aims: Our goal was to evaluate the relation of patient baseline skill variables to the outcome of diverse psychotherapies. Specifically, we evaluated whether baseline skill levels predicted outcome differentially across cognitive and dynamic psychotherapies. Methods: Data from a pooled database consisting of studies evaluating the efficacy of cognitive and psychodynamic therapies for a variety of disorders was used. A common assessment battery was given at treatment intake, termination, and six month follow-up to 138 patients. We conducted regression analyses predicting symptom change from baseline levels of self-understanding, compensatory skills, and self-discrepancy. In addition, we evaluated the interaction between baseline skill levels and treatment type in the prediction of psychotherapy outcome. Results: Patients with low levels of self-understanding, low levels of compensatory skills, and high actual/ideal self-discrepancies at treatment baseline had significantly worse outcomes in psychotherapy. There was also a significant interaction between treatment group and baseline levels of self-understanding in the prediction of symptom change. For patients treated with dynamically oriented treatments, patients with low baseline levels of self-understanding improved; for CBT, patients with self-understanding deficits at baseline did not improve as much. Discussion: This study demonstrates that patients who have deficits in self-concept, compensatory skills, and/or self-understanding at treatment baseline do not improve in dynamic and cognitive psychotherapies as much as patients rated relatively higher on these skill variables. However, patients with very low levels of self-understanding showed improvement in self-understanding and symptoms in a treatment that targeted this deficit.

French psychotherapy practice-based research network (PPBRN): Bridging the gap between practice and research
Jean-Michel Thurin - Inserm U669, Paris, France, Monique Thurin, Catherine Barthelemy, Bruno Falissard

This network rests on a mixed organization: - Unit INSERM U669 coordinates research, ensures a methodological support, coordinates the activity of the participating clinicians, controls the generation and quality of the data, and their statistical processing. It also guarantees that methodology, management, analysis and utilization of results will obey the standards of the international scientific literature. - French Federation of Psychiatry coordinates connection with the scientific societies and informs about the network through its Bulletin and its Internet site. A steering committee joins together every three months the director of U669, the coordinator of the network, the persons in charge of the various poles and the research assistants in order to give a progress report on the projection of work and to discuss the raised questions. Clinicians work in peer group (3-4) on the processes of changes of cases controlled during complex psychotherapies and their outcome. The network is organized in four poles: a child and adolescent pole (autism and TDD), an adolescent pole (borderline), an adult pole (borderline) and a psychogeriatric pole (psychological and behavioral symptoms of Alzheimer). Resources teams centered on the autism and the Alzheimer’s disease supplement this structure. The data collected by the clinicians within the framework of the network are integrated in a database for comparative analyzes about clinical questions. The gap between clinicians and researchers, obstacle to the diffusion and the use of knowledge resulting from research is reduced; the synergy and the use of respective competences profit with the ones and the others.

RRFPP 2. How and why a psychotherapy works? From systematic case studies to their aggregation in a database, comparative analysis and metasynthesis
Monique Thurin - Inserm U669, Paris, France, Jean-Michel Thurin, Bruno Falissard, Tiba Baroukh, Geneviève Haag, Marie-Christine Cabié, David Cohen, François Jourent

Initially, each followed case is the subject of a systematic process-outcome multidimensional study during 1 year (for 3 disorders: autism, borderline, Alzheimer). The analyses are descriptive, qualitative and quantitative. The mediators and the context’s factors are systematically inventoried to examine their possible implication in the results. Repeated evaluations of the symptoms and functioning describe the chronology, the intensity and the nature of the results and are then correlated with the characteristics of the process of psychotherapy. The shape of the growth curve established from longitudinally repeated measurements is also used for the outcome analysis (trajectory and discontinuities). In the second time, when the processes of change and the main features of the therapies are characterized, a comparative analysis of the differences and communities between analogous cases is carried out starting from their aggregation in a database. Comparisons are carried out between: 1) types of approaches, 2) characteristics of the treated subjects, 3) conditions of treatment, 4) major configurations (patient, therapist, relation, technique), 5) context, and their relation with the results and certain specific changes (symptoms, functionality, actions, interruptions of treatment, relapse, use of the services of care,…). This phase makes it possible to define sub-types of populations for which the profiles of evolution are close and to build, to examine the assumptions about the configurations and mechanisms of change. Presentation of the results for the 15 first cases.

On the clinical changes of a severe personality disorder
Carlos Título - UM, Marín, Argentina, David Maldavsky

Goal: to investigate the clinical changes of a patient suffering from a severe personality disorder after one year of treatment. _Sample:_ sessions corresponding to the first year of treatment. _Method:_ The David Liberman algorithm (DLA), which allows to detect wishes and defenses (as well as their state) in narrations and speech acts. _Procedure:_ 1) To investigate the patient’s initial state, 2) To analyze several sessions occurred during the first year of treatment, 3) To compare both outcomes. _Analysis:_ At the beginning of the treatment, the same defenses prevailed both in the narrated and the enacted episodes during the sessions: disavowal and foreclosure of the affect. The difference consisted in the fact that in the narrated level of analysis (extra-transference relationships) these defenses failed, while in the enacted episodes (during the session) they succeeded. During the first year of treatment, these same defenses had relevance, but they were combined with functional mechanisms in accordance with the goal. _Discussion and conclusion:_ The patient had partial changes in her defenses, consisting in the fact that pathological defenses, that initially were prevalent, thereafter alternated with the functional ones.
Cultural empathy: Therapist verbal interventions and Asian American client ratings
Shihwee Wang - University of California-Santa Barbara, USA

Aim: This psychotherapy process study investigated therapist empathy and Asian American clients. Based on cultural group norms, clients from non-European versus European backgrounds may feel more or less understood as a result of the same therapist interventions. Based on Asian cultural values of deference to authority and emotional self-control, the researcher hypothesized that directive interventions would lead to higher empathy ratings by more traditional Asian American participants, while reflection of feeling would lead to lower empathy ratings by more traditional Asian American participants. Methods: Data were collected from thirty “treatment-as-usual” therapy sessions with recruited Asian American participants. Clients completed a demographic questionnaire and the Asian American Values Scale-Multidimensional (AAVS-M). After attending the therapy session, which was videotaped, clients rated each therapist speaking turn with the Empathy Rating Scale via the method of experimenter-assisted session tape review. Results and Discussion: The study is currently in the data analysis phase. Therapy sessions have been transcribed verbatim and preliminary data have been entered. There were no differences between therapists in empathy ratings. Furthermore, there were significant positive correlations between empathy and overall session depth and positivity. In the current phase, therapist verbal interventions are being classified according to the Helping Skills System. Next, statistical analyses will determine the relationship among participant Asian cultural values, therapist verbal interventions, and empathy ratings. These results will either support or not support the hypothesis that cultural values affect the psychotherapy process, and specifically, that Asian American clients experience empathy differently from European American clients.

In session resistance is a better predictor of outcomes than self-reported motivation in cognitive behavioral therapy for generalized anxiety disorder
Henny Westra - York University, Toronto, ON, Canada, Adi Aviram

Aims & Methods. Motivation for change is widely regarded as central to outcomes in action-oriented treatments such as cognitive behavioral therapy (CBT). However, self-report measures of motivation have been inconsistently related to CBT outcomes. These measures may be prone to social desirability bias and may lack sufficient variability to predict outcomes. The present study compared the relative capacity of three self-reported measures of motivation (at baseline) and observed in-session resistance (session 1) to predict outcome in CBT for generalized anxiety disorder (n=37) both post-treatment and for one-year follow-up. Results. Controlling for baseline worry scores, higher early observed resistance and lower self-reported change talk (the Change Questionnaire measuring desire, ability, reasons, need, and commitment to change) were significantly predictive of poorer outcome at both assessment points. Self-reported intrinsic motivation for change (Client Motivation for Therapy Scale) was unrelated to worry reduction. Higher expectations for being able to change anxiety was predictive of lower one year, but not post-treatment, worry scores. Observed resistance accounted for nearly 7 times more variance (34%) in worry outcomes compared to self-reported intrinsic motivation (5%), more than 3 times the variance compared to anxiety change expectations (10%), and nearly double the variance (18%) compared to self-reported change talk. Discussion. Observation of client actual in-session resistance behavior is a far more sensitive measure of client motivation than client self-report of motivation for change. Even though resistance is quite rare, certainly compared to cooperation, its presence may be critical for therapists to observe, detect and address in-session.

The maladjustment experience of home-leaving Aborigines: An exploratory study of Atayal adolescents in Taiwan
Hsin-Huei Wu - National Chi Nan University, Nantou, Taiwan, Li-Fei Wang

Many aboriginal parents in Taiwan have sent their children to study in the urban areas after elementary education in order to have greater educational resource and earn a better life in the future. Though studies have shown that academic frustration and low achievement motivation diminish the studying intention of aboriginal adolescents, cross-cultural and cross-contextual factors may provide better understanding for their maladaptation. In the current study, we attempted to examine what the adaptive process of aboriginal adolescents experienced and also identify the critical factors resulting in their maladaptation. One of the Atayal tribes in Taiwan was targeted, and two types of students (well-adapted and maladapted ones) were recruited by means of convenience and snow ball sampling. Two nine grade students (one is a boy and the other is a girl) who are maladapted and transferred back to his/her home school were interviewed. The results revealed that: a) challenges of cross-cultural experiences were the ethnic discrimination and internalization of stereotype towards aborigines; b) challenges of cross-contextual experiences were the attractiveness of city life, long-distance commute between home and school, and staying with relatives; c) main failure factors were lack of resources and problem-solving skills; d) the interaction of cross-cultural and cross-contextual factors led to inferiority, lonely feeling, and hopelessness. We are still working on interview with another two students who adapted to new environment. Final results, implications for counseling interventions as well as further research will be presented in the conference.

Combine cognitive therapy and muscle-relaxation training on patients with insomnia - the evidence base from Taiwan population
Zai-Ting Yeh - Fu-Jen Catholic University, Taipei, Taiwan

Insomnia is a predictor factor for many psychological distresses such as anxiety and depression. About one-third of adults suffer insomnia symptom in the US and more than 25% population experience difficult to fall asleep, maintain sleep and early wake up in Taiwan. Many researches have shown that cognitive behavioral therapy is efficacy for treating insomnia. One of those treatment elements - muscle relaxation training, is considered to be the most effective. Therefore, this study was to explore the treatment effects of program which combined cognition therapy and muscle relaxation on the patients with psycho-physiological insomnia. The treatment program included six-week of cognitive intervention and muscle relaxation training. Eight Subjects comple-ted the sleep log one week before therapy then during the treatment, they were asked to practice deep breathing by the direct of training CD-ROM every day. Baseline and follow assessment tools include subjective and objective measurement. The subjective measurement were the Pittsburgh Sleep Quality Index (PSQI) and Insomnia Severity Index (ISI). The objective measurement used over-night polygraphic (PSG) examination which included the EEG, EMG and EKG. There is a significant difference between baseline and follow assessment on index of PSG such as the total sleep time (TST), sleep efficacy (SE). The patients reported that they had learned the relaxation program about 85%, and improved the sleep quality which reflected on the PSQI and ISI questionnaires. It is suggested combined cognitive therapy and muscle relaxation training program can be an effective means in overcoming sleeping disturbances.
The Chinese version of the CCRT-Lu category system
Xiaorong Zhou - University of Ulm, Germany

The Chinese version of the CCRT-LU category system (core conflictual relationship theme – logically unified – Leipzig/Ulm) including 119 hierarchically structured relationship categories will be presented. Procedure: The draft Chinese version based on the German and English versions of the category system was created first. This version is being discussed word-by-word with one of developers of the CCRT-LU system with the goal that the translated Chinese category system expresses the same relationship feelings as the German source. Basic paradigms of the CCRT method as introduced by Luborsky et al. are being reflected as well. The back translation will be carried by two different translators separately; the first one having the Chinese mother tongue and psychological background, the second one being the German sinologist. The first application of the translated system – that will be presented within one conference panel - will be an analysis of the sample of popular Chinese ancient stories.
### Topic Index

**A**

- Alliance ........................................... 13, 30, 31, 44, 46, 53, 64, 78, 81, 86, 98, 103, 104, 109, 114, 119, 120, 124, 125, 128, 127, 131, 132, 133, 136
- Assessment ...................................... 103, 104, 105, 115, 117, 122
- Attachment ........................................ 84, 105, 107, 116, 134

**C**

- Change ............................................. 8, 9, 23, 35, 42, 48, 50, 56, 57, 61, 62, 72, 100, 120, 123, 133, 135, 137
- Child .................................................. 104, 108
- Cognitive .......................................... 117, 138
- Computer .......................................... 6, 18, 19, 127
- Cost ................................................... 92
- Couple .............................................. 5, 6, 63, 103, 111, 134, 136
- Culture .............................................. 10, 47, 54, 107, 114, 123, 135, 138

**D**

- Depression ........................................ 43, 105, 107, 111, 113, 117, 125, 127, 130, 131, 132
- Development ..................................... 111
- Disorder ........................................... 22, 65, 110, 114, 117, 136

**E**

- Emotion ............................................ 29, 39, 66, 80, 112, 120, 125
- Ethics ................................................ 104
- Etiology ............................................ 118
- Experiential ....................................... 93, 97

**F**

- Family .............................................. 123, 128

**G**

- Group ................................................ 21, 22, 77, 108, 113, 114, 119, 124, 131

**I**

- Inpatient .......................................... 91, 113, 116
- Instruments ....................................... 14, 55, 59, 99
- Integration ........................................ 9
- Integration ........................................ 9, 26, 101
- Interpersonal .................................... 7, 11, 24, 81, 110, 128, 133
- Interviewing ..................................... 5

**L**

- Linguistic .......................................... 5, 29, 58, 63, 135

**M**

- Measures .......................................... 75, 90, 119, 125, 130, 131, 134, 135, 139
- Model ................................................ 20, 49, 113, 117

**N**

- Narrative ......................................... 12, 25, 33, 36, 38, 82, 83, 103, 122
- Neuroscience ..................................... 60, 87, 105, 130

**O**

- Other .............................................. 128, 129, 137
- Outcome .......................................... 16

**P**

- Person Centered .................................. 10
- Personality ....................................... 60, 106, 112, 126
- Practice .......................................... 8, 34, 52, 74, 88, 95, 111, 112, 115, 120, 123, 124, 128, 130, 134, 138
- Prevention ....................................... 17, 111, 115
- Process ........................................... 45, 85, 94
- Profession ......................................... 9

**Q**

- Qualitative Research Methods .................. 5
- Quality ............................................ 51

**S**

- Self ................................................ 37, 118
- Spirituality ....................................... 116, 126, 130
- Supervision ..................................... 7, 9, 96, 110

**T**

- Therapist ......................................... 10, 50, 67, 68, 70, 71, 106, 108, 109, 114, 125, 126
- Training .......................................... 6, 8, 70, 89, 90, 106, 107, 112, 115, 118, 124, 128
- Trauma ........................................... 73, 108, 121
First Author Index

A

Adler, Jonathan .......................................................... 48
Ahmad, Saunia .......................................................... 103
Ahmed, Mariyam ......................................................... 43
Aiello-Vaisberg, Tania ................................................. 122
Altenstein, David ....................................................... 44
Alvarado, Luis .......................................................... 28, 103
Alvarez, Liliana ......................................................... 122
Alves, Daniela ........................................................... 103
Andreas, Sylvie ........................................................ 11
Angus, Lynne ........................................................... 2, 12, 13, 73
Armijo, Ivan ............................................................. 14
Arnow, Bruce ............................................................ 103
Athey-Lloyd, Laura .................................................... 104
Atzil-Slonim, Dana .................................................... 35
Aviram, Adi ............................................................... 96
B

Baardseth, Timothy ..................................................... 93
Back, Lars .................................................................. 104
Baddeley, Jenna .......................................................... 100
Baenninger-Huber, Eva ............................................... 64
Bailey, Russell ............................................................ 52
Baldwin, Scott ........................................................... 20
Barber, Jacques .......................................................... 8, 9, 15, 16, 44, 50, 64, 76, 99
Barrett, Marna ............................................................ 46
Barth, Jürgen .............................................................. 16, 17
Bauer, Stephanie ........................................................ 18, 19
Bedi, Robinde ............................................................ 86
Beeney, Joseph ........................................................... 54
Belz, Martina ............................................................. 89
Benelli, Enrico ........................................................... 61
Benetti, Silvia ............................................................. 104
Bento, Tiago ............................................................... 83
Berger, Thomas .......................................................... 19
Berggraf, Lene ........................................................... 59
Berk, Elizabeth ........................................................... 32
Berkeljion, Arjan ........................................................ 20
Beutler, Larry ............................................................ 34, 47, 95
Bhola, Poormina ........................................................ 72
Bilican, Isil ................................................................. 82
Bittermann, Andre ...................................................... 49
Blackmore, Chris ......................................................... 21
Bohart, Arthur ............................................................. 36
Bohman, Gunnar ........................................................ 35
Böhnke, Jan ................................................................. 20
Boritz, Tali ................................................................. 12
Bormann, Barbara A .................................................... 98
Boswell, James ........................................................... 67
Botermans, Jean-François .......................................... 71
Bourke, Marianne ....................................................... 41
Braun Blaquier, Magdalena ........................................ 104
Brüdem, Julianne ........................................................ 105
Brütt, Anna Levka ..................................................... 105
Bryntwick, Emily ....................................................... 12
Bucci, Wilma ............................................................. 68, 101
Buchheim, Anna ......................................................... 105
Budge, Stephanie ....................................................... 92
Burlingame, Gary ....................................................... 21, 22, 77
Bush, Marshall ........................................................... 27
Butler, Sheila .............................................................. 8

C

Canose, David ............................................................. 94
Cantis, Jorge .................................................................. 105
Cárdeno, Marcelo ........................................................ 122
Career Perspectives .................................................... 5
Carlsson, Jan ................................................................. 8, 106
Carvalho, Helena ...................................................... 84
Caspar, Franz ............................................................. 9, 24, 46, 100
Castonguay, Louis ..................................................... 2, 8, 9, 23, 90
Cerna, Alena .............................................................. 106
Chaggiogios, Helen .................................................... 73
Chang, Hsiang-Pei ...................................................... 122
Chang, Hung-Wen ..................................................... 123
Chaudhry, Feroz .......................................................... 94
Chen, Hsin-Jung .......................................................... 47
Chen, Hsiu-Jung .......................................................... 123
Cheng, Yih-Ru ............................................................ 123
Cheri, Marmarosh ........................................................ 90
Chesley, Garrett .......................................................... 123
Christian, Sarah .......................................................... 123
Chun-Kennedy-Caitlin ............................................... 54
Cisneros, Elizabeth ..................................................... 124
Conceição, Eva ........................................................... 89
Connors, Laura ........................................................... 95
Constantino, Michael .................................................. 24
Constantino, Michael J .............................................. 42
Cooper, Mick .............................................................. 106
Coutinho, Joana .......................................................... 32, 124
Crites-Christoph, Paul ................................................ 16, 30
Cucu Ciuhan, Geanina ................................................. 106, 124
Cunha, Carla .............................................................. 26
Curtin, Gerardine ........................................................ 106, 124
Curtis, John ................................................................. 86
Curtis, Rebecca ........................................................... 26

D

Dagnino, Paula ............................................................. 27
Danelova, Ester ........................................................... 75
Daniel, Sarah ............................................................. 107
Davis, Anne ............................................................... 68
de Jong, Kim .............................................................. 5, 57
de la Parra, Guillermo ................................................ 2, 28, 125
de Niet, Judith ............................................................ 19
Debien, Gina ............................................................... 125
Defey, Denise ............................................................ 9, 10, 107
DeGeorge, Joan .......................................................... 24
Dekker, Jack ............................................................... 45
Del Castillo, Darren .................................................... 38
Del Re, Ac .................................................................. 47
Denham, Geoff ........................................................... 29
Denham, Geoffrey ........................................................ 29
Dennhag, Inga ............................................................ 107
Di Giuseppe, Mariagrazia ......................................... 75
Diamond, Gary ........................................................... 30
Dias de Mattos Souza, Luciano .................................... 125
Diener, Marc ............................................................... 107
Dinger, Ulrike ............................................................. 84, 125
Doran, Jennifer .......................................................... 125
Doucette, Ann ............................................................ 20, 99
Duerenberger, Sara ................................................... 42

E

Eastwood, John .......................................................... 78
<table>
<thead>
<tr>
<th>Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edens, Astrid</td>
<td>55</td>
</tr>
<tr>
<td>Eells, Tracy</td>
<td>2, 36, 4</td>
</tr>
<tr>
<td>Effrig, Jessica</td>
<td>56</td>
</tr>
<tr>
<td>Ehrenthal, Johannes C.</td>
<td>107, 126</td>
</tr>
<tr>
<td>Ehrlich, Torsten</td>
<td>58</td>
</tr>
<tr>
<td>Ekeblad, Annika</td>
<td>107</td>
</tr>
<tr>
<td>Eli, Irene</td>
<td>8, 31</td>
</tr>
<tr>
<td>Elliott, Robert</td>
<td>9, 25, 61, 81, 97</td>
</tr>
<tr>
<td>Ellison, William</td>
<td>53</td>
</tr>
<tr>
<td>Endmter, Katrin</td>
<td>92</td>
</tr>
<tr>
<td>Errazuriz, Paula</td>
<td>25</td>
</tr>
<tr>
<td>Etherage, Joe</td>
<td>109</td>
</tr>
<tr>
<td>Eubanks-Carter, Catherine</td>
<td>32, 65</td>
</tr>
<tr>
<td>Eversmann, Julia</td>
<td>72</td>
</tr>
<tr>
<td>Falkenström, Fredrik</td>
<td>32</td>
</tr>
<tr>
<td>Farber, Barry</td>
<td>33, 34</td>
</tr>
<tr>
<td>Fassnacht, Daniel</td>
<td>18</td>
</tr>
<tr>
<td>Fauth, James</td>
<td>34</td>
</tr>
<tr>
<td>Fernández, Olga</td>
<td>35</td>
</tr>
<tr>
<td>Figlioli, Patrick</td>
<td>126</td>
</tr>
<tr>
<td>Firestone, Lisa</td>
<td>5</td>
</tr>
<tr>
<td>Fisher, Aaron</td>
<td>10</td>
</tr>
<tr>
<td>Fishman, Daniel B</td>
<td>36, 37, 38, 39</td>
</tr>
<tr>
<td>Fishman, Jonathan</td>
<td>38</td>
</tr>
<tr>
<td>Florenzano, Ramon</td>
<td>108, 126</td>
</tr>
<tr>
<td>Flückiger, Christoph</td>
<td>16, 47</td>
</tr>
<tr>
<td>Foa, Clare</td>
<td>30</td>
</tr>
<tr>
<td>Folkes-Skinner, Julie</td>
<td>70</td>
</tr>
<tr>
<td>Forström, David</td>
<td>91</td>
</tr>
<tr>
<td>Franco, Candice</td>
<td>53</td>
</tr>
<tr>
<td>Friedlander, Myrna</td>
<td>62</td>
</tr>
<tr>
<td>Frischknecht, Eveline</td>
<td>20</td>
</tr>
<tr>
<td>Fulco, Tiziana</td>
<td>74</td>
</tr>
<tr>
<td>Gandini, Valentina</td>
<td>27</td>
</tr>
<tr>
<td>García, Fernando</td>
<td>126</td>
</tr>
<tr>
<td>Geerts, Erwin A.H.M.</td>
<td>80</td>
</tr>
<tr>
<td>Geller, Jesse</td>
<td>71</td>
</tr>
<tr>
<td>Gelo, Omar</td>
<td>9, 10</td>
</tr>
<tr>
<td>Gelso, Charles J</td>
<td>13, 99</td>
</tr>
<tr>
<td>Gerger, Heike</td>
<td>17</td>
</tr>
<tr>
<td>Goldfried, Marvin R</td>
<td>98</td>
</tr>
<tr>
<td>Goldman, Rhonda</td>
<td>39</td>
</tr>
<tr>
<td>Gómez, Beatriz</td>
<td>108</td>
</tr>
<tr>
<td>Goodheart, Carol</td>
<td>98</td>
</tr>
<tr>
<td>Goodman, Geoff</td>
<td>108</td>
</tr>
<tr>
<td>Gori, Alessio</td>
<td>99</td>
</tr>
<tr>
<td>Grant, Jan</td>
<td>96</td>
</tr>
<tr>
<td>Greenberg, Leslie</td>
<td>13, 26, 39, 85</td>
</tr>
<tr>
<td>Greeny, Brin</td>
<td>40, 41, 127</td>
</tr>
<tr>
<td>Grosse Holtforth, Martin</td>
<td>11, 42, 43</td>
</tr>
<tr>
<td>Guimond, Tim</td>
<td>60</td>
</tr>
<tr>
<td>Ham, Jacob</td>
<td>.65</td>
</tr>
<tr>
<td>Hamilton, Jessica L</td>
<td>127</td>
</tr>
<tr>
<td>Hämmerli, Katja</td>
<td>19</td>
</tr>
<tr>
<td>Hartmann, Armin</td>
<td>71</td>
</tr>
<tr>
<td>Hatfield, Derek</td>
<td>109</td>
</tr>
<tr>
<td>Hausberg, Maria</td>
<td>76</td>
</tr>
<tr>
<td>Heatherington, Laurie</td>
<td>61</td>
</tr>
<tr>
<td>Heinonen, Erkki</td>
<td>68</td>
</tr>
<tr>
<td>Heintz, Laura E</td>
<td>127</td>
</tr>
<tr>
<td>Hendriksen, Mariëlle</td>
<td>44, 45</td>
</tr>
<tr>
<td>Herrera, Pablo</td>
<td>.46</td>
</tr>
<tr>
<td>Hilborn, Jennifer</td>
<td>127</td>
</tr>
<tr>
<td>Hill, Clara</td>
<td>5, 23, 50, 90</td>
</tr>
<tr>
<td>Holmes, Sophie</td>
<td>5, 48</td>
</tr>
<tr>
<td>Holmqvist Larsson, Mattias</td>
<td>109</td>
</tr>
<tr>
<td>Holmqvist, Rolf</td>
<td>109</td>
</tr>
<tr>
<td>Hooke, Geoff</td>
<td>57</td>
</tr>
<tr>
<td>Horowitz, Len</td>
<td>15</td>
</tr>
<tr>
<td>Horowitz, Mardi</td>
<td>26</td>
</tr>
<tr>
<td>Horvath, Adam</td>
<td>13, 31, 46, 47, 63</td>
</tr>
<tr>
<td>Hostettler, Susanne</td>
<td>23</td>
</tr>
<tr>
<td>Hsu, Kevin</td>
<td>109</td>
</tr>
<tr>
<td>Huang, Teresa</td>
<td>90</td>
</tr>
<tr>
<td>Hubbard, Julia</td>
<td>128</td>
</tr>
<tr>
<td>Humphreys, Carol</td>
<td>38</td>
</tr>
<tr>
<td>Hunger, Christina</td>
<td>28</td>
</tr>
<tr>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Imel, Zac</td>
<td>128</td>
</tr>
<tr>
<td>Innanamori, Marco</td>
<td>110</td>
</tr>
<tr>
<td>Iwakabe, Shigeru</td>
<td>26, 38, 39, 71, 85</td>
</tr>
<tr>
<td>J</td>
<td></td>
</tr>
<tr>
<td>Jackson, John</td>
<td>128</td>
</tr>
<tr>
<td>Jacobsen, Claus Hauggaard</td>
<td>97, 128</td>
</tr>
<tr>
<td>Jansen, Karen</td>
<td>110</td>
</tr>
<tr>
<td>Jary, Josée</td>
<td>22</td>
</tr>
<tr>
<td>Jen Der Pan, Peter</td>
<td>22</td>
</tr>
<tr>
<td>Johansson, Håkan</td>
<td>79</td>
</tr>
<tr>
<td>Johnsen Dahl, Hanne-Sofie</td>
<td>110</td>
</tr>
<tr>
<td>Johnson, Benjamin</td>
<td>8</td>
</tr>
<tr>
<td>Johnson, Jennifer</td>
<td>110</td>
</tr>
<tr>
<td>Johnson, Matthew</td>
<td>56</td>
</tr>
<tr>
<td>Joo, Eunsun</td>
<td>71</td>
</tr>
<tr>
<td>Joormann, Jutta</td>
<td>23</td>
</tr>
<tr>
<td>Joyce, Anthony</td>
<td>22, 77</td>
</tr>
<tr>
<td>Juan, Santiago</td>
<td>128</td>
</tr>
<tr>
<td>K</td>
<td></td>
</tr>
<tr>
<td>Kaechele, Horst</td>
<td>8, 9, 16, 85</td>
</tr>
<tr>
<td>Kagan, Fern</td>
<td>26</td>
</tr>
<tr>
<td>Kahl-Popp, Jutta</td>
<td>110</td>
</tr>
<tr>
<td>Kapeleris, Andrea</td>
<td>74</td>
</tr>
<tr>
<td>Kate, Bier</td>
<td>90</td>
</tr>
<tr>
<td>Katzenelson, Hannah</td>
<td>129</td>
</tr>
<tr>
<td>Kauz, Daniela</td>
<td>129</td>
</tr>
<tr>
<td>Kazee, Ruth</td>
<td>129</td>
</tr>
<tr>
<td>Kendall, Philip</td>
<td>65</td>
</tr>
<tr>
<td>Kertes, Angela</td>
<td>86</td>
</tr>
<tr>
<td>Kimpara, Satoko</td>
<td>47</td>
</tr>
<tr>
<td>King, Robert</td>
<td>19, 48</td>
</tr>
<tr>
<td>Kingsley, George</td>
<td>58</td>
</tr>
<tr>
<td>Knecht, Paul</td>
<td>129</td>
</tr>
<tr>
<td>Knobloch-Fedders, Lynne</td>
<td>111</td>
</tr>
<tr>
<td>Knox, Sarah</td>
<td>111</td>
</tr>
<tr>
<td>Koeck, Katharina</td>
<td>57</td>
</tr>
<tr>
<td>Kohberger, Laura</td>
<td>82</td>
</tr>
<tr>
<td>Kohl, Steffi</td>
<td>89</td>
</tr>
<tr>
<td>Kolden, Gregory</td>
<td>88</td>
</tr>
<tr>
<td>Köpke, Mark</td>
<td>49, 72, 111</td>
</tr>
<tr>
<td>Kraus, David</td>
<td>50, 65</td>
</tr>
<tr>
<td>Krause, Marianne</td>
<td>51, 63</td>
</tr>
<tr>
<td>Krieger, Tobias</td>
<td>43, 130</td>
</tr>
</tbody>
</table>
Krysztofiak, Scott .................................................. 111
Kumaria, Shiveta .................................................. 111
Kunze, Elisabeth .................................................. 73

L
Laaksonen, Maarit A .................................................. 130
Ladany, Nick ......................................................... 24, 94
Lambert, Michael J .................................................. 52, 56
Lampropoulos, Georgios ........................................... 9, 52
Landa, Alla ............................................................ 66
Landa, Yulia ........................................................... 21
Larsen, Denise ......................................................... 112, 130
Laska, Kevin .......................................................... 93
Laws, Holly ............................................................ 24
Lech, Börje ............................................................. 112
Lee, Hsin-Hua .......................................................... 62
Lee, Michelle .......................................................... 130
Leiman, Mikael ....................................................... 9, 34
Lepper, Georgia ....................................................... 5, 8, 29, 62
Levy, Kenneth ......................................................... 8, 54, 81
Lindenberg, Kataju ................................................... 18
Linderkamp, Friedrich ............................................... 112
Lindfors, Olavi ........................................................ 112
Locke, Benjamin ...................................................... 54, 55
Lourenço, Pedro ...................................................... 84
Luborsky, Ellen ....................................................... 16
Luca, Maria ............................................................ 67
Lucock, Mike ........................................................... 113
Lueger, Robert ........................................................ 113
Lutz, Wolfgang ....................................................... 51, 56, 57, 73, 87, 92

M
Macaulay, Helen ..................................................... 12
Magnavita, Jeffrey J .................................................. 6, 8, 98
Maladavsky, David .................................................. 130
Manevich, Inessa ..................................................... 33
Markin, Rayna ........................................................ 40
Martínez, Claudio ..................................................... 46
Maskit, Bernard ....................................................... 58
Matos, Marlene ....................................................... 131
McAleavey, Andrew ................................................ 50
McCarthy, Kevin .................................................... 15
McCarthy, Kye ....................................................... 131
McCrudden, Megan ............................................... 87
McCullough, Leigh .................................................. 59
McElvaney, James ................................................... 91
McElvaney, Rosaleen ................................................. 91
McMain, Shelley ..................................................... 9, 60
Melchior, Hanne .................................................... 113
Mendes, Inês .......................................................... 25
Mergenthaler, Erhard ............................................... 61
Messer, Stanley ...................................................... 13, 62
Messer, Stanley B .................................................... 37
Meuret, Alicia ........................................................ 66
Michelson, Aaron .................................................... 48
Midgley, Nick ........................................................ 76
Miellimaka, Michal .................................................. 113
Miller, Ronald B ..................................................... 36
Minami, Takuya ...................................................... 87
Mitchell, Allison ..................................................... 31
Moehrl, Kathrin ...................................................... 62, 63
Moessner, Markus .................................................. 6, 100
Moffett, Louis ........................................................ 131
Moleiro, Carla ........................................................ 10
Molina, María Elisa .................................................. 63

N
Nelson, Dana Lea .................................................... 55
Nelson, Kristin ....................................................... 58
Neves, Nilda ........................................................ 132
Newman, Michelle ................................................... 23, 66
Newham, Elizabeth .................................................. 56
Ng, Wai Sheng ....................................................... 72
Nissen-Lie, Helene .................................................... 68
Noom, Marc J .......................................................... 115
Norberg, Joakim ..................................................... 115
Nordberg, Sam ....................................................... 10, 50
Northcut, Terry ....................................................... 69
Noteboom, Annemieke ............................................. 45
Núñez, Araceli ....................................................... 115

O
O’Brien, Tom .......................................................... 49
Ogrodniczuk, John ................................................. 67
Okishii, John ........................................................ 115
Oltmanns, Thomas .................................................. 23
Orlinsky, David ..................................................... 9, 10, 68, 69, 70, 71, 72

P
Page, Andrew ......................................................... 73
Pavia, Sandra ......................................................... 12, 29, 73
Palma, Barbara ...................................................... 75
Parry, Glenys ......................................................... 18, 85
Pascual-Leone, Antonio ............................................ 43
Pelaez, Gloria ....................................................... 74
Pereira, Ximena ..................................................... 14
Perez Zambón, Silvina .............................................. 132
Pérez, J. Carola ..................................................... 132
Perry, J. Christopher ............................................... 75
Persons, Jacqueline B ............................................... 13
Petraglia, Jonathan ................................................ 76
Petrik, Magan ....................................................... 116
Pfammatter, Mario .................................................. 101
Philips, Björn ........................................................ 76
Pinsof, William ....................................................... 6
Piper, William ........................................................ 21, 77
Pokorny, Dan ......................................................... 6, 41
Pos, Alberta ......................................................... 24, 60, 78
Przeworski, Amy .................................................... 66
Pulido, Ricardo ...................................................... 79
Puschner, Bernd ..................................................... 79

R
Råbu, Marit ........................................................... 81
Rabung, Sven ....................................................... 116