North American Society for Psychotherapy Research 2011 Meeting

September 22nd to 24th
Banff, Alberta, Canada
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Workshop 1

Title: Multilevel Modeling For the Psychotherapy Researcher: Analysing Grouped and Longitudinal Data

Author: Giorgio A. Tasca

Abstract

Multilevel models (i.e., mixed or hierarchical regression models) represent an important evolution in the analysis of hierarchically structured data and change data. Data in psychotherapy research studies can be hierarchically structured (i.e., patients nested within groups; patients nested within therapists; or patients and therapists nested within sites). Nested data may violate the assumption of independence of observations for parametric tests; and this violation results in drastically increased Type I error rates. In addition, psychotherapy researchers are often interested in change or development over time (i.e., pre to post to follow up; or the development of process variables across multiple sessions). Traditional methods of assessing change and development are often unsatisfactory because of violations of statistical assumptions and because they do not model individual change. Modern longitudinal data analysis methods, including multilevel modeling, provide an opportunity to model dynamic fluctuations in individual data across time. In this workshop, participants will work through two examples (i.e., of nested data and of longitudinal data) from a psychotherapy study.
Workshop 2

Title: Ethical Implications of the New DSM-5

Authors: Marna S. Barrett & Dominic A. Sisti

Abstract

The development of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)—slated for publication in May 2013—marks a significant shift in nosological categories and diagnostic approaches in mental health. Although the changes are designed to reflect the latest empirical evidence for reliability and validity of categories, the DSM task forces have also sought feedback from the public about the proposed changes and have been attentive to the social and political ramifications of their work. Such an approach raises a number of significant ethical issues that will directly impact research and practice in psychotherapy.

The purpose of this workshop is to:
(1) delineate the proposed changes with DSM-5,
(2) examine the decision-making process in regard to these changes, and
(3) explore the key ethical issues raised by the proposed changes.

Some of the ethical issues to be addressed include stigma related to new diagnoses or diagnostic groupings (personality disorders, OCD-hoarding), “disease mongering” within psychiatry (i.e., widening the diagnostic boundaries of illnesses), affect of re-categorization on identity (Asperger’s), and the concept of free will and choice (addictions).
Workshop 3

Title: Interpersonal Reconstructive Therapy with the “Family in the Head”

Author: Lorna Smith Benjamin

Abstract

Interpersonal Reconstructive Therapy (IRT) offers a “natural biology” of psychopathology to understand the origin of symptoms and deliver related treatment interventions. The analysis begins with observing that evolution provides that affects, behaviors and cognitions function together to facilitate adaptation. If there is a threat (lion), the threat system (Fight/flight/hide) activates response dispositions for anger (fight), anxiety (Fight or flight) or depression (show the jugular). These natural affects become symptoms if they are miscued by abusive experiences with attachment figures, the earliest and primary providers of safety. Miscueing happens when safe persons are threatening. Such miscuing is recorded by gene expression and silencing, which likely connects internalized representations of threatening attachment figures to release of affects and behaviors associated with threat. For example, if an attachment figure threatens abandonment when the child shows normal autonomy, he/she will become anxious about autonomy and likely become inappropriately anxious (and avoidant or submissive) when normal forms of differentiation are adaptive. Frequent exposure to threatening attachment figures also releases stress hormones associated with brain changes characteristic of mental disorder. Treatment requires that relationships with “the family in the head” be transformed so that what makes one angry, anxious, and depressed or “high” is properly matched to external conditions. It is extremely difficult to challenge lower brain rules for safety and threat (e.g. autonomy is dangerous). Nonetheless, achieving friendly differentiation from symptom-related internalizations is required in order to recue the release of affects and behaviors in a normative direction. Interpersonal Reconstructive Therapy suggests effective methods.
Opening Plenary Discussion

**Title:** Responsiveness in Psychotherapy and Psychotherapy Research: What Is It and How Can We Address It?

**Co-Moderators:** Michael J. Constantino & Laurie Heatherington

**Panelists:** Gary Burlingame, Paul Crits-Christoph, George Silberschatz, & Varda Shoham

**Discussant:** William B. Stiles

**Abstract**

In a psychotherapy context, *responsiveness* has been described as participant behavior affected by emerging context, including the behaviors, perceptions, wishes, and characteristics of the participants (Stiles, Honos-Webb, & Surko, 1998; Stiles, 2009). Thus, responsiveness involves dynamic and reciprocal feedback systems among its participants, which inevitably affect the psychotherapeutic process before it begins (e.g., treatment assignment), in the moment (e.g., a specific utterance based on the other participant’s prior reaction), and/or across time (e.g., using multiple sessions to address an alliance rupture). Inherent in these examples is the notion of being responsive to something, such as the patient's diagnosis or stated preferences, as well as being responsiveness with something, such as a particular intervention or action (Stiles & Honos-Webb, 1998). Although inevitable, and often reflective of quality clinical practice, the responsiveness construct can pose problems for psychotherapy research designs and interpretation. As Stiles has argued, with its nonlinear and interdependent nature, responsiveness violates the linear assumptions on which many research designs rest. Thus, responsiveness might obscure treatment efficacy differences (or explain their general comparability), mask possible process-outcome correlations, and challenge dose-response effects (or lack thereof).

The goal of this plenary is to stimulate a dialogue among expert psychotherapy researchers and clinicians, from various modalities and theoretical backgrounds, regarding their perspectives on responsiveness as a clinical construct with research implications. Specifically, we will ask the panelists to (a) address their individual perspective on the responsiveness “problem” in their research, (b) offer possible fruitful directions for addressing responsiveness in psychotherapy research, and (c) discuss implications of responsiveness for training and practice. The discussion will be moderated (by Constantino & Heatherington) and several rounds of pointed questions will be used to initiate and guide the discussion toward the intended goal. The questions will be provided to the panelists ahead of time to allow for some prior preparation. However, space will also be provided for more spontaneous, unstructured, and responsive, dialogue. Bill Stiles, who has been writing about the responsiveness problem for many years, will serve as discussant.
Panel Session 1

Panel Title: The Effects of Alliance-Focused Training on Patient and Therapist Interpersonal Process, the Supervisory Relationship, and Patient Personality Dimensions

Moderator: Jeremy D. Safran

Presenters: Kelly Bolger, Anthony P. DeMaria, & Laura Kohberger

Discussant: J. Christopher Muran

Panel Abstract

The quality of the therapeutic alliance has been shown to be predictive of change in psychotherapy. Following this, a specialized training in attending to alliance ruptures and the therapeutic relationship may meaningfully relate to therapeutic process and outcome. This panel presents research utilizing data from Beth Israel Medical Center’s Brief Psychotherapy Research Program to demonstrate the effects of a training and treatment model which focuses on the therapeutic relationship, patient and therapist interpersonal process, and provides therapist the skills and understanding to work through moments of therapeutic impasse. The first presentation will describe changes in patient and therapist interpersonal process as a result of Rupture Resolution training using a modified observer based measure. The second presentation will present the effects of Rupture Resolution training on the relationship between supervisor and supervisee, a construct shown to mirror the relationship between patient and therapist, using a modified version of the Working Alliance Inventory. The final paper will discuss the experience of a subset of patients who have returned for more than one round of short-term psychotherapy treatment, in order to investigate the ways in which the therapeutic process may differ for the same patient working with different therapists and in different treatment modalities. Together this panel illustrates the effects of alliance focused training on changes in patient-therapist interactional patterns, supervisory alliance, and the type of changes that patients undergo in treatment.

Paper 1

Title: Patterns Of Change In Patient-Therapist Interpersonal Process Resulting From Training Therapists In The Use Of Alliance-Focused Training Principles

Authors: Anthony P. DeMaria, Jeremy D. Safran, J. Christopher Muran, & Catherine Eubancks-Carter

Abstract

Research has consistently shown the therapeutic alliance to be one of the most robust predictors of outcome in individual psychotherapy (Horvath & Symonds, 1991). Safran and Muran (2000) propose a treatment model with intensive focus on the therapeutic relationship, interpersonal process, and training in how to resolve moments of therapeutic
impasse and alliance ruptures. The present study examined the effect of this training on patient and therapist interpersonal process within the context of ongoing individual cognitive-behavioral therapy cases. To assess interpersonal process, the current study used a modified version of the Quantitative Assessment of Interpersonal Theme, or QUAINT (Baranackie & Crits-Christoph, 1992), which applies items of the SASB (Benjamin, 1982) to Luborsky’s (1977) Core Conflictual Relationship Theme. Graduate student raters were trained to use the QUAINT to reliably assess for interpersonal process between therapist & patient, rather than, content. The effects of Safran and Muran’s (2000) Rupture Resolution Training on therapeutic process, as well as future research directions are discussed.

**Paper 2**

**Title:** The Relationship Between Supervisory Alliance, Training Modality, and Therapeutic Process

**Authors:** Kelly Bolger, Catherine Eubancks-Carter, Jeremy D. Safran, & J. Christopher Muran

**Abstract**

Over the past 10-15 years, increased attention has been paid to the supervisory relationship. Previous research has demonstrated that the quality of the supervisory alliance is correlated with the quality of the therapeutic alliance between therapist and patient and to various aspects of treatment process and outcome (e.g., Patton & Kivlighan, 1997). In this study we evaluated whether the quality of the supervisory changes when therapists who are supervised in cognitive therapy are switched to a rupture resolution supervision condition. We also investigated whether any changes in the quality of the supervisory alliance were systematically related to changes in patients’ reports of the working alliance and other indices of therapeutic process. Finally we evaluated the extent to which therapist pertaining dispositional characteristics were systematically related to preferences for supervision training models. Implications for training in the use of alliance rupture resolution skills are discussed.

**Paper 3**

**Title:** Agency, Relatedness, and the Nature of Change in Brief Relational Therapy Versus Cognitive Therapy

**Authors:** Laura Kohberger, Jeremy D. Safran, J. Christopher Muran, & Catherine Eubancks-Carter

**Abstract**

Despite the continuing recognition of the efficacy of short-term psychotherapy, psychotherapy research has not frequently addressed the relationship between the characteristics of short-term therapy and the therapeutic process. Mann (1973) and Laor
(1999) have suggested that there are unique characteristics to short-term therapy that greatly influence the course of the therapeutic process. A psychotherapy framework that is limited in time can dictate the therapeutic process by giving rise to the experience of time as limited and related to issues of boundaries and endings.

At the Brief Psychotherapy Program at Beth Israel Medical Center, a phenomenon has emerged in which patients seeking short-term psychotherapy have returned to the program for a second or third round of treatment. This occurrence raises a number of interesting questions regarding what type of patient would purposely seek to engage in short-term treatment multiple times. Many factors have been demonstrated to account for success and failure in psychotherapy including patient and therapist characteristics, the treatment method, and the relationship between the therapist and the patient (Norcross & Lambert, 2006). The current investigation seeks to explore the commonalities between these patients and their therapeutic experiences, as well as to investigate the ways in which the therapeutic process may differ for the same patient working with different therapists and in different modalities. Preliminary research findings and future implications for research will be discussed.
Paper Session 1

Session Title: Attachment and Therapy Relationship

Moderator: Susan Woodhouse

Paper 1

Title: Psychotherapy Process and Relationship in the Context of a Brief, Attachment-Based, Mother-Infant Intervention: Links to Outcome

Authors: Susan S. Woodhouse, Jessica C. Effrig, Julie R. S. Beeney, Amber E. McCadney, & Jude Cassidy

Abstract

Research has examined the link between process and outcome in traditional psychotherapy (e.g., O'Malley et al., 1983; Suh et al., 1986), but little is known about the link between process and outcome in psychotherapeutic, attachment-based, interventions with mothers and their infants. Because insecure attachment in infancy is linked to later psychopathology (Sroufe et al., 2005), it is important to examine the conditions under which these interventions succeed or fail. The present study examined hypothesized links between outcome and both (a) observer ratings of psychotherapy process and (b) mother and intervener ratings of the working alliance in the context of a brief psychotherapeutic, preventive mother-infant intervention. The outcome of interest was infant attachment at 12m.

Participants were 82 low-income mothers and their irritable infants (age 6.5-9m). Each mother-infant dyad received the Circle of Security Intervention (Cooper et al., 2000), which consisted of three one-hour, videotaped home visits. Mothers completed the Penn Helping Alliance Questionnaire (HAq; Alexander & Luborsky, 1989) and therapists completed the Penn Therapist Facilitating Behaviors Questionnaire (TFBq; Alexander & Luborsky, 1985). A twenty-minute section of each intervention session video was coded by two reliable coders using the Vanderbilt Psychotherapy Process Scale (VPPS; O'Malley et al., 1983). The Strange Situation procedure (Ainsworth et al., 1978) was completed at 12m and coded by reliable coders.

Data have been collected and all coding is complete. Analyses are underway and will use multilevel modeling to account for nestedness of mother-infant dyads within therapists.

Paper 2

Title: A Dyadic Examination of Client and Therapist Attachment, Working Alliance, Session Evaluation and Response to Therapy: A Psychology Training Clinic Study

Authors: Eric M. Sauer, Mary Z. Anderson, & Barbara Gormley
Abstract

Authors of the current study used attachment theory to examine the dyadic impact of client and therapist attachment on counseling process and outcome over time. Therapists-in-training (N = 17) at a university-based psychology clinic and their adult clients (N = 24) served as participants for this clinical study. With several methodological refinements, the current study advances this line of inquiry in several important ways. First, the authors gathered standardized client outcome (OQ45.2) data prior to every counseling session. Second, we examined both client and therapist attachment (and their interaction) concurrently. Third, we gathered session evaluation (SEQ) data, which allowed us to examine the impact of a single counseling session. Fourth, in line with recent recommendations, we used a global measure of attachment (ECR) and a therapy-specific measure (CATS).

Results indicated several statistically significant correlations. As expected, secure client attachment to therapist was positively associated with session exploration – a finding that lends direct support to Bowlby’s “Secure Base Hypothesis.” Similarly, session exploration scores were significantly associated with client working alliance ratings. That is, clients with stronger working alliances had a higher degree of session exploration. Finally, the combination of client and therapist attachment variables revealed a number of interesting interactions. In particular, working alliance ratings were most problematic when anxious clients were paired with more avoidant therapists. In the next two weeks, we will conduct additional hierarchical linear modeling analysis that will allow us to directly examine how these important variables impacted how clients responded to therapy over time.

Paper 3

Title: Therapeutic Focus on the “Gift of Love”: Preliminary Tests of the Putative Mechanism of Change in Interpersonal Reconstructive Therapy

Authors: Kenneth L. Critchfield, Christie P. Karpiak, & Lorna Smith Benjamin

Abstract

In Interpersonal Reconstructive Therapy (IRT: Benjamin, 2003) a case formulation (CF) guides intervention choices. The CF uses copy process theory to define links between presenting symptoms and learning in close relationships. The “gift of love” (GOL) hypothesis is that wishes to receive love and acceptance from specific internalized attachment figures shape problem patterns and associated symptoms. IRT seeks to help patients become aware of the copied patterns, and the role they play in maintaining connection with internalized attachment figures. From there, the goal is to help a patient differentiate from the “family in the head” and pursue healthy behaviors and self-concepts. According to IRT theory, optimal intervention involves adherence to a “core algorithm” and five therapeutic “steps” that are keyed to the CF and the patient’s stage in the change process. Aim: to test the propositions that (a) therapist adherence to IRT helps patients relinquish the GOL, and (b) these motivational changes relate to subsequent outcome.
**Method:** Patients referred to the IRT clinic qualify for the acronym ‘CORDS’: Comorbid, Often Rehospitalized, Dysfunctional, and Suicidal. Non-response to previous treatment and presence of personality disorder characterize most of the sample. Adherence and GOL ratings are applied to video-recorded sessions by trained observers. Symptoms, personality, and relational functioning are assessed at intervals throughout treatment. Ten long-term outpatient treatments are included in these analyses. **Results and Discussion.** Preliminary results confirm that therapist adherence to IRT principles is associated with changes in GOL, which is associated in turn with symptom change. Implications for research and clinical work are discussed.
Discussion Group 1

Title: ‘Beyond the Dyad’ Into Psychotherapy Research with Couples and Families: Where Have We Been and Where Are We Going?

Participants: Lynne M. Knobloch-Fedders & Myrna L. Friedlander

Abstract

Systemically-oriented research on couple and family therapy has a rich tradition, and several key innovations and findings have significantly advanced the field in the past 30 years. From breakthroughs in dyadic data analysis techniques, to a growing awareness of the links between individual and relational pathology, to the accumulation of evidence supporting the efficacy, effectiveness, and cost-effectiveness of couple and family-based therapies, the field is progressing rapidly.

However, the field also faces significant challenges as it seeks to add to our knowledge about the process and outcome of change in systemically-oriented psychotherapy. For example, these challenges include a lack of prioritization for couple and family-based treatment research funding in the current funding climate; lack of cross-fertilization between individual therapy research and systemic therapy research; and lack of common measurement batteries.

In this open discussion, we will identify both recent developments and challenges in the science and practice of couple and family therapy. We will then facilitate a collaborative discussion with the goal of making recommendations for future work in this area.
Panel Session 2

Panel Title: The Therapeutic Alliance: Predictors, Mechanisms, Dyadic Perspectives, and Training

Moderator: Michael J. Constantino

Presenters: Michael J. Constantino, Dana Steidtmann, Holly B. Laws, & Nicholas R. Morrison

Panel Abstract

The therapeutic alliance is widely considered an essential component of successful psychotherapy. Further, the alliance has been consistently associated with positive outcomes across diverse treatments and clinical conditions. Yet despite its robust association with outcome, relatively less is known about (a) factors that relate to alliance development, (b) mechanisms through which the alliance influences outcome, (c) the degree to which participants’ converging or diverging alliance perspectives influence outcome, and (d) the most effective methods for training clinicians on alliance-fostering skills (Castonguay, Constantino, Holtforth, 2006; Wampold, Hollon, & Hill, 2011).

The goal of this panel is to present findings from 4 studies, each of which addresses one of the aforementioned domains. In the first paper, Steidtmann will present a study examining the association between patients’ baseline treatment beliefs (about the causes of depression and preference for treatment type) and both the alliance and outcome across 2 treatments for chronic depression. In the second paper, Constantino will present a study examining patient interpersonal change as a mediator of the alliance-outcome link in an integrative therapy for chronic depression. In the third paper, Laws will present results of a study that examines patterns of convergence and divergence in patient and therapist alliance ratings, and whether perspective similarity is related to alliance levels and treatment outcome (in psychotherapy for chronic depression). Finally, Morrison will present findings from a qualitative study examining expert and student viewpoints on ideal alliance training practices. In order to preserve time for audience participation, no formal discussant will be included.

Paper 1

Title: Do Patient’s Pre-Treatment Beliefs about Illness Causes and Preferences for Treatment Modality Moderate Therapeutic Alliance Quality and Treatment Outcome in Two Types of Psychotherapy?

Author: Dana Steidtmann, Bruce A. Arnow, Christine Blasey, & Rachel Manber
Abstract

Prior studies have found that patient beliefs about the causes of depression are related to motivation for various types of treatments (Meyer & Garcia-Roberts, 2007). In addition, among patients expressing a strong preference for either medication or psychotherapy for depression, alliance and outcomes were improved among those who received their preferred treatment (e.g. Iacoviello et al., 2007). However, we are not aware of any research that has examined how differing explanations for problems and treatment preferences relate to alliance quality and treatment outcome across psychotherapy modalities. In this presentation, we will present findings on whether patient beliefs about depression and preferences for type of treatment relate to subsequent quality of the therapeutic alliance and treatment outcome across two types of psychotherapy. Data are from the second phase of a multisite randomized controlled trial (Kocsis et al., 2009) in which medication nonresponders and partial responders were randomly assigned to receive 16-20 sessions of Cognitive-Behavioral Analysis System of Psychotherapy (CBASP) or Brief Supportive Psychotherapy (BSP) in addition to antidepressant medication. N = 115 for CBASP and N = 123 for BSP. Correlational and regression analyses will be used to determine whether patient beliefs about the causes of depression (e.g., chemical imbalance, pessimistic attitudes, stressful experiences) and patient preference for type of treatment (medication, medication + psychotherapy, or no preference) assessed at baseline are related to subsequent patient ratings on the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) and outcomes on the 24-item Hamilton Rating Scale for Depression.

Paper 2

Title: Change in Patients’ Interpersonal Style as a Mediator of the Alliance-Outcome Association in Treatment for Chronic Depression

Author: Michael J. Constantino, Holly B. Laws, Rachel Manber, & Bruce A. Arnow

Abstract

Interpersonal theories posit that chronically depressed individuals have hostile and submissive relational styles that might undermine their interpersonal effectiveness and contribute both to the cause and maintenance of their depression. Recent findings support this theory and demonstrate that chronically depressed patients’ interpersonal influences on their therapist become more adaptive following cognitive behavioral analysis system of psychotherapy (CBASP). In the current study, we examined whether such changes in patients’ interpersonal influences (as rated by the clinician’s experience of interacting with their patient) mediated the association between early alliance quality and posttreatment depression reduction. We hypothesized that a quality alliance would have a positive influence on interpersonal change, which in turn would improve mood. Data were derived from a large clinical trial for chronic depression that compared the efficacy of CBASP, nefazodone, and their combination. The current study focused on the subsample of patients...
(N = 259) in the CBASP and combined conditions. Mediation models were fit for the alliance total score and its components (bond, task agreement, and goal agreement) using structural equation modeling. Results supported a partial mediating effect for the bond; higher early patient-rated bond predicted decreases in patient hostile-submissiveness during therapy, which in turn predicted lower depression levels at posttreatment. The indirect effect from early bond through change in hostile-submissiveness to posttreatment depression accounted for 13% of the total effect of bond on depression. The partial mediation model fit the data significantly better than a model without the mediated effect. The results further support CBASP change theory and suggest a mechanism of the alliance.

**Paper 3**

**Title:** Modeling the Alliance as a Dyadic Construct in Psychotherapy Research

**Author:** Holly B. Laws, Michael J. Constantino, & Bruce A. Arnow

**Abstract**

Psychotherapists have long believed that patient-therapist agreement on the core aspects of the therapeutic relationship is essential to effective psychotherapy. The therapeutic relationship is something not defined solely by the patient or therapist, but is instead a dyadic construct. Although the idea that the alliance is dyadically defined and constructed is well accepted by clinicians across theoretical orientations, there is little research taking both patient and therapist alliance perspectives into account using dyadic modeling (Kivlinghan, 2007). The present study addresses this gap between clinical knowledge and research methodology by using dyadic statistical modeling techniques to account for both the therapist and patient reports of the alliance and the interdependence between them. We hypothesize that similarity in alliance ratings by patients and therapists will increase during psychotherapy, and that greater similarity between therapists’ and patients’ alliance reports will relate to higher alliance levels and, ultimately, to better psychotherapy outcome. We analyzed data from the REVAMP study (Koscis et al., 2009) of chronic depression treatment, which measured both patient and therapist alliance ratings at six points across 12 weeks of psychotherapy. Preliminary results from initial hierarchical linear modeling (HLM) analyses showed that, on average, patient and therapist views of the alliance became significantly more similar over the course of the psychotherapy (γ = .15, p < .001). Greater similarity was also related to higher alliance levels overall. We will conduct and report on further analyses to test whether increased similarity in views of the alliance are predictive of psychotherapy outcome.

**Paper 4**

**Title:** The Therapeutic Alliance: Expert and Student Perspectives on Current and Ideal Training Practices

**Author:** Nicholas R. Morrison, Gregory MacEwan, James F. Boswell, Garret Sacco, Madeline Haynes, Rachael Falk, Jillian Guskin, Kristin Boudrow, & Michael J. Constantino
Abstract

The therapeutic alliance has consistently emerged as a transtheoretical, empirically supported element of successful psychotherapy. However, despite the clinical importance of the alliance, virtually no literature exists on the degree to which training programs incorporate alliance-fostering components into their curricula and clinical practica. The aim of the current study was to uncover an operational definition of gold standard alliance training by examining qualitatively expert and student perspectives. Data derived from 10 interview transcripts of the proceedings of 2 semi-structured, alliance-based discussion groups conducted at separate professional psychotherapy conferences, and were analyzed according to the Consensual Qualitative Research paradigm (Hill et al., 2005). Results indicated that most participants viewed current alliance training as generally unstructured, while most also expressed an interest in developing a gold standard program with at least some structured focus. Participants also generally highlighted the therapist’s role in alliance development, and the importance of clinicians’ personal improvement techniques for promoting this role. Little consensus emerged concerning potential barriers to the development of a gold standard training program, perhaps owing to the unstructured heterogeneity in current alliance training practices across programs.
**Paper Session 2**

**Title:** Therapy Practice and Effectiveness

**Moderator:** Mary Beth Connolly Gibbons

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**Paper 1**

**Title:** Factor Structure and Validity of the Therapeutic Factors Inventory – Short Form

**Authors:** Anthony S. Joyce, Rebecca MacNair-Semands, Giorgio A. Tasca, & John S. Ogrodniczuk

**Abstract**

Clinical practice is guided by the assumption that 11 distinct therapeutic factors operate in psychotherapy groups. This assumption should be examined as evidence for fewer, more global therapeutic factors emerges. The present study was conducted to continue the development of the Therapeutic Factors Inventory – Short Form (TFI-S), and focused on confirming its factor structure and evaluating aspects of its concurrent, discriminant, and predictive validity. A sample comprising a total of 435 clients from 52 distinct therapy groups at eight different clinical sites in the U.S. and Canada was obtained. Structural equation modeling analyses indicated that a four-factor model had reasonably good fit to the TFI-S rating data. The analyses resulted in a revised, 19-item measure, the TFI-19. Three-level HLM analyses demonstrated that the four factors were sensitive to change in member perceptions over time. Significant and meaningful relationships between the TFI-19 factors and subscales of the Group Climate Questionnaire-S provided support for concurrent validity of the TFI-19. Two-level HLM analyses identified significant relationships between the TFI-19 factors and post-treatment status on symptomatic and interpersonal distress, supporting the predictive validity of the TFI-19. The findings suggest that the TFI-19 may be a useful instrument to assess group members’ perceptions of more global therapeutic factors.

**Paper 2**

**Title:** Both the Clients and the Therapist are the Experts; A Model for Integration of Systemic and Sex Therapy

**Author:** Desa Markovic

**Abstract**

This paper will address the importance and the rationale for working with sexual issues in psychotherapy and propose ways in which this could be done. The author will summarise her research results on exploring discourses on resources and constraints therapists perceive in relation to working with sex and sexual relationships in their clinical practice.
The presenter will reflect on case examples from her clinical practice where she combines systemic and sex therapy approaches in an integrated way. She will introduce a Model of integration between systemic and sex therapy at the levels of theory, practice, ethics and therapeutic relationship.

This Model named ‘From Presenting Concerns to Future Possibilities’ has been developed through the author’s longstanding work with clients presenting a wide range of sexual issues.

**Paper 3**

**Title:** The Challenges Faced During the Training Phase of a Psychotherapy Comparative Effectiveness Study Conducted in the Community Mental Health System

**Authors:** Mary Beth Connolly Gibbons, Sarah Ring-Kurtz, Lindsay A. Schauble, Kelli Scott, Donald Thompson, Dawn Connors, & Paul Crits-Christoph

**Abstract**

**Aims.** With the advent of psychotherapy effectiveness trials, researchers must translate procedures developed for efficacy studies to the real world. Meeting the demands of the real world can present significant threats to the internal validity of the research design. The current paper will review the literature comparing procedures implemented in efficacy trials with psychotherapy effectiveness studies. We will then review the results of the training phase of a large effectiveness trial comparing two psychotherapies in the treatment of major depressive disorder (MDD) in the community mental health system.

**Methods.** This trial will evaluate whether a manualized dynamic psychotherapy (supportive expressive psychodynamic therapy) is not inferior to evidence based cognitive therapy (CT) in the treatment of MDD. Twelve community mental health therapists were trained by expert supervisors in CT or dynamic psychotherapy via a training workshop and ongoing supervision of cases. Therapists completed a survey at the conclusion of training and a drop-out survey if applicable. Patients were recruited through the clinic’s normal intake procedure and participated in a baseline assessment that included a structured diagnostic interview to assess eligibility.

**Results.** Descriptive results from the therapist training and drop-out surveys will be presented along with results detailing the level of training required to bring therapists to competence. We will also summarize our experiences recruiting training phase patients and present an analysis of the feasibility of various assessment formats and length in the community mental health system.

**Discussion.** The training phase will be discussed in terms of how to balance the practical needs of effectiveness research with the need to maintain internal validity in the research design.
Discussion Group 2

Title: Psychotherapy Research, Positive Psychology, and Coaching: Beginning to Dialogue

Participants: Margarita Tarragona & David Orlinsky

Abstract

Positive Psychology started as a research endeavor focused on the scientific study of wellbeing, but recent interest has turned to how these findings may apply in coaching and psychotherapy. Studies testing the effects of "positive interventions" on increasing positive affect, decreasing depression, and improving subjective wellbeing, have found some interventions originally designed for "normal" people to help them feel even better (e.g., mindfulness, meditation) to have significant effects with clinically depressed people. This suggests that dialogue between positive psychology research and psychotherapy research could be mutually beneficial. For example, most therapy outcome studies focus on decreasing symptoms and distress, not on increasing happiness or wellbeing (though these may be correlated, they are not the same). Positive Psychology may contribute to understanding of what is really helpful in therapy through studying how people become happier or more engaged with life. Reciprocally, Positive Psychologists research could benefit by considering the methods and findings of psychotherapy researchers, who have studied what helps people change for more than 50 years. Questions to discuss include: Is positive change the same whether it happens in therapy, coaching or self help, or do overcoming suffering and attaining wellness involve distinct phenomena? Given that studies show people can improve significantly with positive interventions conducted online, where they do exercises or tasks on their own, is a therapeutic alliance needed only for people struggling with problems but not for people who are well enough but wanting to do better?
Panel Session 3

Panel Title: Latest Findings on the Tripartite Model of the Psychotherapy Relationship: Countertransference and the Real Relationship

Moderator: Charles J. Gelso

Presenters: Stacie C. Ain, Tamara T. Walden, Ann M. Hummel, & Beatriz Palma

Panel Abstract

During the past three decades, research on the tripartite model of the therapeutic relationship has been conducted as part of the Maryland Psychotherapy Relationship Research Program (MPRRP). In this panel, the latest research from the MPRRP related to the tripartite model will be presented. This model posits that all therapeutic relationships consist of three interdependent components: a working alliance, a transference-countertransference configuration, and a real relationship. These components vary in strength and salience, depending upon the therapist’s theoretical orientation, treatment modality and duration, time in treatment, and other factors.

The four studies in this panel address two of the components of the tripartite model, the real relationship and countertransference. The first study focuses on the association of the strength of the real relationship to another key relational variable, therapist self-disclosure, in a sample of 60 psychotherapy dyads. The second study uses a small sample design (n = 6 dyads) to examine if the strength of the real relationship is associated with therapist immediacy and client self-exploration, as well as session and treatment outcome. In the third study, a laboratory context is used to examine novel hypotheses regarding ego depletion, ego defense maturity, and countertransference phenomena in a sample of 60 therapist-trainees. The final presentation will focus on a study connecting countertransference and the real relationship to each other, as well as to therapist trainees’ attachment tendencies in a sample of 50 therapists and clients.

Paper 1

Title: Therapist Self-Disclosure and the Real Relationship: A Dyad Study

Authors: Stacie Ain & Charles Gelso

Abstract

One therapeutic intervention that seems to relate to the strength of the real relationship from the client’s perspective is therapist self-disclosure. In addition to its link to the real relationship, therapist self-disclosure appears to be linked to therapy outcome from the client’s perspective. However, since most of what we know is from the perspective of the client, more information is needed on therapist self-disclosure and its relation to the strength of the real relationship and treatment outcome from the therapist’s perspective. In the present study we examined the real relationship and how it relates to therapy...
progress from both the client’s and therapist’s perspectives, therapists’ self-disclosure and how it relates to the real relationship from both perspectives, and therapist self-disclosure and its relationship to treatment progress from both perspectives. In order to do so we surveyed 60 dyads in ongoing psychotherapy regarding these constructs.

Overall, based on preliminary data, our results imply that the real relationship is linked to progress from both therapist and client perspectives. However, they also imply that, while clients and therapists agree to an extent on the relationship between amount of therapist self-disclosure and the strength of the real relationship, their perspectives differ when it comes to amount of therapist self-disclosure and progress, amount of self-disclosure and components of the real relationship, and on how the appropriateness of the amount of self-disclosure relates to progress. Therefore, it will be important to continue examining how therapist self-disclosure impacts therapy from both perspectives.

Paper 2

Title: The Real Relationship, Therapist Immediacy, and Client Experiencing: A Dyad Study of Person-to-Person Process, Connection, and Outcome

Authors: Tamara T. Walden, Charles J. Gelso, Jairo Fuertes, & Julie Parsons

Abstract

The present study examined the association of the strength of the real relationship (RRI-C; Kelley et al., 2010 and RRI-T; Gelso et al., 2005) with treatment outcome, session evaluation, therapist immediacy, and client experiencing level in six therapist-client dyads and 54 sessions of brief psychotherapy over the course of treatment. The dyads completed the measures of real relationship and session outcome immediately after each session and a measure of outcome after the completion of treatment. Therapist immediacy and client experiencing were rated by observers using audio recordings and transcripts post-treatment. All treatments for the six cases are now completed. Upon completion of the data analysis from the audio tapes (Summer 2011), it is expected that the strength of the real relationship will be positively correlated to treatment outcome, session evaluation, therapist immediacy, and client experiencing level. Preliminary analysis of the dyad ratings of the real relationship and outcome compared the four cases with high outcome ratings with the two dyads with low outcome ratings. The pattern of means of the RRI-C and RRI-T ratings combined over the course of treatment for the high outcome group was positive and linear throughout treatment, while the pattern for the low outcome group was slightly less in overall magnitude and only linear until the final quarter, when the ratings dropped substantially. This finding suggests that how the real relationship unfolds (the shape of its curve) over the course of treatment relates to outcome.

Paper 3

Title: Therapist Reactions to Clients Facing Terminal Illness: A Test of Ego and Countertransference
**Authors:** Ann M. Hummel, Charles J. Gelso, & Andres Perez Rojas

**Abstract**

Countertransference, which may be defined as therapists’ reactions triggered by one’s client that are based on a therapist’s vulnerabilities, has been found in several studies to relate negatively to treatment outcome (e.g., Hayes, Gelso, & Hummel, in press). The use of personal qualities such as self-insight, self-integration, and anxiety management to manage countertransference suggests that psychological health and self-resources (e.g., impulse control, ego strength, or willpower) might be involved in keeping countertransference from interfering with a client’s psychotherapy. Thus, a depletion of self-resources, also known as ego depletion, might result in an increase in countertransference.

The purpose of this study is to investigate state- and trait-like vulnerabilities such as ego defense maturity and ego depletion that could relate to countertransference. To investigate this effect, the present study will compare affective, behavioral, and cognitive countertransference among psychotherapists (n = 60) who will be assigned to one of two conditions: an ego depletion condition, or a neutral condition. Psychotherapists’ reactions to a video analogue of a client will be used to measure countertransference. It is expected that psychotherapists who are in the ego depletion condition with show more countertransference than those who are in the neutral condition. The relation between therapists’ ego defense maturity and countertransference management ability and the effects of ego depletion on countertransference will also be investigated. (Data are currently being gathered.)

**Paper 4**

**Title:** Disentangling the Therapist’s Contribution to the Therapeutic Relationship: How Do Countertransference Behaviors, Real Relationship and Attachment Style Relate to Each Other?

**Author:** Beatriz Palma & Charles J. Gelso

**Abstract**

It has been shown that the therapeutic relationship has a central role in the psychotherapy (e.g., Norcross, 2002, in press; Wampold, 2001). As therapists, we can either enhance such relationship with a client or affect it in a negative way. Two variables that have been theoretically linked to influencing the therapeutic work are therapist countertransference and therapist attachment styles; however, empirical findings of the relationship between these two constructs is conflicting (Ligiero and Gelso, 2002, did not find association, but Mohr et al., 2005, did). In addition, no study to date has related countertransference and the real relationship established with a client. The present paper seeks to illuminate the relation of attachment style of therapist-trainees, their countertransference behaviors toward clients, and the real relationship they form with these clients. The sample consists
of therapist-trainees (expected n = 50) and their clinical supervisors. The dyad will identify a client to have in mind when completing the measures, based on specified criteria. The therapists will complete measures of their attachment style (using a psychometrically sounder measure than Ligiero and Gelso) and their real relationship with the identified client. Supervisors will complete a measure of the therapist-trainees’ countertransference behavior with the identified client and the real relationship between the supervisee and identified client. It is expected that attachment security will be related positive to the strength of the real relationship, and the real relationship will be related negatively to both positive and negative countertransference. Data are currently being gathered and will be analyzed in summer 2011.
Paper Session 3

Session Title: Cultural Diversity and Psychotherapy

Moderator: Nicholas Ladany

Paper 1

Title: Psychotherapy Process and Social Class

Authors: Nicholas Ladany & Maryann Krikorian

Abstract

The study of social class and psychotherapy can best be described as one with a long history with limited attention. Works as early as 1940 (e.g., Schilder, 1940) appeared in the literature highlighting the relevance of social class and psychotherapy effectiveness, however, the literature soon became scattered and non-programmatic. The purpose of this presentation is to provide a literature analysis and a framework for understanding what is empirically known about social class and psychotherapy process, and provide a multicultural model for understanding social class identity and the identity interactions that take place in psychotherapy. First, based on definitions set forth in the literature, a comprehensive yet circumscribed definition of social class will be offered. Second, the primary factors, as identified in the literature, related to the interplay between social class and psychotherapy process (i.e., therapist contributions, client contributions, dyadic interactions, and systemic contributions) will be described. Third, a multicultural identity interaction model of social class and psychotherapy process will be provided. Finally, future directions for research on social class and psychotherapy process will be discussed. An important intent of our presentation is to offer a review that is theoretically linked, empirically supported where possible, and clinically meaningful.

Paper 2

Title: The Influence of Cultural Background on Client Preferences for Treatment Types, Therapy Roles, and Therapist Characteristics

Authors: Joshua K. Swift, Jason L. Whipple, & Nina Greenon

Abstract

Incorporating client preferences into the therapy process is an important way to adapt the therapeutic relationship to the individual client. This variable has been found to influence both treatment dropout and therapy outcomes (Swift, Callahan, & Vollmer, 2011). While some research has sought to understand the nature of this client variable, it is important that we seek to improve our understanding of preferences and the variables that influence them. In this study we have examined the influence of culture on preferences for (1) type
of provider (e.g., therapist, psychiatrist, community elder, church leader), (2) type of treatment (e.g., therapy, medication, natural remedies), (3) therapy roles and behaviors (using the PEI-R), and (4) personality and demographic characteristics of the ideal therapist [using the Interpersonal Checklist and a modified version of Atkinson, Furlong, and Poston’s (1986) counselor characteristic forced-choice survey]. Preliminary data have been analyzed from the first 177 participants (99 Anglo cultural background, 78 minority cultural background). These results indicate that while preferences are largely similar between cultural groups, some differences exist (e.g., minority participants compared to Anglo participants showed a greater preference for a therapist over other types of treatment providers, greater preference for therapy/counseling over other treatment options, and valued different characteristics in their ideal therapist). These and further results will be discussed in this paper with a focus on the implications for individualizing therapy according to client preferences and culture.

**Paper 3**

**Title:** Cross-Cultural Comparisons of Patient Characteristics between Mainland China and the U.S.

**Authors:** Xiaoxia Song, Larry E. Beutler, Guohong Wu, Timothy Anderson, Shijin Sun, Satoko Kimpara, Lindsey Hogan, Aaron, Michelson, Margaret Mahoney, & Andrew McClintock

**Abstract**

This study aims to advance the understanding of cross-cultural differences of patient characteristics of samples collected in Mainland China and the United States. The Systematic Treatment Selection Self-Report Form (STS-SRF) was used as the measure of patient characteristics in this study. A total of 300 non-clinical participants were collected from within an urban university setting as well as members of various academic, company, hospital, and government organizations in Shanghai, Mainland China. The United States sample consisted of 212 non-clinical graduate students at a clinical psychology program as well as members of various religious, academic, and multicultural organizations across California, Oregon, and Pennsylvania. The STS-SRF has been found in numerous studies to have sound reliability and validity in North American and Europe. A recent study has found support for reliability of the STS-SRF in Mainland China and Japan (Beutler et al., 2010). STS-SRF consisted of 22 symptom scales, and the six client characteristic dimensions such as level of patient resistance, level of patient coping style, and level of patient distress. In this study, English version was used as a template from which the translation (and back translation) was constructed for Chinese samples. The core items were revised for the Chinese version in order to accommodate language and cultural differences. The means of each sub-scale of STS-SRF will be compared for the U.S. and Mainland Chinese samples. Findings will be discussed in terms of cultural and treatment implications.
Discussion Group 3

Title: Four Generations of Qualitative Psychotherapy Researchers

Moderator: Kathrin Moertl

Discussants: David Rennie, Lynne Angus, Heidi Levitt, & Elizabeth Piazza-Bonin

Abstract

This open discussion brings together four generations of qualitative psychotherapy researchers sourced at York University. The senior member of this research family, David Rennie applied a modified grounded theory method to clients’ moment-to-moment recalled experiences of an hour of therapy, and proceeded to concentrate on the theory of qualitative research. He supervised Lynne Angus in her grounded theory-phenomenological investigation of clients’ and therapists’ recalled experiences of metaphor in psychotherapeutic dialogue, an enquiry which merited her appointment to the York faculty. She went on to investigate qualitatively clients’ post-therapy accounts of difference and change and to apply mixed methods to the study of narrative processes in emotion-focused therapy. She supervised Heidi Levitt, a member of the team that developed the Narrative Process Coding System. In her own work, Levitt combined the grounded theory and conventional methods in the study of clients’ experiences of moments of silence in therapy. Now at the U of Massachusetts Boston, when at the U of Memphis together with her students she also applied the grounded theory method to the development of principles of psychotherapy. Her student, Beth Piazza-Bonin, joins the discussion having used this same method in her thesis on the role of wisdom in psychotherapy. The session will begin with each of the four members providing a brief outline of their work, whence the audience will be brought into the discussion. The intent of the session will be to engage the audience actively in a consideration of actualities and possibilities of qualitative research in psychotherapy.
Panel Session 4

Panel Title: Interpersonal Process in Cognitive Behavioral Therapy for Generalized Anxiety Disorder

Moderator: Henny Westra

Presenters: Angela Kertes, Mariyam Ahmed, & Adi Aviram

Discussant: Ken Critchfield

Panel Abstract

While Cognitive Behavioural Therapy (CBT) has demonstrated efficacy for a wide range of disorders, the factors contributing to the efficacy of CBT are less well-understood. Process research in CBT is an important emerging area which may prove fruitful in elucidating change-promoting and change-hindering interactions between CBT clients and their therapists. This symposium involves three empirical studies examining interpersonal processes within CBT in the context of a larger randomized controlled trial of adding Motivational Interviewing (or no MI) prior to CBT for generalized anxiety disorder. Two different interpersonal process coding methods are utilized to examine early interpersonal process (CBT session 1): (1) the Structural Analysis of Social Behavior (SASB) which investigates moment-to-moment process between client and therapist along the dimensions of affiliation and interdependence and (2) the Client Resistance Code, which quantifies the degree of client opposition to (or co-operation with) the direction of the therapist. The studies consider the impact of having received MI (or not) on interactions within CBT, interpersonal process differences in CBT between clients who go on to have high versus low outcome expectations, and patterns of in-session resistance differentiating recovered versus nonrecovered CBT clients. Two of these studies contribute to our growing understanding of the reciprocal impact of client factors (motivation, outcome expectations) and interpersonal process within CBT, while the third considers how another process factor, interpersonal opposition or resistance, influences outcomes in CBT. Future research directions and clinical implications of these findings for the study and practice of CBT will be highlighted.

Paper 1

Title: The Impact of Adding Motivational Interviewing on Interpersonal Processes within Cognitive Behavioral Therapy

Authors: Angela Kertes & Henny Westra

Abstract
While adding MI shows promise in bolstering engagement with and response to other treatments such as Cognitive Behavioral Therapy (CBT), the mechanisms through which MI achieves its effects when added to other treatments are poorly understood. It is possible for example that through enhancing client motivation, MI increases client active engagement with the more directive, action-oriented methods of CBT. The current study used the Structural Analysis of Social Behaviour (SASB) to examine the moment-to-moment interpersonal processes within CBT sessions from an existing data set of a recently completed NIMH-funded clinical trial of MI + CBT for Generalized Anxiety Disorder. The current study will compare the early interpersonal process in CBT (session 1) across MI+CBT and CBT-alone groups. A 10 minute segment within each session was selected to capture the point in the therapy session where the client responds to the therapist’s presentation of the CBT rationale. Twenty video-taped early CBT sessions will be coded for clients who either received MI as a pre-treatment to CBT (n=10) or who did not receive MI prior to CBT (n=10). It is hypothesized that clients who received MI will show greater affiliation in CBT (disclosing and expressing; trusting and relying) and less hostility compared to clients who did not receive MI pretreatment. Moreover, the therapist is expected to complement these client responses by showing greater affiliation (affirming and understanding). The data are currently being collected and we anticipate completion of data collection and analysis by the time of the conference.

Paper 2

Title: Interpersonal Process and Client Outcome Expectations in Cognitive Behavioral Therapy

Authors: Mariyam Ahmed, Henny Westra, & Michael Constantino

Abstract

Outcome expectancy has been consistently supported as predictive of treatment outcome in psychotherapy, yet little is known about in-session process factors which may influence client expectations. The aim of the present study was to examine early (session 1) client-therapist moment-to-moment interpersonal process in CBT between clients who went on, immediately after that session, to have high (N=8) versus low (N=9) outcome expectations. Data were derived from a larger randomized controlled trial in which clients received CBT for generalized anxiety disorder (Westra et al., 2009). The Structural Analysis of Social Behavior (SASB) was used to code therapy dyads. Two types of session segments (resistance episodes and co-operation episodes) were selected for coding. The results indicated that during resistance episodes, clients who go on to have low versus high outcome expectations failed to maintain affiliative or collaborative contact with the therapist, disclosed much less and were significantly more likely to engage in hostility. During co-operation episodes therapists of clients who went on to have low versus high outcome expectations engaged in substantially lower levels of affirming and understanding and much higher levels of control. These findings suggest that substantial differences in interpersonal process are associated with client outcome expectations. To the extent that future studies examine whether such relationships are causal, the findings have important
implications for our understanding of process factors which may influence client early beliefs about the benefit of therapy.

Paper 3

Title: Patterns of Early Resistance and Client Outcome in Cognitive Behavioural Therapy

Authors: Adi Aviram, Henny Westra, & John Eastwood

Abstract

Higher observer-rated resistance, even as early as the first session of CBT is associated with significantly lower subsequent homework compliance, and poorer outcomes (e.g., Aviram & Westra, 2010). Although higher overall levels of resistance have been linked to poor CBT outcomes, little is known about the specific patterns of client resistance within sessions as they relate to outcome. The present study investigated the temporal course of early resistance as it unfolds over the course of a therapy session and its relationship to CBT outcomes. Therapy sessions were drawn from a randomized controlled clinical trial of CBT for generalized anxiety disorder (Westra et al., 2009) and includes 38 clients who received CBT alone. The analysis of the data, involving time-series analysis techniques over fine-grained timescales within the first CBT session, will be presented graphically and will identify within-session patterns of resistance, illustrating how such patterns appear within good versus poor outcome cases. Findings of the present study will further advance our understanding of whether how and when resistance occurs over the course of the session influences therapy outcomes beyond the total amount of resistance present. These findings could have important implications for identifying at risk individuals who show patterns of resistance that are linked with poor therapy outcome. The data has already been coded for in-session resistance using the Client Resistance Code (Chamberlain et al., 1984). Data analyses are currently underway and will be completed by the time of the conference.
Paper Session 4

Session Title: Emotionally Focused Therapy

Moderator: Adele Lafrance Robinson

Paper 1

Title: The Impact of Emotionally Focused Therapy for Couples on Romantic Attachment Orientations: A study using Hierarchical Linear Modeling

Authors: Melissa Burgess-Moser, Tracy L. Dalgleish, & Susan M. Johnson

Abstract

Emotionally Focused Therapy (EFT) for Couples (Johnson, 2004) is grounded in experiential, systemic psychotherapies and adopts an attachment theory perspective to understand relationship distress. Interventions have partners focus on and express underlying attachment needs that are believed to contribute to negative interaction patterns and relationship distress. In EFT, the expressions of underlying emotions followed by partners’ accompanying responses of support are called ‘blamer-softening events’ (Johnson, 2004). Blamer-softening events lead to changes in individuals’ perception of their partner’s accessibility in times of need, which, according to the key tenets of EFT and attachment theory, would also result in a change in individuals’ attachment orientation (Bradley & Furrows, 2004). Despite demonstrating excellent clinical outcomes (Johnson et al., 1999), no study has examined the attachment-based assumptions of EFT for couples. Thirty couples were recruited and provided approximately 25 sessions of therapy. Each partner completed self-report measures of attachment, trust, and emotional expression, pre and post therapy and after every session. This study represents the first time a 3-level hierarchical linear model (Raudenbush & Bryk, 2002) was used to examine within and between changes in individuals’ and couples’ attachment orientations, trust and emotional expression over the course of EFT for couples. These changes were co-varied with those in relationship satisfaction and couples’ successful completion of the blamer-softening event. Discussion will include how best to apply these findings to impact changes in key interpersonal and intrapersonal variables in EFT.

Paper 2

Title: Predicting Change in Marital Satisfaction following Emotionally Focused Couples Therapy

Authors: Tracy L. Dalgleish, Melissa Burgess-Moser, & Susan M. Johnson

Abstract
Emotionally Focused Therapy (EFT; Johnson, 2004) is an empirically validated approach to couples therapy which uses attachment theory to understand the needs and emotions of romantic partners. According to EFT theory, relational distress occurs when partners fail to respond to individual’s attachment cues, resulting in an increase in negative affect and a weakening of the security of attachment bonds. Although EFT is recognized as one of the most researched and effective approaches to marital therapy, there is only one previous study that has examined the characteristics of individuals who benefit from EFT (Johnson & Talitman, 1997). Furthermore, other research examining predictors in couple therapy have used variables that are not theoretically related to the model that is being examined (Atkins et al., 2005). In order to guide therapists in their use of evidence-based approaches to couple assessment and interventions, a theoretically based model to predict change is needed. This study created such a model for EFT for couples. Thirty couples were recruited and provided approximately twenty-five sessions of EFT. Couples completed self-report measures of marital satisfaction, attachment security, relationship trust, and emotional control at pre and post therapy and after each therapy session. Hierarchical linear modeling was used to examine predictors of change in marital satisfaction at the individual and couple level. Results will be discussed with regards to implications for implementing EFT for couples who will benefit the most from this therapy.

**Paper 3**

**Title:** Emotion-Focused Therapy Group for Anxiety and Depression: A Case Study

**Authors:** Elizabeth Emptage McCague, Adele Lafrance Robinson, Lize Jalbert, & Cynthia Whissell

**Abstract**

Validation of conceptualization of emotions by use of empathy consistently achieves positive therapeutic outcomes. Emotion-focused therapy (EFT) enables clients to integrate cognition and emotion and to transform maladaptive primary emotions into adaptive ones. EFT has been identified as a probably efficacious treatment for individuals with depression by the American Psychological Association (Division 12) and as a potentially effective treatment for anxiety by current research literature. To date, no research exists which investigates the outcomes of EFT in a group setting. The present research sought to quantitatively and qualitatively explore the outcomes of EFT with a group of adults with depression and/or anxiety disorders. Ten EFT sessions were delivered over 10 weeks. Measures of depression, anxiety, and emotional regulation were collected preceding and following the 10 weeks of group therapy. A 6-month follow-up session included the aforementioned measures and qualitative interviews are in progress. This case study is the very first investigation into the outcome of group EFT. These results will greatly benefit the
emotion-focused therapeutic community on multiple levels and provide a framework upon which future research involving group-based EFT may be conducted.
Discussion Group 4

Title: Clinical and Research Issues Involved in Therapists-in-Training Transferring Clients and Seeing Transferred Clients

Participants: Jesse Geller, Clara E. Hill, James Boswell, Louis Castonguay, Jim Fauth, John Jackson, Cheri Marmarosh, Bea Palma-Orellana, Patricia Spangler, & Barbara Thompson

Abstract

This structured discussion group will be devoted to promoting the development of researchable frameworks for studying what from the patient’s point of view are “forced endings” and “transfers.” Despite the ubiquity of forced endings and transfers, there are no organized bodies of knowledge that effectively guides therapists-in-training when they are terminating with a patient at a time not considered optimal by either the therapist or patient or for therapists having to pick up patients who have been transferred. In this open discussion, we will attempt to articulate the skills, conceptual knowledge, attitudes, and values required to conduct therapies that are ending because of factors external to the therapeutic enterprise itself and that are beginning based on transfers. On the open discussion, we will have representation from researchers who have studied this topic, supervisors who have worked with therapists-in-training around ending/transferring, and also from therapists-in-training who have experienced having to do forced endings and who have taken on transfer clients. Our hope is to stimulate more research on this topic.
Poster Session

Poster 1

Title: A Qualitative Thematic Microanalysis on the Emotion-Focused Therapy Sessions of Depressed Clients Using the Operationalized Psychodynamic Diagnosis Manual OPD-2 Axis III Conflicts

Authors: Mark Levin, Kathrin Moertl, & Lynne Angus

Abstract
Various research teams have suggested that distinguished narrative characteristics are markers of self-change in therapy, and as a means by which to identify self-change processes in therapy. Consequently, it is important to focus our attention towards the topics and themes discussed in therapy. This study takes the topics and themes that have previously been delineated using the Narrative Processes Coding System and applies the conflictual themes that have been outlined in the standardized categorical system in the OPD-2 to them. This qualitative study uses the narrative content of six depressed clients’ transcripts, three good outcomes and three poor outcomes, of Emotion-Focused Therapy sessions from the York I depression study (Greenberg & Watson, 1988). This study aims to replicate the findings of predominant themes as pointed out by other researchers (Rost et al., 2010), specifically the “need for care” and “self worth” conflicts. This study also aims to track the progression of the aforementioned themes and their relation to a good or poor outcome of clients as measured by their pre- and post-therapy scores on the Beck Depression Inventory. Results will be presented at the NASPR 2011 convention.

Poster 2

Title: Hospice Workers’ Dreams of Patients

Authors: Shirley A. Hess, Clara E. Hill, Sarah Knox, Patricia Spangler, & Tara Byers

Abstract
The purpose of this study is to explore hospice workers’ dreams about their patients, using the Hill (1996, 2004) model of dream work. The model has three stages: Exploration, Insight, and Action. We hope to discover the nature of dreams that hospice workers had about their clients/patients. We also will examine the insights that hospice workers had into these dreams and what actions they took or might want to take based on their understanding of the dream. To date, nine hospice workers have each participated in face-to-face 75-minute recorded sessions where they explored one of the dreams they had about a patient. Participants completed a demographic form prior to the session and the
Gains from Dream Interpretation Measure (GDI: Heaton, Hill, Petersen, Rocheln, & Zack, 1998) after the session. Two weeks after the session, they participated in a follow-up audiotaped telephone interview (15-30 minutes), in which they were asked about their insights and actions since the dream session, why they participated in the project, and how the dream session affected them. We anticipate a final sample of 13-15 participants. The nine completed sessions have been transcribed, and we are ready to begin data analysis, conducted by a five-member team and using consensual qualitative research (Hill et al., 1997, 2005). Preliminary results and implications will be available by the time of the conference.

Poster 3

Title: The Synergy of Self: How Reflection Impacts Congruence in Psychotherapists

Authors: Holly Whyte & Derek Truscott

Abstract

For psychotherapists, matching one’s personal worldview with a congruent theoretical approach to therapy is essential to becoming effective and to building confidence and job satisfaction (Vasco, Garcia-Marques, & Dryden, 1993). Scholars widely accept that congruence of the personal self with the professional self should also enhance the therapeutic relationship and the efficacy of the counselling process and, ultimately, reduce the risk of burnout. Psychotherapists have speculated that reflection is an integral part in promoting congruence and enhancing professional development. Examining therapist reflectivity and its influence on congruence, burnout, and career satisfaction promises to benefit therapists and their clients. This study will examine how reflection impacts congruence in psychotherapists. Ninety participants (psychologists registered with the College of Alberta Psychologists) will be selected from a list of volunteer participants and divided randomly into three groups of 30. One group will be assigned to the intervention design to enhance reflective behaviour (reflective habits). The second group will be assigned to another intervention (continuing education not related to reflection). The third group will be assigned to a control condition (no intervention of any kind). The Maslach Burnout Inventory, Minnesota Satisfaction Questionnaire, Organistic-Mechanistic Survey, Truscott Worldview Scale, and Theoretical Orientation Scale will be used as pre-test and post-test measures in this study. Also, weekly assignment of tasks to the intervention and comparison group will be sent to each participant through technological prompts. As a result of this study, the reflective intervention utilized may lead to the development of a training manual, book, and/or course that could educate psychotherapists on how to become better reflectors.
Poster 4

**Title:** Measuring the Milieu: Outcomes of a Unique Residential Treatment for Major Mental Illness

**Authors:** Laurie Heatherington, Bryan Bonner, Jane Linsely, & Cory Loder

**Abstract**

Gould Farm ([www.Gouldfarm.org](http://www.Gouldfarm.org)) is a residential therapeutic community in Monterey, MA, which has been in continuous operation since 1913. The oldest facility of its kind, it is a working farm on 600 acres of land where staff, volunteers, and “guests” (patients) work together. The majority of guests (83%) have diagnoses of schizophrenia, schizoaffective disorders, or severe cases of unipolar depression or bipolar disorder. The treatment integrates clinical supports (counseling and medication) with the daily structure of work and community life; the typical length of stay is 9-12 months. This poster will describe the results of a 10-year program evaluation study of 185 guests’ well-being at intake and discharge, including treatment satisfaction and standard measures of self-reported Quality of Life and psychiatric functioning. In brief, we found high levels of treatment satisfaction, and statistically significant improvement between admission and discharge in psychiatrist-rated GAF scores and self-reported independent living skills, daily structure, physical health, mental health, family relationships, social relationships, and community support. Outcomes were not significantly associated with gender, age, diagnosis, education, or fee status. Qualitative data that sheds light on guests’ perceptions of which aspects of the milieu treatment are most effective, and a pilot study of long-term outcomes based on telephone interviews at 6, 18, and 36 months post-discharge will also be presented. This project provides one model for how long-term program evaluation can be done – and sustained – in community (i.e., nonresearch) settings with limited resources.

Poster 5

**Title:** The Impact of Attachment Anxiety on Interpersonal Complementary Interactions in Group Psychotherapy of Women with Binge Eating Disorder

**Authors:** Hilary Maxwell, G. A. Tasca, M. Gick, L. Balfour, K. Ritchie, & H. Bissada

**Abstract**

Interpersonal behaviors can be defined along two orthogonal dimensions of affiliation and interdependence. Interpersonal complementarity (i.e. interactions that are reciprocal in interdependence and correspond in affiliation) during the early stage of therapy may be associated with a strong therapeutic alliance and may contribute to positive treatment outcomes. Attachment anxiety is associated with high need for approval and preoccupation with relationships. Attachment anxiety may affect the amount of interpersonal complementary interactions in which a patient engages during group therapy interactions. In the current study, we hypothesize that patients with high attachment anxiety will engage
in greater levels of complementary interactions early in group therapy compared to those with lower levels of attachment anxiety. Participants were 105 women assessed for attachment anxiety pre-treatment and then assigned to either a high or low attachment anxiety group treatment condition. Six therapists highly trained in group psychodynamic-interpersonal psychotherapy each provided treatment to both a high and low attachment anxiety group. The third session of the 12 groups was video recorded, transcribed, and coded using the Structural Analysis of Social Behavior. Weighted percent complementarity was calculated for each interpersonal interaction that occurred during the middle 60 minutes of the group therapy sessions. We will compare the rates of complementarity between the high and low attachment anxiety conditions in the early stage of therapy, and the association between early levels of complementarity and treatment outcomes. Knowing the impact of attachment functioning on interpersonal processes in group therapy might allow therapists to tailor interventions to improve group treatment outcomes.

Poster 6

Title: Client Experiences During Hope-Focused Therapeutic Activities in a Chronic Pain Group

Authors: Natasha A. Egeli & Denise Larsen

Abstract

Chronic pain impacts 20-30% of the population and can significantly impair people’s abilities to function in nearly every aspect of life (Jovey, 2005). Researchers have identified that people with higher levels of hope are better able to tolerate pain, engage in difficult treatment regimes (Ruddick, 1999), and find meaning in their struggles (Snyder, Rand, King, Feldman & Woodward, 2002). Hope is defined as the anticipation that one’s future will be both meaningful and desirable (Stephenson, 1991). It is believed that participation in group therapy can foster the hopes of people with chronic pain by empowering clients to support one another, decreasing social isolation, and modeling constructive behaviours (Yalom & Yalom, 1998). Despite the apparent benefits of hope for people with chronic pain, research has not been conducted that investigates the benefits of hope focused therapeutic groups for people with pain challenges. The study will examine how participation in structured therapeutic group activities can influence clients’ experiences of hope. Participants will take part in interpersonal process recall interviews to identify their underlying experiences during participation in group activities. The first activity will be the creation and discussion of a hope collage, and the second will be identification and discussion of participants’ strengths. All interviews will be transcribed, and interpretive description will be used to identify themes in the data relevant to improving clinical practice.
Poster 7

Title: The Impact of Conversational Acknowledgers on Perceptions of Psychotherapists

Authors: Megan B. Battles & Jeffrey S. Berman

Abstract

During conversations, individuals often signal that they are paying attention by the use of both verbal and nonverbal cues. The aim of this study was to examine these conversational acknowledgers in psychotherapy and evaluate the effects of therapists varying levels of two specific actions—short utterances and nodding—on perceptions of therapist empathy, the relationship between client and therapist, and treatment credibility. A series of brief psychotherapy videos with therapists displaying different combinations of high and low levels of the two types of acknowledgers were presented to 320 participants. Analysis indicated that when therapists used high levels of both verbal acknowledgers and nodding or when they refrained from using both these types of acknowledgers, therapist empathy and therapeutic alliance were perceived as greater than when therapists engaged in one type of acknowledger but not the other.

Poster 8

Title: Withdrawal ruptures, pseudo-alliances and relapse following treatment

Authors: Alexandra Shaker & Jeremy Safran

Abstract

This study examines the relationship between unresolved withdrawal ruptures, or pseudo-alliances and relapse following treatment. Safran and Muran (2000) have hypothesized that alliance ruptures of this type are particularly likely to go undetected and thus unaddressed. The pseudo-alliance is a dynamic in which on one level, an alliance seems to form between patient and therapist, but yet there is a superficiality to the alliance that may be evidenced in appeasing or compliant behavior on the part of the patient. Safran and Muran (2000) describe this dynamic saying “... the patient complies or accommodates to the perceived desires of the therapist in such a subtle fashion that the therapist may have difficulty recognizing the patient’s accommodation.” This type of behavior may lead to a discrepancy between the apparent outcome of treatment and actual therapeutic gains. This study is a work in progress and is being conducted using data from the Brief Psychotherapy Research Program. The working hypothesis is that depressed patients treated with CBT, who terminated treatment with positive outcome and then relapsed over the course of the six month follow-up, are more likely to have subtle ruptures in the alliance that were not addressed in the course of therapy than those who terminated treatment with positive outcome and did not experience relapse over the course of the six month follow-up.
Poster 9

Title: Building Connections: A Student-Run Mental Health Program for Inner City Youth

Author: Jaleh Shahin

Abstract

Following completion of a needs assessment in 2004, Student Health Initiative for Needs of Edmonton (SHINE) began to operate as the second free student-run health clinic in Canada. Running out of the Boyle McCauley Health Center, SHINE has been serving the inner city youth of Edmonton since 2005 providing health care using a multidisciplinary team of students supervised by health care professionals. Given the high rate of mental health concerns such as depression and addiction observed among this young population as well as lack of resources exacerbated by recessionary policies, the SHINE Counselling Pilot Project was implemented by University of Alberta Counselling Psychology students in September 2009. The SHINE Counselling program (SCP) is one of the first student-run mental health programs in Canada. The purpose of this project is to offer counselling and other mental health resources to the underserved youth population of Edmonton while facilitating the student clinician’s learning and growth. The SHINE mental health clinic offers graduate students with on-site supervision by registered psychologists within an interdisciplinary team while contributing to the community. The SHINE program also aims to enhance visibility of psychologists within the community and to strengthen the relationships between mental health professionals and local communities. This poster will discuss the ongoing evaluation being undertaken to assess the program’s effectiveness, and will briefly describe its implementation, operation and challenges.

Poster 10

Title: Barriers Experienced by Caregivers of the Mentally Ill

Authors: Maryann Krikorian & Karen Huchting

Abstract

It is estimated that two thirds of discharged mentally ill individuals return to reside with their family members (Goldman, 1982). Caregivers who reside with a mentally ill individual have been found to experience chronic stress and strain (Potasznik & Nelson, 1984). Very few studies to date have examined caregivers who reside with a mentally ill person and their journey in attaining support. It may also be advantageous for mental health professionals to encourage caregivers to seek psychotherapy just as much as they encourage the mentally ill individual. Participants include five caregivers in the San Fernando Valley, California area living in the home with a Schizophrenic, Bipolar, Personality Disorder, or Chronically Depressed individual. The current qualitative study utilizes an interview format to gather data about caregivers of the mentally ill pertaining to experiences with support services. In addition, a survey documenting satisfaction among services will be given to complete at the conclusion of the interview. Using consensual
The self disclosure literature indicates that this intervention is used by approximately 90% of therapists (Mathews, 1989; Pope, Tabachnick, & Keith-Spiegel, 1987; Edwards & Murdock, 1994) and that, overall, it has slight but positive effects on clients’ perceptions of therapy, allegiance to their therapist, and their own disclosure (Henretty, 2010). It has been recommended that researchers look more closely at forms of self disclosure, however, in real sessions (versus analogue studies) to better understand their impact on clients’ experiences (Henretty & Levitt, 2009). This study examined therapists’ self-disclosure as it appeared within a naturalistic database of approximately 50 sessions. As most of the sessions examined were third sessions, they provided a snapshot of disclosures at the beginning of therapy. The sessions were conducted primarily by psychology intern and practicum graduate student therapists and collected at a university counseling center. The therapist orientations and client issues varied. Self disclosures were coded on several dimensions, including whether they: (1) conveyed the therapists’ intra-therapy experience (e.g., what they felt in session) or extra-therapy experience (e.g., an event that happened out of session); (2) were of positive, neutral, or negative content valence (e.g., relayed feelings of pride or shame) (3) suggested similarity (e.g., the therapist having had a divorce, like the client) or dissimilarity (e.g., the therapists having had a divorce when the client had not). The study examines the effects of these forms of disclosures upon therapeutic alliance, session outcome, and final therapy outcome. Suggestions are given for clinical practice and future research.

Poster 11

Title: How Forms of Early Therapist Self Disclosure Influence Change: A Naturalistic Database Analysis

Authors: Heidi M. Levitt, Jennifer R. Henretty, Catherine M. Reich, Julia A. Puckett, Scott Greenspan, Jeffrey S. Berman, & Susan S. Mathews

Abstract

The self disclosure literature indicates that this intervention is used by approximately 90% of therapists (Mathews, 1989; Pope, Tabachnick, & Keith-Spiegel, 1987; Edwards & Murdock, 1994) and that, overall, it has slight but positive effects on clients’ perceptions of therapy, allegiance to their therapist, and their own disclosure (Henretty, 2010). It has been recommended that researchers look more closely at forms of self disclosure, however, in real sessions (versus analogue studies) to better understand their impact on clients’ experiences (Henretty & Levitt, 2009). This study examined therapists’ self-disclosure as it appeared within a naturalistic database of approximately 50 sessions. As most of the sessions examined were third sessions, they provided a snapshot of disclosures at the beginning of therapy. The sessions were conducted primarily by psychology intern and practicum graduate student therapists and collected at a university counseling center. The therapist orientations and client issues varied. Self disclosures were coded on several dimensions, including whether they: (1) conveyed the therapists’ intra-therapy experience (e.g., what they felt in session) or extra-therapy experience (e.g., an event that happened out of session); (2) were of positive, neutral, or negative content valence (e.g., relayed feelings of pride or shame) (3) suggested similarity (e.g., the therapist having had a divorce, like the client) or dissimilarity (e.g., the therapists having had a divorce when the client had not). The study examines the effects of these forms of disclosures upon therapeutic alliance, session outcome, and final therapy outcome. Suggestions are given for clinical practice and future research.
Poster 12

Title: The Impact of Compassion-Focused Writing on Shame, Self-Criticism, and Depression in Undergraduate Students

Authors: K. Jessica Van Vliet, Lara E. Cross, Diana L. Armstrong, & Kirsten E. Klingle

Abstract

Self-compassion has received increasing attention for its role in promoting psychological well-being and emotion regulation. Along with evidence on the psychological benefits of self-compassion has been an increasing interest in the development of psychotherapeutic interventions for increasing self-compassion in people struggling with shame, self-criticism, and depression. It has been suggested that self-compassion can be strengthened by focusing on experiences of compassion both toward and from others (Gilbert, 2009; Gilbert & Irons, 2005). Yet research on possible relationships between the flow of compassion toward others, from others, and toward the self is limited. We are currently collecting data for an outcome study examining the impact of compassion-focused writing on shame and depression in a sample of university undergraduates (total expected sample size of 180). In this study, participants are being randomly assigned to one of three conditions in which the participants are asked to write for 15 minutes each week for 3 consecutive weeks as follows: (a) compassion toward treatment condition, in which participants write about their experiences of compassion toward other people; (b) compassion from treatment, in which participants write about their experiences of receiving compassion from others; and (c) control group, where participants write about relatively mundane life events. We hypothesize that participants in both experimental groups will show decreased levels of shame, self-criticism, and depression relative to the controls. We also hypothesize that these effects will be mediated by self-compassion. This research is expected to have implications for psychotherapeutic interventions aimed at alleviating shame, self-criticism, and depression.

Poster 13

Title: The Value of Clinical Skills in Clinical Psychology Ph.D. Program Admissions

Author: Jesse A. Metzger

Abstract

American Psychological Association (APA) Research Office data demonstrate that approximately 75% of graduates from university-based clinical psychology Ph.D. programs ultimately pursue primarily clinical, not research, careers, yet research skills tend to be those most highly valued by clinical programs’ admissions committees. The aim of the present study was to examine the extent to which specific applicant qualities—including those in the realms of research, clinical aptitude, and personality—are valued by programs, both at present and over time, as well as whether these values differ as a function of
program research vs. clinical emphasis/training model, primary theoretical orientation, and emphasis on evidence-based treatments (EBTs) in the clinical training of students. Fifty Directors of Clinical Training (DCTs) provided survey data to address these questions. The results indicate that programs value research skills in their applicants significantly more than they value clinical skills and other personal characteristics, valuing most of all applicants whose abilities and research interests suit the work of a particular faculty member. In addition, although DCTs believe students possess a number of both research and clinically-related skills more now than five years ago, those qualities notably reported on average as being possessed less were capacity for empathy and well-roundedness/diverse interests. The results are discussed with reference to the question of how feasibly clinical skills such as empathy can be taught within clinical programs, as well as to the broader context of an increasing emphasis on science in the field of clinical psychology.

Poster 14
Title: Is It Useful to Analyze Language in Psychotherapy at the Level of Words?

Authors: Catherine M. Reich, Jeffrey S. Berman, Rick Dale, Heidi M. Levitt, & Susan S. Mathews

Abstract

Research examining the use of words in self-disclosing activities such as journal writing often finds certain patterns of words—most often cognitive and emotional words—to be related to variables such as mood states and mental health. The aim of the present study was to assess whether similar patterns of language might be related to either therapeutic process or outcome in actual psychotherapy cases. This study used transcripts from 52 psychotherapy cases from a university counseling center. Therapists (N = 17) included both licensed psychologists and students in training, clients were university students, and the transcripts were drawn primarily from the third session of each case. Client language in each transcript was analyzed through a computer program providing a frequency of word types based on a dictionary of words categorized by judges. Results failed to find substantial relationships between patterns of words and client ratings of psychological distress or the quality of the therapy session, raising the possibility that analysis of verbal language at a word level may be inadequate for understanding psychotherapeutic processes. Future efforts to understand the role of language in psychotherapy may need to adopt approaches that capture a larger segment of language and also take into account how this language is connected to other, nonverbal channels of communication.

Poster 15
Title: The Therapeutic Alliance from the Client’s Perspective: A Qualitative Approach

Authors: Peter MacFarlane, Timothy Anderson, & Andrew McClintock
**Abstract**

In spite of being a consistent predictor of therapy outcome, confusion and disagreement remain about the therapeutic alliance. One promising approach to better understand the definition, theory, and experience of the alliance is to explore the client’s perspective of the alliance using a qualitative methodology. For this study, 54 clients at a mid-western university counseling center completed workbook assignments that assessed the development of the therapeutic alliance during their first two sessions of therapy (Klimek-Holmberg, 2003). Grounded coding was applied to clients’ responses to open-ended questions. Responses were also broken down into meaning-units (Rennie, 2002) and categorized according to the grounded theory method as developed by Strauss and Corbin (1998). A total of 884 meaning units were identified and grouped into four clusters of client perceptions of the alliance: (1) initial misgivings about therapy, (2) organization and meaning-making, (3) supportive activities, and (4) appreciation of techniques. The results of this analysis indicated that in their responses, clients particularly emphasized the task of communicating with their therapists and how their interaction was helped or hindered by the therapists’ actions. Additionally, clients, at least in this early phase of therapy, focused on the concrete activities they engaged in with their therapist, while referring to the relationship and therapeutic process to a lesser extent. Clients’ perspectives of the developing alliance, in particular activities that strengthened the bond component, illuminates recent findings related to client contributions to the alliance as well as recent attempts to elaborate on the types of alliance bonds.

**Poster 16**

**Title:** Therapeutic reactance and session outcome in dream sessions

**Authors:** Rachel E. Crook Lyon, Loren Brown, & Rod Veas

**Abstract**

There are several client factors that have been shown to contribute to positive outcomes of dream sessions including positive attitudes toward dreams, salient dreams, low initial insight into the dream, poor initial action ideas related to the dream, and strong client involvement in the dream session (Hill et al., 2006). Another client characteristic that may impact the process of dream work in psychotherapy is reactance (Brehm & Brehm, 1981)--originally conceptualized as a motivational state that is aroused whenever an individual’s free behaviors are eliminated or threatened with elimination. The purpose of this study was to investigate further into the relationship between therapeutic reactance and session outcome by examining the experiences of clients participating in dream sessions through quantitative and qualitative methods. Quantitative results showed that therapeutic reactance was significantly correlated with client’s ratings of session outcome such that high client reactance scores were negatively associated with gains from dream interpretation and post-session action gains. Furthermore, client reactance scores were positively associated with client ratings of dissatisfaction and de-valuing of the dream
Session at a 2-week follow-up. Preliminary qualitative results suggest that clients may have found the process of dream work more directive than collaborative. Similarly, the lack of gains that were made through the dream session may result from the fact that the individuals perceived these to be externally imposed rather than intrinsically determined and valuable.

Poster 17

Title: Exploring the Impact of Alliance Focused Training on Therapists’ Capacity for Experiencing in the Context of Therapeutic Relationship

Authors: Catherine Boutwell & Jeremy D. Safran

Abstract

There is currently some evidence that therapists’ who are less self-accepting and more self-critical are more likely to display negative interpersonal process with their patients (e.g., Henry, Schacht & Strupp, 1990; Fox & Safran, 2009). Safran and Muran (2000) suggest that therapists who are less self-accepting are likely to have more difficulty attending to and processing a full range of internal experiences when working with difficult patients, and are thus likely to have more difficulty working constructively with negative countertransference feelings (e.g., hostility). They hypothesize that negative countertransference that is not attended to and processed constructively is more likely to “leak out” in the form of hostile or complex communications to the patient that will impact upon the therapeutic relationship without the therapist’s awareness. An element alliance-focused or rupture-resolution training model involves training therapists to attend to their own internal experience and to process it in an accepting and nonjudgmental fashion. The present study was designed to assess therapists’ capacity to attend to and symbolize their own “felt experience” when being interviewed about difficult moments with their patients. The Experiencing Scale (EXP) (Klein et al, 1986) was employed to assess therapists’ capacity to attend to and symbolize their own felt experience while they were being interviewed about their relationships with their patients. It was hypothesized that therapists would more likely show higher levels of EXP during these interviews after undergoing rupture resolution (or alliance-focused) training than before undergoing training. Implications of the preliminary findings for future research are discussed.

Poster 18

Title: An Analysis of the Most Common Diagnostic Discrepancies between Clinical Diagnoses and Structured Clinical Interview Diagnoses in a Community Mental Health Setting

Authors: Lindsay A. Schauble, Mary Beth Connolly Gibbons, Sarah Ring-Kurtz, Kelli Scott, & Paul Crits-Christoph
Abstract

Aims. A previous study of treatment received for depression indicated that minority consumers were less likely to receive combined treatment of medication and psychotherapy and 66% more likely to receive psychotherapy alone. These results indicate racial differences only in treatments received but not in treatment preferences. This investigation explores consumers’ preferences for treatment of depression.

Methods. Data was drawn from a database of patients (N=99; 53 white and 46 minority) referred to a study evaluating the effectiveness of two psychotherapies for depression in a community clinic. Patients completed self-report measures including the Attitudes and Expectations questionnaire which assesses types of treatment patients expect to receive and attitudes towards the helpfulness of those treatments.

Results. The results indicated that 2.2% of minority patients and 0% of white patients expected to receive medication only, 13.3% of minority patients and 12.2% of white patients expected psychotherapy only, and 84.4% of minority patients and 87.7% of white patients expected both. Additionally, 4.3% of minority patients and 2.0% of white patients viewed medication as most helpful and psychotherapy not helpful at all. 34.8% of minority patients and 37.3% of white patients viewed medication as most helpful and psychotherapy helping a bit. 50.0% of minority patients and 56.9% of white patients viewed psychotherapy as most helpful and medication helping a bit. 10.9% of minority patients and 3.9% of white patients viewed psychotherapy as most helpful and medication not helpful at all.

Discussion. Our findings suggest few racial differences in attitudes and expectations toward treatment; both white and minority consumers expected to receive combined treatment and viewed it as most helpful.

Poster 19

Title: The Client Reflexivity Scale: A Measure of Minute Fluctuations in Self-Awareness and Self-Exploration

Authors: Danielle Katz, John Eastwood, Kimberley Mercer, Carol Cavaliere, & Peter Gaskovski

Abstract

Client reflexivity, defined as self-awareness and self-exploration, is considered a key component of positive therapeutic change in many different therapeutic modalities. The ability to measure client reflexivity in real time across therapy sessions would allow researchers to identify therapist and client behaviours associated with increases or decreases in client reflexivity. The purpose of our research is to create a pan-theoretical scale that reliably measures client reflexivity in 15-second time bins across a therapy session. In Study One, the scale was created through group discussion and pilot-testing on cognitive and experiential therapy videos. In Study Two, the inter-rater reliability of the scale was tested, and the raters achieved a weighted kappa of 0.75. In Study Three, the scale will be piloted on two therapy sessions, one of good and one of poor therapy outcome.
We hypothesize that the pattern of reflexivity for the good outcome session will be an inverted U-shape, while the poor outcome session will have lower average reflexivity and less variability in reflexivity across the session. The client reflexivity scale thus allows researchers to track minute fluctuations in client self-awareness and self-exploration across therapy sessions. Future research can use the scale to pinpoint the client and therapist behaviours associated with changes in client reflexivity.

Poster 20

**Title:** Development and Psychometric Properties of the Community Therapist Feedback Questionnaire

**Authors:** Kelli Scott, Mary Beth Connolly Gibbons, Lindsay A. Schauble, Donald Thompson, & Paul Crits-Christoph

**Abstract**

**Aims.** The goal of this investigation was to develop and validate a measure (the Community Therapist Feedback Questionnaire, CTFQ). Although many measures of therapeutic constructs have been validated for use in psychotherapy efficacy trials, lengthy and costly assessment batteries are not feasible in the community mental health system (CMHS). We wished to construct a measure to assess a multitude of psychotherapy constructs in order to provide clinical support to community psychotherapists. Although each measure has been previously validated, the goal of this pilot study was to use psychometric analyses to shorten the battery and construct a tool feasible for use in the CMHS.

**Methods.** Items from 14 publicly available, validated measures were selected to measure Treatment Motivation, Therapist-Consumer Alliance, Suicide Risk, Perceived Social Support, Psychosocial Stressors, Personality Disorders, Violence Potential, Interpersonal Distress, Cognitive Distortions, Trauma, and Response Validity. The CTFQ was administered to 200 consumers seeking outpatient services at community mental health centers in the Philadelphia area.

**Results.** Psychometric analyses will be performed to develop a shortened measure that adequately captures the constructs of interest. Internal consistency coefficients of the adapted scales and the correlations between the new subscales and the original scales will be presented. We will also present community norms on the new CTFQ subscales.

**Discussion.** The results of this study will inform the modification of the CTFQ to make it more appropriate for consumers in the CMHS. Results will also assist in the development of a system to provide feedback to therapists regarding consumer progress through treatment.

Poster 21

**Title:** Examining the Influence of Climactic Variables on Mood in the College Student Population

**Authors:** Jamie Graceffo, Jeffrey A. Hayes, Chad Littlefield, & Ben Locke
Abstract

Historically, the influence of climactic variables on mood has long been observed. Many scholarly articles reference the anecdotal observations of Hippocrates, Posidonius, and Aristotle to convey this point. More recently, researchers have tested these observations against the rigors of science. Persinger's (1975) and Frangos' (1980) results provide some of the first empirical evidence supporting seasonal fluctuation in mood. In 1984, this phenomenon was labeled “Seasonal Affective Disorder,” and marked the beginning of a burgeoning body of research. Currently, SAD itself has been the subject of considerable controversy; however, even SAD’s most outspoken critics contend that climactic variables can affect mood. The present study is exploratory in nature, with its sole aim to investigate the relationship between specific climactic variables and mood within a traditionally understudied population in this line of research—college students. A leading hypothesis in the etiology of this phenomenon involves fluctuation in sunlight. The scarcity of college student representation is especially curious considering that sunlight is at a minimum in the Northern Hemisphere during the academic year. Seasonal changes in mood can affect academic performance, as well as other important aspects of students’ lives. This study will investigate the relationship between depressive symptoms and latitude/time of year within and across geographic locations. Generally, this study hypothesizes that latitude and time of year will predict fluctuations in depression data in terms of both self-reported frequency and severity, as assessed by the Counseling Center Assessment of Psychological Symptoms-62. Specifically, more frequent and more severe depressive symptoms will be observed at higher latitudes. Within latitudes, depressive symptomology will vary as a function of time-of-year.

Poster 22

Title: Change in Academic Distress: Examining Differences Between a Treatment Seeking and Non-Treatment Seeking Population

Authors: Allison Lockard, Jeffrey A. Hayes, & Ben Locke

Abstract

There has been an increasing demand for college counseling centers to demonstrate the effectiveness of their services. It has been argued that centers should be evaluated on factors that are linked to educational outcomes, such as retention and academic success. A few studies have shown that counseling has a positive impact on retention. However little research has been conducted to explore the impact counseling has on reducing academic distress. The purpose of this study is to examine academic distress over the course of a semester for both a treatment-seeking and non-treatment seeking sample of college students. Data on 138 non treatment-seeking students derive from a 6 week repeated measures study that was conducted during spring semester 2010. Data from 244 treatment-seeking students was also collected during spring semester 2010 while the students were utilizing services at their college counseling center. College student participants in both samples completed the Counseling Center Assessment of Psychological
Symptoms (CCAPS). The CCAPS includes a scale specifically measuring academic distress that will be used for this study. Because it is believed that college counseling centers have an impact on academic distress, the scores of the treatment seeking and non-treatment seeking sample will be examined to determine if differences exist. Findings from the comparison will be reported, while implications and recommendations for future research will be discussed.
Saturday, September 24th

Panel Session 5

Panel Title: Relational Work in Psychotherapy

Moderator: Clara E. Hill

Presenters: Harold Chui, Ann Hummel, John Jackson, Beatriz Palma, & Patricia Spangler

Discussant: Charles J. Gelso

Panel Abstract

Most therapists and researchers from all orientations now agree about the importance of the therapeutic relationship for the process and outcome of psychotherapy (see Martin, Garske, & Davis, 2001). One aspect of the therapeutic relationship that we hypothesize is especially powerful is what has been variously called relational work, immediacy, processing the therapeutic relationship, talking about the here and now in the here and now, or disclosures about the therapeutic relationship (Hill & Knox, 2009). We define relational work as a verbal interaction in which both client and therapist engage in a meaningful (not just social pleasantries) discussion about the therapeutic relationship. By engaging in relational work, there is some evidence (see Hill & Knox, 2009) that therapists can facilitate the client’s emotional awareness or insight, help to resolve problems as they arise in the therapeutic relationship, and provide a model for how clients can resolve relationship problems outside of therapy. In the present panel, we present five papers based on a large study of the process and outcome of immediacy events in 30 cases of psychodynamic psychotherapy.

Paper 1

Title: Types of Immediacy Events in More and Less Successful Cases of Psychodynamic Psychotherapy

Authors: Harold Chui, Stacie Ain, Avantika Bhatia, Shudarshana Gupta, Teresa Huang, Kayi Hui, Ann Hummel, John Jackson, Matthew Jezzi, Russell Jones, Beth Klingaman, Robert Lim, Jingqing Liu, Joe Miles, Beatriz Palma, Patricia Spangler, Clara E. Hill, & Charles J. Gelso

Abstract

The purpose of this study was to investigate the types and qualities of immediacy events used in successful and unsuccessful cases on time-unlimited psychodynamic psychotherapy. For each of 30 cases, we watched the sessions in which therapists indicated that immediacy occurred and coded the immediacy events into one of 4 types: (a) negotiation of the tasks and goals of therapy, (b) exploration of unexpressed feelings in the
room or making the covert overt, (c) drawing parallels between other relationships and the therapy relationship, and (d) attempts to repair ruptures by talking about what is going on between the therapist and client. We also rated the depth, appropriateness, resolution, and overall quality of each event. In terms of outcome data, we have information about dropout status and changes on the Outcome Questionnaire and Inventory of Interpersonal Problems. For this paper, we present data about the frequency, type, and quality (depth, appropriateness, resolution, and overall quality) of immediacy events across the course of treatment for the 15 more successful and 15 less successful cases.

Paper 2

**Title:** Types of Immediacy Events in Psychodynamic Psychotherapy for Clients who are High and Low on Attachment Anxiety and High and Low on Attachment Avoidance

**Authors:** Patricia Spangler, Stacie Ain, Avantika Bhatia, Harold Chui, Shudarshana Gupta, Teresa Huang, Kayi Hui, Ann Hummel, John Jackson, Matthew Jezzi, Russell Jones, Beth Klingaman, Robert Lim, Jingqing Liu, Joe Miles, Beatriz Palma, Clara E. Hill, & Charles J. Gelso

**Abstract**

For this paper, we present data about the frequency, type, and quality (depth, appropriateness, resolution, and overall quality) of immediacy events across the course of treatment dividing the clients into high vs low attachment anxiety; a second analysis will be presented of clients who were high vs low in attachment avoidance.

Paper 3

**Title:** The Correspondence between Immediacy Events and Corrective Relational Experiences

**Authors:** Ann Hummel, Stacie Ain, Avantika Bhatia, Harold Chui, Shudarshana Gupta, Teresa Huang, Kayi Hui, John Jackson, Matthew Jezzi, Russell Jones, Beth Klingaman, Robert Lim, Jingqing Liu, Joe Miles, Beatriz Palma, Patricia Spangler, Clara E. Hill, & Charles J. Gelso

**Abstract**

It seems likely that if relational events occur, clients will report having had a corrective relational experience (CRE), defined as a specific event in therapy when the client reports a distinct shift such that s/he comes to understand or experience the therapeutic relationship in a new, positive way. Using the same data set presented in Paper 1, then, we first examine whether sessions that included a high-quality relational event (as identified and rated by trained judges) were more likely than sessions with no relational events to have client-identified CREs. Examples of the CREs for the different types of relational events will be presented.
Paper 4

Title: A Case Study Example of the Successful Use of Immediacy

Authors: John Jackson, Stacie Ain, Avantika Bhatia, Harold Chui, Shudarshana Gupta, Teresa Huang, Kayi Hui, Ann Hummel, Matthew Jezzi, Russell Jones, Beth Klingaman, Robert Lim, Jingqing Liu, Joe Miles, Beatriz Palma, Patricia Spangler, Clara E. Hill, & Charles J. Gelso

Abstract

To provide an example of how immediacy can be used well within psychotherapy, we will present data from one case in which immediacy was used successfully (based on the judgment of the external coders). Examples will be presented of the types of events that occurred, along with a narrative description of the team’s best estimate of how and why these events were helpful. Excerpts from post-therapy interviews will be included to provide information from the therapist’s and client’s perspectives.

Paper 5

Title: A Case Study Example of the Unsuccessful Use of Immediacy

Authors: Beatriz Palma, Stacie Ain, Avantika Bhatia, Harold Chui, Shudarshana Gupta, Teresa Huang, Kayi Hui, Ann Hummel, John Jackson, Matthew Jezzi, Russell Jones, Beth Klingaman, Robert Lim, Jingqing Liu, Joe Miles, Patricia Spangler, Clara E. Hill, & Charles J. Gelso

Abstract

In this paper, we will present data from one case in which immediacy was not used very successfully (based on the judgment of the external coders). Examples will be presented of the types of events that occurred, along with a narrative description of the team’s best estimate of how and why these events were not helpful.
Paper Session 5

Session Title: Therapy Participant Variables

Moderator: Barry A. Farber

Paper 1

Title: Predictors of Positive Consequences of Disclosure for Adult Survivors of Childhood Sexual Abuse

Authors: Barry A. Farber & Sarah Feldman

Abstract

This study investigated aspects and predictors of self-disclosure about abuse experiences among female adult survivors of childhood sexual abuse ($N = 98; M_{age} = 32$) who were either currently in therapy or had been in therapy in the past.

Linear regressions were conducted to ascertain the effect of several predictor variables (age, marital status, education level, mother’s education level, average amount of self-disclosure, Global BSI score, and overall severity of sexual abuse) on six positive dimensions of disclosure: 1) Self-awareness and identity formation; 2) Intimacy; 3) Validation and affirmation; 4) Identity differentiation; 5) Authenticity; and 6) Catharsis. Results indicated that for all but one dimension (validation and affirmation), only average amount of self-disclosure and Global BSI score were significant predictors. It appears that CSA patients who report that they disclose more in therapy also report a greater tendency to experience the multiple positive effects of disclosure in therapy. In addition, subjects with fewer symptoms experience the positive effects of disclosure in therapy more than those with greater symptomatology. Severe symptomatology may hamper the capacity of abused individuals to titrate their “optimal” amount of disclosure; alternatively, it may be the case that an increase in positive consequences of disclosure causes a decrease in symptom level. A significant methodological limitation: participants who completed the survey were, de facto, somewhat comfortable with disclosing aspects of their CSA experiences. Among other implications: clinicians need to be cautious in encouraging disclosure about CSA with patients with severe pathology, at least until symptoms are manageable.

Paper 2

Title: Mapping Therapist Emotional Reactions in Cognitive Behavioural Therapy

Authors: Rachel L. Siegal & Henny Westra
**Abstract**

Although extensively explored from a theoretical perspective in psychodynamic therapy, empirical studies investigating therapist emotional reactions to clients and the impact of such reactions on therapeutic process and outcome are lacking. This is especially the case in Cognitive Behavioral Therapy (CBT). The present study will delineate patterns of therapist emotional reactions in the context of a randomized controlled trial of CBT for generalized anxiety disorder. The sample included 4 therapists treating a total of 37 clients over 8 sessions of therapy. Each therapist completed a measure of therapist emotional reactions (REACT, Najavits et al., 2005) immediately following sessions 1, 3, 5 and 7. In addition, patterns of therapist reactions in relation to client clinical outcome status (recovered, not recovered) will be examined. All data for the present study have been collected and are currently being analyzed using hierarchical linear modeling (HLM).

**Paper 3**

**Title:** Exploring Presenting Problems and Outcome as a Function of Distress at Intake in a College Patient Sample

**Authors:** Stephen M. Saunders, Megan Petrik, S. Mark Kopta, & Michael Mond

**Abstract**

A large sample (N = 3596) of patients seeking care at a college counseling center completed the Behavioral Health Measure (BHM) at intake and at each subsequent session. All patients also completed a Presenting Problems Checklist (PPC). Patients were divided into quartiles according to their intake score on the BHM Global Mental Health (GMH) scale. Patients who obtained scores in the upper quartile (indicating relatively low general distress) were compared to patients who obtained scores in the lower quartile (indicating relatively high distress). They were compared on presenting problems, as well as on outcome variables. Previous factor analysis of the PPC yielded 8 factors (e.g., Depression; Academic Concerns; Interpersonal Problems). Results indicated that the two groups differed on their endorsement of the PPC factors, as the less distressed group endorsed more obviously school-related problems and adjustment issues, whereas the more distressed group endorsed more serious mental health concerns. The groups also differed in terms of their outcomes. The less distressed group was much more likely to attend only one session and to attend fewer sessions overall. Implications of these findings for providing more individually determined care to the college student population are discussed.

**Paper 4**

**Title:** Anxiety Predicts Early Rapid Response in Treatment for Depression: A Finding that’s Too Good to Be True?

**Authors:** Nicholas R. Forand & Robert J. DeRubeis
Abstract

Forand et al. (2011) found that initial anxiety predicted more rapid change in depression symptoms for patients in cognitive therapy for major depression. They speculated that the activating effects of anxiety worked synergistically with the activating components of CT to promote change. We will present evidence from a replication and extension of this finding in a large randomized trial of cognitive therapy versus antidepressant medications for depression. We sought to characterize this group of rapid responders and determine if the seemingly beneficial effect of anxiety extended to relapse prevention. Intake anxiety, even when controlling for intake depression, predicted early rapid response in cognitive therapy, and also, surprisingly, in medication treatment. Anxiety did not predict rapidity of change in the placebo condition. Contrary to expectations, the effect proved strongest in those with greater severity of depressive symptoms. The high anxiety/rapid response group was largely female, married, and more severe, chronic, and melancholic than others in the sample. Compared to others with early rapid response, but lower anxiety, the high anxiety group was more likely to relapse over the follow up period (48% vs. 85%). These results suggest that early rapid change in those with high anxiety might not be due to a synergistic interaction between CT and anxiety, and might not be indicative of positive outcomes in general. Importantly, the null results in the placebo condition suggest that treatment matters for these individuals. However, it appears that the treatments do not provide sustained benefit. Implications for psychotherapy and possible mechanisms will be discussed.
Panel Session 6

Panel Title: A Cross-Section of Contemporary Alliance Research: Therapist Characteristics, Autobiographical Memory, Working with Men

Moderator: Robinder (Rob) P. Bedi

Presenters: Timothy Anderson, James Watson-Gaze, & Robinder (Rob) P. Bedi,

Discussant: John Ogrodniczuk

Panel Abstract

Although there still remain some questions about the extent to which the therapeutic alliance plays a purely causal role in psychotherapy outcome, there is little question that the alliance plays an important role in psychotherapy. Since the late 1970s, when the alliance started popularly being conceptualized as a pan-theoretical construct and common factor across different treatment approaches, widespread attention has been devoted to understanding and refining this multidimensional construct. This panel shares scholarly work from three different North American research labs investigating divergent but inter-related aspects of the complex construct of the alliance (therapist characteristics, autobiographical memory, working with men); representing a snapshot of current alliance research.

Paper 1

Title: The Influence of Pre-Training Therapist Facilitative Interpersonal Skills on Trainee Working Alliance: A Prospective Design

Authors: Timothy Anderson, Candace Patterson, Gregory A. Goldman, Brain Uhlin, Peter MacFarlane, Elizabeth Davis Goldman, D’Arcy Reynolds, Xiaoxia Song, Andrew McClintock, & Margaret Mahoney

Abstract

Therapist characteristics increasingly have been studied as a predictor of psychotherapy alliance and outcome. Using a longitudinal design, this study gathered data from a local sample of 53 clinical psychology graduate students. Within the first 5 weeks of their graduate training, prospective trainees completed a class exercise in which they were asked to provide individual verbal responses to video clips of challenging client-therapist interactions. Responses were rated for their Facilitative Interpersonal Skills (FIS) by two doctoral-level researchers, one of which was external to the site for a check on reliability. FIS scores were based on the sum single-item observational ratings of common relationship based variables, most of which have been more extensively researched as processes found in empirically supported relationships. Therapists also completed the Social Skills Inventory (SSI) and therapy-relevant data were also collected from therapists
(e.g., theoretical orientation, hours of previous experience). After one year, in which students completed pre-requisite course work, the graduate students began seeing clients within an in-house psychology clinic. Throughout the remainder of their training experience, session process data of the clients of these therapists were collected, including the Working Alliance Inventory and Session Evaluation Questionnaire. Results of the relationship between therapist FIS and the relational process measures (WAI and SEQ) are examined.

**Paper 2**

**Title:** The Therapeutic Alliance and Autobiographical Memory Specificity in Emotion-Focused and Client-Centred Treatments for Depression: A Process-Outcome Analysis

**Authors:** James E. Watson-Gaze, Lynne Angus, E. M. Romero Escobar, Alberta E. Pos, & Tali Boritz

**Abstract**

The therapeutic alliance has been shown to be important for productive change in psychotherapy and a robust predictor of therapeutic outcome (Castonguay, Constantino & Holtforth, 2006). While the alliance has been well-researched, its relationship with clients' disclosed personal memories, a cornerstone of psychotherapeutic work, has not been explored. The present study sought to address this gap in the literature by investigating the relationship between the alliance and autobiographical memory (ABM) specificity in the context of two experiential treatments for depression. This investigation also assessed the differences in the relationship between these variables across therapeutic modalities, stages of therapy and therapeutic outcome groups. Data from 71 clients with depression receiving either client-centred or emotion-focused therapy from the York I (Greenberg & Watson, 1998) and York II (Goldman, Greenberg & Angus, 2006) depression studies were analyzed using hierarchical linear modeling. Results indicated significant increases in both ratings of the alliance and the proportion of specific ABMs across stages of therapy for all clients, but no differences in these variables between treatments. Ratings of the alliance at the early stage of therapy were found to be related to increased ABM specificity across therapy for all clients. This association did not differ between outcome groups. The relationship between the alliance and ABM specificity is posited to be one facet in the process of productive client change in experiential therapies.

**Paper 3**

**Title:** Expanding Bordin’s Working Alliance Model in the Context of Working with Men

**Author:** Robinder P. Bedi

**Abstract**

There is a lack of knowledge about what variables are important to clients, particularly men, in the formation of an alliance. For example, in research assessing the client’s
subjective perspective of the alliance, results are rarely disaggregated by gender, and typically less than 25% of the samples consist of men. Understanding the perspective of men and better appreciating the impact of gender role socialization on alliance formation will enable psychotherapists to provide improved mental health services to men, a group that arguably appears to be less well served than women by conventional psychotherapy practices. Previous research (Bedi & Richards, in press) has shown nine categories of critical incidents in alliance formation, labeled using the language of male participants (Bringing out the Issues, Non-Verbal Psychotherapist Actions, Emotional Support, Formal Respect, Practical Help, Office Environment, Information, Client Responsibility, and Choice of Professional) comprising 74 individual variables. The current study employed thirty-seven male clients currently in psychotherapy to assess the correlation between these 9 categories of alliance formation variables in men with the Working Alliance Inventory – Short, Revised; representing Bordin’s model of the working alliance. The results of this study provide an initial understanding of how men may understand common alliance formation variables with respect to Bordin’s goals, tasks, and bond components. The results also afford several hypotheses for how to best develop effective therapeutic alliances with men, which are presented for verification in future research and clinical practice.
Panel Session 7

Panel Title: Patient Factors and Psychotherapy Process and Outcome Across Diverse Naturalistic Treatment Settings

Moderator: Michael J. Constantino

Presenters: Rebecca M. Ametrano, John S. Ogrodniczuk, & James F. Boswell

Discussant: Henny A. Westra

Panel Abstract

The influence of patient characteristics on psychotherapy process and outcome has received considerable attention in the psychotherapy research literature (Clarkin & Levy, 2004). However, many studies have been conducted within controlled clinical trials. Although such studies have made important contributions, the scope of their impact can be limited, especially to the practitioner, because of restricted generalizability, or external validity. Thus, it is important to complement such work with process-outcome studies conducted in more ecologically valid, naturalistic settings, especially for patient characteristics that have been historically undervalued (e.g., expectations for improvement) or understudied (e.g., prior service utilization).

The goal of this panel is to present findings from 3 studies, each of which addresses patient characteristics in the prediction of process and/or outcome in a different type of naturalistic treatment setting. In the first paper, Ametrano will present a study examining patient treatment beliefs (i.e., outcome expectations and credibility perceptions) as predictors of early alliance quality and treatment outcome in individual psychotherapy conducted in an outpatient mental health training clinic. In the second paper, Ogrodniczuk will present a study examining the association of patient outcome expectations with various processes and outcomes in naturally occurring group treatment for depression. Finally, Boswell will present findings from a study conducted across college counseling centers that examines the influence of prior mental health service utilization on patient change. Westra will provide discussion.

Paper 1

Title: Patient Outcome Expectations and Credibility Beliefs as Predictors of the Alliance and Treatment Outcomes

Authors: Rebecca M. Ametrano, Michael J. Constantino, JuliAnna Z. Smith, & Christopher E. Overtree

Abstract
The clinical relevance of patients' psychotherapy outcome expectations has been substantiated by a fairly robust correlational literature. Furthermore, as a related yet distinct construct, patients' treatment credibility beliefs have also been associated with positive treatment outcomes. However, studies examining patients' outcome expectations and credibility beliefs have typically been conducted within controlled clinical trials where researchers were primarily attempting to demonstrate comparability on these dimensions among treatments being compared for efficacy. Furthermore, measurement of these constructs has often been limited to only one assessment, with little research examining changes in expectations and credibility beliefs over time. Finally, expectancy and credibility measures have often been study-specific, with limited, if any, psychometric validation.

Addressing these limitations, the current study will examine in a naturalistic treatment setting the influence on early adaptive process (patient-psychotherapist alliance quality) and early treatment outcome (distress level) of outcome expectations and credibility beliefs, measured both statically and dynamically with a psychometrically sound self-report instrument. The primary research questions will be tested with a series of hierarchical linear models accounting for dependency in the data based on the nesting of patients within psychotherapists. Results will be presented, and the implications for practice and research discussed.

Paper 2

Title: Forecasting Success: Patients' Expectations for Improvement and Their Relation to Pre-Therapy, Process, and Outcome Variables in Group CBT for Depression

Authors: John S. Ogrodniczuk, Ingrid Sochting, Anthony S. Joyce, & William E. Piper

Abstract

Expectations are known to shape people's perceptions, behaviours, and experiences. In the context of psychotherapy, there has been a long-standing interest in the role that patients' expectancies of improvement might play. Generally, patient expectancies are regarded as a key ingredient of successful psychotherapy. By and large, it is assumed that patient expectancies represent a pantheoretical change ingredient, relevant across a wide variety of treatment contexts and patient populations. In an effort to contribute to the growing literature on the topic, we examined patient expectancies in a specific, but common, treatment situation; that being group CBT for depression. Surprisingly, the study of patient expectancies in this context has been minimal. Thus, important questions concerning patient expectancies in this particular context remain to be addressed. For example, Which pre-therapy factors might shape patients' expectations for improvement? Does providing a rationale and outline for treatment affect patients' expectations? Do patients’ expectancies influence the nature of the working relationship with the therapist? Are patients’ expectations associated with the outcome of treatment? This presentation will address each of these questions. The findings will be discussed in the context of future directions for research on the topic and clinical implications.
Paper 3

Title: The Effect of Previous Mental Health Service Utilization on Change in Counseling Clients’ Mood Symptoms

Author: James F. Boswell, Andrew McAleavey, Ben Locke, Jeff Hayes, & Louis Castonguay

Abstract

Routine outcome measurement in naturalistic settings allows researchers to investigate treatment effectiveness, and repeated measurement enables researchers to ask questions related to the process of change and the effects of specific variables on symptoms and domains of functioning over time. Despite the widespread assumption of the importance of a client’s mental health service utilization (MHSU) history, with the exception of Grenyer et al. (2008), little is known about the impact of previous MHSU on subsequent treatment response (e.g., change in mood symptoms). It has been suggested that prior MHSU allows for more rapid progress in treatment because of socialization and/or the cumulative benefits of previous learning. However, the question of whether or not previous treatment experiences impact the rate of change in a subsequent course of therapy has yet to be addressed empirically. Utilizing a multilevel modeling approach, the aim of this study was to investigate the impact of previous counseling and medication on the rate of change in mood symptoms (measured by the depression subscale of the CCAPS-62) over the course of treatment in college counseling centers participating in a national research network (CCMH). We hypothesized that clients who reported previously attending counseling for a mental health concern would exhibit a greater rate of positive change in depressive symptoms. Given its preliminary nature, we did not offer a specific prediction about the impact of previous medication. Results will be presented, and the implications for future practice and research will be discussed.
Paper Session 6

Session Title: Psychotherapist Development and Identity

Moderator: Andrew Leggett

Paper 1

Title: Transcultural and Gender Issues in the Content, Process and Group Dynamics of a Balint Clinical Reflection Group for Community Mental Health Workers

Author: Andrew Leggett

Abstract

The author presents transcultural and gender issues in the content, process and group dynamics of the first anniversary meeting of a Balint clinical reflection group for community mental health workers in an Australian suburban clinic. The collaborative work of a culturally diverse team of mental health professionals is examined, in the context of discussion of a practitioner-patient relationship in which transcultural, gender and family conflicts were the focus of affective and cognitive dissonance. This paper demonstrates the potential value of Balint reflection clinical groups for mental health workers engaging with communities of cultural diversity, especially the potential for such groups to facilitate insight into, and disinvestment from, cultural countertransferences that adversely affect the capacities of practitioners and their patients. The group served to support the case workers’ engagement with patients of different cultures, and to provide a safe environment for the creative consideration, including exploration in fantasy, of the emotional pressures and complex ethical dilemmas with respect to negotiation of boundaries in transcultural client-practitioner relationships, including those of which open discussion would otherwise be avoided.

Paper 2

Title: The Princess Alexandra Hospital Balint Professional Development Project: The Initial Phase

Author: Andrew Leggett

Abstract

The author outlines the initial phase of the development of a Balint culture at Brisbane’s Princess Alexandra Hospital. Following interest generated by a Balint group at a suburban psychiatry clinic, an education project introducing clinical reflection groups to intern training was attempted. Initial acceptance of this proposal concurred with the author’s appointment as director of prevocational clinical training. A Balint group open to clinicians and educators involved in pastoral care of medical students, junior doctors and other
hospital employees was established. An ongoing Balint group for junior doctors and specialists in training also was trialed, but failed to attract sufficient continuing membership. These groups merged to form a single Balint group for medical staff and allied health clinicians aspiring to future leadership, following a more gradual pathway than initially anticipated. The prevocational role seemed to provide an opportunity for educational outcome research, but involved movement into a field of conflicts for a psychiatrist working as an educational administrator with pastoral care responsibilities. Unforeseen conflicts of interest in research halted the progress of a planned outcome study involving consecutive intervention and non-intervention intern cohorts, necessitating a shift in focus. The researcher moved from the prevocational medical education role into a conjoint academic and clinical role within the medical school and psychiatry service. A series of short-term Balint clinical reflection groups for medical students is currently being trialed and evaluated, and the leader-training group for clinicians continues. The project continues to foster a cultural focus on the quality of practitioner-patient relationships.

**Paper 3**

**Title:** Who Are Integrative Therapists? An Analysis of 10,000 Practitioners

**Authors:** Erkki Heinonen & David E. Orlinsky

**Abstract**

**Aim:** Therapists espousing more than one theoretical orientation have been identified in surveys for several decades (Garfield & Kurtz, 1977; Norcross & Prochaska, 1988; Jensen, Bergin & Greaves, 1990; Norcross, Karpiak & Lister, 2005). However, specific patterns of orientations held by these therapists have rarely been explored with a large and diverse population.

**Methods:** Therapists’ theoretical preferences were assessed with scales included in the *Development of Psychotherapists Common Core Questionnaire* (DPCCQ). Therapists were asked to rate the extent to which different orientation influenced their therapeutic practice on a set of six 6-point scales (0=not at all to 5=very much). Ratings of 4 (‘much’) or 5 (‘very much’) were taken to indicate a “salient” orientation, with endorsement of multiple orientations possible. An international sample of 10,500 was available in the SPR Collaborative Research Network data base.

**Results:** Overall, 48% of therapists identified as having one salient theoretical orientation, and 7% did not meet the criterion for having any. Thus 45% could be considered “integrative/eclectic” (I/E) therapists. 29% of the total sample had 2 salient orientations, 12% had 3 salient orientations, and 4% had 4 or more salient orientations. Moreover, highly diverse combinations of theoretical orientations were espoused, of which a psychodynamic-humanistic pattern was the most prominent, followed by a CBT-humanistic pattern.

**Discussion:** Findings demonstrate that the category of “I/E therapist” is insufficiently specific as a description of practitioners and too heterogeneous to be used alone as a variable in research.
Paper 4

Title: The Enactment of Clinical Wisdom: Common Processes of Exploring Clients’ Ambiguities and Vulnerabilities Across Psychotherapy Orientations

Authors: Elizabeth Piazza-Bonin & Heidi M. Levitt

Abstract

This research study explores the construct of clinical wisdom and the ways it is enacted by psychotherapists who are seen as wise by their peers. In previous research, clinical psychologists have outperformed other professionals in wisdom-related tasks, suggesting that there is an aspect of wisdom that might be imparted by clinical training and practice (e.g., Smith, Staudinger & Baltes, 1994). There is, however, virtually no research specifically addressing the development and enactment of wisdom in psychotherapy practice. In this study, calls for nominations were sent to 392 national, state, and city-level psychological organizations, to 20 minority-affiliated psychotherapy organizations, to 242 clinical and counseling psychology program's faculty, and to 10 APA psychotherapy-related journal's editorial boards. These efforts resulted in approximately 300 nominations of wise psychologists. Seventeen psychologists who were nominated multiple times agreed to participate in an interview on their understanding of wisdom within psychotherapy practice and training. These interviewees represent a variety of psychotherapy orientations and include psychologists who are prominent psychotherapy figures as well as others who are less well-known. A grounded-theory analysis was used to analyze the data. This presentation focuses upon the set of findings that describes how clinical wisdom facilitates the formation of a safe therapy relationship and directs the exploration of clients' vulnerabilities and ambiguities. The discussion explores the complexities that wise psychotherapists from across psychotherapy orientations encounter when utilizing clients’ values to guide the psychotherapy. This type of research allows us to identify not just a common factor, but a common process.
Panel Session 8

Panel Title: Dynamic Psychotherapeutic Interventions That Improve Defenses, Depression, and Suicidality

Moderator: J. Christopher Perry

Participants: J. Christopher Perry, Jesse Metzger, & Carrie Carson

Abstract

Defense mechanisms are one cornerstone of dynamic psychology representing the individual’s automatic responses to stress and conflict. They can be assessed both as traits using self-report questionnaires and as moment-to-moment mechanisms. In dynamic psychotherapy, clinicians purposefully address or interpret defenses in an attempt to help the individual improve defensive functioning. This panel will examine changes in defenses from a series of perspectives: large to small. Ms. Carson will present data from two combined psychotherapy and medication treatment studies of individuals with recurrent major depression, focusing on changes in defensive functioning using the Defense Style Questionnaire. Dr. Metzger will examine a group of suicidal patients given long-term dynamic psychotherapy, focusing on how change in defenses in therapy sessions by 2.5 years of therapy predicts improvement in suicidality. Dr. Perry will then intensively examine three cases where moment-to-moment changes in defenses were examined following therapist interpretation of defenses and how this relates to overall defensive change across time. Together these reports indicate the importance of addressing defenses to promote their change, which then promotes other symptomatic and functional changes.

Paper 1

Title: Does Defensive Functioning Improve with Combined Medication and Psychotherapy for Recurrent Depression?

Presenters: Carrie Carson, J. Christopher Perry, & Jesse Metzger

Abstract

There is a growing amount of research on the relationship between defenses and depression. Much of this research has been done with the self-report Defense Style Questionnaire (DSQ). This study examines the relationship between defenses and recurrent major depression in two pilot samples over the course of combined psychotherapy and antidepressant medications (ADM). The first sample consisted of 12 adults who received ADM plus 20 weeks of either CBT or dynamic psychotherapy. The DSQ was administered at intake, termination and at one year follow-up. The second pilot sample included 30 individuals receiving ADM and randomized to CBT, Dynamic or Supportive psychotherapy for up to 18 months. Follow-up continued up to 4.5 years. The DSQ was administered every
6 months through termination and yearly thereafter. In both studies, RAs periodically assessed depressive symptoms using the HRSD and BDI. This report will examine the pattern of changes, especially the maladaptive and adaptive styles, and overall defensive functioning. The follow-up data will elucidate the degree to which improvement in the DSQ reflects state changes as depression improves, versus trait changes as therapy improves underlying vulnerability to depression. Issues of the potential bias due to self-report method of assessing defenses will also be examined. Therapeutic working with defenses may be one facet of decreasing the vulnerability to depression and depressive symptoms.

Paper 2

Title: Improved Defensive Functioning and Suicidality in Dynamic Psychotherapy

Presenters: Jesse Metzger & J. Christopher Perry

Abstract

Classical theory posits that working with the hysterical defenses of repression and dissociation—relieving inhibition of wishes, impulses, and conflicts—can effectively address a wide array of psychopathological symptoms. The aim of this study was to examine how change in defensive functioning relates to improvement in suicidality, as well as how therapeutic interventions foster change in defensive functioning. The two groups of defenses of interest were action defenses (acting out, passive aggression, and help-rejecting complaining) and hysterical defenses (repression and dissociation). We examined therapy sessions from 14 suicidal patients who were taken from a larger study of long-term dynamic psychotherapy. Therapy sessions were rated for defenses, spanning from the first month to 2.5 years. After controlling for initial levels of suicidality, we found that rates of decrease in the use of action and hysterical defenses over 2.5 years were associated with rate of decrease in suicidality over 5 years. The rate of decrease in use of action defenses was correlated with that of hysterical defenses. Similar results were found in a subset of suicide attempters (n=5). The findings suggest that in suicidal patients hysterical and action defenses work together to produce suicidal phenomena: excessive inhibitions can give way suddenly to action defenses that may increase suicidal ideation or behaviors. These findings are consistent with a central role for hysterical defenses, which underlie and promote symptomatic behavior, including both maladaptive action defenses and resulting suicidal ideation and attempts. We illustrate these findings in a case with verbatim examples of therapeutic interactions around the expression of inhibitions.

Paper 3

Title: An Empirical Study of the Accuracy of Therapist Defense Interpretation and In-session Change in Patients’ Defensive Functioning in 3 Character Types.

Presenters: J. Christopher Perry, Jesse Metzger, Jonathan Petraglia, Trevor Olson, & Michelle Presniak
Abstract

While treatment modality and outcome have been given a great deal of attention, fewer efforts have gone into studying the moment-to-moment effects of technique in psychodynamic psychotherapy. The present study aimed to examine the impact of therapist interventions, focusing on the mutative role of interpretations of patient defenses in cases representing 3 character types (borderline, narcissistic, and histrionic). Therapist interventions were classified with the Psychodynamic Interventions Rating Scale (PIRS; Cooper, Bond, Audet, Boss, & Csank, 2002), which codes 10 interventions, including defense and transference interpretations. Patient defenses were assessed using the Defense Mechanisms Rating Scales (DMRS; Perry, 1990), which includes 30 defenses arranged by their level of adaptiveness. We scored 4-6 sessions each from patients who completed at least 3 years of dynamic psychotherapy. We examined all interpretations for whether the therapist interpreted below, above, or at the patient’s defense level scored in the preceding moments. The rate of change of the patient’s overall defensive functioning (ODF) within a session correlated to the overall change in ODF by 2.5 years. The therapist’s accuracy in addressing patient defenses appeared to have an effect, moderated by the level of the patient’s immediately prior defensive functioning. Generally, greater accuracy was associated with a better trend of change in ODF moment-to-moment. Nevertheless, some regression in ODF is consistent with overall improvement over time. Examination of some verbatim examples elucidates the potential for the interpretation of defenses to challenge and improve defensive functioning. The data clearly indicate that “one size does not fit all.” We conclude with stipulating what to expect depending on which defenses the therapist chooses to interpret. This can aid the treatment across a variety of character types.
Title: Treatment Fidelity: The Elusive Independent Variable in Psychotherapy Research

Author: Varda Shoham

Discussant: Dianne Chambless

Abstract

Although many efficacious behavioral treatments exist, patients in community settings rarely receive them as intended by the treatment developers. A major factor in the widely acknowledged science-to-service gap is treatment fidelity, which, in the case of psychosocial interventions, depends disproportionately on clinician behavior. What clinicians do and don’t do defines a multi-component independent variable – the treatment itself – encompassing domains such as adherence, competence, and differentiation from other treatments. Narrowing the science-practice gap will depend on finding efficient and effective ways to assess, enhance, and maintain the fidelity of empirically-supported psychosocial treatments in community settings.
Panel Session 9

Panel Title: The Narrative and Emotion Process Coding System (NEPCS): Development, Application, and Future Directions

Moderator: Tali Boritz

Presenters: Lynne Angus, Tali Boritz, Emily Bryntwick, & Naomi Carpenter

Discussant: Michael Constantino

Abstract

Client narratives in psychotherapy are a rich source for explicating therapy process and outcome. An important step in understanding the change process in client storytelling is exploring how narrative and emotion process markers in psychotherapy shift over the course of psychotherapy. The goal of this panel is to introduce the Narrative and Emotion Process Coding System (NEPCS), which is a newly developed observer-based coding system that identifies narrative and emotion process markers in therapy videos. The first paper by Angus will describe the development of a narrative and emotion integration model that emerged from her collaboration with Leslie Greenberg. The NEPCS emerged from the theoretical model put forth by Angus and Greenberg, and the second paper by Boritz, Bryntwick, Angus, Greenberg, and Constantino will describe the NEPCS and present findings from its application to a sample of clients in brief Emotion-focused, Client-centred, and Cognitive therapies for depression. The third paper by Bryntwick, Boritz, and Angus will examine key shift events in NEPCS subtypes. Finally, the fourth paper by Carpenter, Angus, Boritz and Paivio will explore future application of the NEPCS to trauma samples.

Paper 1

Title: Working with Narrative in Emotion-Focused Therapy: Implications for Theory, Practice and Research

Author: Lynne Angus, Leslie Greenberg, Emily Bryntwick, & Tali Boritz

Abstract

This paper will provide a brief overview of a research-informed integrative approach to working with narrative and emotion processes in brief Emotion-Focused Therapy (EFT) of depression. Based on the recent APA publication of Working with Narrative in Emotion-Focused Therapy: Changing Stories, Healing Lives (Angus & Greenberg, 2011), and drawing on the central importance of narrative and emotion integration for the development of strong relational bonds, emotion schematic change and new identity construction in EFT treatments of depression will be discussed. In particular, key contributions of a process-directive, marker-guided approach to working with problematic narrative and emotion
processes in EFT therapy sessions will be elaborated and the rich implications for psychotherapy research, as described in the subsequent papers in panel, will be identified.

Paper 2

Title: The Narrative and Emotion Process Coding System (NEPCS)

Author: Tali Boritz, Emily Bryntwick, Lynne Angus, Leslie Greenberg, & Michael Constantino

Abstract

The Narrative and Emotion Processes Coding System (NEPCS; Boritz, Bryntwick, Angus, & Greenberg, 2010) is an observer-based coding system that was developed to identify specific narrative-emotion processes in psychotherapy. **Aim:** The primary purpose of the study was to apply the NEPCS to a sample of clients in brief Emotion-focused (EFT), Client-centred (CCT), and Cognitive (CT) therapies for depression, to determine whether there were significant differences in patterns of narrative-emotion processing between treatment and outcome groups, and by stage of therapy. **Method:** The NEPCS was applied to early, middle, and late stages of therapy for six good outcome and six poor outcome clients from the York I Depression Study (Greenberg and Watson, 1998) and the UMass CT for Depression Study (Constantino, 2006). The NEPCS allows for the identification of eight different types of narrative-emotion markers: Same Old Story, Empty Story, Unstoried Emotion, Abstract Story, Fragmented Story, Competing Plotlines Story, Integrated Story, and Unique Outcome Story. Exploratory statistical analyses using Hierarchical Linear Modeling (HLM) was conducted to assess changes in the frequency and pattern of narrative and emotion process markers by stage of therapy (early, middle, late), treatment type (EFT, CCT, and CT), and therapeutic outcome (recovered versus unchanged). **Results:** Preliminary results demonstrated different patterns of narrative-emotion processing at early, middle, and late stages of therapy between treatment groups and outcome groups. **Discussion:** Implications for working with narrative and emotion in psychotherapy, further psychotherapy process research, and psychotherapy training will be discussed.

Paper 3

Title: Narrative and Emotion Integration in Psychotherapy: An Exploration of Shift Events in Narrative and Emotion Process Subtypes

Author: Emily Bryntwick, Tali Boritz, & Lynne Angus

Abstract

Recent work by Boritz et al. (2011) revealed that increased autobiographical memory specificity and expressed emotional arousal are predictive of recovery from depression, suggesting that the integration of narrative and emotion processes may be a vehicle for therapeutic change. The Narrative-Emotion Integration Coding System (NEICS; Bryntwick
et al., 2008) was the first research tool designed from the identification of clinically important narrative-emotion events or story subtypes in psychotherapy transcripts. The more recent Narrative and Emotion Processes Coding System (NEPCS; Boritz et al., 2010) was developed to identify narrative and emotion processes to videos of therapy sessions. **Aim:** The purpose of the present pilot study was to elucidate how psychotherapeutic changes or ‘shifts’ occur at the level of narrative-emotion story subtypes, as well as therapist contributions to shift events. **Method:** A task analysis of shift moments of narrative-emotion subtypes was conducted on an early, middle, and late session of one recovered and one unchanged client from the York I Depression Study (Greenberg and Watson, 1998). **Results:** The mechanisms by which a client shifts from one narrative-emotion story subtype to another will be presented with a focus on the specific facilitative and impeditive interventions of therapists. **Discussion:** This research project is intended to stimulate further examination of the relationship between narrative and emotion processes in psychotherapy to advance the practice of psychotherapy through evidence-based training manuals.

**Paper 4**

**Title:** Facilitating Narrative and Emotion Integration in Emotion-Focused Therapy of Trauma: Impact on Treatment Outcomes

**Author:** Naomi Carpenter, Lynne Angus, Sandra Paivio, & Tali Boritz

**Abstract**

Preliminary research has found that specific story types are associated with good and poor outcome among clients receiving Emotion-Focused Therapy and Client-Centered Therapy for depression (Bryntwick, Angus, Boritz & Greenberg, 2010). The Narrative Emotion Process Coding System (NEPCS; Boritz, Bryntwick, Angus & Greenberg, 2010) was developed as systematic method of identifying eight commonly articulated story types in therapy. This research has demonstrated the importance of the integration of narrative and emotion processes to therapeutic change in depressed clients. Similarly, one of the key goals of trauma therapy is to access and integrate trauma memories and feelings to construct a coherent personal narrative that promotes health, adaptation and well-being (Paivio, 2010; Pennebaker & Seagal, 1999). **Aim:** The purpose of this pilot study is to extend the NEPCS to clients with a history of childhood maltreatment and examine the contribution of narrative-emotion integration markers to the treatment of trauma. **Method:** The NEPCS will be applied to an early, middle, and late therapy session of one recovered client receiving Emotion-Focused Therapy for Trauma. **Results:** Results revealed a shift in story types at early, middle and late stages of therapy in the recovered client. **Discussion:** Implications for the results will be discussed, including the importance of key narrative-emotion subtypes in contributing to positive therapeutic outcome in the treatment of trauma and future psychotherapy process research directions.
Paper Session 7

Session Title: Therapeutic Alliance and Therapy Relationship

Moderator: Lynne M. Knobloch-Fedders

Paper 1

Title: The Alliance–Outcome Correlation is Larger than You Might Think

Authors: Paul Crits-Christoph, Mary Beth Connolly Gibbons, Jessica Hamilton, Sarah Ring-Kurtz, & Robert Gallop

Abstract

Objective. To examine the dependability of alliance scores at the patient and therapist level, to evaluate the potential causal direction of session-to-session changes in alliance and depressive symptoms, and to examine the impact of aggregating the alliance over progressively more sessions on the size of the alliance-outcome relationship. Method. We used data from a study (N=45 patients; N=9 therapists) of psychotherapy for major depressive disorder in which the alliance was measured at every treatment session to calculate generalizability coefficients and to predict change in depressive symptoms from alliance scores. Two replication samples were also used. Results. At the therapist level, a large number of patients (about 60) per therapist is needed to provide a dependable therapist-level alliance score. At the patient level, generalizability coefficients revealed that a single assessment of the alliance is only marginally acceptable. Very good (> .90) dependability at the patient level is only achieved through aggregating four or more assessments of the alliance. Session-to-session change in the alliance predicted subsequent session-to-session changes in symptoms. However, evidence for reverse causation was found in later-in-treatment sessions, suggesting that only aggregates of early treatment alliance scores should be used to predict outcome. Session 3 alliance scores explained 4.7% of outcome variance but the average of sessions 3 to 9 explaining 14.7% of outcome variance. Conclusion. Adequately assessing the alliance at both the patient and therapist level is crucial to fully understanding the size of the alliance-outcome relationship.

Paper 2

Title: Alliance and Outcome in Couple Therapy: A Longitudinal Investigation

Authors: Lynne M. Knobloch-Fedders, Emily Durbin, Tara Latta, & William Pinsof

Abstract

This longitudinal study investigated the pattern of change in therapeutic alliance, individual functioning, and relationship functioning in couple psychotherapy. As part of a
larger naturalistic study of the process and outcome of conjoint treatment, \( n = 124 \) couples completed at least two sessions (range = 2 – 125 sessions; \( X = 16.65 \) sessions) of Integrative Problem-Centered Therapy (Pinsof, 1994) at a large Midwestern outpatient clinic. Before each session, both members of the couple completed a 12-item measure of the therapeutic alliance, the revised Couple Therapy Alliance Scale, short form (CTASr; Pinsof, Zinbarg, & Knobloch-Fedders, 2008), as well as the 18-item Individual Problems and Strengths subscale and the 15-item Relationship with Partner subscale of the Systemic Therapy Inventory of Change (STIC; Pinsof, Zinbarg, Lebow, Knobloch-Fedders, Durbin et al., 2009). Multilevel modeling was used to describe the pattern of change in therapeutic alliance, individual functioning, and relationship functioning over time, as well as test associations between therapeutic alliance and outcome. Clinical and research implications regarding the therapeutic alliance in couple therapy will be discussed.

**Paper 3**

**Title:** The Attainment of Spiritual Insight in the Hill Dream Model: A Single Case Study

**Authors:** Rachel E. Crook Lyon, Loren Brown, Stephanie Deverich, & Janine Stickney

**Abstract**

A variety of researchers and clinicians have found that dream analysis can be an effective method for encouraging client insight and aiding therapist understanding of client problems and concerns in waking life. Hill, Knox, Hess, Crook-Lyon, Goates-Jones, and Sim (2008) used a case-study methodology and identified various factors which lead to positive outcomes in using dream analysis including initial client insight, client involvement, client desire to work on the dream, and therapist probes. In this study, we wanted to determine if those factors also apply to dream insight with a spiritual dream. Preliminary findings showed both facilitating and inhibiting factors for spiritual insight. Facilitating factors included spiritual images/feelings in the dream, client’s positive attitudes toward dreams, strong therapeutic relationship, and client’s willingness to explore spirituality. Inhibiting factors included the relative inexperience of the therapist, type of helping skill used, therapist’s directive nature, and therapist countertransference.
Panel Session 10

Panel Title: Meeting the Mental Health Needs of Ethnic Minority College Students

Moderator: Louis G. Castonguay

Presenters: Louis G. Castonguay, Jeffrey A. Hayes, Allison Lockard, & Soo Jeong Youn

Abstract

As colleges and universities in North America become increasingly diverse with regard to students’ cultures, campus counseling centers are faced with the challenge of responding effectively to the mental health needs of a changing student body. This panel contains three studies that address multiple facets in this domain. The first study examines whether students, both those who are in treatment and those from the general campus population, evidence more psychological distress if they are racial/ethnic or sexual minorities or both. The second study then examines service utilization patterns among students of color by testing, on a large-scale basis, the widely-held assumption that ethnic minority students under-utilize campus counseling services. This study also examines predictors of service utilization among students of color. The third study explores treatment effectiveness for reducing academic distress among ethnic minority students.

Paper 1

Title: Do Double Minority Students Face Double Jeopardy? Testing Minority Stress Theory in Clinical and Non-Clinical Samples

Authors: Jeffrey A. Hayes, Caitlin Chun-Kennedy, Astrid Edens, & Benjamin D. Locke

Abstract

Minority stress theory posits that individuals who belong to cultural minority groups are at increased risk for psychological distress due to factors such as discrimination, oppression, and prejudice. By extension, people who belong to multiple minority groups may experience especially heightened psychological distress. We tested these ideas in two studies. The first study comprised more than 16,000 counseling center clients at 66 colleges across the United States. Results from this study revealed that ethnic and sexual minority clients generally experienced greater psychological distress on multiple dimensions than European-American or heterosexual clients, respectively. The second study comprised more than 15,000 students from the general campus populations of 45 colleges in the United States. Results from this study supported the generalizability of findings from the study of counseling center clients. In both studies, however, results varied for sexual minority students of color. Among lesbian, gay, and bisexual students, there was little evidence that one’s ethnicity was an added source of psychological distress. Among ethnic minority students, however, sexual minority status was associated with
heightened psychological distress relative to heterosexual students. Implications for therapy, minority stress theory, resilience, and future research will be discussed.

**Paper 2**

**Title:** Rates and Predictors of Counseling Center Utilization Among College Students of Color

**Authors:** Soo Jeong Youn, Louis G. Castonguay, Jeffrey A. Hayes, Benjamin D. Locke, Andrew A. McAleavey, & Sam Nordberg

**Abstract**

Although nearly 2 million college students seek help each year from campus counseling services, some research suggests that service utilization may be inconsistent among students of various racial/ethnic groups. Existing research is limited, however, by studies that are conducted at a single university and are typically based on student attitudes toward counseling rather than actual help-seeking behavior. We examined utilization of counseling services as a function of student ethnicity in two ways. First, we compared institutional enrollment data to counseling center service utilization data at 66 universities and found that neither ethnic minority students nor European American students under- or over-utilized counseling services. Data from a second study of students in the general campus bodies at 45 institutions indicated that utilization of counseling center services for students of various ethnicities was predicted by the ethnic composition of the counseling center staff. Furthermore, among students of color, utilization of campus counseling services was predicted by greater psychological distress, less family support, and a history of previous psychological problems. Policy, treatment, and training implications related to the mental health of college students of color will be discussed.

**Paper 3**

**Title:** Effective Treatment for Ethnic Minority Clients: Examining Changes in Academic Distress

**Authors:** Allison Lockard, Jeffrey A. Hayes, & Benjamin D. Locke

**Abstract**

There has been increased attention placed on examining the impact of university-based therapy on reducing academic distress and increasing retention among students. Studies have shown that therapy has a positive impact on retention and recently a study revealed that psychotherapy decreases students' academic distress. These studies demonstrating a relationship between psychotherapy, retention, and academic distress have focused primarily on European American students. Very little is known, however, about how psychotherapy impacts academic distress for ethnic minority students. As college campuses become more diverse, it is important to explore the impact psychotherapy has
on academic distress in order to provide culturally responsive treatment. The purpose of this study is to examine change in academic change distress over the course of a semester for treatment-seeking, ethnic minority clients. Data on treatment seeking, ethnic minority clients derive from the Center for Collegiate Mental Health (CCMH) 2008 pilot study, which compiled data from 66 university counseling centers in the United States. College students completed the Counseling Center Assessment of Psychological Symptoms (CCAPS). The CCAPS includes a scale specifically measuring academic distress that will be used for this study. Repeated measures data will be examined to explore changes in academic distress for ethnic minority students. Findings from this study will be reported, and implications and recommendations for future research will be discussed.
Panel Session 11

Panel Title: Models for Improving Quality in Naturalistic Settings of Care

Moderator: Jim Fauth

Presenters: Jim Fauth, Michael J. Lambert, & S. Mark Kopta

Discussant: Stephen M. Saunders

Panel Abstract

Efforts to enhance the responsiveness of routine clinical practice to scientific evidence - or, less often, vice versa - have foundered repeatedly on the assumption that practitioners would absorb and effectively enact the findings from clinical trials. Indeed, when practitioners can neither recognize their clinical reality (their patients, settings, resources, constraints) in the research context, nor feasibly mimic the protocols of the research, it’s not clear what they stand to learn from the results. Rather than lament the imperviousness of practice to the evidence collected by researchers, this panel will explore models for directly engaging psychotherapy stakeholders as partners in generating and using data that rests on the scholarly literature and is directly relevant to improving their work. The first paper will focus on difficulties in getting clinicians to formally monitor their patients' treatment response using the OQ System. The second paper will discuss a system for monitoring and improving outcomes at the patient and system service level, along with the factors associated with successful implementation of the model. Finally, the third paper describes how the practice-based participatory research model could lead to improved mental health delivery systems, with integrated primary care as an exemplar.

Paper 1

Title: Modifying Routine Practice Proves Difficult Even When It Is Easy

Authors: Michael J. Lambert, Jason Whipple, & David Vermeersch

Abstract

Outside of a small coalition of curious innovators it proves quite difficult to get practitioners to use evidence-based practices that require them to monitor their patients' treatment response. This appears to be true even when replicated evidence shows that deterioration can be diminished by two-thirds and positive outcomes doubled. Multiple reasons for this are discussed, including therapist over estimates of their impact on clients, inability (unwillingness) to recognize impending treatment failure, and that fact that monitoring treatment response is often imposed by systems of care. The consequences of
our failure to employ simple and efficient methods to measure, monitor, and predict treatment response are costly to patients and to discovering more effective practices. Implementation of the OQ-Analyst will be used as an example. Clinician Reports in this quality assurance system can be accessed in about 18-20 seconds and can take as little as another 30 seconds to review, yet are routinely overlooked in clinical care. Solutions to implementation problems will be discussed.

Paper 2

**Title:** A Methodology for Improving Patient Outcomes And Producing Effectiveness Research in Clinical Settings

**Author:** S. Mark Kopta

**Abstract**

A new horizon for psychotherapy is providing real time outcomes across sessions for individual patients then using this information to create treatment outcomes for large numbers of patients within and across clinical settings. This process can benefit individual patients, improve administrative decisions, and create useful scientific information. As an electronic system, the CelestHealth System (CHS) monitors and predicts treatment outcomes and--for psychotherapy--assesses therapeutic bond. It is available in versions for mental health, primary care medicine, psychiatry, and emergency medicine. Using the Behavioral Health Measure (BHM), behavioral health information is provided across sessions on individual patients, on all patients at each individual clinical setting, and on patients at all settings. Clinicians use a color-coded, clinical report to improve outcomes as they share BHM feedback with patients. The result of these individual clinical assessments is the production of outcomes information for thousands of patients treated in real life clinical settings. Improvement rates for psychological treatments are efficiently determined as influenced by a variety of variables. The process is live and dynamic as individual patient outcomes are provided immediately and setting outcomes are updated daily. The CHS represents effectiveness research at a highly efficient and comprehensive level. It provides the opportunity for clinicians to make scientifically informed decisions that may improve treatment outcomes. The factors accounting for the success of the CHS regarding acceptance into clinical settings and appreciation by clinicians and administrators will be presented.

Paper 3

**Title:** Improving Mental Healthcare Quality with Practice-based Participatory Research

**Authors:** Jim Fauth & George Tremblay
Abstract

This paper introduces a novel quality improvement model - Practice-Based Participatory Research (PBPR) - and describes its application to improving integrated primary care. PBPR leverages evidence-based models to engage practitioners in the systematic pursuit of local evidence to inform practice. What distinguishes PBPR is its focus on cultivating a learning orientation in routine clinical settings (rather than the adoption of an a priori evidence based model) through the systematic use of external facilitation, utilization of formative evidence, and implementation teams. PBPR invites stakeholders to perceive the ways in which their practices deviate from evidence-based models as high leverage learning opportunities; address this information vacuum with local evidence; utilize that evidence to identify QI targets; select evidence-based practices to address those targets; incorporate best practices to implement QI with fidelity; and evaluate the summative impact of those changes on the practice level. The application of the PBPR framework within the Integrated Care Evaluation (ICE) project, which focuses on improving the provision of mental health services within underserved primary care settings, will be described. We will present findings from the completed phases of the project, which focused on 1) engaging integrated care stakeholders in a productive health care learning environment; 2) identifying high leverage practice-based information gaps, and 3) piloting the formative evaluation plan to assess feasibility, raise capacity, and address information gaps about the allocation of mental health care in primary care. The application of PBPR to the final phases of the ICE project will also be described.
Panel Session 12

Panel Title: How Can We Assess Whether a Therapist’s Interventions Are Suitable to the Patient’s Needs?

Moderator: George Silberschatz

Presenters: George Silberschatz, Lorna Smith Benjamin, & Tracy Eells

Panel Abstract

Considerable attention has been paid in the psychotherapy literature to identifying effective treatments, yet there is no consistent evidence supporting the superiority of one treatment over another. The therapeutic relationship, more than any other factor, has consistently proven to be a strong predictor of effective psychotherapy. The therapeutic relationship can be strengthened if therapists tailor their approach and interventions to meet the specific needs of their patients. Thus, rather than attempt to match a particular type of therapy to specific diagnostic groups (e.g., CBT or IPT for depressive disorders, DBT for "borderline" personality disorders), a more promising strategy may be a finer-grained, case-specific approach: assessing the suitability of therapeutic interventions to patients’ specific goals, needs, or problems. The panel will focus on different approaches and models for empirically investigating the suitability of interventions in a patient-specific way. Lorna Benjamin will present some of her work on Interpersonal Reconstructive Therapy and discuss how case formulations based on this model provide a framework for responding optimally to a patient’s needs. George Silberschatz will present control-mastery theory and discuss how formulations based on the theory provide a reliable approach for assessing the suitability of interventions to a particular patient. Tracy Eells, who has written extensively on the role of case formulation in psychotherapy research, will provide a broader perspective on how various formulation approaches can be used to assess whether interventions are suitable to patients’ needs.

Paper 1

Title: Meeting and Measuring Needs Is Relative to Definitions of Psychopathology and Treatment Goals

Author: Lorna Smith Benjamin
Abstract

Prevailing standards for effectiveness focus on symptom remission because symptoms reflect inherited vulnerabilities to stress; relief comes via chemistry and instruction in affect regulation and coping skills. This clearly defined perspective fails to help half of the patients presenting with depression (Director of NIMH: Insel, 2010). Interpersonal Reconstructive Therapy (IRT, Benjamin, 2003/2006) focuses on this “treatment resistant” population. A well operationalized case formulation method relates presenting symptoms to patterns of interaction with attachment figures via one of three copy processes and tracks parallel affects and cognitions. This allows the clinician and patient clearly to identify underlying wishes and fantasies in relation to early loved ones (called “family in the head”) that have shaped and now sustain unremitting symptoms. The treatment targets those sustaining wishes, and helps the patient withstand the terror and despair that necessarily comes with letting go of long held hopes about the past as they prepare to move into the present with a new definition of self. This means patients must \textit{shift from what they have always wanted to what they need} if they are to reduce suffering and increase function. Case formulations are reliable, and copy process valid (Critchfield and Benjamin, 2007) when “family in the head” is measured with Structural Analysis of Social Behavior (SASB). Detailed adherence scales show that trainees who adhere to the treatment model have better outcomes measured by reduction in: dropout, suicidality, readmission, and symptoms. When circumstances permit multiyear treatment (5 case examples), changes include dramatic new developments in work and love.

Paper 2

Title: Interventions Are Suitable to the Extent That They Are Responsive to the Patient’s Plan

Author: George Silberschatz

Abstract

Clinical and empirical research evidence suggests that the therapist’s responsiveness to the patient’s needs plays a crucial role in therapy relationships. I will present a framework for thinking about suitability of interventions that is based on control-mastery theory, an integrated cognitive-psychodynamic-relational model of how the mind works, how psychopathology develops, and how psychotherapy can effectively help.
According to control-mastery theory, psychopathology stems from the grim, constricting, typically unconscious pathogenic beliefs that arise from traumatic experiences of childhood. People are motivated to disconfirm or relinquish pathogenic beliefs and this represents a patient’s most powerful motivation in psychotherapy. This primary motivation toward mastering conflict and solving problems is embedded in the concept of the patient’s plan. In psychotherapy patients work to disconfirm pathogenic beliefs and there are three primary ways they can do so: Patients may 1) use the therapeutic relationship per se to disconfirm beliefs; 2) use the knowledge or insight conveyed by the therapist's interpretations to disconfirm beliefs; and 3) they may test the pathogenic belief directly with the therapist. Thus from the perspective of control-mastery theory, any therapist intervention is regarded as suitable only to the extent that it disconfirms that patient’s pathogenic beliefs and is responsive to the patient’s plan. I will describe how this model of suitability has guided both my process and outcome research.

**Paper 3**

**Title:** How Case Formulation Helps Assess a Therapist’s Contribution to Outcome

**Author:** Tracy D. Eells

**Abstract**

Considerable research points to the conclusion that a therapist's interventions play a major role in the outcome of therapy for many conditions, independent of and supervening therapy orientation and specific techniques. This conclusion increases the need to explore the therapist’s activities within the therapy dyad in order to increase understanding of the mechanisms by which the therapist influences outcome. A competently generated, evidence-based case formulation, together with session-by-session treatment monitoring, is proposed as a suitable framework to facilitate this exploration. In this talk I will present a general case formulation framework that accommodates any bona fide therapy orientation. Next I will propose two specific research directions to assess the therapist intervention-to-outcome link. One is a mixed-methods approach that combines group comparison outcome studies with intensive qualitative and quantitative study of selected cases within the outcome study. Assuming the outcome study demonstrates efficacy, intensive case studies will illuminate the processes by which the outcomes were achieved. Such analyses would center on the therapist’s explicit or implicit case formulation and the extent to which it guided therapy. The second approach is an effectiveness study in which case formulation competence is explored as a mediator of outcome. The latter design circumvents methodological problems arising in previous studies comparing outcome in formulation-guided versus standard manual-based treatments. Central to each of these proposed research directions is an assessment of case formulation competence on the part of the therapist in reliably and validly identifying the patient’s needs and what blocks their satisfaction.
Panel Session 13

Panel Title: Fostering the Relationship with Oneself and Others in Integrative, Emotion-Focused Group and Family Psychotherapy for Eating Disorders

Moderator: William Whelton

Presenters: Adele Lafrance Robinson, Michelle Emmerling, & Maggie Brennan

Panel Abstract

It is disheartening to contemplate how little success has been achieved in the treatment of eating disorders despite considerable research and experimentation (Guarda, 2008). Both highly structured in-patient programs and other types of psychological therapies show very modest rates of sustained improvement (Fichter et al., 2006; Kotler, Boudreau, & Devlin, 2003). The lethal nature of a common eating disorder like Anorexia Nervosa, along with the firm conviction of sufferers that nothing is wrong often lead to necessary coercive practices to protect patients’ lives by restoring their weight. But the restoration of weight is far from the restoration of psychological health (Waller & Kennerley, 2003). Furthermore, given the already strongly treatment resistant profiles of most anorexics and both the clinical and research understanding of the centrality of motivation and relationship in therapy it is no wonder that the working alliance poses such a problem in the treatment of anorexia and other eating disorders. This panel will explore this problem in the light of some recent developments in the Emotion-Focussed therapy of eating disorders. These treatments integrate numerous components such as psycho-education, peer support and family therapy around a core conceptualization of eating disorders as rooted in difficulties of emotional processing especially around very painful emotions rooted in shame and self-contempt. The panel presentations will convey data which reflect the considerable promise these integrative treatments have.

Paper 1

Title: Emotion and Anorexia: I’d Rather Die than Feel

Authors: Michelle Emmerling & William Whelton

Abstract

Anorexia nervosa (AN) poses an immense challenge to healthcare practitioners. In fact, most researchers and practitioners in the AN field agree that there is a striking paucity of empirical evidence supporting any of the treatments for AN (Le Grange & Lock, 2005). One reason for such poor outcomes and high rates of relapse is that we do not have an adequate theoretical framework to conceptualize the phenomenon of AN and thus, to develop
effective treatments. More recently, it has been found that a common feature in individuals suffering from AN is an overall global deficit in emotional processing (Lena et al., 2004). This has lead to a growing interest in developing treatments for AN that deal specifically with affect (Dolhanty & Greenberg, 2007, 2009). One form of treatment that has been recently proposed is Emotion-Focused Therapy (EFT; Greenberg, Rice, & Elliott, 1993) which argues that what lies at the center of people’s personal meanings are not cognitive schemes, but emotional ones. EFT is thought to be highly suited to the treatment of AN as it involves processing one’s emotional experiences in order to learn to access healthy and adaptive emotion (Dolhanty & Greenberg, 2007). In addition, it is also based on a theoretical framework, known as the dialectical constructivist view of self (Greenberg & Pascual-Leone, 1995, 2001), which may offer a plausible framework for integrating emotion, memory, and identity concerns found in AN to assist our understanding of both the development and maintenance of this disorder.

**Paper 2**

**Title:** Beyond the Physical: Facilitating Emotional Change in an Emotion Focused Therapy Group for Eating Disorders

**Authors:** Maggie Brennan, Michelle Emmerling, Rochelle Major, & William Whelton

**Abstract**

Recent research is suggesting that emotional deficits may be common in individuals suffering from eating disorders and may contribute not only to their development, but also to their maintenance (Dolhanty & Greenberg, 2007). Recently, emotion focused group therapy has been proposed as a way to assist those suffering from eating disorders in overcoming both their physical and psychological symptoms. The purpose of this group is to assist the participants in gaining self-awareness and learning to relate to themselves and their emotions in accepting, healthy ways. This is done by using “chair work” that challenges group members to work through emotional regulation and avoidance strategies, unfinished business with significant others, and with their internal “critic” or critical voice. This allows the client to work on different aspects or parts of the self that appear to be in conflict with each other and helps to integrate previously unarticulated aspects of their experience. The study that is presented in this paper looks at the changes in motivation, working alliance, group cohesion, emotional regulation and processing, and eating disorder symptoms over 12 weeks of emotion focused group therapy. Self-report measures were administered during the first, middle, and last group sessions to adult women suffering from eating disorders (n=6). It is hoped that the findings of this study will lead to further use of emotion focused group therapy as an effective treatment for reducing both the physical and psychological components of eating disorders.
Paper 3

Title: The Best of Both Worlds: Integrating Family-Based Therapy and Emotion-Focused Therapy in the Treatment of Anorexia Nervosa across the Lifespan

Authors: Adele Lafrance Robinson & Joanne Dolhanty

Abstract

Anorexia nervosa (AN) is among the most difficult to treat of psychiatric disorders (Halmi et al., 2005). A lack of evidence for effective therapies means that guidelines for treatment are tenuous, especially with adult populations, and new approaches showing potential must be developed (Wilson, Grilo, & Vitousek, 2007). For adolescents, family-based treatment (FBT) is the only treatment for AN shown to be effective to date (NICE, 2004), but with this model, up to 50% of sufferers are left still struggling. This approach is behaviorally-based and activates parents to play an active role recovery, particularly around food and feeding. However, more and more, it is recognized that the role of emotion is too often overlooked in therapy, and yet necessary for successful recovery from an eating disorder (Fox, 2009). One treatment that has shown promise with adults is emotion-focused therapy (EFT; Dolhanty & Greenberg, 2009). EFT is used to help individuals understand the link between eating and emotion, promoting the healing of painful maladaptive emotion schemes and mastery over emotional experience. We have developed a lifespan treatment model incorporating the principles and techniques of both FBT and EFT in the treatment of adolescent and adult populations. In this approach, the therapist supports carers (parents, spouses, etc) to assist in the refeeding process and to offer emotion coaching to the sufferer, regardless of age.
Closing Plenary Discussion

**Title:** Past, Current, and Future of Psychotherapy Research: A Tribute to Luminaries of NASPR

**Moderators:** Louis Castonguay, J. Christopher Muran, Lynne Angus, Jeffrey Hayes, Nicholas Ladany, & Timothy Anderson

**Participants:** Allen Bergin, Marvin Goldfried, Clara Hill, Michael Lambert, David Orlinsky, William Piper, Lorna Smith Benjamin, & William Stiles

**Abstract**

This presentation is aimed at celebrating the legacy of luminaries of NASPR, as well as to highlight past, current and future directions of research in psychotherapy. Eight leading clinical researchers who have shaped psychotherapy research will briefly describe what they each consider to be the studies that have best enriched our understanding of the process of change and improved clinical work. This will be followed by a discussion, between them and the audience, on research and theories most likely to further advanced our field.