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Dear Colleagues,

SPR welcomes you to Barcelona, the capital of Catalonia, for the 39th International Meeting of our society!

Our meeting has set a record: the number of submissions for this meeting is the highest it has ever been. We expect almost 600 participants from all of the continents. The submitters/ moderators represent 31 different countries.

The scientific program includes 116 Panels (including almost 400 papers), 8 Brief Communication Sessions (comprised of 40 papers), and 2 poster sessions (with a total of 155 posters). All posters can be presented during the day and intensively discussed in the evening sessions on Thursday and Friday. Finally, 10 structured discussions covering fields ranging from cultural aspects of psychotherapy research to training issues complete the program. It should be noted that a large number of submissions are related to this year’s general theme “Neurobiological and Sociocultural Contexts of Psychotherapy and Psychotherapy Research.”

The meeting will start on Wednesday afternoon at 2 p.m. with a series of Pre-conference Workshops focusing on methodological and research issues. On Wednesday evening (at 6:30 p.m.), SPR’s current president, Jacques Barber, will give his presidential address entitled “Working through core conflicts in Psychotherapy Research”. On Wednesday evening, a welcome reception will be held at the conference hotel, On Saturday evening, the meeting will end with a banquet at the museum of science, an interesting historic place downtown Barcelona.

Please do not miss the Business Meetings of the regional chapters that will be held on Thursday. The International Business Meeting will take place on Friday after lunch. On behalf of the Local Organizing Committee and the Program Council we wish to thank all colleagues for their submissions and contributions to what we are sure will be a lively and successful conference.

Bernhard Strauss
Luis Botella
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Pre-Conference Workshop

Prevention of relapse in recurrent depression using a new form of cognitive therapy
Claudi Bockting - University of Groningen, The Netherlands, Willemijn Scholten

Depression is a recurring disorder. Sequential treatment in which Mindfulness Based Cognitive Therapy (MBCT) is started after antidepressant treatment remission appears to be an effective strategy to prevent recurrence in patients who are at high-risk for recurrence (Teasdale et al., 2000, Ma & Teasdale, 2004). Preventive Cognitive Therapy (CT) after divers types of acute treatment (Bockting et al, 2005), appears also to be an effective strategy to prevent relapse in recurrently depressed patients. This preventive effect of CT focuses on presumed psychological vulnerability factors of relapse, e.g. rigid dysfunctional attitudes. In this workshop this new preventive cognitive group therapy will be demonstrated. Role-plays and videos will be used. Referenties Bockting, C.L.H., Schene, A.H., Spinhoven, Ph., Koeter, M.W.J., Wouters, L.F., Huyser, J., & Kamphuis, J.H.: Preventing relapse/recurrence in recurrent depression using cognitive therapy. Journal of Consulting and Clinical Psychology 2005;73: 647-657. Beck, A.T. (1987). Cognitive models of depression. Journal of Cognitive Psychotherapy: An International Quarterly, 1, 5-37. Ma, S.H., & Teasdale, J.D. (2004). Mindfulness-based cognitive therapy for depression: Replication and exploration of differential relapse prevention effects. Journal of Consulting and Clinical Psychology, 72, 31-40. Dr. C.L.H. Bockting and willemijn Scholten PhD Associate professor of clinical psychology Clinical Psychologist, supervisor Dutch Association of Behaviour & Cognitive Therapies Department of Clinical Psychology University of Groningen Grote Kruisstraat 2/1 9712 TS Groningen The Netherlands Phone: +31 50 363 6479 Fax: +31 50 363 7602 c.l.h.bockting@rug.nl

Pre-Conference Workshop

OPD-2: El nuevo sistema de diagnóstico psicodinámico operacionalizado: Aplicaciones en clínica e investigación. OPD-2: The new operationalized psychodynamic diagnosis system: Clinical and research applications
Guillermo De la Parra - Pontificia Universidad Católica de Chile, Santiago, Manfred Cierpka, Carla Crempien, Karin Biedermann

Objetivo: En este taller presentaremos la nueva edición de una herramienta diagnóstica multiaxial: además del diagnóstico y la formulación psicodinámica, el OPD-2 está también diseñado para la formulación de foco y planificación de la terapia. El taller introduce los nuevos elementos de los cinco ejes OPD. Se presentarán aplicaciones del instrumento en investigación en violencia doméstica y relaciones disfuncionales en contexto de comunidad cerrada. Método: El material clínico obtenido durante la entrevista inicial con el paciente es evaluado de manera cercana al nivel observacional. Los datos clínicos relacionados con conceptos psicoanalíticos centrales, como transferencia y contratransferencia, conflictos intrapsíquicos y estructura de personalidad son operacionalizados. Esto genera información sobre dimensiones dinámicas que contribuyen a la sintomatología del paciente. Las orientaciones para la entrevista inicial aseguran que todas las dimensiones relevantes OPD sean cubiertas, pudiendo ser usadas por el clínico mediante el manual. El nuevo formato manualizado de la evaluación se basa en cinco ejes. Eje I: experiencia de enfermedad y pre-requisitos para el tratamiento, eje II: relaciones disfuncionales, eje III: conflictos intrapsíquicos, eje IV: estructura, eje V: sindromático, de acuerdo al capítulo V (F) del ICD-10. Discusión: El uso del OPD-2 será mostrado a través de un caso clínico del que se derivará el diagnóstico y planificación de la terapia, a partir de los focos psicodinámicos relevantes. Su utilidad en investigación será ilustrada a través de los dos trabajos empíricos arriba mencionados. La discusión entre los participantes será estimulada. El taller se desarrollará en español e inglés.
Questioning measurement precision: Application of Rasch/IRT in psychotherapy research

Ann Doucette - Washington University Medical Center, USA, Abe Wolf

Self-report instruments that assess symptom severity and problems in functioning provide the evidence base for measuring psychotherapy outcome and effectiveness. However, little attention is given to the quality of those scales beyond a review of their basic psychometric properties. This workshop is an overview of Item Response Theory (IRT) and its applications to psychotherapy outcome research. Latent trait theory and item response models are contrasted to Classical Test Theory (CTT). The advantages and disadvantages of one-parameter (1PL) and multi-parameter models (2PL, 3PL, and 4PL) are described. The Rasch model is emphasized, since this model explains how well empirical data fit the measurement model, while multi-parameter models explain the error associated with the measurement model. Selected client self-report measures used in psychotherapy research illustrate the advantages of the Rasch measurement model. Topics covered include: an examination of the differential contribution of items in assessing client status; item salience and measurement sensitivity in assessing progress over time across the continuum of impairment; and, the effect of mistakenly assuming that a scale is test is unidimensional when it is multidimensional. Furthermore, the bias and imprecision of ordinal data derived from tests developed using CTT analysis of Likert-scaled measures are reviewed. Use of IRT models to test assumptions of interval data, and how to rescale ordinal to interval data for greater measurement precision are reviewed. The use of Rasch model in detecting differential item function will also be illustrated. A brief description of IRT software packages is provided. (3 HOURS)

Narrating trauma as a family and community story: Translating research into practice.

Helen Evert - University of Melbourne, Australia, Sophie Holmes

Aim: The focus of the workshop will be on describing and demonstrating the process of translating findings in trauma research into clinical practice. The research focused on the mental, emotional and familial/social mechanisms older people used and incorporate in their narrative account of trauma, grief and loss, becoming a life story. Case studies of clinical work demonstrate the emergence and use of these themes in the therapeutic process. Method: Results from a PhD study using mixed methods (quantitative and qualitative) will be summarised and clinically relevant themes highlighted, in content and process. Three clinical cases will be presented of traumatised older eastern European survivors of the war alongside the results from the thematic analysis of narrative accounts of 72 Polish elderly migrants who experienced war, dispersal, and resettlement to Australia. Results: Thematic analysis revealed that Polish elderly accounts of trauma and physical deprivation were heavily ‘contextualized’ and emerged as interlinked stories of individual, familial and community suffering. Religious and community structures provided cohesion in the face of family fragmentation and these relational and communitarian process become part of the clinical work. Case based evidence derived from systemic work will trace the core themes. Research and practice highlights people’s capacity to create opportunities that addressed their emotional and psychological needs. Discussion: The findings will be discussed in the context of Family Therapy perspectives as it appears that the familial and social meaning assigned to trauma in a broader cultural, religious, and historic context is fundamental to the processing of traumatic events.
Statistical methods in studies on the effectiveness of psychotherapy
Tommi Härkänen - National Public Health Institute, Helsinki, Finland

Effectiveness studies of randomized clinical trials give the clinical effect of a treatment policy whereas efficacy studies describe the effect of the treatment given. The aim of this workshop is to demonstrate the determination of the effectiveness of and give tools for proxy estimation of efficacy of psychotherapy in a randomized clinical trial with repeated measurements data, obtained during a long follow-up. In such a trial incomplete treatment (i.e. withdrawal from or discontinuation of treatment), use of auxiliary treatments, and missing data of outcome measures complicate the analyses. An intention-to-treat (ITT) design, which includes all eligible patients irrespective of completeness of their treatment, is the basic tool for analyzing the effectiveness of treatments. Mixed effects models are a suitable statistical method for ITT-analyses based on repeated measurements data. In such models differences in effects between treatment groups can be illustrated by mean differences of outcome variables and odds ratios of prevalences of outcome categories. Potential confounding factors, due to possible incomplete randomization, can be included in the models. Different trends in recovery can be demonstrated using growth curve models, which categorize patients into groups according to outcome of interest. Cost-effectiveness analysis may also be carried out, in which the usefulness of different treatments is evaluated by comparing treatment effect differences with differences in costs. Of ethical and other reasons efficacy studies cannot be performed in psychotherapy trials with long follow-ups. As-treated (AT) analyses, however, allow the effects of incomplete and auxiliary treatments, thus yielding proxy efficacy estimates. In these analyses, the possible temporal interdependence of the outcome, incomplete treatment, and auxiliary treatments can be assessed using dynamic models. The drop-out from the follow-up may be similar in different treatment groups, but it may also depend directly on unknown latent factors, which may influence the outcome, then treatment compliance and auxiliary treatments. The correctness of the assumption of ignorable drop-out can be studied by applying Bayesian inference. The potential problems caused by missing data can also be addressed by multiple imputation. The workshop will be driven with examples from the Helsinki Psychotherapy Study and the analyses have been performed using the statistical program packages SAS, R, and Winbugs.

Enhancing psychotherapy outcome for non-responders through the use of alarm signals and decision support tools
Michael Lambert - Brigham Young University, Provo, Utah, USA, Jason Whipple

This workshop will show participants how to use a computer-assisted software to provide clinicians with real-time feedback aimed at problem solving with patients whose final outcome is in doubt. A new assessment tool (Assessment for Signal Clients) will be used to demonstrate an atheoretical, common factors, evidence-based approach to problem solving. The intervention, which identifies problems with the therapeutic alliance, motivation, expectations, social support, and/or life events relies on rapid assessment, cut scores, a decision tree, and suggested interventions is supported by evidence from three clinical trials. Evidence of effectiveness will be discussed and participants will be asked to discuss boundaries for use, and needs for future research.
Qué es CCRT-LU-S? Relationship rating for research and clinic
Yolanda Lopez del Hoyo - Universidad de Salamanca, Spain, Dan Pokorny

Understanding relationship patterns is a widely recognized valuable goal in the process research, in the clinical work as well as in the psychotherapy training. The principal step to the modern way of relationship investigation was made by Lester Luborsky in 1976. The key idea of the CCRT method is to find core relationship themes by observing the repeatedly occurring relationship elements. The category system CCRT-LU presented at the SPR satellite workshop in Weimar brings an advantage of inner consistency: The same category system is used for subject and object, for wishes and reactions. The Spanish version CCRT-LU-S was created by the Relationship Research Group at the University of Salamanca. The group proved its high inter-rater reliability and applied the method in studies on original Spanish transcripts. In the pre-conference workshop we will introduce the philosophy and technique of relationship rating. For research-interested participants: We will learn how to rate relationship elements within the verbatim protocols, how to store the data into a data matrix (on the example of the SPSS statistical package), how relationship patterns can be searched by statistical procedures, how to interpret results, and why and how to return to the original verbatim transcripts finally. For clinically interested participants: We will show how to rate relationship patterns quickly and intuitively by clients and by ourselves. Participants will obtain rating and tutorial materials. Both the materials and the PowerPoint presentation will be bilingual: English and Spanish.

Integrating knowledge on qualitative and quantitative studies on psychotherapist development
Michael Helge Rønnestad - University of Oslo, Norway, David E. Orlinsky

Do results from qualitative and quantitative studies on psychotherapist development converge? And if so, how? Drawing from the results of the Minnesota Study of the Development of Psychotherapists (Skovholt & Rønnestad, 1995; Rønnestad & Skovholt, 2003) and the International Study of the Development of Psychotherapists (e.g. Orlinsky & Rønnestad, 2005), these questions will be addressed. The workshop will address topics such as the anxiety of the novice practitioner, the central role of students’ and practitioners’ openness to experiences, attitude to theoretical knowledge, experiences of difficulties in therapeutic work, and more generally sources of influence such as client experience, personal therapy and supervision, personal life and classical academic activities for professional development.

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<th>Pre-Conference Workshop</th>
<th>Tailoring therapy: Establishing therapeutic fit between service users and therapists</th>
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<td>Rolf Sundet - University College of Buskerud, Drammen, Norway</td>
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<td>Family</td>
<td>Family perspectives on needs and preferences for therapeutic interplay within a collaborative oriented family therapy practice will be presented. Part of a research project applying qualitative methodology to investigate a service user focused practice, this workshop reports on aspects of therapeutic interplay needed in order to meet the variety of preferences in a family therapy unit. A descriptive map of this needed variety of therapeutic manners of working together will be presented and connected to questions about tailoring treatment to the families. Consequences concerning therapist stances, positions and connection to research and theoretical perspectives will be discussed. The position of the researcher is that of a participating therapist in the practice under study. Questions concerning narrowing the gap between research and clinical practice will be attended to and discussed in relation to the research challenges arising from such a researcher position.</td>
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<th>Pre-Conference Workshop</th>
<th>Analysing nested and longitudinal data in psychotherapy research: A hierarchical linear modeling approach</th>
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<td>Giorgio Tasca - University of Ottawa, Canada</td>
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<td>Alliance</td>
<td>Hierarchical linear models (i.e., mixed or multi-level regression models) represent an important evolution in the analysis of hierarchically structured data and change/development 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 often 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 hierarchical linear models, provide an opportunity to model dynamic fluctuations in individual data across time. In this workshop, participants will: 1) look at the problems with traditional methods of data analysis for nested and longitudinal data; 2) learn the fundamentals of hierarchical linear models; and 3) work through two examples (i.e., of nested data and of longitudinal data) from a psychotherapy study.</td>
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Models of change for therapy for depression

Discussants: Jeanne Watson – University of Toronto, Canada and Robert DeRubeis - University of Pennsylvania, Philadelphia, USA Louis Castonguay, Gary Diamond, John Markowitz, Brian Sharpless

Each member of our discussion group represents a different school of psychotherapy (family, integration, experiential, interpersonal, dynamic, and cognitive). The goal is to delineate more rigorously the model of change involved in treating depressed patients according to the different perspective. Each discussant will present briefly the model of therapeutic change that they “really” believe in and the research evidence for their models. The other discussants will then provide feedbacks on these accounts with the goal to help refine what needs to be further investigated. We encourage the audience to ask challenging questions to our group as well as add from their own research.

Psychotherapy, psychotherapists, and issues of religion & spirituality

Discussants: Anne Davis - Trinity College, Dublin, UK and Russell B. Hilliard - Church of England, Zurich, Switzerland, Leigh McCullough, Rita Rosner, Giovanni M. Ruggiero, Edward Shafranske, Gry Stalsett, Don Workman, Gloria Workman

This discussion will be about how therapists react to issues of religion and spirituality when brought up by patients and how therapists might inquire about such issues on their own. Each formal participant will talk for about two minutes each, leaving at least 45 minutes for discussion with all participants. One participant will cite research from a survey that showed that all therapists had patients who brought up spiritual and/or religious themes and that the therapist’s level of comfort with his or her own beliefs or spirituality was related to the time patients spent talking about such issues. Another participant will describe what was most helpful in the training of graduate students. Two other participants will state why they think their therapy aimed directly at dealing with issues of meaningfulness in patients’ lives was more successful in alleviating depression than treatment as usual. Another participant will discuss results showing that therapist’s religious/spiritual beliefs affect their therapeutic work in myriad ways. Discussants will also talk about variables that affect patients sense of freedom in bringing up religious/spiritual themes. Situations where raising religious/ spiritual questions have raised problems and situations where therapists have no knowledge of the patient’s spiritual background will also be addressed. It is assumed that there will be members of the audience who think that the sorting out of such beliefs is best left to another setting.

Cross-cultural characteristics of the outcome questionnaire

Discussants: Michael Lambert - Brigham Young University, Provo, USA and Kim de Jong - Leiden University, Heiloo, The Netherlands, Guillermo de la Parra, Paulo Machado, Gianlucca Io Coco, Peter Wennberg, Witold Simon, Beatriz Gómez, Orya Tishby

The Outcome Questionnaire - 45 (OQ-45) has become one of the most frequently used outcome measures in clinical practice. The OQ-45 has been translated into more than 15 languages and results so far show that the psychometric properties of the OQ-45 seem stable over culture. However, some large differences in normative scores and cutoff scores for clinical significance have been found. In Europe, the northern countries seem to have lower cutoff points than the southern countries and the same seems the case for North and South America. In this session, the results from various countries will be presented and an opportunity will be offered to exchange experiences. Michael Lambert will open the session with an introduction to the topic and Kim de Jong will close the session with a discussion of the implications for research and clinical practice. In between, results will be presented from Argentina, Chile, Israel, Sweden, Portugal and Italy.
SPR interest section on culture and psychotherapy: Annual general meeting
Discussant: William West - University of Manchester, UK

The SPR Interest Section on Culture and Psychotherapy (SPRISCAP) has as its aims the intent to enhance the scientific study of psychotherapy by promoting understanding of the social and cultural contexts of psychotherapy. This includes study of the impact of sociocultural contexts on patients, therapists, therapeutic processes and outcomes, as well as the comparative study of psychotherapies and related healing practices. SPRISCAP is sponsoring sessions at this conference about research on multilingualism in psychotherapy, the psychotherapeutic professions in different countries, the relation of religion and spirituality to therapy and therapists, and comparison of therapies in different cultures. This discussion session will be the third Annual General Meeting of the Section, and SPRISCAP members are requested to attend. Others in SPR who are interested are welcome to join in discussion of ongoing projects and plans for future initiatives.

Psychotherapeutic professions as contexts of therapy practice and research-I.
Current situation of the professions in varied countries

The professions in which psychotherapists are trained, and the professional associations to which they belong, are an influential part of the social, economic, and political context of therapeutic practice and research. However, the psychotherapeutic professions and their influence have not been systematically studied and are generally not well understood, in large part because their identities, training standards, and relations to one another vary considerably from country to country. Moreover, these professions in recent years have undergone considerable change due to economic pressures and governmental reforms in health care and social service systems - change that is still in progress in varied countries, with as yet undetermined consequences for practice and research. Two thematically related, structured discussion sessions will bring together representatives of 15 countries in an effort to generate more systematic knowledge about the role and impact of the therapeutic professions, the forces for change that are currently at work in them, and the extent of research evidence that is available, or might be sought, to guide change in a positive direction. Short written statements about each country will be prepared by SPR members who work in those countries, in response to a shared set of questions. These will be circulated in advance to permit full and free interchange of members’ views and ideas during the discussion sessions, which will start with very brief oral summaries to highlight the main issues. The first discussion session will focus on reports about the current situation of the therapeutic professions in different countries. The proposed discussion sessions are sponsored by the SPR interest section on culture and psychotherapy. These discussion sessions will be followed later in the conference by a panel in which the presidents of two major international organizations of mental health professional associations offer their views on the future of the psychotherapeutic professions. Countries represented include: Australia (R. King, T. O’Brien, M. Schofield); Austria (A. Pritz, M. Springer-Kremser); Canada (N. Gazzola, A. Horvath, L. Page, S. Toukmanian); Chile (L. Moncada); Czech Republic (D. Skorunka, Z. Vybiral); France (M. Villamaux); Germany (B. Strauss); Israel (G. Shefler, O. Tishby, H. Wiseman); Norway (M. H. Ronnestad); Poland (J. Aleksandrowicz); Portugal (F. Silva); Romania (G. Cucu-Ciuhan); Switzerland (U. Schnyder); United Kingdom (S. Aldridge, C. Evans, J. Halstead, C. Mace, N. Rowland, T. Schroder, S. Wheeler); United States (B. Jennings, G. Keitner, A. Wolf); Uruguay (D. Defey).
Psychotherapeutic professions as contexts of therapeutic practice and research—II. Future prospects of the professions in varied countries

The professions in which psychotherapists are trained, and the professional associations to which they belong, are an influential part of the social, economic, and political context of therapeutic practice and research. However, the psychotherapeutic professions and their influence have not been systematically studied and are generally not well understood, in large part because their identities, training standards, and relations to one another vary considerably from country to country. Moreover, these professions in recent years have undergone considerable change due to economic pressures and governmental reforms in health care and social service systems—change that is still in progress in varied countries, with as yet undetermined consequences for practice and research. Two thematically related, structured discussion sessions will bring together representatives of 15 countries in an effort to generate more systematic knowledge about the role and impact of the therapeutic professions, the forces for change that are currently at work in them, and the extent of research evidence that is available, or might be sought, to guide change in a positive direction. Short written statements about each country will be prepared by SPR members who work in those countries, in response to a shared set of questions. These will be circulated in advance to permit full and free interchange of members’ views and ideas during the discussion sessions, which will start with very brief oral summaries to highlight the main issues. The second discussion session will focus on the apparent goals, prospects and problems in the future development of the therapeutic professions in different countries. The proposed discussion sessions are sponsored by the SPR interest section on culture and psychotherapy. These discussion sessions will be followed later in the conference by a panel in which the presidents of two major international organizations of mental health professional associations offer their views on the future of the psychotherapeutic professions. Countries represented include: Australia (R. King, T. O’Brien, M. Schofield); Austria (A. Pritz, M. Springer-Kremser); Canada (N. Gazzola, A. Horvath, L. Page, S. Toukmanian); Chile (L. Moncada); Czech Republic (D. Skorunka, Z. Vybiral); France (M. Villamaux); Germany (B. Strauss); Israel (G. Shefler, O. Tishby, H. Wiseman); Norway (M. H. Ronnestad); Poland (J. Aleksandrowicz); Portugal (F. Silva); Romania (G. Cucu-Ciuhan); Switzerland (U. Schnyder); United Kingdom (S. Aldridge, C. Evans, J. Halstead, C. Mace, N. Rowland, T. Schroder, S. Wheeler); United States (B. Jennings, G. Keitner, A. Wolf); Uruguay (D. Defey).

Child and adolescent treatment and psychopathology interest group

Society for Psychotherapy Research (SPR) has traditionally included far more researchers, clinicians, and graduate students who appear to focus their research and clinical efforts on the adult population rather than on children and adolescents. Most forms of adult psychopathology have developmental trajectories that begin in childhood/adolescence and most childhood/adolescent disorders either persist into adulthood or place those who have them at risk for developing other kinds of psychological disorders in adulthood. Concerned with the welfare of adults and children, SPR may now be in a position to develop a special interest group focused on treatments for children and adolescents who have psychological disorders. The discussion group will thus meet to share interests in child and adolescent treatment and psychopathology and to explore ways in which researchers, clinicians, and students with interests in the child and adolescent can be attracted to SPR as potential members and contributors. In addition, discussion will center on the feasibility of establishing a special interest group within SPR focused on child and adolescent research.
**Open Discussion**

**Moderator**
João Salgado - ISMAI - Instituto Superior da Maia, Portugal

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**In real life: Applying models of psychotherapeutic change to non-therapeutic change**

Discussants: Mikael Leiman - University of Joensuu, Finland and William B. Stiles - Miami University, Oxford, Ohio, USA, Miguel M. Gonçalves, Liliana Meira

Aim: Personal change is a rich developmental process that constitutes the main aim of psychotherapy. Nevertheless, it is also the case that people are confronting problems and making efforts to overcome them on their own. Psychology has been dealing with these two scenarios with distinct developmental models, ones focused in “therapeutic change” and others centred in “normal developmental change”. Thus, we may ask what we will happen if we cross this boundary. In this discussion our aim is to illustrate how different models of psychotherapeutic change can be useful to understand situations in which people change and solve some psychological problems without any professional help. Starting with a brief presentation of a single case of non-therapeutic change, coming from a still on-going project, three models of developmental change will be outlined: Gonçalves’ innovation moments model (IM analysis), Stiles’ assimilation model (AM) and Leiman’s dialogical sequence analysis (DSA). Methods: All of the presented approaches will use a data set of semi-structured interviews on a personal problem, chosen by the participant. The interview took place every 15th day over a three-month period. Results: Each of the discussants will briefly explain the major highlights of the analysis of such a case.

Discussion: It will focus on differences and complementarities, first, between these three approaches and, secondly, between therapeutic and non-therapeutic change.

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**The contribution of psychotherapy interventions in the treatment of complex and severe patients. Effectiveness, difficulties, single case designs, termination issues**

Discussants: Elena Scherb - Private Practice, Argentina and Carla Moleiro – ISCTE Lisbon University, Portugal, Orya Tishby, Anthony Joyce

Practitioners and researchers are faced with difficult situations in daily practice that can not be captured by controlled studies. Do we share the same type of problems in different contexts? - Psychotherapy can be effective with patients that bare complex and severe characteristics and cost - effective compared with other type of treatments. Which are the specific interventions that should be taken into account and what is the role of psychotherapy in combined treatments? (Elena Scherb, Argentina). - What we know so far and the contributions of single case designs to the study of interventions with complex patients; treatment approaches in different countries Portugal and US (Carla Moleiro, Portugal). - A very difficult case with and unfortunate end, questions and issues which our "post mortem" analysis yielded. The role of hospitalization and how to maintain continuity (Orya Tishby, Israel). - A model of termination when the course of treatment is "intermittent". Partial hospitalization approach for patients with moderate-severe affective and personality disorders (Anthony Joyce, Canada)
Therapist experience: How does it matter?

Discussant: Clara Hill - University of Maryland, College Park, MD, USA, Franz Caspar, Jeffrey Hayes, Wonjin Sim, Nicholas Ladany, Elena Sherb, Barbara Vivino, David Orlinsky

Therapist experience is a critical construct that has yet to be adequately defined. Recent research indicates that the impact of the therapist on therapy outcome is greater than the effect of specific treatments (Wampold, 2001) and that some therapists are better than others at contributing to positive client outcome (Lambert & Barley, 2002), but it is not clear what the therapist variables are that account for this effect. Intuitively, it would make sense that therapist experience would account for much of the positive impact of therapist variables. Yet, studies that include therapist experience often show mixed results and few studies have studied therapist experience directly. This is surprising given that the training of therapists relies heavily on experiential activities and supervision by “experienced” clinicians. We believe that the question is not does therapist experience matter, but rather what type of experience matters in what context. This structured discussion group will explore the importance of therapist experience and highlight a call for research that will help define and explicate this rich therapist variable.

Questions to be addressed by our panel of researchers, clinicians, and supervisors: 1. In what ways does therapist experience matter? 2. How should therapist experience be defined? 3. What other variables moderate therapist experience (e.g., therapist self awareness, professional training)? 4. What are the critical research areas where better definition of therapist experience is needed?
Panel
Psychodynamic
Moderator
Leibovich de Duarte Adela - Universidad de Buenos Aires, Argentina

A decade of studies on psychotherapy process through single-case analysis
Discussants: Erhard Mergenthaler - University of Ulm, Germany and Adela Leibovich de Duarte - Universidad de Buenos Aires, Argentina

Relational psychoanalysis states that an adequate management of the intersubjective processes displayed in psychotherapy are essential to promote effective change. The analysis about some variables of the therapist and patient and the interaction between them, give us new perspectives on the therapeutic process. This analysis leads us to question some topics and consider from a new view, the therapist’s function and the patient’s role. In this panel have been included several facets proposed by researchers in Spain, Argentina, Mexico and Germany, whose have worked along a decade (1997-2007) in the Salamanca-Barcelona-Madrid Project on Psychotherapy Process Research (SMBP). This project, an study conducting single case research (The Publicist), along the main phases of complete treatment (up to 200 recorded sessions), have given us the opportunity to acquire a better knowledge on therapeutic process, through the qualitative data content analysis of sessions, using a variety of procedures, suchs us Jones’ POS and Emotion & Abstraction Cycles Models, and new ones (TLAP: Therapist Latent Action Plan Method, Ávila & Mitjavila, 2002), between others. In the first paper we are centered in identifying the therapist’s style and his adherence to classical technique, and the contribution of both aspects, to the therapeutic change. A second paper is devoted to the study of the evolution of CRRT & CCRT-LU patterns in the case. We’ll establish the detailed map of relationship, obtaining specific and general patterns as well as other measures as harmony and positivity index, we’ll see related pattern between different objects and we’ll explain psychotherapeutic process through the evolution of these measures and relationship patterns during Maria’s therapy. The third paper detect and analyses the qualitative process dimensions that contributes to change through psychotherapy. Results emphasizes the importance of relational factors, (“Empatic Attitude” and “Therapeutic Alliance - Process”) and his interplay with Factor IV “Neutrality Attitude” for the development of the therapeutic process. The results obtained are convergent with another recent studies with POS. Finally, crossing all the studied dimensions [Emotion & Abstraction cycles [mergenthaler, 1996], POS dimensions & CCRT patterns, the final paper propose a comprehensive model of change in the studied case considering all the approaches.

What we have learned on the psychotherapy process analyzing patient and therapist variables?
Mercedes Mitjavila - Universidad Autónoma de Barcelona, Spain, Alejandro Ávila-Espada

In this paper we are centered in identifying the therapist’s style and his adherence to classical technique, and the contribution of both aspects, to the therapeutic change. A new research tool have been proposed previously, a system of categories named CTI System (Coding Therapist Interventions) used to infer the TLAP. The Method TLAP analyses the dimensions and aspects of therapist’s, technical and personal styles, and his contribution to the progress (or not) of treatment. Wide samples of events during the treatment, that include sequences where the therapist develops actions following classical technique, have been compared with others where a counter-transference atmosphere dominates. The presence of these variables differs notably in the initial stages, advanced or ending phase of treatment. Besides we have focalized on the link between the patient’s insight or introspective answers and the therapist interpretations, and the evolution along the treatment.
CCRT & CCRT-LU-S contributions for a better comprehension of psychotherapy process  
Yolanda López-del-Hoyo - Universidad de Salamanca, Spain, Dan Pokorny, Alejandro Ávila-Espada & Moraima G. Mantilla

This paper is devoted to the study of the evolution of CRRT & CCRT-LU patterns in the case. The Core Conflictual Relationship Theme Method (CCRT) was developed by Lester Luborsky (Luborsky & Crits-Christoph, 1990), which investigates empirically patterns of internalized relationships extracted from analysis of narrative material. The basic assumption is that internalized relationship patterns occur repeatedly. The analysis of counts and frequencies shows similarities and differences between relationship objects and situations. As a development, the CCRT-LU (Leipzig, Ulm) category system developed by Albani, Pokorny, Blaser and Grüninger (research project of Kächele and Geyer) surged as a qualitative development of traditional CCRT, integrates both a huge empirical experience and numerous theoretical concepts. The system is logically unified (same categories for all dimensions) and hierarchical: 13, 30 and 119 categories and comes being proved in different studies to know the validity and sensibility to detect changes in structural patterns at different levels. The Spanish translation (CCRT-LU-S) was elaborated and approved by López, Ávila, Pokorny and Albani (2004). In this study we’ll present the results obtained in the analysis of a psychotherapeutic process single case through CCRT and CCRT-LU-S method. We’ll establish the detailed map of relationship, obtaining specific and general patterns as well as other measures as harmony and positivity index, we’ll see related pattern between different objects and we’ll explain psychotherapeutic process through the evolution of these measures and relationship patterns during Maria’s therapy.

Contributions of PQS dimensional analysis to description and comprehension of changes across psychoanalytic psychotherapy  
Ignacio Toro - Universidad Complutense, Madrid, Spain, Gerardo Gutiérrez, Alejandro Ávila-Espada & Janine J. Vidal

This paper detect and analyses the qualitative process dimensions that contributes to change trough psychotherapy. Using the Psychotherapy Process Q-sort method (PQS) [Jones, 2000, 1985a [Spanish translation Ávila-Espada, Vidal, Epstein, Duarte, Roussos & Winkel, 1999]] applied to a systematic and significant sample of transcribed psychotherapy sessions (23 % of the whole of 261 sessions) from “the publicist” case (Mijavila, Ávila-Espada, Poch & Gutierrez, 2002; Ávila-Espada, Vidal-Didier et al., 1998). Exploratory factor analysis of showed five process factors: I “Empatic Attitude”; II “Resistance”; III “Therapeutic Interventions”; IV “Neutrality Attitude” and V “Therapeutic Alliance - Process”. Multiple comparisons realized between differents phases of the treatment -initial / advanced / final phase; first vs. second half – showed characteristic trends. Results emphasizes the importance of relational factors, (“Empatic Attitude” and “ Therapeutic Alliance - Process”) and his interplay with Factor IV “Neutrality Attitude” for the development of the therapeutic process. The results obtained are convergent with another recent studies with PQS.

A comprehensive model of change processes in maria case trough psychoanalytic psychotherapy integrating qualitative & quantitative methods  
Alejandro Ávila-Espada - Universidad Complutense, Madrid, Spain, Paula Rampulla, Janine J. Vidal & Jesús R. Herrero

The analysis about some variables of the therapist and patient and the interaction between them, give us new perspectives on the therapeutic process. and leads us to question some topics and consider from a new view, the therapist’s function and the patient’s role. This project, based upon extensively single case research of one case: The Publicist, along the main phases of complete treatment (up to 200 recorded
Towards a multi-modal understanding of narrative process change in cognitive, psychoanalytic and experiential therapy

Discussant: Adam Horvath - Simon Fraser University, Vancouver, Canada

The Narrative Processes model and Coding System (NPCS) (Angus, Levitt & Hardtke, 1999) views effective therapeutic engagement as arising out of a dialectical interplay of autobiographical memory, emotion and reflexive meaning-making processes. As such, the NPCS provides psychotherapy process researchers with a systematic, reliable, a-theoretical tool for the identification and comparison of core change processes in differing therapy orientations, as demonstrated in the following paper presentations. The first paper in this panel will address significant differences in narrative process patterns identified in therapy sessions drawn from psychoanalytic (PPT) and cognitive-behavioural (CBT) psychotherapy for bulimia nervosa. Also using the NPCS for the identification and categorization of narrative subtypes in therapy sessions, the second paper will describe significant research findings that address the interrelationship between autobiographical memory specificity and expressed emotional arousal, in Emotion-focussed (EFT) and Client-centred treatments (CCT) of depression drawn from the York I Depression study. The third and final paper in the panel will intensively investigate how autobiographical memory and emotion change co-occurs in highly efficacious treatments of depression. Specifically, research findings from an exploratory task analysis of core relational themes drawn from York I treatment responders who evidenced significant shifts to higher ABM specificity and expressed emotional arousal will be described and the implications for future research and practice discussed.

Narrative process patterns in psychoanalytic and cognitive-behavioural psychotherapy for bulimia nervosa

Sarah Daniel - University of Copenhagen, Denmark, Susanne Lunn, Stig Poulsen

Aim: The study is an intensive exploration of narrative process in psychoanalytic (PPT) and cognitive-behavioural (CBT) psychotherapy for bulimia nervosa with clients who have insecure attachment patterns as assessed by the Adult Attachment Interview. The presentation focuses on narrative process differences between the two therapy types. Method: Six sessions from each of eight clients evenly distributed across PPT and CBT were fully transcribed and coded with the Narrative Processes Coding System. The NPCS splits therapy sessions into topic segments that are further subdivided and coded in terms of descriptions of events or facts (external sequences), descriptions of feelings (internal sequences), and reflexive analyses of events and feelings (reflexive sequences). Data were analysed in terms of frequencies and mean and relative duration of narrative sequences using multilevel modelling. Results: In CBT, the proportion of therapist-initiated sequences was significantly larger than in PPT. Reflexive process was most predominant in PPT, whereas external process was most predominant in CBT. Internal process was virtually absent in both therapy types. The differences between therapy types were the result of the activity of therapists who initiated more reflexive sequences in PPT and more external sequences in CBT. Duration of narrative sequences differed by therapy type and initiator of
narrative sequences. Discussion: The results will be dis-cussed in relation to previous research with the NPCS, emphasizing the contribution of looking at narrative sequence durations. To further differentiate between narrative proc-esses in the two therapy types, subtypes of narrative process modes will be explored.

Autobiographical memory narrative specificity and emotional arousal in brief emotion-fo-cussed and client-centred psychotherapy for depression

Tali Boritz - York University, Toronto, Ontario, Canada, Angus, L., Hollis-walker, L, Warwar, S. & Greenberg, L.

Over-general autobiographical memory (ABM) has been established as a key cognitive marker of clinical depression in experimental research studies, however there are divergent findings regarding the relationship between ABM specificity and emotional arousal. Aim. The present study was designed to examine the relationship between autobiographical memory specificity and expressed emotional arousal in 34 depressed clients who received client-centred therapy (CCT) and emotion-focused therapy (EFT) for depression. Method. Autobiographical memory specificity subtypes, identified using the Narrative Processes Coding System, and degree of expressed emotional arousal were analyzed using hierarchical linear modeling (HLM) in early, middle and late transcripts drawn from the York I Depression Study. Results. Clients in both treatment groups (CCT versus EFT) and outcome groups (recovered versus unchanged at therapy termination) evidenced significant increases in autobiographical memory specificity over the course of treatment. The degree of ABM specificity significantly predicted higher levels of peak expressed emotional arousal in late phase sessions. Discussion. Within psychotherapy, greater specificity in autobiographical memory disclosure is associated with heightened emotional arousal, which may influence the unfolding therapeutic process and elucidate the importance of further research examining the role of ABM specificity in effective treatments of depression.

Integrating expressed emotion with autobiographical memory specificity in effective treatments of depression: An intensive theme analysis of key shift events

Lynne Angus - York University, Toronto, Ontario, Canada, Emily Bryntwick, Tali Boritz, Serrine Warwar, Les Greenberg

Overgeneral autobiographical memory (ABM) has emerged as a robust cognitive marker of clinical depression. A recent process-outcome analysis of the York I Depression Study, utilizing the Narrative Process Coding System, revealed that clinically depressed clients undergoing brief psychotherapy treatments evidence a significant shift from overgeneral to specific ABM when middle and late phase therapy sessions are compared. Additionally, increases in ABM specificity are related to higher levels of expressed emotional arousal. Aim: While these findings are intriguing and have important implications for treatments of depression, the purpose of this pilot study was to elucidate what precipitates a shift from overgeneral to specific ABM in therapy sessions and identify the stages that facilitate integration of emotional experience and narrative specificity in good outcome clients. Method: Applying Jacobson’s Clinically Significant Change index to the York I sample, 5 clients ranked most changed and 5 clients ranked least changed according to pre-post BDI scores, were chosen for comparison. Transcripts of middle to late phase sessions for this subsample, already assessed for ABM specificity and expressed emotional arousal, were coded for topic segments addressing key relational themes. An exploratory task analysis to identify key events and stages of change was conducted. Greenberg’s Productivity Scale was used to examine the quality of emotional experience in recovered versus unchanged clients. Results: The contributions of both client and therapist to shift versus non shift topic segments are addressed, and the stages involved in the integration and differentiation of emotion within specific ABM and key relational themes will be discussed.
Relational processes and dialogue in psychotherapy as a context for the emergence of the self

Discussants: William B. Stiles - Miami University, Oxford, USA and Dora Fried Schnitman - Universidad de Buenos Aires, Argentina

Relational processes and dialogue in Psychotherapy as a context for the emergence of the Self The panel presents three lines of investigation on psychotherapeutic process referring to the relational context for Self articulation and it’s incidence on outcomes in psychotherapy. The approximation to the topic focuses on relational processes, in different therapeutic orientations, characterized from: relational constructivism and from the dialogical theory of the self; speech acts theory and performative uses; and the use of mentalisation towards productive aspects of therapeutic dialogue. The advances and results of these converging scopes will be discusced between the participants and Mr. W. B. Stiles as discussant.

The feeling of the client of being him/herself in psychotherapy: The relevance of this construct and relational processes that contribute to it

Meritxell Pacheco Perez - FPCEE Blanquerna Universitat Ramon Llull, Barcelona, Spain, Lluís Botella

We depart from a constructivist relational standpoint (Botella et al., 2004), and from the dialogical theory of the self (Hermans, 2004). It’s a qualitative analysis of relational processes in psychotherapy, as viewed by clients. Aim: To assess which are the most relevant constructs in client’s satisfactory positioning on psychotherapy, their relation to symptomatic improvement, and the main contribution of the therapist and of the client to that constructs. Method: Participants were 34 adults with non-psychotic psychotherapy complaints, following successful psychotherapeutic processes. We assessed pre-therapy, intermediate and post-therapy client’s satisfactory positioning in therapy by means of Repertory Grid Test (Kelly 1955/1991) referred to self construction. The results were used to analyze the content of the constructs referred to the psychotherapeutic relationship and to design an open-ended questionnaire about dialogical contributions of the therapist and of the client, from the client standpoint. The answers to the questionnaire were analyzed by means of Grounded Theory Method (Glaser & Strauss, 1967). We also administrated Core Outcome Questionnaire (Core System Group, 1998). Results: The construct of the client most clearly identified as relevant on client’s satisfactory positioning on psychotherapy was “being him/herself”. This construct was related with symptomatic improvement and its meaning has to do with emotional bond, authenticity, spontaneity, sincerity, openness and positive mood. The main clients and therapists contributions to that construct were related to collaborative attitude, reflexivity and emotional bond. Discussion: Our results give support to the relevance of client self-construction during psychotherapy as well as to common factors.

Speech acts in psychotherapy: Dialogues and self-reference in change episodes

Roberto Aristegui - PUC , Santiago, Chile, Gonzalo Muñoz, Joaquin Gaete, José Ignacio Salazar

Aim: In the frame of process research in psychotherapy based on Generic Change Indicators (Krause et al.,2006), we propose the use of Speech Acts Theory (Austin, 1962, Searle, 2002, Stiles, 1978, Aristegui et al.,2005) as the valid device in order to characterize and distinguish change and stagnant episodes during therapeutic dialogues. Methods: Structure in therapeutic conversation is studied from speech acts theory in change episodes in comparison with stagnant episodes. Therapeutic interaction is analyzed in change episodes that end in a change moment. Interaction immediately previous change moments are analized. We focus on convergent comunication in an illocutive./performative context, where a self reference performative use of language emerges as a self integration indicator (coherently with considering the self as the multiple voice metaphor). We consider detecting change meaning in change episodes consistently with putting the “I” position as focal in front of previous psychological contents
with a subsidiary “I” position. The research analyses extracts from therapies of different theoretical orientation, with change moments included in episodes of change (identified using Generic Change indicators). Results: In change episodes previous to change moments, illocutional performative indicators appear as part of the dialogue. In example, patient and therapist agree on psychological meaning (an ordinary referent with a psychological frame of reference). This change appears in sequence: a shared propositional content, an agreement on the focus and an instantiation of content by the patient as selfreference. Thus the meaning appears in a semiotic field where an expressive voice surfaces permitting illocution meaning in dialogue.

**Facial affective behaviour and therapists’ experiences of the psychotherapeutic relationship**

**Discussant:** Georgia Lepper - University of Kent, Canterbury, UK

In this panel, the focus lies on the correlation between affective interactive behaviour of client and therapist on a micro-level and specific aspects of the psychotherapeutic relationship experienced and reported by therapists on a macro-level. In the first paper, Cord Benecke et al. will present data from clinical interviews with 90 patients with different disorders like borderline personality disorder, eating disorder, depression, anxiety disorder, or pain disorder. The patients’ facial affective behaviour was coded with EmFACS and related to ratings of countertransference action tendencies adapted from the Operationalized Psychodynamic Diagnostics (OPD). The study of Christine Widmer and Eva Bänninger-Huber examines “happy moments” during psychotherapeutic interactions experienced by therapists. Narrative interviews with 20 mostly psychodynamic psychotherapists from different countries have been analyzed qualitatively (Mayring, 2002). The analysis shows that happy moments can be caused by the observation of the clients’ improvements or from the experience of the therapeutic relationship. In the third contribution (Bänninger-Huber & Christine Widmer) we examine the question whether the reported affects in the interview study can be related to clinical concepts such as countertransference or interactive micro-processes such as Prototypical Affective Microsequences (PAMS) (e.g., Bänninger-Huber, 1991). We will present an overview over the most important studies and findings in the field of PAM and smiling research as a basis for this discussion. Specifically, we will describe the relation between the occurrence of different types of PAMs to several high-level concepts such as therapeutic success or satisfaction with therapeutic outcome. Georgia Lepper will discuss our findings from a conversational analysts’ perspective.

**Facial affective behaviour, relationship patterns, and counter-transference**

*Cord Benecke - University of Innsbruck, Institute of Psychology, Austria, Astrid Bock, Andrea Koschier, Doris Peham*

The link between the micro-level facial affective behaviour and the macro-levels relationship-patterns and countertransference we analysed in clinical interviews with 90 patients (with different disorders like borderline personality disorder, eating disorder, depression, anxiety disorder, pain disorder). The interviews have been videotaped and facial affective behaviour of the patients and interviewers was analysed with the Emotional Facial Action Coding System (EmFACS). The dysfunctional relationship patterns of patients and countertransference action tendencies of interviewers were rated according to the relationship axis of the Operationalized Psychodynamic Diagnostics (OPD). First results analysing the connection of these two levels will be presented and discussed under the perspective of interactive relationship regulation.
Happy moments in psychotherapy

Christine Widmer - Psychiatric-Psychological Clinic “Freiestrasse”, Zurich, Switzerland, Eva Bänninger-Huber

Up to now, psychotherapy research on the therapists’ emotions has mainly focused on aspects of the therapeutic alliance that are assumed to be related to a positive outcome (e.g., satisfaction with the psychotherapeutic process by the Helping Alliance Questionnaire Alexander & Luborsky, 1986). Starting out from the assumption that therapists use their emotions as orientation during their work (e.g. about the therapeutic relationship, the emergence of conflicts or about the progress of the therapy) we wanted to know more about the occurrence, experience and functions of therapists’ positive emotions. In the interview study to be presented here we explored in what situations during the psychotherapeutic interaction therapists felt happy and how they experience, interpete and make use of these experiences. Narrative interviews were conducted with 20 mostly psychodynamic therapists from different countries and various language areas. The interviews were structured and analyzed along a model of the elicitation, phenomenology and regulation of emotions (Bänninger-Huber & Widmer, 1996). Furthermore, categories were identified using the method of content analysis according to Mayring (2000). Important elicitors of therapists’ happiness were categories like “moments when the patient understands something the therapist thinks is important”, “observable changes in the patient” and “moments of affective encounters in which affective relatedness is possible”. Thus, the therapist’s happiness can be caused by a welcome change in the psychotherapeutic process or from the experience of the therapeutic relationship. Whether the reported affects can be related to clinical concepts such as countertransference or to interactive micro-processes as PAMS is discussed.

PAMs and “happy moments” in psychotherapy

Eva Bänninger-Huber - University of Innsbruck, Institute of Psychology, Austria, Christine Widmer

In this contribution we will try to relate our findings from an interview study about happy moments in psychotherapy (see Widmer & Bänninger-Huber, in this panel) to the results of research about processes of affective regulation on the micro-level of interaction. We focus on the so-called “Prototypical Affective Microsequences“ (PAMS). PAMs have the function to balance out the client’s negative affects interactively involving the therapist. They are characterized by frequent mutual smiling and laughing from client and therapist. These behaviours enhance the affective relatedness between the two persons, giving the client a basic sense of security. Security is one important prerequisite for therapeutic work on conflictive topics (e.g. Bänninger-Huber & Widmer, 1999). In this contribution we will first give an overview over the most important studies and findings in the field of PAM and smiling research. Specifically, we will describe the relation between the occurrence of different types of PAMs to several high-level concepts such as therapeutic success or satisfaction with therapeutic outcome. Finally, we try to relate these to the results of the interview study about happy moments in psychotherapy. The most important elicitors of the therapists’ happy moments in psychotherapy are their clients’ improvements but also moments of positive affective resonance between client and therapist. These feelings could again be related to the occurrence of successful PAMs. Thus, processes on the micro-level of affective behavior and the experience of affects and cognitions on the macro-level may be linked in a systematic way.
Technology enhanced interventions for the prevention, treatment support, and relapse prevention of eating disorders and obesity

Eating disorders and obesity are illnesses with a heterogeneous and often chronic course. Patients need support of various intensity in the various stages of the illness. However, not much is known on the ideal intensity of support throughout the course of the illness. New technologies offer innovative possibilities for the development of prevention, early intervention, treatment support, and aftercare programs. Technology-enhanced programs may assist with identifying a larger proportion of the population at risk, decrease absenteeism from those in treatment, help those in aftercare maintain their treatment gains, and may ultimately optimize the current health care of eating disorders and obesity in a cost-effective way. The panel introduces various IT-enhanced interventions for psychotherapy service provision using Internet and text messaging (SMS) technology. Specifically, the presentations will focus on an Internet-based program for the treatment support in bulimia nervosa, two SMS-based programs for the maintenance of treatment gains in children with overweight and patients with bulimia nervosa and finally an Internet-based platform for the prevention and early intervention of eating disorders. The potential of such interventions for the optimization of care will be discussed.

Internet based cognitive-behavioral therapy for bulimia nervosa: A controlled study
Fernando Fernández-Aranda - University Hospital of Bellvitge, Barcelona, Spain, Araceli Núñez, Cristina Martínez, Isabel Krug, Mikael Cappozzo, Isabelle Carrard, Patrick Rouget, Susana Jiménez-Murcia, Roser Granero, Eva Penelo, Tony Lam

The purpose of this study was to examine the effectiveness of an Internet Based Therapy (IBT) for Bulimia Nervosa (BN), when compared to a brief psychoeducational group therapy (PET) and a waiting list (WL). 93 female BN patients participated in the study (n = 31 per group). Control participants were matched to the IBT group in terms of age, duration and severity of the disorder, and number of previous treatments. Pre and post treatment assessment measures included the EDI, SCL-90-R, BITE and the TCI-R. The results showed that considering IBT, mean scores were lower at the end of treatment for some EDI scales and the BITE symptoms scale, while the mean BMI was higher at post-therapy. Main predictors of good IBT outcome were higher scores in EDI perfectionism and higher scores on reward dependence. Drop-out was related to higher SCL-obessive/compulsive and novelty seeking scores and lower reward dependence. At the end of treatment bingeing and vomiting abstinence rates (IBT: 22.6%; PET: 33.3%; WL: 0.0%) and drop-out rates (IBT: 35.5%; PET: 12.9%; WL: 0.0%) differed significantly between the groups. While the concrete comparison between the two treatments (IBT and PET) did not evidence significant differences for success proportions, statistical differences for drop-out rates were obtained. The results of this study suggest that an online self-help approach appears to be a valid treatment option for BN, especially for people who present lower severity of their eating disorder symptomatology and some specific personality traits.

The use of text messaging in the treatment of childhood overweight
Judith de Niet - University Medical Center Rotterdam, The Netherlands, Hanneke Buijks, Stephanie Bauer, Reinier Timman

Multidisciplinary cognitive behavioural group therapy (CBGT) programs to reduce overweight and obesity in children have been proven to be effective. However, there is concern about dropout at follow-up sessions and there are indications that CBGT is less effective for children who do not return for follow-up sessions. Also children who gain weight during a waiting list condition are more likely to dropout, and CBGT seems to be less effective for them. A maintenance program based on text messaging (SMSMT) was developed to stabilize treatment gains following CBGT. This study aims at investigating the
feasibility of SMSMT for children aged 8-12, as well as the effectiveness of SMSMT operationalized by
1) a reduction of dropout by 50%, and 2) a reduction of the Body Mass Index by the use of SMSMT. One
hundred subjects are randomized to SMSMT versus a control condition. Over a 42-weeks period, SMSMT
participants send weekly self-monitoring data on relevant parameters (weight change, exercise, eating
behavior) in a standardized format via their mobile phones and receive a feedback message on their
progress via a semi-automated software program: Staff-members read the incoming SMS, check the
feedback suggested by the program for plausibility, and send it to the participant. Feedback messages
are formulated in a way that they signal social support, reinforce positive changes, and suggest
behaviour modification strategies in case of negative developments. The presentation will focus on the
results on the dropout reduction and discuss the potential of the SMS program to enhance the treatment
of childhood overweight.

Technology enhanced stepped care in eating disorders
Stephanie Bauer - University of Heidelberg, Germany, Markus Moessner, Hans Kordy

Although effective treatments for eating disorders exist, many patients get help late. In addition, there is
a substantial risk of relapse after completing treatment. Consequently, eating disorders research is
challenged to develop and evaluate stepped care approaches which provide treatment modalities
sequentially according to patients’ needs. Such programs should help to identify persons at risk for the
development of an eating disorder in an early stage, i.e. prevent illness onset and provide early
intervention. Additionally, interventions are needed that stabilize treatment gains on the long-term, i.e.
prevent relapses. The presentation introduces two technology-enhanced interventions and presents
empirical evidence on their feasibility and effectiveness: 1) Es[spirit] is an Internet-based platform for the
prevention and early intervention of eating disorders in college populations. The program follows a
stepped care approach and offers different support modules of increasing intensity (e.g.
psychoeducation, forums, therapist-guided chat, face-to-face counseling). Findings on the feasibility and
acceptance of the program in a sample of German college students will be presented. 2) A semi-
automated relapse prevention program based on text messaging was developed to support patients with
bulimia nervosa following inpatient treatment. The efficacy and cost-effectiveness of the intervention are
currently studied in a RCT including 180 patients. Results from the 4-months follow-up will be presented.
Finally, the potential of technology-enhanced programs for stepped care approaches in the treatment of
eating disorders will be discussed.

Panel
Alliance

Moderator
Robinder (Rob)
Bedi - University of Victoria,
Canada

The client’s perspective on the therapeutic alliance
Discussant: Antonio Pascual-Leone - University of Windsor, Canada

Each paper in this panel represents an independent research program from either western Canada,
eastern Canada, or Japan that speaks to the client’s perspective on the therapeutic alliance using one of
three qualitative research methods suitable for identifying and analyzing critical/significant events
 grounded theory, consensual qualitative research, or Delphi poll). The collective results of the studies
indicate key themes, categories, or variables important for representing client experiences of
psychotherapy process, particularly therapeutic alliance formation. Across all three papers, an emphasis
is placed upon discussing the implications of the results for advancing research, practice, and theorizing
on the development of the therapeutic alliance.
A Delphi poll of client-identified therapeutic alliance formation factors
Robinder (Rob) Bedi - University of Victoria, Canada, Carlton T. Duff

Aim: The purpose of this study was to establish the relative importance that clients place on 74 client-identified, common factors for therapeutic alliance formation as described in previous research (Bedi, 2006) and to assess their transferability to a new sample of clients. Method: 42 psychotherapy clients were asked to describe the top three factors that helped to form the working relationship they had with their last psychotherapist. Clients then participated in a modified three-round Delphi poll in which they rated the importance of the 74 client-identified factors across three separate rounds, each spaced a month apart. Results: The results provided a rank-ordering of the 74 factors across three dimensions: (a) overall level of importance (defined as the median rating of each factor), (b) consensus on importance ascribed (defined as the interquartile range of participants’ ratings for each item), and (c) stability (defined as the absolute deviation between the first and third ratings of each item). Factors were also extracted from the open-ended accounts of alliance formation and compared to the original list of 74 factors. Discussion: In order to outline a developing model of alliance formation from the client’s perspective, emphasis will be placed on discussing those factors that were judged highest on all three dimensions (importance, consensus, and stability) and that also appeared with relative frequency in the open-ended accounts. Implications of these results for assessing the client’s perspective on the strength of the therapeutic alliance will also be discussed.

Clients’ view of the relationship and links to Alliance Theory
Marilyn Fitzpatrick - McGill, Montreal, Canada, Susan Gamberg, Jack deStefano

Aim. This presentation will compare two studies that examine critical incidents in alliance development. The comparison of the findings is the basis for a discussion of the nature and the limitations of client conceptualizations of therapeutic relationship how these fit link to current alliance theorizing. Method. Fifteen depressed clients working with experienced therapists described critical incidents in the development of their working relationships. Data were analyzed using the Consensual Qualitative Research (CQR) method and compared to an existing study of the same question with a different population of therapists and clients. Results. Participants identified their own openness or active participation as their contribution to relationship building. Spontaneous comparisons to previous therapies also indicated their involvement in negotiating how they would participate in the process. Consistent with previous research, there was a high ratio of positive to negative incidents and considerable variation in the kinds of interventions that participants valued. All incidents focused on what therapists did to form the relationship. Discussion. The findings are compared and discussed in terms of current research and theorizing about the impact of client active engagement and its relationship to alliance. The usefulness of client views in advancing theories of alliance development is considered.

A grounded theory analysis on client experience in the initial psychotherapy session
Shigeru Iwakabe - Ochanomizu University, Tokyo, Japan

Aim This paper will present the clients’ identified “significant events” in the first psychotherapy session in relation to the pre-therapy expectation of therapeutic process and therapist character, and discuss the nature of the therapeutic alliance as conceptualized by clients in the initial therapy session. Method Fifteen adult clients with adjustment problems were interviewed immediately after their first psychotherapy session and asked about their pre-therapy expectations and what stood out in their session. The data was analyzed using a grounded theory approach. Results Six categories were generated to represent client’s experiences in the first session: the two categories, affirmation and
encounter particularly described the nature of ‘beginning alliance’ in the first psychotherapy session. Disloyalty and Betrayal of expectation were associated with negative experience of the clients. Discussion Bond dimension as well as clients’ pre-therapy expectations about “what therapists should provide” played a major role in the first session. The results will be discussed in relation to the alliance development and the conceptualization of the therapeutic relationship in the first session.

**Internet based interventions: Processes, outcome and differential effects**

Today, internet-based technologies are used at all levels of psychosocial services and the growing body of research provides strong support for the adoption of online psychological interventions as a legitimate therapeutic activity. However, little is known about differential effects of internet-based interventions. This panel includes four papers in which the authors do not only present results related to the effectiveness of internet-based applications but also results concerning potential predictors of outcome. In the first two papers, Benjamin Zimmer and Markus Mößner from the Heidelberg group will talk about processes in internet delivered chat-groups and their relation to outcome. This will be followed by Eléonore Hohl’s report of the effectiveness of a web-based approach to social phobia. Finally, Thomas Berger will present differential effects of this internet-delivered program.

Who benefits from chat-aftercare?

*Benjamin Zimmer - Center for Psychotherapy Research, Heidelberg, Germany, Markus Mößner, Sven Haug, Hans Kordy*

Aim: A controlled naturalistic study accomplished by the Center for Psychotherapy Research in cooperation with the Panorama-Fachklinik Scheidegg demonstrated the effectiveness of therapeutic chat groups as an aftercare program. Little is known about the characteristics of therapeutic chat groups and the interactional behavior between the group members and how this affects the individual’s group evaluation and the his/her eventual benefit. Design & Methods: The 114 patients who participated in the aftercare chat groups between 2002-04 filled out a weekly monitoring assessment that included measures on psychological distress (BSI) and subjective group experience (GEQ). Furthermore, online transcripts of the chat sessions were recorded. For all participants process-parameters which describe activity as well as interactional behaviors were calculated using the recorded chat session scripts. Results: The intra-individual variance and stability of the group evaluation and the psychological distress on one hand and the process-parameters on the other hand provide a clear pattern of factors which influence the amount of benefit from therapeutic aftercare chat groups. Discussion: Implications for indication and arrangement of chat aftercare groups are discussed. An outlook on opportunities for further research is provided. Generalisability to traditional face-to-face group therapy will be discussed.

Group interactions in psychotherapeutic internet chat groups

*Markus Mößner - Center for Psychotherapy Research, Heidelberg, Germany, Sven Haug, Benjamin Zimmer, Hans Kordy*

Since 2001 the Center for Psychotherapy Research provides internet chat groups to bridge the gap between inpatient and outpatient treatment. Patients are offered aftercare for 12-15 weeks following their inpatient treatment. 5-10 patients meet with a therapist for 90 minutes in an internet chat group weekly. There are disorder specific aftercare groups for pain patients, psychosomatic patients, and patients with an eating disorder. Before the session general psychological impairment (SCL) is assessed and after the sessions a group evaluation questionnaire is presented. The scripts of the weekly sessions are stored and thus, open up new opportunities for process research in group psychotherapy. Aim: Development and validation of parameters describing the structure of the group interaction. Method: To
allow for applications in online chat groups the parameters were obtained through computerized analysis of the chat scripts. Interaction parameters were calculated for chat scripts of group sessions for different groups of patients. Connections to the group members’ general psychological impairment and the group session evaluations by the participants were explored. Results: Different chat groups show different interaction characteristics. Disorder specific interaction patterns will be demonstrated. Parameters to describe interaction within a chat group and their relation to session evaluations will be presented. Discussion: Applications will be discussed.

A web-based cognitive behavioral approach to social phobia: Results of a randomised controlled trial
Eléonore Hohl - University of Bern, Switzerland, Thomas Berger, Franz Caspar

The aim of this study is to evaluate a web-based cognitive behavioral approach to social phobia. The intervention consists of a 10 week program on an Internet platform that includes an interactive self-help guide, a module for regular contacts with a therapist, a monitoring and feedback system of patients’ response, as well as collaborative elements, offering patients the opportunity to share their experiences with other patients. The sample consists of 50 subjects (treatment group n=30; wait-list control group n=20) suffering from moderate to severe social phobia (assessed with the SCID and several questionnaires). After a brief insight into the concrete application, the final results of the controlled trial, which is currently near completion, are presented.

A web-based cognitive behavioral approach to social phobia: Differential effects and the potential for stepped care
Thomas Berger - University of Bern, Switzerland, Eléonore Hohl, Franz Caspar

Internet-based psychotherapeutic interventions have been used for over a decade, and the growing body of research provides strong support for the adoption of online psychological interventions as a legitimate therapeutic activity (Barak et al., in press). However, there is little research that addresses questions of differential effects. Knowing more about differential effects and predictors of outcome would be an important requirement for the implementation of online therapy into a stepped care approach. In the controlled trial presented by Hohl et al., we have implemented a large battery of measures that could potentially allow informed decisions before or in a very early phase of online therapy as to whether this low-cost approach is appropriate for an individual patient. The data obtained so far show that behavioral measures like the activity of a patient within the online program during the first two weeks is a good predictor of outcome. These and other results are presented and discussed within the framework of stepped care approaches.

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Dreams can have serious effects on the dreamer and can be set relevant for action, effort and life prospects. So, investment in empirical studies of dream work in psychotherapy, its effectiveness and its process character is profitable and stimulating. Clara Hill presents an overview of empirical studies with the Hill model of dream work. Jörg Frommer, Viktoria Heine and Fritz Schütze discuss a qualitative study focusing the role of dreams in autobiographical narrative interviews with leukaemia survivors. Brigitte Boothe presents a narrative analysis of dream dramaturgies in the course of a female patient’s long-term psychoanalytic psychotherapy.
Dream biography and life prospects. A case formulation
Brigitte Boothe - University of Zurich, Switzerland

The patient called “Amalia” (Thomä & Kächele 2007) appears as a central figure in many narrative and

dream focused research projects of the Department of Clinical Psychology, Psychotherapy, and

Psychoanalysis at the University of Zurich. The transcripts used by the research projects come from the

517 therapy sessions of the patient’s high-frequency and long psychoanalytic therapy, which was made

available by the Ulmer Textbank (Mergenthaler & Kächele, 1994). Telling a dream and commenting to a
dream turns out as a dialogical exploratory movement from self-alienation to selective self-appropriation.
We present results out of an extensive text-analytical (www.jakob.uzh.ch), clinical, and process-oriented
documentation of dream data (audio transcripts with almost hundred dreams). Amalia has a female body
with male-pattern hair growth (hirsutism). She avoided physical and sexual intimacy, and — until

beginning individual psychoanalysis at the age of 37 — had led a withdrawn life, strongly attached to her

primary family, as a teacher in a high school for girls. Amalie uses the dream activity in the creative work

of self-appropriation in order to face her physical conspicuity. Creative self-curing work takes place on

the vicarious object, the analyst as dream figure, in a process of dismantling male and paternal authority.
The patient stages on the significant other the tolerance for exposure to ridicule and disqualification and,
finally, the courage to take up her own position despite any damage she may have. Thomä, H. & H.


The role of dreams in autobiographical narrative interviews with leukaemia survivors
Viktoria Heine - Clinic Center, Otto-von-Guericke-University, Magdeburg, Germany, Fritz Schütze & Jörg

Frommer

The current study deals with the central question of how the survivors’ personal identity was influenced

by the life-threatening illness. This study investigates the life histories of 17 acute leukaemia survivors (8

male, 9 female) using autobiographical narrative interviews. We decided to include persons who had had

no treatment for a minimum of one year in the study. Dreams are often regarded as symbolically

meaningful occurrences or prophecies. Accordingly, they have an enormous effect on the dreamer and
can influence his actions. The dreams were reported as occurring during the first weeks of therapy or

following a traumatic experience, such as an unpleasant remark from one of the hospital employees. We

present two examples of dreams in order to bring out which relevance patients attributed to their dreams

and which role this attribution had for the further course of convalescence. Dreams confront the patient

with the possibility of his own death. The realisation that, due to the slim chances of surviving

leukaemia, death is a probable outcome, affects the patients as would being ‘shaken awake’ from a state

ranging from lethargic to strongly defensive, and triggers a combative stance against the disease.

What do we know empirically about dream work in therapy?
Clara E. Hill - Department of Psychology, University of Maryland, USA

This presentation will cover what we know about dream work using the Hill model of dream work given

that it is the only model that has received much empirical attention. More specifically, topics will include

the effectiveness of dream work using this model, client and therapist variables that predict who profits

from this kind of dream work, and the effectiveness of components of this model of dream work. In

addition, the presentation will focus on future directions, in particular the need to study other models of

dream work, to compare dream work to other experiential treatments, and to study dream work in

ongoing therapy.
Varieties of the referential process in diverse discourse contexts

Aim: The panel examines the communication of experience, including emotional experience, in verbal form, in diverse social contexts and discourse forms. The three presentations use measures of Referential Activity (RA) and other measures of the referential process, which assess the manner in which all types of nonverbal experience are connected to language. One presentation looks at the expressions of children imagining a range of situations in their future lives. Two presentations focus on expression of experience by adults, representing the dual faces of tragedy and comedy. Methods: Hentschel and his colleagues apply Referential Activity scales to short stories by children imagining their living situations, including their surroundings, about 50 years in the future. Marom applies computerized measures of Referential Activity and other linguistic measures of the referential process to testimonies of Holocaust survivors looking back on their experiences before, during and after World War II. Panthauer applies computerized measures of the referential process to narratives of professional comedians. Results: The three studies identify different ways in which people verbalize emotional experience; these include narratives of specific episodes that are high in Referential Activity; direct use of positive and negative emotion words; reference to bodily experience; and lexical items representing disfluencies. Discussion: The different modes of expression have different functions in the therapeutic context, with respect to self exploration, self regulation, and interpersonal communication. The relationship to differences in interpersonal style, and implications for treatment of different types of patients, are discussed.

Referential activity in children
Uve Hentschel - University of Leiden, The Netherlands, Edith Nooijen, Jetty Kolling

138 children, with a mean age of 12 years, were asked to write a short story, on how they would see their living situation including the surrounding in about 50 years. Details of the stories were rated and resulted in three homogeneity (HOMALS) dimensions (bad prognostics for the milieu; good living conditions due to technical progress; living in agreement with nature and animals). The stories of the high scorers on the 3 dimensions were analyzed by means of WinRelan with regard to the more often used terms and their 'gestalts'. A re-analysis now was made by using the Referential Activity scales (specificity; imagination; concreteness; clarity). The ratings were checked for reliability. Means and standard deviations are reported for all 4 scales. Profiles of the Referential Activity scales are compared between the different groups of the stories told. The meaning of the results for psychotherapy research is discussed.

The processing of trauma - Verbal analysis of Holocaust survivors' testimonies
Adi Marom - Adelphi University, Garden City, NY, USA, Wilma Bucci, Bernard Maskit

Aim. In understanding trauma, we need to develop ways of studying the nature of the traumatic experience and its long-term effects, and the means that people use to regulate and endure affect that is experienced as unbearable. This study uses linguistic methods to examines psychological processes that are active while Holocaust survivors portray different phases of their life experience. Method. Computerized measures of Referential Activity and other linguistic measures were applied to testimonies of 10 Holocaust survivors, who had been adolescents or young adults held in concentration camps in Poland and Germany during World War II; they were in their sixties and seventies when interviewed during the periods 1981 to 2002. The testimonies were provided by the Holocaust Survivor Oral History Archive at the University of Michigan. Results. The results demonstrate shifts in the survivors’ subjective experience when they talk about the different phases of experience: Prewar; Beginning of war; Wartime; and Liberation. The differences are seen in their emotional connectedness, and their ability to reflect on
their experiences and to create personal meaning. For all survivors, the intensity of emotional experience is expressed primarily through description of specific episodes rather than through direct use of affect words. Discussion. The effects of opening up traumatic experience that had been dissociated and avoided are examined. Similarities and differences among the 10 survivors, and psychological implications in the context of current research on emotional memory and on psychotherapy will be discussed.

Expression of dissociated affect in the narratives of professional comedians
*Peter Panthauer - Adelphi University, Garden City, NY, USA, Bernard Maskit, Wilma Bucci*

Aim: This study examines dissociated painful affect as it is expressed in humor. The purpose of this study was to examine the linguistic features associated with expression of emotional experience in the narratives of professional comedians differing in interpersonal style, using computerized discourse measures that have been applied to therapy sessions. Method: Transcriptions of comedy routines from eight different comedians were used. Comedians were rated on two interpersonal dimensions: Affiliative (Likable) and Rivalrous (Hostile). Computerized measures of the referential process, including measures of Referential Activity, Negative and Positive Affect, and Disfluency were applied, using the Discourse Attributes Analysis Program (DAAP). Results: Comedians who present as more hostile (Rivalrous Style) showed linguistic profiles characterized by high Positive Affect, low Negative Affect, low Disfluency and higher Reflection; comedians with likable (Affiliative) style showed high Negative Affect (NA), low Positive Affect, higher disfluency, less Reflection and a larger proportion of high Referential Activity speech. Discussion: The implications of these findings with respect to different modes of expressing dissociated painful affect, as these may occur in treatment, are discussed. The use of positive affect words associated with a hostile stance and more intellectualized speech is interpreted as indicating mechanisms of isolation of affect and dissociation. The more negative affect of the affiliative comedians was associated with greater connection to their own experience and more direct engagement with the audience. The findings also raise questions concerning the structure of comedy and its dyadic and paradoxical nature.

The legacy of Mrs. C: Multiple perspectives and new research directions

Aim: The case of Mrs C, a fully recorded psychoanalysis of a young married woman, lasting about six years, has been studied from many perspectives in the almost four decades since it was recorded. The panel emphasizes several crucial ideas that were among the seminal contributions of Hartvig Dahl, including the comparison of multiple measures representing different perspectives applied to the same treatment, and the use of computerized text analysis procedures. Methods: Silberschatz will discuss studies carried out by the San Francisco Psychotherapy Research Group, applying their case formulation approach to tests of competing hypotheses. Kaechele and his colleagues present application of the Affective Dictionary ULM (ADU), a computerized measure of emotional categories based on Dahl’s emotion theory, to sessions of Mrs. C, compared to the case of Amalia X, which has been intensively studied by the ULM group. Bucci and Maskit present a microanalysis of four sessions from several phases of Mrs. C’s treatment using computerized linguistic measures developed in the theoretical context of Bucci’s theory of multiple code theory and the referential process. Luca Campanelli will apply acoustic measures to the same four sessions. Results: The four sets of findings covering development of emotional categories, the processes of exploration and emotion regulation, and patient-therapist interaction will be compared to one another and to work by other researchers who have studied this case. Discussion: The interaction of the findings and the continuing influence of the Mrs. C project and Dahl’s seminal contributions will be discussed.
Measuring process by typifying emotional words
Horst Kächele - University of Ulm, Germany, Michael Hoelzer, Erhard Mergenthaler, Dan Pokorny

Aim: The chain of spoken words is likely the most transparent communication channel of the psychotherapy process. Emotions are being reflected in the vocabulary used and hence the computer assisted analysis of word occurrences may contribute to the understanding of the therapy process. We will compare two long-time therapies – Mrs. C. and Amalia X. – analyzed by the hierarchically structured dictionary of emotional words. The aim of this contribution is homage to the pioneer work of Hartwig Dahl. Methods. Transcribed therapy sessions will be analyzed by the Affective Dictionary Ulm; according to the therapy language by the original English 8-category version by Dahl or by its German 12-category version by Hölzer et al. Dahl’s principal postulate will be examined: The strategy of analytically oriented analysis is a work on the change of negative-me (subject) emotions as complaints into negative-it (object) ones as accuses. Results. We will show the development of proportion of emotional categories by therapist and patient in the course of therapy. We will demonstrate significant increasing or decreasing trends on the one side, and the non-linearity and fluctuations of these processes on the other side. Discussion. The usefulness of the Dahl’s emotional dictionary originated in the 1970’s was proved in numerous studies. Currently, emotions in the psychotherapy can be investigated by advanced approaches like brain mapping, facial expression analysis or monitoring of physiological parameters. One of the channels should retain its deserved place during this really amazing technological development: The “old good” spoken word.

Studies of Mrs. C by the San Francisco Psychotherapy Research Group: An overview of research and some future directions
George Silberschatz - University of California, San Francisco, USA

Dahl’s recorded psychoanalysis of the case of Mrs. C was intensively studied by our research group for many years. A brief overview of the many interrelated studies of Mrs. C. will be presented including the regulation of safety and danger, the emergence of warded-off themes, the immediate effects of the analyst’s interventions on the patient’s progress, how the patient tests in therapy, and the process of termination. Methodological advances largely inspired by Hartvig Dahl, such as our case formulation procedure and approach to testing competing hypotheses, will be discussed. Finally, I will illustrate how the work on Mrs. C. has influenced the next generation of our psychotherapy research program – studies of the process and outcome of brief, psychodynamic psychotherapies.

Patterns of interaction at different phases of the case of Mrs. C based on computerized microanalysis
Wilma Bucci - Adelphi University, Garden City, NY, USA, Bernard Maskit

Aim: This study analyzes patterns of interaction in five sessions representing different periods in the case of Mrs. C., using computerized measures of the referential process developed in the context of Bucci’s multiple code theory. The linguistic microprocess analysis is discussed in relation to the Q-set analysis of Jones and his colleagues, and acoustic analysis by Campanelli (this panel). Methods: Five sessions are analyzed, two from the first year of treatment including the “specimen hour”, (hour 5) that was the basis for intensive study by many researchers, as discussed in a landmark book by Dahl, Kaechele and Thomae; one from the middle of treatment, immediately following an interruption for childbirth; and two from the fifth year, characterized by Jones and Windholz as a period of transference neurosis and resistance, dominated by feelings of guilt and aggression. The sessions are analyzed using computerized measures of the referential process, including several measures of Referential Activity, and measures of Positive and Negative Affect, Reflection, Disfluency, and Sensory-Somatic experience and composite measures.
derived from these. Results and Discussion: The sessions show variation in therapeutic effectiveness and interaction patterns, based on the linguistic analysis. The linguistic measures, which have been developed to look beneath the surface of the therapeutic discourse, reveal aspects of the therapeutic work that were not identified using clinical judgment procedures; these are discussed in relation to the findings of the acoustic analysis.

Acoustic analysis of the voice: An implicit measure of emotional communication in the psychotherapeutic exchange

Luca Campanelli - Sapienza University, Rome, Italy

Introduction. In the field of psychotherapy research, the study of the therapeutic process is based almost exclusively on transcriptions of the sessions alone. However the study of the verbal component alone, detached from the wealth of nonverbal communication, reduces our chances of achieving an accurate understanding of the therapeutic process. In this study, we try to describe the intersubjective emotional space by means of paralinguistic expression, adopting the acoustic indicators of the voice as the measurement of emotional arousal. Materials and Methods. We studied the psychotherapy process in five sessions from different phases of Mrs. C’s case. The acoustic analysis of the voice of analyst and patient was applied to the audio recordings of the sessions. The acoustic parameters considered are those indicated in the literature as the best indicators of emotional arousal: average pitch, average loudness, and tempo (speech rate and degree of voice break). These will be compared to computerized linguistic measures developed by Bucci and Maskit, which have been applied to the verbatim transcripts of the same sessions. Results and Discussion. The acoustic analysis of the voice will be used to assess the clinical centrality of the issues emerging for the patient, and the analyst’s response. The analysis of the vocal expression of emotions can also help us to understand to what degree emotional experience can be translated at the level of symbolic expression and what may be missing in this translation.

Panel
Neuroscience
Moderator
Anna Buchheim - University Ulm, Germany

The Hanse-Neuro-Psychoanalysis-Study: Psychometric and neurobiological data of patients with chronic depressive disorders treated in psychoanalytic therapy

Discussants: Leigh McCullough - Harvard Medical School, Boston, USA and Horst Kaechele - University Ulm, Germany

The neural effects of psychotherapeutic interventions are poorly understood compared to the neural effects of pharmacological treatments. Neurobiological studies on the effect of psychoanalytic therapy are still missing. The Hanse-Neuro-Psychoanalysis-Study (HNPS) intends to fill this gap by investigating 20 patients with a chronic depressive disorder treated in psychoanalysis. The study combines clinical, psychometric and neurobiological measures (fMRI and EEG) to evaluate changes on brain and psychological levels in patients compared to 20 healthy controls. The assessments take place at the beginning and after 7 and 15 months of psychoanalytic treatment to evaluate the process of change. Svenja Taubner summarizes the recruitment procedure of the sample for treatment in a research setting. Furthermore she compares the patient group concerning the severity of depression, personality structure and mentalization capacity (Reflective Functioning) at the beginning of treatment. Anna Buchheim presents a new paradigm to assess neural correlates of attachment representation using the Adult Attachment Projective (AAP) in an fMRI and EEG setting. Brain activation patterns (fMRI) of healthy controls and patients at the beginning of treatment when confronted with key-sentences from the AAP will be presented. Henrik Kessler presents the data of brain activations (fMRI) when patients and controls are confronted with individually tailored sentences representing the core dysfunctional interpersonal relationship pattern based on the Operationalized Psychodynamic Diagnostics (OPD). Daniel
Wiswede presents the data and specific analysis of EEG-brain activity when patients and controls are confronted with their dysfunctional attachment representations (AAP) and their mental interpersonal relations (OPD).

Recruitment and diagnostic features of chronically depressed patients in a “neuro-psychoanalytical” study
Svenja Taubner - University Ulm, Germany, Anna Buchheim, Henrik Kessler, Georg Bruns, Horst Kächele

Aim: We present the recruitment procedure of a sample of chronically depressed patients for psychoanalytic treatment in a research setting. Then we report on the psychometric data at the beginning of psychotherapy. We further analyze motives and fears of psychoanalysts and their patients to join a neuropsychoanalytical study and how researchers and psychotherapists could develop shared interests in this field. Methods: 1) Description of the experience with respect to the recruitment with two psychoanalytic institutes in Bremen. 2) Description of the problems of therapists and patients to be involved in the study. 3) Presentation of the psychometric data of the sample investigated by the following questionnaires: BDI, DEQ, SCL-90. Further clinical judgements are obtained by the Shedler-Westen-Assessment-Procedure (SWAP), the Structured Clinical Interview (SCID I+II), Reading-the-Mind-in-the-Eyes-Test, the Scales of Psychic Capacity (SPC) and a psychoanalytical interview of the therapist. Each subject was administered with the Adult Attachment Interview (AAI), which was coded with the reflective function scale (Fonagy et al. 1998). Results: A total of 20 patients with depressive disorders were successfully recruited and compared with 20 healthy controls matched for socio-demographic variables. We will discuss motives for 20 patients with depressive disorders and their psychoanalysts to join the HPNS. Furthermore we will describe and compare the patient group concerning the severity of depression, in terms of symptomatic and personality structure and mentalization capacity at the beginning of psychoanalytic treatment.

Neural correlates of dysfunctional attachment representations in chronically depressed patients
Anna Buchheim - University of Ulm, Germany, Svenja Taubner, Horst Kächele, Gerhard Roth, Daniel Wiswede

Aim: Although attachment insecurity contributes to a wide spectrum of somatic, psychological, and psychiatric disorders, little is known about the biological basis of attachment so far. In a pilot study, the feasibility of the Adult Attachment Projective (AAP) in a neurobiological context was successfully demonstrated (Buchheim et al. 2006). In a clinical study the neural correlates of attachment trauma in Borderline patients was examined during the telling of AAP stories (Buchheim et al. in press). Now the Hanse-Neuro-Psychoanalysis-Study focuses on neural correlates of attachment representation in chronically depressed patients in the course of psychoanalytic treatments using the AAP in an fMRI and EEG setting. We expect patients to show more activity in limbic regions compared to healthy controls, especially when confronted with attachment situations representing aloneness and helplessness.

Methods: A total of 20 patients were compared with 20 healthy controls matched for socio-demographic variables. Each subject participated in a baseline AAP interview. Based on this interview, individually tailored key-sentences were extracted, representing core attachment related markers. Together with standardized neutral sentences describing only the environment of the AAP pictures, the individual sentences served as fMRI stimuli. In an event related design, 7 AAP pictures and sentences (neutral versus emotional) were displayed on a screen while the BOLD response was measured. Results: Brain activation patterns (fMRI) at the beginning of treatment when confronted with dysfunctional attachment representations will be presented and correlated with clinical data. The specificity of the results will be ensured by comparing patients with healthy controls.
Brain activity of depressed patients when confronted with their mental representations of dysfunctional interpersonal relations

Henrik Kessler - Hanse Institute for Advanced Studies, Delmenhorst, Germany, Michael Stasch, Manfred Cierpka, Daniel Wiswede

Aim: Within the framework of the ongoing Hanse-Neuro-Psychoanalysis-Study (HPNS), the aim of this project is to gain insights into neural mechanisms of unconscious conflicts and relationship patterns in chronically depressed patients apparent at the beginning of psychoanalytic treatment. Aim of this presentation is the demonstration of brain activations when subjects are confronted with their mental representations of dysfunctional interpersonal relations in the fMRI scanner. Using a specially designed paradigm we expect that patients with depression show more activity in limbic regions (reflecting their greater emotional involvement) compared to healthy controls. Additionally, cognitive regulation of negative emotions as instantiated by prefrontal regions should be less pronounced in depressed patients. Methods: A total of 20 patients are compared with 20 healthy controls matched for socio-demographic variables. Each subject participated in an initial OPD interview (Operationalized Psychodynamic Diagnostics). Based on this interview, individually tailored sentences were generated, which represent the core dysfunctional interpersonal relationship pattern of the patient. Together with neutral and unspecified emotionally laden sentences, the OPD sentences served as fMRI stimuli. In an fMRI block design, these stimuli are displayed on a screen while the BOLD response is measured. As control conditions neutral and unspecified emotionally laden sentences were presented. Results: Brain activation patterns as measured by fMRI when confronted with dysfunctional interpersonal relations will be presented and correlated with clinical and questionnaire data. The specificity of the results will be ensured by comparing patients with healthy controls.

EEG-brain activity when confronted with dysfunctional attachment representations and interpersonal relations in depressed patients

Daniel Wiswede - Hanse Institute for Advanced Studies, Delmenhorst, Germany, Henrik Kessler, Manfred Cierpka, Thomas Münte, Anna Buchheim

Aim: Functional magnetic resonance imaging (fMRI) and electroencephalography (EEG) are increasingly used for the evaluation of process and outcome in psychotherapy research. While fMRI provides excellent spatial resolution, EEG based methods are superior in describing temporal aspects of neural activity. Thus, combination of both techniques allows a more comprehensive understanding of functions and malfunctions of the brain. In this study we report on the first EEG results in chronically depressed patients at the beginning of psychoanalytic treatment compared to 20 healthy controls (Hanse-Neuro-Psychoanalysis-Study) Methods: Patients and controls were repeatedly confronted with written individual stimuli derived from the OPD (Operationalized Psychodynamic Diagnostic) and the AAP (Adult Attachment Projective). Long epochs of 30 seconds (OPD) or 10 seconds (AAP) were examined based on a so-called wavelet analysis. Wavelet analysis summarizes a group of functions designed to describe characteristics of wave signals, which includes those generated by rhythmic brain activation. Wavelet allows analysis in the time and in the frequency domain. Thus, wavelet analysis is appropriate to gain further insight in how brain areas interact by rhythmic activation of neurons. This rhythmic brain activity is expected to be different in patients with depression compared to healthy controls. Results: We report on the first of three EEG assessments. It is discussed whether wavelet based methods provide fruitful insight into research on stimulus-bound mental states and whether wavelet analysis might be used even in diagnosis of depression.
**What sexual offenders say in and about their treatment. Approaches in forensic psychotherapy**

**Discussant: Joerg Frommer - Otto-von-Guericke-University, Magdeburg, Germany**

People in prison have a lot of experience in telling their story, and important decisions for the future depend upon this: Police, judge, experts and defence lawyer all make use of these stories, which influence the severity of the sentence, the date of release and the granting of relaxation of prison rules. Narrations of ‘sexual offenders’ within the therapeutic setting of a prison also have the function of retrospectively re-organising one’s own history in relation to one’s crime from the point of view of the present, and thus at the same time of signalling an understanding of the event. Besides the usage of quantitative outcome measurements little research has been conducted to understand how therapeutic processes develop in the forensic context of psychotherapy: Which therapeutic factors come into play and is there a difference between adolescent and adult sexual offenders? We will present qualitative/quantitative projects that aimed to answer these questions.

**Doing gender-conversational practice of sexual offenders in group-therapy during imprisonment**

*Michael Buchholz - University Hildesheim/Goettingen, Germany, Franziska Lamott, Kathrin Moertl*

Gender construction has a vertical-hierarchical (among men) and a horizontal dimension of attachment to women. The group-therapy sessions of sexual offenders are analyzed by conversation analysis and analysis of metaphor. Both prove to be useful tools in understanding the cognitive dimensions of “doing gender” of these men. Results show how men follow a hierarchy of sexually valued practice which documents more of power dimensions than of sexual relatedness. In relation to women we found a series of metaphorical self-concepts such as men as savior, as seduced victims or as blamed. Stories told about female partners are stereotyped by these self-metaphors.

**Adolescent sex offenders’ rankings of therapeutic factors using the Yalom Card Sort**

*Christine Sribney - University of Alberta, Department of Psychiatry, Edmonton, Canada*

Following 11 to 98 weeks of inpatient residential treatment, 69 male adolescent sex offenders completed the 60-item, 12 factor Yalom card sort. The rank orders were compared to adult sex offenders and a psychiatric adult outpatient group. Relative to adult psychiatric outpatients, adolescent sex offenders rated Instillation of Hope 3 ranks higher, Family Reenactment 4 ranks higher, and Interpersonal Learning (input) 8 ranks lower. In comparison to adult sex offenders, both Instillation of Hope and Universality were rated 3 ranks higher, and Interpersonal Learning (input) was rated 4 ranks lower. Rankings were correlated with age and treatment length. As age increased, the ranking of Family Reenactment decreased and as treatment length increased so did the importance of Group Cohesiveness. Implications for adolescent sex offender treatment are discussed.

'**Medical case report’, ‘family drama’ and ‘vita sexualis’ - Biography constructions of ‘sexual offenders’**

*Kathrin Moertl - University of Ulm, Germany, Franziska Lamott, Michael Buchholz*

All participants in the analysed group therapy in prison had been sentenced for crimes against sexual self-determination, predominantly for the abuse of children. Throughout therapy each group participant talked about his crime at least once. For these crime narratives to be coherent and plausible they had to be embedded in a biographical background. Thus the narrator and the other group participants explored the individual lifestory that lead up to the crime. While some ‘sex offenders’ described their crime as component of a deviant (sexual) development throughout their life, others describe it as logical
consequence of a failed course of life (e.g. divorced, handicapped). The way a narrator constructs his biography in combination with the crime can be accepted or rejected by the other group participants. We suggest that for the treatment of sexual offenders it is important to look at these different ‘formats of narration’ and how they are processed within group interaction.

Three models for evidence-based group treatment: An interface between practice and clinical research for group clinicians

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

There is an oft cited lag in the both the empirical and clinical literature when the group and individual formats are compared. Specifically, advances in evidence-based group protocols often lag behind advances in the individual format literature. This panel addresses this lag by introducing 3 extant protocols that are currently available to an evidence-based group clinician: empirically supported treatments, format specific practice guidelines and practice-based evidence guidelines. The EST paper will review available protocols by diagnosis and identify resources available to the group clinician to guide practice. The practice guideline paper will review a newly released (2007) document from the American Group Psychotherapy Association (AGPA) that organizes evidence-based practice guidelines for group clinicians. The third paper reviews the revised AGPA CORE battery produced by an international team of experts that identified core selection, process and outcome measures that might guide the group clinician. The discussant will provide research and clinical implications of combining the three approaches as well as how future research protocols might be modified to test the tripartite model.

Application of the american group psychotherapy association’s practice guidelines

Mark Beecher - Brigham Young University, Provo, USA, Gary Burlingame

The American Group Psychotherapy Association’s (AGPA) Science to Service Task Force recently (2007) developed practice guidelines for group psychotherapy. These guidelines were designed to help group clinicians develop evidence-based practice by bridging the gap between research and clinical practice. A key goal of the task force was to foster implementation of those guidelines and the AGPA’s CORE-R Battery. The aim of this presentation is to review the Practice Guidelines and to discuss how they might be implemented in practice. The presentation will review how clinicians can use the Practice Guidelines to develop a programmatic, research-oriented/informed practice. The Brigham Young University (BYU) Counseling and Career Center (CCC), a research-oriented clinical setting, will be used as an example.

Empirically supported group treatments

Jennifer Johnson - Brown University, Providence, USA

The purposes of this presentation are to 1) apply the American Psychological Association’s Empirically Supported Treatment Guidelines (Chambless and Hollon, 1998) to the group treatment literature, and 2) to discuss resources available to providers who want to create a group practice based on empirically supported treatments. A group-specific EST discussion is needed because many practitioners work in settings which heavily utilize group treatments (e.g., residential facilities, hospitals, prisons) and published articles often devote little or no discussion to the format (e.g., individual or group) in which the treatment was empirically supported. The presentation will briefly review the criteria for efficacious, possibly efficacious, and efficacious and specific treatments as well as the rationale behind these designations. Empirically supported group treatments for major depressive disorder, panic disorder, personality disorder, and substance use disorder will be presented, with discussion of the similarity and differences between group lists and lists of individual-format ESTs. In addition, we will provide a list of resources for finding empirically supported group treatments for other disorders and specific populations.
Practice based evidence in group treatment
Bernhard Strauss - University of Jena, Germany

Practice-based evidence denotes the calibration of treatment with ongoing assessment of client progress. The typical practice involves periodic or continuous monitoring of outcome to determine patient status: improved, deteriorated or no change. This paper will review the recent revision of the American Group Psychotherapy Association CORE battery as one example of practice-based evidence in group treatment. This battery was initially introduced in the early 1980s providing group therapists with a tool kit of measures for assessing the effectiveness of their groups. The revision (CORE-R) includes three classes of measures: selection, process and outcome. A summary of each class of measure along with specific instruments will be provided along with a discussion on how practice-based evidence procedures “fit” the group format. Data from clinical practice is provided in a separate paper in this panel (Beecher). Thus, discussion and recommendations will focus upon stream-lined assessment, adaptations for unique patient populations, as well as research implications for future studies.

**Setbacks in the assimilation process**

The assimilation model is an integrative, concise and coherent one that identifies common change processes and articulates systematic differences between therapeutic approaches. In has been applied in a variety of therapeutic and other contexts, with a variety of kinds of patients and of samples. The assimilation model it is not a prescriptive model; that is, it does not recommend that clinicians follow a particular therapeutic procedure or specify what they should do for producing the changes. Consequently the model can be used in different therapeutic settings. From these sources and from a series of intensive case studies, Stiles and his group have developed (in Miami University, Ohio, USA) the Assimilation of Problematic Experiences Scale or APES, which has eight stages or levels that are postulated as a continuum, from warding off the problematic experience until its mastery. The stages are, 0: Warded off; 1: Unwanted thoughts; 2: Vague awareness/emergence; 3: Problem statement/clarification; 4: Insight; 5: Application; 6: Problem solution; 7: Mastery. The APES classifies therapeutic patterns (in a minor, microanalytic scale) which are intensively analyzed and in a given context. The original hypothesis that there is a regular sequence of change (Stiles et al., 1990), has not been confirmed in detail. Although a problem’s progress in therapy generally tends to the move from one stage to another one of the APES, this progress shows many moments where there are setbacks, or leaps between the stages. This deviation from the expected pattern has appeared more clearly in directive therapies, such as cognitive-behavioral or cognitive therapies than in non-directive therapies. Cast in terms of the Assimilation of Problematic Experiences Scale (APES), these setbacks appear as reversals in the process of assimilating experiences. Rather than making steady progress, clients often experience temporary or permanent setbacks, or reversals in their progress. Such reversals, if not corrected, could impede therapeutic change. This symposium seeks a description and explanation of setbacks in psychotherapy in the context of the assimilation model. It has the aim of developing sound explanations, which may help researchers and clinicians understand and prevent these setbacks.

Assimilation perspective on speech sounds, personality, and change in depression: What do we know and where to go next?
Katherine Osatuke - Veterans Health Administration, NCOD, Cincinnati, Ohio, USA, William B. Stiles

The assimilation model describes personality as a community of voices at different degrees of integration. Voices represents traces of distinct experiences, including usual and familiar (dominant) and incongruent or disowned (problematic) experiences. Therapeutic process is described in terms of a therapist-facilitated dialogue between the dominant community and voices of problematic experiences
within the client. Through this dialogue, meaning bridges are built between previously unintegrated voices. This process, called assimilation, is understood as a core dimension of therapeutic change. Distinguishing among voices in client speech is a precondition of analyzing assimilation progress and setbacks in it. We have examined ways to operationalize the model key concept of voice, focusing on features of client verbal expression in psychotherapy. We here summarize what we learned about (a) the relationship between verbal and vocal expression of voices, (b) how considering this relationship helps understand depressed clients, (c) what kind of voices seem typical of depressed clients, (d) how raters recognize and describe these voices. These issues are discussed in the context of broader knowledge about vocal and verbal features of individual expression; self-expression by clients in therapy; and models of therapeutic change. Based on the summary of our current understandings, we further hypothesize about patterns of change in dialogues between depressed client voices that may be associated with successful therapeutic process.

Setbacks in the context of linguistic therapy of evaluation
Isabel Caro Gabalda - University of Valencia, Spain, William B. Stiles

Aims: From the assimilation model it is assumed that the assimilation of problematic experiences facilitates the therapeutic change. However, rather than always following a regular sequence, the process of change shows significant setbacks. Setbacks found in the process of assimilation in the context of linguistic therapy of evaluation (LTE) have been analyzed. A setback is a return from a higher stage to a lower stage of the APES. For instance, a client could reach, after a therapeutic debate, an APES stage of Insight (4), however, when the topic is discussed again, the client "returns" to lower APES stages, showing a stage 2 (Emergence) of the APES. Several explanations for these setbacks have been developed in previous studies. Mainly they are: the "zone of proximal development", the "balance metaphor", "interference with life events", or "multiple strands of a problem". Method: Setbacks are taken from previous studies with the processes of assimilation of three problematic experiences from a patient, Maria, treated with LTE. More than 100 setbacks have been analyzed. Results: Results show that a communality of explanations is required. However, the main setbacks found were explained through the zone of proximal development and the balance metaphor. Also, an interference with a life event was found. Discussion: Results will be discussed according to the differences found between kind of therapies in the process of assimilation and in relation to the implications of setbacks explanations for enlarging and improving the assimilation model.

Identity setbacks in young female adults whose parents divorced during their childhood: An assimilation model perspective
Jonathan Fishman - Miami University, Miami, OH, USA, William B. Stiles, Darren Del Castillo, Corinne Hoener

Aim: This presentation will use the language of the assimilation model to conceptualize identity in young adults whose parent’s divorced during their childhood, focusing specifically on setbacks. Methods: The principal investigator interviewed four female American University students (or recent graduates) between the ages of 18 and 23 whose parents divorced during their childhood. Interviews were analyzed through a four step process that included familiarization with the audio records/transcripts, identifying problematic and assimilated voices, excerpting passages, and describing the person’s observed community of voices in theoretical terms. Results: One participant was shocked and hurt by her parent’s decision to divorce, and the experience was still recalled six years later, where the voice representing this experience made it difficult for her to know what she wanted in her current romantic relationship. Another participant experienced a downward spiral that included using alcohol and bulimia to cope with the tremendous pain she was feeling, but was later able to use her pain to communicate to her parent’s
her unmet needs. Examples will be presented through illustrative transcript segments. Discussion: The participant’s assimilation of their experience of parental divorce within their community of voices (identity) often had implications in their current lives, including in their ongoing relationships with their parents, and in their own romantic relationships.

Setbacks in the assimilation process of a breast cancer patient
Sonia Ciscar Pons - Arnau de Vilanova Hospital, Valencia, Spain, Isabel Caro Gabalda, Rocío Romero Retes

Aim: The assimilation model proposes an eight stages scale (APES) from an experience being warded off, then being avoided, in vague awareness, clarified, understood and solutions applied to being resolved and integrated into the self. The APES describes how patients with problematic experiences assimilate them through the process of psychotherapy. Several studies show that the assimilation process implies a sawtooth pattern with setbacks into a general pattern of progress. This study focuses on the description and interpretation of the setbacks identified in the problematic experiences of a breast cancer patient –Rosana- who was psychologically treated with Support Therapy for eight sessions.

Method: Three raters were in charge of the problematic experiences analysis. They judged the stage of assimilation reached in each of the experiences in order to determine whether they were assimilated or not, and also focused on the special features of the process (the sawtooth pattern and the setbacks).

Results: The results show that four of the five experiences studied (physical image, sexual life, weight and death fear) were assimilated (APES stages of 4) and confirmed setbacks in their process of assimilation. Discussion: Several explanations have been proposed for setbacks: one is the interference of diverse topics, another one is the therapeutic strategies used that facilitate progress or setbacks. Also another based on the ZPD taken from Vygotsky, and another one based on the balance metaphor, developed in cognitive contexts. In the study of this patient, the ZPD seem to be the most accurate explanations for setbacks.

The TOP: Psychometric qualities of adult, adolescent, and child versions of a treatment outcome battery designed for naturalistic settings
Discussant: Martin Grosse Holtforth - University of Bern, Switzerland

The Treatment Outcome Package (TOP) was developed to follow the design specifications set forth by the Core Battery Conference sponsored by SPR in 1994. As such, it includes modules for assessing a wide array of behavioral health symptoms and functioning, demographics, case-mix, and treatment satisfaction. In addition, the TOP was developed to be use in naturalistic settings. The goal of this panel is to present studies conducted on the psychometric qualities of the TOP, as used in day-to-day clinical practice. Using hierarchical linear modeling, Norberg, Boswell, Castonguay, and Kraus will examine the ability of the Adult version of the TOP to capture longitudinal change of clients seen at a large psychology training clinic. In a second paper, Kraus, Castonguay, Pincus, and Boswell will present the results of factor analyses conducted on the Child version of the TOP with clients seen in close to 300 behavioral health services. The third paper, by Wolfe, Doucette, and Kraus, will examine the content and construct validity of the Adolescent and Child Versions of the TOP by investigating the developmental salience of their items, their differential function across and within diagnostic groups, and the sensitivity of the items in reflecting change over time.
Measuring the shape of change: Results from three years of repeated assessment in a university clinic

Samuel Nordberg - Penn State University, University Park, USA, James Boswell, Louis Castonguay, David Kraus

Aim: This study examines data gathered from clients at the Penn State University Psychological Clinic over three years using the Treatment Outcome Package (TOP). Specifically, the study examines the shape of change over time for clients with elevated depression and anxiety scores at intake, exploring the TOP’s sensitivity to change as well as the effectiveness of the therapy practiced at the Clinic. Methods: Outcome data, in the form of the TOP symptom checklist, was collected from all clients at intake, session 1, session 7, session 15 and every 15 sessions thereafter. Mixed Models were used to explore the shape of change (fixed effects) as well as the individual variation in initial severity and change (random effects) between clients. Clinically significant change, defined by Jacobson and Truax in 1991, was also assessed. Results: Preliminary results indicate significant reduction in TOP scores for clients with both depression and anxiety over time. Individual rates of change differed significantly from the mean, indicating a high degree of variability in individual trajectories. Severity at baseline also varied significantly around the mean. Initial severity was negatively correlated with the slope of recovery. Pre-post change in both anxiety and depression was clinically significant. Discussion: The TOP appears to be sensitive to change during treatment periods. Additionally, the Penn State University Psychological Clinic appears to significantly lower clients’ TOP scores on anxiety and depression over time. The significant variation in individual recovery curves indicates the possibility of differential response to treatment by individual clients. Initial severity was highly correlated with this variation, such that higher initial severity was correlated with steeper slopes (faster recovery), indicating that more distressed clients recovered faster. The findings support the TOP as a measure of clinical change over repeated administrations and demonstrate the value it can add to a clinic or practitioner by providing empirical validation of treatments being offered in the field. Current analyses have tapped only a fraction of the TOP’s value. Future analyses will look for discrete clusters of individual recovery trajectories, the relative effectiveness of individual therapists, and the impact of variables such as income and race on outcome.

Treatment outcome package for children: An examination of its factor structure

David Kraus - Behavioral Health Laboratories, Marlborough, USA, Louis Castonguay, Aaron Pincus, James Boswell, Aidan Wright

Aim: As argued by Kazdin (2005), the field has been neglectful in providing useful assessment methods for youth clinical work. The child version of the Treatment Outcome Package (TOP) has been developed to address this need, as well as to reduce the current gap between the assessment instruments of child psychopathology that are used in research versus naturalistic settings (Mash and Hunsley. 2005. As part of its validation process, this paper will examine the factor structure of child version of the TOP. Methods: The 103 mental health symptom and functional items from the Child TOP were administered to a large sample of parents of newly admitted psychiatric clients (14,030 patients treated in 299 different behavioral health services across the United States). Results: Preliminary factor analyses revealed thirteen stable and clinically useful top subscales. While some of these subscales are similar to factors derived from the adult version of the TOP, others are specific to childhood disorders. In addition, the analyses demonstrated that the TOP is not restricted to manifestation of distress and impairment but also capture a unique factor of childhood strengths (i.e., resiliency). Discussion: While further analyses will be conducted, the preliminary results provide support for the psychometric quality of the Child version of the TOP.
IRT and TOP: An Item Response Theory analysis of a child/adolescent measure of psychotherapy outcome
Abe Wolfe - MetroHealth Medical Center/Case Western Reserve, Cleveland, USA, Ann Doucette, David Kraus

Aim: This study assesses the psychometric characteristics of a child/adolescent version of the Treatment Outcome Package (TOP), a multidimensional measure of psychotherapy outcome. The study examines the developmental salience of the child/adolescent TOP items, and how items function across and within diagnostic groups, and the sensitivity of the items in reflecting change over time. Methods: Outcome data from a large commercial health plan are analyzed using the Rasch and 2-parameter Item Response Theory measurement models. Outcomes measures are client self-report that assess levels of global distress, as well as specific symptom scales (symptoms, function, violent behavior, ADHD, suicidality, etc.), quality of life, etc.). Results: Content and construct validity of child/adolescent TOP subscales for diagnostic groups are reported. Results include analysis of the differential contribution of TOP items in assessing range of impairment, and differential item function across child and adolescent subsamples. Findings indicate that 1) TOP items are not equally indicative of distress, 2) raw scores are categorical in nature, and 3) change scores cannot be considered equivalent across the impairment continuum.
Discussion: The use of psychotherapy outcome instruments is increasingly important as third party payers expect accountability from providers of mental health services. Precision and accuracy is needed in self-report instruments such as the TOP, given their use in evaluating treatment outcomes by commercial and governmental bodies. The structure of the child/adolescent TOP is discussed, as is the sensitivity of the instrument in accurately reflecting the magnitude of change that occurs as a result of treatment.

Celebrating Tom Borkovec’s legacy
Discussant: Karla Moras – Merion Station, PA, USA

Over a 35-year period, Tom Borkovec has made highly significant and creative contributions to psychopathology and psychotherapy research in phobias, insomnia, generalized anxiety disorder (GAD), and research methodology. In honor of his retirement, the panelists present four papers, each of which is influenced by Borkovec’s work. Highlighting Borkovec’s seminal contributions to research on worry, Vittoria Ardino extends this research to posttraumatic stress disorder. Reflecting Borkovec’s discoveries concerning the interpersonal problems of individuals with GAD, Danielle Black and Richard Zinbarg report on their research into interactions between GAD patients and their partners and the relationship of these to treatment outcome. Michelle Newman and colleagues will report the results of a treatment outcome study of GAD, examining the effects of interventions inspired by Borkovec’s work on emotional avoidance and interpersonal problems of GAD patients. In this study, they compare cognitive-behavior therapy to cognitive behavior therapy plus interpersonal/emotional processing therapy. Last, in recognition of Borkovec’s contributions to research methodology, Dianne Chambless will review the effects of his early work on expectancy and its assessment in psychotherapy research.

Offending and re-offending: The interplay between PTSD and worry
Vittoria Ardino - University of Bedfordshire, Luton, UK

Background: Studies of Posttraumatic Stress Disorder are mainly focused on victims of trauma. Yet individuals entering a criminal career have considerable histories of psychological trauma, prior to and after becoming known offenders. Aim: The aim of the study was to assess in a sample of offenders whether worry may be a contributory factor to the maintenance of PTSD symptoms and offending behavior. The study hypothesis was that worry mediates/moderates the effect of PTSD symptoms upon
re-offending risk. Methods: A sample of 80 prisoners (30 women, mean age = 44.36; 50 men, mean age = 34.7) were assessed for early victimization, PTSD according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV – R; American Psychiatric Association, 2000), and worry. Results: Of this sample, 72% met diagnostic criteria for PTSD and 30.7% were at a significant risk of re-offending. PTSD scores were greater in those who had higher levels of worry than in those who had not. Additionally, a mediation-moderation model of regression showed that PTSD predicted both worry and re-offending risk (R2=0.240; p<0.05) and that worry mediated PTSD and re-offending, rather than being a causal factor of re-offending (R2=0.371; p<0.01). Discussion: Findings suggested that the prevalence of PTSD among offenders is higher than that in the general population, as reported elsewhere. Overall the findings suggest a likely need for considering dysfunctional cognitive strategies (worry) and PTSD to prevent and treat re-offending risk.

Predicting GAD treatment response using the worry interaction coding system
Danielle Black - Northwestern University, Evanston, USA, Richard Zinbarg

Aim: Zinbarg et al. (in press) found that when patients with generalized anxiety disorder (GAD) lived with a partner who was critical of them in a face-to-face interaction – critical in a non-hostile way – these patients fared better in treatment. However, it is unclear which specific types of non-hostile behaviors predict better treatment outcome. The goal of the present study is to identify whether treatment outcome for GAD can be predicted by behaviors derived from a microanalytic coding system of non-hostile criticism, the Worry Interaction Coding System (WICS). Method: Eighteen patients with GAD completed self-report measures and a worry interaction task with their before receiving 16 weeks of standard cognitive behavioral treatment program. Self-report measures were again collected posttreatment. Interactions were coded with the WICS, which includes 11 categorical codes including four codes developed specifically to tap the construct of non-hostile criticism, as well as codes adopted from a standard marital coding system. Results and Discussion: Preliminary analyses will focus on the reliability of WICS codes averaged across all coders. Averaged codes across all coders will then be used to predict outcome to test whether some forms of partner non-hostile criticism are more strongly associated than others with treatment response. For these validity analyses, we will use both baseline levels of WICS codes as well as sequential variables based on lagged growth curve modeling of the partner’s and patient’s WICS codes.

A randomized controlled trial of interpersonal and emotional processing focused treatment in generalized anxiety disorder
Michelle Newman - Pennsylvania State University, University Park, USA, Louis G. Castonguay, Aaron J. Fisher, Thomas D. Borkovec

Although a number of studies demonstrate the efficacy of CBT in individuals with GAD, on average clinically significant change is evident in fewer than 50% of treated samples (Borkovec & Newman, 1998). Further, additional therapist contact time, does not augment this outcome (Borkovec, Newman, Pincus, & Lytle, 2002). This has led researchers to examine basic processes within GAD that may not be directly addressed through traditional cognitive behavioral treatments. Two lines of basic and applied research conducted by Tom Borkovec have inspired researchers to examine alternative approaches to GAD treatment. One of these research lines is based on the emotion avoidance theory of Borkovec, Another line of research arises from a study by Borkovec, Newman, Pincus, and Lytle demonstrating that interpersonal problems were significantly associated with failure to maintain therapeutic follow-up gains in a sample of GAD participants treated with CBT. Aim: These results combined with other basic and applied research studies point to the potential benefit of a study with an additive design adding an interpersonal focus and emotional processing techniques to a traditional CBT intervention to address a
client’s interpersonal behavior and emotional avoidance. Methods: In this study, 69 individuals who met GAD criteria were randomly assigned to one of two treatment conditions (cognitive behavioral therapy plus supportive listening vs. cognitive behavioral therapy plus interpersonal/ emotional processing therapy). Outcome was assessed immediately post-treatment, and at 6-12 and 24-month follow-ups. Results and implications of these analyses will be presented.

Expectancy effects in psychotherapy research: Borkovec’s influence
Dianne Chambless - University of Pennsylvania, Philadelphia, USA

One of Tom Borkovec’s many contributions to the rigor of psychotherapy research was his articulation of the importance of assessing and controlling or manipulating clients’ expectancy for improvement. Beginning with his 1972 paper on the manipulation of expectancy in the application of implosion and systematic desensitization to treatment of snake phobia and his 1972 paper with Nau on assessment of expectancy of improvement and credibility of treatment, Borkovec led the field to consider inclusion of the assessment of expectancy and consideration of its possible impact to be essential in the design of treatment outcome studies. Research on expectancy effects in psychotherapy research and methods for assessment of expectancy will be reviewed in an examination of Borkovec’s legacy.

Active interpersonal context of psychotherapy
Discussant: Bruce Wampold - University of Wisconsin, Madison, USA

Various methodological approaches examining therapeutic effects have been recommended in the literature (Goldfried, 1980; Wampold, 2001). At a high level of abstraction, medical meta-theory explains therapeutic effects by therapists’ interventions inducing changes in the patients. In contrast, the contextual meta-theory proposes a more interactive interplay of patients’ and therapists’ behaviors to explain therapeutic effects. In particular, proactive contributions of patients are discussed (e.g. Bohart, 2006). To induce a positive interpersonal context, specific therapeutic strategies about „how to deliver“ (e.g. alliance fostering strategies or resource activating skills) and patient behaviors (e.g. openness, compliance, verbal feedback) are discussed (e.g. Grawe, 2006; Wampold, 2007). In this panel, recent studies are presented that focus on different aspects fostering positive interpersonal context. First, Schmutz, Caspar, and Berger will present data collected by video observers. The influence of complementarity on the therapeutic outcome in different groups of patients with different diagnoses will be discussed. Second, Reichenau, Busch, and Willutzki will present an analogue study that examines the influence of positive and negative affect induction on verbal creativity tasks. The results will be discussed in relation with resource activating strategies in psychotherapy. Third, Flückiger, Jörg and Grosse Holtforth will present an intervention study that focuses on fostering the opportunity for patient to give verbal feedback during the therapeutic process. The effects on the post-session questionnaires will be discussed with regard to alliance fostering strategies and outcome relevance in general.

Relation between complementary therapeutic relationship and outcome
Isabelle Schmutz - University of Bern, Switzerland, Franz Caspar, Thomas Berger

A positive relation between therapy relationship variables and therapy outcome is one of the most robust findings in psychotherapy research. This relation is however only moderate. Among the explanations for this finding is the fact that good prescriptive and orientation-independent concepts are lacking and/or inadequate methodological procedures are applied: Commonly, direct quantitative measures for relationship variables are used. It is, however, not plausible that simple variables (such as directivity) are similarly related to outcome for all patients. It is more plausible that the therapist’s “responsiveness”, i.e. an adaptation of the relational offer to the individual patient, is positively correlated to outcome.
Responsiveness is included in Grawe and Caspar's Complementary Therapeutic Relationship model, which is both a prescriptive model and a basis for descriptive research on the therapeutic relationship. According to this model, therapists are supposed to offer each patient an individually custom tailored relationship that suits his or her most important goals and needs, which are determined by Plan Analysis (Caspar, 1995). Thus the therapist who behaves in a complementary manner facilitates the realization of acceptable goals for the patient. The degree of complementarity is assessed on the basis of a qualitative analysis of the therapeutic situation. An example for this kind of study has been presented by Caspar, Grossmann, Unmüssig and Schramm (2005), who found a significant positive correlation between complementarity and therapy outcome. The goal of the present study is to carry further the study of Caspar et al. (2005) using a larger group of patients with various diagnoses who were in a different form of psychotherapy. Preliminary findings concerning the relation between complementarity and outcome will be presented.

Negative and positive affect and information-processing: What impact may it have for psychotherapy?
Eckhard Reichenau - Ruhr University, Bochum, Germany, Annika Busch, Ulrike Willutz

Aim: Psychosocial problems are associated with negative affect that fosters an analytical information-processing style, focusing on details and the reasons for problems; at the same time this style narrows patients’ thought and behaviour repertoire as well as their tendency to initiate new action patterns. The broaden-and-built-hypothesis (Frederikson, 1998) posits that in contrast positive affects set the stage for cognitive and experiential learning opportunities, a change mechanism also relevant for psychotherapy. In this study we analysed whether the induction of positive resp. negative affect lead to an “undoing” of the effects of a previously induced contrasting affect. Methods: In an experimental study 70 subjects were randomly assigned to four groups with the following mood induction sequences: negative/negative, negative/positive, positive/positive, positive/negative. After every mood induction participants took part in a verbal creativity task. Results: Mood induction methods were effective. After the induction of positive affect subjects generated more new ideas than after the induction of negative affect. Moreover a change of mood induction “undid” the effects of the previous contrasting mood. Discussion: In consideration of the limits of an analogue study models and research from other areas make it plausible that patients’ negative affect makes them liable to similar information processes. In psychotherapy negative affects may thus limit patients’ receptiveness for interventions and interfere with their ability to generate ideas and value new experiences. To improve patients’ actual mood would be an intermediate step useful to broaden the patients’ horizon; resource oriented perspectives and methods seem particularly apt for this task.

Patients’ direct verbal feedback - A preliminary study
Christoph Flueckiger - University of Bern, Switzerland, Urs Jörg, Martin Grosse Holtforth

Informing clinical practice by patient’s feedback can be seen as an effective strategy for inducing a positive working alliance and reducing dropouts. Verbal feedback can be given by patients either indirectly by formalized feedback-systems (e.g. Lambert, 2005), or directly during the therapeutic process. Observer ratings of video-taped therapy sessions have shown that patients’ feedback is not used in an optimal way. The goal of this study is to foster the opportunity for patients to give direct verbal feedback during the process. Therefore we developed a systematic phone intervention after sessions 5 and 8. Students encouraged the patients to give both supporting and critical feedback about the therapy process and the therapeutic goals, tasks and bond. In the preliminary study, we evaluated this phone intervention in comparison with a TAU-group within a RCT-design (N = 32). Preliminary results test the hypothesis whether this short intervention leads to an improved process quality, as measured by therapists’ and
patients’ post session questionnaires. These results will be discussed regarding the outcome relevance of this mechanism of change.

The trees and the forest: Does moment-to-moment responsiveness beget phase-to-phase responsiveness?
Discussant: Antonio Pascual-Leone - University of Windsor, Canada

A microprocess marker usually states “if this, then this”, which gives us opportunities for being more or less responsive on a moment-to-moment level. And on a certain level, all therapy happens at the moment-to-moment level. However, we know that if we look at depressive, trauma, borderline or other disordered processes, the microprocess marker guided decision-making process needs to be adapted. Where are the psychological processes underlying those different disorders or expressions? What if we could find a way to adapt it according to the phase of therapeutic process independent of disorder? This would imply more generic principles for moment-to-moment work, or acknowledging another form of therapeutic conceptualization, that is, ‘macroprocess phase-to-phase conceptualization’, beyond, ‘patient and problem case conceptualization’ and ‘microprocess moment-by-moment conceptualization.’ In this latter case, different patients would share the same Self-relevant information processing capacity when they are in the same phase of the process. Taking into consideration this sequential cumulative capacities could help structure the therapist’s responsive implementation of strategic objectives on phase-to-phase level, as well as inform decision-making on the moment-to-moment level. At crossroads where microprocess markers meet macroprocess markers, or where the tree or the forest comes to the fore to guide responsive clinical decision making, this panel opens the dialogue between moment-to-moment responsiveness research and phase-to-phase responsiveness research. We will look for similarities and differences between both and see if each can inform the other, in terms of research methodology and of clinical implications for integrative psychotherapy theory and practice.

The phase component of paradigmatic complementarity: Promotion and assimilation of strategic objectives
Antonio Vasco - University of Lisbon, Portugal, Nuno Conceicao

The Paradigmatic Complementarity meta-integrative model (Vasco, 2001) postulates seven phases of the therapeutic process. Ideally, for responsiveness sake, the decision by the therapist to promote phase-specific strategic objectives based on common factors, at an intermediate level of abstraction, should take into consideration patient’s needs or capacities regarding the assimilation of those strategic objectives. Aims: Regarding the promotion and assimilation of strategic objectives, we tried to a) to establish the potential sequential structure of the phases; b) to establish the relationships between both; c) to establish possible directions of causality for both; and d) to relate causality of promotion of strategic objectives with alliance level and outcome. Method & Results: 121 dyads filled self-report instruments for this quantitative study. Promotion and assimilation of strategic objectives was analyzed from the therapist’s perspective. Results from several analyses including Multidimensional Scaling support the sequential structure of both promotion and assimilation of strategic objectives. Phase-specific therapeutic realizations (given by the assimilation) relate to each other and to other process and outcome measures. Causal Modeling reveals that promotion seems to be bidirectional, while assimilation unidirectional and cumulative. Finally, consistency of bidirectionality in the promotion of strategic objectives seems to be related to better alliance levels. Discussion: The authors discuss the importance of the process understood as a sequence of phases regarding the promotion of strategic objectives as related and guided by its assimilation. The nature of bidirectional promotion is discussed as a responsive way of promoting cumulative unidirectional assimilation in integrative psychotherapy theory and practice.
Conceptualizing and illustrating stages of change in Interpersonal Reconstructive Therapy (IRT)
Matthew Davis - University of Utah Neuropsychiatric Institute, USA, Kenneth Critchfield, Justin MacKenzie

Benjamin (1996) describes five categories of correct response for optimal treatment when using Interpersonal Reconstructive Therapy (IRT). These therapy “steps” are: developing a collaborative relationship, facilitating pattern recognition, blocking maladaptive patterns, motivating the will to change, and facilitating new learning. A case formulation (CF) establishes client-specific links between current problems and early learning in attachment relationships as well as specifying treatment recommendations. Wishes to engage in “gifts of love” as a way to receive love and acceptance from internalized attachment figures are thought to drive problem patterns. The goal of IRT is differentiation from internalized relationships which makes possible more adaptive relating in the present. Moment-to-moment decision-making about choice of intervention involves consideration of current session themes, the CF, and the five steps, which have been assumed to be roughly sequential in emphasis across sessions. Aim: Methodology for measurement of the change process in IRT will be described, including the relation of in-session “micro-processes” to global stages of change. Methods & Results: Measurement of the IRT five steps, patient awareness of CF patterns and gifts of love, and relationships with internalizations will be illustrated with clinical material and quantitative measures including the Structural Analysis of Social Behavior (SASB). Case examples will be used to illustrate the change process in multiple phases of IRT. Discussion: Experience to date suggests the IRT five steps are used in a cyclical fashion, rather than being strictly sequential, as a patient progresses through increasing degrees of awareness and choice about motivations underlying maladaptive interpersonal patterns

Principles to guide moment-to-moment psychotherapy process: Articulating common factors and processes across psychotherapy orientations
Heidi Levitt - The University of Memphis, USA

Aim: This paper describes the results from a program of research in which principles for psychotherapy practice have been derived from qualitative studies of clients’ and therapists’ experiences. Studies in this program have been conducted examining the change process overall (i.e., expert therapists’ experience of therapeutic change, and research on clients’ significant moments) as well as specific client experiences in therapy (i.e., silences, sadness, clients’ differences with therapists, resistance). Method: The presentation will outline the method used in the development of principles for psychotherapy practice -- a combination of grounded theory and hermeneutic analysis. Using these methods, analysts first can note principles within patterns of reported experiences and then look across the patterns for data supporting more systemic principles. Results: Because the principles developed are situated within the contextualized experiences of the client or therapist, they tend to be finely nuanced and to offer guidance on a moment-to-moment level of practice. Across this set of studies, participants were included from across the major psychotherapy orientations. Principles were developed to reflect common processes across therapy orientation or to explicate the rationale for different processes. Discussion: Because of this derivation, they can shed light on common factors or processes that appear productive (or hindering) across psychotherapy orientations and common rationales for practice decisions. As well, they will be discussed as a possible foundation for training novice therapists in preparation for learning specific psychotherapy orientations and as a foundation for integrative approaches to psychotherapy practice.
Alliance and moment-to-moment therapeutic responsiveness
Zita Sousa - University of Minho, Braga, Portugal, Adam Horvath, Eugenia Fernandes

Aims: Therapeutic responsiveness (TR) is a concept referring to the therapist’s ability and willingness to tailor his or her decisions and interventions in response to client’s needs. The presence or absence of these interactive micro-processes is thought to have a mediating role in the development and maintenance of the alliance and, ultimately, on the quality of therapy outcomes (e.g. Horvath, 2001; 2005; 2006). However, to date there has not been a reliable way of assessing and quantifying TR. Our study aims to better understand the concept and to develop a method of measuring components of TR as a moment-to-moment process. Method: We used task analysis (Greenberg, 2007) applied to 24 therapeutic episodes selected from 16 therapy sessions to identify the moment-to-moment sequences that define typical sequences of TR or the lack of TR. Using the analysis of this data we are moving toward the development of a rating procedure which will permit the quantification of TR in therapy and, eventually, test the hypothesis that TR is a significant mediating variable in the development and maintenance of the alliance. Results: We present results of this ongoing process research as a model consisting of the articulation between the study conceptual map and the observational data which led to the emergence of a rational-empirical model, as well as to the construction of an observational system of the TR. Discussion: Sequential descriptions of the task analysis process will be outlined and some results will be discussed, underlining rational-empirical aspects of the TR.

Panel
Prevention

Moderator
Annegret Conrad
- Freie Universität Berlin, Germany

New vistas on an inconvenient topic: The instructive impact of failures in psychotherapy
Discussant: Shigeru Iwakabe - Graduate School of Humanities and Sciences, Ochanomizu University, Tokyo, Japan

Aim and contents: Preventing therapeutic failures is one of the most fundamental clinical issues; however, the topic has not gained sufficient attention in the past research. The goal of the present panel is two fold. First, it examines failures in psychotherapy from both client and therapist perspectives. Secondly, it discusses the methodological and clinical issues associated with studying and understanding failures in psychotherapy. Findings from both client and therapist perspectives will illuminate the nature of failures and problematic processes. A combination of both qualitative and quantitative approaches as well as examination of methodological issues will facilitate the discussion on this important topic, identifying potential avenues for future research. Succession of papers: The session begins with a presentation on patterns of failure in individual therapy which focuses on the perspective of clients (Annegret Conrad, Berlin, Germany). Jesse Geller’s (New Haven, USA) contribution also deals with clients’ evaluations of therapy but places a particular emphasis on their varying degrees of integration and contradiction with clinician’s perspective and objective outcome evaluation. Anne Thériault (Ottawa, Canada) examines the therapist’s side and outlines the relationship of therapists’ feelings of incompetence and suboptimal process in psychotherapy. Patrizia Todisco discusses methodological and conceptual issues associated with studying therapeutic failures in eating disorders (Patrizia Todisco, Brescia, Italy).

Patterns of failure in individual therapy and what they teach us about pitfalls in practice
Annegret Conrad - Freie Universität Berlin, Dept. of Clinical Psychology and Psychotherapy, Germany, Anna Auckenthaler

Background: Research on failures in psychotherapy often presumes that therapist, client and process variables have an independent impact on therapy outcome. Furthermore, it assumes that no influencing factors exist but those that have already been examined. However, as long as researchers rely on such
preconceptions and do not ask what clients report about therapy failures, they certainly miss the chance to learn something new. Aim: The aim of this study is to go beyond the scope of well-established research categories and to explore how clients experience failure in psychotherapy. Another purpose is to find out if factors of failure from the clients’ perspective are comparable across therapeutic approaches. Methods: Problem focused interviews are conducted with 20 clients who had negative experiences in outpatient settings. Transcripts are analyzed using Grounded Theory methodology. Results: Results show that failures in individual therapy, regardless of the therapeutic approach, can best be explained by conceptualizing them as a “fatal interplay” among a) clients’ individual thought and behaviour patterns and b) diverse aspects of therapeutic action (regarding the therapeutic alliance, therapeutic operations, and setting factors) which prove to be a poor fit for them. It is not their individual contribution but rather their “processual entanglement” which is crucial to understanding how failure came about and how harmful its effects were for a particular client. Examples of “fatal interplays” and their consequences will be presented. Discussion: Implications of the concept of “fatal interplay” for strategies of quality management in daily practice will be discussed.

The struggle to balance the successes and failures of therapy
Jesse Geller - Yale University Dept. of Psychiatry, New Haven, USA

This presentation is concerned with the incompleteness of therapies that are deemed successful and the benefits of those therapies that are considered to be failures. The data upon which it is based were derived from an ongoing study of the effectiveness of the psychoanalytic therapies offered by the Institute for Psychoanalytic Training and Research in New York. The design of this study makes it possible to compare two types of evidence relevant to patients’ evaluations of treatment outcomes. The first source of evidence is comprised of patients’ quantitative ratings of extent of therapeutic change as measured by Seligman’s Effectiveness Questionnaire. The second source is provided by a systematic analysis of the views terminated patients express about what was and what was not accomplished during a course of therapy. These views were elicited through a semi-structured interview that yields detailed narratives about the interactive aspects of the therapeutic relationship. Comparisons between these two sources of data will be used to argue on behalf of the hypothesis that patients’ views about the gains they derived from therapy exist in varying degrees of integration and contradiction. The presentation concludes with a discussion about patients who conflate the painfulness of participating in the therapeutic relationship with their judgments about the extent to which the therapy itself was helpful.

Therapist feelings of incompetence or suboptimal process in psychotherapy: Which came first?
Anne Thériault - University of Ottawa, Canada, Nick Gazzola

Self-doubts and feelings of incompetence (FOI) are frequent among both novice and experienced therapists. While FOI have been linked to therapist distress, the relationship between feeling incompetent and performance remains unclear. Intuitively, therapists feel bad because they are doing badly. In a chicken-and-egg type of directional reversal, it is quite possible that therapists’ feelings of incompetence interfere with usual ways of practice and cause process disturbances. Twin studies of feelings of incompetence among novice and seasoned clinicians will be reviewed to draw out the dynamic and reciprocal nature of the relationship between FOI and therapeutic blunders. The consequences of therapists’ self-doubts on the process of psychotherapy will be examined. Conversely, the impact of suboptimal therapy process on therapists’ internal self-evaluative experiences will also be discussed.
Therapeutic failure in eating disorders
Patrizia Todisco - Eating Disorders Center A.O. Spedali Civili, University of Brescia, Italy

In psychotherapy with eating disordered patients it is very difficult to define success and therefore failure, besides the results of the treatments applied are not satisfying in terms of rate of recovery. Research to date has been interested in identifying outcome criteria, and studying therapeutic failures is very useful for this aim, although challenging. In fact there are different outcome criteria depending on: 1. the clinical characteristics considered (specific psychopathology and symptomatology; biological and medical aspects; general psychopathology and psychiatric comorbidity); 2. who defines outcome (patient, therapist, family, society); 3. the follow-up length. Furthermore, the specific (therapy approach and its characteristics, type of ED according to DSM-IV, etc.) and unspecific factors (the therapeutic relationship, the characteristics of therapists or of the patients, the environmental influences, etc.) involved in success/failure are complex. The presentation starts from clinical cases and moves to a general level (is it possible to find out factors which are common in cases of clinical failure reported by some authors?). And from the general level (the findings of the updated publications regarding the predictors of outcome) it moves back to the particular case (Are the factors from clinical practice comparable to those of clinical research? Are these findings useful for practice?). The aim is to bridge the gap between scientific findings and the demands of clinicians seeking to improve the quality of therapy with ED patients through evaluation and controlled practice using also single case studies.

The nature and influence of participant and relationship factors in CBT for generalized anxiety disorder
Discussant: Lynne Angus - York University, Toronto, Canada

Although substantial research supports the general effectiveness of psychotherapy for anxiety disorders (Woody & Ollendick, 2006), many patients fail to derive substantial therapeutic benefit. This trend is underscored in the treatment of generalized anxiety disorder (GAD) where just 50% of patients evidence clinically significant change following gold standard cognitive-behavioral therapy (CBT) (Newman, 2000). Considering this humble success rate, it seems important to understand treatment processes that influence patient outcome in CBT for GAD. Unfortunately, treatment outcome research has far outweighed treatment process research for anxiety disorders to date, with a notable paucity of attention paid to therapist and relationship variables (Newman et al., 2006; Stiles & Wolfe, 2006). Without a better understanding of such variables, it will be difficult to inform treatment adaptations aimed at improving GAD treatments. The goal of this panel is to present findings from 3 studies that address participant and relationship factors in CBT for GAD. The data for all studies derive from a component analysis where patients were randomly assigned to relaxation/self-control desensitization, cognitive therapy, or their combination (Borkovec et al., 2002). The first paper will examine the independent and interactive influences of the therapeutic alliance, therapist adherence, therapist competence, and patient receptivity on treatment outcome. The second paper will assess the conceptual association between empathy and the alliance, as well as their respective and potentially interactive associations with outcome. Finally, the third paper will examine patient characteristics as predictors of alliance quality, as well as mediational pathways between patient characteristics, relationship process, and outcome.
Alliance therapist adherence, therapist competence, and client receptivity: New analyses on change processes in CBT for generalized anxiety disorder

Louis Castonguay - Penn State University, State College, USA, Michael J. Constantino, Amy Przeworski, Michelle G. Newman, and Thomas D. Borkovec

Aim: Although cognitive-behavioral therapy (CBT) is an empirically-supported treatment for generalized anxiety disorder (GAD), much remains to be known regarding the processes that facilitate improvement. The goal of this study was to further investigate the relationship between patient outcome and 4 potential active change components: the working alliance, therapist adherence to prescribed techniques, therapist competence, and client receptivity to treatment. Although previous analyses were conducted separately for each of these variables, the present paper will also examine whether any interactions are predictive of change. Furthermore, analyses will be conducted to determine whether any significant process-outcome associations remain when controlling for symptom change prior to the measurement of the process variable(s). Methods: The analyses will be based on data from a randomized clinical trial involving 69 GAD patients assigned to 1 of 3 conditions: cognitive therapy, self-control desensitization, and their combination. The 4 process of change were measured early in treatment via the Working Alliance Inventory, a frequency count of therapist prescribed interventions (adherence), and the Cognitive Therapy Scale (measuring both therapist competence & clients’ receptivity). Results: Preliminary results indicate that the alliance was predictive of change at posttreatment and follow-up, even when controlling for prior change. Discussion: Preliminary results suggest that the alliance-outcome link is not likely to be a simple consequence of clients’ initial change. Inasmuch as they will investigate the interaction between different dimensions of therapy, other findings may begin to provide a much needed understanding of the complexity of change taking place in CBT for GAD.

Empathy and the therapeutic alliance: Their relationship to each other and to outcome in CBT for generalized anxiety disorder

Joan DeGeorge - University of Massachusetts, Amherst, USA, Michael J. Constantino, Louis G. Castonguay, Mark A. Manning, Michelle G. Newman, and Thomas Borkovec

Aim: Despite its widely accepted clinical importance, empathy is conceptually complex, and its association to other psychotherapy constructs and outcomes remains empirically unclear. The current study will examine the conceptual association between empathy and the therapeutic alliance, as well as their respective and interactive associations with treatment outcome. These relations will be examined in the context of cognitive-behavioral therapy (CBT) for generalized anxiety disorder (GAD), a condition for which there has been little research on treatment process and relationship variables. Method: Data derive from a controlled clinical trial that compared the efficacy of applied relaxation/self-control desensitization, cognitive therapy, and their combination for GAD-diagnosed adults (Borkovec et al., 2002). Patients completed measures of empathy and alliance quality at multiple time points, as well as anxiety outcome measures at posttreatment and 6- and 12-month follow-up. Results: To examine the conceptual association between empathy and the alliance, results will be presented from multiple analyses. First, we will conduct two confirmatory factor analyses to assess whether a 1- or 2-factor model has a better fit. Second, we will fit a structural regression model to examine the differential predictive validity of empathy and alliance on treatment outcome. Finally, we will conduct a path analysis to compare the strength of the predictive relationship between empathy and the three alliance components. Discussion: Findings will be discussed with respect to their conceptual, empirical, and clinical implications.
Patient characteristics, relationship process, and outcome in CBT for generalized anxiety disorder

Michael Constantino - University of Massachusetts, Amherst, USA, Ashley Klecak, Louis G. Castonguay, Mark A. Manning, Michelle G. Newman, and Thomas Borkovec

Aim: Although much research has supported the effectiveness of cognitive-behavioral therapy (CBT) for generalized anxiety disorder (GAD), there are limited data on factors influencing its process and outcome. The goals of this study were to (a) examine the association between baseline patient characteristics (i.e., symptom severity, expectations, & demographics) and relationship process (i.e., alliance quality & therapist empathy), and (b) to assess whether the relationship variables mediated a previously established positive association between patient treatment expectations and outcome. Method: Data derive from a randomized clinical trial (N = 69) that compared the efficacy of applied relaxation/self-control desensitization, cognitive therapy, and their combination for adults with GAD (Borkovec et al., 2002). Demographic data and anxiety symptoms were assessed at baseline, treatment expectancy ratings were assessed following session 1, and relationship variables were assessed at multiple points across treatment. Outcomes were assessed at posttreatment, as well as 6- and 12-month follow-up. Because there were no treatment differences on patient outcome, all analyses were conducted on the entire sample. Results: As predicted, patient expectation of improvement was positively associated with early and middle alliance quality. There were no significant associations between symptom severity or demographics and the relationship variables, which is consistent with the broader literature. As predicted, alliance quality (from both patient & therapist perspectives) partially mediated the association between patient treatment expectations and posttreatment outcome. Discussion: The results lend support for the clinical importance of patients’ treatment expectations, and highlight a particular relationship mechanism through which expectations may partially operate.

A pluralistic framework for psychotherapy research, theory and practice

Discussant: Ladislav Timulak - Trinity College, Dublin, Other

One of the key trends within contemporary psychotherapy theory and practice has been a movement in the direction of theoretical integration, in recognition of the evidence suggesting that multiple change processes can occur within therapy. Therapy integration has largely followed two alternative pathways. First, some theorists have brought together ideas and techniques from different approaches to form a new named approach (e.g., cognitive analytic therapy). Second, individual practitioners have engaged in assimilative integration, in which new practices are assimilated into an existing unitary approach. This panel introduces a third, pluralistic integrative strategy, which consists of constructing a framework within which client and therapist can negotiate a way of working together than makes best use of the resources available to each of them. In practice, the pluralistic framework involves purposeful metacommunicative conversations around three principal domains: agreeing goals for therapy, deciding on how these goals can be accomplished through the completion of tasks, and deciding on the methods through which tasks can be fulfilled. A pluralistic framework is radically user-centred, in seeking to tailor therapy to the pre-existing beliefs, strengths and resources of the client, and draws on concepts of agency (e.g., Bohart’s active client theory) and relational ethics (Levinas). The papers in this panel reflect the work of the Scottish pluralistic therapy research group. Cooper provides an introduction to the pluralistic framework and its basis in current research evidence. McLeod and Shoemark report on exploratory research into the meaning for clients of being invited to talk about goals. McLeod analyses the multiple processes through which clients construct a distinctive perspective on outcome.
Research into collaborative, pluralistically-oriented therapy processes: A practitioner-friendly narrative review

*Mick Cooper - University of Strathclyde, Glasgow, UK*

The collaborative pluralistic framework for counselling and psychotherapy suggests that effective therapy is organised around active client-therapist negotiation around goals, tasks and methods, and that specific metacommunicative attention to these domains within therapy discourse will maximise client engagement in therapy process, and client use of personal and cultural resources. This paper introduces the pluralistic framework, and presents a review and analysis of research that has addressed these themes. Specifically, the paper reviews the literature on the relationship between client outcomes and preferences, predilections, negotiation around the goals of therapy, aptitude-treatment interactions and tailor-made vs. standardised therapies. The implications of these findings for the further development of research and practice around a collaborative pluralistic approach are discussed.

How clients use problem/goal conversations to inform their participation in therapy

*Alison Shoemark - University of Aberdeen, UK, Julia McLeod*

In recent years, there have been a number of studies that have examined the structure of clients’ goals in psychotherapy. However, there is an absence of research into the ways in which clients construct and reconstruct their goals, and use conversation around goals to create personal meaning and change. In this study, 16 clients receiving collaborative pluralistic psychotherapy were interviewed about their goals before entering therapy, completed problem/goal rating scales at the start of each session, and routinely discussed goals with their therapists. At follow-up dialogical interviews, clients were invited to reflect on their use of goal information, and therapists were invited to comment on their observations of how clients used this information. Interviews were transcribed and analysed using a form of qualitative case analysis. Findings suggest that clients use the articulation of personal goals as an anchor or basic reference point for their therapy, and as a means of structuring their evaluation of progress. Clients experienced their goals as changing and becoming more specific over the course of therapy. The implications of these findings for a collaborative pluralistic approach to therapy are discussed.

Therapy outcome from the point of view of the client

*John McLeod - University of Abertay Dundee, UK*

Outcome research has largely sought to evaluate therapy in terms of researcher-defined symptom change, with few studies exploring client/service user perspectives on outcome. The present study investigates clients’ views of outcome in terms of a model of user-constructed outcomes, based on 5 key domains: (i) ideas that the person has about the causes of their problems and the value of different ways of dealing with them; (ii) the active selection, from the interventions employed by their therapist, of concepts and strategies that are most meaningful for the client; (iii) making use of social and community resources; (iv) evaluating the helpfulness of treatment in relation to common-sense criteria that may be quite different from those applied by mental health professionals; (v) maintaining gains by applying, in everyday life, strategies and knowledge acquired during therapy. 16 clients receiving collaborative pluralistic psychotherapy completed a range of process and outcome measures, at the start of therapy, weekly, and at termination. The significance of these data for clients, in relation to their perceptions of outcome, was explored in individual dialogical follow-up interviews, which were transcribed and subjected to qualitative case analysis. Client criteria for outcome include: moving on, achieving personal goals, learning about therapy, and repairing a life. Material from three cases is provided to illustrate contrasting patient pathways through therapy. These findings are discussed in terms of their implications for a collaborative pluralistic form of therapy that seeks to enhance client agency.
Research on the therapist's personal style
Discussant: Larry E. Beutler - Pacific Graduate School of Psychology, Palo Alto, USA

The Personal Style of the Therapist (PST) has been defined as the set of particular conditions that lead a therapist to develop his/her task in a certain manner (Fernández-Álvarez, 1998). Therapists communicate with patients at different levels. When communicating with patients, they combine stylistic forms and concrete modalities adjusted to every particular situation. The characteristics of the therapist’s style of communication progressively structure their personal profile of performing in therapy, including their way of relating to patients. The set of these characteristics constitutes the personal style of the psychotherapist (Fernández-Álvarez, 1998; Fernández-Álvarez, García, & Scherb, 1998; Corbella, & Fernández-Álvarez, 2006; Corbella, & Botella, 2004). In this panel, some novelties and results from the main research projects being carried out at the moment about the Personal Style of the Therapist in different countries are presented. In the first paper, Fernández-Álvarez, Corbella, Saúl, and García present the preliminary results of the interuniversity study “Developing PST,” which relate the Personal Style of the Therapist to direction of interests, the therapist’s perceived self-efficacy, and personality factors. In the second paper, Botella, Saúl, Corbella, Fernández-Álvarez and De la Morena present some research results that relate the Personal Style of the Therapist to the psychotherapist’s attachment style. In the third paper (Soares, Botella, Corbella & Fernandez), the results of studying how therapeutic alliance is established, by analyzing the Style of the Therapist and the patient’s characteristics, are presented. The panel ends with Beutler’s discussion.

Personal style of the therapist and personality
Fernando García - Fundación Aiglé, Buenos Aires, Argentina, Sergi Corbella, Luis Ángel Saúl, Héctor Fernández-Álvarez y Luis Botella

The therapist is one of the actors in the therapeutic process. The concept of the Personal Style of the Therapist (Fernández-Álvarez, 1998) has been one aspect that has allowed us to advance in the study of psychotherapy. The Personal Style of the Therapist (PST) has been defined as the set of particular conditions that lead a therapist to develop his/her task in a certain manner. This refers to the usual characteristics a therapist resorts to in his/her task as a result of his/her particular way of being, beyond his/her working approach and the specific requirements of every intervention (Fernández-Álvarez, 1998; Corbella, & Fernández-Álvarez, 2006). With the aim of knowing the Personal Style of the Therapist better, in 2006, a multicentre research project called “Developing the Personal Style of the Therapist” started, currently being carried out in both Spanish (Ramon Llull University and UNED – Spanish Open University) and Argentinean universities (University of Belgrano and Aiglé Foundation). The main purpose of this interuniversity research project is to study the development of the Personal Style of the Therapist in professionals in their training (Master’s degree in Psychotherapy), and to analyze the relationship to other variables of the therapist. In this paper, the first results of this study, which analyzes the relationships between the different functions of the Personal Style of the Therapist, the therapist’s generalized self-efficacy, and their direction of interests, are presented. The sample in this study was made up by 95 Psychology graduate students, doing a Master’s degree course in Psychotherapy at Ramon Llull University (Barcelona), University of Belgrano (Buenos Aires), Aiglé Foundation (Buenos Aires), UNED (Madrid), and University of Salamanca (Salamanca). Participants answered the PST-Q (Fernández-Álvarez, García, LoBianco, & Corbella, 2003), and the Spanish versions of the “Generalized Self-Efficacy Scale” (Schwarzer, & Jerusalem, 1995), Sixteen Personality Factor (16PF-5; Cattell, & Cattell, 1996), and the “Direction of Interest Questionnaire” (DIQ; Caine, Wijesinghe, & Winter, 1981). There are relationships between PST and DIQ. Particularly, the correlation between the PST Attentional Function and the Direction of Interests stands out, as well as that between the PST Operational Function
and the Direction of Interests. The therapist’s more open and spontaneous aspect (Attentional and Operational functions) relates to a more internal direction of interests, whereas the focused and organized character to a more external direction of interests. Results show a significant correlation between PST-Q, and Abstractedness (16PF-5) and Tough- Mindedness (16PF-5) factors.

Attachment style and personal style of therapist

Luis Botella - FPCEE Blanquerna, Ramon Llull University, Barcelona, Spain, Luis Botella, Luis Ángel Saúl, Sergi Corbella, Héctor Fernández-Álvarez, Fernando García y Francisco Javier de la Morena

Research projects with the aim of studying the therapist’s characteristics and their contribution to the psychotherapeutic process and outcome have increased in the last decade. The characteristics of the therapist’s style of communication structure his/her personal way of acting in therapy, and the set of these characteristics constitute the Personal Style of the Therapist (Fernández-Álvarez, García, & Scherb, 1998; Corbella, & Botella, 2004). The Personal Style of the Therapist refers to the usual characteristics that therapists resort to in their task as a result of their particular way of being, beyond their working approach and the specific requirements of every intervention (Fernández-Álvarez, 1998; Corbella, & Fernández-Álvarez, 2006). In 2000, the Barcelona-Buenos Aires research project about the compatibility between the PST and the patient’s personal profile started. In 2006, the multicentre research project called “Developing the Personal Style of the Therapist” started with the aim of studying the evolution of the Personal Style of the Therapist during a Psychotherapy training period (Master’s degree in Psychotherapy), as well as analyzing the relationships between the PST and other variables of the therapist. In this paper, the first results of the study carried out within the “Developing PST” project, which analyzes the relationships between the different functions of the Personal Style of the Therapist and the therapist’s attachment style, are presented. The sample was made up by 102 Psychology graduate students, doing a Master’s degree course in Psychotherapy at Ramon Llull University (Barcelona), University of Belgrano (Buenos Aires), Aigle Foundation (Buenos Aires), UNED (Madrid), and University of Salamanca (Salamanca). Participants answered the Personal Style of the Therapist questionnaire (PST-Q; Fernández-Álvarez, García, LoBianco, & Corbella, 2003), and the Spanish version of the Experiences in Close Relationships measure (ECR; Brennan, Clark, & Shaver, 1998), which assesses the two dimensions of adult attachment style. Results show that the ECR anxiety dimension slightly correlates with the PST Instructional function. Therefore, therapists with low scores in the anxiety dimension (ECR) also have low scores in the Instructional function, which shows a more flexible style. Likewise, those therapists with a more rigid style have higher scores in the ECR anxiety dimension. In this paper, the relationship between the therapist’s attachment style and the PST is discussed.

The "matching" of therapist style with different styles of clients and the development of therapeutic alliance: Case study of one therapist

Luisa Soares - Universidade da Madeira, Portugal, Luisa Soares, Luis Botella, Sergi Corbella & Mónica Fernandez

We intend to identify the personal style of one single therapist and observe the development of the co-construction of therapeutic alliance, among his clients with different styles (taking into consideration the Resistance and his Coping style), in the early stages of the therapeutic process. This study also aims to analyze the changes that occur in the levels of resistance and coping style of the clients during the therapeutic process, and analyze changes in the personal style of the therapist with different clients in different sessions. The sample is composed by 19 dyads of one therapist. The instruments used were the Therapist Personal Style Questionnaire-short version (TPS-Q; Fernandez Alvarez, Garcia, Lo Bianco & Corbella, 2003; Corbella, 2003), the Client Coping Style and Resistance (CCSR; Moreira, Gonçalves & Beutler, 2005) and the Working Alliance Inventory-short version (WAI; Horvath, 1981, 1984; Machado,
1999) headed for therapist and client. The results show that the personal style of this therapist is stable over time and in different sessions with various clients. The results also indicate that in the 1st session, the therapist show lower scores in directivity (operative function) among clients with high levels of resistance. The clients also show an increase of externalizing features over the therapeutic process. There is also a low correlation, but significant, in the operative function of the therapist style (directivity) with the subscale of agreement on tasks of the therapeutic alliance, assessed by the client, as well as between the evaluation function of the therapist style with the subscale of agreement on goals. On the presentation we will discuss the results and comment on the limitations of the study.

The treatment of depression in the community

Our goal is to present a program of research that has grown out of a research collaboration between a community mental health agency and a university setting. This collaboration has been funded by an NIH Interventions and Practice Infrastructure Program. This program brings together stakeholders, including community administrators, therapists, staff, consumers, and researchers, in a joint mission to facilitate research on evidence-based interventions for major depressive disorder in a community setting. The first presentation will provide the background for this research collaboration, including a discussion of the strategies for building a collaborative relationship and a description of the community mental health center. The second presentation uses qualitative and quantitative methods to evaluate the factors that contribute to attrition from mental health services for major depressive disorder in the community setting. The third presentation will use qualitative methods to explore cultural influences on mental health service utilization in the community agency. The final presentation provides results from a pilot randomized trial of community friendly relationship focused psychotherapy versus treatment as usual for major depressive disorder in the community mental health setting. This program of research has the potential to inform the factors that contribute to treatment attrition as well as evaluate the interventions that may be effective in the treatment of major depressive disorder in the community.

A research collaboration between community mental health and a university setting to study interventions for major depressive disorder

Patricia Green - Northwestern Human Services of Philadelphia, Philadelphia, PA, USA, Marna S. Barrett, Mary Beth Connolly Gibbons, Lizabeth A. Goldstein, Christina M. Temes, Paul Crits-Christoph

Aim. The goal of this presentation is to describe a research collaboration between Northwestern Human Services of Philadelphia and the Center for Psychotherapy Research at the University of Pennsylvania. This collaboration, funded through the NIH Intervention and Practice Research Infrastructure Program, focuses on understanding attrition from treatment and the effectiveness of empirically supported psychotherapies for major depressive disorder in a community mental health agency. Methods. This presentation will provide the background for this collaboration, including a review of our strategies for building a collaborative relationship and our scientific goals. In addition, background information on Northwestern Human Services will be presented including the range of services provided and the types of consumers served. Results. Northwestern Human Services of Philadelphia is comprised of 3 outpatient centers with an adult census of approximately 1900 consumers. The racial composition is 65% African-American and 35% Caucasian. Specific strategies for fostering the collaboration between the community and university settings will be discussed. Discussion. The goal of this research collaboration is to bring together community administrators, therapists, staff, consumers, and researchers to successfully evaluate the effectiveness of interventions in a community mental health setting.
Factors influencing engagement in community-based mental health treatment of depression  
Mama S. Barrett - University of Pennsylvania, Philadelphia, PA, USA, Wee-Jhong Chua

Aim. Despite 50 years of research, premature termination of treatment remains a major barrier to effective delivery of mental health services with rates approximating 47%. Moreover, methodological problems obscure definitive answers and inconsistent or poor attendance negatively impact patients, therapists, and staff, while causing additional burdens to already limited community mental health center (CMHC) resources. Relying on established relationships with two community mental health centers, four studies are presented that utilized quantitative and qualitative measures to obtain a richer understanding of attrition from community-based mental health services, with a particular focus on the treatment of depression. Methods. Factors influencing rates of attrition at intake evaluations and early treatment sessions were assessed in the following ways: (1) retrospective review of 300 patient records, (2) semi-structured interviews with 80 mental health consumers, and (3) administration of a 15-item questionnaire to 100 consumers before and after intake sessions. An additional study was conducted assessing changes in attendance rates following significant renovations to the waiting areas and offices at one CMHC site. Results. Overall, the length of wait for an appointment was most influential in predicting no show for the first treatment session. Additional factors found to be important include center aesthetics, agency/staff communication, interpersonal concerns, external demands on consumers, and consumer medical concerns. Renovating the center significantly increased consumer attendance at the first treatment session and improved consumer satisfaction. Discussion. The results suggest that dropout is a critical and complex barrier to providing mental health services but one that can be effectively addressed.

Is the experience of depression the same for everyone? Cultural factors influencing mental health perceptions and service utilization  
Delane Casiano - University of Pennsylvania, Philadelphia, PA, USA, Mama S. Barrett

Aim. Despite considerable attention to identifying cultural issues of import in various minority populations, few studies have directly linked such issues to mental health treatment selection or utilization. For instance, research has shown that African Americans are often socialized to be cautious of their surroundings, value social interdependence, and maintain gender role distinctions. Although such social and cultural norms may explain why depressed African Americans experience a more chronic course of psychiatric illness than White Americans, such findings have not influenced mental health treatments or the marketing of services. Therefore, the purpose of this study was to assess the perceptions of depressed African American consumers about cultural influences on mental illness, mental health treatments, and utilization of services. Methods. Semi-structured interviews were conducted with 30 depressed African Americans receiving psychotherapy. The McGill Illness Narrative Interview was used to elicit explanatory models of illness. Additionally, Brief Sociocultural Scales were administered to assess each subject’s level of acculturation. Measures of depression symptoms and severity were also obtained. Verbatim transcripts of the narratives were analyzed according to their structure and content at the individual and collective level. Results. Prominent themes surrounding mental health perceptions and mental health treatments will be presented, specifically highlighting cultural influences on mental health service utilization. Discussion. Consumer perceptions of mental illness and mental health treatments will be discussed in terms of these thematic illustrations of illness narratives. The results of this study help to better characterize the subjective experience of depression among African Americans.
Community friendly relationship focused psychotherapy versus treatment as usual for major depression in the community
Mary Beth Connolly Gibbons - University of Pennsylvania, Philadelphia, PA, USA, Patricia Green, Lizabeth A. Goldstein, Christina M. Temes, Paul Crits-Christoph

Aim. This pilot study was designed to address an issue with high public health significance, namely the lack of treatment response in many patients with major depression in community treatment settings. This investigation was designed to evaluate whether a community-friendly relationship focused psychotherapy (RF) is more successful in relieving depressive symptoms and retaining patients in treatment than the psychotherapy normally provided by the community agency. Methods. Two therapists working in a community mental Health agency were trained to competence in a community-friendly relationship focused psychotherapy. This treatment includes a comprehensive socialization to treatment as well as a focus the current relationship patterns that are interfering with current functioning. Forty consumers seeking treatment with the community mental health agency were offered participation in this study which included 12 sessions of psychotherapy in the community agency with a therapist employed at the agency. Consumers were randomly assigned to either a therapist trained in RF or to a treatment as usual therapist. All consumers completed a baseline and monthly assessments throughout the study period. Results. We will present hierarchical linear models comparing the rate of change on measures of depression for consumers treated in the RL compared to treatment as usual. In addition, we will compare the treatment groups on length of stay in treatment. Discussion. These results demonstrate the feasibility and effectiveness of disseminating an empirically supported psychotherapy in a community mental health setting.

A broad look at pretreatment predictors of the course of psychotherapy

The goal of this panel is to present analyses of predictors of attrition, alliance, and outcome across diverse psychotherapies. The panel uses pooled data from 5 treatment development pilot studies conducted at the University of Pennsylvania Center for Psychotherapy Research. As part of this work a common assessment battery of measures, which contained assessments of demographic characteristics, diagnostic variables, symptomatology, interpersonal patterns, and treatment expectations, was administered at standard assessment points to participants in the five studies. The studies examined the outcomes of cognitive and interpersonal/psychodynamic treatments for generalized anxiety disorder, major depressive disorder, panic disorder, anxiety disorders in adolescents, and borderline personality disorder. The core battery applied to all studies allowed for examining the same set of predictors of attrition, alliance, and outcome across treatment and disorders. As such, the panel hopes to shed light on cross-cutting versus unique predictors of the course of psychotherapy.

The Penn Center for Psychotherapy Research Treatment Studies: Overview of methods and outcomes
Paul Crits-Christoph - University of Pennsylvania, Philadelphia, USA, Mary Beth Connolly Gibbons, Christina M. Temes, Lizabeth A. Goldstein, Shannon Wiltsey Stirman, Marna S. Barrett

Aim. The goal of this paper is to present an overview of the patients, therapists, methods, and treatment outcomes used in our studies of predictors of attrition, the alliance, and the outcome of diverse psychotherapies. Methods. During the years 1995 to 2002, the University of Pennsylvania Center for Psychotherapy Research conducted 5 treatment development pilot studies. As part of this work, a common assessment battery of measures, which contained assessments of demographic characteristics, diagnostic variables, symptomatology, interpersonal patterns, and treatment expectations, was administered at standard assessment points to participants in the five studies. The studies examined the
outcomes of cognitive and interpersonal/psychodynamic treatments for generalized anxiety disorder, major depressive disorder, panic disorder, anxiety disorders in adolescents, and borderline personality disorder. The core battery applied to all studies allowed for testing of hypotheses across treatment and disorders, as well as preliminary examination of interactions with treatment and disorder. Results. In general, the therapists in these studies were experienced, practicing clinicians. A broad range of patients were included in terms of severity and comorbidity. The overall outcomes of the treatments will also be presented. Discussion. This pooled study database represents a unique resource for addressing cross-cutting questions about predictors of attrition, alliance, and outcome of diverse psychotherapies.

Pretreatment predictors of attrition across cognitive and dynamic psychotherapies
Shannon Wittey Stirman - University of Pennsylvania, Philadelphia, USA, Christina M. Temes, Lizabeth A. Goldstein, Mary Beth Connolly Gibbons, Marna S. Barrett, Paul Crits-Christoph

Aim. Many previous investigations have focused on the demographic and diagnostic characteristics that predict patients’ early drop-out from treatment, often within the framework of a single mode of treatment for a specific disorder. The current study will examine a broad range of pretreatment predictors of attrition from both cognitive and psychodynamic treatments for mood, anxiety, and personality disorders. Methods. A common battery of measures, which contained assessments of demographic characteristics, diagnostic variables, symptomatology, interpersonal patterns, and treatment expectations, was administered at standard assessment points to participants in five studies that assessed the efficacy of cognitive and psychodynamic treatments for a variety of disorders. The number of therapy sessions attended by each participant was also recorded. Results. A broad range of predictive variables relating to treatment drop-out will be presented, as well as the extent to which these predictors vary by type of treatment and disorder. Discussion. We will discuss the important patient variables that predict attrition across diverse psychotherapies for a range of psychiatric disorders as well as the implications for treatment and future research.

Pretreatment predictors of the alliance across cognitive and dynamic psychotherapies
Lizabeth A. Goldstein - University of Pennsylvania, Philadelphia, USA, Mary Beth Connolly Gibbons, Christina M. Temes, Paul Crits-Christoph

Aim. The therapeutic alliance has been widely examined as a predictor of therapeutic outcome, yet few investigations have examined a comprehensive set of predictors simultaneously. Connolly Gibbons et al. (2003) examined a pool of possible predictors of the alliance and found that positive pretreatment expectations of improvement in therapy was associated with better alliance, whereas the presence of hostile-dominant interpersonal problems was associated with poorer alliance. The current study aims to replicate previous findings as well as unpack expectations and interpersonal problems as predictors of the therapeutic alliance. Methods. Alliance was assessed in 5 studies that evaluated the efficacy of cognitive-behavioral and interpersonal-psychodynamic therapies for a variety of disorders, including major depressive disorder, generalized anxiety disorder, panic disorder, and borderline personality disorder. A common assessment battery of outcome measures (Beck and Hamilton Anxiety and Depression scales, quality of life measure) were given at intake, termination, and follow-up (6 and 12 months after intake) for all patients. The therapeutic alliance was measured via the CALPAS and HAQ at four separate sessions of treatment. Results. We will present analyses examining the unique contribution of diagnostic, demographic, and interpersonal variables in the prediction of early levels of the alliance as well as change in the alliance across treatment. Discussion. We will examine whether expectations of improvement and interpersonal problems replicate as important predictors of the therapeutic alliance and will present further analyses to examine which aspects of the expectations and interpersonal patterns are driving the development of the therapeutic alliance in diverse psychotherapies.
Pretreatment predictors of outcome across cognitive and dynamic psychotherapies  
Christina M. Temes - University of Pennsylvania, Philadelphia, USA, Lizabeth A. Goldstein, Mary Beth Connolly Gibbons, PaulCrits-Christoph

Aim. Many studies have examined the potential predictors of psychotherapy outcome within the framework of a single modality of treatment for a specific disorder; rarely have studies looked at predictors differentially across multiple treatment modalities. The current study examines a broad range of pretreatment predictors of outcome across psychodynamic and cognitive therapies for mood, anxiety, and personality disorders. Methods. A core battery of measures, assessing a range of participant characteristics (including demographic information, concurrent diagnoses, interpersonal problems, expectations for treatment, and others), was administered to all participants in five studies that evaluated the efficacy of cognitive and psychodynamic therapies for a variety of disorders. As a part of this battery, a set of outcome measures (Beck and Hamilton Anxiety and Depression scales) was given at intake, mid-phase, termination (typically 4 months after intake), and follow-up (6 and 12 months after intake). Results. We will examine demographic, diagnostic, and interpersonal variables as predictors of therapeutic outcome across cognitive and dynamic psychotherapies. In addition, we will present statistical models showing the joint predictive success of multiple predictors on therapeutic outcome and the extent to which predictors vary by type of treatment and disorder. Discussion. The importance of patient variables in the prediction of outcome across diverse psychotherapies for a variety of disorders will be discussed.

Attachment style, choice of university, marriage & infidelity
Discussant: Bernhard Strauss - Friedrich-Schiller-University, Jena, Germany

Therapists are frequently in roles where their clients are making decisions about college, marriage, and infidelity. Therefore, any knowledge about variables related to these decisions should be of use to them. Secure attachment fosters a greater capacity for exploring the environment. By adolescence, individuals who experience consistent responsiveness from their attachment figures develop a sense of security that facilitates their capacity to explore the environment (both physical and social) without the actual presence of attachment figures. A secure attachment should enable teenagers to choose a university further away from home. Thus we would expect students who go abroad to study to be more securely attached. In regard to marriage, all people, almost, it seems, have some anxieties. It would be expected that anxiously attached individuals would have more such anxieties. It is unclear, however, if those who divorce had more anxiety about their marriages at the time of their weddings than those who did not divorce. The relationship between attachment and sexuality is a complex one. Although novel mates may appear to be more sexual attractive, the attachment system may lead secure individuals to remain faithful. On the other hand, secure individual may feel like exploring. Although avoidant persons have been found to endorse mate poaching and casual sex more, it is unclear if they are also more unfaithful. Although attachment style may be an important variable in predicting infidelity, other variables may be far more so. The studies in the present panel investigate these questions.

Adult attachment style and willingness to explore through studying abroad  
Matthew Camporese - Adelphi Univ., Garden City, NY, USA, Rebecca Curtis, Addy Arisleida

This study examined the attachment relationship styles of 60 international and domestic students. International students studying in the U.S. and American students who studied abroad or planned to study abroad were hypothesized to have more secure attachment styles than American students living at home with no plans to study abroad. The willingness to explore one’s environment is a defining characteristic of a secure attachment style. This desire to explore as it relates to adult attachment style
may manifest itself in students’ opting to study in another country. To assess attachment style and its relationship to studying abroad, students completed an adapted version of Bartholomew & Horowitz’s Relationship Questionnaire (RQ) as well as questions relevant to students’ experiences studying abroad. International students studying in the U.S. exhibited a more secure attachment style than domestic students. Furthermore, domestic students who did not study abroad exhibited a more avoidant attachment style when compared to the international students. A noteworthy ancillary finding is that Latin-American students studying in the U.S. unanimously assigned themselves the highest secure attachment rating. Currently, a larger sample is being collected that is expected to demonstrate: 1) that students who live further from home are more likely to exhibit a more secure attachment style; and 2) that domestic students who have studied abroad or who planned to study abroad will also exhibit a more secure attachment style. The willingness to study away from home could be utilized as a positive outcome measure of therapy with adolescents initially giving evidence of a non-secure attachment.

Hesitations of marriage, marriage stability, and attachment
Lisa Harris - Adelphi Univ., Garden City, NY, USA, Rebecca Curtis, Kelly Rotella

Hesitations of Marriage, Marriage Stability, and Attachment This study examined retrospective reports of anxieties pertaining to marriage in both married and unmarried adult participants. It was hypothesized that uncertainty regarding commitment was a negative predictor of future stability. Additionally, such anxieties were thought to be an indication of insecure attachment styles. The Hazan and Shaver Relationship Questionnaire and a self-designed questionnaire entitled “Hesitations About Marriage” were posted on Survey Monkey and completed by 138 participants between 20 and 79 years of age. Participants who were divorced were more likely to express anxieties before and after marriage. Interestingly, participants who were previously divorced were more likely to express hesitation only before marriage. The most commonly and strongly reported hesitation before and after marriage was of having different interests. Conforming to other research, participants who married at a younger age were more likely to divorce. Participants who lived with their significant others outside of marriage longer were less likely to divorce. Participants who engaged in couples’ therapy were more likely to be married longer but were also much more likely to report having been adulterous after marriage. Neither premarital therapy nor couples’ therapy was reported to reduce hesitations about marriage. Attachment data are currently being analyzed to determine any significant relationships. The sample included a small number of homosexual participants, and additional data are currently being collected to raise that sample size in order to determine how the hesitations about marriage of homosexual participants are similar to and different from those of heterosexual participants.

Infidelity, forgiveness, narcissism, sado-masochism & attachment style
Rebecca Curtis - Derner Institute, Adelphi Univ., Garden City, NY, USA, Margaret Momot

Participants (N=77) were presented with questions about their relationship history and measures of attachment style, narcissism, and sadism/masochism. Narcissism: Individuals who were unfaithful to their current partners showed higher scores on Narcissism. High subscales of Exploitativeness and Vanity on the Narcissism Personality Inventory (NPI) were indicative of people being less likely to put infidelity behind them. Sado-Masochism: Those who had higher rates of multiple cheating on previous partners had higher scores on Sadism. However, being cheated on by partners multiple times was not related to higher scores on Masochism. Attachment: Secure individuals did not cheat less nor were they less likely to be cheated on. Fearful individuals (25%) were more likely to cheat on their partners multiple times. Preoccupied individuals (12%) were less likely to have a current partner cheat on them multiple times. Fearful, more than Secure individuals (44%) were more likely to forgive a partner for cheating because they either felt they might not find someone else or no one else might want them. All but Dismissing
persons (20%) indicated that they felt they wanted revenge or retaliation following the disclosure of infidelity. Forgiveness: Forgiveness of the unfaithful partner was more likely if the individual was able to regain trust over time, if their partner admitted wrongdoing and apologized, or if the partner made an attempt to make up for their offense. Individuals who were cheated on multiple times indicated were more likely to forgive if their partner in some way placed blame on them for the infidelity.

A (first) observer-rated clinical and research method to assess cognitive errors and coping action patterns in-vivo: The CE and CAP systems

Discussants: Emily Blake - McGill University, Montreal, Canada and Debora D’Iuso - McGill University, Montreal, Canada, Katherine Thompson, Yves de Roten

The theoretical and empirical tradition in Cognitive Behavioural Therapy (CBT) has led to the creation of many self-report measures but observer-rated methods are lacking. Methods are needed that assess the patient’s actual productions and turn these free-responses into categories of cognitive errors and coping. The Cognitive Errors and Coping Action Patterns (CE & CAP) methods were developed to assess cognitive errors (CE) and coping (CAP) in-vivo, i.e. as they occur or are reported by a patient. The method can be used as an outcome measure that captures changes in a patient’s functioning without requiring that the patient be fully aware of these changes. Because the method involves rating specific segments within any given form of interview, it can also be used as a measure to study different therapy processes or to develop a plan for treatment. The first presentation will outline the central tenets of the method and the rating procedures, and provide clinical examples of the CES and CAPs. The second presenter will examine how CES and CAPs found in psychotherapy session differ in quantity and type between depressed and non depressed populations. The third presenter will examine the association between cognitive errors and self-esteem and their effect on individual’s coping patterns and interpersonal relationships. Finally, the fourth presentation will examine how CAPs change over the course of an ultra-brief therapeutic intervention.

New observer-rated methods for assessing cognitive errors and coping: Introduction to the rating systems

Emily Blake - McGill University, Montreal, Canada, Debora D’Iuso, Katherine Thompson, Martin Drapeau

Cognitive Behavioural Therapy aims to change dysfunctional cognitions and behaviours. A difficulty lies in finding or developing measures that tap cognitive errors and coping patterns, and in applying those measures to understand psychotherapy process. The CE and CAP methods (Drapeau et al., 2005; Perry et al., 2004) are the first known observer-rated measures of cognitive errors (CES) and coping action patterns (CAPs). Unlike questionnaires, the CE and CAP methods document CES and CAPs as they occur or are reported by a patient. The methods are detailed in two manuals and operationalize the 14 cognitive errors developed by A.T. Beck, J.S. Beck and colleagues, and other clinicians, as well as 12 different coping strategies in three manifestations (i.e., cognitive, behavioral, and affective) based on the work of Skinner and colleagues (2003). The manuals contain detailed descriptions of each construct, including a definition and possible function, ways to differentiate between similar or related constructs, and examples from actual therapy sessions. This presentation will outline the central tenets of the methods, and will enable observers to better understand and recognize cognitive errors and coping styles as they occur in therapy. It may also provide observers with additional ways of conceptualizing patient problems and functioning.
An examination of differences in cognitive errors and coping patterns in depressed and non-depressed patients

*Debora D’Iuso - McGill University, Montreal, Canada, Katherine Thompson, Emily Blake, Marilyn Fitzpatrick, Martin Drapeau*

Beginning with the work of Beck (1967, 1979), cognitive phenomenon has been frequently addressed in the clinical literature. Integral to CT is that individuals with depression process information in an overly negative or biased way, and that this bias is reflected in specific depressotypic errors (Cognitive errors: CE). Although CEs can be understood as part of a symptom complex of depression, their specificity to this disorder is not exclusive. They occur in non depressed populations as well (Hollon et al., 1986) but have been found to be greater in quantity among depressed individuals (Marton et al 1993). Linked to CEs are coping patterns. CEs are thought to proceed and effect subsequent choice of coping (White, 1974). AIM: This study investigated qualitative and quantitative differences of CEs and coping patterns in depressed and non-depressed patients. METHOD: Psychotherapy sessions of (N=24) patients with major depression from the Jacobson et al. (1996) randomized controlled trial were compared to a sample of non depressed, healthy participants (N =24). Early sessions were rated for cognitive errors and coping patterns using the CE (Drapeau et al., 2007) and coping action patterns (Perry et al., 2007) measures. RESULTS: Results indicated differences between the two groups on specific CEs and CAPs, as well as on level of adaptiveness of CAPs. DISCUSSION: A greater understanding of CEs and CAPs that are unique to depressed patients can help clinicians cater their interventions in session and assess change over the course of treatment.

The relationship of cognitive errors to the self-esteem and relational patterns of healthy individuals

*Katherine Thompson - McGill University, Montreal, Canada, Debora D’Iuso, Emily Blake, Martin Drapeau*

Cognitive therapy proposes that individuals evaluate information based on cognitive schemas (Beck, 1976; Garrett et al, 2007) that determine the way in which they interpret information. Schemas can result in an overly negative construal of events, commonly referred to as Cognitive Errors (CE). Studies of CEs suggest that their impact is related to Coping Action Patterns (CAP), especially maladaptive CAPs. Research suggests that self-esteem also influences the way in which individuals interpret information and affects the way in which they cope with stressors in interpersonal relationships (Assad, et al, 2007; Sommer, et al. 2002). AIM: This project examined the association between cognitive errors and self-esteem and their effect on individual’s coping patterns and interpersonal relationships. METHOD: Twenty-four female university students (N=24) who participated in a psychotherapy process research project completed measures of self-esteem, positive and negative affect, and experience in interpersonal relationships. The Cognitive Error and Coping Action Pattern observer-rated methods (Drapeau et al., 2007; Perry et al., 2004) were used to assess participants’ use of cognitive errors and coping strategies. RESULTS: Results suggest that self-esteem is related to cognitive errors used by individuals, especially in terms of valence of the error, and that both errors and self-esteem are related to coping patterns and relational experiences. DISCUSSION: A better understanding of how CEs are related to self-esteem and how both CEs and self-esteem can be related to one’s preferred coping strategies and relationships can help clinicians target specific and important aspects of the patient’s functioning.
Coping action patterns over the course of Brief Psychodynamic Intervention (BPI)

Yves de Roten - Institute for Psychotherapy, Lausanne, Switzerland, Ueli Kramer, Martin Drapeau, Christopher J. Perry, Jean-Nicolas Despland

Coping over the course of psychotherapy has rarely been studied. While this has been done extensively for defense mechanisms in Brief Psychodynamic Intervention (Drapeau et al., 2003) and in other forms of psychodynamic psychotherapy (e.g., Perry, 2001), research into coping over the course of psychological treatments is scarce (Küchenhoff & Manz, 1993; Kramer et al., submitted). AIM: This pilot study aims to understand the evolution of coping over the course of an ultra-brief intervention. METHOD: A total of N = 10 patients undergoing Brief Psychodynamic Intervention (BPI), a four-session intervention (Gillieron, 1997) were included in the study. All four sessions were rated for coping using an observer-rated scale: the Coping Action Patterns method (Perry et al., 2005). A weighted mean-score was computed, referred to as the Overall Coping Functioning (OCF). Hierarchical Linear Modeling (Bryk, & Raudenbush, 1987) was applied to the data to take the individual evolution of the variables over time into account. RESULTS: Results showed that OCF increased significantly over the course of BPI. There are several other specific fluctuations of coping over time, including an increase in several coping categories when the stress is appraised as a challenge. Links with alliance and outcome are also examined. DISCUSSION: These results are discussed with regard to the significance of coping, a variable not directly addressed in psychodynamic psychotherapy, in predicting outcome variance in Brief Psychodynamic Intervention.

The study of referential process through I-WRAD

Discussant: Bernard Maskit - Stony Brook University, New York, USA

A Computerized Weighted Dictionary of Referential Activity in Italian Language (I-WRAD) has been produced. In this panel some first applications of I-WRAD will be presented, with the aim of studying the fluctuations of RA both in different states of mind with respect to attachment and in RAP Interviews during pregnancy. Moreover, two new dictionaries will be introduced in the study of the referential process during psychotherapeutic sessions: respectively, the Reflection Dictionary, aimed to capture Italian words which express ability to think or reflect in the speech, and the Disfluency Dictionary, aimed to capture specific words and phrases which indicate interruptions in the communicative verbal fluency.

Referential activity and narratives during the pregnancy

Silvia Andreassi - Sapienza University, Roma, Italy, Chiara Bertazzo, Rachele Mariani

Referential Activity (RA) represents that mental activity that links together the sensory experience, emotions and thoughts as expressed through words. Objective of this study is to inquiry RA fluctuations during the pregnancy period. The studied set includes 30 subjects whose pregnancy phase is between the 20th and 37th week. Risky pregnancies and potential psycho-social risky subjects have been excluded from the set. We interviewed the subject throug “Thè self-interpretation of the relationship anecdotes paradigms (RAP) Luborsky. In RAP interview the subjects tell ten episodes concerning their relationships with other people. Method In our research subjects have been asked to tell five episodes happened before the pregnancy and five episodes happened during the pregnancy period. All the interviews have been codified with Italian Weighted Referential Activity Dictionary. The project is based on a research between-subjects plan. Two narration typologies from the same subjects told at the same time are compared. A first group collects episodes during the pregnancy “pregnancy group”; a second group collects episodes before pregnancy “no pregnancy group”. Results The RA results confirms the research hypothesis: the “pregnancy group” RA scores are significantly higher than the “no pregnancy group” ones. Moreover the distance between “pregnancy” and “no pregnancy” RA Delta ( ) averages increases as the pregnancy goes on. Discussion According whith this temporal increment it seems that women can
enter into a mental state comparable with the one described by authors such as Winnicott, concerning the Primary Maternal Worry, or Stern, concerning his Maternal Constellation.

State of mind with respect to attachment and the italian weighted Referential Activity (I–WRAD): A pilot study
Chiara Pazzagli - Università della Valle d'Aosta, Italy, Elisabetta Iberni, Valeria Crisafulli, Alessandra De Coro

AIM The aim of this study is to explore the narrative characteristics of mental states with respect to attachment through the referential activity (RA) paradigm. The narratives of securely attached individuals indicate an integrated organization of mental representations of attachment in contrast to the insecure individuals (i.e., preoccupied or dismissing) whose representations have been subject to defensive distortions and exclusions. A previous study suggested that variations of RA (as rated by judges) indicate that RA behaves differently in the narratives of subjects with Dismissing states of mind than in narrative modalities of subjects with Secure and Preoccupied states of mind. The aims of this study are therefore: a) to investigate the different levels of connection and integration between different systems of information processing in the main states of mind with respect to attachment (F, Ds and E); b) to find out whether RA rates and/or their distribution differentiate between different insecure states of mind.

METHODS The Italian Weighted Referential Activity was applied to verbatim transcripts of the “Adult Attachment Interview”, classified with Main’s Adult Attachment Scoring and Classification System.

RESULTS and DISCUSSION Preliminary findings indicate that the computerized dictionary is effective in analysing qualitative aspects of the attachment narratives. The discussion will consider the contribution of the RA dictionary to the understanding of the integration of emotional schemas in language, as well as the different symbolizing modes, in the principle states of mind with respect to attachment and the ability of the I-WRAD to capture emotion regulation during the AAI.

Referential process in the psychotherapy exchange: Italian reflection dictionary and narrative coherence in a clinical case
Rachele Mariani - Sapienza University, Roma, Italy, Elisabetta Iberni, Alessandra De Coro

This work presents an application of two computerized measures of the Referential Process: Italian Weighted Referential Activity Dictionary (I-WRAD) and Italian Referential Dictionary (I-REF) compared with a narrative Coherence measure COS (Coherence Q-Sort, M. Beijersbergen, C. Bakermans-Kranenburg, M. Van Ijzendoorn, 2006). Narrative Coherence is a concept originated from Paul Grice (1975), who pointed out the Cooperative Principle, which seems to be particularly adapted to describe verbal (and non verbal) interactions between therapist and patient, focusing a complex dimension of communication situated between the intrapsychic and interpersonal level. Aims: According with a Multiple Code Theory, it is possible identify specific phases of the treatment where emotion schema can be activated. In adaptive functioning, the emotion schemas operated flexibly, in multiple parallel channels. It depends on the integration of subsymbolic and symbolic components of the emotion schema. The pathology primarily results from dissociation within the schemas (Bucci, 2002). We intend to promote an empirical study of the psychodynamic psychotherapy, observing how traumatic emotion schemas can be differently narrated, failing or not the Graice’s maxims, during the treatment. Methods: We have applied the Italian version of I-WRAD and I-REF on four phases audio-recorded sessions, picking up two phase sessions. We have compared the computerized measure with a COS applied on the same sessions.

Results: The results point out the relations between referential process and narrative coherence, and how the integration or dissociation of subsymbolic and symbolic components of the emotion schema could be caught up in the clinical exchange.
Speech disfluencies in spoken language: The Italian Computerized Dictionary (I-Df) and its application on a single case
Anna Angela Bonfanti - Italian Society of Relational Psychoanalysis, Milano, Italy, Luca Campanelli, Alessandra Ciliberti, Giorgio Golia, Silvia Paola Papini

INTRODUCTION Speech disfluency refers to any breakdowns or irregularities in the natural flow of speech, such as false starts, hesitations, filled pauses, part- and whole-word repetitions, prolongations, discourse marker and related phenomena. According to linguistic research, disfluency can provide information on multiple aspects of communication, such as the difficulty of planning, based on lack of familiarity with a topic, or emotional issues blocking access to an experience; difficulty of lexical retrieval; or desire to hold the floor in a conversational interchange. The Italian Computerized Dictionary (I-Df) for measuring disfluency was constructed on the basis of this research as well as clinical experience. The following study describes the method by which I-Df was constructed and its characteristics; and shows a clinical application of I-Df in a therapy context. METHODS AND MATERIALS We analyzed different phases of the process in a twice-a-week psychoanalytic psychotherapy single case. The patient is an approximately 20 year-old female with Anxiety Disorder with Panic Attack and obsessive personality traits. The session’s transcripts were analyzed using computerized measures by Maskit and Bucci, et al. RESULTS AND CONCLUSION The results show how I-Df, along with other measures, facilitates the clinical interpretation of the case. The measures identify periods of difficulty in the patient’s expression of experience as well points of possible reorganization. The measures also indicate aspects of the patient-therapist interaction.

Evaluation and mapping of training in cognitive analytic therapy

Cognitive Analytic Therapy is a well-established time-limited therapy that makes a feature of its time-limitedness by involving clients in a discussion of endings and by focusing clients on what can be achieved in a maximum of 16 sessions. It is particularly suited to public health delivery of psychotherapeutic interventions where there are considerable resource constraints (Ryle, 1999). It has been adopted as one of the therapeutic modalities taught in the Counselling Psychology programme at Auckland University of Technology, because 1. It has a well-defined structure. 2. There is a clear documentation process which itself constitutes the psychotherapy and is a record of it 3. It acknowledges in its epistemological base through the work of Bakhtin, Volosinov and Vygotsky, the dialogical character of symptoms and the dialogical character of the psychotherapy (working alliance, therapeutic alliance) The research described in this panel, focusing on the progress of intern psychologists as they become familiar with CAT and employ it in their first psychotherapeutic contacts. Uniquely this research also considers training in CAT as a self-reflexive activity.

Evaluation and mapping of training in cognitive analytic therapy
Geoff Denham - Auckland University of Technology, New Zealand

Cognitive Analytic Therapy is a well-established time-limited psychotherapy. Reported here is a large scale research project focused on outcome measures in the training of NZ intern psychologists in CAT. Intern psychologists at Auckland University of Technology complete a one week intensive training in CAT at the beginning of semester and a one week intensive training 8 weeks later in mid-semester. On completion of this training they work in a clinic setting under supervision. They make two videotapes of psychotherapeutic sessions as part of their training requirements. This large research project focuses on three aspects of interns’ professional training: 1. Their professional development in relation to their exposure to CAT training 2. Measurement of the learning outcomes in relation to the training 3. Measures of their competencies in establishing and maintaining the therapeutic or working alliance with
their clients. The research reported here examines the changes in personal development captured by two assessment protocols: the Relational Repertory Grid and the Psychotherapy File (Ryle, 2005, 1999). These protocols were completed on two occasions during the course of the intern psychologists’ training ie. pre-training or baseline (T1); and after the completion of their first supervised practicum at the end of their first semester of their training (T2). An 18 month follow up on these protocols is planned (T3). This paper introduces the entire research project and reports on the findings of the first two stages of the project (T1 & T2) in relation to point 1. above.

Evaluating training in cognitive analytic therapy: What do interns learn and do their constructs alter?

*Lola Voronova* - *Auckland University of Technology, New Zealand, Geoff Denham*

This research put intern psychologists through a series of psychometrics and personal construct mappings at three stages in their professional training in Cognitive Analytic Therapy (CAT): 1. before their intensive introduction to CAT procedures; 2. after their second advanced training programme in CAT; 3. and after their first substantial period of supervised practice. As CAT is located epistemologically in a dialogical matrix of social theory (Volosinov, Bakhtin, Vygotsky) the theory suggests that increasing exposure to both the training and the application of the concepts in psychotherapeutic work, will result in changes both in skills and mastery levels in relation to the performance of the therapeutic tasks, but also to changes produced by the therapeutic dialogues themselves. Most work to date has focused on the client side of this engagement in therapeutic dialogue. This work examines the transforming nature of these therapeutic dialogues for intern psychologists as well as measuring their progress in learning the approach. The research findings in relation to the second stage of the research will be presented in this paper.

Evaluation and mapping of training in cognitive analytic therapy

*Daniel Shepherd* - *Department of Psychology, Auckland, New Zealand*

Cognitive Analytic Therapy is a well-established time-limited psychotherapy. Reported here is large scale research project focused on outcome measures in the training of NZ intern psychologists in CAT. Intern psychologists at the Auckland University of Technology complete a one week intensive training in CAT at the beginning of semester and a one week intensive training 8 weeks later in mid-semester. On completion of this training they work in a clinic setting under supervision. They are required to make two videotapes of psychotherapeutic sessions as part of their training requirements. This large research project focuses on three aspects of interns’ professional training: 1. Their professional development in relation to their exposure to CAT training 2. Measurement of the learning outcomes in relation to the training 3.Measures of their competencies in establishing and maintaining the therapeutic or working alliance with their clients. Three forms of assessment are commonly found within educational institutions: the written assignment, the written test, and oral assessment. The objectives of paper evaluations in the educational setting is to ensure that the subject under evaluation is achieving its aims and that defined learning outcomes have been achieved. This paper examines the evaluation of a postgraduate course training students in the theory and methods of Cognitive Analytic Theory (CAT). The evaluation will be conducted both at the micro level, that is, the evaluation of individual students using learning outcomes, and the macro level, that is, how the components of the programme map onto its objectives. Discussion will centre on the quantitative and qualitative techniques that best suit the evaluative process. Evaluations conducted before training and after the first and second intensive training sessions will be undertaken and compared, and written assignments and verbal reports will be assessed using multiple judges. Additionally, a new method in logic modelling, Participatory Impact Pathways Analysis (PIPA), will be described and presented with some initial findings. An evaluation will be repeated approximately 40 weeks after the initial training session in CAT.
Intimate relations in borderline patients: A focus of intervention

Discussants: Belinda Carrasco - Personality Disorders Institute, White Plains, NY, USA and
Regina Sala - Hospital de Móstoles, Madrid, Spain

Attachment in close relationships, sexual behavior and transference themes in borderline females. A great deal of knowledge has been accomplished along the last two decades in the study of borderline personality disorder (BPD). However, the quality of the intimate relations, that includes attachment style and the sexual functioning of individuals with BPD still remains to be well explored, and no systematic survey in the literature is available. Sexual functioning may be relevant for the clinical course of BPD, so clinicians should pay attention to the sexuality of BPD patients, and to the sexual parameters of their intimate relationships. Furthermore, individuals that have Insecure attachments in intimate relationships may include both hyperactivating and deactivating strategies. Hyperactivating or maximizing strategies involve interpersonal behaviors that include fear of separation, need for reassurance, and seeking attention. In contrast, hypoactivating or minimizing strategies include self-reliance, minimizing closeness, avoidance of emotional interaction. In a randomized study of three treatments for borderline patients (Clarkin, et al, 2007) we have found 17% of the patients in Transference Focused Psychotherapy to report extreme anxious attachment, often associated with hyperactivating strategies, and 13% with high avoidant, and 10% with a combination of both extremes. We report here on the impact of these self-reported attachment behaviors and ratings of actual behavior in the treatment hours. The implications for the management of transference themes and its relationship with sexual behavior is discussed.

Attachment in close relationships and sexual behavior and transference themes in borderline females

Belinda Carrasco - Personality Disorders Institute, White Plains, New York, USA, John Clarkin

Borderline Personality Disorder is associated to insecure attachment patterns. Insecure attachments in intimate relationships may include both hyperactivating and deactivating strategies. Hyperactivating or maximizing strategies involve interpersonal behaviors that include fear of separation, need for reassurance, and seeking attention. In contrast, hypoactivating or minimizing strategies include self-reliance, minimizing closeness, avoidance of emotional interaction. In a randomized study of three treatments for borderline patients (Clarkin, et al, 2007) we have found 17% of the patients in Transference Focused Psychotherapy to report extreme anxious attachment, often associated with hyperactivating strategies, and 13% with high avoidant, and 10% with a combination of both extremes. We report here on the impact of these self-reported attachment behaviors and ratings of actual behavior in the treatment hours. The implications for the management of transference themes is discussed.

Exploratory study to examine potential relationship between borderline personality disorder, early childhood experiences and current sexual practises

Regina Sala-Cassola - Complutense University of Madrid, Spain

A great deal of knowledge has been accomplished along the last two decades in the study of borderline personality disorder (BPD). However, the sexual functioning of individuals with BPD still remains to be well explored, and no systematic survey in the literature is available. Sexual functioning may be relevant for the clinical course of BPD, so clinicians should pay attention to the sexuality of BPD patients, and to the sexual parameters of their intimate relationships. The aim of this empirical crossectional study is to examine the sexual behavior in BPD (n=40) compared with non BPD (n=40), and the link between type of current sexual activity and differences in global functioning, hospitalization, self-mutilation and suicidal behaviour. Furthermore, to examine the relation between the current sexual behavior of BPD, and comorbility in Axis II. The research findings provide information about problems with respect to intimate
and sexual relations. BPD have significantly more relationship problems regarding sex, greater sexual boredom, avoidance of sex, greater sexual preoccupation, and sexual dissatisfaction. Assessing the quality of sexual relationships can help in estimating a prognosis for patients with BPD.

**Objective measurement procedures as indicators of in-session psychotherapy processes**

This panel includes three independent research studies on objective measurement procedures (i.e., vocal rhythmic coordination, physiological and vocal-acoustical) used as indicators of in-session psychotherapy processes. Paper one will present the feasibility of using a measure of vocal rhythmic coordination between therapists and clients (i.e., based on the periodicity of sound-silence sequences) to examine episodes of therapeutic change (e.g., impasse episodes). Paper two will examine an attachment related stressor (i.e., the Separation Recall Paradigm) developed to reliably assess psychophysiological reactivity and recovery based on heart rate, blood pressure and heart rate variability measures. Paper three shows that physiological and vocal acoustical measures are indicative of clients’ in-session emotional experiences of unresolved anger and sadness directed toward an important other (i.e., attachment figure). These three studies represent a growing movement to employ objective, physiological measures to better understand change in the therapeutic process.

**Vocal rhythm coordination between patient and therapist: Preliminary results**

*Alemka Tomić - Pontificia Universidad Catolica de Chile, Santiago, Claudio Martínez, Eugenio Rodríguez, Susanne Bauer, Marcos Guzmán, Alejandro Reinoso & Claudia Cruzat*

Vocal rhythmic coordination during interpersonal communication is a basic organizing principal of human interaction. In mother-infant interactions it is a crucial element in the development of attachment quality and, in adult interactions it reflects peoples’ ability to hold a conversation (Cappella, 1990). Additionally, changes in interpersonal vocal rhythmic coordination are related to changes in the quality of those interactions. For example, changes in vocal rhythms have been associated with the quality of adult attachment relationships and adults’ emotional regulation capacity (Warner, 1988). However, no previous research has examined vocal rhythm coordination within psychotherapeutic interactions. Our research will analyze patterns of patient-therapist vocal rhythmic coordination during change episodes. We expect such patterns to be different during episodes of therapeutic change (e.g. impasse episodes) in comparison to other instances of the therapy (i.e., episodes of no therapeutic change). Vocal rhythmic coordination measures will be extracted from recordings of patient-therapist vocal signals obtained during therapy sessions. This measure will reflect the periodicity of sound-silence sequences shared by patient and therapist throughout sessions, including episodes of change. In-session change episodes will be identified and classified based on the Hierarchy of Generic Change Indicators, a coder-based scale shown sensitive to on-going changes in patients’ subjective theories (Krause et. al, 2007). Technical and methodological details of this research and preliminary results will be presented. The importance of this research approach in the context of psychotherapy research will be discussed.

**Psychophysiology of adult attachment - Building bridges between clinical and experimental strategies**

*Johannes C. Ehrenthal - Clinic for Psychosomatic and General Clinical Medicine, University of Heidelberg, Germany, Henning Schauenburg*

Aim: The human attachment system can be seen as a relationship oriented, bio-psycho-social model of stress regulation. However, surprisingly little research has been conducted with regards to adult populations and physiological measures. Existing studies differ widely in their methodological
framework, lacking either external validity or experimental control. Goal of the present research is the
development and validation of a reliable, attachment-related stressor for assessing psychophysiological
reactivity and recovery: the Separation Recall paradigm (SR). Methods: In a first study, continuous
monitoring of heart rate, blood pressure and heart rate variability is recorded during rest and two types of
stressors: SR vs. mental arithmetic. Attachment is assessed by self-report (ECR-R, RQ-2), as well as
general symptom load and other variables. In a second study, cardiovascular measures during and after
SR are being studied in a sample of patients with borderline personality disorder vs. healthy controls.
Results and discussion: In the first study, both stressors evoked cardiovascular reactions. However, there
were specific influences of attachment related anxiety and avoidance during and after SR but not mental
arithmetic. The subjects presented attachment-related memories during SR, indicating content validity of
the paradigm. Results of the second study will be presented. The use of psychophysiology as an
additional area of diagnostics and its possible relevance for timing and content of interventions will be
discussed.

Physiological and voice analytic measures as indicators of in-session emotional experiences
Daniel Rochman - Department of Psychology, Ben Gurion University of the Negev, Beer Sheva, Israel,
Gary M. Diamond and Ofer Amir

Aim: To examine the validity of physiological and voice measures in terms of identifying and
discriminating between clients’ experience/expression of unresolved anger and sadness during analogue
therapy sessions. Methods: Twenty-two female undergraduates reporting feelings of unresolved anger
towards an important other in their lives (i.e., attachment figure) participated in an analogue therapy
session designed to elicit, first unresolved anger and, then, associated feelings of sadness/vulnerability.
During the course of the session, participants’ sympathetic activation (i.e., measured by finger
temperature [FT] and skin conductance levels [SCL]) and voice were continuously recorded. Voice
recordings were later analyzed in order to determine rate of articulation, pitch, pitch perturbation, and
other acoustical parameters. In addition, the Specific Affect Coding System was used to obtain moment-
by-moment readings of participants’ mood states. Results: Relative to the baseline, emotionally neutral
condition, sympathetic activation increased for anger (indicated by a decrease in FT) and for sadness
(indicated by an increase in SCL and a trend toward a decrease in FT). Also relative to the baseline,
emotionally neutral condition, rate of articulation, pitch and pitch range increased for anger; and pitch
perturbation increased for sadness. Discussion: This study represents the first successful attempt to
identify specific in-session emotional experiences with objective, biologically-based measures. As such,
it has a direct application for psychotherapy process researchers. Measures of sympathetic activation are
indicative of undifferentiated emotional arousal, while vocal acoustical parameters can differentiate
between experiences/expressions of unresolved anger versus sadness. These results replicate those
obtained in our lab using standardized mood induction procedures.

Impaired mental states understanding in severe adult disorders

One potential explanation for adults experiencing impoverished lives, problematic relationships and
painful psychological symptoms may be their limited ability to understand mental states, often defined as
metacognition, social cognition or theory of mind. Evidence is mounting that persons with schizophrenia,
personality disorders and dissociative disorders have problems in describing and reasoning on their own
and others’ thoughts, intentions and emotions. In this panel the participants will present further evidence
regarding the dysfunctions in mental state understanding and its relations with other variables, such as
social functioning or therapy outcome. Brune will present lab findings about the relation between Theory
of Mind deficit and deviant behaviour in persons with schizophrenia. Dimaggio will describe the different

Panel
Measures
Moderator
Giancarlo
Dimaggio - Third
Centre of
Cognitive
Psychotherapy,
Rome, Italy
aspects of the metacognitive disorder (i.e. self-reflection, mindreading, mastery of psychological problems) in a sample of patients with personality disorder. Humphreys and Stiles will give a detailed account of how one woman diagnosed with Dissociative Identity Disorder, slowly assimilated (gained smooth access to) aspects of her alters (alternative selves) during a course of long-term psychotherapy.

Non-verbal behaviour and impaired social cognition is associated with poor social functioning in schizophrenia

Martin Brüne - University of Bochum, Germany

Background and aims: Several studies have consistently shown that patients with schizophrenia display less expressive behaviours during social interaction. There is, however, a paucity of research into the underlying emotional or cognitive abnormalities in Schizophrenia Spectrum Disorders. It is theoretically conceivable that patients engage less in social interaction, because they misinterpret intentions and dispositions or overattribute desires and thoughts to their interlocutors. Methods: We tested the hypothesis that the non-verbal behaviour of patients with schizophrenia correlates with their understanding of other people’s thoughts and intentions, known as “theory of mind” (ToM) and with their ability to decipher emotional expressions from faces. Standard ToM picture stories and pictures of facial affect were given to a group of 50 patients with schizophrenia. The patients’ nonverbal behaviour was measured using the Ethological Coding System for Interviews (ECSI; Troisi, 1999), and social functioning was examined using the Social Behaviour Scale (Wykes and Sturt, 1986). In addition, intelligence, executive functioning and psychopathology were assessed. Results: Preliminary results suggest that patients’ nonverbal behaviour and social functioning correlates with ToM, emotion recognition, verbal intelligence and cognitive flexibility. Conclusions: These findings point to an important link of social cognitive abilities with social interaction in schizophrenia.

Metacognitive dysfunctions in personality disorders as analysed with the Metacognition Assessment Scale

Giancarlo Dimaggio - Third Center of Cognitive Psychotherapy, Rome, Italy, Laura Conti, Giuseppe Nicolò, Antonino Carcione, Donatella Fiore, Michele Proacci, Raffaele Popolo, Roberto Pedone and Antonio Semerari

Background and aims: Metacognition, or the ability to reflect on mental states, is supposed to be impaired in persons with Personality Disorders (PDs). This impairment should surface when analysing session transcripts from psychotherapies with those persons. In previous research we described problems in selected samples and only focusing on aspects of metacognition, such as self-reflection or reading the mind of the others. We further test here the idea that the metacognitive disorder is prominent in a broad array of PDs and affects all the areas of mental state understanding. Methods: We analysed the first 20 sessions of 16 patients with PDs and 4 patients with no PD with the Metacognition Assessment Scale. The scale is made of sub-scales which independently assess Self-Reflection, Understanding of others’ mind, Decentration, and Mastery (of psychological problems thanks to metacognitive awareness). Results: All the patients’ with PDs showed dysfunctions in the areas analysed. Patients with PDs appeared to have a more severe stable and more stable disorder than patients with no PDs. Dysfunctions were not homogenous among different PDs, albeit in specific aspects of metacognition Conclusions: Findings point to the existence of a metacognitive disorder in PDs that is subject to some change early in therapy, but not to the point of disappearing. The metacognitive disorder needs to be further explored and considered as a target area for therapeutic intervention.
Assimilation in a case of dissociative identity disorder: Increasing awareness and insight of a fragmented self

Carol L. Humphreys - Miami University, Oxford, USA, William B. Stiles

Aim: This intensive case study aimed to apply the assimilation model to therapy with a young woman (Kristen) with Dissociative Identity Disorder (DID). The assimilation model describes the self as a community of internal voices, each comprised of traces of previous experiences. In a well-functioning community, voices communicate and step forward to act as required. Problematic voices represent highly discrepant experiences, cause pain, and are not smoothly accessible. In DID, amnesic barriers block internal communications between parts of the self. Assimilation of problematic voices in therapy involves dialogue to create meaning bridges with the larger community. This is manifested in clients’ increased awareness and understanding of their own thoughts, intentions and emotions. Method: Kristen was a young, female therapy client seen over four years and 400 sessions. A team of investigators intensively studied a rich variety of materials, including session recordings and transcripts, drawings, email messages, therapist progress notes and assessment reports. Analysis focused on points of contact between theory (the assimilation model) and observations (e.g., specific passages representing theoretical concepts). Results and Discussion: Kristen slowly assimilated (gained smooth access to) aspects of her alters (alternative selves). At intake, Kristen presented with only a vague awareness of internal fragmentation. During sessions, the fragmented (unassimilated) parts surfaced as intrusive voices and thoughts. The amnesic barriers began to crumble as the parts became increasingly aware of each other, negotiated space, and created meaning bridges. From an initial presentation of intense disorganization and suicidality, Kristen grew towards awareness and insight at termination. Parts that had been problematic became resources.

Assessment measures: Clinical usefulness and research perspectives

Several studies focusing on Personality Assessment and grounded on DSM-IV axis II Personality Disorders criteria have highlighted a large number of problems linked to the categorical diagnostic approach, such as high Axis II/Axis I comorbidity and PD Diagnoses co-occurrence and rates of PD improvement that are inconsistent with DSM-IV definitions. These premises, besides raising doubts on the categorical diagnosis validity itself, strongly call both for a more comprehensive classification system and for the development of new personality assessment measures, to be used together with the current golden diagnostic standards (e.g. SCID-II), also taking into account dimensional aspects of personality as well as healthy individual social functioning. In daily clinical practice, this type of assessment could lead to a more detailed ‘picture’ of each single patient and be of great help for more specific treatment plans. Promising results in this direction, have been obtained by Livesley (i.e. DAPP - Dimensional Assessment of Personality Pathology), Westen & Shedler (SWAP-200 - Shedler Western Assessment Procedures - 200) and Verheul & Andrea (SIPP - Severity Indices of Personality Problems), who have tried to reach a systematic definition of the severity construct. Starting from these considerations, the present Panel aims to boost the knowledge and circulation of newly developed psychological tools of help to clinicians and researchers and to try and address some considerations on the link between psychometric validity and the clinical usefulness of the assessment measures.
Severity of diagnoses: Is there something new? The usefulness of the Italian version of the Severity Indices of Personality Problems (SIPP)

Deborah Donati - Department of Clinical Neurosciences H San Raffaele Turro - Vita-Salute San Raffaele University, School of Psychology, Milan, Italy, Alessandro Ubbiali, Carlo Chiorri

Aim. The ‘severity topic’ seems not to have still found an unambiguous definition, and perhaps has even been underestimated in its potential consequences, both for diagnostic and for clinical and research implications. The Severity Indices of Personality Problems (SIPP) is a 118-item self-report questionnaire that provides scores on 16 facets and 5 domains, aimed at measuring the severity of the generic and changeable components of personality. The aim of this study was to assess the psychometric properties of the SIPP Italian version in a non-clinical sample. Methods. Four-hundred-seventy-five subjects were administered the SIPP, together with the Inventory of Interpersonal Problems—47 (IIP-47), the Personality Diagnostic Questionnaire-4+ (PDQ-4+) and the Health Functioning Rating Scale-SWAP-200 (HFRS-SWAP-200), a newly developed scale which provides a measure of health and social functioning. Psychometric properties (i.e., internal consistency and criterion and construct validity) of the SIPP were assessed through item analyses and Confirmatory Factor Analyses (CFAs). Results. Mean Cronbach’s alpha for the 16 facets was satisfactory (.70) and the five-domain structure proposed in the original version was adequately replicated (NNFI=.93, CFI=.94; RMSEA=.096, SRMR=.076). All the five domains and almost all the facets scores negatively correlated both with the PDQ-4+ and the IIP-47 Personality Disorders subscale score, and positively with the HFRS-SWAP-200 score, corroborating the SIPP validity. Discussion. These results show that the SIPP Italian version is valid and reliable. The cross-cultural validity of this measure suggests the presence of a unique construct underlying the severity of personality pathology, and calls for further investigation on this essential topic.

The health functioning rating scale SWAP-200 (HFRS-SWAP-200): A measure developed from SWAP-200, for assessing healthy and social personality functioning

Alessandro Ubbiali - Department of Clinical Neurosciences H San Raffaele Turro - Vita-Salute San Raffaele University, School of Psychology, Milan, Italy, Deborah Donati, Carlo Chiorri

Aim. The purpose of this study was to develop and validate a brief, self-administered measure of healthy personality functioning, starting from the SWAP-200 whole item pool, and specifically on the items describing normal and healthy personality functioning. The statements have been adapted to a 23-item, 8-point Likert type, self-administered scale. Methods. Seven-hundred-twenty-nine subjects were administered a battery of tests including the Inventory of Interpersonal Problems – 47, the Personality Diagnostic Questionnaire-4+ and the Severity Indices of Personality Problems, together with the HFRS-SWAP-200. To evaluate the psychometric properties of the scale, Internal Consistency, Principal Axis Factor Analyses (PAFs), Confirmatory Factor Analyses (CFAs) and Test-Retest Reliability (1 Month) were performed. Results. Cronbach’s alpha for the whole scale was adequate (.893) and a five factor solution accounted for 54.694% of variance. A bi-factor CFA model with five correlated factors and a General factor showed an optimal fit (S-B chi2=472.01, df = 197, S-B chi2/df = 2.40; RMSEA=.044, SRMR=.04, NNFI=.96, CFI=.97). Moreover, the mean subscale test-retest reliability coefficient was .653, ranging from .576 (Factor 3) to .734 (Factor 1), while for the Total Score was .672. Discussion. HFRS-SWAP-200 seems a valid, reliable and manageable one-dimensional measure, with five subscales, helpful for clinical and research purposes. Moreover, since clinicians and patients usually differ from a clinical perspective, this scale could be useful both by itself and together with the SWAP-200, to better identify which areas of functioning show minor agreement between patient and therapist.
Can personality traits be reliably assessed with short measures? An Italian study on the shortened version of the Big Five Inventory-44

Carlo Chiorri - Department of Anthropological Sciences Psychology Unit, University of Genova, Italy, Alessandro Ubbiali, Deborah Donati

Aim. Personality traits are known to moderate treatment response and are often an essential add-on to a symptom picture when performing a patient’s systematic evaluation. However, personality measures are often long to administer due to their large number of items. Rammstedt and John (2007) abbreviated the Big Five Inventory (BFI-44) to a 10-item version (BFI-10) and found that the shortened scale retained reasonable levels of reliability and validity. The aim of this study was to validate both the BFI versions.

Method. The Italian version of the BFI-44 was administered to 645 non-clinical subjects. Psychometric properties (i.e., internal consistency and construct validity) both of the BFI-44 and of the BFI-10 were assessed through Exploratory and Confirmatory Factor Analyses. Results. Psychometric properties of the two measures overlapped those of the original versions. Confirmatory analyses revealed that the factor structure based on responses to the items of BFI-10 was invariant with the factor structure based on responses to the items of BFI-44. We also modeled the effects of social desirability, age, gender and their interactions. Linear component of age was positively correlated with Conscientiousness and negatively with Neuroticism, on which females scored higher than males. The effects of the covariates were substantially invariant across factor structures of BFI-10 and BFI-44. Discussion. Though the BFI-10 scales showed acceptable levels of reliability and validity, they do not reach the depth of construct operationalization provided by the scales of BFI-44. Therefore the BFI-44 seems to be more adequate for the purposes of systematic evaluations in clinical settings.

Self report measures of distress/dysfunction and personality disorder in a UK sample of clients in therapeutic communities (TCs)

Chris Evans - Nottinghamshire Healthcare NHS Trust, UK, Mark Freestone & Jan Lees

We present data from a survey of 519 people admitted to 19 Therapeutic Communities in the UK who were followed up throughout their admissions and at six months post-discharge (Lees, Evans and Manning 2005; Freestone, Lees, Evans and Manning 2006; Lees, Evans, Freestone and Manning 2006; Manning, Lees and Evans 2006). Repeated measures (also used at baseline) were the CORE-OM (Evans et al, 2002), Brief Symptom Inventory (BrSI; Derogatis, 1993), Borderline Syndrome Index (BoSI; Conte, Plutchik, Karasu and Jerret 1980), EuroQol-5D (Brooks, 1996) and baseline measure of personality was the PDQ-IV (Hyler, Ryder, Spitzer and Williams 1987). This ambitious naturalistic study revealed many challenges for use of such measures in routine practice but showed clear differences between communities at entry and clear changes in scores over time. Convergent validity, both for cross-sectional and change patterns, was generally good but showed marked differences between scoring on the BoSI and Borderline scale of the PDQ-IV at baseline. The implications for use of measures of change in routine practice are discussed.

Group therapy for somatoform pain disorder. Efficacy of treating stress and interpersonal problems for pain and disability

20%-40% of all patients in general practice suffer from somatoform disorders. 90% of these patients have pain as their main complaint. As these patients have a tendency to use somatic attributions for their pain complaints they often are high utilizers of the health care system. Up to now cognitive behavioral approaches try to change their selective attention focus to body perception and their coping strategies. We (Nickel & Egle 1999) developed a manualized psychodynamic treatment approach for this disorder focusing on interpersonal problems resulting from adverse childhood experiences and insecure
attachment. The results of a controlled study on adverse childhood experiences and mother/father-child-relationship, the first fMRI study of central pain and stress processing in somatoform pain patients and the results of a randomized controlled study comparing this psychodynamic approach with a manualized CBT approach are presented. Funded by the German Research Foundation (DFG)

Psychodynamic interactional group therapy for somatoform pain disorder. Results of a randomized controlled study

Ulrich T. Egle - Hospital for Psychosomatic Medicine, Gengenbach, Germany, F. Petrák, J. Hardt, R. Nickel

The efficacy of a manualized psychodynamic-interactional group therapy (PDI) for patients with somatoform pain disorder was evaluated in a randomized controlled trial in comparison to CBT. The manualized approach focuses on interpersonal problems resulting from adverse childhood experiences. CBT focused on a better coping with pain and with daily stress. Over a period of six months in each group between 8 and 10 patients were treated. Overall N=149 patients in 16 groups (8 PDI and 8 CBT) were included in the study with a one-year-follow-up. The rates of completers were 91% for PDI and 86% for CBT. 88% of all treated patients were reinvestigated within the 1-year-follow-up. The evaluation of 16 groups (8 PDI and 8 CBT) one year after termination of group therapy shows for pain reduction an effect size d=0.84 (PDI) and 0.64 (CBT) respectively. Controlling for adherence showed that one of the PDI-groups resulting in a effect size of d=-0.12 at the 1-year-follow-up was not conducted according to the manual. Without consideration of this group the effect size of PDI is d= 1.12 with a significant difference (p<.01) between PDI and CBT regarding pain reduction. Pain disability was also significantly reduced (PDI: d=0.95, CBT: d=0.55). The results indicate that both approaches can reduce pain and disability in this stress related pain disorder. The manualized PDI approach seems superior to CBT for this specific form of pain disorder. The study was funded by the German Research Foundation (DFG).

Central processing of pain and stress in somatoform pain disorder. A fMRI study

Ralf Nickel - Dep. of Psychosomatic Medicine and Psychotherapy, Wiesbaden, Germany, ulrich T. Egle

Background: Somatoform disorders are characterized by multiple, medically unexplained somatic symptoms. Patients with somatoform pain disorders are a large and relevant subgroup among patients with this disorder. Until now the pathophysiology remains unknown. In the present study we tested several hypotheses with regard to central nervous dysfunctions as part of the pathology of this disorder. Method: We studied 17 patients with somatoform pain disorders and 17 age- and sex-matched controls in a complex fMRI experimental design. Results: Pin prick stimulation of the feet activated in patients and controls mainly those regions (SI, SII, ACC, amygdala, insula, operculum) that have already been reported in earlier studies. In favour of the hypothesis tested patients showed a significantly higher activation of the ACC, prefrontal cortex, amygdala, operculum and insula. Under a strenuous performance test paradigm patients activated significantly more brain regions with relatively less ACC activation than controls. Again, especially the amygdala was significantly higher activated. Contrary to our hypotheses we found no activation of the amygdala in patients but in controls within an interpersonal and relationship oriented stress paradigm. Conclusion: Patients and controls differ substantially with regard to their central response on pin prick stimulation as well as their response to two different stress paradigms. The implications of these results for psychotherapeutic interventions are discussed.
Adverse childhood experiences in somatoform pain disorder (SOM-P). Consequences for interational patterns and psychotherapy
Jochen Hardt - Dep. of Psychosomatic Medicine and Psychotherapy, Düsseldorf, Germany, Ralf Nickel, Ulrich T. Egle

Data of N=282 SOM-P patients and N=320 controls were collected by use of the Mainz Structured Biographical Interview (MSBI) (Egle & Hardt 2003). Data about the parent-child relationships were collected through use of the “childhood questionnaire” (KFB), a 128-item questionnaire (Hardt et al 2003). The KFB was designed for adults to describe retrospectively their relationships with their parents. It contains eight dimensions, each concerning both mother and father: perceived love, punishment, trivialising punishment, parents as models, ambition, role reversal, parental control, and competition between siblings. The childhood of SOM-P was characterized by significant more physical abuse, emotional deprivation and role reversal concerning the mother. The consequences for later interational behavior and for psychotherapy are discussed.

Use of the CORE-OM in translation and for adults with learning disabilities

The CORE system is 10 years old and the self-report CORE-OM measure has now been translated into ten languages. We report on comparative initial data from two of the early and one of the more recent translations and on the work, in collaboration with adults with learning disabilities (LD), to produce an LD-CORE. This has involved selecting from the CORE-OM, generating new items to catch the "missing heart" of the experiences of adults with LD. We hope the panel will encourage people to discuss the issues involved in moving any measures from their languages, cultures and original target groups.

Comparison of the CORE-OM, OQ-45, Outcome Rating Scale and Symptom Checklist-10R used in routine outcome monitoring in Slovakia
Biescad Matus - University of Trnava, Slovakia, Ladislav Timulak

This paper presents a comparison of the results when measuring outcome of routine practice using four outcome measures: the CORE-OM, OQ-45, Outcome Rating Scale (ORS) and Symptom Checklist – 10R (SCL-10R). The four instruments were first completed by clinical (n = 173) and nonclinical (n = 237) samples to support calculation of cut-off scores and reliable change indexes. The four instruments were used for therapeutic change (group pooled change and individual change as assessed by RCI and cut-off scores) with 140 of the clinical sample mostly consisting of patients in inpatient treatment. The pre-post change was assessed in subgroups defined by the length of the treatment as well as in overall sample. Substantial differences were found in sensitivity to change among the four measures. Likewise there was only small or medium agreement when assessing the same patients as to the individual therapeutic change. We discuss possible explanations of different sensitivity of the measures and limitations of our research. We summarize our findings and present recommendations for using the adapted outcome measures in clinical practice.

Routine evaluation of inpatient treatment of affective disorders and personality disorders using the CORE-OM in Italy
Palmieri Gaspare - University of Modena and Reggio Emilia, Italy, L Pingani, G Serri, Chris Evans & M Rigatelli

Psychiatric hospitalisation is still a necessary therapeutical option for severely depressed patients and for cluster B personality disorders (borderline, narcissistic, histrionic), especially when thoughts of self harm are present. The aim of this study was to value the effectiveness of inpatient treatment for depression and personality disorders in an Italian Private Hospital (Casa di Cura Villa Igea, Modena, Italy)
using the Italian version of CORE-OM (Evans et al, 2002), the Kennedy Axis V (Kennedy, 2003) and a self-evaluation scale which were administered at admission and discharge. Correlation between the three measures were considered. 120 patients with affective disorders, personality disorders and alcohol misuse, admitted in an open psychiatric ward, were recruited for the study. The treatment, which lasted on average for one month in involved group and individual cognitive therapies, family therapy, medication and post-discharge treatment planning. There was a statistically significant improvement of CORE-OM and Kennedy Axis V scores at discharge for most of the patients. The Italian version of the CORE-OM was a useful measure for the routine evaluation of severely distressed patients.

Adapting and augmenting the CORE-OM for people with a learning disability

AIM This presentation will focus on how participatory research has informed the development of CORE-LD from CORE-OM. Such a measure needs to be sensitive to the universals of human experience whilst encompassing the particularity of difference as it pertains to the inner world of people with a learning disability. It was more than a task of translation since it requires the unearthing of a missing domain to reflect the impact of living with cognitive impairment and its effect on psychological states. METHODS A collaborative research group (the CORG) taped and analysed discussions around the emotional experience of living with a learning disability to identify the “missing domain”. These statements were tested for generalisability and the most significant added to the translated CORE-OM items. These were reduced to a 22 item questionnaire through cyclical discussion. Symbols from Scotland and a simplified rating scale were added. The draft CORE-LD was piloted in five therapy settings with the therapist administering the questionnaire. Therapists and clients were asked for feedback on usability, accessibility and acceptability. RESULTS Clients and therapists responded positively. They highlighted items or symbols for exclusion or adaptation. A version for psychometric testing was finalised.

DISCUSSION To explore the significance of participatory research in creating an authentic measure and that has meaning and relevance for people with a learning disability and can therefore more closely demonstrate change.

Translation of the of CORE-OM into Portuguese and initial data on its use in Portugal
Sales Celia - Universidade Autónoma de Lisboa, Portugal, Carla Moleiro, Sónia Gonçalves, Isabel Silva, Jane Duarte & Chris Evans

The CORE-OM has been translated into ten languages and the number is rising. The translation into Portuguese is described including the consideration of differences between Portuguese in Portugal, by first and second generation immigrants from Africa in Portugal, and in Africa and Brazil. A qualitative summary of the linguistic and cultural issues emerging during translation with particular focus on use in Portugal and Africa will be presented. In addition data from clinical and non-clinical samples from Portugal will be presented to give early estimates of internal reliability an validity to pick up the basic validity effect size for the difference between clinical and non-clinical populations. These will be compared with similar data from other translations which have also reached this point of validation.

Conflicts in self-construction and their role in psychotherapy
Discussant: Franz Caspar - University of Bern, Switzerland

This panel describes the concept and measurement of self-construction conflicts using the Repertory Grid Technique (RGT). Several studies are presented that support the relevance of working in therapy to resolve these conflicts. The theme of the panel is addressed in different ways (method and group comparison with different clinical samples, detailed case study) across the papers included in it. By way
of introduction, the moderator will describe the method employed in the MDP (Multicentre Dilemma Project) to identify conflicts using the repertory grid. The different papers included in the panel provide results that show the relevance of identifying and working with dilemmas as a central process leading to good outcomes. The potential of a therapy manual specifically designed for this purpose is emphasized. Cognitive conflicts do not seem to be at the core of all the clinical problems dealt with in psychotherapy. However, in those cases where conflicts can be identified, the therapy should work in the direction of resolution and/or clarification in order to obtain a good outcome. Thus, the assessment of conflict and the use of a therapy manual addressed to conflict resolution, at least as a part of the treatment applied, is a reasonable research-based recommendation for psychotherapists.

The assessment of intrapsychic conflict and its therapeutic resolution: A comparison of repertory grid methods

Richard Bell - University of Melbourne, Australia, David Winter, Sue Watson

Aim: The resolution of intrapsychic conflict is a critical component of many forms of psychotherapy, but how may such conflict be identified objectively? A number of measures of conflict have been derived from repertory grid technique, and employed in clinical practice and research. The aim of the present study is to compare these measures by examining their relationship to questionnaire measures of psychological distress and changes in them over the course of therapy. Methods: Two data sets will be employed. The first was collected on a heterogeneous sample of 65 clients referred for psychological therapy in a Clinical Psychology Department; and the second on 64 people who had presented at Accident and Emergency Departments following deliberate self-harm. Both samples were assessed serially on a repertory grid and several symptom measures. Results: Scores on various conflict measures will be derived from the repertory grids using GRIDSTAT and GRIDCOR software. Statistical analysis will focus upon relationships between these scores and questionnaires scores; and on changes in conflict scores during therapy. Discussion: This will focus on the relative adequacy of the different measures of conflict, and their possible utility both in clinical practice and as individualised measures of therapeutic outcome.

Brief therapy for personal dilemmas: A systematic case study

Joana Senra - Universidade do Minho, Braga, Portugal, Eugenia Fernandes

Aim: In this paper we present a brief therapy manual for the treatment of personal dilemmas and a systematic case study following that approach. Methods: The client, a 21-year-old student, came to therapy reporting academic difficulties and some depressive symptoms. Her BSI showed general symptoms and the Repertory Grid revealed an identity dilemma, as detected by Gridcor v. 4.0. She received 12 individual therapy sessions of about 50 minutes, where the constructs involved in her dilemma were explored, contextualized in her wider construction system and related to her everyday life. Symptoms and personal construction were assessed in the beginning and end of treatment, in an intermediate moment during the process (between sessions 5 and 6) and in a two-month follow-up. In addition, we used a weekly measure of outcome (OQ-45.2) before every session, and the client also answered the HAT form in order to identify and describe any significant events occurring in each session. In the end of the therapeutic process we conducted a Change Interview with the client. In order to assess the importance and causality of change in this case, we conducted a HSCED analysis. Results: By the fifth session the client no longer showed any dilemmas and by the end of the treatment the symptoms had disappeared. Most of the significant events reported by the client focused on the therapeutic tasks proposed by the manual. Discussion: Collectively, our measures indicate a relevant change and provide reasonable evidence that it was mainly caused by the therapeutic intervention.
Change on conflicts in self-construing across psychotherapies  
*Luis-Angel Saúl - UNED, Madrid, Spain, Guillem Feixas, David Winter, Sue Watson*

Aims This is a completed preliminary study comparing the change occurring in cognitive conflicts in three forms of psychotherapy: CBT, psychodynamic and personal construct therapy. Methods Clients were assessed with the Repertory Grid Technique both at the beginning and end of the therapy process. The measures and conflicts resulting from this assessment were kept blind for the therapists. Symptom measurement was carried out with BSI. Results No significant differences were found across therapy orientations. However, in all groups there was a decrease in the number of dilemmas presented by the participants. Also, change in the number of conflicts correlated with decrease on symptoms. Discussion These data suggest that different forms of psychotherapy, even when they are not specifically addressed to resolve previously identified conflicts, might produce a significant reduction in the number of conflicts in construing self and others which might be related to symptom amelioration. Overall, we found that the percentage of clients who presented with these conflicts after the therapeutic process was 20.7%. In comparison with the 34% found in another study with a non-clinical sample, this was a lower profile of conflicts for clients who completed a psychotherapy process. This datum suggests that therapy decreases the number of conflicts to a level below that of the general population. Thus, psychotherapy does not merely return subjects to a normal level of conflict within their construct system but actually serves to enhance or facilitate their construing to a level that is more resolved and conflict free than the average.

**Panel**

Narrative

**Moderator**

Daniel B. Fishman - Rutgers University, Piscataway, USA

The quasi-judicial aspects of the comprehensive/pragmatic case study

Discussant: John McLeod - University of Abertay Dundee, UK

The growing interest in the clinical case study as a legitimate and even critically important means of establishing empirically validated knowledge claims in psychotherapeutic research involves a challenge to the hegemony of randomized clinical trials and other experimental methods involving the statistical comparison of group data. For this challenge to be successful, it is necessary for proponents of the comprehensive/pragmatic case study to deliver on the promise of Bromley’s (1986) quasi-judicial method, and demonstrate exactly how one validates claims of individual causality in clinical contexts, that is to say, the causality of a specific interpersonal event, at a specific time and place. This is in contrast to the validation of a theory-driven, causal psychological principle that is asserted to hold true generally across time, place and person, and where individual variations are of little interest, and are indeed frequently dismissed as random noise. Each of the presenters in this panel -- Ronald B. Miller, Robert Elliott, and Arthur Bohart -- will describe their own efforts to validate factual and causal claims concerning therapeutic effectiveness in individual clinical cases, and how such individual claims can inform clinical work in subsequent cases, leading to what Bromley called the development of “case law” in clinical practice.

Rules of evidence for narrative data

Ronald B. Miller - Saint Michael’s College, Colchester, USA

Bromley’s (1986) quasi-judicial model formulated very general guidelines for collecting and presenting narrative case data. While he suggested that such cases would, over time, develop into case-law, he did not specify a procedure for deciding which cases would enter into accepted case law, and which would not. Miller (1999, 2004) has recommended the use of panels of psychological inquiry modeled loosely on Anglo-American civil courts where psychotherapy cases would be heard and validated. The civil court system narrows the questions to be tried, the kinds of evidence that can be presented, establishes methods for both proving and challenging the truth of narrative testimony offered, and guidelines for the
fair conduct of judges and juries who hear the cases. Miller (2007) considered the concept of burden of proof in case studies, and demonstrated that much of the narrative that constitutes a clinical case report would be admissible in civil courts in the U.S., and would not be dismissed as hearsay. Once introduced, the narrative is only accepted by the court if it is not refuted. In this presentation the next step will be taken, to consider how one might refute narrative testimony before a case study panel, and how one might rebut such arguments effectively. A recent master’s thesis case study that was validated in this manner will be discussed.

An adjudicated hermeneutic single case efficacy study of process-experiential therapy for bridge phobia
Robert Elliott - University of Strathclyde, Glasgow, UK, Rhea Partyka, Rebecca Alperin, Robert Dobrenski, John Wagner, Louis Castonguay, Jeanne Watson, Stanley Messer

In this paper, we present an adjudicated form of Hermeneutic Single Case Efficacy Design (HSCED), a critical-reflective method for inferring change and therapeutic influence in single therapy cases. The client was a 61 year-old European-American male who presented with panic attacks primarily associated with driving over bridges, but also with heights and driving on expressways. The client was seen in a naturalistic treatment protocol through the University of Toledo’s Center for the Study of Experiential Psychotherapy, and was seen for 23 sessions of individual Process-Experiential therapy. In this study, a form of HSCED is used, as proposed by Bohart (2000). Two teams of researchers developed opposing arguments regarding the efficacy of the therapy. The affirmative team used the available data to present the argument that the client did change over the course of therapy, and that the therapy was responsible for these changes. The skeptic team presented the opposing view, that the client did not change, and that, even if change could be demonstrated, therapy was not responsible for the supposed changes. The two teams worked primarily from a mutually-agreed-upon case record of evidence, which provided the basis for “research brief” of their position, and then developed a rebuttal of the other team’s brief. These briefs are then read by a panel of three judges, each a psychotherapy researcher representing a different theoretical orientation. The judges are asked to state their judgment either in the affirmative or negative, as well as their level of certainty in making their judgment.

The „Research Jury” Method: The application of the jury trial model to evaluating the validity of descriptive and causal statements about psychotherapy process and outcome
Arthur C. Bohart - Saybrook Graduate School and Research Center, San Francisco, USA

This presentation will discuss and illustrate a “jury research” model that employs the logic of a jury trial for organizing and adjudicating therapy research questions about therapy process and outcome and their interconnection. In line with the judicial paradigm, the jury research model is identified with a “soft” analysis of causality in which therapy is viewed as establishing a context for a complex, interactive processes that can lead to positive client change, as opposed to “hard causality,” which acts in a mechanistic, linear, “billiard ball” manner. Also in the jury research model, judgments about outcome are based not only on client report, but also on observers listening to therapy tapes for such indicators as to whether the client acknowledges feelings and experiences that had previously been unacknowledged and/or as to whether the client’s nonverbal behavior seems less discouraged, more confident, and less anxious. Causal analysis in the model involves both (a) an internal analysis to make less plausible traditional confounding variables such as history, maturation, and regression to the mean, and (b) demonstration of a plausible narrative link between what the client has been doing in therapy and outcome. Elaboration of these ideas will be presented along with examples of empirical tests of the jury trial method.
Case studies of good and poor outcome in RCT clients: A new, "individual-case-comparison" method for psychotherapy research

A randomized clinical trial (RCT) is successful when the average client in the experimental group shows more success than the average client in the control group. Even though this typically means that there are a higher percentage of good versus poor outcome clients in the experimental versus the control group, also typically there still remain a substantial number of poor outcome clients. Systematic qualitative and quantitative case studies of a sample of these poor outcome clients in comparison to good outcome clients provides an opportunity to investigate holistically, precisely, and in detail the individual and interactive roles of a variety of factors that affect the outcome for each specific client, including: (a) how the theoretical model of the therapy was translated into an individualized case formulation, (b) how the treatment manual was adapted to each individual client, (c) how the specific process of the therapy unfolded, (d) the impact of client characteristics, such as the client’s personality and comorbid conditions, (e) the impact of the client’s life situation, such as his/her social support system, and (f) the impact of the client’s history. In these analyses, the quantitative data present a normative context for relating the individual client to the RCT groups. In line with the above, the panel will present three examples of this new, individual-case-comparison method involving clients from two different groups of RCTs: dialectical behavior therapy for borderline personality disorder (Lisa Burckell & Shelly McMain), and emotion-focused therapy for depression (Jeanne Watson and Rhonda Goldman).

Application of the "individual-case-comparison" method to cases in dialectical behavior therapy
Lisa Burckell - Centre for Addiction and Mental Health, Toronto, Canada, Shelley McMain

The cases to be reported on in this presentation come from the Canadian Randomized Controlled Effectiveness Trial for borderline personality disorder (BPD), comparing Dialectical Behavior Therapy with a psychodynamically informed General Psychiatric Management treatment. Quantitative data were collected on (1) parasuicidal behavior, (2) treatment retention, (3) psychiatric symptomatology, (4) BPD Axis II criteria, (5) anger expression, (6) social and global functioning, (7) emotional and cognitive in-session processes, on variables such as emotional awareness and affect balance, and (8) problem-solving abilities. This presentation will begin with a brief overview of the project and highlight main findings for the groups as a whole. Then the presentation will zero in on a few good outcome and a few poor outcome clients from the DBT condition, and perform an individual-case-comparison analysis of these clients, using the framework outlined in the introductory panel abstract.

Application of the "individual-case-comparison" method to cases in emotion-focused therapy, part 1
Jeanne C. Watson - University of Toronto, Canada

The cases to be reported on in this presentation come from a series of RCT studies comparing a brief, Emotion-Focused Therapy (EFT) protocol of 16-20 sessions with client-centered and cognitive-behavioral approaches in the treatment of depression. A case comparison method that triangulates data from clients’ histories, in-session process, post-session, and post therapy outcome to further understanding of those factors that contribute to successful and unsuccessful outcomes will be presented. The case comparison method used includes such factors as the role of the working alliance, clients’ emotional processing, therapeutic empathy, clients’ and therapists’ interpersonal processes, and clients’ cognitive processing as well as the specific changes that clients reported immediately following the session that are related to therapeutic outcomes. The method will be illustrated with examples from “Case Studies in Emotion-Focused Treatment of Depression: A Comparison of Good and Poor Outcome” (Jeanne Watson,
Rhonda Goldman, and Leslie Greenberg; APA, 2007) in which three good outcome and three poor outcome clients were compared and contrasted. This presentation will build on the cases in the book and introduce other relevant cases in illustrating the potentials of the individual-case-comparison method.

Application of the "individual-case-comparison" method to cases in emotion-focused therapy, part 2
Rhonda Goldman - American School of Professional Psychology, Schaumburg, USA

As in the Watson presentation above, this presentation will build upon work in the book, "Case Studies in Emotion-Focused Treatment of Depression: A Comparison of Good and Poor Outcome," which involves cases drawn from RCTs with depression clients comparing Emotion-Focused Therapy with Client-Centered treatment. Specifically, this presentation will examine a good outcome and poor outcome case to illustrate some of the important lessons that have emerged from the individual-case-comparison analyses in the book and from other cases in the RCT studies. Individualized case formulations will be presented to illustrate how the theoretical model of the therapy was translated into an individualized case formulation, (b) how the treatment manual was adapted to each client, and (c) how emotional changes occurred across therapy. Formulations will also consider client characteristics such as personality and comorbid conditions, clients' life situations and social support systems as well as their particular history. The role of empathy, the therapeutic relationship, and the use of specific interventions will also be considered.

"Finding gold in the psychotherapy case study: Using pragmatic case studies” to explore the quality, process, and effectiveness of case formulation in therapy

A “pragmatic case study” in psychotherapy employs a systematic, detailed, and holistic approach in qualitatively and quantitatively documenting the assessment, planning, conduct, and outcome of a therapy episode with a particular client. Such studies employ Donald Peterson’s “Disciplined Inquiry” paradigm for representing the conceptual infrastructure of the therapy, no matter what theoretical framework is used, requiring therapists to lay out their particular theoretical model of treatment; to translate the theoretical model into an individualized case formulation and treatment plan; and to describe the process, monitoring, evaluation, and outcome of the therapy from the point of view of the case formulation. Thus the case formulation plays a crucial role in bridging the general theoretical model behind the therapy and the details of the therapy process, in essence conceptually reaching into every aspect of the therapy. This panel will explore the complex ways in which pragmatic case studies can reveal how the case formulation plays out in different, individual case study contexts. First Tracy Eells will discuss his research on operationalizing criteria for identifying quality in case formulations, specifically how quality reveals itself in expert formulations, both in the content of the formulation, and in the process through which a core conceptualization is identified. Daniel Fishman will next discuss the use of the pragmatic case study write-up as a vehicle for evaluating competence in developing and using case formulations, in part employing Eells’ criteria of an expert case formulation. Finally, David Edwards will present a concrete example of these themes.

The unfolding case formulation: Defining quality in development of the core inference
Tracy D. Eells - University of Louisville, USA

In earlier research my team and I identified and operationalized multiple dimensions of quality in case formulations, including comprehensiveness, formulation elaboration, precision of language, complexity, coherence, treatment plan elaboration, goodness-of-fit between the treatment plan and the rest of the case formulation, and systematic process in following an a priori conceptual scheme. Using these
criteria, we found that cognitive-behavioral and psychodynamic experts produced higher quality case formulations than novices and experienced counterparts. Our current focus is to advance understanding of expert case formulation content and process by qualitatively analyzing the highest quality cognitive-behavioral and psychodynamic formulations and their randomly selected average quality counterparts. These analyses reveal the multiple dimensions of case formulation quality as they unfold in particular cases across therapeutic modalities. They may also reveal systematic differences in how therapists producing high quality versus low quality formulations reason about cases, in particular, regarding the interplay of descriptive and inferential information as a core conceptualization is developed. Throughout, the discussion will reflect the theme of the panel: the knowledge value of researching a component of therapy, like case formulation, is enhanced by placing it in the context of the pragmatic case study.

Therapy research and training working together: Establishing the ability to write a publishable pragmatic case study as a minimal competence for doctoral practice and as a research resource

Daniel B. Fishman - Rutgers University, Piscataway, USA

To write a publishable pragmatic case study in a peer-reviewed journal requires the therapist to conceptualize, articulate, and evidentially document his or her treatment, both qualitatively and quantitatively, in terms of (a) the treatment’s theory; (b) its case formulation, including a treatment plan; (c) its therapeutic process; (d) its evaluation; and (e) its outcome. In line with this fact, this presentation will argue that the competence required to write such a publishable pragmatic case study should be one criterion of the expertise needed for the practice of psychotherapy at the doctoral level. A core skill in this competence is the ability to develop and use case formulations properly, as defined in part by Eells’ criteria of an expert case formulation. By building the proposed, pragmatic-case-study-writing competence into various certification processes -- such as graduation from a doctoral training program, government licensing to practice, or granting of a diplomate for practice -- it would be possible to create a high, minimum quality standard of doctoral-level practice. At the same time, establishing this criterion would put training resources into developing this competency, creating large numbers of case studies that could be published in electronic journal data bases, such the recently developed, online journal, Pragmatic Case Studies in Psychotherapy (PCSP). While the general, scientific knowledge value of any individual case is limited, as numbers of high quality, published individual cases accumulate, the inductive power to generalize from them grows.

The role of case formulation in guiding differential strategic decisions in the conduct of cognitive-behavioral treatment with PTSD clients

David J.A. Edwards - Rhodes University, Grahamstown, South Africa, Other

Ehlers and Clark’s cognitive therapy for post-traumatic stress disorder (PTSD) has been shown in randomized controlled trials to be one of the most effective treatments. It provides a comprehensive model for assessment, treatment planning, and intervention. The treatment is manualized in the sense that there are firm guidelines for each of these three aspects and a wide range of specific interventions are involved, which can be described in some detail. However, the approach is strongly driven by case formulation, which means that there is no session-by-session recipe. This makes the model particularly suitable for case-based research and for the investigation of the transportability of PTSD treatment to specific local contexts. In this presentation, material from several systematic case studies, conducted with African clients in the Eastern Cape of South Africa, will be drawn on for illustration. The studies show how the model allows each case to be conceptualized within the same set of broad theoretical principles. As treatment unfolds, the therapist must make a series of strategic decisions based on the treatment model so that the course of treatment is tailored to the needs of each client and the contextual
factors of their cultural background and life circumstances. In line with the pragmatic case study format, both qualitative and quantitative data will be presented to explore factors relevant to the various strategic decisions and as a basis for evaluation of the effectiveness of this approach in the local context.

**The family therapy alliance matters: So now what?**

*Discussants: Jay Lebow - Family Institute at Northwestern, Chicago, IL, USA and Sophie Holmes - Williams Road Family Therapy Centre & Swinburne University of Technology, Melbourne, Australia*

It has now been soundly demonstrated that strong therapeutic alliances “matter,” i.e., are associated with better outcomes, in family therapies as well as individual therapies. This panel addresses a next generation of research questions about family therapy alliances, having to do with 1) how they matter, or the processes involved in alliance building and repair, and 2) how the multiple alliances created in conjoint treatment relate to each other and to outcomes. The first three studies are part of a program of collaborative research in Spain and the U.S. on problematic family therapy alliances with both the self-report and observational SOFTA (Friedlander et al., 2006), which has four dimensions, two that reflect negotiation of goals/tasks (Engagement in the Therapeutic Process), one that reflects the therapeutic bond (Emotional Connection to the Therapist), and two that reflect unique aspects of conjoint therapy (Safety within the Therapeutic System and Shared Sense of Purpose within the Family). The fourth study (Siqueiland et al.) examines the relationships between alliance, suicidal behavior, and treatment outcome in Attachment Based Family Therapy for depressed adolescents. These studies share a common interest in analyzing closely the behaviors that comprise various dimensions of the alliance in family therapy, and in attending to the aspects of the alliance that are unique to conjoint family therapy, where the complexity of working with multiple clients requires the therapist to monitor several layers of behavior in order to create a safe, productive and therapeutic working environment for all family members.

*Assessing “split” alliances using the System for Observing Family Therapy Alliances (SOFTA) in brief conjoint family therapy*

*Cristina Muniz de la Pena - University at Albany/SUNY, NY, USA, Ingrid Rodriguez, Myrna L. Friedlander, Valentín Escudero*

In conjoint treatment, the network of therapeutic relationships is complex, potentially resulting in “split alliances,” which occur when family members have notably discrepant emotional reactions to the therapist. In this study we examined the presence, severity, and evolution of split alliances in a U.S. and a Spanish outpatient sample. The primary goal was to assess the degree to which the System for Observing Family Therapy Alliances (Friedlander, Escudero, & Heatherington, 2006) could accurately identify split alliances in family members’ privately held perceptions of their emotional connections to the therapist. In both samples, self-reported split alliances were frequent, most often discrepancies between parents’ and adolescents’ feelings toward the therapist. Moreover, splits could often be detected in observable behavior, but less congruently in level of severity. Severe splits were more frequent in the U.S. sample, moderate splits in the Spanish sample. Although the self-report and observer alliance ratings were significantly correlated, clients’ perceptions of their bonds with the therapist were, on average, more positive than their observable behavior would suggest. In other words, both samples of clients tended to behave in ways that mirrored their perceived bonds with the therapist, but their behavior was somewhat more restrained than their private feelings. There is a methodological explanation: whereas observers rate a single session, clients report on their cumulative experience of the therapy, which may be more positive than their behavior suggests. Future research that tracks the evolution of split alliances in specific therapeutic interactions is the next step in this line of inquiry.
Therapists’ responses to three problematic alliance patterns in family therapy
Valentin Escudero - Universidad de La Coruna, Spain, Alberto Abascal, Nuria Varela, Dolores Romero

This paper will present in-depth analyses of conjoint family therapy with the SOFTA-o to explore therapist responses (in terms of behavioral contributions to the alliance) to three specific problematic alliance patterns. Specifically, we posed three research questions: (1) How do therapists respond to clients’ problematic Shared Sense of Purpose behaviors? (2) How do therapists respond when problematic Safety within the Family System behaviors are present (for at least one member of the family)? (3) Which alliance-fostering or alliance-repairing behaviors do therapists use in cases with “split” alliances? The third and sixth sessions for 37 Spanish family cases (with 3 male and 3 female experienced therapists) were analyzed using two independent teams of coders to rate clients’ alliance-related behavior on the four SOFTA dimensions as well as the therapists’ contributions to the alliance on those same dimensions. If associations between clients’ and therapists’ behavioral ratings indicate, for example, that client Engagement is directly correlated with therapists’ contributions to Engagement or that client Safety is directly associated with therapists’ contributions to Safety, such bivariate correlations would not imply causality. Thus, we explored therapists’ behavioral contributions only in sessions with negative ratings on Shared Sense of Purpose and/or Safety (for at least one family member). Additionally, we focused on therapists’ alliance-fostering and alliance-repairing responses in sessions with “split” alliances. The effectiveness of the therapists’ behaviors in the identified problematic alliance sessions was assessed in terms of (a) changes across time in these patterns and (b) client-rated therapeutic outcomes.

A close look at poor within-system alliances in five family therapy sessions
Jessica Lambert - University at Albany/SUNY, NY, USA, Alyson H. Skinner, Myrna L. Friedlander

Prior research with the SOFTA-o has shown, in both U.S. and Spanish samples, that a strong within-family alliance (Shared Sense of Purpose within the Family; SSP) is an important predictor of early gains. However, little is known about what occurs in sessions where clients display problematic alliances with each other. To advance our understanding of this aspect of the alliance, which is unique to conjoint therapy, we closely examined five sessions with poor within-system alliances (both self-reported and observed SSP scores). Sessions were selected if (a) the family’s SSP behavioral rating by observers was negative (i.e., problematic), and (b) at least two family members’ post-session perceptions of the family’s SSP (on the SOFTA-s questionnaire) were highly discrepant (i.e., minimum two standard deviation difference in scores). First, we analyzed the transcripts of the five sessions that met both criteria to determine whether the poor within-system alliance was due to disagreements about the nature of the family’s problems, the goals for therapy, and/or the value of therapy itself. Second, we used a constant comparative qualitative analysis (Corbin & Strauss, 1990) to identify therapist strategies related to the within-system alliance at points in the sessions when family members verbalized disagreements about the problems, goals or value of treatment. The categories suggested key missed opportunities, such as failure to encourage compromise, failure to reframe the problems systemically, and failure to encourage reluctant family members to identify personal goals for treatment. Implications for further research, practice, and training will be discussed.

The role of alliance in attachment based family treatment of suicidal adolescents
Lynne Siqeland - Children’s Center for OCD & Anxiety, Plymouth Meeting, PA, USA, Guy Diamond, Matthew Wintersteen

The aim of this study is to assess the predictive power of the alliance on overall and family functioning in adolescents at risk for suicidal behavior in an inner city, minority, primary care setting. Weekly alliance data for parents and adolescents were gathered in a study of suicidal adolescents treated within a larger
clinical trial comparing Attachment Based Family Therapy (ABFT) and Enhanced Usual Care. This study focuses on the 35 adolescents and their families randomized to ABFT. The sample was predominantly female (84%) and African American (75%), with a mean age of 14.71 years (SD = 1.49 years). The mean baseline Suicidal Ideation Questionnaire—JR (SIQ-JR) SIQ-JR score was 49.51 (SD = 15.91). Sixty-one percent (61%) had made a suicide attempt at some point before enrolling in the study, and an additional 37% had engaged in self-injurious behavior. All data through 3 month follow-up have been entered. We plan to describe the trajectories of alliance separately for parents and adolescents predicting lower early alliances for parents. We will use correlational and regression approaches to assess the impact of early and total alliance ratings on retention, suicidal behavior and family functioning outcome. Finally, we will assess predictors of positive alliance including severity of illness and family conflict. Engagement and retention of adolescents and their parents is essential in family based treatment but especially crucial when adolescents are suicidal. Indeed family conflict is one of the most potent predictors of both treatment outcome and a significant risk factor for suicidal behavior.

Non-response and negative outcome in psychodynamic psychotherapy

Recent psychotherapy research focused a lot on finding predictors for non-response or failure. So far there have been identified only a few stable and replicable factors. This panel concentrated on prediction of psychotherapy non-response and failure in different clinical contexts. In the first paper consecutive psychotherapy inpatients were assessed regarding symptomatic distress and interpersonal problems during therapy (three predetermined times). The results of the one-year follow-up allow conclusions concerning the sustainability of inpatient psychodynamic psychotherapy. Statistical analyses showed that changes in interpersonal problems are statistically significant predictors for long-term outcome. The second paper dealt with a similar topic, whereas the sample was more specific. A homogenous group of female depressive inpatients was assessed. The data ascertainment has not been completed so far. Previous analyses show results comparable to the first paper. The third paper focused on sustainability of psychodynamic psychotherapy investigating patients with bulimia nervosa in inpatient and day clinic treatment. Results indicated, that aspects of the therapeutic process and patient variables predict outcome.

Decrease of maladaptive interpersonal problems as a predictor for non-response to psychotherapy

Matthias Haase - Medical University, Magdeburg, Germany, Gabriele-Helga Franke, Thilo Hoffmann, Joerg Schulze-Muetzel, Joerg Frommer

The average of patients not responding to psychotherapy ranges between five and fifteen percent. A lot of attention is paid to finding predictors for non-response to psychotherapy. The purposes of this study were to (1) assess the outcome of inpatient psychodynamic psychotherapy, (2) acquire the stability of changes and (3) determine the influence of changes in interpersonal problems as a predictor for long-term outcome. In a psychosomatic hospital 237 consecutive inpatients were assessed with standardized questionnaires concerning symptomatic distress (SCL-90-R), interpersonal problems (IIP-C) and sociodemographic variables (PsyBaDo) at intake, four weeks later, at discharge and one year follow-up. Already four weeks after intake significant improvements regarding psychological distress were found. These improvements increased strongly until discharge (effect size = 1.05). 40% of the patients moved from the dysfunctional level at intake to the normal range of the Global Severity Index (SCL-90-R) at discharge. At one year follow-up improvements decreased slightly (effect size = 0.84), but remained stable on average. The multivariate analysis showed statistically significant changes in psychological distress (SCL-90-R) and interpersonal problems (IIP-C) until the follow-up. A following discriminant
analysis indicated that a positive change of interpersonal problems during the course of therapy is a predictor for favourable long-term outcome. In order to avoid non-response to therapy on long term, attention should be paid to decrease and stagnation of maladaptive interpersonal relationship patterns.

Do changes of interpersonal problems during psychodynamic psychotherapy correlate with psychological distress in long-term outcome? Multicenter research of patients with a depressive symptomatic

Joerg Frommer - Medical University, Magdeburg, Germany, Matthias Haase, Larissa Bartsch, Günther Plößner, Cornelia Machold, Gereon Heuft, Wolfgang Schneider, Paul L. Janssen, Norbert Hartkamp, Matthias Franz

Previous research has indicated that during psychotherapy between 20 and 30 % of patients with a depressive symptomatic show no improvements or suffer even more from their psychological distress in long-term outcome. So far no stable predictive factors for psychotherapy non-response have been found. The aim of this study was (1) to investigate outcome of psychodynamic psychotherapy from inpatients as well as from therapists’ view, (2) to assess the impact of interpersonal relationships and severity of symptoms on long-term outcome. This study involved 198 female inpatients aged between 25 and 45 with a depressive symptomatic. These patients were treated on different German psychodynamic wards. Psychometric data were assessed at intake, discharge and one year follow-up with standardized self-disclosure questionnaires concerning psychological distress (SCL-90-R), interpersonal relationships (IPO-2001) and level of depression (BDI). Functioning level (GAF), diagnoses (ICD-10), level of social, physical and mental impairment (BSS) and the level of depression (HAM-D) were assessed by the therapists. A multivariate approach shall provide information about the dimension of changes in interpersonal relationships and psychological distress. Furthermore the ratings of patients and therapists concerning alterations in depressive symptoms during therapy are compared. Based on these results the prognostic influence of changes in interpersonal relationships and severity of symptoms on long-term outcome shall be proved. The results of this study allow conclusions concerning the sustainability of psychodynamic psychotherapy in a homogeneous group of female depressive inpatients, whereas the focus lies on the importance of interpersonal changes during therapy on long-term outcome.

Prediction of treatment failure in inpatient and day clinic treatment of bulimia nervosa

Almut Zeeck - Medical University, Freiburg, Germany, Stefanie Weber, Armin Hartmann

In about 50% of the cases, treatment outcome in bulimia nervosa is insufficient. Previous studies mainly focused on pre treatment patient variables to predict outcome. They showed contradictory results. This is a secondary analysis of data of a randomized clinical trial. 43 patients were treated as inpatients or in a day clinic setting. Specific and general psychopathology was assessed at admission, at discharge and a 3- and 12-month follow-up. The psychotherapeutic process was evaluated by using the HAQ (Luborsky et al. 1990), a Session Questionnaire (Grawe 1990) and the Inter-Session-Questionnaire (Orlinsky & Geller, 1993). For the prediction of failures at the 3-month-follow-up, process-measures were more helpful compared to patient variables. Especially the way of externalizing therapy turned out to be a good predictor: recreating the therapeutic dialogue between sessions with negative feelings was associated with a high risk for failure. An early prediction (week 3 + 4) by these variables could correctly classify 83% of the patients (sensitivity: 0.86, specificity: 0.78). To predict outcome after 1 year, process aspects were no longer relevant but patient characteristics: a low social adjustment and a high symptom level at admission (EDI-2 scale bulimia > 10; high level of purging behaviour). Aspects of the therapeutic process can be used as early indicators for problematic treatment courses. In the long term, there are subgroups of bulimic patients with a higher risk for staying symptomatic: those with a lower social adjustment and a high symptom level at admission.
Non traditional approaches in intercultural psychotherapy: Theory, research, practice

In the face of globalization and worldwide migration, it is increasingly recognized that conventional psychotherapeutic treatment may not be providing the level of care necessary for individuals not belonging to the mainstream cultural, racial, or ethnic groups. Culturally sensitive or competent mental health services have received considerable attention in recent years, however, the complexity of variables involved is considerable. What would appear to be the case is that received treatment and research approaches may limit the overall endeavor. The objective of this panel is to explore non-traditional aspects of research, program development and delivery of mental health services to immigrant and ethnic minority clients. Received psychotherapeutic approaches are Eurocentric, and as such are predicated on a Western concept of the self or person, cultural values, and epistemology. Effective mental health treatment, therefore, will, by necessity, have to challenge conventional approaches in order to be consistent with the cultural values, concept of self, and epistemology of the client. This panel will include both conceptual as well as empirical presentations germane to these issues. The conceptual presentations will explore in detail key issues challenging the provision of mental health services to ethnic minority and immigrant clients, in relation to client characteristics, service model, and therapeutic process. The empirical presentations will look at specific instances of the interplay of culture as they relate to the provision of mental health services in response to a natural disaster and the impact of culture and cultural difference in the therapeutic process.

Epistemic schizophrenia in psychotherapy: An exploration of the limits of psychotherapy
Adil Qureshi - Servei de Psiquiatria, Hospital Universitari Vall d’Hebron, Barcelona, Spain, Hilda-Wara Revollo

In the face of pressures to render psychological interventions more symptom specific along with the demand for more individualized treatments, the very notion of what constitutes “psychotherapy” is becoming less clear. The “default” of most every psychotherapeutic endeavours assumes a bounded, integral self, an internal locus of control, and a natural causality. Multicultural counselling and therapy (MCT), on the other hand, has increasingly positioned itself in a "postmodern" space, which appears logical in as much as it allows, at least theoretically, a response to the specific subjectivity of the client. At the same time, recent critiques hold that psychotherapy and multiculturalism in psychology are fundamentally modernist projects, and that to end therapies that significantly depart from the "default" may in fact be so far removed from the root that they can no longer said to constitute psychotherapies. Effective mental health treatment, however, would appear to require that the intervention be consistent with the epistemic reality, cultural values, and self of the client. Thus MCT confronts some serious challenges if it is to both maintain its integrity as psychotherapy and at the same time be effective in the treatment of clients whose self, epistemic and cultural orientations differ radically from the "default." These points will be thematized drawing from case examples which will serve to illustrate both limitations and possibilities in MCT.

Weathering the storm: Cultural considerations with hurricane Katrina
Yoko Mori - Lehigh University, Bethlehem, PA, USA, Anju Kaduvettoor, Arpana Inman, Nicolas Ladany

Sue, Arredondo and McDavis (1992) have outlined multicultural counseling competencies that urge the profession to develop interventions and techniques that are beneficial and appropriate for different cultural groups. Although much attention has been given to race and ethnicity, little attention has been given to class issues or the intersection of race and class in the therapeutic process. This presentation will focus on both individual and systemic issues that impacted treatment when serving diverse clients
impacted by Hurricane Katrina. Presenters will address salient cultural issues that arose in their work with survivors and the characteristics needed to effectively engage in therapeutic approaches that were culturally and systemically sensitive. In addition, ethical considerations, such as appropriate boundaries and confidentiality that arose in this setting will also be addressed.

The influence of culture in the therapeutic relationship: A qualitative analysis
Hilda-Wara Revollo - Servei de Psiquiatria, Hospital Universitari Vall d'Hebron, Barcelona, Spain, Adil Qureshi

Culture and cultural difference are increasingly recognized to play a role in the therapeutic project. The empirical study of culture in psychotherapy is, however, in its infancy. The role of culture, cultural difference and related factors in facilitating or impeding the psychotherapy process and relationship is of interest. Given that instrumentation has been developed on the basis of a universal, cultural free subject, the study of cultural in the therapy process is minimally amenable to quantitative investigation. The very notion of culture is complex, and inclusion of socio-political aspects, although pertinent, is also open to debate. The objective of this study is to explore the influence of culture on the therapeutic process as experienced by therapists and clients, both individually as well as relationally. Specifically, cultural competence, identity, client openness, and the perception of cultural difference in the therapeutic process will be looked at. In addition, it will attempt to deepen the understanding of the culture concept and the of cultural competence in the context of intercultural psychotherapy. A qualitative study will be presented in which open ended interviews were carried out with two psychotherapists and two clients exploring their lived experience of intercultural psychotherapy. Data is to be analysed using a hermeneutic variation of Giorgi's (1987) phenomenological method. Preliminary findings indicate that psychotherapists, despite endorsing cultural competence and recognizing the importance of culture, have a difficult time articulating precisely how culture, as opposed to individual factors, impact the therapy process.

Panel
Cost
Moderator
Christine Gallas - Central Institute of Mental Health, Mannheim, Germany

Monitoring clients’ progress and therapist feedback in the light of organizational issues and conditions of the health care system: Findings from the US, the Netherlands and Germany
Discussants: Robert Lueger - S. Edwards University, Austin TX, USA and Christine Gallas - Central Institute of Mental Health, Mannheim, Germany

The continuous monitoring of clients’ health status and the feedback of this information to clinicians proved as an effective way to enhance outcome in psychotherapy. However, the implementation of such projects into routine care is challenging because of organizational characteristics, demands from various stakeholders, alterations in mental health care and other exterior influences. This panel will focus on the impact of organizational variables and health care providers on monitoring research in Germany, Holland and the United States. The following questions will be addressed: Which variables will predict a successful implementation? Is the effectiveness of outcome monitoring (partly) determined by conditions of mental health care? Is it desirable to work together with insurance companies and how do we protect our independence? In the first presentation, K. de Jong reports on a monitoring study conducted in Holland which focuses on predictors of therapy outcome. C. Gallas discusses the results of a monitoring study in Germany, relating to conditions of the German health care system. L. Bickman reports on the implementation of a large-scale field experiment on providing feedback in mental health services in the US. Discussed will be organizational variables that may predict its successful implementation. P. Vermeulen discusses the feasibility of a large monitoring study in Holland in times of liberalization of healthcare. Therapists are reluctant to participate in this project because of major changes in regulations,
reimbursement and administration. Finally, R. J. Lueger will discuss the presentations in the context of current research on outcome monitoring and therapist feedback.

Predicting patient progress in the Netherlands: Process and results
Kim de Jong - GGZ Noord-Holland-Noord, Heiloo, The Netherlands, Annet Nugter, Willem Heiser, Philip Spinhoven

The aim of this study was to collect data on patient progress in the Netherlands. We are interested in which factors might predict patient progress. Data collection took place in four mental health care institutions in the Netherlands, at ten different locations. During the data collection and the phase that proceeded, we have experienced many obstacles, for instance the tendency to postpone data collection, resistance in all layers of organizations and practical problems in the data collection: Subjects (N=940) are patients between 18 and 65 years old that have been referred to outpatient psychiatric treatment in one of four participating mental health care organisations. At this moment 940 patients have been included in the study. They are in different phases of treatment. Patients completed the Outcome Questionnaire at the first five therapy sessions and every fifth subsequent session. The Working Alliance Inventory and Treatment Credibility Questionnaire were administered prior to the third therapy session. Visual inspection of the data showed an unexpected pattern of progress, with a decrease in functioning around the third session of treatment. In literature usually a straight increase in functioning was reported. Also, preliminary results showed no significant correlation between patient expectancies of treatment outcome or the working alliance. There was a lot of data attrition during the research process, for various reasons. Contrary to what therapists expected, patients were often willing to participate in the study. Most of the data was lost because of organizational factors.

Feasibility and effectiveness of computer-based feedback provided to clinicians in inpatient treatment
Christine Gallas - Central Institute of Mental Health, Mannheim, Germany, Ulrich Jäger, Falk Leichsenring, Ulrich Streeck, Oliver Masuhr, Hans Kordy

Aims: This study focuses on the feasibility and effectiveness of delivering computer-based feedback to therapists in inpatient treatment. Specifically, the impact of different time points and different feedback information (process and outcome variables) was investigated. Method: Therapists were randomly assigned to one of the following conditions: (a) outcome feedback at a later stage in therapy (n= 192 patients), (b) outcome feedback at an early and later stage (n= 159 patients) and (c) process and outcome feedback at an early and later stage of therapy (n= 211 patients). Outcome was measured by the SCL-90-R, the Helping Alliance Questionnaire (HAQ) was used as process measure. Results: Accordance of clinicians ratings with the feedback messages was higher in the early stage of treatment. Feedback containing information on the helping alliance was rated more helpful than feedback on symptom status and change only. The hypothesized efficiency gain of providing feedback early in treatment, additionally to feedback at a later time point, was not confirmed: reliable improvement of symptoms (GSI of the SCL 90-R) was observed in 68% of patients in condition (a), 74% of patients in condition (b) and 72% of patients in condition (c). Discussion: The results of the study will be discussed in the light of organizational aspects, e.g. a well-established institutional culture of quality assurance, as well as conditions of the health care system, not allowing for a flexible allocation of psychotherapeutic treatments.
The relationship between organizational variables and the quality of implementation of a large-scale field experiment

Leonard Bickman - Vanderbilt University, Nashville TN, USA, Ana Regina Andrade, Carolyn Breda, Susan Kelley, Warren Lambert, Manuel Riemer, Emily Sheffer

Research is sparse on understanding implementation of therapeutic interventions. Too, the role organizational context and culture plays in implementation is little understood despite evidence that such factors as leadership, climate, and adaptability signal the readiness of an organization to adopt, implement, integrate, and sustain innovative programs into routine policies and practices. This presentation is based on a large-scale field experiment called Contextualized Feedback Intervention and Training (CFIT). CFIT is currently being implemented in 38 sites affiliated with a decentralized, for profit, health care organization in the U.S. that provides home- and school-based mental health services to youths. The experiment uses a 2x2 design in which sites were randomly assigned to receive weekly or quarterly feedback on clinical outcome and process measures that are completed weekly by the client, caregiver, and clinician, crossed with training or no training in common factors potentially relevant for clinical practice and outcomes. For this presentation, we focus on implementation and the organizational variables that may predict implementation success. Organizational measures, collected from staff before and after the innovation was implemented, include staffing, experience with other initiatives, culture, climate, adaptability, leadership, organizational learning, initial perceptions of CFIT, current attitudes toward CFIT, barriers/supports, perceived value of feedback, self-efficacy, & goal commitment. Implementation measures include the quality of questionnaire data collection and feedback report viewing. Three waves of the organizational/culture data have been collected but not yet analyzed. The implementation data is being collected on an ongoing basis. Both large data sets will be analyzed before the conference.

Feasibility of a multi-site monitoring study in times of liberalization of healthcare in the Netherlands

Pascal Vermeulen - Erasmus University Medical Center, Rotterdam, The Netherlands, Reinier Timman

Radical changes in healthcare in the Netherlands have been implemented lately. Liberalization of healthcare providers and insurance companies had an enormous impact on costs and reimbursement. Hospitals were decreed to provide insight in the costs of their ‘products’ by implementing a system in which treatments were given average prices (DTC; diagnosis treatment combination). Competition between hospitals and more efficiency were the main objectives. Patients should be capable to perform price/quality evaluations for choosing a hospital. At the start of 2008 this system, designed for somatic health care, was extended to mental health care. Therapists must use DTC’s when declaring their expenses. Insurance companies must reimburse the costs of therapies to maximal 8 sessions. Insurance companies and therapists must formulate reimbursement contracts. In these, companies try to leverage the quality and service of therapists. E.g. therapists are stimulated to work evening hours or weekends for more reimbursement. For influence on quality, insurance companies urge therapists to engage in Routine Outcome Measuring. A debate arose on quality; is this determined by therapists, insurance companies or patients? Scientists should get involved and contribute to an answer or better, a solution. Collaboration between therapists, scientists and insurance companies will be inevitable. Therapists should be more willing to show how they operate; insurers should trust more in the work of therapists and be willing to invest in good care. Scientists should function as mediators and make this fragile relationship work. Discussed will be these dilemmas that we encounter doing research in the field of monitoring.
A dynamic systems approach to the study of psychotherapy process: Paths of analysis
Discussant: Wolfgang Tschacher - University of Bern, Switzerland

Several authors have recently proposed an approach to the process of change from the perspective of dynamic systems theory, emphasizing its complex and multi-determinate nature. The present panel aims to highlight some theoretical and methodological issues concerning the task of overcoming a static representation of the therapeutic process, and to suggest possible lines of development. Walter and colleagues explore the relation between linguistic patterns of emotional-cognitive regulation and the complexity of Plan-Activation Patterns in psychotherapy. Gelo and colleagues investigate the verbal coordination between patient’s and therapist’s speech and its relationship with therapeutic change processes. Finally, Gennaro and colleagues suggest that the psychotherapy process can be seen as an intersubjective dynamic of co-construction of meaning. The Discourse Flow Analysis is applied in order to identify the temporal patterns of meaning-making present in the therapeutic transcripts. These studies provide convergent evidence for the intrinsically dynamic and not-linear nature of the psychotherapeutic process.

Emotional cognitive regulation and complexity of plan-activation patterns in psychotherapy
Steffen Walter - University of Ulm, Germany, Günter Schiepek, Erhard Mergenthaler

Background: This research explores the relation between emotional-cognitive regulation in psychotherapy (Mergenthaler, 2008) and the complexity of Plan-Activation Patterns (Haken & Schiepek, 2003). This measures reflects the level of instability (or disorder) in the intentions and actions of both patient and therapist within the therapeutic process. Method: Within a single-case study strategy, we analyzed an entire resource-oriented short-time psychotherapy (9 sessions) (see Haken & Schiepek, 2006). Emotional-cognitive regulation was assessed through the Therapeutic Cycle Model (TCM) (Mergenthaler, 2008). According to this model, it is possible to identify key-moments of emotional-cognitive regulation (Connecting) which are considered markers of productive therapeutic work. The Sequential Plan Analysis (SPA) (Caspar, 1989, 1986) was used to identify patterns of Plan-Activation. Those two instruments were applied to both patient and therapist. Finally, a measure of Complexity was applied in order to identify the level of Plan-Activation’s instability (Haken & Schiepek, 2003). Expected results: We expect higher levels of Plan-Activation instability within key-moments of emotional-cognitive regulation (Connecting). Discussion: The relevance of the results for psychotherapy research will be discussed with reference to the Dynamic Systems Theory, Sequential Plan Analysis and Therapeutic Cycle Model.

Verbal coordination between patient and therapist speech: Hints for psychotherapy process research
Omar Gelo - University Sigmund Freud, Vienna, Austria, Fabian Ramseyer, Erhard Mergenthaler, Wolfgang Tschacher

Background: Previous studies have investigated the relevance of coordination (synchrony) in patient’s and therapist’s non-verbal behaviour and in their evaluation of success, suggesting that synchrony represents an outcome-related process measure. Aims: We investigated the verbal coordination between patient’s and therapist’s speech and its relationship with therapeutic work. Methods: The sample consisted of 15 entirely transcribed sessions from a patient diagnosed with Major Depression, treated with emotion-focused therapy. The case presented a good outcome. The Linguistic Production was assessed through a computer-assisted text-analysis following the Cycle Model software (Mergenthaler, 1996). The computed measures consisted in patient and therapist emotional, abstract and narrative language. Verbal
Synchrony (VS) was calculated as global measure of order applied to the Linguistic Production of the dyad. refers to the concept of entropy of a system (Banerjee et al., 1990). Maximum is when the variables representing the dyad’s Linguistic Production are uncorrelated. Finally, Productive Therapeutic Work was assessed through the Therapeutic Cycle Model, based on patterns of emotional-cognitive regulation (Mergenthaler, 1996). Results: Results showed that VS presents: a) an irregular distribution along the sessions; b) significantly lower values within phases of Productive Therapeutic Work. Discussion: These findings are coherent with the assumptions that: a) the coordination between the functioning of a system’s constitutive elements (Verbal Synchrony) is a non-linear process rather than a progressive one; b) Productive Therapeutic work is characterized by periods of higher instability (reduction of Verbal Synchrony), suggesting that a system must become “verbally unstable” in order to enter change processes.

Looking at the psychotherapy process as an intersubjective dynamic of sensemaking
Alessandro Gennaro - University of Salento, Lecce, Italy, Sergio Salvatore, Adriana Lis, Sílvia Salcuni

Background: Psychotherapy process can be seen as an intersubjective dynamic of co-construction of meaning. Depicting the clinical exchange as a co-construction of meaning requires models and methods of analysis enabling to taking the dynamic nature of the psychotherapy process in account (Greenberg, 1994). Current methods, based on the idea of recomposing the process in terms of the linear addition of single-time discrete-events, are unsatisfactory (Stiles, 2006). Intersubjective sensemaking depends on the way contents are combined into the discourse’s flow. According with previous literature, sensemaking is characterized by a self-organizational dynamic, leading to the emergence of structures of order (Tshacher et al., 2000) by means of the creation of constraints among the behaviours of the system’s components (Ramseyer & Tschacher, 2006). In order to deal with these aspects, we developed the Discourse Flow Analysis (DFA). DFA is a method of analysis of the clinical exchange, aimed at modelling it as an intersubjective sensemaking process. Focusing on the temporal patterns of meaning-making present in the transcripts, the DFA allows a dynamic analysis of therapeutic sensemaking. The DFA adopts an automated low-inferential procedure of content analysis, capable of taking into account the contextuality of the meaning. Aims: The work presents the application of DFA method to two good outcome psychotherapies, different for length, and techniques used. The results show similar trends: A non linear behaviour of the DFA parameters is observed. Discussion: We discuss these findings as a source of evidence of the intrinsically dynamic and not linear nature of the psychotherapeutic process.

Innovative moments in psychotherapy

Discussant: Lynne Angus - York University, Canada

In this presentation we present and reflect upon the main results that we obtained until now with the Innovative Moments Coding System (Gonçalves, Matos & Santos, 2006) and how this method can in our view enrich the research of the therapeutic process. Narrative tradition associated with the work of White and Epston (1990) has created a rich diversity of therapeutic practices but has been rather poor in the generation of empirical research. The research of the patterns of Mi in different therapeutic traditions can constitute a rich tool to study the narrative processes in this models of psychotherapy. We will finally reflect upon the new plans of research that we are carrying on with this methodology and what types of questions and hypotheses are guiding this research.

Innovative moments and psychotherapeutic change: A new research tool
Anita Santos - University of Minho, Braga, Portugal, Marlene Matos, Miguel Gonçalves

Narrative therapy (White and Epston, 1990) asserts that change happens through the elaboration of “unique outcomes”, which are exceptional episodes that are not akin to the problematic self story. We
present the Innovative Moments Coding System (IMCS, Gonçalves, Matos & Santos, 2006), developed to assess Innovative Moments (IMs – derived from “unique outcomes”) in the context of narrative therapy’s research, but which we have been using in diverse psychotherapy and non-psychotherapeutic research (e.g., change in ordinary lives and adaptation to life transition). We present this new tool and the indexes that we use to track change processes in psychotherapy, across a diversity of therapeutic approaches.

Innovative moments in narrative therapy
Marlene Matos - University of Minho, Braga, Portugal, Anita Santos, Miguel Gonçalves

In this research a group of women that were victims of partner abuse were involved in individual narrative therapy (White & Epston, 1990). The research sample consists in five good outcome and 5 poor outcome cases. We present what specific types of IMs emerge and characterize their saliency (time spent in narration and elaboration of IMs). Our data show that elaboration of IMs is not enough to create change. However, good and poor outcome groups have a significant difference in saliency and present diverse profiles regarding IMs types. Also, two particular types of IMs are associated with good outcome cases: reconceptualization and new experiences. We further analyse data, suggesting a tentative model of the construction of narrative change where these two types allow a authoring position over the change process and the development of the new achievements into the future. So, an increasing salience is related to the narrative elaboration of the innovative moments, making possible the change process that promotes the evolution from new episodes to new self stories. We will present implications in terms of clinical practice and research.

Innovative moments pathways through therapeutic process
Miguel Gonçalves - University of Minho, Braga, Portugal, Anita Santos, Marlene Matos

The authors pointed elsewhere (Gonçalves, Matos & Santos, in press) that Innovative Moments (IMs) (action, reflection, protest, reconceptualization and new experiences) seem to have a dynamic nature and an important role in therapeutic change. We believe that narrative change occur not only by the emergence, but also by the involvement of different IMs types in novelty cycles. Our aim is to understand what happens in a content level that allows these IMs to evolve towards change or stability. So, we analyse two clinical cases, one good and one poor outcome of two women victims of partner violence. Data show that action, reflection and protest IMs are frequently narrated in relation to the problematic story in poor outcome case. They seem to constitute an alternative narrative, but not a preferred one, since it promotes the return to the problem. In good outcome case these characteristics only happen in earlier process stage and then disappear. In middle phase, protest IM seems to allow client to clearly differentiate herself from the problem. Then, reconceptualization and new experiences IMs emerge in middle and final phases. Through the ability of achieving a meta-position over the change process (reconceptualization IM) a new life narrative is then being constructed, in which a future script is also available (new experiences IM).

Change and innovative moments in emotion-focused therapy
Inês Mendes - University of Minho, Braga, Portugal, Miguel Gonçalves, Lynne Angus, Leslie Greenberg

Based on the results that we obtained using the Innovative Moments Coding System (IMCS, Gonçalves, Matos & Santos, 2006) with narrative therapy, this research is part of our aim to investigate if this coding system allows the understanding of different therapeutic approaches. Thus, we wish to study if this coding system is useful in therapeutic approaches that do not make the concept of “unique outcome” a central tool. Therefore we analyse the emergence of IMs in six cases – three poor and three good outcome cases in Emotion Focused Therapy. Our preliminary results suggest that the profiles of therapeutic change are similar to those found in previous research. However, besides the commonalities
with our previous researches we have also differences. Similarly with our previous research re- conceptualization and new experience clearly distinguished good and poor outcome cases. One important difference is the high saliency of protest in good outcome cases, which seems to be related with the way the therapists stimulate protest against problematic ways of feeling and acting during empty chair procedures.

Panel
Neuroscience
Moderator
Óscar Gonçalves
- University of Minho, Braga, Portugal

How to put yourself in somebody's shoes? Neurobiological, electrophysiological and autonomic contributions

Discussants: Joana Teixeira - University of Minho, Braga, Portugal and Ana Pinheiro - University of Minho, Braga, Portugal

Empathy is a major ingredient for the success of human social interactions, namely the therapeutic relationship. But what happens in the brain and body while each person infers and experiences the internal state of the other? Domes et al. (2006) found that oxytocin promotes the ability to infer the mental state of others, based on facial cues. However, we still don’t know exactly through what processes and neuroanatomic mechanisms is oxytocin exerting its effects on social cognition, neither what are these specific effects (cf., Domes et al., 2006). In light of these findings, the present research proposed to study the state of being in the shoes of the other (cognitive empathy), aiming to explore the neurobiological and electrophysiological correlates of empathy, during a cognitive-emotional task, in particular: (a) Does oxytocin improves mind-reading during a cognitive-emotional task, designed to measure empathy? (b) Does oxytocin increases EEG coherence, during the performance in this task? (c) Is this performance accompanied by changes in autonomic activity? Participants were 30 healthy male and female volunteers (Master/PhD Psychology’s students or psychologists). A single dose of 24 IU oxytocin or placebo (water inhalations) was administered intranasally before the start of the task. In the cognitive-emotional task, participants were exposed to four videotaped interpersonal situations, displaying what the characters were thinking or feeling at the moment, and asked to say how should be the appropriate response of the professional (psychotherapist). During the execution of this task, EEG was recorded, as well as heart rate and skin conductance, from electrodes attached to the participants. Results will be presented and discussed.

Empathy response: The effects of oxytocin
Joana Teixeira - Department of Psychology, Braga, Portugal, Ana Pinheiro, Cledna Silva, Adriana Sampaio, Óscar Gonçalves

Although it still remains a mystery the task of understanding how empathy occurs and which processes are beyond it, Domes and his colleagues (2006) found that oxytocin plays an important role in promoting behaviour and social interaction. Our aim is to explore the effects of oxytocin on the empathic response. Participants were 30 healthy volunteers, 15 male and 15 female (Master/PhD Psychology’s students or psychologists), matched by age and gender. The subjects were exposed to one of the two conditions: intranasal administration of 24 IU oxytocin (Syntocinon spray, Novartis, Basel, Switzerland) or placebo (water in the same quantity); before being exposed to a cognitive-emotional task. In this task, the participants saw four videotaped interpersonal situations, each of them with a different emotional valence (positive feeling; negative feeling; mixed feeling; neutral feeling) and asked to provide a psychotherapeutic response. Data will be presented and discussed.
Empathy response: EEG correlates
Ana Pinheiro - Department of Psychology, Braga, Portugal, Joana Teixeira, Cledna Silva, Adriana Sampaio, Óscar Gonçalves

The objective of this study was to analyze the relationship between empathy response and electroencephalogram’s (EEG) coherence. Computing EEG coherence between electrical signals allows the evaluation of the relationship between EEG signals captured during cognitive functioning. In general, literature points to an increase in the coherence of brain regions activated by cognitive operations, within specific frequency bands, showing that high coherence is often found during increased task complexity and efficient information processing. Participants were 30 healthy volunteers, 15 male and 15 female (Master/PhD Psychology’s students or psychologists). EEG was monitored, while participants performed a cognitive-emotional task, where they were asked to provide a psychotherapeutic response. Results will be presented and discussed, as well as their implications for a more thorough understanding of empathy.

Empathy response: Autonomic correlates
Cledna Silva - University of Minho, Braga, Portugal, Joana Teixeira, Ana Pinheiro, Adriana Sampaio, Óscar Gonçalves

It is well established that cognitive, emotional, and physical behaviors elicit changes in peripheral autonomic activity (Critchley, 2000), which can be measured by variation in the electrodermal activity (EDA) and electrocardiogram (ECG). The objective of this study was to analyse the relationship between autonomic measures (cardiac response and electrodermal activity) and empathy response. Thirty healthy participants (15 female and 15 male), Master/PhD Psychology’s students or psychologists, were monitored during the execution of a cognitive-emotional task, designed to measure cognitive empathy, by the new multimedia system, named BioDReAMS, which enables the synchronous collection of audio, video, skin conductance and cardiac activity data. Results will be discussed, as well as their implications, specifically in what concerns the differential activation of both peripheral values, observed during the study’s conditions.

Panel
Experiential
Moderator
Leslie Greenberg
- York University,
Toronto, Canada

Emotional change processes
Discussant: Shigeru Iwakabe - Graduate School of Humanities and Sciences Ochanomizu University, Tokyo, Japan

This panel will focus on specifying and measuring client emotional change process in experiential therapy of depression and relating these to outcome as well as specifying therapist operations and their patterns overtime that facilitate change in the resolution of emotional distress. The first paper by Imke Hermann will focus on the measurement of emotion types and which sequences of these types relates to outcome in a sample of 30 clients in Emotion-focused therapy of depression. The second paper by Lars Auzra will focus on the measurement of productive emotional processing and relating it to outcome in a sample of 74 clients in Experiential therapy of depression. The final paper by Terence Singh will present findings on what therapist moment by moment operations best facilitate the next step in emotional processing in the resolution of emotional distress.

Emotion types and patterns of change in emotion-focused therapy for depression
Imke Hermann - Ludwig-Maximilians-Universität München, Germany, Leslie S. Greenberg

Aims The present paper focuses on the relationship between emotion types (secondary/instrumental, primary adaptive and primary maladaptive) and therapeutic outcome in Emotion-focused therapy of depression. It was hypothesised that for positive change to occur clients have to move beyond secondary or instrumental emotions to work through their primary maladaptive emotional states to activate and
arrive at their primary adaptive emotional responses. Hypotheses with regard to the relationship
between proportions and sequences of different emotion types and outcome derived from Emotion-
focused theory of change were tested. Method A rating scale (Herrmann, Greenberg & Auszra, 2007) to
code four different emotion types was developed and inter-rater reliability was established. Thirty clients
were randomly selected from a pool of forty two clients, who had received Emotion-focused treatment.
Three working sessions - the first, the best and one session prior to the best - were chosen. A code was
made every 30 seconds. Results Significant correlations were found between proportions of emotion
types and change in proportions of emotion types over therapy as well as specific sequences and therapy
outcome in line with the Emotion-focused model of change. Discussion The findings illustrate that the
differentiation of emotion types is helpful in understanding emotional change. Not only the occurrence of
certain types but their sequence eof occurrence seems important. The role of specific emotion sequences
will be discussed.

Emotional processing in experiential therapy for depression
Lars Auszra - Ludwig-Maximilians-Universität München, Germany, Leslie Greenberg

Aim The aim of the study was to develop a measure of client emotional productivity and to explore its
relationship to client expressed emotional arousal and the working alliance in the experiential therapy of
depression. It was hypothesized that emotional productivity would predict outcome over and above the
working alliance and expressed emotional arousal. Method Three sessions - the second, the best
working session and the second or third last session - were rated on expressed emotional arousal and
emotional productivity. Emotional arousal and emotional productivity were rated on videotapes by means
of the Client Expressed Emotional Arousal Scale –III (Warwar & Greenberg, 1999) and the Client
Emotional Productivity Scale – Revised (Auszra, Greenberg, Herrmann, 2007). The Client Emotional
Productivity Scale was developed based on research on emotion processes in psychotherapy and the
Emotion-Focused model of effective emotional processing. The Working alliance was measured by the
Working Alliance Inventory (Horvath & Greenberg, 1989) administered after session 4. Results The
results of a preliminary analysis of 74 clients drawn from the York Depression Studies show that working
phase emotional productivity predicted reduction of reported symptoms over and above beginning phase
emotional productivity, working phase highly expressed emotional arousal and the working alliance.
Discussion The Client Emotional Productivity Scale and its central components will be presented and the
results of the study will be discussed in terms of their theoretical and practical implications for working
with emotion in therapy.

Therapist influence on client emotional processing and emotional variability
Terence Singh - University of Windsor, Canada, Antonio Pascual-Leone, & Leslie S. Greenberg

The present study revisits the data set utilized by Pascual-Leone & Greenberg (in press), who found
increased within-session client emotional variability to be related to good session outcome. In this study,
observable therapist interventions were examined moment-by-moment as they occurred, with the aim of
identifying distinct styles of therapeutic intervention and examining their influence on clients’ productive
emotional processing within productive sessions of psychotherapy. The relationship between therapist
intervention style and client emotional variability was also investigated. Therapy segments were coded
using process rating scales that articulated the content, focus, and quality of experiencing of therapist
interventions. Client emotional processing was assessed using the Experiencing scale (Klein et al., 1986).
Content analyses revealed distinct, polythetic classes of therapeutic intervention style. The influence of
each style of therapeutic intervention on clients’ productive emotional processing and within-session
client emotional variability was examined. These relationships, and the manners in which they vary over
the course of a therapeutic session, will be discussed.
**Three studies of psychotherapy for substance use disorders**

**Discussant:** Paul Crits-Christoph - University of Pennsylvania, Philadelphia, USA

Patients with substance use disorders present unique challenges for psychotherapy, including difficulty establishing adequate therapeutic alliance and frequent co-occurrence with personality disorders. This panel presents findings from three different psychotherapy studies examining process and outcome for patients with substance use disorders. Dr. Gregory reports the results of a 12-month randomized controlled trial involving a manual-based psychodynamic psychotherapy for patients with co-occurring borderline personality disorder and alcohol use disorders. Dr. Hesse presents preliminary findings from a randomized controlled trial that assesses the impact of adding individual psychoeducation regarding co-occurring personality disorders on 6-month outcomes of drug dependent patients. In a large naturalistic study at the Center for Dependency Disorder in Stockholm, Dr. Philips compares and contrasts the experiences and expectations of patients and therapists pursuing treatment with psychodynamic therapy, cognitive behavioral therapy, or cognitive therapy. Dr. Crits-Christoph will discuss the broader clinical implications of these three studies in light of previous research on treatment of substance use disorders.

**Outcome of psychodynamic therapy for co-occurring borderline personality disorder and alcohol use disorder**

**Robert Gregory** - SUNY Upstate Medical University, Syracuse, USA, Susan Chlebowski, David Kang, Anna L. Remen, Maureen G. Soderberg, Jason Stepkovich, and Subhdeep Virk

Aim: Co-occurrence of borderline personality disorder (BPD) and alcohol use disorders is common and has been associated with increased risk of suicide and poor treatment response and retention. A randomized controlled trial was conducted to determine whether a manual-based psychodynamic treatment, labeled dynamic deconstructive psychotherapy (DDP), would be feasible and effective for this co-occurring subgroup. Methods: 30 adults meeting criteria for BPD and alcohol use disorders were randomized to either DDP or to treatment as usual in the community (TAU). The 3 primary outcome measures included parasuicide, alcohol misuse, and institutional care. These were assessed at baseline and every 3 months during 12 months of treatment. Results: DDP participants showed statistically significant improvement in each of the primary outcomes. Secondary outcomes, including measures of depression, dissociation, and core symptoms of BPD also improved significantly over time. Measures of depression, perceived social support, and core symptoms of BPD demonstrated large treatment effects for DDP and statistically greater improvement than TAU. DDP treatment retention was 67-73%. Although TAU participants received higher average treatment intensity, they showed only limited change during the same period that did not reach statistical significance on any primary or secondary outcome variable. Discussion: The results support the feasibility, tolerability, and efficacy of DDP for the co-occurring subgroup and highlight the need for further research, including long-term outcomes, mechanisms of action, and efficacy in comparison to other manual-based treatments.

**Personality Assessment and Feedback (PAF): Strategies and preliminary findings**

**Morten Hesse** - Aarhus University, Copenhagen, Denmark, Mats Fridell and Mads Kjaer Pedersen

Aim: Co-morbid personality disorders are common in substance dependent patients, and personality disorders are associated with worse clinical outcomes, worse retention and compliance, and alliance problems. The whole range of personality disorders is present in substance dependent patients, and antisocial personality disorder is particularly common. However, clinical strategies must vary strongly across disorders. To test the clinical effectiveness of a full personality disorder assessment and individual feedback to patient and caseworker, against screening for axis I disorders alone. Methods: A randomized clinical trial of consecutively admitted patients to a central intake unit for illicit drug use
disorders is carried out. Patients are randomized after their first intake interview to either limited (axis I only) or full (axis I and II) assessment. The axis I screening includes anxiety or depression, drug and alcohol dependence, attention deficit hyperactivity disorder, and current level of functioning. The axis II disorder includes a semi-structured interview for personality disorders. Outcomes include global functioning (Work and Social Adjustment Scale), substance use outcomes (Opiate Treatment Index), and symptoms (Kessler 6) at 3 and 6 months follow-up. Patients in both groups receive a similar amount of contact with research interviewers. Results and Discussion: The preliminary results of the study are presented, including patients’ perception of the research interview and feedback, and outcomes of the first 30 patients randomized. We present clinical examples of patients with antisocial, borderline, and narcissistic personality disorders.

Expectations and experiences of psychotherapy among patients with substance use disorders and their therapists

*Björn Philips - Center for Dependency Disorders, Stockholm County Council, Sweden*

**Aim:** The aim is to study the similarities and dissimilarities between patients’ and therapists’ expectations and experiences of psychotherapy, involving patients with substance use disorders.

**Methods:** The study included patients (n=350) at the Center for Dependency Disorders in Stockholm, attending different forms of therapy: individual psychodynamic therapy (PDT), cognitive behavioral therapy (CBT), and cognitive therapy (CT), as well as group analytic therapy and family therapy. The patients’ and the therapists’ psychotherapy expectations were examined prior to therapy using the Psychotherapy Expectations and Experiences Questionnaire (PEX). Both parties’ experiences of ongoing therapy were examined using the same instrument. Results: The differences between the expectations of patients and therapists in different psychotherapy formats are presented. These differences are related to the various goals and tasks of respective type of therapy. In addition, the similarities and dissimilarities between patients’ and therapists’ experiences of ongoing psychotherapies are presented. Divergencies between therapy methods are highlighted. Discussion: Concordance between patients’ expectations and the characteristics of their psychotherapy, on the one hand, and the expectations held by their therapist, on the other, are likely to influence the therapeutic process and outcome in a positive direction. These hypotheses will be investigated later in the research project.

**Panel**

**Change**

**Moderator**

Martin Grosse Holtforth - Institute of Psychology, Clinical Psychology and Psychotherapy, Bern, Switzerland

**Motives in psychotherapy I & II/part II**

*Discussant: Adele M. Hayes - University of Delaware, Newark, USA*

Motivational theories have a long tradition in the field of psychotherapy research. Related to common factors of psychotherapy, patients’ expectations of outcome have shown to influence treatment process and outcome. Motives, in addition, are important constructs to conceptualize psychopathology. Two panels on motives on psychotherapy will give an overview of current research dealing with this issue demonstrating the use of different theoretical frameworks as well as measures to assess motivational variables. All presentations of this panel relates on motives as explanatory constructs of psychological functioning. The different studies will provide an overview of current theories of motives and their association with psychopathology. Focussing on interpersonal motives and interpersonal functioning Sonja Bräutigam will present pre-post-self report data of psychotherapy patients enabling to test associations of interpersonal motives with symptom distress, symptom reduction as well as changes in interpersonal motives. Martin Grosse Holtforth examines the significance of two important avoidance constructs: avoidance motivation and avoidance behaviour within two diagnostic subgroups (i.e. depressives and phobics) compared to a non clinical sample. Considering experiential avoidance as a maintaining factor of core features of a Borderline Personality Disorder, inhibiting the engagement in
treatment, Matthias Berking assessed experiential avoidance, anger and depression among Borderline patients at four time points during a one year therapy. His study deals with the question whether experiential avoidance has a negative impact on changes in affect related symptoms during the treatment for BPD. Independent of the specificity of examined populations, research designs and measures of motives, the results presented in the panel clearly indicate associations between motives and psychopathology.

Interpersonal motives and their relevance for symptom distress and symptom reduction
Sonja Bräutigam - Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany, Andrea Thomas, Holger Suess, Bernhard Strauss

Current interpersonal theory and research focus on motives and goals as important determinants of interpersonal functioning. The aim of this study was to examine the impact of the circumplex-based interpersonal motives on indicators of psychopathology (symptom distress and interpersonal problems). The major hypotheses deal with (1) the identification of specific interpersonal motives among psychotherapy patients (compared to a non clinical population), (2) the relationship of interpersonal motives with symptom distress and interpersonal problems, (3) changes of interpersonal motives during treatment, and (4) the relationship of these changes with symptom reduction. 245 psychotherapy patients filled out the German versions of the Circumplex Scales of Interpersonal Values (CSIV), the Inventory of Interpersonal Problems (IIP), and the Outcome Questionnaire (OQ-45) at the beginning and at the end of treatment. Data from a representative German sample were used to compare the clinical sample. Gurtman`s structural summary (including elevation, amplitude and angular displacement as important structural parameters) of an individual`s circumplex profile was applied for the analysis of the CSIV. Symptom reduction was assessed by determining pre-post differences of symptom distress, and pre-post differences of general interpersonal distress. It turned out that motives and changes of motives located in the lower quadrants of the interpersonal circumplex as well as the CSIV-profile elevation and specific patterns of profile elevation and amplitude were closely related to symptom distress, interpersonal distress, and symptom reduction.

Escaping the dreaded - Avoidance motivation and avoidance behaviors in depression
Martin Grosse Holtforth - Institute of Psychology, Clinical Psychology and Psychotherapy, Bern, Switzerland, P. Röthlin, M. Berking

Aim: Previous research has demonstrated a relationship between avoidance and depression. Two important sub-constructs of avoidance are avoidance motivation and avoidance behavior, i.e., what is avoided and how it is avoided. However, avoidance in depression seems to differ from avoidance in anxiety disorders. In this research, we examine avoidance in depression by (1) identifying distinct avoidance motives and avoidance behaviors in depressed patients in contrast to phobic patients; by (2) relating avoidance motives and avoidance behaviors to symptoms of depression and phobic anxiety in patients and normals, and (3) examine the interrelationships between avoidance motives and avoidance behaviors in these subjects. Methods: Avoidance motives were assessed by the Inventory of Approach and Avoidance Motivation (IAAM), avoidance behaviors were assessed by the Cognitive–Behavioral Avoidance Scale (CBAS). Clinical subjects were 250 psychotherapy patients at a university-based outpatient clinic who completed the questionnaires as part of their intake assessments; normal controls were 387 subjects sampled by graduate students as part of their masters theses. Results: Results showed distinct patterns of avoidance motives and avoidance behaviors for depressed patients, distinct relationships of both avoidance measures with measures of depressiveness and anxiety, as well as evidence for generic and distinct relationships between the two avoidance measures in anxiety and depression. Discussion: The results are discussed in relation to motivational theories of depression,
avenues for further psychotherapy research are explored, and consequences for assessment, case formulation and interventions in depression treatment are discussed.

The impact of experiential avoidance on changes of affect-related psychopathology during treatment for borderline personality disorder
Matthias Berking - Behavioral Research and Therapy Clinics, Seattle, USA, Andrada Neacsiu, Kate Comtois, Marsha Linehan

Objectives: Given that experiential avoidance is both a putative maintaining factor for core features of borderline personality disorder (BPD) and a potential hindrance for engaging clients into psychotherapeutic treatment, it was investigated whether experiential avoidance has a negative impact on changes in affect-related symptoms during treatment for BPD. Methods: Experiential avoidance, depression and anger were assessed in 81 clients at four points in time during one year of therapy. Results: EA predicted subsequent changes in depression but not in anger. Conclusion: EA impedes progress in at least one crucial outcome of treatment and should therefore be considered an important treatment target.

Investigating therapist responsiveness

Appropriate therapist responsiveness to individual client requirements is complex but is a vitally important aspect of the therapy process. In these four papers we present different approaches to evidencing and understanding the responsive process. The first two papers report findings of client outcomes in large routine-care data sets from outpatient settings in the UK and from in-patient facilities in Germany, and consider how therapist responsiveness may account for these findings. The third paper describes a new method for assessing therapist responsiveness in the initial phases of therapy, and the final paper comprises two qualitative studies that investigate therapist responsive behaviours involved in maintaining clients in therapy.

Responsive regulation as an account of some consistently frustrating findings: Process-outcome correlations, the Dodo Verdict, and dose-effect relations in routine practice
William B Stiles - Miami University, Oxford, USA, Michael barkham, John Mellor-Clark, Janice Connell

The aim of this paper is to suggest that responsiveness--behavior being influenced by emerging context-may account for three frequently-replicated findings that have been frustrating to researchers: (a) the lack of strong correlations of outcomes with key psychotherapeutic techniques and other psychotherapy process components, (b) the lack of outcome differences between technically and theoretically different therapeutic approaches, and (c) the flat dose-effect curve relating average improvement to number of sessions in routine practice. Method and Results: Finding (a) will be illustrated with previously published data. The other two findings will be illustrated using results from large overlapping samples of adult clients seen in United Kingdom primary care settings who completed the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) at the beginning and end of treatment. (b) Clients (N = 5,613) who received cognitive-behavioural, person-centred, or psychodynamic therapy began treatment with equivalent CORE-OM scores, and all averaged marked improvement, but treatment approach had no statistically significant effect and distributions of change scores were very similar. (c) Clients (N = 9,703) who had planned endings of any treatment, began above the clinical cutoff score, and were seen for 20 or fewer sessions averaged very similar rates of improvement regardless of treatment duration. Each of these replicated findings seems surprising or even paradoxical if psychotherapy is conside-red as an independent variable in an experimental manipulation, but they are clinically and theoretically sensible if clients and therapists are considered as responsively addressing requirements as they emerge.
Treatment related variables and outcome in routine mental health care

* Birgit Watzke - University of Hamburg Eppendorf, Germany, Dina Barghaan, Uwe Koch & Holger Schulz

Aims One important issue in process-outcome research refers to the question of whether treatment related variables are associated to outcome and if so which. However, there is a lack of studies investigating these variables under clinically representative conditions. The paper presents data on process and outcome of routine mental health care focussing on the following treatment related variables: a) theoretical approach of the treatment and b) treatment dose and the treatment duration.

Method and Results Prior to admittance to the clinic (t0) 6.689 patients who were to be treated in 105 inpatient hospitals, were consecutively sent written correspondence. Of these, 4.638 (69.4%) took part in the study and completed a self rating questionnaire at t0. At the follow-up (tfu: 6 months following discharge) N = 3.113 patients responded. Primary outcome was the difference t0 - tfu in the GSI (symptom severity) and in the SF-12 (functional health / quality of life). Process data was available from the discharge reports. Patients were treated with cognitive behavioural therapy, short term psychodynamic therapy or a combination of both. Analyses comprised analyses of variance and linear regression; effect sizes were calculated according to Cohen (1988). Discussion Neither therapeutic approach nor treatment dose nor treatment duration are systematically associated with outcome. Clinical variables, such as initial symptom severity, are discussed as potential moderators of treatment dose/ duration, which can be seen as part of therapist responsive actions.

Understanding therapist responsive processes

* Sari Saatsi - University of Sheffield, UK, Gillian E Hardy

Aims: Building on work that reported that clients who do not complete their agreed number of therapy sessions have poorer therapy outcomes and report weaker alliances than clients who complete therapy, this paper reports two qualitative studies that investigate therapist activities present in successful completion of cognitive therapy for depression. Methods: The first study comprises a grounded theory analysis comparing the penultimate therapy session of clients who did not complete therapy with a matched therapy session of clients who completed therapy. The second study reports a micro-analysis of a single significant helpful event using a Comprehensive Process Analysis method. Results: Study 1’s grounded theory analysis developed the concept of ‘Shared hope’ as the primary theme that distinguished completer from non-completer sessions. This theme incorporated subsidiary themes of ‘Flexibility’, ‘Ownership’, ‘Continuity’ and ‘Connection’, Study 2 further developed these themes showing how therapist responsiveness involves the therapist constantly adapting to perceived client shifts in engagement. Discussion: Therapist responsiveness to clients’ interpersonal needs is reflected in therapists constantly moderating their actions to maintain optimal engagement and working on problems.

Panel

Other

Moderator

Timo Harfst - German Chamber of Psychotherapists, Berlin, Germany

Mental health care between EbM and cost pressure

Quality and quantity of Psychotherapy services as part of the mental health care system are greatly influenced by an increasing cost pressure, changes in the reimbursement systems for psychotherapeutic care and the growing methodological demands of benefit assessments resting on the principles of evidence based medicine. The first paper will describe the development of a pragmatic criteria of approval for psychotherapeutic treatments that allows for the methodological demands of evidence based psychotherapy and avoids the risks of reimbursement of psychotherapy narrowed down to single indications. The following two papers will address the risks of the ongoing process of introducing more competition among health insurers in Germany resp. the Netherlands. Health politics in the Netherlands and Germany have adapted different strategies to enforce solidarity by compensating health insurers for
enrolees with predictable high medical expenditures. Because these compensation schemes primarily rely on two morbidity-based risk adjusters, pharmacy based cost groups and (inpatient) diagnostic cost groups, this may produce incentives in favour of pharmacotherapy and against psychotherapy. Furthermore it may become unattractive for health insurers to engage in managed care for patients with diagnoses the compensation schemes do not accounted for.

Development of criteria of approval for psychotherapeutic treatments in Germany
Timo Harfst - German Chamber of Psychotherapists, Berlin, Germany, Rainer Richter, Tina Wessels, Christina Tophoven

Background: New medical treatments in Germany, including psychotherapy, must gain a positive evaluation by the federal joint committee (G-BA) in terms of benefit and efficiency before they can be reimbursed by the statutory health insurance funds. The assessment of medical treatments is based on the methods of evidence-based medicine, implying a separate benefit assessment for each indication the treatment claims to work for. For psychotherapeutic treatments it seems unrealistic to demonstrate its efficacy and effectiveness for each single disorder in prospective comparison trials. Therefore the approval for psychotherapeutic treatments like psychodynamic therapy is given for the whole spectrum of psychotherapeutic indications on the basis of a comprehensive evaluation. Aim: To identify groups of disorders with a particular relevance for psychotherapeutic care as criteria of approval for psychotherapeutic treatments. Methods: Data on prevalence, severity and chronicity of mental disorders, utilization and costs in Germany were therefore analysed. Results: Depressive and anxiety disorders, and to a lower extent, somatoform disorders, substance related disorders and personality disorders were identified as indications with the highest relevance for psychotherapeutic care in Germany. Based on these findings a criteria of approval for psychotherapeutic treatments was defined. Conclusions: A pragmatic criteria of approval was developed that allows for the methodological demands of evidence based psychotherapy and avoids the risks of reimbursement of psychotherapy narrowed down to single indications.

Competitive control in the compulsory health insurance system – Impact on mental health care
Tina Wessels - German chamber of psychotherapists, Berlin, Germany, Rainer Richter, Timo Harfst, Christina Tophoven

Background: In order to increase efficiency and reduce health care costs more competition among health insurers is promoted. However, introducing more competition in the health care system is not without risks, as it may threaten solidarity and support risk selection. One approach to maintain solidarity and compensate health insurers for insured with predictable high medical expenditures is the implementation of a Risk-Adjusted Morbidity Compensation Scheme, which considers common and cost-intensive diseases for calculating a risk structure adjustment. The inclusion or exclusion of specific diseases in the risk-calculation may have consequences on health care. Aim: First, to describe current mental health care in Germany and second, to illustrate consequences by the implementation of a Risk-Adjusted Morbidity Compensation Scheme. Methods: Variables and methods that are used to calculate the risk structure adjustment are discussed. Based on data of one Association of Statutory Health Insurance Physicians in Germany possible impacts on mental health care are exemplified for depression and attention deficit disorders. Results: Considering recommendations of national guidelines for the management of depression and attention deficit disorders the data indicate an ongoing undersupply of the mentioned patients with psychotherapy. Conclusion: It may be expected that the undersupply will be intensified and further incentives for pharmacotherapy will be made by the implementation of a Risk-Adjusted Morbidity Compensation Scheme.
Patients representations of their therapists and therapy

Discussant: David Orlinsky - University of Chicago, USA

Formation of representations of their therapists and therapy (internalization) is a main way in which patients carry the effects of sessions into their everyday lives during the course of therapy, and onward into life after termination (where it may be assessed as outcome at follow-up). Previous studies by the presenters and their colleagues have demonstrated significant relationships between intersession processes, the therapeutic alliance, and patient outcomes. The current panel will address theoretical and empirical issues of internalization both with respect to the nature of intersession experience during therapy, and to post-termination outcomes of therapy. The papers will present new findings from a comparative study of intersession processes in Germany and the USA, and a new interview-based method for assessing patients' representations in the follow-up period. Assessment methods will be described and measures provided for interested researchers.

Structure of intersession therapy process in different countries and treatment settings

Armin Hartmann - University Hospital, Freiburg, Germany, David Orlinsky

Intersession processes have been shown to be related to outcome and therapeutic alliance in psychotherapy. The Intersession Experience Questionnaire (IEQ) has been widely used for measuring intersession processes in research projects both in the USA and Germany. However, until now it has not been shown whether the factor structure of patients’ responses are comparable for different treatments, different settings, different countries, and different languages. The present study compares the results of factor analyses of IEQ data from two large datasets collected in Chicago (USA) and Freiburg (Germany). Results showed that the structure of intersession experience is highly stable across type of treatment and setting as well as language and nationality. In both samples strong relations of intersession experience to therapeutic alliance could be replicated.

The development of the real relationship in time limited psychotherapy

Jairo Fuertes - Fordham University, NY, USA, Charles J. Gelso, Claudia Perolini, Tamara Walden, David Cheng

This study examines for the first time how the real relationship unfolds over the course of time-limited psychotherapy; how this unfolding relates to the unfolding of other key relational variables (i.e., client transference, therapist counter-transference, and client-therapist working alliance); and how strength of the real relationship as it unfolds during treatment is related to the perceived quality of therapy sessions and to treatment outcome. Using a replicated N of 1 time series design, relevant measures are being given to 6 therapy dyads and 2 rater-observers after every treatment session of time-limited therapy (12-session limit), as follows: real relationship (client- and therapist-completed measures), client transference (therapist and observer measures), therapist counter-transference (observer measure), client insight (therapist measure), and working alliance (client and therapist measure). Treatment outcome is being assessed after the final session through a validated 4-item measure completed by the therapist and the client. All sessions are being audio taped for a separate content analyses. In terms of preliminary quantitative findings, a repeated measures ANOVA yielded significant differences in means over time and by dyad. For working alliance, there is a main effect for session F (7,22) = 24.854, p<.001, which indicate that dyads' scores on the working alliance measures change over time. There is also a statistically significant interaction by Dyad and Session F(28, 80.744) = 5.382, p<.001, indicating that scores vary by dyad as well. For the real relationship scores, there is a main effect for session (7, 22) = 15.333, p<.001, indicating that dyads scores on the real relationship change over time, and an interaction effect (dyad by session): - F(28, 80.744) = 3.238, p<.001, which also indicate that dyads scores on the real
relationship vary by dyad. These results and others will be discussed along with implications for practice and future research in this area.

Alliance development over time in psychotherapy
Ulrike Dinger - Clinic for Psychosomatic and General Clinical Medicine, University of Heidelberg, Germany, Henning Schauenburg

A positive early therapeutic alliance is a moderate and consistent predictor of psychotherapeutic success. However, less is known about the form of alliance development over time (different “curves”) and its relation to outcome. A well-known hypothesis by Gelso & Carter (1994) proposes that productive relationships in time-limited therapy are characterized by an initial high alliance level, that decreases over the course of therapy, but rises again towards the end. This study was conducted to investigate the relation between different forms of alliance development and outcome in an inpatient psychotherapy sample (N=285). Alliance development is operationalized in a 3-parameter regression model and related to symptom reduction measured with the SCL-90-R (GSI). Different forms of alliance development can be found in this sample. The most frequent form is an initial increase in alliance ratings that stays high over the course of therapy. Patients with an initial increase and an additional rise of alliance ratings towards the end of therapy had the best symptomatic outcomes, while a decrease in alliance ratings towards the end of therapy was associated with less positive outcomes. The study highlights the importance of temporal variations in alliance ratings and adds data to the discussion about alliance development over time.

The Norwegian Multicenter Project for the Study of Process and Outcome of Psychotherapy (NMSPOP)

A recurring problem in psychotherapy research is the small N in most studies, leading to weak statistical power of the results. Furthermore, less is known about the process and outcome of psychotherapy conducted. Also, Ph. D. students often have difficulties in accessing “real life” clinical data. The Norwegian Multicenter Project for the Study of Process and Outcome of psychotherapy is an effort to overcome these difficulties by establishing a large database on psychotherapies. The study is naturalistic; including patients from 8 sites (15 outpatient clinics) based multidisciplinary cooperation among four research groups. Three hundred and seventy individual therapies, 50% with personality disorders, have been included and followed for 2 years after ended treatment. In this symposium we are presenting four empirical studies: Some preliminary analysis of outcome, Therapist factors and client change, Interpersonal problems and personality disorders and Affect consciousness and mental health. Odd E. Havik, the principal investigator, will chair the panel. Jon T. Monsen, daily leader of the project, presents analyses of outcome data, Helene Nissen Lie, Ph.D student, presents analyses of therapist factors contributing to client change, Roger Sandvik Hansen, Ph.D. student, presents analyses of interpersonal problems and personality disorders, and Ole Andre Solbakken, Ph.D. student presents analyses of affect consciousness and mental health.

The Norwegian Multicenter Project for the Study of Process and Outcome of Psychotherapy – Some preliminary analysis of outcome
Jon T. Monsen - University of Oslo, Norway, Anna von der Lippe, Per Høglend, Martin Svartberg, Tore Stiles, Gunnar Lyngstad, Odd E. Havik

Three hundred and seventy patients from the Norwegian Multicenter Study of Process and Outcome in Psychotherapy (NMSPOP), with varying length of treatment (mean 51, range 0 - 364 sessions) participated in this study. Most of the patients were treated with non-manualized psychodynamic
therapy. Patients were evaluated before therapy (T1), at the end of treatment (T2) and at two year follow-up (T5) with a battery of tests and observer-rated diagnoses (SCID I, II, IV, Dynamic scales). Measures tapping self-image (SASB-introject), interpersonal problems (IIP-C), symptoms (SCL-90-R) and working alliance (WAI) were administered after the 3rd - 12th - 20th and then after each 20th session. The following questions related to general outcome are addressed: What kinds and magnitudes of change can be observed after therapy, and is the status at termination stable during follow-up? Are the magnitudes of change in short-term psychotherapies different from the mid-term and long term psychotherapies?

Therapist effects in the Norwegian Multicenter Project for the Study of the Process and Outcome of Psychotherapy: A multilevel SEM approach
Helene Nissen Lie - University of Oslo, Norway, Jon T. Monsen, Helge Rønnestad

The study focuses on therapist factors that may contribute to the process of change in individual psychotherapy. The study is part of the collaboration between the International Study of the Development of Psychotherapists (ISDP) (Orlinsky, Rønnestad, et al.1999 ) and the Norwegian Multicenter Project for the Study of the Process and Outcome of Psychotherapy (NMSPOP) (Havik, Monsen et al. 1995 ). As part of the study of therapist facors, a total of 64 therapists participating in the NMSPOP. completed the self-report survey questionnaire, Development of Psychotherapist Common Core Questionnaire (DPCCQ) (Orlinsky, et al.1999). Based on analyses of the DPCCQ items, a model of Involvement styles synthesising first order factors into the second order factors of Healing and Stressful Involvement Styles has previously been conducted (Orlinsky & Rønnestad, 2005). The study will present results from a SEM confirmatory factor analysis of the model of Involvement Styles in our sample of therapists, as well as preliminary findings on the predictive power of these dimensions on patient change in the NMSPOP. Failing to find much explained variance of these dimensions in patient symptom change, the results of analyses of the individual components of the Involvement styles, that of difficulties in practice and coping strategies as well as certain private life factors that seem to be related to patients’ ratings of the therapeutic alliance, will be presented.

Interpersonal problems and personality disorders. Some findings from the Norwegian Multicenter Project for the Study of Process and Outcome of Psychotherapy
Roger Sandvik Hansen - University of Oslo, Norway, Ole Andre Solbakken, Odd E. Havik, Jon T. Monsen

Persistent and pervasive interpersonal problems are regarded as one of the core attributes of personality disorders (PD). Several studies have identified interpersonal problems associated with different PDs. In the NMSPOP all patients were assessed by trained independent clinical assessors at each site for PDs before therapy (T1). PD diagnoses were based of SCID-II interviews from DSM-IV, and 46% of the patients were diagnosed with at least one PD. The Inventory of Interpersonal Problems — Circumplex version (IIP-64-C) (Horowitz, L. M., Alden, L. E., Wiggins, J. S. and Pincus, A. L., 2000) were also administered. The following questions concerning the relations between interpersonal problems and PDs at T1 are addressed in the presentation: 1.) Are some PDs better described by the interpersonal circumplex than others? 2.) To what extent can profile analysis of the patient’s interpersonal problems provide additional information to the actual PD-diagnoses, such as identification of subforms of interpersonal problems within PD categories? The results will be discussed with reference to findings from previous research and implications for treatment and future research.
Traumatic memory and psychotherapeutic reconstruction

In this panel trauma and its psychotherapeutic implications will be explored and discussed from different perspectives. The first paper in this panel will discuss the nature of trauma in terms of narrative, psychological, neurobiological and clinical perspective and will also discuss consequences of treatment. The second paper in this panel will focus on the work with emotional dysregulation and traumatic memories in client’s victims of trauma and, thus, will present somatosensory interventions as core ones in trauma psychotherapy. The third paper will present a discussion about narrative disruption of self-narratives in people who have experienced a traumatic life event and will also discuss the meaning reconstruction of it in terms of two qualitative studies done with a particular client. The last paper in this panel will present efficacy data of the use of new technologies with the aim of treating emotional disorders. The aim of this panel if, thus, to present and discuss trauma and strategies and therapeutic interventions when facing it in psychotherapy.

What we call “traumatic” and what are the consequences for treatment?
Alberto Fernández - Alcalá de Henares University, Madrid, Spain

Our main goals in this paper are two: the first one is to introduce a general understanding of trauma; that is, we will discuss a narrative perspective of what we call “traumatic” as well as a neurobiological and clinical perspective of it. We will also talk about the aims implied in treatment of clients who have been victims of traumatic events in their lives. Our second aim is to present some elements and strategies as well as active factors of the therapeutic work with traumatized patients. All these concepts will be rethought at the light of the concepts presented and discussed.

Psychotherapy and somatosensory memory of trauma
Beatriz Rodríguez - Hospital Universitario La Paz, Universidad Autónoma de Madrid, Spain, Carmen Bayón

Introduction: Traditional therapeutic models are mostly based on the idea that change occurs through a process of narrative expression, so the prime target for therapeutic intervention is the client’s language and his/her life history. However, understanding and insight sometimes are not enough elements to help people who have experienced trauma. Emotional dysregulation and traumatic memories are core symptoms of trauma-related disorders, and both compromise the body. Emotion is a somatic experience
and traumatic memories are encoded in the somatic or implicit memory, so the body should be included as a primary avenue in processing trauma. Somatosensory interventions explore the interface between physical sensations and meaning, use “bottom-up” interventions and body sensations are the entry point. Conclusions: Somatic techniques and interventions that help the therapist to reach to the immediate or emotional experience can be selected and integrated with the narrative therapy. In this way, two levels of every experience are integrated, the verbal and non-verbal, the explicit and the implicit, the cognitive and the somatosensorial.

Relational reconstruction and the psychotherapy of trauma
Olga Herrero - Ramon Llull University, Barcelona, Spain, Lluis Botella

Identity is a relational and narrative construction and trauma has a clear impact in narratives and, thus, in identity. Traumatic life events have the power to disrupt those self-narratives with which people order their life experience, by challenging their organization, promoting the development of problem-dominated identities, and fostering dissociation of aspects of the experience in a way that precludes its integration. We will briefly consider these processes at the levels of narrative structure, and then present the results of two grounded theory analysis of psychotherapy to reveal the pragmatic and rhetorical strategies by which it counters such disruption. The main results from these analysis indicate the way therapist and client negotiate the discursive contract in psychotherapy, the way the therapist facilitate her client’s discourse and helps her being free from discourses that constrain her. We will show how the client’s victim position in the first session changes during the therapy towards an active position of a survival. Similarly, the client changes her position of being controlled by the effects of the traumatic event towards someone who understands and transforms it becoming able of closing this unfinished business. In summary, results suggest the means by which a client and therapist collaborate to help the former reconstruct the meaning of a traumatic life event, ultimately moving toward greater coherence and hopefulness in the narration of her life.

EMMA’s world, an adaptive display for the treatment of psychological disorders
Cristina Botella - Universidad Jaume I, Castellón, Spain, Rosa M. Baños, Verónica Guillen, Soledad Quero, Juana M. Bretón-López, Azucena García-Palacios & Mariano Alcañiz

Aim: The aim of this work is to present efficacy data of the use of an adaptive display for treating psychological disorders, EMMA’s World, a virtual reality (VR) application performed within the EMMA Project (IST-2001-39192). We describe the VR application, the clinical treatment protocol, and present data about its efficacy in a controlled study. Methods: Thirty nine participants with a mean age of 31 years diagnosed of Post-Traumatic Stress Disorder (PTSD), Adjustment Disorder (AD) and Complicated Grief (CG) were randomly assigned to a standard cognitive behavioral program (CBT) versus a CBT program assisted by EMMA’s World. Results: Our findings indicated that EMMA’s World was effective in the treatment of PTSD and AD. CBT with EMMA’s World was as effective as the gold standard for the treatment of these disorders. The results were maintained at 3 and 6-month follow-up. EMMA’s World presented some benefits over the standard treatment, facilitating the emotional processing. Discussion: The present study offers positive data of the potential for using new technologies with the aim of treating emotional disorders. EMMA’s World varies the contents that are presented depending on the emotions of the user at each moment during the therapeutic process. To accomplish therapeutic goals, a series of emotional virtual elements are used and personalized so that they are meaningful to the user and contain the fundamental emotional elements that the person must confront. The set of personal experiences that is created is useful for activating, correcting, structuring and restructuring the previous dysfunctional experiences.
The national institute on drug abuse "women and trauma" multi-site trial: Findings and implications

Discussant: Denise Hien - Columbia University School of Social Work, NY, USA

Twenty years of epidemiology confirms the strong co-occurrence of traumatic-stress related disorders, such as PTSD, and addictive disorders among women in community treatment. Despite wide recognition of the comorbidity between trauma and substance use, few interventions have been systematically adopted into women’s treatment for addictions. The National Institute on Drug Abuse’s Clinical Trials Network provided an ideal venue to examine the impact of cognitive behavioral therapy for women with trauma in community drug treatment settings. The present study, testing Seeking Safety (Najavits, 2002) against an attention control, is the largest randomized clinical trial of a trauma-focused behavioral therapy in a real world setting. Overall this multi-site study yields many encouraging findings for the field, supports the positive impact of implementing group therapies for this population and offers an equal number of provocative questions for future research. The panel will present a unique multi-site clinical trial, using the exploration of trial findings to illuminate tensions between questions of efficacy and effectiveness in psychotherapy research. Implications for the field related to dissemination of evidence-based approaches for psychotherapeutic treatment of trauma and substance comorbidity will also be emphasized, including training and fidelity issues and challenges related to community-based implementation. Finally, secondary analysis from the study will highlight the trial’s impact on additional risk behaviors and suggest ways in which cognitive behavioral therapies may be used to inform future work addressing sexual risk in this population.

Effectiveness of two behavior therapy groups for women with PTSD and substance use disorders: Findings from the National Institute on Drug Abuse Clinical Trials Network “Women and Trauma” Study

Lisa Cohen - Columbia University School of Social Work, NY, USA, Denise Hien

AIMS: Staggering rates of traumatic stress among women in community drug treatment reveal a significant need for therapeutic approaches. Despite encouraging preliminary studies of several cognitive behavioral treatments, dissemination remains inconsistent. The Women and Trauma study emerged as an attempt to address questions related to feasibility of implementation of Seeking Safety (Najavits, 2002), an efficacious intervention for women with PTSD and addiction. METHODS: A total of 353 women were recruited at seven outpatient drug treatment programs across the United States. The study used a randomized, controlled, repeated measures design to assess the effectiveness of Seeking Safety (SS) compared with a control treatment (Women’s Health Education, WHE), in addition to standard drug treatment. Eligible participants were randomized into SS or WHE in rolling admission groups for 6 weeks (12 sessions). Four follow up assessments were conducted up to a year post treatment. RESULTS: Findings reveal that during group therapy, PTSD symptoms improved in both conditions, with the SS group improving faster than the WHE group. After treatment, a trend of increasing drug use was observed. Completer analyses, however, confirmed that treatment dose (6 or more sessions) had an impact on outcomes, with SS reporting significantly reduced PTSD symptoms during follow up. DISCUSSION: Findings support the effectiveness of conducting group trauma treatments for women in drug treatment in the reduction of PTSD symptoms. Implications support the chronic disease model of addiction and its comorbidity with trauma, as well as the need for more extensive treatment for patients with PTSD and addiction.
Training supervision and fidelity in a multi-site psychotherapy study for women with trauma and addictions
Lisa Litt - St. Luke’s-Roosevelt Hospital Center, Women’s Health Project, New York, USA, Denise Hien

AIM: Addictions treatment providers often struggle with how to address patients’ trauma symptoms safely and effectively in substance abuse treatment. Over the past 15 years, manualized interventions have been developed to address co-occurring trauma and addiction. Treatment providers have started to utilize these treatment manuals in community treatment programs. This presentation will describe the training and supervision procedures used in the CTN Women and Trauma study, as well as counselor adherence to the interventions. METHODS: Female community substance abuse counselors (n=18) and supervisors (n=18) were randomly assigned to provide either an integrated treatment for trauma and substance use disorders (Seeking Safety [SS], Najavits, 2002) or a psychoeducational health control intervention (Women’s Health Education [WHE]). Training, certification and ongoing supervision procedures were implemented through the course of the study. Randomly selected sessions were rated by site supervisors, and a subset of sessions was co-rated by intervention experts using the Seeking Safety Adherence Scale or Women’s Heath Education Adherence Scale. RESULTS: The internal consistency reliability of both ratings scales was excellent (SS: =.82; WHE: =.98). Supervisor and expert rater adherence reliability was good (SS ICC=.73; WHE ICC=.77). DISCUSSION: With a certain level of training and ongoing supervision, community addiction treatment providers can reliably administer manualized interventions for trauma and addictions. Implications for dissemination and implementation will be discussed.

HIV risk behaviors and PTSD: Findings from a randomized control trial of women in community-based substance abuse treatment
Aimee Campbell - Columbia University School of Social Work, New York, USA, Denise Hien

AIMS. Women with substance use disorders (SUD) are at higher risk for HIV, especially through heterosexual transmission. A substantial number of women in substance abuse treatment have histories of interpersonal violence, as well as comorbid psychological disorders, such as posttraumatic stress disorder (PTSD). The aim of this paper is to examine HIV sexual risk behaviors of treatment seeking women with SUD and PTSD and the treatment effect of two interventions on sexual risk outcomes. METHODS: Secondary analyses were conducted with 353 women meeting criteria for SUD and full or subthreshold PTSD enrolled in a study of the effectiveness of two group interventions: 1) an integrated treatment for SUD and PTSD, and 2) a health education attention control. Bivariate associations between baseline demographic, diagnostic characteristics and HIV sex risk behavior were examined. Zero-inflated negative binomial model regressions were run to assess differences in sexual risk behaviors between intervention groups. RESULTS. At baseline, 54% of women were sexually active in the previous 30 days averaging 5.4 unprotected sexual occasions. Women with more substance use reported more sexual partners and unprotected sex. The integrated treatment for PTSD and SUD showed a significant decrease in sexual risk behaviors post treatment (p=.05, 95% CI: 0.51,1.03). DISCUSSION. Women in outpatient substance abuse treatment with comorbid PTSD may reduce unprotected sexual encounters by participating in trauma integrated treatment. Increasing PTSD coping skills and understanding the role of trauma may enhance feelings of empowerment or increase efficacy to make choices that will improve sexual health.
Patient characteristics, comorbidity, personality structure and reflective functioning in borderline patients in a randomized controlled psychotherapeutic trial

Discussants: Kenneth Levy - The Pennsylvania State University, USA and Anna Buchheim – University of Ulm, Germany

The aim of this panel is to further explain heterogeneity and course of treatment of individuals with Borderline Personality Disorder (BPD) by presenting results from the study “Efficacy of Transference Focused Psychotherapy (TFP) for Borderline Patients” (PI Prof. Stephan Doering, Prof. Peter Buchheim). This collaborative study between the Klinik fuer Psychiatrie und Psychotherapie der TU Muenchen and the Universitaetsklinik fuer Psychoanalyse und Psychotherapie Wien examines the efficacy of TFP in comparison to Treatment as Usual (TAU) in a sample of over 100 BPD patients based on a randomized referral. First, the study design will be described. Results on socio-demographic data and pathology of the patients who agreed to participate in the study will be compared to those who rejected participation. Second, results from the diagnostic assessments at beginning of treatment will be presented, focusing on comorbidity of ADHD and BPD in this sample. The third paper examines levels of severity of personality pathology. Personality structure as assessed by the Structured Interview of Personality Organization (STIPO; Clarkin et al., 2004) is related to DSM diagnoses, service use, and self-harming behaviors. The fourth paper presents findings on reflective functioning and BPD. The capacity for mentalization, assessed by the Reflective Functioning Scale by Fonagy et al. (1998) is examined in this sample before and after one year of psychotherapy, also expecting differences between TFP and TAU group. Findings from the study will be discussed and related to other RCTs of BPD (e.g. Clarkin et al., 2007; Levy et al., 2006) and implications for future psychotherapy trials will be drawn.

Participation of borderline patients in a randomized controlled psychotherapeutic trial

Michael Rentrop - Technische Universitaet Muenchen, Germany, Philipp Martius, Josef Baeuml, Peter Buchheim, Susanne Hörz, Stephan Doering

Aim: This presentation focuses on the external validity of a randomized controlled trial on the efficacy of Transference Focused Psychotherapy (TFP) for Borderline patients. The total group of patients screened for the study was analyzed, comparing participants and non-participants. Methods: All patients interested in study participation were invited to a clinical interview, designed as source of information for the patients and screening instrument for the research team. Screening results were collected and statistically analyzed. Results: Of 142 female patients screened, 122 were eligible for study participation; 64 (52.5%) patients gave informed consent and were included into the study. Non-participants showed a lower level of functioning in the GAF score, had a higher number of outpatient treatment attempts, and were living alone more frequently. Regarding key signs of BPD, i.e., suicide attempts, inpatient treatments, and comorbid psychiatric problems (i.e., substance, alcohol abuse) no differences between the groups could be detected. Discussion: The results indicate that previous treatment attempts and lower psychosocial functioning decrease patients’ willingness to participate in a RCT. Moreover, study patients can be regarded as representative of the female patient population in terms of BPD key features. Therefore, future study results are likely to be applied to patients with BPD and those results promise to become meaningful for clinicians outside research projects.
ADHD comorbidity in BPD - Results from a treatment-outcome study
Philipp Martius - Klinik Höhenried gGmbH, Bernried, Germany, Susanne Hörz, Stephan Doering, Peter Buchheim, Michael Rentrop

Aim: From clinical experience in BPD patients ADHD comorbidity can be assumed. Adult Attention-deficit-hyperactivity disorder (ADHD) has prevalence rates of 2-4%. Diagnostic ADHD criteria focus on inattention, hyperactivity and impulsivity, with some differences. Affective dysregulation symptoms are not included although they occur frequently in ADHD. We assessed ADHD comorbidity in a typical BPD patient sample selected for a treatment-outcome study. Methods: Patients were screened for BPD by a clinical interview and if BPD-positive invited to enter the study (N=64). They were thoroughly diagnosed (among others SCID-I, SCID-II, BIS, GAF, FDS). For ADHD, the German version of the WURS-k and symptom check lists for ICD-10- and DSM-IV-criteria (self-rating and interviewer’s rating) were administered (N=54). Results: 9 patients (8 ADHD combined type, 1 ICD-10/hyperactive-impulsive type, 14.8/16.7% resp.) fulfilled ADHD criteria in the clinician’s rating. ADHD rates were 70 - 93% in the self-report instrument, depending on the sensitivity and specificity of the cutoff score. 58.0% reached the WURS-cutoff-score (>30 pts.) for childhood ADHD. Further analyses tested the hypothesis that ADHD-positive BPD-patients form a distinct subgroup. With regard to treatment we found evidence that ADHD positive BPD may have greater difficulties in finding adequate therapy. Discussion: BPD-patients are diagnostically heterogeneous. Although intriguing from a clinical perspective, ADHD comorbidity is rarely studied in BPD patients. Our results show that ADHD may be frequent in BPD. But the discrepancy between expert and self-rating and fulfilled ADHD criteria needs further attention. Screening BPD individuals for ADHD may be of relevance for the choice of treatment and its outcome.

Personality pathology assessed by the STIPO related to self-destructive behavior, service use and Axis II diagnoses
Susanne Hörz - Ludwig-Maximilians-Universitaet Muenchen, Germany, Michael Rentrop, Melitta Fischer-Kern, Stephan Doering, Anna Buchheim

Aim: In this sample of 104 BPD patients, the diagnosis of personality pathology is examined in more detail in order to complement the use of DSM-IV diagnoses and to assess severity of personality pathology. Methods: Aiming at differentiating levels of severity of pathology, personality structure as assessed by the Structured Interview of Personality Organization (STIPO; Clarkin et al., 2004) and the domains of the STIPO (e.g. Identity, Object Relations, Primitive Defenses) are related to SCID-II diagnoses, amount of self-destructive behavior, and frequency of service use. Results: The data analysis is ongoing and results will be presented at the panel. Discussion: When considering the various aspects of borderline pathology and research measures, a more differentiated diagnosis of BPD patients, according to levels of severity, is expected with clinically relevant implications regarding treatment choice and prognosis.

The capacity for mentalization in borderline personality disorder
Melitta Fischer-Kern - Universitätsklinik für Tiefenpsychologie und Psychotherapie, Wien, Austria, Peter Schuster, Stephan Doering, Susanne Hörz, Anna Buchheim

Aim: The project focuses on mentalization operationalized as Reflective Functioning in patients suffering from Borderline Personality Disorder before psychotherapy and one year after treatment with TFP (transference focused psychotherapy) or TAU („treatment as usual“) based on a randomized referral. Methods: 100 female patients are assessed with a standardized diagnostic interview schedule including an Adult Attachment Interview at baseline and one year after starting psychotherapy. The capacity for mentalization is assessed using the RF-Scale (Reflective Functioning Manual, Fonagy et al, 1998) on the
basis of Adult Attachment Interviews. Results: The data analysis is ongoing and results will be presented at the panel. Discussion: The aims of the study are to assess (1) the RF overall score before the beginning of treatment, (2) to compare baseline characteristics of psychotherapy utilizers to non-utilizers (3) changes in the RF overall score from before the beginning of treatment to after one year of treatment, (4) differences between the TFP-group and the TAU-group in the changes of RF overall score after one year of treatment.

**Short and long term effects of transference interpretations**

This panel presents data from the FEST study (First Experimental Study of Transference interpretations). The two main research questions in FEST are long-term effects of transference interpretations and whether or not insight is a mediator of long-term effects. One hundred patients were randomized to therapy with transference interpretations versus the same format of therapy with the same therapists but without transference interpretations. In this panel Paul Johansson will present a mediator(alliance) analysis of the effects of patient expectancy on outcome. Randi Ulberg presents long-term follow up data on dynamic change for women after psychotherapy with and without transference interpretations. Alice Marble presents how transference interpretation affects changes in self regard as measured by SASB-introject (self-report and session codings).

Therapeutic alliance mediates the effect of patient expectancy in dynamic psychotherapy

*Paul Johansson - Department of Psychiatry, University of Oslo, Norway, Per Høgland*

Patient expectancy has been regarded as an important predictor of psychotherapy outcome, for more than half a century. In recent years, some evidence has emerged indicating that the therapeutic alliance may mediate the association between expectancy and outcome. In the present study, patients’ pre-treatment global expectancies and target expectancies were measured in a controlled trial of brief dynamic psychotherapy. One hundred out-patients sought psychotherapy due to depression, anxiety, and personality disorders. A single item measure of global expectancy (Global Optimism) was significantly associated with two clinician-rated outcome measures - Psychodynamic Functioning Scales and Global Assessment of Functioning. Tests of mediation were performed with two patient-rated and one therapist-rated measure of the therapeutic alliance. Six putative moderators of this mediational path were explored. Results will be compared with four previous studies. Is it true that expectancy is "the neglected common factor" in psychotherapy?

Long term dynamic change in men and women after psychotherapy with and without transference interpretations

*Randi Ulberg - Department of Psychiatry, University of Oslo, Norway, Per Høgland, Alice Marble*

In the FEST-study, QOR had a main and moderator effect of outcome. The primary aim of this presentation is to examine whether men and women respond differently to brief dynamic psychotherapy with or without transference interpretations. Data from pre-treatment, post-treatment, one year follow-up and three-year follow up in the First experimental Study of Transference interpretation (FEST) were used. The outcome measures on dynamic change were PFS (Psychodynamic Functioning Scales) and IIP-C (Inventory of Interpersonal Problems - Circumplex version). Change was assessed using linear-mixed models. Both QOR (Quality of Object Relations - lifelong pattern) and gender are explored as moderators, alone and combined.
Change in self regard among women with low QOR after psychotherapy with and without transference interpretations

Alice Marble - Department of Psychiatry, University of Oslo, Norway, Per Håglend, Randi Ulberg

22 of the 100 participants in the FEST (First Experimental Study of Transference interpretations) study were women with low QOR (Quality of Object Relations - lifelong pattern). The aim of this study was to determine whether long-term changes in self regard differed significantly after psychotherapy with and without transference interpretations. Methods used for analyzing self regard were 1) SASB (Structural Analysis of Social Behavior) - Intrex self report at 5 intervals over a four year period (pre-treatment, post-treatment, 1 year follow-up and 3 year follow-up, and 2) SASB introject scores of audiotaped sessions from the beginning, mid-phase and end of therapy.

Must all get prizes? The Munich Psychotherapy Study (MPS)

The Munich Psychotherapy Study (MPS), a prospective comparative randomised outcome study, evaluates three different long-term psychotherapies: psychoanalytic therapy (PA), psychodynamic therapy (PT) and behaviour therapy (BT) for depressive patients. In the panel this study will be presented with three papers: The first presents the design of the study and the symptomatic change. The second paper deals with the therapeutic change beyond symptoms that is interpersonal problems, individual treatment goals, social support, quality of life, introject, defence mechanisms, personality structure, and structural change. The last paper examines early drop-outs, who met inclusion criteria, but did not begin therapy, and compares them to the completers’ group. Peter Fonagy will discuss the three papers.

Munich Psychotherapy Study (MPS): Design and symptomatic change

Judith Gastner - Department of psychosomatic medicine and psychotherapy, Munich, Germany, Gerhard Henrich, Günther Klug, Dorothea Huber

This prospective comparative outcome study evaluates three different long-term psychotherapies: psychoanalytic therapy (PA), psychodynamic therapy (PT) and behaviour therapy (BT). A diagnostically homogenous sample of depressed patients was diagnosed consensually by two psychiatrists/psychotherapists and by means of an ICD -10 and DSM -IV checklist. 104 depressive patients met the inclusion criteria. As we established the BT group later, in the beginning all patients were randomly allocated to PA and PT and later more patients were allocated to BT, although they all met criteria for randomisation. All treatments were performed by experienced psychotherapists in private practice. The outcome measure battery is up to commonly agreed upon standards of psychotherapy research. The data came from three different sources: patients, therapists and observers. Measurement points were at pre-treatment, post-treatment, and follow-up one year after termination of treatment. Interviewers were blinded to control for memory- and expectancy-effects. Therapeutic process was measured every six months. Every session was tape-recorded. Symptomatic change was assessed with self-rating instruments: Symptom Check List (SCL 90-R) and Beck Depression Inventory (BDI) and observer rating instruments: Hamilton Rating Scale for Depression (HRSD), Impairment Severity Score (BSS) and Global Assessment of Functioning (GAF). The three treatments will be compared at the three measurement points (pre, post, one-year follow-up) by ANOVAs with repeated measurement design; furthermore, standardized effect-sizes, reliable change index and clinical significance will be reported. Data are being analysed right now and the results will be presented in the panel.
Munich Psychotherapy Study (MPS): Interpersonal and intrapsychic change  
Dorothea Huber - Klinikum Harlaching, Munich, Germany, Judith Gastner, Gerhard Henrich, Günther Klug

This prospective comparative outcome study evaluates long-term psychotherapies by measuring interpersonal problems, individual treatment goals, social support, quality of life, defence mechanisms and psychic structure. A diagnostically homogenous sample of depressed patients was diagnosed consensually by two psychiatrists / psychotherapists and by means of an ICD -10 and DSM -IV checklist. The patients were allocated to the three treatments: psychoanalytic therapy, psychodynamic therapy and behaviour therapy as described in paper 1. All treatments were performed by experienced psychotherapists in private practice. The outcome measure battery was up to commonly agreed upon standards of psychotherapy research with special attention to measurement beyond symptoms, e.g. structural change. Structural change was measured with the Scales of Psychological Capacities (SPC). The data came from three different sources: patients, therapists and observers. Self-rating measures were: Inventory of Interpersonal Problems (IIP), Introject Questionnaire (INTREX), Questionnaire for Coping Strategies (FKBS), Freiburg Personality Inventory (FPI-R), Questionnaire of Life Satisfaction (FLZ), Questionnaire of Social Support (F-SOZU-K-22), Change in Experiencing and Behaviour (VEV) and Goal Attainment Scaling (GAS). Observer-rated measure was: Scales of Psychological Capacities (SPC). Measurement points were at pre-treatment, post-treatment, and one-year follow-up. Interviewers were blinded to control for memory- and expectancy-effects. The three treatments will be compared at the three measurement points (pre, post, one-year follow-up) by ANOVAS with repeated measurement design; furthermore, standardized effect-sizes, reliable change index and clinical significance will be reported. Data are being analysed now. Results will be presented in the panel.

Munich Psychotherapy Study (MPS): Drop-out analysis  
Guenther Klug - Department of psychosomatic medicine and psychotherapy, Munich, Germany, Jutta Beyer-Buchenhorst, Judith Gastner, Gerhard Henrich, Dorothea Huber

40 drop-outs of the Munich Psychotherapy Study (MPS) were applied for an assessment interview 4-10 years later. Response rate was 45%; responders were representative for the whole drop-out group. They were assessed with self-rating measures (BDI, SCL 90-R, IIP, FKBS, FLZ, FSOZU, INTREX) and with observer-ratings (depressive symptomatology, reasons for dropping-out, therapies received in the meantime and structural change). The observer filled out BSS, GAF, SPC, and IDCL-checklist for depressive disorders. Early drop-out rate was 28%, of which 14 patients were allocated to psychoanalytic psychotherapy (PA), 11 patients to psychodynamic psychotherapy (PT) and 9 patients to behaviour therapy (BT), 6 allocations were not identified. Half of the sample contacted the therapist, half dropped out immediately after referral. Immediate drop-out rate was the highest for PA, followed by PT and BT; no significant differences between the treatments could be revealed once the therapist was contacted. Half of the drop-outs began psychotherapy later (2 PA, 4 PT, 3 BT), 6 of them got anti-depressive medication. Education predicted dropping-out: low school degree was correlated with high drop-out rate. Completers of the study and drop-outs showed a highly significant improvement in symptoms (SCL 90-R) but structural change (SPC) was highly significant (p=.000) only for the study completers.
Mechanisms of change in CBT: Relationship of interpersonal, cognitive, and symptom domains to outcome

Discussant: Robert DeRubeis - University of Pennsylvania, Philadelphia, PA, USA

The current panel brings together three studies on CBT for anxiety disorders. Two of these studies examine CBT for GAD, and the third focuses on CBT for social anxiety disorder SAD with comorbid depression. First, Aaron Fisher will present data on interpersonal treatment moderators of CBT for GAD. Next, Evi Behar will present data on dysfunctional attitudes as a predictor in both cognitive and behavioral treatments of GAD. Finally, Jonathan Huppert will present data on symptom interactions and their relationship to change in cognitions in CBT for SAD and depression. Together, these studies show some of the various methods of process research testing some of the basic notions of therapy process in theories of CBT.

CBT for social anxiety disorder and comorbid depression: The relationship among social anxiety, depression, and change in cognitions

Jonathan Huppert - Hebrew University, Jerusalem, Israel, Edna B. Foa, Deborah Roth Ledley

A recent meta-analysis of epidemiological and clinical studies conducted by our group suggests that approximately 30% of individuals seeking treatment for social anxiety disorder (SAD) have comorbid major depression (MDD). The CBT treatment literature on treating SAD with depression is mixed, with some studies suggesting that treating comorbid patients leads to reduction of SAD symptoms but continued MDD, some suggesting that MDD moderates SAD symptom reduction, and some suggesting that individuals with comorbid depression start and end treatment with more severe symptoms, but have the same magnitude of change. We have been treating patients with SAD with our individual CCBT, which is a combination of Clark’s CT for SAD and emotional processing theory, for 5 years. We present data from 32 pilot patients who have completed treatment. In addition to examining the relationship of pre-post change on measures of symptoms and cognition, we will also examine the relationship of session to session change in these measures and how each change may predict the others via cross-lagged longitudinal analyses (c.f., Moskovic et al., 2005). Finally, our clinical experience with these patients suggested that we had to utilize techniques for depression which were not articulated in the manual in many cases. Time permitting some specific clinical suggestions regarding the integration of treatment of depression and social anxiety will be discussed in the context of the results. Overall, our clinical experience suggests that a more comprehensive treatment for depression integrated with social anxiety treatment may be indicated for at least a subgroup of patients with SAD and comorbid MDD.

Interpersonal moderators of change in treatment for GAD

Aaron Fisher - Pennsylvania State University, University Park, PA, USA, Michelle G. Newman

A growing body of research has shown that individuals with generalized anxiety disorder (GAD) have significant interpersonal difficulties. Compared to controls, individuals with GAD have been shown to have attentional biases toward negative social threat cues, overestimate the extent of their negative impact on others, and view their interpersonal and relationships with elevated hypervigilance, paranoid ideation, and suspiciousness. Compared to other axis-I disorders, individuals with GAD also demonstrate heightened interpersonal sensitivity, greater interpersonal hostility, as well as greater interpersonal distress and interpersonal rigidity across different situations. Recently it has been shown that individuals with GAD, though more likely to enter into a marriage or marriage-like relationship are more likely to be currently unmarried or have experienced multiple divorces. Finally, it has been shown that marital discord is more strongly associated with GAD than major depression, mania, dysthymia, social phobia, simple phobia, agoraphobia, panic, and alcohol dependence. In the current study we were interested in
examining if such difficulties moderated the effectiveness of treatment for GAD. 76 participants were randomized to one of 3 therapy conditions, cognitive therapy (CT), behavior therapy (BT), and the composite cognitive behavioral therapy (CBT). Data was collected at 5 time points (baseline, post-treatment, 6-month follow up, 12-month follow up, and 24-month follow up). Prior research showed no main effects for treatment condition. The current investigation was interested in utilizing the longitudinal nature of the data to determine if outcome was moderated by condition given the pre-treatment level of interpersonal pathology as measured by the inventory of interpersonal problems-circumplex (IIP-C). Piecewise Linear mixed-effect models were utilized to account for possible random variation at the intercept and in the rate of change as well as to model treatment and follow up as discrete periods within a single analysis. Results indicated that higher scores on the domineering and intrusive subscales predicted greater decreases in assessor severity over the course of therapy and during follow up in BT versus CBT. CT fell non-significantly between the two in all analyses. Those with lower scores on these scales fared best in CBT.

Maladaptive cognitions in generalized anxiety disorder: Changes resulting from cognitive behavioral therapy

*Evelyn Behar - University of Illinois, Chicago, IL, USA*

The present investigation examined the degree to which GAD clients enrolled in a therapy outcome investigation endorsed nonadaptive beliefs relative to nonanxious/nondepressed participants, and whether therapy was associated with improvements in those beliefs. Additionally, we examined whether cognitive versus non-cognitive components of cognitive-behavioral therapy (CBT) elicited differential reductions in the beliefs. Results indicated that GAD clients endorsed nonadaptive beliefs more strongly than did control participants at pre-therapy and that therapy was associated with an improvement in all beliefs except Control Over Emotions. Moreover, although changes in nonadaptive beliefs predicted 20% of the variance in post-therapy functioning, cognitive components of therapy were not necessary for achieving change in these beliefs. Finally, clients achieving high end-state functioning at post-therapy were no longer significantly different from nonanxious, nondepressed individuals in the degree to which they endorsed the nonadaptive beliefs.

The roles of insight, cognitive change and exposure in predicting outcome in CBGT for generalized social phobia

*Eva Gilboa-Schechtman - Bar-Ilan University, Ramat Gan, Israel, Porat Gissin, Idan Aderka, Sofi Marom, Haggai Hermesh*

The present study sought to examine the role of subjective experiences, self-reported cognitions, and exposure on outcome of cognitive behavioral group therapy (CBGT) for generalized social phobia (GSP). Participants (n = 88) filled self-reports concerning insight, time spent thinking about therapy, cognitions and symptoms of distress every session for the first 12 sessions of 18-sessions treatment. In addition, severity of social anxiety and depression were collected at the onset of therapy and at its termination. Results suggest that parameters of exposure are uniquely related to reduction of social anxiety above and beyond the levels of initial distress. In contrast, subjective experience and degree of cognitive change were not found to be associated with treatment gains. However, subjective experience of insight was associated with the cognitive shift during treatment, and cognitions at session 12 uniquely contributed to outcome prediction at the end of treatment. The implications of these findings for the understanding of treatment processes in CBGT for GSP, and for the inter-relationship between experience, cognition, and distress are discussed.
Advisee-advisor relationships

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

“Advising refers to a positive or negative relationship in which guidance may or may not be provided with regard to professional skill development” (Schlosser & Gelso, 2001, p. 4). Counseling psychologists have frequently discussed the importance of advising and the advisor-advisee relationship in graduate school. In particular, the literature suggests that the relationship between the graduate student and his or her advisor has a profound influence on the graduate student educational experience and professional development (Gelso, 1993; Gelso & Lent, 2000; Magoon & Holland, 1984; Schlosser & Gelso, 2001; Schlosser, 2002). Recently there has been some empirical research undertaken to better understand the doctoral-level advising relationship. This symposium will entail 3 presentations. The first presentation will provide a review of the 10 year history of the empirical research on advising, the second presentation will highlight results from two recent mixed-method (i.e., quantitative and qualitative) empirical investigations on the topic of non-disclosures in graduate advising relationships, and the third presentation will propose a theoretical model evolving from these studies. Our discussant will then synthesize the findings presented in this symposium and highlight the importance for psychology doctoral students. Because the graduate advising relationship is a salient construct for all psychology doctoral students, we believe that this symposium will make an important and successful contribution to the society for psychotherapy research participants.

10 years of advising relationship research: Where we are and where we need to go
Sarah Knox - Marquette University, Milwaukee, USA, Lewis Z. Schlosser

Psychologists have frequently discussed the importance of the graduate advising relationship (AR). Specifically, authors have suggested that both positive and negative consequences emerge from the AR. Such consequences are of critical importance for students, who need to work effectively with their advisors to navigate and complete their graduate programs successfully. Hence, the purpose of this presentation is to share results from five empirical investigations conducted over the past 10 years on the topic of graduate ARs. The implications of these studies are far reaching for psychotherapy graduate students and professionals alike. We will synthesize and discuss the extant research on advising. First, we will include operational definitions of advising and mentoring, as well as an articulation of the similarities and differences between these constructs. The three extant quantitative studies have focused primarily on the Advisory Working Alliance Inventory (AWAI), including inquiries of student, faculty, and dyadic perspectives. The AWAI has been found to be related to research self-efficacy, interest in science and practice, and satisfaction with the AR. The two qualitative studies sought to examine both student and advisor perceptions of their own advising relationship(s). For students, differences were noted, based on their satisfaction with the AR, in four areas: (a) the ability to choose their advisors, (b) the perceived availability of their advisor, (c) the benefits and costs associated with their AR, and (d) how conflict was dealt with in the AR. Faculty members described aspects of “good” and “bad” AR, and these characteristics will be discussed in detail.

Nondisclosures in advising relationships: Advisee and advisor perspectives
Arpana Inman - Lehigh University, Bethlehem, USA, Nicholas Ladany, Lewis Z. Schlosser, Debi Boyd, Erin Howard, Abby Altman, & Ellyn Poltrack

There are many things that we still don’t know about advisee-advisor interactions – one of those things is the concept of non-disclosures (i.e., what, if anything, are advisees and advisors not saying to one another about their relationship?). Using a mixed-method (quantitative and qualitative) approach, two separate investigations were conducted on a sample of 115 advisees and 15 advisors, examining a) the
content of, and reasons for, advisee and advisor nondisclosures within the context of an advising relationship and b) whether the content of, and reasons for advisee and advisor nondisclosures was related to the advisory working alliance and perceived satisfaction with the advising relationship. Qualitative data revealed several advisee nondisclosures (e.g., self efficacy/competence, unclear advisor expectations, advisor personal life concerns/ personality) and reasons for these nondisclosures (e.g., lack of trust, fear of damaging advising relationship). Data from the study on advisors revealed similar nondisclosures (e.g., own personal experiences, positive and negative personal characteristics of their advisees) and reasons (e.g., crossing boundaries of the advisor-advisee relationship, not facilitate advisor-advisee meetings or their collaborative work). Quantitative analyses suggested significant positive relationships between content and reasons for nondisclosure and advisory working alliance and satisfaction with advising relationship from advisee perspectives. Findings are discussed in light of implications for psychology doctoral students.

Toward a multicultural theory of graduate advising relationships

Lewis Schlosser - Seton Hall University, South Orange, USA

Psychologists have frequently discussed the importance of the graduate advising relationship. While previous empirical research (discussed in the first part of the panel submission) has demonstrated the importance of the advising relationship in terms of its correlations with relevant outcomes, this research has not accounted for relevant multicultural variables. The root of the problem is a lack of theoretical work on advising relationships, let alone any theory that also attends to multicultural issues. The purpose of this presentation, then, is to share a beginning theory that was created to promote research on and provide practical direction for advising relationships while incorporating multicultural issues. The implications of this theory are far reaching for students and professionals alike, and will affect current and future generations of psychotherapy researchers. First, we will report on research investigating within group cultural variables that are pertinent to the graduate advising relationship; these include racial identity, acculturation, enculturation, and cultural mistrust. In addition, we will touch on how racial and cultural socialization experiences affect the advisor-advisee relationship. Then, we will offer several theoretical propositions related to advising relationships, in which relevant constructs from the multicultural literature are integrated into our emerging knowledge of advising relationships. In addition, suggestions for training psychotherapists and psychotherapy researchers will be made. The graduate advising relationship is a salient construct for many, if not all, psychotherapy students and professionals; hence, we believe that this session will make an important and successful contribution to the SPR program.

Current psychotherapy research on depression: Panel II

This is the second of two panels on Current Psychotherapy Research on Depression resulting from interaction among Society for Psychotherapy Research (SPR) members and their colleagues on the SPR listserv. The panelists represent five countries and a broad level of career development. Panel II is comprised of samples or sub samples of patients who suffer from recurrent depression and participated in randomized controlled trials. Longitudinal follow-ups range from 18 months to six years. The trials include both one and multi-site designs. Since these longitudinal studies require years to conduct some of the datasets are complete and other datasets remain in process. The panelists will describe treatment-related attitudes, innovative treatments, treatment sequences aimed at or important in preventing relapse or recurrence. The treatments evaluated consist of emotion focused psychotherapy or various "formulations" of cognitive behavioral therapy-- all focused on relapse prevention or episode delay. The moderator and discussant will encourage audience participation after the presentations have been made.
Treatment related attitudes in patients with remitted recurrent depression

Anne Katrin Risch - Friedrich-Schiller-University, Jena, Germany, Karen Hamann, Sophie Kaczmarek, Sebastian Luderer, Susann Taeger, Christine Hilling, Ulrich Stangier

Aim: Major Depression is a highly recurrent disorder with high personal and societal costs. Beside pharmacological continuation and maintenance therapy, several cognitive approaches have been developed for the prevention of recurrences. However, little is known about treatment-related attitudes of recurrent depressed patients. We investigated treatment motivation, perception of depressive illness, mindfulness and psychological well-being, in a sample of recurrent depressed patients. These factors refer to components of a cognitive-behavioral relapse prevention program which is evaluated in a randomised controlled trial. Methods: For our study we used a subsample (N=80) of patients with recurrent depression, currently remitted, which were recruited for the treatment study. Patients were treated with either an cognitive-behavioral approach including cognitive restructuring, mindfulness-based stress reduction, acceptance-related intervention, and well-being therapy, or manualised psychoeducation. Besides this sample, patients with acute depression (N=60) and never depressed controls (N=60) participated in the present study. Results: Results showed that there were significant differences between patients with acute depression and remitted depression with respect to the treatment-related attitudes. In addition, the number of former depressive episodes plays an important role in illness perception. Discussion: Discussion will focus on the implication of findings for maintenance treatment in recurrent depression.

Experiential therapy and relapse prevention

Leslie Greenberg - York University, Toronto, Canada, Jennifer Ellison, Rebecca Pedersen

Aim: This study compared emotion-focused therapy (EFT) and client-centered therapy (CC) in the treatment of major depression across an 18-month follow-up period and related in-session process to relapse. Methods: Long-term effects of these therapies for 72 adults were evaluated using relapse rates, number of asymptomatic or minimally symptomatic weeks, survival times across an 18-month follow-up, and group comparisons on self-report indices at 6- and 18-month follow-up. In-session resolution of affective/cognitive problems was related to follow-up and relapse. Results: EFT treatment showed superior effects to CC at 18 months, in terms of less depressive relapse and greater number of asymptomatic or minimally symptomatic weeks, and a significantly higher probability of maintaining treatment gains. In addition, self-report results demonstrated significantly greater effects for EFT in depression, general symptom distress, and self-esteem in comparison with CC. The treatments did not differ in self-reported problems in interpersonal functioning at 18-month follow-up. In addition the degree of resolution of self criticism and/or unresolved feelings towards significant others was found to be effective in predicting lasting remission across treatment groups. Discussion: Maintenance of treatment gains following an empathic relational treatment appears to be enhanced by the addition of specific emotion-focused interventions. Deeper in-session affective cognitive restructuring may prevent relapse.

Disrupting the rhythm of depression: Preventing relapse in recurrent depression using new forms of cognitive therapy: A randomized controlled trial with 2 to 6 years follow-up

Claudi L.H. Bockting - University of Groningen, The Netherlands, Aart H. Schene, Philip Spinhoven, The DELTA study group

Aim: Since unipolar depressive disorders, like bipolar disorders are a recurring disorder, a shift from cure (during the symptomatic phase) to prevention, is necessary (Judd, 1997, Scott, 2006). Sequential treatment in which CT (or MBCT) is started after antidepressant treatment remission (Teasdale et al., 2000, Ma & Teasdale, 2004) or after diverse types of acute treatment (Bockting et al, 2005), appears to
be an effective strategy to prevent recurrence in patients who are at high-risk for recurrence. This presentation reports on enduring effects up to six years of a randomized controlled trial of cognitive therapy (CT) to prevent relapse/recurrence in a group of high risk patients diagnosed with recurrent depression. Methods: Recurrently depressed patients currently in remission following various types of treatment (n=187) were randomized to treatment as usual (TAU), including continuation of pharmacotherapy, or to TAU along with brief CT. Relapse/recurrence to major depression was assessed over two to six years. Results: Adding CT to TAU resulted in a significant protective effect which was amplified when patients had experienced more depressive episodes previously. For patients with five or more previous episodes (41% of the sample), CT reduced relapse/recurrence from 72% to 46% over 2 years. This reduction in relapse in the group who received initially 8 weeks of CT still exists after almost six years. Discussion: Our findings extend the accumulating evidence that cognitive interventions following remission can be useful in preventing relapse/recurrence and have enduring effects over almost six years in patients with recurrent depression.

Acute phase cognitive therapy is preventive: For whom and for how long?
Robin B. Jarrett - The University of Texas Southwestern Medical Center, Dallas, USA, Monica R. Basco, Abu Minjahuddin, Edward S. Friedman, Michael E. Thase

Aims: We aimed to prospectively identify which responders to acute phase cognitive therapy (A-CT) for recurrent major depression do not require immediate treatment to prevent relapse and to document how long prevention lasts. We identified a subsample of 484 consecutively treated adult outpatients with recurrent major depressive entering a 2 site randomized controlled trial who were at low risk for relapse. Methods: Using the final 7 scores from the Hamilton Depression Scale (HDRS), responders were stratified into lower (7 HDRS scores of <6) and higher risk groups. Of the 266 responders who completed A-CT, 261 (98%) re-consented for further study; 218 (84%) were categorized as higher risk and 43 (16%) as lower risk. Results: Only 1 lower risk responder (Kaplan-Meier [KM] estimate = 2.9%) relapsed during the first 8 months of follow-up, strongly confirming that rapid remission during A-CT identifies responders not warranting additional immediate continuation phase treatment. Lower risk responders are significantly less likely to relapse/recur (KM=23% [7 relapses of n = 43]) than higher risk (KM=39% [58 relapses of n = 218]) during the first 20 months following A-CT (log-rank=4.0, p<.05). However, over 2 years 46% (KM; 10 relapses of n = 43) of the lower risk recurred. Discussion: Lower risk responders do not appear to require immediate treatment; preventive effects while substantial are finite for many. Acute CT may prevent relapse, but not recurrence. If replicable, results suggest a potential role for maintenance phase CT (M-CT) in protecting the lower risk CT responders from recurrence.

Panel
Depression
Moderator
Robin Jarrett - The University of Texas, USA

Current psychotherapy research on depression: Panel I
Discussant: Leslie Greenberg - York University, Toronto, Canada

This is the first of two panels on Current Psychotherapy Research on Depression resulting from interaction among Society for Psychotherapy Research (SPR) members and their colleagues on the SPR listserv. The panelists represent five countries and a broad level of career development. Panel I is comprised of outcome studies of patients who suffer from some of the most challenging depressions to treat, where research is in its infancy. These patients suffer from treatment resistant depression; depression and comorbid substance use disorders; chronic or recurrent depression or experienced depression requiring hospitalization. The panels will describe innovative methods to reduce depression and restore functioning. The treatments studied include a disease management based, psychotherapy involving families; interpersonal psychotherapy; supportive psychotherapy; acute and continuation phase cognitive therapy or pharmacotherapy; and brief psychodynamic psychotherapy. Study designs used are
both one site and multi-site. The moderator and discussant will encourage audience participation after the presentations have been made.

Interpersonal psychotherapy versus supportive psychotherapy for dysthymic patients with secondary alcohol abuse or dependence: A pilot study

John C. Markowitz - Weill Medical College of Cornell University, NY, USA, James H. Kocsis, Paul Christos, Kathryn Bleiberg, Alexandra Carlin

Aims: Interpersonal psychotherapy (IPT) has demonstrated efficacy for depression but yielded negative results for substance disorders. Alcohol abuse frequently complicates mood disorders. This pilot study compared IPT to brief supportive psychotherapy (BSP) for dysthymic disorder and alcohol abuse. We hypothesized effect sizes would suggest greater IPT efficacy for both diagnoses, despite limited statistical power. Methods: Subjects with primary DSM-IV dysthymic disorder and secondary alcohol abuse/dependence were randomly assigned 16 weeks of IPT (N=14) or BSP (N=12). Results: Patients in both treatments reported improved depressive symptoms and alcohol abstinence. IPT had a large and BSP a moderate effect size in depression, whereas BSP had a moderate and IPT a small effect size in percentage of days abstinent. Between-group differences for depressive symptoms favored IPT over BSP and, despite limited statistical power, differed significantly on the BDI (F=6.5, df=1, p=0.02). Adjusted mean percent alcohol abstinence rates at week 16 between treatment groups, using ANCOVA to control for baseline abstinence, were 44.1% (95% CI = 29.9%, 58.4%) for IPT and 53.0% (95% CI = 37.7%, 68.4%) for BSP (adjusted mean difference = 8.9% [95% CI = -12.2%, 29.9%]; p=0.39). Discussion: This pilot study offers initial data on IPT and BSP for comorbid chronic depression and alcohol abuse/dependence. Results suggest IPT may have specific antidepressant benefits for dysthymic alcoholic patients but not in treating alcoholism.

The management of difficult to treat depression for patients and their families

Gabor Keitner - Brown University, Providence, USA, Christine E. Ryan

Aim: The goal of this study was to test a short-term, low-cost, adjunctive intervention, the Management of Depression (MoD) Program, to see if patients with chronic or recurrent forms of depression and their family members could learn to cope better with their illness and improve their quality of life and functioning despite persisting symptoms of depression. Methods: Patients meeting DSM-IV criteria for major depressive disorder, dysthymia, or chronic/recurrent depression and their family members participated in an open-label study testing the efficacy of the MoD Program. The intervention lasted 16 weeks, followed by an 8-month maintenance phase. Analyses focused on changes during the intervention phase in quality of life, psychological functioning, family functioning, and the severity of depression. Results: 14 patients and their family members completed the intervention phase of the study. There was significant improvement in psychosocial functioning, family functioning, and severity of depression (all Ps<.05) from baseline to week 8. Significant improvement from baseline to week 16 was evident in quality of life, psychosocial functioning, family functioning, and depression scores (all Ps<.05). Discussion: The MoD Program was a useful adjunctive intervention that helped depressed patients and their family members deal with the patient’s chronic illness. Adding specific skills to manage the depression and extending support to both patients and families improved the patient’s perceived quality of life, well-being and depressive symptoms and improved family members’ perception of their family’s functioning despite persisting depressive symptoms.
Promotion of recovery and prevention of recurrence in chronic and recurrent depression with cognitive therapy and antidepressant medications

Robert DeRubeis - University of Pennsylvania, Philadelphia, USA, Jan Fawcett, Steven D. Hollon, Jay D. Amsterdam, Richard C. Shelton, John M. Zajecka, Robert Gallop

Aim: To assess the extent to which adding cognitive therapy to antidepressant medications reduces time to, and increases the duration of, Recovery, in patients with chronic or recurrent major depression. Methods: This is a three-site study that has randomized patients to medications alone or medications plus cognitive therapy (N = 225 in each condition). Patients are treated for up to 18 months within a flexible pharmacotherapy algorithm (and a clinically-representative cognitive therapy regimen for those in the combined condition) until they meet criteria for Recovery. Recovered patients are then entered into a 3-year follow-up, with half of the patients randomized to withdraw from medications. Combined patients are provided up to six booster sessions of cognitive therapy during this 3-year phase, during which all patients are assessed for the emergence of a new episode (Recurrence). Results: Preliminary findings suggest that benefits accrue to patients who are provided cognitive therapy in addition to medications, as indicated by a shorter mean time to Recovery, and a longer mean time to Recurrence. There are indications that these effects are moderated substantially by: presence vs. absence of comorbid personality disorder; type of medication(s) used to achieve Recovery; and site at which patients were accrued and treated. Discussion: The discussion will focus on the importance of identifying moderators of treatment effects, and how these moderators can and should affect clinical practice, as well as how we think about the mechanisms of change and of resistance to recurrence.

Efficacy of a brief psychoanalytic psychotherapy for depressed inpatients: Preliminary results of a random controlled trial

Gilles Ambresin - Université de Lausanne, Switzerland, Yves de Roten, Nicolas de Coulon, Jean-Nicolas Despland

Aim: In a study of psychotherapy in the posthospital care of recently discharged MDD patients, Miller et al. (2005) suggested that beginning psychotherapy while in the hospital may be more advantageous than delaying initiation until discharge. Schramm et al. (2007) conducted the only RCT comparing brief and intensive Interpersonal Psychotherapy and pharmacotherapy vs pharmacotherapy and intensive clinical management for 124 inpatients with MDD. Response and remission rates were higher for psychotherapeutic group at discharge and at follow-up. This study aims at examining the efficacy of an adjunctive brief psychoanalytic psychotherapy for depressed inpatients. Methods: In our study, patients are randomized to (1) Adjunctive short-term dynamic psychotherapy (individual STDP) group, or (2) treatment-as-usual (TAU) group. TAU follows the Practice guideline for the treatment of patients with Major Depression, 2nd edition of the American Psychiatric Association (2006). The intervention model is based on the manual of psychodynamic treatment of depression developed by Bush, Rudden & Shapiro (2004), which was adapted for (1) the inpatient setting, (2) a very brief intervention program in 12 sessions, and (3) a structural perspective on personality organization. This brief intervention aim at achieving a constructive change in the patient, and at bringing the patient’s psychiatric problems into remission. Results: Preliminary results of a pilot study showed a between subject effect size of $d = 0.66$ for MADRS and of $d = 0.36$ for BDI at 4 weeks. Discussion: Inpatient setting provides the opportunity to treat depression aggressively during its acute phase.
Research on the termination in psychotherapy
Discussant: Hadas Wiseman - University of Haifa, Israel

The termination of psychotherapy is commonly viewed by clinicians as a critical phase in the treatment process. Pardoxically, however, theoretical and research literature on the phenomenon is relatively sparse when compared to other constructs assigned clinical value (e.g., the therapeutic alliance). It has been argued that the termination may go unaddressed because of clinicians’ ambivalence about the ending of therapy. Apart from this issue, it may be the case that the termination represents a difficult phenomenon to study due to the absence of a coherent model of this phase and methodological problems. Panel members will each provide a different perspective on research on the termination phase and offer suggestions for future work. The first presentation (A. Joyce, Canada) offers a conceptual model of the termination phase and highlights the testable hypotheses that can be delineated by the model. The second presentation (B. Milrod, U.S.A.) will address the importance of a focus on the termination in a brief, dynamically-oriented psychotherapy for patients with panic disorder, and the impact this focus can have on treatment outcome. The third presentation (R. Mesquita, Portugal) considers the linkage between important constructs, and examines the role of the therapeutic alliance during the termination phase. The discussant (H. Wiseman, Israel) will offer a critique and synthesis of the three presentations.

The termination in psychotherapy: Towards a generic model
Anthony Joyce - University of Alberta, Edmonton, Canada, William Piper, John Ogrodniczuk, Robert Klein

Termination issues are likely to be evident in any psychotherapy case as the ending draws near, even if not explicitly addressed by the participants. Relative to literature dealing with starting psychotherapy or maintaining a healthy alliance, however, little is available to guide clinicians through the ending phase of the treatment. A systematic review of available literature on the termination of psychotherapy was recently conducted by the author and colleagues. The majority of this literature was drawn from psychoanalytic journals and the various approaches to brief therapy. Synthesis of the themes that emerged out the review resulted in the development of a model of the termination phase that is applicable across any therapy orientation or modality. Variations to the model—based on the particular case, the therapy approach, or the personal history of either participant—provide for flexible application of the model. A number of testable hypotheses for empirical study of the termination phase emerge out of the model, e.g., “attention to the termination can reinforce a successful outcome while insufficient consideration of the ending can be deleterious.” This presentation will present a review of the model, describe the themes and tasks associated with the termination phase, and offer suggestions for further research.

The termination in Panic-Focused Psychodynamic Psychotherapy (PFPP)
Barbara Milrod - Weill Medical College, Cornell University, NY, USA

A focus on the termination as therapy draws to an end is critical in some cases. Patients with borderline spectrum personality organization have more difficulty handling the strong feelings of ambivalence that emerge at the time of termination. This presentation will discuss the therapeutic utility of focusing on the termination in the context of a brief (24-session), twice weekly, manualized psychodynamic intervention for patients with primary DSM-IV panic disorder. The author has served as the principal investigator for three outcome studies of this form of psychotherapy for patients with panic disorder. Most recently, Panic-Focused Psychodynamic Psychotherapy (PFPP) was demonstrated to have efficacy in a randomized controlled trial of 49 patients, in comparison with Applied Relaxation Training, a comparison, less active psychotherapy for panic disorder. With this research context as the background, the presentation will
consider the way therapeutic attention directed at the patient’s mixed feelings and difficulty with termination in this time-limited treatment acts to telescope the transference and plays a central role in the patient’s ultimate treatment response.

Clients experience of termination and the therapeutic alliance
Raquel Mesquita - Departamento di Psicologia, Universidade do Minho, Braga, Portugal, Eugenia Fernandes

Assuming a constructivist perspective, we believe that termination is a vital part of psychotherapy, as a process of transformation and transition to new beginnings. According to this point of view, termination is a proactive and reflexive process of change, where clients and therapists work together on celebrating therapeutic gains and promoting new personal movements. The main objective of the study we are presenting is to understand how clients experience the termination phase and what emotions and meanings emerge from it. We make a reference to a previous research developed by our team and then present the results of the current study we are conducting. Twenty six clients participated in the first study. We analyzed (through a qualitative methodology based on grounded theory) letters the clients wrote to their therapists during the termination phase. The therapists gave an open instruction that the letter should be a synopsis of the therapeutic process. Results suggested that, in successful clinical cases, terminations of therapy are a positive and satisfying process, where clients perceive themselves differently and are ready to continue on their own. Ten clients participated in the second study. Some improvements to the methodology were made and then the data was correlated with the therapeutic alliance. We discuss results emphasizing the role of the therapeutic alliance on the development of a meaningful and positive experience of termination.

Short- vs. long-term analytic group psychotherapy, a RCT

Short-term therapies are insufficient help for many patients and the number of long-term studies is very limited. In a study of dynamic group psychotherapy of 2.5 years duration, patients improved significantly (Lorentzen, 2003), and aspects of initial severity of disturbance and personality pathology were important moderators interacting with treatment duration (Lorentzen & Håglend, 2007). The papers in this panel present a RCT of short-term dynamic vs. long-term dynamic group psychotherapy. The primary aim is to study the significance of the time factor. Besides we want to study potential moderator and mediator effects of pre-selected variables (e.g. personality pathology, quality of object relations, attributitional style self-understanding etc.), and we also aim to study the significance of selected process variables (coherence, therapeutic alliance, and group climate), within the two group formats.

The efficacy of short- and long-term psychodynamic group psychotherapy
Steinar Lorentzen - University of Oslo, Norway, Per Håglend, Torleif Ruud.

Aim: This is a RCT that aims to investigate the significance of treatment duration in group psychotherapy. Potential moderators are degree of personality pathology, quality of object relations, and length of education. Self-understanding, attributitional style, and degree of introjection of the group are studied as potential mediators of change. We also aim to study the significance of selected process variables (coherence, therapeutic alliance, and group climate), within the two group formats. Methods: 167 outpatients from three sites have been randomized to manualized psychodynamic group therapies, consisting of 20 and 80 (weekly) sessions. 9 therapists treat one short- and one long-term group each. The 9 short-term groups have ended by Nov. 2007, and all 9 long-term groups will end between Jan. 2008 and May 2009. Patients are interviewed pre-therapy and 3 years after therapy started. Outcome measures are GAF, target goals, and repeated self-ratings of interpersonal problems and symptoms.
Mediators are evaluated every 3-6 months and process variables are recorded early at several time-points in the therapy. Results: Baseline data will be presented to see if the randomization process has been successful.

Measuring group processes: A factor analysis of the Group Climate Questionnaire, the Working Alliance Inventory (short form), and the Therapeutic Factors Inventory (subscale cohesiveness)

Jan Vegard Bakali - Aker University Hospital, Oslo, Norway, Scott Baldwin, Steinar Lorentzen

The study of group processes is an essential part of group therapy research. However, this field of research has been hampered by a lack of conformity in the selection of measures, and comparisons between instruments are needed. The Group Climate Questionnaire, the Working Alliance Inventory, and the Therapeutic Factors Inventory, subscale Cohesiveness, have all been widely applied both in clinical and research settings, and relationships to therapeutic outcome have been established. However, the interrelations between these instruments have been less studied, with only one previous study analyzing the three simultaneously, suggesting a reorganized factor structure describing therapeutic relationships: a) positive bonding relationship, b) positive working relationship, and c) negative relationship. Using data from 130 outpatients included in a randomized clinical study of short- and long term analytic group psychotherapy, the present study will replicate this analysis. In addition, due to the possibility that the factor structure may change over time, the analysis of scales and subscales will be repeated at different time-points (cross-sections). The multilevel structure of the data will be acknowledged. This study will contribute to the validation and generalizability of the factors involved in these three central instruments, and lead to increased understanding of how therapeutic group processes operate. The possible influence from different therapeutic phases on the factor structures will be clarified.

Long term effects of psychotherapy and psychoanalysis

Information of whether short- or long-term psychotherapeutic treatment would be an optimal – effective and suitable – treatment choice for a specific psychiatric patient is most important. So far the data from randomized clinical trials on these topics are almost non-existing, however. The HPS (Helsinki Psychotherapy Study) is a randomized clinical trial, designed to measure outcome differences between short- and long-term psychotherapy. In a quasi-experimental design the effects of therapies are also compared with that of psychoanalysis. This panel consists of four presentations on different aspects of effectiveness of or suitability for psychotherapy. The first paper describes the effect of short- and long-term therapy and psychoanalysis on the incidence of auxiliary treatment – a known but seldom studied issue in psychotherapy studies - during a 5-year follow-up. The second paper reports the effect of these treatments on psychiatric symptoms. The third paper is a cost-effectiveness study describing the differences between short- and long-term therapy in the light of direct and indirect treatment costs, and the fourth paper compares the prediction of patients’ pre-treatment psychological suitability measures on the outcome in short- and long-term psychotherapy.

Use of auxiliary treatment during a 5-year follow-up among persons receiving short- or long-term psychotherapy or psychoanalysis

Paul Knek - National Public Health Institute, Helsinki, Finland, Peija Haaramo, Maarit Laaksonen, Olavi Lindfors

Aim: Need for psychiatric treatment is a seldom used outcome measure in therapy effectiveness studies. It is, however, a good measure of public health importance of the disorder considered. This study focuses on changes in need for auxiliary psychiatric treatment after starting short- and long-term psychotherapy.
Methods: A total of 326 psychiatric outpatients, with mood or anxiety disorder were randomly assigned to solution-focused therapy (SFT), short-term psychodynamic psychotherapy (SPP), or long-term psychodynamic psychotherapy (LPP) and 41 self-selected patients were allocated to psychoanalysis (PA). Primary outcome measures under a 5-year follow-up period were use of auxiliary psychotherapy, psychotropic medication, and psychiatric hospitalization. Results: About 60% of the patients used auxiliary treatment during the follow-up. Both psychotropic medication and therapy were most common in the brief therapy groups and their incidences were highest during the first year of follow-up. About 50% of the patients receiving brief therapy took considerably more therapy than originally offered by the study group. The average numbers of therapy sessions given according to study protocol were 10 in the SFT and 19 in the SPP whereas the numbers after adding the auxiliary therapy sessions were 60 and 70, respectively. The corresponding numbers for long-term psychotherapy were 232 and 240 and for psychoanalysis 646 and 670, respectively. Discussion: Auxiliary treatment might be usual both among patients receiving short- and long-term therapies and it is apparently common already during the first year of follow-up. It is of importance to consider auxiliary treatment when interpreting results of effectiveness studies.

The effectiveness of psychoanalysis and long- and short-term psychotherapy on psychiatric symptoms during a 5-year follow-up - A quasi-experimental study
Olavi Lindfors - Biomedicum Helsinki, Finland, Paul Knekt, Maarit A Laaksonen, and the Helsinki Psychotherapy Study Group

Aim: Short-term and long-term psychotherapy are insufficient treatments for part of patients with depressive or anxiety disorder. It has been suggested that psychoanalysis may help such patients, but the empirical evidence is scarce. The present quasi-experimental study compares the effectiveness of short- and long-term psychotherapy with that of psychoanalysis in the treatment of depressive and anxiety disorders. Methods: A total of 326 psychiatric outpatients from the Helsinki area, with depressive or anxiety disorder, were randomly assigned to solution-focused therapy or to short-term or long-term psychodynamic psychotherapy. In addition, 41 self-selected patients suitable for psychoanalysis were included. The patients were followed for 5 years from start of therapy. Primary outcome measures were depressive symptoms, measured by the self-report Beck Depression Inventory (BDI) and the observer-rated Hamilton Depression Rating Scale (HDRS), and anxiety symptoms measured by the self-report Symptom Check List, Anxiety scale (SCL-90-Anx) and the observer-rated Hamilton Anxiety Rating Scale (HARS). Results: A significant reduction of psychiatric symptoms was noted in all treatment groups during the follow-up. Recovery was fastest in both short-term therapy groups and slowest in the psychoanalysis group. After 5 years of follow-up, however, psychoanalysis was the most effective. About 82% of the patients receiving psychoanalysis recovered from their symptoms (i.e. BDI < 10), whereas the corresponding proportion for the other groups varied from 48-67%. Discussion: In the long run psychoanalysis might be more effective than long-term or short-term therapies. This finding has, however, still to be confirmed in post-treatment follow-up.

Long term cost-effectiveness of solution-focused therapy compared with short-term psychodynamic psychotherapy in the treatment of depressive and anxiety disorders
Timo Maljanen - Social Insurance Institution, Helsinki, Finland, Päivi Palutta, Tommi Härkänen, Esa Virtala, Olavi Lindfors, Paul Knekt, and the Helsinki Psychotherapy Study Group

Aim: The aim of this study is to evaluate and compare the cost-effectiveness of solution-focused therapy (SFT) and short-term psychodynamic psychotherapy (SPP) in treating depression and anxiety. Methods: This is a randomized study, conducted in the Helsinki region, Finland, where 97 patients were assigned to SFT and 101 to SPP. The cost-effectiveness of these two therapies was compared using the incremental
cost-effectiveness ratio (ICER). The confidence intervals for ICER were estimated by using the bootstrap method. The effectiveness of the therapies was measured by using several widely applied psychiatric measures, including the Beck Depression Inventory and the Hamilton Anxiety Rating Scale. All the relevant direct costs due to mental health problems were included regardless of the incidence of cost burden. The patients were followed up for three years, i.e., over two years longer than the duration of the study therapy. Results: In both therapy groups, symptoms were relieved by about the same amount and at the same pace during the three-year follow-up period. During the first year of follow-up, when patients were receiving either SFT or SPP, the direct costs of patients belonging to the SFT group were higher than those of patients belonging to the SPP group. Over the whole three-year period the costs of the SPP group were, however, higher because after the end of the study therapy, patients belonging to the SPP group used more mental health services than did patients belonging to the SFT group. Discussion: Our observation suggests that in psychotherapy research the follow-up period should be longer than the duration of the therapies studied.

Suitability for Psychotherapy Scale (SPS) as a predictor of remission from psychiatric symptoms in short- and long-term therapy

Maarat A Laaksonen - National Public Health Institute, Helsinki, Finland, Paul Knekt, Olavi Lindfors

Aim: Patients’ pre-treatment personality characteristics and interpersonal predispositions are considered essential for suitability for psychotherapy and prediction of its outcome. The predictive value of reliable and valid suitability assessment scales in short- and long-term therapy has not, however, been compared. In the Helsinki Psychotherapy Study, a 7-item Suitability for Psychotherapy Scale (SPS) was constructed and its prediction on changes in psychiatric symptoms in short- and long-term psychotherapy was compared. Methods: Altogether 326 psychiatric outpatients, aged 20-46 years, and suffering from depressive or anxiety disorders were randomized to short-term or long-term therapy. Patients’ suitability was assessed with SPS at baseline and psychiatric symptoms with the Symptom Check List, Global Severity Index (SCL-90-GSI) at baseline and 7 times during a 3-year follow-up. Results: Three patient groups were found when a suitability score based on the seven individual suitability measures was used to predict symptom development: patients with more good (4 or more) than poor values benefited sufficiently from short-term therapy, patients with mostly poor values (4-6) needed long-term therapy, and patients with all 7 values poor failed to benefit from either short- or long-term therapy. However, almost half of the patients needed considerable auxiliary treatment besides the study treatment. For these patients, although equipped with mostly good values, short-term therapy was not sufficient. Discussion: The SPS may be used before start of therapy to predict the amount of therapy needed to recover. Further clarification of the reasons for the use of auxiliary treatment is, however, needed.

Acquired socio-cultural and scientific beliefs and psychotherapy: A psychosocial brain-behavior perspective

The panel focuses on the meeting’s theme ‘Neurobiological and socio-cultural contexts of psychotherapy and psychotherapy research’. It addresses the question of how the interaction of the developing individual with the socio-cultural realities in which it is born form the well- or mal-adaptive aspects of its psychosocially recognized aspects of behavior. Two panelists, Cornelia Buchmann and Maria Hatzopoulou present results of a study that used questionnaires in two different countries to estimate the impact of autobiographical memory on subjective quality of life at so called crossroads of life of married couples (Buchmann) and of students (Hatzopoulou). The other two panelists focus on integrative human sciences approaches to the psychosocial development and stress the importance of such approaches for psychotherapy research and practice. Maria Malikiosis-Loizos defines psychotherapy as
method to prevent or heal psychosocial dysfunctions. She reviews outcome studies considering the role of positive emotions for emotion- and cognition-focused approaches to psychotherapy research and practice. Martha Koukkou reviews findings and conceptual issues about the brain functions with which humans internalize their socio-cultural realities and discusses how these influence the clients’ but also the psychotherapists’ behavior.

Meaning extracting brain functions, internalized socio-cultural beliefs, and the development of psycho-social behavior

Martha Koukkou - University Hospital of Psychiatry, Zurich, Switzerland

The physiogenesis and pathogenesis of the experiences that motivate an individual to ask for psychotherapy are the explicit or implicit topics of research and theory in all disciplines concerned with human behavior. Between most of these disciplines, there is a consensus that progress in understanding biopsychosocial development presupposes the use of a widely accepted model of multidetermined brain processes. Such a model is still missing. - An integrative, living systems-theory oriented model of the brain functions that underlie the psychosocial development is presented. Empirical findings and conceptual issues from human brain sciences and social neurosciences support the following thesis: the human brain is a self-organizing system that creates individual thoughts, emotions and actions based on its biography. Biography is created by the brain’s meaning-extracting functions, the experience-dependent plasticity; it includes internalized socio-cultural and scientific beliefs of the social realities in which the individual lives. Such beliefs influence the individuals’ behavior in a non-conscious way. - Based on the proposals of this model I discuss: (1) How and why the brain functions that create biography lead to the psycho-social behaviors that can be treated with psychotherapy. (2) How and why internalized socio-cultural and scientific assumptions about human nature (that are discussed in the dichotomies soma-psyche, biology-psychology, nature-nurture, etc.) limit the researchers’ and therapists’ potential in order to understand the impact of socio-cultural realities on psycho-social development, and to develop more effective therapies and primary prevention.

Impact of autobiographical memory on quality of life during changes of social realities: A brain-behavior perspective

Cornelia Buchmann - University Hospital of Psychiatry, Zurich, Switzerland, Maria Hatzopoulos, Anastasia Georgouli

Introduction: Based on empirical findings of human sciences, especially human brain and social neurosciences, we tested the hypothesis that the subjective experience of psycho-social well-being is crucially influenced by the quality of cognitive-emotional coping and reality controlling strategies that humans create in dialog with their social realities. These strategies are contents of autobiographic memory, and may influence psychosocial behavior and subjective well-being in a non-conscious way; they shape the psychosocially healthy or ‘neurotic’ way with which individuals cope with the demands of their social life. - Methods: The WHO Quality of Life questionnaire and questionnaires that assess the recalled aspects of biography were used to test this hypothesis. We report the results from couples expecting their first child and couples visiting a pediatrician with their child. - Results: The results indicate negative relations between memories of non-cooperative interactions (disturbing autonomy and well-being) of the couples with their own parents and certain dimensions of quality of life. - Discussion: Drawing on these results, aspects of psychotherapy research and practice will be discussed.
Autobiographical memory and subjective quality of life in first-year university students: Project and results

Maria Hatzopoulou - University of Athens, , Athens, Greece, Martin Schweiter, Martha Koukkou

Introduction: A general increase of psychosocial problems among students in low-risk societies is observed. Stress-inducing interactions between youths, and the competitive characteristics of post-industrial societies are suggested as causes of this phenomenon. We tested the hypothesis that the subjective experience of well-being (‘quality of life’) is crucially influenced by the quality of the reality-controlling, cognitive-emotional strategies that humans develop in dialogue with their social realities. These strategies become part of the contents of autobiographical memory, and may influence behavior in an automated, non-conscious way. - Methods: At the beginning of their studies, students from different faculties of the University of Zurich answered the WHO Quality of Life questionnaire (WHOQOL-100) and questionnaires assessing the recall of biography and of educational style of father and mother. - Results: 74% of the correlations between WHOQOL-100 scales indicating satisfaction with quality of life at the university and the scales of the other three questionnaires that assessed memories of cooperative relations with the social realities were significant and positive. - Discussion: These results are interpreted within the framework of an integrative, living systems-theory based model of the brain functions with which humans internalize their culture (in a well-adaptive or mal-adaptive manner). On the basis of this model we use our results to discuss ways for primary prevention interventions.

Emotion focused versus cognitive-focused therapy approaches to well-being

Maria Malikiosi-Loizos - University of Athens, Greece

The aim of psychotherapy is to prevent and/or heal human dysfunctioning by focusing on the individual’s optimum potential, thereby promoting self-fulfilment and well-being. Self-fulfilment is an internally driven development toward optimal human functioning. It involves optimism, love and belonging. It means feeling useful, adequate and esteemed; being autonomous and responsible; it means being creative. All these qualities add up to positive emotions and rational thinking. There is supportive evidence in the scientific literature for the healing properties of cognitive restructuring and learned optimism in depression. Outcome studies on positive emotions, emotional intelligence, resilience, and emotional creativity on the one hand, and on self-efficacy, optimism, and personal control on the other, show the way towards emotion-focused as well as cognitive-focused approaches to therapy. Since the ultimate goal of psychotherapy ought to be to prevent unhappiness by fostering human strengths, such as courage, future-mindedness, interpersonal skills, faith, work ethic, hope, honesty, perseverance, the capacity for insight and other positive human traits, this presentation will focus on psychotherapy approaches supporting the prevention and therapy role of positive emotions and positive thoughts.

Panel
Change
Moderator
Mariane Krause - Escuela de Psicología, Pontificia Universidad Católica de Chile, Santiago

Microanalysis of the therapeutic interaction: Methods and results

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

The panel integrates four presentations on microanalysis of the therapeutic interaction, and a final discussion. All presentations show a specific method for microanalysis and results about how psychotherapeutic interaction evolves. In the first presentation (Roelf Takens) therapeutic interaction is studied through different types of therapists’ processing proposals and patients’ processing modes. The second presentation (Carla Cunha) focuses on a microgenetic-developmental analysis of change in the client’s “voices”. In the third (Claudio Martínez), a micro analytic utterance analysis procedure allows the detection of discursive strategies in therapeutic dialogue. In the forth (Mariane Krause), verbalizations of patients and therapists are analyzed through a communicative actions coding system, showing differences between therapists and patients and the evolution of communication within change episodes and
therapies. Finally, Clara Hill will discuss the four presentations.

Deepening client’s exploration and explication processes
Roelf J. Takens - Vrije Universiteit, Amsterdam, The Netherlands

The focus of our research is on the deepening of the client’s exploration and explication processes. It is hypothesized that therapist’s processing proposals will direct the client’s processing modes. Processing modes include stages of reporting, feeling, valuing, giving meaning, understanding, changing and accepting (integration). In our research we did analyze the interactions between therapists and clients at the very beginning of the psychotherapeutic encounter, the 2nd, 6th and 10th interview in especial, applying parallel scales for (the level of) therapist’s processing proposals (PP) and client’s processing modes (PM). The data stem from 104 audiotaped sessions of 39 psychodynamic and experiential therapies, including 20 female and 19 male clients seen by 20 psychotherapists (9 women and 11 men). Results show significant deepening effects of the therapists’ processing proposals as well as processing modes fitting well with the psychotherapeutic theoretical stance (psychodynamic respectively experiential). It turns out that clients are especially susceptible to influence if they are deeper in their explication process. Another finding was that flattening interventions have a stronger effect than deepening proposals, meaning that an exploration process may be easier disrupted than facilitated.

Dialogical change processes in psychotherapy: Contrasting two case-studies
Carla Cunha - University of Minho & ISMAI, Braga, Portugal, Miguel M. Gonçalves, Marlene Matos

The Dialogical Self Theory (Hermans, Kempen & van Loon, 1992) has presented the self as a multivoiced process and product of dialogical interchange with others and the world. Following previous applications of the notion of voice to psychotherapy, we will analyze two contrasting case-studies (good-outcome and poor-outcome) of narrative-therapy with battered woman. Aim: In this presentation, we will: a) describe a dialogical micro-analytic procedure to trace positionings (self-positionings and other positionings) involved in the problem; b) describe the pattern of problematic positionings evoked in the relational episodes between the client and violent partner; and, c) describe what and how changes occur. Method: Two case-studies will be analyzed and compared. Departing from “relational episodes” (cf. Luborsky & Crits-Christoph, 1998) as unit of analysis, different positionings will be described. Further characterization of these episodes in terms of interpersonal patterns (inspired in the SASB interpersonal categorization) and its recurrence in time allows both the detection and description of changes in the relationship, further associated with the appearance of new self-positionings and new experiences. Results: Preliminary results indicate a significant change in the pattern of (self vs. other) positionings expressed in the good-outcome case; whereas in the poor-outcome case, we report stability in the client’s dialogical and relational experience. Further specifications will be elaborated. Discussion: The implications of this analysis and findings will be discussed in relation to the development of dialogical approaches to psychotherapy. More specifically, we will emphasize the dynamic processes that seem connected to the distinction between good and poor-outcome.

Utterance analysis in change episodes: A microanalytic view of the psychotherapeutic dialogue
Claudio Martínez - Escuela de Psicología, Pontificia Universidad Católica de Chile, Santiago, Alemka Tomicic, Lorena Medina

In the context of an ongoing research about discursive mechanisms that regulate the psychotherapeutic interaction, this presentation shows a microanalysis of therapeutic change episodes using the utterance analysis as a method that allows assessing the psychotherapeutic dialogue. Based on a dialogism epistemological vision and considering psychotherapy as a discursive genre, the utterance analysis is a
micro analytic procedure that allows the detection of discursive strategies associated with the construction of therapeutic change moments. Within this background, preliminary results of the analysis of change and stuck episodes of psychotherapies, from different theoretical orientations, are presented. These results support the hypothesis that establishes a reciprocal regulation within the dialogue between patient and therapist, with the aim to constitute the patient as the author of his/her own change. In an opposite way, in stuck episodes, the therapist would attempt to constitute him/herself as the author of the patient’s change. These findings are discussed with previous results that stand out the grammatical use of the first person singular within the change moments in the patient’s discourse.

The evolution of therapeutic interaction: A microanalysis of communicative actions in different phases of the therapeutic process

Mariane Krause - Escuela de Psicología, Pontificia Universidad Católica de Chile, Santiago, Katherine Strasser, Carolina Altimir, Orietta Echavarri

A coding system for the analysis of communicative actions during therapy was applied to change episodes of 11 therapeutic processes (4 psychodynamic, 3 CBT, 2 humanistic, 2 socio-constructivist), with about 20 sessions each. Data were 7009 communicative actions nested in 139 change episodes. Verbalizations of patients and therapists were coded as seven “basic forms”, of which three showed sufficient frequency for analysis (asking, asserting and assenting). The probability of each form was modeled with a logistic hierarchical regression model (using HLM) with two levels (communicative action and change episode). Independent variables at the action level were time, person and the interaction, while at the episode level they included session number, change indicator of the episode, and whether the episode belonged to a successful or unsuccessful therapeutic process (measured with QO-45.2 reliable change index). Results show significant differences between therapist and patient in the probability of the three basic forms. Results also show that the probability of assenting and asking are significantly different depending on the change indicator of the episode, and that the probability of all three forms varies as a function of the therapeutic outcome (successful or unsuccessful).

Panel
Therapist
Nick Ladany - Lehigh University, PA, USA

Moderator
Discussant: M. Helge Ronnestad - University of Oslo, Norway

Novice therapists: Experiences in therapy and supervision

The purpose of this panel is to present quantitative and qualitative research findings that further describe and explain the experience of novice therapists’ feelings during therapy sessions during their transition to apprentice levels of development. For the quantitative study, data were collected by members of the SPR Collaborative Research Network (Orlinsky & Ronnestad, 2005) with the Development of Psychotherapists Common Core Questionnaire (DPCCQ), which contained a set of 4-point scales rating the frequency of 12 feeling representing the dimensions of anxiety, boredom and CEflow, delineated by Csikszentmihalyi (1990). The available data set includes survey responses from 1,186 novice and apprentice therapists with > 3.5 years of experience. Change was studied cross-sectionally by dividing the sample into seven groups based on practice duration. Statistically significant differences for 7 of the 12 feeling states will be reported and discussed in the paper. For the qualitative case study, participants included one beginning therapy trainee, her two supervisors, and her six clients. All therapy and supervision session were videotaped. Post- session qualitative interviews were conducted after every supervision and therapy session, with the trainee, supervisor, and clients. In all, 89 sessions over an 8-month period were reviewed, along with 2-year follow-up questionnaires. Descriptive themes emerged from the data in relation to Lydia’s work in supervision and therapy. Some themes included: (1) abandonment and termination (e.g., client grief and bereavement, supervisor abandonment), (2) boundary issues with time (e.g., parallel process), and (3) therapist pain (e.g., what happens when clients do not get better).
Feelings of novice therapists during therapy sessions

Sara Budowsky - University of Chicago, Chicago, IL, USA, David Orlinksy

Aim: Novice psychotherapists who are just starting to treat patients find themselves in the unique situation of experiencing in vivo a process that they have hitherto only read about, seen videos of, or role-played with fellow students. Their entry into this new and initially ambiguous situation approximates a ‘rite of passage’ (Van Gennep, 1908/1960) and places them in a transitional state of ‘liminality’ (Turner, 1969). In this state, during the first few months of practice with real patients in real settings, novice therapists’ feeling during sessions are likely to be intense, stressful, and potentially disruptive to their work with patients and to their own further development. The present study examines reports by therapists of their feelings in recent sessions and explores how therapists’ feelings in sessions change as they progress through the novice and apprentice levels of development. Method: Data were collected by members of the SPR Collaborative Research Network (Orlinksy & Rønnestad, 2005) with the Development of Psychotherapists Common Core Questionnaire (DPCCQ), which contained a set of 4-point scales rating the frequency of 12 feeling representing the dimensions of anxiety, boredom and ‘flow’ delineated by Csikszentmihalyi (1990). The available data set includes survey responses from 1,186 novice and apprentice therapists with > 3.5 years of experience. Overall, 26% were from Norway, 20% from Germany, 16% from the USA, 8% from the UK, with the remainder from two dozen other countries; 46% were trainees in psychology, 22% in medicine/psychiatry, 11% in social work, and 10% in counseling; 67% were women; for age, M = 35.1, sd = 8.2. Change was studied cross-sectionally by dividing the sample into seven groups based on practice duration: <0.34 years (n=119); 0.34-0.67 years (n=109); 0.67-1.0 years (n=138); 1.0-1.5 years (n=147); 1.5-2.0 years (n=196); 2.0-3.0 years (n=211); 3.0-3.5 years (n=266). Results: An initial exploration of differences across these groups in the 12 feeling states using 1-way ANOVAs, with particular interest in differences between the three groups in their first year of practice. Statistically significant differences for 7 of the 12 feeling states will be reported. Discussion: Changing patterns of novice therapists’ feelings during sessions will be discussed. References: Csikszentmihalyi, M. (1990). Flow: The psychology of optimal experience. New York: Harper & Row. Gennep, A. Van (1908/1960). The rites of passage. Chicago: University of Chicago Press. Orlinksy, D. E., & Rønnestad, M. H. (2005). How psychotherapists develop: A study of therapeutic work and professional growth. Washington, D.C.: American Psychological Association. Turner, V. (1969). The ritual process. Chicago: Aldine.

Lydia’s story: A supervisee’s search for supervisor competence and client progress

Jessica Walker - University of North Carolina, Charlotte, Charlotte, NC, USA, Nick Ladany

Aims: The purpose of this case study was to examine the linkages between supervision process and outcome, and psychotherapy process and outcome. Methodology (including sample and ethical approval): The participants in our study consisted of a beginning therapy trainee, her two supervisors, and her six clients. All therapy and supervision session were videotaped. Post session qualitative interviews were conducted after every supervision and therapy session, with the trainee, supervisor, and clients. In all, 89 sessions over an 8-month period were reviewed, along with 2-year follow-up questionnaires. Participation was voluntary, participants could withdraw from the study at any time, and all identifying information has been removed. Results / Findings: Six themes emerged from the data in relation to Lydia’s work in supervision and therapy and they included: (1) abandonment and termination (e.g., client grief and bereavement, supervisor abandonment), (2) boundary issues with time (e.g., parallel process), (3) countertransference (e.g., successful and unsuccessful management), (4) Lydia’s anxiety (e.g., when overwhelmed by), (5) successful moments (e.g., in unexpected places), and (6) therapist pain (e.g., what happens when clients do not get better). Conclusions/Implications (including practice implications):

Therapists in-training perspectives about their contribution to development of therapeutic alliance

Eugênia Fernandes - University of Minho, Braga, Portugal, Vitória Botelho

The cumulative results on the psychotherapy research reflect the strong relation between quality of alliance and psychotherapy outcome, namely if the alliance is measured early in therapy. Recently there has been a number of studies focused on factors that mediate or moderate the alliance development in therapy. Research on the impact of therapist variables is few abundant, and the evidence on the contribution of the level of the therapist training in relation to alliance is still unclear. On the other hand, literature doesn’t offer clear orientations how to promote the development of strong therapeutic alliances. The aim of this study is to understand how therapists-in-training assess the alliance developing along the therapeutic process, and how they perceive their contributions in that. Eight therapists in their first year of psychotherapy practice and their clients assessed each session’s therapeutic alliance, using the respective Working Alliance Inventory form, along 25 psychotherapy processes. At the end of each process, therapists were interviewed about their perceived role and contributions on the development of alliance. A growth curve analysis of therapeutic alliance will be made. A qualitative analysis will be made on data interviews to categorize therapist’s perceptions of their contributions. Data from this study are still under analysis. Results shall be ready to be presented in the conference. Results will be discussed looking at the relation between development of alliance along the therapeutic process and the therapist’s perceptions of their contributions for alliance. We will discuss the implications to supervision and practice.

The subjective dimension in the change’s process: The narrative at the first year of a training course

Marco Bani - University of Milano Bicocca, Monza, Italy, Mariagrazia Streparava, Rossella Dolce, Sara lavarone, Giorgio Rezzonico

Psychotherapy research has been little interested to the process by which young trainees acquire technical, relational and emotional skills that transforms them into expert therapist (Kuyken et al., 1998; 2003), to take for granted its effectiveness and verifying thecnical acquisition or clinical outcome (Manning et al., 2003). This path is characterized by a deep personal investment and consequently by a process of change that from a professional side (acquisition of technical skills, relational etc.) is reflected in many areas of life of trainee – e.g. personal relationships, expectations and performances – and
modify the trainees’ expectations and representations about their future and profession (Orlinsky and Ronnestad, 2005). The aim of this work is to find, with a qualitative analysis on the interview done at the end of the first year of a training course at a sample of 21 trainees, the main themes of change experienced by the same trainees; the analysis was done with the support of Atlas.ti software. The analysis was about 5 areas: expectation on the training course, influence on professional and personal life, new point of view on personal aspects, personal aspects not resolved. Particularly three key themes have been highlighted, that cross across all subjects: the first most closely connected with the personal dimension, the second with the emotional and the third with the relational dimension.

**Panel**

**Psychodynamic**

**Moderator**

Serge Lecours - Université de Montréal, Canada

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**Change in affect elaboration, defenses, experiencing, and motives in a single-case process analysis of an equivocally successful psychoanalysis**

Research on therapeutic failures has an underestimated potential for improving knowledge on therapeutic process. We focus on an intensive analysis of 16 sessions taken from the four-year psychoanalysis of a male writer suffering from dysthymia and writing inhibitions. The treatment was provided by the Lucy Daniels Foundation which also supervised data collection for this longitudinal research project. A thorough pre-post assessment of the patient revealed that changes were minor in terms of symptoms. However, his writing inhibitions were somewhat resolved. In addition to pre-post assessments, multiple process measures were taken every six months. The 16 sessions, taken around 10 of these six-month blocks, were rated with five process measures: affect elaboration (Grille de l’Élaboration Verbale de l’Affect - GEVA: Lecours, 1995), defenses (DMRS: Perry, 1990), experiencing (EXP: Klein et al., 1986), motives (Wish and Fear List - W&FL: Perry, 1994, 1997), and therapist interventions (Psychodynamic Intervention Rating Scale - PIRS: Cooper & Bond, 2002). The Panel is composed of four distinct contributions. The first paper documents change in symptoms, personality variables, and attitude toward creative work. The second addresses change in affect verbalization and elaboration across the treatment. The third paper examines the relationships among change in defenses, experiencing and wishes across the psychoanalysis. Finally, the fourth paper opens the integration of some of these processes by investigating the interaction between therapist interventions and level of defensive functioning. It also includes a discussion of how the four specific angles addressed in the Panel illuminate the patient’s equivocally successful analysis.

**Change in symptoms, personality variables, and attitude toward creative work in a single-case analysis of an equivocally successful psychoanalysis**

Émilie Deschenaux - Université de Montréal, Canada, Sarah Cooley, Don Baucom, Martin Drapeau, Serge Lecours

Aim: In order to investigate dynamic processes involved in the equivocally successful psychoanalysis of a male writer, a thorough assessment of symptoms, personality variables, and attitude toward creative work was achieved in order to anchor interpretation of results. Method: The patient entered psychoanalysis at the age of 47 suffering from dysthymia and writing inhibitions. His treatment totaled 702 sessions and lasted four years and five months and data was analyzed on 16 sessions which were taken around 10 six-month blocks. The MMPI-2 was assessed pre-post. The Brief Symptom Inventory was assessed every six months: the global severity index was used as a longitudinal measure that coincided with seven of the 16 psychotherapy sessions because of missing data. A Relationship to Work Coding System (RWCS), an observer-rated measure, was applied to a semi-structured interview where the artist discusses his feelings and attitudes toward writing. Consensus scores were used. The RWCS was obtained every six months. We chose overall motivation and interference of psychological problems as markers of creative “health”. Results: On the MMPI-2, only scale 6, essentially the poignancy subscale,
was significantly reduced, indicating a decrease of subjective sensitivity. Initial levels of depression were maintained. Correlation with session number indicated that the severity of self-reported symptoms progressively decreased, that motivation to write slightly decreased but that interference of problems also decreased across the treatment. DISCUSSION: Overall, findings indicate that this long-term psychoanalytic treatment was only partially successful in relieving the patient of his symptoms, personality problems, and writing inhibitions.

Change in affect verbalization and elaboration in a long-term psychoanalytic treatment

Serge Lecours - Université de Montréal, Canada, Martin Drapeau

AIM: Improved affect regulation is an essential component of therapeutic change. We explored how changes in affect verbalization and elaboration across an equivocally successful psychoanalysis could inform us on some of the processes involved in this therapeutic stalemate. METHOD: The patient entered psychoanalysis at the age of 47 suffering from dysthymia and writing inhibitions. His treatment lasted four years and five months and data was analyzed on 16 sessions which were taken around 10 six-month blocs. The Brief Symptom Inventory was assessed every six months: the global severity index was used as a longitudinal measure that coincided with seven of the 16 psychotherapy sessions because of missing data. The 16 sessions were coded with the MAC (Measure of Affect Content), which is based on Izard’s theory and identifies 24 discrete emotions, and the GÉVA (Grille de l’Élaboration Verbale de l’Affect) which evaluates levels of affect elaboration according to dimensions that can be combined to form a weighted score indicating the level of elaboration of specific emotion categories. RESULTS: Correlations with session number revealed that the patient verbalized less contempt toward self, less sadness, more fear and more undifferentiated negative affects across the treatment. The level of elaboration of the negative affect categories did not change across treatment. DISCUSSION: This pattern in the frequency of affect categories verbally expressed in the transcripts, and especially the lack of change in the level of elaboration, point to a doubtful improvement in affect regulation for this patient.

Examining defensive functioning, experiencing, and motives across a single-case psychoanalytic treatment

Kelly Stelmaszczyk - McGill University, Montréal, Canada, Maneet Bhatia, Don Baucom, Serge Lecours, Melissa Henry, Martin Drapeau

AIM: This study examined change across sessions in three key patient variables: experiencing, defense mechanisms, and motives in the long-term psychoanalytic treatment of a single male patient (N=1), as well as therapist interventions over the course of treatment. METHOD: The patient entered psychoanalysis at the age of 47. His treatment totaled 702 sessions and lasted four years and five months and data was analyzed on 16 sessions which were taken around 10 six-month blocs. Experiencing was assessed using the EXP (Klein et al., 1986) which describes the level of emotional and cognitive involvement of the patient. Defenses were assessed using the Defense Mechanism Rating Scales (DMRS; Perry, 1990) which identifies 31 defense mechanisms hierarchically organized into 7 levels of maturity. Motives were assessed using the Wish & Fear List (Perry, 1994, 1997) which defines 40 wishes, desires, or goals, and 40 fears. These are hierarchically organized into 8 levels of maturity according to Erikson’s psycho-developmental stages (1985). Therapist interventions were assessed using the Psychodynamic Intervention Rating Scale (PIRS; Cooper & Bond, 2002). RESULTS: The patient exhibited mostly obsessional defenses across the sessions and his level of experiencing was low. Patterns of change in the three variables across the analysis were also examined, as they relate to the types of interventions used by the analyst. DISCUSSION: The relationship between key dynamically-based constructs in analysis and how they relate, overall, to therapist interventions will be discussed.
The dynamic relationship between therapist interventions and patient in-session defensive functioning
Maneet Bhatia - McGill University, Montréal, Canada, Kelly Stelmaszczyk, Emily Blake, Jean-Nicolas Despland, Melissa Henry, Martin Drapeau

Most psychotherapy research on therapist interventions focuses on the impact of interventions on treatment outcome. These studies assume specific techniques have an effect on patients regardless of their in-session functioning. AIM: This study examined the relationship between therapist interventions and in-session patient defensive functioning with the intent to better understand the dynamic aspects of psychotherapy process and determine their influence on patient progress. METHOD: One (N=1) male patient entered psychoanalysis at the age of 47. Treatment lasted 702 sessions over four years and five months. Data was analyzed on 16 sessions, each taken around 10 six-month blocs. Patient defensive functioning and therapist interventions were assessed using the Defense Mechanism Rating Scales (DMRS; Perry, 1990) and the Psychodynamic Intervention Rating Scale (PIRS; Cooper & Bond, 2002) respectively. Lag sequential analysis was used to determine if a) there are organized sequences in therapist interventions; b) the impact of the patient’s defensive functioning on the use of therapist interventions; and c) the effect of therapist interventions on the patient’s defensive functioning. RESULTS: Results indicated that patient defensive functioning is generally stable across sessions and that therapist interventions were organized, i.e. not delivered at random. DISCUSSION: A greater understanding of analyst interventions and their relation to patient in-session functioning can help clinicians better understand patient in-session behavior and improve treatment.

Building a model of therapeutic interaction: Lexicogrammatical, interactional and cultural perspectives
Discussant: Adam Horvath - Simon Fraser University, Burnaby, Canada

Psychotherapy research has demonstrated emphatically that a substantial contribution to successful therapies lies in the therapeutic interaction itself. A particular challenge for psychotherapy process research is to identify how cognitive, affective and cultural factors combine in the interaction between therapist and patient. In this panel, we bring three perspectives to the study of the interactional process from the discipline of linguistics. In the first presentation, Sumi Kato uses Systemic Functional Linguistics to provide a mapping of the overall language use of therapist and patient in a brief psychodynamic therapy from the perspective of ‘territory of information’, demonstrating how therapist and patient regulate interpersonal intrusiveness; in the second contribution, Georgia Lepper provides a pragmatic analysis of the use of the discourse marker ‘I mean’, taken from the same data corpus, from the perspective of its interactional uses in the presentation of ‘self’ by patient to therapist. In the final presentation, using the methods of Conversation Analysis, Eunjung Lee presents an analysis of the negotiation of cultural meaning in the turn by turn interaction between therapist and patient. Discussion will focus on the implications of these findings for training and practice.

Anxiety arousal and its mitigation in psychotherapy interaction from the perspective of territory of information: Lexicogrammatical analysis
Sumi Kato - Aomori Chuo-gakuin University, Japan

Aims: The theory of ‘territory of information’ contends that possessing information is different from maintaining it in one’s territory. The former simply means having information in one’s general storage of information, while the latter implies that within one’s general storage of information there is a conceptual category called the ‘territory of information’. This study will reveal the mechanisms of how anxiety is incurred from the view of territory of information and discuss how those acts are redressed
lexicogrammatically in the psychotherapy interaction. Methods: Drawing on both Systemic Functional Linguistics and Theory of Territory of Information, qualitative and quantitative analyses were made of 8 sessions from the Sheffield I Depression Study. Results: The quantitative data shows that the frequency of therapist’s use of modality or mental process clauses demonstrates the high frequency, while psychological sentences show with saliently high frequency. Discussion: From the sociolinguistic point of view of the therapist-patient relationship, face threatening acts may be a cause of anxiety at the lexicogrammatical level in psychotherapy interaction. Clients are usually expected to give up some face as they need to make self-disclosures which may prove threatening to their negative face. The therapist will naturally appear to be invasive of their client’s territory, as they must impose order, request, or advise, etc. Violations of the rule of territory of information result in intrusiveness, which is considered to be one of the causes of the anxiety arousal, and modality is considered to be one of the lexicogrammatical devices which allow for its mitigation.

I mean, I’m not saying it isn’t: Linguistic resources as defensive strategies

Georgia Lepper - University of Kent, Canterbury, UK

‘I mean’ as a discourse marker (Schiffrin, 1987) has particular relevance for exploring the communicative process in psychotherapy. On the one hand, it indexes the subjective experience of the self; on the other, it acts as an interactional marker, alerting the hearer to the speaker’s intentions and self-reflection in the process of generating shared meaning. This research examines the patient’s use of ‘I mean’ in the course of an 8 session brief psychotherapy, during which the phrase is used very frequently (between 50 and 100 uses per session). The data: an 8 session brief psychodynamic therapy from the Sheffield I Depression study. It is a good outcome case. Method: All instances of the phrase ‘I mean’ are mapped using the TCM (Mergenthaler 1996) to identify patterns of use in the discourse. Clinically significant events are then analyzed at the level of the turn by turn interaction. Discussion: Psychotherapy theory and practice continue to privilege the individual’s affective and cognitive mental states as phenomena worthy of attention, despite the robust finding that successful therapies are characterized by a good ‘alliance’ between therapist and patient. Across disciplines, subjectivity is treated as a ‘private’ domain, distinct from the ‘objective’ domain of facts. This research demonstrates how ‘subjectivity’, as the ‘private’ domain of ‘self’, is observably negotiated in the ‘public’ domain of the psychotherapeutic interaction. The focus of analytic attention is on the dynamic production of shared agreement and its implications for training and practice.

Therapist’s responsiveness to cultural versus non-cultural dialogues in psychotherapy

Eunjung Lee - University of Toronto, Canada, Adam Horvath

The increasing diversity of clients seeking psychotherapy means that therapists need to develop the capacity to deliver effective and timely interventions to clients whose cultural background is different from their own. In psychotherapy process literature, it is argued that the therapist’s ability to effectively respond to the client’s expressed needs is a mediating factor for the development of positive therapeutic alliance and therefore is predictive of positive outcome (Hardy, Stiles, Barkham & Startup, 1998; Horvath & Symonds, 1991). Several empirical studies show that the therapists respond selectively to their clients’ issues, even in treatment approaches that use standardized treatment (Hardy et al., 1998). In this study, we asked whether a therapist responds similarly or differently depending on whether the client raises a topic that is cultural or non-cultural in content. Ten cultural and non-cultural discourse episodes were selected from data pool based on a transcription of three sessions of each of three cross-racial dyads. Ten clinically significant “cultural” and “non-cultural” episodes were selected using Cultural Contents Categories (CCC: Keenan, 2001) and the Core Conflictual Relationship Theme (CCRT) method by two racially different clinical judges, independently. We used two micro-analytic procedures: Conversational
Analysis (Sacks, 1974) and the Structural Analysis of Social Behaviours (Benjamin, 1979). We used the contrast of clinically significant cultural and non-cultural episodes to explore communicative characteristics of therapist’s responsiveness in turn-by-turn interactions with their clients. This fine-grained analysis yielded rich data in addressing cultural and non-cultural issues in cross-cultural therapy. Implications for practice and training will be presented.

**Therapeutic alliance, countertransference and therapist characteristics**

**Discussant:** Christopher Muran - Beth Israel Medical Center, NY, USA

Although the concept of therapeutic alliance has a long history rooted in the psychoanalytic tradition first, and then in the empirical research, we still have a lack of clarity about its differences and some overlappings with other variables that constitute the therapeutic relationship. In the last years, researchers’ focus has been characterized by a greater attention to: a) clinical process dynamics and therapeutic alliance (see rupture and resolution processes); b) the therapist’s experience of the relationship with the patient and its impact on therapy. This panel aims at studying from different perspectives (theoretical, process-outcome, single case study, transcripts evaluation) the link between therapeutic alliance and the therapist’s experience of the relationship with the patient. The first paper (Horvath) is a critic reflection on the components of the therapeutic relationship (alliance, transference, countertransference). The second paper (Hersoug, Monsen) reports the findings of a research about therapists’ personal characteristics and their influence on the quality of working alliance. The third paper (Countinho, Fernandez and Safran) and the fourth (Lingiardi, Colli), are dedicated to a particular aspect of therapeutic alliance: the relationship between the rupture and resolution processes and the therapist’s countertransfencial experience.

Tacit assumptions about the dynamics and function of the alliance in treatment: The alterantives we should consider

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

The concept of the alliance arose from the psychodynamic perspective on the structure and dynamics of the therapeutic relationship. More recent formulations of the alliance (Luborsky, 1976; Bordin, 1975, 1976; Gelso & Carter, 1985, 1994) positioned the concept in a pan-theoretical context but a number of unresolved conceptual dilemmas remain under the surface. The three most important areas of lack of clarity and distinctions are: 1) The role of the client’s past relationships (i.e., negative transference, relationship schemas, attachment style) in the alliance. 2) The nature of disruptions or stresses in the alliance (ruptures) and the role of management of these stresses and strains in the therapist-client relationship as a form of therapy in-and-of-itself. 3) Assumptions concerning the relation between the essential qualities of positive alliance in different phases of therapy and in different types of treatment (i.e., questions of homogeneity over time and across different theoretical/technical orientations to therapy). The paper will explore the variety of positions that have been put forward on these issues, and illustrate the consequences of the current lack of clarity and conceptual integration by re-interpreting results of some of the empirical findings in the alliance literature from the different conceptual perspectives. Possible avenues of resolving these conceptual ambiguities are offered. Bordin, E. S. (1975, September). The working alliance: Basis for a general theory of psychotherapy. Paper presented at the Society for Psychotherapy Research, Washington, D. C. Bordin, E. S. (1976). The generalizability of the psychoanalytic concept of the working alliance. PTP, 16, 252-260. Gelso, C. J., & Carter, J. A. (1985). The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. The Counseling Psychologist, 2, 155-243. Gelso, C. J., & Carter, J. A. (1994). Components of psychotherapy relationship: Their interactions and unfolding during treatment. Journal of Counselling
Therapist characteristics influencing the quality of working alliance

Anne Grete Hersoug - University of Oslo, Norway, Per Hagland, Odd E. Havik, Jon T. Monsen

Aim. The study investigated the associations between therapists’ personal characteristics and the quality of working alliance, in the Norwegian Multisite Study of Process and Outcome of Psychotherapy. Methods. The research focus was whether therapist characteristics (N = 61) would be predictive of the quality of alliance as rated by patients and therapists, up to session 120. Patients with at least 20 sessions were included (N = 201). Results. The “cold/detached” dimension of IIQ-C, tapping therapists’ interpersonal style, had a negative impact on the working alliance. According to patients’ evaluation of the alliance, their ratings were higher when therapists had history of better maternal care, which contributed to a reduced negative impact of high IIQcold/detached scores. Discussion. The therapists’ personal characteristics influenced the quality of working alliance up to the end of psychotherapy. Patients seemed to be particularly sensitive to therapists’ interpersonal style, which had a consistent impact on patients’ perception of the quality of working alliance.

The role of rupture resolution processes in therapeutic alliance and the influence of therapist variables: A preliminary analysis of a single case study

Joana Coutinho - University of Minho, Portugal, Lisbon, Eugénia Fernandes, Jeremy Safran

We begin by outlining general conceptual issues relevant to the Interpersonal Approach to Psychotherapy, which is the theoretical framework of our study. We then discuss the clinical implications of the concept of Ruptures in Therapeutic Alliance, seen as a tension or breakdown in the collaborative relationship between therapist and patient and the way the relational experience therapy provides, may serve to change the client’s dysfunctional interpersonal schema and symptoms. The theoretical relevance of studying of the relationship between therapist variables and the rupture resolution process is also explored. In the second part of the presentation we present the general structure of the case study analysis we adopted in our project. We present the preliminary results of one case, focusing on therapist variables such as the nature of the therapist’s interpersonal schema, affect regulation strategies, wisdom, and attachment organization. Attention will be paid to strategies therapist has adopted to deal with ruptures and these variables. Finally therapist experiencing level in rupture sessions, measured with the Experiencing Scale, will be used to explore the relationship between these therapist variables and therapist level of experiential involvement during moments of tension in the alliance.

Therapist countertransference and alliance rupture and resolution processes: An empirical investigation through the lens of Countertransference Assessment Q sort (CTA Q sort) and Collaborative Interaction Scale (CIS)

Vittorio Lingiardi - University La Sapienza of Rome, Italy, Antonello Colli

Aim In this study we examined the relationship between therapist’ countertransference (CT) and therapeutic alliance. The first aim was to examine the impact of therapist’ inner experience on the management of therapeutic alliance ruptures. The second aim was to study the relationship between a specific dimension of therapist’ relational experience, the reflective functioning, and the capacity of resolving alliance ruptures. The third aim was to assess the relationship between therapist’ intervention style and countertransference phenomena. Methods The sample was composed by 42 sessions of 21 different patients. All the patients received a DSM IV TR and SWAP – 200 diagnosis. To evaluate CT and therapist’ reflective functioning we used a new tool based on a Q sort methodology, the Countertransference Assessment Q sort. CTA- Q sort is composed by ten scales evaluating both the content...
of therapist’experience (Parental, Hostile, Disorganized etc.) than therapist’ self reflexivity and Empathy. Therapeutic alliance ruptures and resolutions were assessed by the Collaborative Interaction Scale - CIS (Colli, Lingiardi, 2002). The CIS assess, through the analyzes of session’ transcripts both positive and negative therapist contribution to the relationship than patient’ direct and indirect alliance rupture markers. Results Results indicate significative correlations between negative therapist CT and negative therapist intervention; Parental and Protective CT correlated with a lower therapist’ intervention expressive level. Therapist’ Self Reflexivity resulted negatively correlated with parental CT and with negative therapist’ intervention. The empathy scale resulted correlated with positive countertransference and patient collaboration level. The mean level of Self Reflexivity and Empathy scale resulted correlated with a greater number of collaborative interaction between patient and therapist. Discussion Results suggest and confirm the great influence of therapist CT on therapeutic alliance in general and on patient collaboration level. Above all therapist’ reflective functioning seem to play a greater role on therapeutic alliance than the content of therapist’ experience. These results suggest that technical factors (as therapist interventions for example) are connected to relational dynamics.

Using the DAAP-WRAD system of computerized linguistic measures in a range of applications

The panel will illustrate and compare some applications of the DAAP-WRAD system as used in various aspects of psychotherapy research. This work includes comparisons across different languages; comparisons with clinical judgments; and comparisons between linguistic measures and speech rates. The Discourse Attributes Analysis Program (DAAP) uses weighted dictionaries, such as the Weighted Referential Activity Dictionary (WRAD), which is a language style dictionary, as well as unweighted content dictionaries, such as affect, reflection and disfluency. DAAP reads transcripts of sessions, interviews and other texts and produces both statistics and graphical images illustrating the relative density of weighted or unweighted dictionary matches. The dictionaries were originally constructed in English; Italian and Spanish versions of some of these dictionaries have been developed. Papini et al. use the Italian language dictionaries on an Italian therapy session, and compare the results with those obtained using the English dictionaries on a translation of this session. Tagini et al. use the English language system on attachment interviews of traumatized subjects and compare the linguistic measures with measures of dissociation that are related to cognitive science. Roussos uses the Spanish WRAD (S-WRAD) on a set of psychoanalytic sessions and compares the smoothed level of S-WRAD preceding an analytic intervention with clinical judgments concerning the intervention. Maskit and Bucci use time rather than word count as the independent variable and compare the linguistic measures with speech rate computed as the number of words spoken per second. Differences among use of these measures in the three languages are discussed.

I-WRAD and WRAD: A comparison from a single case
Silvia Papini - Italian Society of Relational Psychoanalysis, Milano, Italy, Alessandra Ciliberti, Giorgio Golia, Anna Bonfanti

Introduction: The purpose of this work is to present a comparison between the English language (WRAD) and the Italian language (I-WRAD) Weighted Referential Activity Dictionaries, and also to compare the English Disfluency (DF) Dictionary with the corresponding Italian (I-DF) Disfluency Dictionary, as applied to the same case material. The DAAP system is applied to a verbatim transcript of a psychoanalytically oriented psychotherapy session, conducted in Italian, and translated into English. Material and Methodology: The patient is an approximately 40 year old woman, diagnosed with Undifferentiated Somatoform Disorder with anxiety and depression traits. She manifests these symptoms especially in
conjunction with changes in her environment (e.g., vacation, unemployment). The sixtieth session, currently being analyzed, occurred after eighteen months of weekly treatment, and is particularly relevant because the patient acquires more self awareness concerning her mode of functioning, as seen in her relationship with the therapist and in her capacity for self-reflection. The original Italian transcript, and its English translation were analyzed by the DAAP system using the WRAD, Disfluency and other dictionaries; these two outputs were then compared. Results and Discussion: For both dictionaries, the values follow the same trends; from a clinical viewpoint, the patient's most salient moments are noted in both dictionaries. The WRAD values, however, are systematically different for the two languages. These results show concurrent validity for the Italian measures, and also raise questions concerning the differences in level of the measures in relation to cultural and linguistic differences.

Word production and pausing as linguistic process indicators

*Bernard Maskit* - Mathematics Dept. Stony Brook University, Stony Brook NY, USA, Wilma Bucci

Aims: This paper focuses on speech rate in relation to linguistic style and content measures. The speech rate measures have the special value of being applicable across different languages without need for translation. The DAAP System (Discourse Attributes Analysis Program) applies a set of dictionaries, including the Weighted Referential Activity Dictionary, and Affect, Reflection and Disfluency Dictionaries, and, for each dictionary, produces a smoothed representation of the moving density of dictionary matches. We use a variation of this system that uses time rather than word count as the independent variable, and also computes new measures based on rate of speech (words per second). We look at word production and pausing as linguistic process indicators in psychoanalytic treatments, comparing them with the already established indicators given by the WRAD, Reflection and Disfluency dictionaries. Method: 2-second time markers were inserted into transcripts of two sessions from three tape-recorded psychoanalytic treatments, labeled Mrs. C, A2, and Ms. Y. The DAAP system computed measures of WRAD, Reflection, Disfluency and Affect densities, as well as measures of pausing and word production. Analysis and conclusion: The hypotheses of positive correlation between speech rate and narrative speech, measured by RA is supported. The covariation between Word Production and the use of disfluent language, as measured by the Disfluency Dictionary, is generally negative, but complex. The sequential relationship among the measures is explored using the graphical images based on time compared to images based on word count.

The interaction between psychoanalytic interpretations and referential

*Andres Roussos* - Universidad de Belgrano, CONICET, Buenos Aires, Argentina, Vanina Waizmann, Ignacio Etchebarne

Aims: The study explores the interaction between the moment of formulation of interpretations in a psychodynamic psychotherapy and the patient’s referential activity as measured by the DAAP-WRAD system of Bucci and Maskit (2005), using the Spanish Weighted Referential Activity Dictionary (S-WRAD) of Roussos and O’Connell (2004). Methods: Twenty-nine sessions from a two years audio-recorded treatment were transcribed, in order to analyze the sequence of interventions and its relation with the S-WRAD. A total of 3355 interventions were analyzed independently by trained judges using the classification of interventions developed by Roussos, Waizmann & Etchebarne (2003). The interventions were studied in their session context, taking into account both the patient and the therapist’s speech, but only categorizing the therapist’s utterances. 77 interpretations were found, and the S-WRAD values at the moment of formulation were computed. Results: Most of the interventions were formulated when the RA level was higher than the mean of the patient’s RA speech, in a proportion of 1.2. But, this proportion is even higher when the intervention was an interpretation; here the proportion is 1.7. These results suggest that the type of intervention used in a treatment varies according to differences in the patient
speech. These results are connected with other studies that found an interaction between intervention categories and the patient’s RA level (Dove, 2005; Roussos & Leibovich de Duarte, 2002).

States of mind with respect to attachment and Referential Activity : A pilot study on traumatic autobiographical memories
Angela Tagini - Universita degli Studi di Milano - Bicocca, Italy, Chiara Pazzagli, Giorgio Caviglia, Alessandra De Coro, Nino Dazzi

Introduction: The development of autobiographical memory and narrative abilities depend on previous interpersonal experiences. We can measure linguistic differences in the reports of autobiographical memories that indicate the extent to which these memories are being currently re-experienced. Bucci (1995, 2002) suggests that adaptive emotional states are characterized by the integration of different information processing modes (emotional, sensory and verbal). In contrast, dissociations between these modalities, due to past traumatic events, may hinder the integration of new information and elicit inappropriate responses. Aim: This study is intended to investigate the linguistic features of autobiographical narratives of participants with, and without, a history of unresolved traumas or losses. The linguistic features are indicated by the referential process dictionary measures. Method: The narratives, consisting of Adult Attachment Interviews (George, Kaplan & Main, 1985) and autobiographical memories, were analyzed by means of the Discourse Attribute Analysis Program ( Bucci & Maskit, 2005). Results: The results suggest that, in line with theoretical models, the presence of sensory elements, emotional material and the quality of the narrative discourse indicates the degree to which a past event can be recalled and integrated in an individual’s autobiographical history (Johnson et al., 1988; McGinnis & Roberts, 1996). Discussion: The discussion of the data will focus on the relation between the phenomenological characteristics of memories and integration versus dissociation in autobiographical narratives.

Adaptations and advancement in research on DBT
Discussant: Franz Caspar – University of Berne, Switzerland

Over the past two decades, Dialectical Behavior Therapy (DBT) has become a widely recognized form of psychotherapy, with an impressive base of empirical support. In recent years, researchers from several countries have examined the effectiveness of DBT and adaptations of standard DBT across a variety of clinical settings. This panel includes researchers who have conducted clinical trials on DBT for the treatment of borderline personality disorder. The first paper by Bohus will present follow-up data from a three-month inpatient DBT program implemented in Germany. The second paper by Soler will discuss findings from a study conducted in Spain that evaluated three months of DBT skills training in contrast to standard group therapy. Finally, the third paper will present one-year post treatment findings from a Canadian randomized controlled trial of suicidal patients diagnosed with BPD. The discussion will focus on the clinical implications of the findings from these trials for the treatment of individuals diagnosed with BPD.

Effectiveness of inpatient dialectical behavioral therapy for borderline personality disorder: A controlled trial and follow-up data
Nikolaus Kleindienst - Central Institute of Mental Health, Mannheim, Germany

Dialectical Behavioral Therapy (DBT) was initially developed and evaluated as an outpatient treatment program for chronically suicidal individuals meeting criteria for borderline personality disorder (BPD). Within the last few years, several adaptations to specific settings have been developed. This study aims to evaluate a three-month DBT inpatient treatment program in Germany. Clinical outcomes, including
changes on measures of psychopathology and frequency of self-mutilating acts, were assessed for 50 female patients meeting criteria for BPD. Thirty-one patients had participated in a DBT inpatient program, and 19 patients had been placed on a waiting list and received treatment as usual in the community. Post-testing was conducted four months after the initial assessment (i.e. four weeks after discharge for the DBT group). Pre-post-comparison showed significant changes for the DBT group on 10 of 11 psychopathological variables and significant reductions in self-injurious behavior. The waiting list group did not show any significant changes at the four-months point. The DBT group improved significantly more than participants on the waiting list on seven of the nine variables analyzed, including depression, anxiety, interpersonal functioning, social adjustment, global psychopathology and self-mutilation. Analyses based on Jacobson’s criteria for clinically relevant change indicated that 42% of those receiving DBT had clinically recovered on a general measure of psychopathology. The data suggest that three months of inpatient DBT treatment is significantly superior to non-specific outpatient treatment. Within a relatively short time frame, improvement was found across a broad range of psychopathological features. Nine and 21-month follow-up data suggest stability of the recovery.

Dialectical behavior therapy skills training compared to standard group therapy in borderline personality disorder. A 3-month clinical randomized controlled trial

Joaquim Soler - Hospital de la Santa Creu i Sant Pau, Barcelona, Spain, Juan Carlos Pascual, Thais Tiana, Judith Barrachina, Mª Josefa Campins, Enrique Alvarez, Victor Pérez

Context: Borderline Personality Disorder (BPD) is the most common and severe personality disorder and treatment should include psychological intervention. Dialectical Behavior Therapy appears to be an effective treatment in BPD. However, its multiple components make it an expensive procedure and which of its components play a key role is unknown. Objective: To compare the efficacy of Dialectical Behavior Therapy skills training (DBT-ST) and standard group therapy (SGT) applied with the same frequency over a 3-month period. Design: a 3-month, single-blind randomized controlled trial. Setting: Hospital outpatients. Participants: Sixty patients meeting the DSM-IV diagnostic criteria for BPD as assessed by using two semi-structured diagnostic interviews. Intervention: 13 weekly group psychotherapy sessions of 120 minutes of either SGT or DBT-ST. There were 30 patients in each group. The objective in DBT-ST intervention was to acquire behavioral skills in order to enhance emotional modulation. SGT format was oriented to open a relational experience, allowing BPD patients to share their characteristic problems. Main Outcome Measures: Assessments were conducted every 2 weeks by 2 blinded evaluators. At the interview visits, the Clinical Global Impression for BPD (CGI-BPD) scale was administered as a primary outcome measure and several observer-rater and self-report scales were used as a secondary outcome. Results: DBT-ST was associated with lower dropout rates compared to SGT; 34.5% of the DBT-ST and 63.4% of SGT patients failed to complete the study. DBT-ST obtained better outcomes in the intent-to-treat analysis than SGT in several clinical areas. DBT-ST was superior to SGT in depressive, anxiety, psychoticism and general psychiatric symptom reduction assessed by clinical scales, and unstable relationships, suicide/self-harm and affect instability as assessed by CGI-BPD improved. Conclusions: Three months’ weekly group therapy proved to be useful. DBT-ST was associated with greater clinical improvements and lower dropout rates than SGT.

Findings from a Canadian RCT of dialectical behavior therapy versus general psychiatric management for suicidal patients with borderline personality disorder

Shelley McMain - Centre for Addiction and Mental Health, Toronto, Canada, Paul Links, William Gnam, Robert Cardish, Lorne Korman, Adam Quastel, Ian Dawe, Tim Guimond, David Streiner

This paper presents findings from a Canadian randomized controlled trial designed to evaluate the clinical and cost effectiveness of Dialectical Behavior Therapy (DBT) for chronically suicidal patients with
borderline personality disorder (BPD). One-hundred and eighty patients meeting criteria for BPD were randomly assigned to one-year of DBT or General Psychiatric Management (GPM). GPM, a manualized control condition was derived from recommendations promoted in the American Psychiatric Association’s Practice Guidelines for the treatment of BPD. DBT and GPM were compared on primary and secondary clinical outcomes including: (1) parasuicidal behaviour, (2) treatment retention, (3) psychiatric symptoms, (4) BPD symptoms, (5) anger, and (6) social and global functioning. Clinical evaluations were carried out at pre-treatment and every four months over the course of the one-year treatment. The 12-month primary and secondary clinical outcomes will be presented. Analyses were conducted on an intention-to-treat basis. We anticipate that our results could significantly influence clinical practice in Canada as well as policy and planning for the treatment of BPD patients.

Panel
Personality
Moderator
Shelley McMain
- University of Toronto, Canada

A Canadian RCT comparing DBT to general psychiatric management: Process outcome findings, subtype analysis and statistical challenges

Discussant: Louis Castonguay - Penn State University, Pennsylvania, USA

The “Hope” study, a randomized controlled trial that is ongoing in Toronto was designed to evaluate the clinical and cost effectiveness of Dialectical Behaviour Therapy compared to General Psychiatric Management for suicidal patients with Borderline Personality Disorder. One hundred and eighty patients were randomized and treated on an outpatient basis for one-year. A two-year follow-up is currently underway. The first presentation will discuss research conducted to identify salient subtypes of patients that may respond to treatment differentially. The second presentation will provide data on the relationship of cognitive affective change processes in relation to treatment outcome. The final presentation will discuss statistical challenges involved in analyzing our primary outcome - self-harm/suicidal data.

Searching for clinical subtypes of patients diagnosed with borderline personality disorder
Alberta Pos - York University, Toronto, Canada, Shelley McMain, Paul Links, David Streiner

The DSM-IV diagnosis of Borderline Personality Disorder (BPD) requires the presence of five out of nine criteria, allowing 200 possible criteria combinations. Symptom heterogeneity within this clinical population is well known, and impedes clinical research on BPD. To address this issue BPD subtypes have been theorized but no consensus on a method of BPD subtyping presently exists. This presentation will present further results of a study that has attempted to explore the existence of BPD subtypes within a sample of 180 clients with BPD who participated in a large Canadian RCT for the treatment of BPD and who received either DBT or General Psychiatric Management by experts (GPM). Converging evidence for the existence of BPD subtypes was sought by examining the conceptual consistency of derived subclasses obtained from independent latent class analyses of several data sets which were conceptualized as alternate measures of shared underlying constructs. The data sets analysed with LCA were: 1) therapist ratings of patients’ match to prototype descriptions of BPD subtypes based on a recent factor analysis of clinicians SWAP ratings of their BPD clients (Bradley, Zettel, Conklin & Westen, 2005; Zittel, 2002); 2) baseline scores on IPDE- BPD criteria met as suggested by Oldham (2006); 3) baseline measure of patients’ self-reported symptomatology; and 4) dimesional scores on other personality disorders as measured by the IPDE sections for PDs other than BPD.
Relating emotional and cognitive processes to outcome in suicidal individuals with borderline personality disorder
Susan Wnuk - University of Toronto, Canada, McMain, S., Links, P., Wnuk, S., Eyman, R., Bergmanns, Y., Warwar, S., Guimond, R., Streiner, D.

Individuals with BPD suffer from a pattern of pervasive difficulties managing their emotions and are at risk for suicidal behaviour. While there is considerable evidence that emotion processing deficits figure centrally in BPD, there are few studies to evaluate whether changes in cognitive-emotion processes in therapy are predictive of positive psychotherapy outcome. The purpose of this study was to examine how emotional and cognitive in-session processes correspond to outcome in psychotherapy in a sample of suicidal individuals with BPD. Participants were recruited from the “Hope” study. We examined changes in emotional awareness between early and late therapy sessions as measured by the Toronto Alexithymia Scale-20 and the Levels of Emotional Awareness Scale. Our goal was to assess whether an improvement in emotional awareness was related to an improvement in perceived problem-solving ability and a reduction in the frequency and severity of suicidal behaviour. Findings revealed that an increase in the experiencing of positive emotions relative to negative emotions between early and late therapy segments predicted reductions in self-harm behaviour. Although levels of alexithymia reduced significantly between early and late phases of therapy, these changes were not predictive of reductions in self-harm behaviour. Significant reductions were observed in perceived problem.

Statistical challenges to modeling count data of self-harm events
Tim Guimond - Centre for Addiction and Mental Health, Toronto, Canada, William Gnam, David Streiner, Shelley McMain

Purpose: To determine the appropriate statistical model for longitudinal count data of self-harm events in the HOPE study, an RCT targeted at clients with frequent self-harm. Previously published studies examining self-harm events used regression methods assuming normality or re-categorization of data to multilevel ordinal responses. Methods: The primary outcome for the HOPE study was number of self-harm events in a four-month interval taken at baseline, four, eight and twelve months. The distribution of these events was examined through plots and univariate statistics. Poisson and Negative Binomial distributions were explored as alternate data models using mixed effects growth curve analysis. Data reduction with ordinalization and use of a multilevel thresholds of change model was tested. Results: Plots of self-harm events were highly right-skewed, and at follow-up contained significant numbers of clients with zero events. These features violated key normal distribution assumptions. Latent growth curve models with both Poisson and Negative Binomial distributions also violated key underlying linear assumptions. Ordinalization of data also violated linear assumptions of a latent variable. Conclusions: A Negative Binomial model was the most appropriate model to analyze count data of twelve month self-harm events (ignoring longitudinal results). Self harm data did not follow predictable trajectories and more complex longitudinal models remain elusive. Past published research analyzing self-harm counts may have employed inadequate statistical methods.

Panel
Measures
Moderator
Erhard Mergenthaler - University of Ulm, Germany

One case, multiple methods: Dialogical sequence analysis, defense mechanisms, working alliance, therapist interventions, and therapeutic cycles
Discussant: Gianluca Lo Coco - University of Palermo, Italy

An intensive single case study will be presented. The patient Paola, a 24 years old female, sought psychotherapy because of panic attacks that she experienced with an increasing frequency and she also reported somatic symptoms like nausea. She was offered a psychodynamic therapy with a group theoretic background and a frequency of one session by week. After 21 sessions, this corresponds to six
months, Paola interrupted the therapy for one month. The studies in this panel focus on the sessions before the break with special regard to process and outcome data that might contribute to an understanding of factors that lead to this interruption. Maria Teresa Gargano first will present the case and then report findings from the outcome and process measures that have been assessed. Special attention will be given to therapist’s interventions and working alliance. Mikael Leiman will follow with an in depth analysis of the first three sessions and a focus on the third session, known as being the lowest on the working alliance measure, using the Dialogical Sequence Analysis, a micro-analytic approach to study psychotherapeutic discourse. Erhard Mergenthaler will follow with a computer assisted transcript analysis both, across all sessions and within selected sessions. Convergent and/or divergent findings will be highlighted. Finally, Gianluca Lo Coco will summarize the major results of these presentations and discuss them.

Therapeutic alliance, defence mechanisms and outcome in the treatment of DAP. Analysis of a treatment interruption
Maria Teresa Gargano - University of Palermo, Italy, Francesca Giannone, Florenza Inzerillo, Antonino Oliveri

Aims. This single case study explores the effectiveness of a psychodynamic psychotherapy. Symptom decrease, change in the style of personality, and the association between therapeutic alliance and outcome will be assessed. Method. Paola, the 24 years old patient, was diagnosed with panic disorder. She was suffering from panic attacks and showed clear signs of somatization. The focus will be put on the first six months (21 sessions) of this weekly therapy that preceded a one month interruption of the therapy. A sample of 4 x 3 consecutive sessions, covering the beginning, the early and late middle and the end phase of these six months, were transcribed and further analyzed. The following outcome measures have been used: OQ-45.2 (Lambert et al., 1996; Lo Coco et al., 2006); SCL-90 (Leonard R., Derogatis, 1991); SWAP-200 (Shedler, Lingiardi., 2003) ), DMRS (Perry, 1990; Lingiardi, 2002); Process was assessed using IVAT-II (Colli, Lingiardi, unpublished manuscript) with an external rater, WAI-P and WAI-T (Horwath,1981). Results. We observed a marked decrease of symptoms, both in OQ-45 and SCL 90-R scores. This however can, according to SWAP-200 and DMRS, not be seen as a structural change in personality. The patient’s decision to interrupt the therapy is associated with patient’s and therapist’s negative IVAT-II scores. Discussion. The application of SWAP-200 and IVAT-II has proved as a useful tool to understand the “meaning” of this interruption that occurred to be related to the difficulties that patient and therapist experienced in the “management” of the alliance.

Signs of a missing alliance. Dialogical sequence analysis of three early sessions in the therapy of a case of panic disorder
Mikael Leiman - University of Joensuu, Finland

Dialogical sequence analysis (DSA) is a micro-analytic method to study psychotherapeutic discourse. It is based on Mikhail Bakhtin’s theory of utterance as an addressed, positioned, and semiotically mediated act of communication. Utterances are examined to identify the client’s repetitive reciprocal patterns of action in the accounts on personal life events or past experiences as well as in the therapeutic relationship. Therapist utterances can also be studied as counter-positioned responses to the client’s expressions. The paper illustrates the DSA, applied to examine the development of therapeutic alliance, measured in three consecutive sessions early in therapy. According to the IVAT II assessment, the client’s alliance score dropped throughout the sessions. DSA will be used to trace the possible reasons for this decline. Two hypotheses will be examined in particular. First is the possibility of an early transference enactment, indicating the emergence of the client’s problematic action patterns in the third session. The second hypothesis relates to the client’s zone of proximal development. It is possible that
the therapist’s interventions go beyond the client’s current boundaries of self-reflection, i.e., her potential to access problematic or emotionally evoking content. The usefulness of the DSA in making sense of the results of standardised process measures will be discussed.

The resonating mind: Key sessions, key moments and related measures

Erhard Mergenthaler – University of Ulm, Germany, Stefanie Carrozzi, Valentina Gandini, Fabiano Molinari

Aim. The Therapeutic Cycles Model (TCM) will be used to assess the first 21 sessions of a psychodynamic psychotherapy that precede a one month break initiated by the patient. The analyses will be compared to outcome, process outcome and process measures. Convergent and divergent findings will be sought. Background. The TCM prototypically describes emotional, cognitive, and behavioral regulation in psychotherapy. It is based on the constructs: Emotion Tone (ET) that demonstrates an emotional or affective state of a person; Abstraction (AB) that is associated with thought that is reflective and complex and represents cognitive regulation. Furthermore, Shift Events are defined as events that cause a shift from dominating negative ET towards additional positive ET. Method. Using the CM software, a computer assisted text analysis tool for TCM analyses, a macro analysis across the sessions was done. For selected sessions an additional micro analysis followed. Results. TCM identified three outstanding sessions: Hour 3 with the lowest level of ET, average AB and highest Narrative Style (NS); No. 8 with highest AB and low ET and low NS. Session 21 right before the break, shows up as the only clear Connecting event, with both, high ET and AB and moderate NS. These results seem to converge with the other measures. A micro analysis of session 3 reveals that patient-therapist collaboration is rather mutual, either the one or the other speaking. Nevertheless, the therapist has a long sequence of Connecting blocks that according to the TCM theory will “resonate” with the patient’s mind.

Panel
Neuroscience
Moderator
Maria E. Moneta
- University of Chile, Santiago

Advantages and disadvantages for using neuroscience methods in psychotherapy research

Discussant: Wilma Bucci - Adelphi University, NY, USA

In Rome 2004, at the end of the panel on neurosciences and psychotherapy some questions have arisen. In which specific ways can neurosciences, neuropsychology, pharmacology and psychotherapy help to understand different levels of the self? How can specific autobiographical memories be reframed in terms of their valence from negative to more positive ones? How can early traumatic experiences, engrained into limbic circuits and prefrontal cortex, be modified through psychotherapy? We will be discussing some of these questions again in the light of the new results and perspectives using neuroimaging, genetic, pharmacological approaches and techniques. The study of the plasticity of the brain has shown that once genes are activated by cellular developmental processes, the rate at which those genes are expressed is highly regulated by environmental signals throughout life. Psychotherapy and family therapy have to deal with the issue of how specific environments affect genetic vulnerability to illness, in particular in children. Dr. Moneta will address how the genetic component should be taken in consideration regarding affective pathologies and therapeutical choices. She will also interpret data about how mirror neurons might or not have implications during psychotherapy. Dr. Popp will present data from a neuroimaging study of CCRT autobiographical relationship narratives and describe how results indicate neural substrates involved in autobiographical memory, self-referential processing, mirror neuron system, emotion and more. To observe that psychotherapy may induce changes to be detected through neurosciences techniques does not imply that medication is no longer needed or replaced, but we can show that both could have an effect on brain function acting at different or similar target
structures. Dr. Karlsson will show us changes in the serotonin and dopamine systems after short-term psychodynamic psychotherapy and pharmacological treatment in depressive patients.

The impact of psychotherapy in the brain: Incorporating neuroscience and genetic views into psychotherapy

Maria E. Moneta - Universidad de Chile, Santiago, Ximena Carrasco, Francisco Rothhammer

The implications for psychotherapy in the interactions between genetic/biological substrates and environment are complex and exciting. Already, Kandel (1998) suggested that the learning about oneself occurring during psychotherapy may influence the structure and function of the brain. 1) The perspectives of incorporating neuroscience and genetic studies into psychotherapy research will be discussed. The interaction of genetic and early environmental influences such as attachment and family style can affect emotional regulation in children contributing to the presence of Attention Deficit Hyperactivity Disorder. Preliminary data will be presented and discussed in terms of therapeutic choice. 2) From the first publications on the study of mirror neurons in the brain (they have awakened different and exaggerated expectations) many possibilities have arisen about the role of these neurons in human communicative processes including psychotherapy. Nevertheless, mirror neurons were described in relation to goal movement oriented motor tasks in monkeys and in imitation of simple finger movements in humans (for a review, see Rizzolatti, Fogassi, and Gallese 2001; Rizzolatti and Craighero 2004; Gallese, Keysers, and Rizzolatti 2004). Mirror neurons for grasping will most likely be activated in the observer’s brain. The direct matching between the observed action and its motor representation in the observer’s brain however, can tell us only what the action is and not why the action occurred. This has led some authors to argue against the relevance of mirror neurons for social cognition and in particular for determining the social and communicative intentions of others. The relevance of neuroscience methods and results for social cognition and emotional processes taking place during psychotherapy are discussed at the light of recent results.

Neural substrates of psychotherapy: Neuroimaging and CCRT

Carol Popp - Center for Psychotherapy Research, Department of Psychiatry, University of Pennsylvania; Brain Behavior Laboratory, Department of Psychiatry, Unive, USA, James Loughead, Lester Luborsky, Ramaris German, Daniel Kirk, Beth Krause, Ruben Gur

The focus of psychotherapy research - an individual’s psyche and changes engendered by therapy based on relationships of the interpersonal dyad or group – have been too complex for most neurobiological studies. Now, however, with the advent of functional neuroimaging methods, it is possible to explore how the brain is activated during tasks relevant to psychotherapy process and outcome. Aim: To identify brain activations associated with recall and re-experiencing of autobiographical relationship episodes. Methods: Autobiographical relationship narratives were obtained using the Relationships Anecdotes Paradigm method of the Core Conflictual Relationship Theme (CCRT) method. Brain activations were identified using functional magnetic resonance imaging (fMRI). Results: Brain activations were observed in regions consistent with autobiographical memory. Comparison of narratives with high amounts of autobiographical CCRT and emotion content versus low amounts showed several regions of activations. Discussion: Interpreting these results can draw upon neurobiological studies of autobiographical memory, self-referential processing, mirror neuron system, emotion, and more. The study demonstrates how neurosciences can contribute to psychotherapy research, as well as how psychotherapy methods and theory may return the favor to the neurosciences.
The influence of short-term psychodynamic psychotherapy (STPP) on serotonin 1A and dopamine D2 receptor densities in patients suffering from major depressive disorder

Hasse Karlsson - University of Helsinki, Turku, Finland, Jussi Hirvonen, Jaana Kajander, Juha Markkula, Helena Rasi-Hakala, Jouko K. Salminen, Kjell Någren, Sargo Aalto, Jarmo Hietala

Aim: As part of a randomized study comparing STPP and fluoxetine, we recruited 23 patients diagnosed with MDD to a PET study: 8 were randomized into the psychotherapy group and 15 into the SSRI group. The aim of the study was to measure changes in the serotonin and dopamine systems after both treatments. Methods: The psychotherapy consisted of 16 weekly psychotherapy sessions with experienced psychiatrists or psychologists. The outcome was measured using BDI, HDRS and SOFAS. The densities of serotonin 1A receptors was measured using [carbonyl-11C]WAY-100635-PET and dopamine D2 receptor densities using [11C]raclopride. Results: Both treatments were equally effective. However, only STPP was associated with an increase in the densities of serotonin 1A receptors. Discussion: It has previously been shown that the amount of serotonin 1A receptors is decreased in large cortical areas among patients suffering from major depression. Antidepressant medication, while increasing serotonergic neurotransmission, does not increase the density of these receptors and it has thus been considered a trait marker of depression. In this study we show that STPP induces proliferation of 5HT-1A receptors suggesting a reversal of 5-HT1A receptor downregulation. This is the first study to show that STPP can lead to changes in the molecular structure of the synapse in patients suffering from MDD. Also the results of the PET study on dopamine D2 receptor changes among these patients will be presented.

Cross cultural psychotherapy research

Given the increasing diversity in society, psychotherapy invariably consists of both clients and therapists who represent diverse racial and ethnic backgrounds. The focus in the multicultural literature has tended to be on majority therapists working with minority clients. There is a great need to conduct research on cross-cultural factors regardless of the composition of a therapeutic dyad in psychotherapy. This panel will focus on this kind of research and start with a study aiming to understand the correlation between racial identity development and implicit (unconscious) bias. The second presentation will focus on a survey among all public outpatient in the metropolis of Hamburg who were asked to fill out a self developed questionnaire dealing with migration background or cross-cultural experiences of the provider, language barriers, socio-cultural knowledge, therapeutic attitudes, consideration of cross-cultural aspects, demand for cross-cultural training, migration background of the patients. Among other issues, the third paper will present an overview of quantitative/qualitative research on socially secluded women and how they are perceived by both regular population and students of health care disciplines. Finally, D. Defey will report a study that identifies factors in comprehensive reviews that have been shown to have positive influences on cross-cultural therapy process and outcome. This study also identifies and reviews statistical and methodological issues in conducting reviews and provides suggestions for future research.

Racial identity development and implicit bias

Carole Woolfard-Hunt - Argosy University, Chicago, USA, Kimberly Shore, Leslie Skaistis, Scott Hinze

This study aims to further our understanding about the correlation between conscious, self-reported awareness of bias, as evidenced in an individuals’ level of racial identity development; and their level of implicit/unconscious bias. This is the follow-up to a pilot study we ran last year. The findings of our pilot study were quite surprising. Among White participants, there was a strong positive correlation between the highest level of racial identity development and implicit pro-White bias. Those White participants who responded most positively to the highest racial identity development subscale also showed strong
implicit bias toward Whites. For People of Color, higher levels of racial identity development correlated with less pro-white bias, as expected. These findings were potentially so meaningful that we have decided to run a full-scale study to see if the findings are replicated. The implications of ‘high racial identity development’ correlating with ‘high implicit bias’ in White participants has many latent implications. It may suggest that the channels currently used to address conscious bias may be completely separate from those needed to address unconscious bias. This has implications not only for general ‘bias-reduction’ programs in education, business, and society at large, but also for therapist training and psychotherapy. To assess levels of implicit bias we used Harvard’s Project Implicit online module. We decided to substitute Phinney’s Multigroup Ethnic Identity Measure (MEIM) for the WRIAS and Prias in the full study. These findings were potentially so meaningful that we have decided to run a full-scale study to see if the findings are replicated. The implications of ‘high racial identity development’ correlating with ‘high implicit bias’ in White participants has many latent implication. It may suggest that the channels currently used to address conscious bias may be completely separate from those needed to address unconscious bias. This has implications not only for general ‘bias-reduction’ programs in education, business, and society at large, but also for therapist training and psychotherapy. To assess levels of implicit bias we used Harvard’s Project Implicit online module and to assess levels of racial identity development, we will use Phinney’s Multi-group Ethnic Identity Measure (MEIM).

Are migrants treated adequately? Outpatient psychotherapeutic public health care situation for people with migration background in a German metropolis

Mike Mösko - University Medical Center Hamburg-Eppendorf, Germany, Fernanda Gil-Martinez, Holger Schulz

Aim: People with a migration background represent about 20 percent of the population in Germany. In terms of their access to mental health care treatment migrants seem to use psychiatric inpatient treatment facilities now about as often as native Germans (Schouler-Ocak et al., 2008). So far no data exist in Germany in regard to migrants public health care utilisation for psychotherapeutic outpatient treatment. Methods: All public outpatient psychological psychotherapists and child and adolescent psychotherapists (N=621) in the metropolis of Hamburg have been asked to fill out a self developed questionnaire. Topics were e.g. migration background or cross-cultural experiences of the provider, language barriers, socio-cultural knowledge, therapeutical attitudes, consideration of cross-cultural aspects, demand for cross-cultural training, migration background of the patients. The response rate was 77%. Results: The first results show a underprovision of psychotherapists with a migration background in regard to the active population. 79% of the therapists currently treat patients with a migration background. Because of cultural issues 23% of the therapists to feel queasy in contact to the patients. 72% of the providers belief that additional training in cross-cultural sensitivity would be helpful. In proportion to all treated patients there is an underprovision of patients with migration background compared to the general population. Discussion: Despite the lack of representative epidemiological data there is indication that patients as well as providers with a migration background are under-represented in the outpatient mental health care system. Cultural issues seem to make the psychotherapists feel insecure. Cross-cultural training is needed.

A systematic review on Cross-Cultural Psychotherapy Research (CCPR)

Regine King - University of Toronto, Faculty of Social Work, Canada, Eunjung Lee, Machael Saini

Given the increasing diversity in society, psychotherapy invariably consists of both clients and therapists who represent diverse racial and ethnic backgrounds. The focus in the multicultural literature has tended to be on majority therapists working with minority clients. There is a great need to conduct research on cross-cultural factors regardless of the composition of a therapeutic dyad in psychotherapy. In particular,
the therapist’s capacity to effectively conduct therapy with a culturally diverse population becomes central in cross-cultural psychotherapy. There has been a recent proliferation of guidelines and recommendations for therapists in cross-cultural practice. However many of them lack empirical support. In psychotherapy research, a core focus has been the “what,” “how,” “when” and “with whom” therapy works (Fonagy, 2002). The present study explores this question specifically in cross-cultural psychotherapy. This study aims to clarify evidence-based recommendations and guidelines that work “with whom,” “how”, and “when” in cross-cultural psychotherapy practice. We have conducted a comprehensive search of empirical studies on factors associated with successful psychotherapy in cross-racial/cross-ethnic dyads across disciplines during the period from 1980 to 2007. Following the guidelines of the Campbell Collaboration Systematic Review Protocols (www.campbellcollaboration.com), we have screened studies based on predetermined criteria and then extracted the data for both quantitative and qualitative analysis. The present study identifies factors in CCPR that have been shown to have positive influences on cross-cultural therapy process and outcome. This study also identifies and reviews statistical and methodological issues in conducting CCPR and provides suggestions for future research.

The culture of psychotherapy: Paradigms and inequity

Denise Defey - University of Uruguay, Montevideo

Psychotherapy as it is practised in a given society could be defined as a form of sub-culture with its own sets of values, shared conceptions and beliefs about the world, mental health and ill-health, as well as healing. This is not always in key with the population’s real needs or wishes, especially as concerns socially secluded groups. It is the object of this paper to detect underlying paradigms in psychotherapy by studying a) clinical material, b) reports on therapeutic processes by supervisors, therapists and patients, c) scientific literature on the practice of psychotherapy, and d) research tools. Some interesting findings show, for example, that research performed using the CCRT method excludes the category “we”, forcing the researcher to assign all narratives to the I, You, or Other categories. This is in connection to the Western conception of therapy as a pursuit of personal, individualistic development, growth, health and fulfillment. Another objective of the paper is to show contrasts between these paradigms and other studies on subjectivity and mental health in different types of population, specially socially secluded groups. Some findings show that the psychotherapeutics paradigms of working through losses and the value of truth in mental health are some of the topics in which there is a great distance between the culture of psychotherapy and that of vast populations living under extremely harsh life conditions. The need to survive often precludes highly developed mental mechanism such as working through; in that context, lying becomes a special form of self-deceit which makes life more tolerable. Quantitative/qualitative research on socially secluded women and how they are perceived by both regular population and students of health care disciplines carried out in the last 10 years in community settings by students of the School of Medicine is presented.

Recent developments in rupture resolution research

Discussant: William B. Stiles - Miami University, Oxford, USA

Research on therapeutic alliance ruptures and their resolution continues to grow and attract interest from clinical theorists, researchers and practitioners. In our current efforts to study rupture events and resolution process, which are supported by funding from the National Institute of Mental Health (NIMH) in the United States, we have focused our attention to studying ruptures in cognitive-behavioral therapy (CBT) and to improving therapist abilities to identify and resolve ruptures in CBT. This panel will present two detailed research papers examining preliminary data collected in our current NIMH-funded study: (1)
The first will examine and contrast several methods or strategies for measuring ruptures and their resolution, based on postsession self-report measures; (2) The second will describe the development of a new observer-based rupture resolution rating system that will permit the analysis of larger samples. In addition to presenting results from aggregate analyses, both papers will illustrate findings with individual case examples, including the use of videotaped material.

Identifying ruptures & their resolution from postsession self-report measures
J. Christopher Muran - Beth Israel Medical Center, NY, USA, J.D. Safran, B.S. Gorman, C. Eubanks-Carter, & D. Banthin

Research has demonstrated a strong relation between the quality of the alliance and positive outcome in psychotherapy. However, the field has not yet reached a consensus on how to identify ruptures in the alliance. The aim of this paper is to explore several methods for measuring alliance ruptures and resolution, based on postsession self-report measures from a dataset of 20 cases of a manualized, 30-session CBT. We will first present the results of direct self-report measures of alliance ruptures and resolution processes. We will then present the results of various methods that measure alliance ruptures and repairs indirectly by analyzing changes in global alliance measures. We will examine methodologies that have already been used in psychotherapy research, including analysis of sudden gains, cluster analysis, and investigation of V-shaped sequences. We will also apply methodologies from other fields, such as the join point method used in epidemiological research, and control charting, a basic tool of quality control. After comparing the results of these various methods, we will illustrate them with an analysis of individual cases from the dataset.

Development of an observer-based rupture resolution rating system
Catherine Eubanks-Carter - Beth Israel Medical Center, NY, USA, J.C. Muran, J.D. Safran, & A. Mitchell

Previous research on rupture resolution has involved applications of various fine-grained third-party coding strategies, including those developed to measure interpersonal behavior, vocal quality, emotional involvement, transferential psychodynamics, reflective functioning, as well as rupture resolution directly as defined by our own previously established model. Such intensive efforts have precluded assessing large samples and conducting large scale studies. The aim of this paper is to present our effort to develop the Rupture Resolution Rating System (3RS) that requires less training, no transcription, and less time to code. The 3RS is comprised of two sections: one concerning withdrawal and confrontation rupture markers; the other concerning patient and therapist resolution processes. The paper will present preliminary data regarding 10 cases of manualized CBT (a subset of those presented in the previous paper), including rater reliability and a comparative analysis with postsession self-report measures of ruptures and their resolution. Videotaped illustrations will also be included.

Alexithymia personality and therapeutic relationship
Discussant: Bo Vinnars - Karolinska Institute, Stockholm, Sweden

In this panel will be presented three different study on alexithmia. Alexithymia describe individual’s inability to identify and express emotions, an externally oriented mode of thinking, a restricted fantasy (Sifnos PE 1973; 255-262; Lesser 1981Taylor Bagby Parker 1991). Several clinical observations and researches have pointed out that Personality Disordered patients have poor self-reflexive or metacognitive skills. They find difficult identifying their own and other’s states of mind and reason on them. Alexithymic characteristics have been observed in patients with various psychiatric disorders, including psychosomatic diseases functional somatic syndromes (Fryberger, 1997), and somatoform disorders affective disorders posttraumatic stress disorders, psychoactive substance use disorders.
(Haviland et al 1994), and eating disorders (Bourke et al 1992). In addition, previous studies have suggested an association between alexithymia and certain other personality characteristics, such as social introversion, lack of psychological mindedness, persecutory ideation, impulse expression, perceived difficulties of self-disclosure obsessional features, neuroticism, low openness emotion suppression, depressive symptoms, illness worry, and low self-consciousness. The fist paper will present a study on a new evaluation scale, assessing the relationship between Alexithymia and the distortion of the quality of body self-perception Patients, the second paper is a study about the Impact of Alexithymia on the Process and Outcome of Psychotherapy personality disorders patients and alexithymia The third paper will present the prevalence of alexithymia traits on a populations of 335 patient with personality disorders and its correlation with the severity of illness.

Presence of alexithymia in personality disorders


In this work we test the idea that PDs are poor in accessing their own emotions and connecting them to the events (external of mental) that have elicited them. We then test the additional hypothesis that this impairment is not homogeneous across diagnoses, different PDs should have different degrees (profiles of impairment in self reflexive skills. Moreover, we will check the additional hypothesis that this difficulty is not homogeneous between diagnosis, patients with different kinds of personality disorders might show them at different levels. In short, we will check the following assumptions about Alexithymia: 1. Compared with normal people it is more common among patients wiht personalitá disorders. 2. It is more marked in certain PDs. 3. It is correlate positively with the index of global gravity of SCL-90-R 4. It is correlate positively with the total number of satisfied criteria on the Axis II Method: The sample consisted of 223 outpatient diagnosed as having a PDs by the means of Scid II Questionnaire and Interview (First, Gibbon, Spitzer, Williams Benjamin 2000) Alexithymia was assessed by Toronto Alexithymia Scale 20 (Bagby, R. M., Parker, J. D. A., & Taylor, G. J. 1994), we correlate these results with the Global Severity Index of SCL 90 to evaluate if the Aleythmia could be considered a predictor of illness severity. Results: in our study alexithymia trait is correlated with avoidant personality disorder, but we didn’t find any correlation with the Global severity index of SCL 90 R. Bagby, R. M., Parker, J. D. A., & Taylor, G. J. (1994). The Twenty-Item Toronto Alexithymia Scale-I. Item selection and cross-validation of the factor structure. Journal of Psychosomatic Research, 38(1), 23-32. Bagby, R. M., Taylor, G. J., & Parker, J. D. A. (1994). The Twenty-Item Toronto Aleythymia Scale-II. Convergent, discriminant, and concurrent validity. Journal of Psychosomatic Research, 38(1), 33-40.

Somatic vulnerability and distortion of the body self-perception quality: An investigation of particular aspects of the alexithymic condition

Riccardo M Scognamiglio - University of Milan, Italy, A.Zoccarato, M.Vigorelli, M.Gallucci

Aims of the research: a new evaluation scale, assessing the relationship between Alexithymia and the distortion of the Body Self-Perception Quality. The data analysis would focus the therapist’s attention on specific aspects of the alexithymic personality traits involving the perception of inner psychological and somatic states and the Reflective Functioning. Methodology and procedures: A clinical sample of 170 subjects and a non-clinical sample of 270 subjects were asked to complete a 137 items questionnaire, made of 5 different subscales (TAS 20, SAR, SSAS, MSPQ and 2 experimental ones). The clinical sample was divided into 6 categories: 30 subjects suffering from Multiple Sclerosis, 30 from Eating Disorders, 30 from Anxiety Disorder, 30 from Depression, 20 with Alcohol Addiction and 30 patients from other Organic or Somatoform Diseases, receiving a integrated psychotherapeutc treatment during one year. Results: In relation to a previous step of the same research, the data analysis performed with the new factors of the
experimental scales showed psychometric values ( = .87, .78, .84, .70), better than the previous international reliability results obtained with the TAS20 scale ( = .82, .57, .58). Conclusions: The factor analysis emphasises a significant relationship between “difficulty to identify emotions” and “somatic intelligence”, suggesting that a specificity of the alexythmic condition might be a prejudiced ability to decoding the signs of the body. This outcome suggests the clinical perspective of an integrated research development on body sensibility/metacognition with “somatic intelligence”, with the aim to promote in a therapeutic context the recover of instruments able to read the signs of the body in terms of significance and to comprehend their cognitive aspect. Bibliography: Bagby RM, Taylor GJ, Parker JD., The twenty item Toronto Alexithymia Scale-I. Item selection and cross-validation of the factor structure. J Psychosom Res 1994; 38: 33-40. Barsky AJ. Amplification, somatization, and the somatoform disorders. Psychosomatics 1992; 33: 28-34. Main C.J. The modified somatic perception questionnaire (MSPQ). J Psychosom Res 1983; 27: 503-14. Scognamiglio R.M. (2008), Focalizzazione e vulnerabilità somatica: prospettive per una ricerca sull’assessment, in Vigorelli M. (a cura di), Laboratorio per la ricerca in psicoterapia e nei servizi, Cortina, Milano. Scognamiglio, RM, (2008), Il male in corpo. La prospettiva somatologica nella psicoterapia della sofferenza del corpo, FrancoAngeli, Milano.

Examining the impact of alexithymia on the process and outcome of psychotherapy
John S. Ogrodniczuk - University of British Columbia, Vancouver, Canada, William E. Piper, Anthony S. Joyce

Aim: Most psychotherapeutic approaches assume that individuals have some access to their emotions. Thus, patients who are unable to identify, differentiate, and articulate their emotions present therapists with a difficult challenge. Such patients may suffer from alexithymia. Despite much attention in the clinical literature, research on alexithymia in the treatment setting has been negligible. Thus, many of the assumptions about psychotherapeutic treatment of an alexithymic patient remain untested. Methods: We used data from two clinical trials of individual and group psychotherapies to test a variety of hypotheses concerning the impact of alexithymia on the process and outcome of psychotherapy. The individual therapy trial involved 144 patients and the group therapy trial involved 107 patients. Results: Alexithymia was associated with poor outcome in interpretive and supportive forms of individual and group psychotherapies. We also found that higher levels of alexithymic features elicit negative reactions from one’s therapist, which may partially contribute to the poor outcome experienced by such patients, at least in group therapy. Finally, we found that the patient’s level of expressed positive emotion partially mediated the effect of alexithymic features on the therapist’s reaction to the patient, suggesting that it is the alexithymic patient’s lack of expression of positive emotions that evokes a negative reaction from the therapist. Discussion: These findings may help us gain a better understanding of the circumstances that contribute to an alexithymic patient’s difficulties in some types of therapy and successes in others.

Representation of social dynamics in alexithymia
Stijn Vanheule - Universiteit Gent, Belgium

Based on clinical and theoretical work on mentalization and alexithymia, we deduce that a typical representational style is concomitant of alexithymia. Alexithymic patients are not closely involved with others and show inhibited affect regulation through interaction with others. With lexical content analysis we examined this idea in two studies, and will discuss our results. The first study started from clinical interviews with psychiatric outpatients, and the second study is based on dream narratives collected in alexithymic and non-alexithymic participants from the general population. We observed that especially externally oriented thinking is linked to poor communication and to reduced preoccupation with others. Consequences for theory development and for psychotherapeutic practice are discussed.
Religious and spiritual experiences of psychotherapists
Discussant: Edward Shafranske - Pepperdine University, Irvine, USA

Professionalism in work situations implies that practitioners maintain a clear boundary between the beliefs and attitudes appropriate to their occupations and those that are viewed as private and personal. Most professional psychotherapists, for example, would try to keep their beliefs and attitudes with respect to religion and spirituality (whatever those might be) separate from their professional work with patients. On the other hand, clients come to therapy in order to deal with distressing issues in their personal lives, which may well include religious and spiritual concerns, or existential life crises to which religion and spirituality may be relevant. Whether and how therapists can be helpful to patients in those circumstances are important questions that researchers have begun to examine. How well are therapists prepared to deal with such issues? Many studies show that effective clinical work involves a delicate balance for therapists between personal engagement and professionalism; and, since the boundary between professional and personal beliefs must inevitably be partial and permeable, one may ask how therapists experience religion and spirituality, and how (if at all) that affects their therapeutic practice. The papers presented in this panel focus on questions like these in studies that extend the traditional frontiers of psychotherapy research.

Religious and spiritual experience amongst psychotherapists in Ireland
Anne Davis - Trinity College, Dublin, Other, Ladislav Timulak

Aim: The current study was conducted as a contribution to an international study exploring the religious and spiritual experiences of individuals who offer psychotherapy (Smith & Orlinsky 2004). Patterns of previous and current experience of religion and spirituality were elicited. The relationship between religious and spiritual beliefs and influence on practice and coping with therapeutic difficulties was explored. Method: The sample group consisted of 87 Irish professionals who offer psychotherapy. Participants have been practicing psychotherapy for between 5 to 41 years (M = 15.5, SD 7.8), with an age range of 32 – 68 (M = 48) consisting of 63 females and 24 males. The instrument used in this study was a self-report questionnaire comprised of a shortened version of the ‘Development of Psychotherapist Common Core Questionnaire’ (Orlinsky et al, 1999) and the ‘Religious Experiencing Profile’ (Orlinsky & Smith 1995). Results: Results reveal a complex picture of religious and spiritual experiencing. The importance of religion decreased over the lifespan as did affiliation to a religious institution. However, the majority of the respondents (90.1%) value some form of personal spirituality which for a number was expressed through traditional religiosity. No relationship was found between religious and spiritual beliefs and coping strategies employed when faced with difficulties in therapy. Discussion: However, qualitative data revealed that therapist’s personal beliefs influence their practice in myriad ways.

More than “feeding the soul”: Narrative accounts on the experience and role of spirituality in the life of psychotherapists
Soti Grafanaki - St.Paul University, Ottowa, Canada

Aim: Spirituality fosters a sense of harmony and connection with others. The general aim of spirituality is to be open to the transcendental dimension of life that is present in ordinary, everyday activity. The
The concept of spirituality carries important personal, cultural and historical meanings. This paper will present the personal meanings of spirituality in the life of ten experienced psychotherapists. The presentation will aim to address the role of spirituality and its impact on therapists' personal and professional growth. Method: Findings will be presented from the analysis of semi-structured interviews that invited participants to define in their own terms what spirituality meant to them. The presented themes will be accompanied by vivid narrative accounts on therapists' episodes/moments of spiritual experience, state of mind during such moments, activities that supported and enhanced spirituality and images that captured the essence of spirituality for them. Results: The findings presented here will support that spiritual moments do not only nurture and “feed the souls” of the therapists, but also help them replenish their bodies and minds, and allow them to feel more integrated, effective and grounded in their encounters with their clients. Discussion: The paper will stress the importance of spirituality in helping therapists cope with the demands of their work and avoid burnout.

Patterns of change in the religiosity of psychotherapists

Leslie Kruempel - University of Chicago, USA, David Orlinsky

Aim: Studies of psychotherapists in the United States have shown them to be religiously affiliated at a significantly lower rate than both the general population and other professional groups with the same level of education (Argyle & Beit-Hallahmi, 1975; Ragan, Maloney, & Beit-Hallahmi, 1980). Less than one in five respondents agreed that organized religion was the primary source of their spirituality (Shafranske & Malony, 1990), and about 46% could not be classified in traditional religious terms (Bergin & Jensen, 1990). The relatively low proportion of therapists who count themselves as religious is striking, given the high proportion of religious individuals in the populations where they live and work. One may therefore ask whether psychotherapists are recruited largely from relatively non-religious sectors of society, or if they begin with religious commitments but tend to lose them as they grow to adulthood. Method: The present study explores life-time patterns in the personal importance of religion to psychotherapists therapists in three English-speaking countries, and their stability or change in religious affiliation. Data were collected by members of the SPR Collaborative Research Network (Orlinsky & Rønnestad, 2005) with the Development of Psychotherapists Common Core Questionnaire (DPCCQ), which contained a number of items relevant to religion. The available data set includes 975 survey responses: 464 from the United States, 260 from Canada, and 251 from New Zealand. Respondents ranged in age from 24 to 89 (M=52); 57% were male; 64% were married; most were psychologists or counselors by profession, and represented a broad range of theoretical orientations. Results: Overall, 45% of the sample had been raised as Protestants, 20% as Roman Catholics, 21% as Jews; and 56% did report a current religious affiliation, although only 50% identified with the religion in which they were raised. For 49% of the sample, religion was rated as having little personal importance, but in contrast religion was rated as highly important by 32%. A similar contrast appeared in the finding that 32% had experienced a significant decrease in the felt importance of religion but that 15% had experienced a significant increase. Discussion: Implications of these findings will be discussed. References: Argyle, M., & Beit-Hallahmi, B. (1975). The Social Psychology of Religion. London and Boston: Routledge and Kegan Paul. Bergin, A. E., & Jensen, J. (1990). Religiosity of psychotherapists: A national survey Psychotherapy: Theory, Research, Practice, Training, 27(1), 3-7. Orlinsky, D. E., & Rønnestad, M. H. (2005). How psychotherapists develop: A study of therapeutic work and professional growth. Washington, D.C.: American Psychological Association. Ragan, C., Maloney, N. H., & Beit-Hallahmi, B. (1980). Psychologists and religion: professional factors associated with personal belief. Review of Religious Research, 21(2), 208–217. Shafranske, E. P., & Maloney, H. N. (1990). Clinical psychologists’ religious and spiritual orientations and their practice of psychotherapy. Psychotherapy: Theory, Research, Practice, Training, 27(1), 72-78.
Spirituality and the training of clinical psychology graduate students: 1 year follow-up study

_Gloria Workman - Midwestern University, Downers Grove, IL, USA, Michelle Lee, Don E. Workman_

Aim: This study evaluated the religious and spiritual attitudes of 1st-year clinical psychology doctoral students in two graduate programs; a secular program and one that is explicitly Christian. Methods: Trainees were surveyed at the beginning of their doctoral program, after completing their first academic period, and at the end of their first year of training. Graduate students reported their views on organized religion and personal spiritual experiences, as well as other attitudes and beliefs about the role of client spirituality in the clinical encounter. Results: Analyses of results from the initial, posttest, and follow-up evaluations will be presented. There were no significant differences at program entry between groups on their attitudes towards organized religion or level of personal spirituality. After their first academic period, there were significant differences in religious fellowship practices, celebration of worship services, observing traditional holy days, and importance of personal moral standards. Students entering the Christian program reported being more knowledgeable, competent and comfortable discussing client spirituality in clinical practice. Students from both programs indicated it was important to ask clients about their spiritual needs and were likely to implement spiritual assessment and intervention techniques with clients. Follow-up data provide additional information as to how the religious and spiritual attitudes of clinical psychology doctoral students from different programs change over time.

Discussion: Findings from this study are helpful in understanding the developmental trajectory of spiritual values and religiosity among clinical psychology students over their first year of doctoral training.

**Multilingualism and psychotherapy: Studies on language in the therapeutic relationship**

_Discussants: Jean-François Botermans - Assumption University of Thailand, Bangkok, and Denise Defey - University of Uruguay, Montevideo, Uruguay_

This panel will explore the relevance and the implications of the communication between patient and psychotherapist, in the case one of them or both are not speaking their mother tongue. In this respect, the importance of language as a shared, intersubjective experience within the psychotherapeutic process is underlined. The questions which are explored in this panel are: how many psychotherapists report having had the experience in multilingual psychotherapy? In which situations does it occur? How could be the psychotherapeutic treatment influenced? What are the implications on the experience of the relationship by both participants in this dialogue? In which sense is the task of the psychotherapist more difficult and more complex? What are the implications if both therapist and patient are speaking a foreign language? In this sense, we developed a survey to investigate the experience and the perceptions of psychotherapists worldwide. Quantitative and qualitative results will be presented and discussed in this panel.

A survey of psychotherapists’ experiences of multilingualism in psychotherapy

_Alessandra Vicari - University Ulm, Germany, Carla Moleiro, David Orlinsky, Jean Paul Botermans & Denise Defey_

The aim of this paper is to present our survey about psychotherapy in multiple languages. The survey was developed by the SPRISCAP Languages Study Group. The phenomenon of multilingualism has probably exerted its influences on the mental health field since its conception. Freud was a German speaker who conducted his early treatments with many patients who were not native German speakers. Migration and international exchange have increased the possibility of working in our own country with foreign patients, or in a foreign country with native speaker patients. Such phenomena lead us to presume that the number of multilingual psychotherapy dyads is destined to increase during the coming years. In the
present paper, we will first discuss the existing literature on multiple languages in psychotherapy to identify the situations in which they did occur. We will then focus on the results of our survey: how many psychotherapists have experience with psychotherapy in multiple languages? In which situations? How they judge the implications for the psychotherapeutic process? Quantitative results will be presented; clinical examples and specific patient-therapist interactions reported by colleagues will be discussed.

A qualitative approach to the study of psychotherapists’ perceptions of the impacts of multilingualism on psychotherapy

Carla Moleiro - Lisbon University Institute ISCTE, Portugal, Alessandra Vicari, David Orlinsky, Denise Defey & Jean-Paul Botermans

The present paper aims to present therapists’ perceptions of the impacts of language use and expression on the communication of meaning and emotion in psychotherapy, in particular when participants communicate in multiple languages (one’s mother-tongue or in a foreign language, for both therapists and clients). A qualitative approach to these questions is explored in this paper of the panel. Positive and negative impacts of multilingualism on the therapeutic relationship, meaning construction, communication, emotional expression, treatment efficacy/technique, and even the use of humour are described with excerpts from psychotherapists’ qualitative responses to our survey. Furthermore, one in depth individual interview with a multilingual therapist is provided as an example, extending the problem to the exploration of possible positive impacts and/or approaches to overcome identified obstacles.

Training psychotherapists: Learning skills and shaping identities

A review of the literature on psychotherapy training experiences and programs shows that developing as a psychotherapist includes both learning skills (technical, relational, etc.) as well as ultimately shaping personal attitudes and identities. This panel addresses both these perspectives on training research through a presentation of different studies examining training samples which range in level from undergraduate to graduate to practicing professionals. Two papers examine those training components that best predict learning outcomes in psychotherapy training. Two additional papers, present studies on the identity development of trainees over the course of psychotherapy training. These four papers in panel are arranged in developmental sequence according to the stage of training represented by their samples. Overall, the panel also offers a comparison of integrative/experiential and psychodynamic perspectives. The first paper (Andreescu & Pascual-Leone; Canada) is a repeated measures outcome study that introduces an innovative process research approach to teaching psychotherapy skills to undergraduate students within an experiential-integrative framework. The study also examines teaching components as predictors of outcome. The second paper (Kagan & Angus; Canada) is a pilot study using a qualitative approach to explore identity narratives of Masters-level students in an integrative psychotherapy training program. Third, (Nerdrum; Norway) the outcome of a 2-year psychodynamic training program for practicing professionals is examined using self-reports as predictors of learning outcomes. Finally, the fourth paper (Carlsson; Sweden), presents longitudinal findings on changes in the attitudes and identity of individuals during and following a 3-year psychoanalytic training program.

Using process research tools to teach counseling skills

A. Cristina Andreescu - University of Windsor, Canada, Antonio Pascual-Leone

Aim: A review of the literature on psychotherapy training programs shows that course formats appear effective, however, there are several methodological shortcomings which diminish the impact and credibility of these findings (see Hill & Lent, 2006). The current study is aimed at addressing these limitations while investigating the degree of helping skills development achieved by 4th year
undergraduate psychology students registered in a basic psychotherapy skills training program. Method: The program, designed as a one semester course, which presented and integrative-experiential approach to psychotherapy. 24 advanced year undergraduate psychology students underwent 12 weeks of training consisting of: lectures, viewing psychotherapy videos of master therapists from different approaches, practice, all presented within a framework of psychotherapy process research. Constructs from process research on client-centered, emotion focused, brief relational, and short term psychodynamic therapy, were used as teaching tools. Trainees practiced weekly with their peers, integrating new skills based on process measures as they were presented in lecture. There were 4 formal practice sessions, which allowed trainees to use their skills with volunteers who presented mild to moderate personal issues in 45-minute counseling sessions. Both trainees and volunteer clients completed measures of helpfulness, effectiveness, and alliance with respect to the single-sessions interventions and these measures were subsequently used as training outcomes. Results: The program outcome was reflected in the improvement of their helping skills over 4 points in time compared to baseline. Improvement was reflected by change in helping skills performance (as rated by trainees and their clients).

Supervisee experience and its impact upon the development of therapeutic identity: An exploratory qualitative study

Fern Kagan - York University, Toronto, Canada, Lynne Angus

Aim: This pilot study seeks to gain a fuller understanding of the experience of supervision from the perspective of the supervisee. A key goal of the study is to develop some broad themes or categories of supervisee experience that can inform future research. Methods: 12 psychology interns at the Counselling and Development Center (CDC) at York University will participate in a focus group facilitated by the primary investigator (a PhD student in the clinical psychology programme at York University) who is also a psychology intern at the CDC. Interns will be audio taped about their experiences of supervision and the data will be analysed using qualitative research strategies. The 12 supervisors in this study represent orientations that range from humanistic to cognitive-behavioural approaches. Results: The data from the focus group will be analysed thematically and the resultant categories/themes will be identified and explicated. The broad themes and categories of supervisee experience will be used to inform a larger qualitative study on supervisee experience of supervision using narrative interviews (NAI; Hardtke & Angus, 2004) on MA I students from the clinical psychology program at York University. Discussion: While supervision remains a cornerstone of most training programs in psychology, little is known about how supervision facilitates the development of therapeutic identity. The findings of this study offer may inform the creation of more effective supervision and training programs.

Trainee assessments of pedagogy and climate in training seminars in psychodynamic psychotherapy: Predictors of self reported learning benefit

Nedrum Per - Oslo University College, Norway, Kjell-Petter Bøgwald, Anders Zachrisson

Aim: This study is focusing on the seminar part of the tripartite model (seminars, personal psychotherapy, supervision) of psychodynamic training and is investigating the significance of didactic elements for trainee learning outcome. Methods: Psychologists and psychiatrists participating in 32 two-year seminars (23 introductory and 9 advanced) in psychodynamic psychotherapy in Norway filled out questionnaires asking for demography, rating of learning benefit (nine skills- and attitude variables), seminar climate (six variables) and seminar pedagogy (ten variables). The data were collected after one year in training and when finishing the training. The data from the introductory- and advanced seminars were analysed together. Results: Analysed multivariately (MANCOVA), working with theory at the seminar has the highest impact on learning outcome, followed by teacher motivation/interest for psychotherapy, teacher contribution to theoretical/clinical understanding, education (psychiatrist/psychologist) in interaction
with working with theory, safety at the seminar, group coherence and experience from psychotherapy with patients. Discussion: The position of working with theory in psychotherapy training is debated in research, usually showing that working with theory is self rated as being among the least significant sources for therapist learning. The position of the teacher at psychodynamic seminars has usually been recommended to be awaiting and neutral. The findings in this study are challenging these positions, and underscore the importance of going more deeply into the relationships between the elements of the didactic part of the tripartite model and learning benefit for psychodynamic psychotherapists.

Do therapeutic attitudes change during or after formal psychotherapy training? A study with a therapeutic identity questionnaire
Jan Carlsson - Karolinska Institute, Stockholm, Sweden, Johan Schubert, Rolf Sandell, Joakim Norberg

The aim of this study is to explore changes in therapeutic attitudes during formal training and the first few years after it. Ninety students at a training institute for psychoanalytic psychotherapy in Stockholm were asked to answer a therapeutic identity questionnaire on education, experience, attitudes and values. Half the group in the beginning, middle and end of their 3 year long training program and followed up three, four or five years after they graduated, while the other half received the questionnaire only at the end and afterwards. The questionnaire includes measurement of nine therapeutic attitude scales (TASC-II): a) three therapeutic style factors (neutral, supportive and self-doubt); b) three factors on curative elements in psychotherapy (insight, adjustment and kindness); and three basic assumption factors (irrationality, artistry and pessimism). The result shows that the therapist’s attitudes in large is formed before the formal training. There are only small differences on a group level during the training. However, in the post-training period, when the students have graduated and working as qualified psychotherapists, there are changes. The psychotherapist’s still see insight and neutrality as important, but there is a significant increase in the importance of kindness as a curative factor and of being supportive, and to see psychotherapy as a form of art. The therapists are moving towards a more eclectic position, indicating that the therapist is adjusting his/her own therapeutic identity during the first few years after they graduated. The paper discusses these findings and their implications for training.

Defense mechanisms in clinical intake interviews: Diagnostic, nonverbal and interactive aspects
Discussant: Uwe Hentschel - University of Leiden, The Netherlands

In clinical settings defense mechanisms are a widely used concept to understand a patient’s mode of affective information processing especially in the context of significant relationships. In our panel we pursue the goal to integrate three different levels of analysis using the Defense Mechanism rating Scale (DMRS, Perry, 1990) in clinical intake interviews: First as a potential diagnostic tool, second as a method to shed more light on the link between nonverbal processes and defense in different patient groups and third to gain a deeper understanding of interactive defense dynamics in the relationship between therapist and patient. Di Giuseppe, Perry and Lingiardi will present the development of a Q-sort methodology for scoring defense mechanisms in clinical intake interviews based on the DMRS. They discuss their results with respect to the potentials of a systematic assessment of defense mechanisms in the diagnostic process. Peham, Rasting, Jung & Benecke pursue the goal of shedding more light on the relation between defense mechanism and the facial-affective behaviour of patients with different DSM-IV diagnoses. In a microanalytic approach Rasting, Jung & Brosig will highlight the complex interplay between the therapists and patients defensive processes and their facial-affective behaviour with a time series analysis of a single case. Uwe Hentschel as a longterm expert on research of defense mechanisms will conclude with a discussion of the potentials and limits of the different approaches.
Defense mechanisms assessment and clinical work: Development of a Q-sort for scoring defense mechanisms based on the DMRS

Mariagrazia Di Giuseppe - University of Rome, Italy, Christopher Perry, Vittorio Lingiardi

We start with a brief review of instruments assessing defense mechanisms, showing advantages and limits of all of them with a particular reference to Defense Mechanisms Rating Scale (DMRS). We then discuss possible involvement of Q-Methodology as a way to exceed those limits, outlining both qualitative and quantitative aspects of defenses and their implication on clinical work. Always referring to DMRS manual and clinical experience, we explain how we elaborated a pull of 150 statements (30 defenses, 5 item each), and what benefit we get from the software we intentionally created to support our Q-sort, which is able to provide 3 types of score (defense, level, and Overall Defensive Functioning-ODF), as well as we obtain by using original DMRS. In the second part of the presentation we show our research design and characteristics of the sample (N=50). In order to facilitate correlation with other instrument and guarantee sample homogeneity, we choose those subjects who previously had DSM diagnosis, DMRS ratings and other psychological measures, depending on which study the subject was extracted from. We conclude with data analysis results (levels reliabilities=.85, defenses reliabilities=.7, ODF and IRR not already known), confirming our research hypothesis that a Q-sort based on the DMRS presents numerous advantage compare to other instruments and that it could probably be a way to systematically consider defense mechanisms assessment as a part of the entire diagnostic process and of the quality of the working alliance.

Defense mechanisms and facial affective behaviour in psychological disorders

Doris Peham - University of Innsbruck, Austria, Marcus Rasting, Sonja Jung, Cord Benecke

The study focuses on the nonverbal dimension of defense processes in patients with different psychological disorders. Facial behaviour is assumed to serve major functions for emotion regulation and furthermore it is thought to happen mainly on an unconscious level. Defense mechanisms are primarily defined as intrapsychic processes although major psychodynamic theories consider the affective interactive impact of these processes (e.g. transference, dyadic affect regulation, maladaptive relationship patterns). The study aims at gaining a better understanding of the link between defense mechanisms and observable affective behaviour. 85 Persons with different psychological disorders (Anxiety, Depression, Eating disorder, Borderline and Pain disorder) and a healthy control group have been videotaped during a psychodynamic interview (OPD, Operationalised Psychodynamic Diagnostics). The transcripts of the interviews were rated on defense mechanisms with the Defense Mechanisms Rating Scale (Perry, 1990). Applying the Facial Action Coding System (FACS, Ekman, Friesen & Hager, 2002) the facial-affective behaviour of the patients and healthy controls was objectively coded and correlations with the defense ratings are conducted. Results will be discussed 1. with a focus on the meaning of facial-affective behaviour in the context of defense and 2. with respect to the question whether we find diagnose-typical correlations between defense mechanism and facial behaviour.

The interrelatedness of verbal and nonverbal defensive operations in intake interviews

Marcus Rasting - University Clinic Gießen, Germany

From a clinical point of view one can assume that in psychotherapeutic interviews intrapsychic and interpersonal processes of defensive and emotion regulating operations are activated simultaneously. Still a conceptualisation of these processes is still missing. In the current study we investigated the interplay of interpersonal and intrapsychic processes in a single case design. A psychotherapeutic intake interview was videorecorded and the verbal exchange was rated with the Defense mechanism rating scale. The facial nonverbal behaviour was rated with the Facial Action Coding System and these two
levels of data were combined to a more complex model of defensive operations of the patient using modern systems of time series analyses.

The natural history of psychotherapy and time to recovery over long-term psychotherapy and follow-up

Most psychotherapy studies have durations of a year or less while follow-up generally ignores or thinly characterizes any additional, subsequent therapies which patients choose. We present the results from two long-term naturalistic studies which examine psychotherapy, improvement and recovery over long-term follow-up. Examining the Austen Riggs Follow-along Study sample, Dr. Perry will report on the course of the psychotherapies that patients engage in following discharge from residential treatment over a median of seven years. In the same sample, Dr. Fowler will report on improvement and recovery in the ability to work and accompanying changes in job types over the long-term. Finally, using the ICFP Long-term Dynamic Psychotherapy Study sample, Dr. Bond will examine the order in which patients recover on a variety of measures of psychopathology and functioning over a median of five years of follow-up. Together, these reports add significantly to our understanding of the varieties of ways that patients, who initially sought treatment for treatment refractory disorders, used psychotherapy over the long-term along with the time it takes to recover in work and many other areas of symptoms and functioning.

The naturalistic course of the psychotherapies used by individuals over long-term follow-up in the Austen Riggs Follow-Along Study

J Christopher Perry - SMBD Jewish General Hospital, McGill University and Austen Riggs Center, Montreal, Canada, Adrian Bailey, J Christopher Fowler, Eric Plakun, Jill Clemence

Psychotherapy studies characterize the therapies offered with great detail, yet provide relatively meager descriptions of the role of naturalistic treatments sought by patients over follow-up, after terminating from their index treatment. Some studies of personality disorders have shown that a high percentage of patients continue in some form of therapy over follow-up (e.g., Bateman and Fonagy, 2001). This report examines the naturalistic therapies received by patients following discharge who were admitted to the Austen Riggs Center residential treatment program for treatment-refractory disorders. The follow-up period averaged 7 years. Therapies were characterized by a unique identifier as to therapist and patients reported on each therapy at each follow-up interview via the Psychosocial Treatments Interview (PTI). Each therapy was characterized by type (e.g., individual, group), frequency, number of weeks in treatment, alliance and patient reaction to treatment. Patients engaged in a surprising number of treatments but different patterns emerged. Finally, we examine the patterns in relationship to several outcome measures, such as, improvement in suicidality. Psychotherapy is an integral part of the long-term follow-up for individuals with treatment-refractory disorders and may have some differential relationship to outcome.

Improvements in work functioning in relation to symptomatic change

J Christopher Fowler - Austen Riggs Center, Stockbridge, USA, J Christopher Perry, Adrian Bailey

Aim: Axis I and Axis II psychiatric disorders account for problems in work functioning and loss of productivity. The economic costs of psychiatric disorders are estimated between 3% and 4% of gross national product in the Member States of the European Union (International Labour Organization, 2000). Improvement in work ability is regarded as an important goal of treatment outcome (Kessler and Frank, 1997; Lazar et al., 2006), and a great number of studies have assessed return to productive work functioning in mild to moderate psychiatric disturbance. Relatively few studies address this area of
psychosocial functioning in more severely disturbed psychiatric disorders, with the exception of Tohen’s (2000) examination of work functioning in patients diagnosed with Bipolar disorders, and Yale Longitudinal Study of hospitalized patients (Strauss, Hafez, Lieberman, & Harding, 1985; Rakfeldt & Strauss, 1989). This presentation will: 1. Examine the changes in work role functioning in a cohort of “treatment resistant patient in residential treatment, followed post-discharge 2). Estimate the time course when seriously disturbed patients show clinically significant improvement in work functioning 3). Examine the extent to which improvements/deterioration in work functioning are associated with symptom distress, depression, anxiety and global assessment of functioning. Method: Approximately 100 subjects with 1 initial and up to 4 follow-up LIFE interviews were assessed using the Modified Vocational Status Index, Social Role Functioning subscale from the SAS, GAF, and BSI scores. Regression models will be employed to explore rate of change, and estimate how many subjects attain full and part-time employment. Consideration will be given to blended work roles and the changing nature of work roles (Holstein & Harding, 1992). Results: Preliminary analyses indicate clear trends toward increased productivity and role performance in a cohort of “treatment resistant” patients. Prior to index hospitalization, subjects reported significantly greater impairment in work performance, with gradual improvements post-discharge. Further analyses are pending completion of ratings.

Examining the sequence of recovery in long-term dynamic psychotherapy

Michael Bond - McGill University, Montreal, Canada, J Christopher Perry

Aim: The goal of this study is to determine the sequence of recovery (as contrasted with improvement) in different areas of functioning over the course of long term psychodynamic psychotherapy for chronic and recurrent mood disorders and personality disorders. Methods: Participants were offered a minimum of 3 years of open-ended dynamic psychotherapy and were evaluated at onset and every 6 months on The Longitudinal Interval Follow Along Evaluation scale (LIFE), The Hamilton Rating Scale for Depression (HRSD), Social Adjustment Scale, Defense Style Questionnaire, SCL-90-R and Global Assessment of Functioning (GAF). Results: Using random slope random intercept linear models using all observation points, we calculated the recovery times for various functions. Working and student roles recovered first, then friendship, defense styles and distress and later depression and anxiety. Although significant improvement (by effect size) was seen in GSI of the SCL-90-R, HRSD and defense styles, recovery was projected to take much longer, especially GAF (17 years). Discussion: True recovery implies improvement lasting over time and for people with chronic and recurrent illness, long term follow-up is necessary. Our study indicated that working and friendship roles recover before depression and recovery of global functioning (i.e. sustained GAF > 70) is a distant goal for people with long-standing illness. Psychodynamic therapy was associated with sustained improvement in working, sexual satisfaction, friendships, suicidality and distress but causation was not established in this naturalistic study.

Panel
Psychodynamic
Moderator
J. Christopher Perry - McGill University, Jewish General Hospital, Montreal, Canada

Some novel uses of psychodynamic assessments in psychopathology, process and outcome research

Several decades of development have given us a number of systematic empirical methods for measuring psychodynamic phenomena. The three presenters will each demonstrate the usefulness of different dynamic measures in three separate studies focusing on psychopathology and psychotherapy process and outcome. Dr. Körner will examine the differential relationships between the standard categories of the CCRT and different impulsive symptoms in the Austen Riggs Follow-along Study. Dr. Janzen will examine interpersonal patterns, aspects of the transference in psychotherapy and how both relate to the therapeutic alliance and the rate of improvement in a pilot RCT of patients treated for recurrent major depression. Finally Dr. Kramer will examine improvements in both defense mechanisms and a novel
assessment of coping mechanisms in a sample of patients given psychotherapy for adjustment crises. Overall, the dynamic perspective can inform the study of a wide variety of scientific questions for which we now have versatile and useful dynamic measures.

Understanding destructive impulses as they relate to interpersonal schemas

Annett Koerner - McGill University & Jewish General Hospital, Montreal, Canada, J. Christopher Perry, Martin Drapeau

Aim. Our study tries to throw light on self-destructive versus object-directed destructive impulses and behaviors in severely disturbed psychotherapy patients. Which view of themselves and others is related to the different impulses? Do interpersonal schemas help to understand the outbreak of violence and self-destruction? Can we distinguish patients with intentions to hurt themselves or others from patients who actually cross the Rubicon? Method. 192 subjects from the Austen Riggs Follow-along Study were included in this cross-sectional study. Core Conflictual Relationship Themes (CCRT) were assessed using the Relationship Paradigm Interview at the beginning of the treatment at the Austen Riggs Center. At the same time The Impulse/ Anger Checklist was administered to code self-destructive impulses, self- and object-directed violence, risky behavior, substance use/abuse. Beside, longitudinal data on impulses and relationship patterns were explored. Results. The three CCRT-components Wishes towards oneself or others, Responses from others and Responses of one-self are used to draw a psychodynamic picture of destructive and anger impulses. For example patients with suicidal ideation seem quite disengaged with others regarding control and responsibilities (the fewer wishes to have control, be good, help and get help/support - the more suicidal ideation). They experience others as unhappy, opposing and refusing independency. Themselves they describe as dependent, disappointed, out of control, jealous and disliking others. In contrast to this detachment and a lack of motivation one can hear the “cry for help” examining the conflictual relationship patterns of patients who did attempt to commit suicide: The latter seem to be torn between wishes for distance while at the same time having a strong need for openness, help and trust which explains 12 % of the variance in suicide attempts before intake. Furthermore, the relevance of intra- and interpersonal conflicts for change in impulses over time was explored.

Interpersonal problems, alliance, therapist-rated transference, and rate of change in depressive symptoms

Jennifer Janzen - McGill University, S.M.B.D. Jewish General Hospital, Montreal, Canada, Christopher J. Perry

Aims. Patient perceptions of the alliance appear to mediate the relationship between patient interpersonal problems and therapy outcome (Saatsi, et al, 2007). The therapist’s experience of the patient, including aspects of the transference, may also make a contribution. While there has been some support for a link between patient relational factors, alliance, and outcome (Piper et al., 2004), few studies have demonstrated a link between patient relational patterns, as experienced by the therapist in session, and alliance formation. Further, patient self-reports of interpersonal problems may be reflected in the therapist’s in session experience of the patient. Methods. We explored these potential relationships in a study of thirty patients treated for recurrent depression for up to 18 months within the context of a pilot randomized clinical trial. We assessed interpersonal problems using the IIIP, the alliance was rated over 5 sessions with the CALPAS-P, therapists provided ratings related to transference and experience of the patient using the Psychotherapy Relationship Questionnaire (Westen, 2000), the outcome was the rate of change in depressive symptoms which were measured monthly using the Hamilton Depression Scale. Results. We examined the evidence that the IIIP would correlate with alliance and transference patterns and that all three would influence the rate of change in depression in early therapy. However, limited power precludes full meditational analysis. Discussion. We will examine the
differential contributions of both patient and therapist perceptions of the relationship in relation to symptom change.

Defense and coping over the course of Short-Term Dynamic Psychotherapy

*Ueli Kramer - University of Lausanne, Switzerland, Martin Drapeau, Christopher J. Perry, Jean-Nicolas Despland, Luc Michel, & Yves de Roten*

Two constructs have been developed to conceptualize adaptational processes: Coping and Defense Mechanisms (Cramer, 2000; Steffens & Kächele, 1988). This study aims to understand how they overlap and evolve over the course of therapy. A total of N = 31 patients undergoing Short-Term Dynamic Psychotherapy for Adjustment Disorder participated in the study. Three sessions - early, mid-treatment and late - were transcribed and rated for defenses (Defense Mechanism Rating Scales; Perry, 1990) and for coping (Coping Action Patterns; Perry et al., 2005). A weighted mean-score can be computed for both scales, referred to as Overall Defensive Functioning (ODF) for defenses, and Overall Coping Functioning (OCF) for coping. Results showed that adaptive defenses are related to coping strategies when the stresor is perceived as a challenge. No association was found between maladaptive defenses and coping strategies when the stresor is perceived as a threat. Results also showed that OCF was more strongly associated with symptomatic evolution than ODF, and that OCF changes more rapidly than ODF. These results are discussed with regard to state- and trait-changes in adaptational processes over the course of Short-Term Dynamic Psychotherapy.

**Panel**
Cognitive

**Moderator**
Michele Proacci
- III Centro Psicoterapia Cognitiva, Rome, Italy

**Assessment of treatments and interventions in patients with complex and severe diagnostic characteristics: Schizophrenic and borderline patients**

It is a frequently recurring situation that clinicians assess and deal with cases in psychotherapy with severe and complex diagnostic characteristic in setting of work both public mental health services and their private practice. The authors of this panel show how these works are consistent with these needs. Raffaele Popolo shows a research of evaluation on a sample of schizophrenic patients stemmed from outpatient psychiatric services. The assessments include various variable as psychopathological, cognitive functioning, metacognition, theory of mind and correlation among them. Antonia M. Gomez, presents a research about the effect of a psychosocial intervention with a group diagnosed as paranoid schizophrenia. She studied the impact of the intervention on the subjective quality of life, on the symptomatology and on the self construction. The survey makes an initial evaluation of sample and then a final measuring of result of the proposed treatment. Elena Scherb shows the psychotherapeutic approach in terms of integrative model on severe and complex cases. A sample group with these characteristics (including Severe Borderline, Major Depression, mild Schizophrenia, and so on) were evaluated in a naturalistic manner, without an ending point. Implications of these findings to the clinical practice with these type of patients will be offered.

Cognitive and metacognitive functioning in schizophrenia
*Raffaele Popolo - III Centro Psicoterapia Cognitiva, ROMA, Italy, Antonino Carcione, Ivana Buccione, Annalisa Dantona, Giancarlo Dimaggio, Giuseppe Nicolò, Michele Proacci*

**BACKGROUND AND AIMS:** Several studies highlighted a malfunction of theory of mind or metacognition in schizophrenia. These impairments appear to be associated with symptoms and functioning. Many neurocognitive deficits have been also identified, like memory, language, attention and information processing. Some studies show that neurocognitive and metacognitive deficits are partly correlated but at the same time they seem to have indipendent functioning dimensions. Moreover, they are likely to contribute to the symptoms in a separated way. In this study we evaluate the presence of metacognitive
and neurocognitive malfunctioning, the correlation among them and symptoms in schizophrenic patients. METHODS: A sample of schizophrenic patients in a postacute phase of illness (no hospitalizations or changes in medication in the last month), has been recruited in an outpatient Psychiatric Service. We administered: IPPI (The Indiana Psychiatric Illness Interview), a semi-structured interview developed to assess illness narratives; Metacognition Assessment Scale was applied to the test of the IPPI to assess metacognition. EYES (Baron-Cohen task) and Happé’s Stories to assess Theory of mind, SUMD (Scale Unawareness of Mental Disorder), the symptomatic scales SF-36 (Short Form 36 health survey quest), BECK (Beck Hopelessness Scale) and PANSS (Positive and Negative Syndrome Scale), some neurocognitive scales of the WAIS-R, two tests of the WMS, Wisconsin Card Sorting Test and 15- words of Rey. RESULTS: The statistic analysis of the data highlighted that deficits in metacognition within the narratives of persons with schizophrenia are linked with symptoms, neurocognition and poorer awareness of illness.

The effect of a psychosocial intervention on the subjective quality of life, the symptomatic state and the constructs system of self in people diagnosed as paranoid schizophrenia
Antonia M. Gómez - Ramon Llull University, Barcelona, Spain, Luis Botella

This paper presents a research about the effect of a psychosocial intervention with a group diagnosed as paranoid schizophrenia. We studied the impact of the intervention on the subjective quality of life, on the symptomatology and on the self construction. Three instruments of assessment were administered at the beginning of the psychosocial intervention, 12 months later and, finally 24 months from the beginning of the group. These instruments were: the Seville questionnaire of quality of life (Giner et al., 1995), the scale of positive and negative symptoms (Peralta & Cuesta, 1994) and the self repertory grid (Kelly, 1955/1991). Results of questionnaires administered 12 months from the beginning of the group indicated that the treatment group improved significantly in the self construction, in the subjective quality of life and in the symptomatology. The results obtained on the administration of questionnaires 24 months from the beginning of the group indicated that all improvement were maintained. In comparison with the control group the statistical meaning of improvement was not so evident.

Severe and complex cases: Assessing cognitive-integrative interventions with these patients
Elena Scherb - Private clinic, Buenos Aires, Argentina

Many studies have shown the effectivity of combined treatments with severe and complex cases in a tailored fashion manner (Beutler et al.). This research is aimed at proving how innovative interventions derived from the Integrative Model (Fernández – Alvarez, 1992) can impact in severe and complex cases. For this purpose, a special group of patients with special characteristics (including Severe Borderline, Major Depression, mild Schizophrenia, and so on) had been assessed since the beginning of their treatment until termination, with no pre – established ending point, within a naturalistic clinical context. In the case – load, there are finished and ongoing treatments, drop – outs and follow – up interviews. All the cases included in the sample had more than two previous treatments for the same problems with unclear results so we can compare with the new interventions in a cross – over manner. In this presentation, I will describe those cognitive – integrative derived interventions that had been successful, the specific difficulties that these cases bare and the assessment methods utilized throughout the process. Finally implications of these findings to the clinical practice with these type of patients will be offered.
Changes in attachment following psychotherapeutic interventions i & II: II.
Studies applying common self-report attachment instruments (ECR, AAS, RQ)

This panel will continue the overview of research in changes in attachment characteristics following psychotherapy. It will specifically focus on attachment change measured with the common questionnaires (i.e. the ECR or the AAS). The issue of measuring attachment characteristics is still discussed controversially. Reports on attachment changes following psychotherapy will clearly depend on the measures applied. Therefore it is reasonable to focus on change studies using similar self report measures. The ECR as one common instrument comprises two orthogonal dimensions of attachment insecurity (Avoidance, Anxiety) and is used to assess attachment with regard to romantic partnerships. The two-dimensional structure allows for categorizing subjects into one of the four attachment categories that have been described by Bartholomew and Horowitz (i.e. secure, avoidant, preoccupied, fearful-avoidant). Within this panel four studies applying the ECR respectively the AAS in combination with other attachment and interpersonal self-report data will be presented. Within a sample of depressive patients Paula Ravitz investigated changes in ECR attachment characteristics and in interpersonal problems following Interpersonal Psychotherapy. Brin Grenyer examined a sample of depressive patients undergoing dynamic psychotherapy. Besides the ECR, in this study the Relationship Questionnaire and the Attachment Q-Sort were applied. Cherri Mamarosh analyzed associations between ECR attachment change, working alliance, and change in psychopathological symptoms within patients undergoing long-term psychodynamic psychotherapy. Finally examining effects of a mindfulness-based cognitive therapy Angela Martin presents attachment change analyses based upon AAS and RQ pre-post and 3-month follow-up data. In completion of the overview providing panel, the presented studies further evidence improvement of attachment security following different kinds of psychotherapeutic interventions.

Attachment contemporary interpersonal theory and IPT: An integration of theoretical, clinical, and empirical perspectives
Paula Ravitz - University of Toronto, Canada

This presentation focuses on interpersonal changes that occur with Interpersonal Psychotherapy (IPT; Weissman, Markowitz, Klerman) for treatment of depression. We test hypotheses of interpersonal change in a case series of depressed patients treated with IPT. Of 183 patients who qualified for IPT, 145 (79.2%) completed treatment. Full remission was obtained by 71 patients (38.8% of all patients, 49.0% of treatment completers) and partial remission by 52 patients (28.4% of all patients, 35.9% of treatment completers). Depression, attachment insecurity (ECR) and interpersonal problems (IIP) were measured at the onset and completion of treatment. Both attachment insecurity and interpersonal problems improved significantly over a 16 week course of treatment. Of the 145 patients who completed treatment, 106 (73.1 %) completed pre- and post-treatment self reported measures of attachment style. There was a pre-post decrease in attachment anxiety (mean change – 0.27 ± standard deviation 0.94, df= 105, p= 0.007), in attachment avoidance (– 0.26 ± 0.94, df= 105, p= 0.004) and in total interpersonal problems (– 17.5 ± 29.3, df= 104, p< 0.001). When patients were grouped by treatment response, improvements in interpersonal problems, consistent with the goals of IPT, were limited to patients with a partial or full treatment response. Attachment anxiety and attachment avoidance were significantly reduced only in patients with a full treatment response. Although IPT has not historically included changes in attachment phenomena among its goals, it may act to increase the experience of felt security in current relationships.
Psychotherapy outcomes for chronic depression predicted by attachment interactions

Brin Grenyer - School of Psychology, University of Wollongong, Australia

Psychotherapy for depression has established efficacy, particularly for simple major depression. However outcomes for depression complicated by personality disorder are known to be poor using traditional short-term treatments. Attachment patterns have been found to predict treatment response in a number of depression studies. We conducted analyses on a group of depressed clients (100 clients, 79% female) receiving an interpersonal-dynamic psychotherapy in order to investigate attachment factors that inhibit treatment progress. Several associated measures were investigated: the Relationship Questionnaire, the Experiences in Close Relationships inventory, and a Q-Sort measure. Preoccupied and fearful-avoidant attachment styles of relating were associated with poorer outcomes. In session events associated with poorer therapy progress indicated greater hostility and externalizing within the attachment to the therapist. There was some evidence that the attachment styles change slightly over therapy in a direction consistent with improvement. Dynamic therapy approaches that focus on the attachment fears may be a particularly promising way of improving outcomes for those chronic depressed clients with comorbid personality disorders.

Patient and therapist attachment styles and therapy outcome: Preliminary findings

Cheri Marmarosh - George Washington University, USA, R. Whipple, M. Schettler, S. Pinhas, J. Wolf, & S. Sayit

The current study will explore attachment style changes in patients who are treated in long-term psychodynamic psychotherapy. In addition to studying patient attachment changes, the current study will explore the impact that therapist attachment style has on the psychotherapy process and outcome. Thirty-seven therapist/patient dyads will participate and complete measures at the 3rd and termination sessions. To date, 17 dyads have participated in the study and terminated. Patients will complete the Experience in Close Relationship measure of adult attachment, the Working Alliance Inventory, and the HCL-90 Symptom checklist at the third session of treatment and at termination. Therapists will complete the Experience in Close Relationship Scale, prior to treating patients in the clinic, and the Working Alliance Inventory after the third session and at termination. This paper will explore the relationship between patients’ and therapists’ attachment styles and patient working alliance, patient change in attachment anxiety and avoidance, and symptom change at termination.

The impact of mindfulness training on adult attachment: A preliminary study

Angela Martin - University of Warwick, UK, Christopher Mace

The hypothesis that there is a positive relationship between mindfulness skills, emotional regulation and attachment style was investigated by a mixed methods approach. Study participants (n=9) with mixed affective diagnoses (anxiety, depression) attended an 8 week mindfulness-based cognitive therapy (MBCT) group which followed the protocol of Segal, Williams and Teasdale (2002). Quantitative measures, administered pre-and post-treatment and at 3 month follow-up were: Adult Attachment Scale (AAS), Relationship Questionnaire (RQ), Mindfulness Attention Awareness Scale (MAAS), the Kentucky Inventory of Mindfulness Skills (KIMS), and Difficulties in Emotional Regulation (DERS). The Clinical Outcomes in Routine Evaluation (CORE-OM) questionnaire tracked changes in clinical status (symptoms, functioning and risk). In-depth post-treatment interviews were analysed in line with Charmaz’ (2006) procedures for grounded theory A growth in participants’ mindfulness was sustained at follow-up and amplified in qualitative interviews. Clinical status improved overall There was evidence of a positive shift in attachment profiles. Prior to MBCT, none of the participants indicated a ‘secure’ pattern of attachment as best describing themselves on the RQ. Post-group, 60% of those completing the RQ selected the
‘secure’ paragraph as best describing themselves. These changes were underscored by qualitative data. Exploration of the quantitative data suggests changes in attachment may be correlated with acquisition of mindfulness skills. The suggestion of a direct influence of mindfulness on the security of attachment would be consistent with Segal’s (2007) developmental hypotheses. Future work required to confirm this relationship and explore it more fully will be outlined.

**Therapeutic processes and pathological mechanisms in personality disorders**

**Discussants:** Giancarlo Di Maggio - Terzo Centro, Roma, Italy and Michael Lambert - Brigham Young University, Provo, Utah, USA

The study of pathological mechanisms of personality disorders can suggest new therapeutic interventions and techniques and enlighten the therapeutic process. This panel comprises the analysis of activating and inhibitory affects and their association to patient improvement, the impact of affect experiencing on somatization symptoms during the treatment, and some pathological mechanisms of narcissistic personality related with some suggestions regarding the therapeutic strategy fit for cognitive therapy of narcissistic patients. The discussion will focus on how cognitive therapy and short term psychodynamic therapy use different pathways to arrive at the same outcome and on the relationship between psychopathological knowledge, psychotherapy research and therapeutic efficacy in personality disorders.

The impact of affect experiencing on somatization in Axis II Cluster C patients

*Per Oyvind Fosse - NTNU, Trondheim, Norway, Morten Tvidt, Leigh McCullough, Martin Svartberg, Tore Stiles*

**AIM:** This study examined how client change in intensity of affect experiencing influences change in somatization symptoms from admission to termination of treatment in both cognitive and short term dynamic treatment. **METHODS:** Fifty patients referred to psychiatric outpatient clinics who met criteria for a cluster C personality disorder, were randomly allocated to either 40 sessions STDP or CT. **RESULTS:** There was a significant reduction in somatizing symptoms as measured on the SCL-90 from pre- to post therapy. Gender and age were unrelated to change in somatizing symptoms. A significant correlation was found between increase in affect experiencing during the course of therapy and a decrease in somatizing symptoms. Hence, increase in affect experiencing during the course of therapy appear to contribute to a significant decrease in symptoms of somatization as measured from pre- to post therapy. **DISCUSSION:** This study lends support to the mind and body interface, and points to the resolution of conflicted feelings as a means of healing physiological pain.

Grandiose narcissistic daydreams stimulate low self-esteem worries: An experimental study

*Giovanni Maria Ruggiero - Psicoterapia Cognitiva e Ricerca, Milano, Italy, Agata Tudisco, Sandra Sassaroli*

According to theoretical models (Aktar, 1984; Dimaggio and Semerari, 2003) individuals affected by narcissistic personality disorder use grandiose daydreams and fantasies in order to get distracted from underlying doubts about their personal worth. In addition, we suppose that such doubts are present either in form of worry before and after the grandiose fantasies or in form of intrusive thoughts during the grandiose fantasies. The study aimed to investigate such hypothesis. We asked to 40 individuals non affected by any personality disorder to complete the Rosenberg self-esteem questionnaire, the narcissistic personality questionnaire and to participate to an experimental design. The experiment had two phases. During phase 1 the individuals were asked to worry for a minute about their past episode in which they experienced the worst threat to their self-esteem. After the worry, they had to imagine a
grandiose daydream for a minute, to signal every time they had an intrusion of the threat to their self-esteem and to report how long time they thought about the threat to their self-esteem. During phase 2 the individuals were asked to worry for a minute about their past episode in which they experienced the worst threat to their self-esteem. After the worry, they had to imagine a neutral scenario for a minute, to signal every time they had an intrusion of the threat to their self-esteem and to report how long time they thought about the threat to their self-esteem. The hypothesis was that the grandiose daydream induced more frequent and longer intrusions of the threat against their self-esteem. The scores of the two questionnaires permitted to partial out the basal self-esteem and narcissism of the participants. The results confirmed the hypothesis.

The nature of self-esteem memories and grandiose fantasies in narcissism
Marco Castiglioni - Università Bicocca, Milano, Italy, Guido Veronese, Giovanni M. Ruggiero, Sandra Sassaroli

The aim of the research is to investigate the influence of the socio-relational variables in the construction of threat of self-esteem memories, grandiosity and relaxing scenes. We also hypothesized that structural analogies in the self-evocated scenes of threat of self esteem with grandiose scenes and substantial differences of the first two with the relaxing scenes will emerge. One hundred and three university students, were requested to remember a threat of self-esteem episode; then they were requested to imagine a grandiose and finally a relaxing scene. In order to exclude individuals showing a maladaptive level of narcissism and self-esteem, they were evaluated using the Narcissistic Personality Inventory and the Rosemberg Self Esteem Scale. The individuals had to describe the content of the scenes. The descriptions was coded by three independent raters on three macro-dimensions: the biological area; psychological area and relational area. The macro-dimensions were divided in sublevels. The relational dimension was distinguished in dyadic interactions and tryadic-polyadic interactions. The socio-relational dimension is clearly predominant on the biological and psychological dimension, as in the construction of the grandiose fantasy as in the construction of the memory of threat of self-esteem; in the relaxing scene significant differences between socio-relational and biological dimensions are not relevated. The description of “tryadic and polyadic “ interactions is minority that the dyadic interactions description. The results would support the hyphothesis of a common structure of the threat of self-esteem fantasy and the grandiosity scene. Finally, the specific contents of the described scenes appear to provide support for Horney’s (1939) clinical hypothesis that the grandiose self-image of narcissistic individuals is actually a cover for undermined self-esteem.

Panel
Child
Moderator
Robert Russell - Medical College of Wisconsin, Milwaukee, USA

Psychopathology development, and child/adolescent treatment. Important interconnections

In this panel, the relationships between childhood psychopathologies, socio-emotional development and literacy, and health behaviors are discussed in relation to treatment considerations. In the first paper, A. L. Cruzeiro presents research on the prevalence of conduct disorder and behavioral (mal)adjustment in a cross-sectional study of adolescents aged 11-15. A key finding in this research is that conduct disorder symptoms places adolescents at risk for participating in drug use and bullying. In the second paper, R. L. Russell, H. Kaiser, and K. Grizzle present a paper on the role of subthreshold GAD symptoms in predicting school adjustment across 4 diagnostic groups comprised of child 7 to 11 years old: Normal Control, Language/Reading Disordered, ADHD, and a comorbid Language/Reading and ADHD group. A key result in this research is the finding that subthreshold GAD symptoms accounts for substantial variance in school adjustment, especially from the parent as opposed to the teacher perspective. In the third paper, I. Sa presents two studies concerned with the process of the child psychotherapy. In the first study,
perceptions of the therapeutic alliance are examined across 3 perspectives (child, parent, therapist) and changes in these perceptions are described across the course of treatments. In the second, qualitative study, case formulation methods are used to pinpoint unmet socio-emotional needs of child clients and describe targets for treatment interventions. In the fourth paper, C.C. Geanina presents a study developing a measure of self-image improvement in child therapy, as part of a larger study of experiential therapy for children with disruptive behavioral disorders. The panel concludes with discussion of these important often neglected areas for treating children and adolescents.

Conduct disorder prevalence and associated factors
Ana Laura Cruzeiro - Universidade Católica de Pelotas, Brazil, Ricardo Silva, Ricardo Pinheiro, Luciano Souza, Bernardo Horta, Inácia Moraes

This study purposed to estimate the prevalence and the behavioral factors associated with the conduct disorder in adolescents aged between 11 and 15 years old. A cross-sectional study was carried out with 1145 adolescents. The informed consent was signed by the parents or the responsible for the adolescent before he/she answered a self-administered questionnaire. The conduct disorder was assessed through the M.I.N.I. – Mini International Neuropsychiatric Interview, a compatible instrument with the criteria of the DSM-III-R/IV and the CID-10. It was assessed whether this pathology was associated with gender, age, socioeconomic status, adolescent schooling, failure at school, religion, use of tobacco, sedentarism, alcohol consumption, drug use, depression and bullying. The ordinal regression was used for the statistics analysis with a hierarchic model for the outcome. It is estimated that, among the interviewees, 29.2% has conduct disorder. After the adjustment made for the hierarchic model, the adolescents chances presented one point more in Conduct Disorder scale is 2.04 (IC95% 1.53-2.71) times higher in male sex. The pathology was also associated with age, socioeconomic status, alcoholic beverages consume, drug use and bullying. The results also shown that the factors associated with the conduct disorder point to a strong interrelation between health behaviors in adolescence.

Subthreshold GAD symptoms and school adjustment in children with language disorders and/or ADHD
Robert Russell - Medical College of Wisconsin, Milwaukee, USA, Heather Kaiser, Kenneth Grizzle

We predicted that levels of subthreshold symptoms of generalized anxiety disorder (GAD) and school-related functioning in children (aged 7-11 years old) would increase linearly across 4 diagnostic groups, arrayed in the following order: typically developing comparison group (N = 34), children with diagnosed language/reading disorders (N=24), ADHD (N=19), or both (N=20). Strong support for this prediction was obtained. In addition, each of the clinical groups differed from the comparison children on GAD symptom levels as well as on the BASC Adaptability, Leadership, and Social Skills scales, with most effect sizes in the moderate to large range. Contingency table analyses revealed that children with comorbid disorders were especially likely to have extreme GAD symptom scores in comparison to children with ADHD or Language/Reading disorders alone. In addition, in stepwise regressions with Group and subthreshold GAD symptoms as predictors, GAD symptoms accounted for a large amount of variance in Adaptability scores, but did not enter into regressions after Group, which alone predicted large amounts of variance in Leadership and Social Skills scores. Results are discussed in terms of defining GAD-related targets for behavioral treatments and preventive interventions for children with primary diagnoses of ADHD, Language/Reading disorders, or both.
Process research in child psychotherapy: The missing link between socio-emotional development and treatment planning

Isabel Sá - University of Lisbon, Portugal, Patrícia Saramago, João Faria

Psychotherapy with children has very specific features that challenge therapists: (a) the changing developmental needs of children; (b) the involuntary nature of the interaction; (c) their awareness of problems; and (d) the importance of situational and contextual factors. At the Department of Behavioural, Cognitive and Integrative Psychotherapy (University of Lisbon), we are conducting two research studies, which main objectives are to better understand the therapeutic relationship with children and how to conceptualize, plan and implement interventions within a developmental framework. The therapeutic alliance is a fundamental ingredient of all treatments and has a determinant effect upon clinical outcomes. The first study, addresses the questions of the association between children’s, parents’ and therapists’ alliance perceptions and how it changes along the intervention process. Since children are in a high degree dependent on adults to attend therapy it seems relevant to assess how these three perspectives of therapy affect motivation for the therapeutic work. The second study, is a qualitative one, and tries to gather evidence from case studies of how a case formulation that identifies children affective needs that are unmet at some developmental level can inform intervention planning and implementation. Although, many researchers and clinicians emphasize the importance of children’s socio-emotional level for assessment and intervention, more knowledge is need on how to adequate intervention strategies and techniques to the developmental needs of children.

Diagnosis of self image improvement in experiential psychotherapy of children with disruptive behavior disorders

Geanina Cuciu Ciuhan - University of Pitesti, Nicoleta Raban Motounu, Ileana Loredana Vitalia, A. Vasile

The paper presents the construction and validation of a process research instrument for the diagnosis of self image improvement in experiential psychotherapy of children with disruptive behavior disorders. The construction and validation of this instrument is part of a larger ongoing research project that proposes a combined research strategy regarding the efficiency of expressive experiential psychotherapy in treating disruptive conduct disorders in children: controlled clinical study is completed with the qualitative analysis of the therapeutic process. The therapeutic plan consists in involving children in a series of provocative exercises specific to experiential psychotherapy, based on art-therapeutic techniques (drawing, sculpture, modeling, dance-therapy, music-therapy), psycho-dramatic techniques (drama, role-playing, playing with puppets) and metaphorical techniques facilitate identification of disruptive behavior patterns, their causes and effects. Acknowledging all these increases children’s compliance to therapy and change. When a child discovers new alternative modes of interaction a rapid self-transformation and improvement of self-image is guaranteed. The paper includes the description of the qualitative research instrument and statistical data of its validation.

Body oriented psychotherapy: Current developments in research

Research on body oriented psychotherapy is rare. Considering the clinical relevance of this kind of psychotherapy especially in inpatient treatment of patients with body image disturbance a demand for further research exists. There are diverse methods of body oriented psychotherapy method. In this panel studies about three different approaches of body oriented psychotherapy are presented which are common in German-speaking countries. In two randomized, controlled studies the efficacy of body oriented psychotherapy methods is examined for the treatment of patients with somatoform disorders and with asthma. Object of the third study is the development of a therapy session report questionnaire for patients concerning relevant process features of body oriented psychotherapy.
Functional relaxation and hypnotherapeutic intervention as complementary therapy in asthma: A randomized, controlled, clinical trial

Claas Lahmann - Technical University Munich, Germany, Silke Witt-Wulf, Tibor Schuster, Joram Ronel, Peter Henningsen, Gerhard Henrich, Markus Nickel, Michael Pfeifer, Karin Tritt, Thomas Loew

Aim: Asthma is a potentially lethal, frequently disabling, and almost invariably distressing disease with a high overall prevalence. The importance of psychogenic and emotional factors in triggering asthma attacks has been shown in numerous trials. Although relaxation techniques and hypnotherapeutic interventions are recommended in treatment guidelines, there is still a lack of evidence for the efficacy of relaxation therapies in the management of asthma. Therefore this study compares the brief relaxation technique of functional relaxation (FR) with imagery as a hypnotherapeutic intervention (HI) in adult asthmatics including a four month follow-up. Methods: We treated a sample of 64 patients with extrinsic bronchial asthma from the local population in a 4-week randomized, prospective, controlled trial with an additional 4-month follow-up. 16 completed FR, 14 HI, 15 FR/HI and 13 received a control intervention (CI). The forced expiratory volume in the first second (FEV1) as well as the specific airway resistance (sRaw) were employed as primary outcome parameters. Results: FR as well as HI and FR/HI led to clinical relevant and statistical significant improvements of sRaw and FEV1 at the end of the therapy phase. Improvements in the HI group dissipated significantly more rapidly in follow-up observation whereas the effects achieved through FR remained largely stable in the four-month catamnesis. Discussion: Our study confirmed earlier study findings showing an enhancing effect of functional relaxation training on lung parameters and hints at a clinically relevant long term benefit of FR as a non-pharmacological and complementary therapy approach in asthma.

Bioenergetic exercises in inpatient treatment of Turkish immigrants with chronic somatoform disorders: A randomized, controlled study

Bettina Trinkfaß - Clinic of Psychosomatic and Psychotherapy, Bad Aussee, Austria, Birsen Cangoez, Marius Nickel

Aim: The aim of this study was to examine whether bioenergetic exercises (BE) significantly influence the inpatient psychotherapeutic treatment results for Turkish immigrants with chronic somatoform disorders. Methods: In a 6-week randomized, prospective, controlled trial we treated a sample of 128 Turkish patients: 64 were randomly assigned to BE and 64 participated in gymnastic exercises in lieu of BE. The Symptom Checklist (SCL-90-R) and State-Trait Anger Expression Inventory (STAXI) were employed. Results: According to the intent-to-treat principle, the bioenergetic analysis group achieved significantly better treatment results on most of the SCL-90-R and STAXI scales. Discussion: BE appears to improve symptoms of somatization, social insecurity, depressiveness, anxiety, and hostility in the inpatient therapy of subjects with chronic somatoform disorders. Reduction of the anger level and reduction in directing anger inwards, with a simultaneous increase of spontaneous outward emotional expression, could be expected.

The development of a therapy session report questionnaire for concentrative movement therapy

Klaus-Peter Seidler - Hannover Medical School, Germany, Karin Schreiber-Willnow, Anke Hamacher-Erbguth

Aim: Concentrative Movement Therapy is a body oriented psychotherapy method with a psychodynamic foundation. The focus of the therapeutic approach is the awareness and expression of body sensation. The study aimed at the development of a questionnaire for patients’ post-session assessment of relevant process features. Parallel versions exist for group and individual therapy. 45 items were generated
concerning the nine relevant process features of Concentrative Movement Therapy: Focussing on body experience, movement behavior, closeness-distance regulation, bodily self experience, experience of symbolization, affiliative body cathexis, controlling body cathexis, explorative behavior, and situative self regulation. Methods: Questionnaire data of 514 patients (166 in individual therapy, 348 in group therapy) were collected and factor analyses (principal-axis factoring, varimax rotation) were performed. Reliability analyses (Cronbach’s alpha) were used for examining the scales and optimizing scale length. Results: Factor analyses led to three factors for individual therapy and two factors for group therapy. The circumplex model concerning affiliative and controlling body cathexis could not be confirmed. The reliability of the scales was sufficient. Discussion: Depending on the therapy setting the process features are integrated in a plausible manner into two or three dimensions. Therefore different scales should be used for individual and group therapy.

**Current research in group counseling and psychotherapy**

**Discussant:** Gary Burlingame - Bringham Young University, Provo, UT, USA

Aim: To present the most current research in group counseling and psychotherapy. Content: the panel presents research on a variety of groups, populations, and variables. It includes short-term therapy groups for complicated grief, psychotherapy groups for outpatients, counseling groups for psychological growth, and on-line groups for adolescents. The questions this research addresses go beyond immediate outcomes, including issues of growth from termination to follow-up, processes that affect outcomes in on-line groups, as well as face-to-face groups, and comparison of types of intervention. This research bears important implications for clinicians working with groups in a variety of settings.

**Patterns of post-therapy to follow-up outcome in short-term group therapy**

*William Piper - University of British Columbia, Vancouver, Canada*

This study focused on four patterns of post-therapy to follow-up outcome among 84 patients who completed short-term group therapy for complicated grief. Approximately half of the patients achieved clinically significant change at post-therapy and maintained it at six-month follow-up (Maintainers). Another quarter did not achieve clinically significant change at post-therapy, but did so at follow-up (Delayed Recovery Patients). Only a few patients achieved clinically significant change at post-therapy, but not at follow-up (Relapse Patients). Finally, nearly a quarter failed to achieve clinically significant change at post-therapy or follow-up (Non-recovery Patients). The findings suggest that investigators look beyond the end of treatment when assessing improvement in short-term group therapy. Inclusion of delayed recovery patients can substantially modify one’s conclusions about outcome. Delayed recovery patients perceived greater social support and greater change in social support than did the other types of patients.

**Differential effectiveness of individual, conjoint & group treatments**

*Robert Gleave - Brigham Young University, Provo, USA, Gary Burlingame & Bryan Mickelson*

Aim: Meta-analytic support is available suggesting equivalence between individual and group formats in controlled studies. We examined 7656 archival records in an outpatient clinic to determine if these results could be replicated in daily practice. Method: Clients were drawn from an outpatient clinic serving a large (30,000) university student body. Clients were divided into one of three groups, those receiving: (a) conjoint—both individual and group treatment (N=864), (b) group only (N=160) or individual only (N=6632). Differential rates of change were examined using hierarchical linear modeling along with testing several potential moderators (therapist effects, initial distress, etc.). Results: No difference were found between individuals who received only individual or group treatment, however, clients receiving
conjoint treatment showed slightly less change when compared to the individual only condition.

Discussion: The differential rates of change noted above varied when covariates were introduced (e.g.,
therapist effects, initial distress, etc.) into the model. Findings are related to past meta-analytic studies,
methodological considerations in using HLM to model patient change as well as potential moderators of
the rate of patient change.

What makes online support groups a successful experience for participants?
Azy Barak - University of Haifa, Israel, Michal Dolev-Cohen, Orna Boneh

Support groups operating through the Internet have existed for over a decade. They usually take place
through online forums that offer support in a variety of distress areas and have different degrees of
success in terms of providing help. Because most such groups are operated without professional
supervision or affiliation and because many of their procedures do not follow established therapeutic
protocols, research is sparse and limited. Using an online ethnographic research, we conducted two
studies examining basic premises relating to the success of online support groups. In the first study, the
forum posts of 20 participants in an online support group for emotionally distressed adolescents were
followed for three months. Findings showed that posting more independent messages, responding more
to others’ messages, and being responded to more intensively by other participants are all associated
with increased emotional relief. In the second study, we examined the postings of 20 participants
sampled from a variety of online support groups who deliberately posted a message declaring they were
helped by participating in the group to the activity of 20 participants who deliberately posted a message
informing that the group failed to help them; they were followed for three months prior to their posting
these messages. Findings showed that “helped participants” were more active in posting messages,
expressed more feelings, and received more responses from others than did “un-helped participants.”
These findings imply that active and dynamic, in contrast to passive and static, participation in an online
support group is apparently associated with the degree of help obtained by participants.

Individual and process variables that affect outcomes in counseling groups
Zipora Shechtman - University of Haifa, Israel, Zvika Toren

Group counseling and psychotherapy research have advanced beyond efficacy and effectiveness issues
to investigate group processes in order to improve clinical practice and outcomes. In a recent review of
the literature, Burlingame and colleagues (2004) suggested a multilevel model for conceptualizing group-
treatment variables that affect outcomes, including the formal change theory, small group processes,
group leader, patients and structural variables. All these variables are interrelated and believed to affect
outcomes. In the current study, we investigate such relationships in counseling groups with university
students. 205 participants in 14 groups comprised our study population. Individual variables included
intention to self-disclosure, interpersonal relationships, self-esteem, and risk-taking (the last three were
used also as outcomes). Process variables included impression of therapy, bonding with group members
and leaders, and client self-disclosure and resistance. The data was analyzed in a hierarchical procedure
due to the dependency of scores on the group. Results indicated that intention to disclose was a strong
predictor of process variables (bonding with the therapist and the group, impression of therapy, self-
disclosure and resistance). Self-esteem and interpersonal relationships also predicted bonding,
impression, and self-disclosure. Process variables also predicted behavior, particularly impression and
bonding. Finally, both individual and process variables affected outcomes in risk-taking, relationships,
and self-esteem. These results point to the importance of individual differences, bonding, and client
satisfaction to favorable outcomes in group counseling.
Involving play, dance and parents in assessment and treatment of infants and children

This panel presents research on various kinds of collaboration in the treatment and assessment process. In the first paper, A. v Wyl and S. Winteler present a paper evaluating parent-infant therapy focused on early regulatory and relationship disorders and benefits of the treatment at followup. In the second paper, A. Lis D. D. Riso, A. Gennaro, and D. Chessa present a single case study of a successful psychoanalytic treatment of a 7 year old girl, focusing on the evaluation of the therapeutic alliance, child’s defences, use of affect in treatment, and cognitive variables. In the third, study, C. Mazzeschi, L. Laghezza, & M. Oliva present a study of collaborative assessment with parents of a child in treatment. In a single case study, processes of parental collaboration will be described to illustrate the use of collaborative assessment in child treatment, extending its use from the adult field. In the fourth study, B. Meekums presents a study of dance movement therapy for children 4-7 year olds and illustrates how movement can be used to develop emotional literacy in children. The panel will conclude with a discussion of the important role of different kinds of collaborations in infant and child treatments, both with parents and with therapists through play and dance.

Evaluation and follow up of parents-infant psychotherapy for early regulatory and relationship disorders

Agnes von Wyl - University of Basel, Switzerland, Sikkina Winteler

The Basel clinic for parents with infants and toddlers is a special interdisciplinary service for early regulatory and relationship disorders. The most psychological disturbances of babies and infants are relationship disturbances. Therefore the diagnosis doesn’t apply to the infant alone, but to the parent-infant relationship. Likewise, we consider that it is the relationship which needs to be treated. Our therapeutic concept includes developmental counseling, psychodynamic psychotherapy of distorted communication, “Watch, Wait, and Wonder”, an infant-led parent-infant psychotherapy, and behavior therapy. Like other comparable services, we often observe rapid improvements, involving symptom relief or disappearance. In this paper, we will present our evaluation and follow-up data of 180 families who have finished their treatment between May 2000 and August 2006. At the beginning of the treatment, parents filled out the German version of the Edinburgh Postnatal Depression Scale (EDP) and the Infant Characteristic Questionnaire (ICQ). Once the therapy was completed, the therapist filled out our Improvement Scale questionnaire. The follow-up investigation includes the EDP, the Child Behavior Checklist (CBCL) and a questionnaire about the parents satisfaction with the treatment and the child’s actual symptoms. Temperament ratings by the mothers of the treated children exhibit more difficult behavior in comparison to a normal sample. These ratings had no correlation with the mothers’ depression scores which rank much higher than the control group. The outcome ratings by the psychotherapists show that despite the short duration of the treatment and severe cases therapeutic success could be achieved. This outlines the importance of such specialized services for early infant crying and other disturbances of the early childhood. Findings of the follow-up data will be presented, with reference to our interdisciplinary specialized service. Directions of necessary future research in parents-child therapy and the relevance of such services for early infant crying and other disturbances of the early childhood will be discussed.
Therapeutic issues on collaborative assessment with parents. A single case study
Claudia Mazzeschi - Università di Perugia, Italy, Loredana Laghezza, Marta Oliva

In the last years, in the field of therapeutic research, has been devised a new paradigm called Collaborative Assessment (CA). This model, devised in 1982 by Fischer in USA (Fischer, 1982) has been now used also in other countries, between them Italy. CA is new because is based on the assumptions on collaboration between the psychologist and the client starting from the testing session. Its major characteristics are: collaboration, individualization of the assessment procedure (in the choice of assessment tools) and flexibility (different pathways for different clients). In the Collaborative Assessment the client is directly engaged: psychologist ask for clients’ feedback on the assessor’s integrated impressions. CA can be used in different fields: with adult patients, but, following Viglione (1998) the direct effect of tests on intervention and evaluation outcomes has not been sufficiently researched, and in the field of developmental psychology, with children and their families, with different problems. AIM: This paper address to the use of CA in the developmental field by presenting data of a single case study: a 10-years-old female referred for behavioural problems by her parents. Methodology: Specifically, following a protocol of CA with parents devised by an Italian research group on CA (belonging to the University of Padova and Perugia), this paper will illustrate the process of therapeutic work within the assessment sessions with particular respect to the restitution session with parents.

Play and defensive mechanisms in a child psychotherapy process study
Adriana Lis - Università di Padova, Italy, Daniela Di Riso, Alessandro Gennaro, Daphne Chessa

Studies in psychotherapy research can be grouped in outcome and process studies. Process studies on children and adolescents are very scarce. In 1996 Shirk e Russel wrote “ratings or categorization of the in vivo therapist and child language interaction are uniformly missing”. Ten years later this conclusion seems still valid. Many outcome studies have been carried out on children aged 4-18. The number of meta-analyses published in these last years generally confirmed the efficacy of treatment with young patients. Meta-analyses focused on studies about different kind of disorders, but also on specific kind of disorders. Aim: The aim of this paper is to contribute to the process studies on child psychotherapy. Method: A single case study was carried out on a long term psychoanalytic oriented supportive treatment of a 7 years old girl. The therapy included 50 sessions videorecorded and fully transcribed. The transcripts was scored according to different instruments: IVAT-II (Colli & Lingiardi, 2003) to assess therapeutic alliance; DMDS-CIV (Lis et al, in press) to evaluate defensive mechanisms; Affect in Play Scale (Russ, 1993) to assess affective and cognitive variables in play. Results: The alliance was good along all the treatment. A modification of the defences pattern and play organization was found.

Interventions in guided affective imagery. Therapist-patient communication during daydreams
Discussant: Dan Pokorny - University of Ulm, Germany

This panel concerns research on the possibilities of direct therapist-to-patient communication during daydreams. The first paper (Stigler) introduces a category system for rating of therapeutic interventions during imagery phases within the Guided Affective Imagery. The second paper (Machankova & Uhrova) investigates first the inter-rater reliability of this instrument. Then, interventions of one experienced therapist in two (beginning and advanced) client subgroups are being compared. The last paper (Kulisek) presents a study performed on a sample of verbatim transcripts of imagination by advanced trainees where the intervention categories in therapists were correlated with computer-measured activation of the primary process in patients. The concluding discussion will compare therapeutic techniques used by the “off-line” elaboration of night-dream reports with those applied “online” during the therapeutic
guiding of the patient during the imagination.

Inventory of therapeutic interventions in daydream psychotherapy

Michael Stigler - University of Lausanne, Switzerland

Category systems of therapeutic interventions are important instruments for the understanding of the psychotherapy process. However, specific elements of therapeutic interventions during Guided Affective Imagery cannot be captured sufficiently by these general instruments. For this reason, we present a category system tailored for the imagery phase of daydream psychotherapy. The presented system (ITI-GAI) consists of 2 main classes of process Containing and process Enhancing interventions on the top level, divided into 6 categories at the medium level, and finally into 51 subcategories at the bottom level. We understand Containing and Enhancing interventions as complementary parts of the therapeutic process in the sense that the first are framing the second and are thus a necessary condition for the second to develop. Enhancing interventions have then a more incisive effect on outcome, one reason being their hypothesized quality to elicit more primary process and emotion activation.

Interventions by beginning and advanced daydream clients

Zuzana Machankova - Comenius University, Bratislava, Slovakia, Eva Dora Uhrova

Aim. The study performed at the Comenius University Bratislava had two goals: First, to investigate the inter-rater reliability of the Inventory for Therapeutic Interventions in Guided Affective Imagery (ITI-GAI; Stigler). Second, to compare interventions of one experienced therapist in two (beginning and advanced) client subgroups. By this comparison, two aspects are being considered: the intervention quality expressed by intervention categories and their diversity. Methods. The sample consisted of verbatim transcripts of imagery sessions performed by one experienced female therapist with 11 beginning and 11 advanced clients. Imagery verbatim transcripts were rated by the intervention inventory. The qualitative comparison of samples was performed using relative frequencies; the diversity was operationalized by entropy related measures. Results. (a) Two raters achieved agreement with kappa over 0.90 on the all three category-system levels. (b) The therapist used significantly more process Containing interventions by beginning clients and more process Enhancing interventions by advanced clients. (c) The diversity of interventions applied by the therapist was significantly higher by advanced clients. Discussion. The rating instrument can be used reliably, and its application leads to clinically expected results. More challenging process Enhancing interventions as well the higher intervention diversity were found in sessions with more advanced clients having at least one year of therapeutic experience. Results somehow remind the learning process for playing a music instrument: A novice starts with a few basic elements and progressively, the training process leads to a richer inventory and to increasing mastery in its usage.

Interventions and primary-process activations during daydreams

Robert Kulisek - Charles University, Prague, Czech Republic

Aim: The goal of the study was to investigate the potential impact of different therapeutic interventions on the primary-process activation in patients. We have expected that particularly the interventions belonging to process Enhancing categories will be associated with higher primary-process activation. Method: The sample consisted of verbatim transcripts of 25 daydreams collected during training seminars in Guided Affective Imagery. Seminar trainees are practicing therapists and counselors interested in and exercising the daydream technique since several years. The interventions were rated according to the Inventory for Therapeutic Interventions in Guided Affective Imagery (Stigler); the “intervention density” was defined as the number of therapist interventions per 1000 patient’s words. The activation of primary process was measured by the computer assisted content analysis (Martindale). Results: The density of the class of process Enhancing interventions - as well as by some subcategories -
correlated in the sense of the hypothesis highly significantly with the amount of primary-process words. Discussion: Process Enhancing interventions enhance the primary process. But this relation is mutual. In fact, a high level of primary process can signalize to the therapist that the patient is ready for process Enhancing interventions. We will illustrate the statistical findings by a selected transcript example showing the interplay of therapeutic interventions and patient’s primary-process vocabulary.

**Assessing client assimilation of therapy process and its relationship to outcome**

**Discussants**: Clara Hill - University of Maryland, College Park, USA and Tore Stiles - Norwegian University of Science and Technology, Trondheim, Norway

How do we know to what degree our clients actually assimilate our therapeutic interventions? Measuring how clients respond to psychotherapy is a major step towards the evaluating the active ingredients the promote change. This panel presents two process instruments focused on assimilation from two perspectives (self report and video-rated). The first paper presents a client-rated measure of the stage of assimilation characterizing a therapy session (SAM-44.) The second paper presents a summary of the present psychometric properties of The Achievement of Therapeutic Objectives Scale (ATOS), designed to assess from videotapes the degree to which clients achieve therapeutic goals, and its application in both dynamic (STDP) and cognitive therapy (CT). The next two papers examine client assimilation of specific processes as measured by the ATOS scale; 1) the degree of client acquisition of insight, with differential findings in STDP and CT, and 2) the degree of client desensitization of affect phobias (resolving fears of feelings) measured on the ATOS, also comparing STDP and CT. Each of these presentations will discuss the relationship of the specific assimilation processes to improvement at outcome. The panel will also discuss client-rated versus observer rated methods in collecting data for process research.

**The development of a quantitative self-report measure of assimilation SAM-44**

**Jeremy Halstead - South West Yorkshire Mental Health Trust, Dewsbury, UK**

AIM: To describe the development of a quantitative client rated measure of the stage of assimilation characterising a therapy session and present data on the trends of assimilation in successful and unsuccessful therapy. METHODS: Comprehensive stage descriptions of assimilation conceptualised as client activity were created. Expert raters identified high consensus items in two iterative studies involving 70 and 111 items resulting in a 56 item 7-stage measure. This was used with two client populations and a 44 item (7 scale) measure SAM-44 was derived. SAM-44 was used in a subset (N=14) of a study of 8 and 16 session PI and CBT therapy (Barkham et al. 1996) alongside other process and outcome measures. RESULTS: Expert raters reached a high level of consensus on the stage of assimilation represented by items within scales. Clients responded to items within scales as representing the same latent variables. Within the psychotherapy study, non-statistically-significant trends suggested differences between 8 and 16 and PI and CBT therapy. 16-session-therapy showed effects of session number on all seven scales (N=8, p<.025). When data was combined for beginning middle and end phases of therapy for all groups, clear trends for each stage of assimilation emerged. DISCUSSION: A self-rating measure of assimilation offers possibilities of session by session understanding of psychotherapy process that can be used both to zero in on significant sessions by assimilation researchers and offer a fuller understanding of change alongside symptom measures.
The achievement of therapeutic objectives scale: Psychometric findings in dynamic and cognitive therapies

Jakob Valen - Norwegian Institute of Science and Technology, Trondheim, Norway, Pal Johansen, Leigh McCulloch, Martin Svartberg, Tore Stiles

AIM: The purpose of this study was to investigate the psychometric properties of the Achievement of Therapeutic Objectives Scale (ATOS) in short term dynamic and cognitive therapy (CT). The ATOS scale was originally developed to assess clients’ achievement of treatment objectives in short term dynamic psychotherapy (STDP), but operational definitions of the 7 subscales (insight, motivation, exposure to activating and inhibiting feeling, new learning, change in sense of self and others) led to a more theoretically neutral assessment device, and it became apparent that the ATOS scale might be used to compare processes across different treatment orientations. METHODS: Videotapes were rated, early and late in treatment on fifty Axis II cluster C patients who participated in an RCT where STDP and CT achieved equivalent outcomes. RESULTS: The results indicate that achievement of treatment objectives could be rated reliably in both treatments. Moreover, mean ATOS levels in STDP and cognitive therapy did not significantly differ. ATOS subscales proved sensitive to change in theoretically consistent ways for both forms of treatment. DISCUSSION: The results are promising for the ATOS scale to be used in comparing STDP and CT, and suggest that common factors may operate in both treatments. Thus, further psychometric testing and research on the ATOS scale is warranted.

Client insight as a mechanism of change in dynamic and cognitive therapies

Havard Kallestad - Norwegian Institute of Science and Technology, Trondheim, Norway, Jakob Valen, Martin Svartberg, Leigh McCulloch, Tore Stiles

AIM: Insight into maladaptive behaviors and the psychological processes that influence behavior is a proposed target in most schools of psychotherapy, but there are differences in how it is thought to benefit the patients. This study examined whether 49 patients diagnosed with Cluster C personality disorders in a randomized controlled trial developed insight during therapy and whether levels of insight near the end of therapy predicted long-term outcome in Short-Term Dynamic Psychotherapy (STDP) and Cognitive Therapy (CT). METHODS: Videotaped sessions (Session 6 and 36) STDP and CT were analyzed for level of insight using the Achievement of Therapeutic Objectives Scale (ATOS). RESULTS: Patients’ levels of insight increased significantly during STDP, and levels of insight near the end of therapy predicted symptom severity and interpersonal functioning two years after termination in STDP. DISCUSSION: These results lend support to the predictive validity of the ATOS scale and also lend support to the theoretical assumption that insight is a mechanism of change central to STDP. In CT, early symptom relief, but not insight, was related to follow-up status, suggesting there may be differing mechanisms of change specific to STDP and CT.

Client process of desensitization of affect phobias in cognitive and dynamic therapies

Leigh McCulloch - Norwegian Institute of Science and Technology, Trondheim, Norway, Martin Svartberg, Tore Stiles

AIM: Short term dynamic psychotherapy (with its’ focus on experience of conflicted feeling) was hypothesized to demonstrate greater desensitization of fears of feeling (affect phobias) during treatment than cognitive therapy. METHODS: Videotapes were rated from an RCT of cognitive therapy and short term dynamic psychotherapy (Svantberg, Stiles and Seltzer, 2003, N=50; Axis II Cluster C PD), using the client-focused, psychometrically established, Achievement of Therapists Objectives Scale (ATOS) to assess the degree that clients’ are actively processing in-session, activating and inhibitory affects. Clients’ level of desensitization, operationally defined as the ratio of the intensity of (adaptive) activating
Panel
Depression
Moderator
Timothy Strauman - Duke University, Durham, USA

Mechanisms of action in interpersonal and cognitive therapies: Behavioral and neurophysiological evidence
Discussant: Wolfgang Lutz - University of Trier, Germany

Both behavioral and neuroimaging techniques can be usefully applied to the study of change processes in psychotherapy. However, the extent to which such measures can illuminate mechanisms of change depends largely on the underlying theory or conceptual model on which research designs are based. This panel will explore theory-based application of functional magnetic resonance imaging to the identification of potential mechanisms of change in two well-validated psychotherapies for depression: interpersonal therapy (IPT; Klerman et al., 1984) and cognitive therapy (CT; Beck et al., 1979). In the first presentation, Kolden and colleagues use a recently-developed model of dysfunctional affective processing in depression to assess the acute impact of IPT on depression (particularly in comparison with a pharmacotherapy for depression, venlafaxine). In the second presentation, Eddington and colleagues present two distinct models for conceptualizing mechanisms of action in CT: one focusing on change in self-regulation of personal goal pursuit and the other on cognitive processes underlying memory for emotional stimuli. Our discussant, Wolfgang Lutz, will compare and contrast the models presented in the two presentations and discuss the implications of applying fMRI technology to psychotherapy research. It is our hope that this presentation will generate thoughtful discussion regarding the role of behavioral and neurophysiological assessments as part of an expanding literature on how psychotherapy works.

Prefrontal regulation of the emotional brain: Examining treatment response to Interpersonal Psychotherapy (IPT)
Gregory Kolden - University of Wisconsin, Madison, USA, Tom Johnstone, Michael J. Peterson, Sandy Tierney, Sarah Polis, Ned H. Kalin, Richard J. Davidson

Aim: Brain imaging studies in healthy individuals have identified a key corticolimbic circuit involved in the top-down regulation of affective subcortical circuitry. This paper presents results from both healthy individuals and depressed individuals that further establish the importance of this lateral PFC-medial PFC-amygda l circuitry. Methods: Twenty medication-free, right-handed adults satisfying DSM-IV criteria for unipolar major depressive disorder participated in two functional magnetic resonance imaging (FMRI) sessions: At the commencement of the study and following 6 months of treatment with weekly IPT. During the sessions, participants performed a picture viewing emotion regulation task designed to elicit top-down regulation of subcortical emotional circuitry. A control group of healthy individuals was also scanned while performing the identical task. Results: Depressed individuals showed altered PFC-amygadal connectivity in comparison to healthy individuals, with positive, rather than negative connectivity between ventromedial PFC and amygdala. Altered autonomic responsivity related to
subcortical activation was also observed in the depressed group. Increased activation in right orbitofrontal cortex during the down-regulation of negative affect predicted treatment response to IPT. Activation in left dorsomedial PFC during regulation also predicted treatment response to IPT (all p<0.05, corrected). Conclusions: Our results indicate that the prefrontal circuitry involved in top-down regulation of negative emotion, and the connectivity of this brain region with the amygdala is compromised in depressed individuals. Furthermore, activity in this brain region during an effortful emotion regulation task predicts subsequent response to treatment, and might thus indicate specific neural circuits that are important common targets for IPT.

Mechanisms of action in Cognitive Therapy (CT): Change in self-regulatory cognition and memory for emotional stimuli

Kari Eddington - University of North Carolina-Greensboro, USA, Megan C. McCrudden, Madeline M. Carrig, and Timothy J. Strauman

Aim: Much research has attempted to identify mechanisms of action that are reliably associated with cognitive therapy. Recent translational studies have used existing models of information processing cognition to test hypotheses about changes associated with successful CT. We present a study applying two models of cognition and affect to examine the impact of CT on depression. Methods: Ten individuals meeting DSM-IV criteria for major depression received a 16-session course of CT and participated in a functional magnetic resonance imaging session both before and after the course of treatment. Fourteen age-and-gender-matched nondepressed controls also completed the same fMRI sessions at matched time intervals. Two different experimental tasks were conducted during the fMRI session: a personal goal priming task (assessing self-regulatory cognition) and a memory for affectively valenced pictures task (assessing the impact of emotion on control processes). Results: Overall, at pre-treatment the two groups manifested distinct patterns of behavioral and neurophysiological responses to the tasks. After treatment, the depressed group showed significant normalization of responses to the goal priming task (specifically, increased activation in response to approach goals) as well as to the pictures task (specifically, a response profile more closely resembling that of the controls). Conclusions: These findings suggest that successful CT for depression is associated with a return to normal functioning (assessed both behaviorally and via neuroimaging) on two different types of cognitive processes implicated in vulnerability to depression. Caveats include the lack of a depressed comparison group and the relatively limited sample sizes.

Panel
Attachment

Moderator
Bernhard Strauss
- Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany

Changes in attachment following psychotherapeutic interventions I & II: I overview of the field

In the last two decades clinical attachment research has increased. Whereas results consistently indicated associations between insecure attachment and psychopathology, findings related to the prediction of psychotherapy outcome based upon attachment characteristics were contradictory. Assuming that secure attachment is more a protective factor for psychological well-being than a predictor for psychopathological changes, some researchers recently have conceptualized change in attachment as an outcome criterion of psychotherapy. In this panel four presentations provide an overview of the variety of current attachment change studies using different populations, research designs, and attachment measures. George Tasca will present self-reported pre-post attachment data from a sample of Binge Eating Disorder patients comparing cognitive behavioral vs. psychodynamic interpersonal psychotherapy. Using the Adult Attachment Interview Jolien Zevalkink compared cross-sectional data out of four treatment cohorts undergoing psychoanalytic psychotherapy. In a control group design study, Helmut Kirchmann focused on associations between changes in attachment and depression
following psychodynamic-interpersonal group psychotherapy. Pre-, post- as well as 1-year follow-up self-report data analyses of structural equation models are used to conceptualize changes in attachment security as a predictor of change in depression. Finally, using a randomized controlled trial, Sheree L. Tooth examined attachment change in infants (measured via the strange situation paradigm) following psychotherapeutic respectively psychoeducational interventions with the children’s depressive or maltreating mothers. Regardless of specificity of examined populations, research designs, and applied attachment measures results indicate an improvement of attachment security following different kind of psychotherapeutic interventions.

Changes in attachment insecurity following group therapy for women with binge eating disorder

Giorgio Tasca - University of Ottawa, Canada, Louise Balfour, Kerri Ritchie, Hany Bissada

The study examined if the relationship between attachment insecurity change and target symptom outcomes was moderated by treatment type. Women (N=66) with Binge Eating Disorder (BED) were randomly assigned to two treatment types: group cognitive-behavioral therapy (GCBT) or group psychodynamic-interpersonal psychotherapy (GPIP). Results indicated significant positive pre- to post-treatment changes in all attachment insecurity scales, but no difference between GCBT and GPIP on these changes. Hierarchical regression analyses indicated that change in attachment anxiety was related to improved depression scores for women completing GPIP, but not for women completing GCBT. This suggested a moderating effect of treatment type in explaining this relationship. Changes in attachment anxiety may be important for the processes and outcomes of psychodynamic-interpersonal therapies, which focus on relationship and self concept issues. Skills oriented cognitive therapies may be less dependent on attachment related changes to result in improved symptom outcomes.

Changes in attachment representations following long-term psychoanalytic treatment: Preliminary results of a cohort study

Jolien Zevalkink - Netherlands Psychoanalytic Institute, Amsterdam, Other

Attachment representations –as assessed with the Adult Attachment Interview – have been investigated in a cross-sectional design with four patient cohorts that differ in the phase in which they are in long-term psychoanalytic treatment (before, 1-year, end, follow-up). The AAI is one of the instruments measuring the effectiveness of psychoanalysis and psychoanalytic psychotherapy. Preliminary results of about 25 patients in each cohort will be presented. The results will show whether more patients can be classified as Autonomous-secure after treatment compared to before and during treatment. Furthermore, changes in coherence scores and scores on the nine-point disorganization/ disorientation scale will be investigated. Finally, we will relate the AAI results to data gathered with the Inventory of Interpersonal Problems in order to investigate whether this screening instrument can predict AAI classification.

Changes in attachment characteristics and depression following inpatient group psychotherapy

Helmut Kirchmann - Friedrich-Schiller-University, Jena, Germany, Bernhard Strauss

In a control group design (200 controls; 150 consecutively recruited inpatients out of five psychotherapeutic hospitals) changes in self-reported attachment characteristics (attachment security, anxiety, and avoidance) and depression were analyzed due to three measurement occasions (pretreatment, posttreatment 1-year follow-up). Results indicated significant pre-post-changes in depression (decrease) and attachment security (improvement) following psychotherapy. Moreover changes appeared remarkably stable with regard to follow up. Preliminary analyses revealed significant prediction of pre-post changes in depression by pretreatment attachment security as well as post-follow-
up stability in depression by pre-post changes in attachment security. Furthermore, treatment process analyses indicated a mediation effect from pretreatment attachment security to decreases of depressive symptoms by the experience of group cohesion.

The efficacy of Child-Parent Psychotherapy (CPP) in increasing attachment security in at-risk populations

_Sheree L. Toth - Mt. Hope Family Center, University of Rochester, USA, Fred A. Rogosch, Dante Cicchetti_

Child maltreatment and maternal depression heighten risk for insecure attachment relationships. Because insecure attachments foster maladaptive trajectories leading to future psychopathology, interventions promoting secure attachment are crucially important. Two randomized control trials (RCTs) were provided to these at-risk populations. In the first, mothers with Major Depressive Disorder during the child’s first 20 months of life (n=130) were randomized to child-parent psychotherapy (CPP) or a control group. A third group of mothers with no history of major psychopathology also was recruited (n=68). Higher rates of insecure attachment were present in both depressed groups at baseline, but at postintervention the rate of secure attachment had increased substantially in the CPP group. In the second RCT, one-year-old infants from maltreating families (n = 137) and their mothers were randomized to: 1. CPP; 2. Psychoeducational Parenting Intervention (PPI); or 3. Community Standard (CS) controls. Infants and mothers from non-maltreating families (n = 52) comprised a normative comparison (NC) group. Infants in the maltreatment groups had significantly higher rates of disorganized attachment than infants in the NC group. Following the interventions, at age 26 months the CPP and PPI groups demonstrated substantial increases in secure attachment, whereas no improvements were found for the CS and NC groups. Disorganized attachment continued to predominate in the CS group. The findings demonstrate the utility of translating basic research into the design and evaluation of clinical trials and the importance of preventive interventions for altering attachment organization and promoting an adaptive developmental course for youngsters in high-risk families.

**Panel**

**Model**

**Moderator**

Bernhard Strauss
- Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany

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**Motives in psychotherapy I & II/part I**

Motivational theories have a long tradition in the field of psychotherapy research. Related to common factors of psychotherapy, patients’ expectations of outcome have shown to influence treatment process and outcome. Motives, in addition, are important constructs to conceptualize psychopathology. Two panels on motives on psychotherapy will give an overview of current research dealing with this issue demonstrating the use of different theoretical frameworks as well as measures to assess motivational variables. The first panel will focus on psychotherapy motivation and how it predicts treatment response. Although the patients’ motivation for therapy is seen as a central predictor for outcome, data are inconsistent and only little is known about the pathway of how patients’ expectations might affect process and outcome of treatment. Robert J. Lueger will compare three motivational models (psychoanalytic, social learning and cognitive/affective model) related to the prediction of treatment outcome. Dietmar Schulte’s presentation will primarily focus on models describing the relationship between the patients’ therapy expectations at the beginning of therapy and therapy outcome. Finally, as an example of the current approaches to assess motives and changes of motives within psychotherapy, Len Horowitz will present a prototype methodology to identify patients’ major motives/goals by deconstructing motives into goals, specific behavior and indicators for fulfilling the motive. This presentation can be seen as a bridge to the second panel.
Predictions of patient response to treatment from three motivational models

Robert J. Lueger - St. Edward’s University, Austin, USA

Motivational models for predicting behavioral responses have been derived from major theories of personality development. For example, psychoanalytic theory emphasizes avoidance of/escape from negative emotion; social learning theory emphasizes the combined roles of outcome importance and expectancy of success; and cognitive/affective models have emphasized positive goals and confidence in achieving those goals. In the present study, these three models were examined as predictors of patient outcome in a large panel of psychotherapy outpatients. Operational definitions of the expectancy and avoidance models were independent, whereas the optimism construct shared features of both models. Overall, the expectancy and avoidance models predicted treatment gains as assessed by an omnibus measure of mental health status, and the avoidance model predicted length of treatment. A grouping procedure was used to identify patterns of change based on severity, chronicity, and presenting problems of patients and a three-domain measure (remoralization, remediation, rehabilitation) of treatment outcomes. Step-wise regression of group-by-change patterns on the three motivational models yielded different predictive values for the motivational models. The results are discussed in terms of multiple motives with which psychotherapy patients enter and participate in psychotherapy.

Therapy expectations and therapy outcome

Dietmar Schultz - Clinical Psychology and Psychotherapy, Bochum, Germany

Aims: Patients’ outcome expectation, a central component of patients’ motivation for treatment, is seen as one of the central common factors of psychotherapy. However, data on the relation to treatment outcome are inconsistent, and nearly nothing is known about the pathway how patients’ expectation might effect process and outcome of therapy. Two questions are asked: (1) what determines patients’ expectancies during treatment? (We expect: patients’ present assessment of their therapist and their therapy) and (2) what is the effect of patients’ expectation of a positive treatment outcome? (We expect: an enhanced expectation of self-efficacy and - as a consequence - a reduced suffering and - as a consequence - a higher satisfaction with the treatment.) Methods: After the 4th session, several questionnaires were given to 361 outpatients to assess their evaluation of their therapist, their impression of suitability of their treatment, their expectancy of outcome and of self-efficacy. At the end of therapy, treatment success was assessed as residual symptoms (post scores of symptom questionnaires), as degree of pre-post change (effect size), as retrospective success ratings and as the degree of suffering. Structural equation modeling with AMOS was used to test the relationships between the patients’ assessments at the beginning of therapy and therapy outcome. Results: Results confirm the hypotheses. Discussion: Results support the assumption of two therapeutic processes, a specific process of changing symptoms by specific treatment methods, and an unspecific process of changing suffering by common factors as therapeutic relationship and patients’ expectancy.

Deconstructing a patient’s treatment goal using prototype methodology

Leonard M. Horowitz - Department of Psychology, Stanford, USA, Marshall Bush, Jon Belford

Prototype methodology is a procedure used to clarify the connotative meaning of a concept. The method provides a list of features associated with the concept that are ordered according to their prototypicality (centrality to the concept). The method also reveals individual differences in the meaning of a concept to different people. This paper will first describe the prototype methodology to show its broad application to problems in psychotherapy research—from clarifying the different meanings of a syndrome, such as “depression,” to identifying the best indicators of suicidality. It can also be used to de-construct a motive into specific behavioral goals. For example, a “communal motive” (a desire to get close to, or connected
with, other people) would be de-constructed into such behaviors as: exchanging private thoughts and feelings; recalling childhood memories together; having physical contact; surviving a severe challenge together; praying together; and many others. The paper will apply the method repeatedly using the control-mastery perspective to examine the psychoanalytic treatment of a 28-year-old patient. Prototype methodology was used, first, to expose the patient’s principal motives for seeking treatment. One central organizing motive concerned the patient’s problematic relationship with his father. The same method was used to identify important pathogenic beliefs and anticipated tests of the therapist. Prototype methodology could also be used to expose interpersonal patterns and cognitions that frustrate the central organizing motive. The procedure was applied once more to identify indicators within a treatment that reflect progress toward the patient’s central organizing motive. Implications for process and outcome research will be discussed.

**Panel**

**Moderator**
Bernhard Strauss  
- University of Jena, Germany

**International perspectives on possible, probable, and desirable paths of development for the psychotherapeutic professions**

**Discussant:** Bernhard Strauss - Friedrich Schiller University, Jena, Germany

In this panel, leading representatives of two major international organizations of regional and national professional associations of psychotherapists are invited to present their views on the future of the therapeutic professions, based on their extensive knowledge and their reflections on the presentations and interchanges heard in the two structured discussions sessions on the current situation and prospects of the professions in varied countries. Alfred Pritz is president of the World Congress of Psychotherapy. Ulrich Schnyder is president of the International Federation of Psychotherapy. Contrasting views have held in the past within these two groups, but current developments may provide ground for rapprochement. David Orinsky and M. Helge Ronnestad are coordinators of the SPR Collaborative Research Network that has conducted an international study of the development of psychotherapists. They will discuss implications of research findings for the development of empirically-supported training programs in the psychotherapeutic professions.

Can the established psychotherapeutic professions work together to secure a future for psychotherapy?

*Ulrich Schnyder - University Hospital, Zurich, Switzerland*

The International Federation for Psychotherapy promotes high professional and ethical standards of psychotherapy in practice, research, and training. It also fosters a worldwide intercultural, interdisciplinary dialogue and mutual learning among psychotherapists, psychotherapy researchers, psychotherapeutic orientations, traditions, and related sciences. Accordingly, psychotherapy is regarded as a treatment approach based on scientific evidence, practised by academically trained professionals. Psychotherapists apply scientifically elaborated theories of illness, recovery, and treatment, and use empirically supported therapies in order to change people’s perceptions and behaviors as well as their health status. Given the range and complexity of psychological, neurobiological, sociological, systemic and other knowledge that is required to understand and appropriately treat mental disorders, psychotherapists are increasingly confronted with the challenge of developing their skills in interdisciplinary and interprofessional communication.

Can psychotherapy be a distinct, autonomous, and legally recognized profession?

*Alfred Pritz - Sigmund Freud Private University, Vienna, Austria*

Big changes have occurred in the development of the psychotherapeutic profession in the last 20 years: 8 European countries have implemented law regulations for the practice of psychotherapy: Austria,
Germany, Sweden, Finland, Italy, The Netherlands, France and Hungary. None of these countries have reserved the practice of psychotherapy for medical doctors only, most of them are open to several professions concerning entrance criteria for psychotherapeutic training and practice. The European Association for Psychotherapy (EAP) and the World Council for Psychotherapy (WCP), the biggest representative professional associations of psychotherapists worldwide, have adopted the „Strasbourg Declaration of Psychotherapy” of 1990 which defines the psychotherapeutic profession as a scientifically based profession in its own rights. 2002 the European parlament has voted positively on the implementation of a psychotherapeutic profession (not yet adopted by the European Commission). 2005 the Sigmund Freud Private University Vienna was accredited by the Austrian government, offering a bachelor, master and since 2007 a doctoral program in psychotherapy, implementing all training aspects of the European Certificate for Psychotherapy (including selfexperience, working under supervision with patients in an own outpatient clinic) and open to students after special examination after high school.

The trend towards an own scientifically based profession is in discussion around the globe, following Sigmund Freud’s ideas of 1928 about a „psychoanalytical university” and the ideas of Robert Holt of 1970 in his book „new horizons in psychotherapy” of an academically based psychotherapy profession. The question is: who is the „owner” of the psychotherapy profession? And how is the impact on psychotherapy research, when psychotherapy is listed as own discipline and not as a subdiscipline of psychiatry or clinical psychology in research funds? And how will the identity of psychotherapists change?

**Couples, couple therapy and disruptions**

Couple Therapy is an effective procedure for couple’s conflict treatment. Specifically, Emotional Focused Therapy (EFT) has proven to be effective with distressed couples (Baucom, 1998), obtaining effect sizes as large as 1.3 (Johnson et al., 1999). Studies have found that 70%-73% of couples are no longer distressed at follow-up (Jonhson, 2000). However, there exist a 30 - 35% of couples that don’t improve (Gottman, 1999) and 10% suffers deterioration during therapy (Gurman A., 2002). Little empirical work has been done to identify and investigate the impact of relationship disruptions at different levels in couple and couple’s therapy process. In this panel different studies about disruptions in couples and therapeutic process are presented. The first study describes the process of therapeutic change in couple therapies in two successful cases and one unsuccessful case from York Emotional Injury Project (EIP). The second paper investigate methods to identify ruptures, specifically compare the Structural Analysis of Social Behaviour (SASB) method and the Rupture Resolution Scale (RRS) in brief therapy. The third presentation provides a definition, classification and resolution strategies of couple’s gridlocks from couple therapist and couples perspectives. The last one use task analysis to study six couples in order to explore how interpersonal forgiveness unfolds in the context of Emotion-focused couple’s therapy to resolve emotional injuries.

**The process of inter- and intrapersonal change in couples therapy**

*Hugo Schielke - Miami University, USA, William B. Stiles Leslie S. Greenberg*

Aim: This work aims to describe the process of therapeutic change in couple therapies in language consistent with systemic perspectives. In keeping with a systemic view, this model conceptualizes the self (as well as couples and families) as a system of multiple parts in relationship, and therapeutic change as an observable progression of improvements in the qualities and outcomes of dialogues between these parts. Method: This theory-building case study elaboration of the work of Stiles et al. (1990), Honos-Webb & Stiles (1998), Leiman & Stiles (2001), and Brinegar, Salvi, Stiles, and Greenberg (2006) employed the use of intensive qualitative team analysis of video recordings, transcripts, and
process measures of two successful cases and one unsuccessful case of couple therapy from the York Emotional Injury Project (EIP). Results: The resulting model offers a framework for conceptualizing and attaining to the relational dynamics in the client system, offering therapists a lens into their clients' states and struggles and researchers a framework to identify specific therapeutic shifts that may merit additional study using methods such as task analysis. Discussion: Specific findings will be discussed in relation to the couples' therapy literature.

Identifying working alliance ruptures in couples therapy
Jacqueline Grüter-Andrew - Simon Fraser University, Vancouver, Canada, Adam Horvath

It has been suggested that effective therapeutic treatment consists of a pattern of tears and repairs (ruptures) in the working alliance (Horvath, 1995). Relationship ruptures in one-to-one treatments have been investigated extensively (c.f. Samstag, Safran & Muran, 2006) but little empirical work has been done to identify and investigate the impact of relationship disruptions in couples' therapy. This pilot study sought to investigate whether methods proven effective in identifying ruptures might be used to locate similar events in couples therapy. Specifically we have explored whether the Structural Analysis of Social Behaviour (SASB) method or the Rupture Resolution Scale (RRS) were more useful in identifying ruptures using data drawn from 47 couples receiving four different types of brief therapy (Symonds & Horvath, 2004). The clinical criteria for the presence of ruptures was based on Expert Raters (ERs) judgments who completed a questionnaire about videotaped segments. ERs observations were then compared and contrasted with ruptures identified using the SASB and RRS methods. Results indicated that ruptures identified by RRS (RIRs) matched all ER identified ruptures, indicating that the RRS may be accurate at detecting ruptures in couple therapy. The SASB method was less accurate than the RRS method in identifying ruptures noted by the ERs. No couple subsystem ruptures were identified. Examining qualitatively differences between the events identified by the different methods suggested quantitative and qualitative differences between the threshold of RIRs and ERs ruptures identification. What RIRs represent in couple therapy, and how this might differ from ERs is discussed.

Gridlocks in couple's conflict: Couple therapists and couples perspectives
Luis Tapia - Universidad del Desarrollo, Santiago, Chile, Gianella Poulsen Ivan Armijo Patricia Sotomayor Ximena Pereira

Aim: This research intends to: a) define the concept of gridlock; b) identify different types of gridlocks and c) capture the perspectives of couple therapists and master couples on the resolution of gridlocks. Method: A qualitative, descriptive and comparative study was designed to evaluate the resolution of gridlocks from two groups’ perspectives: Couple Therapists (CT) and Master Couples (MC). The CT has two subgroups, Gridlock Definition Task Force (GDT) and Gridlock Resolution Task Force (GRT). The GDT consisted of 3 expert couple’ psychotherapists. This subgroup defined the term, identified different classes of gridlocks and designed four clinical vignettes that were then transformed into video sequences. The video sequences were shown to GRT and MC. The GRT consisted of 4 expert couple’ psychotherapists. The MC was constituted by 10 "well adjusted" couples (first marriage or cohabitation, with children, > 142 points in DAS, and without criticism, defensiveness, contempt and indifference in their interactions, assessed by clinical interviews). Each group discussed how each class of gridlock might be resolved. Results: Gridlock was defined as a dysfunctional pattern in couples, characterized by rigid repetitive sequences of disputes, accompanied by a considerable amount of suffering. Gridlocks can be found to occur in interaction patterns, emotions and meaning attributions. Different resolution strategies were identified by therapists (GRT) and couples (MC). Discussion: Identifying the presence of gridlock’ and helping couples break out of rigid argumentative patterns are key tasks necessary for resolution occurring. GRT and MC perspectives can be applied to clinical and research activities.
Forgiveness in emotion-focused couple's therapy
Catalina Woldarsky Meneses - York University, Toronto, Canada, Leslie S Greenberg

Aim: The aim of this study was to explore how interpersonal forgiveness unfolds in the context of Emotion-focused couple’s therapy to resolve emotional injuries. The moment-by-moment changes were tracked rigorously in four couples that forgave and reconciled and two couples that did not in search of any processes and patterns that seemed to distinguish couples who successfully resolved their emotional injury via forgiveness versus those who did not. Method: A task analysis was employed to study six couples who participated in the Emotional Injury Project (Greenberg, Malcolm & Warwar, 2003). Transcripts and videos of therapy sessions were used to establish the processes involved in forgiveness and were also central to the development of a process rating system where detailed descriptive criteria of what constitutes specific components of forgiveness were outlined. Results: Eight components were found to distinguish the two groups, and were viewed as essential for forgiveness. Discussion: These results are discussed in light of existing forgiveness research.

Therapists interpersonal patterns and their effects on the therapy process
Discussant: Jeff Hayes - Penn State University, University Park, USA

Psychotherapy is an ongoing interaction between two people, who perceive each other and respond to each other through the lenses of their characteristic interpersonal patterns (Aron, 1998; Safran & Muran, 2000). This relational “dance” is the context in which technique is applied and received, and through which the client learns about himself. Numerous studies have focused on the client’s contribution to the therapeutic alliance and the treatment process, whereas little attention has been given to the impact of therapists’ interpersonal styles and how they affect the ongoing work. The four studies presented in this panel – have examined various ways in which therapists’ interpersonal patterns affect the treatment relationship and the therapy process. The first paper (Ronnestad & Orlinsky, Norway & USA) presents results based on a large international sample of therapists, who described their close relationships and their therapeutic relationships. These descriptions yielded similar factors and the implication of these similarities to clinical work and the development of psychotherapists will be discussed. The second paper (Schroder & Davis, UK) demonstrates the difficulties encountered in conducting psychotherapy when therapists’ interpersonal problems are similar to those of their patients. In the third paper Vera Romano (Canada) will discuss the way in which clients’ insecure attachment styles and the interaction between client and counselor insecure attachments - impacts session evaluations. The fourth paper (Vered & Tishby, Israel) demonstrates the effects of therapists’ counter-transference, measured by the CCRT method, on the relationship with adolescent patients.

Interpersonal patterns of psychotherapists in therapy and in close personal relationships
Helge Ronnestad - University of Oslo, Norway, David Orlinsky

Aim: Behind Freud’s (1912/1958) recommendation that a therapist “should be opaque to his patients, and like a mirror, should show them nothing but what is shown to him,” and Rogers’s (1957) contrasting proposition that a therapist should be genuine or “congruent or integrated in the relationship” with clients as a necessary and sufficient condition of therapeutic change, lies the interesting question of whether therapists act similarly or differently towards patients and towards their significant others. Method: The present study explored this question by comparing therapists’ descriptions of themselves in relating to patients and in their close personal relationships, using a set of rating scales drawn largely from Leary’s (1957) interpersonal model. These were included in the Development of Psychotherapists Common Core Questionnaire (DPCCQ), which was used to collect data by members of the SPR Collaborative Research Network (Orlinsky & Ronnestad, 2005). The available data set includes 4,923
survey responses: 22% from Germany, 17% from the United States, 17% from Norway, 11% from South Korea, and the remaining third from more than a dozen countries. Overall, 57% of the sample were psychologists, 28% were medically trained therapists, and the rest were social workers, counselors, nurses or ‘lay’ therapists; 53% were female; the average age was 42 (sd=11); the number of years in practice on average was 11 (sd=9); and therapists represented a broad range of theoretical orientations. Therapists’ self-ratings for therapeutic and close personal relationships were factor analyzed separately and the resulting dimensions were compared and intercorrelated. Results: Three independent factors were defined in each domain. These were found to be highly similar for relationships with patients in therapy and in personal life, and the corresponding dimensions proved to be highly correlated across domains. Discussion: Implications of the findings will be discussed in the context of the larger CRN study.

Too close for comfort: Therapists’ self reported similarities between their own and their patients’ interpersonal problems are related to negative therapeutic process

*Thomas Schroder - University of Nottingham, UK, John Davis*

The findings reported in this paper derive from a study investigating therapeutic difficulties (Schröder & Davis 2004). Convenient samples of 100 British and 30 German speaking therapists each provided narrative accounts of two difficulties; one with a patient deemed ‘difficult’ and one with a patient considered ‘not-so-difficult’. In addition, respondents provided general interpersonal profiles of themselves and their patients [based on the Inventory of Interpersonal Problems (Horowitz et al., 1988), yielding both circumplex and factor scores (Barkham, Hardy & Startup, 1996)]; general SASB INTREX Introject scores (Benjamin, 1983) ‘at best’ and ‘at worst’ for themselves; difficulty-specific SASB INTREX Transitive (surface1) and Intransitive (surface2) scores for themselves and their patients; and difficulty-specific Introject scores for themselves. Therapists who evaluated their own interpersonal problems as similar to that of their patients were more likely to experience therapeutic difficulties based on their own idiosyncratic personal characteristics (‘countertransference’ difficulties). Such episodes related to therapists’ internal attachment conflicts, evoked negative internal states in them, and aroused their wish for hostile control in the absence of perceived patient hostility. In contrast, during therapeutic difficulties based on patient characteristics or situational factors, therapists reported reacting to patient hostility in an affiliative and autonomy promoting manner, while managing to stay on good terms with themselves. We discuss consequences for therapeutic practice, supervision and professional development.

Client and counselor attachment in counseling process: How do they interact to predict session evaluation?

*Vera Romano - Haifa University, Israel*

An emerging literature highlights the role of client attachment in the process of counseling and psychotherapy. However, much less is known about the impact of the counselor’s attachment configuration on the relationship with the client and the counseling process. Yet, both clients and counselors come to the counseling situation with an existing attachment orientation. The present study examined the relationship between fifty nine clients’ and trainee counselors’ attachment styles and session evaluations. Results indicated that clients’ insecure attachment styles and the interaction between client and counselor insecure attachment - impacted session evaluations. Implications for research, training, and practice will be presented.
Counter transference in the treatment of adolescents and its effects on the patient-therapist relationship
Miri Vered - Hebrew University, Jerusalem, Israel, Orya Tishby

The therapeutic relationship has been studied mainly from the perspective of patients, although the therapy process involves a meeting of two minds (Aron, 1996). This pilot study focused on counter-transference and how it relates to the manner in which therapists interact with their patients. Using the CCRT method we conducted RAP interviews with 12 therapists who treat adolescents. We asked therapists to describe interactions with their parents (3 with father and 3 with mother) and two of their patients (3RE’s for each patient). Results showed that similar relational patterns appeared in the RE’s about the parents and patients, which reflects therapists’ counter-transference. It seems that counter-transference was also involved in the choice of patients and the RE’s that were told about them. The effects of therapist counter-transference on the therapeutic relationship were apparent in: The therapists’ feelings towards their patients, their expressions of empathy, identification with patients, avoidant behavior (avoiding conflict or intimacy) and choice of interventions reflecting therapists’ interpersonal patterns with their parents. Therapists sometimes responded to patients in the same (undesirable) manner they perceived their parents responding to them, or perceived their patients like their parents, responding to them as child to parent.

Quantitative process research in psychotherapy
Discussant: Sergio Salvatore - Università degli Studi di Lecce, Italy

Background. In recent years the focus of psychotherapy research has moved towards the investigation of process. It is our impression, however, that process research is still predominantly qualitative and, in many instances, based on individual case studies or small samples only. This may be due to the effort arising when therapy process is closely monitored in larger samples. A further reason may lie in the absence of a canon of longitudinal and time series methods. Methods. We used various approaches to detect process patterns in diverse data sets in order to investigate psychotherapy process and process-outcome relationships. We applied time series methods to formulate mechanisms of action inherent in group psychotherapy with personality disorder patients. Synchrony is a universal concept in nonlinear systems science. We detected synchrony of nonverbal behavior in video-recorded interactions. The general linear model was applied to elaborated process monitorings in psychiatric depression therapy and the treatment of borderline patients. Discussion. Quantitative process research is a feasible and powerful method for in-depth investigations of change mechanisms in psychotherapy. Moreover, this approach has entailed descriptions of new phenomena such as nonverbal synchrony. Quantitative process research can address longstanding questions of process-outcome relations in a novel manner.

Time series analysis of therapy process in patients with personality disorders
Wolfgang Tschacher - University Hospital of Psychiatry, Bern, Switzerland, Peter Zorn, Martin Thommen, Volker Roder

Background. During recent years the treatment of personality disorders (PS) has increasingly come into focus. As the psychotherapeutic interventions are still limited with respect to these demanding disorders there is a considerable need for further efficacy and, particularly, therapy process investigations. A promising approach is the development of integrated psychotherapy, which combines cognitive-behavioral interventions with further change mechanisms such as the clarification of maladaptive schemata. On top of that, interventions should maintain a focus on emotion regulation. Methods. In a study on “Schema-focused Emotive Behavioral Therapy” (SET), 93 patients with personality disorders of clusters B (predominantly narcissistic and Borderline PS) and C (avoidant and dependent PS) were
randomized into one arm with SET group therapy and a control arm with social skills training (SST). Therapies lasted for approximately 30 two-hour sessions. Therapy process was monitored using therapy session reports; session-to-session changes were modeled by time series analysis (vector autoregression). Results. We report here on the change mechanisms derived from modeling therapy session reports with time series methods. It was found that the two therapy approaches differed with respect to change mechanisms. In SET (yet not in SST) therapy groups, clarification and insight reduced feelings of being rejected and disrespected, which was a major concern of many patients. In addition to this, a contrast was found between the prototypical therapy processes of cluster B and C patients.

Discussion. In conclusion, these results lay the ground for a process-specific application of integrated psychotherpay in personality disorders.

Process measures of nonverbal behavior in psychotherapy and psychopathology
Fabian Ramseyer - University Psychiatric Services, Bern, Switzerland, Zeno Kupper, Wolfgang Tschacher

Aim. Previous research has conceptualized nonverbal coordination between client and therapist as an important feature of psychotherapy process. However, such studies require a tremendous amount of manual coding, as nonverbal behavior has been traditionally investigated with observer rated categories. Objective quantitative approaches - e.g. psychophysiological methods or automated motion analysis systems - potentially provide new approaches to process measures of nonverbal behavior. Methods. Nonverbal behavior during psychotherapy was analyzed in terms of movement patterns from patients and therapists in various settings. Motion energy analysis (MEA) was carried out by a fully automated frame-by-frame examination of video sequences. A first study investigated nonverbal synchrony between patient and therapist in video recordings of N=80 therapy sessions taken from N=80 different dyads. A second investigation focused on movement features and psychopathology of schizophrenic patients filmed during a standardized role-play situation. Results. A positive relationship between the amount of nonverbal coordination (synchrony) of patient and therapist with psychotherapy outcome was found. This effect held true for global therapy outcome measured by goal attainment scaling as well as session micro outcome (quality of the therapeutic bond) measured with post session questionnaires. This effect of nonverbal synchrony was most prominent in patients with affective disorders. Further relationships between global movement parameters and process measures were identified. Discussion. Nonverbal synchrony in psychotherapy is related to micro and macro outcome. The application of a video-based method for the analysis of nonverbal behavior bridges the gap between quantitative process research and nonverbal behavior methods.

Temporal patterns of change in a psychotherapy day clinic
Katrin Endtner - University Psychiatric Services, Bern, Switzerland, Thomas Reisch, Martin Thonmen

Aim. The evaluation of therapeutic interventions is traditionally based on pre-post comparisons. In order to be able to detect specific patterns of change, repeated measurements are needed. This study identifies temporal patterns of change in a mixed program of both individual- and group psychotherapy from a psychotherapy day clinic. Methods. 110 inpatients were closely followed during 14-weeks. Weekly assessments of psychopathology (SCL-9), experiences of the inpatient therapeutic process (SEB) and patients’ internal and external experiences (WO) were administered to evaluate differential patterns of change over the course of psychotherapy. Diagnoses were grouped in three clusters of approximately equal sizes: borderline personality disorder, other personality disorders, and patients without a personality disorder. In addition to a traditional evaluation of treatment efficacy, vector auto regression (VARMAX) and hierarchical linear modelling (HLM) were applied to distinguish temporal aspects and to model differences between diagnostic groups. Results. A simple pre-post analysis did not reveal significant differences in outcome between diagnostic groups. However, the process measures revealed
that trajectories of patients with a borderline personality disorder (BPD) were significantly different compared to other diagnostic groups. BPD patients showed a clear deterioration in psychopathology and self-efficacy within the first 7 weeks of treatment. This pattern was independent of inclusion or exclusion of dropped-out patients. Discussion. Identification of specific patterns of change can improve differential treatment planning and promotes better understanding of dynamic changes during treatment. Such important information can best be gained with process measurements during psychotherapy.

Predicting outcome of routinely applied cognitive behavioural group therapy for depression by initial symptom patterns
Ulrich M Junghans - University Psychiatric Services, Bern, Switzerland, Carola Teschner, Mario Pfammatter, Wolfgang Tschacher

Background: Though having proven efficacy in numerous randomized controlled trials, there is still only limited knowledge on the effectiveness and efficiency of cognitive behavioural group therapy (CBT) for depression in routine clinical settings that serve a “case mix” of patients. In particular questions related to the prediction of individual benefit, but also possible adverse effects of participating in such a therapy are of interest. Objective: To investigate the temporal evolution of depressive symptom patterns in routinely treated individuals in a psychiatric day hospital. To assess the predictability of these patterns by initial depressive symptoms. Method: Naturalistic longitudinal repeated measures study of all consecutive patients treated in a psychiatric day hospital that underwent CBT group therapy for clinically relevant depressive symptoms during a five years period. Results: Four subgroups with markedly different evolution of symptom patterns could be identified among those day hospital patients receiving CBT for depression. These subgroups significantly differed as regards their depressive symptom pattern at pre-treatment assessments. Conclusion: Assessment of initial symptom patterns may help to allocate CBT for depression efficiently in routine day hospital settings.

Panel
Change
Moderator
Valeria Ugazio - University of Bergamo, Italy

Meaning and change: A systemic-constructionist approach
Discussant: Guillem Feixas Viaplana - University of Barcelona, Spain

The question that we will try to answer in this panel is: can the concepts of triadic hypothesis, family semantic polarities and positioning help us in understanding different psychopathologies (such as phobic and eating disorder) and in conducting our sessions? This panel will be dedicated to the strategies, techniques and procedures through which new meanings are created in therapy sessions. Will analyze in detail some specific conversational techniques which create new meanings during individual or family systemic-relational therapy. Video-recorded sequences and other clinical material will be analyzed to show how the ideas and concepts of this approach can be transformed into strategies and techniques.

Is therapeutic conversation with phobic subjects dominated by the semantics of freedom?
Valeria Ugazio - University of Bergamo, Italy, Attà Negri, Emanuele Zanaboni

Aim: some cognitive and systemic therapists (Guidano 1987, Ugazio 2001) argue that subjects with phobic disorder organize meanings through the “semantics of freedom”, which has the fear/courage emotions at its core. This semantics is characterized by the specific polarity of “dependence-need for protection/freedom-independence”. Should this hypothesis be true, semantics of freedom would be dominant also during therapeutic conversations. Method: to test this hypothesis we analyzed the first two sessions of 24 individual systemic therapies: 12 phobic clients (agoraphobia, panic disorders) and 12 non-phobic clients [other DSM diagnosis]. In the transcriptions we detected each explicit definition of self/others, each implicit positioning of self/others through the act of narrating, each interactive positioning between client and therapist. A new specific coding system (FSG, Ugazio et al., 2007),
supplying a categorization of semantics generated by the main emotions which literature considers
typical of specific pathologies, was applied to the meaning of each definition and positioning. Results:
our findings show in the phobic group a statistically significant prevalence (45%) of the semantics of
freedom with respect to semantics typical of other psychopathologies. Furthermore the semantic polarity
of “dependence, need for protection/freedom, independence” is significantly more present in
conversation with phobic clients than with those in the non-phobic group (F=52.42 df=1 p<0.001). We
have found no significant therapist’s effect on this aspect of the conversation. Discussion: in conclusion
the semantics of freedom, in which the “fear/courage” emotion play a central role, seems to dominate
conversation in families with phobic clients. Further clinical implications will be addressed.

When 2 is not enough: Systemic inference fields and therapeutic change
Lisa Fellin - University of Bergamo, Italy, Valeria Ugazio, Francesca Colciago, Roberto Pennacchio

Aim: triadic hypothesis are one of the most characteristic aspects introduced by systemic-relational
therapies to understand psychopathology and to construct alternative stories, enhancing the process of
change. The implicit assumption is that these wider inference fields (involving at least three people) are
unusual or even extraneous to common sense. Our further hypothesis is that triadic inference fields
would be rarer in early therapeutic conversations (when clients are more “naïve”, not yet influenced by
therapist’s hypothesizing) than in later phases of the therapy. Methods: to test our first claim we code
written explanations (provided by 400 undergraduates) of an unexpected decision, framed into 4
scenarios where the variable “breadth of the relational context” was manipulated. To test the second
hypothesis we will compare triadic explanations provided by 24 clients (presenting different
psychopathologies) during first and last sessions. All explanations are coded following the “1to3” System
(Ugazio et al.2007) created to analyse the breadth of the inference field up to the triad. Results: in our
first study (Ugazio et al.2007) only 35.5% of explanations are monadic, 47.5% dyadic and 17% triadic,
mostly elicited by widest relational contexts that include 3 characters (Chi²=298.10, df=1, p<.001). The
study on therapeutic change is still ongoing. Discussion: in conclusion, triadic explanations seem rather
unal so, but not completely extraneous to common sense: people appear less monadic than assumed by
many systemic therapists and attribution theorists. Finally, the broadening of the relational context
evoked in a systemic way increases triadic thinking significantly.

Eating disorders: A problem of positioning within a “semantics of power”
Attà Negri - University of Bergamo, Italy, Valeria Ugazio, Emanuele Zanaboni, Lisa Fellin

Aim: a systemic-constructivist interpretation of eating disorders (ED) based on Family Semantic Polarities
concept (Ugazio, 2001) and on Positioning Theory claims that conversations in these families are
organized mainly around the “semantics of power”, where polarities such as pride/shame,
winning/losing, determination/compliance play a central role. Our objective is to verify Ugazio’s
hypothesis that ED psychopathology is connected to the particular position the client takes in relation to
other family members along this predominant semantic polarities. Method: to test this hypothesis we
analyzed transcripts and videotapes of the first 2 sessions of individual systemic therapies with 12 ED
clients (with anorexia, bulimia, obesity) and with 12 non-ED clients (with other DSM diagnosis) focusing
on subjects’ explicit definitions of self/others, on subjects’ implicit positioning of self/others through the
act of narrating, and on interactive positioning between client and therapist. We coded the meaning of
each definition and positioning with the FSG coding system (Ugazio et al, 2007) that operationalizes the
“family semantic polarity construct” and supplies a categorization of semantics generated by each
specific psychopathology’s core emotions. Results: our findings show a statistically significant
prevalence of the semantics of power in the ED group with respect to semantics typical of other
psychopathologies. Furthermore the semantics of power is significantly more present in conversation
with ED clients than with non-ED group. Discussion: our results will be discussed in relation to ED etiology, features and socio-cultural influences. We will address specific tailoring to ED clients' therapy suggested by their personal characteristics, semantics and interactive positionings.

**Panel**
Integration

**Moderator**
Bo Vinnars - Karolinska Institutet, Stockholm, Sweden

**Systematic case analyses with personality disorder patients - Comparing how different research formats influence therapeutic process and outcome**

Discussant: Per Haglend - University of Oslo, Norway

Patients with Personality Disorders, have higher functional impairment, use more health resources, and respond less well to treatment than axis I patients. When included in modern psychotherapy trials they have to submit to a manualized treatment format usually with time-frames. In naturalistic trials the format is freer to improve external validity. These differences in formats influence the psychotherapies differently even if we do not much in detail how. Through some case presentations, both dynamic and cognitive behavioral, manualized and non-manualized, we want to discuss the interaction between different PD diagnoses, treatments and research formats and compare therapists and researchers perspectives.

Supportive expressive psychotherapy for comorbid personality disorders: A case study

*Bo Vinnars - Karolinska Institutet, Stockholm, Sweden, Jacques P. Barber*

Supportive-Expressive psychotherapy (SEP) has received some empirical evidence supporting its effectiveness for treating a variety of axis I disorders; however, no evidence supporting its use for patients with severe personality disorders has been published. This presentation describes a patient suffering from several personality disorders -- Avoidant, Obsessive-Compulsive, Paranoid, Narcissistic, and Antisocial -- using the Core Conflictual Relationship Theme (CCRT) method. SEP focuses on connecting the CCRT with symptoms and maladaptive personality traits, with the goal of resolving these conflicts. Most maladaptive traits for such a complex patient are ego-syntonic, not experienced as internal conflicts and therefore not easily accessible to therapeutic exploration. Such a patient is likely to experience the external environment as hostile once his ego-syntonic wishes are not automatically granted, thus the therapeutic alliance may suffer and outcome is uncertain. This presentation will show the interpersonal processes that are activated when a patient is treated with time-limited, manualized psychotherapy for one year (forty sessions). Evaluation was made at intake, at termination after one year, and at a one-year follow-up. Variables of evaluation included DSM-IV diagnoses, psychiatric symptoms, psycho-social level of functioning (GAF), PD severity, interpersonal problems (IIP), personality traits, alexithymic traits and psychodynamic profile.

**Systematic case study with a borderline patient using non-manualized psychoanalytically oriented psychotherapy**

*Clara Lopez-Moreno - University of Salvador, Buenos Aires, Argentina, Silvia Acosta*

Non-manualized psychoanalytically oriented psychotherapy is the most frequently used psychotherapy in Buenos Aires. Some systematic studies report it's effectiveness treating neurotic and PD patients. Our aim is using empirical and clinical approaches to study therapeutic processes and outcomes in a naturalistic research setting. This presentation describes a systematic case study of the first year of a two years treatment of a PD patient treated twice a week in an private setting. The patient had a Borderline diagnosis, was never an in-patient and never made any suicide attempts. Her problems were basically of a dependent nature, using primitive defenses and with a high anxiety level. DSM IV, WISPI, IIP and KAPP outcome measures were applied in order to obtain a complete diagnostics of the patient including personality traits, disorder and personality organization. In addition, we present the supervision
session analysis of the initial therapeutic sessions including therapist difficulties approach, treatment strategy and therapeutic relationship (including therapist’s and supervisor’s cognitive and emotional reactions). For this we used the Diagnostic elements of a psychodynamic diagnosis (DEPD) protocol. Furthermore, we studied the first year of treatment using systematized clinical meetings, which included researchers, therapists and supervisors, at six and twelve months focused on therapeutic changes of diagnoses, behavioral changes and psychoanalytic conflict evolution or changes. In our conclusions we will discuss the effectiveness of combined researcher’s and clinician’s perspectives as a way to increase the comprehension of the therapeutic process from non-manualized psychodynamic frame.

Treatment of bulimia nervosa and dysregulated personality: A case study using cognitive behavioral therapy
Dana Satir - Boston University, USA, Heather Thompson-Brenner

Manualized cognitive behavioral therapy (CBT) for eating disorders (EDs) has demonstrated efficacy relative to other research protocols. Some evidence suggests patients with personality pathology show poor outcome from treatment trials. The new generation of CBT for EDs, “CBT-Enhanced,” includes optional modules targeting problems associated with personality pathology and is intended to be more efficacious for the wide range of patients with EDs and comorbid diagnoses, while still 20 sessions in length. The treatment of a patient with co-morbid ED and personality pathology using the CBT-E protocol is presented. The patient was a thirty-three year old woman with a lengthy history of bulimia nervosa, borderline pathology (with particular disturbances in affect and impulsivity), substance abuse, and depression and anxiety. The treatment included a focused period of CBT for eating symptoms (including regular eating, regular weighing, and re-introduction of feared foods), followed by several sessions of CBT for mood intolerance, and eight sessions of Interpersonal Psychotherapy for relational issues. Progress was assessed weekly using brief instruments measuring eating pathology, depressive affect, social functioning, and treatment alliance. The patient achieved near-recovery from binge eating and purging, improved mood, increased control over aggression and irritability, and improvements in aspects of self-concept and object relations. The short-term focused treatment, however, did not allow for deeper insight into self- and other-representations, primitive defenses, affect states, and their history.

A return to the therapist: Using multilevel models to examine cultural variables in psychotherapy
Discussant: Ann Doucette - The George Washington University, Washington DC, USA

Paul (1967) asked psychotherapists to consider, “What treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances, and how does it come about” (p. 111). The preponderance of psychotherapy research has been concerned with addressing some aspect of this question, focusing most explicitly on the determining which treatments are most effective for particular diagnostic categories. However, the field of psychology has begun to acknowledge its failure to examine how to most effectively treat an increasingly diverse clientele. In the last decade researchers have begun to entertain such questions, using the term multicultural competence. Multicultural competence is defined as the knowledge, awareness, and skills of a therapist who is particularly adept at working with diverse groups. However, we know little about how effective therapists achieve symptom reduction with ethnically diverse groups of clients and if therapist multicultural competence is actually distinct from generic competence. In the current panel we will highlight the potential of multilevel models to orient the study of cultural competence to an investigation of how effective therapists work with ethnic minority clients. In the first paper, Bruce Wampold and colleagues will identify ways in which multilevel models can be used to identify the competence of therapists.
empirically. In the second paper, we apply the methods identified by Wampold et al. to a large clinical trial of substance abuse treatment in adolescents. Specifically, we will examine if ethnic minority clients differ from European American clients on primary outcome measures, and if any potential difference varies across therapists. In the final paper, Jesse Owen and colleagues will describe preliminary findings from a university counseling center wherein clients completed measures of working alliance, therapist racial microaggressions, and psychological well-being. Specifically, Owen and colleagues will report on how these brief and sometimes automatic responses that can result in subtle insults impact the working alliance and ultimately treatment outcomes. The panel has the potential to stimulate important discussion among professionals about what drives therapist competence both in general and with ethnic minority clients, ultimately leading to an identification of the competencies needed to treat ethnically diverse clients.

Methods for empirically estimating multicultural competence

Bruce Wampold - University of Wisconsin-Madison, USA, Zac Imel, Tim Baardseth

The delivery of effective mental health services to traditionally underserved populations has been a primary issue in our field. There are two strands to addressing this issue. The first is the development of culturally sensitive or culturally specific treatments, a strategy that gives primacy to treatment. The second is a focus on the therapist and therapist competence to delivery services to these populations (i.e., cultural competence) Many attempts have been made to describe the characteristics and actions of a culturally competent therapist. However, these efforts make an untested assumption that the cultural competence, as defined, are related to outcomes. However, it is unclear whether cultural competence is different from general therapy competence. It may be that that competent therapists (i.e., those who consistently get better outcomes) are also more culturally competent (i.e., they get better outcomes with minority clients). The purpose of this paper is to describe methods of identifying competence empirically and determining whether or not cultural competence, over and above general competence, exists. Multilevel models will be presented that are able to assess therapist variability and estimate cultural competence by examining client level variables (the minority status of the client) and therapist level variables.

An empirically derived estimate of therapist cultural competence in the Cannabis Youth Treatment Study

Zac Imel - University of Wisconsin-Madison, USA, Bruce Wampold, Scott Baldwin, Tim Baardseth

Aims: Researchers have conceptually distinguished multicultural competence and general therapist competence. Despite these theoretical distinctions, there has been little research examining the actual competence of psychotherapists who work with culturally diverse groups. In the current study, we examined the multicultural competence of therapists in a large clinical trial, defining competence as the relative effectiveness of therapists in decreasing client symptoms. Methods: We obtained a data set collected as a part of a large federally funded clinical trial (n=600) of substance abuse treatment in adolescents (Dennis et al., 2002). The participants were 40% ethnic minority clients and 60% European American. We constructed three multilevel models on six different outcome measures, in which we treated therapist as a random rather than fixed effect. In addition, we examined if the change reported ethnic minority clients was different from that reported by European American clients. Finally, we added a random slope parameter, examining if the effect of ethnic minority status varied across therapists. This final model allowed us to examine if there were certain therapists who were more effective with ethnic minority clients than others. Results: After controlling for pre-treatment severity at the client and therapist level of analysis, we found evidence of variability in outcome due to therapist on one of 6 outcome measures. In addition, the amount of change reported by ethnic minority clients was not
significantly different from European American clients on any of the six outcome measures. Finally, we only found evidence of a random slope of minority status on one of six outcome measures. Discussion: In sum, there was little evidence of significant variability in outcomes due to therapist or ethnic minority status of client. In addition, it did not appear that the comparable change experienced by ethnic minority and European American clients depended on therapist assignment. Implications for the fields understanding of multicultural competence will be discussed.

Cultural ruptures: A preliminary multilevel examination of racial microaggressions in psychotherapy

Owen Jesse - Gannon University, Erie, USA, Zac Imel, Karen Tao, Amanda Smith, Emil Rodolfa

Aim: Research indicates that racial microaggressions can negatively impact working alliance and satisfaction with services (Constantine, 2007). However, previous studies of racial microaggressions have not accounted for the multilevel nature of their data and have not examined the relationship between microaggressions, alliance, and outcome in therapy. Method: 245 clients (121 Caucasian and 111 Clients of Color) and 29 therapists (12 Therapists of Color and 17 Caucasian) at a university counseling center were examined retrospectively. Clients were asked to complete the Racial Microaggression Scale (Constantine, 2007), the Individual Treatment Alliance Scale Revised-Short Form (Pinsof et al., 2007), the Schwartz Outcome Scale-10 (Blais et al., 1999), and pre-therapy functioning was assessed by the Consumer Reports (Seligman, 1995) initial emotional state question. Results: After controlling for pre-therapy functioning, clients’ ratings of racial microaggressions were negatively correlated with well-being at the patient and therapist level, B = -1.50, p < .05 and B = -1.50, p < .05, respectively. The level 1 effect was mediated by the working alliance, (microaggression B = -.38, p > .05; alliance B = .39, p < .05). Client/therapist ethnicities were not significant predictors of well-being. Discussion: The current study indicates that racial micro-aggressions not only have effects on the process of psychotherapy, but also have indirect effects on post-treatment functioning by negatively impacting the quality of the working alliance. Although limited by the retrospective design, these findings indicate one way in which cultural dynamics may impact the effectiveness of psychotherapy.

Panel
Experiential
Moderator
Neill Watson - College of William and Mary, Williamsburg, VA, USA

Therapy for depression: Person-centered and process-experiential/emotion-focused research

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

Rogers’s theory of emotional distress laid the foundation for process-experiential/emotion-focused theory of emotion and therapy for depression. The papers in this panel present research on these theories. The first study provides evidence that introjected conditions of worth, operationally defined as a high real-ought discrepancy, underlies a high real-ideal discrepancy, which is a vulnerability to anxiety and depression. The second study focuses on the relation of pretreatment affect regulation to client experiencing and outcome in process-experiential and cognitive-behavioral therapies for depression. The third study, following up previous findings for interpersonal and cognitive-behavioral therapies, examines pretreatment perfectionism as a moderator of the working alliance and outcome in process-experiential/emotion-focused and cognitive-behavioral therapies for depression. Discussion is expected to consider the implications of these findings for therapeutic practice and future research on person-centered and process-experiential/emotion-focused therapies
Relations of self-discrepancies to anxiety and depression: Tests of Rogers’s and Higgins’s theories
Brandon C. Bryan - College of William and Mary, Dept. of Psychology, Williamsburg, VA, USA, Neill Watson, Kathy S. Babel, Todd M. Thrash

Aim. Rogers (1959) and Higgins (1987) proposed different theories of the relations of the real-ideal (RI) and real-ought (RO) self-discrepancies to anxiety and depression. Rogers theorized that introjected conditions of worth, i.e., high RO, underlies high RI, which is a vulnerability to anxiety and depression. Higgins theorized that RO is uniquely related to anxiety and RI is uniquely related to depression. Rogers’s and Higgins’s theories were tested in the present study. Method. Self-discrepancies were measured with the idiographic Self-Concept Questionnaire – Personal Constructs, the nonidiographic Self-Concept Questionnaire – Conventional Constructs, and the content-free Abstract Measure. These measures and the State-Trait Anxiety Inventory Trait scale, the Beck Depression Inventory-II were completed by 240 undergraduates. Results. Latent variables were modeled. Confirmatory factor analysis supported the discriminant validities of the measures of RI and RO and of the measures of anxiety and depression. Structural equation modeling showed that RI was uniquely related to both anxiety and depression. Discussion. The results support Rogers’s theory that high RO underlies high RI, which is a vulnerability to both anxiety and depression. The results do not support Higgins’s theory. These findings are consistent with Greenberg and Watson’s (2006) emotion-focused theory of depression, in which a dependent self-organization underlies a self-critical self-organization. Implications for the therapeutic process are discussed.

The relationship of pretreatment level of affect regulation to in-session level of emotional processing in process-experiential and cognitive-behavioral therapy
Evelyn McMullen - University of Toronto, Ontario, Canada, Jeanne Watson, Meghan Prosser, Danielle Bedard

Aims: Early identification of pre-treatment characteristics may have important implications for treatment specification, case formulation, and treatment outcome. Researchers theorize that affect regulation is a unifying function underlying maladaptive behaviour and psychopathology. Depressed clients tend to exhibit deficits in momentary and global cognitive-affective processing. This paper will present a study evaluating affect regulation as a pre-treatment variable impacting in session cognitive-affective functioning, specifically clients’ level of emotional processing. Method: Data will be presented from the University of Toronto Depression Project. Clients’ level of affect regulation was determined by the O-MAR, Observer–Measure of Affect Regulation. Dimensions of the O-MAR include awareness/labeling of experience, modulation of arousal/experience, modulation of expression, acceptance of experience, and reflective of experience. Level of client emotional processing was measure by the client Experience Scale. Results: This paper will present data examining the relationship between affect regulation and client experiencing, and outcome, while controlling for the therapeutic alliance in cognitive-behavioral and process-experiential psychotherapy. Discussion: Implications of the findings and future research will be discussed.

The relationship of pretreatment perfectionism with process and outcome in the short-term treatment of depression
Elizabeth Trotter - University of Toronto, Ontario, Canada, Jeanne Watson

Recent studies have examined the role of pre-treatment variables in psychotherapy process and outcome. Pre-treatment perfectionism has been shown to have a significant negative relationship with outcome and to interact with the therapeutic relationship in the short-term treatment of depression across
different treatment modalities (Blatt, Quinlan, Pilkonis, & Shea, 1995; Blatt, Quinlan, Zuroff, & Pilkonis, 1996). These authors found that pre-treatment perfectionism had a negative impact on outcome with clients treated with either CBT or IPT. The therapeutic relationship had a positive effect on outcome only with those clients with moderate levels of pre-treatment perfectionism. Clients with high levels of pre-treatment perfectionism had negative outcome regardless of quality of therapeutic relationship. This paper will further investigate the relationship between pre-treatment perfectionism, the therapeutic relationship conditions, the working alliance, and outcome in cognitive-behaviour therapy and emotion focused therapy in the treatment of depression. Data will be used from the University of Toronto depression project that involved 66 clients treated for 16 sessions. It is expected that Blatt et al.’s findings will be replicated; in addition this study will examine the relationship between pre-treatment perfectionism and the working alliance at the beginning of therapy. The findings support the argument for differentiating depressed clients in terms of salient pre-treatment variables and monitoring the impact on treatment decisions in psychotherapy.

Multiple perspectives on therapeutic success and failure: Curative and hindering factors in psychotherapy with young adults

Discussant: Robert Elliott - University of Strathclyde (Scotland), Glasgow, UK

The panel presents results from completed quantitative and qualitative studies that were included in the naturalistic, prospective and longitudinal Young Adult Psychotherapy Project (YAPP). Of the 134 patients, 92 underwent psychoanalytic individual psychotherapy and 42 group psychotherapy. The battery of instruments included both self-ratings and expert ratings, as well as interviews at baseline, termination of treatment, and at 1.5-year and 3-year follow-ups. The therapists of every second patient in individual therapy were interviewed at the start and at termination. (1) The patients identified as extreme nonresponse were investigated, and a predictive model based on psychometric, sociodemographic and qualitative interview data was constructed. (2) The patients who fulfilled the strong criteria for long-term therapeutic success were identified, and characteristics of successful psychoanalytic psychotherapies were studied using grounded theory methodology. (3) A conceptual model of therapeutic action was constructed starting from the therapists’ implicit ideas. (4) The patients’ representations of their therapists and the therapists’ self-representations at termination of individual psychotherapy were compared.

Further analyses of the long-term results of psychoanalytic psychotherapy for young adults: Extreme nonresponse

Annika Lindgren - Institute of Psychotherapy, Stockholm, Sweden

Aims: Young patients with extreme nonresponse (ENS) on psychiatric suffering at 1.5 years after completing long-term psychotherapy were studied. ENR was defined as not having received a statistically significant positive change in psychiatric symptoms and reporting symptom levels indicating that the patient belonged to a clinical population at follow-up. Method: The Symptom Check List-90 (SCL-90-R) was used to measure psychiatric symptoms, and the clinical cut-off was set to 1.56 (i.e. 2 SD above the mean of the age-specific norm group). Results: Twelve of the 98 patients for whom we have follow-up data were identified as ENR. The patients who ended up as ENR at follow-up reported higher levels of psychiatric symptoms at intake, less positive and more negative thoughts about oneself, and higher levels of interpersonal distress. All patients in the ENR group were women, and all but one had experienced that her parents had divorced during her childhood. Discussion: The clinical significance of a prediction model based on psychometric, socio-demographic data and qualitative interview data will be discussed.
Successful psychotherapies with young adults: The patients’ and the therapists’ view

_Vendela Palmstierna · Institute of Psychotherapy, Stockholm, Sweden, Andrzej Werbart_

**Aim:** Characteristics of the most successful psychoanalytic psychotherapies were explored. Method: Of the 134 patients included in the Young Adult Psychotherapy Project, 11 fulfilled the strong criteria for long-term therapeutic success. The patients and their therapists were interviewed at termination and 1.5 years post-termination. A tentative process model of a benign circle was constructed using grounded theory methodology and compared with the vicious circle of dissatisfied patients. Results: ‘A growth-promoting and secure relationship’ emerged as a core category. The different curative factors interacted and reinforced each other, contributing to positive changes in the patient. The patients emphasized a good relationship with the therapist. Within the therapeutic frames, the patients and the therapists could overcome obstacles to their collaboration. The patients’ coping with strains in life strengthened the therapeutic work. The patients obtained support in close relationships and continued to apply therapeutic experiences after termination. At the 1.5-year follow-up, the patients described becoming reconciled with oneself. The therapists had experienced the therapeutic work in a similar way and a good meeting had taking place. In the successful cases, the therapeutic process was characterized by that which was lacking in the cases of dissatisfied patients. Discussion: Therapeutic success is facilitated by a therapist who actively works for reaching joint goals, explores what is painful, communicates with the patient about strains in their relationship, pays attention to the links between therapy and ‘real life,’ and actively promotes the use of new skills after termination.

The therapists’ view of curative and hindering factors in psychoanalytic psychotherapy with young adults

_Peter Lillengren · Södermalm-Gamla Stan Psychiatric Outpatient Services, Stockholm, Sweden, Andrzej Werbart_

**Aims:** To explore therapists’ view of curative and hindering factors in psychoanalytic psychotherapy with young adults. Method: 22 interviews with 16 psychotherapists participating in the Young Adult Psychotherapy Project were analyzed using grounded theory methodology. The therapists were specialists in psychoanalytic psychotherapy with extensive experience as clinicians, teachers and supervisors at the Institute for Psychotherapy in Stockholm. The computer program ATLAS.ti was used in the coding process. Feedback from the therapists was integrated in the analysis. Results: The analysis resulted in a conceptual model consisting of a core category, seven main categories and eight linking concepts that connected two or more categories. The core category was labeled ‘Developing a Close, Safe and Trusting Relationship with the Therapist’ and described the most central curative process in therapy, according to the therapists view. Other curative categories were ‘The Patient Having Positive Experiences outside the Therapy Office’ and ‘The Therapist Challenging and Developing the Patient’s Thinking about the Self’. One hindering factor was identified, ‘The Patient’s Problems Hindered Therapy’, which interacted with the core category through several pathways. Further, four categories described the therapists’ view of the outcome of therapy; ‘Refined Subjectivity’, ‘Increased Ability to Think and Handle Problems’, ‘The Main Problem Remains’ and ‘The Therapeutic Process Continues after Therapy’. Discussion: The presented model will be discussed in relation to past and current theories of therapeutic action in psychoanalytic psychotherapy and research on the patients’ view of curative and hindering factors.

The patients’ and the therapists’ view of the therapist: A Rashomon experience

_Andrzej Werbart · Institute of Psychotherapy, Stockholm, Sweden_

**Aim:** Young adult patients’ representations of their therapists were compared with the therapists’ self-representations at termination of psychoanalytic long-term psychotherapy. Methods: 60 patients’
descriptions of their therapists and 33 therapists’ self-descriptions were studied, beginning with unstructured interviews according to the Object Relations Inventory. The therapists’ helpful and negative or obstructive characteristics were categorised. Two typologies of therapists, one grounded in the patients’ view and one grounded in the therapists’ view, were constructed by means of ‘forming types by understanding’. Results: The categorisation resulted in a similar proportion of General, Helpful Attributes, Specific Helpful Activities, and Negative Hindering Factors in the patients’ and in the therapists’ material. Two distinct, beneficial therapeutic styles emerged both in the patients’ and in the therapists’ material: The Exploring and Meaning-Creating Therapist and The Containing Therapist. Their negative counterparts were more distinct in the patients’ material: The Demanding Therapist and The Cold and Passive Therapist. Different patients could describe the same therapist as possessing different beneficial therapeutic styles. In contrast, from the therapists’ point of view, they had the same therapeutic style, independent of the patient. In the cases of an ambivalent or negative picture of the therapist, the therapist style was experienced as an obstacle twice as often by the patient than by the therapist. The patients’ representations of their therapists and the therapists’ self-representations were not related to each other. Discussion: Clinical implications of these findings will be discussed.

Panel
Training
Moderator
William West - University of Manchester, UK

Training and culture
Discussant: Adil Qureshi - Vall d’Hebron University Hospital, Barcelona, Spain

This panel, which raises crucial issues relating to therapist training and culture, consists of 3 papers which critically explore the training of therapists within a number of different countries drawn from 4 continents. In all cases the trainers researched have drawn to a greater or lesser extent on Western therapeutic models. This first paper by William West presents his qualitative research interviews with trainers in the UK, in Nairobi, Moscow and Bangalore. The second paper by Sandra Taylor presents her research into HIV counsellor training in Nepal. In the third paper Nick Ladany and Arpna Inman focus on training in international schools in Central America and the Middle East including a pragmatic model of counselor and psychotherapist training.

One western size fits all? Counsellor trainers in different countries
William West - University of Manchester, UK

This research is part of a bigger ongoing research study into training across culture. Two previous studies were presented at SPR Edinburgh and Maddison. The current study includes: group inter-view (Kvale 1997) with trainers in Kenya; inter-views with trainers in Moscow and Bangalore; and a group inter-view with trainers in the North West of Britain. Each inter-view was subject to thematic analysis (Braun and Clark 2004). The key findings around cultural context; local variations; professionalisation; absence of connection to traditional care and relative absence of culturally relevant praxis are considered in the light of multicultural therapeutic literature and on insights from this research into the practice of multicultural counselling and psychotherapy in the West.

HIV counselling in Nepal
Sandra Taylor - University of Cumbria, Lancaster, UK

In this paper Sandra Taylor presents her research done for VSO Nepal in 2005-6 concerning the training and experience of Nepali HIV and AIDS counsellors. Although such counselling is conducted after a basic training of only 10 days, and the counsellors have no formal supervision set up, the feedback from their clients is extremely positive. Most of the 36 counsellors interviewed were highly motivated despite poor wages and little support. While the situation is in many ways fundamentally different from counselling in more developed countries the counsellors’ concerns are easy to identify with: aggressive clients, clients’
expectations and the limits of counselling, and clients’ not making changes. The findings from this research will be considered in the Nepalese context where concern about HIV and AIDS and the concentrated AIDS epidemic has led to a rapid growth in counselling.

Third culture educators: Training in international schools in Central America and the Middle East
Nick Ladany - Lehigh University, Bethlehem, USA, Arpna Inman

The importance of Western-based educational systems can, in part, be attested to by the number of English-speaking “international schools” found throughout the world. Students in these schools face a variety of social, emotional, and behavioral difficulties that are exacerbated by the challenges inherent in living in cultures that are very different than their own, whether the culture is a westernized school system or the culture of the country in which the school is located. These “third culture kids,” as they are known, are in need of mental health services, which are oftentimes nonexistent or quite limited in the host country. In turn, the mental health providers often lack the requisite training to offer adequate services to these children and adolescents. The purposes of this paper are threefold. First, we present research that provides a groundwork for the types of social, emotional, and behavioral issues that students in these schools face. Second, we provide an overview of an abbreviated and pragmatic model of counselor and psychotherapist training. Third, we offer examples of the pratfalls, pitfalls, and occasional successful moments that come from cross-cultural teaching experiences in Central America and the Middle East.

Panel
Training
Moderator
William West - University of Manchester, UK

Training and research matters
Discussant: Nick Ladany - Lehigh University, Bethlehem, USA

The papers in this panel focus on issues that arise in the training of practitioners and researchers. In the first paper Liz Ballinger presents her findings from a focus group study of counsellor trainers in the North West of England in the context of a national push towards statutory regulation of therapists. In the second paper Clare Lennie presents her research into teaching research methods to practitioners who feel under professional pressure to engage in research. In the final paper Graham North draws on his own experiences as a novice researcher to pose the fundamental question: what’s wrong with psychotherapy research?

The experience of the counselling trainer in the midst of professionalism and regulation
Liz Ballinger - University of Manchester, UK

Based on her experience as a counselling trainer within Higher Education, Further Education and private settings within Britain, the author perceived the need for wider dialogue concerning the issues involved in the delivery of counselling training across differing institutional settings within the current political, economic, social and professional climate. This research focuses on the experience of trainers and their views as to the most significant issues and problems for training and trainers, as British counselling moves towards professionalisation and regulation. 8 counselling trainers in North West England participated in a focus group in early 2007. The sampling was informal and purposive; recruitment was aimed at trainers who identified themselves as having reflected on issues related to the research question. Participants worked in a range of settings and within differing theoretical orientations. A thematic analysis of the recorded content of the meeting was undertaken. Ethical consent was sought from all participants. Findings highlighted the extra sense of challenge and struggle for trainers created by the professionalisation and regulation process. Issues highlighted included: the lack of current consensus about the shape and form of effective counselling training; difficulties related to the
management of power, accountability and responsibility in the professional gatekeeper role; the uncertainty generated by the shifting context.

When to teach research to counsellors and psychotherapists: To embed research within practice training or keep the divide?
*Clare Lennie - University of Manchester, UK*

In the UK there is an increasing move towards counsellors engaging in research and providing an evidence base for their practice. However, for counsellors to undertake such duties they need to be trained in research and are often reticent about this, feeling that research has little to do with their practice and struggling to perceive themselves in the role of researcher. The aim of this paper is to compare the experiences of research methods training for two groups at a University in the North West of England. Two focus groups were held one with a group of seasoned practitioners who received their research methods training separately from their practice training. The other, a group of trainee counsellors for whom research training was embedded within their practice training. Using content analysis the main themes that emerged were: the enormity of counselling training and what would be lost if research was incorporated; what sense could be made of the training if therapeutic experience was minimal; the ‘shift’ from practitioner to researcher; the experiential nature of research training and its role in personal development; research as creating an inter and intra professional dialogue and the impact of research on practice. These findings are discussed in the light of UK trends and international literature on methods of research training in psychotherapy.

What’s wrong with psychotherapy research?
*Graham North - University of Manchester, UK*

I combined my knowledge of psychotherapy with my understanding of research methods used in psychotherapeutic research in order to identify potential weaknesses and possible improvements in research methods. I approached this question from the perspective of a novice researcher, defending my chosen method before a research review committee and identifying potential alternative approaches. And so began a chain of ideas which led me back to the fundamental question: what’s wrong with psychotherapeutic research? As psychotherapists, we know that human beings have the subtle and powerful propensity to distort data and jump to erroneous conclusions. Indeed, this trait enables us to earn our living! In the paper, I argue that this same trait may be unwittingly expressed by psychotherapists when they are acting as researchers, research supervisors, reviewers and audience members. I externalise the problem by focusing on a recent example from medical science. Two Nobel Laureates identified individual and institutionalised bias against their findings as being instrumental in delaying the introduction of a cheap and effective cure for duodenal ulcers. If the central thesis of my paper is more or less correct, how do we know that the same sort of individual and institutionalised bias is not hindering research into some potentially effective and efficient psychotherapeutic treatment?

**Innovations in psychotherapy**

*Discussant: Barbara Vivino - Caliifornia Institute of Integral Studies, San Francisco, USA*

This panel presents research into innovative practices in psychotherapy. In the first paper David Tune and William West draw on their own and colleagues’ research into the therapeutic use of touch, spiritual interventions and healing to consider the dilemmas that arise for practitioners and how these can be faced and worked with. In the second paper Christa Goresdene presents her heuristic research into counselling encounter with the apparent presence of a spirit guide. In the third paper Dori Yusef presents her Artography research into the body as a gateway in which altered states of consciousness are
explored within and without the psychotherapy encounter. In the final paper Steph Adam presents her heuristic study into counsellors’ views of seven models of working with dreams.

Innovative practices in psychotherapy
David Tune - University of York St John, UK, William West

There are a number of interventions in psychotherapy which are viewed as non mainstream, innovative or on the edge of acceptable practice. These ‘edgy’ practices include the therapeutic use of touch, working with spirituality (including prayer, forgiveness and intuition) and healing. This paper will draw on the authors own research into therapeutic touch and spirituality and on other relevant research by colleagues, to reflect upon what such ‘edgy’ interventions can offer to psychotherapists, including the challenges for those wishing to research such innovative practices. We will also suggest some tentative guidelines for practitioners engaged in innovative work including recommendations around the use of supervision and peer consultation.

Life as a quest: Helping opportune moments to seed and to shine
Christa Gorsedene - University of Manchester, UK

This paper aims to hold forth the surprise pearl which emerged from the oyster of the author’s otherwise-focussed research. Through gentle probing of the oyster of putative cooperation with a spirit guide, the pearl – or rather many strings of pearls – of synchronicities came to light. So many of these illumined participants’ quests through the forests of their lives (Crossley-Holland, 2000; Campbell, 1949; Jung, 1952) that failure to share this aspect of the research experience would render the author a pearl-ignoring (or hogging) swine. The research oyster was a heuristic study of cooperation with a (seeming) spirit guide in which 36 participants either engaged in encounters with the author and her guide Mungo or, in a few cases, shared why it wasn’t for them. The data including some 55 taped hours were analysed, and the analyses opened to participant perusal, the iterative cycle never being locked shut. The author also kept a research journal, a rich and intimate exploration and record of deep spiritual coworking (Moustakas, 1990). Astonishing numbers of helpful synchronistic events, or flows thereof or patternings of events (Hay, 1982) attended and indeed enabled both the author’s own quest and processes with participants. Light was thus shone into shared glades in the forests of our lives. The author hopes to confer with others about this (and other?) oyster’s ethically unignorable propensity to yield pearls-that-help, and the resultant profound implications for research and therapeutic practice.

Innovations, edgelands and liminal spaces in psychotherapy research: The body and connectivity
Dori Yusef - University of Manchester, UK

The methodologies used in this research occupy a position at the edges of paradigms. It is an exploration of innovative use of arts-based methodologies, transpersonal experiences and heuristic immersion. These emerge from liminal spaces that are expressed through imagery, music and poetry. It is a bricolage that encompasses the moving image and encourage momatic resonance in its interpretive response from the reader or spectator. The research addresses the issues in psychotherapy that global considerations have effected. The issues are those that take the therapeutic relationship beyond the embodied experience and into the transpersonal realm. At the core of this research is the inherent ‘connectivity’ that we experience on many levels. These implicate the psychotherapists’ responsibility and ‘intention to do no harm.’ We have a responsibility as practitioners to ‘know ourselves’ enough in order to be truly congruent and empathic, to our clients. The embodiment of this connectivity is explored and the findings
that emerge I describe as 'Illuminations.' By using creativity the deeply personal and transpersonal, embodied experiences are intuited heuristically. This research tracks and monitors creatively a personal story, conversations with practitioners and a writing collaboration. The resulting presentation is a 'pentimento' (Denzin and Lincoln, 2005) of these reproduced in film and in two-dimensional mediums. The innovative aspects require the spectator to participate in interpretation and understanding. Psychotherapists can explore liminal spaces in research in order to appreciate those spaces in themselves and in their practice.

The big dream - A qualitative enquiry into counsellors' views of selected dream models
Steph Adam - University of Manchester, UK

Earlier studies (Keller, Brown, Maier, Steinfurth, Hall & Piotrowski 1995; Schredl, Bohusch, Kahl, Mader & Somesan 2000; and Crook & Hill 2003) conducted research into how psychotherapists work with dreams, but not which dream models were most effective. This current study explored co researchers’ opinions of one biological and six key dream theories, and their usefulness in clinical practice. Individual interviews were conducted with five female co researchers (also counsellors) using semi structured questions. The discussions were audio taped, transcribed verbatim and analysed using heuristic analysis (Moustakas, 1990). Freudian and Jungian dream theory focusing on unconscious processes were the least popular. Hobson’s biological model was considered a useful alternative to psychological theories. Because of their simplicity some aspects of Perls, Faraday, and Cushway and Sewell’s models were considered helpful. Hill’s theory generated mixed opinions, with the structured model viewed as helpful, but the cognitive bias less helpful. Researcher awareness via reflexivity, culminated in additional unexpected findings over and above helpful and unhelpful aspects of the dream models. This is a small study with co researchers mainly from similar modalities (humanistic-integrative and one psychodynamic). The dream models individually are insufficient for this group, with co researchers drawn to concepts of dream theory that are congruent with their own theoretical orientations. This suggests further research into working with dreams in the U.K is required. The use of heuristic enquiry culminating in a set of secondary results raises the question of ‘what is data?’

Panel
Supervision
Moderator
Sue Wheeler - Institute of Lifelong Learning, University of Leicester, UK

Supervision
Discussant: Gail King - Institute of Lifelong Learning, University of Leicester, UK

This panel presents four papers the explore the impact of supervision on practitioners and their practice. One paper reports on the findings of a systematic review of the literature on the impact of supervision with disappointing findings that so little methodologically sound research exists. Two papers report on different aspects of a substantial ARC funded project that will make a major contribution to knowledge about supervision, arriving too late for the systematic review but ready for it’s update. The fourth paper reports on a supervision group for social workers and concludes that supervision has an effect on social workers wellbeing, and thereby on the quality of their work.

Outcome and process evaluation of supervision on a group of social workers in a therapeutic community for psychiatric patients
Giovanna Di Falco - Universita’ degli Studi di Palermo, Italy, Giunta S., Pruiti Ciarello F., Ferraro A. M., Gullo S., Giannone F., Di Blasi M., Lo Verso G., Barone R.

Aim The aim of this research is to analyse the effectiveness of supervision on a group of social workers in a Therapeutic Community for psychiatric patients, managed by Social Cooperative “Gnosis”, Rome. Methods The study design is quasi-experimental, due to the non randomness of the sample. Results The data has been analysed using non-parametric statistic, with the assistance of SPSS. Data analysis
between the outcome variables and GMCLS shows positive correlation between working burnout and therapist positive quality; negative correlation between personal self-esteem and personal compatibility with therapist after the first survey. After the tenth survey the correlation between self esteem and care for group is positive. Data analysis between outcome variables and SAS shows negative correlation between job satisfaction and supervision aptitude after the first survey; and between job satisfaction and supervision after the tenth survey. Patients satisfaction questionnaire show that the group of patients assisted by social workers that make use of supervision are more satisfied than the other one. Discussion On the basis of these results it should be possible to infer that Supervision reduces the daily difficulties experienced by social workers in their job. Moreover data should confirm that supervision also has an effect on social workers wellbeing, and thereby on the quality of their work.

Managing difficulties in the supervisory relationship
Jan Grant - Curtin University, Perth, Australia, Margot Schofield

Like the therapeutic alliance, the supervisory relationship has been shown to be central to good supervision outcomes. This paper examines how supervisors manage difficulties that arise in the supervisory relationship. It presents data from a qualitative project based on intensive interviews with 7 supervisor-supervisee dyads, entailing 21 interviews in total. The supervisors were a purposive sample consisting of senior members of the profession with considerable expertise in supervision. Interviews were first conducted with supervisors on their theory of supervision and application of that theory in practice. An Interpersonal Recall Method was then used to independently explore supervisor and supervisee reflections on one of their videotaped supervision sessions. This paper examines data from the perspective of supervisors and reports on data from three domains: i) the kind of relationship difficulties that arose in supervision; ii) the supervisory events they found most difficult; iii) how they managed these difficulties in the context of the supervisory relationship.

Managing the supervisory relationship: Supervisee experiences
Margot Schofield - La Trobe University, Australia, Jan Grant

Understanding the complexity of the supervisory relationship and how it contributes to supervisee professional learning remains a challenge for psychotherapy researchers. This paper examines supervisee experiences of the supervisory relationship. It addresses questions such as how supervisees choose their supervisor, what they experience as helpful and unhelpful, and how they manage difficulties that arise in the supervisory relationship. The qualitative study involved in-depth interviews with 7 supervisor-supervisee dyads. Sampling began with a purposive sample of senior members of the profession with considerable expertise in supervision, and from varied theoretical orientations. Each supervisor recruited one of their supervisees. Interviews were first conducted with supervisors on their theory of supervision and application of theory in practice. An Interpersonal Process Recall method was then used to independently explore supervisor and supervisee reflections on one of their videotaped supervision sessions. This paper presents findings the experiences of the 7 supervisees in relation to three domains: i) what they sought in supervision and how they chose their supervisor, ii) the supervisory events they found most helpful and unhelpful; iii) how they identified and managed difficulties that arose in the context of the supervisory relationship.

The impact of clinical supervision on counsellors and therapists, their practice and their clients: A systematic review
Sue Wheeler - Institute of Lifelong Learning, University of Leicester, UK, Kaye Richards

Aim This review was commissioned by BACP. The aim was to systematically locate, appraise and synthesise evidence from research to provide evidence related to the impact of clinical supervision.
Methods Detailed inclusion and exclusion criteria were agreed. Identification of appropriate keywords was followed by a systematic search of electronic databases, recent books and journals, internet searches and citation tracking that revealed over 8,000 studies. EPPI-Reviewer was used to organise and analyse the articles that met the inclusion criteria. Results This paper reports on the findings of the review from 25 articles published since 1980. The quality of evidence is variable, but the report concludes that there is limited evidence that supervision: can enhance the self-efficacy of the supervisee has a beneficial effect on the supervisees, the client and the outcome of therapy which focuses on the working alliance can influence client perception of alliance and enhance treatment outcome in the brief psychotherapeutic treatment of depression). of therapists increased the satisfaction of clients. enhances counselling and psychotherapeutic skills enhances the self-awareness of trainees trustworthiness is an important factor in effective supervision Discussion Most of the evidence is related to the impact of supervision for trainees. the impact of supervision on the supervisee rather than the client. the short term impact of supervision Many studies reviewed have a range of methodological weaknesses; new supervision research is needed using robust methodologies.

Panel
Therapist
Moderator
Ulrike Willutzki - Ruhr-University Bochum, Germany

Studies of cognitive-behavioral therapists: Training and personal therapy
Discussant: Louis Castonguay - Penn State University, College Park, PA, USA

Cognitive-behavior therapy is particularly concerned with psychotherapy strategies and psychotherapeutic methods, in the last decades with a focus on specific disorders. These methods are described, taught and used in therapy, leading to the somewhat comparable outcome in different contexts. Implicit in this focus are the assumptions that the methods can be isolated from the therapist enacting them with a particular patient and that cognitive-behavior therapy is a somewhat uniform approach. This perspective has several shortcomings: Training standards in different countries differ considerably; training sources, such as books, influential trainers and sources, are quite variable in different countries; the particular cognitive-behavioral philosophy is different in different places; also in cognitive-behavior therapy outcome variance can partly be attributed to the therapist. The panel aims to analyse some of these contextual differences and review the training practices as well as cognitive-behavioral therapists’ stance towards personal therapy. Willutzki et al. compare therapists from 29 countries drawing on the sample taking part in the International Study of the Professional Development of Psychotherapists (Orlinsky & Ronnestad, 2004). Schroder et al. focus on cognitive-behavioral therapists from Great Britain where the relevance of personnel therapy is currently discussed.

Psychotherapy training for cognitive-behavioral therapists: An international perspective
Ulrike Willutzki - Ruhr-University Bochum, Germany, Anton Laitreiter, David Orlinsky

Aim Psychotherapy training standards for cognitive-behavioral therapists in different countries are quite diverse and codified in a more or less structured way. Moreover, even less is known about the training experiences of CBT-therapists: What elements do they find useful for their professional development? Are training features in any way related to competence experiences? The paper will give an overview of training standards for CBT-therapists in different countries (as far as they are known) and will analyse the training experiences CBT-therapists describe in the International Study on the professional Development of Psychotherapists (ISDP). Methods Training standards are compiled from the literature. From the ISDP the more than 5500 psychotherapists from 29 countries are analysed concerning their initial and current theoretical orientation. Psychotherapists that are predominately guided by CBT-concepts are compared to psychotherapists with other theoretical backgrounds. Features of their training such as length, number of hours, the different elements (supervision, personal therapy/professional self-reflection) and the therapists’ evaluation of them will be described. Moreover training experiences will be related to the
therapists’ professional development and their therapeutic practice.

Personal therapy experiences of British cognitive and behavioural therapists: Whether, what for, who with, and what else does it relate to?

Paul Gilbert - Kingsway Hospital, Derby, UK, Thomas Schroder, David Orlinsky

Aim: In many theoretical frameworks it is required, recommended, or at least positively endorsed, that psychological therapists have a personal therapy experience. No such preference is expressed within the cognitive-behavioural paradigm, yet anecdotal evidence suggests that it is not entirely unknown for CB therapists to be in therapy themselves. This paper reports a segment of the findings of a survey of members of the British Association for Behavioural and Cognitive Psychotherapies (BABCP), which was conducted as part of a large collaborative investigation (The International Study of the Professional Development of Psychotherapists). Method: Respondents were asked to provide data on up to three experiences of personal therapy (most recent, first, and most important other) as part of a larger questionnaire enquiring into ten different dimensions of professional development. All BABCP accredited therapists (N=639) were invited to opt into the study, one third did so, and of these 80% (N=163) returned their questionnaires. In addition, of a random sample of non-accredited BABCP members (N=638), one quarter opted in, resulting in a return rate of 60% (n=94), yielding a combined total of N=257 respondents. Results: Results showed that a larger than expected proportion (nearly 50%) of respondents reported at least one instance of personal therapy, with the median total length of therapy being two years. Only a small proportion of respondents (~10%) had had a cognitive-behavioural therapy.

Discussion: Findings are discussed in the light of more detailed information available from the study related to other dimensions of professional development, such as influence of theoretical orientations.

Social phobia: The SOPHO-NET study comparing psychodynamic and cognitive-behavioral conceptualizations

Social anxiety disorder is a relatively common problem that has been widely neglected since the mid-1990s. In the meanwhile cognitive-behavioral as well as psychodynamic have developed treatment concepts specifically tailored to the needs of patients with social phobia. The German Ministry of Education and Research (BMBF) has therefore begun to fund a multi-site randomized controlled trial (SOPHO-NET) comparing short term psychodynamic approach (Supportive-Expressive Therapy; SET) and Cognitive Therapy for Social Phobia (drawing heavily on the approach by Clark & Wells, 1995; CTCS-SP). In order to ensure treatment adherence and competence an elaborated quality concept is enacted. 512 patients will be recruited in five urban areas with two treatment institutions (one for each treatment approach). Social phobic symptoms as well as general distress, well-being and process variables will be assessed. Moreover, attachment characteristics, neuropsychological and genetic variables will be evaluated. Since April 2007 200+ patients have been included in the study. The design of the SOPHO-NET study will be outlined. Moreover, the research groups contributing to the study will report on previous work in the context of social anxiety disorders and report in more detail on some results of the study. Thus Wilting, von Consbruch et al. will report on their work on adherence-competence scales parallelized in both treatment groups. Hoyer et al. will look at safety behaviors in a standardized stress situation. Drawing on previous work Pöhlmann et al. will look at the self-concept of social phobia patients. Dietrich et al. will report on the treatment effects for patients with social phobia in routine practice.
Assessing therapists’ behaviour in Supportive-Expressive Therapy and Cognitive Therapy of social anxiety: First results on reliability of the Adherence-Competence Scales for Supportive-Expressive Therapy (SET) and Cognitive Therapy for Social Phobia Competence Scale (CTCS-SP)

Jörg Wiltink - University of Mainz, Germany, Katrin von Consbruch, Antje Haselbacher, Claudia Subic-Wrana, Frank Schneider, Regine Tschan, Kathleen Engelhardt, Katrin Heinrich, David M. Clark, Ulrich Stangier, Manfred E. Beutel

Aim: In a major German clinical trial comparing SET and CBT (funding by BMBF, total N=512), Adherence-Competence Scales were developed as instruments essential for controlling validity. Our aim was to develop reliable and valid rating instruments for the assessment of the extent to which therapists’ apply strategies recommended by the manual (Adherence) and the quality of the use of these strategies (Competence). Methods: The scales were developed on the basis of the PACS-SE (Barber & Crits-Christoph 1996) with additional items for the manualized treatment of Social anxiety, and CTCS-SP (Clark, 2006) with additional items for the assessment of adherence. 20 videotaped therapy sessions from the training phase were randomly selected and evaluated by independent raters. Results: Preliminary results indicate good Intra Class Correlations (ICC; sum of items) of the two subscales (Adherence, Competence) with ICC’s above .75 for the SET-Rating Scale and moderate to high ICC’s ranging from .31 to .96 (competence) and .33 to .94 (adherence) for the CTCS-SP-Rating Scale. Since correlations for single items were very poor, the items were reformulated and raters received additional training. Discussion: Preliminary results indicate that both rating scales (for Supportive-Expressive Therapy and for the Cognitive Therapy) are reliable rating instrument for the assessment of therapists’ competence and adherence in SET and CBT of Social Anxiety. Further research is necessary to examine the validity of the scales (e.g. ability to distinguish between different therapeutic modalities or prediction of treatment effects).

Effects of safety behaviours in a standardized social stress situation

Jürgen Hoyer - University of Dresden, Germany, Elisabeth Günther1, Friederike Stölzel, Karin Pöhlmann, Peter Joraschkky & Clemens Kirschbaum

Aim. To test how safety behaviours in a standardized social stress situation relate to psychophysiological reactivity and post event processing in patients with social phobia and controls. Methods. We presently investigate 30 patients fulfilling DSM-IV criteria of social phobia and exhibiting a LSAS score > 30 and 30 age and sex matched healthy controls. All participants undergo the Trierer Social Stress Test, a standardized public speaking task involving a mock job interview and mental arithmetic. Blood was drawn for ACTH and cortisol at 10 min intervals until 60 min after completion of the task. Furthermore, we assessed safety behaviours, subjective stress and anxiety during the situation and post event processing one week after the situation using self-report data. Results/Discussion. The study has not been completed yet. Its results will be discussed with a special emphasis on therapeutic implications, e.g., for instructing of patients with social phobia before entering stressful social situations.

The self-concept of social phobia and agoraphobia patients: Differences and changes in the course of psychotherapy and one year after treatment

Karin Poehlmann - Technical University Dresden, Germany, Susanne Döbben, Matthias Israel, Claudia Schönberg & Peter Joraschky

Aim: Cognitive as well as psychodynamic models of social phobia conceive negative self concepts as crucial element of the disorder. It is yet unclear whether this negative self concept is specific for social phobia. Methods: In a naturalistic therapy study we examined (a) whether the self concept of social
phobia patients is indeed more negative than that of agora phobia patients and (b) to what extent the self concept improves during and after in-patient psychodynamic psychotherapy. Data on self-concept and symptoms was collected at the beginning and at the end of treatment and at a follow-up assessment one year later. The self-concept was assessed by a standardized multi-dimensional self-concept questionnaire, the Frankfurt Self-concept Scales, which includes ten scales pertaining to the domains of performance (e.g. problem-solving), self-esteem, and psycho-social self-concepts (e.g. social skills, relating to others). The samples consist of 54 social phobia patients (CIDI diagnosis, LSAS score > 50) and 40 agora phobia patients. Result: We found that (a) the self-concept of social phobia patients was significantly more negative than that of agora phobia patients in all ten self concept dimensions, and (b) that in the course of treatment the self concept of social phobia patients becomes more positive. However, their self-concept is still less positive than that of agora phobia patients at the end of treatment in the performance and the psycho-social domain. These differences also exist one year after the treatment. Discussion: The results confirm that the self-concept of social phobia patients is indeed more negative than that of other patients even after psychotherapy although it improves markedly during treatment.

Treatment effects of social phobia in routine practice
Anna Dietrich - University of Mainz, Germany, Gaby Bleichhardt & Wolfgang Hiller

Aim There is an increasing debate on how far treatment effects achieved in randomised controlled trials can be transferred to naturalistic settings (Gaston et al. 2006). The current study evaluates the clinical effects of a cognitive-behavioural routine treatment of social phobia in a regular Outpatient Clinic.

Method A comprehensive evaluation system is used to evaluate all treatments of our Clinic. Response rates are > 90%. Patients with a DSM-IV diagnosis of social phobia were selected. Symptom severity was assessed at first registration (waiting control) and again before and after treatment. Effect sizes for intention-to-treat and completer samples as well as response rates were calculated. They were compared with those of previous randomised controlled trials. Results Pre-post-treatment effect sizes were large for the completer sample (Cohen’s $d = 1.55$; significant improvement of group means $t = 4.42$, $p < 0.01$) and medium for the intention-to-treat sample ($d = 0.78$; $t = 3.74$, $p < 0.01$). Changes in measures of general psychopathology during the treatment period were significantly stronger than during the waiting period. Response rates were about 25% higher for completers than for the intention-to-treat sample. Discussion Compared to results of published randomised controlled trials, pre-post-treatment effect sizes found for the completer sample of the present study were satisfactory. From a clinical perspective, response rates need to be improved. Future research should address the question how treatment outcomes can be improved to minimize drop-out rates in naturalistic treatments.

Panel
Trauma
Moderator
Hadas Wiseman
- University of Haifa, Israel

Tracing and understanding trauma and PTSD toward implications for treatment
Discussant: Tracie Shea - Brown University, Providence, RI, USA

Treatment of individuals who suffer from various traumas and develop PTSD symptoms presents therapists with the challenges of understanding the traumatic experiences and of offering suitable psychotherapeutic interventions. Panel members will each provide a different research perspective on understanding survivors of various types of trauma, as well as intergenerational transmission, and will consider implications for clinical practitioners working in different social-cultural contexts. The first presentation (Salvi, Osatuke & Stiles, USA) uses the assimilation model to explain how various types of trauma (childhood abuse, Vietnam veterans and incest survivors) are represented internally, and to examine pathology and change in PTSD and their treatment. The second presentation (Rosner,
An assimilation model account of change in PTSD
Lisa Salvi - Miami University, Oxford, OH, USA, Katerine Osatuke, William B. Stiles

Aim: To develop and refine a theory of how traumatic events are assimilated. Method: The Assimilation Model (Stiles, 1990) is a psychological theory of change that explains how problematic experiences, including traumas, become integrated into the self. We use it as a theoretical lens to examine pathology and change in PTSD, comparing and integrating it with other explanatory models. Results: We review clinical examples of how various types of trauma (e.g., childhood abuse, Vietnam veterans and incest survivors) are internally represented, and explain core symptomatic criteria of PTSD (reexperienceing, hyperarousal, and avoidance) in assimilation terms. Our examples illustrate why trauma can be difficult to assimilate, and how traumatic experiences progress from being dissociated and avoided, through being felt, articulated, understood, and worked through, to a fuller integration into the self. Discussion: At low levels of assimilation, reminders of trauma can produce uncontrollable intrusions, evoking feelings of helplessness and vulnerability. Coping is avoidance-based and understanding is minimal. At higher levels, the problematic experience, its effects, and its implications are sequentially articulated, understood in more detail, and then used to work through the aftermath of the trauma. This assimilation results in real-world changes, such as new self-protective behaviors or improved social relationships. At the highest assimilation levels, a formerly problematic experience becomes the survivor’s personal resource, affording deeper and more complex understandings of the world and greater mastery. Traces of traumatic experiences become a source of information and strength. We will discuss implications of this model for treatment of PTSD.

Traumatic events before and during flight, living conditions in exile and psychological distress in adolescent refugees
Rita Rosner - Ludwig-Maximilians-University, Munich, Germany, M. Gavranidou, B. Niemic & B. Magg

Aim: Main goal was to study whether traumatic events before and during flight, current living conditions in Germany and family related variables correlate to general and posttraumatic symptoms as well as to social integration. Method: 55 adolescent refugees aged 11 to 17 living in homes for asylum seekers in Munich were assessed with a semi-structured interview concerning experiences related to war and flight, current living conditions in Germany and kind and intensity of social contacts to different social groups. Symptoms of general psychological distress were assessed with the Youth Self Report and traumatic events and posttraumatic stress symptoms were measured with the respective items from the Screen for Child Anxiety Related Emotional Disorders. Symptoms were correlated to earlier and current experiences of extreme stress. Results: The adolescent refugees reported high numbers of traumatic events and reacted not only with PTSD symptoms but approximately 50 % of them reacted with emotional and behavioural symptoms beyond clinical cut-off scores. The findings show that current living
conditions are highly stressful. Moderate correlations have been found between a difficult parent-child-relationship namely parentification and current psychological symptoms. Distressed adolescents tended to seek more support from peers as from their parents. Discussion: Given the high number of psychological distress psychosocial support needs to be provided.

Echoes of the trauma in the narratives of adult children of Holocaust survivors
Hadas Wiseman - University of Haifa, Israel, Jacques P. Barber

Aims: Psychological trauma, especially massive traumas such as genocide, may have long-term effects not only on the victimized generation, but also on the next generations that did not endure the traumatic events directly (Danieli, 1998). Intergenerational effects on the children of Holocaust survivors (the "second generation") have been studied extensively; showing that overall, they score in the normal range of psychological functioning. However, we argue that it is not the trauma itself that is transmitted, but rather the "echoes of the trauma" that play out in the relational themes and sensitivities of the second generation. Method: The non-clinical sample included of 52 adults (26 men and 26 women) born to mothers who were survivors of Nazi concentration camps. These adults were recruited randomly from an Israeli national database. The Core Confictual Relationship Theme (CCRT) method (Luborsky & Crit-Christoph, 1998) was adapted as a conceptual and methodological framework to study the relational narratives that were told during RAP interviews. Results: The analysis of the relational narratives that the second generation recollected revealed a prevalent CCRT pattern: To protect the survivor parent (Wish), the other is vulnerable, controlling and losing control (RO), and in response the self avoids conflicts (RS). This pattern was further considered in the context of an intergenerational communication pattern that we call "knowing-not knowing." Discussion: Clinical implications of our insights into the echoes of trauma and knowing-not knowing processes for therapists working with individuals and families who have suffered the intergenerational after-effects of other major traumas are suggested.

Conceptualisation and treatment of trauma in African refugees in Australia
Robert Schweitzer - Queensland University Technology, Brisbane, Australia, Mark Brough, Lyn Vromans

Aim: To gain an understanding of the factors contributing to the expression of trauma in recently arrived people from Africa with refugee backgrounds and to develop and implement a culturally sensitive support program to address the expressed concerns of refugees, many of whom have a history of trauma. Method: Standardized interviews were completed with 63 people from Sudan with refugee backgrounds, followed by in-depth qualitative interviews with a sub sample. The second stage involves the provision of an all-of-family intervention to people from African refugee backgrounds. The approach draws upon an indigenous perspective including the Nguni notion of “ubuntu”. Results: The mental health profile of the sample indicated a significant level of mental health concerns. Preliminary evidence based upon recent data collection suggests a significant worsening of symptoms over time. Qualitative data suggests a number of concerns relating to family disruption and issues around identity. Current findings point to a critique of a trauma-focussed epidemiological perspective. Discussion: The very notion of trauma and the expression of trauma is discussed in terms of the debate between a trauma-focussed epidemiological perspective and a constructivist perspective focussing upon meaning at the individual and community level. The latter perspective leads to an appreciation of a relational approach which has implications for practice and policy.
Language and psychotherapy
Discussant: Clara E. Hill - University of Maryland, College Park, USA

As indicated by the term "talking cure", psychotherapy and counseling rely mainly on verbal expressions to induce changes in patients. On the clinicians’ side, communicational skills are among the most important therapeutic tools. Patients, on the other side, use words to communicate their inner thoughts and feelings. The role of language and communication is emphasized in each of the three presentations. Each paper highlights the potentials of investigating verbal behavior at different levels to uncover psychological dynamics and to describe psychotherapeutic processes. The presenters draw on computer assisted text analysis methods that provide economic and reliable means for the analysis of large text corpora. In the first presentation, Nicole Stempfer gives an overview of approaches and instruments that have been developed to explore language and communication from various perspectives within the social sciences. In the second paper, Ashley Mason reports on two studies in which language was analyzed together with physiological parameters to disentangle psychological processes experienced by individuals who experienced a relationship separation. In the last paper, Markus Wolf presents the German adaptation of the Linguistic Inquiry and Word Count, a dictionary based text analysis program that was developed to analyze word use in spoken and written language. The three papers will be discussed by Clara Hill.

Language and communication in psychotherapy research: An overview of research approaches
Nicole Stempfer - University Hospital Heidelberg, Germany, Markus Wolf

Language and communication are the vehicles to accomplish change within psychotherapy and counseling sessions. Despite the fact that psychotherapists depend largely on information retrieved from communication, there is a lack of studies that investigate language and communication in psychotherapeutic settings. One reason for this absence may be that linguistic methodology is largely unknown to psychotherapy researchers. The present paper gives an overview on linguistic and text analytic research approaches and instruments that have been developed or applied within psychotherapy research and in other disciplines like linguistics or applied social sciences. Based on differences in the nature of the required data (oral, written, interview, narration, conversation, computer mediated) as well as in the type of information processing and evaluation (manual coding, semi-automatic, automatic), approaches for the analysis of natural language and communication will be identified. The presentation aims at covering the range between hermeneutic and stylistic linguistic analyses as well as between quantitative and qualitative approaches. Finally, a taxonomy that matches methods to data sources and research purposes will be presented.

Self-focused language and biological reactivity following a social upheaval: Implications for psychotherapy
Ashley E. Mason - University of Arizona, Tucson, USA, David A. Sbarra

The creation of meaning is a process that is common to all psychotherapies-- from the most behavioral to the most analytic. Spoken language is the vehicle for representing meaning states to others. This paper presents two studies that address the role of self-focused language (first-person singular pronouns-- e.g., me, myself, and I) in the immediate aftermath of a stressful relationship separation experience. Study 1 investigated personal pronouns as mediators linking attachment anxiety and cardiovascular reactivity in a sample of young adults interviewed about a romantic breakup (N = 103). Study 2 was a conceptual replication of this work in a sample of adults who experienced a recent marital separation (N = 50). Pronoun use during a stream-of-consciousness mood induction paradigm was assessed to predict blood pressure reactivity while participants reflected on the emotional aspects of their separation. Results from
Study 1 indicate that first-person singular pronouns fully mediate the association between attachment anxiety and subsequent heart rate reactivity, suggesting that high attachment anxiety individuals represent their psychological states using words that increase physiological arousal. Results from Study 2 suggest that the speed and magnitude of adults’ physiological stress response (when thinking about their separation experiences) are associated with self-focused language during the stream-of-consciousness task. Together, the linguistic findings from these studies illustrate one way in which individuals may amplify their own psychological distress when faced with a stressful life circumstance. Results will be discussed in terms of their implications for psychotherapy and the study of change processes more broadly.

Development and evaluation of the German version of the Linguistic Inquiry and Word Count
Markus Wolf - University Hospital Heidelberg, Germany, Matthias Mehl, Hans Kordy

Communication and language are the experimental grounds for the achievement of cognitive, affective and behavioral changes in psychotherapy. However, research focusing on the language used by patients and therapists is scarce. This might be due to the lack of validated instruments that capture a broad range of language features and, at the same time, are capable to process large amounts of text in different languages. Computer assisted text analysis offers a quick and reliable method for such research. In this paper, we introduce the German version of the Linguistic Inquiry and Word Count (LIWC), a dictionary based program which was developed by Pennebaker et al. (2001, 2007). The LIWC analyzes any given text using a word count algorithm that assigns words to about 60 categories, for example basic linguistic variables or psychological processes. We present three studies in which we tested the equivalence between the German and the English version, the accuracy, and the validity of the LIWC. Analyses of 122 bilingual texts showed good equivalence between the versions (median ICC = .73 across the LIWC categories). In an equivalence test, 90% of the categories met the test criterion. High accuracy was found in 104 uncorrected E-mails as compared to spell-checked E-mails (r > .70). Overall, the LIWC hit rate improved only about 0.5% in the spell-checked corpus. Correlations with the other text analysis systems as well as clinical self-report measures support the validity of the LIWC categories. The results indicate the usefulness of the LIWC for intercultural comparisons and the analysis of computer mediated communications. Limitations of the word count approach are finally discussed.

Training of psychotherapists: Case conceptualization and conceptualization of psychotherapy
Discussant: Tracy D. Eells - University of Louisville, KY, USA

This panel intends to deal with important questions related to psychotherapy training research: Previous studies have shown that therapists in training differ greatly in a) their competence to formulate case conceptualizations and b) their conceptualization of psychotherapy. From two different perspectives, we try to understand what goes on “in the head” of psychotherapists in training when they work with clients. One focus will be to understand better how therapists in training conceptualize patients - that is how they develop a working model of patients’ problems and how this view is influenced by immediate computer-based feedback. The second focus of the panel will be to investigate therapists’ conceptualization of psychotherapy and of psychotherapeutic approaches. Three papers will be presented: 1) Sabine Wolff will address the question of how therapists in training view CBT and other therapeutic approaches, and examine the relevance of this conceptualization for their therapeutic work and identity. 2) Katrin Wenning examines the effects of feedback on therapists’ case conceptualizations. Traditional time delayed feedback will be compared with immediate feedback. 3) Franz Caspar will present data on expert ratings regarding the breadth and quality of case conceptualizations. Tracy Eells will discuss the results and their implications for psychotherapy training.
The psychotherapeutic identity of psychotherapists in training: Conceptualizations of CBT and other approaches of psychotherapy

Sabine Wolff - Freie Universität Berlin, Germany, Anna Auckenthaler

Background. During the course of their professional training psychotherapists repeatedly get in touch with various approaches of psychotherapy. In Germany, psychotherapists in training are obliged to specialize in one approach of psychotherapy while at the same time they are expected to gain at least basic knowledge of other approaches. Aim. Given this dual expectation, the aim of our study is to investigate how psychotherapists in CBT training conceptualize psychotherapy: How do they view CBT and other approaches? How does this conceptualization change over the course of their training? What role does this conception play for their theoretical orientation and therapeutic identity? Methods. Problem-focused interviews with therapists in CBT training were conducted, and the data was analyzed using grounded theory. The therapists were recruited through different CBT programs in Berlin. In addition, program directors were interviewed regarding program curriculum and conception. Results. To develop a therapeutic identity, CBT therapists in training enter a process of constantly readjusting their definition of CBT: They swing back and forth between emphasizing the superiority of CBT and emphasizing the equality of approaches; between drawing sharp boundaries and blurred boundaries between CBT and other approaches. This continuous conceptual readjustment can be seen as part of a therapeutic self-discovery process. Discussion. For training programs, it is important to understand this aspect of psychotherapists' professional development. The same information can be interpreted and conceptualized in many different ways as psychotherapists in training try to develop their own therapeutic identity.

A computer based training approach for case conceptualizations - Training effects on the breadth of case conceptualizations

Katrin Wenning - Albert-Ludwigs Universität Freiburg, Germany, Thomas Berger, Sonja Wahl, Franz Caspar

Aims: We consider therapist’s ability of developing case conceptualizations a core clinical skill. Research has shown that therapists differ widely in their competence to formulate a case conceptualization. We have developed a computer based training for provisory case conceptualizations that uses intensive immediate feedback for the learning process. Research in other domains of psychology has shown that immediate feedback has positive effects on the learning process and the development of expertise. Methods: In our study we compare traditional time delayed feedback with immediate feedback. 50 psychotherapy trainees are asked to watch four intake interviews and to write down their view of the patient. The traditional group gets feedback on the case conceptualization some days after the training session. The training group gets immediate feedback on various aspects and has the opportunity to further elaborate their case conceptualization. Results: One important characteristic of a case conceptualization is its breadth (the number of aspects considered). We present a rating for the breadth of a case conceptualization. Our results show that before the training case conceptualizations consisted primarily of descriptive and explanatory information. Aspects considering treatment planing or diagnosing played a minor role. We found a significant training effect for the training group for descriptive-, diagnostic information and treatment planning. For the traditional group we found a significant effect for diagnostic information. The comparison of the two groups showed a significant effect for descriptive information. Discussion: We can resume that immediate feedback is superior on some aspects in contrast to traditional feedback.
A computer based training approach for case conceptualizations – Is broader better? Expert ratings of the solutions
Franz Caspar - Universität Bern, Clinical Psychology and Psychotherapy, Switzerland, Sonja Wahl, Katrin Wenning, Katharina Becker, Thomas Berger

Aim: The ability of psychotherapists to develop clear, comprehensive case conceptualizations has been shown to be of central importance. In two studies we have demonstrated that an LSA based training (Wenning, previous presentation) has a positive effect on the breadth and completeness of what trainees include in their case conceptualizations. This has been shown also in comparison to a control group with a traditional form of delayed feedback. Method: One of the critiques formulated against the methodology that has been used was that breadth was assessed on a too superficial level, not answering questions related to the quality of the case conceptualizations. To shed more light on this, criteria and a manual for rating various aspects of the quality have been developed, and two expert judges have evaluated the case conceptualizations. Their interrater reliability of their judgments has been assessed and improved. The reliable judgments have then be used to compare the two experimental groups (see Wenning). Results: The increase in breadth could be confirmed while concerning criteria which had not been considered in the feedback (comments on therapy planning), the experimental group fell behind the control group. Discussion: Possible reasons for the confirming as well as the negative results will be discussed, and consequences will be drawn, in particular that feedback/trainings need to be specific for the criterial task.

The religious and spiritual experiences of psychotherapists and their clients
Discussant: Russell Hilliard - Independent practice, Zurich, Switzerland

This panel will focus on the understanding of religion and spirituality as a factor in psychotherapy. As psychology becomes more interested in the religious and spiritual dimensions of personality, researchers have been studying the influence of spirituality and religiosity on clients in psychotherapy and on psychotherapists. The panelists will present data regarding the utility of assessing spiritual and religious coping as they relate to the provision of psychotherapy services. Empirical data identify potential risk factors and further explore protective variables related to spirituality and positive treatment outcomes. Current findings raise questions regarding the relationship between negative religious coping and psychological distress, but other research suggests that spirituality may impact on psychological well-being. A novel treatment modality (Vita-model) which integrates patients’ internal representations of God in the therapeutic process is discussed. Psychotherapists own perspectives on religion and spirituality may affect the exploration of spiritual and religious issues with clients. As such, it is important to assess current spiritual and religious involvement of psychotherapists. The personal experience of therapists may have more impact than professional training does on the attention given in clinical practice to clients’ religious and spiritual concerns. The presenters will summarize attitudes and practices of clinical psychologists with respect to religion and spirituality in their professional practice. In another presentation, the impact of diversity training is discussed as it affects trainee attitudes and beliefs regarding the clinical integration of spirituality and religion.

Spirituality as a resource? Connections between spirituality, psychological distress and therapy outcome in inpatients
Monika Kögler - Ludwig-Maximilians-Universität, Munich, Germany, Rita Rosner & Robert Mestel

Aim: The present study has three distinct goals: 1) to estimate the relation between different measures of spirituality and religious affiliation 2) to determine whether spirituality, and specifically negative religious coping is correlated with psychological distress and 3) whether spirituality at the beginning of
therapy predicts positive outcome. Method: The results are based on two samples. Sample 1 consists of 94 inpatients of a German hospital for psychosomatic medicine and psychotherapy, who have been assessed with different German language scales on spirituality before treatment. Measures used were the Scale on Transpersonal Trust (Transpersonales Vertrauen), the Centrality Scale (Zentralitätsskala), and a Questionnaire on Religious Coping. Psychological distress was measured with the SCL-90-R at the beginning and at the end of treatment. Sample 2 consists of a larger group of 131 inpatients of the same Clinic assessed with the scale on Transpersonal Trust as a possible predictor of positive outcome. Results: As expected, the positive scales on spirituality showed large correlations between the measures. Negative religious coping proved to be an independent factor. Patients reporting a religious affiliation generally scored higher on all measures of spirituality as compared to patients without religious affiliation. Psychological distress correlated significantly with negative religious coping, but not with positive religious coping. Spirituality was not connected to psychotherapy outcome. Discussion: The concurrent validity of the different measures is satisfactory; yet while negative religious coping might be a vulnerability factor, we did not find evidence for spirituality as a resource. It remains open to future research to determine if certain aspects of spirituality can be actively used in therapy and enhance positive treatment outcome.

Representation of God and affect organization in psychotherapy
Gry Staalsett - Modum Bad Research Institute, Norway, Vikersund, M. Helge

Aim: Recent research findings suggest that an individual’s internalized representation of God has a profound impact on one’s psychological well-being as well as being involved in the development and maintenance of psychopathology—for example, viewing God as someone who is harsh and punishing may lead to a “criminalization of affects” (e.g., believing that it is wrong or sinful to experience such emotions as joy, happiness, or anger). A patient’s internal representation of God is developed by relational experiences with primary caregivers (e.g., mother and father) and influences from the surrounding culture. The interplay between images of SELF, parents, and “God” create an intra-psychic drama which often lies at the core of the individual’s schematic structure and affect organization. This in turn may manifest as a driving force of the patient’s pathology and experienced emotional pain. The aim of this contribution is to present data demonstrating change, in patients with co-morbid depression, in their pattern of affect organization in their relations to inner representations as God, by visual representations and narratives (3 times within 3 months inpatient therapy) and assessed by a semi-structured interview pre-treatment & and at the end of 3 months treatment and one year after therapy.

Method: This papers draws its data from research on the Vita-model, an empirically validated approach that systematically addresses religious and existential issues in psychotherapy, focuses on the interplay of images of self, parents and God, and trains patients to differentiate between affects and existential issues as part of a meta-reflection process. Results & Discussion: Results from a single case study and data from 100 patients will be presented.

Religious and spiritual beliefs, practices, and experiences of sanctification of North American clinical and counseling psychologists
Edward Shafranske - Pepperdine University, Irvine, CA, USA, Kenneth Pargament

Aim. Significant differences between psychologists and the general population have been found in respect to their religious beliefs, preferences, affiliations and practices. While clinicians are ethically bound to consider features of diversity, research has suggested that attention to the dimension of religion and spirituality in clinical practice is most often influenced by clinician personal factors, rather than by professional training. This study aims to further examine factors that influence clinical psychologists attitudes and practices in respect religion and spirituality as addressed in professional

Evaluation of cultural competency training in spiritual diversity
Michelle Lee - Midwestern University, Downers Grove, IL, USA, Gloria Workman, Don Workman

Aim: The purpose of this study was to assess the impact of diversity training in issues of religion and spirituality on first year clinical psychology graduate students. Methods: The sample consisted of 1st-year clinical psychology doctoral students (n =18). Students were enrolled in an interviewing course in which they received training in completing a spiritual assessment as part of an intake interview. We assessed students’ attitudes before and after the religious cultural competency training. Upon completion of the training, students conducted a videotaped mock clinical interview. Results: At posttest, attitudes regarding competence, importance, and likelihood of integrating spirituality in clinical practice remained consistent and were rated moderately high. Additionally, analysis of videotaped clinical interviews revealed that following religious cultural competency training, 33% of participants spontaneously conducted a spiritual assessment in a mock clinical interview. Students were also asked to provide feedback about their reactions to the spirituality training. Overall, participants indicated they enjoyed the training, felt comfortable conducting a structured spiritual assessment, and rated the training experience as very valuable. Discussion: The findings of this study, while preliminary in nature, offer an example of how to incorporate spiritual training into existing curricula and provide further direction to training programs hoping to improve students’ cultural competency in religious and spiritual issues.

Panel
Other
Moderator
Richard Zinbarg - Northwestern University/The Family Institute, Evanston, USA

Quantitative advances relevant for psychotherapy research
Discussant: Michael Lambert - Brigham Young University, Provo, USA

Measurement is central to any area of scientific research and measurement of change is a central and historically controversial issue in psychotherapy research. This panel provides an overview of recent advances in both general measurement theory and in specific approaches to the measurement of change that have great potential for enhancing the validity of interpretations of clinical assessment instruments and the inferences drawn from psychotherapy studies. The first paper will elucidate the limitations of Cronbach’s alpha and present a superior alternative. The second paper will review Item Response Theory and its implications for the measurement of clinical change. The third paper will present an example of the application of new statistical models to describe and to predict change in psychotherapy including growth curve analysis/hierarchical linear modeling. The final paper will focus on bias in growth curve analysis/hierarchical linear modeling when linear models are fit to data that contains both random attrition and curvilinear symptom-improvement trajectories as well as on techniques to reduce this bias.
What is wrong with Cronbach’s Alpha and what to use instead
Richard Zinbarg - Northwestern University/The Family Institute, Evanston, USA

Aim: Whereas many methodologists are aware of problems with Cronbach’s alpha, few applied researchers seem to be. Moreover, even among methodologists, few seem to be aware that there is a better alternative to Cronbach’s alpha. The central problem with Cronbach’s alpha will be discussed. In addition, an alternative to Cronbach’s alpha - coefficient omegahierarchial – will be introduced.

Methods: Artificial correlation matrices will be used to illustrate the central problem with Cronbach’s alpha. Path analysis and algebra will be used to introduce coefficient omegahierarchial. Results: Contrary to popular belief, the central problem of Cronbach’s alpha will be shown not to be its sensitivity to scale length but rather that it is based on the average inter-item correlation that causes Cronbach’s alpha to be positively biased when the distribution of inter-item correlations is positively skewed. In contrast, coefficient omegahierarchial will be shown to overcome the positive bias often inherent in Cronbach’s alpha. Discussion: When estimated in estimating the proportion of scale variance due to a latent variable common to all of the scale’s indicators, coefficient omegahierarchial is clearly the index of choice. I will conclude by discussing how regular use of coefficient omegahierarchial can improve treatment planning, interpretation of research results and statistical power.

Measuring clinical change and Item Response Theory: New complexities and issues
Steven Reise - UCLA, Los Angeles, USA

Measuring Clinical Change and Item Response Theory: New Complexities and Issues Aim: Item response theory (IRT) is a modern psychometric theory that has essentially replaced classical test theory based methods in ability and aptitude assessment, and applications growing in psychopathology assessment as well. Although IRT and traditional psychometrics differ in many ways, I will focus solely on IRT approaches to the measurement of change, and establishing an instrument’s sensitivity to change.

Methods: A large sample of responses to a 26 item measure of cognitive problems will be used to illustrate the IRT approach to change assessment. This instrument will also serve as the foundation for explaining critical concepts such as item characteristic curve, scale information curve and standard error of measurement. Results: Results show that under an IRT measurement framework, a scale has differential precision for different individuals who vary in their trait level. This fact needs to be considered in the assessment of change. In addition, results also demonstrate that the raw score metric is a poor marker of change and should be abandoned in favor of latent variable approaches. Discussion: It is argued that IRT offers an alternative framework for understanding an instrument’s psychometric properties, and has many advantages over traditional psychometrics in terms of documenting change, growth, and the effectiveness of clinical interventions.

Quality assurance and the prediction of change in psychotherapy - An example
Wolfgang Lutz - University of Trier, Germany

Aim: Quality assurance and patient-focused feedback in psychotherapy require tools to support clinical decisions in daily practice. Using empirically derived information these systems are based on prediction models using new statistical models to describe and to predict change in psychotherapy. Methods: This study is based on preliminary data of approximately 1000 patients in outpatient psychotherapy treated with different treatment modalities in three federal states of Germany by 349 therapists. For these psychotherapies a feedback system about their status at the beginning of treatment as well as during the course of treatment was used to support clinical decisions about the indication as well as the continuation of treatment. Several different measures have been used to provide this feedback: (Brief Symptom Inventory, Inventory of Interpersonal Problems, as well as a disorder-specific measure, e.g. BDI)
as well as additional information e.g. about the therapeutic relationship. Results: The applied理论上 developed system was able to identify the necessity of treatment for most of the patients at the initial assessment as well as during the course of treatment. This system will be compared to an empirically derived prediction system based on empirical data and growth curve models. Discussion: Results are discussed in terms of their implication for evaluating treatment progress and the identification of negative developments in treatment.

Bias in hierarchical linear models when data contain attrition and non-linear symptom improvement trajectories
Jay Fournier - University of Pennsylvania, Philadelphia, USA, Robert J. DeRubeis

Aim: To investigate the magnitude and direction of bias in HLMs for datasets containing random attrition when the assumption of linearity is not met. We tested the pattern-mixture modeling approach and transformations of the time variable for their ability to correct observed biases. A new technique for transforming the time variable was introduced. Methods: Multiple datasets containing simulated outcome data for two treatments were created to mimic properties typically observed in clinical trials. The true difference between treatments was manipulated as was the linearity of the average reduction in symptoms over time. Attrition was imposed on the data, and the number and timing of dropouts were manipulated. Results: Substantial bias was observed in all conditions, but was more pronounced when attrition rates were higher or when attrition occurred later in treatment. Effect size estimates under some conditions differed by more than d=.15 from the actual effects embedded in the data. When two treatments were simulated to be equivalent, as many as 12% of trials registered a significant treatment effect. When two treatments were simulated to differ, as few as 44% of treatment effects reached significance (when power was known to be 79%). Discussion: Attrition can bias HLM estimates of treatment efficacy. This bias can either lead to spurious differences between equivalent treatments or it can mask a true difference between differentially effective treatments. Neither pattern-mixture models nor standard transformations consistently removed this bias. A new customized transformation technique did remove bias in most conditions.
Stability and change in interpersonal conflicts and their relationships to symptom changes among adolescents in psychodynamic therapy and adolescents who are not in treatment
Dana Atzil - Slonim - Hebrew University, Jerusalem, Israel, Orya Tishby, Gaby Shefler

Aims: Our first aim was to identify conflictual interpersonal patterns among adolescents regarding their parents, friends and therapist, and to determine whether these patterns change over the course of psychodynamic therapy. A second question was whether these changes differ from changes that occur naturally without treatment. A third interest was to explore symptomatic changes across time, with or without treatment and to examine the relationship between symptomatic changes and changes in interpersonal patterns. The Core Conflictual Relationship Theme method (CCRT) was applied to examine the patterns of relationship of adolescents with their significant others. Method: twelve adolescents (ages 15-18) - six in psychodynamic psychotherapy and six with a similar profile (matched on gender, age, schools and presenting problems) who are not in treatment, drawn from a larger study (N=80) were analyzed intensively. Both groups underwent Relationship Anecdote Paradigms (RAP) interviews (Luborsky & Crits-Christoph, 1998) and completed the Youth-Outcome Questionnaire (Y-OQ, Burlingame et al., 1996), and Target Complaints scale (TCS, Battle Imber et al., 1966) at the beginning of treatment (or the beginning of the school year for the adolescents who are not in treatment) and a year later.

Discussion: The nature of conflicts between adolescents and their significant others and the changes in these conflicts during treatment, compared to changes in conflicts without treatment, while considering stability and change in symptoms are discussed. In addition, the association between changes in conflictual patterns in the relationship with parents and friends and changes in patterns of relating to the therapist are discussed and implications for psychotherapy with adolescents are suggested.

What can psychotherapists do to help teachers staying healthy? A manual-based group program
Joachim Bauer - Dept. of Psychosomatic Medicine, Freiburg, Germany, Thomas Unterbrink, Linda Zimmermann, Ruth Pfeifer, Michael Wirsching

AIM: In an initial study, we had applied several inventories (GHQ, SCL, MBI, Effort- Reward- Imbalance ERI Questionnaire) in order to analyze the professional burden and mental health in 949 German school teachers. Our results indicated high rates of mental health problems. Regression analysis showed that, among a large number of potential influencing factors, problems to deal with pupil and parent behaviour had the strongest impact on health parameters in teachers. METHODS: We developed a 10-session manual-based group program for school teachers in order to improve their potential to successfully frame and configure interpersonal relationships with pupils, parents, and colleagues. Effects of this program on several health parameters were evaluated applying a controlled randomised (CRT) design. The study was supported by the German Federal Government. RESULTS: School teachers who took part in the group program responded with a significant improvement of several health-related parameters including the GHQ, SCL, ERI and two of three MBI scales. DISCUSSION: Data from several countries indicate a remarkable degree of job strain and high rates of ill health in school teachers. Problems dealing with pupil behavior are a predictor of health problems in teachers. A manual-based 10-session group program has been found to be effective in improving health parameters in teachers. Psychotherapist should cooperate with teachers and offer them group programs like ours that help them to stay healthy in their demanding job.
Change in clinician's defense mechanisms after training: A controlled study
Mathieu Bernard - Center of psychotherapy Research, Lausanne, Switzerland, Yves de Roten, Nathalie Favre, Mirjam De Vries, Frederic Stiefel, Jean-Nicolas Despland

Background. We have adapted the Defense Mechanism Rating Scales (Perry, 1990) to study clinician’s defenses during highly emotional sessions of oncology consultation. Our aim is to evaluate the impact of a formalized training in communication skills on the clinician’s use of defense mechanisms. Method. The sample included 113 clinicians (57 in training, 56 controls). Each clinician conducted two interviews with simulated patients in a 6 months interval, before and after the training. Four raters coded the 228 sessions with the Defense Mechanism Rating Scales for Clinicians (DMRS-C; Despland et al., 2006).
Results. The number of defenses per session ranged from 5 to 35 (M = 18; SD = 6). The most frequent ones were displacement (20%), rationalization (19%) and intellectualization (12%). When controlling for the pre-scores, comparison between trained and control clinicians showed: a tendency for a higher level of Overall Defensive Functioning after training (4.57 vs. 4.41, F = 3.33, p = .07, d = 0.33). A higher proportion of obsessive defenses after training (22.4% vs. 17%, F = 5.74, p = .02, d = 0.49). A lower proportion of disavowal defenses after training (25.4% vs. 29.9%, F = 3.86, p = .05, d = 0.39). Discussion. These results are discussed in the context of defensive improvement after training in communication skills. The study of defense mechanisms represents a promising way of taking into consideration the clinician’s characteristics, which account for great variance in treatment outcome.

Treatment of political imprisonment-related chronic trauma-spectrum disorders
Dana Maria Bichescu-Burian - Klinik Kinzigtal, Gengenbach, Germany

The psychological consequences of traumatic stress may be lasting even into old age. In elderly, who had been victims of political detention and torture four decades ago, we compared the outcome of narrative exposure therapy (NET), to psychoeducation (PED) only. From a group of 59 former political detainees, all 18 who fulfilled the full posttraumatic stress disorder (PTSD) criteria according to the composite international diagnostic interview(CIDI) were offered and accepted participation in the treatment study. The participants were randomly assigned to either one session of PED (n 9) versus five sessions of NET (n 9).
Symptoms of PTSD (CIDI) and depression (beck depression inventory; BDI) were assessed prior to treatment and after a 6-month follow-up. NET but not PED produced a significant reduction in the posttraumatic symptoms and depression scores. 4/9 of those who completed NET, compared to 8/9 of those within the PED group still had PTSD 6-month after the treatment had ended. These results indicate that NET may lead to the alleviation of posttraumatic and depression symptoms even when the conditions had persisted for excessive time periods.

Setting up practitioner research networks: A UKCP initiative
Sheila Butler - West Kent Mental Health Trust, Kemsing, UK, Peter Stratton Tirril Harris Georgia Lepper David Winter Del Loewenthal

There has been considerable discussion concerning the impact of evidence-based debate on policy and practice in psychotherapy. This has included the importance of developing a different model of research which is linked to both practice and development, the need to develop research capacity amongst all contributors and beneficiaries of psychotherapy research, and the importance of two-way communication strategies that link research to practice and vice versa. As part of the move to have psychotherapy research driven more strongly by therapists and clients, an essential tool is the Practitioner Research Network (PRN). Working therapists are in a good position both to represent client views of therapy process
and outcome and also to ethically invite clients to participate in research. The UKCP Research Committee has taken initiatives to support and to create PRNs. These initiatives will be described with examples of The PRN initiative within UKCP will lead to new partnership and collaboration opportunities between practitioners and researchers to both strengthen and add new dimensions to psychotherapy research and practice. We are planning to explore and develop a range of initiatives at local and international levels developing strategies for supporting practitioners’ research and looking at what types of research potentially provide a widening of our understanding of psychotherapy. The audience will be invited to share their aspirations and experiences of practitioner research so that we can explore the possibility of international collaboration within a PRN framework.

**Paper**

**Being a psychotherapist: Contributions of personal history on clinical practices**

*Helena Carvalho - Faculty of Psychology and Education, Porto University, Portugal, Paula Mena Matos*

The therapist is considered to be an important factor for the therapeutic process (Beutler et al. 2004; Norcross, 2002; Wampold, 2001; 2006) with the ability to magnify or reduce the effects of a therapy (Luborsky, 1985). Nevertheless the professional and personal characteristics of the psychotherapist have been neglected factors in psychotherapy research (Orlinsky & Ronnestad, 2005, Wampold 2001). There appears to be no concept of what it is that therapists bring personally to their clients, or how these personal qualities might impact on therapeutic processes and outcomes (Reupert, 2006). The central aim of the present study is to understand the associations between psychotherapists’ personal relational history, and professional dimensions such as psychotherapeutic relationship and their personal way of practicing psychotherapy. Data of 250 psychotherapists from different theoretical backgrounds and levels of experience was collected through quantitative methods. Participants responded to attachment measures to assess the quality of past and present personal relationships and to the Portuguese version of the personal style of the therapist questionnaire (Fernandez Álvarez, Garcia, LoBianco & Corbella, 2003) Results will be discussed from the point of view of the implications of studying psychotherapist characteristics in psychotherapy research, education and supervision.

**Paper**

**The TECNOB project: A telemedicine platform for the outpatient psychotherapy of obesity with type 2 diabetes**

*Gianluca Castelnuovo - Istituto Auxologico Italiano IRCCS, Psychology Research Laboratory; Ospedale San Giuseppe, Verbania, Italy, Gian Luca Cesa, Paola Cuzzio, Valentina Novara, Giovanni Augello, Maria Letizia Petroni, Antonio Liuzzi, Enrico Molinari*

There is an increasing attention in developing outpatient interventions, particularly to meet pathologies with long treatment needs. There is also an increasing interest in telemedicine support, due to its greater accessibility and potential availability than inpatient provided. In a 2-arm RCT (randomized clinical trial), participants are allocated to an intervention group with telecare outpatient service provided after the inpatient treatment, or to an intervention group receiving only routine care after inpatient step. The telemedicine outpatient service includes psychotherapy, nutritional support and medical check for six months after the one month-long inpatient step. The most relevant clinical outcomes are: psychological variables such as self-efficacy, quality of life, well-being index, motivation, adherence to treatment; nutritional indexes, such as changes in diet and eating behaviors; medical parameters such as body mass index, physiological variables (collected through the ARMBAND technology) and glucose level. The TECNOB Project (Technology for Obesity Project), supported by the “Compagnia di San Paolo” private foundation, has the potential to improve clinical outcomes and a reduction in type 2 diabetes and obesity related complications.
**Narrating trauma as a family and community story**

Helen Evert - University of Melbourne, Australia

Aim To presenting findings from a PhD study about the experiences of 72 Polish elderly migrants living in Australia who experienced a range of traumatic events during the Second World War. The focus will be on how older people incorporate their narrative account of trauma, grief and loss into a life story. Method A mixed methods approach was employed using quantitative and qualitative methods. The qualitative component involved a narrative interview with a subset of 18 people about the war years and early life in Australia. In addition, detailed field notes were compiled from the quantitative questions with the remaining 54 people supplementing their responses with stories and accounts while filling out the quantitative questionnaires. This produced a rich source of data that was analysed thematically. Results This analysis revealed that Polish elderly described their accounts of trauma and physical deprivation in the context of individual, familial and community suffering. Individuals described emotional responses such as fear, grief and humiliation. These emotions were also experienced by family and community. Survival mechanisms were described as individual, familial and community resources. One example ‘acts of kindness by strangers’ often made the difference between life and death. The theme of community and family suffering meant that the individual was not alone in trauma but surrounded by others in a similar situation. Discussion These findings will be discussed in the context of systemic perspectives. Fundamental to the processing of traumatic events is the familial and social meaning assigned to it in a cultural, religious and historic context.

**Assessing Interpersonal Motivation In Trascripts (AIMIT) towards the validation of the AIMIT method in psychotherapy: Inter-rater and intra-rater reliability study on transcripts of video-taped psychotherapy sessions**

Giovanni Fassone - ARPAS Associazione per Ricerca sulla Psicopatologia dell’Attaccamento e dello Sviluppo, Rome, Italy, Franca Valcella, Susanna Pallini, Antonella Ivaldi, Elena Prunetti, Franca Scarcella, Lucia Tombolini, Francesca Manaresi, Giovanni Liotti

Aim Multi-motivational interpersonal systems theory is the framework of our study. The aim was to introduce to the validation of a new tool (AIMIT), designed to detect indicators of activity of interpersonal motivational systems in transcripts of therapy sessions. First step of this process was to evaluate inter-rater and intra-rater (test-retest) reliability. Methods A total of 10 cognitive psychotherapy sessions from ten different patients were first video-taped and then transcribed. Each session was divided in code units and 3 therapists who conducted sessions made a first evaluation, according to AIMIT instructions. Afterwards, their evaluation was revised together with an independent evaluator. The same transcripts were then blindly evaluated by a second group of paired evaluators, to calculate inter-rater reliability. Agreement among evaluators was calculated with K statistics, for different IMS, transitions from one IMS to another, and other variable of interest. Intra-rater reliability was performed 2 weeks after. Results A total of 1347 paired code units were identified. Agreement on code criteria, attachment system, rank system, sexual system and cooperative system were satisfying (k values ranged from .58 to .75), with the only exception of the caring system (k= .36). Data on intra-rater reliability were also satisfaying. Discussion The study provide a first stimulating empirical evidence of the reliability of the AIMIT method to detect activation of different IMS in psychotherapy. It represents a first step in the process of validation of the AIMIT approach, wich highlight the importance of interpersonal motivation and intersubjectivity within a cognitive-evolutionary perspective. Implications are discussed.
**Psychodynamic psychotherapy in traumatic brain injury: A conversion disorder case study**
Jean Gagnon - University of Sherbrooke, Canada

Aim: To illustrate, with a single case study, how psychodynamic psychotherapy can be helpful in the rehabilitation of traumatic brain injury (TBI) patients and how this approach is complementary to neuropsychological intervention. Methods: A 40 year-old woman, who suffered from a moderate TBI, presented Panic Disorder with Agoraphobia and Conversion Disorder. These disorders were true obstacles to rehabilitation as well as the mourning process. The case was analyzed by using the framework of Lewis & Rosenberg (1990) for developing a psychotherapy treatment plan for brain-injured patients, which takes into account cognitive deficits, psychological factors, and the psychological meaning of the event and deficits. Results: Through psychodynamic psychotherapy, it was possible to understand the negative impact of physical and cognitive deficits on the subject’s usual adaptation and defensive strategies, and allowed the subject to resolve the sexual conflict that primary post-traumatic care had reactivated. By the end of this process, the subject was able to acquire a positive perception of herself, to demonstrate more openness towards post-TBI adaptations and to experience significant improvement in her anxiety and conversion symptoms. Conclusion: The experience of TBI subjects include objective dimensions such as neuropsychological deficits as well as subjective dimensions upon which complex psychological reactions play. The latter reactions can prevent the person to fully participate in a rehabilitation program. It is possible to adapt the framework of classical psychodynamic psychotherapy in order to offer a complementary and meaningful approach to a traditional neuropsychological one.

**Dose-response relationship in music therapy for people with serious mental disorders: Systematic review and meta-analysis**
Christian Gold - University of Bergen, Norway, Hans Petter Solli, Viggo Krüger, Stein Atle Lie

Introduction: Serious mental disorders have considerable individual and societal impact, and traditional treatments may show limited effects. Music therapy may be beneficial in psychosis and depression, including treatment-resistant cases. The aim of this review was to examine the benefits of music therapy for people with serious mental disorders. Method: We conducted a systematic review of all prospective studies to date comparing clinically relevant outcomes of music therapy versus other conditions. Studies were combined using mixed-effects meta-analysis models, allowing to examine the influence of study design, type of disorder (psychotic vs. non-psychotic), and number of sessions. Results: 15 studies (8 RCTs, 3 CCTs, 4 pre-post studies) were included in the meta-analysis. Study design and type of disorder were not significantly related to outcome. Significant dose-effect relationships were identified for general, negative, and depressive symptoms, was well as functioning, with explained variance above 70%. Small effect sizes for these outcomes are achieved after 3 to 10, medium effects after 10 to 24, and large effects after 16 to 51 sessions. Dichotomous outcomes showed that the number to treat for global state is low (NNT = 1.59), indicating that one out of two patients offered music therapy will benefit from it. Conclusions: Music therapy is an effective treatment which helps people with psychotic and non-psychotic severe mental disorders to improve global state, symptoms, and functioning. Slight improvements can be seen with a few therapy sessions, but longer courses or more frequent sessions are needed to achieve more substantial benefits.
Measuring coordinated interpersonal timing and intensity of vocalization using PRAAT
Susanne Harder - Department of Psychology, Copenhagen, Denmark, Gert Foget Hansen, Mette Vaever, Simo Koepe

Aim: Nonverbal coordination such as interpersonal timing has been found to contribute importantly to the co-construction of moment-by-moment relatedness in mother-infant dyads and to later development of attachment pattern(Jaffe et al 1999). The same processes are hypothesized to powerfully enhance or disturb the structure of relatedness in the therapeutic relationship as well. Other features of vocalization such as intensity of speech might also play an important role in the dyadic attunement process. The aim of the present study was to develop a method for measuring coordinated interpersonal timing and intensity of vocalization. Method: Digital audio recordings are made using individually headmounted directional microphones. This procedure minimises both crosstalk between the two channels and intensity variation caused by varying the subject to microphone distance. The acoustic analysis is carried out using the PRAAT phonetic analysis software. In order to minimize the manual workload a semiautomatic procedure is adopted which detects timing of speech events based on intensity threshold levels. Potentially ambiguous passages are detected by comparing the levels of the two channels, and are subsequently processed manually. Data on duration and intensity of speech from the two speakers are subsequently compared using time-series analyses. Results: Preliminary analyses of coordinated interpersonal timing and intensity of vocalization in two mother-infant dyads will be presented.

The effectiveness of psychodynamic/psychological, psychopharmacological and combination treatment in a routine psychiatric outpatient setting in Sweden
Håkan Johansson - Department of Psychology, Lund University, Sweden

Background: Most outcome studies regarding psychological or psychopharmacological treatment are efficacy studies (RCT) with highly selected diagnostic patient samples and skilled expert therapists. Conversely, this study compared the effectiveness of psychological, psychopharmacological and combination treatment in a natural, routine psychiatric outpatient unit where the treatment the patient received was determined by normal routines at the unit and performed by a variety of staff, representative of a routine psychiatric outpatient unit. Method: Newly admitted patients were diagnosed according to the ICD-10 and completed questionnaires regarding symptoms (BSI) and interpersonal problems (IIP) at the beginning and termination of their treatment. The time for the latest follow-up was set to 18 months. Results: The results showed that the patients improved substantially and there was a significant treatment effect for all treatment conditions in almost all outcome variables. Further, all three treatment forms were equally efficacious, no indication of any differential effect was found. However, the combination group used significantly more treatment sessions than the other two groups where no differences were found. Conclusion: The results indicate that the patients were offered, and achieved what they required to reach a positive outcome. It was evident that the patients improved, but it was also evident that many patients still had substantial problems after the completed treatment. In a time with limited resources, it appears the treatments are determined by responsiveness and regulatory processes of both the staff and patients, and that the patients acquire what they need to accomplish a good enough level of outcome.
Types of outcome in in-patient psychodynamic treatment of depression - A
clusteranalytic differentiation

Peter Joraschky - University Hospital for Psychotherapy and Psychosomatic Medicine, Dresden, Germany,
Poehlmann, Karin

What works for whom is still an open question in psychotherapy research. To address this problem we
examined which patients profit most from psychodynamic inpatient psychotherapy. A cluster analysis
was conducted based on depression scores (Beck Depression Inventory) at the beginning and at the end
of treatment and at a follow-up one year later. The sample consisted of 194 patients with psychosomatic
disorders. The prevalence of depression was 67%. The cluster analysis differentiated five types of
outcomes: Cluster 1 (n = 80) contained patients with mild depression who improved significantly during
treatment and the follow-up period. Cluster 2 contained patients suffering from severe depression who
improved markedly during treatment and remained stable during the follow-up period. Cluster 3 (n = 32)
consisted of patients suffering from severe depression which remained stable during treatment and after.
Patients in cluster 4 (n = 28) suffered from mild depression, improved under treatment but relapsed in the
follow-up period. Cluster 5 (n = 13) was not interpreted due to its high heterogeneity. Interestingly,
cluster 2 (“responder”) and cluster 3 (“non-responder”) only differed in the extent of improvement in
depression that occurred during the first four weeks: While responder showed a significant decrease in
depression over that time period, non-responder did not. All other data (distress, self-esteem, therapeutic
relationship, comorbidity, etc.) showed no differences between the two groups of severely depressed
patients. The results confirm the relevance of the early phase of psychotherapy and the necessity of
continuous progress and process assessments.

Process quality of psychosomatic rehabilitation: Influences of hospitals’
structures and patients ’risk factors’

Stephan Kawski - University Medical Center Hamburg-Eppendorf - Department of Medical Psychology,
Germany, Sven Rabung, Holger Schulz, Christiane Bleich, Uwe Koch

Background: Within the context of Quality assurance in the field of Psychosomatic Rehabilitation a Peer
Review procedure (PRP) has been developed for a screening of the process quality: Patients’ discharge
reports are examined by experienced and trained specialists of the same field (peers) by use of a 54-item
checklist. The suitability of the PRP for evaluating the quality of therapeutic processes under conditions
of clinical practice within limitations has already been pointed out – at least weak inter-rater reliabilities,
some correlations with outcome measures and hints for an appropriately economic method [Kawski et al.
2007]. Methods: Based on a sample of 326 inpatients being treated in 19 psychotherapeutic hospitals,
examinations targeted the influence of patients’ “risk factors” and structural characteristics of the
hospitals on process quality results. Results: Influences could be found concerning patients’ “risk factors”
whereas structural characteristics of the hospitals could not be identified as systematically influencing.
Discussion: Over the last years the PRP as a screening method for process quality in the field of medical
rehabilitation has come into discussion as not selective enough. The findings indicate the importance of
considering environmental and patient related factors when attempting to evaluate process quality of
psychosomatic rehabilitation by use of the PRP.
Effectiveness and therapeutic alliance in group-analytic treatment with eating disorder
Gianluca Lo Coco - Department of Psychology, University of Palermo, Italy, Claudia Prestano, Viviana Cicero, Salvatore Gullo, Girolamo Lo Verso

Aims: There is a lack of research concerning outcome and process of psychodynamic group treatments with eating disorders. In recent years only few studies investigated the effectiveness of group-analytic treatment. This naturalistic study has two aims: a) to investigate the effectiveness of long-term group-analytic treatment with bulimic and anorexic outpatients, b) to analyze the association between patient outcome and group alliance. Method: The study involves 12 patients undergoing two group-analytic treatments conducted by a well experienced group therapist at the Mental Health Hospital of Catania. The groups were closed, and met 1 hours every week for two years. All the participants are female (age ranged from 14 to 17 years old), and met the DSM-IV criteria for EBD (6 AN, 6 BN). Additional Axis II diagnosis was assessed by the SWAP-200. We investigated the amount of the patients’ improvement during the course of the therapy, by using the OQ-45.2, and the SEED (once a month). Group therapeutic alliance was measured by the CALPAS-G, which was administered every month along the treatment. Results: The AN patients have a clinical significant change at the end of treatment, both in OQ and SEED measures. BN patients have no change. Early Patient Commitment (PC) and Patient Working Capacity (PWC) are correlated with a positive outcome for AN patients, but not for BN patients. Mean alliance scores of the AN patients were higher than scores of BN patients over the course of treatment. The trend of the PC scale is different for AN and BN patients.

Structure and initial validation of a short form of the Therapeutic Factors Inventory
Rebecca MacNair-Semands - The University of NC at Charlotte, NC, USA, John Ogrodniczuk, Anthony Joyce

This study examined the factor structure and validity of the Therapeutic Factors Inventory-Short Form (TFI-S), a measure that was developed to assess Yalom’s eleven conceptually-derived therapeutic factors. The sample consisted of 174 patients who participated in a group-oriented day treatment program. Patients completed the TFI-S and other measures of process and outcome to assess concurrent and predictive validity of the TFI-S. Four broad therapeutic factors were identified:Instillation of Hope, Secure Emotional Expression, Awareness of Interpersonal Impact, and Social Learning. Alpha coefficients ranged between .71 - .91. Several significant relationships were identified between the TFI-S factors and improvement in psychiatric symptoms, quality of life, and interpersonal distress at the end of treatment, suggesting that the TFI-S may have predictive validity. Furthermore, significant and meaningful correlations between the TFI-S factors and subscales of the Group Climate Questionnaire provided preliminary evidence for the concurrent validity of the TFI-S. The findings suggest that the TFI-S may be a useful instrument to assess therapeutic factor perceptions of group members.

Thinking in the third person: An extraction study of a technique from Systemic-Constructivist Couples' Therapy
Sara Miller - Department of Psychology, York University, Toronto, Canada, David W. Reid

Aim: The current study evaluates the efficacy of a social cognition technique called “Thinking in the third person” in producing changes how individuals in couples' therapy perceive themselves, their relationship and their partner. This technique forms part of the protocol of Systemic-Constructivist Couples Therapy (SCCT), an approach that combines systems theory, constructivist theory and recent advances in social
cognition (Reid, Dalton, Laderoute, Doell, & Nguyen, 2006). The technique involves asking a member of a couple to describe an argument or disagreement with his or her partner in the third person, as if she or he were a neutral observer watching the interaction who could read the thoughts and feelings of each partner at each moment of the conversation. Method: This study essentially extracts the technique from the context of therapy in order to study its efficacy in isolation using a three-group randomized experiment. Experimental group participants (n=17) complete a modified version of the technique ten times over a two-week period, and their change levels on communication variables are compared to those of comparison and control groups (n=34). Results: We hypothesize that experimental group participants will demonstrate significant change on the variables such as responsiveness, interpersonal processing, mutuality and conflict strategies, as measured by self-report measures administered pre- and post-study. These data will be collected and analyzed in time for the conference. Discussion: Our expected results would provide further empirical support for a technique that previous clinical experience has showed to increase individuals’ ability to consider their partner’s perspective in relationship dynamics.

**Paper**

**Predicting outcome of inpatient psychosomatic rehabilitation**

*Joerg Oster - University of Ulm, Germany, Joern von Wietersheim*

In the German health system, many psychotherapeutic in-patient treatments are provided in form of a so called psychosomatic rehabilitation. This study investigated characteristics of inpatients as predictors of outcome in this setting. Information from a hospital quality management system and from the discharge documentation was used. 463 consecutive inpatients were assessed at intake and discharge, 329 inpatients at 3 month follow-up. Potential predictor variables included demographic data, diagnosis, symptoms, duration of sick-leave, vocational issues and motivation. Various outcome measures were defined and combined. The main criterions concerned the ability to work and the state of health. All criterions were dichotomized and an overall criterion was generated. Depending on the chosen criterion about 40 – 60 % of the participants were successful. 52 % improved overall. Predictor models were developed by correlation analysis and logistic regression. In the bivariate approach, long-term sick-leave, the desire for retirement and a high impairment were particularly negative predictors. In the logistic regression, a substantial proportion of variance was explained by the above mentioned variables. The prediction of the ability to work showed a total correct classification rate of 84 %, the correct classification rate for the state of health amounted 72 % and for the overall outcome measure 78 %. The
results for the follow-up are slightly poorer. However, the over-all model performances are reasonable. As conclusions, attention should be given to vocational issues and to impairment. This study could initiate further research how to improve the treatment for inpatients with rather unfavourable characteristics.

**Paper Group**

**Metacognitive training group for patients suffering from schizophrenia: Premilinary results**

Valentino Pomini - University of Lausanne, Prilly, Switzerland, Sophie Pernier, Sabrina Linder, Jérôme Favrod

Aim. The Metacognitive Training for schizophrenia patients (MCT; Moritz & Woodward, 2007) is a cognitive training program divided in eight modules that target several cognitive biases frequently observed in schizophrenia (e.g. jumping to conclusions, overconfidence in memory errors, etc.). In each module, selected examples and exercises try to make patients aware of how cognitive biases influence the interpretation of the reality. Throughout the program patients not only can become aware of these biases but can also try to learn to control them. Methods. We are conducting two open groups offering the MCT in French. Each group (4-8 patients) has one session of 60 minutes per week and covers all the eight modules. Patients can follow two cycles of eight sessions, allowing them to repeat the program two times (as promoted by Moritz & Woodward). We design a pre-post non controlled evaluation pilot study to evaluate the impact of MCT on psychotic symptoms and cognitive performances. Results and discussion. Preliminary qualitative observations show that patients participate willingly and with satisfaction to the program. Some patients, who were known to be reluctant to group therapies and little assertive in other settings, rapidly learn in the MCT to present and discuss their own opinions. MCT appears as an complementary group therapy that can be easily introduced in a more comprehensive treatment for the rehabilitation of schizophrenia patients. Reference. Moritz, S., & Woodward, T.S. (2007). Metacognitive training in schizophrenia : from basic research to knowledge translation and intervention. Current Opinion in psychiatry, 20, 619-625.

**Paper Assessment**

**Differences in measures of functioning, metacognition, symptoms and interpersonal differences between Axis I, Axis II patients and co-occurrent disorders**

Michele Proacaci - III Centro Psicoterapia Cognitiva, Rome, Italy, Antonino Carcione, Giancarlo Dimaggio, Stefania D'Angerio, Giuseppe Nicolò, Assunta Orritos, Roberto Pedone, Antonio Semerari

BACKGROUND AND AIMS: An issue currently at stake is what are the differences, if any, between different patients. The idea is gaining consensus that the higher is the overall level of personality pathology, no matter the specific category, the severest is the patient. Moreover patient with no Personality Disorder should feel and function better at the personal and social level. To test some of the supposed differences about samples with diverse level and type of pathology we assessed global functioning, symptoms profile, interpersonal problems and personality disorder (Hummelen et al, 2007). Moreover we test the idea that worst symptom and interpersonal functioning and overall level of personality pathology are related to impaired metacognition, that is the ability to think about own thinking and the thinking of others and to cope with problems using this knowledge. METHODS: A sample of outpatients with a) Personality Disorder (PD) (likely comorbid with other PDs) and Axis I neurotic disorder; and no PDs with only axis I diagnosis. Tools: The VGF and the CGI as severity index, the MINI, a semi-structured interview developed to assess axis I diagnosis, the SCL-90 for symptoms assessment from a patient’s point of view, IIP (Inventory of Interpersonal Problems), SCID II questionnaire and semi-structured interview for Axis II diagnosis, an interview for metacognitive functioning (IVAM)
and theory of mind task as Baron Cohen’s Eye tests EYES (Baron-Cohen task) and story of Happè.

RESULTS: The statistical analysis of data highlight differences between sub-groups concerning symptoms, social and interpersonal functioning. Metacognitive disfunctions seem to be correlated significantly to the other variable. The implications about the classification of disorders for psychotherapy will be discussed in the light of our results.

**Paper**

**Psychotherapeutic interventions on a Paediatric Intensive Care Unit: Developmental, trauma and attachment perspectives**

*Sandra Rafman - McGill University Health Centre-Montreal Children's Hospital, Canada, Paloma Castro*

Aim: Research into the nature and impact of therapeutic interventions on a paediatric intensive care unit (PICU) is rare. Although scientific progress and technological innovations have improved the survival chances of children with critical medical illness or serious injuries, nonetheless, severity, the number of bodily systems involved combined with state-of-the art medicine renders healing a tantalizing yet elusive goal. As the PICU is a context of high risk, both health professionals and family members may consider questions of physical survival to take precedence over psychological issues. From the perspective of the developmental, trauma and attachment literature, our goal is to present characteristics of the PICU and the different ways therapists can intervene in such a context. Method: Over a period of two years, features of the experience of children and their families sequentially entering a PICU in a metropolitan city were examined, interventions were described and categorized, and the choice of intervention made explicit. Results: We describe and categorize a) stresses, conflicts and challenges intrinsic to the PICU context, b) the potentially traumatic stresses and challenges for family and child, c) the different goals and roles of the mental health professional d) the types of interventions therapists can choose from and e) the rationale underlying the choice of interventions and its impact on patients. Discussion: Although more research is needed, initial descriptions suggest immediate therapeutic interventions can facilitate the child and family’s recuperation on a physical level. Cultural and ethical aspects intertwine with the medical and psychological dimensions.

**Paper**

**Comparing interpersonal problems and internal working models of relationships assessed with the TAT (Thematic Apperception Test): An exploratory study**

*Robert Alistair Richardson - University of Bern, Switzerland, Franz Caspar*

Over the past few decades, clinical psychology and psychotherapy research have strongly emphasized the use of "objective measures". These measures often take the form of self-report questionnaires or structured interviews. The cost-effectiveness usually associated with this methodology unfortunately trades off with validity, because the results thus obtained are subject to many kinds of biases (e.g. social desirability, defense mechanisms, instrumental use of self-report), which have a negative impact on their usability either for clinical or research purposes. This is especially true when it comes to assessing aspects that are structural and egosyntonic in nature, which is what is most interesting in clinical psychology and psychotherapy research. Given this fundamental problem, Weiner (2004) has underlined the potential usefulness of performance-based measures for assessing pre-treatment patient variables, but also for monitoring progress and assessing outcome of therapy. The present study is an exploratory comparison of two measures of interpersonal functioning: (1) the Inventory of Interpersonal Problems (IIP), and (2) the TAT. The TAT is analysed using an empirically developed set of scales, the Social Cognition and Object Relations Scales (SCORS; Westen, 1991, 2002). Participants thus undergo a projective assessment (TAT), and fill out the IIP and a symptom checklist (SCL-90-R). The exploratory question is manifold: It concerns the relationship between the conscious representations of interpersonal
problems and the internal working models inferred from the TAT analysis, and the relationship between these two measures and the reported symptomatology. I shall present the results of a pilot study with university students.

**Paper**

**Psychodynamic**

**Collaborative assessment: Comparison between experimental and control case**

*Silvia Salcuni - Università di Padova, Italy, Adriana Lis, Sergio Salvatore, Alessandra Raudino*

In contrast to the traditional assessment approaches, in the collaborative assessment (CA) the client is an active partecipant in the process (Fischer e Finn, 1987; Finn & Tomager, 1992, Finn 2003). The Collaborative is an individualized psychological assessment in which the assessor and the client (with an active contribution) work together to develop productive understandings, which become "therapeutic" in itself. Collaboration is a mean of individualizing the assessment process, resulting suggestions, and written accounts. The written accounts is particular useful for the client, because it is able to generate good coping strategies for stress, higher motivation and higher efficacy in the intervention. Many researches have been carried out on collaborative approaches, but only few of them follow an empirical approach for the results evaluation. The aim of the present paper is to verify the empirical validity of the CA in young adults, who will satisfy the criterion of a low or moderate personality integration. This paper present the first two cases we treated with this new approach, focusing particular attention on the empirical validity of CA with young adults and on a new specific methodological analysis approach (Discourse Flow Analyzer, RIFLUD; Salvatore, 2006). The experimental case was assessed with a flexible set of tests, created "ad hoc" for the subject; in contrast, the control case was assessed with a fixed set of tests (MMPI-2, Rorschach with Exner’s CS). Big attention was paid to the feedback session results and guidelines.

**Paper**

**Training**

**The effects of varying amounts of training on the reliability of graduate students' rating of complex clinical phenomena**

*Elisabeth Schanche - University of Bergen, Norway, Geir Høstmark Nielsen, Leigh McCullough, Arnstein Mykletun, Jakob Valen*

Background: Process research is labour intensive and time consuming, and thus often prohibitively costly. Yet, it is an important challenge to identify the active change agents in psychotherapy. Involving students as raters could make process research easier and less costly to conduct. Aim: The aim of this study was to investigate whether students with limited or no clinical experience could attain substantial reliability on a psychotherapy process measure requiring a high level of clinical reflection and judgement. Methods: Thirty-two students received 21 hours of training in the Achievement of Therapeutic Objectives Scale, and subsequently rated videotaped therapy sessions. Reliability was assessed using intraclass correlations (ICCs). Results: At the end of the training period, the students attained ICCs in the range of .41 -.68. The present raters attained significantly increased reliability when compared to students in previous studies who had received less training. A simplified rating procedure yielded ICC values in the range of .76 -.95. Discussion: It is concluded that with increased training and by focusing on fewer constructs at a time, graduate students with minimal or no clinical experience are able to rate complex clinical process phenomena at a substantial level of reliability.
Effect of group coherence and patient interpersonal stance on outcome in inpatient psychotherapy
Henning Schauenburg - Clinic for Psychosomatic and General Clinical Medicine, Heidelberg, Germany, Ulrike Dinger

Group experiences are an essential ingredient of inpatient psychotherapy. However, due to different interpersonal patterns and problems, group experience can have differential influence on the outcome of individual patients. In replication of a small pilot study we investigated the influence of group cohesion and dominant or affiliative traits of patients. We expected a positive influence of growing coherence in dismissive patients and of „decreasing” coherence in preoccupied or overly affiliative patients. In a sample of 327 inpatients with mixed diagnoses of affective, anxiety, eating and personality disorders we assessed symptom load (BSI) and quality of group experience (Inpatient Experience Scale, Sammet and Schauenburg 1999) on a weekly basis. Symptom load was predicted by interpersonal problems and group cohesion and by their interaction in a multilevel regression model. High group cohesion and an increase in group cohesion were predictive for symptom improvement. This influence however was moderated by the affiliation dimension: In dismissive patients an increase of group cohesion over the course of treatment was helpful; in affiliative patients symptom improvement was correlated with a decrease in group cohesion. Our results indicate the therapeutic importance of group therapy and the differential influence of a common and well studied outcome factor in individual patients.

Treatment of trauma-related anger in OEF/OIF veterans
Tracie Shea - VAMC and Brown University, Providence, USA, Jennifer Lambert, Jocelyn Howard, Elizabeth Sevin, Nancy Davis

Background: Persistent anger is a common and seriously impairing symptom following combat and other trauma. The aims of this treatment development study are to 1) adapt a cognitive behavioral treatment for anger to the needs of military personnel returning from war-zone deployments, and 2) conduct a controlled pilot study to provide preliminary data of the efficacy of the adapted intervention in this population. Methods: Phase I (presented here) involved piloting the treatment with 12 participants returned from deployment in Iraq. The second phase involves a study of 50 participants, randomized to receive either the cognitive behavioral intervention or a standardized supportive therapy intervention. Treatment includes 14 weekly 75 minute sessions. Assessments are conducted at pre-treatment, end of treatment, and 3 months post-treatment. Given the absence of a control condition in Phase I, data on anger items assessed over 6 months in a sample of veterans of the Iraq war from a naturalistic longitudinal pilot study are presented, as a quasi-control.Findings: Eight of 12 participants in Phase I completed the treatment. Completers showed significant improvement on anger measures, with pre to post-treatment effect sizes ranging from 1.1 to 2.9, and pre-treatment to follow-up effects sizes ranging from 1.1 to 1.7. In con-trast, the anger items in the naturalistic sample, receiving a variety of treatments, showed no change over 6 months. Conclusions: These preliminary findings show promise for the efficacy of this modified cognitive behavioral intervention for the treatment of anger symptoms following deployment related trauma.

Towards family narratives: integrative family therapy in child/adolescent mental health
David Skorunka - Faculty of Medicine, Charles University, Hradec Kralove, Czech Republic

In the beginning of 21st century, extensive research on family attachments with regard to physical and mental health spreads from developmental and social psychology, neurosciences and other interdisciplinary fields. However, the advanced knowledge of complex attachment processess, well-being
and health, only slowly result in transformation of the major assumptions and traditions that inform clinical practices. Despite the growing body of research on psychological and social factors in mental health, these variables still seem on the margin of interest in mainstream psychiatry because of dominant biomedical model. The study aims at reviewing various psychosocial aspects related to emotional and/or behavioral symptoms in childhood and adolescence such as depression, anxiety and also physical problems. The attention is paid to different narratives and meaning that each family member developed around family attachments, significant events in family history and emotional needs of family members in this respect. Through integrating systemic and narrative ideas in family therapy, the main objective is a expression and possible re-construction of dominant family narratives and search for different meanings that family members ascribe to mental problems. Although presented mental problems can be viewed as mental disorder, the attunement to different narratives, meanings and developmental as well as attachment issues seem to be important part of the treatment in childhood/adolescent mental health. A qualitative single case study is part of the paper, which encompasses three different viewpoints on therapy process: a therapist’s hypothesising and comments on the process, family experience of therapy sessions, adolescent’s subjective experience of therapy with regard to helpful/unhelpful aspects ant the outcome. A data from open ended questionnaire are included. The presentation was supported by the grant No.406/06/0035 GA CR.

**Paper**

**Psychodynamic**

**Evaluation of the psychoanalytical psychotherapy process in children and parents groups in a clinical population on the outskirts of Buenos Aires, Argentina**

*Sara Slapak - Facultad de Psicología. UBA, Buenos Aires, Argentina, Nélida Cervone, Ana Luzi, María Padawer, Daniela Bardi, Laura Ramos, Marcelo Grigoravicus, Marcela Jaleh*

Objectives: To present a method to evaluate the process of psychoanalytical psychotherapy in children groups; orientation groups for adults in charge and complementary studies in a vulnerable clinical population. Method: Evaluation of the group psychoanalytical psychotherapy process and of the orientation groups for parents or adults in charge which includes three strategies: 1) codification of textual records of sessions; 2) construction of matrixes; 3) individual reports elaboration per patient and his or hers adult in charge. Descriptive study from the epidemiological perspective with the administration of the Child Behaviour Checklist (Ackenbach); sociodemographic questionnaire designed purposefully for the exploratory study of psychoactive substances consumption in children with the administration of CORIN (Míguez, H.). Results: The majority of the children assisted are boys. We register a higher proportion of parents without studies or with incomplete elementary studies; high level of stacking in the homes. Most of the boys and a high percent of girls present aggressive and impulsive behaviours. The children proceeding from conflictive families with a family background of psychoactive substances consumption or with serious problems of unemployment are the ones who in a greater part have consumed alcohol or other substances. In sociocultural contexts of vulnerability it is necessary to intensify the study of the psychotherapeutical strategies, its validity and consistency with the theoretical frame and to complement the psychotherapeutical processes ‘s studies with other referred to the sociocultural context and type of psychopathology, Discussion: The group psychoanalytical psychotherapy is an effective strategy in populations under psychosocial risk.
### Planning and improvisin in psychoanalysis and psychotherapy

*Paulo Luis Sousa - Universidade Católica de Pelotas, Brazil, Ricardo Silva, Ricardo Pinheiro, Luciano Souza*

Aims: Many authors put their attention mostly in the structured dimensions of the therapeutic process. Probably they feel safer describing and theorizing about the setting, interventions, gesture, positions, sounds, words. Our aims are to examine the other concomitant part of the process, that is, such things that suddenly appear in the setting. Methods: A review of the literature is done searching for approaches that pointed to unexpected states both in the patient and analyst. Results: Few studies put their focus on therapeutic events that are off of the presumably treatment development. Discussion: Ordinary human relations are highly mutable and provision of affect changing is almost impossible. Transference-countertransference processes are plenty of archaic and present affects and representations, which are determinants of the variability of the interchange between patient and therapist. Few psychoanalysts (Sousa, 1979; Böhm, 1999) have pointed to non-structured aspects of the treatment. Therapeutic relationships run so rapidly that Schiller’s affirmation became reasonable in that condition: when the soul speaks, oh, the soul speaks no more. Musical improviso seems an adequate metaphor to our theme. The rules of the setting must be maintained as an orchestra, but musicians must have freedom to respond or provoke different harmonies able to find essentials of the melody. Human repressed (traumatic) intimacies are probably easier to become conscious in an atmosphere where sudden, non-conditioned or unexpected associations are welcome. Brazilian poet Ferreira Gullar thinks that a part of myself is permanent / the other part is suddenly known. It is difficult to be free of a plan in psychoanalysis (Böhm, 1999) but improvisoes are probably more necessary than previously supposed.

### Studying positive emotions: Ten years later

*Anastassios Stalikas - Panteion University, Athens, Greece*

This communication is a brief and concise presentation on what we have learned about positive emotions and their therapeutic role in psychotherapy process and outcome. We present and evaluate the different theoretical models, the various theoretical proposition examining their possible usefulness, the proposed hypotheses for testing, and relevant research results. In addition we discuss methodological issues, research obstacles and research opportunities. The presentation highlights the answers to research questions asked, offers a psychotherapy integration perspective and outlines new research questions that beg to be answered.

### A self-report outcome measure for systemic psychotherapy: The SCORE

*Peter Stratton - University of Leeds, UK, Emma Janes, Julia Bland, and Judith Lask*

Systemic Family Therapy lacks outcome measures that are specifically designed to tap those aspects of therapeutic change that are specified by current models of family therapy. This paper reports a project to construct and psychometrically refine a self-report outcome measure. The measure is modeled on the successful CORE (Clinical Outcomes in Routine Evaluation) project, but is a separate venture oriented to systemic relational processes and has become called ‘SCORE’. Progress in developing the SCORE will be reported. The project, which is supported by AFT, will be presented as an example of a Practitioner Research Network (PRN) and experiences of both qualitative and quantitative research undertaken during development of the measure will be described. Quantitative data from clinical and non-clinical samples; experiences of testing the measure in different cultural contexts, and qualitative data from research on therapists will be presented. Discussion will focus on whether an outcome measure should attempt to be culture free or culture sensitive, and the issues in creating translated versions of a scale that was developed in English.
What feels the therapist? The representation of feeling in session in a sample of trainees
Mariagrazia Strepparava - University of Milano Bicocca, Monza, Italy, Marco Bani, Rossella Dolce, Giorgio Rezzonico

In the last 15 years researches were done on the therapeutic skills acquisition and their use in the clinical practice (Manring et al. 2003) or on the trainees experience in the professional environment – e.g. perceived stress and coping strategies (Kuyken et al., 2003) – or on professional self-efficacy (Orlinsky & Rønnestad, 2005). Less known is the subjective dimension of the therapeutic experience: the trainees’ expectations and representations about their future and profession, their experience of personal and professional modifications during the training, their pre-assumption about patients, clinical interventions, therapeutic relationship (Beutler L., 1997). This research, that is part of a bigger project aimed at evaluating training’s efficacy, by comparing the changes occurring along the four years of a specialisation course in cognitive psychotherapy, present the representation of feelings that a sample of 60 trainees at the beginning of the training ascribe to to the therapist in session. Representation were collected with the Therapist Changing Profile (TCP, Strepparava, Rezzonico, 2005) a semi-structured questionnaire that collected the subjective representation of trainee and the section on feeling in session is derived from the DPCQ (Orlinsky & Rønnestad, 2005). The results show a substantial uniformity of the representation of feelings in session for all the trainees, indipently from gender, past clinical experience and personal analysis.

Working with process and outcome: Service user and therapist experiences of a collaborative family therapy practice
Rolf Sundet - University College of Buskerud, Drammen, Norway

A research project applying qualitative methodology to investigate a service user focused practice will be presented. Using two tools (the Session Rating Scale & the Outcome Rating Scale) developed by Barry Duncan, Scott Miller and Jacqueline Sparks, the therapists are provided with feedback from the clients/families on process and outcome. This feedback is the material for collaborative therapeutic dialogues which gives structure and content to the therapeutic work. Experiences and perspectives of the families and therapists on the use of these tools and the partaking in this practice will be presented. Suggestions for how to work with process and outcome within a collaborative practice will be presented. Possible consequences for the professional stance and attitude of the therapist will be presented.

An audit of complaints to the British Association for Counselling and Psychotherapy
Clare Symons - University of Leicester, UK

Evidence of the prevalence of malpractice in counselling and psychotherapy and research into how such practice is dealt with by professional bodies is scant. There is much that can be learned from the nature of complaints that could inform the development of ethical codes, the training of therapists, professional development initiatives, as well as influencing the way in which professional conduct procedures are implemented and contributing to debates about professionalisation of counselling. In autumn 2006 the British Association for Counselling and Psychotherapy (BACP) approved a proposal to conduct an independent audit of their complaints. The audit comprises two stages. Stage one examines case information from the Professional Conduct Procedure which considers allegations of poor professional practice. Stage two examines information from the Article 4.6 cases - the procedure whereby serious allegations of professional misconduct are considered by the Association. For this study, all completed
complaints cases received by BACP between 1996 and 2007 have been identified. Ongoing cases as at November 2007 have been excluded. The audit identifies and reports on the following: biographical information about complainants and members complained against, the timescale involved from receipt of initial enquiry until the case is closed, outcomes of the procedures, and the main issues that form the substance of the complaints. The data is analysed using quantitative methods in order to provide detailed descriptive statistics on the cases. Stage one and stage two findings are compared and further potential research questions are identified.

**The mothers' view of their sons' suicide: Shame behind the mask of the clown**
Annelie Törnblom - Karolinska University Hospital, Stockholm, Sweden

Aim. To build a theoretic model of the process behind committed suicide among children and adolescents, grounded in their mothers’ views. How have the mothers tried to understand and explain to themselves why their sons committed suicide? Methods. Interviews with mothers of boys and young men up to 25 years of age who committed suicide in Stockholm County between 2000 and 2004. A process model was built using grounded theory methodology. Results. Shame emerged inductively from the material as a core category, surrounded by such categories as The Boy was Deceived, Disappointed, Abandoned, Abused, Depressed, Psychotic, Addicted, Had a Destructive Love Relation, Had Separated, Parents and Professional Caretakers did not Understand and Take their Responsibility. Discussion. The emerging theoretical model of the suicidal process, grounded in the mothers’ views, can contribute to a more professional attitude among clinicians and to better suicide prevention. Gender differences in the suicidal process, as well as the fathers’ view will be included in coming studies.

**Self help for bulimic disorders: Efficacy and process of change**
Ana Vaz - Universidade do Minho , Braga, Portugal, Eva Conceição, Paulo P. Machado

Self help manuals have showed to be effective in eating disorders treatment. The aim of this pilot study was to implement and test the efficacy of a guided self help manual in the treatment of Bulimia Nervosa, Binge Eating Disorder and Atypical Bulimia Nervosa. A self help manual was developed and used as guided self help. Participants were assessed at the beginning and the end of the treatment and reassessed at follow up using Eating Disorder Examination Questionnaire (EDE-Q), Outcome Questionnaire – 45 (OQ-45) and Beck Depression Inventory (BDI). Sort Evaluation for Eating Disorders (SEED) was used in every session. Four patients participated in this pilot study with Bulimia Nervosa diagnose Binge Eating Disorder or Atypical Bulimia Nervosa. Results showed a reduction in EDE scores for all scales and for OQ-45 and BDI. These differences had an effect size medium to high (Cohen, 1988). Clinical significant change occurred for all the participants for all measures except for shape concern subscale. Participants considered the intervention very appropriate and also considered to have “much improved” with treatment. There was an 87% reduction in binge episodes. Fifty per cent of the binge reduction occurred at step II or III of the self help manual. Self help treatment showed to be efficient in improving clinical state of the participants in regard of their eating behaviour and psychological distress. Results are discussed in terms of implications for clinical practice. These are preliminary results. At the moment we are collecting more data and will present this study with a larger sample.
Effectiveness of mentalization based child therapy: A research proposal
Annalies Verheugt-Pleiter - NPI, Amsterdam, The Netherlands, Jolien Zevakink, Marcel Schmeets

The proposed project is a collaboration of three mental health clinics who aim to study the effectiveness of Mentalization Based Child therapy in regular clinical practice for parents and their children with anxiety- and mood disorders in combination with personality problems, so called mental process disorders. Children and their parents will be randomly assigned to two conditions: MBCT with mentalization based parent counseling (MPC) or MBCT with regular parent counseling (TAU). The effectiveness of MBCT will be studied with respect to children’s attachment disorganization and emotion regulation strategies and the parents reflective functioning or mentalizing capacities in relation to their child. Also, effectiveness with regard to symptoms, complaints, behavior problems, and personality functioning will be studied. With respect to the two conditions, we expect MBCT with MPC to be particularly effective with regard to parental mentalizing capacities and children’s behavior problems compared to MBCT with TAU. Further, we expect MBCT to reduce the number of children with attachment disorganization, ineffective emotion regulatory strategies, symptoms and complaints, and personality dysfunctioning. A training model will be implemented that aims to provide mental health professionals with enough skills to become a MBCT/MPC therapist or MBCT co-worker in the short run and trainers of other professionals in the long run. Treatment adherence will be established as part of this model, besides its function as a control variable for the effectiveness.

Impact of motivational interviewing training on counseling style, therapeutic relationship and client outcomes in ambulatory substance abuse treatment
Grégoire Zimmermann - University Hospital Center and University of Lausanne, Switzerland, Emmanuelle Carruzzo, Christophe Zufferey, Martine Monnat, Ansgar Rougemont-Buecking, Jacques Besson & Jean-Nicolas Despland

Motivational interviewing (MI) is a client-centered and directive counseling style for eliciting motivation to change by helping clients to explore and resolve their ambivalence (Miller & Rollnick, 2002). The efficacy of MI-based interventions has been well established. However, there is a commonly acknowledged gap between research and practice in the field of treatment of substance use disorders. In particular, there is a lack of work evaluating the effectiveness of MI integrated in clinical practice and examining the underlying mechanisms that might explain why this method works as it does. We hypothesize that the implementation of MI in a real-world setting will influence the clients’ adherence and retention to the treatment. We will particularly focus on the in-session therapeutic processes and we expect that acquisition of MI interpersonal skills will impact positively on two well-established indicators of therapeutic outcomes: therapeutic alliance and empathy. The current study is a naturalistic effectiveness study of an MI training designed to evaluate MI’s integration in clinical practice of drug counselors and to examine in-session processes and clinician characteristics of particular importance to MI. Eighty-seven consecutive patients before and 87 consecutive patients after introduction of the MI-training will be recruited. In the pre- and post-training phase, the study will focus on a subset of 12 audiotaped sessions during a period of 3 months. Research interview with patients will be carried out at baseline, end of monitoring and 6-month follow-up. Furthermore, relationship variables (alliance, empathy, clinicians’ emotional responses to patients) will be evaluated at the end of each session.
**Routine monitoring and measurement of outcome in neurotic disorders psychotherapy**
Jerzy W. Aleksandrowicz - Jagiellonian University, Cracow, Poland, Jerzy A. Sobanski

Aim: Presentation of observations of symptom and personality changes resulting from intensive psychotherapy of neurotic disorders. Material: Data from symptom checklists and neurotic personality questionnaires of patients treated in a day hospital. Methods: Two main dimensions of neurotic disorders i.e. global symptom intensity and neurotic personality traits, are considered. Symptom checklist based on SCL-90R is administered at pretreatment, weekly, and at outcome. Neurotic personality questionnaire (construed in 2006) is administered before and after therapy. Results: Results of therapy in the cohort of circa 200 patients admitted during the period of one year, confirmed appropriateness of both methodology and tools applied. Discussion: Methodology of assessment of changes in these two dimensions appeared relevant to neurotic patients psychopathology, and enabled to trace treatment progress and its effects at outcome.

**Integrating empirically based principles of change - Feasibility and effectiveness of the Exposure-based Integrative Psychotherapy for Depression (EIPD)**
David E. S. Altenstein - University of Bern, Switzerland, Martin Grosse Holtforth, Marielle Sutter, Emma Schmied

Aim: Previous research efforts were aimed at identifying empirically based principles of change in order to maximize treatment effects. It has been demonstrated that treatment strategies relying on a broad range of both common and unique mechanisms of change might be most effective in treating dysphoric disorders. Exposure, i.e. confronting the patient with the problematic experiences, has been shown to be one of the most consistently found common technique factors in psychotherapy. Based on these findings, we developed the manualized Exposure-based Integrative Psychotherapy for Depression (EIPD), and assessed its feasibility and preliminary data on its effectiveness in a single-group pilot study. Moreover, results are compared with the results of a previously conducted RCT of a similar integrative psychotherapy. Methods: Feasibility is being assessed by administering therapist and patient versions of process measures, and by structured evaluation of the group supervision sessions. Outcome measures are the WHO-5 Well-Being Index (WHO-5) and the Beck Depression Inventory (BDI). Clinical subjects are psychotherapy patients (expected N = 15) at a university-based outpatient clinic, who complete the questionnaires as part of their intake assessments. Results: Our preliminary data provide initial evidence for the feasibility and effectiveness of EIPD. Discussion: Results are discussed on the background of current theories of therapeutic change; paths for further research in psychotherapy integration and their methodological implications are explored.

**Clients', therapists' and observers' identification of moments and contents of change: A three-perspective analysis of the psychotherapeutic process**
Carolina Altimir - Pontificia Universidad Católica de Chile, Santiago, Mariane Krause

Clients’ and therapists’ retrospective recall as well as expert’s direct identification of change moments through observation, was studied throughout nine 20-session psychotherapeutic processes. Convergence on changes identified was examined along the dimensions of temporal specificity and content (using the hierarchy of generic Change Indicators (CI), theoretically grouped into three categories) and were related to outcome measured through Lambert’s Outcome Questionnaire (OO-45.2). Results show that specific change moments are recalled less than general changes by both therapists and clients. Clients remember twice as much change than therapists, with a coincidence of almost half of therapists’ recalled changes
with clients’ changes, while one third of clients’ recalled changes coincide with therapists’ changes. Content analysis shows a significantly greater frequency of middle level CIs-increase in permeability towards new understandings- among the three perspectives. Clients identified significantly higher order CIs -construction and consolidation of a new understanding- than their therapists, while identifying significantly less low hierarchy CIs -initial consolidation of the structure of the therapeutic relationship-, when compared to observers. Observers identify significantly more changes than therapists along the three level categories of CIs. Finally, clients whose outcome shows RCI identify significantly more changes, irrespective of CI level, than clients without RCI. CI level did not discriminate between therapies with and without RCI. Results suggest that clients are better informants of the degree and amount of change attained, while therapists seem more conservative in their evaluations, coinciding less with their clients on content of change when compared with observers.

**Poster**

**Personality**

**Does a strong therapeutic alliance predict a positive outcome in borderline personality disorder patients treated with Dialectical Behavior Therapy (DBT)?**

*Laura Alvarez-Cienfuegos Cercas - Hospital Universitari Vall d'Hebron, Barcelona, Spain, Oscar Andión, Natalia Calvo, Beatriz Gancedo, Carmen Barral, Marc Ferrer, Miguel Casas*

Introduction: Borderline personality disorder (BPD) is a serious mental illness with a characteristic pervasive pattern of instability in affect regulation, impulse control, interpersonal relationships, and self-image. DBT is a well accepted treatment modality for BPD and has demonstrated effectiveness in the reduction of suicidal behavior. DBT is based on the synthesis of problem solving and validation strategies. To date, few studies examined the relationship between the therapeutic alliance and clinical outcome in BPD patients with DBT. Method: 30 BPD patients receiving DBT treatment at the Hospital Universitari Vall d’Hebron during at least 1 year were administered the Spanish version of the Working Alliance Theory of Change Inventory (WATOCI; Duncan and Miller, 1999). In addition, the WATOCI therapist version was completed by treating psychotherapists. Clinical outcome was evaluated by the reduction of suicidal, parasuicidal behavior and emergency room visits. Results: Preliminary results show that there is a good relationship in the dimensions of task, goals and theory of change and moderate relationship for the bond dimension in scores between patients and their psychotherapists. Conclusions: It appears that validation strategies studied by the therapeutic alliance can contribute positively to our understanding of the effectiveness of DBT. However, further studies are needed to improve our understanding of the relationship between both concepts. Bibliography: Corbella, S., Botella, L. Psychometric properties of the Spanish version of the Working Alliance Theory of Change Inventory (WATOCI). Psicothema 2004, 16, 4:702-705. Linehan, M.M., Comtois, K.A., Murray, A.M., Brown, M.Z., Gallop, R.J., Heard, H.L., Korslund, K.E., Tutek, D.A., Reynolds S.K., Lindenboim, N. Two-year randomized controlled trial and follow-up of dialectical behavior therapy vs therapy by experts for suicidal behaviors and borderline personality disorder. Archives of General Psychiatry 2006, Jul, 63, 7:757-766.

**Poster**

**Training**

**Sense version as a therapeutic resource**

*Mauro Amatuzzi - Pontificia Universidade Católica de Campinas, Brazil*

Sense Version means here a kind of brief report written or recorded immediately after the end of an activity by any participant of this activity. Another word for this report perhaps could be Felt Sense Report. This practice does not intend to be an objective register of what happened, but an expression of the leaving essential sense of what has finished up just now. This kind of report has been used as a resource for supervising different forms of psychological assistance since ten years ago in Brazil. It has been used also in therapeutic processes researches. This study aims to explore theoretically the Sense Version idea putting it in the context of the phenomenology of language in order to recognize it as an
Poster

Spanish adaptation of the Working Alliance Inventory. Translation of the patient and therapist versions

Nelson Andrade-González - Universidad de Alcalá, Alcalá de Henares, Spain, Alberto Fernández-Liria

Background: The therapeutic or working alliance is one of the process variables more carefully studied in individual psychotherapy. The Working Alliance Inventory (Horvath, 1981; Horvath & Greenberg, 1986, 1989), is a reliable and valid measuring instrument whose utility has been proved in a great deal of research carried out in English language. Aim: The formal adaptation in Spain of the full original patient and therapist versions of the Working Alliance Inventory (WAI-P and WAI-T). The first objective of this adaptation was to obtain an accurate translation of the WAI-P and WAI-T into Spanish. Method: An experienced translator translated both measures into Spanish and afterwards other translator translated these versions into English. Four Spanish experts in psychotherapy reviewed the preliminary Spanish translations. Those items that did not meet certain criteria were slightly modified and subject to a second review. Those that did not pass this second review were considered questionable items. The translators reached an agreement on the final translation. A team of linguists concluded that both versions previously translated and reviewed could be understood by the majority of Spanish people. Results: Accurate translations of the patient and therapist versions of the Working Alliance Inventory. Both of them are presently being used at an empirical study designed to explore their psychometric proprieties. Discussion: These results are in accordance with the studies that use a process of regulated translation as part of the adaptation of a psychological assessment instrument.

Poster

Validation of a German version of the "Health of the Nation Outcome Scales (HoNOS-D)" for inpatients with mental disorders


Background: The purpose of the study was to validate the German version of the "Health of the Nation Outcome Scales (HoNOS)" which is a widely used expert-rated instrument to measure symptom severity of inpatients with mental disorders. Method: The German HoNOS was examined in four samples of patients of psychotherapeutic clinics with different therapeutic orientations (N1 = 55; N2 = 50; N3 = 3743; N4 = 417). Additionally, upon admission and discharge we used other self-report and expert-rated instruments. Results: Internal consistencies for the total scores (10-item and 12-item total score) of the HoNOS-D were found to be good. The four factor structure of the original version could not be replicated. The total scores correlate significantly with convergent self-rated and expert-rated questionnaires assessing symptom severity (e.g. Symptom-Check-List) or quality of life (e.g. mental component summary scale of the Short-Form 8). The total scores of the HoNOS-D discriminated significantly between different ages (higher scores for younger inpatients) and between different levels of education (higher scores for inpatients with lower education). The total score of the HoNOS-D was the strongest predictor for length of stay. Conclusions: The results showed that the German HoNOS-D is a valid instrument for the assessment of symptom severity for inpatients with mental disorders.
Trajectory of a child analysis as seen through treatment notes

Claudia Andrei - Adelphi University, Garden City, NY, USA, Wilma Bucci, Helene Keable, Bernard Maskit, Leon Hoffman

Aim The present study examined an analyst’s case report of a 16 month treatment of a 7 year-old girl referred with diagnoses of Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder. The treatment notes were used as manifest content of the treating analyst’s experience, from which inference to underlying experience of both participants can be made. The case was considered successful by the analyst and a clinical consultant. Methods The treatment narrative, including published material and post-session notes, was studied using a variety of automated language style measures as developed by Bucci and Maskit. Bucci’s Referential Activity (RA) dimension concerns connection of nonverbal, particularly emotional, experience to language. After the segmentation of the text according to clinical content, the language measures were used to identify pivotal points in the treatment and compared those to the nodal points as identified by the analyst (e.g. points of potential disruptions in the treatment, interventions, reparations, etc). Results The pattern indicated by the application of the linguistic measures to the treatment notes for this case was also compared to the trajectory of a previously studied treatment deemed unsuccessful by patient and therapist, which ended prematurely. In contrast to the latter, the successful analysis showed a return to the pattern of engagement following the challenge of the first separation. Discussion The graph of the successful analysis indicates a process by the dyad of emerging from stalemates, reengaging and terminating successfully. Such investigations combining clinical and quantitative assessment will have potential direct relevance for clinical work.

The effect of unsuccessful smoking cessation attempts on the intention to quit smoking

Monica Bachmann - Department of Psychology, Berne, Switzerland, Jeannette Brodbeck

Many smokers have experienced relapses after quitting smoking, and most smokers need more than one quit attempt. The abstinence rate after smoking cessation treatments was shown to be less than 30%. The aim of this study is to analyze the impact of unsuccessful smoking cessations attempts, severity of nicotine dependency, and psychological distress on the intention to stop smoking. The intention to quit smoking is assessed according to the transtheoretical model by Prochaska and DiClemente. For smoking cessation attempts we included self-quitting, nicotine replacement therapies and intensive psychological treatment. In a population-based sample 2844 adolescents and young adults with an age range between 16 and 24 from three cities in Switzerland were randomly selected and took part in a computer-assisted telephone interview in the year 2003. 71% (n=2031) of the sample participated in a two year follow-up. In 2005 tobacco was the most used substance with 1037 (51.2%) young adults smoking, 737 (71.1%) of them daily. The 5-year follow up data collection will be conducted in winter 2007/2008. Implications of the results for differential treatment selection will be discussed.

Social skills intervention for children with high functioning autism or asperger syndrome

Noemi Balmaña - Hospital de la Mútua de Terrassa, Spain, Amaia Hervás, Sergi Corbella

Social skills intervention are one of the main working aim for professionals that are working in the field of autism spectrum. This paper aims to evaluate the treatment efficacy of a specific intervention, designed to increase social skills in a group of 8 children diagnosed of High Functioning Autism (HFA) or Asperger Syndrome (AS) in Hospital de la Mútua de Terrassa (Spain). The study population included 8 children between 9 and 14 years of age with HFA or AS. Subjects were recruited from hospital before
The voice as a psychotherapeutic instrument: The therapists’ view
Susanne Bauer - Pontificia Universidad Católica de Chile, Santiago, Aleemka Tomicic, Caludio Martinez, Alejandro Reinoso, Claudio Cruzat & Marcos Guzman.

The results of an exploratory research about the association between voice, emotion and the use of the voice in psychotherapy are shown. This presentation emphasizes on the importance that therapists of...
different theoretical orientations assign to the vocal expression for the development of the therapeutic relationship and as a change instrument. With the aim to obtain knowledge about the importance that the therapists appoint to their own and their patients voice for the clinical practice, a questionnaire was applied to 25 therapists of different theoretical orientations, different expertise levels and from private and public mental health institutions in Santiago, Chile. Their answers were analyzed with a qualitative and descriptive procedure that allowed the categorization of different voice dimensions recognized by the participants. The results show the value that therapists assigns to the voice as a diagnostic element and as therapeutic technique. Also, is underlined the variety of metaphors and analogies used to account the different vocal qualities in contrast with the poor utilization of technical terms for the description of the physical characteristics of the voice. The consequences and the scopes of these results are discussed, and the projections of this research and future lines of study related with the voice as a therapeutic instrument are presented.

**Poster**  
**Depression**  

**The role of positive and negative attributes in evaluating the self**  
*Richard Bell - University of Melbourne, Australia, Jennifer Boldero*

Aim A key issue in both research and therapy is the relationship between perceptions of the self and anxiety and depression. This study considers the differences in the use of positive and negative attributes when considering both self discrepancy (actual-ideal) and self complexity, both of which have been shown to relate to anxiety and depression. Methods 490 students evaluated eight given self roles across six positive and six negative attributes. Self-discrepancies were calculated separately for positive and negative attributes as were overlap measures of self and attribute complexity which were in turn related to self report measures of anxiety and depression. Results There were significant differences in both self-discrepancies and self complexity when considered in the light of positive as opposed to negative attributes. These differences were also evident in differing relationships with anxiety. Discussion There has always been differences of opinion over the roles of positive and negative with respect to affect. This study shows such differences extend to other self reported aspects of the self, and that such differences extend to relationships with self reported depression and anxiety. The old adage “Always look on the bright side...” may not be the most effective way to proceed in therapy.

**Poster**  
**Alliance**  

**The varieties of psychotherapeutic experience**  
*Laia Belles - Ramon Llull University, Barcelona, Spain, Luis Botella, Nuria Grañó*

This study analyzes different psychotherapy client’s profiles based upon an assessment of therapeutic alliance. Specifically, a detailed analysis of helpful and unhelpful events was carried out by means of qualitative and quantitative methods. The sample was made up of seventy two non-psychotic psychotherapy clients divided in three groups: (a) therapeutic success, (b) therapeutic success with recidivism, and (c) dropout. The instruments used in this study were the CORE Outcome Measure and the short version of WAI (Working Alliance Inventory). Our results indicate that there are significant differences between the three groups both in terms of therapeutic process and outcome.

**Poster**  
**Body**  

**Qualitative analysis of focal discussion groups of patients with chronic pain**  
*Guillermo Benito Ruiz - Hospital La Paz, Madrid, Spain, Angela Palao, Jose Enrique Benitez, Carmen Bayón Pérez, Beatriz Rodríguez-Vega*

Introduction Chronic pain affects a variable percent of population (from 3 to 15%), causing high disability and suffering and an overuse of health services. Pain is related to aim in a bidirectional way, they usually vary together, and treatments (psychological or pharmacological) have influence in both. Individual
Interviews are a need to diagnose and treat pain patients, but a groupal view shows some issues which may miss otherwise. This information turns out to be an important complement to the psychotherapeutic treatment. Objectives To gain access to spontaneous opinion of chronic pain patients about their disease, limitations and affective impact, attending especially to which strategies the use to palliate pain. To know how the personal narrative about pain and suffering changes all through the treatment. Method Qualitative analysis of focal discussion groups of chronic pain patients (various diagnoses) talking about their pain experience, conducted by an independent researcher (psychiatrist). A group of 10 patients meet one hour weekly, each patient has his own treatment for pain and affective disorders.

**Poster**  
**Psychodynamic**  

**Personality functioning before, during and after long-term psychoanalytic treatment**  
*Casper Berghout - Netherlands Psychoanalytic Institute, Amsterdam, The Netherlands, Jolien Zevalkink*

Aim. Previously in our research project, we reported that patients at onset of long-term psychoanalytic treatment presented substantial psychopathology, with especially high levels of depressive problems and personality pathology, and that significant symptom improvement can be achieved after treatment. In the present study, we investigated whether long-term psychoanalytic treatment (psychoanalysis or psychoanalytic psychotherapy) would also reduce the level of personality problems. This project is a collaboration between four mental health facilities in the Netherlands. Method. We compared four groups of patients that were in different phases of treatment: before treatment (N=64), one year during treatment (N=49), at termination (N=67), and two years after termination (N=51). Our main research question was whether significant differences could be found between the four cohorts of patients on three measures of interpersonal functioning and intrapsychic functioning (IIP-64, MMPI-2, Rorschach-CS). Results. For the IIP questionnaire we found that patients in the first and second year of treatment (cohort 1 and 2) had significantly higher scores on almost all subscales compared to patients after treatment (third and fourth cohort). Furthermore, results from the MMPI and Rorschach identified certain clusters of patients that improved more than others. Discussion. The next step in this research project would be to investigate longitudinal data from individual patients within the project. What do the symptom trajectories of these patients look like? And are treatment results sustained at longer follow-up?

**Poster**  
**Practice**  

**Everyday evidence: Quality Assurance of Psychotherapy in Sweden (QAPS)**  
*Alexandra Billinghamurst - Institute of Psychotherapy, Stockholm, Sweden, A. Werbart, J. Schubert*

Aim: To describe, follow up and evaluate the effectiveness of psychotherapy in a standardized way. This system for quality assurance is intended for psychotherapy in public services and is independent of type and form of psychotherapy. Method: QAPS is a core battery of well-established instruments which are theory-neutral. The patient questionnaire consists of socio-demographic data and the self-rating scales SRH, SCL-90, QOLI, HAQ and CSQ-8, and is administrated at the beginning, during and at the end of psychotherapy, and twice as follow-up. The psychotherapists fill in the questionnaire at the beginning and end of psychotherapy. Results: QAPS will run for two years from 2007 as a pilot study. At present, six psychiatric and psychotherapeutic units as well as one GP-unit are involved in the project. On-line data entry has recently been introduced. QAPS offers great possibilities to extract different types of information from the database. This can be done by the psychotherapists regarding their patients, by the units as regards all patients at the unit there or the entire material. Questions which may be answered include; who is in psychotherapy, what types and forms of psychotherapy are practiced, how does the group of patients – and the treatment they get – change over time, what is the outcome of the various psychotherapies and how does it differ between treatments? Discussion: First experiences from the implementation of the system in routine psychiatric care will be presented and discussed.
Psychotherapy patients’ theories of improvement and positive change
Per-Einar Binder - Department of clinical psychology, Bergen, Norway, Helge Holgersen

Aim: This study explores former psychotherapy patients own ways of giving meaning to positive psychotherapeutic change. Both the patients’ general ideas about these personal change processes and the more specific narratives of their therapies are investigated. The aim of the study is to extract experience-near categories that contain the meaning of these “folk psychology” descriptions of psychotherapeutic change. Research question: What do former patients that have been through successful psychotherapy experience as significant concerning their clinical improvement and positive change? How do they give meaning these change processes? Methods and design: Semistructured qualitative depth interviews with former psychotherapy patients that characterize their therapies as successful. Through the interviews patient’s narratives about change processes are collected – identifying assumptions about the patient’s, the therapist’s, and “life’s own” respective contributions, and identify experiences of “turning points” and significant incidences in the therapeutic relationship. A descriptive and hermeneutically modified grounded-theory approach is used to analyse the transcripts of the interviews, technically carried through with the help of Nvivo 7 (computer based analysis of qualitative data). Participants: Ten former psychotherapy patients, nine female and one male, age 27 to 61 years (mean 50.1, median 54.5), who have been in therapies that lasted between 1 and 19 years (mean 6.3, median 5.5). They were recruited through an advertisement in the largest local newspaper in Bergen, Norway. Results: The interviews are now transcribed; the data analysis will be conducted during spring. The main categories in the material and results will be presented and discussed in this brief communication.

Does answering questions on outcome has an influence on ratings of patient satisfaction with psychotherapeutic treatment?
Christiane Bleich - University Medical Center, Hamburg, Germany, Sven Rabung, Stephan Kawski, Uwe Koch, Holger Schulz

Background: The construct patient satisfaction has received considerable attention in the medical and psychological literature in the last two decades. Research has shown that satisfied patients are more likely to follow treatment advices and are also less likely to change therapists or to terminate therapy prematurely. Scales of patient satisfaction are often administered together with scales on therapeutic outcome. Little is known whether the sequence of scales on outcome and satisfaction in a questionnaire has an influence on the ratings of patient satisfaction. We hypothesised, that ratings of satisfaction will be lower, if questions on outcome, like symptoms, quality of life or interpersonal problems, had to be answered before questions on patient satisfaction. Methods: 1357 inpatients with mental disorders (predominantly F3 to F6) of 8 psychotherapeutic hospitals were asked to answer questions on symptoms (SCL), quality of life (SF-8) or interpersonal problems (IIP) and on patient satisfaction. In each hospital we randomly assigned the patients to two groups with a different sequence of the scales: First outcome, then patient satisfaction or vice versa. T-tests for independent samples were used to test the hypothesis. Results: We found significant differences in four of the ten subscales of the patient satisfaction questionnaire, with a slightly higher satisfaction for those, who had not have to answer questions on outcome before patient satisfaction. However, these differences were less then a small effect size (.10 < d < .15). Conclusion: Answering questions on outcome has no influence on ratings of patient satisfaction with psychotherapeutic treatment.
Response patterns in questionnaires: From theory to the application in clinical practice to identify aberrant responses
Jan R. Böhnke - University of Trier, Germany, Wolfgang Lutz

Aim: Randomized controlled trials as well as large scale naturalistic studies and outcomes management for individual therapeutic interventions are often based on or supported by the use of questionnaires. Therefore the validity of responses to questionnaires is of crucial importance for those contexts. A rational strategy to define and identify aberrant responses based on extreme answers, the same categories as well as missings was compared to an IRT perspective in terms of applicability and usefulness.

Methods: Based on a set of 9000 interviews from a managed care company in the United States rational strategies proposed by Offer et al. (1992) and Lutz et al. (2006) are compared to the use of data based mixture distribution models (Rasch Model, Latent Class Analysis and Mixed-Rasch Analysis). Results: The applied models differ in quantity and types of responses that are flagged as aberrant. Discussion: Differences in the results are due to discrepancies in the underlying models. Different possibilities how to make use of these differences in research as well as clinical practice will be presented.

Girls and disruptive behavior disorders: Clinical characteristics and factors that influence and inform social competence
Kiela Bolden - Argosy University, Chicago, USA, David Farmer, Jaleel Abdul-Adil, Patrick Tolan, Karen Taylor-Crawford, Carl Bell, Johnny Williamson, Kathleen O’Brien, & Sue Bae

Aim: This quantitative study will investigate the clinical characteristics of girls with Disruptive Behavior Disorders (DBDs) and factors that influence and inform social competence in girls with DBDs. Clinical questions such as what are the clinical characteristics of girls with DBDs and how do girls with high social competence differ from girls with low social competence will be addressed.

Method: Participants will include families of youth with DBDs between ages 7 and 14 who were self-referred or referred to an outpatient clinic by social service agencies. Families were invited to participate in the research study after their intake interview. The research study consist of specific surveys measuring DBDs, exposure to violence, parenting practices and social competence which were administered after the standard clinic intake procedure.

Results: It is hypothesized girls referred to a mental health clinic for DBDs will have low social competence, more mental health issues, low levels of support from home, and increased exposure to violence. In addition, it is hypothesized girls with high social competence will have fewer mental health issues, less exposure to violence and higher levels of support from home.

Discussion: Based on the results, the proposed study will provide gender specific treatment recommendations for girls with DBDs.

Interpersonal problem areas and major depression in primary care. Results from Interpersonal Questionnaire (IQ)
Biancamaria Bortolotti - University of Bologna, Italy, Paolo Scocco, Marco Menchetti, Annarosa Bombi, Elena Pedrini, Domenico Berardi

Aim: Psychiatric syndromes like Major Depression (MD), usually occur in social and interpersonal context. Aim of this study was to examine the presence of stressful life events in patients with MD. The study group consisted of patients recruited for a randomized controlled trial, conducted in Primary Care, evaluating effectiveness of SSRI antidepressant and Interpersonal Counseling in treatment of MD.

Methods: Study involved nine academic centres in Italy. Patients eligible had to be aged 18, met ICD-10 diagnostic criteria for Major Depressive Episode, and had a HDRS score 13. Baseline assessment included Interpersonal Questionnaire (IQ), which queries life events concerning the focal interpersonal problem areas addressed in Interpersonal Psychotherapy(IPT) and IPC. Results 216 patients were enrolled
and interviewed. Participants’ mean age was 44.5 (SD=14.1) and male/female ratio was 24.5/75.5%. In term of civil status 49.3% were married, 1.9% had a live-in partner, 27.7% were single, 15% were divorced, and 6.1% were widowed. 49.2% of subjects were employed. 89.4% of patients had at least one close relationship and 80% were able to talk openly with him/her. Interpersonal problem events presented by patients during the last 12 months were: 33.8% grief, 51.2% interpersonal role dispute with partner or parents, 77.1% role transition (changing job or school, retirement), 96.1% interpersonal deficits (inadequate or no relationship). Moreover, 80.6% of the patients experienced more than one problems in the IPT/IPC problems areas. Discussion These results confirm a rationale for the therapeutic strategies of IPC in individuals with MD managed in the Primary Care setting.

Poster

**Borderline personality disorder: What makes it difficult to treat?**

*Marianne Bourke - University of Wollongong, Australia, B. F. S. Grenyer*

Borderline Personality Disorder (BPD) is commonly recognised throughout theoretical and clinical accounts as one of the most challenging mental health disorders to treat. Surprisingly, there has been limited empirical investigation into psychologist’s reactions evoked by this diagnostic group. The aim of this study is to investigate the countertransference experiences of psychologists treating BPD. This study used both qualitative and quantitative methodology to further understand the intricacies of an interactive therapeutic relationship. Method: Psychologists currently working with BPD and Major Depressive Disorder (MDD) clients gave informed consent to be interviewed regarding their responses to these client groups. In addition, objective countertransference was indexed by the Impact Message Inventory (IMI-C), and client transference patterns were measured by the Psychotherapy Relationship Questionnaire (PRQ). Transcripts from a semi-structured interview were coded and scored to reflect core ideas and responses that were consistent across cases, whilst allowing for individual variation. To support this data between group differences were investigated using within session process measures. It is anticipated that the results from this study will increase the current knowledge of common themes, origins and manifestations of countertransference reactions in the treatment of BPD, aiding psychologists to incorporate this clinically important information into the treatment process.

Poster

**Who needs a smoking cessation treatment and who stops smoking without treatment?**

*Jeannette Brodbeck - University of Berne, Switzerland, Monica Bachmann*

Smoking cessation treatments have a limited positive outcome with an abstinence rate of less than 30%. Data on the utilization of different treatments and the efficacy of smoking cessation without treatment is rare. The aim of the study is to analyze predictors of the selection and the outcome of intensive psychological smoking cessation treatments, nicotine replacement therapies and self quitting in a population of young adults. In a prospective longitudinal design we employed computer assisted telephone interviews to assess psychosocial distress, personality factors and substance-related variables across five years. At baseline in 2003 a random sample of 2844 urban adolescents and young adults aged 16-24 participated in the interview, in a first follow-up in 2005 the response rate was 71% (n=2031). Data collection for the 5-year follow-up is conducted during winter of 2007/2008. With the 5-year follow-up data, we explore the impact of patient and treatment characteristics on the outcome of smoking cessation attempts. We will analyze 1) predictors of the selection of a smoking cessation approach, and 2) predictors of the outcome of these approaches. As predictors we will include duration of smoking, severity of tobacco dependency, general health behavior, psychosocial distress, personality variables such as hedonism and risk preference, and socialdemographic variables. Implications of the results for differential treatment selection will be discussed.
Poster
Practice

Standard Evaluation Project (STEP): A long term multi-site benchmarking project
Hanneke Buijks - Erasmus University Medical Center - MPP, Rotterdam, The Netherlands, Reinier Timman

STEP is a long-term benchmarking program, in which 17 psychotherapeutic clinics on 21 locations are taking part. In STEP the effectiveness of clinical programs are compared to other similar programs (the benchmark). Apart from socio-biographical data and DSM-IV classifications, data are collected in four domains important for benchmarking, i.e. psychoneuroticism (SCL-90), Quality of Life (Euroqol 5D), costs of care and production losses (TiC-P ), and Patient Satisfaction (questionnaire specifically designed for the Dutch situation). Measuring points are at the beginning and end of the treatment, and follow-ups at 1 and 2 years. The program is running since 2000, and more than 5000 patients have been included, with a total of 11500 measurement points. The response is more diffuse at follow-ups, therefore statistical techniques are used that pay special attention to dropout. The goal of the project is benchmarking: how effective is the treatment of a clinic is in relation to the other clinics. Therefore the treatments are categorized into short term clinical, long-term clinical, 2-3 days partial clinical, 4-5 days partial clinical and youth. We will present the effectiveness of these categorized therapies and the results of this 7 year study. Special attention is given to dropout. We use MIXED models for analyses, and separate analyses to compare dropout with retained individuals. Generally, dropouts score worse on psychoneuroticism and quality of life at the start of the treatment. Discussed will be the problems that are encountered to initiate benchmarking. In particular worse scoring clinics hesitate to take part.

Poster
Personality

Psychometric properties of the Observer Alexithymia Scale with substance dependents in Brazil
Berenice Carneiro - UniAnchieta, Jundiaí, Brazil, Elisa Yoshida

Aim: Adapt and study psychometric properties of a Brazilian version of the Observer Alexithymia Scale (OAS), by estimating its internal consistency, reliability, construct validity, criteria and convergent validity in a clinical population with substance dependence, in Brazil. The OAS is a 33 item-scale to be used by clinicians or patient’s relatives, to identify Alexithymia according to 5 dimensions: Distant, Uninsightful, Somatizing, Humorless, and Rigid. Responses are rated on a 4-point Likert scale, ranging from 0 to 3.
Method: Participants were 200 relatives (G1) of substance dependents at an outpatient public service and an inpatient non-profit institution; 39 outpatients (G2) (alcohol=66.6%; drugs=33.3%) and 9 clinicians (G3) from the outpatient service. Results: Reliability studies suggested good temporal stability and internal consistency for G1 (r=.79; =.83) and G3 (r=.80; =.85), but low inter-rater (clinicians and relatives) reliability (r=.14). The exploratory factor analysis suggested a 5 dimension structure (48% total variance), as the original, and 30 items. When the degree of alexithymia was estimated as a criteria, results indicated that relatives do not view those with substance dependence differently (p=.16). For the convergent study, G2 (outpatients) participants completed the Toronto Alexithymia Scale (TAS-22) and scores were compared against OAS-30, according to G1 and G3. Results suggest negligible association (r=.29, p=.05) between TAS-22 and OAS-30 (by G1), and lack of association (r=.18, p=.20) between TAS-22 and OAS-30 (by G3), suggesting that both scales could be measuring different constructs. Discussion: The Brazilian version of the OAS seems valid, reliable and compatible to the original one.
Dynamic assessment of emotions and motives along the therapy process through an experiential-narrative tool (plotting and mapping in-session emotional changes as outcomes in current life)

Ciro Caro García - Universidad Pontificia Comillas, Madrid, Spain, Rafael Jódar Anchia, Carlos Pitillas Salva, Juan Pedro Núñez

In this work we present an assessment tool composed by two complementary instruments. One is the CACEM-5, which is a self-informed experiential-narrative procedure, to facilitate the client to focus his/her attention to the current inner processes in a progressive manner: from the somatic level (felt-senses and somatic markers), to other levels of higher symbolic elaboration but addressed in terms of feelings, needs and realizations. The other one is the FECEM-5, a self-informed questionnaire that contains the information generated previously in the FECEM-5, which is used to check the presence and impact of the in-session changes in the client’s current life. More than simply identifying emotional changes and correlations with the potential out-session changes, the aim is to involve the client in a constructive-dynamic assessment of his/her therapy experiences, through a process of meaning-making similar to some therapy interventions oriented to foster self-consciousness, i.e. “What do you realize of?” Later we show how it has been applied to a single case study of Brief Process-Experiential Psychotherapy (BPEP), where findings are shown as two overlapped maps: the map of the in-session emotional realizations and activated motives and needs, and the map of the inter-sessions client’s actions, intentions and responses to life. Finally, some suggestions about how to use this tool to address different objectives in process-research are given, paying special attention to the need for more pluralistic research designs, and to the opportunities to combine paradigmatic and narrative explanations of change.

Expressed emotion and familial interaction

Dianne Chambless - University of Pennsylvania, Philadelphia, USA, Frank Floyd, Thomas Rodebaugh, Gail Steketee,

Aim: Expressed emotion in the form of hostility has been shown to predict treatment drop-out and poor response for treatment completers in behavior therapy for patients with panic disorder with agoraphobia (PDA) and obsessive-compulsive disorder (OCD) (Chambless & Steketee, 1999). The goal of the present research was to examine interactions between patients and their hostile or non-hostile relatives to identify targets for family treatment. Methods: Patients with PDA (n = 40) or OCD (n = 61) participated in a 10-min problem-solving interaction with their primary relative. Relatives were categorized as hostile or non-hostile toward the patient on the basis of the Camberwell Family Interview, a measure of expressed emotion (EE). Interactions were reliably coded by the Kategoriensystem für Parnerschaftliche Interaktion by coders unaware of the relatives’ hostility status. Results: Observed interactions between patients and their hostile relatives, relative to those of dyads with a non-hostile relative, were marked by higher rates of relatives’ criticism and of patients’ negativity. Analyses of sequences of behavior indicated that hostile relatives were more frequently critical than non-hostile relatives whether patients’ preceding behavior was positive, negative, or neutral. Discussion: The findings are consistent with the stress-vulnerability model of EE’s effect on mental health, in that patients living with a high EE relative appear to be exposed to higher levels of interpersonal stress. Moreover, the non-contingent nature of the hostile relatives’ criticism may encourage helplessness in these anxious patients. Treatment targeting these interaction patterns may improve outcomes for patients with anxiety disorders.
**Poster Alliance**

**Patient therapist interactions in early therapy sessions predict sudden gains and outcomes**

*Andreas Comninos - University of Wollongong, NSW, Australia, Brin Grenyer*

‘Sudden gains’ and ‘rapid response’ methods suggest considerable numbers of patients experience large robust reductions in depression in early sessions, across a range of psychotherapeutic modalities. Aims: We sought to determine the therapeutic process variables that predict both rapid and gradual response profiles. Our previous work found that by Session 6, over one third of patients (23/62) achieved a large mean reduction in symptoms that accounted for 96% of their entire symptom reductions (Comninos & Grenyer, 2007). These rapid responders were more likely than gradual responders to be classified as remitters, and were significantly less depressed at 52 week follow-up. Pre-therapy characteristics of patients less likely to rapidly respond included having lower interpersonal mastery, a more domineering interpersonal style, and greater social isolation and attachment fears concerning intimacy. Methods: Our present work involves the analysis of 20 early therapy sessions (10 rapid, 10 gradual responders), which were rated with the Psychotherapy Process Q-Set (PQS; Jones, 2000). The PQS is a pan-theoretical method of systematically characterising therapist-patient interactions that provides a meaningful index of process that can be used in comparative analyses. Results: As early as Session 3, rapid responders were at a more advanced stage of therapy characterised by a willingness to work on strong emotions such as guilt. In contrast, gradual responders’ sessions were dominated by externalising and defensiveness. Yet, no differences in working alliance were found. Implications including identifying rapid vs. gradual responders, and tailoring therapy to cases where it is failing, will be discussed.

**Poster Body**

**Self construction and cognitive conflicts in a sample of women with fibromyalgia: Implications for the development of a therapy manual**

*Victoria Compañ - Universidad de Barcelona, Spain, Guillem Feixas*

OBJECTIVE: This study compares the cognitive structure and self construction of a group of women with fibromyalgia (n = 30) with another of women without this diagnostic (n = 30). METHODS: We compare both groups using Kelly’s Repertory Grid Technique (RepGrid) which allows us to explore the implicit theories or meaning system of one person, and to obtain several group indexes and measures, like cognitive differentiation, self-esteem or cognitive conflicts. Also, women with fibromyalgia completed the Fibromyalgia Impact Questionnaire and a Visual-Analogue Scale to assess functional impact and intensity of pain. Finally, we carried out a physical examination to recount the number of painful tender points. RESULTS: According to grid measures, women with fibromyalgia have a more negative view of themselves and of others, as well as more cognitive conflicts. Specifically, implicative dilemmas, a type of cognitive conflict, seems to be the RepGrid variable that better discriminates between clinical and control groups. CONCLUSIONS: We find differences in self construction measures (self-esteem and perceived adequacy of others) and in cognitive structure (cognitive conflicts). The concept of implicative dilemma may be very useful in practice, since it is amenable to psychotherapeutic work. Currently, a therapy protocol centered in dilemmas is being developed for the psychological treatment of fibromyalgia. This will allow us to analyze the relation between the resolution of implicative dilemmas and the reduction of simptomatology.
The breaking and restoring therapeutic alliance: Interpersonal motivation, metacognitive functioning and intersubjective attunement. A single case study
Armando Cotugno - Centro Clinico De Sanctis, Italy, C. Iannucci, F. Manaresi, G. Mantine, F. Monticelli, G. Liotti

Aim: We intended to study the processes underlying the breaking and restoring therapeutic alliance from a three dimensional perspective: interpersonal motivation, metacognition functioning and intersubjective coordination. Methods: We selected four sessions from a concluded cognitive oriented therapy. The sessions were selected after the administration of a semi-structured interview investigating the most significant moments of the therapy remembered by the therapist and patient. We used AIMIT to assess Interpersonal Motivation System and M.A.S. (Metacognition Assessment Scale) to assesses metacognitive functioning as manifest in individual’s verbalization. According to Control-Mastery Theory, two independent raters made the Plan Formulation by the examination of the first ten sessions. Pro-plan and anti-plan interventions were used as markers of the quality of intersubjective coordination. Results: In the case studied we found that testing pathological beliefs was connected to an evident decrease of metacognitive functioning. This was paralleled by a multiple and disharmonious interpersonal motivation activation. Anti-plan interventions was followed by an increasing anxiety and attachment activation. The capacity of restoring therapeutic alliance rupture was characterized by an increasing activation of cooperative attitude and a marked amelioration of metacognitive functioning. Discussion These preliminary data, obtained by confronting different assessment methods, highlight the interplay of motivational, metacognitive and intersubjective dynamics in understanding the different phases of therapeutic process. Particulary, focusing on the breaking and restoring the therapeutic alliance may allow us to recognize, define and manage the subtle dynamics which characterize the very core of therapeutic change.

The role of rupture resolution processes in therapeutic alliance: A preliminary analysis of a single case study
Joana Coutinho - University of Minho, Braga, Portugal, Eugénia Fernandes and Jeremy Safran

We’ll start by presenting the general structure of the case study analysis we adopted in our project, which is focused on the emergence of episodes of alliance rupture and resolution and its importance to the psychotherapeutic process. Ruptures in therapeutic alliance, seen as a tension or breakdown in the collaborative relationship between therapist and patient, may serve to change the client’s dysfunctional interpersonal schema and symptoms. We then present the preliminary results of one case of our sample. Our analysis will be focused on the number of ruptures and the moment in therapy they emerged, the intensity and story of each episode (what was happening in the session when the rupture emerged and for how long the dyad was dealing with it). Our analysis will also pay attention to the specific content of the rupture episodes and its relationship with the symptoms or other problematic areas the client presents. Finally we’ll present the preliminary results concerning the role the resolution of rupture episodes played in the client change processes, by exploring the relationship between the episodes and the symptomatic relief measured after each session, the importance of the session according to the patient and the client-identified significant events in each session. We’ll also explore the influence of the rupture resolution processes on the client experiential involvement measured through the experiencing scale.
Poster
Training

Measuring therapist adherence in Interpersonal Reconstructive Therapy (IRT):
Conceptual framework, reliability, and validity
Kenneth Critchfield - University of Utah Neuropsychiatric Institute, Salt Lake City, USA, Matthew J. Davis, Heather E. Gunn, Lorna Smith Benjamin

Adherence measures are typically used to ensure treatment fidelity in RCTs or to train and select therapists for protocol. Less common is to explore associations with outcome to test whether treatment effects are related to prescribed technique. Interpersonal Reconstructive Therapy (IRT) is a personality-based, psychosocial treatment centering on an individualized case formulation (CF). IRT was developed for “nonresponder” cases but uses principles that apply across levels of severity. The CF defines links between presenting symptoms and learning in close relationships. Change occurs through reworking attachments to internalized relationships and adopting more adaptive patterns. Optimal intervention involves a “core algorithm” and five therapeutic “steps” keyed to patient CF and stage of change. Therapist and patient contributions are both important. Aim: Facets of IRT adherence will be described. Reliability and predictive validity for an IRT adherence measure are examined. Methods: Rating procedures were initially generated by expert review and discussion of IRT sessions. Trained raters independently assessed adherence for sessions conducted by trainee therapists seeing severe and complex cases with comorbidity on DSM Axis I and II. Results: Data will be presented from approximately 50 sessions sampled from multiple IRT treatments and phases. Preliminary data show strong reliability and significant association between outcome and adherence. Discussion: IRT is a long-term treatment in which interventions are tailored based on patient CF and phase in treatment. Each facet of IRT adherence can be reliably assessed by trained raters, allowing theory-specific tests of association with outcome. Measure and manual will be available.

Poster
Change

Theories of change in psychotherapy
Jay Crosby - Adelphi University, Garden City, USA, Rebecca Curtis, Lauren Andriano

Aim: Seventy-three third-year students in a psychodynamically-oriented Ph.D. program wrote papers over four years about their theories of change, specifying the major factors they believed led to change. Students could provide as many factors as they wished. This project aims to assess students’ ideas about processes of change in psychotherapy. Method: This is a qualitative study where students’ papers were coded by three independent researchers. Various factors leading to change were culled from the papers then assembled into percentages. Results: The most common factor was the relationship at 92%, including 53% of the papers reporting “exploring the relationship” and 74% citing Rogersian qualities such as empathy. The second-most common factor was behavior change with 73% reporting some sort of change in behaviors, relaxation, exposure, systematic desensitization, or EMDR, skills acquisition and homework. Altogether 60% mentioned various Rogersian characteristics. Gestalt-type approaches such as staying in the here-and-now, exploring different aspects of self as in dream analysis were mentioned by 60%. The other most common factors were forms of attending to and regulating affect (56%) and changes in cognitions reported at 53%, with 42% mentioning insight. Other common responses were body-mind connections, defense analysis, increasing awareness or making the unconscious conscious, new experiences, mindfulness, visualization, patient characteristics, goal setting, pointing out reality and non-verbal interactions. Twenty-one other factors were given by 10% or fewer. Discussion: We analyze the results in light of factors emphasized in the course versus other factors that students discussed in their papers.
Exploring therapeutic relationship dimensions within group therapy for depression: What part does the real relationship play?
Trevor Crowe - University of Wollongong, Australia, Philippa Whyte

This study examines how the relational dimensions of alliance, group cohesion, transference and real relationship interact at different points throughout the group therapy process. The relationships between these variables are explored by developing and piloting an observer rated group therapy based version of Gelso et al’s (2005) Real Relationship Inventory (RRI) and comparing RRI-G scores with other measures of group interactions, alliance and group outcomes. Aims 1. To examine the relationship between measures of alliance, resistance in group member interactions (Hill Interaction Matrix - HIM), cohesion (CALPAS-G, Gaston and Marmar, 1989), climate (GCQ, MacKenzie, 1983) and the real relationship (RRI-G) in group therapy for depression. 2. To examine the ability of ratings of the real relationship to predict treatment outcome in group therapy for depression. Methods Thirty clients with Major Depressive Disorder participated in one of six small Supportive Expressive therapy groups that lasted 16 weeks. Observer ratings of the RRI-G were collected from video-taped group psychotherapy sessions 6 and 15, and analysed alone with archival alliance, group cohesion, climate and transference pattern mastery (Core Conflicting Relationship Theme pattern mastery - Mastery Scale - Grenyer, 1994) data. Results Preliminary results are reported regarding the relationships between measures of alliance, resistance in group member interactions, cohesion/climate, and the real relationship in group therapy for depression. The outcome prediction ability of the RRI-G will also be reported in terms of depression symptomatology and mastery of CCRT patterns.

Innovation moments and spontaneous change: Does the patterns that occur in narrative therapy replicate with non-therapeutic change?
Graciète Cruz - University of Minho, Braga, Portugal, Miguel Gonçalves

Grounded in narrative therapy assumptions (White, 1993), this study privilege the fact that people live their lives through stories that shape and give them structure. In therapy, it is assumed that the construction of new meanings depends on the identification and expansion of “unique outcomes”, which are considered opportunities for new narratives, external to the problematic narrative (White & Epston, 1990). Inspired by this description of the therapeutic process it was developed the Innovation Moments (IMs) Coding Systems (Gonçalves, Matos & Santos, 2006), to be applied to therapy transcripts. In this research we apply the coding system to interviews about non-therapeutic spontaneous change. We intent to study the patterns by which IMs emerge in the process of non-therapeutic change, analysing if the IMs are also opportunities for change in non-clinic samples, exploring also the way IMs contributes to the resolution of difficulties. The participants (N=27), who weren’t actually in therapy, were asked to tell stories about difficulties that: (a) existed in the past and that were solved with success; (b) persist across time (c) are actual. Those difficulties were coded with the Innovation Moments Coding System by two independent judges and by a third one that decided about the disagreements. The results suggest that Reconceptualization is the IM mostly related with the resolution of problematic situations, but not as a strictly necessary condition, suggesting also the presence of Reflection. In addition, Protest seems to have a special bound with the persistency of the difficulties across time.
Psychotherapy with women who have been abused by their partners: Characteristics and interruption of treatment
Montse Davins-Pujols - Fundació Vidal i Barraquer, Barcelona, Spain, Carles Pérez-Testor, José A. Castillo, Manel Salamero

Goal: To describe the characteristics of women treated in a unit specialising in psychological treatment for abused women. To examine whether there are differences in personality style and type of abuse between the women who finish psychotherapy and those who abandon it. Design and method: Descriptive study with a 30-person sample. The MCMI-II questionnaire was administered, and a semi-structured interview focusing on the abusive experience was held. Results: The 13 women who abandoned the psychotherapy and the 17 who finished it are compared. The patients who interrupted the treatment attended an average of 6.3 sessions (DS 8.3), and those who finished it an average of 31.4 (DS 10.3). The abused women who interrupted the treatment only differed by showing lower levels of anxiety than those who finished it. No significant differences were detected in either the personality styles or the circumstances of the abuse. Discussion: There is scant information on the abandonment rate of psychological treatment with abused women. The abandonment rank in studies surveyed is broad (22.1%-45.7%). In our study, the interruption rate was 43% and the differential feature was lower anxiety in the women who abandoned treatment. Unlike other studies, no association was found between phobic behaviours and the abandonment rate.

A case of aphasia with motor and paraverbal fluency
Rita de Duran - UCES, Buenos Aires, Argentina, Jorge Cantis, David Maldavsky, Horacio Garcia Grigera

The authors intend to systematically study the libidinal fixations and the defenses (as well as their state) in an aphasia case that, in the verbal level, presents important expressive limitations, which results compensated by the richness of the paraverbal and gestural resources. To make the analysis the authors apply the David Liberman algorithm, a method designed to detect libidinal fixations and defenses (as well as their state) in the patients discourse, and eventually in the therapist’s. As a result of the analysis, the authors conclude that: 1. the differentiation between fluent and not-fluent aphasia do not constitute a pertinent way to advance towards the study of the differences about the clinical structures; 2. in the clinical and theoretical studies, the opposition between the aphasia having a toxic neurosis and the aphasia having an organization like the traumatic neurosis is less useful than focusing the defense (foreclosure of the affect), that sometimes results successful and sometimes successful/failed

Enhancing validity of the Spanish version of the Therapeutic Cycles Model (TCM)
Guillermo De la Parra - Pontificia Universidad Catolica de Chile, Santiago, Erhard Mergenthaler, Camila Dobry, Maria Fontao, Paula Dagnino, Katy Strasser, Perla Ben-Dov, Andrea Noriega, Mariane Krause.

The Therapeutic Cycles Model (TCM) allows for describing psychotherapy processes. The TMC defines four Emotion-Abstraction Patterns (EAP): Relaxing (low frequency of abstract and emotional words), experiencing (high frequency of emotional words), connecting (high frequency of abstract and emotional words), reflecting (high frequency of abstract words). A therapeutic cycle is a sequence of EAP that correlates with therapeutic change. EAP are identified by means of quantitative computer assisted text analysis using the CM software. Additionally CM generates a list of words not included in the dictionaries but present in the transcripts (left over list) and a list of words being both, in the transcripts and the dictionaries (go list). Aim. This study compares the findings before and after a thorough revision of the dictionaries. Method. Transcripts of all 21 sessions of an individual psychodynamic psychotherapy
were analyzed. Using both, go- and left-over-lists words were reclassified by trained judges into either positive/negative emotional, abstract, or combinations of such, or none. Results. The abstract dictionary gained few words and the difference between the mean frequency before and after the revision was not significant. The emotion dictionary increased significantly (p < .001). The classification of sessions (macro-analysis) and word blocks (micro-analysis) was assessed using Kappa and was found to be in a medium range. Conclusion. The Spanish dictionaries still are in a state of development and need to be adapted to new Spanish transcript material. This is especially true when interpreting the magnitude of emotion and Abstraction. Using EAP is less critical.

Poster
Psychodynamic

Comparison between self-report (DSQ-88) and observer-rated (DMRS) measures of defensive functioning: Which is the best predictor of alliance and outcome in brief psychodynamic psychotherapy?

Mirjam de Vries - University of Lausanne, Switzerland, Yves de Roten, Adriaan van’t Spijker, Jan Passchier, Jean-Nicolas Despland

Background. The study of defense mechanisms is well developed in psychopathology and psychotherapy efficacy or process studies. Overlap between self-report and observer ratings of defenses are only modest (Bond et al., 1989; Perry & Høgland, 2000). The question of the optimal predictors of process and outcome in psychodynamic psychotherapy remains unanswered. In previous studies, we found the ability of the DSQ (Defense Style Questionnaire; Bond et al., 1983) to predict the alliance building process (Ambresin et al., 2007) and the ability of the DMRS (Defense Mechanism Rating Scales; Perry, 1990) to measure change during a brief psychotherapeutic process (Drapeau et al., 2003). Objectives. The aim of this study is to further document the comparison between the DMRS and the DSQ in predicting process and outcome of psychotherapy. Methods. Data were gathered on a sample of 71 outpatients of a psychiatric clinic during a brief psychodynamic intervention in four sessions (the Brief Psychodynamic Intervention, Gilliéron, 1990). All sessions were rated with the DMRS and alliance was assessed after each session by the patient (using the HAQ-I). The DSQ-88 was filled in before and after the intervention. Measures of outcome included HAM-D, SCL-90, SAS and IIP. Results. The relation between the two instruments is modest in our sample. Overall, the DSQ best predicted early alliance building while the DMRS best predicted outcomes. Discussion. These findings lend some support to the usefulness of measuring defenses for process and outcome studies and confirmed previous results. The differences between the two instruments will be discussed.

Poster
Attachment

Attachment and autonomic regulation in eating disorders

Pedro Dias - Catholic University of Portugal, Porto, Isabel Soares, John Klein, João Paulo Cunha, Paulo Machado

Attachment Theory achieved an important place in the area of developmental psychology since the second half of the XXth Century, when John Bowlby (1969/82, 1973, 1980) introduced its main conceptual ideas. From that time on, this theory has played a relevant role in the study of the normative processes in human development. The contributions of attachment theory, however, go beyond that domain by helping to understand the developmental processes relevant to psychopathology. One of the clinical groups in which attachment processes are of special relevance is eating disorders (cf., Soares, Dias, Machado & Klein, in press). There has been a growing interest in the scientific community on the role of biological systems – specifically, those related to the biological response to stress, such as the electrical skin response and cardiac activity – involved in attachment organization of adults (Dozier & Kobak, 1992; Roisman, Tsai & Chiang, 2004; Roisman, 2007). The present work – applying attachment theory and research to the study of clinical issues – aims to examine the relations between attachment
organization and autonomic activity in the context of eating disorders. The study was conducted with 47 female patients with eating disorders, receiving treatment at specialized clinical units in northern Portugal. The participants responded to the Adult Attachment Interview (AAI; George, Kaplan & Main, 1985), while being monitored in terms of skin conductance and cardiac activity, using a new multimedia system, named BioDReAMS. The AAI’s were transcribed and scored using Kobak’s (1993) Attachment Q-Sort, that enables the participants’ classification of attachment in the 3 main attachment patterns (secure, dismissing and preoccupied) and in two dimensional attachment strategies (security versus insecurity and deactivation versus hyperactivation), as well as in mega-items of attachment (Kobak, 1998; Pinho, 2000). The participants also filled self-report measures of general psychopathology (SCL-90-R), eating disorders symptoms (EDI), developmental history (PAMaDeP), clinical description and social and demographical information. In terms of attachment classification, results showed an over-representation of insecure patterns in this group of patients. Furthermore, most of the participants used hyperactivating strategies of attachment, especially in the group of patients with purging characteristics. Regarding the relations between psychopathology and developmental history, dismissing patients showed lower scores in several EDI scales. Furthermore, significant positive correlations were found between hyperactivation of attachment and psychopathological symptoms, negative correlations between mega-items of attachment relevant to security and between mega-items related to insecurity and several negative developmental markers. Regarding the physiological activity related to autonomic regulation, results highlighted the relation between two of the measures used in the study – skin conductance and LF/HF ratio – and attachment organization, both at a categorical level (patterns) as well as at a dimensional level (attachment strategies and mega-items). The main results are discussed in light of the literature regarding the role of attachment in the development of eating disorders and the theoretical and empirical approaches involved in the study of the psychophysiological variables in attachment organization.

**Poster**

**Psychoeducation as an intervention promoter of health for relatives of patients with bipolar disorder**

*Luciano Dias de Mattos Souza - Pontifícia Universidade Católica do Rio Grande do Sul, Porto Alegre, Brazil, Irand IL Argimon, Ângela Figueiredo, José C Dell’Aglio Jr, Sabrina G Souza.*

Aim: This study aims to assess the effects on health of a psychoeducational intervention for relatives of bipolar patients. Methods: a random clinical trial for relatives of bipolar patients. A convenience sample will be invited to participate of this research at all the patients assisted at health services linked to Pontifícia Universidade Católica do Rio Grande do Sul (PUCRS). According estimative of this services it will be able to participate 90 relatives of bipolar patients. They will be randomized for a psychoeducational intervention group of six sessions or a control group which will not receive any intervention. A relative will be excluded if presents any of this characteristics: (1) Not live with the bipolar patients or live for less than six months; (2) to be diagnosed with bipolar disorder by Structured Clinical Interview for DSM-IV; (3) have been hospitalized in the last twelve months; (4) to be less then eighteen years old; (5) presents difficulties to understand or to comprehend the study or its instruments. Results: the present study is in process not being possible to describe any result. Discussion: this intervention can be very useful in public health care considering it is a brief, low cost, and an easy intervention to be applied for health professional. Besides it may help indirectly on bipolar treatment it can prevent negative effects of carrying on relative’s health.
The influence of culture on psychotherapy - Patient-therapist value discrepancies and its relation to therapeutic alliance in cross-cultural psychotherapies

Sara Duerenberger - University of Bern, Switzerland

Aim. The cultural diversity as apparent in value discrepancies can be a hindering factor in cross-cultural psychotherapy. Such discrepancies might especially impair the therapeutic alliance. Therefore we hypothesized that the quality of the therapeutic alliance correlates negatively with the amount of value discrepancy at the outset of treatment. Method. Value discrepancies were assessed by the patients and therapists both completing a translated version of the Schwartz Value Survey (SVS; Schwartz, 1992; 1994) at intake and at termination as part of a larger assessment package. Patients received treatment at a Swiss Red Cross outpatient clinic for victims of torture and war. Treatment was provided by therapists of various professions and theoretical backgrounds. The working alliance was assessed by the translated short versions of the revised Working Alliance Inventory (WAI-SR, Hatcher & Gillaspy, 2006). Results. We will present preliminary data from the ongoing research. Discussion. The consequences of the findings for psychotherapy practice in cross-cultural dyads will be discussed, and potential directions for further research will be explored.

Change indicators and therapeutic outcome in four short-term psychodynamic psychotherapies

Orietta Echávarri - Pontificia Universidad Católica de Chile, Santiago, Angelina González, Alemka Tomicic, Mariane Krause

Change moments were identified through a qualitative analysis of sessions in four short term psychodynamic psychotherapies. Each change moment matches a specific and qualitative change indicator of the Generic Change Indicator Hierarchy built by Krause, De La Parra, Aritegui, et al. The aim was to compare this indicator between the four psychotherapies and relate these results with the scores of Lambert’s outcome questionnaire (OQ-45.2). Data were analyzed using Spearman correlations and Chi square test. Results: there were no differences in the distribution of change indicators according to their level of hierarchy. The indicator’s level show the complexity of change. Results also demonstrated that as psychotherapies made progress, the OQ scores lower and the change indicators increase in hierarchy level.

Mentalization and relationship patterns of chronically depressed patients in a psychoanalytic treatment

Lenka Ellsässer - University of Ulm, Germany, Svenja Taubner, Anna Buchheim, Dan Pokorny, Horst Kächele

Aim: A valuable concept in the analysis of intrapsychic change is Fonagy and Target’s model of mentalization, operationalized as Reflective Functioning (RF). It has not yet been applied to the psychopathology of chronic depression. The present work is part of the ongoing Hanse-Neuro-Psychoanalysis-Study (HNPS), in which 20 patients with depressive disorders are tracked over the course of psychoanalytic treatment and measured with interviews, questionnaires and neurophysiological measures like fMRI and EEG. Here we present data on the capacity to mentalize and on central relationship patterns at the beginning of treatment. The ambitious aim is to see whether RF-levels before treatment are predictive of intrapsychic change after 15 months of psychoanalytic treatment. Method: Global RF with its two sub-dimensions, the self-reflective and the interpersonal one, is rated with the Reflective Functioning Scale (RFS) on the basis of Adult Attachment Interviews. The core components of
Strategies and tactics in psychotherapeutic for patients suffering from post-traumatic stress disorder (PTSD)

Ignacio Etchebarne - Universidad de Belgrano, Buenos Aires, Argentina, Andres J. Roussos

The following poster presents an ongoing study which focuses on exploring the link between psychotherapeutic interventions and intra-session therapeutic goals (i.e., the tactics) with the therapist’s rationale or case conceptualization (i.e. the strategy), in treatments for patients suffering from PTSD. For the data recollection, audio recordings of therapeutic sessions are being made and semi-directed interviews are being conducted with the treating psychotherapists. For the analysis of the data, content analysis techniques are being employed, taking into account the theoretical framework of the participating therapists, their personal style, their experience, among other intervening variables. Scientific questions: Can the same intervention be used to fulfill different goals? Can therapists implement different tactics and/or strategies to obtain the same goal? Can therapists who adhere to the same theoretical frame follow different goals, tactics and/or strategies when treating patients with PTSD? Are goals, tactics and/or strategies similar in treatments for PTSD, conducted by therapists adherent to different theoretical frameworks? Can specific psychotherapies be better identified through their goals and strategies than through the type of interventions therapists implement?

One year follow-up of psychodynamic psychotherapy for young adults

Fredrik Falkenström - Young Adults Counselling Centre, Nyköping, Sweden

Aim: To study the outcome of psychodynamic psychotherapy offered to young adults in a small community mental health service clinic for young adults aged 16-23 in terms of changes in symptoms and interpersonal problems at follow-up one year after termination of therapy. Methods: Two self-report measures, the Symptom Checklist 90 (SCL-90) and the Inventory of Interpersonal Problems (IIP) were administered before therapy, at termination, and one year after termination as follow-up. Results: From August 2003 to December 2006, 81 patients had completed therapy. The most common diagnoses were mood disorders (42 %) and anxiety disorders (35 %). 29 % fulfilled diagnostic criteria for any personality disorder. Outcome at termination was presented at the SPR meeting in Madison 2007. The present poster will focus on the follow-up results one year after therapy termination. Discussion: The data collection will continue through December 2007, to be analysed and presented at the 2008 SPR meeting in Barcelona.
**Poster**

*Depression*

**The impact of the therapist's anxiety in the working alliance establishment during postpartum depression treatment**

*Augusto Faria - Universidade Católica de Pelotas, Brazil, Ricardo Pinheiro, Ricardo Silva, Pedro Magalhães, Camila Osório, Inácia Moraes*

Objective: To evaluate the influence of the therapist’s anxiety in the development of the working alliance during the treatment of postpartum depression. Methods: This study is part of a randomized clinical trial which aims to evaluate two short-term, manualized psychotherapeutic models for treatment of postpartum depression. The Clients were women in postpartum within 30 to 60 days, age over 18, screened for mild or moderate depression. With the purpose to measure anxiety levels the therapists have self-administered the BAI, an inventory with 21 items rated on a scale from 0 to 3. Each item is descriptive of subjective, somatic, or panic-related symptoms of anxiety. The working alliance was assessed with the WAI, in both versions (WAI-C and WAI-T). Three 12-item scales reflect congruence on goals, tasks and the emotional bond between therapist and client. Results: The therapist’s anxiety has presented significant results in the Linear regression analysis with the Bond domain of the WAI-C in the Relational Constructivist therapeutic model (= -13,929) and also with the Goal domain of the WAI-T ( = -23,000) in the same therapeutic model. Discussion: Even with the results pointing to an interference of the therapist’s anxiety in the working alliance it was not in a scale high enough to harm the treatment. This finding strengthens the idea that psychotherapy is effective in the postpartum depression treatment.

**Poster**

*Culture*

**Themes associated with cultural discrimination stress**

*Adriana Faur - University of Toledo, USA, Mojisola F. Tiamiyu, Robert Elliott*

This study explored discrimination stress (stress associated with perceived negative attitudes, prejudice and discrimination), acculturative stress, coping strategies and growth among cultural minority members in the United States. This grounded theory analysis used interview data to add to the phenomenology of discrimination stress. Participants (n=9) included United States born cultural minority members and foreign-born immigrants. The participants’ ages range from 18-35 years. Non-clinical informants included Arab, Latino, Eastern European, Asian, African American, and religious and sexual minority members. Seven domains were found in this study: acculturation, discrimination, quality of discrimination, psychological sequelae of discrimination, behavioral sequelae of discrimination stress, coping strategies and growth. Furthermore, 16 general themes, 23 typical themes, 30 major variant themes and 61 minor variant themes were determined following grounded theory analysis. Various discrimination difficulties were noted among many participants. Latent discrimination and oppression, as well as overt discrimination were found to be general themes. Discrimination based on race, ethnicity, language ability and religion were the most common types of overt acts of discrimination reported, while discrimination based on language was the most common type of latent discrimination experience reported. Although discrimination stress appears to include adverse psychological and behavioral effects, positive growth and resiliency were noted among participants. Being faced with continuous discrimination may lead minority members to experience psychological and behavioral effects (discrimination stress). Although acculturative stress touches on this construct, it does not arrive at a complete picture of discrimination stress. Therefore, it is important that discrimination stress be studied as its own construct.
A psychoanalytical approach to depression: The capacity for mentalization in major depressive disorder

Melitta Fischer-Kem - Medical University of Vienna, Austria, Anna Tmej, Nestor Kapusta, Andrea Naderer, Henriette Löffler-Stastka, Katharina Leithner-Dziubas, Elisabeth Ponocny Seliger

The project focuses on mentalization in severe depressed patients. Until now disturbances in the capacity for mentalization has been investigated in Borderline Personality Disorder and some schizophrenic symptoms. This study is fundamentally of an exploratory nature and will contribute to an amplification of the specific research field of mentalization operationalized as Reflective Functioning (RF) in patients suffering from Major Depressive Disorder (MDD). Methods: 50 adult females suffering from MDD (DSM-IV-TR, axis I) are investigated by SCID I+II, BDI, cognitive tests (MCVT, TMT) and the Adult Attachment Interview (AAI). The capacity for mentalization is assessed by rating the AAI according to the RF-Scale (Fonagy et al. 1998). Aims: The principle aim of this study is to explore the relationship between MDD and the capacity for mentalization operationalized as RF (RF-Overall Score). Furthermore, quantitative analyses of RF-Singles Scores and RF-Categories and qualitative analyses of the interview-transcripts are conducted to identify subtypes of depression. Also, possible correlations between the quality of mentalization and disease related parameters are explored. Results: Preliminary results of the ongoing study with a mean RF-Overall Score of 2.2 (in comparison: mean RF-Overall-Score of non clinical samples 5, Borderline Personality Disorder 3) show that severe depression goes along with a breakdown of mental capacity. Discussion will be focused on further quantitative analyses of RF and disease related parameters and the identification of subtypes of depression based on qualitative analyses of the AAI-transcripts.
**Evaluation of a cognitive-behavioral group program for victims of stalking**

Christine Gallas - Central Institute of Mental Health, Mannheim, Germany, Nils Bindeballe, Peter Gass, Harald Dressing

Background and aims: Stalking – the willful and repeated following and harassing of another person – is a common phenomenon in Western societies, with about 17% of women and 4% men fulfilling the lifetime criteria of having been stalked. Studies have shown a high level of psychological disturbance and an elevated risk for mental disorders in victims of stalking. However, psychosocial approaches specifically tailored to the needs of stalking victims are lacking. This study reports on the implementation and evaluation of a structured outpatient group therapy approach for victims of stalking. The intervention aims at setting up appropriate behavior patterns concerning contact with the stalker, strengthening the victims’ self-efficacy and developing coping strategies for stalking-related stress situations. Method: Questionnaires assessing general psychological disturbance (Brief Symptom Inventory BSI), health-related quality of life (Health Status Questionnaire SF-12), self-efficacy (Generalized Self-Efficacy Scale) and locus of control (Questionnaire of Control- and Competence Orientations) were administered at pre-treatment, post-treatment and at 6-months follow-up. Results: Preliminary results from data of 13 participants indicate the feasibility of the group program and its effectiveness. Results of the completed pilot study with 30 participants will be reported. Discussion: The potential of the group approach to improve psychosocial care provision for stalking victims is discussed. The need to integrate psychotherapeutic approaches into a multi-professional support system for stalking victims, comprising legal counsel, police measures and psychosocial interventions, is emphasized.

**What do therapists say when they speak about themselves? A qualitative study about the personal style of the therapist**

Fernando García - Fundacion AIGLE, Buenos Aires, Argentina, Claudia Castañeiras, Beatriz Gómez, Héctor Fernández-Álvarez

Aim: The aim of this empirical study is to assess the relationships between the Personal Style of the therapist (PST-Q), Personal Styles (MIPS) and the selfperception’s therapists about the conditions to define their clinical work. Method: the PST-Q, the MIPS and a semistructured interview was applied to a sample of 10 argentinian therapists that was obtained from a cluster analysis of an original sample conformed by 466 therapists. For the quantitative and qualitative analysis of the data SSPS 13.0 and Atlas.Ti software was used respectively. The aim was to establish correspondence among the dimensions assessed by the PST-Q, the personality styles and the categories of the therapeutic functions as derived from the interviews. The results obtained and its effects on the therapeutic process are discussed.

**Identity construction in adopted people: Implications for psychotherapy**

Laia García - Universitat Ramon Llull, Barcelona, Spain, Meritxell Pacheco, Lluís Botella

In the case of adopted children, it is largely acknowledged that identity construction is influenced by different factors, such as the kind of information about biological family, the type of attachment relationships before and after adoption, and the elaboration of the feeling of had been abandoned by their biological parents. Aim: Some authors (Brodzinsky et al., 1998) explore the specificity of identity construction in the case of adopted people, and which are the most relevant processes during each stage of child and adult development. We pretend to explore the same issues but from a relational constructivist standpoint (Botella et al., 2004), that considers that identity is as much the product as the process of self narratives construction. We will depart from the results of our qualitative research in order to elaborate implications for psychotherapy with adopted people. Method: We work with a single
case. She is a woman who was adopted when she was 2 months old. Now she is 43 years old. We work with a transcript of an intensive interview with that woman. The interview has been designed to explore the most relevant issues for identity construction at different moments of the life span, especially which ones related to attachment patterns. The transcripts will be analyzed by means of Grounded Theory Method (Glaser and Strauss, 1967). Results: The results will be discussed with reference to pre-existent theory and will be used to suggest strategies for psychotherapy with adopted people or their families.

**Poster**

**Psychodynamic**

**CCRT LU-S assessment of changes through time-limited psychoanalytical psychotherapy in a grief case**

_Moraima García Mantilla - Universidad Complutense de Madrid, Spain, Yolanda López del Hoyo, Alejandro Ávila Espada, Ignacio Toro_

The CCRT-LU (Core Conflictual Relationship Theme) method, developed by C. Albani, D. Pokorny, G. Blazer y S. Grueninger in Leipzig-Ulm and dubbed CCRT-LU-S due to its translation into Spanish by López del Hoyo, Y., Ávila Espada, A., Pokorny, D. y Albani, C., in Salamanca, was applied to a focal planned psychoanalytical psychotherapy in a single case study where a pathological grief was treated. The patient was a 49-year-old Mexican woman diagnosed with depressive neurosis. The focal conflict worked on was the grief caused by the parents’ death seven years prior, beginning with work on ambivalent emotions (love-hate), dependency, void, and guilt, taking into account a complementary focus such as separation anxiety. The therapeutic process was clinically and systematically evaluated by the CCRT-LU-S method. Significant results were found. It was observed that at the end of the therapy the Wish of the Self (WSS) and the Response of the Self (RSS) change from a non-harmonious to a harmonious category.

**Poster**

**Training**

**Supervision of supervision and the development of counselor professional identity**

_Nicola Gazzola - University of Ottawa, Canada, Jack de Stefano, Anne Theriault, Cristelle Audet_

A prevailing attitude in psychotherapy is that good clinicians make for good supervisors and many psychotherapists engaged in supervision have not received formal training in supervision. Rather, they draw on their own experiences to guide their supervisory practices. However, this context is changing and supervision is increasingly considered a practice (or specialty) distinct from counseling and psychotherapy. The implication is that many supervision competencies are distinct from clinical competencies and will require different learning and training experiences in order to achieve mastery. We are interested in furthering the discourse of how supervisors develop their attitudes, perspectives, and professional competencies. We are particularly interested in how novice supervisors are able to negotiate important events in their supervisory experiences and how these contribute to their professional identities. We interviewed 10 counseling psychology doctoral students using a semi-structured interview protocol in order to understand their experiences of providing supervision to Master’s-level counseling students while in turn being supervised by a faculty member. Interviews were transcribed and analyzed using a variation of the consensual qualitative research method (Hill, Thompson, & Williams, 1997). Several themes regarding the formation of professional identity and the development of a felt sense of professional competence emerged, including (a) role confusion, (b) negotiating power in a supervisory relationship, and (c) the fluid nature of a sense of counselor identity. The findings have implications for counselor education and supervision as well as for the development of a counselor professional identity.
The effect of a psychosocial intervention on the subjective quality of life, the symptomatic state and the constructs system of self in people diagnosed as paranoid schizophrenia

Antonia Maria Gómez - Ramon Llull University, Barcelona, Spain, Lluis Botella

This poster presents a research about the effect of a psychosocial intervention with a group diagnosed as paranoid schizophrenia. We studied the impact of the intervention on the subjective quality of life, on the symptomatology and on the self construction. Three instruments of assessment were administered at the beginning of the psychosocial intervention, 12 months later and, finally 24 months from the beginning of the group. These instruments were: the Seville questionnaire of quality of life (Giner et al., 1995), the scale of positive and negative symptoms (Peralta & Cuesta, 1994) and the self repertory grid (Kelly, 1955/1991). Results of questionnaires administered 12 months from the beginning of the group indicated that the treatment group improved significantly in the self construction, in the subjective quality of life and in the symptomatology. The results obtained on the administration of questionnaires 24 months from the beginning of the group indicated that all improvement were maintained. In comparison with the control group the statistical meaning of improvement was not so evident.

Innovative moments in therapeutic process - A case study

Miguel Gonçalves - University of Minho, Braga, Portugal, Anita Santos, Cláudia Dias, Juliana Gonçalves

Innovative Moments (IMs) “emphasize the small but significant changes in the narrative text, and in this sense they are outcomes (or markers) in the narrative development of novelty” (Gonçalves, Matos & Santos, in press). Prior research shows that specific IMs, such as reconceptualization and new experiences are responsible for change to happen. In order to understand how different IMs evolve in order to allow and promote change we carried out a qualitative analysis of the IMs in a good outcome case of a woman victim of partner violence. The analysis of IMs’ emergence, elaboration and content quality show how diverse IMs types contribute differently to the processes evolution, and how they promote or prevent the occurrence of narrative change. On the other hand, saliency of problematic and emergent voices were tracked throughout the process and related to IMs emergence. Results will be presented on light of their implications for future research and clinical practice.

Psychological care for mothers

Tania Granato - Instituto de Psicologia da Universidade de Sao Paulo, Brazil, Tânia Aiello-Vaisberg

Aim: Ten years ago we decided to offer psychological treatment to pregnant women and new-mothers with difficulties in the process of becoming a mother. Now we are interested in identifying the therapeutic elements of our successful clinical interventions in terms of facilitating the mother-infant relation. Methods: Psychoanalytically oriented procedures such as individual encounters, home visits, letters, phone calls and sewing workshops have been adopted, according to the patients’ psychological needs, social condition and medical restrictions. Our clinical work was formulated in the light of wnnicottian ideas about the provision of a holding environment to our patients as the main therapeutic intervention. Results: We have observed that an attitude of authentic respect for the patient’s self, which includes her personal way of being a mother, is the first step on the therapeutic alliance. In addition, the invitation of finding meaning in her feelings, as well as in the others’, engenders more empathic interpersonal relations and mitigates the patient’s anxiety. Furthermore, maternity seems to trigger primitive states of mind that require our special attention. Discussion: Maternity challenges every woman who embarks on the demanding task of providing physical and psychological nurture to a baby. For this reason, not only mother’s mental health but also the adequacy of psychological, social and
medical care will contribute to the development of a healthier mother-infant relationship. In this sense, the psychotherapist who is sensitive to mothers and pregnant women’s needs will be paving their way for infant care, through the improvement in their well-being.

**Poster**

**Computer**

**Technological addiction in the adolescence: Internet, mobile phone and video games**

*Carla Graner - FPCEE-Blanquerna, Barcelona, Spain*

Technological addiction in the adolescence: Internet, mobile phone and video games. The Technologies of the Information and the Communication (TIC), concretely of Internet, the mobile phone and the video games, is generating social changes in our society. As this influence is especially remarkable in the adolescents is essential to describe possible mismatches in its use to evaluate the impact in their psychosocial development, concretely in their process of socialization and acquisition of the personal identity. The principal objective of this study has been to know the use that the teenagers of the TIC do. The instruments have been in use are: Sociodemographic questionnaire, questionnaire of the general use of TIC’S, CERI, CERM, TMMS-24, ENE-H and drugs questionnaire. The results indicate that here is a small percentage, although, significantly of teenagers who have frequent problems with the use of TIC’S. Key words: Internet, mobile phone, video games, adolescents and frequent problems with TIC.

**Poster**

**Attachment**

**The construction of attachment, dyadic cohesion and communication in disordered versus non-disordered eating**

*Núria Grañó - Ramon Llull University, Barcelona, Spain, Luis Botella, Laia Belles*

This study presents a study comparing three samples of participants (30 patients with a restrictive eating disorder, 30 with a compulsive eating disorder; and 30 without eating disorders) in terms of its construction of attachment, dyadic cohesion, and communication. The three constructs were assessed used a form of Personal Construct Grid specifically designed to accommodate our research aims. Our results indicate that none of the two eating disordered groups differed from the non-disordered eating group in their scoring of attachment. However, the mean scores of the compulsive eating disorder group were significantly lower than the ones of the non-eating disorder group in dyadic cohesion and communication - but not in attachment. The paper discusses these results in terms of likely differential pattern of conflict denial and avoidance between both subtypes of eating disorder.

**Poster**

**Narrative**

**Subjective construction of the spontaneous abortion and the induced one: Implications for psychotherapy**

*Marina Gual - Universitat Ramon Llull, Barcelona, Spain, Meritxell Pacheco, Luis Botella*

Aim: Departing from a constructivist standpoint, we qualitatively analyze the subjective construction of abortion attributed by women who experienced it. We will compare the meaning attributed to abortion in the case of spontaneous abortion and in the case of the induced one. We are going to depart from the results of our research in order to elaborate implications for psychotherapy with women who experienced abortion. Method: Participants are two single cases. One of them is a woman who experienced spontaneous abortion and the other one a women who freely decided to abort. We work with a transcript of an interview with each of the women. The interview has been designed to include the cognitive, emotional and physical consequences of abortion, in order to fully explore the subjective construction of this experience. The transcripts will be analyzed by means of Grounded Theory Method (Glaser and Strauss, 1967), and the results will be arranged as a concept tree. Results: The results will be commented with reference to the preexistent theory about abortion, and will be used to suggest strategies or interventions for psychotherapy with women who experience abortion.
Pattern of interpersonal problems and mood states in the assessment of treatment-seeking-obese individuals
Salvatore Gullo - University of Palermo, Italy, Gianluca Lo Coco, Laura Salerno, Rossella Chifari, Claudia Prestano, Rosalia Iaconelli

Aims: Previous research has documented a high prevalence of depression and anxiety in obese patients, much less is known about the types of interpersonal problems experienced by obese individuals, and their impact on psychological well-being. To assess the impact of mood states and interpersonal problems on well-being of obese patients. Method: The sample consisted of 168 subjects (mean age: 41.8 yrs) who were consecutively selected from people who sought treatment for overweight in two Italian Public Health Services (mean BMI: 33.2). Most of participants were females (82%), and married (59%). Measure: the ORWELL examined the quality of life in obese patients, the Inventory of Interpersonal Problems (IIP), assess a range of maladaptive interpersonal dispositions; the Profile of Mood States (POMS) assesses the emotional well-being as a component of quality of life. Multiple linear regression was used to assess the contribution of POMS, and IIP to the variance of ORWELL scores adjusted for age, sex, and BMI. Results: BMI was significantly associated with ORWELL, age and gender did not appear to affect ORWELL. POMS and IIP accounted for 30% and 26%, respectively, (Adjusted R squared) of variance in obese patients’ quality of life. When both IIP and POMS were entered in equation, the overall model was significant (p<.01) and accounting for 37% of variance. Specifically, quality of life was predicted by the low level of anger (p<.01), low dominance (p<.01), low social inhibition (p<.01), low score in nonassertivity (p<.05). Discussion: Our results demonstrate that obese individuals display specific interpersonal difficulties and confirm the occurrence of high level of anger.

Categorising helpfulness: A comparison of three models
Jeremy Halstead - South West Yorkshire Mental Health Trust, Dewsbury, UK, Natalie Hampson

Aim: To establish how well three models of therapeutic change map onto real client data, indicating to what extent client statements are represented by the processes that happen in therapy as proposed by the models. Also, to ascertain which models and categories are most reliable and occur most frequently, to identify those that are easiest to rate. Method: 184 clients attending psychology services were administered a Client Assessment of Change Questionnaire at the end of therapy, in which they stated what had been most helpful. 360 statements describing helpful aspects of therapy were collated, and then rated by eight clinicians using three classification systems for describing therapist activity (Elliott, 1985; Heron, 1990; Halstead, 1997). A criterion level of 50% agreement between raters was used to identify statements reliably assigned to the same category within models. Results: The results revealed that particular models and certain categories were more frequently and reliably rated by clinicians. Within models, Halstead had the highest number of reliable ratings (N=268) followed by Heron (N=248), and Elliott (N=128). Category spread was also variable, with the most popular being Halstead’s ‘Becoming Aware’ category (123 reliable ratings) and Heron’s ‘Supportive’ category (89 reliable ratings). Among models it was found that 224 of 360 statements were rated reliably across two or more models. Discussion: The analyses provide a richer understanding of different aspects of helpfulness in therapy, and present a clearer picture of which models and categories make more sense to clinicians when rating helpful aspects of therapy.
An observational scale for assessing the change in reflective functioning during dyadic treatment
Anna Handelzalts-Perry - Haifa University, Israel, Yochanan Eshel

Aim: The current research proposes a new scale for measuring therapeutic outcome. We propose the reflective functioning capacity as a measure indicating the success of dyadic treatment, a psychodynamic approach for the treatment of relational disturbances in childhood (Ben-Aron, Harel, Kaplan, & Patt, 2001). Reflective functioning describes the capacity to understand self and the other in terms of mental states (intentions, wishes etc.) and psychological motives (Fonagy, 1991). Until now, the reflective functioning capacity has been investigated by analyzing verbatim from parent interviews (Fonagy, 1991; Slade, 2005). The current research proposes an innovative way for examining the reflective functioning capacity, using a new observational scale, “The Reflective Functioning Dyadic Observational Scale”.
Method: Reflective Functioning was evaluated using the new scale. Overall, we examined 3 levels of reflective functioning and 7 reflectiveness styles. The sample included 10 preschool children (4-6 years old) and their parents, who were videotaped during dyadic treatment sessions. Results: Results suggest that although there was no observable change in the participants’ reflective functioning level over time, the shared experiences gained during the therapeutic process influenced each dyad’s “ways of being together” and thus induced a change in the relationship. This finding is supported by clinical literature (Lyon-Ruth et al., 1998; Stern, 1998; Tronick, 1998). Another interesting finding indicates that the parent’s gender influences the reflective functioning style displayed by the children. This research further strengthens the assertion that the child establishes distinct relationships with each of her parents (Tronick, 2003; Harel et al., 2003).

The role of therapist self-disclosure in psychotherapy: A synthesized model
Jennifer Henretty - University of Memphis, USA, Heidi Levitt

The question of what constitutes appropriate self-disclosure has intrigued therapists for generations. However, the existing literature on therapist self-disclosure appears to fall into one of three areas: (a) Discussions of therapists self-disclosing about their personal lives, which is often found in literature on sexual orientation and addiction/eating disorders; (b) discussions of therapists self-disclosing about their judgment, which is often found in literature pertaining to values and theoretical orientation; and (c) discussions of the effects of therapist self-disclosure, which is often found in literature pertaining to the outcome and experience of the disclosure. This division renders a disjointed body of knowledge; therefore, the aim of this paper is to synthesize the three bodies of research for a more coherent understanding of therapist self-disclosure. Method The paper is a theoretical review that provides the reader with a brief background on the concept of self-disclosure, including a historical perspective, current conceptualizations, empirical findings, and ethical considerations pertaining to therapist self-disclosure. Results An exploration of the contradictions in, and patterns across, the three domains enabled a synthesis of the information, resulting in an integrated model of therapist self-disclosure that highlights the interplay between the self-disclosure and culture, values, gender, diagnosis, therapeutic orientation, and therapy modality. Discussion Implications of the model for both clinical practice and training are proposed. As well, concrete suggestions for future psychotherapy researchers are provided as a guide to address the gaps and inconsistencies in the therapist self-disclosure literatures.
The Munich Attachment- and Effectiveness-Project: Examining process and outcome of psychodynamic psychotherapies from different perspectives
Susanne Hörz - Ludwig-Maximilians-Universitaet Muenchen, Germany, Gerlinde Siegl, Petra Kaiser, Wolfgang Mertens

The “Munich Attachment- and Effectiveness-Project” is a prospective psychotherapy study conducted in cooperation between the Department of Psychology, University of Munich and the “Akademie fuer Psychoanalyse und Psychotherapie Muenchen”, a psychoanalytic Institute in Munich. This project examines the psychotherapeutic process and outcome of twenty outpatient psychoanalytic psychotherapies from several perspectives: From the researcher’s perspective, at several points during and after the psychotherapeutic treatment, research interviews are conducted with the patients, assessing the individual patient’s psychological conflicts, structure and functioning (assessed by the Operationalized Psychodynamic Diagnostics (OPD; OPD Task Force, 2001) and measuring change by using the Heidelberg Structural Change Scale (HSCS; Rudolf et al., 2000). At the same points in time, the patient’s perspective is examined through self-report measures, and also the patient-therapist interaction is assessed by applying measures to audio taped session material (e.g. Plan Analysis, Weiss & Sampson, Weiss et al., 1986). Lastly, the therapist’s perspective on process and outcome of the treatment is examined by questionnaires and by conducting individualized retrospective interviews. In these interviews, the therapist is also asked to comment on findings from the researcher’s perspective. The results from two single cases exemplify how treatment process and outcome are examined by multiple methods and perspectives in this study. Convergences and discrepancies in the evaluation of process and change are discussed, emphasizing the need for multiple perspectives and for combining process and outcome research in future psychotherapy studies.

Contingencies in therapist-client verbal exchanges during cognitive therapy for depression
M. Kathleen Holmes - University of Pennsylvania, Philadelphia, PA, USA, Robert J. DeRubeis

Aim: Cognitive therapy (CT) for depression is an effective, manualized treatment that allows considerable flexibility in its application. Although flexibility may promote the optimal delivery of CT, it may also account for some of the variability in outcomes observed across studies of CT. The present microanalytic examination of therapist-client verbal exchanges aims to reveal differences in the delivery of CT that might explain outcome variability. Methods: All therapist and client speech turns from 30 transcripts of CT sessions (5 therapists X 3 clients X 2 sessions) were coded on sets of dimensions and categories that have been explored in previous psychotherapy research or that have been emphasized in CT manuals. Therapist speech turns were categorized in regard to their function (e.g., seeking alternative explanations, psychoeducation) and delivery style (clarity of speech, openness of questions). Independently, and removed from session context, client speech acts were coded on variables indicating therapeutic progress or absorption (e.g., references to changes in beliefs or behaviors, examinations of evidence). Results: We will conduct tests to identify contingencies between the function or delivery style of therapist speech and categories of client speech that indicate therapeutic progress or absorption of the methods of CT. Discussion: Implications for future research concerning the processes of therapeutic change, as well as for the practice of CT, will be considered.
Research on excellence in the clinical practice of family therapy
Sophie Holmes - Williams Road Family Therapy Centre & Swinburne University of Technology, Melbourne, Australia

This poster paper reports the development of a knowledge elicitation methodology and summarises the results from two in-depth studies investigating the Nature of Expertise in Family Therapy. The poster will be divided into three sections. 1. The development of the methodology of knowledge elicitation and analysis. 2. Procedural Knowledge of novice and expert Family Therapists, on complex and straightforward cases. 3. Dynamic-Thinking-Processes of novices and expert Family Therapists. In Family Therapy and /or Psychotherapy research, very little account is taken of the research findings and conceptual progress made in cognitive psychology, educational psychology and cognitive science in judgement and decision making, and on the question of the variable mediating the expression expertise-in-the-moment and the development of expert performance over a period of time. (Ericsson, Charness, Feltovich & Hoffman 2006). In general the increased research interest in the contribution of the therapist to the quality of therapeutic process and investigations of therapeutic expertise have focused on locating characteristics of the therapist and particularly master therapist (Skovholt & Jennings, 2004) rather than a pragmatic understanding of the cognitive and affective components, attentional and decision making process and other mental activities and personal self-discipline required of therapist grappling with the complexity before them. Characteristics of master therapists research is interesting, but is difficult to translate into training programmes or supervision process. Whereas an understanding of the key factors underpinning the expression of expertise-in-the-moment and the mediating variable provides a road-map of developmentally useful process and activities for therapists, training programs and supervisors.

Reduction of sexual dysfunction: A by-product of effective cognitive-behavioural therapy?
Jürgen Hoyer - Technical University, Dresden, Germany, Jana Klocek, Jana Rambow, Frank Jacobi

Aim: We analysed the prevalence and change of comorbid sexual dysfunctions in patients of a CBT university outpatient clinic. Method: We estimated the prevalence of (comorbid) sexual dysfunction who applied for treatment due to anxiety or affective disorders. By completing the German version of the Massachusetts General Hospital Sexual Functioning Questionnaire (MGH), participants rated their sexual interest, the ability to sexual arousal, the ability to achieve orgasm, the ability to achieve erection/lubrication and the general sexual satisfaction before and after treatment. For 331 of these patients, treatment has been completed. Results: Preliminary analyses show that nearly half of the patients reported to have sexual dysfunctions and that there was only partial remission of sexual dysfunction after treatment. Discussion: In the majority of cases, sexual dysfunctions persist when they are not explicitly addressed in treatment. Recognition of sexual dysfunctions and their integration into the case formulation should be improved.

Fragile narcissists or the guilty good: What drives the personality of the psychotherapist?
Judy Hyde - Macquarie University, Sydney, Australia, Alan Taylor, Doris McIlwain

Aims: The interface of culture and individual dynamics occur within the tool used to filter all information and drive the process of psychotherapy – the personality of the therapist. Testing proposals by Alice Miller that psychotherapists are driven by fragile narcissism or, as thought by Nancy McWilliams, depressive dynamics, this paper will present findings from a group of 5 studies that elucidate the personality dynamics of the psychotherapist. Methods: The O’Brien Multiphasic Narcissistic Inventory
Group cohesiveness in short-term cognitive behavioural therapy groups
Minna Hyninnen - The Bergen Group for Treatment Research, University of Bergen, Norway, Nina Bjerke, Ståle Fallesen, Helge Molde, Inger Hilde Nordhus

Aim: The concept of group cohesiveness is regarded as a central non-specific factor explaining curative change in group psychotherapy. However, cohesiveness has been relatively little explored in group therapy within the cognitive behavioural treatment (CBT) modality. The aim of the present study was to examine the development of group cohesiveness in CBT groups and its predictive value for therapeutic change. Methods: Two separate, randomized controlled trials of group CBT constituted the basis for the present study: CBT for patients with chronic obstructive pulmonary disease (COPD) and co-morbid anxiety or depression (treatment group n=25), and CBT for pathological gamblers (treatment group n=26). Participants in each of the two treatments were offered 7 weekly sessions of manualized group CBT. Cohesiveness was measured with the Therapeutic Factors Inventory Cohesiveness Scale. The relationship between cohesiveness and outcome was investigated using hierarchical regression analyses and Pearson-Product Moment Correlations. Results: Analyses indicated that group cohesiveness ratings significantly increased from midpoint to endpoint of treatment. Cohesiveness ratings at mid-treatment or at treatment endpoint did not predict therapeutic change in the regression analyses. Significant associations were found between cohesiveness change scores and pre-and post-treatment levels of symptoms. Discussion: Although group cohesiveness was not predictive of therapeutic change, the findings indicate that cohesiveness develops and evolves in short-term CBT groups, and it may also co-vary with individual properties. Cohesiveness itself may not function as a direct mechanism of change, but rather contribute to outcome via other, specific or non-specific treatment processes.

Metacognitive beliefs and selective attention in insomnia
Håvard Kallestad - Norwegian University of Science and Technology, Trondheim, Norway, Bjarne Hansen, Knut Langsrud, Bente Berglund

Background: Selective attention has been suggested to be important in maintaining insomnia symptoms. But still, there is limited knowledge about why patients engage in such strategies. In this study it was predicted that metacognitive beliefs about the utility of selective attention predict the amount of selective attention and that selective attention predicts insomnia severity. Method: Participants (N = 353) answered questionnaires about insomnia symptoms, metacognitive beliefs about selective attention, and levels of selective attention, depression and anxiety. Results: Metacognitive beliefs predicted both amount of selective attention and insomnia severity, and selective attention predicted insomnia severity. A mediation analysis found that the effect of metacognitive beliefs on insomnia severity was mediated
by selective attention. Significant results were upheld when the regression analyses controlled for age, gender, and levels of depression and anxiety, but the predictive value of metacognitive beliefs and selective attention was less pronounced. Conclusions: Metacognitive beliefs about the utility of selective attention may be useful in the conceptualization of selective attention in insomnia.

**Poster**

**Emotion**

**A theoretical review of processes surrounding client self-criticism in psychotherapy**

*Divya Kannan - University of Memphis, USA, Heidi M. Levitt*

Aim and Method Nearly all schools of psychotherapy today would agree that therapy entails some focus upon client’s emotions. However, the role of emotion is conceptualized differently across psychotherapy approaches (Mackay, et al. 2002). In this review, client’s experiences of emotion are considered in light of theoretical models of emotion as they are utilized in contemporary psychotherapy practice. Three theoretical models of emotion from different psychotherapy orientations are explored: (1) An emotion-focused model of emotion from a humanistic orientation (e.g., Greenberg, Rice and Elliot, 1993), (2) A cognitive-relational model (e.g., Lazarus, 1968) and (3) An interpersonal-psychodynamic model of emotion (Butler & Strupp, 1986). The theoretical frameworks of emotion that are reviewed in this paper each contribute a unique understanding of client change processes. By attempting to synthesize these bodies of research, a more coherent understanding of how emotion is addressed within the psychotherapy process is developed. Results and Discussion The results articulate the similarities and differences between these theoretical models of emotional processing. The possibilities for psychotherapy integration across these approaches are discussed. In addition, the review points to ways in which therapists can better facilitate their clients’ lived emotional experience in therapy and identifies some of the salient principles necessary for a coherent working model of emotion in psychotherapy.

**Poster**

**Child**

**Prevention of adolescent major depression by "the adolescent coping with stress course"**

*Linnea Karlsson - National Public Health Institute, Helsinki, Finland, the CWS-A study group in Finland*

Background: The incidence of major depression (MDD) peaks between 15 and 18 years. Lifetime prevalence of MDD in young adults is 15-20%. MDD is related to multiple adverse outcomes in terms of physical and psychological well-being in adolescence and later in adulthood. Although prevention of (adolescent) depression is difficult due to the multifactorial etiology of MDD, The Adolescent Coping with Stress (CWS-A) course has been promising in the few studies conducted on targeted prevention of adolescent MDD. However, to our knowledge no studies have been conducted outside the US so far. Aims of the study: We aim at investigating 1) whether the CWS-A is successful in preventing MDD in adolescents with elevated risk for MDD due to mild depressive symptoms and 2) the role of selected moderators and mediators for the outcome. Methods: Adolescents are identified at school health care by using BDI as screen. Three study groups are identified: 1) intervention group, 2) normal controls, and 3) treatment as usual. The assessment comprises of structured diagnostic interviews and internationally validated self-report scales on e.g. cognitive style, attachment, self-esteem, temperament, and life events. The study groups are followed for 36 months at six measurement points. Results/ stage of work: Data collection is about to begin in the beginning of the year 2008. We expect to have a total of 900 adolescents from three centers after two years of baseline data collection. More details on study design and information from the early phases of data collection are presented in the poster.
The role of inner-dialogue in self-regulation: Self-compassionate, self-empowering, and self-controlling approaches to smoking cessation

Allison Kelly - McGill University, Montreal, Canada, Clare Foa, David Zuroff

Aim: The current study investigates the impact of three self-help interventions on smoking self-regulation. Interventions derive from Gilbert’s (1989) social mentalities theory and involve imagery-based self-talk associated with one of three evolved social roles – compassionate nurturer, enthusiastic ally, firm leader – and affect systems. Methods: 100 individuals who wish to quit or reduce smoking will be randomly assigned to ‘basic self-monitoring’ or to one of three ‘enhanced self-monitoring’ interventions. Three times per day for three weeks, participants will record information about their most recent cigarettes smoked or craved. Those in the enhanced interventions will also engage in condition-specific imagery and self-talk at every cigarette craving. Compassionate nurturer involves visualizing a gentle, kind image that encourages smoking reduction as compassionate action for well-being. Enthusiastic ally involves visualizing an energizing, empowering image that cheers on smoking reduction as a reward-yielding achievement. Firm leader involves visualizing a strict, persistent image that demands smoking reduction as self-control necessary to reduce shame. Hypothesized Results: The compassionate nurturer intervention is expected to be most successful at improving smoking self-regulation and well-being in the long-term; the enthusiastic ally will be effective in the mid-term; and the firm leader will be effective in the short-term. Intervention effects will be mediated by changes in autonomous motivation for smoking cessation and in distress tolerance. Discussion: Individuals can employ various intrapersonal approaches when trying to self-regulate, some of which might be more effective than the traditional “self-control.” Findings offer important theoretical and clinical contributions to other self-regulatory problems.

Does homework improve outcomes for individuals diagnosed with severe mental illness?

Peter Kelly - Illawarra Institute for Mental Health, Wollongong, Australia, Frank Deane

Introduction Homework refers to activities completed by individuals between therapeutic sessions which are designed to help them make progress toward their treatment goals (Deane et al., 2005). Homework has been recommended for use by mental health case managers to help clients with severe mental illness (SMI; Glaser, Kazantzis, Deane, & Oades, 2000; Turkington, Dudley, Warman, & Beck, 2004). Research has not previously examined if homework improves outcomes for individuals diagnosed with SMI. Method The current research was conducted as an effectiveness study and examined the actual use of homework by case managers working in clinical practice. Case managers were trained in a systematic approach to homework administration and were provided with carbonised Homework Administration Pads to assist with homework implementation. A Hierarchical Linear Modelling (HLM) approach was used to examine the relationship between homework and outcome for all participants (N = 242). Results The total number of homework assignments administered to each client and the quality of homework completion predicted improvement on the HoNOS. When examining just those individuals who were assigned homework (n = 129), the total number of homework assignments administered also predicted improvements on the K10. The quantity or quality of homework completed did not predict improvements on recovery orientated mental health measures (i.e. RAS, MHR). Discussion These results are supportive of the use of systematic homework administration procedures with individuals diagnosed with SMI. Future research would benefit from examining factors to promote the consistent use of systematic homework administration procedures by mental health case managers.
**Poster**

**Culture**

Is there a role for coping styles in future research that addresses psychotherapy and international relations?

Satoko Kimpara - Pacific Graduate School of Psychology, Palo Alto, USA, Zeno Franco, Larry E. Beutler

Although patient coping styles are not yet widely used in clinical practice to guide and plan treatment, retrospective and prospective research in psychotherapy and experimental research in neurology have shown that distinctions in the ways one typically copes with change is a determinant of what types of experiences will prove to be beneficial (e.g., Beutler et al., 1990, 2000, 2002, 2006; Kaneko, 2000, 2002; Albert, 2006). Beutler, Bongar, and Clarkin (2000) have concluded that patients’ relative reliance on one of two kinds of coping styles (externalizing and internalizing coping styles) is predictive of the efficacy of two distinct treatment models. People with externalizing coping styles are likely to benefit from behavioral and symptom-focused approaches while people with the internalizing coping styles are more prone to benefit from interpersonal/thematic approaches. This paper posits that coping styles are both sufficiently objective and predictive of treatment efficacy that knowledge of patient coping style may lend itself to identifying observable and destructive symptoms in order to apply early intervention strategies. Also this paper proposes how to incorporate certain cultural dimensions into STS.

**Poster**

**Training**

Therapists dilemmas in providing personal therapy to therapists in training

Gail King - University of Leicester, UK

Many psychotherapists are required to have personal therapy as part of their training. It is considered to be one of the three key components of a good training with teaching and supervision. Most counsellors and psychologists in the United Kingdom are not required to have personal therapy but many choose to.

Aim: The study set out to determine if there were specific problems for therapists who provide personal therapy to trainees and, if so, how they resolved them. The aim was to learn about therapists’ personal experiences and see if there were implications for the profession.

Methods: A qualitative research approach was used. Semi-structured interviews were conducted with eight experienced psychotherapists.

The data was analysed using a qualitative form of content analysis. Results: The findings revealed some common and some individual dilemmas. Three categories were identified: clinical, professional, and personal dilemmas. Dilemmas arose out of the mandatory requirement for therapy, overlapping boundaries, and the selection of trainees. The therapists’ strategies for resolving the dilemmas are described.

Discussion: The findings are discussed in terms of the implications for the profession and recommendations are made.

**Poster**

**Emotion**

Agoraphobia vs. social phobia: Distinct disorders or overlapping entities?

Katarzyna Klasa - Jagiellonian University, Medical College, Cracow, Poland, Jerzy A. Sobanski

Aim: Research on differences and similarities of two distinct phobic disorders, where some serious clinical and research data separate them, and other speak for consideration of important connections.

Methods: Comparison of group of 82 patients with agoraphobia (coded with ICD-10) versus 59 patients with social phobia, according to global symptom intensity (GSI) reported with Polish symptom checklist KO"0" and selected single symptoms occurrence. Results: Agoraphobic patients scored significantly higher on scales: 1. Phobic symptoms (26±13 vs 13±10, p<0.0001), 2. Other anxiety (45±14 vs 38±16, p<0.01), 4. Conversive (37±25 vs 25±21, p<0.005), 5. Autonomic-circulatory (34±15 vs 27±25, p<0.01), 7. Hypochondriacal (18±10 vs 9±10, p<0.0001), 13. Sexual dysfunctions (10±10 vs 7±9, p<0.05). These rates were generally maintained when data were controlled for gender. Global symptom level was significantly higher in agoraphobics (374±159 vs 316±161, p<0.05). Many single symptoms e.g. vertigo, nightmares, anxiety in buses, anxiety in open spaces, excessive observation of somatic functions etc occurred.
Psychophysiological correlates of attachment organization: Linear and non-linear analysis of autonomic regulation during the AAI

John Klein - University of Trier, Germany, Pedro Dias, Isabel Soares, Paulo P.P. Machado, Wolfgang Lutz & João Paulo Cunha

During the last half century, Attachment Theory reached an evermore crucial place inside developmental psychology. In fact, since Bowlby's theoretical groundwork (1962/82, 1973, 1980) in association with Ainsworth’s empirical drives (e.g., 1967, 1982, 1983), attachment research grew astonishingly fast not only to explain the normative processes of human development, but also considering psychopathological processes. As an extension of the research, lately, there has been a rising interest on the role of biological measures (electrodermal and cardiac activity) and their relationship with adult attachment organization (Dozier & Kobak, 1992; Roisman, Tsai & Chiang, 2004; Roisman, 2007). Under this umbrella, the present study aims to explore, with linear and non-linear data analysis models, the relationship between attachment organization and autonomic activity in an non-clinical context. The sample comprised 50 female participants from the north of Portugal, aged between 17 and 27 (M = 21.20, SD = 3.26), which were monitored, with a multimedia system (BioDReAMS), for skin conductance and heart rate while answering to the Adult Attachment Interview (AAI, George, Kaplan & Main, 1985). The AAI was scored with Kobak’s Q-sort method (Kobak, 1993), allowing to classify each participant in three attachment patterns (secure, dismissing or preoccupied), and two attachment strategies (security vs. insecurity and hyperactivation vs. deactivation). The results, using a linear data analysis approach based on the mean, evidenced an attachment organization patterns differentiation, throughout the AAI questions, only for skin conductance, but not for heart rate. The non-linear data analysis approach, addressed the variability and sudden shifts not explained by the mean, revealed attachment organization differences in terms of heart rate in some of the critical attachment questions of the AAI. The analysis of the heart rate variability, using the LF/HF ratio evidenced no differences at all between attachment patterns. The main results are discussed in terms of attachment theory and how the psychophysiological approach may contribute for a deeper understanding of the biological correlates of attachment.

Differential outcome response patterns in the NIMH-TDCRP study

Katharina L. Köck - University of Trier, Germany, Niklaus Stulz, Wolfgang Lutz

AIM: Response rates of treatment conditions in the NIMH-Treatment of Depression Collaborative Research Program (e.g. Elkin, 1994) showed that all treatments resulted in meaningful improvement. Despite this overall positive result, the sample might be highly heterogeneous, with meaningful patterns of change that are shared by many individual patients irrespective of their received treatment. Such patterns can not be revealed by group mean time courses. Our objective is to identify latent classes of change patterns in Beck Depression Inventory (BDI) scores for the NIMH-TDCRP data set and to relate them to treatment conditions as well as to initial patient characteristics. METHODS/RESULTS: To detect such potentially predefined patterns Growth Mixture Modeling (GMM) was used in the NIMH completer sample, including 162 patients with Major Depressive Disorder that repeatedly completed the BDI and
other measures. After defining latent classes for the full completer sample, we identified the distribution of patients in those classes in terms of their membership to the different treatment conditions. Furthermore, we calculated the predictive value of intake variables (e.g. SCL-90 R, General Life Functioning, Social Adjustment Scale) for class membership. DISCUSSION: The results will be discussed regarding their relevance for the understanding of different response patterns and courses of treatment in the therapy of depression.

**Poster**

**Dream work in cognitive psychotherapy**

_Walter Kuhne - Universidad de Santiago de Chile_

Dreams are experiences often reported by patients in psychotherapy, even in cognitive psychotherapy. This situation implicates the need for cognitive psychotherapists to have both theoretical and technical tools to deal with dreams. In this work the author proposes a conceptualization of dreams inside cognitive theoretical boundaries and a way of working with them. Dreams can be conceptualized from a cognitive-constructivist approach as a tacit way of processing information. Dreams are conscious experiences built by the patient; they are meaningful and connect directly with personal identity. Therefore to work with dreams in cognitive psychotherapy may be a useful way of connecting with emotions and personal meanings of patients. A study with dream work in cognitive psychotherapy will also be reported.

**Poster**

**Papi: A group-psychotherapy program with divorced parents**

_Diogo Lamela - University of Minho Department of Psychology, Braga, Portugal, Diogo Lamela, Tiago Gonçalves, Maria Castro, Ana Luísa Pereira, Ana Luísa Guimarães, Ana Rita Teixeira, Lúcia Lopes, Teresa Freire & Bárbara Figueiredo_

Aim: To present an intervention group program – Pais por Inteiro (PApi) – designed to help divorced parents deal with their ex-spouse co-parenting relationship, as well as to contribute to their better adjustment to divorce. Methods: Discussion, experience sharing, knowledge of management techniques and conflict avoidance, planning techniques and elaboration of a parental plan, accompanied by role-play directed to effective skills training, were conducted in 10 (1 hour) weekly group sessions with divorced parents, at the Unit of Clinical Psychology for Children and Adolescents of the University of Minho Department of Psychology Counselling and Human Development Service (Braga, Portugal). Results: Two test-applications of the program had shown that Pais por Inteiro participants (N = 20) improved in their levels of adjustment to divorce (Divorce Adjustment Inventory, DAI-R, Portes, Smith, & Brown, 2000) and in their coparental commitment (Parenting Alliance Inventory, PAM, Abidin & Brunner, 1995), in comparison to divorced parents in a waiting list control group (N = 20). Discussion: These results suggest that a brief intervention group program with divorced parents can improve their coparental alliance and can contribute to their positive psychosocial adjustment to this developmental transition period.

**Poster**

**The first clinical inferences by psychotherapists with different theoretical approaches and levels of experience**

_A dela Leibovich Duarte - Universidad de Buenos Aires, Argentina, Constanza Duhalde, Guillermima Rutsstein, María Eugenia Rubio, Marcela Zanotto, Santiago Juan, Flavia Torricelli, Vanina Huerin, Andres Roussos_

This study explores the formulation of first clinical inferences by 101 Spanish-speaking psychotherapists with different theoretical frameworks: cognitive, systemic, psychoanalytic, and a sub-group defining itself explicitly as Lacanian psychoanalysts. Participants were classified according to level of experience:
juniors (less than 10 years of experience) and seniors (more than 20). They listened to a tape-recorded first session. The time elapsing between the onset of the session and the formulation of their first clinical inferences was recorded and compared. These first clinical inferences were then analyzed by judges, who classified them according to content and complexity. The qualitative and quantitative analyses of the inferences showed that the time elapsed before the first clinical inference was 6 minutes or less for 84% of the participants, 62% of the participants took 3 minutes or less, with results varying only slightly when theoretical framework and level of experience were taken into account. When analyzed for content, clinical inferences referring to mental processes, diagnostic considerations, interpersonal relations and viability of treatment were the types most frequently produced. In terms of complexity, senior analysts produced more combined inferences than junior ones. Cognitive therapists produced more inferences of the diagnostic type, while psychoanalysts produced more inferences referring to mental processes.

**Poster**  
**Alliance**  

**The welfare attention in the process of duel and death: Importance of the attitudes of the sanitary personnel in the therapeutic relationship**  
*Salvador Llistar Verdú - Mútua de Terrassa, Spain*

The different groups of professionals, the own personal experiences, the values and beliefs, age, sex and formation received, create diverse points of view and different ways to act when you are with terminal patient. This difference produces a lack of cohesion in professional task and a lack of common criteria at the moment of acting. The principal aim of this study is to analyze the attitude of the sanitary personal when they face the death of the patients. The sample used is composed by 100 subjects (8 men and 92 women) and the used instrument is a questionnaire of 16 questions that valued whom has realized the attention of the patient, the professional competitions, emotional implications, and who should realize the attention. Results indicate that exist statistically significant differences between the age and the academic level of the professionals.

**Poster**  
**Therapist**  

**The development of the theory of mind in psychotherapists: An empirical study**  
*Rodrigo Lopes - Universidade do Minho, Braga, Portugal, Eugênia Fernandes*

It is well recognized the importance of psychotherapist characteristics on the psychological treatment. We see studies pointing out that the way patients perceive their therapists in terms of more or less empathic is crucial to the therapeutic alliance and the success of therapy. In the same time, only few studies actually evaluate this ability in therapists in objective terms, or correlate the development of this ability with the practice or training of psychotherapy. This poster presents a study in which the aim was to evaluate in what extend the cognitive component of empathy (Theory of Mind) develops along the professional carrier of psychotherapists and its relationship with professional training. Three groups of brazilian therapists in different stages in their carrier (undergraduate students in professional training in clinical psychology, young and experienced psychotherapists) and two control groups have answered the Portuguese version of the "Reading the Mind in the Eyes Test". To evaluate the emotional state in the moment they make the task, we have used the General Health Questionnaire – 12, together with the Positive and Negative Arousal Scale. To characterize our sample of therapists we have used parts of the Development of Psychotherapists Common Core Questionnaire. This poster will discuss the results (now being analyzed by the authors) and implications of the study. Based on the literature, we expect that therapists score higher on the cognitive task and are faster in concluding it.
**Poster Instruments**

**Relationship research group at University of Salamanca**

*Yolanda Lopez del Hoyo - Universidad de Salamanca, Spain, Jesús Herrero, Uxue Aldaz, Carolina Álvarez, Marta Cabezas, Ana Belén Calvo, Sara Castro, Paloma Catalán, Virginia Colinas, Alejandro Fernández-Osorio, Aurora Gardeta, Marta Mero, Carlos Sos*

The work of the Relationship Research Group at University of Salamanca will be presented. The group is interested in the exploration of relationship patterns and their impact by patients and healthy persons. Highly motivated psychology students collaborated in the group since 2004 in four consecutive projects. (a) On the base of the category system CCRT-LU, the translated Spanish version CCRT-LU-S were created and learnt. (b) The reliability study with 12 judges has approved a high rating reliability that was moreover nearly constant within the whole group. (c) A session series of the patient called “Maria” were analyzed and contributed to the multimodal single-case project considerably. (d) A sample of 80 students was rated by the CCRT-LU-S category system. Students reported their relationship episodes with four important relationship partners: father, mother, partner and a friend of the same gender. The activity of the group contributed to the research in the field on the one side. On the other side, the students used the opportunity to learn the process research by doing. The emotional responses of group members can be estimated in the included pictures.

**Poster Training**

**Sources of influence for professional development of psychiatrists and psychologists in Norway and Germany**

*Steinar Lorentzen - University of Oslo, Norway, Helge Michael Rønnestad, David E. Orlinsky*

The study is part of the International Study of the Development of Psychotherapists, which started more than 15 years ago, when a ‘Development of psychotherapist common core questionnaire’ was worked out, as a joint effort among SPR members. The aim is to study what factors influence the development of a psychotherapist’s career, both the course of it, and as it is at present. Aggregated data from several countries have already been published (e.g. Orlinsky & Rønnestad, 2002. This study, which partly is based on new data, will compare influences of the development as therapists within specific professional groups, i.e. psychiatrists and psychologists in two European countries, Norway and Germany.

**Poster Instruments**

**A three-level analysis (patient's clinical structure, patient's clinical change, intersubjectivity) of the first session belonging to 10 patients with their corresponding therapists, using the David Liberman Algorithm (DLA)**

*David Maldavsky - UCES, Buenos Aires, Argentina, Clara Rosa Roitman, Cristina Tate de Stanley, Liliana Alvarez*

Goals of the research: to investigate: (a) the patient’s clinical structure and consultation motive, (b) the clinical changes during the session, (c) the patient-therapist relationship, focusing, in particular, on the therapeutic alliance and the clinical trap into which the therapist can fall. Sample: first session belonging to 10 patients with their therapists (4 in total, they had 25-35 years of experience, and were psychoanalytically oriented). Instruments: The David Liberman algorithm, (DLA), designed to investigate the libidinal drives and defenses (as well as their state) in narrated and acted scenes. Conclusions: (a) the study of the patients’ clinical structure leads us to consider patients in a different way than in the study of the patients’ clinical changes during the session, (b) the analysis of patient’s and therapist’s discourses leads us to consider therapeutic treatment in a yet different way, which is different from the ones described before. This new step also permits to detect the clinical trap into which the therapist can fall, by unknowingly playing the role of a character in one of the patient’s traumatic scenes.
The relationship between interpersonal motivational systems and metacognitive functioning
Francesca Manaresi - ARPAS, Rome, Italy, Cotugno A., Onofri A., Tombolini L., Liotti G.

Aim Our aim was to pay attention to the link between interpersonal motivational systems (IMSS), and metacognitive abilities, coherence of thought, emotion regulation. The intersubjective matrix, regulated by IMSS, allows us to understand the intentions and the minds of others and is based on a finely coordinated exchange of communicative behaviors, creating a shared structure of activity that grounds intersubjective consciousness. Our hypothesis then is that the IMSSs regulate cognitive functioning, meaning-making processes, emotional experience in the interpersonal exchange. In particular we tried to find out if there are relationships between motivational interpersonal systems and specific patterns of metacognition and specific metacognitive deficits. Methods We used AIMIT to assess Interpersonal Motivation System and S.Va.M a rating scale that assesses metacognitive abilities as manifest in individual’s verbalization at the same time on a total of 24 cognitive psychotherapy sessions. These sessions, from 8 different patients, were taped and then transcribed. Each session was divided in code units: we coded 658 units. Three psychotherapists who had experience in AIMIT made a first evaluation, according to AIMIT instructions. Afterwards, the same transcripts were then blindly evaluated according to S.Va.M instructions. Results What we found supports the theoretical hypothesis that IMSSs influence the metacognitive functioning. The most relevant data suggest that when the therapists’ attitude during session encourages a more egalitarian-cooperative exchange the patients’ metacognitive capacity to monitor and organize discourse and thought tend to increase. Moreover, we found specific peculiarity in metacognitive profile when other systems are active. In the agonistic exchange for example the individual tend to pay particular attention to the emotional features e tend to show specific deficit in the capacity to perceive the reality in a not egocentric way. Discussion These preliminary data support the relevance of contributions that take in account the role of IMSS in the clinical dialogue. In general, we could say that the therapist should pay attention to the motivational systems activate during the sessions to better understand the therapeutic process and phenomena: for example, the therapeutic alliance that seems based on the activation of the egalitarian-cooperative motivational system.

Musicality in the therapeutic dialogue: Research in progress regarding vocal coordination and its relation with the psychotherapeutic change
Claudio Martínez - Ontífica Universidad Católica de Chile, Santiago, Alemka Tomicic, Susanne, Bauer, Alejandro Reinoso, Marcos Guzmán, Claudia Cruzat, Eugenio Rodriguez.

Psychotherapy research has shown that the coordination of different dimensions between patient and therapist, seems to significantly contribute to the therapeutic change (e.g. working alliance, meeting moments, synchrony, mutual attunement, etc.). Nevertheless, these dimensions have been studied in terms of verbal expression and, therefore, from an explicit aspect of the therapeutic process. The focus of this ongoing research is the participants voices as an element that influences the interaction and coordination between them. The general hypothesis of this study are: a) There is a relationship between the levels of vocal rhythm and vocal tone in the dialogue between patient and therapist with the therapeutic change episode and outcome, and b) There is a congruent relationship between the content and vocal patterns of the discourses that patients and therapists produce within the therapeutic dialogue associated with the therapeutic change episode and outcome. In this investigation a mixed design is used that combines qualitative and quantitative methodologies. The first one has been used for the description and categorization of the contents and vocal patterns observed within the therapeutic dialogue. The second one to establish the interaction sequences of the vocal rhythm, the levels of coordination of the vocal rhythm and voice congruence, and its relationship with the therapeutic change.
episode and outcome. Some results are shown to illustrate the use of these methodologies. The relevance of this study in the understanding of the process-result association in psychotherapy is discussed as well as the technical dimensions and limitations in recording and analyzing the voice.

**Poster**

**Borderline treatment: TFP for co-therapists?**
*Philipp Martius - DRV Klinik Höhenried gGmbH, Bernried, Germany, Flora von Spreti, Michael Rentrop, Susanne Hörz, Peter Buchheim, Stefan Doering*

Aim: BPD-patients form a major group in inpatient-treatment. Transference-focussed psychotherapy (TFP, Clarkin et al. 2007) is an empirically validated disorder-specific manualized psychodynamic treatment for these patients in an outpatient setting. There is an ongoing discussion about ways of teaching cotherapeutic professionals (art therapists, body therapists, nurse staff etc.) the concept of TFP for in-patient application. Here we report the structure and the evaluation results of a first TFP-seminar aimed at teaching professional teams including co-therapists. Hence we discuss ways to integrate manualized psychodynamic psychotherapy for Borderline-(BPD-)patients into in-patient Borderline treatment. Method/Results: Evaluation of a questionnaire administered to TFP seminar trainees. The group (N=52) consisted of 21% psychotherapists, 38% co-therapists and 40% nurse staff members. 73% were working in inpatient settings. Content of the seminar, quality of presentations, relevance to one own’s work and time for discussion were judged to be very good or good on a 5-point-Likert-scale (means from 1.4 to 1.8 resp.). Discussion: Clinical experience and first data from specifically tailored seminars are promising in that concepts of TFP can be taught and trained to co-therapists. Thereby skillful therapy may be enhanced to improve the overall treatment effect and to meet the needs of cotherapists and nurse staff for dealing satisfactorily at work with Borderline patients.

**Poster**

**What makes you think it's so good? Influences on clinicians' treatment recommendations for clients**
*Kevin McCarthy - University of Pennsylvania, Philadelphia, PA, USA, Jacques Barber*

As clinicians, we all make judgments as to which types of treatments might be best for different clients. These judgments might help us match clients to treatments that might work best for them; increase or decrease our expectations for client improvement in a certain treatment; or lead us to recommend or withhold certain treatments to a client. Often these judgments are implicit and might be made based on the idiosyncratic knowledge and beliefs of the clinician. Knowing and making explicit the decision rules we use in these judgments could potentially be important to treatment outcomes. In a randomized clinical trial of three types of psychotherapy (behavioral, cognitive, and psychodynamic) for Panic Disorder, six clinicians made ratings for how confident they were that a client would improve in each of the three conditions. One clinician had conducted a structured interview with the client; the others had been presented with the results of this interview in a case conference. Confidence ratings were predicted from various clinician (years of experience, theoretical orientation, familiarity with each treatment) and client (demographic information, vocabulary, pattern-solving ability, alexithymia) characteristics. Results and implications will be discussed.

**Poster**

**Relating the expression of vulnerable emotions to session outcome in emotion-focused therapy for couples**
*Jacqueline McKinnon - York University, Toronto, Canada, Leslie S. Greenberg*

The present study seeks to examine the relationship between the expression of vulnerable emotion and session outcome in Emotion-focused therapy for couples (EFT-C). EFT-C is an empirically validated
treatment for couple distress that views the accessing and expressing of underlying vulnerable attachment and identity related emotions as key to therapeutic change. Videotaped sessions of 24 couples that completed 10 to 12 sessions of EFT-C were examined for in session emotion episodes of expression of emotional vulnerability. These emotion episodes plus a set of episodes from alternate random sessions were rated on level of emotional arousal, degree of vulnerability, and degree of productivity of emotional expression. It is hypothesized that sessions containing emotion episodes that are rated as a) high in emotional arousal and b) containing the revealing of emotional vulnerability in a productive manner will be rated on post-session questionnaires as more helpful and more change producing than random control sessions.

**Poster**

**Identity change processes in psychotherapy: The contribution of a "non-therapeutic" identity change study**

*Liliana Meira - University of Minho, Braga, Portugal, Miguel Gonçalves, João Salgado*

The narrative approaches to the self argue that personal identity emerges from the construction of meanings based on the experiences of the life story (Sarbin, 1986; McAdams, 2001). Influenced by the narrative therapy model (White and Epston, 1990) and the dialogical perspectives of the self (Hermans & Kempen, 1993; Hermans, 1996), Gonçalves and colleagues (in press) present a model of change in psychotherapy. Having the concept of unique outcome/innovation moment (IM) as unity of analyses, and elaborating on the heterogeneity of the IM’s, these authors hypothesised that different processes of therapeutic change imply different IM emergence patterns. The Coding System of Innovation Moments (CSIM; Gonçalves et al., 2007) is a method of evaluation of these processes. Following this framework, we present the results of an analogue study to psychotherapy which integrates an analysis procedure of “non-therapeutic change” processes. The study involved the collection of day life narratives about an actual problem, perceived as significant by the person. A two weeks time interval interview was used throughout a four months period, with 19 volunteers without any history of psychotherapy counselling. The criteria of “non-therapeutic change” is accomplished by the absence of a therapeutic plan or any other intentional intervention aimed to the difficulty shared by the volunteer during the procedure. Each participant, in average, concluded nine sessions, analysed and coded by the CSIM. The results allow to identify potential intra-subjects and inter-subjects patterns of IM’s emergence, as well as to compare the “non-therapeutic change” results with the results from psychotherapy.

**Poster**

**Exploratory research on school-based treatment with maltreated children**

*Faye Mishna - Faculty of Social Work, Toronto, Canada, Charlene Cook*

Aim: Empirical evidence demonstrates that abused or neglected children are at risk to develop significant emotional, behavioural and academic problems. Ecologically informed practice, comprising extensive engagement with parents and teachers, can potentially transform both individuals and their environments. With schools as the primary setting for social development, school-based interventions reach students who may not otherwise obtain services, or who are likely to drop out. While considerable research has examined the effectiveness of interventions with children, research is lacking on psychodynamic therapy, particularly in schools, despite some evidence of its benefit with high-risk, multi-problem children. This study qualitatively examined a school-based intervention informed by psychodynamic and ecological theories. Methods: Thirty-three interviews were conducted six and twelve months after treatment began, with parents/guardians, therapists, and teachers of the six children in the study. The children had been abused or neglected and were referred for treatment due to significant emotional and/or behavioral problems. Questions addressed academic, social, and emotional development, and therapy’s influence on family and academic systems. Data were thematically analyzed,
and measures to ensure trustworthiness were taken. Results: The respondents reported significant positive academic, social, and emotional changes in the children. Therapist involvement with parents and teachers emerged as critical, promoting therapists’ understanding of the child and relationship development leading to advocacy and improved family-school engagement. Discussion: Factors were identified that foster and impede work with parents and teachers. The results are supported by research findings of positive outcomes strongly associated with parental involvement in children’s therapy (Bratton et al., 2005).

**Poster**

**Culture**

**A psychoanalytic study of an artist and his painting**

*Carolyn Montford* - Argosy University Chicago, USA, *Sue Bae*

Aim: This poster attempts to provide a psychological understanding of a French artist, Alexis Strelitz, by employing a tri-fold method, whereby the painting and material from an interview with the artist were viewed through the lenses of psychoanalytic, Jungian, and object relational theories. The goal is to understand some aspects of the unconscious motivations and conflicts of the artist. Method: There is a tradition of using this method of interpretation of artistic material to gain a unique understanding of an artist and more universally ourselves. This examination uses the psychodynamic theories of Freud, Jung, Fairbairn and Guntrip as the interpretive framework. Although the three aspects of analysis, namely, the artist’s background/interview, the painting, and the theories, yielded consistent interpretations, Jung’s theory has the greatest utility in clarifying the material and furthering my understanding. Thus, this project may be viewed as an attempt by the writer to address and work through unconscious conflicts, a process which is proposed to be similar to that which the artist undertook in completing his painting. Results: The central issue posed by this investigation is whether it is valid to use certain psychoanalytic concepts to make inferences, hypotheses, or other relevant statements regarding the personality dynamics of the artist and the relationship of those dynamics to his work. This study sought to demonstrate how and in what ways the aforementioned data suggested hypotheses on underlying conflicts of the artist. The study found that one can do a meaningful analysis of an artist by combining the three domains of an original painting, theory (in this case, object relations, classical analytic and Jungian), and data gathered from an interview with the artist. Discussion: Clinical implications about using psychodynamic theories with patients and their artwork or creative expressions as a way to understand aspects of the unconscious motivations and conflicts will be discussed.

**Poster**

**Alliance**

**Client involvement: Factor structure and convergent validity of the CSPSC-involvement scale**

*Eric Morris* - McGill University, Montreal, Canada, *Marilyn Fitzpatrick, Calli Armstrong*

Aim: While there is a substantial body of research on the alliance, little attention has been focused on the relationship between the client’s assessment of their own involvement in psychotherapy and the alliance. One potential avenue for exploring this relationship is the Comprehensive Scale of Psychotherapy Session Constructs (CSPSC; Eugster & Wampold, 1996). The client involvement component of the CSPSC consists of 15 items and uses a 6-level Likert response format to measure clients’ perceptions of their in-session involvement and the involvement of their therapist. However, the CSPSC has not been previously validated. This work evaluates the factor structure of the measure and provides an assessment of its convergent validity. Method: Exploratory and confirmatory factor analytic techniques were used to examine the factor structure of the CSPSC on a sample of 125 volunteer counseling clients. Convergent validity was evaluated through an examination of the relationships between the CSPSC and the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989), the Session Evaluation Questionnaire (SEQ; Stiles & Snow, 1984) and the Session Impact Scale (SIS; Elliott & Wexler,
The impact of biofeedback using the HeartMath emWave Stress Release System with male African-American children and adolescents who suffer from PTSD as a result of community violence

Jennifer Moss - Illinois School of Professional Psychology at Argosy University Chicago, USA, Judy Flaxman, Sue Bae

Aim: The impact of biofeedback using the HeartMath emWave Stress Release System with male African-American children and adolescents who suffer from PTSD will be investigated. This is a crucial group to study because they are at risk for serious mental health and developmental outcomes. The emWave is a computer based software program that assists individuals to learn how to self-regulate their physiological symptoms caused by stress and anxiety by providing them with positive emotion-focused techniques. This will be the first study to use the emWave as a treatment intervention with this population. We hypothesis that participants will be able to use this type of biofeedback to control their physiological symptomatology, which will allow them to function at a higher level behaviorally and academically. Methods: Participants in the experimental group will receive treatment using the emWave once a week for 45-minute sessions over a period of three-months. Participants and their teachers will be asked to fill out pre-treatment and post-treatment measures. Results: It is expected that youth in the experimental group will demonstrate a reduction and will learn how to regulate their physiological symptoms. Therefore, this study will provide evidence to support the hypothesis that youth who suffer from PTSD as a result of community violence will demonstrate a positive impact using biofeedback treatment. Discussion: If this pilot project is successful it will suggest that the emWave should be subjected to more rigorous research as a promising treatment for high risk and often neglected population, inner city children and adolescents with PTSD, which results from community violence.

Relationships in psychotherapy and daily life

Joana Mourao - Universidade do Minho, Braga, Portugal, Eugénia Fernandes, Teresa Freire

The psychotherapeutic process can be analysed as a continuum between intra and intersession change, where the therapeutic relationship functions as a space for client to co-construct with the therapist an alternative way of relating, different from past relationships. This study explores if on clients with anxious symptoms there are changes on their daily life relationships and if that changes resemble the patterns of the therapeutic alliance developed on psychotherapy. This is a pilot study aimed at understanding the adequacy of the methodology employed. Measures of the therapeutic alliance are being collected through the use of the Working Alliance Inventory, filled in by client and therapist at the end of each psychotherapy session. The daily life of clients’ is being reported by the use of the Experience Sampling Method. Clients at the end of the second, seventh, twelfth and seventeenth session take home an electronic agenda which signals six/seven times per day. When this happens client fills in a sheet questioning whom he is with, if he/she would rather be with someone else, why and with whom. It is also asked thoughts, activities and emotions at that moment. The preliminary results of two cases will be presented. According to previous studies therapy events influence the clients’ week subjective experience, which in turn function as intersessions mediators. Studies of anxious clients’ daily life show they spend more time alone. With therapy probably they start engaging more with other people. Implications for practice and clinical training of therapists will be discussed.
Poster

Searching for independence in the family's shared sense of purpose
Cristina Muñiz de la Peña - University at Albany/SUNY, NY, USA, Ingrid Rodriguez, Myrna L. Friedlander

This methodological study investigated the independence of trained raters’ scores on the Shared Sense of Purpose dimension in the System for Observing Family Therapy Alliances (SOFTA; Friedlander, Escudero, & Heatherington, 2006). In this observational rating system, the family’s Shared Sense of Purpose refers to the degree to which all family members have similar motivations and work collaboratively toward common goals in therapy. Three other dimensions in the SOFTA (Emotional Connection with the Therapist, Engagement in the Therapeutic Process, and Safety within the Therapeutic System), all of which are rating of individual family members’ behaviors, significantly predict the family’s observed Shared Sense of Purpose. However, it is possible that observer’s ratings of (a) the three individual dimensions and (b) the family’s shared purpose dimension are not independent when the same team of judges rates all four dimensions simultaneously. Therefore, the aim of this study was to assess the validity of the simultaneous rating of the four dimensions. Interclass correlations were completed on the scores from the two teams of raters, one of which rated all four SOFTA dimensions and one that rated only the shared purpose dimension. The interclass correlation coefficient of .80 indicated that the two rating teams judged the family’s shared purpose similarly, which in turn suggested that the simultaneous rating process is not confounded. Results support the validity of the SOFTA for assessing all dimensions simultaneously.

Poster

How do psychotherapists describe their development during training and the first years after it?
Joakim Norberg - Psykoterapiinstitutet, Stockholm, Sweden, Jan Carlsson and Johan Schubert

This poster presents the results of a grounded theory analysis of interviews with former students at a training institute for psychoanalytic psychotherapy in Stockholm. The aim of the study was to investigate how psychotherapists describe their development during training and the first years after it. The study was part of an ongoing project where 46 students had been asked to answer a questionnaire at three times during training and at follow up three to five years later. The questionnaire measured nine factors of therapeutic identity. In this qualitative part of the project, former students that had answered the questionnaire at all occasions during training were interviewed and asked to describe how they perceived their professional development during training and the time after it up to the present (four to six years later). They were also asked to comment on their development in the factors from the questionnaire. A grounded theory analysis was conducted, leading to a deeper understanding of how the therapists view their process of change. The findings are discussed in the context of previous research of psychotherapists’ development, and implications for training are presented.

Poster

Bridging the quantitative/qualitative gap: A process look at exceptional psychotherapy outcomes
John Okiishi - Brigham Young University, Provo, USA, Mich Suyama, Michael Buxton, David Vermeersch, Melissa Jones, David Smart, Stevan Nielsen, and Kristin Hansen

While we have been gathering psychotherapy outcome data at our center for over ten years and have conducted dozens of quantitative studies examining various aspects of psychotherapy. While this has been very informative and has led to important and impactful changes in services we give, little has been done to examine what happens qualitatively during the therapy we provide. The purpose of this study was to examine more closely what exactly actually happens in session during successful psychotherapy and in therapy that fails. Five therapists at our counseling center have made video recordings of all their
sessions for a semester. This has led to over 700 hours of video footage on more than 100 cases. Each of the clients included in this study have also completed the OQ-45 on a weekly basis. Using these empirical outcome data, we have identified clients who have had significantly better (“high improvers”) and worse (“deteriorators”) outcomes that average. Once these cases were identified, we had the content of the video recordings for these therapy sessions transcribed. Using these transcriptions, three independent raters reviewed the sessions using Hill et al (1997)’s Qualitative Consensual Research procedure. Conclusions were drawn based on the information yielded by this method and commonalities and deviations in both the high improvers and the deteriorators were outlined and discussed. In addition to presenting and discussing the general findings of this study, we will also show, time permitting, specific examples of video segments of psychotherapy with both deteriorators and high improvers.

Poster Narrative

Experience of illness in oncologic patients who have received psychotherapy for their depression
Pablo Orgaz-Barnier - Hospital La Paz, Madrid, Spain, Guillermo Benito Ruiz, Guadalupe Torres-Sancho, Angela Palao, María Dieguez-Porrez, Carmen Bayón-Pérez, Beatriz Rodriguez-Vega

Introduction. The prevalence of depression in oncologic patients is four times higher than in general population. Depression affects a 30% of the patients during the course of their disease. Treatment of psychiatric symptoms is strongly recommended to improve cancer therapy evolution, being combined treatments (psychological plus pharmacological) the most effective and less relapse producing. Focal groups provide an important amount of data which complement the diagnostic process (based on structured interviews or surveys). A detailed analysis of these groups is useful as a guide for the treatment of their depression. This study is part of the FIS 05/0737 and 05/2062 Investigation Projects. Objectives Obtain main dimensions of patients subjective experience of oncologic disease and its treatment. Method Qualitative analysis of focal discussion groups. Sample: 12 depressed subjects with a breast, lung or colon tumour, in I or II stage, without metastases or relapse. Discussion groups of oncologic patients who have received a treatment for the depression are formed; a researcher conducts it in order to talk about personal experience of illness and treatment. The whole process is recorded and transcribed, allowing further analysis by the research group (psychiatrists and psychologists). The speech is reduced to its meaning units, and then grouped into categories. The results of the research are personal and group meanings extracted from the talk. Results Three different main categories emerged from our groups of patients. Suffering experience, meanings and support elements.

Poster Self

Measures of self-construction related to symptomatic improvement during psychotherapy: A proposal of assessment procedure by means of Repertory Grid Test
Meritxell Pacheco - Universitat Ramon Llull, Barcelona, Spain, Lluís Botella

This study departs from a constructivist relational standpoint (Botella et al., 2004) and from the dialogical theory of the self (Hermans, 2004). Results about evolution of self-construction during psychotherapeutic process and its relation to symptomatic improvement are presented and discussed in terms of the usefulness of the assessment of self-construction in psychotherapy by means of Repertory Grid Test (Kelly 1955/1991). Aim: To assess the correlation between relational and cognitive measures of self-construction and symptomatic improvement during psychotherapeutic process. The measures studied are 7: self-consistency, self-integration, the feeling of being myself, self-definition, self-esteem, and polarization and indefiniton in self-construction. Method: Participants were 34 adults with non-psychotic psychotherapy complaints, following successful individual psychotherapeutic processes. We defined the 7 relational and cognitive measures of self-construction and they were assessed by means of Repertory
Exploring inner dialogue among graduate counsellors in training

David Pare - University of Ottawa, Canada

This qualitative study examines the range of inner dialogue identified by practitioners as part of a pedagogical exercise for Masters level counsellors in training. Whereas the overt aspects of dialogue are the focus of most process research in counselling, this study features an exercise designed to heighten counsellors’ awareness of a covert element - the inner conversation that accompanies the outer one during a therapeutic exchange. The study reports on two variations of an exercise, one involving text-based online sessions, the second involving face-to-face counselling conversations. In both cases, counsellors were instructed to write down inner dialogue between utterances and to later comment on both the content of inner dialogue and the process of attending to it. One prominent finding is that in turning their attention to their inner experience, many counsellors lost touch with the client before them. In being asked to expand their field of awareness, they compromised a fundamental aspect of the counselling process, namely the counselling relationship. The study raises intriguing issues around mindfulness and the developmental movement towards greater complexity in counsellor practice. Among novice counsellors, deliberate efforts to practice more mindfullly hamper the “natural” flow of conversation between counsellor and client. A conclusion of the study is that the focus on inner dialogue,
like the deliberate attention to foot placement while learning a new dance step, hampers the flow of movement in the short term while building a foundation for a richer and more complex interchange in the long term.

**Poster**

**Experiential group treatment for domestic violence: A 3-year outcome study**
Antonio Pascual-Leone - University of Windsor, Canada, Ralph Bieman, Eugene Stasiak, Robert Arnold

Aim: The purpose of this study is to examine the long term follow-up of a treatment outcome study. Treatment was an experientially-based integrative psychotherapy for incarcerated men who had a history of domestic violence. This paper examines the recidivism rates following the Relating Without Violence (RWV) program, the only known manualized experiential treatment for incarcerated batterers. Methods: 66 men who completed the RWV program and a control group of 184 men were drawn from a database of the Ontario Correctional Institute. Although men in the control group did not attend the RWV program, effort was made to sample men who had also been flagged as having a history of partner abuse. Although the initial design was quasi-experimental, statistical methods were used to match the groups’ averages on all known pre-treatment variables. Government and correctional service records of convictions for 3 years post incarceration were reviewed for all 250 men. Results: The treatment group recidivated by aggravated and/or sexual assault less than the control group at both 7 and 8 months post-release. However, by the time treatment participants had reached 9 months post-release their rates of recidivism could no longer be distinguished from that of the control. Discussion: This experiential treatment is the only known treatment for incarcerated men and although its efficacy is limited it is comparable to existing treatments for domestic violence. The study also demonstrates methodological developments for statistically creating matched groups.

**Poster**

**Interpersonal problems, attachment patterns and alexithymia in personality disorders**
Tiziana Passarella - Centre of Cognitive Therapy, Rome, Italy, Laura Conti, Roberto Pedone, Giuseppe Nicolò

BACKGROUND AND AIMS: Problems about interpersonal relationships are a basic aspect of Personality Disorders (PDs). Patients with these disorders build themselves and others in a narrow, stereotyped way and they usually have negative representations of mutual roles. A large part of literature documents the presence, in the PDs, of problems related to the interpersonal sphere. Among these, the attachment representations have been extensively studied and found dysfunctional - mainly type fearful - in studies with different methodologies. A relation also seems to emerge between attachment patterns and diagnosis. At the same time, an other aspect of the PDs is the difficulty to access at their emotions (poor self-reflection or alexithymia), and some studies have shown connections between patterns of relation and alexithymia. In this study we make further enquiries about the relationship between interpersonal problems, attachment patterns and alexithymia in a sample of outpatients with DPs, compared with a group of not-PDs patients. METHOD: They have used the following tests: SCID-II (Structured Clinical Interview for DSM-IV Axis II Disorders), TAS (Toronto Alexithymia Scale), IIP (The Inventory of Interpersonal Problems), ASQ (Attachment Style Questionnaire). RESULTS: Preliminary result suggests that patients with PDs suffer from alexithymia more than others. Moreover, they have interpersonal problems and a frequently recurring situation of problematic attachment patterns, compared with not-PDs. The correlations among different aspects investigated will be explained.
**Couple's Conflict Dimension Scale (CCDS-45) construction and validation**

Ximena Pereira - Universidad del Desarrollo, Santiago, Chile, Luis Tapia, Ivan Armijo, Alejandra Costa, Magdalena Larrain

AIM: Develop and validate a Spanish Psychometric Scale to assess Dimensions associated to the arising and maintenance of couple’s conflict. Method: A 6-stages procedure was conducted: 1) Identification of dimensions of conflict by interviewing expert couple’s therapist. 2) Collect items to measure dimensions by reviewing psychometric scales that measures each dimension (or associated constructs) and from therapist recommendations (CCDS-415) 3) Classification, selection and elimination of repeated, confusing or inapplicable items (CCDS-157) 4) Translation and expert’s rate evaluation of items, adjusting dimension’s classification end item selection (CCDS-126) 5) Pilot sample analysis (n=120) , assessing reliability (Cronbach), construct validity (confirmatory factor analysis), and concurrent validity with DAS and with marital status (recently separated versus stable couples), leading to final form creation (CCDS-45) 6) Replication sample (n=200) for final evaluation of scale and test reliability and validity. Results: Five Dimensions were found to be related to conflict in couples: Self Differentiation (SD) , Caring/Attachment (CA) , Emotional Intimacy (EI) , Loving Passion (LA), Power /submission (PS). Cronbach alpha coefficients show good levels (alpha>.75) in the scales. Also, the scales have consistent internal behavior, but the confirmatory factor analysis only reconstructs 4 of them. Discussion: CCDS-45 appears to be an applicable test for couple-therapist assessment needs. It can be used as a focus-centering helper and to evaluate the intake risk of bond break for consulting couples. Also, is proposed as a research tool in couple therapy studies. The effects of cultural related biases in responding to different scales and different rating systems are shown.

**www.ccrt-lu.org**

Dan Pokorny - University of Ulm, Germany, Yolanda López del Hoyo, Alejandro Ávila Escapa, Alessandra Vicari, Jörn Gehrelins, Clea Kächele, Gerd Blaser, Sonja Grüninger, Michael Geyer, Horst Kächele, Cornelia Albani

The CCRT-LU is one of category systems of the CCRT method for investigation of relationship patterns in verbatim protocols of psychotherapy sessions; as well as anywhere else. We would like to announce two events: an international homepage and a German book on the CCRT-LU. The homepage www.ccrt-lu.org was created in collaboration of engaged researchers from more European countries. It provides an introduction to the method for interested clinicians and researchers, and it supports users by the current-state documentation. The core information is the category system CCRT-LU and its English, Spanish (CCRT-LU-S), Italian, French, Czech and other translations. A tutorial is based on the book reported below and on the internet training course by Yolanda López and Alejandro Ávila-Espada. Procedures for data processing (for the SPSS system) are provided. The design of the homepage was created by Jörn Gehrelins and Clea Kächele (www.jcc-hamburg.com). German reading colleagues may be interested in the book addressed both to clinicians and researchers: Cornelia Albani, Dan Pokorny, Gerd Blaser, Horst Kächele: Beziehungsmuster und Beziehungskonflikte. Theorie, Klinik und Forschung. [Relationship patterns and relationship conflicts. Theory, therapy, research.] Vandenhoek & Ruprecht. Göttingen 2008. Abbreviations: CCRT = “Core Conflictual Relationship Theme” LU = “Leipzig-Ulm“ or “logically unified” S = “Spanish” or “Salamanca“
Poster

Interruptions as ruptures in psychotherapy
Marit Raabu - University of Oslo, Norway

Psychotherapy lasting for some time will always imply temporary interruptions, and the interruptions can be a strategic point of focus for ruptures and reparation processes. Aim: To understand relational ruptures and reparation processes in psychotherapy. Research questions: How do patient and analyst negotiate alliance, closeness and distance following interruptions, and what does it mean in terms of therapeutic change? How are the patient’s needs and experiences expressed after interruptions? And how is it connected to the therapists’ experiences and mental space to deal with such situations? Methods and design: I have studied transcripts of sessions with three of my own patients after an unplanned interruption lasting eight weeks. I applied interpretive methods and a hermeneutically modified version of grounded theory. Results: Four themes were found to be important in the interaction following the interruption: 1. Therapist and patient were considerate towards each other in different and ambiguous ways. 2. The patients showed different degrees of despair in relation to the interruption. 3. The therapist showed signs of feeling guilty related to the “failure” of absence, whereas the patients showed signs of feeling guilty about bothering the therapist. 4. Patients expressed direct and indirect signs of trust and mistrust towards the therapist. It seemed especially important that the therapist worked actively to explore the experiences and affects succeeding the break. I am now doing a case study of the same themes with a severely disturbed borderline patient and her therapist. Later I will explore the same phenomena in a larger sample.

Poster

Outcomes during psychotherapy: True change or just response shift?
Sven Rabung - University Medical Center Hamburg-Eppendorf, Germany, Sylke Andreas, Christiane Bleich, Stephan Kawski, Uwe Koch, Holger Schulz

Aim: When measuring outcomes with a pretest-posttest design, response shift can affect results. Besides true change, e.g. in symptom severity, different types of response shift, such as recalibration, reprioritization, and reconceptualization, may have an additional effect. The aim of the present study is to investigate if structural equation modeling can be used to detect and control for response shift effects in outcome data of psychotherapeutic treatments. Methods: Outcome data was collected in a consecutive sample of 2386 inpatients treated in 11 psychotherapeutic hospitals (broad spectrum of affective and personality disorders). Short forms of standardized self-report (SF-8, SCL, IIP, CES-D) and expert-rated measures (SF-8, HoNOS-D) were completed at admission, discharge, and 6-months follow-up. Structural equation modeling was used to identify response shifts and true change. Results: Response shift effects were found to be variable depending on different indicators, such as measures, data sources or therapeutic units. Although response shift effects on observed change were only small, accounting for these response shifts would show different results. Discussion: The structural equation modeling approach was found to be useful in detecting response shift effects in outcomes. The extent to which the procedure is suitable to control for those effects, especially as they are often explicitly targeted by psychotherapeutic interventions, is discussed.

Poster

Phobic people: Fussy or fearful? The relationship between social phobia vs. obsessive and avoidance believes in a clinic sample
Ezio Rebbattini - Psicoterapia cognitiva e ricerca Cognitive Psycotherapy school, Milano, Italy, Giovanni M. Ruggiero, Sandra Sassaroli

Objective: The aim of this study was to evaluate whether tendency to Social Phobia, in a clinic sample of 18 subjects, 4 males and 16 females, mean age 32.5 (SD 7.7) starting psychotherapy (< 6 weeks), dipend
on perfectionism cognitive beliefs, therefore near to obsessive area or dipen rather on intollerance of uncertainty beliefs nearer thus to avoidance area. Suddenly all result were compared with a non clinic sample of 63 normal subjects. Method: Both samples fulfilled the Multidimensional Perfectionism Scale to evaluate perfectionism level and the In tolerance of Uncertainty Scale to measure uncertainty intolerance and the Brief Social Phobia Scale including three subscales: fear, avoidance, bodily symptoms. In order to estimate IUS, CM predictive contribute we utilized a hierarchic regression using BSPS variables fear, avoidance, bodily symptoms as dependent variables. Result: The predictive contribute of Uncertainty Scale on social phobic symptoms, fear and avoidance, was significantly high that perfectionism. Results of the present study obtained by hierarchic regression between IUS, CM beliefs vs. Social Phobia gives prominence that Social Phobia may be related more with fearfulness than with fussiness.

**Poster**

**Stepped care in clinical psychology**  
*Daniela Rebecchi - Public Mental Health AUSL, Modena, Italy, S. Brunello, M. Giovini, S. Malak*

This project aims to introduce the structured practise adopted by our Clinical Psychology Centre, belonging to the Italian Public Mental Health Department. Our approach is based on a Stepped Care System, which consents to offer a frame for care delivery, trying to enhance the outcome effect by using limited resources. This model consists of 4 steps: 1. Psycho-education 2. Group-therapy symptom-oriented 3. Brief individual psychotherapy 4. Long individual psychotherapy The purpose of our study is to demonstrate the results achieved through applying the first step (Psycho-education) for one year, on a sample of 50 patients of our Centre. This first step should not be considered as the selective filter, rather than a proper brief structured intervention (three sessions followed up with a phone call one month after) to deal with all patients who have moderate problems, like anxiety and mild depressive symptoms. This intervention targets patients who do not require a proper “individual psychotherapy”. It consists of a symptom orientated assessment followed by a clear identification of the problem, from a cognitive-behavioural perspective, and through a psycho-educational restitution to the patients, the purpose of which is to encourage the use of their own resources and to induce their self-help skills. In our report we will describe all data collected during the interventions and from a one-year follow-up of the results achieved, as a preliminary study for a more statistically comprehensive research.

**Poster**

**Innovative moments in personal construct psychotherapy**  
*António Ribeiro - University of Minho, Braga, Portugal, Miguel Gonçalves, Eugénia Fernandes*

According to narrative therapy, the identification and amplification of unique outcomes, known as exceptional moments outside the problem saturated story, are crucial processes for the emergence of new narratives (White & Epston, 1990). The Innovation Moments (IMs) Coding System (Gonçalves, Matos & Santos, 2006) was developed in order to classify this novelty moments in psychotherapy sessions. Our central aim is to highlight the way the IMs emerge and which types appear along the therapeutic process. In the other hand, we intend to study if this coding system is useful in therapeutic approaches in which the concept of “unique outcome” is not central. Therefore, we present a case study analysis of a good outcome case using personal construct psychotherapy focused on implicative dilemmas (Senra, Feixas & Fernandes, 2007). Sessions were coded for the presence of these IMs (frequency) and also the time they spend in the therapeutic conversation (saliency). Our preliminary results suggest that the profile of therapeutic change is similar to those found in previous research. We found that the saliency and frequency of IMs increase throughout the process. Furthermore, it seems that the change emerges by the articulation of several different kinds of IM’s. Similarly with our previous research reconceptualization seems to facilitate sustained change, once it enables the active positioning of the person as an author of the new narrative.
**Poster**

**Body**

**Psychological distress and self-mutilation of individuals with different forms of intersexuality (disorders of sex development) - Conclusions for psychotherapy**

*Hertha Richter-Appelt - University Hospital Hamburg-Eppendorf, Germany, Schützmann, K., Schweizer, K., Schönbucher, V*

People with intersexuality often suffer from psychological distress. This distress can arise from the condition itself (e.g. experiencing oneself as “different” or “abnormal”), from negative reactions from others (e.g. being excluded or harassed because of different physical appearance), from negative treatment experiences (e.g. inappropriate comments from medical staff, secrecy and taboo about diagnosis and treatment), from negative treatment outcome (e.g. loss of sexual desire because of repeated genital surgery, loss of sexual sensibility due to clitoral scarring), etc. For many people with intersexuality the psychological problems rise to such an extent, that self-mutilation and suicide seem the only way of coping. This paper gives an overview of reported self-mutilation, suicide thoughts and suicide attempts of 37 people with different forms of intersexuality who took part in the Hamburg follow-up study on treatment experiences and treatment satisfaction of people with intersexuality (part of the research-group “Intersexuality – From Genes to Gender Identity” of the university-hospitals Luebeck and Hamburg). The data from the people with intersexuality are compared to a group of sexually and/or physically abused individuals and healthy controls. Methods For the study a comprehensive questionnaire was developed that comprises standardized instruments as well as self-constructed ones. The self-mutilation and suicidal tendencies were measured with self constructed questions. The psychological symptoms were measured via the BSI (Short Version of the SCL-90). Sample: The data of 37 individuals with following diagnoses were analysed: 5 reductase type II deficiency and 17β HSD (n=5), complete and incomplete Androgen-Insensitivity-Syndrom (CAIS, n=5 ; PAIS, n=6), Gonadal Dysgenesis (n=10) and Congenital Adrenal Hyperplasia, CAH (n=11). Results: 17 of the 37 participants (46%) reported thoughts of suicide whereby the diagnostic subgroups varied to a great extend: While none of the participants with simple CAH reported suicide thoughts, 100% of the subjects with CAIS did so. Compared to the control groups, the people with intersexuality from this study have significantly more suicidal tendencies than healthy controls and are in this matter similar to people who were sexual abused. 23 subjects with intersexuality (62,2 %) had a total-BSI score > 63 or scored > 63 in at least 2 subscales, defining them as clinically relevant distressed. Only 14 subjects (38,8 %) can be classified as psychologically undisturbed.

**Poster**

**Couple**

**Intersubjective traps during a session of a couple psychotherapy**

*Clara Rosa Roitman - APA/ UCES, Buenos Aires, Argentina, David Maldavsky, Cristina Tate de Stanley, Ana María Britti*

Goal: In this research we systematically study a session of couple psychotherapy by focusing on several levels of analysis, in particular the exchanges between the patients and the patient-therapist relationship. Instruments: we apply to the sample (the transcription of the second session) the David Liberman algorithm (DLA), a method designed to investigate the libidinal drives and defenses (as well as their state) in the narrated and acted scene. Conclusions: during the session it is possible to detect several intersubjective traps, which interfere with the fluidity of exchanges. These traps can be systematically described in terms of an exchange among different psychic currents combining libidinal drives and defenses.
A comparison between traditional submissiveness and modernistic sense of autonomy as cultural factors for eating disorders in Italian and Swedish women
Giovanni Maria Ruggiero - Psicoterapia Cognitiva e Ricerca, Milano, Italy, Lauri Nevonen

It is still not clear whether eating disorders are associated with the westernisation and modernization of the ideal of body beauty, or to more complex phenomena of cultural transition. On one hand, there is the modernistic ideal of slim feminine beauty suggested by the media in the West since the 1960’s. On the other hand, the clash between increased levels of urbanization and modernization, with their subsequent major changes to individual lifestyles, and the traditional patriarchal and familial values of cultural transition could be a possible socio-cultural determinant for eating disorders in developing countries. This study administered the Cultural Values Scale: Self-Description (Triandis 1995), the Cultural Values Scale (Triandis, 1995), three scales of the Eating Disorders Inventory (Garner, 1991): ‘Drive For Thinness’, ‘Bulimia’ e ‘Body Dissatisfaction’, the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and three scales of the Frost Multidimensional Perfectionism Scale: ‘Doubts And Concern Over Mistakes’ e ‘Parental Criticism And Expectations Scales’ (Frost Et Al., 1990) to Italian and Swedish females. The aim of the study is to explore the relationship between traditional and modernistic values, cognitive features of eating disorders and maladaptive eating behaviours in non clinical women.

Relations among personality, family structure and attachment: An exploratory study
Fernanda Salvaterra - Adoptions Service from CDSSL, Lisboa, Portugal, Angela Brandão

Personality is a complex and dynamic structure that has several factors in its origin. It is largely accepted that attachment is a key developmental task that influences the child’s representation of self and other and the strategies for processing attachment-related thoughts and feelings. According to Bowlby (1973, 1980) when children develop negative representations of self and others, or when they adopt strategies for processing attachment related thoughts and feelings that compromise realistic appraisals, they became more vulnerable to psychopathology. In the other hand, the family structure influences child cognitive and emotional development - her social learning. Olson’s Circumplex Model of Marital and Family Systems, has the central hypotheses that balanced families will function more adequately than extreme families. Millon’s biopsychosocial theory emphasizes the interaction between organism, environment, and social learning, making salient the circularity of interaction. This exploratory study pretends to understand the possible relation between personality traits, measured by the Millon Clinical Multiaxial Inventory - MCMI-II, and family of origin adaptability, measured by the FACES III, and the attachment organization, measured by the Adult Attachment Scale – AAS-R. 150 individuals divided in three different samples, non-clinical, clinical and adoption proponents, had been analysed and this relations were explore, clinical implications are notice.

The Central Relationship Questionnaire (CRQ): Reliability and validity of a Brazilian Portuguese version

Aim: : Everyday Brazilian Portuguese is quite different from Portuguese spoken in Portugal. Yet, important differences can be observed between spoken Portuguese by educated and poorly educated Brazilian people. Considering that the majority of patients receiving treatment in public health clinics in Brazil are poorly educated (average years of scholarship = 5 years), this research, a work in progress study, aims to adapt and explore the reliability and validity of a Portuguese version of the CRQ to that population.
Methods: Based on a Portuguese version as well as on the English original version, adaptations to Brazilian Portuguese were already carried out and tested in a small sample (n=15). Five samples are now being used to estimate CRQ reliability and validity. Participants are: women, victims of domestic violence (n=60); ambulatory patients suffering from Hepatitis C (n=60), HIV/AIDS (n=60), Arterial Cardiac Disease (n=60) and individuals from the community (n=60). Internal consistency (Cronbach’s alpha) and test-retest reliability (1 month) (Pearson’s correlations) will be estimated. To test the convergent-divergent validity CRQ will be compared to two instruments: the Symptoms Assessment Scale – 40 (EAS-40), adapted from the Symptom Checklist-90-Revised (SCR-90-R) to Brazilian population, yields evaluate severity of symptoms according to four dimensions: psychosis, obsessive-compulsive, somatization, anxiety; The Experiences in Close Relationships (ECR), a 36-item self-report scale, designed to measure adult romantic-attachment orientations according to two dimensions: avoidance and anxiety. Expected Results: Correlations between CRQ and both instruments are expected to be moderate. Some predictions relating to the way some scales will correlate are proposed.

**Poster**

**On the values and ideals of the psychoanalysts, studied with the David Liberman Algorithm (DLA)**

*Antonio Sánchez Antillón - UCES, Buenos Aires, Argentina, David Maldavsky*

Objective: research the implicit values and ideals into the psychoanalyst’s discourses about its formation and practice. Sample: 20 psychoanalysts 10 from Argentina and 10 from Mexico with at least 10 years of experience. For the objective of the poster we will show the analysis of two cases. Instruments: David Liberman algorithm (DLA), which allows to systematically research libidinal drives: Intrapsychic libidinal drives: (IL), Primary oral (O1), Secondary oral sadistic (O2), Primary anal sadistic (A1), Secondary anal sadistic (A2), Urethral phallic (UPH) and Genital phallic (GPH), into the discourse. DLA permits to study narrated and enacted scenes Outcomes: Both interviewed differed on the ideals and values, and consequently on the way of defining the own and the other into the groups, but coincided on a discrepancy among the narrated and enacted scenes. The same position attributed with criticism to the other in the narrations was occupied by the subject in the enacted scenes. This conclusion leads to infer that the study of narrations on the own life is less valid than the research on the enacted scenes during an interview.

**Poster**

**Religiosity and minor psychiatric disorders in pregnancy**

*Alessandro Santos - Universidade Católica de Pelotas, Pelotas, Brazil, Luciano DM Souza, Ricardo A Silva, Paulo LR Sousa*

Aim: verify the association between religiosity and minor psychiatric disorders in pregnancy. Methods: A cross-sectional study was conducted in five external clinics care with 868 pregnant women who answered an instrument that contain socio-demographical, gynecological, mental health and behavior questions. For measure religiosity (religion practice), we consider a religious active people those who had a religion and had gone to church or cult at least once a week. To evaluate minor psychiatric disorders was used the self-reporting questionnaire scale (SRQ-20), that measures psychiatric symptoms. For statistical analysis, chi-square test was used. Results: 41.6% of woman reported more than 7 points at SRQ-20, pointing a presence of minor psychiatric disorder. About have a religion, 239 pregnant women did not report any religion, and the most frequent religion reported was the catholic (32.6%). According our criteria, 64.4% of the total sample was consider religious active. No significant association was found between religiosity and minor psychiatric disorders in pregnancy. Discussion: These results are contrary to the described in the literature on the theme in general population. However, due to high prevalence of minor psychiatric disorders in this sample this association can be confused.
Integrated counselling in hospital with patients suffering from chronic pain
Riccardo Marco Scognamiglio - Istituto di Psicosomatica Integrata, Milan, Italy, Michele Fortis, Silvia Moroni, Laura Corona, Alessandro Aloisi, Aurora Costadoni, Danilo Corona

Aims of the research: only 20% of patients suffering from back-pain have an organic damage accompanied with clinical objectivity. Often, the mistake of the medical model is to compare pain with the presence of a structural lesion in the body. The aim of this research is to evaluate the efficacy of an integrated therapeutic setting within a hospital through the measurement of subjective and objective parameters. Methodology and procedures: the treatment was performed as follows: assessment, 5 sessions of treatment and a follow-up after 3 months. The therapeutic approach, which focus was on the relation between pain and the subjective implications of the person, included both: talking cure and a specifical manual therapy (Neurostructula Integration Tecnique) able to increase the internal perception of the body. Sample: 36 patients out of 39, concluded the study. Instruments and measurements: a) two different QoL measurements: EUROQoL (with preset dominions) and SEIQoL (whose dominions are chosen by the subject); b) VAS for the evaluation of pain intensity; c) spinal ROM; d) use of pain killer drugs; e) a commission of referees performed a qualitative evaluation of the selected fields in the SEIQoL and regrouped them into macro categories. Results: The scores obtained with the EUROQol, SEIQoL and VAS are statistically significant: all of the initial evaluation scores improved if compared with the one obtained immediately after the treatment and at the follow-up. The qualitative analysis of the chosen dominions showed an improvement of the category “health and self care” compared to the other categories that are more related to the outside. Discussion: these results encourage to think that, within a multidimensional conception of pain, this model of setting in hospitals, is able to stimulate integration between somatic perception and subjective implications.

A systematic case study in a personal constructs perspective
Joana Senra - Departamento de Psicologia, Universidade do Minho , Braga, Portugal, Eugénia Fernandes

Aim: In a Personal Constructs Psychology perspective, an individual faces a dilemma when his/her problem or symptom is significantly related to his/her identity. These dilemmas are identified in the Repertory Grid, when analysed through Gridcor v. 4.0. We have proposed an intervention meant to solve these dilemmas, and applied it in several cases. In this poster we present a systematic case study of brief therapy for the treatment of personal dilemmas. Methods: Symptoms (through BSI) and personal construction (through the Repertory Grid) were assessed in the beginning and end of treatment, in an intermediate moment during the process (between sessions no. 7 and 8) and in a two months follow-up. In addition, we used a weekly measure of outcome (OQ-45.2) before every session, and a post-session questionnaire (HAT) to identify and describe the most significant events of each session. In the end of the therapeutic process we conducted a Change Interview with the client. Combining all the used measures, we conducted a HSCED to assess the importance and causality of change in this case. Results/Discussion: Data from this case are still under analysis. Results shall be ready to be presented in the conference.

The role of self-compassion in enhancing mood and reducing depressive symptoms
Leah Shapira - York University, Toronto, Canada, Myriam Mongrain

Aim The current study will examine the effectiveness of an online therapeutic intervention comprising of daily exercises intended to help individuals experience and develop self-compassion. The overall goal of the study is to determine if the development of such a skill can reduce depressive symptomatology in an
unselected population. Method This study was administered via the internet and involved assessments of depression, overall mood, self-compassion, and self-criticism at Time 1. The self-compassion condition (n =109) involved writing a daily letter about a current stressor from a self-compassionate perspective. The control condition was asked to cognitively reappraise and find positive meaning in a daily stressor (n =131). Participants completed the one week intervention and are currently being followed over a 6 month period. They are all receiving email reminders to encourage them to continue with their exercises.

Results It is expected that after one week of daily exercises, the participants in the self-compassion condition will show greater well-being, including reduced depressive symptoms than those in the control condition. It is also predicted that this impact will be particularly true for those high on self-criticism. The sustainability of these changes will be determined at the 6 month follow-up, where participants in the self-compassion condition are expected to maintain their gains compared to the control participants. These data will be collected and analyzed in time for the conference. Discussion Our expected results could point to a cost-effective method of administering a technique that could engender resilience to depression.

**Poster**

**A task analytic examination of dominance in emotion-focused couples therapy**

*Ruby Sharma - York University, Toronto, Canada, Leslie Greenberg*

The purpose of this study was to explore how resolution of a dominance-submission interactional cycle unfolds within emotion-focused couples therapy. The focus was on developing a model of the essential steps involved in resolving this negative interactional cycle. A task analytic approach was used to track the moment-by-moment processes of five couples (three resolved couples and two unresolved couples). Our analysis revealed a number of steps that appeared to be important to the process of resolution. These essential components distinguished between resolved and unresolved couples. On the part of the dominant partner, the essential components include: 1) verbally expressing identity-based fear, 2) affirming the bond between the other partner and the self, 3) relating dominance to family of origin, 4) recognizing dominance as problematic, 5) experiencing and expressing core identity-based vulnerability, 6) expressing a need for identity validation, 7) expressing a willingness to change one’s own interactional style, 8) validating the other’s experience, and 9) expressing a vulnerability related to the need for affiliation. The essential components on the submissive partner’s side are: 1) disclosure of vulnerability regarding the experience of being dominated, 2) accepting one’s own way of being in the world, 3) accepting responsibility for one’s own role in the interactional cycle, and 4) empathy toward the other’s expression of affiliative vulnerability. An essential component that was shared by both partners was a warmly affiliative moment of togetherness. The model of resolution is discussed in light of existing research on power relations and emotion in intimate relationships.

**Poster**

**A brief report on the development of a semi-structured clinical interview for isolated sleep paralysis for use in psychotherapy research**

*Brian Sharpless - University of Pennsylvania’s Center for Psychotherapy Research, Philadelphia, PA, USA, Kevin S. McCarthy, Libby P. Graf, Dianne L. Chambless, Barbara L. Milrod, & Jacques P. Barber*

Aim: Isolated sleep paralysis (ISP) is characterized by an inability to move at either sleep onset or awakening coupled with a clear sensorium. Both fear and hallucinations are often present. Though provocative in its phenomenology and widely discussed in the cross-cultural literatures as a possible variant of panic disorder, ISP has received relatively little empirical attention. To our knowledge ISP has never been followed in a randomized clinical trial of psychotherapy. In order to partially remedy this situation and garner additional basic knowledge about its presentation and response to treatments specifically targeting panic symptoms, a semi-structured clinical interview was developed for use in
Alteraciones en el estilo afectivo en dietantes crónicos: Un estudio de campo

Jaime Silva - Universidad de la Frontera, Temuco, Chile, Manuel Ortiz, Alvaro Quiñones

Introducción: El estilo afectivo incluye las diferencias individuales en distintos parámetros de la respuesta emocional. Estudios previos han demostrado que las personas que crónicamente restringen su alimentación (dietantes crónicos; DC) poseen una asimetría funcional derecha de la corteza prefrontal (Silva et al. 2002), la cual implicaría una asimetría en los sistemas motivacionales a favor del sistema de evitación. Dichas asimetrías explican en parte la sobrealimentación que caracteriza a estos sujetos (Silva et al. 2006). Así mismo se han observado otras alteraciones del estilo afectivo en DC, particularmente en la diferenciación emocional (Silva, 2006) y en el procesamiento de estímulos durante la amenaza de la auto-imagen personal (Silva y Pizzagalli, 2006). Sin embargo estos estudios han sido realizados en muestras reducidas de sujetos en contextos experimentales. Objetivo: Comparar parámetros del estilo afectivo entre sujetos DC y normales en una muestra de estudiantes universitarios. Materiales y método: Utilizando auto-reports se obtuvo medidas de asimetrías de los sistemas motivacionales, niveles de restricción alimenticia, disposiciones anímicas y estrategias de regulación emocional de una muestra de 450 sujetos universitarios. Conclusiones: Los DC muestran asimetría derecha de los sistemas motivacionales, mayores niveles de afecto negativo y predominancia de la supresión como estrategia de regulación emocional.

Sexual risk behavior - Associated factors to number of sexual partners and to the condom use in adolescents

Ricardo Silva - Universidade Católica de Pelotas, Brazil, Ana Laura Cruzeiro. Luciano Souza, Ricardo Pinheiro, Bernardo Horta, Inácia Moraes

Objective: to evaluate the number of sexual partners in the last twelve months and the use of condom in the last three sexual relations of adolescents aged between 15 and 18 years old. Method: Cross-sectional study with 960 adolescents. Two dichotomized variables were considered as risk sexual behaviors: two or more sexual partners in the last twelve months, and occasional use of condom in the last three sexual relations. We assessed whether these behaviors were associated with socioeconomic status, gender, adolescent’s and parental schooling, age, living with the parents, remunerated work, religiosity, drugs use, tobacco, alcohol consumption, alcoholic beverages consume before the last sexual relation. The Poisson regression was used for each outcome. Results: the adolescent gender, schooling, the use of illicit drugs and tobacco in the last month as well as alcoholic beverages consume before the last sexual relation indicates greater risk of keeping sexual relations with two or more partners in the last 12 months. With regard to the occasional use of condom in the last three sexual relations, females and those whose mothers have low schooling presented increased risk. Conclusion: Our study suggests that there is a strong relation between risky behaviors.
A factor analysis of the clinical support tools  
Karstin Slade - Brigham Young University, Provo, USA, Russ Bailey, Michael J. Lambert, David Smart

Clinical support tools have been shown to significantly improve outcomes for clients who are identified as treatment nonresponders. A total of 247 clients were identified as unresponsive to treatment, as measured by the OQ Analyst feedback system. These clients were then asked to complete the following measures: the Helping Alliance Questionnaire, the Multidimensional Scale of Perceived Social Support, the Client Motivation for Therapy Scale-Revised, and the Frost Multidimensional Perfectionism Scale, for a total of 112 items. The purpose of this study was to reduce the number of items contained in the Clinical Support Tools in order to make the tools more accessible and efficient. A factor analysis was conducted using a varimax rotation. The number of items in the Clinical Support Tools was reduced while maintaining statistical validity.

Therapist Emotions and Reactions questionnaire – TREQ  
Annemarie J.M. Smith - St. Centrum '45, Oegstgeest, The Netherlands, Wim Chr. Kleijn, Giel J.M. Hutschemaekers

Although countertransference has been an important concept in psychotherapy, only fairly recently research has extended to the development of countertransference instruments. Most of the currently available instruments know serious psychometric and conceptual problems. Besides, there are no instruments that include specific aspects of ‘objective’ countertransference to traumatic and other high-impact difficult clinical situations. This is a serious omission in view of the clinical and research literature that emphasizes the specific and potentially disturbing impact of traumatic material on the therapist. Aim: Validation of the Therapist Reactions and Emotions questionnaire (TREQ). The TREQ was based on results of eleven expert-interviews and existing theoretical and research reports. It is a 20-item instrument, with 5 subscales: responsible, active coping, trauma, negative feelings and avoidance. Items are scored on a 5-point Likert-scale. Method: In an individual session, psychology students (N=100) were confronted with 4 video-vignettes of patients. Two vignettes have an emotionally neutral character. The other vignettes present highly emotional situations with a refugee and a borderline patient. After each vignette students filled in the TREQ. Results: The internal consistency of the TREQ-total was good, of the subscales moderate. The TREQ-total differentiated between low- and high-impact vignettes. Both high-impact vignettes evoked differential responses on the TREQ-subscals ‘trauma’ and ‘avoidance’. Conclusion: The TREQ is a promising instrument for countertransference reactions, that also accounts for ‘objective countertransference’ reactions to traumatic material or traumatic reactions to other high impact difficult clinical situations.

Family of origin and present life circumstances as potential psychotherapy dropout predictors. Odds ratio method application  
Jerzy A. Sobanski - Jagiellonian University, Medical College, Cracow, Poland

Aim: Determining pretherapy characteristics of patients at risk of dropout from intensive psychotherapy in a day hospital. Methods: Estimation of chance to dropout was made in context of items of questionnaire describing family, life history, relationships. Estimation of odds ratio, and 95% confidence intervals was calculated for 1273 completers vs 125 dropouts. Results: The sample of dropouts included 34% men and 66% women, completers included 30% men and 70% women. Despite a bit higher men rate in dropouts, there were no significant difference in gender, as well as for age. Odds ratio of dropout were significantly higher than 1,0 (95% CI started above 1,0) for women who moved few times in childhood, whose parents or caregivers inferred with their extra-familial affectionate relationships, or
who had very numerous sexual partners (more than 20), with partners tending to break, previously treated with resting in sanatory, and who had three or more abortions. Odds ratio of dropout were significantly lower than 1.0 (95% CI below 1.0) for females studying at university or having a degree, meeting friends rarely but constantly, fully informed on sexuality before 18, with supportive father, loving mother, and who reported mother ruling family. In males higher odds ratio were related with being hated by partner, psychiatric illness of father. Discussion: Results suggest that dropout risk is connected with life conditions reflecting intrapsychic instability. These conclusions could be valid for intensive psychodynamic group setting, and in other modalities dropout rate and predictors may be different.

**Poster**

**Task analysis of the therapeutic responsiveness**

*Zita Sousa - University of Minho, Braga, Portugal, Eugénia Fernandes, Adam Horvath*

(Aims) Positive alliance is consistently linked to successful psychotherapy, independently of the therapeutic orientation (e.g. Horvath, 2001; Horvath & Bedi, 2002). Recent literature on alliance suggests the development of research oriented for the identification of interpersonal micro-events and processes, situated within therapy tasks and involving specific goals (Horvath, 2006). It seems relevant to identify interactive elements between client and therapist associated with positive alliances (Horvath, 2005). Therapeutic responsiveness (TR) is an interactive process, that has being understood as the therapist’s ability and willingness to tailor his or her decisions and interventions in response to client’s needs, in the context of specific relationship conditions and therapeutic goals (e.g. Stiles, Honos-Webb & Surko, 1998; Gibbons, Cirts-Christoph, Levinson & Barber, 2003). The concept of TR seems to allow the articulation of client’s characteristics and needs, therapist’s qualities and behaviours, and process components as mediators of alliance and outcomes. These aspects are influenced by the emerging context. Sustaining on this assumption, we argue the relevance of a moment-to-moment marker-based therapeutic responsiveness. (Method) Having in perspective to understand the moment-to-moment TR process and to explore the association between this and alliance we developed a task analysis (e.g. Greenberg, 2007) of TR. (Results) The process research allowed the construction of a rational-empirical model of TR, through a systematic process of observation and categorization, as well as a method of measuring its components. (Discussion) In this poster we will present the process of developing a TR model and observational system, underlying the concept of TR understood as a micro-process in psychotherapy.

**Poster**

**Depressive symptomatology in adolescents from 11 to 15 years - A population-based study**

*Luciano Souza - Universidade Católica de Pelotas, Brazil, Ricardo Silva, Ricardo Pinheiro, Bernardo Horta Rodrigo Silva, Russélia Godoy, Ana Cruzeiro, Augusto Faria, Inácio Moraes.*

Aim: to identify factors associated to high depressive sintomatology in adolescents aged between 11 and 15 years in the city of Pelotas - southern Brazil. Methods: In this cross-sectional population-based investigation, 79 of the 448 sections of Pelotas were randomly selected. All selected households were visited in order to interview the youngsters who answered confidential self-report questionnaires that contained a scale for depressive symptoms - Children’s Depression Inventory (CDI). Results: In total, 1265 adolescents were located by the research team and 1145 answered the questionnaire. The prevalence found for high depressive symptomatology was 2.1%. The main results found associated with high depressive symptomatology after a logistic regression adjust to a hierarchical model were: a low social economic condition, history of poor academic performance, absence of religious practice, abuse of alcohol in the previous month and indications of conduct disorders. Discussion: These factors increased the likelihood of depressive symptomatology rates in early adolescents. Therefore, the need of a review on public policies associated to the depressive symptomatology is evidenced.
Comparison of quantitative versus qualitative operationalization of alexithymia in a multi-trait-multi-method approach
Marianne Springer-Kremser - University of Vienna, Austria, Henriette Löffler-Stastka, Andrea Stöbich, Verena Delmonego, Birgit Brunflucker, Elisabeth Ponocny-Seliger

Alexithymia was measured using the Toronto-Alexithymia-Scale (TAS-20), five scenes of the Level of Emotional Awareness Scale (LEAS) and a qualitative structured interview. In addition the Beck Depression Inventory (BDI), the trait version of the State-Trait-Anxiety Inventory (STAI-T) and the Brief Symptom Inventory (BSI, a short version of the SCL-90) were answered by three different female patient groups aged between 18 and 40 years. Group A comprised nA=30 patients consulting the pain therapy clinic of the Viennese Medical University, group B another nB=30 stationary suicidal patients of the psychiatric hospital Baumgartner Höhe, Vienna, and group C nC=30 manic depressive outpatients of the psychiatric clinic, Neunkirchen. Preliminary results: All patient groups score highly significant in the TAS-20; the TAS-20 correlates significantly with the BDI, the STAI-T, the global symptom index of the BSI and a number of content analytic categories like e.g. emotions when quarrelling with a friend and the number of adjectives when describing a dream. The LEAS codes correlate only with factor 3 ‘externally oriented thinking’ of the TAS-20 but correlate with many content analytic categories (e.g. number of emotional adjectives when describing moments of big joy, or big grief).

Libidinal drives and defenses present in the discourse of associations for the handicapped and links to social, political and psychotherapy determinants, using the David Liberman algorithm (DLA)
Elena Stein-Sparvieri - UCES, Buenos Aires, Argentina, David Maladvsky

Aim: To investigate and compare the implicit social and political contract between web sites of associations for the disabled, readers and psycho-sociopolitical environment, in Argentina, Brazil, Canada and United States for America; France, Great Britain, Italy and Spain for Europe. Sample: Web sites of associations for the disabled; four for each of the mentioned countries. Instruments: David Liberman algorithm (DLA), which allows to systematically research libidinal drives: Intra-somatic libido (IL), Primary oral (O1), Secondary oral sadistic (O2), Primary anal sadistic (A1), Secondary anal sadistic (A2), Urethral phallic (UPH) and Genital phallic (GPH), in discourse. Conclusions: Conceptions regarding values, actions, groups and space can be assembled in categories with the prevalence of the following drives: GPH as promise, A2 as objective information, A1 as justice, IL as organic / economic balance. 1) Web sites of the same country share characteristics whilst web sites of different countries show contrasts; 2) contrasts in web sites of different countries indicate local differences regarding the sociopolitical context; 3) discourse in web sites contributes to structure local social representations concerning disability; 4) these social representations impact, up to a point, on certain psychotherapy beliefs and practices.

Differential treatment effects of psychological and spiritual support on recovery and quality of life after coronary artery bypass surgery: The BY.PASS study
Bernhard Strauss - Friedrich-Schiller University, Jena, Germany, Jenny Rosendahl, Katharina Tigges-Limmer, Jan Gummert, Ralf Dziewas, Johannes Albes

About 70.000 patients in Germany undergo coronary artery bypass graft (CABG) surgery each year. Since the 1970ies, many studies have indicated that anxiety, depression and insufficient social support are important risk factors for medical and mental complications following coronary bypass surgery. There is evidence that preoperative and rehabilitative support, both psychological and spiritual, might have a positive influence on morbidity and mortality, as well as on quality of life after surgery. Nevertheless,
little is known about effects of psychological and spiritual support administered to patients before and after heart surgery. The main purpose of this innovative study, funded by the Deutsche Forschungsgemeinschaft (DFG), is to investigate the effects of peroperative psychological and spiritual support on postoperative recovery in a controlled study. Within two hospitals, a sample of 700 patients undergoing coronary artery bypass graft surgery will be examined before and after surgery and in two follow-up measurements (3 and 6 months after surgery). The purpose of this poster is to present the goals, methods and design of the study. It will show first results of the control group patients without treatment and describe differences in pre- and postoperative psychological status depending on the support preference. Furthermore, we will describe the content of the psychological interventions and report about the patients differential response to psychological or spiritual support.

**Poster**

**Emotion**

**A task analysis of the expression of arrested anger in the resolution of depression in emotion-focused therapy**

* Liliana Ramona Tarba - York University, Toronto, Canada, Leslie S. Greenberg

The purpose of this study was to explore the process of change involved in the resolution of arrested anger in depression that unfolds in the context of Emotion-focused therapy. A task analysis was used in studying five cases (three resolved and two unresolved depressed clients from York I and II Projects) and as a result, a model of resolution of arrested anger in depression comprising a number of components of clients’ competence was constructed. This was a discovery-oriented study with the objective of constructing a model of the process of resolution. The moment-by-moment changes were tracked rigorously in search of any processes and patterns that seemed to distinguish individuals who successfully resolved in the therapy of depression from those who did not. Transcripts of the therapeutic sessions and recordings (audio and video) were used to determine the essential components involved in the resolution of arrested anger in depression. The findings of this study suggest that, between the initial marker of arrested anger and the final marker of empowerment/self-affirmation, there are six essential components involved in the resolution process: 1) expressing anger and standing-up for self; 2) expressing a heart-felt-need; 3) considering alternative way of seeing reality (Self, Other or situation); 4) expressing sadness and grieving; 5) showing empathic understanding for a significant other or Critic; 6) and being responded to with validation from the Other/ Critic. Additional non-essential steps in the model include: 1) expression of undifferentiated/fused anger and sadness with complaint and hopelessness; 2) self-interruptive processes (fear, beliefs and shutting down); 3) acknowledgment of avoidance of people or confrontations; 4) criticism and invalidation from Other/ Critic; 5) and non-hostile requests and encouragements from Other/ Critic.

**Poster**

**Practice**

**Development of a practice-based network for psychotherapy research in France**

* Jean-Michel Thurin - Ecole de psychosomatique, Paris, France, Monique Thurin et al.

Inserm expert review about psychotherapies’ efficacy (2004) pointed the shouting lack of work in this field in France. Practice research network seemed the most appropriate way for its development. There did not exist any network of this type in France. Objectives: - to ensure a better knowledge of the psychotherapy practices; - to develop evaluation of psychotherapies in natural conditions and to look further into knowledge on configurations and mechanisms of change during the psychotherapy process of severe cases. Methodology: process-outcome pragmatic case studies and comparative studies from a database are the first step. An epidemiological study on practices and patients under the various conditions and contexts of exercise supplements this device. Organization: An Inserm unit (U 669) coordinates the network and constitutes its methodological pole, the French federation of Psychiatry coordinates the connection with the scientific societies and organizes the intra network communication.
There exists four poles of research: two adult poles, (psychotherapies in cabinet and in institution), an adolescent children/perinatality pole and a psychogeriatry pole. Resources teams (autism, Alzheimer, dispositives) supplement this structure. Health’s Minister and French National Authority for Health are associated with this project.

**Poster **

**Practice**

**The Psychosocial Care Centers (CAPS) and psychiatric admission between psychiatric patients in a medium-sized city in southern Brazil**

Elaine Tomasi - Universidade Católica de Pelotas, Brazil, Ricardo Silva, Luiz Augusto Facchini, Roberto Xavier Piccini, Elaine Thumé

Objective: To describe the impact of Psychosocial Care Centers (CAPS) on the need of psychiatric admission between people in psychiatric suffering in a medium-sized town in southern Brazil, according to the diagnoses and the time of their presence in the service. Methods: Cohort study with all the 1151 users in seven CAPS from Pelotas, RS, Brazil, in April and May of the year of 2006, which of 1013 were interviewed (88%) in their homes, trough a questionnaire applied by interviewer, after signed consent. In CAPS are offered clinical and psychosocial and rehabilitation cares, that object avoid the admissions and to favor the citizenship and social inclusion exercise of users and their families. Results: Most of the users were women (61%), the age average was 45,6 (s.d.12,5) years old, varying from 17 to 83 years old, and more of 70% of them had low scholar degree. The main disorders were the humor ones (39%), the schizophrenia (24%) and the neuroses (13%). A third of the users were frequenters of the service for at least for a year and 58% at least for 3 years. Comparing the previous period to the CAPS, the proportion which admission fell from 47% to 14% (p<0,001), consistent in all the diagnosis groups. Discussion: At scope of the psychiatric reform in Brazil, a consolidation of the Psychosocial Care Centers is registered as one of the substitution strategies of care, from de model focused in hospital admission to the model focused in community ambulatory services.

**Poster **

**Body**

**Libidinal drives, defenses and early experiences determining psychosomatic symptoms**

Marilé Truscello de Manson - APdeBA/ IUSAM, Buenos Aires, Argentina, David Maldavsky

Goal: 1) to investigate the libidinal drives and defenses (as well as their state) in the discourse of a psychosomatic patient during a session, 2) to compare the outcomes with the findings already obtained in a research on other psychosomatic patients, 3) to infer the early libidinal and egoic fixations.

Instruments: The David Liberman algorithm (DLA), which allows to research libidinal drives and defenses (as well as their state) in the narrated and acted scenes. Conclusions: The patient exhibited very regressive defenses (mainly foreclosure of the affect and disavowal) leading to the maintenance of an asthenic state combined with psychosomatic manifestations. These outcomes match others that we obtained in previous studies presented at the SPR Meeting. Besides, this research allows to infer that the traumatic experience corresponding to the early libidinal and egoic fixations was due not to the exaggerated intersubjective stimuli but to the lack of them.

**Poster **

**Emotion**

**The analysis of verbalized emotions in the psychotherapeutic dialogue**

Nelson Valdes - Pontificia Universidad Catolica de Chile, Santiago, Paula Dagnino, Marianne Krause

As described by many theorists, emotion expressions contribute to the activation and regulation of personal emotional experiences and communicate something about internal states and intentions. Furthermore, they activate emotions in others, resulting in a process that could account empathy. These emotional expressions could be observed in the words we use in speech and in our non verbal
behaviours, when non verbal behaviours are synchronized to one’s own speech or to the speech of other. This article reports the analysis, using a qualitative and quantitative methodology, of the classification of verbal emotional expressions, of both psychotherapists and patients, in change episodes, considering the types and frequency of emotional words in the speech during the therapeutic dialogue.

Poster
Training

Therapist’s defenses, training and alliance: An exploratory study
Sandrine Valloton Zulauff - Department of adult psychotherapy, Lausanne, Switzerland, Yves de Roten, Ueli Kramer, Mathieu Bernard, Jean-Nicolas Despland

The study of defense mechanisms by using instruments such as the Defense Mechanism Rating Scales (DMRS, Perry 1990) is well developed in psychopathology and psychotherapy efficacy or process studies. However, few research has been done on the use of defenses by the therapists when facing emotionally charged situations. The therapist’s defenses may influence his/her aptitude to deal with strong emotions in the psychotherapeutic process; his/her capacity to build a therapeutic alliance and his/her aptitude to provide a good enough technique. The aims of this exploratory study are: (1) Adapt the Defense Mechanism Rating scales (Perry, 1990) to therapists; (2) Explore and describe defense mechanisms used by therapists during therapy sessions; and (3) Evaluate the impact of the training in psychotherapy on defensive functioning of therapists. An addendum to the DMRS manual adapted to therapist’s defenses has been developed (DMRS-T). Therapist’s defenses were rated on a sample of 8 therapists with three different levels of training (from beginners to 3 years of training). For each case, four sessions were rated. Therapeutic alliance was rated by the patient after each session (HAq). Main results were: The number and level of defenses varied greatly from one case to another; most frequently observed defenses were: displacement, intellectualization, rationalization, isolation; the number of defenses was inversely related with therapist experience; alliance played a mediating role between number of defenses and therapist training. Studies of defense mechanisms represent a promising way of taking into consideration therapist’s characteristics, which account for great variance in treatment outcome.

Poster
Psychodynamic

Analysis of transference and counter-transference in brief psychotherapy
Cássia Regina Rodrigues Varga - to follow, Brazil

The purpose of this study is to discuss the practice developed in a Mental health Center, by presenting a case of Brief Psychotherapy that took place at this Center. Thus, this is an exploratory and descriptive research guided by the qualitative method of exchanges and relationships formal analysis, which intends to identify and comprehend the movements, occurred in the client-therapist relationship. By analyzing the context of this kind of relationship, the technical aspects established in the therapeutic process are discussed. The present analysis allowed to observe the transferential and counter-transferential aspects which interfere in the psychotherapy and, consequently, in the practice of professional at the Public Health System.

Poster
Personality

Multiinstrumental evaluation of the psychotherapeutic process in a patient with borderline personality disorder
Marta Vigorelli - Università degli studi Milano Bicocca, Italy, Mariangela Villa, Daniela Colombani, Antonello Colli, Yannis Giannopoulos, Vittorio Lingiardi

Aims. The exploratory single case research proposes a multiinstrumental evaluation of the several phases of change of one patient with Borderline Personality Disorder treated with Active Short Participation (Giannopoulos Y., 1999). The 41 years old patient had a previous interrupted treatment of classic psychoanalytic type lasted 6 years. We evaluated: the evolution of defenses with DMRS(Perry
1990), the various types of therapist’s interventions through TIRS (Pipper 1987), the therapeutic alliance through IVATII (Lingiardi and Colli, 2005). Methods. We selected 9 sessions with 3 commission each of 3 judges and estimated the reliability with K of Cohen (0.81 for DMRS and TIRS, 0.61 for IVATII). To verify changes we used the technique of the analysis of groups, which showed 9 objects and 111 variables then grouped with an exploratory method of hierarchical agglomerative type; the aim was to obtain homogenous groups of sessions. We estimated the distance between sessions with 2 and the agglomerative criterion of complete link. Results. The quantitative evaluation showed a therapeutic change with positive outcome and evidenced 4 phases for total 3 moments of change; it also found out the variables involved in each transition, the type of change and the correlations between therapist’s variables and patient’s ones: in the first phase the therapeutic alliance consolidates, then the therapist chose the more adapted interventions, above all the provocative questions that contribute to modify the primitive defense, while the development of the more well-developed defenses was supported by interventions of explanation, empathic support and some suggestion.

**Poster**  
**Therapeutic alliance and its relation with cognitive and psychoanalysts' interventions in session**  
*Vanina Waizmann - Universidad de Belgrano, Buenos Aires, Argentina, Andres J. Roussos*

The therapeutic alliance has received great attention among researchers in the last three decades, and is a concept that is still evolving and keeps appearing strongly in nowadays researches. The aim of the present work is to analyse if there is a relationship between therapeutic alliance and the type of interventions made by cognitive and psychoanalytic psychotherapists. For that, we count with a multiple characteristics’ method, that includes the study of two single cases, one cognitive and one psycho-analytic, in order to observe the flowing of the possible relationship between alliance and interventions, and an intergroup design were isolated sessions will be analyzed. Sessions are being audio-taped and transcribed for their later analysis. Pilot studies are being done in order to select the alliance measure that will be utilized. The intervention’s schema developed by Roussos, Etchebar y Waizmann (2006) will be used, lists with the patients and therapists’ information, and the alliance scale chosen.

**Poster**  
**Study of really long analyses using the SWAP and personality health inventory, with an example**  
*Sherwood Waldron - Mt. Sinai School of Medicine, New York, USA, John Lundin, Fonya Helm*

This study reports the utility of an application of the SWAP developed by the Analytic Process Scales group centered in New York. The value of really long treatments have been often challenged. This presentation, with a case illustration from a patient treated over eighteen years, will demonstrate the feasibility of tracking change using new measures. The application of the SWAP provides a detailed clinical picture with measures of change in various clinically significant areas, including reality orientation, affect regulation, defense functioning, identity issues and object relations. A complex and nuanced picture emerges from the program, which changes as the clinical picture changes.

**Poster**  
**Adult attachment, interpersonal perceptions, the working alliance and outcome in therapy**  
*William Whelton - University of Alberta, Edmonton, Canada, Michelle Emmerling*

Aim: The working alliance is a central predictor of positive outcome in therapy (Horvath & Greenberg, 1989; Martin, Garske, & Davis, 2000). Recent research has documented that the attachment history and interpersonal patterns of some clients makes the construction of effective therapeutic relationships a
difficult challenge (e.g., Mallinckrodt, 2002). This project was intended to contribute to this line of research principally by clarifying the relationship between attachment difficulties, the perceptions the clients form of their therapists early in therapy and alliance difficulties. Method: Ninety adult clients seeking therapy for personal problems like anxiety, depression and relationship difficulties at a busy community clinic were given measures before therapy, after sessions 1 and 5 and at termination. Measures used included process measures like the Working Alliance Inventory and the Social Behavior Inventory. The outcome measures used were the General Health Questionnaire, the Inventory of Interpersonal Problems, the Multidimensional Scale of Perceived Social Support, and the Attachment Style Questionnaire. Results: This study is currently in progress and will be completed by next April. Path analysis will be used to relate attachment, interpersonal perceptions, working alliance and outcome. Discussion: Attachment styles may be fueling certain types of interpersonal perceptions in the process of therapy, and these may be undermining the working alliance and therapy outcome. The results will be discussed in terms of the challenge of establishing and repairing productive working alliances in therapy (Safran & Muran, 2000).

**Poster**

**Strategies of power and manipulation displayed in a scene where more than two characters are present**

*Adela Woizinski - UCES, Buenos Aires, Argentina, David Maldavsky*

The analysis is based on a scene from W. Shakespeare’s play King Richard III, studied with the Algorithm David Liberman (DLA). Aim: Investigation of an inter-subjective scene with the purpose of analyzing the resources and defenses held by each character to impose his will upon the other. Sample: The scene played by Richard, his mother and Elizabeth in W. Shakespeare’s play King Richard III (Act IV.Scene IV). Method: The DLA (David Liberman Algorithm) method is designed for the analysis of erogenies and defenses in the discursive manifestations. DLA detects the following erogenies: intrasomatic libido (IL), primary oral (O1), secondary oral sadistic (O2), primary anal sadistic (A1), secondary anal sadistic (A2), urethral phallic (UPH) and genital phallic (GPH). DLA also detects the following main defenses: according to the goal, creativity, sublimation, repression, disavowal, foreclosure of reality and the ideal and foreclosure of affectivity and their state (successful, failed, both). The scene was divided into six sectors, each one indicating a change in the action. The analysis was carried out in the speech-acts level. Three DLA tools were used: 1) a grid for analyzing speech acts, 2) a grid for analyzing para-verbal components and 3) a sequence of steps to infer the defenses. Results: The scene shows Richard’s mother cursing her son in a state of anger, due to all the sufferings he brought upon her, mainly the crimes he had committed. However, if we take into account that each of them, Richard and his mother, needed to seduce for other reasons a third character, the ex-queen Elizabeth, present in the scene, the same text changes its meaning becoming a scene within another scene. Erogenies and defenses also change according to each of these modifications.

**Poster**

**Forgiveness in emotion-focused couple's therapy**

*Catalina Woldarsky Meneses - York University, Toronto, Canada, Leslie S. Greenberg*

A task analysis was employed to study six couples in order to explore how interpersonal forgiveness unfolds in the context of Emotion-focused couple’s therapy to resolve emotional injuries. The moment-by-moment changes were tracked rigorously in four couples that forgave and reconciled and two couples that did not in search of any processes and patterns that seemed to distinguish couples who successfully resolved their emotional injury via forgiveness versus those who did not. Transcripts and videos of therapy sessions were used to establish the processes involved in forgiveness and were also central to the development of a process rating system where detailed descriptive criteria of what constitutes specific
components of forgiveness were outlined. Eight components were found to distinguish the two groups, and were viewed as ‘essential’ for forgiveness. These results are discussed in light of existing forgiveness research.

**Cultural diversity: Understanding personality styles of Korean and Chinese American students**

Gloria Workman - Midwestern University, Downers Grove, Illinois, USA, Don E. Workman, Michelle M. Lee, Sue H. Bae, Vanessa L. Christian

Aim: Competent practice of clinical psychology requires an understanding of the role of culture in mediating interpersonal dynamics, psychological functioning, and symptomatology (Sommers-Flannagan, 2003). Despite this, few personality assessment studies have examined different Asian American groups (Tsai & Pike, 2000). This study examines potential differences in personality style between two Asian American groups. Methods: In this study, we compared the personality styles of two groups of Asian Americans: 1) individuals of Chinese background (n=20) and 2) individuals of Korean heritage (n=21). Participants were recruited as part of a larger study of personality and acculturation in Asian pharmacy students. Respondents provided demographic information and completed the Millon Multiaxial Inventory-III (MCMI-III, 1997). Results: The two groups did not differ significantly on demographics, including acculturation level. Independent samples t-tests revealed significant differences in personality style on the MCMI-III Avoidant Scale (t(39) = 2.27, p < .03) with students of Chinese ancestry more avoidant than students of Korean descent. Item-level analyses showed that Chinese American students were significantly more interpersonally cautious, tended to be more inhibited, and to have more difficulty making friends than their Korean peers. However, item-level scores were within the normal range. Discussion: These findings provide information on personality style among a group of Asian American pharmacy students. The data allow a cultural perspective on personality profiles within these groups with some appreciation for the impact of cultural heritage on individual personality functioning. Results highlight the clinical importance of understanding how individuals from different Asian backgrounds may differ.

**Identifying change in a depressed patient: A first application of the Portuguese version of the CM software and the Therapeutic Cycles Model (TCM)**

Elisa Yoshida - PUC-Campinas, Brazil, Erhard Mergenthaler

Aim: The Therapeutic Cycles Model (TCM, Mergenthaler, 2008) allows to describe therapeutic change using transcript data and the CM software. This study is a first step towards a clinical validation of the Portuguese version. Method: Both, across and within session analyses will be done. Participant: A 50 year-old Brazilian patient suffering from depression after death of a loved son, by drowning. Therapist: An experienced psychodynamically oriented psychotherapist. Material: Transcripts of the 12-sessions short-term psychotherapy. Instrument: CM software for computer assisted content analysis that allows for identifying therapeutic cycles and key moments in the therapeutic process. CM uses a list of words (dictionary) identified as markers for affective and conceptual language. Procedures: Based on the vocabulary of the transcripts of all but one of the twelve sessions, a first Portuguese dictionary was developed. Results: TCM analysis across sessions identified session six as a key session. It then was segmented into 39 word blocks of approximately 150 words each. Within that session, three therapeutic cycles where identified. A clinical interpretation of patient and therapist discourse suggests that session six can be seen as a turning point and within that session, that each cycle corresponds to productive moments contributing in a specific way to a good outcome. A key moment of the patient’s narrative could be identified. Conclusion: TCM analysis supported the first author’s clinical evaluation indicating that the Portuguese version of the CM software is a promising tool to assess change.
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