

SPR • 2013

Brisbane AUSTRALIA



BOOK OF ABSTRACTS

Society for Psychotherapy Research

44th International Annual Meeting

Brisbane, Australia

July 10-13, 2013

SPR

SOCIETY FOR PSYCHOTHERAPY RESEARCH
an international, multidisciplinary, scientific organization

Book of Abstracts

44th Annual International Meeting
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Preface

Dear colleagues,

It is with great pleasure that we welcome you to the 44th International Meeting of the Society for Psychotherapy Research in beautiful Brisbane, Queensland, Australia! For this truly international meeting, participants have travelled a great distance from all over the world: Africa, Asia, Europe, United Kingdom, North America, South America and, from closer by, Australia and New Zealand. Many of you are either first-timers to SPR, or this is your first time in Australia, or both.

With over 280 presentations by researchers from 28 countries, the scientific program is broad and rich in diversity across psychotherapy approaches and modalities, research methodologies, clinical populations, cultures and generations of psychotherapy researchers. The conference theme - *Going the Distance: From Psychotherapy Research to Practice and Back* - is represented throughout the program and is highlighted in the plenary sessions: *Clinicians and researcher learning from each other on change processes and outcomes*; and *Connecting research, supervision and clinical practice in training and the development of psychotherapists*. A third plenary features 'Hot from the press': *The sixth edition of Bergin and Garfield's handbook of psychotherapy and behavior change*. The program includes the presidential address, 3 plenary sessions, 44 panels, 11 brief paper sessions, 8 structured discussions, 6 pre-conference workshops and 2 poster sessions. A sample of some of the topics includes: Evidence-based discoveries; corrective experiences; change mechanisms in psychotherapy; therapeutic alliance and therapeutic ruptures; technology in psychotherapy; feedback to therapists; therapist responsiveness; process-outcome; psychotherapy with different psychological problems: personality disorders, depression, eating disorders, anxiety disorders; supervision and training; culturally informed psychotherapy; transference; attachment and psychotherapy; and innovative training methods. The special interest sections: Child and family therapy research (CaFTR), Therapist training and development (SPRISTAD), and Culture and psychotherapy, are well represented in various sessions, and you are invited to join the general meetings of the CaFTR (moderator: Orya Tishby), and SPRISTAD (moderators: David Orlinsky and Bernhard Strauss), over lunch on Friday and Saturday, respectively.

The conference program will begin on Wednesday at 13:00 (10 July, 2013) with six parallel pre-conference workshops focusing on innovative work relevant to the clinician and researcher. We will gather for the opening welcome at 17:00 that will include a *Traditional Welcome to the Country*, followed by SPR's president George Silberschatz' delivery of his presidential address. The welcome dinner reception will be held in the Old Government House. Each morning of the conference will begin with a plenary session, followed with 7 parallel sessions. Please also join us after lunch on Thursday for your respective chapter meeting and on Friday for our annual business meeting. As part of a joint effort to foster the mentoring of young SPR colleagues, a structured discussion that is devoted to *Developing and supporting psychotherapy research programs: Advice from SPR colleagues*, will take place on Thursday in the late afternoon. The aim is to provide advice and ideas to beginning therapy researchers, and also to engage SPR members at all career levels in working together to design a mentoring program. Following a long SPR tradition, you won't want to miss the banquet gala dinner that concludes the conference on Saturday evening on the top floor of the Rydges South Bank Hotel with its magnificent view of Brisbane. There will be music, dancing and surprises for all! This is your opportunity for informal meetings with the participants while wining and dining and dancing with "your reference list."

Over the months of preparing this conference, we have been fortunate to work with a wonderful team - the Program Council, the Local Organizing Committee and the entire SPR Executive Committee. Special gratitude to George Silberschatz (president), Guillermo de la Parra (past president) and Tracy Eells (executive officer) for their invaluable advice and ongoing kind and warm support, to Diana Owyang for her generosity in answering all our questions so that we could draw on her wealth of experience from last year's conference, and to Brad Smith (meetingsavvy), Rachel Mortimer and Gabrielle Hunter (QUT Events), Ayelet Becher (University of Haifa) and Sven Schneider for their excellent work and "cybernetic" support. Thank you all!

We look forward to an exciting and successful meeting with a lively interchange between presenters and participants and hope you will have a wonderful experience.

Hadas Wiseman, Program Chair

Brin Grenyer, Chair of the Local Committee

**Pre-Conference
Workshop**
Assessment

Developing reliable clinical case formulations

John T. Curtis, University of California, San Francisco, USA

For over 30 years, the San Francisco Psychotherapy Research Group has employed a method for developing reliable case formulations in research on the process and outcome of psychotherapy. This method has been successfully applied to brief and longer-term therapies, with children and adults. While developed to study psychodynamic psychotherapy, it has been used successfully to formulate cognitive-behavioral, interpersonal and family therapies. In addition to its research applications, it can be employed by the individual practitioner and as a tool for teaching. In this workshop, participants will learn the fundamental principles and methods of case formulation that have been developed by the SFPRG. New measures developed to guide the formulation process will be presented. Psychotherapy transcripts will be employed to illustrate the formulation process. Participants will also be encouraged to apply the method and measures to their own cases.

**Pre-Conference
Workshop**
Psychodynamic

The use of the conversational model of psychodynamic psychotherapy

Joan Marie Haliburn, Mental Health Sciences Centre, Westmead & Cumberland Hospitals, Sydney, Australia

Aims: To present the Conversational Model which is an integrated treatment model of psychodynamic psychotherapy, initially intended for the treatment of Borderline Personality Disorder, it has been recognized to have a wider application, and is one of the best validated of treatment models available today. Methods: I will describe its development, structure and applications. Results: The clinical process has been empirically studied through the use of audio-recorded sessions, and the method validated through research since 1990, particularly in outcome and cost-effectiveness studies. It has been found to be a useful method in other personality disorders besides BPD, and in family, dyadic and adolescent psychotherapy as well. It has been manualized. A short term intensive Conversational Model has been structured using its principles during the past two years, and will be manualized shortly. Discussion: will be around research already undertaken; and ideas for future research, particularly the inclusion of ideas and methods for more process research.

**Pre-Conference
Workshop**
Narrative

Repetitive relationship patterns. Update 2013

Dan Pokorny, Ulm University, Germany; Lisa M. Parker, University of Wollongong, Australia

This tutorial workshop (3 hrs) will present contemporary techniques of analysis of repetitive relations patterns based on the CCRT-method (Core Conflictual Relationship Theme) and the category system CCRT-LU. The workshop will provide a step-by-step introduction for the newcomers and an update concerning the current issues and new possibilities to the experienced researchers. An active participation during the workshop (asking, discussing, enhancing) is encouraged. For the sake of practical rating experience: Laptops accompanying the workshop participants are highly welcome!

**Pre-Conference
Workshop**
Training

Longitudinal study of psychotherapy trainees: Designing a collaborative SPR project

David E. Orlinsky, University of Chicago, USA; Bernhard Strauss, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany

Jan Carlsson, Karolinska Institut, Sweden

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

At the 2012 SPR conference in Virginia Beach, members of the SPR interest section on therapist training and development (SPRISTAD) agreed to attempt an international, collaborative, longitudinal study of trainee development. In the year since then, elected SPRISTAD officers (Carlsson, Castonguay, Hill, Orlinsky, & Strauss) have held a series of conference calls and email exchanges to plan the design and instrumentation for this project. SPR members who are interested in

participating in this collaborative project are invited to join this 90 minute workshop, which will present a detailed review of progress to date, and will solicit input from participants regarding the challenges of mounting such an international study.

**Pre-Conference
Workshop**
DBT

Dialectical behaviour therapy: A primer on practical strategies for managing challenging therapy situations

Shelley McMain, Centre for Addiction and Mental Health, Toronto, Canada

Psychotherapy with individuals who are multi-disordered can be extraordinarily challenging for many clinicians. Treatment is often complicated by non compliance behaviours, poor response to treatment, complex comorbidities, and the presence of severe and high risk behaviors. This clinical situation can engender discouragement, frustration, and lack of compassion in clinicians. Dialectical Behaviour Therapy is an evidence-based approach that was designed specifically for the treatment of individuals with severe emotional and behavioral dyscontrol. This workshop will present a brief overview of DBT's conceptual framework. As well, the workshop will introduce and demonstrate specific DBT strategies that can be integrated into general psychotherapeutic treatments of difficult-to-treat clients. More specifically, strategies for avoiding and resolving alliance ruptures and challenging in-session situations (e.g. anger, in-session emotional sensitivity) will be highlighted. This workshop is designed for both novice and expert clinicians interested in getting acquainted with DBT and learning specific strategies for managing challenging clients. A combination of lecture, role-plays, video examples of therapy sessions, and opportunities for discussion will be used to illustrate teaching points.

**Pre-Conference
Workshop**
Child/Adolescent

Treatment of on-going interpersonal trauma with PPACT: Parent-child dyad treatment either sequentially or concurrently with Family Therapy and larger systemic treatment

Sophie Holmes, Williams Road Family Therapy Center, Melbourne, Australia; Jackie Amos, University of South Australia, Australia

Psychotherapeutic interventions for mothers and children (aged 3 -12) caught in intergenerational cycles of abuse and neglect, where the abuse is ongoing, are limited and yet urgently needed. The study of infant parent attachment has offered a way to understand the emotionally based, relational disturbances that characterise these dyads, but efforts to develop clinical interventions using these understandings are relatively new. A research pathway that we have taken has been to build a logic driven model of the pathways and mechanisms leading to intractable distress and maltreatment in mother child dyads, synthesising literature from attachment theory, trauma theories, learning theory and the ethological study of defensive processes in group-living mammals. The model has at its core two interrelated hypotheses. The first is that maltreatment arises from the mother's need to avoid re-experiencing overwhelming internal states related to her own early childhood relationships, which are activated by her infant/child's need for deep emotional responsiveness. The second is that the recruitment of a mammalian defensive-motivational-system, the agonistic competitive social rank system, makes this possible. The activation of this motivational system results in the mother and child using dominance and submission hierarchies instead of emotional responsiveness, security and love to navigate their ongoing connection. Based on our model we postulate that effective treatment needs to address the clinical implications of both hypotheses. First treatment needs to involve safe exposure to the feared mental contents. Second, understanding how interpersonal control and dominance and submission hierarchies stabilise otherwise endangering relationships despite their impact on the development of the self, allows for treatment to be specifically tailored, meeting the challenges these mothers and children face. This workshop will first outline the theoretical model, and the two core hypotheses. Second, we will describe, using video examples, Parallel Parent and Child Therapy (PPACT), an intensive, structured, dyadic psychotherapy that integrates these theoretical understandings into a therapeutic process. The third part of the workshop will focus on the development of systemic understanding of agonistic relational systems and how a stepwise family therapy treatment process may proceed in addressing the defensive --motivational system. The importance of developing a conceptual-affective understanding of the contradictions and binds that are core to the functioning of the family and how these contradiction play out in the matrix of emotionally and /or physically dangerous relationships, will be highlighted. The training and supervision of learning therapists will also be described.

Plenary

Process-outcome

Moderator: Hadas
Wiseman, University
of Haifa, Israel

Researchers and clinicians learning from each other about change processes and outcomes

Clinicians and researchers traveling toward and beyond the scientific-practitioner bridge

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

The goal of this presentation is to suggest ways to foster partnerships between clinicians and researchers that could lead to a better understanding and improvement of psychotherapy. Among these suggestions is to adopt a policy of "ask and tell", where clinicians are invited to present what they consider to be the issues that have been largely ignored by researchers and by surveying practitioners about the factors that limit the effectiveness of evidence based practice. Another suggestion is for the field to move beyond efforts to create "bridges" between science and practice, which could be achieved by designing "clinically syntonetic" studies -- studies involving tasks that are intrinsically and immediately relevant to clinical work. Rather than simply drawing connections between two distinct communities of scholars, the collaborative design and conduct of this type of studies can lead to new unified landscapes of knowledge and action.

Balancing naturalistic observation with RCT's

Jeanne Watson, University of Toronto, Canada

In this paper the importance of naturalistic observation, particularly process research, in the development of humanistic and experiential approaches to psychotherapy will be explored. The role of clinical observation and the elaboration of clinical process measures to further the development of theory, research and practice will be discussed. The development of process research within the humanistic and experiential tradition will be reviewed followed by a discussion of current and emerging trends. Critical developments in the evolution of humanistic and experiential psychotherapy approaches will be identified, including the emergence of focusing, measures of specific therapist and client in-session behaviors, the rich description of client and therapist performances, and the identification of proximal outcomes. The links between in-session process, post-session outcome and final therapy outcome will be explored to illustrate the synergies among theory, research, and practice.

Research and clinicians learning from each other about change processes and outcomes - an Australian experience

Brin Grenyer, University of Wollongong, Australia

Learning psychotherapy and practicing for some 25 years has been a humbling experience. As I get older, my clients seem to get younger (or I catch up), and my relationship to them subtly changes. As a young clinician I tried to put into practice manuals and tried to make the treatments fit what my patients were saying. Over time, I've noticed that I can rely upon the strong structures established by manuals and methods (including one of my favorites, the CCRT), and focus now more on the intimate conversations and really try to hear the conflicts, struggles and ambivalence told to me. I am much more forgiving of myself, and patient. But experience has taught me to have high expectations of the process and look to help make extraordinary things happen in the precious time we have available. As a researcher, I draw strength from the ongoing monitoring and attend to the findings like I'm a research assistant trying to get 'clean and complete data'. In this way the science of psychotherapy - formulating hypotheses and testing them - sits very comfortably with the practice of being with the client and witnessing their struggles. I teach all my students to reach out and connect with the world of psychotherapy research, and the lucky ones have been able to attend SPR meetings, which have been life-changing experiences.

What does a researcher learn from expert psychodynamic clinicians?

Jacques P. Barber, Adelphi University, New York, USA

The goal of this talk is to provide examples of how researchers are often learning from clinicians and perhaps the other way around.

Plenary

Training

Moderator: Lynne
Angus, York University,
Canada

Research on the training and development of psychotherapists: Connecting research, supervision and clinical practice

Research in therapist training and development: Connecting researchers, trainers and clinicians

Bernhard Strauss, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany

Intensive research related to therapists' development during their training seems to be relatively new. Accordingly it is a small body of evidence which will be summarized in this contribution. Studies either were longitudinal trying to predict training "outcome" on the basis of pretraining characteristics, or provide data about the therapists' status during different stages of their training. In addition to a

summary of the literature, it will be shown, how research therapist training and development might help to elucidate core questions of psychotherapy research such as the conceptualization of the therapeutic alliance, and which research approaches could be applied to clarify questions related to training and development. Finally, the current research activities of the SPR Interest Section on Training And Development (SPRISTAD) will be demonstrated.

Therapist factor research in Korea with an introduction to a working model of connecting research, supervision and clinical practice

Eunsun Joo, Duksung Women's University, Seoul, Republic of Korea

Over the last two decades in Korea, the increased societal awareness and need for dealing with psychological and behavioral problems have led to a rapid increase in the number of psychotherapists, and to a lesser extent related academic research. In particular, while research focused on the importance of the therapist factor in the psychological process has been less than sufficient, it has been increasing noticeably of late. Using the method of content analysis, this paper analyses the current state of therapist factor related research in Korea. In addition, the "Bun-hwe" (meaning chapter in Korean) model of the Korean Counseling Psychology Association (KCPA), with unique features which may facilitate the connection among the areas of research, supervision and clinical practice in the field of psychotherapy is presented. The author hopes to provide the international audience a better understanding of the current state of both the practice and research of psychotherapy in Korea.

Training therapists to regulate negative affect & resolve ruptures in the therapeutic alliance

J. Christopher Muran, Adelphi University, New York, USA

A review of the research strongly supports the predictive validity of the therapeutic alliance and of therapist individual differences. It suggests the importance of training therapists to recognize and resolve ruptures in the therapeutic alliance. Our research program is designed to train therapists in this regard and to evaluate the effect of this training on psychotherapy process and outcome. Essential to this training is the development of the following three skills: (1) self-awareness, (2) affect regulation and (3) interpersonal sensitivity. The training includes mindfulness meditation, experiential exercises and videotape analysis, in addition to standard didactic strategies. The technical principle of therapeutic metacommunication is a primary focus. By this training, the aim is to reduce negative process and treatment failure in psychotherapy. This paper will present an overview of our training model and our NIMH-supported research designed to study the impact of the training model on a cognitive-behavioral therapy for personality disorders, including preliminary findings and future direction.

There and back again: Research and practice in psychotherapy, training and supervision

Robert Elliott, University of Strathclyde, Glasgow, UK

This presentation is offered by a researcher who loves practice and has spent his career trying to study it in order to learn from it in order to make it better. My journey began with a keen awareness of the gap between research and practice, which I helped document in Morrow-Bradley and Elliott (1986). This led to explorations of different relationships between research and practice, which convinced me that the most productive relationship is a dialogical one in which researchers and practitioners collaborate on research that interests both. One of these was the study of therapist difficulties (Davis et al., 1987), which eventually found its way into the massive study of the development of psychotherapists carried out by SPR's own Collaborative Research Network's (Orlinsky & Ronnestad, 2005). It is my view that this more dialogical model also underlies the current popularity and importance of practice-based research. Now we have moved on to the next iteration of the research-practice gap: training and supervision. Here, research is a relatively recent development, and faces important complexities, such as dealing with longer term developmental processes such as learning to become a psychotherapist, and more people and a wider range of roles. I again use the example of CRN to exemplify these challenges but also draw on a recent study of the impact of training in person-centred therapy. Facing these complexities is important for a variety of reasons and is likely to change how we think about psychotherapy and psychotherapy research.

Plenary

Outcome

Moderator: Michael J. Lambert, Brigham Young University, Provo, USA

'Hot from the Press': The sixth edition of Bergin and Garfield's handbook of psychotherapy and behavior change

The general efficacy & effectiveness of psychotherapy: Important new findings

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

From an overview of outcomes in psychotherapy from its beginning to the present, selected findings will be highlighted. These will include the percent of patients who respond and fail, estimates of time/sessions to recovery, permanence of change over time, causes of change especially the contribution of common

factors, and methods of enhancing psychotherapy outcomes.

Practice-oriented research: A complementary paradigm to evidence based research

Louis G. Castonguay, Penn State University, University Park, USA; Michael Barkham, University of Sheffield, UK; Wolfgang Lutz, University of Trier, Germany; Andrew A. McAleavey, Penn State University, University Park, USA

This paper will briefly describe three major approaches of "Practice-Oriented Research" (POR): Practice-based research, patient-focused research, and practice-research networks. Based on collaborative partnerships between clinicians and researchers, POR will be presented as an equipoise and complementary paradigm to "evidence based research". Rather than being irreconcilable, both types of research are viewed as necessary in building a robust knowledge base and improving clinical practice (Barkham & Margison, 2007; Barkham, Stiles, Lambert, & Mellor-Clark, 2010). Goals unifying the different approaches of POR will be discussed, along with a few studies representing each of them.

Research on dynamic psychotherapies

Jacques P. Barber, Adelphi University, New York, USA; J. Christopher Muran, Adelphi University, New York, USA; Kevin S. McCarthy, Chestnut Hill College; Jack Keefe, Hospital of the University of Pennsylvania, Philadelphia, USA

In preparing for the 6th edition of the Handbook for Psychotherapy and Behavior Change, we conducted a series of detailed reviews of empirical research related to three aspects of Dynamic Therapy. First, we conducted several meta analyses of the efficacy of dynamic therapy for specific disorders. Second, we reviewed in details the concept of the alliance, its relation with therapeutic outcome, its predictors and the impact of its rupture. Finally, we reviewed the literature on mechanisms of change. A sample of those findings will be presented as well as the challenges of writing the chapter.

Change mechanisms and effectiveness of small group treatments

Gary M. Burlingame, Brigham Young University, Provo, USA; Bernhard Strauss, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany; Anthony Joyce, University of Alberta, Edmonton, Canada

An extensive review of published research on group treatment is presented. The literature included studies of outcome with specific kinds of psychological disturbances, contrasted with various types of control conditions, including individual psychotherapy. Groups ranged from those using specific theory-based approaches highly structured treatments, and from psychoeducation to long term dynamic treatments. Reviews of the effects of specific group processes are also summarized. The implications for practice of group therapy are highlighted.

Structured Discussion

Process-outcome

Moderator: Orya Tishby, Hebrew University, Jerusalem, Israel

How do client-therapist relationships and therapist's interventions influence outcome in different psychotherapies?

In recent years there has been remarkable progress in psychotherapy research, specifically in the development of evidence based treatments for a range of disorders (e.g. Weisz & Kazdin, 2010). However, the mechanisms through which these therapies influence outcome are generally not yet well understood (Kazdin, 2011). Years of research have shown that studying technique and relationship variables as separate entities yields inconsistent results, suggesting that different change mechanisms play different roles with different clients (e.g. Webb, De Rubeis & Barber, 2010; Webb et al., 2012). Furthermore, Castonguay (2011) has pointed out that certain change mechanisms are often considered unique to specific treatments, whereas in practice, components of therapy that are associated with a particular orientation may also play a role in the effectiveness of other approaches as well. Thus, psychotherapy research needs to shift from dichotomies and clear boundaries between treatment models, to identifying complex change processes: how relationship variables and technique affect one another and impact outcome in the context of a particular relationship (Horvath, Del Re, Fluckiger and Symonds, 2011; Norcross & Lambert, 2011). In this structured discussion several researchers will discuss their perspectives on the contribution of technique and relationship to client outcome. Specific questions that will be addressed: What do we know about the relationship between technique and different aspects of the therapeutic relationship? (Not just the alliance), How do relationship and technique operate in different psychotherapies? What are directions for future research? Participants will represent psychodynamic psychotherapy, cognitive behavior therapy, integrative models and family therapy.

Discussants: Jacques P. Barber, Adelphi University, New York, USA; Louis G. Castonguay, Penn State University, University Park, USA; J. Christopher Muran, Adelphi University, New York, USA; Nikolaos Kazantzis, La Trobe University, Melbourne, Australia; Sophie Holmes, Williams Road Family Therapy Center, Melbourne, Australia

Structured Discussion

Training

Moderator: Jeanne Watson, University of Toronto, Canada

Developing and supporting psychotherapy research programs: Advice from SPR colleagues

This panel will address the dual questions, "How do psychotherapy researchers develop?" and "how can mentoring within SPR facilitate that development?" The three experienced psychotherapy researchers will reflect on what they wish they had known starting out and what they have learned about how to start and sustain their psychotherapy research programs. We will then invite new psychotherapy researchers in the audience to share their questions and concerns as they embark on their research programs, and to imagine the kinds of mentoring that they would like to receive from SPR mentors. A general discussion open to all audience members will ensue. The panel will thus both provide advice and ideas to beginning therapy researchers, and will help inform SPR members at all career levels who are interested in working together to design a mentoring program. Presentations from each discussant will be brief, allowing ample time for audience participation. At the end of the discussion hour, plans will be announced for the continuation of informal discussion at a subsequent social event or meal, depending on when the discussion is scheduled.

Discussants: Louis G. Castonguay, Penn State University, University Park, USA; Thomas Albert Schroder, University of Nottingham, UK; Orya Tishby, Hebrew University, Jerusalem, Israel

Structured Discussion

Qualitative methods

Moderators: Xiaorong Zhou, University of Ulm, Germany; Dan Pokorny, Ulm University, Germany

The travel of salmon----methodological, cultural and practical issues in qualitative research

The travel of salmon-----methodological, cultural and practical issues in qualitative research. Part 1: A Post-Mortem Salmon: catching insight in the process. IG Noble Prizes 2012 of neuroscience showed us a bizarre finding: active signals were detected on a dead salmon with fMRI. Although numerous questionnaires lead us to many critical discoveries in the past century, we have to ask: Are we doing research on a dead salmon? What did we lose in measuring? Part 2: How to eat the whole fish? In China and Japan, Salmon could be eaten "from the head to the tail". While in fancy restaurants in US and Europe, you could hardly find any other parts of the salmon except filets. Unfortunately, sometimes we focus too much on the "filet" and throw out the rest. On one hand, we want to understand the population we choose in detail. On the other hand, we don't want to be lost in the huge amount of interviews and transcripts. Furthermore, considering the cultural issues, how could we develop a way to "cook" the unfamiliar parts of the fish? Part 3: From the practice, for the practice and back to the practice. Salmon are born in fresh water, migrate to the ocean, then return to fresh water to reproduce. With this migration, salmon bring the significant nutrients from the ocean to terrestrial wildlife. Qualitative research was rooted from the practice, and should go back to benefit the daily work with patients. However, as the salmon, we need to find our path.

Discussants: Mariane Krause, Pontificia Universidad Católica de Chile, Santiago; Nicolás Suárez, Pontificia Universidad Católica de Chile, Santiago

Structured Discussion

Measures/Miscellaneous

Moderator: Robert King, Queensland University of Technology

Feedback to therapist in routine clinical settings

The use of standardised measures to provide session by session progress reports on clients has great potential to inform clinical decision making and enhance service quality and effectiveness. This discussion will take the form of a dialogue between the researchers and innovators responsible for developing feedback systems (OQ and CFS) and therapists currently using or planning to use these systems. The aim is to better understand both the potential and value of feedback systems and challenges or barriers to their use.

Discussants: Michael J. Lambert, Brigham Young University, Provo, USA; Wolfgang Lutz, University of Trier, Germany

Structured Discussion

Training

Moderators: David E. Orlinsky, University of Chicago, USA; Bernhard Strauss, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany

Empirical study of trainee development: What is it essential to measure?

Discussants: Jan Carlsson, Karolinska Institut, Sweden; Louis G. Castonguay, Penn State University, University Park, USA

Structured Discussion

Change Process

Moderators: Hadas Wiseman, University of Haifa, Israel; Jacques P. Barber, Adelphi University, New York, USA

Psychotherapy researchers and clinicians meet the TV series "In Treatment"

This structured discussion will bring together psychotherapy researchers and clinicians that will offer their analysis of psychotherapy process applied to short clips to be shown from the TV series 'In Treatment'. In Treatment is an American HBO drama, produced and developed by Rodrigo Garcia, about a psychologist, Dr. Paul Weston, and his weekly sessions with patients, as well as those with his own therapist at the end of the week. The program's format, script and opening theme are based on Hagai Levi's Israeli series 'BeTipul'. The first season of the series received critical acclaim and numerous honors, including Emmy, Golden Globe and Writers Guild awards, and returned with a second and third season. After a round among the discussants, the audience will be invited to share their reactions and clinical insights for understanding the client-therapist process shown in the clips and what we can learn and teach from them about psychotherapy.

Discussants: Bernhard Strauss, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany; George Silberschatz, University of California, San Francisco, USA; William B. Stiles, Glendale Springs, North Carolina, USA; Louis G. Castonguay, Penn State University, University Park, USA; Orya Tishby, Hebrew University, Jerusalem, Israel; de la Parra Guillermo, Pontificia Universidad Católica de Chile, Santiago

Structured Discussion

Integration

Moderator: George Silberschatz, University of California, San Francisco, USA

Identifying patients' maladaptive schemas and narratives

Most psychotherapeutic approaches contain implicit or explicit models about the nature and origin of psychopathology. Many of these models refer to cognitive/affective structures or attitudes about self and others. Examples include irrational thoughts, dysfunctional attitudes, narratives, interpersonal scripts, repetitive maladaptive relationship patterns, internal working models, dysfunctional emotional reactions, pathogenic schemas or beliefs, transference reactions, to name but a few. The purpose of this Structured Discussion is to see if we can find common ground among various models. Proponents of various approaches will briefly present the essence of their respective models and we will then discuss how or if these approaches can be integrated and evaluated in psychotherapy.

Discussants: Franz Caspar, University of Bern, Switzerland; Nikolaos Kazantzis, La Trobe University, Melbourne, Australia; J. Christopher Muran, Adelphi University, New York, USA; Hadas Wiseman, University of Haifa, Israel

Panel

Process

Moderator: Andrzej Werbart, Stockholm University, Sweden

Inner changes in psychodynamic psychotherapy: Different perspectives

Psychodynamic change in psychotherapy: Cycles of patient-therapist linguistic interactions and interventions

Kye McCarthy, University of Wollongong, Australia; Erhard Mergenthaler, University of Ulm, Germany; Sven Schneider, University of Ulm, Germany; Brin Grenyer, University of Wollongong, Australia

Aim: Psychodynamic change is understood to occur in part through the unique therapeutic relationship developed between therapist and patient, and the subtle cycles of their conversation from relaxed connection to intense experiencing. This study aims to investigate the correspondence between clinical progress at the level of the therapist and patient emotional and cognitive dialogue, and at the level of the patient's progressive dynamic changes. **Methods:** The Therapeutic Cycles Model (TCM; Mergenthaler, 1996) was used to investigate therapist and patient emotional and cognitive language, and the Heidelberg Structural Change Scale (HSCS; OPD Task Force, 2008) was used to investigate structural dynamic processes across a complete single, good outcome case of 16 sessions of psychodynamic psychotherapy. **Results:** The TCM identified the interventions of the therapist instigating change in emotion-abstraction language patterns within the session. Results showed that structural personality change was higher in TCM cycles where emotional and cognitive language was elevated. Dynamic change was also found to be high when the therapist was in a connecting language pattern of elevated emotion and cognition, and was found to be lower when the patient was in an experiencing language pattern where only emotional language was elevated. **Discussion:** The interventions of the therapist were found to promote dynamic structural change in the patient. Further, the findings demonstrate for the first time the interconnection between specific types of therapist and patient dialogue that promote deep changes.

Dialogical reorganization of the subjectivity in a long-term psychoanalytic psychotherapy: A case study

Claudio Martinez Guzman, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile

Current theoretical perspectives consider the self as decentered and as a configuration of discrete states of consciousness, and where these states can dialogue to each other in a greater or lesser extent. From this point of view, the therapeutic change can be seen as a transformation in the way as these states are organized and established a new dialogue between them. These internal dialogues can be identified in the utterances in the speech of the therapist and the patient. This identification focuses on the characterization of the so calls discursive positions and the voices that express them (Bakhtin,

1984). Through a single case study, which follows a long-term psychoanalytically oriented therapeutic process; we studied the process of dialogical transformation of a patient with a diagnosis of borderline personality disorder. The Dialogic Discourse Analysis (DDA) was applied to 109 episodes of change identified in 60 sessions distributed throughout the psychotherapy. Discursive positions identified in the patient and the therapist, and the frequencies of these positions in different phases of therapy are presented. An emerging model of the evolution of change that considered a deconstructive phase, a work phase and a construction phase is also presented. This model and the results that sustain it are discussed taking into account the notions of attachment, regulation and dialogical reorganization of the subjectivity.

Changes in self-representations among young adults in psychoanalytic psychotherapy: A longitudinal qualitative study of self-descriptions

Andrzej Werbart, Stockholm University, Sweden; Alexander Widholm, Stockholm University, Sweden; Lars Brusell, Stockholm University, Sweden

Aim: Changes in representations of self and others are often a goal in psychotherapy. The aim of the present study was (1) to identify typical self-representations among young women and men prior to psychoanalytic psychotherapy, and (2) to study longitudinal changes in these representations. Method: Twenty-five women and 16 men from the Young Adult Psychotherapy Project (YAPP) were interviewed according to Sidney Blatt's unstructured Object Relations Inventory (ORI) prior to psychoanalytic psychotherapy, at termination and at the 1.5-year follow-up. Typologies of the 123 self-descriptions were constructed by means of ideal-type analysis for male and female patients separately. Results: The analysis resulted in 6 ideal types of self-representations among women and 5 ideal types of self-representations among men. The clusters of self-representations could be depicted on a two-dimensional space with the axis Relatedness (anaclitic personality style) -- Self-definition (introjective personality style) and the axis Integration -- Non-integration. In most cases, the self-descriptions changed over time in terms of belonging to different ideal-type clusters. There were important improvements in the quality of the self-descriptions and the changes continued after termination of psychotherapy. There was a movement towards more integrated self-descriptions, but above all towards a better balance between relatedness and self-definition. Discussion: The possible explanations of these findings are discussed.

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

Panel

Psychodynamic

Moderator: Sven Rabung, Alpen-Adria-Universität Klagenfurt, Austria

Evaluating the effectiveness of STPP with children, adolescents and adults

Effectiveness of short-term psychodynamic psychotherapy for children and adolescents: A meta-analysis

Sven Rabung, Alpen-Adria-Universität Klagenfurt, Austria; Allan Abbass, Dalhousie University, Canada; Falk Leichsenring, University of Giessen, Germany; Johanne S. Refseth, Borggade Psychology Clinic, Denmark; Nick Midgley, Anna Freud Center, London, UK

Aim: Psychodynamically-based psychotherapy is frequently used in clinical practice for a range of common mental disorders in children and adolescents. Until recently, however, empirical support for such treatments has been limited. To our knowledge, this is the first meta-analysis to evaluate the effectiveness of these therapies. Methods: Using comprehensive electronic and hand search, we identified controlled outcome studies of short-term psychodynamic psychotherapies (STPP, 40 or fewer sessions) in children and adolescents (no older than 18 years). We evaluated the risk of bias in this body of studies and meta-analytically assessed both within-group and between-group effect-sizes. We additionally performed sensitivity analyses. Results: We found eleven studies with a total of 655 patients covering a broad range of conditions including depression, anxiety disorders, anorexia nervosa and borderline personality disorder. Study quality was moderate on average. Robust (overall, $g=1.07$, 95% CI: 0.80-1.34) within-group effect sizes were observed suggesting the treatment is effective. These effects increased in follow up compared to post treatment (overall, $g=0.24$, 95% CI: 0.00-0.48) suggesting a tendency toward increased gains. STPP did not separate from all controls (overall, $g=0.03$; 95% CI: -0.29-0.34). Sensitivity analyses, however, revealed some subgroup differences. As is typical with meta-analysis addressing a broad research question, heterogeneity was generally high suggesting these data need be interpreted with caution. Discussion: This review suggests that STPP may be effective in children and adolescents across a range of common mental disorders.

Short-Term Psychodynamic Psychotherapy (STPP): Preliminary results from a naturalistic process and outcome study of treatment of severe, complex and treatment resistant disorders

Susan Julie Hajkowski, University of Leicester, UK; Stephen N. Buller, Psychotherapy Foundation, UK

Aim: A pilot development project has placed STPP within a frontline assessment team in a UK, NHS Tier4 mental health service for patients with severe and complex disorders. This research study was commissioned to consider overall effectiveness of STPP as an intervention with this patient population,

usually considered treatment resistant. Methods: This study is a naturalistic, pre-post, clinical trial of a manualised STPP, integrating latest developments in clinical technique. The patient sample for this preliminary report are consecutive referrals received during the first year (N=34). A range of patient and therapist reported outcome measures were used, session-by-session, enabling case tracking, and examination of process-outcome factors. Video recording of all sessions was used to facilitate micro-analysis for supervision, therapist adherence rating, and process-outcome event ratings. Results: Preliminary results from the first year suggest statistically significant improvement ($p < 0.01$) on all measures, with good effect size (Cohen's d), in a small number of sessions (mean=8.61, range=3-20). No patients in the sample required additional services following treatment. The use of session-by-session outcome measures has enabled a study of treatment process, examining and rating therapist activity and interventions using observations of routine video recordings of sessions. Discussion: All patients in the sample fulfilled criteria for a formal diagnosis of personality disorder, and at least one other disorder. Preliminary findings give cautious support for the effectiveness of STPP with the target patient population, and when implemented in Tier 4 mental health services in the UK.

Do patient characteristics predict outcome of Short-Term Psychodynamic Psychotherapy for social anxiety?

Jörg Wiltink, University of Mainz, Germany; Manfred E. Beutel, University of Mainz, Germany; Stephan Herpertz, University of Bochum, Germany; Jürgen Hoyer, University of Dresden; Peter Joraschky, University of Dresden; Björn Nolting, University of Bochum, Germany; Karin Pöhlmann, University of Dresden; Simone Salzer, University of Göttingen; Bernhard Strauss, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany; Eric Leibing, University of Göttingen; Falk Leichsenring, University of Giessen, Germany

Little is known about patient characteristics as predictors of psychodynamic psychotherapy for social anxiety disorder (SAD). Previous studies determined severity of illness to be the most important negative predictor of treatment outcome for cognitive behavioural therapy. This is to our knowledge the first study addressing this issue in short term psychodynamic psychotherapy for SAD. In our large multi-center randomized controlled trial (Sopho-Net **) we aimed to test the efficacy of psychodynamic psychotherapy and cognitive therapy in social anxiety disorder. A total of 495 patients with SAD were randomly assigned to manual-guided cognitive therapy (N=209), manual-guided psychodynamic psychotherapy (N=207) or waiting list (N=79). Assessments were made at baseline and end of treatment. Outcome was determined by the Liebowitz-Social-Anxiety-Scale (LSAS, response, remission). Beyond socio-demographic data (age, sex, education), we could use a wide range of personality, clinical and interpersonal variables as predictors of treatment outcome for our multiple regression model. Preliminary results indicate shame at baseline adding additional variance to social anxiety (LSAS) as autocorrelator. Results of our predictor analysis will be presented and discussed at the conference.

* senior authorship shared by E. Leibing and F. Leichsenring ** The study was funded by the Federal Ministry of Education and Research (BMBF)

Discussant: Barbara L. Milrod, Weill Cornell Medical College

Panel

Child/Adolescent
Moderator: Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

The process and outcome of psychodynamic psychotherapy with children and adolescents

An open clinical trial of manualized, time-limited psychodynamic psychotherapy for children and adolescents with GAD, SAD, and social phobia

Barbara L. Milrod, Weill Cornell Medical College

This is a treatment development study designed to test a recently-operationalized psychodynamic psychotherapy manual, Childhood Anxiety Psychodynamic Psychotherapy (CAPP) a manualized psychodynamic psychotherapy for children ages 8 to 16 years old, with primary DSM-IV GAD, social phobia, or separation anxiety disorder, in an open clinical trial at Weill Cornell Medical College in New York City. The overall project was designed to generate data that will be comparable to the current, state-of-the-art, child anxiety psychotherapy outcome study, funded by the NIH (CAMS), a multisite NIH-sponsored treatment intervention study designed to test sertraline, CBT, their combination, and placebo, in children ages 8-16 years with primary DSM-IV GAD, separation anxiety disorder, and social phobia. This paper will describe interim data, rationale for treatment, and will present a clinical case; the study is still ongoing.

Children who run with a wolf: Short-term psychoanalytic therapy with junior primary school children utilizing a puppet as a transitional object

Christine Laidlaw, University of South Africa; Greg Howcroft, Nelson Mandela Metropolitan University

This multiple case research study demonstrates the use of short-term psychoanalytic child therapy to

address the entwined emotional and scholastic difficulties of junior primary school children seen at a university-based psychology clinic within the South African context. The psychoanalytic therapy processes of junior school children highlight the need for the child therapist to formulate their interventions with the parent(s) as a critical role player in their child's process both in terms of the transference-countertransference dynamics with the child and in mutual feedback consultations with parents. Furthermore, due to the time-limited nature of the interventions (three months to seven months) creative ways of establishing meaningful rapport proved to be essential to address the emotional difficulties of the children which included separation anxiety, bereavement, ADHD as well as the associated strained familial/peer relationships and academic problems. Inspired by the work of Donald Winnicott who consulted with children and parents over brief periods, the therapy processes outlined involved application of his ideas of the 'transitional object', 'holding' and the 'potential space'. The continued use of a Wolf puppet in the therapy processes, who became 'alive' to both the child and therapist contributed to the amelioration of symptoms the child was experiencing and enhanced relationships in their familial and social context.

Alliance, change, and adherence in therapeutic processes with adolescents

Olga María Fernández, Pontificia Universidad Católica de Chile, Santiago; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago; J. Carola Pérez, Universidad del Desarrollo, Santiago, Chile

Aim: To evaluate the relation that the therapeutic alliance has with change and adherence in therapeutic processes with adolescents. **Method:** The sample includes 20 psychotherapies of different approaches. Alliance was evaluated through the WAI in the three first therapy sessions. Two measures of change were included: Generic Change Indicators (GCI: first three sessions) and Outcome (OQ - 45.2: first, sixth, and last session). Adherence to therapy was operationalized as finalizing versus dropping out of the process. Data was analyzed through bivariate correlation and logistic regression. **Results and Discussion:** Independently of the outcome, 11 patients finalized their therapies and 8 interrupted the process. Alliance, evaluated from the perspective of the adolescents in session 2, specifically on the task subscale, predicted the probability of finalizing the process. This was not observed when the alliance was measured from the perspective of the therapists. Alliance as reported by adolescents in session 3 predicted the final outcome, while in the case of the therapists the alliance of sessions 1 and 3 predicted change in session 6. Nevertheless, when analyzing only those patients that finalized the therapy, the alliance perceived by the therapists, specifically the therapeutic bond in session 3, predicted the outcome. Finally, higher GCI in the three first sessions predicted adherence to therapy. The similarities and differences between these results when comparing therapeutic approaches (Psychodynamic, CBT, Systemic and Social-Constructionist) are discussed.

Changes in internal representations of the therapeutic relationship in psychodynamic treatment of adolescents

Dana Atzil - Slonim, University of Haifa, Israel; Gaby Shefler, Hebrew University, Jerusalem, Israel; Orya Tishby, Hebrew University, Jerusalem, Israel

Aims: (a) to identify characteristic internal representations of adolescents' relationships with their therapist, (b) to assess whether and how these internal representations changed throughout treatment, (c) to examine the associations between changes in adolescents' internal representations of the relationship with the therapist and outcome measures, (d) to examine the extent to which changes in the internal representations of the relationship with the therapist were related to changes in internal representations of the relationship with parents. **Method:** 30 adolescents (ages 15 - 18) in psychodynamic psychotherapy participated. They underwent Relationship Anecdote Paradigms interviews according to the Core Conflictual Relationship Theme method (CCRT, Luborsky & Crits-Christoph, 1998) and completed outcome measures at the beginning of treatment and a year later. The results indicate that the approach we used to analyze patients' CCRTs towards their therapists revealed clusters that captured typical internal representations of the adolescent - therapist relationship as described in the literature. Each of these clusters presented a different pattern of change throughout treatment. Additionally, significant relationships were found between changes in the internal representations towards the therapist and changes in symptoms. Finally, our results point to an association between the development of the therapeutic relationship and improvement in the perception of the relationship with parents over the course of therapy. These results are consistent with psychodynamic theory. A case study illustrates how these processes actually occur in the treatment of one adolescent in our sample.

Panel

Therapist factors

Moderator: Wolfgang Lutz, University of Trier, Germany

A fresh focus on therapist effects in outpatient psychotherapy

Therapist effects on treatment outcome and length within a large feedback study

Wolfgang Lutz, University of Trier, Germany; Julian Rubel, University of Trier; Ann-Kathrin Schiefele, University of Trier

Aim: An under investigated area of research is the question about the impact of therapist effects on treatment length. In a large feedback study funded by a health insurance company comprising patients and therapists within three regions of Germany who volunteered for participation, therapists were randomly assigned to one of the two treatment conditions (psychometric feedback on patient progress or no feedback) and the intervention group was trained in how to use the feedback tools. **Methods:** For 751 patients and 177 therapist's information on predictors, treatment outcome and treatment length was available at the end of the study and representativeness was checked. Multilevel analyses for therapist effects on treatment outcome and length were conducted and predictor models were explored. **Results:** Treatment length was related to the approved amount of sessions (approved according to juridical criteria by the insurance company which are related to treatment approaches); but treatment length also differed as a function of the initial impairment in interpersonal problems, positive or negative feedback on early patient progress as well as therapist effects. A total of 10.8% of variation in treatment length in clinical practice was due to differences in therapists. This was independent of patients' initial impairment as well as treatment outcome. **Discussion:** In conclusion, therapist effects appear to have a substantial impact not only on treatment effects, but also on treatment length.

Does control influence feedback use? Examining the Contextualised Feedback Intervention Theory using a computer-based decision-making task

Adelln Sng, University of Western Australia, Perth; Andrew C. Page, University of Western Australia, Crawley; Amelia Harvey, University of Western Australia, Perth; Paula Chinnery, University of Western Australia, Perth

Aim: Feedback on psychotherapeutic progress has been shown to improve patient outcomes, yet the processes underpinning therapists' use of feedback to guide treatment are unclear. The Contextualised Feedback Intervention theory (CFIT; Riemer, Rosof-Williams, & Bickman, 2005) implicates acceptance of personal responsibility in leading to behavioural change in therapists as they attempt to reduce goal-state discrepancies. The current study identified perceptions of situational control as a factor influencing levels of personal responsibility, and explored its relation to feedback use. **Method:** A novel computer task was tested within a university undergraduate sample, where participants chose between two treatments for a series of hypothetical patients, and received feedback on treatment success rates. Participants in the high-control condition were able to choose which treatment to administer, whilst participants in the no-control condition were told which treatment they administered. **Results:** Most participants chose the more effective treatment regardless of condition, but participants in the high-control condition were quicker in making their decision. Interestingly, participants in the high-control condition reported lower confidence in their treatment choices compared to those in the no-control condition, and this was moderated by levels of self-esteem and self-efficacy. **Discussion:** The results are interpreted within the CFIT framework, and implications of the current findings for therapist training and provision of clinical guidelines are explored.

What determines the size of therapist effects? Investigating the influence of design and sample issues

Anne-Katharina Schiefele, Trier University; Julian Rubel, University of Trier; Jan R. Böhnke, University of York; Wolfgang Lutz, University of Trier, Germany

Aim: The central role of therapists within the process of therapy is obvious. However, the contribution of an individual therapist to the variation of treatment outcome has been neglected in study designs and analysis for a long time. Several studies have shown a significant therapist effect, but also that the estimated proportion of total variance explained by therapists varies between 3% and 17%. This means, the size of this effect varies from study to study (efficacy and effectiveness studies) or sample to sample and in some datasets we can't find a therapist effect at all. Therefore a systematic investigation of variables influencing the therapist effect is essential. Central variables are dataset structure, instruments used and initial impairment. **Method:** The analysis is based on a large aggregated dataset (N~40000), which comprises six smaller ones. For each of the six sub datasets as well as for the huge dataset multilevel models are used to assess therapist effects on outcome taking into account relevant variables. **Results:** There is a trend that the therapist effect depends on initial impairment. Furthermore the structure of the dataset seems to be important. Also the number of patients per therapist appears to have an influence on the size of the therapist effect. **Discussion:** Few previous studies have systematically investigated variables that may explain the therapist effect without being relevant for the therapy itself. The results are discussed in the context of mixed findings in the research of therapist effects. In addition practical consequences are drawn.

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

Panel

Change Process

Moderators: Jaime Yasky, University of Queensland, Australia; Thomas O'Brien, University of Queensland

Resistance to psychotherapy: Dealing with obstacles in the therapeutic relation

Dealing with resistance to psychoanalytic treatment among patients with psychosomatic disorders

Jaime Yasky, University of Queensland, Australia

Results of an exploratory study of resistance to psychoanalytic treatment among 22 patients with psychosomatic disorders are presented. Their somatic distress included somatoform disorders and medical conditions. The main types of resistance found were: defensive avoidance of distressing emotions, detached or formal engagement to treatment that prevented deeper therapeutic work, and a particular form of impulsivity and concreteness that also prevented insight. The failure of defences and the resulting overwhelming distress proved to be another risk to continuation of therapy. Symmetric and complementary counter-transference reactions that compromised the treatment were also identified. Some technical implications to the management of resistance are presented, including psycho-educational and supportive measures. The benefits and risks of an active approach to character resistances, the need to focus in helping patients develop awareness of their current emotional experience and the need to link such experience to the "here and now" of the therapeutic encounter is highlighted. These findings suggest the necessity of a flexible approach to the therapeutic work that transits between an "intrapsychic" and a "relational" focus.

The therapeutic alliance in psychodynamic psychotherapy

Dianna Theadora Kenny, University of Sydney, Australia

The phrase "therapeutic alliance" is considered a sine qua non in psychoanalysis and other dynamic psychotherapies and, more recently, in most psychological therapies. Freud did not use the term "therapeutic alliance" to describe the relationship that developed between therapist and patient. He described the "the friendly and affectionate aspects of the transference which are the vehicle of success" (Freud, 1912, p. 105). Freud named this constellation of feelings the positive transference. The term "therapeutic alliance" was not introduced into the psychoanalytic lexicon until the mid 1950s. What, precisely, is a therapeutic alliance and why is it considered central to successful outcomes in the various psychotherapies? The term "alliance" refers to a bond between individuals. Hence, the phrase "therapeutic alliance," by extension, refers to a bond between individuals who are in a therapeutic relationship. The implication is that this bond is built on the mutual positive regard that is essentially conscious, reality-based and non-conflictual, between therapist and patient, who are together committed to work on the project of therapy and is unlike Freud's positive transference, which he understood to arise from projections of past relationships. In this paper, I will explore key issues in current conceptualisations of the therapeutic alliance and its particular application in short-term dynamic psychotherapies. I will conclude with a brief overview of how the therapeutic alliance is assessed and review empirical studies that examine its role in the process and outcome of therapy.

The impact of personality on therapy process

Anne Devlin, University of Wollongong, Australia; Brin Grenyer, University of Wollongong, Australia

Alliance building with clients identified as self-critical and clients with an avoidant attachment style (fearful attachment or dismissing attachment) is difficult (Blatt & Felsen, 1993; Blatt & Maroudas, 1992; Harris, 2004). Through use of the PQS, this study identified unique differences in how each of these personality styles impacts on the therapy process. The unique items that characterised self-critical, dismissing and fearful clients could almost be considered a continuum of emotional availability to the therapy process. On one end of the continuum were individuals who had a dismissing attachment style and actively resisted discussions around salient problem-related issues. Fearful individuals were located on the opposite side of the continuum, where difficult issues were presented for discussion; however, the manner in which they were discussed indicated considerable ambivalence. Self-critical individuals sat midway along the continuum, where difficult issues were evident but not discussed or actively resisted. Strategies for managing the impact of personality driven characteristics on therapy process will be discussed.

Discussant: Robert King, Queensland University of Technology

Panel

Quantitative

Moderator: Andrew C. Page, University of Western Australia, Crawley

Patterns of change during therapy and the relationship to recovery

Early change -- and then? A stage sequential pattern analysis of change in psychotherapy

Julian Rubel, University of Trier; Wolfgang Lutz, University of Trier, Germany

Objective: Recent psychotherapy research showed that it is possible to identify patient subgroups with regard to their early change pattern. However, focusing on early phases, change patterns in later stages have hardly been investigated in the past. This study investigates typical patterns of symptom change in different phases of psychotherapy as well as their relation to each other, to intake predictors, therapy

outcome and treatment length. Method: Growth Mixture Modeling is used to identify latent change profiles in different phases (sessions 1-5, 6-10, 11-15, and 16-20) of psychotherapy for a sample of 360 patients with various diagnoses (mainly anxiety disorders and depression) treated at the outpatient psychotherapy clinic in Trier. The predictive quality of change profiles for patterns in later stages, therapy outcome, and treatment length is analyzed. Additionally, predictability of change profiles is tested using a set of pretreatment predictor variables. Results: Different treatment stages revealed various typical change trajectories. These change profiles showed to be predictive for therapy outcome and length as well as to be predictable with patient intake characteristics. Change patterns in different phases of therapy also depicted significant relations to each other. Furthermore, different dimensions of change were differentially important within the various treatment phases. Conclusion: Typical change patterns in early and later stages of the treatment could enhance the development of patient-specific decision rules and feedback systems. The complexity and nonlinearity of psychotherapy should be appropriately addressed in future research by multiphase approaches like stage sequential GMM.

Routine symptom monitoring of early change in suicidality

Andrew C. Page, University of Western Australia, Crawley; Emma L. Doyle, University of Western Australia, Australia; Geoff R. Hooke, Perth Clinic, Australia

Objective: The aim was to identify patterns of early change in suicidal ideation and explore whether improving the temporal resolution of suicidal ideation could allow for early identification of those at risk. Method: The sample consisted of 562 inpatients (71.2% female), 16 to 87 years of age ($M = 40$, $SD = 13.95$), undergoing treatment at a psychiatric hospital, who reported suicidal ideation at least once during admission. Suicidal ideation was measured daily using a self-report measure of the frequency of suicidal thoughts over the previous 24-hours. Results: Using latent growth class analysis, five classes of patients were identified on the basis of similar patterns of early change in suicidal ideation. Patients who went on to display unremitting, prolonged suicidal ideation a week later could be identified with improved sensitivity (89.66%) and negative predictive power (94%), compared to routine ratings of suicidality at admission (sensitivity = 68.18%, negative predictive power = 82.50%). Conclusions: Continuous measurement of suicidal ideation could provide information that is otherwise missed with cross-sectional or less frequent longitudinal measurement.

Broadening our conception of recovery in psychotherapy: Clinical significance and its implications for understanding patterns of change

Fiona Renae Ronk, University of Western Australia, Australia; James R. Korman, Behavioral Health & Cognitive Therapy Centre, New Jersey; Geoff R. Hooke, Perth Clinic, Australia; Andrew C. Page, University of Western Australia, Crawley

Aim: To broaden an understanding of psychotherapy outcomes and to explore a broader notion of "recovery" by comparing typical clinical significance models with an alternative model. Method: Clinical significance classifications were calculated for 1,000 outpatients and 3,964 inpatients on the three scales of the DASS-21. Results: Classifications of recovered were related to lower symptom severity, higher perceived quality of life and higher clinician-rated functioning for inpatients. An intermediate category between recovered and improved was proposed, termed recovering. Patients classified as recovering had more severe symptoms than recovered patients and less severe symptoms than improved patients. Discussion: Evidence presented supports the clinical validity of typical models of clinical significance and the alternative 5-category model. Findings are discussed in terms of how a broader conception of "recovery" might affect study of the process of change. Keywords: clinical significance, DASS-21, inpatients, outpatients, outcomes monitoring.

Discussant: Tim Coombs, AMHOCN

Panel

Training

Moderator: Svenja Taubner, University of Kassel and International Psychoanalytic University Berlin

Settings in psychotherapy training

Evaluation of Skype-based psychodynamic psychotherapy training in China

Svenja Taubner, University of Kassel and International Psychoanalytic University Berlin; Ines Henning, International Psychoanalytic University Berlin, Germany; Marc Schwietring, International Psychoanalytic University Berlin, Germany; Horst Kächele, International Psychoanalytic University Berlin, Germany

Aim: This study evaluates a program offered by the China American Psychoanalytic Alliance (CAPA) that promotes mental health services in China by training Chinese mental health professionals in psychodynamic psychotherapy. In addition to their psychotherapeutic training, it offers these students personal psychotherapies. Because of the long distances, the training program and personal therapies are conducted by Skype. Approximately half of the students are in personal therapy. In a multi-methodological approach the impact of the training on therapeutic development is investigated. Secondly, questionnaire outcomes of trainees with and without personal therapy are compared to investigate the impact of personal therapy. Methods: Trainees are asked to fill out a modified version of

the Therapeutic Identity Questionnaire to assess changes in therapeutic attitudes during training and the Work-Involvement-Scales to measure positive and negative cycles of therapeutic development. To capture the setting of the training we use an adjusted version of the Distance Communication Comfort Scale to assess if level of comfort with Skype moderates outcomes. The Intrex short form is administered to assess if Introject Affiliation changes with and without personal therapy. Advanced CAPA trainees and CAPA supervisors will be interviewed on questions of cultural differences and transferability of training into their clinical practices. The interviews will be audiotaped, transcribed and analyzed using content analysis. Results: 58 CAPA trainees filled out the online questionnaires, 5 trainees and 5 supervisors are currently participating in the qualitative interviews. Because this is an ongoing study, first results are expected in May 2013.

The influence of adverse childhood experiences and ego-defensives on working alliance and work involvement in psychotherapy training

Thomas Munder, University Kassel; Jennifer Klasen, University of Kassel; Heidi Möller, University of Kassel; Rainer Weber, University of Köln; Svenja Taubner, University of Kassel and International Psychoanalytic University Berlin; Wiebke Munder, University of Kassel

Aim: The experience of adverse childhood experiences (ACEs) may be one motivation to become a psychotherapist. In comparison to other non-clinical groups a higher percentage of psychotherapists have had ACEs. Dealing with ACEs differs between individuals, e. g. the use of immature defense mechanisms may be the result of a process of (mal-)adaption. Little is known about how psychotherapists in training (PiTs) deal with consequences from ACEs and how this influences the therapeutic process. This study will clarify the correlation between ACEs and use of distinct defense mechanisms. We expect that trainees with ACEs show less mature defense mechanisms. Secondly the impact of ACEs and defense mechanisms on therapeutic self-efficacy and working alliance is investigated. **Methods:** PiTs of different therapeutic orientation (cognitive behavioral, psychodynamic and psychoanalytic psychotherapy) are interviewed with the Adult-Attachment-Interview (AAI), which probes for painful and traumatic experiences with early attachment figures and others and is used to examine ACEs. Secondly the AAI will be scored with the Defense Mechanisms Rating Scale Q-Sort (Perry et al., 2012) to identify specific defense patterns of trainees' and calculate an overall defensive functioning score (ODF). Self-efficacy is assessed by the Work-Involvement-Scales (Orlinsky & Ronnestad, 2005). The working alliance, as judged by the patient, is measured by the Working Alliance Inventory (Wilmers et al., 2008). **Results:** 83 PiTs participated in the AAI and filled out the questionnaires. 50 participants reported at least 1 ACE. The preliminary sample of patients consists of 28 persons. Results and conclusions are expected in May 2013.

The use of videoconference for internet-based international live one-way-mirror supervision

Tony Gordon Rousmaniere, University of Alaska Fairbanks; Jon Frederickson, Washington School of Psychiatry

AIM & METHODS: This paper describes a technological setup, model, and case example for using videoconference for internet-based international live one-way-mirror supervision, called Remote Live Supervision (RLS). RLS improves the availability of distance-based advanced psychotherapy training by permitting a supervisee to receive live (one-way-mirror) supervision from a supervisor in a different country, during a real-time psychotherapy session. **RESULTS:** RLS promises to be a valuable tool for greatly expanding the accessibility of advanced, experiential training in a wide range of psychotherapy modalities. A case example of the use of RLS for psychodynamic psychotherapy supervision is presented, with a transcript of a RLS session. The benefits and limitations of RLS are discussed, including suitability issues for patients, supervisees, and supervisors. Also discussed are issues of supervision process, ethics, privacy, and security.

Discussant: Jan Carlsson, Karolinska Institut, Sweden

Panel

Anxiety

Moderator: Robert Elliott, University of Strathclyde, Glasgow, UK

Person-centred and emotion-focused therapies for social anxiety: Outcome and a first look at change processes

Quantitative outcomes of Person-Centred and Emotion-Focused Therapies for social anxiety

Robert Elliott, University of Strathclyde, Glasgow, UK; Brian Rodgers, University of Queensland, Brisbane, Australia; Susan Stephen, University of Strathclyde, Glasgow, UK

The purpose of this presentation is to summarise the main quantitative results of an outcome study comparing two forms of humanistic-experiential psychotherapy for clients with social anxiety: Person-Centred Therapy (PCT) and Emotion-Focused Therapy (EFT). Using a partially randomised two group pre-post design, we assessed client outcome on the Social Phobia Inventory (SPIN), CORE-OM, Personal Questionnaire, Inventory of Interpersonal Problems, and Strathclyde Inventory. Fifty-two clients were seen for up to 20 sessions of either Person-Centred or Emotion-Focused Therapy. Pre-post data (modified intent-to-treatment analyses for all clients with at least 3 sessions of therapy) will be

presented, with outcomes for PCT and EFT presented both combined and separately, including pre-post significance testing, effect size, reliable change, and clinical significance calculations. Overall, clients in both conditions showed large, statistically-significant pre-post gains, comparable or better than bench-marked previous research on CBT and medication; clients in EFT received more sessions, showed better outcomes on three of the five outcome measures and overall. Outcomes for both PCT and EFT improved over the course of the study. However, analyses of reliable change and client recovery suggest that there is room for improvement. Despite the limitation of being only partially randomized, this is to our knowledge the first study of bona fide humanistic therapies for social anxiety, and provides a basis for further research. While in need of replication, our results are promising and begin to provide justification for using PCE therapies for social anxiety.

Qualitative outcomes of person-centred and emotion-focused therapies for social anxiety

Diane Elliott, University of Strathclyde, Glasgow, UK; Robert Elliott, University of Strathclyde, Glasgow, UK; Brian Rodgers, University of Queensland, Brisbane, Australia

Quantitative outcome measures provide precise estimates of amount of client pre-post change, but may leave out changes personally important to clients. Therefore, McLeod (2000) and others have argued for including qualitative outcome assessment in psychotherapy outcome research. In this presentation we present qualitative outcome results from the Strathclyde Social Anxiety Project, comparing Person-Centred Therapy (PCT) and Emotion-Focused Therapy (EFT). Forty socially anxious clients completed the Client Change Interview (CCI) after receiving either PCT or EFT; the first part of the CCI asks clients to describe their experience of changes over the course of therapy and then to rate these on expectedness, likelihood without therapy, and importance. Client verbal descriptions of their qualitative changes were extracted from CCIs and analysed using standard content categories and qualitative open coding; and (c) quantitative ratings. We then compared changes in PCT and EFT on both categories and ratings. We expect that changes reported by clients after EFT will be more specific and be more likely to include changes in processing of experiences. We also expect results to parallel those reported by Klein and Elliott (2006) and to identify types of changes not found on the quantitative outcome measures.

A multi-perspective case comparison study of helpful and unhelpful aspects of person-centred and emotion-focused therapy for social anxiety

Sarah Hume-Chignall; Brian Rodgers, University of Queensland, Brisbane, Australia

The aim of this study was to explore what clients with social anxiety and their therapists perceived as helpful and unhelpful in person-centred therapy (PCT) and emotion-focused therapy (EFT). The exploration of these perspectives was intended to provide a greater understanding of the therapy process and to inform therapists about what could enhance therapy to achieve improved outcomes. Client Change Interviews were conducted with four socially anxious clients at the midpoint and end of therapy (up to 20 sessions). Equivalent semi-structured interviews were conducted with their therapists (two PCT and two EFT therapists) at the same time points. These data were complemented by self-report questionnaires completed by therapists and clients after each session. Qualitative thematic analysis was used to explore participants' experiences and to identify convergent and divergent themes between client and therapist, and between PCT and EFT. Clients and therapists identified several helpful factors across both therapeutic approaches, including the relational and empowering nature of therapy and the promotion of personal agency. However, significant differences were also identified between the therapeutic modalities, and between client and therapist perspectives. Additionally, all perspectives identified some unhelpful aspects. The findings of the study point to several key helpful factors when working with clients with Social Anxiety. Additionally, specific unhelpful factors need to be monitored for when working with this interpersonally vigilant client group. This study also contributes to the formulation of theoretical models of Social Anxiety for both therapeutic modalities.

Discussant: Jeanne Watson, University of Toronto, Canada

Panel

Emotion/Trauma

Moderator:

Anastassios Stalikas,
Panteion University of
Social and Political
Sciences, Athens,
Greece

Applications of positive psychology in psychotherapy

Using mindfulness to increase positive emotion for individuals with Amyotrophic Lateral Sclerosis: Preliminary results

Francesco Pagnini, Catholic University of Sacred Heart, Milan, Italy

Mindfulness-based interventions (MBI) proved to be effective improving the psychological well-being in many chronic diseases. So far, no study has yet investigated the effect of a MBI within a population of people with Amyotrophic Lateral Sclerosis. Amyotrophic lateral sclerosis (ALS) is a progressive and fatal neurodegenerative disease, that is clinically characterized by progressive weakness leading to death by respiratory insufficiency which usually occurs within three years. The intellect and the personality of the individual usually remain unimpaired. The patients become relentlessly immobile, develop wasting and impaired speech, often leading to social isolation, with a high psychological suffering. The psychological

impact on both patients and caregivers is very severe. So far, there are no studies about the psychological intervention in this specific field. We have developed an MBI protocol, based on the Mindfulness-Based Stress Reduction (MBSR) that is tailored to ALS patients and caregivers. The original MBSR has been modified, removing physical exercises and with a higher focus on the cognitive and affective issues. Other exercises, taken from different approaches that have similarities with mindfulness techniques (e.g., Feldenkrais method), have been inserted. We are conducting a Randomized Clinical Trial to evaluate the efficacy of this protocol to improve the psychological well-being of both ALS patients and caregivers. Preliminary results will be presented at the meeting.

Psychological distress during economic crisis: Implications for psychotherapy

Anastassios Stalikas, Panteion University of Social and Political Sciences, Athens, Greece

The latest economic crisis that has hit most south European countries has serious effects in the psychological health of the population. The ability to predict the types, symptoms, and course of psychological disorders and to identify the psychologically most vulnerable groups is of central importance. Having some estimation or knowledge in advance allows for better prevention and more effective intervention. In this article using data collected in a 6 year-period in Greece, we present results regarding the course of depression, anxiety and stress symptomatology and we identify demographic characteristics related to the elevation of this symptomatology. These results are generalizable to other European countries which face an economic crisis and they facilitate preventive and rehabilitative initiatives. Key Words: resilience, positive emotions, counseling, effects of crisis on psychological health.

Strengthening personal resilience: Evaluation of an intervention module

Ulrike Willutzki, Ruhr-Universität Bochum, Germany; Philipp Victor, Ruhr-Universität Bochum, Germany

Background: The personal model of resilience, developed by Padesky and Mooney (2012), is a resource-oriented brief intervention to enhance resilience by identifying and utilizing successful coping strategies people use in areas that are important and personally relevant for them. Objective: This study is the first to evaluate the personal model of resilience a) in a student sample, and b) in a clinical sample. Method: a) In a randomized sample three groups of students (intervention, wait-list control and control group; N= 72) were compared with respect to psychosocial effects (distress, well-being, optimism etc) of the intervention. b) The effect of the intervention in a group setting with two groups of patients (obese patients in a weight-loss program; patients waiting for an outpatient psychotherapy) on psychosocial adaptation is currently being evaluated. Results: a) In comparison to the control groups participants in the intervention group improve significantly in the areas of symptom distress, self-esteem, incongruence, constructive thinking, resource activation and quality of life. b) The study is currently under way. Conclusions: The personal model of resilience is a promising intervention model to utilize resources in counseling and psychotherapy. Reference: Padesky, CA & Mooney, KA (2012). Strengths-based cognitive-behavioural therapy: a four-step model to build resilience. *Clin Psychol Psychother*, 19(4):283-90.

A mindful mind is a 'healthy' mind: Furthering the psychotherapeutic application of mindfulness

Kathleen Gregory, La Trobe University, Melbourne, Australia

The practices of mindfulness in Buddhism are the foundation for 'mental health' defined in relation to the presence of three fundamental aspects: mental stability, understanding of our human condition, and compassion. Through clarifying the meaning of mindfulness within this perspective, this paper will firstly establish how these three aspects provide a working means to differentiate mental health which can be helpfully applied within the psychotherapeutic context. Secondly, through clinical examples, it will be demonstrated how each of these three aspects can be utilized to help clients' direct mindfulness to the particular circumstances and needs of their situation. The aim of the paper is to demonstrate that directing practices of mindfulness in relation to these three aspects provides a systematic approach to help client's develop both an appreciation for and means to maintain their 'mental health'. A further aim is to advance the potential for Buddhist understandings of mindfulness within the arena of positive psychology.

Discussant: Marilyn Fitzpatrick, McGill University, Canada

Panel

Depression

Moderator: Nelson Valdés, Pontificia Universidad Católica de Chile, Santiago

Multidimensional research on depression: Diagnosis and intervention from psychological and biological perspectives

Verbal expressions of depressive and non-depressive patients during relevant segments of the psychotherapeutic sessions

Nelson Valdés, Pontificia Universidad Católica de Chile, Santiago; Katharina Cordes, Freie Universität, Berlin, Germany; Janet Carola Pérez, Pontificia Universidad Católica de Chile, Santiago; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

Aim: This study aims to analyse verbal expressions of depressive and non-depressive patients for identifying different communicative patterns during the therapeutic dialogue. **Methods:** The sample included 13 completed and successful individual processes of different therapeutic approaches. Video-recorded and transcribed data from all sessions were analyzed through the Therapeutic Activity Coding System (TACS-1.0, Valdes et al., 2010) using a qualitative and quantitative methodology. **Results:** Differences in the verbal communicative patterns used by depressed and non-depressed patients during relevant segments of the therapeutic sessions (Change Episodes and Stuck Episodes) are presented. Depressed patients focused more on emotional verbal expressions during Stuck Episodes, compared to non-depressed patients. Furthermore, depressive patients also referred less to the therapeutic relationship in both types of episode, compared to non-depressed patients. Additionally, the results indicated that depressed patients tended to refer more to themselves during the therapeutic conversation, especially during Stuck Episodes. **Discussion:** These findings are in accordance with the theory of self-focused-attention developed by Greenberg and Pyszczynski (1987), which proposes that depressive individuals have an increased focus on themselves. Further research could compare Blatt's (1974) different subtypes of depression (Anaclitic and Introjective Depression) in order to establish whether self-focusedness is typical of the Introjective subtype of depression compared to the Anaclitic subtype.

Psychobiological response to interpersonal stress and the polarities of experience: a preliminary study

Jaime R. Silva, Universidad de La Frontera; Karina Jaramillo, Universidad de La Frontera; Jenny Lagos, Universidad de La Frontera; Luis Salazar, Universidad de La Frontera; Claudio Martinez Guzman, Universidad Diego Portales, Santiago, Chile; Eugenio Rodríguez, Pontificia Universidad Católica de Chile, Santiago; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

The distinction between the anaclitic and introjective personality configuration (Blatt 1974) is an invaluable conceptual tool for psychotherapeutic practice. Its application to depressive disorder has emphasized the existence of three relevant: dependency, self-criticism and efficacy. **Aim:** To evaluate the differences in the hormonal (cortisol concentration in saliva) and subjective (self-reporting) response to the induction of interpersonal stress according to the factors of dependency, self-criticism and efficacy. **Method:** 97 university students were given the Trier Social Stress Test (Kirschbaum et al 1993), a protocol that includes periods of anticipation and of exposure to stress. The entire procedure lasted 120 minutes and 7 saliva samples were taken. Participants responded to a set of psychometric instruments, including the Depressive Experiences Questionnaire (DEQ). **Results:** Self-criticism showed a direct relation ($\beta = .36$, $p < .01$) and efficacy an inverse association ($\beta = -.28$, $p < .01$) to anxiety prior to the induction of stress. By contrast, only dependency showed a positive association with post-induction anxiety to interpersonal stress ($\beta = .35$, $p < .05$). None of the factors of the DEQ was associated with the cortisol response (all $p < .05$). Temperamental affect dispositions ($\beta = -.41$, $p < .01$) and the activation peak of the cortisol response ($\beta = .21$, $p < .05$) predicted the post-stress anxiety report. Moreover, with the dispositional mood and cortisol peak remaining constant, dependency predicted the levels of post stress-induction anxiety ($\beta = .28$, $p < .01$). **Discussion:** The clinical implications of the role dependency in the increased anxiety response to interpersonal stress are discussed.

Integrating women's mental health into primary care in Chile

Maria Graciela Rojas Castillo, University of Chile

Chile has incorporated mental health programs into the primary care level, in particular for women. Firstly, epidemiological studies that were conducted in Chile, which demonstrated the importance of mental health in the perinatal period, will be described. Then, the public funded program "Chile grows with you" (Ch.C.C.) will be explained. Chilean studies have determined that about 30% of pregnant women and 40-50% following childbirth experience depressive and/or anxiety symptoms. A randomized controlled trial was carried out in primary care clinics and revealed that treatment of depressed postpartum women by non-medical health workers is not only possible but also effective. This study demonstrated that a multi-component intervention can attain better outcome results after three months when compared to a usual care control group. At three months recovery was 61% (95% CI 51-71%) in the study group versus 34% (95% CI 25-44%) in the usual care group. Ch.C.C. main objectives are to facilitate a normal development in early childhood, reduce inequalities, and promote children's rights. Pregnant women and children covered by the public health system, representing 84% of the total maternal and infant population in Chile, receive augmented health care services, including education groups on parenting skills, child and mother health care, counseling, and referral services. The program focuses intensive interventions on the families of children living in poverty or with other psychosocial vulnerabilities. The Chilean experience demonstrated that the development of mental health programs aimed at helping women and their children in the primary care level is possible.

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

Panel

Group

Moderator: Gary M. Burlingame, Brigham Young University, Provo, USA

Recent findings in group treatments focusing on personality disorder and breast cancer patients

The current state of research on group treatment for personality disorders: Findings from a review for the next Handbook of Psychotherapy and Behavior Change

Anthony Joyce, University of Alberta, Edmonton, Canada; Bernhard Strauss, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany

Aim: A review of the research literature on group treatment of personality disorder (PD) between January, 2000 (the endpoint for the review in the last edition of the Handbook) and June, 2011 was conducted. The findings of the review were presented in a section addressing group treatments for severe mental illness. **Methods:** The search encompassed the Medline, PsylInfo, PubMed, ERIC, Google Scholar, and Cochrane Library databases, using the search terms "group psychotherapy", "group counseling", "group treatment" and "group therapy". Studies were required to target clinical populations, report on randomized clinical trials or effectiveness research, and to be methodologically rigorous. **Results:** Group treatment for PD represented an active area of research during this period. Studies represented treatments at three levels of care--outpatient, day treatment, and inpatient--and predominantly targeted Borderline PD and/or the central problems of this condition (parasuicidality, suicidality, depression, hopelessness, and hospitalization). The majority of studies in the outpatient area evaluated DBT in RCT designs; the evidence for this approach is strong and adaptations to other contexts and populations were identified. Strong evidence for the efficacy of another outpatient group treatment for BPD, known as STEPPS, was also reported. At the level of day treatment, compelling evidence was reported for the mentalization-based day hospital approach. The naturalistic Cassel Hospital study of a "step-down" program combining inpatient treatment and outpatient group therapy for a mixed PD sample represented group treatment research in the hospital setting.

Emotional expression and resilience in a long term group for women with secondary breast cancer

Mary Anne O'Brien, Griffith University, Australia

Supportive-expressive group therapy SEGTE has been shown to improve psychological wellbeing and reduce distress in women with secondary breast cancer, despite deteriorating physical health over time. Studying the impact of emotional expression and inhibition on cancer incidence and progression has been the object of cancer researchers for many years, however few studies have examined the relationship between emotional expression and outcome within the same cancer population. In this paper we examine the relationship between emotional expression and resilience in a long term weekly telephone group for women with secondary breast cancer. **Methods:** Audio transcripts of 9 group sessions over a 9 month period were coded for emotional expression and topic discussions and then correlated with psychological wellbeing, QOL, coping styles and distress of participants (n=9) as shown on standardised measures over the 9 months as well as for the duration of their time in the group. **Results:** Positive correlations between some patterns of emotional expression and more adaptive coping styles for some participants expected, consistent with overall trends within the group as a whole over time. **Discussion:** Implications for identification and selection of participants who are more likely to benefit from SEGTE will be discussed.

Group analytic psychotherapy for moderate personality disorders

Steinar Lorentzen, University of Oslo, Norway

Aim: To study potential moderator/mediators of change during and after group analytic psychotherapy of different lengths. **Method:** 167 regular outpatients with affective, anxiety, and/or personality disorders are randomized to one of two therapies: short-term (STG;20 weekly sessions) or long-term (LTG;80 sessions). There are altogether 18 groups, 9 therapists and manualized therapies. Patients were interviewed before and three years after start and rated on measures of interpersonal problems and symptoms regularly over 3 years. Potential mediators were rated repeatedly across two years in both therapies. Primary outcome measures were IIP, GSI and GAF. Potential moderators: presence of PD, initial distress, group process factors. Mediators: Attributional style, group internalization. **Statistics:** Linear Mixed Modelling. **Results:** Similar outcome in STG and LTG. Presence of PD moderates treatment outcome, and PD patients improve more in LTG. For patients without PD, patients tend to improve more in STG. Other potential moderators and mediators will be presented. **Discussions:** Findings and clinical implications will be discussed.

Discussant: Bernhard Strauss, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany

Panel

Patient/client factors

Moderator: Timothy Andrew Carey, Flinders University, Australia

Self-organisation in therapy: Treatment duration, appointment scheduling, and change process

Responsive regulation of treatment duration in routine practice: Extension to an even larger sample

William B. Stiles, Glendale Springs, North Carolina, USA; Sue Wheeler, University of Leicester, UK; Michael Barkham, University of Sheffield, UK; John Mellor-Clark, CORE IMS

Extending previous studies (Barkham et al., 2006; Stiles et al., 2008), we examined rates of improvement in psychotherapy in a variety of United Kingdom settings as a function of the number of sessions attended. We studied adult clients aged 16-95 who returned valid assessments at the beginning and end of their treatment, had planned endings, began treatment above the clinical cutoff score, and were seen for 40 or fewer sessions (N = 26,430; 69.3% female; 87.8% white; average age 38.6). Clients' average assessment scores improved substantially across treatment, with a pre-post effect size of 1.89; 60.0% achieved reliable and clinically significant improvement (RCSI). Clients' mean pre-post change was approximately constant regardless of treatment duration in the range 0 to 40 sessions. The RCSI rate decreased slightly with treatment duration, as slightly fewer clients fell below the cutoff at longer durations. Results were interpreted as suggesting that therapists and clients tend to make appropriately responsive decisions about treatment duration.

Barkham, M., Connell, J., Stiles, W. B., Miles, J. N. V., Margison, F., Evans, C., & Mellor-Clark, J. (2006). Dose-effect relations and responsive regulation of treatment duration: The good enough level. *Journal of Consulting and Clinical Psychology, 74*, 160-167.

Stiles, W. B., Barkham, M., Connell, J., & Mellor-Clark, J. (2008). Responsive regulation of treatment duration in routine practice in United Kingdom primary care settings: Replication in a larger sample. *Journal of Consulting and Clinical Psychology, 76*, 298-305.

Effective and efficient: Using patient-led appointment scheduling in routine mental health practice in remote Australia

Timothy Andrew Carey, Flinders University, Australia; Sara J. Tai, University of Manchester, UK; William B. Stiles, Glendale Springs, North Carolina, USA

Patient-led appointment scheduling is a form of responsive regulation in which patients schedule their own psychotherapy appointments within the constraints of available resources. Of 92 patients referred to a clinical psychology clinic in the public mental health service of a remote country town in Australia, 51 attended more than one appointment (M = 3.6; median = 3; range = 2 - 11). The average number of missed and cancelled appointments was between 0 and 1.5. As compared with reported results of other practice-based studies, this approach to treatment scheduling was equivalently effective (in terms of effect size) and substantially more efficient (in terms of effect size achieved per session attended). Patient-led regulation of treatment parameters holds promise in a context of heavy demands and limited resources in mental health services.

Clients leading the way: Piloting a client-led approach to the scheduling of therapy sessions

Michael Di Mattia, La Trobe University, Australia

Recent research has challenged the Dose-Response model of psychotherapy, exploring alternative ways to structure the organisation of treatment -- a patient-led approach (Carey, 2005; Carey & Mullan, 2007; Carey & Spratt, 2009). A patient-led approach to treatment is consistent with a Responsive Regulation Model of Psychotherapy (Barkham et al., 2006), that contends clients will come for as much treatment they need in order to make the changes they seek. The Responsive Regulation model suggests that in routine practice, level of improvement and treatment duration are mutually regulated, so that treatment tends to end when clients have reached a 'good enough level' (Barkham et al., 1996, 2006). The Responsive Regulation model considers treatment duration in naturalistic settings as a manifestation of responsiveness (Stiles, Honos-Webb & Surko, 1998). This paper will present preliminary data on a trial of a client-led approach to scheduling therapy sessions within a Melbourne agency that is consistent with a Responsive Regulation model of psychotherapy. Within this trial, clients were given control in regulating how much and how frequent they could access therapy. Preliminary data on outcome, working alliance and satisfaction will be presented.

The phenomenology of therapeutic change in young people

Ian Nathan Donald, University of Canberra, Australia

This paper discusses issues pertaining to the provision of therapy to young people (15 to 25 y/o), particularly the lack of a clear empirical understanding of therapeutic change processes, and the importance of responsive regulation and client-led change. These issues are considered salient due to the range of developmental changes that may occur for young people, the prevalence of mental illness in

young people, and because early onset is associated with the risk of increased duration and chronic course of symptoms. As young people are active agents in their own change process by determining why, when and how to engage in therapy, understanding their experiences and perceptions of the change process is integral to developing respectful client-centred health services and appropriate psychological treatments. To address some of these issues, a research project is discussed that will use Interpersonal Process Recall (IPR) to explore the phenomenology of therapeutic change for twelve young people at an Australian health service (headspace ACT). One video-recorded therapy session will be selected per client for IPR, based on their questionnaire feedback about the amount of change that has occurred in session. Results will then be discussed in relation to responsive regulation, sudden changes, insight experiences and the assimilation model. It is argued that by understanding and applying knowledge about what kinds of changes young people experience and how they responsively regulate their therapy, that it may be possible to enhance the effectiveness of psychological treatments and reduce treatment drop out.

Panel

Psychodynamic

Moderators: Manfred E. Beutel, University of Mainz, Germany; Barbara L. Milrod, Weill Cornell Medical College

Psychodynamic and interpersonal psychotherapy in anxiety and mood disorders: Outcome and attachment

Reflective function in patients with panic disorder and PTSD

John C. Markowitz, Columbia University, New York, USA; Barbara L. Milrod, Weill Cornell Medical College; Marie G. Rudden, Weill Cornell Medical College; Kevin B. Meehan, Long Island University, Purchase, USA; Dianne Chambless, University of Pennsylvania, Philadelphia, USA; Jacques P. Barber, Adelphi University, New York, USA

Reflective Function (RF) measures understanding of one's own and others' feelings. RF thus holds interest for understanding psychopathology and psychotherapy. RF might mediate outcome of psychodynamic and interpersonal (IPT) psychotherapies. As RF has received little attention in anxiety disorders, we compared RF baseline patient profiles in 2 randomized psychotherapy trials: for panic disorder (PD) and PTSD. Methods: Patients in each NIMH-funded trial had baseline RF assessed in 20-25 minute semi-structured interviews. Transcribed interview recordings were scored on the -1 to 9 Reflective Function scale, wherein 5 is a normative score. Reliable interviewers also assessed symptom-specific RF (SSRF), measuring patients' emotional understanding of their disorder (PD or PTSD). Fifteen random interviews among coders established between-study RF reliability (ICCRF = .93; ICCSSRF = .88). Separate raters assessed patients' study inclusion criteria, comorbid disorders, and other variables. We hypothesized low RF for both samples, and higher SSRF in panic than PTSD patients. Results: Preliminary analyses found both samples' RF scores pathological: mean 4.23 (1.33) for PD (N=168), 3.93 (1.53) for PTSD (N=65) (between-group difference n.s., $t(231) = 1.46$, $p = .15$). On SSRF, PD patients scored significantly lower than PTSD patients: 3.51 (1.21) vs. 4.02 (1.35), $t(230) = -2.81$, $p = .01$. Discussion: This first comparative study of RF across anxiety disorders found meaningful baseline SSRF differences by diagnosis, possibly reflecting panic patients' need to "not know" about underlying conflictual dynamics. For SPR, the authors will add data, possibly including RF as an outcome mediator for psychodynamic therapy and IPT.

Psychodynamic therapy and cognitive therapy in social phobia -- results from the Social Phobia Psychotherapy Research Network (SOPHO-NET)

Falk Leichsenring, University of Giessen, Germany

AbstractObjective: Various approaches of cognitive-behavioral therapy (CBT) have proven to be effective for social anxiety disorder (SAD). Generalizability and statistical power, however, was often limited by small patient samples. For psychodynamic therapy (PDT) evidence for efficacy in SAD is scant. In the Social Phobia Psychotherapy Research Network (SOPHO-NET) we aimed to test the efficacy of PDT and cognitive therapy (CT) in SAD in a multi-center randomized controlled trial. **Method:** In an outpatient setting, 495 patients with SAD were randomly assigned to manual-guided CT (N=209), manual-guided PDT (N=207) or waiting list (WL, N=79). Assessments were made at baseline and end of treatment. Primary outcome measures were rates of remission and response in the Liebowitz-Social-Anxiety-Scale. Several secondary measures were applied. **Results:** Remission rates to CT, PDT and WL were 36%, 26% and 8%. Response rates were 60%, 52%, and 15% %. Both CT and PDT were superior to WL with regard to remission ($p < 0.0004$; $p = 0.011$) and response ($p < 0.0001$). CT was significantly superior to PDT concerning remission ($p = 0.025$), but not concerning response ($p = 0.124$). Between-group effect sizes for remission and response were small ($h = 0.22$; $h = 0.16$). Secondary outcomes showed significant differences in favor of CT for measures of social phobia and interpersonal problems, but not for depression.

Attachment status as a predictor of process and outcome in STPP (and CBT) of patients with social phobia

Bernhard Strauss, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany; Steffi Nodop, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany

Aim: Within the SOPHO-Net Study, a RCT comparing supportive expressive and cognitive behavioral treatment of social phobia (cf. Leichsenring et al., 2013), a subsample was assessed with respect to attachment characteristics at the beginning of treatment to find out if attachment predicts outcome and/or process factors. Methods: Out of the entire sample of the SOPHO-Net Study, 80 patients undergoing CBT and 102 patients treated with STPP were assessed using an attachment interview (AAPR) as well as two attachment questionnaires (BFKE, ECR-R) before treatment. In addition, a total of 119 patients could be included into a process study based upon video-taped therapy sessions. These sessions were rated using the Vanderbilt Alliance, Negative Indicators and Psychotherapy Process Scales. Outcome measures were related to the social phobia symptoms (LSAS as primary outcome) and other common measures such as the IIP. Results: Within the presentation, results will be reported related to the correlations of attachment measures with outcome within both treatment conditions. Additionally, the hypothesis will be tested if attachment moderates the relationship between process factors (especially ratings of the therapeutic alliance) and outcome differentially within both treatment arms. Discussion: As a consequence of the results, we will describe first attempts to classify the sessions rated so far with respect to the presence/absence of attachment related issues.

Efficacy and predictors of outcome of STPP in depressed breast cancer patients

Manfred E. Beutel, University of Mainz, Germany; Rüdiger Zwerenz, University of Mainz, Germany; Barbara H. Imruck, University of Mainz, Germany; Jörg Wiltink, University of Mainz, Germany; Antje Haselbacher, University of Mainz, Germany; Christian Ruckes, University of Mainz, Germany; Susanne Kuhnt, Universität Leipzig, Germany; Gregor Weißflog, Universität Leipzig, Germany; Yvette Barthel, Universität Leipzig, Germany; Katja Leuteritz, Universität Leipzig, Germany; Elmar Brähler, Universität Leipzig, Germany

Aim: The purpose of this trial is (1) to determine the efficacy of short-term psychodynamic psychotherapy in breast cancer patients diagnosed with depression, one of the most frequent mental comorbidities of breast cancer; and (2) to identify predictors of outcome. Methods: In a multicenter prospective trial, 157 breast cancer patients with comorbid depression were randomised either to short-term psychodynamic psychotherapy (intervention group, STPP) or „treatment as usual“ (control group, TAU). As our primary outcome measure, we hypothesized a higher rate of remission of depression (SCID-I) and improvement of depression scores (HADS-D) in STPP vs. TAU at treatment termination. Secondary outcomes refer to quality of life. We used the Depressive Experience Questionnaire as a predictor of outcome. Results: In the ITT analysis, 44% of the STPP group achieved highly significantly more remission than TAU (23%). Regarding secondary outcomes, we found a stronger ($d=1.1$) decline of depression and moderate to strong improvements (EORTC QLQ 30) of overall quality of life and functioning (emotional, role and physical) in the intervention, but not the control group. The same was true for two functioning scales of the BR23 (body image, future perspective), but not for sexual functioning. Fatigue improved in both groups (MFI); no change was found in symptom dimensions of quality of life subscales such as fatigue, nausea, and treatment side effects. Discussion: STPP is an effective treatment of depression in breast cancer patients improving depression and functional quality of life. We will present data on the effect of perfectionism on the benefit from STPP.

Panel

Culture

Moderator:

Mike-Oliver Moesko,
University Medical
Center
Hamburg-Eppendorf,
Germany

Migration and mental health in Germany: Epidemiology, mental health care utilisation and national initiatives

National guidelines for cross-cultural training for psychotherapists in Germany

Mike-Oliver Moesko, University Medical Center Hamburg-Eppendorf, Germany; Ulrike von Lersner, Humboldt-Universität zu Berlin, Germany

Aim: Sensitivity to culture in mental health care benefits effective delivery of care to the individual patient and can be a contribution to the larger project of building a tolerant multicultural society (Bäärnhielm, Mösko, 2012). One effective instrument to increase awareness, knowledge and skills in a cross-cultural context in mental health care are cross-cultural trainings (Bhui et al., 2007). So far there are several international guidelines focusing on cross-cultural issues in (mental) health care education (APA, 1993; Kirmayer, 2011). Funded by the European Integration Fund the research project (www.kultursensible-psychotherapie.de) developed a national guideline to define content and structural elements for cross-cultural competence training for psychotherapists in Germany. Method: The results of an international literature review, a quantitative study, focus groups with psychotherapists and patients and an expert survey have found the database for a consensus process. Participants of this consensus process were experts and national representatives of the relevant psychotherapeutic associations and organisations in Germany. Results: From over 600 items the guidelines were concentrated down to a number of nearly 180 items defining learning goals, content elements, methods and didactic as well as structural elements of a cross-cultural competence training for psychotherapists. Discussion: The guidelines will help education providers as well as training participants to ensure a sufficient quality. In a next step a cross-cultural training for psychotherapists based on these guidelines will be conducted and

evaluated.

Prevalence rates of mental disorders among individuals with Turkish migration backgrounds in Germany

Demet Dingoyan, University Medical Center Hamburg-Eppendorf, Germany; Ulrike Kluge, Charité - Universitätsmedizin Berlin; Holger Schulz, University Medical Center Hamburg-Eppendorf, Germany; Andreas Heinz, Charité - Universitätsmedizin Berlin; Mike-Oliver Moesko, University Medical Center Hamburg-Eppendorf, Germany

Aim: According to the meta-analysis of Swinnen and Selten (2007) there is no evidence for an increased risk of mood disorders associated with migration in general. Nevertheless Turkish migrants in the Netherlands seem to have a higher risk of current affective disorders (de Witt et al., 2008). The international research project founded by the Volkswagen-Foundation (www.segemi.de) is aiming to provide missing epidemiological data in Germany on prevalence and co-morbidity rates of mental disorders and issues of health care utilisation of individuals with Turkish migration backgrounds living in Germany. One of the challenges is to get access to the target group (Schenk & Neuhauser, 2005). **Methods:** In order to increase the participation rates a number of measures have been taken. Mental health state of 663 individuals of the target group (age 18-65) living in Berlin and Hamburg has been assessed by a Computer Assisted Personal Interviewing (CAPI) of the Composite International Diagnostic Interview (CIDI) in Turkish and German. **Results:** Compared to the general population in Germany the analyses illustrate significant higher prevalence rates of mental disorders among individuals with Turkish migration backgrounds living in Hamburg and Berlin. **Discussion:** Potential biases caused by the survey methods (f.i. different recruitment methods in Berlin and Hamburg) or other influencing factors will be discussed in detail.

Utilisation behaviour of mental health care services of Turkish migrants in Germany

Katharina Wissert, Christian-Albrechts-University; Demet Dingoyan, University Medical Center Hamburg-Eppendorf, Germany; Holger Schulz, University Medical Center Hamburg-Eppendorf, Germany; Mike-Oliver Moesko, University Medical Center Hamburg-Eppendorf, Germany

Aim: There is little evidence on the utilization behavior of the German mental health care system by individuals with a Turkish Migration background. In view of an increased overall health risk level of migrants (Razum et al., 2008), low utilization rates of out- and inpatient psychotherapeutic treatment indicate an undersupply of this population (Brzoska et al., 2010; Mösko et al., 2011). **Methods:** On the data base of an international epidemiological research project founded by the Volkswagen-Foundation (www.segemi.de), the socio-behavioral model of Andersen (1995) is used to investigate inhibiting as well as facilitating factors respectively the utilization of the mental health care system in Germany by people with a Turkish migration background. **Results:** The analysis will be fully completed before the conference. **Discussion:** The findings will provide an important basis for optimizing the German mental health care system for individuals with a Turkish migration background.

Discussant: Demet Dingoyan, University Medical Center Hamburg-Eppendorf, Germany

Panel

Change Process

Moderator: David John Arthur Edwards, Rhodes University, Grahamstown, South Africa

Modifying early schemas in schema therapy and emotion-focused therapy. Case-based investigations of change processes

Building a circle of safety and healing: Imagery rescripting and the transformation process in a case of complex trauma

David John Arthur Edwards, Rhodes University, Grahamstown, South Africa

A central goal for clients with preoccupied or disorganized attachment is to help them build a secure sense of self from the disconnected fragments of confusing memories. This case study of Kelly (37), a woman in a stable marriage with two children, is based on transcripts of therapy sessions and post therapy interviews. Over several months, by means of imagery rescripting in the context of a reparenting relationship with her therapist, Kelly developed a sense of a secure base, portrayed in an unfolding series of images of a circle of people, her husband, her therapist and an uncle whom she experienced as caring and containing. Daily distressing incidents were used to bridge back to memories of her early childhood with a focus on the emotions and their meaning and the question, "What does this distressed child need?" As different child parts were brought into the circle, an increasingly complex configuration evolved. Later Kelly herself, as an adult mother, entered the circle to care for a new born infant part of her. The presentation documents how this process unfolded, how it was guided by the therapist, and how it was experienced by Kelly, both within therapy and outside, in everyday life. The material is discussed in terms of the potential for imagery rescripting to bring about deep change in the attachment system and in terms of its implications for our understanding of therapeutic transformation processes.

Tracking change in clients' negative treatment of self using individual case comparison

Jeanne Watson, University of Toronto, Canada; Evelyn McMullen, University of Toronto, Canada

In this paper changes in clients' negative treatment of self in a good and poor outcome case using the individual case-comparison method will be compared. A new measure of client process, Measure of Client Productive Process (MCP), will be used to assess the quality of clients' engagement in psychotherapy on six key indicators including the quality of narrative description; the representation of inner experience; and reflective capacity among others. These generic client processes are associated with different theoretical orientations and have been linked to positive outcomes in psychotherapy. The measure will be used to track changes in one aspect of client process that has been identified as important in emotion-focused psychotherapy, negative treatment of self, as evidenced in conflict splits, self-criticism, and self-silencing. Data from two clients, one good and one poor outcome, who participated in a randomized clinical trial for depression will be presented. Client transcripts were rated on the MCP by trained raters. The Individual Case Comparison Method was used to compare and contrast client process. The data showing differences in clients' process on MCP will be provided and illustrated with client material.

Experiential change and search for the authentic self in schema therapy for eating disorders

Susan Simpson, University of South Australia, Australia

This case study describes change processes in Megan (42), an eating disordered client, treated with schema therapy (ST). A significant proportion of eating disordered clients remain symptomatic after initial treatment and ST is ideally suited to working with the rigid cognitive and behavioural patterns found in these clients, that are not amenable to change through standard short-term treatments. In ST, eating symptoms are seen as coping mechanisms that allow clients to distance themselves from core emotional needs and vulnerability, whilst providing the perception of control and a 'socially acceptable identity'. Experiential change techniques that enable clients to engage with emotion and bodily felt-sense are integrated with cognitive, behavioural and interpersonal interventions. These move from challenging beliefs at a cognitive level to validating experience and developing new meanings in early emotional schemas. This study describes how experiential techniques, including imagery rescripting and chair dialogues, were used to work with Megan's self-disgust and negative body-image. In addition, the therapist's attunement to Megan, together with limited reparenting and shared play, addressed the effects of early emotional deprivation and inhibition, and nurtured Megan's spontaneity and authentic sense of self. This created new space for the development of personal interests and meaningful interpersonal connections which she engaged in with behavioural pattern breaking. Key moments of therapeutic change in the emergence of authenticity will be described, allowing for theoretical reflection on the nature of the transformation process.

Change processes in therapy: Case studies in Process-Experiential / Emotion-Focused Therapy

Melissa Harte, La Trobe University, Melbourne, Australia

This aim of this research was to investigate in-therapy experiences and treatment effects for four depressed young women counselled with Process-Experiential/Emotion-Focused Therapy (PE-EFT). It was also designed to investigate change processes. The study used multiple sources of qualitative and quantitative evidence and careful observation of the counselling with the four young women in twelve-counselling sessions in a naturalistic setting. The expanded single case design took an interpretive approach to examining client change and its causes, seeking client and therapist viewpoints. The participatory and collaborative approach to the collection of data and the documentation of the young women's experiences was in line with the person-centred values underpinning PE-EFT. A thematic analysis of the qualitative data elicited propositions about the changes that occurred as a result of therapy from the four young women's perspectives. The clinical significance of these changes was also examined. In general, the young women reported that there was a decrease in their presenting symptoms. They also described improvement in their interpersonal relationships, increased inner awareness, improved emotion regulation, decrease in confusion and more compassion and acceptance for self and other. Analyses of these data suggested these changes resulted from the combination of an emphatically attuned working alliance and the PE-EFT therapeutic tasks. A key to the task success was the facilitation of the felt-shifts in experience when the emotion scheme was successfully activated and reprocessed. This research adds to the growing understanding of what happens in therapy.

Discussant: William B. Stiles, Glendale Springs, North Carolina, USA

Panel

Process

Moderator: Fabian Ramseyer, University of Bern, Switzerland

Psychotherapy outcome and time: Insights from various time scales

Session-by-session dynamics elucidates change mechanisms: A review of times series analyses
Wolfgang Tschacher, University of Bern, Switzerland

The role of alliance is a longstanding and pivotal topic in psychotherapy research. Facets of alliance are among the best-researched process factors, among other common factors of psychotherapy, such as insight, affective experiencing, self-efficacy expectations. We draw on findings from several process trials conducted in different contexts and samples: psychotherapy of personality disorders, general psychotherapy, CBT of psychosis. What are the linkages between common factors? How are they related to therapy outcome? Is alliance the predominant change factor? In all trials, we modeled psychotherapy process on the basis of session reports, focusing on a methodology by which single-patient time-series models are computed and then aggregated at the sample level (Time-Series Panel Analysis, TSPA). The result of aggregation is a sample's generic process model. Here, we review data from schema-focused group psychotherapy (69 patients), general psychotherapy (81 patients), CBT and cognitive remediation of psychosis (137 and 81 patients). The time scale regarded is mesoscopic, i.e. we considered lagged, session-by-session dynamics. By linking such process models to outcome, candidates for change mechanisms become visible. We found that TSPA is a powerful method for in-depth process investigations at the mesoscopic scale. We concluded that the common factors insight/clarification, self-efficacy and affective experiencing were essential for outcome. With respect to its relevance for therapy outcome, no priority of alliance was found in process models. This may indicate that alliance in most of our samples served as the necessary context for change to unfold, rather than as a change mechanism by itself.

Shying away: An observer-based microprocess analysis of experiential avoidance and resource activation in outpatients with generalized anxiety spectrum disorder

Hans Jörg Znoj, University Bern; Christoph Flückiger, University Zürich

Despite long-standing calls for patient-focused research on individuals with generalized anxiety spectrum disorder there is little systematized knowledge about the in-session behaviors of these patients. The primary objective of this study was to describe of in-session trajectories of the patients' level of explication (as an indicator of an elaborated exposure of negative emotionality) and the patients' focus on their own resources and how these trajectories are associated with post-treatment outcome. In respect to GAD patients, a high level of explication might be seen as an indicator of successful exposure of avoided negative emotionality during therapy sessions. Observers made minute-by-minute ratings of 1100 minutes of video of 20 patients-therapists dyads. The results indicated that a higher level of explication generally observed at a later stage during the therapy sessions and the patients' focus on competencies at an early stage was highly associated with positive therapy outcome at assessment at post treatment, independent of pretreatment distress, rapid response of well-being and symptom reduction, as well as the therapists' professional experience and therapy lengths. These results will be discussed under the perspective of emotion regulation of patients and therapist's counterregulation. It is assumed that GAD-Patients are especially skilled in masking difficult emotions. Explication level and emotion regulation are important variables for this patient group but there's relation to outcome is different.

Therapist intervention strategies and outcome assessed from a temporal perspective

Fabian Ramseyer, University of Bern, Switzerland

Objective: Psychotherapy outcomes and differential effectiveness in various treatment modalities have been intensively evaluated in the past. While these results have greatly advanced the field of psychotherapy research, temporal aspects of change have remained largely under-researched. Method: We used Time Series Panel Analysis (TSPA) to model temporal effects of different therapist intervention techniques on session-level evaluations by both patient and therapist and their associations with overall therapy outcome. TSPA was applied to a sample of (N = 72) outpatient psychotherapy patients that were closely monitored by post-session questionnaires where therapists quantified their use of mastery and/or clarification interventions and their evaluation of alliance. Patients provided ratings of the alliance and self-efficacy. A comprehensive set of outcome measures assessed overall therapy outcomes. Results: The comparison of low and high outcome groups showed that in successful therapies, therapists used mastery and clarification interventions with lower intensities. However, their interventions showed a significantly higher temporal stability, and their interventions were better tolerated by patients. In the low outcome group, interventions had lower session-to-session stability, and they were associated with subsequent decreases in alliance and self-efficacy. Conclusions: TSPA sheds new light on temporal mechanisms of change, that occur on a session-to-session basis and their associations with overall outcome. Results indicated that temporal consistency of therapeutic interventions may be conceptualized as an important facet of therapeutic success that has hitherto been neglected from traditional efficacy research

Discussant: Bernhard Strauss, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany

Panel

Culture

Moderator: Guillermo dela Parra, Pontificia Universidad Católica de Chile

Research and practice in the intercultural frontier

How does it feel to be a psychotherapy researcher in Latin America?

Guillermo dela Parra, Pontificia Universidad Católica de Chile; Nelson Valdes, Pontificia Universidad Católica de Chile, Santiago; Mahaira Reinel, Pontificia Universidad Católica de Chile, Santiago; Paula Dagnino, Pontificia Universidad Católica de Chile, Santiago

Psychotherapy research has over 70 years of development at an international level; however, its development in Latin America has been delayed mainly due to infrastructure, cultural, socio-economic and financial constraints, among other factors. Aim: To analyze the main characteristics (relevance, strengths and weaknesses) of psychotherapy research developed in Latin America from the perspective of therapists and researchers. Method: The present research employed a qualitative methodology with guiding questions that aimed to a discovery oriented analysis (Hill, 1990; Strauss & Corbin, 1990), always bearing in mind that data collection and analysis evolve along with the research process on the basis of emergent knowledge (Krause, 1995). Twenty four semi-structured interviews with therapists and researchers from different Latin American countries were transcribed and analyzed according to the procedure of Grounded Theory (Flick 2004; Glaser & Strauss, 1967; Strauss & Corbin, 1990). Results: Latin American psychotherapy researchers experience a sense of being underappreciated by the regional and international scientific and clinical community, leading to one of the key problems for scientists working in Latin America. This shared feeling has resulted in a lower commitment to psychotherapy research by some Latin American countries, less emphasis on conducting high-quality research, the absence of international cooperation networks, few Latin American publications in scientific journals, and a lack of knowledge of the research conducted in Latin America by other scientific communities (Buela & López, 2005; López, García, Aguilar, Silva, & Aguado, 2010).

Refugee mental health: Responses to distress

Robert Schweitzer, Queensland University of Technology, Australia; Sierra van Wyk, Queensland Institute of Technology, Australia; Rachel Cleary, Queensland University of Technology, Australia

Aims: There is an increase in displaced people across the globe, many of whom have been subject to extreme adversity. It has been commonly argued that pre-migration trauma predicts symptoms of PTSD, depression and anxiety. Specialised responses have been developed within first world countries to address consequences of adverse experiences on people's mental health and wellbeing. This paper will outline assumptions which underpin services and results of interventions with resettled people from refugee backgrounds. Method: The paper draws upon the literature guiding current concepts, ethnographic interviews and an evaluation of interventions provided to refugees from Burma who received services from a specialised agency. Results: Participants experienced a significant decrease in symptoms of post-traumatic stress disorder, anxiety, depression and somatisation over the course of the intervention. Pre-intervention symptoms predicted symptoms post-intervention for post-traumatic stress, anxiety, and somatisation. Post-migration living difficulties, the number of traumas experienced, and the number of contacts with the service agency were unrelated to mental health outcomes. Discussion: The findings draw attention to the complex factors involved in providing services where such services are based upon traditional Western models of service delivery. We discuss the tension between a Western biomedical approach to conceptualising and "treating" people from refugee backgrounds and the arguments for psychosocial interventions. Finally, some processes to promote well-being within communities of people who have been displaced from their county of birth will be discussed.

A Qualitative Research on the Psychosomatic Experience of Hwa-Byung (Korean culture-bound somatization disorder)

Eunsun Joo, Duksung Women's University, Seoul, Republic of Korea; Young-Gi Lee, Duksung Women's University, Seoul, Republic of Korea

Hwa-byung is a Korean culture-bound somatization disorder (APA, 2004) literally meaning "anger illness," or "fire illness." It is usually experienced by people who are under repressed status and unable to express their emotions (Chung & Cho, 2006). This research intends to explore the experience of Hwa-byung in order to develop an effective therapeutic treatment of the disorder. The research questions are 1) What are the experiential processes of Hwa-byung? 2) What are the meanings of the Hwa-byung experience? 3) What are the ways to treat Hwa-byung? Using the Consensual Qualitative Research (CQR), interviewing 12 participants who were diagnosed as Hwa-byung patients, the researchers identified three domain and nine categories. In the "Dependency" domain, "Emotional", "Physical" and "Relational experiences" categories were drawn. In the "Self-understanding" domain, acknowledgement, accepting, insight categories were developed. In the "Coping and Treatment" domain, "Active listening", "Seeking professional help" and "Changing environment" categories were drawn. Several points are suggested for the further understanding and research on Hwa-byung.

Discussant: Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan

Panel

Alliance

Moderator: Andres Roussos, Universidad de Belgrano, Buenos Aires, Argentina

The role of therapists' interventions and therapeutic alliance in psychotherapy. Contributions of the process elements to therapeutic outcomes

How nice is good for patients and for therapy outcome? The role of confrontation in the process of psychotherapy

Patrick Figlioli, University of Bern, Switzerland; Franz Caspar, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland

It is well established that the therapeutic relationship contributes about as much to therapy outcome as 'technical' intervention. Furthermore, it follows clear prescriptive concepts in the same manner as technical interventions do. 'Motive Oriented Therapeutic Relationship' is such a concept for establishing a solid basis for whatever therapeutic work the patients' problems require (Grawe, 1980, 1992; Caspar, 1996). Yet, the therapeutic relationship doesn't explain everything because other factors play a significant role too. Previous studies showed that outcome is clearly better when therapists achieved a generally high quality of a therapeutic relationship when they did not shy away from possibly threatening interventions such as confrontations. This ratio of a fruitful alliance and marginally present confrontations in the same session also showed significant correlations with patient's assessment of alliance and progress in therapy (Figlioli et al., 2009). Aim: The current state of research in the field does not give any answers to questions like how good and bad confrontations can be characterized or what role does the intensity, respectively frequency of confrontations play in the process of psychotherapy. Methods: A sample of 80 therapies of 3 sessions each representing either good or bad outcome was judged moment by moment by independent raters if and how therapists used confrontative interventions. Results: Preliminary analyses show that successful confrontations are explicitly uttered, short but intense, related to important patients goals in therapy and embedded in prior complementarity. Discussion: The results will be discussed in terms of their implications for the clinical daily work.

Analysis of the influence of interpersonal problems in a Generalized Anxiety Disorder treatment. A Process-outcome single case study.

Juan Martin Gomez Penedo, Universidad de Belgrano, Buenos Aires, Argentina; Andres Roussos, Universidad de Belgrano, Buenos Aires, Argentina

Aim: The interpersonal problems are specific disabilities in the relations with others. Previous research suggests that therapist interventions should be tuned with patient's interpersonal problems, since this variable is related to therapeutic alliance and outcome. The aim of this research is to analyze the relations among interpersonal problems, therapeutic alliance, psychotherapy interventions and outcome in a single case study. Methods: Forty-seven psychotherapy sessions of a Cognitive Behavioral Therapy (CBT) of a patient diagnosed with a Generalized Anxiety Disorder were audio recorded. For the analysis of the psychotherapy interventions Comparative Psychotherapy Process Scale (CPPS) was performed. The Inventory of Interpersonal Problems was used to assess baseline interpersonal problems. Alliance was measured by the Working Alliance Inventory and Outcome was rated using SCL-90 and OQ.45, every two sessions. Results: Preliminary results suggest that therapeutic alliance and the evolution of outcome information are correlated. The patient's self-reported interpersonal problems show a general reduction of interpersonal distress. Additional analysis will explore the therapist critical interventions and its relationship with therapeutic alliance and outcome evolution. Discussion: Results shows that the interaction among different elements of process and change during therapy, needs a holistic model where the different elements and its contribution are included.

Discussant: Franz Caspar, University of Bern, Switzerland

Panel

Outcome

Moderator: Wolfgang Lutz, University of Trier, Germany

Challenges in implementing and sustaining Measurement Feedback Systems (MFS)

Development of an online motivational tool to increase therapist use of progress monitoring

Terra Kowalyk, McGill University, Montreal, Canada; Gabriela Ionita, McGill University, Montreal, Canada; Marilyn Fitzpatrick, McGill University, Canada

Aim: Despite the well-established efficacy of psychotherapy, a small but important percentage of clients fail to improve or even deteriorate (McLennan, 1996). Research finds that therapists tend to over-rate the effectiveness of their interventions (Brosnan, Reynolds & Moore, 2008). Reliable instruments such as Progress Monitoring (PM) measures offer an unbiased estimate of progress and provide therapists systematic feedback on client progress and risk assessment (Overington & Ionita, 2012). However, many practicing therapists are unfamiliar with these measures. Currently, there are no instruments to guide practitioners in choosing a measure that fits their practice. The current research sought to create an informational/motivational tool to increase PM usage and to assist clinicians in selecting an appropriate measure. Method: A systematic literature review, and an exploration of a new dataset (n=1575) of

psychologists' feedback on barriers and prevalence of PM utilization were used to develop a picture of current clinical practice. The data were used to develop categories of barriers. Twenty experienced psychologists rated the presentation of motivational information on the barriers relative to their decision to use PM. Results: Psychologist preferences were used to develop a preliminary version of an online motivational tool. Implications: The results will be used to modify the tool and to optimize dissemination strategies. The program is one strategy to engage experienced therapists in increasing the evidence-base for their practice.

Technological and organisational challenges to the delivery of patient and staff feedback systems

Geoff R. Hooke, Perth Clinic, Australia; Andrew C. Page, University of Western Australia, Crawley

Providing feedback on patient progress in outpatient settings has been shown in the literature to significantly improve clinical outcome, for those patients not responding to treatment. There is less known about providing feedback to patients and staff, in an inpatient psychiatric setting. Given the complexity in this setting, that makes this a challenging endeavour. Finding appropriate methods to collect and manage data, then to present in a real time output, in a variety of methods is the goal. Data needs to be clinically relevant and timely. Organisational structures need to be able to support and encourage the engagement of all the stakeholders. The present paper will outline how technology has been used to facilitate clinical practice and improve patient outcomes by using feedback on an index administered daily to patients.

Technology in psychotherapy: A topic for quality management, feedback research and clinical practice

Babett Herrmann, Universität Trier, Germany; Julian Rubel, University of Trier; Wolfgang Lutz, University of Trier, Germany

In recent years, psychotherapy integrated different modern technologies to enhance the quality of psychological treatments in a variety of ways. Besides purely internet-based treatments several attempts have been made to incorporate local software or internet based tools to improve psychometric feedback or the application of therapy e.g. via smart-phones or tablet computers). Modern Software tools as well as data entry systems like touch screens enable "on time" psychometric feedback over the course of treatment which has shown its positive effects on outcome especially for patients with early negative developments. Those tools help to adjustment treatment planning and treatment length on the needs of patients. The so generated large databases can also be used for a more personalized treatment package based on predictive models of intake characteristics and early change information of patients. Furthermore, on the basis of this information nearest neighbor algorithms could provide therapists with the most promising online tools for a specific patient with particular attributes. In this paper the implementation of a technology based quality assurance and psychometric feedback system within a German outpatient clinic is presented. The opportunities and limitations for future developments are discussed within the realms of patient-focused research, practice-oriented research and data security.

Discussant: J. Christopher Muran, Adelphi University, New York, USA

Panel

Supervision

Moderators: Jan Carlsson, Karolinska Institut, Sweden; Joakim Norberg, Department of Psychology, Stockholm University, Sweden

Supervision and therapist development

Supervisors experience of supervision during psychotherapy training

Joakim Norberg, Department of Psychology, Stockholm University, Sweden; Jan Carlsson, Karolinska Institut, Sweden

Research on supervision has shown conflicting result. On the one hand, studies show that psychotherapists view supervision as very important for their professional development. On the other hand, many studies also report strong negative experiences in supervision. Specifically, trainees have described supervision as an obstacle for learning and development. In the present study, supervisors were interviewed about the supervisory relationship, emphasizing issues concerning how they dealt with supervisees' prior ideas about psychotherapy. Supervisors stated that it was important to help the student to find their own style and that this was best achieved in a supporting context. However, supervisors also thought that there were some characteristics that were essential for the student to incorporate in their therapeutic style. Thus, there was a limit to the freedom given to students. Enforced instructions tended to evoke conflicts and opposition from students. Supervisors felt that students' opposition was curious, and that they needed psychodynamic theory to understand it. The results will be compared with the results from a previous study on the trainees' perspective (Carlsson, Norberg et al., 2011) and implications for training will be discussed.

The impact of supervision on therapist's clinical interventions: Investigating qualitatively two cross-sections (treatment-session-supervision-treatment-session) with Interaction-Evaluation-Analysis

Jutta Kahl-Popp, John-Rittmeister-Institut, Kiel, Germany

I will investigate interaction sequences of two audio-taped and transcribed cross-sections of treatment-session / supervision-session / treatment-session with Interaction-Evaluation-Analysis (IEA). IEA is a psychoanalytic oriented method to investigate micro-processes of clinical and supervisory interaction. The evaluative meaning of between-the-lines-communications of patients and supervisees will be analysed. This investigation is guided by the following questions: 1. Can be found an influence of supervisor's interventions on therapist's clinical intervening competence? 2. Is a change "visible" in the patient's communications following directly the therapist's interventions between the treatment sessions before supervision and after supervision? 3. Does an interrelation exist between the patients' communications after therapist's interventions and the supervisee's communications after the supervisor's interventions? 4. Does a longitudinal interrelation exist between the two cross-sections of the same treatment (and supervision)?

Psychotherapist development towards integration: A qualitative study

Tomas Rihacek, Masaryk University; Ester Danelova, Masaryk University; Ivo Cermak, Institute of Psychology, Academy of Sciences, Brno, Czech Republic

The paper draws on a recently published study (Rihacek, Danelova & Cermak, 2012) and further develops the theoretical model of becoming an integrative therapist. The analysis is based on Grounded Theory methodology. Autobiographic accounts of expert therapists published as chapters in Goldfried's (2001) book "How Therapists Change: Personal and Professional Reflections" are used as data.

Discussant: Bernhard Strauss, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany

Panel

Couple

Moderator: Luis Tapia,
Universidad del
Desarrollo, Santiago,
Chile

Relational patterns and narratives in couple therapy

Patterns and predictors of change in marital satisfaction at 3 and 12 months after community-based couple counselling

Margot Schofield, La Trobe University, Melbourne, Australia; Nicholas Mumford, La Trobe University, Melbourne, Australia; Andrew Bickerdike, La Trobe University, Melbourne, Australia

Aim: Naturalistic evaluations of community-based couple therapy are scarce despite the growing importance of this sector in community-based services. This presentation describes patterns and predictors of change in marital satisfaction and relationship commitment over 3 and 12 months after counselling. **Methods:** The study design was a quasi-experimental longitudinal design with surveys administered before counselling and at 3 and 12 months after counselling. The study was set in 8 locations run by Relationships Australia Victoria. The final sample included 76 participants. The main outcome measure was the Couple Satisfaction Inventory (CSI-32). Multi-level modelling was used to assess changes in outcomes over time, using two levels (individual and couple) in the analysis to account for the dyadic nature of the data. **Results:** We report on patterns of change over the 3 time periods for couple satisfaction and commitment and describe how other potential predictors of change (e.g. demographics, therapy, client and relationship variables) influence these effects. Preliminary analysis suggests that females but not males have increased satisfaction at 3 months and that these are sustained at 12 months. The multilevel analysis accounts for baseline differences by gender in couple satisfaction. **Discussion:** The results highlight the importance of examining gender effects in couple data and considering the relationship between commitment and satisfaction by gender. We highlight how results add to previous findings by examining effectiveness of couple counselling in community-based agencies in Victoria and using robust statistical analyses that account for the dyadic nature of the couple data.

Social Representations of romantic love

Carolina Aspillaga, Universidad del Desarrollo, Santiago, Chile

The aim of this study, which is currently under development, is to reconstruct the social representations of romantic love from the perspective of young adult Chilean women. This study hopes to help understand the historical and cultural elements involved in the discourses of romantic love and how these discourses influence the construction of personal identity of individuals and couples. The methodology is qualitative, the data will be collected through focus groups. The sample is composed from Chilean women young adults. Data will be analyzed using discourse analysis. The results are expected to be a contribution to the understanding the couples relationships, expectations and problems experienced by individuals and couples around these.

Temporality regulation in the triadic couple therapeutic system

María Elisa Molina, Universidad del Desarrollo, Santiago, Chile; Luis Tapia, Universidad del Desarrollo, Santiago, Chile

The objective of this presentation is to analyze the self-positioning of the individual when they are in the

context of couple therapy, which is a dialogue that takes place between three persons (triadic system). The study intends to analyze and compare their temporality self positions in two therapeutic contexts, one with successful outcomes and the other with unsuccessful ones. Semiotic mediation process involves fundamental principles such as temporality and triadity. Studying in the field of therapeutic relation implies considering it as a mediating process, in which the triadic perspective is a useful conceptual frame for its understanding and research. The presentation in this panel makes an analysis of a therapeutic dialogue of two couples therapeutic process ("good" and "poor" outcome) and the temporality inferred of those dialogues. The inclusion/exclusion or distancing and involvement of the triadic members are related with the different temporalities (based in an objective or subjective time). The analysis of the therapeutic process and the temporality influences over the outcome are analyzed.

Relational patterns and meaning attributions in the triadic couple therapeutic system through relational drawing video analysis (RDVA) methodology

Luis Tapia, Universidad del Desarrollo, Santiago, Chile; María Elisa Molina, Universidad del Desarrollo, Santiago, Chile

The presentation develops a proposal about the use of the technique of relational drawing video analysis (RDVA) applied to the clinic field in a relational context and particularly in couple therapy. The objective of this presentation is to compare the relational patterns and meaning attribution in a triadic therapeutic system (couple therapy) in two therapeutic contexts (good and poor outcomes). The analysis is developed through relational drawing video analysis (RDVA). The method analyzes relational patterns in a conjoint drawing couple activity (video) and meaning attributions through discourse analysis of the therapeutic system emerging dialogues about the video observation. The focus of analysis is the ongoing process of relational drawing between the participants in a triadic therapeutic system (husband, wife and therapist). The drawing video analysis constitutes a useful technique for identification patterns and elaboration of relational dynamics in therapy such as inclusion, exclusion, complicity, collaboration, coalition and mediation in couple therapy. The post drawing discourse analysis permits the abductive learning between the relational pattern observed and their meaning attributions regard to dialogical narratives.

Panel

Alliance

Moderators: John David Snyder, San Francisco Psychotherapy Research Group; George Silberschatz, University of California, San Francisco, USA

Measuring the patient's experience of therapy sessions

Measuring the patient's experience of attunement and responsivity: The PEAR scale

John David Snyder, San Francisco Psychotherapy Research Group; George Silberschatz, University of California, San Francisco, USA

The current study is a pilot of a new therapeutic relationship measurement scale, the Patient's Experience of Attunement and Responsivity Scale (PEARS). The PEARS is proposed to assess the patient's experience of attunement and responsivity following therapy sessions. The scale consists of 30 statements, and patients are asked to rate their degree of agreement with each statement, (i.e., "my therapist seemed interested in what I had to say today"). These ratings are totaled to provide an overall attunement score. There are two versions of the rating scale, a patient version and a therapist version. The ultimate aim of our research is to determine a) whether the patient's and therapist's ratings predict improvement (or deterioration) during the course of therapy, and changes in psychological functioning from pre- to post-therapy, and b) whether the degree of similarity or discrepancy in patients' and therapists' ratings (i.e. attunement) is predictive of treatment outcomes. In order to accomplish this, we obtained patient and therapist ratings on the PEARS, and compared them to the same patient's rating on the Outcome Questionnaire-45 (OQ-45, Lambert and Umphress, 1996). Preliminary results indicated a modest negative correlation between the PEARS and the OQ-45 [$r = -.26$], with higher ratings of attunement being correlated with lower symptom endorsement on the OQ-45. We will also be comparing ratings on the PEARS, with the Working Alliance Inventory (WAI, Horvath and Greenberg, 1989) and hope to present these findings. The construct of attunement and current results will be presented and discussed.

Failure in psychotherapy from the standpoint of patients: A qualitative (in progress) study in clients diagnosed with depression.

Nicolás Suárez, Pontificia Universidad Católica de Chile, Santiago; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

According to Lambert and Ogles (2004), between 5% and 10% of clients get worse at the end of psychotherapy (Lambert & Ogles, 2004). Dropout rates in psychotherapy are estimated at 46.86% (Wierzbicki & Pekarik, 1993). However, according to Lambert, there is a publication bias, in the sense that successful therapies are over-represented (Lambert, 2011). Consequently, the failure of therapies has not received enough attention in literature. Additionally, the perspective of clients regarding failure of therapy has not been sufficiently considered (Elliott & Williams, 2003; Valkonen, Hänninen, & Lindfors, 2011). The aim of this study is to capture the meanings of failure of therapy from the perspective of clients who have experienced unsuccessful psychotherapeutic processes. Method: The study included 10

clients diagnosed with depression, whose therapies were considered unsuccessful either because they dropped out, they terminated the process without agreement with the therapist, and/or obtained low outcome, as measured through the OQ-45.2 and the BDI. Data collection included semi-structured interviews performed with the clients and their therapists after end of therapy. Data analysis was carried out according to Grounded Theory procedures (Flick, 2004). Preliminary results identify criteria used by clients to determine when a psychotherapeutic process is unsuccessful. These results are relevant for the development of a comprehensive model of failure in psychotherapy from the clients' point of view. Discussion: Implications for clinical practice, specifically for monitoring -and possibly re-orienting- ongoing therapeutic processes are discussed.

Putting it all together: A comprehensive, multi-method examination of patient drop-out in community mental health

Marna S. Barrett, University of Pennsylvania, Philadelphia, USA; Robert Gallop, University of Pennsylvania, Philadelphia, USA; Mary Beth Gibbons, University of Pennsylvania, Philadelphia, USA; Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA

Aim. Despite decades of research, engagement and retention in psychotherapy remain problematic. These issues are particularly troublesome when seeking to bring evidence-based psychotherapies to community mental health settings. As part of an NIMH funded study to develop ongoing collaboration between the University of Pennsylvania (Crits-Christoph, PI) and Northwestern Human Services, the largest CMHC in Philadelphia, we conducted four investigations of factors influencing early engagement and retention in psychotherapy. **Methods.** Potential influences on engagement and retention were assessed in the following ways: 1. retrospective review of 111 patient records, 2. semi-structured telephone interviews with 63 consumers regarding treatment expectations before and after the intake evaluation, 3. 15-item questionnaire given to 107 consumers before and after intake sessions, and 4. assessment of distress and expectations of/experiences with treatment with 200 consumers. **Results.** Rates of service utilization differed significantly between those seeking therapy and those seeking medication; dropout rates and treatment intensity differed by diagnosis; consumers typically displayed one of three distinct patterns of attendance; employment was the most cited deterrent to attendance; "typical" barriers to attendance were not supported; and expectations did not predict actual treatment barriers. **Discussion.** The overall pattern of findings unfortunately provides few definitive answers for addressing the problem of attrition. However, consumer expectations and patterns of attendance suggest the need for discussion of these issues early in treatment.

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

Panel

Personality disorders

Moderators: George

Silberschatz,
University of
California, San
Francisco, USA; Joan
Marie Haliburn,
Mental Health
Sciences Centre,
Westmead &
Cumberland Hospitals,
Sydney, Australia

The conversational model of psychotherapy: Development and research at the Westmead psychotherapy program

The development of the conversational model of psychoanalytic psychotherapy

Joan Marie Haliburn, Mental Health Sciences Centre, Westmead & Cumberland Hospitals, Sydney, Australia; Nick Bendit, University of Newcastle, Australia; Anthony Korner, Mental Health Sciences Centre, Westmead & Cumberland Hospitals, Sydney, Australia

The Conversational Model is an integrated model of psychoanalytic psychotherapy - not a closed but an open theory, evolving on the basis of new data generated in such fields as neurophysiology, infant and child development, linguistics, memory and trauma theory and most importantly clinical experience. One of the best validated of treatment models available today, it began as an exploration in the treatment of BPD by Russell Meares and the late Robert Hobson at the Maudsley, London in the 1960's; but the actual work took place in Sydney in the 1980's when Russell Meares moved back to Australia. Privileged to complete the first training program in the CM, a 3 year part-time course, leading to Masters, University of Sydney, in 1990, I was invited to faculty and have been a training supervisor since. I am indebted to Russell Meares for his wisdom, his teaching and supervision of my work, particularly in those early years. A research component was developed and its clinical usefulness established in Treatment Resistant Depression, Somatization and other Personality Disorders. A not-for-profit organization - ANZAP - in 1990 led to the extension into the community of the training programme. Following its success in Sydney, it has been offered in other Australian capital cities and New Zealand. The CM was recently manualized. Training is now available through scholarship, to all suitably qualified mental health professionals of the Western Sydney Health District. A Short Term Conversational Model has been developed and will be manualized. Discussion will be invited about the process of the model and its similarities and differences from other dynamic models.

The Westmead psychotherapy research program: Outcome and process using the conversational model of psychotherapy

Anthony Korner, Mental Health Sciences Centre, Westmead & Cumberland Hospitals, Sydney, Australia

Over the last 25 years the Westmead Psychotherapy Program has investigated outcomes, process and phenomenology in Borderline Personality Disorder utilizing the Conversational Model as the psychotherapeutic literature. The 1992 outcome study was the first submitted study in the international literature to show a therapeutic benefit in a cohort of patients with BPD over a 12 months treatment period. Subsequent follow-up studies, and a repetition of the original study, have confirmed the treatment effect and have shown that it was sustained at 5 years follow-up. Cost-benefit analyses have demonstrated the cost-effectiveness of the approach. We have also demonstrated that further gains were made by patients who continued in therapy for 24 months compared to those who completed only 12 months in therapy, a finding that has relevance to planning appropriate interventions in this group. The CM approach has also been demonstrated to have effects on the affective and "self" related component of BPD. In other papers we have demonstrated the common occurrence of hallucinatory phenomena in BPD and high levels of "harm avoidance" as a temperamental trait. Moreover we have provided data that demonstrates that "core dysphoria", or a self-state akin to Westen's description of "painful incoherence" is the most enduring, and arguably the key feature of the BPD syndrome. In this talk I will give a quick overview of the Westmead Research Program's work and the future research directions that are currently anticipated.

Freud as researcher and therapist

Douglas Alan Kirsner, Deakin University, Australia

For Freud therapy was an invaluable means for creating and establishing hypotheses rather than testing them. Research and therapy for Freud interwove to create further theories. For Freud psychoanalysis was a method, a therapy as an application of the method, a body of knowledge and a theory of culture. Freud was primarily interested in therapy as a way to further his researches into understanding the roles played by the unconscious in the human condition. Experiences in therapy from Breuer and Anna O, through Dora to the Rat Man and the Wolf Man greatly impacted on the generation of concepts such as repression, transference and resistance. For Freud the vital ingredient in his new talk therapy was free association which enabled fuller speech and expanded choice by recognizing reality and not turning away from it. To do so, like the Stoical approach, 'indifferenz' (neutrality) would help bring the soft voice of reason to such recognition. Freud's research here was ethical in intent on how best to live our lives. Freud did not accord therapy an overarching role in such endeavours. He was concerned that if it was treated as primary the therapy would destroy the science. Psychoanalytic institutes have often trained students in the hypotheses that have been accorded far more legitimacy than has been warranted and not been systematically critical and open on a university model.

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

Panel

Patient/client factors

Moderator: Andres Roussos, Universidad de Belgrano, Buenos Aires, Argentina

Why client's perceptions matter: Feelings pre, during and post-treatment

Client experience of psychoanalytic psychotherapy and cognitive behavior therapy for bulimia nervosa

Stig Poulsen, University of Copenhagen, Denmark; Susanne Lunn, University of Copenhagen, Denmark; Louise Tækker, University of Copenhagen, Denmark; Sarah I. F. Daniel, University of Copenhagen, Denmark

Aim: Whereas several studies report client experience of psychotherapy, only few studies specifically compare client experiences of cognitive behavior therapy (CBT) and psychodynamic / psychoanalytic psychotherapy (PPT). Existing studies indicate that whereas clients in PPT tend to emphasize their relationship to the therapist and the achievement of a better understanding of themselves, clients in CBT often focus on the specific techniques and coping skills provided by the psychotherapy. In the present study, client experiences of CBT and PPT for bulimia nervosa (BN) are presented with a focus on clients' perceptions of helpful and hindering aspects of the therapy. Method: 70 adult clients fulfilling the DSM-IV criteria for BN participated in a randomized controlled trial comparing CBT and PPT. 57 of these clients (n, CBT=33, n, PPT=24) participated in an interview about their experience of the therapy using an adapted version of the Client Change Interview Schedule (Elliott, 1996). Interviews were analyzed following Grounded Theory methodology. Results and Discussion: Salient positive and negative experiences common to clients across the therapeutic method as well as experiences specific to each therapeutic modality will be reported. The specific importance of the clients' eating disorders and of the therapeutic outcome for their perception of the therapies will be discussed. Implications for the conduct of both CBT and PPT for BN as well as indications for matching clients to treatments will be suggested.

Psychotherapy treatment preferences of patients with chronic PTSD

John C. Markowitz, Columbia University, New York, USA; Kevin B. Meehan, Long Island University, Purchase, USA; Page Van Meter, Columbia University, New York, USA; Yuval Neria, Columbia University, New York, USA; Hayley Pessin, Columbia University, New York, USA; Yasmin Nazia, NYS Psychiatric Institute

Patient treatment preference (TP) often moderates outcome of treating major depression. Few studies, and mostly analog studies, have addressed its application to PTSD. Actual patients' preferences across PTSD psychotherapies have never been assessed. We present baseline data from an ongoing chronic PTSD trial comparing Prolonged Exposure (PE), Relaxation (R), and Interpersonal Psychotherapy (IPT). Blinded to outcome, we report TP of 87 consecutive randomized patients and explore moderators of TP. Methods: Subjects with primary chronic DSM-IV PTSD (CAPS>50) received balanced, scripted descriptions of the therapies pre-randomization and indicated therapy preferences. Linear regression models assessed demographic and clinical factors predicting treatment inclinations and disinclinations. Results: 67 (77%) patients voiced treatment preferences. Twenty-two (25%) preferred and 23 (26%) preferred not to receive PE; 23 (26%) preferred and 15 (17%) preferred not to receive R; 44 (51%) preferred whereas 2 (2%) preferred not to receive IPT. Preference for PE was higher among patients with past psychotherapy, more distant primary traumas earlier in life, and higher symptom-specific Reflective Function. Patients with comorbid MDD were disinclined toward Relaxation. Comorbid bulimia, chronic trauma, and absent history of pharmacotherapy moderated preference for IPT. Discussion: These are novel findings on psychotherapy preferences of study patients with PTSD. Despite presentations emphasizing PE's greater research support, most study patients preferred IPT. Clinical factors predicted patient preference. The ultimate value of these findings will depend on the relationship of patients' treatment preference to treatment outcome.

Client's retrospective perception of therapeutic interventions

Malena Braun, Universidad de Belgrano, Buenos Aires, Argentina; Julieta Olivera, Universidad de Buenos Aires, Argentina; Laura Challú, Universidad de Belgrano, Buenos Aires, Argentina; Andres Roussos, Universidad de Belgrano, Buenos Aires, Argentina

The aim of the present study was to explore clients' retrospective perception of the therapeutic actions and interventions performed by their therapist during treatment. Twelve former psychotherapy clients, whose treatment had ended no more than three years previous to the interview, participated in this study. Their treatments were held in outpatient independent settings and participants were recruited by a snowball sampling. Semi-structured qualitative face-to-face interviews were conducted and audio recorded. Interviews inquired on types of interventions perceived, clients' preferences regarding the therapists' actions and what they liked most and least about their therapy. Socio-demographic information of the client, as well as data on therapists' gender, theoretical framework and age was collected. Qualitative data analysis based on CQR was performed. Clients were able to identify different types of interventions that were clustered in groups. Client's narratives validate the importance of including the clients' experience in the criteria for psychotherapy appraisal. The implications for clinical practice interventions are presented. This kind of studies should be continued in order to provide useful information to clinicians in terms of what elements of the therapeutic process they should share with their patients and discuss with them.

Corrective experiences in emotion-focused therapy: Client's first person accounts of experiences of change in brief therapy

Lynne Angus, York University, Canada; Fern Kagan, York University, Canada; Jasmine Khattra, York University, Canada

The present study uses client-generated categories of corrective experiences in Emotion-Focused Therapy (EFT) conducted at the on-site York Psychology Training Clinic to enrich our understanding of: (a) significant intra- and interpersonal changes during treatment, and (b) what took place during or between sessions that contributed to these changes. This qualitative pilot study was part of a multi-site initiative (Heatherington et al 2012) that investigated corrective experiences from the clients' perspective. Twenty clients seen for therapy at the York Psychology Training Clinic completed 43 protocols asking them to describe unexpected moments of change and possible reasons for that shift or change. Post therapy Corrective Experience interviews (Constantino, Angus & Moertl 2012) were also conducted with a select subsample of clients (Khattra 2012) to provide a more in depth understanding of client corrective experiences at therapy termination. An integrative coding manual, emerging from a collaborative qualitative analysis of client responses across all sites, was used to code client responses (Kagan 2012). The results are discussed in terms of the contributions of the therapeutic alliance, client agency, and emotion in emotion-focused therapy. Future research addressing client perceptions of corrective experiences with larger samples and CE post therapy interviews is called for in order to further elaborate our understanding of what clients find corrective in therapy.

Discussant: Andres Roussos, Universidad de Belgrano, Buenos Aires, Argentina

Panel

Computer

Moderator: Robert King, Queensland University of Technology

Text as an adjunct or alternative to face to face or online interventions

Does SMS text messaging promote healthy behaviour: A meta-analysis

Jayne Orr, Queensland University of Technology, Australia; Robert King, Queensland University of Technology

SMS text messaging has become one of the most popular forms of interpersonal communication. It is flexible, low cost and has low emotional demand. In some applications, SMS messaging can be automated. There is now a substantial body of randomised controlled trials in which SMS has been used to prompt healthy behaviour in areas such as medication compliance, smoking cessation and dietary management. The study reported here used Comprehensive Meta-analysis to estimate effect size and confidence intervals for SMS text messaging where the primary aim of the intervention was to promote more healthy behaviour.

Young people's constructions of the therapeutic relationship: Text and face-to-face counselling

Kerry Gibson, University of Auckland, New Zealand; Claire Cartwright, University of Auckland, New Zealand

Aim: The therapeutic relationship has been recognised as key to the success of psychotherapy, but less is known about how this relationship is experienced by younger clients, especially in relation to newer modes of delivery such as text counselling. This research explores differences and similarities in the way that young people construct the therapeutic relationships in text and face-to-face counselling. **Methods:** This research is based on the narrative accounts of young people (aged 16-18) who were interviewed about their experiences of either text or face-to-face counselling. Thematic and narrative analytic methods were used to draw out differences and commonalities in the way that participants constructed the therapeutic relationship across the different modes of counselling. **Results:** In general participants represented the counselling relationship as having more in common with a friendship rather than a professional relationship, often emphasising their own agency and de-emphasising the authority and control of the counsellor. There are similarities in the representation of the counsellor across the different delivery modes, but in some respects text counselling seemed to allow participants an opportunity to retain more of a sense of control over the relationship and to imbue the counsellor with qualities and values that corresponded to those of the young client. **Discussion:** Discussion focuses on the unique aspects of young people's construction of therapy relationships and the differences that might be produced in different modes. These are discussed in the context of young people's developmental priorities and youth culture.

Promoting health behaviour in children via SMS

Kathina Ali, FernUniversität in Hagen; Cátia B. Silva, Universidade do Minho, Braga, Portugal; Sónia Gonçalves, Universidade do Minho, Braga, Portugal; Eva Conceição, Universidade do Minho, Braga, Portugal; Ana Vaz, Universidade do Minho, Braga, Portugal; Daniel B. Fassnacht, James Cook University, Singapore; Paulo P.P. Machado, Universidade do Minho, Braga, Portugal

Several studies showed that technology-enhanced measures could be a useful and innovating tool to promote health behaviours. In this study, a Short Message Service (SMS) program was used to monitor three key behaviours: fruit and vegetable consumption, physical activity and screen time. Based on the daily input (SMS) of participants, supporting feedback messages were automatically sent via the program. The aim of this minimal intervention was to improve the indicated behaviours. Testing feasibility, adherence and satisfaction of the SMS system were secondary aims of the study. Eight school classes with a total of 160 children (age 8 to 10) were randomly assigned to an intervention group (8 weeks of monitoring and supportive feedback) and a control group. Adherence was high with participants sending monitoring SMS in 67% of the intervention days. Significant results regarding fruit and vegetable consumption were found, $F(2,168) = 7.86$, $p < .01$ indicating that participants in the intervention group increased the amount of fruit and vegetable intake over time. However, results for physical activity, $F(2,162) = 0.93$, $p = .399$, and screen time, $F(2,168) = 1.40$, $p = .249$ were non significant. Furthermore, high satisfaction scores were reported. Summarizing the results, this minimal intervention demonstrated to be a feasible program to increase fruit and vegetable consumption. Nevertheless, there is a need to further investigate such programs, as 32% of the children were overweight and 8% obese. Hence, the adaption of this program to support hospital treatment for childhood obesity and bariatric surgery will be discussed briefly.

Discussant: Robert King, Queensland University of Technology

Panel

Complex Disorders

Moderator: Robert Schweitzer, Queensland University of Technology, Australia

Working with people with complex presentations

Enhancing sense of recovery in people diagnosed with schizophrenia: An effectiveness study of metacognitive narrative psychotherapy

Rebecca Bargenquast, Queensland University of Technology, Australia; Robert Schweitzer, Queensland University of Technology, Australia

Psychotherapy continues to be a controversial practice in the treatment of people with schizophrenia. However, innovative research into the psychotherapy of schizophrenia, conducted by Lysaker and colleagues, reflects reignited interest in the value of psychotherapy in the treatment of people diagnosed with this disorder. The study investigated the effectiveness of the approach over the course of 11 to 26 months. Data was quantitatively assessed using a single sample, pre- and post-therapy design and qualitatively assessed using a case-study methodology. Eleven patients diagnosed with schizophrenia received Metacognitive Narrative Psychotherapy. On average patients attended 49 sessions. Quantitative analyses showed that patients significantly improved in subjective recovery and self-reflectivity, with large effect sizes. Case-study evidence also showed improvements for some patients in symptom severity, and narrative coherence and complexity. These results confirm previous case-study evidence and suggest that manualised Metacognitive Narrative Psychotherapy produces general and approach-specific improvements for people with schizophrenia.

Client and therapists' understandings of Psychogenic Non-Epileptic Seizures and their treatment

Maria Quinn, La Trobe University, Australia; Margot Schofield, La Trobe University, Melbourne, Australia; Warwick Middleton, The Canaan Institute

Psychogenic non epileptic seizures (PNES) are seizure-like events with psychological causes. These somatoform symptoms are frequently misdiagnosed and inappropriately treated as epilepsy. This results in drug toxicity, unnecessary costs to the health system, delays in appropriate treatment and symptom consolidation. This presentation is part of a qualitative study of client and therapists' understandings of PNES and the process of their resolution through psychotherapy. PNES, investigated in 7 clients and 7 therapists revealed depletion and trauma in people with self systems compromised in formative relationships, in which the expression of vehement emotion was silenced. Recovery took place in an attuned therapeutic relationship, in which this proscription on expression was removed. These therapeutic relationships fostered the development or integration of self systems and the integration of traumatic material. Two models of human functioning are discussed as models for effective therapies in treating complex presentations of PNES: the Conversational Model Therapy and the Structural Dissociation.

Recovery from First Episode Psychosis and Recovering Self

Melissa Connell, Queensland University of Technology, Australia; Robert Schweitzer, Queensland University of Technology, Australia; Robert King, Queensland University of Technology

AIM: The first experience of psychosis can be a turning point -- it has the potential to derail a person's normal life trajectory and mark the beginning of ongoing mental health problems or it may just be an anomaly in an otherwise normal developmental path. We used a dialogical phenomenological model of self and a phenomenological research method (Interpretive Phenomenological Analysis) to explore the experience of first episode psychosis (FEP) and recovery in the initial period following FEP. METHOD: Interviews were undertaken with 26 persons aged from 18 -- 25 years who had experienced an FEP within the last month. The interviews were analysed using Interpretive Phenomenological Analysis in order to explicate themes. RESULTS: Two broad super-ordinate themes captured essential thematic trends in the data -- these were the experience of self-estrangement and the experience of self-consolidation. DISCUSSION: While the majority of participants were engaged in self-consolidation, lingering feelings of self-estrangement presented barriers to this process. The findings of this study offer new insights into the importance of meaning making during the period initially following FEP. The participants who appear to have commenced a positive recovery trajectory are those that have been able to reflect on their experience, engage in dialogue with others and re-author their sense of self through constructing a narrative of progress towards psychological well being and a mature identity. Interventions that facilitate this process may be an important inclusion in treatment for FEP.

Discussant: Robert Schweitzer, Queensland University of Technology, Australia

Panel

Outcome

Moderator: Analise O'Donovan, Griffith University, Australia

The role of feedback systems in healthcare

A tale of two systems: Great expectations, hard times, and strategies to avoid bleak houses

James Bennett-Levy, University of Sydney, Australia; Dave Richards, University of Exeter, UK

Around the middle of the first decade of the 2000s, Australia and the United Kingdom recognized the

need to take action on mental health by increasing access to mental health services. As a consequence, both countries launched important new and expensive initiatives at around the same time. Although the two health systems based their rollouts on increasing the provision of cognitive behavioural therapy (CBT), the form of their response was very different. This paper will highlight the differences between the UK Improved Access to Psychological Therapies (IAPT) program and the Australian Better Access program, particular in regard to the training, supervision, accountability and feedback processes. The difference between the two systems manifests at both individual and systemic levels. Building elaborate feedback processes into systems have both costs and benefits. While we are yet to fully understand the impact of these systemic differences on access, client outcomes, and the perceptions of consumers and health professionals, there are indicators to suggest that creating good feedback processes may act to provide better safeguards for the public, the practitioners, and for the health of the systems themselves.

Introducing progress monitoring into the routine training of supervisees

Aaron Frost, Griffith University, Australia

According to client feedback, can lead to considerable outcome improvements for our clients. In fact, as far back as 2006, the American Psychological Association has included routine evaluation and client feedback in its statement of what constitutes evidence based practice. With this in mind, it raises the question of how best to incorporate this approach into the training of new psychologists. More recently, the routine progress monitoring research has also considered the impact on trainees. Reese et al, 2009 compared supervisees who were given access to client feedback with those who were not. Not only were those supervisees receiving feedback more effective, but they were also better judges of their own effectiveness. Training as usual appears to produce psychologists who are both less effective, but also over-estimate their effectiveness. Most psychologists in the field today are the products of training as usual and this is consistent with research findings that in general even experienced psychologists over-estimate their effectiveness (Hiatt & Hardgreaves, 1995). With this in mind, the question now becomes; how do we go about training our supervisees to become more effective than their supervisors. This paper will argue that it is time to start incorporating routine progress monitoring into the training of new psychologists.

What matters to supervisees, what they share with supervisors and how regular feedback can assist the alliance

Analise O'Donovan, Griffith University, Australia

The literature provides extensive clarification on what is important to supervisees in the establishment and maintenance of a strong supervisory alliance, including what supervisor characteristics enhance the relationship. However, supervisors are unlikely to receive accurate feedback on their supervision and the alliance, as supervisees tend to soften the full extent of their opinions. In fact, the worse the alliance, the more likely it appears that supervisees will tend to not provide accurate feedback. The reasons for supervisee reluctance to provide feedback will be explored, as well as what supervisors may do to increase accurate knowledge of supervisee experience to increase effective supervision.

Discussant: Michael J. Lambert, Brigham Young University, Provo, USA

Panel

Process-outcome

Moderator: Henning Schauenburg, University Hospital, Heidelberg, Germany

How effective are short term interventions? state of research

How effective is systemic family therapy: State of research based on randomized controlled trials

Jochen Schweitzer-Rothers, University Hospital, Heidelberg, Germany; Kirsten von Sydow, Psychologische Hochschule Berlin; Stefan Beher, University of Bielefeld; Markus Haun, University Hospital, Heidelberg, Germany; Rüdiger Retzlaff, University Hospital, Heidelberg, Germany; Christina Hunger, Heidelberg University Hospital

Aim: Systemic family therapy (SFT) is widely used in the field of psychotherapeutic interventions with adults and adolescents. The aim of this study was to review randomized controlled trials (RCT) on the efficacy of SFT in regard to distinct mental disorders treated in various settings (e.g. individual, couple, family, multifamily group). Methods: Database searches (English, German, Spanish language) identified all RCT-studies evaluating SFT with either adults or adolescents as index patients. Inclusion criteria referred to the diagnostics of patients with a DSM or ICD listed mental disorder. A meta-content analysis was performed according to research methodology, interventions applied and their efficacy. Results: Out of thirty-eight RCTs with adults as the study population, 34 studies showed SFT to be efficacious in regard to mood, eating and substance use disorders, to mental and social factors related to medical conditions and schizophrenia. Considering SFT with adolescents, 47 RCTs showed its efficacy in regard to eating, conduct and substance use disorders and juvenile delinquency, to mental and social factors related to somatic disorders. Additionally, SFT showed promise to be efficacious for anxiety disorders (adults) and

for depression, ADHD and child abuse/neglect. Results are stable across follow-up periods of up to five years. Conclusion: There is sound evidence for the efficacy of systemic family therapy for adult and adolescent index patients with mental disorders in several diagnostic groups.

Combined resource-activation/cbt-approach compared to a standard cbt-treatment in unipolar depression

Tobias Teismann, Ruhr-Universität Bochum, Germany; Ulrike Willutzki, Ruhr-Universität Bochum, Germany

Background: Resource activation is considered to be a central mechanism in psychotherapeutic change. However, it is widely unknown whether a special focus on resource activation is associated with higher efficacy in cognitive behavioural therapy. Method: 52 patients with unipolar depression took part in a randomized controlled study comparing cognitive behavioural therapy plus resource activation (RFCBT) with cognitive behavioural therapy (CBT) alone. Results: Overall, treatment effects were comparable to published research. In both treatment groups patients equally improved on cognitive, emotional and interpersonal outcome measures. Conclusions: A combined treatment approach of cognitive behavioural therapy and resource activation was shown to be an effective treatment of unipolar depression. Yet, compared to a standard CBT-treatment an additional focus on resource was not associated with higher efficacy.

Focal psychodynamic psychotherapy vs. cognitive behavioural psychotherapy vs. TAU in adult females with Anorexia Nervosa (ANTOP) - A randomized controlled trial

Henning Schauenburg, University Hospital, Heidelberg, Germany; Wolfgang Herzog, University Hospital, Heidelberg, Germany; Hans-Christoph Friederich, University Hospital, Heidelberg, Germany; Katrin Giel, University of Tuebingen; Gaby Gross, University of Tuebingen; Martin Teufel, University of Tuebingen; Beate wild, University Hospital, Heidelberg, Germany; Stephan Zipfel, University of Tuebingen

Anorexia nervosa is a serious eating disorder leading to high morbidity and mortality as a result of both malnutrition and suicide. Evidence for treatment efficacy in this area is remarkably weak. We introduce an RCT on two manualized outpatient treatments, focal psychodynamic (FPT) and enhanced cognitive behavioural therapy (CBT-E). Both are, due to the ethical problem of denying active treatment, also compared to an optimized "treatment-as-usual" control group (TAU-O). The trial is registered at <http://isrctn.org>, number ISRCTN72809357. In this German multicenter trial (10 university hospitals) 242 patients had been randomly assigned to the three groups. The treatment period for each intervention group was 10 months, consisting of 40 sessions in the two standardized and manualized treatment arms. The treatment in the control group was not regulated by protocol, but reflected the current practice of outpatient care and included additional structured medical control by the respective GP. The last follow-up period was 12 months. Sessions have been audio taped for adherence monitoring. Primary outcome measure was the body mass index (BMI) at the end of treatment and follow-up. Secondary outcome were remission rates measured as combined outcome (weight gain and eating specific psychopathology). Outpatient treatment of Anorexia Nervosa is difficult due to patient ambivalence and high drop out rates and to medical and other complications. To our knowledge, ANTOP is the largest study of this kind to date. The study started in 2007 and was successfully completed in 2011. First results on outcome, dropout rates and other important aspects will be presented.

Discussant: Michael J. Lambert, Brigham Young University, Provo, USA

Panel

Personality

Moderator: Brin

Grenyer, University of Wollongong, Australia

Changes in relationships enhance changes in symptoms over psychotherapy: Three CCRT Core Conflictual Relationship Theme studies

The CCRTs of good outcome and poor outcome therapies

Madonna Schmierer, Queensland University of Technology, Australia; Robert Schweitzer, Queensland University of Technology, Australia

Aim: There is increasing evidence that therapist factors play a critical role in the therapeutic outcome; however we still have little understanding of the relational qualities which characterise effective and less effective therapies. Methods: In this study we utilised the CCRT methodology (Ulm coding system) to examine the characteristics of both positive and negative therapy trajectories within a university clinic context. Therapy trajectories were identified using the OQ-45. Six positive trajectory and six negative trajectory cases were identified. The relationship anecdotes paradigm interview was used with each of the therapy dyads. Results: Findings revealed differences between these groups. Positive trajectory groups were characterised by harmonious patterns and negative trajectories were characterised by disharmonious patterns. Conclusion: These findings will be described as well as the implications for the training of therapists.

The psychotherapy of drug dependence: Changes in Core Conflictual Relationship Themes

Danielle Linda Ciaglia, University of Wollongong; Brin Grenyer, University of Wollongong, Australia

Aim: The extensive nature of problems relating to drug dependence has prompted researchers to find effective treatments. However, the important ingredients of treatment are not yet understood. Since interpersonal conflicts are thought to be central to cannabis users, investigating the nature of these conflicts and its association with clinical outcomes may demonstrate key aspects that contribute toward conceptual understanding and clinical change. This study therefore aims to understand the process-outcome links occurring within a 4mth course of psychotherapy for Cannabis Dependence with respect to relationship conflicts. **Method:** Relationship patterns were scored from transcribed therapy sessions of 24 Cannabis users using the Core Conflictual Relationship Theme -- Logically United. Each component of the CCRT-LU; The wish of the patient; the response of other; and response of self; were scored. This was implemented with an acceptable level of reliability. Patients were largely abstinent by the end of psychotherapy. **Results:** Cannabis user's relationship patterns became more positive over the course of psychotherapy (valence). Therapy duration significantly contributed to this change. This improvement was true with regard the both RO and RS. As relationship patterns became more positive, depression levels, anxiety levels, and global functioning scores improved, and less symptoms of the SCL were endorsed. The W did not change over time and was not associated with improved outcome. **Conclusion:** For this sample, interpersonal effectiveness was an appropriate drug-treatment focus and facilitated good outcomes.

Change in relationship patterns in psychoanalysis found by the Core Conflictual Relationship Theme method

Lisa M. Parker, University of Wollongong, Australia; Brin Grenyer, University of Wollongong, Australia

Aim: In the realm of psychotherapy, there is a tradition of observing changes in relationship patterns to suggest clinical improvement. In particular, the Core Conflictual Relationship Theme [CCRT] system utilises the notion of pervasiveness as an index of change over the course of therapy as it captures the plots the frequency of relationship conflicts across the duration of the intervention. **Method:** Patients engaged in long-term psychoanalytic psychotherapy were studied using the Core Conflictual Relationship Theme -- Leipzig/Ulm [CCRT-LU] method. **Results:** The index of CCRT-LU pervasiveness did not conform to the theoretical principles that maladaptive relationship themes will become less pervasive over the course of therapy. That is, in this study there was little change in pervasiveness as indicated by the number of relational themes from early to late therapy. The incorporation of a Harmony index into the study illustrated the shift in the relationship themes from disharmonious to harmonious, or more positive. **Conclusion:** This paper will present the results from this study; discuss the theoretical implications and consider applications of this methodology for the private practitioner.

Discussant: Dan Pokorny, Ulm University, Germany

Panel

Culture

Moderator:

Christopher Wurm,
University of Adelaide,
Australia

Self-transcendent values and research in existential psychotherapy. Viktor Frankl, Irvin Yalom and new developments

Self-transcendent values, optimism and progress in existential psychotherapy

Christopher Wurm, University of Adelaide, Australia

This paper aims to explore the potential of existential psychotherapy -- particularly Self-transcendence -- in the field of addictive behaviour. Examples will be drawn from the landmark studies by Vaillant et al. in Boston, USA, Edwards et al. in London, England and the research of Brady in outback Australia. Aspects of existential psychotherapy - particularly the work of Viktor Frankl - can be seen in Positive Psychology, Interpersonal Psychotherapy, ACT and Motivational Interviewing. Frankl even foreshadowed what is now called Narrative Therapy: "The world is not, as the great existential philosopher Karl Jaspers intimated, a manuscript written in a code we have to decipher: no, the world is rather a record that we must dictate. This record is of a dramatic nature, for day by day life is asking us questions, we are interrogated by life, and we have to answer."

Self-transcendent values, daily behaviour, and well-being

Clare L. Foa, McGill University, Montreal, Canada; Marilyn Fitzpatrick, McGill University, Canada

Aim: Pressing global issues, such as protection of environmental resources, call for a shift in values from self-serving toward self-transcendent values (Kazdin, 2008), however research indicates that narcissism, characteristic of self-serving values, is increasing significantly (Twenge & Foster, 2010). Therefore, understanding how individuals develop self-transcendent values and act upon them is an urgent priority. The current research examines the conditions that lead people to hold self-transcendent values and how such values moderate behaviour and emotion in people's daily lives. **Method:** We first conducted a

phenomenological study (n=40) using a therapeutic-style interview to elicit people's core values and explore the conditions and constraints by which they are lived out in daily life. We then conducted a second, quantitative 7-day diary study (n=100), to examine emergent hypotheses of how people's values moderate behaviour and emotions over the course of daily life. Results: Study 1 revealed that self-transcendent values develop in relation to others. Emergent themes of generativity and contributing to the well-being of humanity were discussed in terms of responsibility toward parental modeling and empathic relationships (compassion). Preliminary results from study 2 demonstrate the enactment of self-transcendent values by examining the nature of empathic connection. For example, people with self-compassionate goals are highly agreeable toward others only if they also have self-transcendent values ($p < .001$). Further analyses are being conducted. Implications: This research challenges a developmental model of self-transcendence and offers insight into social empathy as a vehicle for values change.

From well to wounded and back again: The lived experience of soldiers undergoing recovery in the Australian army

Paula Anne Dabovich, Department of Defence - Australia

Defence, police and emergency services personnel face a unique challenge in achieving a sense of personal selfhood. During recruit training individuals are depersonalized through various methods which promote interdependence. Recruits move from existing as individuals to existing as a team: What 'I am' is less important than 'what we are'. The move towards personal identity is slowed or arrested. The organisation provides meaning to individuals as they come to exist for their platoon, unit, community or country. When those who are forced to shift roles within the service or leave on account of injury or other factors beyond individual control, identity and meaning is often lost and gives way to existential crisis. This crisis is often coupled with disorders commonly associated with service such as anxiety, depression and substance abuse. My proposed qualitative research seeks to understand the psychosocial and existential elements of seriously injured military members as they move from a strong collective environment, rich in purpose and meaning, to ill defined circumstances in which they must draw on their 'self' to navigate their own recovery. The aim of my research is to promote psychotherapeutic approaches within military and veteran communities in order to assist veterans move towards a stronger selfhood in which they may find meaning in the context of their own values, without a collective imperative.

Therapeutic factors involved in bereavement following suicide

Denis John O'Hara, Australian College of Applied Psychology; Fiona O'Hara, University of the Sunshine Coast, Australia

Aims: 1. To evaluate the clinical impact of the development of self-reflective functioning and hope through the therapy process in people bereaved by suicide. 2. To identify key concepts and themes that are associated with an increase and decrease in life functioning in those experiencing traumatic grief. Methods: The study utilised a mixed methods design employing data from both quantitative questionnaires and qualitative interviews. The quantitative aspect of the study employed a correlational within-groups design. The qualitative data was analysed using IPA. Eight clients bereaved by suicide and six therapist involved in supporting them were interviewed. The clients completed five psychometric inventories: CORE Outcome Measure, The Satisfaction with Life Scale, State Hope Scale, Trait Hope Scale, and The Self Reflection and Insight Scale. Results: A number of findings were evident in the data. There were moderate correlations between low scores on reflective functioning, and hope and life functioning. Several themes emerged from the interview data: * Observed distinction between trauma and grief. *Stuckness associated with a prohibition around grieving associated with guilt and anger. *Marked split between rational and maladaptive cognitions. * Reduced capacity to reflect and imagine in individuals stuck in traumatic grief process. *Therapeutic listening highly regarded by client participants. Discussion: The research highlights the characteristics of the traumatic grief process and suggests aims and dimensions of therapy which are likely to be most effective in supporting those experiencing traumatic grief.

Panel

Family

Moderator: Xiaorong Zhou, University of Ulm, Germany

Understanding family dynamic in the process

The parents' perspective on their sons' and daughters' committed suicide

Annelie Werbart Törnblom, Karolinska Institutet; Andrzej Werbart, Stockholm University, Sweden; Per-Anders Rydelius, Karolinska Institutet

Background. As a group, youth currently have the highest suicide risk in a third of all countries. The paths to committed suicide may differ between boys and girls. Method. Extensive interviews with parents of 33 boys and 19 girls who committed suicide in Stockholm County, Sweden (78 interviews), were analyzed using grounded-theory methodology and ATLAS.ti software. Results. Typical paths to suicide were being hunted and haunted, addicted or depressed; being psychotic was more common among the boys, while sexual abuse and eating problems were more common among the girls. Both boys and girls concealed

their problems, "hid behind a mask," while both parents and the professionals underscored the emergency and the severity of the problems. Different forms of shame were hidden behind gender-specific masks: "The Clown," "The Warrior" and "The Prince" among boys and "The Invisible Girl," "The Lark," "The Princess," "Cinderella Who Did Not Want to Grow up," "Mother's Friend and Confidante," and "The Nobel Prize Winner" among the girls. Shame emerged inductively as core category. Typically, the boys, the girls and their parents asked for professional help, but according to their parents they did not receive the help they needed. Discussion. About half of the boys and a half of the girls who committed suicide had never done previous suicide attempt. Thus, other signs are even more important to recognize and have to be taken seriously, such as sudden astonishing utterances and withdrawal from relationships. Barriers to help and consequences for prevention and treatment will be discussed.

Family dynamics in the perception of female patients with bulimia nervosa and healthy controls

Xiaorong Zhou, University of Ulm, Germany; Kathrin Holzinger, Ulm University, Germany; Dan Pokorny, Ulm University, Germany; Jörn von Wietersheim, Ulm University, Germany

Aim: To illustrate attachment patterns, mother-daughter relationship and family environment in bulimia nervosa (BN) patients and healthy controls. Method: 30 female patients with BN are recruited from different hospitals in Germany. The patients are diagnosed according to ICD-10, The control group is comparable in age and educational status and free of previous or current eating disorders. All participants filled out SCL-90, EDI-2 (Eating Disorder Inventory-2), FES (Family Environment Scale, German version), ECR-S (Experience of Close Relationship, short version). To assess the severity of the BN symptoms, there's an additional EDE-Q (Eating Disorder Examination Questionnaire) for the patients. Furthermore, in both groups, two structured qualitative interviews, AAP (Adult Attachment Projective Test) and an adopted interview for CCRT-LU (Core Conflict Relationship Theme-LU), are conducted, transcribed, and coded. All the data are processed in SPSS-20. Results: The data collection is finished now. The transcriptions and evaluations are in progress. Based on our hypothesis, insecure attachment patterns are expected to exist more often in BN patients than in the control group. Autonomous and dependent will be most mentioned relationship theme in the patient group. BN patients will describe more disharmonic experiences with their mother and tend to talk about it in an emotionless way. Their family environment might be highly conflicting and poorly organized. Discussion: Qualitative methods combined together with quantitative data highlight interpersonal problems in BN patients, especially with the mother. It will be worth to add a family dynamic view into eating disorder researches.

Family Constellation Seminars improve psychological functioning and individuals' experience in social systems - Results of a randomized controlled trial

Christina Hunger, Heidelberg University Hospital; Annette Bornhaeuser, University Hospital, Heidelberg, Germany; Jan Weinhold, University Hospital, Heidelberg, Germany; Leoni Link, University Hospital, Heidelberg, Germany; Jochen Schweitzer-Rothers, University Hospital, Heidelberg, Germany

Aim: Family constellation seminars (FCS) are a method for psychotherapeutic intervention and counselling that follow the principles of systemic therapy (Schweitzer & von Schlippe, 2003). The goal of this study was to examine the efficacy of FCS on well-being, experience in social systems, symptomatology and incongruence. Method: Data derive from a randomized clinical trial that compared the efficacy of FCS with a wait-list control group (n = 208, adult sample). Demographic data and outcome measures were assessed at baseline. The intervention was a three day FCS. Effects after two weeks and four months were assessed by the Outcome Questionnaire (OQ-45), Questionnaire on the Evaluation of Psychotherapeutic Processes (FEP), Incongruence Questionnaire (INK) and Experience in Social Systems Questionnaire (EXIS). Results: In contrast to the control group, clients that participated in FCS showed an increase in well-being, better experience in personal social systems, less interpersonal problems, better social role performance, less psychopathology, better motivational congruence. These effects were demonstrated after two weeks with medium to small effect sizes and persisted over four months. Discussion: The results indicate that the participation in FCS has positive effects on dimensions central to psychotherapy.

Discussants: Annelie Werbart Törnblom, Karolinska Institutet

Panel

Assessment

Moderator: Marilyn Fitzpatrick, McGill University, Canada

Current perspectives on progress monitoring in routine care

Routine outcomes and clinical effectiveness using the OQ-45 to monitor progress within an Australian university counselling service

Alexandra Mooney, Griffith University, Australia; Mary O'Brien, Griffith University, Australia; Jennifer M. O'Brien, Hong Kong; Jill Harris, Brisbane

Aim: While the OQ-45 has been shown in repeated RCTs to improve outcomes for 'not on track' clients and is used extensively in a wide range of settings, few studies have reported on outcomes and clinical effectiveness of routine counselling, using the OQ-45. The aim of this paper is to examine the

effectiveness of counselling within an Australian university counselling service, and to compare and contrast outcomes with those within similar populations and settings. Method: Data collected from routine use of the OQ-45 to monitor progress of clients presenting to a large metropolitan multi campus university counselling service over a 3 year period were analysed to determine effect sizes (Cohen's d) and reliable and clinically significant change for clients who attended two or more sessions (n=1205). Distress at intake and affiliation with designated subgroups (international students, NESB, Indigenous, students with disabilities) within the client population were investigated to examine differential treatment outcomes using multinomial logistic regression. Results: Overall, a reduction in mean OQ-45 scores between first and last sessions for repeat-session clients was found, with a medium effect size (Cohen's d= .39). Approximately one third of repeat-session clients (n=396) experienced either reliable improvement or clinically significant change with an average of 4.28 sessions. Initial severity of distress was found to predict treatment outcomes whereas affiliation with a designated subgroup did not. Discussion: These outcomes will be discussed in light of available research findings with similar client populations in Australia and internationally.

Stakeholder views of progress monitoring in psychotherapy

Marilyn Fitzpatrick, McGill University, Canada; Giorgio Tasca, University of Ottawa, Canada; Terra Kowalyk, McGill University, Montreal, Canada; Gabriele Ionita, McGill University, Montreal, Canada

Aim: Progress Monitoring (PM) improves practice by allowing practitioners to assess client outcomes and respond to those assessments throughout the course of treatment. However emerging evidence indicates that these measures have not yet been widely adopted in routine practice. This investigation aims to investigate sources of support among stakeholders in positions of influence relative to psychotherapy practitioners. The study is part of a larger program of research aimed at assessing the barriers and facilitators to the adoption of progress monitoring. Method: The investigation surveyed stakeholders in organizations that might influence the adoption of PM by practitioners to assess their knowledge and level of support for PM. Interviews with stakeholders in licensing bodies and professional associations across Canada were conducted. Interviews focused on the knowledge levels of the individuals in organizations, their opinions about the viability of PM, and the levels of support that they indicated their organizations could potentially provide for the adoption of PM among their members. Results: The results of the surveys provide a snap-shot of stakeholder awareness and support for PM in Canada. The findings highlight the barriers salient to different types of organizations and potential avenues for knowledge translation related to PM. Discussion: The discussion will focus on how awareness and adoption of PM can be facilitated through the involvement of organizations that have regular contact with their practitioner members.

Therapist views of progress monitoring in a psychotherapy practice-research network

Kylie Francis, Ottawa Hospital Research Institute, Canada; Giorgio Tasca, University of Ottawa, Canada; John Sylvestre, University of Ottawa, Canada

Psychotherapy Practice-Research Networks (PPRNs) are an innovative way to create applied research, and increase therapist use of psychotherapy research. Psychotherapists, the largest group of stakeholders in a PPRN, are asked to take on extra work and balance research with client needs. Therapists are unlikely to remain involved with a PPRN if their needs and interests (which do not necessarily parallel researchers') are not addressed. Hence, it is critical to understand what therapists want from a PPRN. One previous study (Castonguay et al, 2010) suggested that therapists in a PPRN are motivated to take part in research that improves their effectiveness with clients. Research indicates that routine monitoring of progress meets this requirement (Lambert & Shimokawa, 2011). In order to successfully implement progress monitoring in a PPRN, however, therapists' views should first be assessed. During a recent agenda-setting conference for a Canadian PPRN, over 90 therapists were invited to generate psychotherapy research ideas. Progress monitoring was cited as one possible research avenue. After the conference, therapists will be invited to take part in interviews to explore their views. One aspect of the interview will concern therapist knowledge of, and attitudes toward, progress monitoring. Responses will be subjected to qualitative (Grounded Theory) analysis. The resulting themes will provide a unique therapist perspective on the perceived barriers and benefits to the use of progress monitoring. This information can be used to tailor PPRN research activities so that therapist needs are addressed. This in turn should increase therapist engagement in the network.

Discussant: Michael J. Lambert, Brigham Young University, Provo, USA

Panel

Change Process

Moderator:

Changming Duan,
University of Kansas,
Lawrence, USA

Counseling deepening processes, working alliance, and client and therapist experiences in China

Depth of interview interaction: A three-dimension model

Guangrong Jiang, Huazhong Normal University; Yongbo Tu, Huazhong Normal University; Xu Zhu,

Huazhong Normal University; Jia Liang, Huazhong Normal University; Shujing Hu, Huazhong Normal University

Aim: The author advanced Depth of Interview Interaction (DII) to measure the quality of interview interaction, which suggested how deeply clients touched his/her inner belief and feelings. A three-dimension model was supposed: (1) personal-ness: the degree to which one party or both parties expose themselves in the interaction; (2) affectivity: the degree or intensity that one party or both parties have affective involvement; (3) immediacy: the degree that reflections are about "there and then" or "here and now." This paper represents four studies aiming at checking the structure of the model and its predictive validity. **Method:** Four studies were conducted using real counseling session video (sample sizes varied from 28 to 29 each). Four different units for coding were used. The DII was rated by observers. The criterion validity indexes used included Session Evaluation Questionnaire, therapists' and clients' perception of interaction depth to different units. **Result:** Confirmatory factor analyses showed that the theoretical model hypothesized to underlie the DII provided a good fit to the counseling practice. The model accounted for 22% of therapists' ratings of immediate outcomes and 9% of the clients'. Both in-session outcomes and immediate after-session outcomes, the therapists' perceptions of interaction depth were not statistically significant with the clients'. **Conclusion:** The stable goodness-of-fit confirmed the three dimensions, which can be used to measure the depth of interview interaction, especially at the immediate interaction level. The model was more expressive of the therapists' view. Generally, the clients' perception of depth was superior to that of the therapists.

Exploring the structures of working alliance in Chinese culture

Xu Zhu, Huazhong Normal University; Guangrong Jiang, Huazhong Normal University

Aim: Although WAI has been the most widely used instrument, the studies testing its structures frequently fail to support its three-factor. To date, a great deal of efforts have been devoted to refine the WAI, for example, developing WAI-S and WAI-SR. However, the results remain undesirable. Herein lies the alternative to turn back toward Bordin's theory itself. The current series of studies aim to test Bordin's theories and explore the structures of working alliance in Chinese culture setting. **Method:** The structures of WAI-S and WAI-SR were examined respectively in two samples (N = 134 and N = 192) using confirmatory factor analysis. Then, consensual qualitative research (CQR) was conducted to analyze data from 20 clients interviewed by phone about their experiences of being collaborative with their therapists. Based on the results of qualitative research, a measure of working alliance was developed in a sample of 469 clients in the context of Chinese culture. **Results:** As predicted, Goal and Task dimensions were correlated closely in WAI-S ($r = .71, p < .01$) and in WAI-SR ($r = .74, p < .01$). Confirmatory factor analyses showed that all of the one-, two-, three-factor structure models of WAI-S and WAI-SR were not adequately supported by the data. The qualitative research revealed three domains including bond, task, engagement viewed by Chinese clients as components of working alliance. Built on the results of qualitative study, the Working Alliance Questionnaire (WAQ) was developed. **Discussion:** The dilemma of refining the structure of WAI suggests a need to reconsider Bordin's theory. This series of studies provide preliminary evidence to the western working alliance theory from a cross cultural perspective.

Distance between counseling-client perceived alliance and its correlates

Changming Duan, University of Kansas, Lawrence, USA; Bo Hu, University of Kansas, Lawrence, USA

Aim: To make observations about and gain understanding of Chinese therapist-client relationship in sessions. Specifically, we seek to understand the discrepancy between therapist and client perceptions of working alliance (WA-D) and how it correlates with various therapist and client variables, such as therapist and client emotions, their perceptions of the session, and their attribution of client concerns. Additionally, we wanted to observe if there is a pattern in terms of how WA-D correlates with client emotion and session evaluation across sessions. **Method:** We used data collected from a 70 therapist-client dyads from center during two semesters in a large university in China. The WA-D was calculated as the distance between therapist and client Working Alliance ratings for each of 4 consecutive sessions (not including the first session). Pearson correlation and multiple regressions were used to analyze the relationship between WA-D and client pre-session mood, client pre- and post-session mood changes, client session evaluations, therapist attribution of client concerns, and therapist intellectual and emotional empathy. **Result:** Significant correlations and predictability were found among a number of these variables in different sessions. More interestingly, the pattern of these relationships across sessions offers indirect support to both Jiang's model and Zhu's findings (papers in this panel). **Conclusion:** There is relatively clear indication to support 1) the nature of therapeutic relationship for Chinese is somewhat different from that described in the literature, and 2) client negative emotions seem to have significant impact on the therapist, therapeutic relations, and the session.

Discussant: William B. Stiles, Glendale Springs, North Carolina, USA

Panel*Qualitative methods*

Moderator: Celia

Godfrey, Monash University, Melbourne, Australia

Where distance and depth coincide: Multi-layered experience in psychotherapy practice and research

Parallel process in psychoanalytic psychotherapy practice and research

Celia Godfrey, Monash University, Melbourne, Australia; Jacqueline Grady, Monash University, Melbourne, Australia; Suzanne Dean, Monash University, Melbourne, Australia; Bruce Tonge, Monash University, Melbourne, Australia; Jeanette Beaufoy, Monash University, Melbourne, Australia

Aim: The broad aim of the Melbourne Outcome Study of Psychoanalytic Psychotherapy, at the Victorian Association of Psychoanalytic Psychotherapists Clinic, is to explore the outcomes and processes of this in-depth, intensive mode of psychotherapy. This paper considers one aspect of the overall study, that of aiming to elucidate patients' experience of the process of treatment, during their two years of twice-weekly psychoanalytic psychotherapy. **Method:** In-depth narrative interviews were conducted with patients at several time-points. Transcripts of interviews with the 23 patients so far completing treatment were analysed, to identify emergent themes in their understanding of their treatment outcomes, and the processes by which their psychotherapy had assisted them. **Thematic content analysis** developed a hierarchy of factors facilitating change experienced within psychotherapy. **Results:** Analysis revealed the most frequently mentioned higher order themes relating to change to be, firstly, the characteristics of psychoanalytic psychotherapy as experienced by the patient, secondly, the perceived qualities of the psychotherapist, and, thirdly, understanding by the patient of his or her own internal world. **Discussion:** Complex processes in undertaking in-depth and long-term qualitative research in psychotherapy are discussed. Striking parallels between the processes of research and psychotherapy, both meaning-making endeavours, became apparent, both in the data collection interview process and in conducting the thematic analysis. For example, the research team has become alert to the danger of foreclosure in conducting preliminary analysis, similar to foreclosure in interruption of the therapeutic work itself.

Does meeting diverse needs preclude depth? Service directors reflect upon approaches to adolescent psychotherapy and culture

Jill Pullen, Monash University, Melbourne, Australia; Suzanne Dean, Monash University, Melbourne, Australia; Bruce Tonge, Monash University, Melbourne, Australia

Aim: Presented is a qualitative study of Clinical Directors' perceptions of adolescent services of public Child and Adolescent Mental Health Services (CAMHS) across the State of Victoria, Australia. The aim was to understand how the culture of CAMHS may be shaped by the needs of the diverse communities served. Particular enquiry was made into the Directors' views of the way psychoanalytic psychotherapy might fit into this complex context. **Method:** Seven Directors described the culture of their services and that of their adolescent communities. In response to a semi-structured, in-depth individual protocol, they recalled the nature of their service in 2002, and how it had changed over 10 years. Directors reflected on working with adolescents with serious mental illness, and on the role of psychoanalytic theory and psychotherapy treatment. A thematic content analysis of the data transcribed from audio-recordings was conducted. **Preliminary Results:** The Directors considered the use of multiple treatment approaches as paramount, as expected in view of the cultural diversity of the communities being served. Playing a part in this complexity were perceived variations, within and between CAMHS regions, in ethnic make-up, socio-economic groupings, resourcing and infrastructure, as well as in the experience, size, stability and level of training of CAMHS teams. **Discussion:** Discussion focuses on the experience of the context of multi-layered diversity of adolescent populations within Victoria, and the range of psychotherapy treatment and theoretical frameworks that Directors perceived as best meeting such varied needs.

A qualitative investigation of the challenges of teaching and learning psychodynamic and cognitive-behavioural therapy modalities in a dual-orientation Clinical Psychology program

Gavin Ivey, Victoria University, Australia; Carolyn Deans, Victoria University, Australia

Aim: Arguably the most challenging aspect of Clinical Psychology training, for students and lecturers/supervisors alike, is the acquisition and refinement of psychotherapy skills. Many training programs focus upon one specific therapeutic orientation in conjunction with 'generic' therapeutic and assessment competencies. Increasingly, cognitive therapy has become the hegemonic modality in most programs, despite pockets of eclecticism and integrationism. An alternative approach is to teach traditionally divergent therapeutic approaches, to engender competency in both, as can be demonstrated in supervised psychotherapy practice. The present qualitative study sought to explore with trainees and their supervisors their experiences of this alternative approach, and facilitate evaluation of its impact and of its contribution to training in psychotherapy. **Method:** Using a case study of one university's Clinical Psychology program, focus group interviews with clinical students and supervisors were conducted, focusing on their experiences of the dual modality (cognitive and psychodynamic) psychotherapy training. The resulting multi-layered data were then subject to qualitative thematic analysis. **Results:** Data analysis generated a composite picture of the experience of learning and teaching dual therapeutic modalities in the course of the training program. This enabled critical evaluation of both the challenges and benefits of such psychotherapy training, and this evaluation is presented. **Discussion:** The

implications of the findings for psychotherapy training in universities, particularly in Clinical Psychology, and for psychotherapy and psychotherapists in the general field of clinical practice are discussed.

Discussant: Robert King, Queensland University of Technology

Panel

Therapist factors

Moderator: Héctor Fernández-Álvarez, Aiglé Foundation

New developments on therapist factors

Using self-help trials to estimate therapist effects

Robert King, Queensland University of Technology; Giac Giacomantonio, Australian Catholic University, Australia; Brooke Poulsen, Queensland University of Technology, Australia

It is difficult to quantify therapist effects. Traditional RCT approaches in which clients are assigned to therapist require large numbers of clients per therapist to achieve adequate power, especially given that client effects are likely to be substantially greater than therapist effects. Furthermore, such studies evaluate variability of therapist effects rather than allowing an estimate of overall therapist contribution to outcome. Naturalistic studies are limited by the possibility that outcome relevant factors influence assignment of clients to therapists. This study employed a different strategy to estimate therapist effects. It took a meta-analytic approach to therapy trials in which participants were randomly allocated to either a manualised therapy provided by a therapist or the same therapy (with equivalent dose) provided by self help. We identified 17 studies that met inclusion criteria. Both effects size for the two conditions and differences between variability of outcomes were used to estimate therapist effect on outcomes. Findings suggested a medium (positive) therapist effect on outcomes. An unexpected finding was that the presence of therapists reduced the variability of outcomes, regardless of the number of therapists. While this approach is subject to some limitations, the method is logical and robust and is not subject to the feasibility limitations of the traditional approach.

The personal style of the therapist: An observational guide to classify verbal behavior (ATOG-v)

Héctor Fernández-Álvarez, Aiglé Foundation; Beatriz Gómez, Aigle Foundation; Sergi Corbella, FPCEE Blanquerna, Universitat Ramon Llull

The therapist style has been conceptualized as a specific therapeutic factor that presents a marked temporal stability and that intervenes in the way any procedure or psychotherapeutic technique is applied. The Aiglé Therapist Observation Guide -- verbal (ATOG-v) was developed to categorize verbal behaviors in order to expand a comprehensive map of the Personal Style of the Therapist (PST). This guide was developed following a grammar principle that allows distinguishing the speech acts performed by therapists in session. In the present work, 24 sessions comparing data of cognitive, psychodynamic and integrative therapists with different experience level (low, moderate and high) were analyzed. Psychotherapy sessions were verbatim transcribed. Speech units were identified and coded following the rules proposed by Hill and O'Brien (1999). To classify the interventions, ATOG-v was applied and sessions were analyzed and compared regarding type and quantity of statements, indications and questions. Implications for clinical care and training are discussed.

A dyadic examination of client and therapist attachment, working alliance, session evaluation and response to psychotherapy: A university counseling center study

Eric Martin Sauer, Western Michigan University; Christopher James Richmond, Ferris State University; Barbara Gormley, Governors State University

A group of psychotherapy researchers at Western Michigan University is using attachment theory to examine the dyadic impact of client and therapist attachment on counseling process and outcome over time. In the current paper, the authors will briefly review the key findings of our previously published clinical attachment studies that were conducted primarily with therapists-in-training and their adult clients at university-based psychology training clinics (e.g., Sauer, Lopez, & Gormley; Sauer et al., 2010). These studies found that secure client and/or therapist attachment orientations predicted better psychotherapy process and/or outcome. For example, in our most recent study, we found that higher than average levels of therapist adult attachment anxiety was significantly associated with poorer early treatment responding. Next, the main focus of the current presentation will be to discuss the results of our most recent study that was recently conducted in a large university counseling center. Fifty-six therapist-client dyads completed measures of adult attachment, working alliance, and session evaluation. Therapy outcome was evaluated at intake and prior to each therapy session using the Counseling Center Assessment of Psychological Symptoms (CCAPS). (We completed data collection for this study in December 2012. Our hierarchical linear modeling analysis will be completed in early spring 2013). While there are methodical similarities between our current study and our previously published attachment studies, the current study advances this line of inquiry in several important ways. First, in the current study, we gathered multi-dimensional outcome data with the CCAPS. In our previous studies, we had utilized a one-dimensional measure of client distress (i.e., The Outcome Questionnaire 45.2) that was not specifically designed to measure outcome in university counseling center clients. Second, we shifted from

using therapists-in-training to examining more experienced counseling center staff. Third, we examined these key process and outcome variables using a sample of university counseling students. The intent of these methodological refinements is to validate our previous training clinic findings and extend them to university counseling centers.

How do psychotherapists manage therapeutic boundaries? Findings from the international study of the professional development of psychotherapists

Thomas Albert Schroder, University of Nottingham, UK; David E. Orlinsky, University of Chicago, USA

Therapeutic boundaries serve the protection of patients and, especially in the analytic/psychodynamic tradition, the maintenance of a therapeutic frame. While research on therapeutic boundaries has often focused on ethical transgressions, recent clinical literature has paid attention to flexibility and 'boundary crossings'; however, little is known about where practitioners 'draw the line' in their day-to-day practice. This paper introduces a new instrument for studying clinicians' management of the therapeutic frame in everyday practice. It presents empirical data derived from the International Study of the Professional Development of Psychotherapists, based on approximately 8000 reports from therapist across a broad range of professions, theoretical orientations and career levels, nations and cultures. We present data on frame management parameters and dimensions and demonstrate consistency of prevalence and factorial invariance across a wide range of subgroups. We comment on the relationship between boundary management, theoretical influences and other correlates and discuss implications for clinical practice, supervision and training.

Discussant: Jacques P. Barber, Adelphi University, New York, USA

Panel Culture

Moderator: Geoff
Walter Denham, La
Trobe University,
Melbourne, Australia

Making psychotherapy more relevant for non-Western refugees: Lessons from the research literature

Illness explanations in the cultural formulation

Lauren Ban, University of Melbourne, Australia

Illness explanations are a key component of the DSM-IV outline for cultural formulation. Illness explanations inform every step in the evolution of illness experience, including the recognition of problems and initial coping (Wilcox, Washburn & Patel, 2007) help-seeking, pathways to care, decisions and choices (Leavey et al., 2007; Niemi et al., 2009), clinical recognition of common mental health problems (Jacob et al., 1998), the therapeutic alliance, and treatment satisfaction and adherence (Freudenreich & Tranulis, 2009). Preliminary evidence shows there are potentially effective interventions targeting culture-specific attributions (Hinton et al., 2004, 2005). This paper will examine ways in which illness explanations among recently arrived refugees can mobilize specific adaptive responses and determine attitudes of the individual and others towards the illness, resulting in decreased stigma and better social integration (Lewis-Fernandez & Diaz, 2002; Groleau & Kirmayer, 2004).

Towards a contextual model of practice for refugee psychotherapy

Keren White, La Trobe University, Melbourne, Australia

Many refugees resettling in Australia will do so without the need for mental healthcare. However, due to the high levels of trauma associated with forced migration, a sizeable minority experience significant and persistent distress (Craig, 2010). These individuals have a demonstrable need for effective psychotherapeutic interventions, yet there is no driving theory-of-practice to guide therapists working in this context. Western models of distress and diagnostic nosologies are often discordant with clients' own illness explanations, and Western interventions can lack cultural relevance. One model of practice that has arguable utility here is the contextual model, which prioritises the healing context of the relationship and the salience of the therapeutic rationale to the client's own values and worldview (Wampold, 2001). This paper will discuss the application of this model to refugee psychotherapy, and how this enables therapists to be better informed by their clients' illness explanations and provide therapy that is more culturally relevant.

Does psychotherapy make sense to a Mon refugee from Myanmar?

Geoff Walter Denham, La Trobe University, Melbourne, Australia

This paper presents the research findings produced as a result of interviewing a small number of Mon refugees from Myanmar (Burma), who currently reside in Melbourne, about their recovery from torture and trauma. The research emerges from a critique of myopic mental health practice with culturally and linguistically diverse communities, that focuses on individual identities but not the social contexts of those treated. To offer useful psychotherapeutic assistance to a Mon person one needs to examine how Mon culture resides in implicit and embedded habits, and the routines and practices of everyday life.

Mon culture will be described through a critical examination of the interview material and an outline of an approach to psychotherapy (Mon style) will be presented.

Discussant: Robert Schweitzer, Queensland University of Technology, Australia

Panel

Interpersonal

Moderator: Geoff Walter Denham, La Trobe University, Melbourne, Australia

Speech act analysis of therapeutic discourse

Competing explanations of the working alliance

Melissa Buultjens, La Trobe University, Melbourne, Australia; Michael Di Mattia, Monash University, Australia

A conceptual analysis was conducted of three disciplinary approaches of understanding interpersonal communication as a key feature of health professionals' communication with their patients. Also considered in this analysis was the normative-compliance framework of doctor-patient, and psychotherapist -- client roles. Relevant to the working alliance, key concepts from recent developments in Speech Act theory by Jürgen Habermas are employed to enhance this analytic framework. Three hypotheses are presented that specify the operating mechanisms of the working alliance: the collaborative relationship hypothesis; the cogent rationale hypothesis, and; the bilateral hypothesis.

Generating a method of analysis

Melissa Monfries, La Trobe University, Melbourne, Australia; Geoff Walter Denham, La Trobe University, Melbourne, Australia

Reported in this paper is the development of analytic methods for investigating the three hypotheses: the collaborative relationship hypothesis; the cogent rationale hypothesis, and; the bilateral hypothesis. These examine therapeutic discourse and the presence or absence of key speech acts in the dialogue of therapy sessions. The analysis reported here focuses on micro-dialogic units of speech acts rather than intrapersonal meanings or intentions. A guiding principle in the development of method was to avoid focusing on intrapersonal meanings, but rather generate a method that focused on the building of collaboration as evident in passages of interpersonal exchange. Transcripts of recordings of ten sessions of psychotherapy were used to develop these methods of analysis and to provide initial data in relation to the feasibility of applying them to a general examination of psychotherapy sessions. Examples are presented here illustrating the coding categories.

Discourse analyses: Empirical evidence

Geoff Walter Denham, La Trobe University, Melbourne, Australia

Presented here is the application of the methods of analyses relating to the three hypotheses. Four raters independently examined the selected transcripts. In this paper the following information will be presented; the levels of consensual agreement on each of the categories of speech acts; the implications of these for the development of speech act categories; the implications for the modifications of speech act categories; and preliminary data differentiating the three hypotheses. The relationship between this analyses and measures of the working alliance will also be presented. A further refining of the modelling of the operation of the working alliance at the level of the speech act is suggested.

Discussant: Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

Panel

Process

Moderator: Hadas Wiseman, University of Haifa, Israel

From CCRT research to practice and back

Core Conflictual Relationship Theme method -- Theory research and practice (or: CCRT- Can Clinicians and Researchers Talk?)

Orya Tishby, Hebrew University, Jerusalem, Israel; Hadas Wiseman, University of Haifa, Israel

Lester Luborsky developed the CCRT Method as an operational measure of transference patterns. In the course of developing the methodology, he found that it fosters the understanding of transference. Later on the CCRT became the dynamic focus of supportive-expressive psychotherapy, which was also studied and researched. The CCRT although seemingly simple, generates narratives that are rich and can be coded both quantitatively and qualitatively. Having used the CCRT in studying psychotherapy with adolescents and young adults, I found that it is a powerful lens through which the therapy process can be viewed. It captures transference, countertransference, and it can serve as a process and outcome measure, as we track changes in interpersonal patterns in the course of therapy. In this presentation I will focus on the different ways the CCRT serves as a bridge between research and practice, using data from a study of 60 client therapist dyads in psychodynamic psychotherapy: 1) studying transference patterns of young adults clients, how they change in the course of treatment, and the relationship between the CCRTs with parents

and therapists and client outcome. 2) Studying countertransference, via therapists' narratives on interactions with their parents and with their clients, and clients' narratives about their therapists. 3) Studying RAP interviews of clients and therapists, conducted at several time points in therapy, can help us create a narrative of the therapy. This will be demonstrated with a clinical example.

Relationship patterns in a projective test. Scoring CCRT-LU in texts with multiple subjects

Dan Pokorny, Ulm University, Germany; Ivo Cermak, Institute of Psychology, Academy of Sciences, Brno, Czech Republic; Zuzana Lakostikova, Masaryk University, Brno, Czech Republic

Who am I, and if so, how many? (Richard David Precht). "Who is who" -- when we are scoring psychotherapy sessions or autobiographic reports by the CCRT method, the answer is obvious: The narrating patient is a Subject, the others are Objects. Hence, rating CCRT, we can distinguish between the RO and RS dimensions easily. Moreover, the dimensions ROO, ROS, RSO and RSS of the category system CCRT-LU document reaction's source and target; and analogously for subject's wishes. The system logic is anchored by the "ego-centric" perspective of the narrating person. "Lucie" -- a 17 years old Czech girl in the institutional care -- associated freely narratives to the series of 11 projective TAT pictures (Thematic Apperception Test). Numerous fictive persons and other objects are casting in her narratives -- Lucie herself is none of them. Some of them seem to be candidates for a story "protagonist", a hero with whom Lucie is most likely identifying herself. In some other sense, all these objects are certain parts of Lucie. The identification of possible subjects belongs rather to the results of the procedure. We will introduce a generalization of the CCRT-LU logic suitable for the scoring of narrative texts where the subject identity is not given a priori. A high rating reliability was achieved by two independent and blind raters -- only the gender of the test person was known to them. Their explorative conjectures and the known facts on the real person "Lucie" will be compared finally.

CCRT patterns in the structural analysis of personality attachments and personality disorders

Brin Grenyer, University of Wollongong, Australia; Kye McCarthy, University of Wollongong, Australia; Danielle Linda Ciaglia, University of Wollongong; Anne Devlin, University of Wollongong, Australia

Aim: The Core Conflictual Relationship Theme (CCRT) method, originally discovered by Lester Luborsky in 1976, provides a powerful method of studying the interior of psychotherapy. Originally developed out of a desire to understand the therapeutic alliance, it has drawn on the traditions of personality theory and psychoanalysis. Method: We studied every session of a single specimen case ("Michael Angelo") of a successfully completed dynamic therapy. Every session was coded with the CCRT-LU, the OPD-2 (Operationalised Psychodynamic Diagnosis), and the PQS (Psychotherapy Q-Sort). Results: The case was a success and showed significant improvements over the course of treatment. Importantly, coding each session allowed us to demonstrate large discontinuities in progress, when focal problems emerged and treatment set backs were clearly shown, particularly around sessions 6, 7 and 8. Changes in core relationships with mother and wife CCRTs paralleled gains in psychological health-sickness. Conclusion: Psychotherapy is a dynamic process, and although smooth growth curves are shown in aggregating cases, individual cases show the dynamics of relationship conflicts and repair as significant issues arise and are resolved.

Discussant: Hadas Wiseman, University of Haifa, Israel

Panel

DBT

Moderator: Shelley F. McMain, Centre for Addiction and Mental Health, Toronto, Canada

Dialectical behaviour therapy for borderline personality disorder: Clinical outcomes and predictors of treatment response

Randomised clinical trial comparing dialectical behaviour therapy and the conversational model in the treatment of borderline personality disorder: Implementation in a real world setting

Carla Joy Walton, University of Newcastle, Australia; Nick Bendit, University of Newcastle, Australia; Amanda Baker, University of Newcastle, Australia; Gregory L. Carter, University of Newcastle, Australia; Terry Lewin, University of Newcastle, Australia

Dialectical Behaviour Therapy (DBT) has become the gold standard for psychotherapeutic treatment of Borderline Personality Disorder (BPD). Results across a number of trials have consistently shown significant reductions in suicidal and self-mutilating behaviours as well as improvement in quality of life. To date, there have been very few RCTS comparing DBT to other active treatments. This trial compares DBT with the Conversational Model (CM), a psychodynamic model, developed specifically for treatment of BPD. CM has some empirical support, but has not been evaluated against another active treatment. It is hypothesised that DBT will be more effective at reducing deliberate self-harm and suicidal behaviour than CM, but less effective at reducing depression. All participants referred to a specialist service for BPD within public sector mental health, with a diagnosis of BPD and a minimum of 3 self-harming and/or suicidal episodes in the past 12 months were invited to participate. Consenting participants were randomised to either DBT or CM and given 14 months of treatment. Assessments occur at baseline,

mid-treatment, post-treatment, 1, 2, and 5 year follow-up and include structured clinical interviews of Axis I and II disorders and self-harm as well as self-report questionnaires measuring depression, dissociation, interpersonal functioning, difficulties with emotion regulation, mindfulness and sense of self. Adherence coding is being conducted across both treatment arms. A total sample of 162 participants will be recruited. Completed outcome data is not yet available. The design of the trial and baseline characteristics from the total sample of 162 participants will be reported.

The effectiveness of brief dialectical behavior therapy skills training for suicidality in borderline personality disorder: Findings from a randomized controlled trial

Shelley F. McMain, Centre for Addiction and Mental Health, Toronto, Canada; Tim Guimond, University of Toronto; David Streiner, McMaster University; Liat Habinski, Centre for Addiction and Mental Health

This paper reports on the findings from a randomized controlled trial designed to evaluate the effectiveness of 20-weeks of DBT skills training for the treatment of chronically suicidal individuals with borderline personality disorder (BPD). The trial involves a single-blind trial in which 84 patients diagnosed with borderline personality disorder and with at least two suicidal or non-suicidal self-injurious episodes in the past five years, were randomly assigned to 20-weeks of DBT skills training versus a wait list control. Primary outcomes were frequency of suicidal and non-suicidal self-harm behaviours. Secondary outcomes were BPD symptoms, anger, symptom distress, interpersonal functioning, health care utilization and general functioning. Outcomes were assessed at pre treatment, mid treatment, post treatment and 3 months post discharge. Data was analyzed using mixed effects linear growth curve models. Of the 42 individuals randomly assigned to DBT skills training, 29% dropped out of treatment prematurely. An analysis of clinical outcomes at post treatment and follow-up data will be discussed.

Predictors of dropout in DBT skills group for suicidal individuals with borderline personality disorder

Andrew Griffin Ekblad, Centre for Addiction and Mental Health; Tim Guimond, University of Toronto; David Streiner, McMaster University; Shelley F. McMain, Centre for Addiction and Mental Health, Toronto, Canada

Patients with borderline personality disorder (BPD) frequently dropout of treatment (Bohus et al., 2004; Rusch et al., 2008). Previous studies have found that in Dialectical Behaviour Therapy (DBT) adaptations for intensive or inpatient settings factors such as poor education, high experiential avoidance and high trait anxiety are all predictors of treatment dropout (Rusch et al., 2008; Perroud, Uher, Dieben, Nicastro, & Huguelet, 2010). Despite this previous research, there is a dearth of research on factors that might contribute to treatment dropout for clients in outpatient or DBT group-only contexts. The purpose of this study was to examine predictors of treatment dropout in a sample of suicidal or self-injurious patients diagnosed with BPD who were randomized to a 20 week DBT skills training group. Several variables were examined for their relationship to dropout status including: demographic variables (e.g. age, marital status) and symptom severity (e.g. number of BPD symptoms, frequency and recency of self-injurious behaviour). The findings of this study have important implications for the identification and management of patients who may be at risk to dropout of treatment.

Panel

Outcome

Moderator: Michael J. Lambert, Brigham Young University, Provo, USA

Applied psychotherapy research from down under using the OQ-45

Therapist mentalization and therapist effectiveness: Does attachment play a role in differentiating supershrinks from pseudoshinks?

John Cologon, Queensland University of Technology, Australia; Robert Schweitzer, Queensland University of Technology, Australia; Robert King, Queensland University of Technology

We know that there are significant differences between therapists in terms of their effectiveness. However, we know comparatively little about why. Although, many theorists have suggested that attachment theory may be applicable to therapists the client-therapist relationship, empirical research into the relationship between the attachment status of therapists and therapeutic effectiveness has been sparse. Similarly, while the role of mentalization in the process of therapeutic process is increasingly recognized, empirical research into the relationship between the therapists' capacity for mentalizing and therapeutic outcome remains lacking. This paper reports the results of research into the relationship between therapist mentalization and therapist effectiveness. Twenty-five therapists were assessed for mentalization and attachment by means of the Adult Attachment Interview and self-report measures. Effectiveness was defined by the slope of the pattern of change in scores on an outcome measure, the OQ-45, completed by the clients at each therapy session. Multilevel modelling demonstrated a significant relationship between therapist mentalization and therapist effectiveness.

The relationship between treatment trainee-therapist treatment outcome and therapeutic language amongst clients experiencing Major Depressive Disorder

James Banham , Queensland Institute of Technology, Brisbane, Australia

Psychotherapy research has demonstrated the presence of significant variation between individual therapists' treatment outcomes. Further, many psychotherapies emphasise the importance of language as a medium for therapeutic change. However, we have a poor understanding of the relationship between therapeutic language and treatment outcome. The current research aims to investigate the relationship between language styles identified by the Narrative Process Coding System (NPCS; i.e. external, internal and reflexive) and the treatment outcomes of individual trainee-therapists. The treatment response of 233 clients who completed session-by-session Outcome Questionnaire -- 45.2 (OQ-45.2), seen by 49 trainee-therapists across a 5 year period in a university-based psychology clinic were examined. Hierarchical Linear Modelling has been used to determine individual therapist treatment trajectories to aid in the identification of the 3 most effective and 3 least effective therapists. Transcripts of therapy sessions from beginning, middle and end phases of therapy from identified trainee-therapists were analysed with the NPCS. This study will report a preliminary analysis of the relationship between therapeutic language styles and individual therapist treatment outcomes. This research will contribute to existing theories of change by examining how therapeutic language relates to treatment outcome. Further, demonstrating the relationship between therapeutic language and treatment outcome will serve to aid in the training of trainee-therapists and/or retraining of therapists attaining less effective treatment outcomes.

What are the consequences of less than weekly psychotherapy

Davey Erekson, Brigham Young University, Provo, USA; Michael J. Lambert, Brigham Young University, Provo, USA

This paper compares weekly psychotherapy with scheduling sessions on a bi-weekly basis by looking at both speed of change and ultimate outcome. The results are compared with dose-response curves generated in Australia. The practical consequences of these findings are discussed.

Efficacy research is not the "gold standard" for causal research: Did Seligman get it right when discussing efficacy and effectiveness research in 1996?

Robert M. Lynd-Stevenson, Flinders University, Australia

Seligman (1996; American Psychologist) generated considerable controversy when he argued that efficacy research (i.e., experimental methods) is no better than effectiveness research (i.e., nonexperimental methods) to evaluate causal hypotheses about the outcomes of psychotherapy. The proposal by Seligman was rejected by many practitioners, researchers and methodologists who argued that efficacy research is superior to effectiveness research when considering the validity of causal conclusions. The present proposal is that opponents to Seligman's views have based their arguments on a traditional paradigm for causal research that is unsuitable with regards to the evaluation of psychotherapy. The unified paradigm (2007; Review of General Psychology) is outlined and provides support for the stance originally adopted by Seligman. In particular, the validity of causal conclusions reported in efficacy research is not superior to the validity of causal conclusions reported in effectiveness research. Moreover, both efficacy and effectiveness research are necessary to evaluate causal hypotheses about the outcomes of psychotherapy.

Panel

Art Therapy

Moderator: Patricia Fenner, La Trobe University, Melbourne, Australia

Outside the norm: Issues and opportunities in method in art therapy research

How do different research methods contribute to an understanding of the therapeutic effects of art therapy for cancer patients?

Fiona Scottney, La Trobe University, Australia

Aim: This paper presents the findings from a Masters study which explored whether the currently accepted scientific evaluation methodology of evidence-based practice is the best and only way to determine the effectiveness of art therapy in addressing the supportive care needs of adult cancer patients. An investigation of the relationship between art therapy research in oncology and quantitative and qualitative research methods is presented. Method: The study formed a systematic mixed methods review of the data within a theoretical framework pertaining to five inter-related supportive care needs of cancer patients (DOH, 2011). The outcomes of 22 studies pertaining to art therapy interventions with adult cancer patients were grouped according to whether a quantitative or qualitative research method was used. A concurrent mixed methods strategy allowed the findings of the different approaches to art therapy research in oncology to be analysed separately in order to understand what could be learned from each perspective. Results: A comparison of the results from the two research approaches found

significant differences in their respective aims and how each method contributes to an understanding of the therapeutic effects of art therapy. The results of the quantitative data suggested that participating in art therapy may reduce psychological distress in cancer patients, which has a positive effect on cancer related symptoms, coping resources and overall QOL. In comparison, the qualitative data revealed a number of therapeutic factors that helped to explain how participation in art therapy can assist cancer patients to communicate their pain, express emotional and existential concerns, feel empowered, and gain insight into issues relating to cancer diagnosis and its treatment. The results also highlighted the importance of the art therapist in the art therapy process. Discussion: This study highlights the importance of qualitative research in helping to understand art therapy processes by providing detailed information about the effect of interventions. The results of the study contribute to the growing body of literature concerning the impact of different research paradigms and support the call for more inclusive epistemological frameworks from which to understand and communicate knowledge in and about art therapy practice.

Healing art and the art of healing: Painting as reflexive research practice in health

Libby Byrne, La Trobe University, Melbourne, Australia

Aim: This paper presents issues of method in a PhD study which addresses the question of whether and how it may be possible to learn to live with an incurable and chronic illness whilst at the same time constantly desiring and anticipating healing. To do so may require an expansion of the way in which we think about human experiences of both 'illness' and 'healing'. The emphasis of the paper is on the developmental exploration of self in relation to the research question through the examination of paintings made by the researcher. **Method:** Sullivan (2010) advocated self-reflexive arts practice as a methodology for extending the boundaries of thought which affords us the opportunity to know about the experience of illness and healing in new ways. The studio practice-led research method used painting as a medium in which to think, as well as to understand. As a 'thing' outside the self is given form, a new understanding of human experience becomes possible. The artist has the unique opportunity to 'touch' the work as it emerges in the world as well as being 'touched' by it (Chretien, 2004). **Results/Discussion:** The presenter's personal experience of incurable illness and the challenges faced in simultaneously seeking healing are presented through the image based data collection process. The researcher's experience of being shaped and formed in new ways through this practice-led research method is discussed as evidence of the research method in progress. In this context, materials are worked, ordered and reordered in the process of creating images on canvas, through which the artist-researcher involves all her senses in constructing, reconstructing and reinterpreting meaning.

Art-based methods in researching therapeutic practice and experience

Patricia Fenner, La Trobe University, Melbourne, Australia

Aim: This paper focuses on the use of art-based methods (Leavy, 2004; McNiff 1998) in research as an alternative to the traditional interview. Examples for this are taken from the presenter's PhD study of the experience and role of the setting in the therapeutic encounter from the perspectives of both art therapists and their clients. **Method:** Set within the participatory paradigm of Heron and Reason (1997) the study incorporated an art-based method as an alternative to the reflective interview, to gather lived experience data in order to elicit understandings and meanings on the experience of the setting. Visual representations in response to the experience of the setting were created in situ by both participant cohorts. These visual responses took the form of drawings, paintings, collages and theatrical performative art making. The diverse forms of art work were then explored in depth with the researcher using a facilitated immersion process. Data from this verbal component were analysed for themes. **Results:** Results from the study were presented as themes of lived experience. The study found that place qualities and the material nature of the therapy room played important but different roles for both participant cohorts. Significant relationships were identified between persons and material objects within and beyond the room which played such functions as either professional 'supports' or as 'companions' during the therapy event. Participants often arrived at understandings of their experience beyond those of which they were previously aware. **Discussion:** Findings from the study were conceptualized into an overall understanding of the role of the room in therapy using Dovey's (2010) reading of Deleuze and Guattari. These findings extend current understandings of the dynamic nature of the art therapy encounter, going beyond traditional theories of the therapeutic relationship, the therapist/client/art work triangle and clinical techniques. An environmental and global view of the therapy encounter was developed via the art-based method. Both the research method and the practice-oriented findings have relevance for psychotherapy research and practice more broadly.

Panel

Supervision

Moderator: Edward Paul Shafranske, Pepperdine University

Qualitative and empirical studies of clinical supervision: Practices that enhance clinical competence, management of clinician reactivity, and promote resilience

Supervisory alliance and supervisee disclosure of personal reactivity/countertransference

Edward Paul Shafranske, Pepperdine University; Carol A. Falender, Pepperdine University

Aim: Clinical supervision aims to develop supervisee competence in managing personal reactivity/countertransference. While this function is consistently identified as an essential aspect in supervision, little empirical investigation has been conducted to examine effective practices. Three studies were conducted to examine the relationship between supervisory alliance and countertransference disclosure. **Methods:** Psychology interns and graduate psychology students completed the Working Alliance Inventory-Supervisee Form and the Personal Reaction Disclosure Questionnaire; in addition an exploratory study of graduate psychology students in peer supervision completed the research protocol. **Results:** The findings across these studies confirmed that supervisory working alliance was positively correlated with the degree of comfort in disclosing countertransference and the likelihood of disclosing countertransference. **Discussion:** A review of the theoretical and empirical literature suggests that alliance is a core factor in the effectiveness of clinical supervision and impacts supervisee disclosure of personal reactions. In light of the potential deleterious effects on clients when countertransference reactions are not managed, efforts need to be taken in supervision to ensure effective handling of therapist/supervisee personal reactions. Further, personal reactivity may pose particular supervisory and clinical challenges when graduate students or interns work with clients presenting with trauma, which may lead to strain and vicarious traumatization of trainees, who may be vulnerable based on personal exposure to trauma. Steps to enhance the supervisory alliance and to address personal reactivity are discussed.

What do we do when we supervise? A qualitative study on the perspective of clinical supervisors about their own work

Johana Zapata, Pontificia Universidad Católica de Chile, Santiago; Claudio Araya, Pontificia Universidad Católica de Chile, Santiago; Sol Casassus, Pontificia Universidad Católica de Chile, Santiago; Domingo Salvo, Pontificia Universidad Católica de Chile, Santiago; Cristobal Guerra, Pontificia Universidad Católica de Chile, Santiago; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

Aim: This exploratory study is focused on the experience of supervision from the perspective of the supervisors. The aim of the study is to describe supervisors' interventions, as well as their intentions and the meanings they associate with their own work. **Method:** Participants included nine experienced supervisors that had been accredited by the Chilean Society for Clinical Psychology. Following the principles of Grounded Theory, theoretical sampling was carried out, including supervisors from different theoretical orientations. Data was collected through semi-structured interviews that were transcribed textually. Data analysis followed Grounded Theory rules and included the phases of descriptive, axial, and selective coding. **Results:** The results of this study describe the supervisors' actions, as well as their intentions and interpretations regarding their work. As core category emerged a phenomenon labeled "multifocal vision" that is characterized by paying attention simultaneously to the supervisee, the supervisee's patient, the supervisor-supervisee relationship, and therapist-patient relationship of the supervisee. **Discussion:** Results are discussed as a process of a dynamic equilibrium: On the one hand, the supervisor intends to develop the supervisee's clinical skills while on the other, his actions are aimed at helping the supervisee's patient.

Building resilience through supervision: Elements of effective practice

Fiona Howard, University of Auckland, New Zealand

Aim: The cultivation and maintenance of resilient individuals and environments is emerging as a way to reduce negative and increase positive outcomes of stress in mental health and related professions (McCann et al, 2012). Our knowledge about what constitutes effective protection against stress and burnout in such professions, and the role of clinical supervision in this endeavor, is increasing. However, there is little to guide the participants about how to conduct this growth-fostering aspect of supervision effectively and ethically. This paper addresses this gap for those who work with distress, trauma, and workplace stressors. **Methods:** A relational and contextual approach to supervision was devised based upon evidence from the study of psychologists' resilience. Specifically, a study of New Zealand psychologists' (McCormick, 2012) which explored individual, environmental, relational, professional, and spiritual resources provided the background. **Results:** The proposed approach is a proactive approach to the restorative function of supervision. It features a strong and positive supervisory relationship at the center, embedded within a network of growth-fostering peer and collegial relationships. Values such as the acceptability of emotional vulnerability and the importance of self-reflection and personal therapy during training and beyond are made explicit. The supervision focus includes self-care practices and encouragement of the use of evidence-based resilience building interventions. **Discussion:** The approach could be integrated into a supervisors' existing supervision practice or as a complement to a resilience-building educational programme. Further research is needed to determine its efficacy in

practice.

How therapists develop competence through clinical supervision: Working with trauma

Margot Schofield, La Trobe University, Melbourne, Australia; Jan Grant, Curtin University of Technology, Australia

Aim: Working with trauma is among the more challenging aspects of psychotherapists' practice. Yet, there are few studies that have examined how clinical supervision contributes to the development of competence in supervisees who work with trauma and complexity. This presentation is part of a multi-method qualitative study exploring the supervisory processes that build competence in supervisees. It focuses specifically on how supervisors and supervisees work together to assist supervisees to develop competence in managing trauma and complex client presentations. **Methods:** The supervisors were a purposive sample of 16 senior members of the profession with considerable expertise in supervision; their supervisees were 16 practising psychotherapists. In-depth interviews were first conducted with the supervisors. An Interpersonal Process Recall method was then used to explore their reflections on one of their DVD-recorded supervision sessions. A modified Consensual Qualitative Research method of analysis was used to derive themes for both supervisors and supervisees; secondly, a dyadic approach to analysis of the supervisor-supervisee perspectives was undertaken. **Results:** The findings describe the relational, supportive and challenging aspects of clinical supervision in working with trauma. Rich case studies of supervisory dyads are presented to illustrate the process of managing a range of traumatic and complex client presentations. **Discussion:** The results add to previous research by examining the practice wisdom of expert supervisors and post-trainee supervisees, and by examining dyadic processes in the supervision of work with complex client presentations.

Discussant: Analise O'Donovan, Griffith University, Australia

Panel

Change Process

Moderator: Franz Caspar, University of Bern, Switzerland

Corrective experiences: Concepts and findings

Corrective experiences from a connectionist point of view

Franz Caspar, University of Bern, Switzerland; Nicola Ferrari, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland

Corrective experiences are experiences with a potential of changing individuals so that their functioning is more adaptive after than before the experience. Therapists may see their patients like building sets in which one block can be exchanged against another, or computer programs in which algorithms can be exchanged. Such views are not very convincing for a number of reasons. It is more plausible that patients function as dynamic systems, fed and led by therapists, but not changed directly. Neural network (connectionist) models from basic cognitive sciences are applied to corrective experiences to define general forms and development-patterns. The suitability of the postulated patterns is tested on patients' reports about corrective experiences. Fifty patients in ongoing or terminated integrative behavior therapy are examined. Patient reports are collected after therapy hours using Brief Structured Recall, and at the end of therapies using a half-standardized interview. The data-analysis is mainly qualitative and follows the States of Mind concept and Consensual Qualitative Research principles. First results show that the postulated patterns seem to suit patients' descriptions of corrective experiences. The results of a larger sample will be available and presented by the time of the congress. The practical relevance of the most common patterns is discussed, as well as peculiarities of the present sample and therapy form which may be responsible for the results, followed by limitations. Basic features of connectionist models can be grasped easily and they can be used to derive models of therapeutic processes of practical relevance for therapists and patients.

What are corrective experiences and how can we measure them?

George Silberschatz, University of California, San Francisco, USA

The concept of a corrective emotional experience in psychotherapy was initially formulated by psychoanalytically oriented clinicians over 60 years ago and has subsequently appeared in many different therapeutic approaches. In fact one could make the case that any effective treatment inevitably provides some form of corrective experience. Despite the nearly ubiquitous nature of the concept, scholars and researchers often use the term in various ways. Some view a corrective experience as one very powerful, transformative event whereas others view corrective experiences as part of an ongoing therapeutic process. I will describe the approach that we have taken to define what constitutes corrective experiences and how they can be identified and measured in psychotherapy session. Our approach is case-specific (i.e., what constitutes a corrective experience will differ from one person to another) and begins with a reliable method of formulating maladaptive relational experiences. These case-specific formulations are then used to assess the degree to which therapists' interventions will be experienced by the patient as corrective. Results from our process studies show that when the patient experiences the therapist's interventions as corrective there are immediate positive shifts within sessions. Data from process-outcome studies show that such corrective interventions are also predictive of outcome.

Identifying client corrective experiences in Emotion-focused Therapy for Trauma : An intensive case analysis

Naomi Carpenter, York University, Canada; Lynne Angus, York University, Canada; Sandra Paivio, University of Windsor, Ontario, Canada

Aims: The goal of this presentation is to define and identify key narrative and emotion integration markers that contribute to the emergence of corrective experiences (CE) in Emotion-focused therapy (EFT) for Trauma (Paivio 2012). A working definition of corrective experiences in EFT -T will be presented first, followed by an introduction to Narrative and Emotion Process Coding (NEPCS) system change markers. **Methods:** One early, one middle and one late session selected from two recovered and two unchanged EFT T dyads will be coded for the presence of 4 key change indicators using the Narrative and Emotion Processes Coding System. Specific change markers that contribute to the emergence of CE's in sessions in recovered clients -- Unexpected Outcome Stories and Discovery Stories -- will be identified and demonstrated in the context of video-taped therapy session excerpts. **Results:** Significant differences distinguishing recovered vs. unchanged EFT T clients in terms of NEPCS subtypes will be reported and the contribution of two key change markers -- Unexpected Outcome stories and Discovery stories -- for client corrective experiences will be discussed. **Discussion:** The benefits of adopting an integrative approach to working with narrative and emotion processes, for the facilitation of client corrective experiences in treatments of trauma, will be discussed and implications for future research addressed.

Innovative moments of reconceptualization as corrective experiences

Miguel M. Gonçalves, Universidade do Minho, Braga, Portugal; Pablo Fernández-Navarro, Universidade do Minho, Braga, Portugal; António Ribeiro, University of Minho

Innovative moments are occurrences in psychotherapy in which novelty towards a problematic self-narrative emerge. According to the innovative moments model, change in psychotherapy occurs as innovative moments emerges in a pattern that facilitates the transformation of the narratives of the client. Reconceptualization innovative moment is a central dimension in this pattern of change, and it characterized by two main features: the client narrates a contrast between a past problematic self and an emergent alternative one, and describes some kind of process involved in this transformation. We speculate that reconceptualization is a form of identity rehearsal in therapy, in which the client can test the direction that change might take. In this research we study, separately, the two features involved in reconceptualization, in a sample of depressive clients involved in narrative therapy. The aim of this study is to characterize if these two components have a common pattern of occurrence in good outcome cases, which fail to occur in poor outcome ones.

Panel

Family

Moderator: Sophie Holmes, Williams Road Family Therapy Center, Melbourne, Australia

Real-time evaluation of treatment with complex family systems

Working with complex and traumatised families: In-home family therapy pilot project

Michelle Hall, Mackillop Family Services

MacKillop's In Home Family Therapy Pilot is designed to support disadvantaged, at risk children and their families. It is intended to increase children and young people's well being and safety by improving family functioning, and reducing involvement with the child protection system. It does this using therapeutic interventions within the family home, supported by a family therapist and case worker. MacKillop provides a range of services to children, young people and their families in Victoria and parts of NSW. This pilot is based in Melton, one of the fastest growing municipal areas in Australia. The proposed paper will report on research data collected during the project. . We anticipate that the findings from the project will bring about changes in our understandings of how and where family therapy can be delivered in future. Session Rating Scales, Outcome Rating Scales and Self Report Family Inventories are being applied to assess the efficacy of the intervention and inform the evaluation of the Pilot. It is hoped that findings will influence the adoption of enhanced practices and contribute to the evidence base for therapeutic intervention in family settings.

Complex multi-therapist treatment of on-going interpersonal trauma

Dina Jones, Williams Road Family Therapy Centre; Nicole Schultz, Williams Road Family Therapy Centre; Sophie Holmes, Williams Road Family Therapy Center, Melbourne, Australia

The challenges of clinical work with complex families experiencing on-going interpersonal trauma includes escalating emotional-interactional dynamics, which makes it very difficult to conceptualise and treat effectively. The complexity of on-going interpersonal trauma also makes it difficult to recognize and understand the triggers of the intense primary and secondary emotions yet the family members are intensely connected and also emotionally dangerous to each-other, with some dyads more harmful to each than others. The psychiatric psychological and moral complexities of these families necessitate the involvement of child protection, multiple individual therapists as well as a family therapy team. The

complexity of cases often makes it difficult for mental health professional to develop a coherent understanding, while the contradictions interfere with the functioning of teams and consequently limit the effectiveness of treatments and their capacity to facilitate emotional-relational safety. This presentation utilizes research into expertise in complex clinical practice as well as ideas as to how such complex systems function, and describes a conceptual framework, the team process, and the pragmatics of delivering multi-layered therapeutic treatment in the private sector. Two case studies will be used to illustrate the principles of how the numerous clinical challenges were addressed, how 'team expertise' was developed and thus enhance the quality of clinical practice and outcome. The presentation demonstrates how case base research evidence may provide clinical guidance on 'what to notice in-the-moment' and 'what to do next' over the course of treatment with complex family systems.

Real-time evaluation-reflection method as a way of monitoring clinical themes and change processes

Sophie Holmes, Williams Road Family Therapy Center, Melbourne, Australia

This presentation reports the results of case based investigation of novices conduct in-session evaluation of process and reflections with and without the clients on how therapy is progressing. The study uses the 'expertise paradigm', a framework that is extensively used by naturalistic decision-making researchers exploring the differential effectiveness of practitioners working in complex domains of practice and finding from a larger investigation into the nature of expertise in family therapy. This research focuses on the experience of novice family therapists' reporting their experience of clinical work with challenging cases. The presentation begins with a brief summary of the research paradigm and preparatory training process which is focused on the development of real-time evaluation-reflection in novices working with complex families. It includes a description of the methodology developed to capture the therapists' mental effort and the use of their attentional resources while working with challenging and straightforward client systems. The findings indicate that novices can develop their capacity to conduct real-time reflection evaluation, which is a core feature of elite practitioners.

Brief Paper Session

Process-outcome

Moderator: Jeremy Edward Halstead, Leeds University, UK

The role of specific versus common factors in dialectical behaviour therapy: A test of the contextual model

Kirsten Rose Barnicot, Queen Mary University, London, UK; Stefan Priebe, Queen Mary University, London, UK

RCT evidence has demonstrated that dialectical behaviour therapy (DBT) is an effective treatment for patients with borderline personality disorder (BPD) who self-harm. A specific factor in DBT - use of the DBT skills - has been shown to predict better outcomes. However, contextual theorists would argue specific factors are only important because they enhance common factors such as treatment credibility, the therapeutic alliance and self-efficacy. Extratherapeutic factors such as social support may also be important. Whether specific factors predict DBT outcome independently of common and extratherapeutic factors has not been established. 89 patients were recruited who had BPD with recent self-harm, and were about to initiate DBT. Patients were assessed every 2 months for a year. Multi-level modelling was used to determine the independent association of DBT-specific factors (perceived understanding, frequency of use and helpfulness of the DBT skills), common factors (treatment credibility, therapeutic alliance and self-efficacy) and extratherapeutic factors (perceived social support, numbers of social contacts and social confidantes) with outcome (self-harm, BPD severity and treatment completion). Frequency of skill use and perceived skill helpfulness were associated with outcome independently of common and extratherapeutic factors. All three common factors were also independently associated with outcome, whilst extratherapeutic factors were not. Thus, patient improvement during DBT is not driven purely by common factors as contextual theorists would argue. Rather, both specific and common factors contribute independently to outcome. However, it could be argued that use of the DBT skills is not truly "specific".

Is integration of the therapist/therapeutic attitude (introject) dependent on significant improvement after therapy?

Alice Marble, University of Oslo, Norway; Per Andreas Høglend, University of Oslo, Norway; Randi Ulberg, University of Oslo, Norway

Aim: to compare integration of therapist/therapeutic attitude (introject) in patients who demonstrate significant posttreatment improvement on outcome measures with those who do not demonstrate improvement. Method: In the FEST study, 100 outpatients seeking therapy for depression, anxiety, personality disturbance were randomly assigned to 1 yr of weekly sessions of dynamic psychotherapy with transference interpretation or to the same type and duration of treatment without transference interpretation. The primary outcome variables were the Psychodynamic Functioning Scales, The Inventory of Interpersonal Problems, The Global Assessment of Functioning and the SCL-90 measured at pretreatment, posttreatment, 1 and 3 years after treatment termination. Introject was assessed with SASB Intrex at the same times, and with Therapist Representation Inventory at posttreatment, 1 and 3

year follow-up. Results: Integration of the introject is not necessarily dependent on significant improvement. Discussion: How can we understand integration of the introject without significant improvement?

Client rated assimilation: Using very complex & very simple client process measures

Jeremy Edward Halstead, Leeds University, UK

The assimilation model developed by Stiles and co-workers has provided an invaluable account of the process of change in themes or voices over the course of therapy. This presentation focuses on developments in the measurement of assimilation from the client perspective. A brief account of the use of stage of assimilation measures and the derivation of a six level of assimilation model is followed by some recent work exploring the early sessions of therapy using a new measure (Stage of Therapy). The Stage of Therapy measure (SoT) asks the client to place a therapy session in one of six defined categories of the revised assimilation model. In this study N=100 clients in routine therapy rate each session for level of assimilation. Analyses are carried looking at the patterns of change in early therapy and relating these to scores on therapeutic alliance, session helpfulness, attitudes to therapy, support outside therapy and life events. Further analysis looks at the relationship between reported SoT and symptom level over the early sessions of therapy. The main finding is that while there is no relationship at the first session, as therapy progresses higher levels of SoT are associated with lower symptom levels. The discussion will focus on the meaning of client reported assimilation. Is it an outcome or a process measure and what information does it add to other measures already in use? Could it add to qualitative studies that use the observer rated APES (Assimilation of Problematic Experiences) Scale?

What does change when people change: Studying the narrative changes in depression with CCRT and Innovative Moments

João Batista, Universidade do Minho, Braga, Portugal; Miguel M. Gonçalves, Universidade do Minho, Braga, Portugal

This study aims to explore the relation between therapeutic and narrative change in a sample of narrative therapy for major depression. The measures for assessing the narrative changes were the Core Conflictual Relationship Theme (CCRT) (Luborsky, 1998) method and the Innovative Moments Coding System (IMCS) (Gonçalves, et al. 2011). Whereas the CCRT method permits to identify the change on narratives about relationships, and on the relational patterns, the IMCS is a more micro-analytical measure, allowing the tracking of narrative novelty as it appears, as well the alternative emerging self-narratives to the dominant and problematic self-narrative. Ten cases of narrative therapy for major depression were analyzed. All sessions of the cases were coded with the IMCS and two sessions from the beginning, two sessions from the middle and two from the end of the treatment were coded with the CCRT. The hypotheses tested on this study were as following: a) the changes of CCRT narratives are consistent with the therapeutic outcome, i.e. in cases of good outcome the CCRT pervasiveness decreases and positive responses increases and b) the IMs emergence pattern is consistent with the changes on the CCRT narratives, i.e. in the cases where the CCRT evolution is positive the IMs pattern presents the features observed in good outcome cases in other samples (e.g. Mendes, 2011). With this study we aim to focus on how the narrative micro-changes (i.e. innovative moments) along the psychotherapeutic process build and promote the change of relationship patterns (i.e. CCRT) associated with good outcome.

Voluntary HIV counseling and testing in Portugal: is it working and does it matter who's doing it?

Raul Pedro Manarte, Universidade do Porto, Portugal; Margarida R. Henriques, Universidade do Porto, Portugal

Voluntary HIV counseling and testing (VCT) is a fundamental part of HIV prevention all over the world. Although most meta-analyses show that VCT reduces risk behavior, some studies show no behavior modification at follow-up, while some authors even consider counseling to be a discouraging factor for some people who want to get tested. Increasing HIV testing and counseling is considered a core goal by the Joint United Nations Program on HIV/AIDS (UNAIDS) and by many governments worldwide. Being the European country with the second highest prevalence rate of HIV, Portugal has VCT centers across the country and the government intends to provide VCT in primary health care settings, but no studies have been made to determine its efficacy. This study was design to assess risk reduction after VCT and to study the impact of professional background (psychology and nursing) and the number of counselors (single counselor vs. team counseling) on risk reduction. In a VCT center in Oporto, 253 clients were randomly assigned to one of three experimental conditions: (a) counseling performed by a psychologist, (b) counseling performed by a nurse and (c) counseling performed by a team of one psychologist and one nurse. There was also a control group which received testing, but no counseling. There was a follow-up interview 6 months after baseline where sexual risk behavior was reported. Results are being analyzed globally and within each experimental condition.

**Brief Paper
Session**

Alliance

Moderator: Ulrike
Dinger, Adelphi
University, New York,
USA

Alliance and techniques in psychotherapy for panic disorder

Ulrike Dinger, Adelphi University, New York, USA; Sigal Zilcha-Mano, Adelphi University, New York, USA; Kevin S. McCarthy, Chestnut Hill College; Barbara L. Milrod, Weill Cornell Medical College; Dianne Chambless, University of Pennsylvania, Philadelphia, USA; Jacques P. Barber, Adelphi University, New York, USA

The interrelations among different therapeutic processes and potential mechanisms of change are complex and remain largely under-researched. Two influential research strategies have focused either on relationship-oriented or on technical components of the therapeutic process. However, both aspects are likely to be intertwined and perhaps should be examined simultaneously. This study examines the association between alliance quality and therapeutic techniques in psychotherapy for panic disorder. Of special interest are the relationships between more confronting and potentially demanding versus more supportive interventions and their respective correlation with alliance quality. Data for this study comes from a two-site randomized controlled trial for panic disorder in which patients were treated with 24 sessions of either Panic Focused Psychodynamic Psychotherapy (Milrod, et al., 2007) or with Cognitive Behavioral Therapy for Panic Disorder following Barlow et al. (2000). Alliance ratings were collected from patients and therapists at sessions 2, 5, and 10. Videotapes of these sessions were used for observer ratings of therapist interventions. In a first step, data on the stability of both alliance and therapeutic interventions from session 2 through 10 is presented. This is followed by a report of the associations between specific interventions and alliance quality. The discussion focuses on the interrelation of different process factors and the potential implications for process-outcome research.

Effects of continuous working alliance feedback on psychotherapy outcome

Tony Gordon Rousmaniere, University of Alaska Fairbanks; Jason L. Whipple, University of Alaska Fairbanks; Joshua K. Swift, University of Alaska, Anchorage; Kyle R. Dexter, University of Alaska, Fairbanks, USA

Aim: The quality of the therapeutic alliance has been found to be one of the best predictors of client progress in psychotherapy. One potential way to improve psychotherapy outcome is to provide therapists with session-by-session feedback regarding their clients' perceptions of the therapeutic alliance. In order for alliance impasses or ruptures to be addressed in a timely manner, therapists must first be able to recognize when they have occurred. This task may be facilitated with consistent feedback to therapists about clients' perceptions of the quality of the therapeutic alliance. **Methods:** Clients of three university mental health clinics were asked to complete the Working Alliance Inventory-Short Revised at the end of each session. Clients were randomized to a WAI-SR feedback or no feedback condition within each therapist. It is hypothesized that in cases where feedback is given, therapists will be able to attend to alliance ruptures quicker, that alliance quality will improve, and clients will show more progress over the course of therapy, as assessed by the Outcome Questionnaire (OQ-45). Clients also completed a Social Desirability Scale and a measure of their expectations and preferences regarding the therapeutic alliance. It is hypothesized that these variables moderate the effects of continuous alliance feedback. **Results:** Preliminary results of the WAI-SR feedback effects on psychotherapy outcome and recommendations for future research will be discussed.

Alliance rupture and repair processes and therapeutic change in young people with borderline personality disorder

Elon Gersh, University of Melbourne, Australia; Carol Hulbert, University of Melbourne, Australia; Ben Mckechnie, Orygen Youth Health; Andrew Chanen, Orygen Youth Health Research Centre

Aim: There is evidence that the presence of alliance rupture and repair cycles is predictive of positive outcome in psychotherapy (Safran, Muran & Eubanks-Carter, 2011) but results are mixed and clarification of potential mechanisms is needed. This study seeks to investigate the specificity of these processes to treatment, how they play out over time in therapy and what link they have to treatment outcome, including treatment completion. **Methods:** Participants (aged 15-25) with a diagnosis of borderline personality disorder have been drawn from a randomized controlled trial comparing two individual therapy interventions (Cognitive Analytic Therapy (CAT) and 'befriending') in addition to a specialized personality disorders treatment program. Ruptures will be rated from audio recordings of therapy, using the observer-rated Rupture Resolution Rating Scale (3RS). The extent of resolution will be measured using the 3RS and a CAT-specific model for rating transcripts, described in Daly et al., (2010). **Results:** Comparisons will be made between those receiving CAT and befriending, between those who complete treatment and do not and across early, middle and late sessions of therapy. These groupings will be compared on variables including number and type of rupture and extent of resolution. **Discussion:** Results will be discussed in terms of their consistency with previous findings, what further insights they might provide regarding relational dynamics over time and the extent to which they support their view of alliance processes as an arena for therapeutic change.

Therapeutic alliance in brief counseling: Exploring professional background and team counseling

Raul Pefmanandro Manarte, Universidade do Porto, Portugal; Margarida R. Henriques, Universidade do Porto, Portugal

Previous research has shown a relationship between working alliance and therapeutic outcomes in a number of treatments, contexts and problems. However, the role of alliance in brief counseling, and especially in team counseling, is yet to be addressed. The purpose of this study was to examine whether the therapeutic alliance was related to the type of professional background of the counselor (psychologist or nurse) and to the number of counselors (single counselor vs. team counseling) in voluntary counseling and testing (VCT) for HIV. The Working Alliance Inventory Short (WAI-S) was adapted for short counseling and used in both the therapist and the client versions in 3 different experimental conditions: (a) counseling performed by a psychologist, (b) counseling performed by a nurse and (c) counseling performed by a team of one psychologist and one nurse. There was also a control group which received testing, but no counseling. Results show that alliance ratings were high in all experimental groups and significantly lower in the control group. There was a strong correlation between professionals' and clients' scores and there was also a tendency for both professionals and clients to rate the team counseling with higher scores than the other two experimental groups. These results suggest that in brief counseling a strong therapeutic alliance can be developed either when the counselor is a psychologist, a nurse or a team of both.

Common- and specific-factor models of change and their relative merits

Giac Giacomantonio, Australian Catholic University, Australia

Therapeutic change remains to be explained thoroughly. Common factor models offer a good fit for data of equal efficacy in comparative psychotherapy research. Specific factor models tend to lack this data-modelling advantage, yet they were typically more comprehensive and rich models of change. Whether the benefits of each can be gathered, without resorting to theoretical vivisection, remains to be discussed.

Brief Paper Session

Child/Adolescent

Moderator: Li-fei

Wang, National Taiwan Normal University, Taiwan

Developing and validation a Nonwestern perspective of emotion management model for children in Taiwan

Li-fei Wang, National Taiwan Normal University, Taiwan

Most emotional management model in the world are based on western perspective of individualism. There also lacks culturally sensitive measure from nonwestern perspective to measure child emotional management, especially in Asia. The purpose of the current investigation was to develop a nonwestern perspective of Bi-cultural Emotional Management (BEM) model for children in Taiwan. During this first investigation, a situational-based assessment to examine the BEM model, called "Children Bi-cultural Emotional Management measure (CBEM)", was developed. Confirmatory factor analysis, discriminant validity, convergent validity, and a three-week test-retest reliability was examined. The results supported the DEM model and the inventory is well developed. The goal of second study was to validate the psychological functional and dynamic meaning of a child Dual Emotional Management (DEM) model in Taiwan. As hypothesized, the results showed that the emotional management strategies of expressiveness and forbearance were positive related to children's psychological adjustment; the emotional management strategies of suppression and impulsiveness were negative related to children's psychological adjustment. The model also revealed that the hierarchical relationship adjustment played a mediating role between child emotional management strategies and intrapersonal adjustment. More detailed findings will be presented in the conference.

An interdependence model analysis on parent's psychological stress and children's behavior in early childhood:

Ximena Pereira, Universidad del Desarrollo, Santiago, Chile; Iván Armijo, Universidad Gabriela Mistral, Santiago, Chile

Analytical framework applied to relationship between Parents and Children Psychological variables has been usually studied from an uni-directional perspective (parents influence children) and considering individuals, more than systems and subsystems, as the unit of analysis. In this research the couple of parents is considered as including its caregiving function upon children, but also as an interactive romantic and psychological subsystem. Besides considering the effects that different parental dynamics upon children developmental issues, the effects of children's psychological profile over parental couple's dynamics is also assessed. In order to do that, 60 systems of two parents (father and mother) with at least one child at early childhood (18 or 30 months of age) are evaluated at different levels. Parents are assessed in psychological stress (with sPaCe) and dyadic satisfaction (DAS). Achenbach's Child Behavioral Checklist was used to evaluate Children's Psychological dimensions. All instruments used were previously validated for the population being studied. Path Analysis and Kenny's Action-Partner Interdependence Model was used as analytical framework for evaluating the mutual effects between the parents subsystem, and the interaction between Parent's and Children's variables. A model of mutual influences

that are present in the system parents-children as a whole, including intra-system and inter-systems effects is presented, discussing implications for clinical and research work.

Fitting in and making friends: Psychosocial antecedents of bullying behaviour in early primary school

Caroline Jane Hunt, University of Sydney; Elian Fink, University of Sydney, Australia; Lisa Zadro, University of Sydney, Australia; Marc de Rosnay, University of Sydney, Australia

Aim: To understand the role of socio-cognitive understanding and social preference in later engagement in bullying behaviour, particularly in the light of the ongoing debate as to whether school bullies have superior theory-of-mind (ToM) abilities or instead are characterised by social information processing deficits. **Method:** 114 children (Mage = 67 months) from 3 primary schools were assessed on a range of psychosocial measures during kindergarten and then 12 and 24 months later. Theory of mind, emotion knowledge and peer-rated social preference (the degree to which your peers want to be your friend) were assessed by standardised and well validated measures at all three time points, while bullying was assessed by peer nomination at 24 months. **Results:** Two pathways were identified; one in which ToM understanding at baseline was directly and positively associated with bullying, and another in which ToM understanding was negatively associated with bullying, but this relationship being fully mediated by low social preference at 12 months. Social preference across the three time points was highly stable. Emotion knowledge was not significantly associated with later bullying behaviour. **Discussion:** The results are consistent with an understanding of children who bully as being a heterogeneous group. It appears that children with poor ToM are less well liked by their peers across the early school years and are more likely to bully others. Children with good ToM understanding are also more likely to bully others, although research is needed to understand why some children in this group choose to bully.

Constructing identity - Young peoples experiences of psychotherapy

Kelly Thomas, University of Auckland, New Zealand

Aims: The research aimed to address the absence of research on client experience within the psychotherapy evaluation literature by exploring the experience of psychotherapy for young people aged 13-18 and its impacts on identity construction. The research aimed to provide meaningful insights on clinical practice and implications for how clinicians interact and undertake therapeutic work, and to ensure the provision of more relevant/effective services. **Method:** Narrative interviews were conducted with young people in which they were asked to "tell a story" of their experiences of services. The interviews were analysed using narrative analysis and involved exploring how experiences of psychotherapy were recounted by young people. Patterns of meaning making were identified in individual narratives and then collated into an overarching analysis that describes the different narrative patterns present in the data. **Results:** Young people described changes to their identity, moving from a sense of being 'different' and unacceptable, to being able to provide a more positive and coherent sense of themselves. The young people also focused on the relational and emotional aspects of therapy rather than specific interventions or techniques used by clinicians. Young people highlighted the importance of having a space to talk and of feeling understood and genuinely cared about. **Discussion:** Given that adolescence is a particularly pertinent time for identity development the impacts of psychotherapy may be particularly important in terms of young people's understanding of themselves. The identity work young people are engaged in also has implications for how they 'use' and make sense of psychotherapy.

Equine Assisted Psychotherapy (EAP): The horse from ancient sage to therapeutic adjunct

Ruth Bernadette Billany, Charles Darwin University, Australia

Aim: Humanity is drawn to the power and beauty of the horse. Ancient cultures, with rich mythologies, have considered horses as companions to the Gods and as healing metaphors. This paper presents the re-turn of horses as adjunct therapists. As fearful prey, the horse is hypervigilant and responds non-verbally to immediacy, intent and incongruity. A critical review of the EAGALA (equine assisted growth and learning association) model as an emerging global profession is presented. **Method:** EAGALA is a nascent professional association using equine assisted psychotherapy. It has a flourishing membership: 3,500 members in 41 countries. The EAGALA model is described and the global proliferation of certified mental health professionals (MH) and equine specialists (ES) is reviewed in terms of client groups and presenting issues. **Results:** Over 500 EAGALA programs exist in 24 countries. EAP is a powerful therapeutic approach for children, youth, families, and groups. Clients are given opportunities to discover their own solutions by experimenting, problem-solving, taking risks, and employing creativity. Effective and deliberate techniques, where the horses are metaphors, in specific ground-based experiences are used. Presenting issues include behavioural problems, attention deficit disorder, depression, anxiety, substance abuse, eating disorders, PTSD, relationship problems and communication needs. **Discussion:** There is a dearth or research-led evidence for EAP. To 'go the distance' EAP practice, which is solid at the margins, needs to be accepted in the mainstream. New client groups are emerging and into the future will need special attention; deployed military personnel and Indigenous youth.

Brief Paper Session

Anxiety

Moderator: Paula Romina Balbi, Universidad de Buenos Aires, Argentina

The effects of vicarious reinforcement on efforts to overcome a specific phobia

Nicole Ennis, University of New England, Australia; John M. Malouff, University of New England, Australia

The primary aim of this study was to determine whether vicarious reinforcement can be used to increase behavioural efforts to overcome a personal phobia. A sample of 132 specific phobia sufferers ranging in age from 18 to 76 years were matched on stage-of-change, and randomly assigned to either a control or an experimental condition, with the experimental group viewing a video showing a woman overcoming a phobia with treatment and the control group viewing a video of a woman talking about her phobia. Group assessments were completed at pre-intervention, then again at two weeks and, for the experimental group only, at six weeks post-intervention. Results showed that the vicarious reinforcement group had significantly higher levels of stage of change and behavioural efforts to overcome the phobia at post-intervention, compared to the control group. The experimental group maintained significant increases in stage of change and change-directed behaviour through the six-week follow-up assessment. The findings suggest that vicarious reinforcement can help produce positive changes in behavioural efforts and stage-of-change toward overcoming a specific phobia.

Executive functions in patients with Generalized Anxiety Disorder (GAD) diagnosis: Preliminary results

Paula Romina Balbi, Universidad de Buenos Aires, Argentina; Ludmila Jurkowski, Universidad de Belgrano, Buenos Aires, Argentina; Andres Roussos, Universidad de Belgrano, Buenos Aires, Argentina

Executive Functions (EF) are involved in non-routine, novel situations that require new solutions. Some EF such as cognitive flexibility, planning and inhibition of automatic responses, would be necessary to use certain psychotherapeutic tools like cognitive restructuring and allocation of tasks. It could be hypothesized that altered EF compromise the effectiveness of CBT. The malfunction of EF has been investigated in Social Phobia, Obsessive Compulsive Disorder, Panic Disorder and Posttraumatic Stress Disorder; however, there hasn't been any research that addresses these functions in patients diagnosed with Generalized Anxiety Disorder (GAD). AIM: The aim of this work in progress is to compare EF in a subsample of GAD participants with the control group. PROCEDURES: All subjects were evaluated with three tests in order to assess different functions. The Wisconsin Card Sorting Test was used to evaluate cognitive flexibility; the Tower of London- DX to evaluate planning and the Stroop Test to assess inhibition of automatic responses. RESULTS: Preliminary data about the relationship between EF and GAD will be presented.

Finding a path when the world contracts - A case study

David I. Smith, RMIT University, Australia; Lisa Majella Negri, RMIT University, Australia; Vivienne Champness, RMIT University, Australia; Sarah Bouchier, RMIT University, Australia

Social Anxiety Disorder is characterised as a chronic, unremitting disorder. Although its onset is typically in childhood, many individuals do not present for treatment until early adulthood. An exacerbating factor important for clinical consideration is that chronic avoidance of social situations may contribute to Delayed Sleep Phase Syndrome (DSPS). DSPS occurs when the major sleep phase of an individual becomes severely delayed relative to conventional sleep-wake times. Chronotherapy is the major non-drug treatment for DSPS. However, this intervention is not commonly used in clinical practice. This case study describes the effectiveness of chronotherapy and CBT with a 21 year old male with severe, intractable social phobia and avoidant personality disorder who had been unsuccessfully treated through traditional service models that relied on daytime attendance and brief interventions. It demonstrates the application of a rarely used intervention in an outpatient setting, the effectiveness of CBT for severe social phobia and the importance of ongoing evaluation of treatment effectiveness on a case-by-case basis.

Effectiveness of breathwork as an intervention for depression and anxiety

Lloyd Lalande, Australian Catholic University, Australia; Robert King, Queensland University of Technology; Matthew Bambling, University of Queensland, Australia

Breathwork is a novel experiential approach to psychotherapy based on the use of a specific breathing technique. While relatively popular as a complementary therapy, claims of positive mental health outcomes rely on anecdotal evidence. Additionally, little attention has been paid to defining the approach in a way that can guide clinical practice or research. To clearly define and ascertain the likely effectiveness of breathwork as a treatment option for depression and anxiety its theoretical assumptions along with relevant empirical research relating to breathing inhibition and suppression of inner experience were explored. In addition, mindfulness-based psychotherapy and yoga breathing-based interventions with comparable features to breathwork were examined. Sufficient theoretical support was identified to warrant further investigation. A treatment manual was then developed and used to train therapists participating in the study. To assess treatment effects a population sample of 40 participants with a primary diagnosis (DSM-IV) of either depression or anxiety disorder were recruited and received up to 10 sessions of the therapy. Symptom response was assessed on a session-by-session basis for depression, anxiety and stress. In addition, mindfulness, general wellbeing, alliance, and Breathwork specific

mechanisms of change were also evaluated. This paper will discuss the results of the study.

Brief Paper Session

Attachment

Moderator: Dianna Theadora Kenny, University of Sydney, Australia

Attachment Theory's contribution to psychotherapy research: A bridge between Evidence Based Practice (EBP) and Evidence Supported Treatment (EST)?

Kevin Patrick Keith, University of Sydney, Australia

Attachment Theory research has begun to make important contributions to the field of adult psychotherapy research. The paper will discuss three relevant points that emerge from this fruitful pursuit of evidence. First, Attachment Theory offers a much needed focus on the complex dynamics of causality. Causation within the developmental sciences and Attachment Theory is now increasingly understood as a multi-level, multi-directional phenomena. I want to suggest that from this dynamic empirical foundation, Attachment Theory may be well suited to provide conceptual space for a possible integration of previously identified evidential "standoffs" between Evidence Based Practice (EBP) and Evidence Supported Treatments (EST) research. A second point surveys the actual expanding evidence emerging from attachment informed adult psychotherapy research. A brief summary of that evidence will be presented set within a dynamic framework that depicts evidence for both EBP and EST. Attachment psychotherapy research would seem to suggest that evidential standards might be possible for the more broadly conceived contents within EBP as well as the more traditionally conceived EST. And third section highlights our current understanding of attachment causal mechanisms--both in terms of accumulated evidence and conceptual evolution. This last point will focus primarily on research into Internal Working Models (IWMs)--their conceptual nature, their development across the lifespan, and possibilities for change in adulthood. (A brief recognition of psychobiological, neurobiological and genetic/epigenetic research will be acknowledged.)

Re-conceptualizing severe performance anxiety as an attachment disorder: A case study series

Dianna Theadora Kenny, University of Sydney, Australia

In-depth interviews with anxious professional musicians have identified three subtypes of music performance anxiety (MPA), each requiring an increasingly intense treatment response. These subtypes comprised (1) focal anxiety that usually centred on realistically high anxiety-provoking situations such as auditions and solo performances with little generalized anxiety; (2) performance anxiety associated with a comorbid diagnosis of social anxiety disorder; and (3) severe, performance impairing anxiety, together with panic attacks and either pervasive dysthymia or depression and reliance on medication to support their musical performances. Analysis of the interviews with this third group indicated that an unresolved attachment disorder appeared likely in the majority of cases. This presentation will report on the attachment and anxiety histories of anxious musicians presenting for treatment. The commonalities with respect to attachment experience, implied attachment type and adult state of mind with respect to attachment across these transcripts of interview in this group will be discussed. The presentation will conclude with a discussion of appropriate treatment modalities for severely anxious musicians, although it will be argued that the analysis and treatment is likely to be generalizable for anxious performers in modalities other than music.

Systematic review of the prediction of pre-therapy patient suitability factors on psychotherapy outcome

Maarit Anniina Laaksonen, National Institute for Health and Welfare, Helsinki, Finland; Olavi Lindfors, National Institute for Health and Welfare, Helsinki, Finland; Esa Virtala, National Institute for Health and Welfare, Helsinki, Finland; Paul Knekt, National Institute for Health and Welfare, Helsinki, Finland; Tommi Härkänen, National Institute for Health and Welfare, Helsinki, Finland

Aim: Ability to match patients to therapies would be major advance in treatment. Patients' personality characteristics and interpersonal predispositions are thought to represent their suitability for psychotherapy and predict its outcome but the research findings have been inconsistent. We conducted a systematic review of the prediction of these factors on psychotherapy outcome. Methods: We searched electronic databases for original studies on the prediction of pre-therapy patient suitability factors on changes in psychiatric symptoms in the treatment of adult outpatients suffering from depression or anxiety disorder. We focused on short-term therapy as studies on long-term therapy were rare. We classified the factors into five domains and twelve predictor groups: 1. Ego strength (modulation of affects, flexibility of interaction, self-concept), 2. Self-observing capacity (reflective ability, trial interpretation, motivation), 3. Nature of problems (focus), 4. Intrapsychic and interpersonal behavior (defense styles, coping strategies, personality traits, interpersonal relationships), 5. Global suitability. As only a few studies reported regression coefficients and their standard errors, we based our review on correlation coefficients reported in most of the studies. Results: Altogether 36 studies from 28 data were identified, mostly on psychodynamic or cognitive-behavioral therapies. Interpersonal relationships and motivation were studied most, self-concept and trial interpretation least. For global suitability almost all findings supported its prediction, for focus none, and for other predictors findings were contradictory. Conclusions: Evaluation of global suitability over individual predictors seems preferable.

Using Control Mastery Therapy with borderline patients

Tinakon Wongpakaran, Chiang Mai University, Thailand; Nahathai Wongpakaran, Chiang Mai University, Thailand

This case study shows how patient safety is correlated with both the development of a therapeutic alliance and patient outcomes. In this study, five patients with borderline personality disorders - who came for treatment in relation to depression - received control mastery therapy (CMT) as a treatment. All were evaluated in terms of the outcomes of the treatment using the Outcome Inventory (OI-21) with three subscales: anxiety, depression and interpersonal difficulties. The therapeutic alliance was also evaluated using a Helping Alliance Questionnaire (HAQ), the Pathogenic Belief Scale (PBS) and the Safety Scale (SS). The results show that the SS and HAQ were found to be positively correlated with an improvement in the patients' conditions over time. When comparing the SS and HAQ, the SS was found to have a more significant correlation to the change in outcomes than the HAQ. In addition, we found that 'expression of pathogenic beliefs' had a positive relationship with 'feeling safe', which is consistent with the theory behind CMT - that unconscious beliefs allow patients to become more conscious, though only if they feel safe when with the therapist.

Identifying tests based on the Control Mastery Theory: A case study

Sylke Andreas, Alpen-Adria Universität Klagenfurt, Austria; Jennifer Kadur, Alpen-Adria Universität Klagenfurt; Irina Flaig, Alpen-Adria Universität Klagenfurt

In the last decade the identification of specific process variables in psychodynamic psychotherapy has become increasingly important. One of the central concepts of the Control Mastery Theory (CMT) developed by Joseph Weiss (1993) is that patients suffer from pathogenic beliefs which hinder them in achieving life goals. The patient comes into therapy with the aim to disconfirm their pathogenic beliefs by testing them in the therapeutic relationship. Empirical results of many studies showed that passing a test is associated with better outcome. The aim of this single case study was to analyse the reliability of identifying tests of a patient in short-term psychodynamic psychotherapy. The transcripts of a 35-session short-term psychodynamic psychotherapy of a 33-year old patient with somatoform disorder and depression were analysed. Two independently raters who were trained in the plan analysis based on CMT formulated accordingly the central goals, obstructions, anticipated tests and the insights of the first 4 sessions of the therapy. Based on this plan formulation the two raters identified tests in the following sessions. To examine the reliability of the test identification kappa values should be calculated. The results will be presented at the conference and discussed in line with empirical results of CMT single case studies.

Brief Paper Session

Personality disorders

Moderator: Johannes C. Ehrenthal, University Hospital, Heidelberg, Germany

The influence of structural diagnostics on treatment indication for inpatients with borderline personality disorder

Jana Volkert, University Medical Center Hamburg-Eppendorf, Germany; Sylke Andreas, Alpen-Adria Universität Klagenfurt, Austria; Holger Schulz, University Medical Center Hamburg-Eppendorf, Germany; Olga Włodarczyk, University Medical Center Hamburg-Eppendorf, Germany

Introduction: The usefulness of standardized diagnostic interviews based on ICD-10 and DSM-IV within the clinical mental health setting has been criticised, as these interviews do not assess the severity and clinical comorbidity of personality disorders. The aim of this study was to test whether additional information about personality structure assessed with the Structured Interview of Personality Organization (STIPO) improves psychotherapeutic treatment indication for inpatients with borderline personality disorders. Method: The study had a quasi-experimental design. Patients were recruited from an inpatient clinic for personality disorders in Hamburg (Germany). They were consecutively included and randomly assigned to one of two groups. Both groups were interviewed with the SCID-II. The "intervention" group was additionally interviewed with the STIPO. Results of the diagnostic process were fed back to the therapists about each patient in a standardized way. Treatment planning was assessed at two time points, at admission and after the diagnostic process. Each group comprised N = 20 patients with borderline personality disorder according to the SCID-II. The STIPO-D was used for structural diagnosis of personality organisation. Results & Discussion: The results will be presented at the conference and discussed according to their implications for differential diagnosis and treatment planning and their potential impact on improved treatment outcome for patients with borderline personality disorder.

An examination of the significance of Differentiation of Self in the assessment and treatment of borderline personality disorder

Dianne Mooney-Reh, University of Wollongong, Australia; Brin Grenyer, University of Wollongong, Australia

Background. Disturbances of self and identity are central to personality disorder yet methods for

measuring such disturbances are scarce. Aim. The current study aimed to: (i) examine self and identity in borderline personality disorder (BPD), as assessed by the Differentiation of Self Inventory (DSI; Skowron & Friedlander, 1998); (ii) investigate change in DSI over treatment; and (iii) explore the subjective, lived experience of clients diagnosed with BPD in relation to self and identity. Method. Sixty-two participants referred to the Illawarra Affect Regulation Clinic for assessment and treatment of BPD were administered semi-structured and self-report measures, including the DSI. Eighteen participants completed the measures again following a program of intensive psychotherapy; and participated in a qualitative analysis of differentiation of self. Results. Eighty-three percent of participants were found to have impoverished levels of differentiation compared to normal controls, and significant relationships were found between the DSI and measures of borderline psychopathology, with greater severity of BPD symptoms being associated with lower DSI scores. The outcomes of treatment included a more developed sense of self, reductions in psychological distress, and greater global functioning. Participants who improved over the course of treatment had more cohesive and flexible narratives in terms of their relationship to self and others. Conclusion. The results of the current study provide an understanding of the significance of differentiation of self in BPD, and the role of treatment in addressing disturbances of self and identity.

Levels of personality functioning, process, and outcome in inpatient psychotherapy

Johannes C. Ehrenthal, University Hospital, Heidelberg, Germany; Jule Lehr, University Hospital, Heidelberg, Germany; Ulrike Dinger, Adelphi University, New York, USA; Lena Horsch, University Hospital, Heidelberg, Germany; Christoph Nikendei, University Hospital, Heidelberg, Germany; Henning Schauenburg, University Hospital, Heidelberg, Germany

A vividly discussed proposal concerning the revision of the DSM was a dimensional rating of self and interpersonal functioning, the Levels of Personality Functioning Scale (LPFS). A similar and well researched approach is provided by the Structure Axis of the Operationalized Psychodynamic Diagnosis System (OPD). In the past, its widespread use in large scale studies was limited by the need for expert ratings derived from clinical interviews. A recently published, psychometrically sound self-report instrument of personality functioning according to the OPD may facilitate the measurement of personality functioning in psychotherapy research. Goal of the current study was to explore the impact of impaired personality functioning on process and outcome in inpatient psychotherapy. A total sample of $N > 200$ individuals with mixed diagnoses was treated in multimodal, psychodynamic inpatient psychotherapy. Pre/post levels of personality functioning were assessed with the OPD Structure Questionnaire (OPD-SQ). Additionally, data was collected on general symptom load (OQ-45), and interpersonal problems (IIP-32). A subsample also filled out weekly measurement on specific process factors (Day Clinic and Inpatient Experience Scale, DIES), and symptom load. We will report further data on validity of the OPD-SQ in clinical practice with to baseline variables, changes in self-reported levels of personality functioning, and predictive value of the OPD-SQ on overall symptom change. In a second step, we will explore effects of the OPD-SQ on process measures. First results confirm some of our hypotheses, but also point towards more complex interactions. The results will be discussed against the background of DSM-5 development.

Unsettling a way of being: Therapeutic interventions with patients with CSU

Margot Patricia Solomon, Auckland University of Technology, New Zealand; Josie Goulding, Auckland University of Technology, New Zealand

This paper draws on a pilot study which explored the phenomenological experience of patients suffering from Chronic Spontaneous Urticaria (CSU), and of the treating clinicians using a Mindbody therapy approach. CSU patients were recruited through referrals to the Immunology Department at Auckland City Hospital. These patients had already been treated biomedically without success. They contracted to work for ten sessions with a Senior Immunologist and psychotherapist who practices the MindBody Therapy Approach. Patient and the therapist emailed the researchers following each session. The research identified consistent themes that emerged from patient and clinician descriptions of the healing process during ten sessions. We consider that the therapy facilitated awareness of emotional experience, followed by its expression within a relational context. The patient began therapy with "a way of being" which included the urticaria. Our coding indicated that therapy unsettled the patients' characteristic 'way of being' and the 'therapeutic interventions' stimulated the patient to explore new 'actions' in their life. The range of therapeutic interventions were coded through the analysis of the data. By the end of 10 sessions all patients in the pilot study were off their medication and had significantly reduced symptoms.

The aetiology of stigmatic behaviour: Implications for therapists, clients and clinical students

Jerome Perera, Flinders University, Australia; Robert M. Lynd-Stevenson, Flinders University, Australia

The stigma associated with mental illness has often been cited as important with regards to various aspects of psychotherapy. A review of the research literature reveals, for example, that the stigma associated with mental illness can disrupt the therapeutic relationship, reduce the inclination of clients to attend psychotherapy and impede the opportunities for clinical students to learn while on placement. Attribution theory was examined as a potential account of the psychological processes that generate

stigmatic behaviour. The primary hypothesis was that expectancies of abnormal behaviour would mediate the full relationship between attributional style and stigmatic behaviour. One-hundred and sixty undergraduate students were interviewed and a number of instruments used to evaluate attributional style, expectancies of abnormal behaviour and stigmatic behaviour. The theory received partial support as higher expectancies of abnormal behaviour predicted higher tendencies to display stigmatic behaviour. The mediation hypothesis, however, was not supported as attributional style was unrelated to expectancies of abnormal behaviour or stigmatic behaviour. Implications of the findings for therapists, clients and clinical students are discussed.

Brief Paper Session

Culture

Moderator: Hsiu Jung
Chen, National Taiwan
Normal University,
Taipei

Culture in treatment for Aboriginal Australian men in New South Wales residential drug and alcohol rehabilitation services

Stacey Berry, University of Wollongong, Australia; Trevor P. Crowe, University of Wollongong, Australia; Frank P. Deane, University of Wollongong, Australia

Aboriginal people are one of the populations most in need of mental health and drug and alcohol services within Australia, although it has been questioned whether treatment programs are adequately sensitive to and inclusive of relevant aspects of Aboriginal culture. The primary objectives of the research were to investigate 1) which cultural activities were offered in residential drug and alcohol rehabilitation programs for Aboriginal Australian men, 2) the benefits associated with these cultural activities from the perspectives of service providers and service users, and 3) whether cultural engagement predicted outcomes. Participants were 101 Australian Aboriginal male clients attending five residential drug and alcohol rehabilitation services in NSW. Results of hierarchical multiple regression analysis indicated that cultural engagement in everyday life significantly predicted empowerment but not other measures of mental health. Cultural engagement undertaken within treatment programs was not associated with empowerment or mental health. Potential explanations for the differential effects of cultural engagement are considered. The opinions of service users are presented, including the desire for treatment programs to provide more education regarding history/heritage and more time on Country. Recommendations are made regarding ways to enhance the effectiveness of cultural activities within drug and alcohol rehabilitation programs.

Alternative psychotherapies: Spirit consultations and clairvoyant counselling in Denmark

Vibeke Steffen, University of Copenhagen, Denmark

Causes of disease that have to do with the intrusion into the body or personal space of an agent or substance believed to injure the host are common in many societies. Whether the pathogen is related to germs or spirits the recipe against such attacks consist in either protection against or in driving out the intruder. In cases where occult forces are suspected to be at work, spiritual experts are often the natural choice to put these measures into operation. Spirit consultations are well known from ethnographic studies of symbolic healing in distant times or places. Less is known about such practices in contemporary Western societies. An unknown number of people in modern societies suffer from disturbing problems such as encounters with spirits or ghosts, misfortunes transferred from random passers-by and transgressions of their personal boundaries by occult forces. We might think of these experiences as psychotic symptoms or emotional problems to be dealt with by psychotherapists, but these diffuse expressions of ill being are often marginalised in relation to professional therapy systems and referred to other social contexts for their management. Thus, the participants of this study turned to spirit mediums and clairvoyant counsellors to deal with their worries and problems. The aim of this presentation is to explore the character of these problems and the ways in which they were dealt with. The study is based on ethnographic fieldwork among Danish spiritualist mediums and clairvoyant counsellors in 2007-08. Data were collected through participant observation and qualitative interviews.

Effectives of mindfulness-based cognitive group therapy on depression: Taiwan experiences

Hsiu Jung Chen, National Taiwan Normal University, Taipei; Bee-Horng Lu, National Taiwan University; Yih-Ru Cheng, National Taiwan University

This study utilized a mixed pretest-posttest control group (n=7) design to examine the effects of 8 weeks group of mindfulness-based cognitive therapy, MBCT (n=10) on negative self thinking habits, meta-cognitive awareness, mindful attention awareness, and depression for participants with the major depressive disorder in remission stage. The purpose of the study will test the outcomes of MBCT by both of quantitative and qualitative data to compare the similarities and differences with western research findings. Results showed that experimental group of MBCT was same with many researches revealed an effective treatment for enhancing the mindful of attention awareness and depression but discussed why not significant differences on self thinking habits and meta-cognitive awareness with control group. Through qualitative materials we explored attention orienting, focusing, and opening to monitor self negative thinking, feeling and behaviors regulation of participants. Those components were compared with the constructive form of the three specify what-skills (observing, describing, and participating) and three how-skills (non-judgmentally, one-mindfully, and effectively) in which one does when being mindful and the implications of the study are also discussed.

Korean Version of the Spiritual Wellness Inventory: Psychometric Properties and Implications for school counselors

Seung Min Park, Soongsil University, Seoul, Republic of Korea; Mi Seo , Seattle Pacific University; Jung Soo Kim, Hankuk University of Foreign Studies

Spirituality is one of the components which are considered in Positive Psychology (Gall, Charbonneau, Clarke, Grant, Joseph, & Shouldice, 2005; Pargament & Mahoney, 2002; Peterson & Seligman, 2004). Using the conceptual research bases derived from the positive psychology and spirituality literature, this study is to explore the psychometric properties of Spiritual Wellness Inventory (Ingersoll, 1998; Ingersoll & Bauer, 2004) and to assess qualities of non-religious spirituality for 355 Korean school counselors. The specific validation process was as follows: content and face validity, construct validity using exploratory and confirmatory factor analysis, reliability using Cronbach's alpha correlation coefficient. This proceeding includes results and implications for school counselor education.

Does the 'Global South' need psychotherapy? The Asialink project in Vietnam

Peter Scheib, University of Freiburg, Germany; Cat Huu Nguyen , Hue Medical College; Viet Kim Nguyen, Hanoi Medical University; Linh Tich Ngo, University of Pharmacy and Medicine Ho Chi Minh City; Michael Wirsching, University of Freiburg, Germany; Nayeong Ko, University of Freiburg, Germany

Aim: The Asia link project supports the development of Psychotherapy in Vietnam. A psychotherapy training, supported by DAAD* and BMBF **, is applied at three major Universities in Vietnam (Hanoi, Hue and Ho Chi Minh City). Vietnamese and German teachers develop and apply an integrative Psychotherapy approach, using 'tools' from Psychodynamic, Cognitive Behavioral and Systemic Family Therapy methods in the framework of a resource oriented short term psychotherapy approach fitting to the Vietnamese mental health care system. Method: The training is offered in 2 years with six blocks of theoretical and practical elements. It is built on the 1 year lasting basic psychosomatic training course developed and applied in the earlier project phase (2006-2009). The Curriculum elements are developed jointly by the Vietnamese and German project members. The participants are psychiatrists, medical doctors from other different specialties, and psychologists. Results: Developing a psychotherapy curriculum in a 'global south' country like Vietnam, has specific cultural and social implications but meets a big need in the mental health care system of the country. In the presentation some basic evaluation data of the training will be reported. The training is seen as very helpful for the daily work of the participants. Discussion: The current state of the project is discussed and we welcome contributions from discussants on the panel being helpful for the further development of Psychotherapy system in Vietnam.

**Brief Paper
Session**

Supervision/Training

Moderator: Jan

Nielsen, University of
Copenhagen, Denmark

Supervision styles that perceived and preferred by supervisors and supervisees

Li-Ching Hung, Overseas Chinese University; Cary Stacy Smith, National Taichung University of Science and Technology

In this article, data was collected from three supervisors and six supervisees regarding the type of supervision style they prefer. The study combined observation and interview data from how the nine participants perceived their supervision, as well as the preferred supervision style and its effect on style. In addition, to what extent does the supervision style match and affect supervision effectiveness, i.e. reducing novice supervisee's anxiety. My data provides clear evidence that several factors affect the supervision style match between supervisor and supervisee. This study suggests directions for future research, as well as a theory regarding supervision style.

Professional identity under construction: A case study of Canadian counsellors

Kate Kearney , University of Ottawa, Canada; Nick Gazzola, University of Ottawa, Canada; Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan

Although there has been substantial research in the field of counselling and psychotherapy on how counsellors articulate their professional identity less is known about the construction and negotiation process they use to create or even re-shape their evolving professional self during a significant, exogenous change event like the implementation of statutory regulation. Dialogue on the implications of regulatory frameworks creating shifts in the professional landscape of mental health services and the challenges this could bring to counsellor identity have circulated internationally and is currently at the forefront in a number of Canadian jurisdictions. Understanding the navigation plan for crafting a strong professional identity is fundamental to ensure the success, ethical conduct and credibility of counselling practitioners and more importantly, for building training programs congruent with counselling values. Whether generative or disruptive to the negotiation of professional identity, this change event affords a rare opportunity to examine the particularity of this instrumental case in real time. Consequently, a qualitative case-study design has been chosen for this research project which will utilize semi-structured interviews, graphic elicitation techniques, participatory diagramming, metaphor building tasks and an asynchronous online focus group to gather the descriptive, holistic accounts of master's level counsellors

in a Canadian provincial jurisdiction currently negotiating their professional identity. This presentation will provide an overview of the methodology and preliminary data on how novice and experienced counsellors construct, rework or maintain their professional identity project.

Novice supervisors' tasks and training -- a descriptive study

Jan Nielsen, University of Copenhagen, Denmark; Claus H. Jacobsen, private practice; Birgit B. Mathiesen, University of Copenhagen, Denmark

There is a lack of data on the influence of the debut as a supervisor on the later career. However, extrapolating data from therapist development, we assume that the first years as novice supervisor are important for the following career as supervisor in particular. The first job as novice supervisor are likely to be formative for the way supervisors perceive themselves, just as the first years as a psychotherapist can be formative, especially if these are associated with negative experiences. Thus, the debut as supervisor may be of fundamental interest when studying supervisors' development. The aim of this study was to explore what kind of tasks novice supervisors undertake and how they are prepared for these. During 2009--2010, 350 Danish clinical psychologists have responded to the Development of Psychotherapists Common Core Questionnaire covering a wide range of items on professional development, experience, and practice. In this presentation we focus on the tasks and training of the respondents as novice supervisors. The results show, that a majority of novice supervisors were confronted with complicated jobs, e.g., group, internal and interdisciplinary supervision, but were not prepared, i.e. trained, prior to these tasks. These findings imply that more training is needed for novice supervisors. Preferably, this training should be introduced before, or at least parallel to, the first supervisor tasks, preparing the novice supervisors for the often complicated tasks they are meeting. Keywords: supervision, novice supervisors, tasks, training, development.

Linking clinical-decision-making, in-session practices of novice counsellors and outcomes: Preliminary results

Magda Kurzak, Swinburne University of Technology, Australia; Sunil Bhar, Swinburne University of Technology, Australia; Sophie Holmes, Williams Road Family Therapy Center, Melbourne, Australia

Research into decision-making process psychotherapy is in its infancy. This presentation reports the preliminary finding of a study which explores the clinical decision making of novice practitioners in relation to the outcomes of the therapy they provided at a university psychology clinic. This investigation is nested within a larger study, which explores predictors of change. Given that we do not yet understand why counsellors selected certain techniques for treatment, or the processes that they used in reaching decisions, this study uses Critical Decision Method (CDM) (Klein, Calderwood & MacGregor, 1989). To elicit procedural knowledge and particularly the clinical-decision-making process underpinning the in-session practices and links this to client outcome data. The Critical Decision Method (CDM) is a well-established knowledge elicitation methodology used in investigations of naturalistic decision-making in complex domain of practice. The CDM interview was designed to elicit a detailed narrative of complex and straightforward cases, which locate the practitioner's mental effort in conducting the case, and particularly the patterns of allocation of attentional resources and the salience of particular perceptual-cognitive-affective features of events and thus tracking the decision making process in the course of counseling.

Differential effectiveness of novice practitioners: Some novices already have the habits of mind of elite practitioners

Sophie Holmes, Williams Road Family Therapy Center, Melbourne, Australia

The increased research interest in the contribution of the therapist to the quality of therapeutic process and outcome has led researchers to investigate the characteristics of the therapist development and particularly master therapist (Skovholt & Jennings, 2004). This investigation follows an alternative pathway, that of developing a pragmatic understanding of the nature of expertise, including the cognitive and affective components, attentional and decision making process and other mental activities required of therapist while grappling with the complexity of day-to-day clinical practice. In the course of larger investigation of the Nature of Expertise in Family Therapy, using a novice-elite practitioner comparison on complex and straightforward cases, it was found that some novices already have the habits of mind of elite practitioners. While it was found that the procedural knowledge of novice and elite practitioners was markedly different in the task of case conceptualisation and the capacity to focus on the key features of the case, the dynamic-thinking process of some novices closely resembled that of the elite practitioners. This paper describes these findings in detail and proposes that these features may be potential markers of more advanced development of some novice practitioners. By developing an understanding of the key markers of expertise-in-the-moment and the variable mediating effective decision-making process, more focused training and supervision could be developed.

Brief Paper Session

Training

Moderator: Claire Cartwright, University of Auckland, New Zealand

Personality features of prospective therapists: Patterns in applicants for training in clinical psychology Edward Helmes, James Cook University, Australia

The selection of applicants into health care professional training is costly for both the applicants and the training centres. Additional costs occur when the applicants prove unsuccessful because of academic or other factors. The assessment of personality characteristics has become increasingly common in efforts to select those most likely to have 'personal suitability' for the profession. Conscientiousness, psychological stability, and interpersonal sensitivity can all be seen as desirable in clinical psychologists. Two intake cohorts of individual applicants to study clinical psychology at a regional Australian university were asked to complete the 100-item Health Professional Values Survey (HPVS) derived from the Personal Qualities Assessment battery (Lumsden et al., 2005) using an online administration system. The first cohort in the ongoing study averaged 34.5 years of age (47 females). The second cohort comprised 27 participants (24 females) with a mean age of 36.1 years. Data collection from the third cohort is ongoing. Applicants in both completed cohorts showed higher scores on the Involved scale and lower scores on the Resilience and Control scales compared to the norms of medical school applicants. Results for lower-level domains of Narcissism, Aloofness, Confidence and Empathy will also be presented. Participant self-selection is a limitation, but the findings provide a view of the characteristics of applicants for clinical psychological training that may inform debate on desirable characteristics in those applicants.

Investigating a method for teaching reflective practice: Understanding and managing countertransference

Claire Cartwright, University of Auckland, New Zealand; Paul Rhodes, University of Sydney, Australia

This paper presents a brief overview of a 5-step method for understanding and managing countertransference as part of reflective practice in psychotherapy; and two studies investigating this method. The method was originally designed to assist clinical psychology students to understand and have a way of managing countertransference reactions to clients. It has since been offered as training for Psychologists. The first study of the method was conducted with 28 Psychologists in New Zealand (Cartwright & Read, 2011). The participating psychologists took part in a two-day interactive training that introduced the method and allowed for repeated application of the method through case discussions and analysis. Participants completed pre- and post-questionnaires that examined their responses to the training and also used clinical vignettes to examine changes in reflective practices. The second study is planned for 2013 and will examine the impact of the method, taught in a two-day interactive class situation, with clinical psychology students at Universities in New Zealand and Australia. It will utilize pre- and post-questionnaires that will be anonymous and placed online. The study will collect qualitative data related to participants' experiences of being taught the method, and also experiences of using it in supervision or self-supervision as part of reflective practice. Student participants will also rate the usefulness of the training for their professional development. Methodological issues will also be briefly discussed.

Psychotherapist development in South Africa: Beginner and experienced psychologists' journeys of psychotherapeutic development

Christine Laidlaw, University of South Africa; Christopher Norman Hoelson, Nelson Mandela Metropolitan University

The research aimed to trace the development of psychologists as therapists within a South African context. Two distinct career levels were explored in relation to a competency model, a skills development model, and a developmental phase model of psychotherapists' professional development. Through purposive sampling five intern psychologists and six registered psychologists with at least seven years post-qualification client contact participated in semi-structured interviews, couched in the social constructionist position. The texts of the participants' experiences were then thematically analysed. The research found that a number of aspects fostered the development of psychotherapists. Life experiences of participants featured personally wounding events or highlighted participants in a helper role. Participants emphasised a strong therapeutic relationship with clients as the centrepiece of psychotherapy and depicted the therapeutic process using diverse metaphors. Catalysts for professional growth included: personal therapy, 'unforgettable cases', group supervision and for established psychologists professional workshops. Shifts in competency were recognised by intern psychologists, namely, dissolution of naivety, reduced anxiety regarding clinical work, greater flexibility in the therapeutic process, decreased inappropriate responsibility for clients' progress, and negotiation of their personal and professional lives. Established psychologists voiced gaining more confidence through years of practice and yet acknowledged some anxiety which fostered humility. Importantly, the current study found that participants emphasised the appreciation of cultural diversity in clinical work.

Training in psychology treating sexual diverse populations: A systematic review

Reynel Alexander Chaparro, Universidad Nacional de Colombia

Since the publication of APA Resolution on Culture and Gender Awareness in International Psychology, there's a new declared necessity of training in psychology that includes a sensibility of diversity, especially

in the area of human sexual orientation. One of the main of this project is evaluate how this training is doing in the field of psychology, through the systematic evaluation (PsycARTICLES, MEDLINE and specific journals in the field) of the published research in this "new training".

Supervision in psychology in Australia: Developments and challenges

Russell Hawkins, James Cook University, Australia

Historically in Australia access to supervision for clinical/ applied psychology has been problematic due to a shortage of trained supervisors. It has been difficult to encourage people with the requisite experience to undertake the training and credentialing required by law to act as a supervisor. The shift to national registration for health professionals has been associated with a renewed focus on clinical supervision however challenges remain in terms of improving the curricula of available training programs to better reflect a competency-based approach. Ways of encouraging people to undertake supervision training and practice, including fresh consideration of the barriers to this activity, are also needed.

Brief Paper Session

Emotion/Trauma

Moderator: Melissa

Harte, La Trobe

University, Melbourne,
Australia

Personality and emotional vulnerabilities to depression: The role of affect dysregulation

Karin G.E. Sandquist, University of Wollongong, Australia; Brin Grenyer, University of Wollongong, Australia; Peter Caputi, University of Wollongong, Australia

The personality dimension self-criticism and the self-conscious affect shame have been recognised as two inter-related vulnerability factors that particular stands out in the development and maintenance of affective problems. Whilst self-critical cognitions are regarded as important, researchers have argued that the individual's shaming reaction to these negative cognitions is what triggers a path to depression. The primary aim of the present study was to enhance the understanding of the maladaptive aspect of shame and its relationship to depression by exploring a path model of proximal factors to depressive symptoms. The study was particularly interested with exploring how difficulties with affect regulation may impact the link between shame and the severity of depressive symptoms. Indeed, shame may have an increased bearing to depression due to its association with poor affect regulation. The present study specifically examined the relationship between current levels of perceived social connectedness, self-criticism, shame, emotion regulation skills and depression among 397 university students involving the use of self-report measures. The results indicated that self-critical and shame prone individuals were associated with difficulties with emotion regulation. Results further demonstrated that emotional dysregulation have important mediating properties between the relationship between shame and depression. The practical and theoretical implications of these findings for the role of affect regulation in personality configurations and the vulnerability to depression are discussed.

Processing painful or traumatic experiences using the focusing task in Process-Experiential / Emotion-Focused Therapy

Melissa Harte, La Trobe University, Melbourne, Australia

This study was designed to investigate change processes by developing an understanding of how change occurs in therapy. The four expanded single cases employed took an interpretive approach to examining client change and its causes by seeking client and therapist viewpoints. Multiple sources of qualitative and quantitative evidence were used. This study was conducted within a participatory and collaborative approach. A thematic analysis of the qualitative data elicited propositions about the changes that occurred as a result of therapy from the four young women's perspectives. The marker for the task of focusing, typically used for processing an unclear felt sense was expanded to include the reprocessing of painful or traumatic events. Once a traumatic memory was accessed, within the task via bodily felt-sense, in conjunction with emotional arousal and activation of other schematic elements, it was possible to reprocess the event in such a way that the person was no longer plagued by the painful aspects of it. The client was not retraumatised by the re-remembering that often occurs when asked to retell the story. Once she was able to express the appropriate primary emotion and articulate her needs within the remembered experience, the associated painful emotional charge was lessened. The event is remembered as having occurred but the emotional intensity was greatly reduced. The results from this study propose an alternative safe method of processing painful or traumatic events by expanding the focusing task within the PE-EFT framework.

A body felt feeling measuring scale. An APES adaptation in Latin-American Spanish

Marlene Curi, Hospital de Clínicas Jose de San Martin. Argentina

Introduction: The assimilation model (Stiles et al., 1990) offers an approach to customizing the therapeutic relationship through responsiveness to the degree of assimilation of client's problems. Our adaptation of the scale was used to measure body felt feeling (BFF) in physicians of Buenos Aires University Hospital. Body felt feeling is used to interact with somato-visceral memory in a subsymbolic intraceptive language. Aim: To generate a valid BFF Scale based on APES in order to unify criteria levels of evaluation on the patient's connection with his somato visceral memory. Method: A group of 27 physicians were subjected to a 9 sessions device with 4 BFF registrations per session. During the first 8

sessions the physicians were guided to focus in BFF by means of embodiment, then express the feeling through projective drawing (advancing through archetypes) and finally received a massage in communication with the biodynamic therapist. The 9th session was used for integration. Results: The theoretical validity and sensibility of the scale was evaluated. We also observed a small but significant increase in the physician's BFF perception. Discussion: The development of a scale for evaluation of the BFF is the first step in the development of a device for increasing the patient's BFF awareness and reducing the likelihood of burnout. Next step will be to validate the scale adaptation.

An event-related potential study on cognitive restructuring, delivered as a 90-minute psychotherapeutic microintervention

Luisa Zaunmüller, Universität Trier, Germany; Wolfgang Lutz, University of Trier, Germany

AIM: Depressed individuals have difficulty regulating their moods, often using strategies that are counterproductive and can even intensify their distress. Cognitive behavioural therapies for depression emphasize techniques that can help individuals to regulate their moods more effectively. The aim of the present study was to investigate the affective impact and electrocortical correlates of cognitive restructuring, delivered as a 90-minute psychotherapeutic microintervention in an analog sample. Methods: Participants (N = 92) who reported either low or high levels of dysphoric symptoms were randomly assigned to a cognitive restructuring microintervention, a sham intervention, or a no-intervention condition. We obtained recordings of event-related potentials (ERPs) as well as mood self-ratings during an experimental session immediately after the intervention in which a set of negatively valenced pictures (IAPS) was presented with the instruction to either reframe the picture or to simply attend to it. Results: Whereas both active intervention groups reported increases in positive and decreases in negative affect from pre- to post-intervention, the groups differed significantly on ERP measure. In particular, dysphoric participants who received the cognitive microintervention manifested significant enhancement of mean frontal late positive potential (LPP) amplitude following the "reframe" compared to the "attend" instruction. Discussion: Results are discussed in terms of reflecting a strengthening of prefrontal down-regulation mechanisms, which in turn may help to dampen or compensate for the perceived emotional intensity of unpleasant stimuli.

Development and validation of the Christian-based grief recovery scale

Jen Der Peter Pan, Chung Yuan Christian University, Chung Li-Taipei, Taiwan

This study presents the development of a Christian-based Grief Recovery Scale (CGRS), used to measure Christian participant recovery from grief responses following a significant loss. We also describe the foundation of the CGRS, based on grief theory, previous literature, and pastoral counselling practice. The CGRS is developed through replicated factor analysis, and we highlight evidence for CGRS reliability and validity. The results indicate that the CGRS consists of 35 Likert-type scale items in 6 factors: spiritual well-being, recovering meaning and sense of control, maintaining physical and emotional responses, reassuring faith, strongly missing a deceased loved one, and life disturbance. Implications for research and counselling practice are suggested. Keywords: Christian-based; grief; Kübler-Ross theory; spiritual

Brief Paper Session

Narrative/Computer
Moderator: Rüdiger Zwerenz, University of Mainz, Germany

Psychotherapeutic treatment for people diagnosed with schizophrenia: Narrative processes and recovery

Melissa Greben, Queensland University of Technology, Australia; Rebecca Bargenquast, Queensland University of Technology, Australia; Robert Schweitzer, Queensland University of Technology, Australia

Recent evidence suggests that Metacognitive Narrative Psychotherapy can facilitate recovery in people diagnosed with schizophrenia; however, we have little understanding of the mechanisms of therapeutic change. This study was situated within a larger research project involving an innovative 12-18 month trial of Metacognitive Narrative Psychotherapy for people diagnosed with schizophrenia. This approach encourages the development of narrative reflexivity. Recovery and narrative reflexivity were measured at three time points. Recovery was measured using the Recovery Assessment Scale (RAS). Narrative reflexivity was measured using the Narrative Processes Coding System (NPCS). Results were reported descriptively, in a series of brief case studies, due to a limited sample size (n = 9). The majority of clients (n = 7) reported an increase in recovery over the course of treatment. For six clients, an overall increase in recovery was associated with an increase in narrative reflexivity. This study provides support for an association between narrative reflexivity and recovery as a potential mechanism of therapeutic change in the psychotherapy of people diagnosed with schizophrenia.

Reconceptualization and the consolidation of new self-narratives

Pablo Fernández-Navarro, Universidade do Minho, Braga, Portugal; Vanessa Moutinho, Universidade do Minho, Braga, Portugal; Miguel M. Gonçalves, Universidade do Minho, Braga, Portugal

According to the heuristic model of narrative change, Reconceptualization Innovative Moments (RC) help clients to integrate new meanings into their experience and are fundamental for successful

psychotherapy. To understand how this narrative change is constructed, two clinical narrative cases will be studied intensively. We will look at the evolution of the microprocesses that form RC, (namely, a contrast between two self-positions and the metaposition that underlie this contrast) as well as a broader narrative phenomenon, exploring the new meanings or themes expressed through innovative voices (protonarratives). We will analyze how reconceptualising life events may help the client to identify him/herself with a new self-narrative, distinct from the problematic narrative that brought the client to therapy.

Internet-based intervention to enhance vocational reintegration after inpatient psychosomatic treatment based on the supportive-expressive therapy (SET)

Rüdiger Zwerenz, University of Mainz, Germany; Katharina Gerzymisch, University of Mainz, Germany; Manfred E. Beutel, University of Mainz, Germany

Aim: We assume that maladaptive relationship patterns are a main source of work related stress often resulting in psychosomatic complaints. Luborsky's SET with the focus on a Core Conflict Relationship Theme aims to identify and change these maladaptive relationship patterns. Therefore the purpose of this trial is to determine the efficacy of an internet-based SET-intervention with a focus on work-related conflicts. Methods: Vocationally strained patients (N=200) are randomised to intervention (IG) or control group (CG) during inpatient psychosomatic treatment. After discharge the IG (N=100) is offered an internet-based SET-intervention with weekly writing tasks ('blogs') and therapeutic feedback, a patient forum, a self-test and relaxation exercises. The control group (N=100) obtains regular e-mail reminders with links to publicly accessible information about stress management and coping. Longitudinal assessments are conducted, primary outcome is a risk score for premature pension. Results: Until now N=176 patients could be randomised (CG N=97; IG N=79) of whom 47% of the CG and 84% of the IG participated in our aftercare programme (Chi2[1]=24.55; p<.001). In the IG N=57 patients have written at least one and averagely 6 blogs. Discussion: Utilisation of our aftercare programme differs strikingly between CG and IG, which could be a hint for varying patient motivation to use aftercare interventions. From our clinical point of view we have the impression that our intervention could lead to a stable therapeutic relationship especially if the first online-contact with the patient is successful. Further analyses on the impact of our intervention on psychosomatic complaints and work related stress will be presented.

A quantitative exploration of young unemployed job-seekers' attitudes to receiving resilience-building SMS messages

Jayne Orr, Queensland University of Technology, Australia; Robert King, Queensland University of Technology

A significant minority of young job-seekers remain unemployed for many months, and are at risk of developing depression. Both empirical studies and theoretical models suggest that cognitive, behavioural and social isolation factors interact to increase this risk. Thus, interventions that reduce or prevent depression in young unemployed job-seekers by boosting their resilience are required. Mobile phones may be an effective medium to deliver resilience-boosting support to young unemployed people by using SMS messages to interrupt the feedback loop of depression and social isolation. This study aimed to explore the resilience levels and general psychological distress of young unemployed job-seekers; their job-seeking experiences; their receptivity to receiving and requesting regular resilience-building SMS messages informed by cognitive, behavioural, and social isolation factors during the period of their unemployment; and their preference for the content, formatting and delivery of such messages. Methods: Analyses will be based on data from an anonymous online survey made available to all unemployed job-seekers aged 15 -- 24 years throughout Australia via various websites. The survey data will be analysed using descriptive statistics, correlational analysis, and group comparisons. Expected Outcome and Implications: Preliminary findings concerning young unemployed job-seekers' resilience levels, mental health issues, job-seeking experiences, mobile phone experience, and attitude to resilience-building using mobile phone text messages will be presented.

What I have learned as a clinician from the clinical research; some theoretical issues

Licia L. Reatto, Italian Psychoanalytic Society (SPI)

One of the greatest resistances among psychoanalysts approaching research activity is the fear to compromise the clinical capacity, introducing quantitative aspects, and to lose the specificity of the therapeutic process. While developing a research program, I encountered great difficulties, as I could not properly be considered psychoanalyst, focusing more on general aspects rather than on specific clinical situations, running the risk of becoming 'deaf' toward the living therapeutic development. Maybe, in an effort to account for the here and now and relational vicissitudes, we disregard aspects of psychic evolution and of complex therapeutic development, compromising the capacity to understand and draw the mental situation even in a comparative perspective. I have considered that maybe Bion's methodological warning "free of desire and preconceptions" produced some misunderstandings; Bion himself still formulated theoretical instruments to scientifically describe the functioning of mental apparatus and of psychoanalytic process. As a clinician, trained from the beginning not to fear to resort to

scientific attitude, I describe my experience of introducing research dimension into therapeutic work with advantages for clinical sensibility and competence. Furthermore, I propose the "principle of correspondence" between internal subjective world and phenomenal aspects as a unifying conceptual model respectful of complex psychic functioning, useful to overcome dichotomic positions and to supply an economical way to gather both descriptive and functional clinical data. Some observations will be made about reasons for resistances, and the opportunity to foster an attitude toward research even in the course of training.

Poster session

Poster Session 1

Process

OPD-focus in psychotherapy of depression

Antonia Friedrich, University Hospital, Heidelberg, Germany; Johannes C. Ehrenthal, University Hospital, Heidelberg, Germany; Manfred Cierpka, University of Heidelberg, Germany; Annette Kaemmerer, University of Heidelberg, Germany; Henning Schauenburg, University Hospital, Heidelberg, Germany; Ulrike Dinger, Adelphi University, New York, USA

In contrast to long-term psychoanalytic treatments, brief psychodynamic therapies, can be seen as focal therapies, because therapist and patient are primarily working on one focus or a small number of relevant foci. This is also true for time-limited psychotherapies in an inpatient setting. The Operationalised Psychodynamic Diagnostics (OPD-2, 2006) allows therapists to define relevant foci for each individual patient. However, to date it is not clear which foci can actually be observed in time-limited brief psychodynamic psychotherapies. To answer that question, the Heidelberg Therapy Focus List (HTFL) was developed. With the HTFL, therapists and independent observers can rate the focus of a given therapy according to OPD. The objective of the present study is to introduce the HTFL and report on its psychometric properties. In addition, the therapeutic process from 40 depressed patients treated with psychodynamic inpatient or dayclinic psychotherapies is analyzed. Selected descriptive results regarding the therapeutic focus are presented. Two cases are presented in greater details in order to illustrate the work with the rating instrument and the focus development over 8 weeks. At last difficulties in the implementation of the HTFL are discussed.

Therapist factors

Psychotherapists' personal identities, theoretical orientations, and professional relationships: Elective affinity and role adjustment as modes of congruence

Erkki Heinonen, National Institute for Health and Welfare, Helsinki, Finland; David E. Orlinsky, University of Chicago, USA

Aim: Psychotherapists who espouse different theoretical approaches also differ in 'mentality' (e.g., cognitive styles, beliefs and epistemologies) and personality (e.g., neuroticism). However, studies have not investigated the association between professional relational style prescribed by therapists' theoretical orientations and therapists' manner of relating in personal life. Methods: Data on over 10,500 psychotherapists were available in the international SPR CRN database. Therapists' theoretical preferences and professional and personal relational style were assessed with the Development of Psychotherapists Common Core Questionnaire (DPCCQ). Between therapists of different approaches, both differences in relational manner in private life as well as discrepancies between professional and personal relational manner were explored, controlling for confounding factors. Results: Therapists' self-experiences in close personal relationships were significantly associated with the manner their theoretical orientations prescribed for relating with clients. However, in their personal relationships therapists were also found less accepting, less tolerant and more demanding than with clients. Finally, therapists in practice adjusted their professional manner to meet the ideal expectations of their preferred orientations. Discussion: Findings support the view that identification with theoretical orientations corresponds to aspects of therapists' personalities, but therapists also adjusted their professional manner to meet their orientations' expectations. Findings should have implications for improving flexibility of training programs in accommodating trainees' personal qualities to optimize effective learning and practice.

Qualitative methods

Long term follow-up of psychotherapy patients: What stories do patients tell after several years and how do they fare?

Birgit Weinmann-Lutz, Universität Trier, Germany; Wolfgang Lutz, University of Trier, Germany

Aim: The aim of the presented study is to look at what people remember about therapy after up to 10 years, what effects they report on their lives and wellbeing. In the context of a larger follow-up project on effects of psychotherapy in a German outpatient clinic with qualitative as well as quantitative methodologies and the total of 905 patients, 112 interviews were conducted and either videotaped (n=91) or audiotaped (n=21), when conducted via phone. Preliminary analyses of 10 of the videotaped interviews are reported here. Methods: In a bottom up content analyses via MAXQDA units of thought were identified and in a stepwise fashion reduced to a system of 343, 90, 36 and finally 10 categories, comprising of therapy, results of therapy, the therapist, strains, coping strategies, self perception, social

environment, work related matters, wellbeing and the interview situation itself. Results: The results so far show a remarkable difference in quantity and elaboration of content about therapy. The transfer of new behavior/ attitudes/ cognitive skills to everyday life during therapy seems to play a crucial role in a solid embedding-of change in peoples' lives and life narratives at time of follow-up. Discussion: Analyses need to be carried out on all interviews to test the tentative hypothesis. The explorative nature of the study allows only for a more precise set of questions about the impact of therapy and how patients manage to integrate these experiences in their life and life story.

Linguistic

Semiotic Analysis in empathic interaction sequences and non empathic interaction sequences: A microgenetic study

Pablo Fossa, Universidad del Desarrollo, Santiago, Chile; Carlos Cornejo, Pontificia Universidad Católica de Chile, Santiago; David Carré, Pontificia Universidad Católica de Chile, Santiago

This study aimed to explore and describe the regulatory process in empathic interactions and non empathic interactions. In a study with 60 students in which coordination was assessed with a nonverbal movements capture system OptiTrack in interactions that took a manipulation to generate an empathic interaction and a non-empathic interaction, 4 segments of conversation, 2 empathic and 2 non empathic, were selected. The material was recorded and transcribed to text to be analyzed with Semiotic Analysis Protocol based on the analysis model of Jaan Valsiner (1999, 2000, 2002, 2003, 2004). The results show that empathic interactions are characterized by a process of co-construction of meanings, administration of the appropriate tension on the relationship, a loss of identification and distance with the sign built by the other speaker, both participants can capture the semantic sense of the sign built by the other. The non empathic interactions are characterized by the emergence of linguistic signs that not continue the sequence of construction of meanings, excessive dialogical tension, a strategy of distancing or abandonment of the field of meaning, and semiotic strategies that produce a shift in the addressee of the statement.

Couple

What do we do when we discuss?: A micro-genetic analysis of couple's conflict

Pablo Fossa, Universidad del Desarrollo, Santiago, Chile; María Elisa Molina, Universidad del Desarrollo, Santiago, Chile; Sofia De la Puerta, Universidad del Desarrollo, Santiago, Chile

The present study was intended to explore and describe the couple's conflict from a micro-genetic perspective. A qualitative methodology of Semiotic Analysis of meaning construction was used, focusing on micro-process. The Dyadic Adjustment Scale (Spanier, 1988) was applied to evaluate adjustment and marital satisfaction. Three couples with high marital satisfaction and adjustment were selected, and also three couples with low marital satisfaction and adjustment, every couple with children and less than 5 years of marriage, a period of great stress and conflict, called the coupling step target of building a couple's identity (Tapia, 2009; Gottman, 1998; Gottman, 1999; Lewandowski, Aron, Bassis & Kunak, 2006; Aron & Aron, 2010). From John Gottman's model (1998, 1999, 2002, 2004), couples were asked to talk and discuss from 5 to 10 minutes on a central conflict in the relationship on the past two years. The dialogue was recorded and transcribed to text, and subsequently analyzed with a Semiotic Analysis protocol based on the model of Jaan Valsiner (1999, 2000, 2002, 2003, 2004). The results of this research will be a great contribution to the clinical practice of couples therapy. It is intended to describe the process of construction and development of micro-genetic couple's conflict and achieve differentiation between healthy and unhealthy conflict from dialogical perspective. Key words: Couple's Conflict; Semiotic Analysis; Micro-process.

Child/Adolescent

Application of direct observation form in children psychotherapy research: A case study of a second grade elementary student

Mei-Hsiang Tsai, Chinese Culture University, Taiwan; Wei-Lien Sun, Chinese Culture University, Taiwan; Ying-Tung Chen, Chinese Culture University, Taiwan

Aim: The present study intends to investigate the impact of Child-Centered Play Therapy with a 2nd grade elementary student exhibiting externalizing behaviors. Studies have shown the effectiveness of play therapy with children. However, studies emphasize on specific approach using standardized observational instrument to examine children's externalizing behavior problems are still limited. The study contributes to this research area by addressing these limitations. Methods: In the current study, a 2nd grade male elementary student receives a 10-week individual play therapy once a week. Four instruments are utilized, including (a) Parenting Stress Index (PSI); (b) The Child Behavior Checklist (CBCL); (c) Teacher Report Form (TRF); and (d) Direct Observation Form (DOF). Pre- and post- PSI, CBCL, and TRF completed by parents and teachers are gathered. DOF is used to collect observational data throughout the baseline, intervention, and post-intervention phases in order to examine the process of externalizing behavior change. Results: The scores of Externalizing Problems on the post-CBCL and TRF will expect to reduce after play therapy intervention. The scores of Child Domain and Parent Domain on the post-PSI will anticipate decreasing. Visual analysis and the calculation of the percentage of non-overlapping data on

DOF will be provided. The level, trend, and magnitude of the observational data within each phase will be examined. Discussion: A single case design is a way of research to understand children's externalizing behavior changes. Detail implications and recommendations from qualitative and quantitative perspectives for counselor educators, counselors-in-training, and further research are discussed.

Depression

Neurocognitive and emotional dimensions of introjective and anaclitic depression

Alberto Botto, Universidad de Chile, Santiago; Caroline Leighton, Pontificia Universidad Católica de Chile, Santiago; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Claudio Martinez Guzman, Universidad Diego Portales, Santiago, Chile; Carla Crempiem, Pontificia Universidad Católica de Chile, Santiago; Camila Valdés, Pontificia Universidad Católica de Chile, Santiago; Eugenio Rodríguez, Pontificia Universidad Católica de Chile, Santiago

The theoretical model of depression proposed by Sydney Blatt (2008) understands psychopathology as an impaired life development. The imbalance between the reciprocal and dialectical development poles of self-definition (Introjective Style) and relational capacity (Anaclitic Style), produces vulnerability in the individual's personality. So that, when facing an acute stressor, he or she will become depressed in a particular way. This vulnerability is associated with early and throughout life exposure to environmental adversity and biological factors that shape different types of cognitive processing and emotional expression. We present the results of an experimental study, crossover desing, conducted with non clinical population. We administered a battery of neuro-cognitive and emotional tasks in a sample of 60 individuals. The tests measured (a) implicit learning capacity, (b) mentalization and (c) the role of cognitive and emotional reinforcement (positive and negative). Latency and accuracy of responses were correlated with the presence of depressive symptoms, attachment style and type of depressive experience (Introjective or Anaclitic Style). We conclude how these results support the model of depression proposed by Blatt and we discuss future steps for develop research about neuro-physiological differences that endorse this model.

Prevention

Psychological intervention oriented to return-to-work for patients with labor mental health problems: A systematic review

Claudio Martinez Guzman, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Constanza Domínguez, Universidad Diego Portales, Santiago, Chile; Soledad Castillo, Universidad Diego Portales, Santiago, Chile; Pablo Garrido, Asociación Chilena de Seguridad; M. Elisa Ansoleaga, Universidad Diego Portales, Santiago, Chile; Claudia Lucero, Universidad Diego Portales, Santiago, Chile

Internationally it had been established an important relationship between the labor conditions and organization of work with the mental health of the population. From the perspective of public health, mental health problems related with work involves multiple psychosocial and economic costs that impact all stakeholders. Between these costs, the absenteeism is particularly relevant. That's why the responses from psychiatric and psychotherapeutic care to these mental health demands require ask for what kind of interventions are most effective in achieving successful return-to-work? And how does this return could be transformed in an intervention for relapse prevention in this area?The results of a systematic review of the scientific literature on specific psychotherapies for intervention in mental health problems of occupational origin are presented. All studies published in indexed journals of English and Spanish speaking, between the years 2008-2012 and, that included combinations of the following key words: "return to work", "mental disorder", "cognitive-behavioral therapy", "psychotherapy", "sickness absence", "treatment outcome", were analyzed. In this review diagnostic variables, intervention variables and return-to-work variables were determined. Specifically, those that in the studies analyzed showed effectiveness with regard to reduced rates of lost time and disability associated with decrease in new medical leaves related to the original health problem. These results are discussed for the development of an intervention protocol focused on an effective return-to-work.

Assessment

Internet use related cognitions scale: Development, confirmatory factor validation and psychometric properties

Min-Pei Lin, National Taiwan Normal University, Taipei; Wei-Hsuan Hu, National Taiwan Normal University, Taipei; Yu-Ping Lin, National Taiwan Normal University, Taipei; Yung-Wei Jo Wu, National Cheng Kung University, Tainan

The aims of this study were to develop and validate a measure to screen for a range of Internet use related cognitions among senior high school students in Taiwan. The authors developed and validated the Positive Outcome Expectancy of Internet Use Questionnaire, Negative Outcome Expectancy of Internet use Questionnaire, and Refusal Self-Efficacy of Internet Use Questionnaire, using 510 senior high school-based participants. Exploratory factor analysis was used on one half of the sample to explore the factors in account for the total variance, and confirmatory factor analysis was used on the other half of the sample to confirm the results. In addition, concurrent, predictive, and criterion-related validity of the scale were also good, which supports its potential utility in future Internet addiction related research.

Using Bibliotherapy in treatment of problems about life adjustment: A single case study of Aboriginal single-parent children in Taiwan

Hsuan Chiang, National Taichung University of Education, Taiwan; Jiun De Lin, National Taichung University of Science and Technology, Taiwan; Shing-Li Shih, National Chi Nan University, Taiwan

Recently, the percentage of children growing up in a single-parent family has dramatically increased in Taiwan. Most of these children may probably face some problems about life adjustment, such as managing emotions, interacting with peers and conduct disorder. Negative self-concept is a common phenomenon seen in them. The aboriginal children from single-parent family were especially found to have more of those problems. This study was intended to use bibliotherapy for improving problems about life adjustment on aboriginal children from single-parent family. In this study, a 10-session bibliotherapy was conducted by a counselor to an aboriginal boy who lives in single-parent family. There are four steps in these sessions, including choosing the picture-story books which fit the problem with the child, reading the picture-story books with the child, discussing the picture-story books with the child, and leading extended activities from the picture-story books. Qualitative data were obtained from counselor's notes which focused on the significant events in sessions. The data were analyzed by thematic analysis. The results presented four positive effects on the child, including positive improvements of his concentration on the picture-story books, interactions with other peers, verbal expressions, and positive emotion expressions. He also interacted more comfortably after doing extended activities with the counselor. Moreover, the child enhanced his self-confidence, as he found he could behave better than the role in the story. Implications and recommendations for future research were discussed. Keywords: aboriginal single-parent children, bibliotherapy, picture-story books, thematic analysis.

Communicative patterns used by depressive patients for working on emotional contents in change episodes and throughout the psychotherapeutic process

Diego Ignacio Urzúa, Pontificia Universidad Católica de Chile, Santiago; Nelson Valdés, Pontificia Universidad Católica de Chile, Santiago

Three main Communicative Patterns (CPs) used to work emotional contents during Change Episodes were identified: Affective exploration, Affective attunement and Affective resignification. Each of these patterns reveals a particular formal structure used to express a communicative purpose about certain emotional contents (Valdés, Tomicic, Krause, & Espinosa, 2012). Objective: To analyze the main Communicational Patterns (CPs) in order to determine their behavior within Change Episodes, and throughout the different phases of the psychotherapeutic process. Method: A mixed methodology was used to analyze 38 Change Episodes (1016 segments of speaking turns) and 19 Stuck Episodes (581 segments of speaking turns) which were identified within two psychodynamic psychotherapeutic processes. Patients' and Therapists' verbal expressions were analyzed using the Therapeutic Activity Coding System (TACS-1.0, Valdés, Tomicic, Pérez, & Krause, 2010b). Results: Results showed the existence of an increasingly collaborative work between Patients and Therapists at the end of the Change Episodes. A decrease of Affective exploration by the patient was observed during the final phase of therapy, as well as an increase of Affective resignification. However, therapists performed the same therapeutic work throughout the process.

Application of horticultural activities in group counseling with older adults

Jiun De Lin, National Taichung University of Science and Technology, Taiwan; Ting Chia Lien, National University of Tainan, Taiwan; Hsuan Chiang, National Taichung University of Education, Taiwan; Yen Jui Chen, National Chung Hsing University, Taiwan; Shing-Li Shih, National Chi Nan University, Taiwan; Shiang I. Wu, National Hsinchu University of Education, Taiwan

In the traditional counseling model, counselors emphasized the therapeutic process and the effective of counseling depend upon language using. However, some kinds of clients cannot benefit from such counseling model which highlights verbal expressions, for instance, children or older adults. For those clients who cannot be approached by the traditional counseling model, there are some options to apply another model of therapies. This study was conducted to integrate horticulture activities and plants to counsel with the elderly. In other words, this study was used horticulture materials to work with older adults in group counseling. The researchers invited the elderly to participate in the 10-session group, and the group was led by an experienced counselor and a horticultural therapist who was master in horticulture and plant materials. After the termination of the group, the researchers conducted a semi-structured in-depth interview with all group members to collect data. All data were analyzed by thematic content analysis. The result of this study presented positive effects on group members which included promotion of positive emotion and cognitive function, and active participation in horticulture activities. For example, the older members became more relaxed in group processes, recognized the varieties of plants, and understand themselves better. Furthermore, the elderly were empowered by the interactions with both leaders and other members. Those older members felt hopeful for their future. Implications and recommendations for future research are discussed. (This paper was supported by the

Prevention

The characteristics of those who attempted suicide in Taiwan: An analysis of 2009-2011 Taipei Lifeline records

Shing-Li Shih, National Chi Nan University, Taiwan; Li-Chuan Chen, National Chi Nan University, Taiwan; Fortune Shaw, National Chi Nan University, Taiwan; Wen-Hsien Chiang, Taipei Lifeline Association, Taiwan

Purpose of the Study: Previous studies had manifested that suicide was threatened to mental health and suicidal attempt was the primary factor to predict suicidal behaviors. In order to investigate the characteristics of those who attempted suicide in Taiwan, the purpose of this study was to analyze Taiwan Lifeline records between 2009 and 2011. The researchers expected that the findings of this study could provide helping professionals with useful information to better understand such population and. Method: The researchers applied SPSS for windows to analyze data collected from Taipei Lifeline between 2009 and 2011. The study samples were 1,603. Descriptive statistics and Chi-square test were conducted to see what characteristics of those who had suicidal attempts. Results: The findings showed the characteristics of those who attempted suicide were as follows: (1) Female was 1.76 times of male. (2) 42.1% samples were unmarried and 34.1% were married. (3) Most sample completed high school(18.6%) and had college degree(16.8%). (4) 34.6% study samples lived with their family. (5) The employment rate was 52.1%. (6)The five main risk factors were mental disorders (21.1%), anxiety and depression (12.9%), family issues (12.7%), relationship concerns (10.7%), and marital problems (6.5%). (7) The main risk factors were varied among different age groups. Conclusion: Suicidal issues and factors were variety and complicated; therefore, it is important to understand the characteristics of those who had suicidal attempts and provide appropriate interventions to approach. Hopefully, this study could provide helping professionals with further discussions.

Anxiety

Tracking symptom and process change in treating Generalized Anxiety Disorder: Evidence from cognitive therapy and mindfulness meditation

Maree J. Abbott, University of Sydney, Australia; Ronald M. Rapee, Macquarie University, Australia; Peter McEvoy, University of Western Australia, Australia; Lexine Stapinski, Macquarie University, Australia; Jonathan Gaston, Sydney Anxiety Disorders Practice; Mal Huxter, Private Practice

Generalized Anxiety Disorder is a common, chronic and debilitating disorder that is often difficult to treat. The results of a tracking study will be presented assessing session-by-session ratings for symptom (worry; depression; life interference) and process variables (probability, cost and coping estimates) rated weekly over the course of a 12-week cognitive-behavioural treatment program for GAD. The results of a randomized control trial comparing our 12-session CBT program for GAD with a 12-session Mindfulness Meditation program and waitlist control group (N=96) will be described. Both active treatments show significant reductions in symptoms across treatment and at post treatment, which are maintained at 6-month follow-up. However, Mindfulness Meditation results in greater diagnosis free rates, lower clinician rated GAD severity and lower depression scores at post treatment, although these group differences resolve at 6-month follow-up. The enhanced outcomes shown by both active treatments are significant in providing a range of current evidence-based approaches for treating GAD.

Change process

Understanding and counseling with adult suicidal survivors: An ecological approach

Hsiao-Pei Chang, National Taichung University of Education

The purpose of this research was to explore the ecological system factors and key ecological counseling strategies that facilitated overcoming suicidal behaviors in adult suicidal survivors. Narrative inquiry was used to develop an understanding of what was happened in adult suicidal survivors' life contexts and what was helpful in counseling. Four adult suicidal survivors and five mental health professionals participated in this study. Individual interviews were conducted by the researcher and guided by open-ended questions. The interviews were audio-recorded and transcribed entirely. Two independent coders were applied to identify descriptive themes from the transcribed interviews, to compare and to integrate into a final list of coding categories. The findings indicated three characteristics of suicidal factors. First, suicidal factors were ecological not individualistic. Second, there were interaction between factors and their influences were continual. Third, suicide was a kind of social sufferings reflected the imbalanced of systems. The effective strategies and suggestions were: (1)building in-depth therapeutic relationships, (2)using intervening strategies in multiple contexts based on the concept of pragmatic utility, (3)doing advocacy actions to facilitate the change of system, (4)doing more efforts of prevention in daily life and (5)developing self-care plan including training, continuing education, supervision and support team to promote working effectiveness. The clinical implications of the findings were discussed.

Psychodynamic

Defense in prayers

Uwe Hentschel, Leiden University, Netherlands

The poster will have the theme of prayers of nuns. It shall tackle the defenses used in prayers. There are a couple of prayers to be used as examples for this topic.

Family

Contribution to decision making regarding therapeutic strategies. Comparative analysis of the discourse of hearing mothers of deaf adolescents

Ruth Kazez, Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina; Gabriela Melloni, Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina; David Maldavsky, Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina

Aim: The aim of this study is to contribute to the decision making about the therapeutic strategy to follow when working with deaf adolescents and their hearing parents. The moment of the diagnosis, produce an abrupt qualitative change in the mother and child bond with long lasting consequences. In our previous investigations, we found out that these consequences can be observed in the mothers as three different qualitative moments that determine the kind of support the mother is able to receive. Having this scope in mind, the aim of this research is to study the wishes and the defenses present in the discourse of eight hearing mothers of deaf adolescents, when they are asked about the moment when they were informed about the handicap. The detection of the wishes and defenses, as well as their state, at the moment of the interview, contributes to decide the type of intervention to be made with them in order to help their children. **Method:** The David Liberman algorithm, a method based on Freudian concepts, that has proven useful for clinical research. It has been designed to investigate two main variables: wishes and defenses in the discourse. **Sample:** One narrated episode corresponding to the moment of the acknowledgement of the handicap diagnosis. **Procedures:** We analyze and compare eight narrations regarding wishes and defenses and their state. **Results:** We detect and describe three moments that follow the diagnosis 1) Shock: direct manifestations associated to the trauma, 2) Recovering from the shock: first strategies used to face the traumatic situation and 3) Reconnection with reality: acceptance of the diagnosis and global reorganization.

Alliance

Evolution of the therapeutic alliance in the treatment of patients with eating disorders

Fernanda Díaz Castrillón, Universidad Adolfo Ibáñez, Chile; Claudia Cruzat Mandich, Universidad Adolfo Ibáñez, Chile; Paula Lizana, Universidad Adolfo Ibáñez

Background: Patients with Eating Disorders have difficulties adhering to treatment, tend to deny illness, and their symptoms are ego-syntonic in character. Psychotherapy is necessary and in early stages should focus on obtaining an adequate therapeutic alliance. **Methodology:** We used an exploratory, descriptive design with analytical and qualitative methodological approach, based on Grounded Theory. We used an intentional sample of 20 women diagnosed with eating disorders, who had been or were in psychological treatment either in its follow-up or final phase. In-depth interviews were used. **Results:** Results may be grouped according to the following criteria: (a) Stages of the therapeutic alliance, (b) Patient's alliance assessment, (c) Barriers to alliance, and (d) Therapeutic alliance facilitators. **Conclusions:** The therapeutic alliance evolves linked to the therapeutic process, showing three stages of evolution; a first phase of distrust, a second phase of overcoming distrust, and a third phase of co-construction of a safe and intimate space with a meaningful bond. The latter stage lays the foundation for later stages. Patients reported the need not to be treated as sick, because it hinders their own confidence; also reported the need to receive feedback and support from therapists; and also expect the therapist to fulfill a maternal role but respecting their autonomy. Therapist-patient mutual knowledge is essential in order to elaborate more complex issues.

Prevention

Counseling issues and concerns with the elderly in Taiwan: An analysis of 2009-2011 Taipei Lifeline records

Li-Chuan Chen, National Chi Nan University, Taiwan; Shing-Li Shih, National Chi Nan University, Taiwan; Fortune Shaw, National Chi Nan University, Taiwan; Wen-Hsien Chiang, Taipei Lifeline Association, Taiwan

Purpose: The highest suicide rate of all occurring in the elderly is a major public health problem especially in this aging society. The study examined issues and concerns regarding the elders who sought help via the Taipei Lifeline in order to develop recommendations for future services. **Methods:** Records of callers aged over 60 were drawn from the 2009-2011 Taipei Lifeline database. A series of descriptive statistics and chi-square tests were then performed to analyze the data. **Results:** Overall, the elders expressed concerns related to family problems (34.5%), psychological disorders (11.9%), anxious and depressed mood (8.7%), financial problems (8.4%), and marital problems (6.4%). There were significant gender differences in the primary issues which the elders brought to the hotline ($\chi^2 = 102.47, p < .001$). Males were more likely to seek help for concerns related to financial problems and physical illness; while females were much more likely to seek help for family problems. **Conclusion:** According to the 2009 data from the National Suicide Prevention Center in Taiwan, physical illness was the primary reason the elders attempted suicide (40.6% of males; 40.2% of females). The results of the study, however, showed that only a fragment would call the suicide hotline for concerns related to physical health. More effort is needed to promote the hotline services among the physical ill elderly. Family problems were the primary reason for the elders to seek help via the hotline, suggesting more training is needed for the hotline

volunteer helpers in psychological stress regarding family life and aging.

Quantitative methods **The effects of self-affirmation on community-living elders' self-esteem and self-efficacy**

Shinyi Chang, National Chi Nan University, Taiwan; Fortune Shaw, National Chi Nan University, Taiwan

Keywords: community elders, self-affirmation, self-esteem, self-efficacy
Purpose Self-efficacy and self-esteem are important components of one's overall sense of self. Little is known, however, about how to boost self-efficacy and self-esteem in the elderly. Based on the Self-Affirmation Theory, this study examined whether recognizing and self-reporting important life events would influence the level of self-efficacy and self-esteem among community elders in Singapore. **Methods** A quasi-experimental pretest, posttest, follow-up design was used in the study. Three senior community clubs in different regions of Singapore were randomly designated as positive, negative-then-positive, and vague self-feedback groups. Participants (97 Chinese elders) were asked to report either a positive, negative, or vague event/thought/feeling weekly for four consecutive weeks. They also completed the Self-Esteem Scale and the General Self-Efficacy Scale at the beginning and the end of treatment, as well as at the one-month follow-up. **Results** The results indicate that (A) some demographic variables affect the level of self-esteem and self-efficacy of community elders; (B) there existed a positive correlation between self-esteem and self-efficacy in community-residing elders; and (C) self-affirming enhanced their self-esteem and self-efficacy, but the positive influence diminished over time. **Suggestions** The practitioners must keep in mind that the level of self-esteem in late life may be related to gender and cultural backgrounds. Second, interventions such as continuous self-affirming may help boost self-esteem and self-efficacy in community-living elders.

Client factors

How are underlying cognitive mechanisms related to the Main communicative patterns used by depressive patients for working on emotional contents?

Nicolle Anette Alamo, Pontificia Universidad Católica de Chile, Santiago; Nelson Valdés, Pontificia Universidad Católica de Chile, Santiago

The evocation of the personal meanings of patient's emotional experience during therapy involves a discursive transformation process, in which the meanings of certain contents are conjointly constructed during the therapeutic conversation. Three main Communicative Patterns used to work emotional content during Change Episodes were identified in previous studies: Affective exploration, Affective attunement and Affective resignification. **Aim:** To analyze the words verbalized by patients and therapists during the use of the main Communicative Patterns in order to determine the Cognitive Mechanisms (cause, insight, tentative and certainty) involved in the work of emotional contents during Change Episodes and within each phase of the psychotherapeutic process. **Method:** A mixed methodology was used to analyze 38 Change Episodes (1016 speaking turn segments) and 19 Stuck Episodes (581 speaking turn segments) which were identified within two brief psychodynamic therapies. Patients' and Therapists' verbal expressions were analyzed using the Therapeutic Activity Coding System (TACS-1.0) and the Cognitive Mechanisms were analyzed using the Linguistic Inquiry Word Count (LIWC-2007). **Results:** One of the main roles of the therapists may be to help patients to use the same cognitive mechanisms (cause and tentative) not only for giving information about certain emotional contents (Affective Explorations), but also for resignifying new meanings from the information provided (Affective Resignifications). Patients adopted some linguistic structures verbalized by their therapists throughout the therapy when both of them were using the Affective Resignification pattern.

Supervision

The practice of supervision as a methodological tool in psychotherapy's research

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Supervision can be seen as a methodological element of great importance; both, for research purposes and for the development of the psychotherapeutic process. It is a moment of detachment from the immediate clinical situation, allowing both practitioners to develop a critical overview of the entire therapeutic process. This exercise also provides an oversight of additional points of view regarding the case. The practice of supervision establishes a moment of dialogue in which both participants are required to reconstruct the patient's history of life and problem from their own professional and personal experiences. At this point, supervision gains the character of an investigative exercise, in which the view of both participants constructs a dialogue between various interpretations, often contrasting, enabling the provision of a multifaceted understanding of the case. At this stage, a transformation in the patient's understanding can occur, which is no longer limited to an often monological view of the psychotherapist, but rather gains a multifaceted perspective, enriched by the view of the other participants. In supervision, the therapist not only discovers other points of view about his patient's case, but also a self-discovery takes place, allowing the professional to self-reflect on his work as a psychotherapist through the critical comments of his supervisor regarding his work. This paper presents the main elements of supervisory practice used as a tool in psychotherapy's research, considering a qualitative investigative approach.

Theory

A case study of strength-based counseling on physically disabled adolescents with difficulties in learning and career planning: Their mental health, life adaptation, and resilience

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I. Introduction. In 2006, Elsie J. Smith proposed a 10-stage strength-based model specifically for counseling at-risk youth. It is, however, more like a general guideline without specific techniques or operation procedures. In addition, no research exists on its effectiveness in physically disabled youth. This case study aimed at filling the gaps by putting the model into practice with two physically disabled adolescents. II. Methods Two physically disabled teenage participants (aged 17 and 18) with difficulties in learning and career planning received seven-session strength-based counseling from the researcher. Participants completed the Youth Mental Health Scale, the High School Students Life Adaptation Scale, and the Youth Resilience Scale at the beginning and the end of counseling sessions, as well as at one-month follow-up. Their parents and teachers were also interviewed at the beginning and the end of counseling sessions, as well as at one-month follow-up. III. Results The results of the study suggest that strength-based counseling may improve mental health, life adaptation, and resilience of physically disabled youth, even at one-month follow-up. Keywords: strength-based counseling, mental health, life adaptation, resilience

Change process

Affective explorations or affective resignifications?: How patients and therapists work on emotional contents during the therapeutic conversation

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Patients' psychological change is based on the construction of a new reality in the therapeutic conversation. Aim: There were two successive studies in order to identify the main characteristics of the therapeutic conversation during Change Episodes, and to establish the existence of Communicative Patterns to work on emotional contents during such kind of episodes. Method: A mixed methodology was used to analyze 38 Change Episodes (1016 speaking turns) and 19 Stuck Episodes (581 speaking turns) which were identified within two psychodynamic psychotherapeutic processes. Patients' and Therapists' verbal expressions were analyzed using the Therapeutic Activity Coding System (TACS). Results: According to the Structural Level, three Communicative Patterns (CPs) were identified in patients and therapists when they worked on emotional contents during therapeutic conversation: The first one was used only by the patients in order to give information, clarify a point and/or direct the focus of the conversation towards certain emotional contents (Affective Exploration), the second one was used only by therapists to show understanding, generate harmony, or provide feedback to the patients about certain emotional contents (Affective Attunement), and the last one was used by both patients and therapists, to jointly construct and/or consolidate new meanings for certain emotional contents (Affective Resignification). Discussion: The findings suggest that the patterns patients and psychotherapists use during the psychotherapeutic dialogue vary depending on the episode type and the actor of the verbalization.

Anxiety

Therapist supported bibliotherapy for anxious rural children: Predictors of treatment outcome

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Aim: Prior research has indicated that anxiety disorders in childhood can be successfully treated using telephone supported bibliotherapy (Lyneham & Rapee, 2006). The current study examined the effect of completing telephone sessions with children in addition to working with parents to see if this lead to lower treatment attrition and better treatment outcomes when compared to a parent only approach. In addition predictors of outcome examined in face-to-face treatment were measured to establish their role during supported bibliotherapy. Method: Rural children (aged 8-13, n=143) with a principal diagnosis of an anxiety disorder were randomly allocated to a parent only or a parent + child contact condition. The parent only condition mimicked that used in the previous study with the parent taking responsibility for implementing treatment with their child. In the parent + child condition, the child self-help materials are completed by the child under the guidance of the therapist on the telephone in addition to the parent participating in telephone sessions. Attrition rates, diagnostic change and self-report questionnaires have been assessed post treatment and after 6 months. Results: Initial analyses have indicated that the addition of children to the telephone sessions did not result in a significant difference in outcomes compared to the parent-only approach. Outcome and attrition predictors are similar to those found in traditional face-to-face therapy. Conclusion: Supported bibliotherapy is an appropriate option for families who are geographically isolated. Assessment of predictors prior to treatment has potential to funnel families into the most appropriate service.

Therapist factors

Psychotherapy in Australia: Some therapist and client responses

Richard Edward Hicks, Bond University, Australia; Alistair Campbell, Australian Institute of Psychology

In 2011 and 2012 psychotherapy practitioners and counsellors in Australia were invited to respond to some extended questionnaires on their practices, experienced stress, preferred treatment approaches, personality, and factors they considered contributed to effective treatment outcomes. A number of clients also volunteered to respond on their perceptions. Submissions were confidential. A very small response rate (10%) occurred and these responses are summarised in this paper. We have targetted specific areas for further online study (2013) and hope to present more detailed findings late in 2013 early 2014. Invitations are extended at this conference for those practitioners who would be happy to be approached for the new abridged and targetted studies into counselling/psychotherapeutic practices and experienced stress and realted wellbeing responses. This study is a joint project of Bond University and the Australian Institute of Professional Counsellors.

Anxiety

The relative impact of cognitive processes on self-report and behavioural indices during a sorting task for young people with OCD and controls

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Research Aims/Questions: Experimental research assessing the role of cognitive factors amongst young people with OCD is sparse and lacks a control group or clinical sample. Thus, the current study seeks to further explore the role of cognitive processes in provoking anxiety and compulsive behaviours in young people with OCD, using an experimental design and a control and clinical sample. It also aims to assess whether particular cognitive appraisals (i.e., threat) prove more important in explaining unique variance in anxiety and compulsive behaviours. Methodology:30-40 young people with a principal diagnosis of OCD and 30-40 control children meeting no Axis I diagnosis, aged 8 to 17 years, will complete a sorting task designed to either increase or decrease anxiety. It is expected that OCD participants will take longer to complete the task, check and show more hesitation, report higher state anxiety, and rate higher on cognitive appraisals compared to non-clinical participants. It is also expected that both threat and responsibility appraisals will explain unique variance in state anxiety scores and time taken to complete the task. Conclusion: Preliminary results indicate that OCD participants show relatively higher mean scores on trait symptom measures, anticipatory anxiety, and time spent completing the sorting task. Further, significant positive correlations have been observed between threat ratings and time taken sorting. It is expected that completion of this study will inform the development of cognitive models of OCD in young people and ultimately enhance therapeutic strategies to better support these individuals and their families.

Therapist factors

Verbal behavior in psychotherapy: similarities and differences in the way therapists of different orientation and experience level make statements

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The Aiglé therapist observation guide -- verbal (ATOG-v) was developed as part of the research program on the personal style of the therapist. The aim of this work is to describe and compare the statements made by therapists of different orientations and experience level. Thirty sessions were recorded and verbatim transcribed. Two cognitive- behavioral and 2 integrative therapists with high experience level (more than 15 years) and 2 psychodynamic and 2 integrative therapists with moderate experience level (5 to 15 years) sessions were compared and analyzed regarding the amount and type of statements. Analysis units were coded and categorized according to ATOG-v criteria.

Change process

Facilitating and hindering therapeutic change in the treatment of patients with eating disorders

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Background: Patients with eating disorders manifest "resistance to change" and show ambivalent behaviors; they feel no need for treatment due to the ego-syntonic nature of the disorder. Ignoring or hindring symptoms can cause a delay of about 5 to 6 years between the onset of the disorder and seeking help. Methodology: exploratory, descriptive design with analytical and qualitative methodological approach, based on Grounded Theory. We used an intentional sample of 20 women diagnosed with eating disorders, who have been or are in either follow-up phase or final phase of psychological treatment. In-depth interviews were used. Results: Patients perceive therapeutic change as a defined turning point in the evolution of the disorder. They are able to verbalize this change as related to the personal, family, physical/nutritional, and social levels, and to the disorder itself. As facilitators of change, patients mentioned aspects of the therapeutic process (e.g., alliance, frequency of sessions), and their personal support network, among others. As change hindering factors, they mentioned internal aspects such as ambivalence regarding improvement, lack of confidence in treatment and fear of becoming

different. External hindrances include insufficient family support and low empathy on the part of the treatment team. Conclusions: Concrete and measurable tasks enhance awareness of risks and the need for change. The therapeutic alliance is central to facilitating change, which depends critically on patients trust on the person of the therapist.

Therapist factors

Translation and application of the development of psychotherapist common core questionnaire in Vietnam

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Aim: The aim of study is the adaptation of the Development of Psychotherapist Common Core Questionnaire (DPCCQ, Orlinsky et al., 2009) for psychotherapists in Vietnam. In the frame work of the German-Vietnamese Asialink project of developing psychotherapy in Vietnam, the Questionnaire would be a worthwhile instrument to describe the progress of psychotherapists' professional development in this new field in the country. **Method:** The original DPCCQ English version was translated into Vietnamese by three bilingual psychiatrists from Vietnam. Each component from DPCCQ which was translated in Vietnamese was sent to the German partner at Freiburg University Medical Center. Then the translated questionnaire was analyzed by one Vietnamese bilingual psychiatrist in Germany and it was made one DPCCQ Vietnamese version. In order to retranslate the translated DPCCQ Vietnamese version was sent back to the three partner universities in Vietnam. The retranslated version will be compared with the original DPCCQ and it will be made the final Vietnamese version. The DPCCQ VNI version will be tested to the psychotherapists who are trained in the Advanced Psychosomatic Medicine and Psychotherapy training courses of the Asialink project in Vietnam. **Expected Results:** We expect acceptance and usefulness of the DPCCQ in Vietnam and hope the results help to make suggestions and helps to set up guidelines for the development of Vietnamese psychotherapists. **Discussion:** While the instruments were used in many countries it should be examined if the DPCCQ for the Vietnamese psychotherapists is also useful and suitable. The study is in progress. **Keywords:** DPCCQ, Vietnam.

Integration

Effectiveness of integrated short term psychotherapy in the context of the Vietnam mental health system

Ho Dzung, Hue Medical College; Peter Scheib, University of Freiburg, Germany; Cat Huu Nguyen, Hue Medical College; Michael Wirsching, University of Freiburg, Germany

Aim: Although psychotherapy research has flourished, even in Western countries the integration of short term therapy in treatment is seldom. In Vietnam, service options are limited while patients might present with a wide variety of symptoms, personality patterns, and conditions. A combination of psychotherapeutic interventions may have advantage over a single approach. The proposed study aims to (1) Introduce Integrated short-term psychotherapy to Vietnam (2) Compare the outcomes of subjects with mental problems (depression, anxiety disorders) treated by Integrated Short-term psychotherapy with other approaches. **Method:** A Follow up control group study of patients with selected mental health problems (anxiety, depression) will be allocated into groups of treatment /non treatment and treatment as usual, and/or placebo condition. Study utilize modified natural random design, or randomized group assignment. The study will apply well described short term psychotherapy by trained therapists, follows the German -Vietnamese training approach. Instruments for outcome evaluation include Depression scales (Hamilton Depression Rating Scale (HDRS), Beck Depression Inventory (BDI), Centre for Epidemiological Studies-Depression (CES-D), Beck Anxiety Scale (BAS), Self-Rating Anxiety Scale (SAS). **Expected Results:** Patient will improve in post treatment of integrated short-term psychotherapy. Benefit gained in the introduction of Integrated short-term therapy provides Vietnamese therapists an option for mental health service. **Discussion:** Consequences of this research. Feasibility of the training process. Hindrance in the randomized-control trial research.

Depression

Effectiveness of Cognitive Behavioral Treatment (CBT) with depressed outpatients: The first CBT depression treatment study in Vietnam

Hang Nhu Minh Tran, Hue Medical College, Vietnam; Cat Huu Nguyen, Hue Medical College

Aim: Cognitive Behavioral Therapy (CBT) as an effective treatment of depression has not been used in Vietnam so far. The study evaluates the effectiveness of CBT among depressed patients in an out-patient unit at Hue Central Hospital. **Methods:** In a non -- randomized, open, controlled clinical trial 80 outpatients, (<18 y), for with mild or moderate depression (ICD10) were assigned into CBT or pharmacotherapy group (Amitriptyline). Outcome was measured by checklist of ICD10 depressive symptoms, BDI, CTI, ATQ and CGI. Covariance Analysis of follow up data (4, 8, 12 weeks, 6 months and 1 year) with baseline scores as the covariate were applied. The recurrence rate of depression after 1 year was compared across the groups. Subgroup analysis by age, gender, level of education, job status, number of depressive episodes, severity of depression were used to find differential effects of treatment. **Results:** The improvement of scores in BDI, ATQ, CTI and CGI were more rapid in CBT group than

Amitriptyline group (at 4 weeks, 8 weeks and 12 weeks). Relapse rate after CBT during 1 year follow-up was 10% (compared to 25% in control group), related factors to relapse rate in depression after CBT were age and education. Shared predictors between 2 groups were severity and recurrence of depression. Discussion: CBT has positive effects in patients with mild or moderate depression. Vietnamese therapists should be trained in CBT and the method should be implemented in clinical psychiatric setting, although further randomized, controlled trials are required.

Poster session

Poster Session 2

Neuroscience

Neurophysiological analysis of therapeutic interaction: Development of an observational device of the neural synchrony in psychotherapy

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In recent decades, research about psychotherapeutic process has focused on the study of the regulation between patient and therapist. In this context, evidence on verbal and nonverbal coordination associated with the therapeutic alliance and outcome in psychotherapy has been accumulated. Specifically, there are evidence of coordination in body movements, facial expression, rhythm of speech, voice and speech quality. This set of results suggests that this coordination may have a neurophysiological correlate and, in consequence participates in the process of change in psychotherapy. In this context, the present study seeks to determine the degree of association of neural and physiological activity of a patient diagnosed with depression and his/her therapist within relevant episodes to the psychotherapeutic process. The aim is to provide evidence about the effects of psychotherapy on the brain, and it also would provide data on how psychotherapy works to progress in the understanding the embodied characteristic of the therapeutic interaction. In sum, this poster presents the observation device of the neurophysiological activity of patient and therapist: The wireless EEG hooves and Affective Bracelet. In turn, illustrates the type of data it throws and discusses its scope, limitations and the way they affect the course of the psychotherapeutic process.

Change process

Clinical perspectives of therapeutic change: A test of the generic model in early sessions of therapy

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AIM: The generic model of psychotherapy is a transtheoretical model that describes how universal change processes influence treatment outcomes. Despite empirical support from patient-rated measures, no research has attempted to explore model predictions from the therapist perspective. The current study evaluates change in early sessions of therapy using therapist-rated measures. METHODS: This study utilizes data from outpatient cognitive and interpersonal psychotherapy sessions involving 97 patients and 31 therapists. Therapist perspectives of patient progress were measured early in treatment via the Therapeutic Session Report-Generic Model, Therapist Version (TSR-GM-T; Kolden et al., 2000). Intermediate treatment outcome assessed by therapist ratings of domains corresponding to those in the multidimensional patient-rated Mental Health Index (MHI; Howard, Lueger, Maling, & Martinovich, 1993). Results: Preliminary evidence supports the reliability of therapist process ratings. Hierarchical multiple regression analyses have 1) generated a model depicting the relationship between therapist processes and patient outcome and 2) compared contributions from global and specific interventions. DISCUSSION: The current research yields a better understanding of therapist contributions to the understanding of change. In addition to providing further empirical validation for the generic model, it illuminates how therapist's views of the change processes reflect patient progress. Patient and therapist evaluations are compared and discussed in terms of their implications for clinical change processes.

Child/Adolescent

Research in children and adolescents in Taiwan: A 10-year review to inform counselor educator and practice

Mei-Hsiang Tsai, Chinese Culture University, Taiwan

Aim: Play therapy has shown to be an effective intervention for children and adolescents' internalizing and externalizing concerns (Bratton, Ray, Rhine, & Jones, 2005). However, play therapy is still at a prime stage of development in Taiwan. The goal of the current study is to review theses and doctoral dissertations on play therapy in Taiwan from 2002 to 2011 to gain understanding of the research focus on play therapy in counseling programs. Methods: The analyses are on data from National Digital Library of Theses and Dissertations in Taiwan (NDLTD), including 77 master's theses and 9 doctoral dissertations in

the field of play therapy, respectively. A coding system is developed to investigate the intention of research, participant description, characteristics of treatment, counseling theory, and research method. Results: Treatment types of play therapy on children and adolescents are reported as follows: individual (51.1%), group (40.5%), individual and group (2.1%), group and class guidance (2.1%), and family (2.1%). The most frequent counseling theories being used on play therapy research are Child-Centered (48.4%), Adlerian (22.6%), and Cognitive-Behavioral (9.7%). Results indicate that the research types are qualitative research (68.6%), mixed methods (23.3%), and quantitative research (8.1%). Discussion: Currently, 180 universities were reported to offer graduate-level play therapy courses in the United States. In Taiwan, 22 universities offered play therapy graduate courses in 2010-2011 academic year. To better provide play therapy training, it is suggested that counselor education programs offer diverse play therapy courses and have a play room as training and supervision resources.

Couple

Construction of the focus of intervention in first session of couple's therapy: An exploratory study.

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This work was part of the field of clinical psychology, specifically in couple's therapy. Within the psychotherapy process literature, there is a relative consensus on that the goal of the first session would be to build a workable reason of consultation from the consultant's initial complaint (Tapia, 2002). This study aimed to explore and describe the process of building the focus of therapeutic process in a first session of couple's therapy. First sessions of couple's therapy interviews conducted at the Hospital de Quilpué, V Región, Chile, were used. The interviews were recorded and later transcribed to text to be analyzed from the Grounded Theory model (Glaser & Strauss, 1967). The results show a process of construction in phases of development, the central phenomenon is the transformation and evolution of the initial complaint through the constant interaction between the couple and the therapist. Moments and events that facilitate or hinder the construction of the focus of intervention during the first session of couple's therapy were evidenced. This study allows to generate a model of knowledge about the construction of the therapeutic focus in couple's therapy, as well as to provide clinical training, understanding the process of transformation of the initial complaint in intervention focus workable as a diagnostic and therapeutic movement specifically in couples therapy, although applicable to clinical processes in general.

Qualitative

Psychotherapy research and clinical practice in Colombia: Relationship or dissociation?

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Psychotherapy research has aimed to study the components of the therapeutic process that make effective certain treatments and facilitate the development and improvement of clinical practice, allowing therapists to base their practice according to the available evidence (de la Parra, Dagnino & Valdés, 2011; Moncada & Kühne, 2003). As in other Latin American countries, psychotherapy research conducted in Colombia has had low levels of development. Aim: To describe and analyze the features and relevance of the psychotherapy research conducted in Colombia, from the experience of Colombian therapists and researchers, identifying the factors that promote and hinder its development, as well as the influence of these elements in the clinical practice. Method: The present research employed a qualitative methodology with guiding questions which allowed answer the specific objectives of this study (Krause, 1995). Twelve interviews with Colombian therapists and psychotherapy researchers were transcribed and analyzed following the procedures of Grounded Theory (Glaser & Strauss, 1967). Results: Preliminary results showed the lower relationship and little utility that psychotherapy research has for clinical practice from the perspective of Colombian therapists, because of their poor development and dissemination. Therefore, therapists have shown "disinterest" for the psychotherapy research conducted in Colombia, preferring to base their practice on research conducted internationally, which also has a little application due to the specific characteristics of the Colombian population

Client factors

The mental health of students presenting to an Australian university counselling service

Mary Anne O'Brien, Griffith University, Australia; Alexandra Mooney, Griffith University, Australia; Jill Harris, Brisbane; Jennifer M. O'Brien, Hong Kong

Aim: While there is anecdotal evidence that students presenting to university counselling services in Australia have mental health problems, there is limited data on the extent and severity of such problems. The aim of this study is to contribute to norms by reporting on the prevalence of mental health problems amongst students presenting to a large metropolitan multi-campus university counselling service over a three year period. Method: The OQ-45 was administered routinely to all clients of the counselling service. Presenting levels of psychological distress on the OQ-45 was used to indicate prevalence of mental health problems. Baseline scores for students affiliated to designated subgroups (international students, NESB, Indigenous, students with disabilities) were examined to determine whether membership of these groups increased risk of mental health presentations. Results: The majority of clients (71%, n = 1850) presented with clinical levels of psychological distress (i.e. >63) (M= 76.55, SD=24.01). Over a third of all clients

(37%, n = 972) presented with high levels of psychological distress (i.e. >85). Multiple session clients presented with significantly higher levels of psychological distress (M = 81.42, SD = 22.84) compared to single sessions clients (M = 73.27, SD = 24.12; $t(2417) = 8.50, p < .001$). Clients belonging to subgroups (n = 777) had significantly higher levels of distress (M = 79.71, SD = 24.78) compared to non-affiliated clients (n = 1642, M = 75.84, SD = 23.33; $t(1443.54) = -3.657, p < .001$). Discussion: Implications for resourcing will be discussed.

Process

Discursive and vocal expressions of mutual regulation in psychotherapy

Claudio Martinez Guzman, Universidad Diego Portales, Santiago, Chile; Sebastian Hernandez, Universidad Diego Portales, Santiago, Chile; Francisca Ossandon, Universidad Diego Portales, Santiago, Chile; Valeria Vargas, Universidad Diego Portales, Santiago, Chile; Alemka Tomcic, Universidad Diego Portales, Santiago, Chile

In psychotherapy, mutual regulation processes are particularly relevant since they participate in the process patient change through the constant negotiation of the relationship status. In these processes come into play relational patterns of each participant. Also, the processes of mutual regulation are expressed simultaneously through verbal and nonverbal communication channels, which account for the implicit and explicit dimensions of psychotherapeutic exchange. This presentation will expose results of a study that sought to relate the vocal and discursive manifestations of the regulatory process in 34 relevant episodes of a brief psychotherapy. The episodes were coded using discourse analysis and patterns of vocal quality system. Descriptive and comparative results of discursive and vocal expression in change, stuck, rupture and resolution episodes were established, and temporary relations were determined as micro discursive and vocal sequences of self and mutual regulation. Results are discussed in light of relations of complementarity and symmetry between patterns of regulation, along with the functions that they can play in the negotiation of the therapeutic relationship status and in the change of the patient.

Integration

A meta-analysis of positive psychology research in Taiwan

Kuei-chen Kuan, Chinese Culture University, Taiwan

Aim: The rise of positive psychology provides a different vision on negative psychological issues such as anxiety, worries, and depression. Positive psychology addresses on happiness, well-being, resilience, and courage etc. Positive psychology is a relatively new field that examines how ordinary people can become happier and more fulfilled. The goal of the current investigation was to systemic review positive psychology studies in Taiwan between 1998 and 2012 to understand the development and trend on positive psychology research. Methods: There were 97 master's theses and doctoral dissertations and 68 academic articles in the field of positive psychology in the review study. Data from the research articles were transferred to the coding sheets and then entered into the SPSS database. Meta-analytic analyses were conducted to examine the development and trend on positive psychology research. Results: Findings indicated that most research populations were focused on students, and followed by adults in the workplace. Results also revealed that most of the studies emphasized on effectiveness. And most of the studies were quantitative research. Specifically, the numbers of qualitative research increased in the past two years. This is also positive psychology applied to the elder. Discussion: Based on the results from meta-analytic analyses, positive psychology has shown to be an effective treatment to students at different ages. Positive psychology could also obvious improve the performances of business organizations. Detail results and suggestions for counselors, educators, and further research are discussed. Keywords: Positive psychology, meta-analysis, review study.

Process-outcome

Research of the effects and effect mechanisms on Psychological Displacement Paradigm in Diary-writing

Su-Fen Lee, Chinese Culture University

Aim: Psychological Displacement Paradigm in Diary-Writing (PDPD) is a writing form that uses different pronoun transforming--from first-person pronoun (I), second-person pronoun (you), third-person pronoun (he) and then returns to here-and-now first-person pronoun (I), as a subjective switching sequence to describe the same experience. The study aimed to understand the effects and effect mechanisms on PDPD. The research could enhance the development and application of PDPD. Methods: There were 301 participants who were helping professions and related fields. The participants to write stressed events on PDPD. Once PDPD was done, they were invited to provide written feedback right after. Data were collected from the feedback. The procedures of data analysis included open coding, axial coding, and selective coding from grounded theory of qualitative research. Results: The results revealed the effects of PDPD included (a) emotion catharsis and conversion ; (b) stress release; (c) thinking expansion and cognition change; (d) reduction of concerns and increase of hope; (e) awareness extension and self-understanding ; (f) self-empathy and self-acceptance; (g) self-affirmation and self-empowerment; and (h) self-care and self-healing. The effect mechanisms of PDPD contained (a) personal pronoun conversion, escape and detached, and space distanced ; (b) re-examination, multi-thinking ,and objective appearance ; (c)self-clarification, self-coordination, and context illustration ;

(d) self-dialogue, and answer appearance ; (e)self-awareness, self-analysis, and discovery of blind-spot ; and (f) self-encouragement, self-support, and self-contained. Discussion: Results about PDPD were discussed and suggestions were addressed.

Depression

The effectiveness of long- and short-term psychotherapy on psychiatric symptoms and working ability in depressive and anxiety disorders

Paul Knekt, National Institute for Health and Welfare, Helsinki, Finland; Olavi Lindfors, National Institute for Health and Welfare, Helsinki, Finland; Tommi Härkänen, National Institute for Health and Welfare, Helsinki, Finland

Aim: To study the effectiveness of long-term vs. short-term psychotherapy during a long follow-up separately for patients suffering from depressive or anxiety disorder. Methods: In the Helsinki Psychotherapy Study, 326 outpatients with mood or anxiety disorder were randomly assigned to long-term psychodynamic psychotherapy and two types of short-term psychotherapy (short-term psychodynamic psychotherapy and solution-focused therapy) and were followed up for 5 years from the start of treatment. The primary outcome measures considered were 5 measures of psychiatric symptoms (BDI, HDRS, SCL-90-Anx, HARS, and SCL-90-GSI). Furthermore, remission based on changes in psychiatric symptoms and use of auxiliary treatment, were used. Results: The short-term therapies showed more reduction of symptoms during the first year of follow-up in both diagnostic groups. From the 3-year follow-up point to the end of the follow-up, the long-term therapy was more effective, the difference in reduction of symptoms and remission rate between treatment groups being more pronounced among the depressive patients. No differences were found between the short-term therapies. Discussion: Long-term psychotherapy is more effective than short-term therapy especially in the treatment of depressive disorders. More research on the long term effects of psychotherapy in large-scale studies is still needed, however.

Group

Could the prison term be an outcome indicator of group psychotherapy for HIV infection male prisoners?

Yu-Kuang Kevin Hsu, Hsinchu University, Taiwan; Lin-Feng Wang,

Aim: To examine the efficacy of group psychotherapy for HIV infection male prisoners and the relationship between outcome and judged prison term and remain prison term. Methods: Ninety HIV infection male prisoners, average age 36.12 (22-60), judged prison term 84.52 months and remain 57.73 months, were invited to join the six therapeutic groups each include 15 participants and conduct 22-24 sessions in the jail located on North Taiwan. Narrative approach, facilitated through movies watch and discussion in the beginning six sessions, and emphasis on participants' life stories telling after had been adopted in these groups. The therapist was a doctoral trainee in counseling psychology program and with ten-year experience. Beck depression inventory (BDI) and Beck Hopelessness Scale (BHS) were applied on pre-post measurement. T test and regression of curve estimation were adopted for analysis. Results: The efficacy general presented the treatment were helpful to improve participants' depression mood and hopeless feeling. Higher judged prison term showed less improvement on depression mood and hopeless feeling. The shorter remain prison term showed much improvement on depression mood and hopeless feeling. The degree of depression mood improvement showed as decreased parabolic curve with both judged prison term and remain prison term. Discussion: Over long judged prison term presented as hard to gain benefits on mood modulation from the therapy group. Opposite, shorter remain prison term could be the useful indicator related to therapeutic outcome. Recommendations of practice and further research were proposed.

Process-outcome

Monitoring the patients' improvement after the first year of Alcohol Dependence Therapy

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Even when the Addiction Severity Index (ASI) was not designed for such frequent evaluations, it could be use to obtain a standard and multidimensional patient's profile, which can be compared at different evaluation points, providing indicators of the improvement on seven functional areas that are typically affected among substance abusers: medical status, employment, drug use, alcohol use, legal status, family/social status, and psychiatric status. Within each of the functional areas the ASI provides a multi-item composite score indicating the severity of each problem in the prior 30 days (the composite score values range from 0 to 1.0 expressing "no problem" and "extreme problem", respectively). Aim: To demonstrate the effectiveness of the ASI's composite scores to estimate the therapeutic improvement of patients with alcohol dependency, after the first year of the psychotherapeutic process. Method: The clinical sample consisted of 19 patients from the Schilkrut Medical Institute, who are currently being treated for alcohol dependency (second year of treatment). The Outcome Questionnaire (OQ-45.2) was applied to correlate the results obtained in each sub-scale (symptoms, interpersonal relationship and social role) with the composite scores obtained in each functional area of the ASI. Results: The ASI's composite scores could be use not only as a recommendation that therapists can use for making diagnostic decisions, but also as a way to match patients with treatments and to assess their

improvement as a measure of the psychological change expected.

Client factors

Self-reported immature defense style as a predictor of outcome in short- and long-term psychotherapy

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Aim: Identification of pre-treatment patient characteristics predictive of psychotherapy outcome could help to guide treatment choices. This study compares the prediction of patients' initial level of immature defense style on changes in psychiatric symptoms in short- and long-term psychotherapy. Methods: In the Helsinki Psychotherapy Study, 326 adult outpatients with mood or anxiety disorder were randomized to short-term (psychodynamic or solution-focused) or long-term (psychodynamic) psychotherapy. Patients' defense style was assessed at baseline using the 88-item Defense Style Questionnaire (DSQ). The level of immature defense style was classified as low or high around the median value of the immature defense style score. Both specific (BDI, HDRS, SCL-90-Anx, HARS) and global (SCL-90-GSI, GAF) psychiatric symptoms were measured at baseline and 3-7 times during a 3-year follow-up using self-report and observer-rated methods. Results: Patients with high use of immature defense style experienced greater symptom reduction in long-term than in short-term psychotherapy by the end of the 3-year follow-up (50% vs. 34%). Patients with low use of immature defense style experienced faster symptom reduction in short-term than in long-term psychotherapy during the first year of follow-up (34% vs. 19%) and their symptoms were not significantly lower in long-term therapy at any point of the follow-up. Conclusions: Knowledge of patients' initial level of immature defense style may potentially be utilized in tailoring treatments. Further research on the use of defense styles in combination with other patient characteristics as outcome predictors in psychotherapies of different types is, however, needed to verify these findings.

Child/Adolescent

Image of self in adolescence

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In this work I would like to present a single-case study of the evolution in psychotherapy of self image of a male adolescent with severe food disorder.

Culture

Strength-Based Therapy (SBT): Incorporation of the 'Great Human Strength' concept within the psychotherapy model

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SBT is a psychotherapy model that looks at an individual's psychopathology using the iceberg approach, in which symptoms are presented as the tip of the iceberg and the unconscious mental functions responsible for these symptoms sit at the bottom of the iceberg. This model is based on an integration of dynamic model with the Great Human Strength (GHS) concept -- a form of Eastern philosophy based on the ten inner human strengths. The GHS concept is based on an assessment of the strength of a person's ego, and so refers to an individual's psychological capacity to give, to tolerate, to be self-aware (mindful), to make a commitment, to love, to let go, to use wisdom, to persist, to promise and to refrain from maladaptive behavior. All of these attributes are related to each other and are interchangeably linked to the ego function. The GHS concept will be assessed here through the use of questionnaires and structured interviews, the aim being to train people in and promote this approach as an additional skill to use when giving psychotherapy. Use of the GHS concept impacts directly on the ego's strength, leading to the more effective resolution of patients' primary problems, those that lead them to seek help. Unlike mindfulness-based practice (which is predominantly based on self-awareness), the GHS tool utilizes another nine important functions, those which need to be evoked in order for human beings to develop true inner strength.

Couple

The subjectivity of the person of the therapist in couple therapy

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The present study intended to understand in depth the subjective experience of the person of the therapist in couple therapy. To discover which are the inner experiences in this therapeutic context as a differentiating aspect in regards to other therapeutical spaces, such as individual and/or family therapy. So far, there are no studies that address this subject. Couple therapy is a triangular arrangement between three adults. This triadic aspect interrelates the therapist in a unique way. Therefore, his representations; images; ideas and emotions must be specific of this therapeutic space. To carry out this research, the Grounded Theory was used, because a depth analysis was intended, rather than searching recurrences in the phenomenon that summons. The ongoing interplay of inclusion-exclusion is present in any triad, as well as it is in couples therapy, being a variable that therapists mentioned as the most relevant, because it not only involves the need to tolerate being excluded, but also required to exclude a third, as the only

way to destabilize the system and thus allowed the process to continue. Much expertise is required to encourage the unbalance as it threatens the alliance, an issue that is a source of anxiety for every therapist. At the same time, the therapist self disclosure is a useful and desirable tool to overpass times of ruptures and make the necessary repairs to restore the therapeutic bond and allow the progress of the therapeutic process.

Couple

Dynamics and experiences of Chilean heterosexual couples about the process of making decisions in different areas of the relationship

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Power is a complex issue to be conceptualized. It is present in all human relationship. In couple relationships, the distribution and exercise of power is a topic of great relevance because it influences welfare of its members and can be an important source of conflict, therefore it's an important subject for study. The aim is understand the dynamics and experiences of Chilean heterosexual couples about the process of making decision in different areas of relationship. The qualitative methodology was used and focused interviews of Chilean couples from different ages as data collection technique, with at least three years relationship and a child of at least three years old. Data was analyzed using discourse analysis to give account of the issues to study. To safeguard the rigor of the study, triangulation of researchers was used, as well as a dense description and detailed documentation of all the investigative process. To take care of ethical topics, the participants signed an informed consent and all the information was anonymous and confidential. As the research is ongoing, through the results is expected understanding the relational patterns and the ideal of making decision in Chilean couples, and the experiences and the impact that these decisions have over the relationship.

Attachment

Patients with drug dependence: Their parental bonding and main relational conflicts

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Since interpersonal conflicts are thought to be central to drug dependence patients (Grenyer & Solowij, 2006), models representing these concepts may be adopted in the quest to understand the process-outcome links in the treatment of drug dependence, and ultimately in the pursuit of psychological health and well-being. Aim: To describe the main Relational Conflicts and early Parental Bonding of a group of adult patients with Drug Dependence. Method: A mixed design was used for the analysis of 15 semi-structured relational interviews to adult patients who are currently being treated at a private Medical Institute because of their drug dependence. Transcripts of the interviews were analyzed using the CRT-LU-S Categories System, which is the Spanish version of the Luborsky's Core Conflictual Relationship Theme Method. Also, the Parental Bonding Instrument (PBI) was applied to measure their perceived parental characteristics, with the belief that what is perceived is most likely to influence development. Results: Patients' Wish component toward parental figures tended to be Harmonious (to be accepted, understood, admired, and to feel them closer). The Response of Other component (parents) tended to be Disharmonious (to be distant, protective, indulgent, abandoner and superficial). The Responses of Self component (patients) tended to be Disharmonious (to be scared and anxious) and Harmonious (to be a good children, to be able to admire and identify with their parental figures) when they were referring to earlier situations; but they also tended to be Disharmonious when patients were referring to current situations about the dependence experience (to feel guilty, dishonest, selfish and shame).

Client factors

Client's evaluation of voluntary HIV counseling and testing for HIV/AIDS in Portugal: Exploring professional background and team counseling

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Voluntary HIV counseling and testing (VCT) is widely considered an important prevention tool on the war against HIV/AIDS. The client centered model of VCT recommended by the U.S. Centers for Disease Control and by the Joint United Nations Program on HIV/AIDS is implemented worldwide, with studies showing good results as it reduces risk behaviors and is cost-effective. However, little is known about VCT performed by a team of professionals and about the client's perspective, especially on specific countries and cultures. Being the European country with the second highest prevalence rate of HIV, Portugal has VCT centers across the country. This study aims to offer an additional perspective on VCT: the perceptions and experiences of the people receiving VCT services. Participants were randomly assigned to 3 different experimental conditions: (a) counseling performed by a psychologist, (b) counseling performed by a nurse and (c) counseling performed by a team of one psychologist and one nurse. There was also a control group which received testing, but no counseling. After the VCT session all 253 clients answered a semi-structured interview with closed and open ended questions about their perceptions and evaluation

of the VCT session and the professional(s) performing them. These questions were centered on four main themes: usefulness of counseling, quality of counseling, implications on future behavior and counselor's level of empathy, supportiveness and listening skills. Results will be analyzed exploring each main theme and the associations between them.

Narrative

New tools and new territories for the relationship research

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Aim. To review and document the growth of the application field of the CCRT method and the CCRT-LU category system. **Method.** (i) The logic of the system can be generalized for the analysis of narratives with multiple central subjects. (ii) The adjective interview and questionnaire form AIR seem to be very promising instruments for the highly effective relationship pattern administration. (iii) A new hierarchical level was integrated into the category system. These enhancements enrich the application spectrum of the method that integrates qualitative and quantitative research perspectives. **Results.** Several kinds of the investigated narrative material will be reviewed: adjective questions in the Adult Attachment Interview, brief adjective questionnaire for mothers after the delivery, adjective interview with bulimia patients, population survey, non-human objects in Guided Affective Imagery, body and its parts as relationship objects, literary autobiographies, traditional fables and projective tests. Moreover, the potential for a "real-time" clinical thinking will be shown. **Discussion.** Human relationships and their internalized reflections are ubiquitous. The development of appropriate investigation tools is the challenge for the next research.

Culture

The image about future aging of baby boomers generation in Taiwan: A pilot study

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Baby boomers generation is a huge generation all over the world. Since 2011, baby boomers reached 65 years old. As they entered old age, people would change the image about aging. The purpose of this study was to explore what is the attitude about aging of baby boomers generation and how they imagine the future life of old age. The participants were including 5 male and 8 female baby boomers who were born in 1946 to 1955. This study applies a qualitative method and the study data was collected by focus group. Results were as following: First, the attitude about aging of baby boomers include: 1) no fear of death, 2) accept aging, 3) let nature take its course, 4) be old in age but young in mind. Second, the image of future old life include: 1) economic independence, 2) keep learning or working, 3) enjoy life, 4) emphasis on spirituality, 5) seize the day, 6) cherish family, 7) make new friends, 8) emancipated innocence.

Culture

A survey study on community well-being, a case study of Pingho community

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The purpose of this study is to provide empirical reference of the community well-being through programs and services found in the Pingho community. Survey was conducted through paper questionnaires and interviews simultaneously, collecting a total valid sample of 416 responses (women more than men), accounting for more 10% of the total number of population living in the community. It is apparent from the research that: (1) More than half of residents are in high well-being, while 10% of residents are in low well-being. Thus, the data is positively skewed. (2) Residents over the age of 65 comprise more than 20% perceived a happy life, followed by 31-50 middle-aged residents. (3) Residents in marital status are happier than the single ones. (4) Residents who have academic background of university feel more fulfilled than those have academic background of elementary school. (5) Residents with full-time work show the greatest conscious well-being, followed by the residents are housewives or househusbands. (6) The Buddhists show the highest satisfaction of all inhabitants, and the number of Taoist is only behind them. (7) Family factor is the most major influence on community well-being, while the second one is personal factor, and community is the last one. (8) Methods of promoting community well-being are voluntary service of community, improvement of relationship of neighborhood, increase of activities for the elder, beautification of community environment and enhancement of community security. In the end, according to conclusion of this survey and references, the author presents the planned projects and practical advice to provide servicing of community well-being.

A comparison of the infants with high- versus low-avoidance tendency in mother and stranger induced frustrations

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The presented study investigated the reactions of infants with high- versus low- avoidance tendency in mother/stranger induced frustration. Fifty-eight infant-mother dyads were recruited in the experiment. The avoidance tendency was measured by the approach/avoidance subscale scores of mother's reports on the Infant Temperament Questionnaire and then divided into high and low avoidance groups. In the experimental procedure, mothers and strangers induced infant's frustration in a counterbalanced order. During the procedure, infants' heart rates and crying behaviors were recorded in each of the baseline, reinforcement, frustration induction, and recovery phases. The results found that infants cried more during frustration than that of the reinforcement phases. For the heart rates, a significant interaction was found between the avoidance and person who induced the frustration. Infants with low avoidance tendency changed less in their heart rates when facing strangers than facing their mothers, whereas infants with high avoidance tendency changed more in their heart rates when facing strangers than facing their mothers. Moreover, a significant interaction between the avoidance and experimental phases was found. Follow-up analysis suggested that infants with high avoidance tendency changed to higher heart rates during frustration than in the reinforcement phase, whereas no significant changes found in the infants with low avoidance tendency. The findings suggested that in a mild frustration induction procedure, high- versus low-avoidance infants reacted differently in frustration. Differences were also found when they experienced frustration induced by their mothers and by strangers.

What psychological mechanisms work in the elderly horticultural therapeutic group

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Purpose of the Study: Current studies had shown that the elderly could physically and psychologically benefit from the horticultural therapy. This study aimed at exploring what psychological mechanisms worked in the horticultural therapeutic group with the elderly. The researchers expected to provide applicable information for those who would be interested in applying the horticultural therapy to work with the elderly. Method: The researchers invited 10 older adults to participate in a 10-session horticultural therapeutic group. The group was led by an experienced counselor and horticulture therapist. And the researchers used the nonparticipant observation to collect research data. All qualitative data were analyzed by the text analysis. In group processes, the observers focused on the older members' cognitions, behaviors, emotion expressions and status, interactions with leaders and other members, performances of horticultural activities, and significant events. Results: The results that showed the psychological mechanisms of the horticultural therapeutic group were as follows: (a) sense of self-control; (b) sense of connection to plants; (c) coping strategies; (d) mattering; (e) transcendence of life, death and self. Conclusion: Applications of horticultural therapy to promote mental health have been prevalent in Taiwan; however, there is no further study to explore what mechanisms work behind its effectiveness. Hopefully, this study could arise more discussions and suggestions in the area of counseling with older adults. This paper was supported by the National Science Council, R. O. C., under Grant NSC 101-2410-H-025-026.

Predictors of Treatment Outcome for Childhood Anxiety Disorders

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Anxiety disorders affect between 2.5 and 5% of children. Cognitive-behaviour therapy (CBT) is the most established treatment for child anxiety with approximately 60% of children no longer meet DSM - IV criteria for an anxiety disorder following a standard course of treatment. To optimise treatment, research needs to be conducted to determine which factors significantly contribute to treatment success. Based on aetiological models of anxiety development, research suggests a variety of factors may affect treatment outcome. These factors include: i) child factors (such as age, diagnosis, severity of diagnosis and comorbidity with other disorders), ii) parental factors (for example psychopathology and marital relationship), and iii) parent child relationship factors (including attachment style and relationship dynamics). This area of research is still in its infancy, and studies are often conducted examining a single factor. Therefore, before further research and experimentation can be conducted, these studies need to be combined and evaluated. This study aims to conduct a systematic review of previous research to determine which pre-treatment factors predict treatment success in children aged 5 - 18. A total of 60 articles were identified which examine predictors of treatment outcomes in child anxiety disorders. All articles were assessed for quality and results were grouped and analysed based on the aforementioned factors. Where appropriate, meta-analytic analyses were also conducted. Results and interpretation of the analyses along with recommendations for further research will also be presented.

A Content-analysis of Research on Counselors and Psychotherapists in Korea -- Publications of Journal of Korean Psychology Association from 1983 to 2012

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This research aimed to explore the trends in research concerning counselors and psychotherapists in Korea. 115 publications of the Journal of Korean Psychology Association were analyzed using content-analysis method. Research theme, subject, method, and institution were main categories in the analysis. The results showed that the counseling-process research was a major research theme in publications of counselors and psychotherapists. Adults were the major sample of research, quantitative approach was incorporated mostly and university settings were the major research institution. Several suggestions were provided for the development of research on counselors and psychotherapists in Korea.

Evaluation of biological rhythm in a clinical trial for depression

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Studies indicate that individuals with mood disorders are more likely to present a new mood episode when the biological rhythms markers are deregulated. To verify the regulation of biological rhythms in two models of brief psychotherapy for the remission of depressive symptoms. We conducted a randomized clinical trial with young adults aged 18 to 29 years old who met diagnostic criteria for depression according to the Structured Clinical Interview for DSM (SCID). In order to assess the biological rhythm the Biological Rhythm of assessment in Neuropsychiatry (BRIAN) interview was used,, whereas the severity of depression was assessed by the Hamilton Depression Scale (HAM-D). The psychotherapy models consisted on two cognitive psychotherapies: Cognitive Narrative Therapy (CNT) and Cognitive-Behavioral Therapy (CBT). The sample included 97 individuals evenly distributed between the models of psychotherapy. Regarding the biological rhythm, there were no differences between the models at post-intervention ($p=0.209$) and at 6-months follow-up ($p=0.599$). Concerning the remission of depressive symptoms CBT was more effective at the final evaluation ($p = 0.018$), however, at 6-months follow-up the effectiveness of the psychotherapies were homogeneous ($p=0.147$). There was a moderate positive correlation ($r = 0.556$ $p = 0.001$) between the regulation of biological rhythms and the remission of depressive symptoms. The brief psychotherapies were effective in the remission of depressive symptoms as well as in regulating biological rhythms at 6-months follow-up. Brief psychotherapies are low-cost treatment modalities that can be used in public health services and this study demonstrates their role in regulating the biological rhythm.

Measuring change in personal and organizational systems with the Experience In Social Systems Questionnaire (EXIS)

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Aim: According to the theory of systemic constellations, fundamental dynamics of experience in social systems are the sense of belonging, autonomy, accord and confidence. These dimensions, separately, are well studied in social and personality psychology. The goal of this study was to conceptualize a unique economic instrument that is sensitive to measure changes on the dimensions mentioned above in personal and organizational systems. Methods: Data is taken from the general adult population ($n > 600$) and from a randomized clinical trial on systemic constellations ($n > 100$). Construct validity was measured using the Outcome Questionnaire (OQ-45), Tool for the Evaluation of the Psychotherapeutic Progress (FEP), Questionnaire on Vocational Patterns of Behavior and Experience (AVEM), Social Support Questionnaire (F-SozU). Sensitivity to change was measured post Family Constellation Seminars in a single-group and randomized controlled study. Results: In CFA, a four-factor bilevel-model including a general factor and the four dimensions showed the best fit. Good reliabilities were observed. Criterion and construct validity was demonstrated. Two-week and four-month sensitivity to change was observed post Family Constellation Seminars. Discussion: The EXIS is a reliable, valid, sensitive to change and economic tool to measure change in the experience in personal and organizational social systems.

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Chronology of the SPR International Annual Conferences

Year	Conference Site	Program Chair	Term as President
1970	Chicago, Illinois	Ken Howard	1970-1971
1971	Saddle Brook, New Jersey	David Orlinsky	1971-1972
1972	Nashville, Tennessee	Hans Strupp	1972-1973
1973	Philadelphia, Pennsylvania	Lester Luborsky	1973-1974
1974	Denver, Colorado	Allen Bergin	1974-1975
1975	Boston, Mass./London, England	Sol Garfield	1975-1976
1976	San Diego, California	A. (Tim) Beck	1976-1977
1977	Madison, Wisconsin	Morrie Parloff	1977-1978
1978	Toronto, Canada	Irene Waskow (Elkin)	1978-1979
1979	Oxford, England	Ed Bordin	1979-1980
1980	Pacific Grove, California	Mardi Horowitz	1980-1981
1981	Aspen, Colorado	Stan Imber	1981-1982
1982	Smugglers' Notch, Vermont	Alan Gurman	1982-1983
1983	Sheffield, England	Art Auerbach	1983-1984
1984	Lake Louise, Canada	A (John) Rush	1984-1985
1985	Evanston, Illinois	Jim Mintz	1985-1986
1986	Wellesley, Massachusetts	Larry Beutler	1986-1987
1987	Ulm, Germany	Larry Beutler	1987-1988
1988	Santa Fe, New Mexico	Charlie Marmar	1988-1989
1989	Toronto, Canada	Les Greenberg	1989-1990
1990	Wintergreen, Virginia	Horst Kachele	1990-1991
1991	Lyon, France	Lorna Benjamin	1991-1992
1992	Berkeley, California	Len Horowitz	1992-1993
1993	Pittsburgh, Pennsylvania	David Shapiro	1993-1994
1994	York, England	Clara Hill	1994-1995
1995	Vancouver, Canada	Klaus Grawe	1995-1996
1996	Amelia Island, Florida	Paul Crits-Christoph	1996-1997
1997	Geilo, Norway	Bill Stiles	1997-1998
1998	Snowbird, Utah	Marv Goldfried	1998-1999
1999	Braga, Portugal	Bill Piper	1999-2000
2000	Bloomington, Illinois	Robert Elliott	2000-2001
2001	Montevideo, Uruguay	Franz Caspar	2001-2002
2002	Santa Barbara, California	Karla Moras	2002-2003
2003	Weimar, Germany	Mark Aveline	2003-2004
2004	Rome, Italy	John Clarkin	2004-2005
2005	Montreal, Canada	Michael J. Lambert	2005-2006
2006	Edinburgh, Scotland	Erhard Mergenthaler	2006-2007
2007	Madison, USA	Jacques P. Barber	2007-2008
2008	Barcelona, Spain	Bernhard Strauss	2008-2009
2009	Santiago de Chile, Chile	Louis Castonguay	2009-2010
2010	Asilomar, California	Lynne Angus	2010-2011
2011	Bern, Switzerland	Guillermo de la Parra	2011-2012
2012	Virginia Beach, USA	George Silberschatz	2012-2013